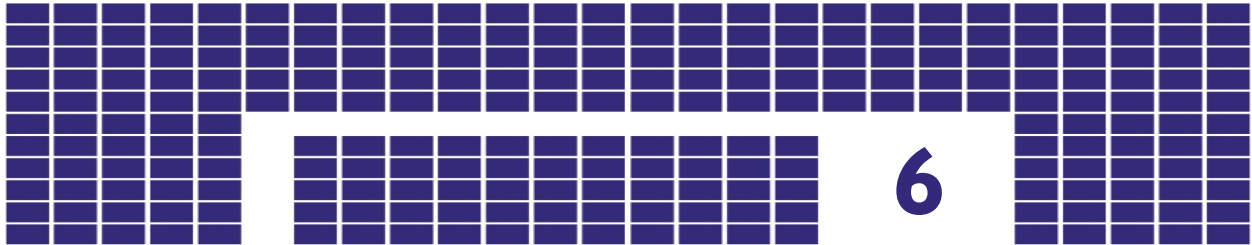




Housing, Family and Social Statistics Division
General Social Survey 1991

Cycle 6: Health

Questionnaire Package



Statistics
Canada

Statistique
Canada

Canada

GENERAL SOCIAL SURVEY

CYCLE 6 QUESTIONNAIRE PACKAGE

This package briefly describes the content, methodology and sample of the sixth cycle of the General Social Survey (GSS). Copies of the questionnaires used in Cycle 6 are attached as appendices.

Three questionnaires were used to conduct the interviews:

QUESTIONNAIRE	AGE GROUP	TITLE
GSS 6-1	All	Control Form
GSS6-1B *not included	Age 65 and over (LFS oversample only)	Control Form
GSS6-2	Age 15 and over	Health Questionnaire

The GSS 6-1 was completed for each telephone number selected in the sample. It lists all household members and collects basic demographic information, specifically, age, sex, marital status and relation to the household reference person. A respondent, 15 years of age or older was then randomly selected and a GSS6-2 was completed for this person. In cases where the selected respondent was either too ill or did not speak either official language, a proxy interview was conducted when possible. For the oversample of seniors, the GSS6-1B was used to select a respondent from household members age 65 or older.

The sixth cycle of the GSS marks the first repeat of the GSS core subject areas. Most of the Cycle 6 core content repeats that of Cycle 1 (1985) as well as that of the Canada Health Survey (1978/79). Data collection for this cycle will be monthly from January 1991 to December 1991.

The content of the main questionnaire includes:

Section

- A. Health status (chronic health problems)
- B. Two week disability
- C. 12 Month Health Care contacts
- D. Flu shots
- E. Health status indicators
- F. Limitations (long term disability)
- G. Physical condition and activity

- H. Sleep
- J. Smoking
- K. Alcohol
- M. Occupation and health
- N. Satisfaction measures
- P. Emotional well-being
- Q. Classification
- R. Contacts for follow-up

Sample

The Cycle 6 sample includes persons 15 years of age or older selected from the ten provinces. The majority of the sample will be selected through random digit dialing (RDD).

Each computer generated telephone number in the sample is called and an interviewer completes a Control Form. When they contact a private household, all the members of the household are enumerated and then one member age 15 or over is randomly selected and interviewed.

The expected sample size for Cycle 6 is 11,500. This sample includes the standard 10,000 interviews of people age 15 and over and a supplementary sample of 1,500 people age 65 and over sponsored by the Seniors Secretariat, Health and Welfare Canada. The telephone numbers for the elderly oversample will be drawn from households that have recently been part of the Labour Force Survey and are thought to contain at least one individual age 65 or older. In these households, all members are enumerated then one member age 65 or older is selected and interviewed.

