

**2000-2001 National Population Health Survey (Cycle 4)
Questionnaire - Content for June 2000**

March 21, 2002

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Household Record Variables

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

AM30_TEL Type of contact
1 Telephone
2 Personal

AM30_LP Language preference

1 English
2 French
3 Either

The following information is collected for each household member:

DHC0_MEM Membership status
DHC0_FN First name
DHC0_LN Last name

DHC0_DAT Date of birth (8 characters)
DHC0_DOB Day of birth (2 digits)
DHC0_MOB Month of birth (2 digits)
DHC0_YOB Year of birth (4 digits)
DHC0_AGE Age (age is calculated and confirmed with the respondent)

DHC0_SEX Sex
1 Male
2 Female

DHC0_MAR Marital Status
1 Married
2 Living common-law
3 Widowed
4 Separated
5 Divorced
6 Single, never married

Relationships of everyone to everyone else

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

DHC0_FID Family ID code

A to Z (Assigned by the computer.)

Legal household check

The following information is collected once in each household:

DHC0_DWE Type of dwelling

- 1 Single detached house
- 2 Semi-detached or double (side-by-side)
- 3 Garden house, town-house or row house
- 4 Duplex (one above the other)
- 5 Low-rise apartment (less than 5 stories)
- 6 High-rise apartment (5 or more stories)
- 7 Institution
- 8 Collective dwelling (such as a hotel/motel, rooming or boarding house, hutterite colony)
- 9 Mobile home
- 10 Other - Specify

DHC0_OWN Is this dwelling owned by a member of this household?

- 1 Yes
- 2 No

DHC0_BED How many bedrooms are there in this dwelling?
INTERVIEWER: Enter '0' if no separate, enclosed bedroom.

 Bedrooms
 (MIN: 0) (MAX: 20)

Selection criteria applied.

AM30_SRC Information source (i.e., the household member providing the information for the previous questions)

AM30_PL INTERVIEWER: Enter language of interview

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 (H06)

(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 this person's component?

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
GHC0_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 < 18, go to next section.

GH_Q2
STC0_1 **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?

Height/Weight

HW_Q2
HWC0_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
HWC0_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

HW_Q2B
HWC0_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
HWC0_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
HWC0_2D

INTERVIEWER: Select the exact height.

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

Go to HW_Q3

HW_Q2E
HWC0_2E

INTERVIEWER: Select the exact height.

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

Go to HW_Q3

HW_Q2F
HWC0_2F

INTERVIEWER: Select the exact height.

- 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.)

HWC0_HT

___ feet ___ inches or ___ centimetres

HW_Q3
HWC0_3

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

INTERVIEWER: Enter amount only.

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

HW_N4
HWC0_4

INTERVIEWER: Was that in pounds or in kilograms?

- 1 Pounds HWC0_3LB
 - 2 Kilograms HWC0_3KG
- (DK, R are not allowed)

Preventive Health

PH_C1

If proxy interview or age < 12, go to next section. If reported ever had blood pressure taken in previous interview, go to PH_Q1B (PH_Q1 was filled with "1" during processing).

PH_Q1
BPC0_10

Have you ever had your blood pressure taken?

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

PH_Q1B
BPC0_12

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

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 reported ever had a pap smear in previous interview, go to PH_Q2B (PH_Q2 was filled with "1" during processing).

PH_Q2
WHC0_20

Have you ever had a PAP smear test?

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

PH_Q2B
WHC0_22

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

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 reported ever had a mammogram in previous interview, go to PH_Q3B (PH_Q3 was filled with "1" during processing).

PH_Q3
WHC0_30

Have you ever had a mammogram, that is, a breast x-ray?

- 1 Yes
- 2 No (Go to PH_C4)
DK, R (Go to next section)

PH_Q3B
WHC0_32

When was the last time that you had a mammogram?

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.

WHC0_33A
WHC0_33B
WHC0_33C
WHC0_33D
WHC0_33E
WHC0_33F
WHC0_33H
WHC0_33G

- 1 Family history of breast cancer
- 2 Part of regular check-up / routine screening
- 3 Age
- 4 Previously detected lump
- 5 Follow-up of breast cancer treatment
- 6 On hormone replacement therapy
- 7 Breast problem
- 8 Other - Specify

PH_C4

If age > 49, go to PH_C5. If reported ever had a hysterectomy in previous interview, go to next section (PH_Q4 was filled with "2", PH_Q4A was filled with "6", and PH_Q4B was filled with "2" during processing).

PH_Q4
GHC0_21

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
GHC0_23
- (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
HWC0_1
- 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
DK, R (Go to next section)
- PH_C5
- If age < 18, go to next section. If reported ever had a hysterectomy in previous interview, go to next section (PH_Q5 was filled with "1" during processing).
- PH_Q5
WHC0_5
- Have you had a hysterectomy (uterus removed)?**
- 1 Yes
 - 2 No (Go to next section)
DK, R (Go to next section)
- PH_Q5B
WHC0_5A
- 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.
- WHC0_5BA
- 1 Cancer treatment
- WHC0_5BB
- 2 Cancer prevention
- WHC0_5BC
- 3 Endometriosis
- WHC0_5BD
- 4 Tubal pregnancy
- WHC0_5BE
- 5 Benign tumors (e.g., fibroids)
- WHC0_5BF
- 6 Menstrual problems / abnormal bleeding
- WHC0_5BG
- 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
HCC0_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
HCC0_1A

For how many nights in the past 12 months?

____ Nights
(MIN: 1) (MAX: 366; warning after 100)

HC_C02

If age < 12, then the wording in HC_Q02 is adapted to “have you seen or...about [FNAME’s] physical...”

HC_Q02A
HCC0_2A

**(Not counting when [you/FNAME] [were/was] an overnight patient) In the past 12 months, how many times [have/has] [you/FNAME] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:
... a family doctor [pediatrician] or general practitioner?**

____ Times
(MIN: 0) (MAX: 366; warning after 12)

HC_Q02B
HCC0_2B

... an eye specialist (such as an ophthalmologist or optometrist)?

____ Times
(MIN: 0) (MAX: 75; warning after 3)

HC_Q02C
HCC0_2C

... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?

____ Times
(MIN: 0) (MAX: 300; warning after 7)

HC_Q02D
HCC0_2D

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

____ Times
(MIN: 0) (MAX: 366; warning after 15)

HC_Q02E
HCC0_2E

... a dentist or orthodontist?

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

HC_Q02F
HCC0_2F

... a chiropractor?

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

HC_Q02G
HCC0_2G

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

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

HC_Q02H
HCC0_2H

... a social worker or counsellor?

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

HC_Q02I
HCC0_2I

... a psychologist?

____ Times
(MIN: 0) (MAX: 366; warning after 25)

HC_Q02J
HCC0_2J

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

____ Times
(MIN: 0) (MAX: 200; warning after 12)

HC_Q3
TWC0_5

[Do/Does] [you/FNAME] have a regular medical doctor?

- 1 Yes
- 2 No

HC_C04A

If age < 12, go to next section.

HC_Q04A
HCC0_4A

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?

- 1 Yes
- 2 No

HC_Q04
HCC0_4

People may also use alternative or complementary medicine. In the past 12 months, [have/has] [you/FNAME] seen or talked 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.

HCC0_5A
HCC0_5B
HCC0_5C
HCC0_5D
HCC0_5E
HCC0_5F
HCC0_5G
HCC0_5H
HCC0_5I
HCC0_5J
HCC0_5K
HCC0_5L

- 1 Massage therapist
- 2 Acupuncturist
- 3 Homeopath or naturopath
- 4 Feldenkrais or Alexander teacher
- 5 Relaxation therapist
- 6 Biofeedback teacher
- 7 Rolfer
- 8 Herbalist
- 9 Reflexologist
- 10 Spiritual healer
- 11 Religious healer
- 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
HCC0_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.

HCC0_7A
HCC0_7B
HCC0_7C
HCC0_7D
HCC0_7E
HCC0_7F
HCC0_7G
HCC0_7H
HCC0_7I
HCC0_7J
HCC0_7K
HCC0_7L
HCC0_7M
HCC0_7N

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

HCC0_8A
HCC0_8B
HCC0_8C
HCC0_8D
HCC0_8E

- 1 Treatment of - a physical health problem
- 2 Treatment of - an emotional or mental health problem
- 3 A regular check-up (including regular pre-natal care)
- 4 Care of an injury
- 5 Other - Specify

HC_C09

If age < 18, go to next section.

HC_QINT2

Home care services are health care or homemaker services received at home, with the cost being entirely or partially covered by government. Examples are: nursing care, help with bathing or housework, respite care and meal delivery.

INTERVIEWER: Press <Enter> to continue.

HC_Q09
HCC0_9

[Have/Has] [you/FNAME] received any home care services in the past 12 months?