21. Hello, I'm from Statistics Canada. I'm calling you for a survey about the health of Canadians.	Bonjour, ici de Statistique Canada. Nous vous appelons concernant une étude au sujet de la santé des Canadiens.
22. I'd like to make sure that I've dialed the right number. Is this (read number)? Yes <input type="radio"/> No <input type="radio"/> → Dial again, if still wrong, END	J'aimerais m'assurer que j'ai composé le bon numéro. S'agit-il du n° (lire le numéro)? Oui <input type="radio"/> Non <input type="radio"/> → Composez de nouveau. S'il s'agit encore d'un mauvais numéro, METTEZ FIN A L'INTERVIEW.
23. All information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.	Tous les renseignements que vous fournirez pour cette enquête volontaire resteront confidentiels. Votre participation est essentielle afin que les résultats soient précis.
24. Is this the number for a business, an institution or a private home? Private home <input type="radio"/> Both home and business <input type="radio"/> → Go to 27 Business, institution or other non residence <input type="radio"/>	S'agit-il du numéro d'une entreprise, d'un établissement ou d'une maison privée? Maison privée <input type="radio"/> Entreprise et maison privée <input type="radio"/> → Passez à 27 Entreprise, établissement ou autre immeuble non résidentiel <input type="radio"/>
25. Does anyone use this telephone number as a home phone number? Yes <input type="radio"/> No <input type="radio"/> → Thank respondent and END	Quelqu'un utilise-t-il ce numéro de téléphone comme numéro personnel? Oui <input type="radio"/> Non <input type="radio"/> → Remerciez le répondant et METTEZ FIN A L'INTERVIEW.
26. How many people live or stay at this address and use this number as a home phone number? Less than 15 <input type="radio"/> 15 or more <input type="radio"/> → Make appointment	Combien de personnes vivent ou demeurent à cette adresse et utilisent ce numéro de téléphone comme numéro personnel? Moins de 15 <input type="radio"/> 15 ou plus <input type="radio"/> → Fixez un rendez-vous
27. I need to select one person from your household for an interview. What is the first name and age of each person living or staying there who has no usual place of residence elsewhere? Please start with the oldest. (Enter names and ages in items Z3 and Z5.)	Je dois choisir une personne de votre ménage pour une interview. Quel est le prénom et l'âge de chaque personne qui vit ou demeure à cet endroit et qui n'a pas d'autre lieu habituel de résidence. Veuillez commencer par la personne la plus âgée du ménage. (Inscrivez le nom et l'âge aux rubriques Z3 et Z5.)
28. INTERVIEWER: Complete items Z6 through Z12 for each person recorded in item Z3. Refer to Interviewer Reference Card for instructions and codes. Then go to item 29.	INTERVIEWEUR: Remplissez les rubriques Z6 à Z12 pour chaque personne inscrite à la rubrique Z3. Pour les instructions et les codes, voir la Fiche de référence de l'intervieweur. Puis, passez à la rubrique 29.

1: [] [] [] [] - [] [] [] [] - [] [] [] [] 2: []
 Telephone Number/Numéro de téléphone S

SELECTION GRID LABEL
ÉTIQUETTE GRILLE DE SÉLECTION

A = Eligible Household Members **Membres admissibles du ménage**

B = Selection Number **Numéro de sélection**

Z1.	Z2.	Z3.	Z4.	Z5.
Page	Line	Names of Household Members	Sel. No.	Age
Page	Ligne	Noms des membres du ménage	No de Sel.	Âge
	1	_____		
	2	_____		
	3	_____		
	4	_____		
	5	_____		
	6	_____		
	7	_____		
	8	_____		