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

- | | | |
|----------|---|---|
| HCC0_10A | 1 | Nursing care (e.g., dressing changes, VON) |
| HCC0_10B | 2 | Other health care services (e.g., physiotherapy, nutrition counselling) |
| HCC0_10C | 3 | Personal care (e.g., bathing, foot care) |
| HCC0_10D | 4 | Housework (e.g., cleaning, laundry) |
| HCC0_10E | 5 | Meal preparation or delivery |
| HCC0_10F | 6 | Shopping |
| HCC0_10G | 7 | Respite care (i.e., caregiver relief program) |
| HCC0_10H | 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
RAC0_1A **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:
... at home?**

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

RA_C1B If age < 4, go to RA_C1C.

RA_Q1B
RAC0_1B **... at school?**

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

RA_C1C If age < 12, go to RA_Q1D.

RA_Q1C
RAC0_1C **... at work?**

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

RA_Q1D
RAC0_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
RAC0_2A

[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 2000. If **all of** RA_Q1A,B,C,D and RA_Q2 = 2 (no) or 3 (not applicable) or valid skip (not asked) then Not Restricted in 2000. Else restriction is not known.

RA_C2B

If restricted in 2000 but not in 1998, go to RA_Q2A. If restricted in 1998 but not in 2000, go to RA_Q2B. Otherwise, go to RA_C5.

RA_Q2A
RAC0_2A

Remember, it's important that we understand reasons for 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
RAC0_2B

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

- 1 Disappeared or improved
- 2 Currently uses special equipment
- 3 None at last interview
- 4 Never had
- 5 Currently have/has activity restriction or disability (return to RA_Q1A – RA_Q2)
- 6 Other - Specify

RA_C5

If any yes in RA_Q1 (a)-(d), 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
RAC0F3

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
RAC0_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
RAC0_6A

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:
... in preparing meals?

- 1 Yes
- 2 No

RA_Q6B
RAC0_6B

... in shopping for groceries or other necessities?

- 1 Yes
- 2 No

RA_Q6C
RAC0_6C

... in doing normal everyday housework?

- 1 Yes
- 2 No

RA_Q6D
RAC0_6D

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

- 1 Yes
- 2 No

RA_Q6E
RAC0_6E

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

- 1 Yes
- 2 No

RA_Q6F
RAC0_6F

... in moving about inside the house?

- 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?
CCC0_1A

- 1 Yes
- 2 No (Go to CC_Q021)
- DK (Go to CC_Q021)
- R (Go to next section)

CC_Q012 How old [were/was] [you/he/she] when this was first diagnosed?
CCC0_A3

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

Other Allergies

CC_Q021 [Do/Does] [you/FNAME] have any other allergies?
CCC0_1B

- 1 Yes
- 2 No (Go to CC_Q031)
- DK, R (Go to CC_Q031)

Asthma

CC_Q031 [Do/Does] [you/FNAME] have asthma?
CCC0_1C

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

CC_Q032 How old [were/was] [you/he/she] when this was first diagnosed?
CCC0_C3

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

Go to CC_Q035

CC_C033 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in previous survey, go to CC_Q033. Otherwise, go to CC_C041.

CC_Q033
CCC0_C1 During our last interview in [month and year of last response interview], it was 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?

CCC0_C2M |_|_| Month
CCC0_C2Y |_|_|_| Year
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC_C041

CC_Q035
CCC0_C5 [Have/Has] [you/FNAME] had any asthma symptoms or asthma attacks in the past 12 months?

- 1 Yes
- 2 No

CC_Q036
CCC0_C6 In the past 12 months, [have/has] [you/he/she] taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?

- 1 Yes
- 2 No

Fibromyalgia

CC_C041 If age < 12, go to CC_C051.

CC_Q041
CCC0_1X Remember, we're interested in conditions diagnosed by a health professional. [Do/Does] [you/FNAME] have fibromyalgia?

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

CC_Q042
CCC0_X3 How old [were/was] [you/he/she] when this was first diagnosed?

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

Arthritis or Rheumatism excluding Fibromyalgia

CC_C051 If age < 12, go to CC_C061.

CC_Q051
CCC0_1D [Do/Does] [you/FNAME] have arthritis or rheumatism excluding fibromyalgia?

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

CC_Q052 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_D3

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

Focus Questions

CC_Q05A **What kind of arthritis [do/does] [you/he/she] have?**

CC_0_D1

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

CC_Q05B **[Have/Has] [you/FNAME] had an operation or surgery because of [your/his/her] arthritis?**

CC_0_D2

- 1 Yes
- 2 No (Go to CC_Q05D)
- DK, R (Go to CC_Q05D)

CC_Q05C **What kind of operation or surgery?**

INTERVIEWER: Mark all that apply.

CC_0_D2A

1 Replacement - hip

CC_0_D2B

2 Replacement - knee

CC_0_D2C

3 Replacement - other joint

CC_0_D2D

4 Other joint surgery

CC_Q05D **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her] arthritis or [do/does] [you/he/she] do anything to relieve arthritis pain?**

CC_0_D3

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

CC_Q05E **What [do/does] [you/he/she] do?**

INTERVIEWER: Mark all that apply.

CC_0_D3A

1 Drug

CC_0_D3B

2 Diet

CC_0_D3C

3 Exercise

CC_0_D3D

4 Physiotherapy

CC_0_D3E

5 Heat or ice

CC_0_D3F

6 Relaxation techniques

CC_0_D3G

7 Splints, supports or other assistive devices

CC_0_D3H

8 Other - Specify

CC_C05F If CC_Q05E = "Drugs", go to CC_Q05F. Otherwise, go to CC_C061.

CC_Q05F **What kind of drugs?**
INTERVIEWER: Mark all that apply.

- CC_0_D4A 1 Prescription medication
CC_0_D4B 2 Over-the-counter pain killers
CC_0_D4C 3 Herbal or natural remedies

Back Problems

CC_C061 If age < 12, go to CC_C071.

CC_Q061 **Remember, we're interested in conditions diagnosed by a health professional.**
CCC0_1E **[Do/Does] [you/FNAME] have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes
2 No (Go to CC_C071)
 DK, R (Go to CC_C071)

CC_Q062 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_E3
|_|_| Age in years
(MIN: 0) (MAX: current age)

High Blood Pressure

CC_C071 If age < 12, go to CC_C081.

CC_Q071 **[Do/Does] [you/FNAME] have high blood pressure?**

- CCC0_1F
1 Yes
2 No (Go to CC_C073)
 DK, R (Go to CC_C081)

CC_Q072 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_F3
|_|_| Age in years
(MIN: 0) (MAX: current age)

Go to CC_Q075

CC_C073 If non-proxy interview and respondent had condition in previous survey, 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**
CCC0_F1 **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_C081)
 DK, R (Go to CC_C081)

CC_Q074 **When did it disappear?**

CCC0_F2M |_|_| Month
CCC0_F2Y |_|_|_| Year
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC_C081

CC_Q075 **[Do/Does] [you/he/she] receive any treatment or medication for**
CCC0_F5 **[your/his/her] high blood pressure?**

- 1 Yes
- 2 No (Go to CC_C081)
 DK, R (Go to CC_C081)

CC_Q076 **What kind of treatment or medication?**
INTERVIEWER: Mark all that apply.

- CCC0_F6A 1 Drug
CCC0_F6B 2 Diet
CCC0_F6D 3 Exercise / physiotherapy
CCC0_F6C 4 Other - Specify

Migraine Headaches

CC_C081 If age < 12, go to CC_Q091.

CC_Q081 **Remember, we're interested in conditions diagnosed by a health professional.**
CCC0_1G **[Do/Does] [you/FNAME] have migraine headaches?**

- 1 Yes
- 2 No (Go to CC_C083)
 DK, R (Go to CC_Q091)

CC_Q082 **How old [were/was] [you/he/she] when this was first diagnosed?**
CCC0_G3

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

Go to CC_Q085

CC_C083 If non-proxy interview and respondent had condition in previous survey, go to CC_Q083.
Otherwise, go to CC_Q091.

CC_Q083 **During our last interview in [month and year of last response interview], it was**
CCC0_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_Q091)
 DK, R (Go to CC_Q091)

CC_Q084 **When did it disappear?**

CCC0_G2M |_|_| Month

CCC0_G2Y |_|_|_| Year

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

Go to CC_Q091

CC_Q085 **[Do/Does] [you/he/she] receive any treatment or medication for**
CCC0_G5 **[your/his/her] migraine headaches?**

1 Yes

2 No (Go to CC_Q091)

DK, R (Go to CC_Q091)

CC_Q086 **What kind of treatment or medication?**

INTERVIEWER: Mark all that apply.

CCC0_G6A 1 Drug

CCC0_G6B 2 Diet

CCC0_G6D 3 Exercise / physiotherapy

CCC0_G6C 4 Other - Specify

Chronic Bronchitis or Emphysema

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

CCC0_1H

1 Yes

2 No (Go to CC_C101)

DK, R (Go to CC_C101)

CC_Q092 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_H3

|_|_| Age in years

(MIN: 0) (MAX: current age)

Diabetes

CC_C101 If age < 12, go to CC_Q111.

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

CCC0_1J

1 Yes

2 No (Go to CC_C103)

DK, R (Go to CC_Q111)

CC_Q102 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_J3

|_|_| Age in years

(MIN: 0) (MAX: current age)

Go to CC_C10A

CC_C103 If non-proxy interview and respondent had condition in previous survey, 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?**
CCC0_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?**

CCC0_J2M |_|_| Month
CCC0_J2Y |_|_|_| Year
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC_Q111

Focus Questions

CC_C10A If age < 15 or sex = male or CC_Q102 < 15, go to CC_Q10C.

CC_Q10A **[Were/Was] [you/she] pregnant when [you/she] [were/was] first diagnosed with diabetes?**
CC_0_J3A

- 1 Yes
- 2 No (Go to CC_Q10C)
DK, R (Go to CC_Q10C)

CC_Q10B **Other than during pregnancy, has a health professional ever told [you/her] that [you/she] [have/has] diabetes?**
CC_0_J3B

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

CC_Q10C **When [you/he/she] [were/was] first diagnosed with diabetes, how long was it before [you/he/she] [were/was] started on insulin?**
CC_0_J3C

- 1 Less than 1 month
- 2 1 month to less than 2 months
- 3 2 months to less than 6 months
- 4 6 months to less than 1 year
- 5 1 year or more
- 6 Never (Go to CC_Q106)

Core Question

CC_Q105 **[Do/Does] [you/FNAME] currently take insulin for [your/his/her] diabetes?**
CCC0_J5

- 1 Yes
- 2 No (Go to CC_Q106)
DK, R (Go to CC_Q106)

Focus Questions

CC_Q10D
CC_0_J4

[Do/Does] [you/he/she] take it every day?

- 1 Yes
- 2 No (Go to CC_Q106)
- DK, R (Go to CC_Q106)

CC_Q10E
CC_0_J4A

How many times per day?

|_| Times
(MIN: 1) (MAX: 5)

CC_Q10F
CC_0_J4B

On average, how many units per day [do/does] [you/he/she] take?
INTERVIEWER: Insulin injections are in cubic centimeters or cc's.

|_|_| Units
(MIN: 1) (MAX: 200; warning after 100)

Core Questions

CC_Q106
CCC0_J6

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

- 1 Yes
- 2 No (Go to CC_Q10G)
- DK, R (Go to CC_Q10G)

CC_Q107

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

- CCC0_J7A
- CCC0_J7B
- CCC0_J7D
- CCC0_J7C
- 1 Drug
 - 2 Diet
 - 3 Exercise / physiotherapy
 - 4 Other - Specify

Focus Questions

CC_Q10G
CC_0_J5A

[Have/Has] [you/FNAME] ever taken a course or class on how to manage [your/his/her] diabetes?

- 1 Yes (Go to CC_Q10I)
- 2 No

CC_Q10H
CC_0_J5B

Has anyone else in [your/his/her] household ever taken a course or class on how to manage diabetes?

- 1 Yes
- 2 No

CC_Q10I
CC_0_J5C

[Have/Has] [you/he/she] ever been given information by a health professional on what [you/he/she] should be eating?

- 1 Yes
- 2 No (Go to CC_Q10K)
- DK, R (Go to CC_Q10K)

CC_Q10J **From what type of health professional?**
INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|---------------------------------------|
| CC_0_J6A | 1 | Nurse |
| CC_0_J6B | 2 | Registered dietitian |
| CC_0_J6C | 3 | Family doctor or general practitioner |
| CC_0_J6D | 4 | Other medical doctor or specialist |
| CC_0_J6E | 5 | Other - Specify |

CC_Q10K **[Have/Has] [you/he/she] ever been taught how to check blood sugar levels?**
CC_0_J7A

- | | | |
|---|-------|-----------------|
| 1 | Yes | (Go to CC_Q10M) |
| 2 | No | |
| | DK, R | (Go to CC_Q10N) |

CC_Q10L **Has anyone else in [your/his/her] household ever been taught how to check**
CC_0_J7B **blood sugar levels?**

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to CC_Q10N) |
| | DK, R | (Go to CC_Q10N) |

CC_Q10M **In the past month, how often did [you/he/she] or anyone else in the household**
CC_0_J8A **check [your/his/her] blood sugar levels?**

- | | |
|---|-----------------------|
| 1 | More than once a day |
| 2 | Once a day |
| 3 | 4 to 6 times a week |
| 4 | 2 to 3 times a week |
| 5 | Once a week |
| 6 | 2 to 3 times a month |
| 7 | Once a month |
| 8 | Not in the past month |

CC_Q10N **In the past month, how often did [you/he/she] or anyone else in the household**
CC_0_J8B **check [your/his/her] feet?**

- | | |
|---|-----------------------|
| 1 | Once a day |
| 2 | 4 to 6 times a week |
| 3 | 2 to 3 times a week |
| 4 | Once a week |
| 5 | 2 to 3 times a month |
| 6 | Once a month |
| 7 | Not in the past month |

Epilepsy

CC_Q111 **[Do/Does] [you/FNAME] have epilepsy?**
CCC0_1K

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to CC_C113) |
| | DK, R | (Go to CC_Q121) |

CC_Q112 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_K3

____ Age in years
(MIN: 0) (MAX: current age)

Go to CC_Q121

CC_C113 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in previous survey, 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?**

CCC0_K1

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

CC_Q114 **When did it disappear?**

CCC0_K2M

____ Month

CCC0_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?**

CCC0_1L

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to CC_C131) |
| | DK, R | (Go to CC_C131) |

CC_Q122 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_L3

____ Age in years
(MIN: 0) (MAX: current age)

Focus Questions

CC_Q12A **[Have/Has] [you/he/she] ever had a heart attack (damage to the heart muscle)?**

CC_0_L1A

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to CC_Q12J) |
| | DK, R | (Go to CC_Q12J) |

CC_Q12B **How many heart attacks [have/has] [you/he/she] had?**

CC_0_L1B

____ Heart attacks
(MIN: 1) (MAX: 7)

CC_Q12C **How old [were/was] [you/he/she] when [you/he/she] had [your/his/her] (first) heart attack?**

CC_0_L1C

____ Age in years
(MIN: 0) (MAX: current age)

- CC_C12D If CC_Q12B = 1, go to CC_Q12E.
- CC_Q12D
CC_0_L1D **How old [were/was] [you/he/she] when [you/he/she] had [your/his/her] most recent heart attack?**
- _|_|_| Age in years
(MIN: 0 or CC_Q12C) (MAX: current age)
- CC_Q12E
CC_0_L1E **[Have/Has] [you/he/she] ever been admitted to a hospital overnight due to a heart attack?**
- 1 Yes
2 No
- CC_Q12F **What medical treatments [have/has] [you/he/she] received for [your/his/her] heart attack(s)?**
INTERVIEWER: Mark all that apply.
- CC_0_L4A 1 Bypass surgery
CC_0_L4B 2 Angioplasty
CC_0_L4C 3 Drugs
CC_0_L4D 4 Other
CC_0_L4E 5 No treatment received
- CC_Q12G
CC_0_L5A **[Have/Has] [you/he/she] ever been referred to a cardiac rehabilitation program?**
- 1 Yes
2 No (Go to CC_Q12J)
DK, R (Go to CC_Q12J)
- CC_Q12H
CC_0_L5B **Did [you/he/she] attend it?**
- 1 Yes
2 No (Go to CC_Q12J)
DK, R (Go to CC_Q12J)
- CC_Q12I
CC_0_L5C **Did [you/he/she] complete it?**
- 1 Yes
2 No
3 Still attending
- CC_Q12J
CC_0_L6 **[Do/Does] [you/he/she] currently have angina (chest pain, chest tightness)?**
- 1 Yes
2 No
- CC_Q12K
CC_0_L7 **[Do/Does] [you/he/she] currently have congestive heart failure (inadequate heart beat, fluid build-up in the lungs or legs)?**
- 1 Yes
2 No

Cancer

CC_C131 If age < 12, go to CC_C141.

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

CCC0_1M

- 1 Yes
- 2 No (Go to CC_C141)
DK, R (Go to CC_C141)

CC_Q132 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_M3

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

Stomach or Intestinal 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 stomach or intestinal ulcers?