<p>29. INTERVIEWER: Enter the Page-Line Number of person giving the preceding information</p> <p style="text-align: right;">Page-Line Number of household respondent</p> <p style="text-align: center;">7 </p>	<p>INTERVIEWEUR: Inscrivez le numéro de page-ligne de la personne qui donne les renseignements précédents ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant du ménage</p> <p style="text-align: center;">7 </p>
<p>30. Are there any people away from this household attending school, visiting, travelling or in the hospital who USUALLY live there?</p> <p>Yes 1 <input type="radio"/> → Enter names and complete items Z5 through Z12.</p> <p>No 2 <input type="radio"/></p>	<p>Y a-t-il d'autres personnes qui sont absentes du ménage parce qu'elles sont aux études, en visite, en voyage ou à l'hôpital mais qui demeurent HABITUELLEMENT là?</p> <p>Oui 1 <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques Z5 à Z12.</p> <p>Non 2 <input type="radio"/></p>
<p>31. Does anyone else live there, such as other relatives, roomers, boarders or employees?</p> <p>Yes 3 <input type="radio"/> → Enter names and complete items Z5 through Z12.</p> <p>No 4 <input type="radio"/></p>	<p>Y a-t-il d'autres personnes qui demeurent là, par exemple des personnes apparentées, des chambreurs, des pensionnaires ou des employés?</p> <p>Oui 3 <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques Z5 à Z12.</p> <p>Non 4 <input type="radio"/></p>
<p>32. INTERVIEWER: In item Z4 number the people 15 years of age and over, in order, from oldest to youngest. Enter number of eligible household members...</p> <p style="text-align: right;">Number of eligible household members</p> <p style="text-align: center;">8 </p>	<p>INTERVIEWEUR: À la rubrique Z4, attribuez un numéro aux personnes âgées de 15 ans et plus - de la plus âgée à la plus jeune. Inscrivez le nombre de personnes admissibles du ménage ...</p> <p style="text-align: right;">Nombre de personnes admissibles du ménage</p> <p style="text-align: center;">8 </p>
<p>33. INTERVIEWER: Determine the selected respondent by referring to the Selection Grid Label. In item Z4 circle the selection number of the selected respondent and enter Page-Line Number ...</p> <p style="text-align: right;">Page-Line Number of selected respondent</p> <p style="text-align: center;">9 </p>	<p>INTERVIEWEUR: Déterminez le répondant sélectionné en utilisant l'étiquette grille de sélection. A la rubrique Z4, encerclez le numéro de sélection du répondant sélectionné et inscrivez le numéro de page-ligne ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant sélectionné</p> <p style="text-align: center;">9 </p>
<p>34. The person I am to interview is (read name). (Is he/she there?)</p> <p>Yes <input type="radio"/> → Go to Form GSS 6-2 and begin interview.</p> <p>No <input type="radio"/> → Set up appointment and enter details in item 16.</p>	<p>La personne que je vais interviewer est (lisez le nom). (Est-Il/elle là?)</p> <p>Oui <input type="radio"/> → Passez à la formule ESG 6-2 et commencez l'interview.</p> <p>Non <input type="radio"/> → Fixez un rendez-vous et inscrivez les détails à la rubrique 16.</p>

Z6.		Z7.				Z8.	Z9.	Page-Line Number of: Numero de page-ligne de:		
Sex		What is ... marital status? (refer to form GSS 6-5)				Family Identifier	What is ... 's relationship to ... (the family reference person)?	Z10.	Z11.	Z12.
Sexe		Quel est l'état matrimonial de ...? (Reportez-vous à la formule ESG 6-5)				Code- famille	Quel est le lien de ... avec ... (la personne de référence de la famille)?	Spouse / Partner	Mother	Father
M	F	M	W/V	Sep. Div.	Single Cel.			Conjoint partenaire	Mère	Père
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> If "0", specify - Si "0", précisez	<input type="checkbox"/> 199 <input type="radio"/> n/a-s/o	<input type="checkbox"/> 299 <input type="radio"/> n/a-s/o	<input type="checkbox"/> 399 <input type="radio"/> n/a-s/o
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> If "0", specify - Si "0", précisez	<input type="checkbox"/> 499 <input type="radio"/> n/a-s/o	<input type="checkbox"/> 599 <input type="radio"/> n/a-s/o	<input type="checkbox"/> 699 <input type="radio"/> n/a-s/o
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> If "0", specify - Si "0", précisez	<input type="checkbox"/> 199 <input type="radio"/> n/a-s/o	<input type="checkbox"/> 299 <input type="radio"/> n/a-s/o	<input type="checkbox"/> 399 <input type="radio"/> n/a-s/o
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> If "0", specify - Si "0", précisez	<input type="checkbox"/> 499 <input type="radio"/> n/a-s/o	<input type="checkbox"/> 599 <input type="radio"/> n/a-s/o	<input type="checkbox"/> 699 <input type="radio"/> n/a-s/o

RECORD OF CALLS - REGISTRE DES APPELS									
10	11 Date		12 Start Début		13 Finish Fin		14 Result	15 Interviewer's Name Nom de l'intervieweur	16 Comments Remarques
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour Heure	Min. Min.	Résultat		
24									
25									
26									
27									
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If the last call to the household is recorded on this page, transcribe the information for this call to line 99 on page 1.
 Si le dernier appel effectué pour ce ménage est enregistré sur cette page, veuillez transcrire l'information relative à cet appel à la ligne 99 de la page 1.