CCC0_1N

- 1 Yes
- 2 No (Go to CC_C143)
DK, R (Go to CC_C151)

CC_Q142 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_N3

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

Go to CC_C151

CC_C143 If non-proxy interview and respondent had condition in previous survey, 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 reported that [you/FNAME] had stomach or intestinal ulcers, but this time it was not. Has the condition disappeared since then?**

CCC0_N1

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

CC_Q144 **When did it disappear?**

CCC0_N2M

|| Month

CCC0_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?**

CCC0_10

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

CC_Q152 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_O3

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

Go to CC_C161

CC_C153 If non-proxy interview and respondent had condition in previous survey, 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 reported that [you/FNAME] suffered from the effects of a stroke, but this time it was not. Has the condition disappeared since then?**

CCC0_O1

- 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?**

CCC0_O2M

|| Month

CCC0_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?**

CCC0_1P

- 1 Yes
- 2 No (Go to CC_C171)
DK, R (Go to CC_C171)

CC_Q162 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_P3

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

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**
CCC0_1Q colitis?

- 1 Yes
- 2 No (Go to CC_C181)
 DK, R (Go to CC_C181)

CC_Q172 **How old [were/was] [you/he/she] when this was first diagnosed?**
CCC0_Q3

 |__|__| Age in years
(MIN: 0) (MAX: current age)

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.**
CCC0_1R [Do/Does] [you/FNAME] have Alzheimer's Disease or any other dementia?

- 1 Yes
- 2 No (Go to CC_C191)
 DK, R (Go to CC_C191)

CC_Q182 **How old [were/was] [you/he/she] when this was first diagnosed?**
CCC0_R3

 |__|__| Age in years
(MIN: 0) (MAX: current age)

Cataracts

CC_C191 If age < 18, go to CC_C201.

CC_Q191 **[Do/Does] [you/FNAME] have cataracts?**
CCC0_1S

- 1 Yes
- 2 No (Go to CC_C201)
 DK, R (Go to CC_C201)

CC_Q192 **How old [were/was] [you/he/she] when this was first diagnosed?**
CCC0_S3

 |__|__| Age in years
(MIN: 0) (MAX: current age)

Glaucoma

CC_C201 If age < 18, go to CC_C211.

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

CCC0_1T

- 1 Yes
- 2 No (Go to CC_C211)
 DK, R (Go to CC_C211)

CC_Q202 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_T3

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

Thyroid Condition

CC_C211 If age < 12, go to CC_Q221.

CC_Q211 **[Do/Does] [you/FNAME] have a thyroid condition?**

CCC0_1U

- 1 Yes
- 2 No (Go to CC_Q221)
 DK, R (Go to CC_Q221)

CC_Q212 **How old [were/was] [you/he/she] when this was first diagnosed?**

CCC0_U3

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

Other Long-Term Condition

CC_Q221 **[Do/Does] [you/FNAME] have any other long-term condition that has been
CCC0_1V diagnosed by a health professional?**

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

CC_Q221S INTERVIEWER: Specify.

CCC0F1V

(80 spaces)

Insurance

IS_QINT **Now, turning to [your/FNAME's] insurance coverage. Please include any private,
government or employer-paid plans.**

INTERVIEWER: Press <Enter> to continue.

IS_Q1 **[Do/Does] [you/FNAME] have insurance that covers all or part of:
ISC0_1 ... the cost of [your/his/her] prescription medications?**

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

IS_Q2 ... [your/his/her] dental expenses?
ISC0_2

- 1 Yes
- 2 No

IS_Q3 ... the costs of eye glasses or contact lenses?
ISC0_3

- 1 Yes
- 2 No

IS_Q4 ... hospital charges for a private or semi-private room?
ISC0_4

- 1 Yes
- 2 No

Health Status

HS_C00 If age < 4, go to next section.

HS_QINT1 **The next set of questions asks about [your/FNAME's] day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to [you/FNAME], but it is important that we ask the same questions of everyone.**
INTERVIEWER: Press <Enter> to continue.

Vision

HS_C01 For children < 12 years old 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?**
HSC0_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?**
HSC0_2

- 1 Yes (Go to HS_Q4)
- 2 No

HS_Q03 **[Are/Is] [you/he/she] able to see at all?**
HSC0_3

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

HS_Q04
HSC0_4

[Are/Is] [you/he/she] able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

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

HS_Q05
HSC0_5

[Are/Is] [you/he/she] usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?

- 1 Yes
- 2 No

Hearing

HS_Q06
HSC0_6

[Are/Is] [you/FNAME] usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?

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

HS_Q07
HSC0_7

[Are/Is] [you/he/she] usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?

- 1 Yes (Go to HS_Q8)
- 2 No

HS_Q07A
HSC0_7A

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

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

HS_Q08
HSC0_8

[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?

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

HS_Q09
HSC0_9

[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?

- 1 Yes
- 2 No

Speech

HS_C10

If age >= 12 then go to HS_Q10.

HS_QINT3

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

HS_Q10
HSC0_10 **[Are/Is] [you/FNAME] usually able to be understood completely when speaking with strangers in [your/his/her] own language?**

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

HS_Q11
HSC0_11 **[Are/Is] [you/he/she] able to be understood partially when speaking with strangers?**

- 1 Yes
- 2 No

HS_Q12
HSC0_12 **[Are/Is] [you/he/she] able to be understood completely when speaking with those who know [you/him/her] well?**

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

HS_Q13
HSC0_13 **[Are/Is] [you/he/she] able to be understood partially when speaking with those who know [you/him/her] well?**

- 1 Yes
- 2 No

Getting Around

HS_Q14
HSC0_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

HS_Q15
HSC0_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
HSC0_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
HSC0_17 **[Do/Does] [you/he/she] require the help of another person to be able to walk?**

- 1 Yes
- 2 No

HS_Q18
HSC0_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
HSC0_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
HSC0_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
HSC0_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
HSC0_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
HSC0_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
HSC0_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
HSC0_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
HSC0_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
HSC0_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
HSC0_28

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

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

HS_Q29
HSC0_29

How would you describe the usual intensity of [your/his/her] pain or discomfort?

INTERVIEWER: Read categories to respondent.

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

HS_Q30
HSC0_30

How many activities does [your/his/her] pain or discomfort prevent?

INTERVIEWER: Read categories to respondent.

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

Physical Activities

PA_C1 If proxy interview or age < 12, go to next section.

PA_QINT1 **Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.**
INTERVIEWER: Press <Enter> to continue.

PA_Q1

Have you done any of the following in the past 3 months, that is, from [date three months ago] to yesterday?

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

PAC0_1A	1	Walking for exercise	PAC0_1I	13	Downhill skiing
PAC0_1B	2	Gardening or yard work	PAC0_1N	14	Bowling
PAC0_1C	3	Swimming	PAC0_1O	15	Baseball or softball
PAC0_1D	4	Bicycling	PAC0_1P	16	Tennis
PAC0_1E	5	Popular or social dance	PAC0_1Q	17	Weight-training
PAC0_1F	6	Home exercises	PAC0_1R	18	Fishing
PAC0_1G	7	Ice hockey	PAC0_1S	19	Volleyball
PAC0_1H	8	Ice skating	PAC0_1T	20	Basketball
PAC0_1Y	9	In-line skating or rollerblading	PAC0_1U	21	Any other
PAC0_1J	10	Jogging or running	PAC0_1V	22	No physical activity
PAC0_1K	11	Golfing			(Go to PA_QINT2)
PAC0_1L	12	Exercise class or aerobics		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?

PAC0FC1

INTERVIEWER: Enter one activity only.

(80 spaces)

PA_Q1W

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

PAC0_1W

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

PA_Q1WS

What was this activity?

PAC0FC2

INTERVIEWER: Enter one activity only.

(80 spaces)

PA_Q1X

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

PAC0_1X

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

PA_Q1XS

What was this activity?

PAC0FC3

INTERVIEWER: Enter one activity only.

(80 spaces)

For each activity identified in PA_Q1, ask PA_Q2 and PA_Q3.

PA_Q2
PAC0_2A
TO
PAC0_2Y

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

[[[] 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
PAC0_3A
TO
PAC0_3Y

About how much time did you spend on each occasion?

- 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
PAC0_4A

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

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

PA_Q4B
PAC0_4B

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

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

PA_C1

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
PAC0_5

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

INTERVIEWER: Read categories to respondent.

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

PA_Q6
PAC0_6

Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?

INTERVIEWER: Read categories to respondent.

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

UV Exposure

TU_C1 If proxy interview or age < 12, go to next section.

TU_QINT **A sunburn is any reddening or discomfort of your skin that lasts longer than 12 hours after exposure to the sun or other UV sources, such as tanning beds or sun lamps.**

INTERVIEWER: Press <Enter> to continue.

TU_Q1
TUC0_3

In the past 12 months, has any part of your body been sunburnt?

- 1 Yes
- 2 No

Repetitive Strain

RP_C1 If age < 12, go to next section.

RP_QINT **This next section deals with repetitive strain injuries. By this we mean injuries caused by overuse or by repeating the same movement frequently. (For example, carpal tunnel syndrome, tennis elbow or tendinitis.)**

INTERVIEWER: Press <Enter> to continue.

RP_Q1
RPC0_1

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

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

RP_Q3
RPC0_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 [you/he/she] doing when [you/he/she] got this repetitive strain?

INTERVIEWER: Mark all that apply.

RPC0_5A
RPC0_5B
RPC0_5C
RPC0_5D
RPC0_5E
RPC0_5F

- 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

Injuries

IJ_CINT

If age < 12, 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 second part of phrase only in IJ_Q01.

IJ_Q01
IJC0_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
IJC0_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
IJC0_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
IJC0_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
IJC0_4A

What part of the body was injured?

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

IJ_Q06
IJC0_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
IJC0_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
IJC0_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
IJC0_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
IJC0_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
IJC0_11

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

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

IJ_Q12
IJC0_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
IJC0_13

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

- 1 Yes
- 2 No

IJ_Q14
IJC0_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
IJC0_15

How many injuries?

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

Stress

ST_C100 If proxy interview, go to next section. If age < 18, go to ST_C400.

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 things 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
ST_0_C1

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

- 1 True
- 2 False
R (Go to ST_QINT2)

ST_Q102
ST_0_C2

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

- 1 True
- 2 False

ST_Q103
ST_0_C3

Too much is expected of you by others.

- 1 True
- 2 False

ST_Q104
ST_0_C4

You don't have enough money to buy the things you need.

- 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
ST_0_C5

Your partner doesn't understand you.

- 1 True
- 2 False

ST_Q106
ST_0_C6

Your partner doesn't show enough affection.

- 1 True
- 2 False

ST_Q107
ST_0_C7

Your partner is not committed enough to your relationship.

- 1 True
- 2 False

Go to ST_Q109

ST_Q108
ST_0_C8

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

- 1 True
- 2 False

ST_Q109
ST_0_C9

Do you have any children?

- 1 Yes
- 2 No (Go to ST_Q112)
- DK, R (Go to ST_Q112)

ST_Q110
ST_0_C10

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

One of your children seems very unhappy.

- 1 True
- 2 False

ST_Q111 **A child's behaviour is a source of serious concern to you.**

ST_0_C11

- 1 True
- 2 False

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

ST_0_C12

- 1 True
- 2 False

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

ST_0_C13

- 1 True
- 2 False

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

ST_0_C14

- 1 True
- 2 False

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

ST_0_C15

- 1 True
- 2 False

ST_Q116 **You have a parent, a child or a partner who is in very bad health and may die.**

ST_0_C16

- 1 True
- 2 False

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

ST_0_C17

- 1 True
- 2 False

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

ST_0_C18

- 1 True
- 2 False

Recent Life Events

ST_QINT2 **Now I'd like to ask you about some things that may have happened in the past 12 months, that is, from [date one year ago] to yesterday. Some of these experiences happen to most people at one time or another, while some happen to only a few. First, I'd like to ask about yourself or anyone close to you (that is, your spouse or partner, children, relatives or close friends).**

INTERVIEWER: Press <Enter> to continue.

ST_Q201 **In the past 12 months, was any one of you beaten up or physically attacked?**

ST_0_R1

- 1 Yes
- 2 No
- R (Go to ST_QINT3)

- ST_Q202
ST_0_R2
- Now I'd like you to think just about your family, that is, yourself and your spouse/partner or children, if any.**
In the past 12 months, did (you or) someone in your family, have an unwanted pregnancy?
- 1 Yes
2 No
- ST_Q203
ST_0_R3
- In the past 12 months, did (you or) someone in your family have an abortion or miscarriage?**
- 1 Yes
2 No
- ST_Q204
ST_0_R4
- In the past 12 months, did you or someone in your family have a major financial crisis?**
- 1 Yes
2 No
- ST_Q205
ST_0_R5
- In the past 12 months, did you or someone in your family fail school or a training program?**
- 1 Yes
2 No
- ST_C206
- If marital status = married or living common-law include the phrase "or your partner" in ST_Q206 and ST_Q207.
- ST_Q206
ST_0_R6
- Now I'd like you to think just about yourself [and your spouse or partner]. In the past 12 months, did you [or your partner] experience a change of job for a worse one?**
- 1 Yes
2 No
- ST_Q207
ST_0_R7
- In the past 12 months, were you [or your partner] demoted at work or did [you/either of you] take a cut in pay?**
- 1 Yes
2 No
- ST_C208
- If marital status = married or living common-law ask ST_Q208. Otherwise go to ST_Q209.
- ST_Q208
ST_0_R8
- In the past 12 months, did you have increased arguments with your partner?**
- 1 Yes
2 No
- ST_Q209
ST_0_R9
- Now, just you personally, in the past 12 months, did you go on Welfare?**
- 1 Yes
2 No

ST_C210 If ST_Q109 = yes (have children) ask ST_Q210. Otherwise go to ST_C300.

ST_Q210 **In the past 12 months, did you have a child move back into the house?**

ST_0_R10

- 1 Yes
- 2 No

Childhood and Adult Stressors ("traumas")

ST_C300 Asked only of persons who were < 18 in 1994 and now are 18 years and over.

ST_QINT3 **The next few questions ask about some things that may have happened to you while you were a child or a teenager, before you moved out of the house. Please tell me if any of these things have happened.**

INTERVIEWER: Press <Enter> to continue.

ST_Q301 **Did you spend 2 weeks or more in the hospital?**

ST_0_T1

- 1 Yes
 - 2 No
- R (Go to ST_C400)

ST_Q302 **Did your parents get a divorce?**

ST_0_T2

- 1 Yes
- 2 No

ST_Q303 **Did your father or mother not have a job for a long time when they wanted to be working?**

ST_0_T3

- 1 Yes
- 2 No

ST_Q304 **Did something happen that scared you so much you thought about it for years after?**

ST_0_T4

- 1 Yes
- 2 No

ST_Q305 **Were you sent away from home because you did something wrong?**

ST_0_T5

- 1 Yes
- 2 No

ST_Q306 **Did either of your parents drink or use drugs so often that it caused problems for the family?**

ST_0_T6

- 1 Yes
- 2 No

ST_Q307 **Were you ever physically abused by someone close to you?**

ST_0_T7

- 1 Yes
- 2 No

Work Stress

ST_C400 If age < 15 or age > 75, go to ST_C500.

ST_QINT4A **Now I'm going to read you a series of statements that might describe your job situation.**

INTERVIEWER: Press <Enter> to continue.

ST_Q400 **Do you currently work at a job or business?**

ST_0_W1

- 1 Yes
- 2 No (Go to ST_C500)
- DK, R (Go to ST_C500)

ST_QINT4B **Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. If you have more than one job, just think about the main one.**

INTERVIEWER: Press <Enter> to continue.

ST_Q401 **Your job requires that you learn new things.**

ST_0_W1A

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- R (Go to ST_C500)

ST_Q402 **Your job requires a high level of skill.**

ST_0_W1B

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

ST_Q403 **Your job allows you freedom to decide how you do your job.**

ST_0_W1C

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

ST_Q404 **Your job requires that you do things over and over.**

ST_0_W1D

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

ST_Q405
ST_0_W1E

Your job is very hectic.

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

ST_Q406
ST_0_W1F

You are free from conflicting demands that others make.

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

ST_Q407
ST_0_W1G

Your job security is good.

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

ST_Q408
ST_0_W1H

Your job requires a lot of physical effort.

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

ST_Q409
ST_0_W1I

You have a lot to say about what happens in your job.

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

ST_Q410
ST_0_W1J

You are exposed to hostility or conflict from the people you work with.

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

ST_Q411
ST_0_W1K

Your supervisor is helpful in getting the job done.

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

ST_Q412 **The people you work with are helpful in getting the job done.**

ST_0_W1L

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

ST_Q413 **How satisfied are you with your job?**

ST_0_W2 INTERVIEWER: Read categories to respondent.

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

Self-Esteem

ST_C500 If age < 12, go to ST_C600

ST_QINT5 **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_Q501 **You feel that you have a number of good qualities.**

PY_0_E1A

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- R (Go to ST_C600)

ST_Q502 **You feel that you're a person of worth at least equal to others.**

PY_0_E1B

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

ST_Q503 **You are able to do things as well as most other people.**

PY_0_E1C

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

ST_Q504
PY_0_E1D

You take a positive attitude toward yourself.

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

ST_Q505
PY_0_E1E

On the whole you are satisfied with yourself.

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

ST_Q506
PY_0_E1F

All in all, you're inclined to feel you're a failure.

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

Mastery

ST_C600

If age < 12, go to next section.

ST_Q601
PY_0_M1A

You have little control over the things that happen to you.

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

ST_Q602
PY_0_M1B

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

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

ST_Q603
PY_0_M1C

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

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

ST_Q604
PY_0_M1D

You often feel helpless in dealing with problems of life.

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

ST_Q605
PY_0_M1E

Sometimes you feel that you are being pushed around in life.

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

ST_Q606
PY_0_M1F

What happens to you in the future mostly depends on you.