<p>Section A: Health Status</p> <p>A1. INTERVIEWER: Repeat the introduction below if the selected respondent is different from household respondent.</p> <p>Hello, I'm . . . from Statistics Canada. I'm calling you for a survey on the health of Canadians.</p> <p>All the information we collect in this voluntary survey will be kept strictly confidential. Your participation is essential if the survey results are to be accurate.</p>	<p>A8. Do you have diabetes?</p> <p>Yes <input type="radio"/> 1</p> <p>No <input type="radio"/> 2</p> <p>Don't know <input type="radio"/> 3</p> <p>Refused <input type="radio"/> 4</p> <p style="text-align: right;">} Go to A10</p>																																												
<p>A2. Compared to other people your age, how would you describe your state of health? Would you say it was . . .</p> <p>Excellent? <input type="radio"/> 5</p> <p>Very Good? <input type="radio"/> 6</p> <p>Good? <input type="radio"/> 7</p> <p>Fair? <input type="radio"/> 8</p> <p>Poor? <input type="radio"/> 9</p>	<p>A9. At what age were you first diagnosed?</p> <p><input type="text"/> years of age</p> <p>Never diagnosed <input type="radio"/> 96</p> <p>Don't know <input type="radio"/> 98</p>																																												
<p>A3. When did you last have your blood pressure checked by a doctor or nurse?</p> <p>Within the last 6 months <input type="radio"/> 1</p> <p>7 to 12 months ago <input type="radio"/> 2</p> <p>13 to 24 months ago <input type="radio"/> 3</p> <p>More than 2 years ago <input type="radio"/> 4</p> <p>Never <input type="radio"/> 5 → Go to A6</p> <p>Don't know <input type="radio"/> 6</p> <p>Refused <input type="radio"/> 7 → Go to A6</p>	<p>A10. Do you have:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>a) Arthritis, rheumatism or bursitis?</td> <td style="text-align: center;"><input type="radio"/> 01</td> <td style="text-align: center;"><input type="radio"/> 02</td> <td style="text-align: center;"><input type="radio"/> 03</td> </tr> <tr> <td>b) Asthma?</td> <td style="text-align: center;"><input type="radio"/> 04</td> <td style="text-align: center;"><input type="radio"/> 05</td> <td style="text-align: center;"><input type="radio"/> 06</td> </tr> <tr> <td>c) Emphysema, chronic bronchitis, persistent cough or shortness of breath?</td> <td style="text-align: center;"><input type="radio"/> 07</td> <td style="text-align: center;"><input type="radio"/> 08</td> <td style="text-align: center;"><input type="radio"/> 09</td> </tr> <tr> <td>d) Hay fever?</td> <td style="text-align: center;"><input type="radio"/> 10</td> <td style="text-align: center;"><input type="radio"/> 11</td> <td style="text-align: center;"><input type="radio"/> 12</td> </tr> <tr> <td>e) Skin or other allergies?</td> <td style="text-align: center;"><input type="radio"/> 13</td> <td style="text-align: center;"><input type="radio"/> 14</td> <td style="text-align: center;"><input type="radio"/> 15</td> </tr> <tr> <td>f) Stomach ulcer?</td> <td style="text-align: center;"><input type="radio"/> 16</td> <td style="text-align: center;"><input type="radio"/> 17</td> <td style="text-align: center;"><input type="radio"/> 18</td> </tr> <tr> <td>g) Other digestive problems?</td> <td style="text-align: center;"><input type="radio"/> 19</td> <td style="text-align: center;"><input type="radio"/> 20</td> <td style="text-align: center;"><input type="radio"/> 21</td> </tr> <tr> <td>h) Recurring migraine headaches?</td> <td style="text-align: center;"><input type="radio"/> 22</td> <td style="text-align: center;"><input type="radio"/> 23</td> <td style="text-align: center;"><input type="radio"/> 24</td> </tr> <tr> <td>i) High blood cholesterol?</td> <td style="text-align: center;"><input type="radio"/> 25</td> <td style="text-align: center;"><input type="radio"/> 26</td> <td style="text-align: center;"><input type="radio"/> 27</td> </tr> <tr> <td>j) Any emotional disorders?</td> <td style="text-align: center;"><input type="radio"/> 28</td> <td style="text-align: center;"><input type="radio"/> 29</td> <td style="text-align: center;"><input type="radio"/> 30</td> </tr> </tbody> </table>		Yes	No	Don't know	a) Arthritis, rheumatism or bursitis?	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	b) Asthma?	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	c) Emphysema, chronic bronchitis, persistent cough or shortness of breath?	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	d) Hay fever?	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	e) Skin or other allergies?	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	f) Stomach ulcer?	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	g) Other digestive problems?	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	h) Recurring migraine headaches?	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	i) High blood cholesterol?	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	j) Any emotional disorders?	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30
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<p>A4. Have you ever been told by a doctor or nurse that you have high blood pressure? (For women add: except when you were pregnant)</p> <p>Yes <input type="radio"/> 7</p> <p>No <input type="radio"/> 8</p> <p>Don't know <input type="radio"/> 9 } Go to A6</p>	<p>Section B: Two-Week Disability</p> <p>B1. During the last two weeks, was your main activity working, going to school, keeping house, retired or something else? (Note: If sickness or short-term illness is reported, ask for usual main activity)</p> <p>Working <input type="radio"/> 4</p> <p>Going to school <input type="radio"/> 5</p> <p>Keeping house <input type="radio"/> 6</p> <p>Retired <input type="radio"/> 7</p> <p>Other (vacation, maternity/paternity leave, long term illness, etc.) <input type="radio"/> 8</p> <p style="text-align: right;">↓ (Specify)</p> <p><input type="text"/></p> <p><input type="text"/></p>																																												
<p>A5. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?</p> <p>Yes <input type="radio"/> 1</p> <p>No <input type="radio"/> 2</p> <p>Don't know <input type="radio"/> 3</p>	<p>B2. During those 14 days, did you stay in bed at all because of your health, including any nights spent as a patient in a hospital?</p> <p>Yes <input type="radio"/> 1</p> <p>No <input type="radio"/> 2</p> <p>Refused <input type="radio"/> 3 } Go to B7</p>																																												
<p>A6. Have you ever had trouble with your heart, such as heart attack, angina, heart failure or rheumatic heart disease?</p> <p>Yes <input type="radio"/> 4</p> <p>No <input type="radio"/> 5</p> <p>Don't know <input type="radio"/> 6</p> <p>Refused <input type="radio"/> 7 } Go to A8</p>																																													
<p>A7. At what age were you first diagnosed?</p> <p><input type="text"/> years of age</p> <p>Never diagnosed <input type="radio"/> 96</p> <p>Don't know <input type="radio"/> 98</p>																																													