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

ST_Q607
PY_0_M1G

You can do just about anything you really set your mind to.

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

Drug 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
DGC0_1A

**In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:
... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatory)?**

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

DG_Q1B
DGC0_1B

... tranquilizers such as Valium?

- 1 Yes
- 2 No

DG_Q1C
DGC0_1C

... diet pills such as Redux, Ponderal or Fastin?

- 1 Yes
- 2 No

DG_Q1D
DGC0_1D

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

- 1 Yes
- 2 No

DG_Q1E
DGC0_1E

... codeine, Demerol or morphine?

- 1 Yes
- 2 No

DG_Q1F
DGC0_1F

... allergy medicine such as Seldane or Chlor-Tripolon?

- 1 Yes
- 2 No

DG_Q1G
DGC0_1G

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

... asthma medications such as inhalers or nebulizers?

- 1 Yes
- 2 No

DG_Q1H
DGC0_1H

... cough or cold remedies?

- 1 Yes
- 2 No

DG_Q1I
DGC0_1I

... penicillin or other antibiotics?

- 1 Yes
- 2 No

DG_Q1J
DGC0_1J

... medicine for the heart?

- 1 Yes
- 2 No

DG_Q1K
DGC0_1K

... medicine for blood pressure?

- 1 Yes
- 2 No

DG_Q1L
DGC0_1L

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

... diuretics or water pills?

- 1 Yes
- 2 No

DG_Q1M
DGC0_1M

... steroids?

- 1 Yes
- 2 No

DG_Q1N
DGC0_1N

... insulin?

- 1 Yes
- 2 No

DG_Q1O
DGC0_1O

... pills to control diabetes?

- 1 Yes
- 2 No

DG_Q1P
DGC0_1P

... sleeping pills?

- 1 Yes
- 2 No

DG_Q1Q
DGC0_1Q

... stomach remedies?

- 1 Yes
- 2 No

DG_Q1R
DGC0_1R

... laxatives?

- 1 Yes
- 2 No

DG_C1S

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

DG_Q1S
DGC0_1S

... birth control pills?

- 1 Yes
- 2 No

DG_C1T

If female & age >= 30, go to DG_Q1T. Otherwise, go to DG_Q1U.

DG_Q1T
DGC0_1T

... hormones for menopause or aging symptoms?

- 1 Yes
- 2 No (Go to DG_Q1U)
- DK, R (Go to DG_Q1U)

DG_Q1T1
DGC0_1T1

What type of hormones [are/is] [you/she] taking?

INTERVIEWER: Read categories to respondent.

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

DG_Q1T2
DGC0_1T2

When did [you/she] start this hormone therapy?

INTERVIEWER: Enter the year.

____ Year
(MIN: year of birth + 30) (MAX: current year)

DG_Q1U
DGC0_1U

**In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:
... thyroid medication such as Synthroid or Levothyroxine?**

1 Yes
2 No

DG_Q1V
DGC0_1V

... any other medication?

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
DGC0_2

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?

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

DG_C3

If number = 0, then go to DG_Q4. For each number > 0 ask DG_Q3 and DG_Q3A, up to a maximum of 12.

DG_Q3nn
DGC0F3A
TO
DGC0F3L

What is the exact name of the medication that [you/FNAME] took?
INTERVIEWER: Ask respondent to look at the bottle, tube or box.

(80 spaces)
DK, R (Go to DG_Q4.)

DG_Q3nnA
DGC0_3AA
TO
DGC0_3LA

Was this a prescription from a medical doctor or dentist?

1 Yes
2 No

DG_Q4
DGC0_4

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. [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
DGC0_4A

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

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

DG_Q501
DGC0F5A

Thinking of the past 2 days, what is the exact name of the health product that [you/he/she] used?
INTERVIEWER: Ask respondent to look at the bottle, tube or box.

(80 spaces)

DG_Q5nnA
DGC0_5AA
TO
DGC0_5LA

Did [you/he/she] use any other health products?

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

DG_Q5nn
DGC0F5B
TO
DGC0F5L

What is the exact name of the next health product?

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

(80 spaces)

Ask DG_Q5nnA and DG_Q5nn for up to 12 products.

Smoking

SM_C100 If age < 12, go to next section.

SM_Q101
SMC0_1

The next questions are about smoking.

Does anyone in this household smoke regularly inside the house?

- 1 Yes
- 2 No

SM_Q102
SMC0_2

At the present time [do/does] [you/FNAME] smoke cigarettes daily, occasionally or 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
SMC0_3

At what age did [you/he/she] begin to smoke cigarettes daily?

____ Age in years
(MIN: 5) (MAX: current age)

SM_Q104
SMC0_4

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

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

Go to SM_C109

SM_Q104A
SMC0_4A

[Have/Has] [you/he/she] ever smoked cigarettes at all?

- 1 Yes (Go to SM_Q105A)
- 2 No
DK, R (Go to SM_C200)

SM_C104B If reported ever smoked in previous interview and non-proxy interview, go to SM_Q104B. Otherwise, go to SM_C200.

SM_Q104B **(Remember, it's important to understand change.)**
During our last interview in [month and year of last response interview]. we recorded that you had previously smoked but this time we did not. In fact, have you ever smoked cigarettes?

1 Yes (SM_Q104A was filled with "1" during processing)
2 No (Go to SM_C200)
DK, R (Go to SM_C200)

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

1 Yes
2 No

Go to SM_Q105D

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

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

SM_C105D If reported was daily smoker in previous interview or reported ever was daily smoker in previous interview, go to SM_C109 (SM_Q105D was filled with "1" during processing).

SM_Q105D **[Have/Has] [you/he/she] ever smoked cigarettes daily?**

1 Yes
2 No (Go to SM_C109)
DK, R (Go to SM_C200)

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

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

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

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

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

|||| Age in years
(MIN: 5 or age in SM_Q106) (MAX: current age)

SM_C109

	Smoke - 1998	Smoke - 2000	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_C200

NOTE: If respondent says he/she “never smoked” even after probing in SM_Q104B, and there is a change from 1998 to 2000, 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
SMC0_9

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

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

Go to SM_C200.

SM_Q110
SMC0_10

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

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

Go to SM_C200.

SM_Q111
SMC0_11

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

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

Go to SM_C200.

SM_Q112
SMC0_12

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

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

SM_C200 If proxy interview, go to next section.

SM_C201 If SM_Q102 = 1 (Daily smoker), go to SM_Q201.
Otherwise, go to SM_C202.

SM_Q201
SMC0_2_1

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

- 1 Within 5 minutes
 - 2 6 to 30 minutes after waking
 - 3 31 to 60 minutes after waking
 - 4 More than 60 minutes after waking
- DK, R (Go to next section)

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
SMC0_2_2

Have you tried quitting in the past 6 months?

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

SM_Q203
SMC0_2_3

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

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

SM_Q204
SMC0_2_4

Are you seriously considering quitting within the next 30 days?

- 1 Yes (Go to SM_C206)
- 2 No

SM_Q205
SMC0_2_5

Are you seriously considering quitting within the next 6 months?

- 1 Yes
- 2 No

SM_C206

If ST_Q400 = 1 (currently employed), go to SM_Q206. Otherwise, go to next section.

SM_Q206
SMC0_2_6

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

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
ALC0_1A

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

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

AL_Q1B
ALC0_1

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

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

AL_Q2
ALC0_2

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

- 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
ALC0_3

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

- 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
ALC0_5

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?

- 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:

- | | | | |
|----------|---|-------------------|---|
| ALC0_5A1 | 1 | Sunday? | (If R on first day, go to next section) |
| ALC0_5A2 | 2 | Monday? | (MIN: 0 MAX: 99; warning after 12 for each day) |
| ALC0_5A3 | 3 | Tuesday? | |
| ALC0_5A4 | 4 | Wednesday? | |
| ALC0_5A5 | 5 | Thursday? | |
| ALC0_5A6 | 6 | Friday? | |
| ALC0_5A7 | 7 | Saturday? | |

Go to next section.

AL_Q5B
ALC0_5B

Have [you/he/she] ever had a drink?

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

AL_Q6
ALC0_6

Did [you/he/she] ever regularly drink more than 12 drinks a week?

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

AL_Q7

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

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| ALC0_7A | 1 | Dieting |
| ALC0_7B | 2 | Athletic training |
| ALC0_7C | 3 | Pregnancy |
| ALC0_7D | 4 | Getting older |
| ALC0_7E | 5 | Drinking too much / drinking problem |
| ALC0_7F | 6 | Affected - work, studies, employment opportunities |
| ALC0_7G | 7 | Interfered with family or home life |
| ALC0_7H | 8 | Affected - physical health |
| ALC0_7I | 9 | Affected - friendships or social relationships |
| ALC0_7J | 10 | Affected - financial position |
| ALC0_7K | 11 | Affected - outlook on life, happiness |
| ALC0_7L | 12 | Influence of family or friends |
| ALC0_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

MHC0_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?**

MHC0_1B

INTERVIEWER: Read categories to respondent.

- | | |
|---|--|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | Some of the time |
| 4 | A little of the time |
| 5 | None of the time |
| | DK, R (Go to MH_Q01K) |

MH_Q01C **... restless or fidgety?**

MHC0_1C

INTERVIEWER: Read categories to respondent.

- | | |
|---|--|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | Some of the time |
| 4 | A little of the time |
| 5 | None of the time |
| | DK, R (Go to MH_Q01K) |

MH_Q01D
MHC0_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
MHC0_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
MHC0_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
MHC0_1G **We have just been talking about feelings and experiences that occurred to different degrees during the past month.**
Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual or about the same as usual?

- 1 More often
- 2 Less often (Go to MH_Q01I)
- 3 About the same (Go to MH_Q01J)
- 4 Never have had any (Go to MH_Q01K)
- DK, R (Go to MH_Q01K)

MH_Q01H
MHC0_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
MHC0_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
MHC0_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
MHC0_1K In the past 12 months, that is, from [date one year ago] to yesterday, have you seen or talked on the telephone to a health professional about your emotional or mental health?

- 1 Yes
- 2 No (Go to MH_Q02)
- DK, R (Go to MH_Q02)

MH_Q01L
MHC0_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.

- | | | |
|----------|---|--|
| MHC0_1MA | 1 | Family doctor or general practitioner |
| MHC0_1MB | 2 | Psychiatrist |
| MHC0_1MC | 3 | Psychologist |
| MHC0_1MD | 4 | Nurse |
| MHC0_1ME | 5 | Social worker or counsellor |
| MHC0_1MF | 6 | Other - Specify |

MH_Q02
MHC0_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
MHC0_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
MHC0_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
MHC0_5

During those 2 weeks did you lose interest in most things?

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

MH_Q06
MHC0_6

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

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

MH_Q07
MHC0_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
MHC0_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
MHC0_8B

INTERVIEWER: Was that in pounds or in kilograms?

- 1 Pounds **MHC0_8LB**
- 2 Kilograms **MHC0_8KG**
(DK, R are not allowed)

MH_Q09
MHC0_9

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

- 1 Yes (KEY PHRASE = Trouble falling asleep)
- 2 No (Go to MH_Q11)
DK, R (Go to next section)

MH_Q10
MHC0_10

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_Q11
MHC0_11

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_Q12
MHC0_12

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_Q13
MHC0_13

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

- 1 Yes (KEY PHRASE = Thoughts about death)
- 2 No
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).

MH_Q14
MHC0_14

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

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

MH_Q15
MHC0_15

Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

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

Go to next section.

MH_Q16
MHC0_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
MHC0_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
MHC0_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
MHC0_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)

MH_Q20
MHC0_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
MHC0_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
MHC0_21B

INTERVIEWER: Was that in pounds or in kilograms?

- 1 Pounds MHC0_21L
- 2 Kilograms MHC0_21K
- (DK, R are not allowed)

MH_Q22
MHC0_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
MHC0_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
MHC0_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
MHC0_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
MHC0_26

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

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

MH_C27

If any "Yes" in MH_Q19, MH_Q22, MH_Q24, MH_Q25 or MH_Q26, or MH_Q20 is "gain" or "lose", go to MH_Q27C. Otherwise, go to next section.

MH_Q27C

Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES).

MH_Q27
MHC0_27

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

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

MH_Q28
MHC0_28

Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?

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

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 support that is available to you.**
SSC0_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 :**
SSC0_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?**

SSC0_103 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_Q04 **... someone to give you advice about a crisis?**

SSC0_104 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_Q05 **... someone to take you to the doctor if you needed it?**

SSC0_105 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_Q06
SSC0_106

... someone who shows you love and affection?

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_Q07
SSC0_107

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

... 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
SSC0_108

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

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_Q09
SSC0_109

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

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_Q10
SSC0_110

... someone who hugs you?

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_Q11
SSC0_111

... someone to get together with for relaxation?

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_Q12
SSC0_112 ... someone to prepare your meals if you were unable to do it yourself?
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_Q13
SSC0_113 ... someone whose advice you really want?
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_Q14
SSC0_114 How often is each of the following kinds of support available to you if you need it :
... 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
SSC0_115 ... someone to help with daily chores if you were sick?
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_Q16
SSC0_116 ... someone to share your most private worries and fears 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_Q17
SSC0_117 ... someone to turn to for suggestions about how to deal with a personal problem?
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_Q18 ... someone to do something enjoyable with?
SSC0_118 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_Q19 ... someone who understands your problems?
SSC0_119 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_Q20 ... someone to love you and make you feel wanted?
SSC0_120 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

Socio-demographic Characteristics

SD_QINT Now some general background questions.
INTERVIEWER: Press <Enter> to continue.

Ethnicity

SD_Q4 To which ethnic or cultural group(s) did [your/FNAME's] ancestors belong? (For example: French, Scottish, Chinese)
INTERVIEWER: Mark all that apply.

SDC0_4A	1	Canadian	SDC0_4L	12	Polish
SDC0_4B	2	French	SDC0_4M	13	Portuguese
SDC0_4C	3	English	SDC0_4N	14	South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
SDC0_4D	4	German			
SDC0_4E	5	Scottish			
SDC0_4F	6	Irish	SDC0_4O	15	Black
SDC0_4G	7	Italian	SDC0_4P	16	North American Indian
SDC0_4H	8	Ukrainian	SDC0_4Q	17	Métis
SDC0_4I	9	Dutch (Netherlands)	SDC0_4R	18	Inuit / Eskimo
SDC0_4J	10	Chinese	SDC0_4S	19	Other - Specify
SDC0_4K	11	Jewish			

Language

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.

SDC0_5A	1	English	SDC0_5K	11	Persian (Farsi)
SDC0_5B	2	French	SDC0_5L	12	Polish
SDC0_5C	3	Arabic	SDC0_5M	13	Portuguese
SDC0_5D	4	Chinese	SDC0_5N	14	Punjabi
SDC0_5E	5	Cree	SDC0_5O	15	Spanish
SDC0_5F	6	German	SDC0_5P	16	Tagalog (Filipino)
SDC0_5G	7	Greek	SDC0_5Q	17	Ukrainian
SDC0_5H	8	Hungarian	SDC0_5R	18	Vietnamese
SDC0_5I	9	Italian	SDC0_5S	19	Other - Specify
SDC0_5J	10	Korean			

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.

SDC0_6A	1	English	SDC0_6K	11	Persian (Farsi)
SDC0_6B	2	French	SDC0_6L	12	Polish
SDC0_6C	3	Arabic	SDC0_6M	13	Portuguese
SDC0_6D	4	Chinese	SDC0_6N	14	Punjabi
SDC0_6E	5	Cree	SDC0_6O	15	Spanish
SDC0_6F	6	German	SDC0_6P	16	Tagalog (Filipino)
SDC0_6G	7	Greek	SDC0_6Q	17	Ukrainian
SDC0_6H	8	Hungarian	SDC0_6R	18	Vietnamese
SDC0_6I	9	Italian	SDC0_6S	19	Other - Specify
SDC0_6J	10	Korean			

Race

SD_Q7

How would you best describe [your/FNAME's] race or colour?

INTERVIEWER: Mark all that apply.

SDC0_7A	1	White
SDC0_7B	2	Chinese
SDC0_7C	3	South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
SDC0_7D	4	Black
SDC0_7E	5	Native / Aboriginal Peoples of North America (North American Indian, Métis, Inuit / Eskimo)
SDC0_7F	6	Arab / West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)
SDC0_7G	7	Filipino
SDC0_7H	8	South East Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)
SDC0_7I	9	Latin American
SDC0_7J	10	Japanese
SDC0_7K	11	Korean
SDC0_7L	12	Other - Specify

Education

ED_C1 If age < 12, go to next section.

ED_Q1 **[Are/Is] [you/FNAME] currently attending a school, college or university?**
EDC0_1

- 1 Yes
- 2 No (Go to ED_C2)
- DK, R (Go to next section)

ED_Q2 **[Are/Is] [you/he/she] enrolled as a full-time student or a part-time student?**
EDC0_2

- 1 Full-time
- 2 Part-time

Go to ED_C4A

ED_C2 If DVEDC398 = 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]?**
EDC0_3

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

ED_C4A If DVEDC398 = 3 or 4 (i.e., 1998 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 DVEDC398 = 2 (i.e., 1998 highest level is secondary graduation), go to ED_Q6.
(ED_Q4 and ED_Q5 were filled during processing with data collected in a previous cycle)
Otherwise, go to ED_Q4.

ED_Q4 **Excluding kindergarten, how many years of elementary and high school [have/has] [you/FNAME] successfully completed?**
EDC0_4

- 1 No schooling (Go to next section)
- 2 1 to 5 years 7 10 years
- 3 6 years 8 11 years
- 4 7 years 9 12 years
- 5 8 years 10 13 years
- 6 9 years DK, R (Go to next section)

ED_C4 If age < 15, go to next section.

ED_Q5 **[Have/Has] [you/FNAME] graduated from high school?**
EDC0_5

- 1 Yes
- 2 No

ED_Q6 **[Have/Has] [you/FNAME] ever attended any other kind of school such as a university, community college, business school, trade or vocational school, CEGEP or other post-secondary institution?**
EDC0_6

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

ED_Q7
EDC0_7

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

- 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

Labour Force

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

LF_QINT1 **The next few questions concern [your/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
LSC0_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
LSC0_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
LSC0_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
LSC0_11 **In the past 4 weeks, did [you/FNAME] do anything to find work?**

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

LF_Q12
LSC0_12

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

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

LF_Q13
LSC0_13

What is the main reason that [you/FNAME] [are/is] not currently working at a job or business?

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
LSC0_21

Did [you/he/she] work at a job or business at any time in the past 12 months? 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
LSC0_22

During the past 12 months, did [you/he/she] do anything to find work?

1 Yes (Go to LF_Q71)
2 No (Go to next section)
DK, R (Go to next section)

LF_Q23
LSC0_23

During that 12 months, did [you/he/she] work at more than one job or business at the same time?

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

LSC0_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

LSC0F32

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

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

LF_Q33

LSC0F33

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

LSC0F34

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

LSC0F35

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

LSC0F36

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**
LSC0_41 **week?**

- 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**
LSC0_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:**
LSC0_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**
LSC0_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**
 DK, R (Go to LF_Q46)

LF_Q45
LSC0_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
LSC0_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
LSC0_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] worked at more than one job [(in the past 12 months)]?

INTERVIEWER: Obtain best estimate.

[_][_] Weeks
(MIN: 1) (MAX: 52)

LF_Q52
LSC0_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
LSC0_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
LSC0_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
LSC0_61 job 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.
LSC0_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]**
LSC0_72 **neither working nor looking for work. Is that correct?**

- | | | |
|---|-------|----------------|
| 1 | Yes | (Go to LF_C73) |
| 2 | No | |
| | DK, R | (Go to LF_C73) |

LF_E72 **You have indicated that [you/he/she] worked for [LF_Q61] week[s] and that [you/he/she] [were/was] looking for work for [LF_Q71] week[s], leaving [WEEKS] week[s] during which [you/he/she] [were/was] neither working nor looking for work. The total number of weeks must add to 52. Please return and correct.**

LF_C73 If (LF_Q01 = 1 or LF_Q02 = 1 or LF_Q11 = 1 or LF_Q12 = 1), go to LF_Q73. Otherwise, go to next section.

LF_Q73 **What is the main reason that [you/he/she] [were/was] not looking for work?**
 LSC0_73 **INTERVIEWER:** If more than one reason, choose the one that explains the most number of weeks.

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Pregnancy (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions
- 9 Seasonal layoff
- 10 Casual job, no work available
- 11 Work schedule (e.g., shift work, etc.)
- 12 School or educational leave
- 13 Retired
- 14 Believes no work available (in area or suited to skills)
- 15 Other - Specify

LF_C74 If LF_Q71 > 1 and LF_Q71 < 52, go to LF_Q74. Otherwise, go to next section.

LF_Q74 **Were those [LF_Q71] weeks when [you/he/she] [were/was] without work but looking for work?**
 LSC0_74 **INTERVIEWER:** Read categories to respondent.

- 1 ... all in one period?
- 2 ... in 2 separate periods?
- 3 ... in 3 or more periods?

Income

IN_Q1 **Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- | | | |
|---------|----|---|
| INC0_1A | 1 | Wages and salaries |
| INC0_1B | 2 | Income from self-employment |
| INC0_1C | 3 | Dividends and interest (e.g., on bonds, savings) |
| INC0_1D | 4 | Employment insurance |
| INC0_1E | 5 | Worker's compensation |
| INC0_1F | 6 | Benefits from Canada or Quebec Pension Plan |
| INC0_1G | 7 | Retirement pensions, superannuation and annuities |
| INC0_1H | 8 | Old Age Security and Guaranteed Income Supplement |
| INC0_1I | 9 | Child Tax Benefit |
| INC0_1J | 10 | Provincial or municipal social assistance or welfare |
| INC0_1K | 11 | Child support |
| INC0_1L | 12 | Alimony |
| INC0_1M | 13 | Other (e.g., rental income, scholarships) |
| INC0_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
INC0_2

What was the main source of income?

- 1 Wages and salaries
- 2 Income from self-employment
- 3 Dividends and interest (e.g., on bonds, savings)
- 4 Employment insurance
- 5 Worker's compensation
- 6 Benefits from Canada or Quebec Pension
- 7 Retirement pensions, superannuation and annuities
- 8 Old Age Security and Guaranteed Income Supplement
- 9 Child Tax Benefit
- 10 Provincial or municipal social assistance or welfare
- 11 Child support
- 12 Alimony
- 13 Other (e.g., rental income, scholarships)
- 14 None (category created during processing)

IN_Q3
INC0_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
INC0_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
INC0_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
INC0_3C

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

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

Go to IN_C4

IN_Q3D
INC0_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
INC0_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
INC0_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
INC0_3G

Was the total household income from all sources:

INTERVIEWER: Read categories to respondent.

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

IN_C4

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

IN_Q4
INC0_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
INC0_4A

Can you estimate in which of the following groups [your/FNAME's] personal income falls? Was [your/his/her] total personal income less than \$20,000 or \$20,000 or more?

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to IN_Q4E)
- 3 No income (Go to next section)
- DK, R (Go to next section)

IN_Q4B
INC0_4B

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

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

IN_Q4C
INC0_4C

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

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

Go to next section

IN_Q4D
INC0_4D

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

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

Go to next section

IN_Q4E
INC0_4E

Was [your/his/her] total personal income less than \$40,000 or \$40,000 or more?

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to IN_Q4G)
DK, R (Go to next section)

IN_Q4F
INC0_4F

Was [your/his/her] total personal income less than \$30,000 or \$30,000 or more?

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

Go to next section

IN_Q4G
INC0_4G

Was [your/his/her] total personal income:
INTERVIEWER: Read categories to respondent.

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

Health Number and Administration

Health Number

AM_Q01A

We are seeking your permission to link information collected during this interview with provincial health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, doctor's offices or other services provided by the province.

INTERVIEWER: Press <Enter> to continue.

AM_Q01B
AM60_LNK

This information will be used for statistical purposes only. 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 the previous interview, go to AM_Q02. Otherwise, go to AM_Q03A.

AM_Q02
AM60_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
AM60_H3A (Having a provincial health number will assist us in linking to this other information.) Do you 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
AM60_H3B For which province is your health number?

- | | | | |
|----|-----------------------|----|--|
| 10 | Newfoundland | 47 | Saskatchewan |
| 11 | Prince Edward Island | 48 | Alberta |
| 12 | Nova Scotia | 59 | British Columbia |
| 13 | New Brunswick | 60 | Yukon |
| 24 | Quebec | 61 | Northwest Territories |
| 35 | Ontario | 62 | Nunavut |
| 46 | Manitoba | 88 | Do not have a provincial health number |
| | DK, R (Go to AM_Q04A) | | (Go to AM_Q04A) |

AM_HN
HNC0_nn 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 To avoid duplication, Statistics Canada intends to share the information from all interviews conducted as part of this survey with provincial ministries of health and Health Canada.

INTERVIEWER: Press <Enter> to continue.

AM_Q04B
AM60_SHA These organizations have undertaken to keep this information confidential and use it only for statistical purposes.
Do you agree to share the information provided?

- 1 Yes
- 2 No

Administration

AM_N05
AM60_14 INTERVIEWER: Is this a fictitious name for the respondent?

- 1 Yes
- 2 No (Go to AM_N09)
- DK (Go to AM_N09)

AM_N06
AM60_15
INTERVIEWER: Remind respondent about the importance of getting correct names for longitudinal reasons.
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
AM60_16
INTERVIEWER: Enter the first name only.

(25 spaces)

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

AM_N08
AM60_17
INTERVIEWER: Enter the last name only.

(25 spaces)

AM_N09
AM60_TEL
INTERVIEWER: Was this interview conducted on the telephone or in person?

- 1 On telephone
- 2 In person
- 3 Both

AM_N12
AM60_LNG
INTERVIEWER: Record language of interview.

1	English	11	Persian (Farsi)
2	French	12	Polish
3	Arabic	13	Portuguese
4	Chinese	14	Punjabi
5	Cree	15	Spanish
6	German	16	Tagalog (Filipino)
7	Greek	17	Ukrainian
8	Hungarian	18	Vietnamese
9	Italian	19	Other - Specify
10	Korean		