B3. How many days did you stay in bed for all or most of the day?

bed days

Part of a day 96

B10. On how many of those days were you not able to ...

work?
go to school?
do housework?

activity loss-cut down days

B4. Interviewer Check Item:

◆ Review B1.

Was the respondent ...

Working? 4

Going to school? 5

Keeping house? 6

Retired? 7

Other/Refused 8 } Go to B6

B11. During those 14 days, did you see or talk to a medical doctor about your health?

◆ Yes 8

No 7

Refused 8 } Go to C1

B5. On how many of those days would you normally have

worked?
gone to school?
done housework?

activity loss-bed days

B12. What was the main reason for this contact?

illness or health problem 1

Medical check-up 2

Shots, inoculations or vaccination 3

Pre or post-natal care 4

Other 5

↓
(Specify)

B6. Not counting days spent in bed, did you cut down on things you normally do during the day because of your health?

◆ Yes 1 → Go to B8

No 2

Refused 3 } Go to B11

Section C: 12 Month Health Care Contacts

B7. (During those 14 days) Did you cut down on things you normally do during the day because of your health?

◆ Yes 4

No 5

Refused 6 } Go to B11

C1. During the past 12 months, how many times did you see or talk to a ...

	Times	None
a) Family doctor or general practitioner about your own health?	<input type="text"/> <input type="text"/> or 100 <input type="radio"/>	
What about a ...		
b) Medical specialist?	<input type="text"/> <input type="text"/> or 200 <input type="radio"/>	
c) Dentist?	<input type="text"/> <input type="text"/> or 300 <input type="radio"/>	
d) Nurse (excluding making appointments?)	<input type="text"/> <input type="text"/> or 400 <input type="radio"/>	
e) Optometrist or optician?	<input type="text"/> <input type="text"/> or 500 <input type="radio"/>	
f) Chiropractor?	<input type="text"/> <input type="text"/> or 600 <input type="radio"/>	
g) Psychologist, social worker, or counsellor?	<input type="text"/> <input type="text"/> or 700 <input type="radio"/>	
h) Physiotherapist?	<input type="text"/> <input type="text"/> or 800 <input type="radio"/>	
i) Any other health care professional?	<input type="text"/> <input type="text"/> or 900 <input type="radio"/>	

↓
(Specify)

B8. How many days did you cut down for all or most of the day?

cut-down days

Part of a day 96

B9. Interviewer Check Item:

◆ Review B1.

Was the respondent ...

Working? 1

Going to school? 2

Keeping house? 3

Retired? 4

Other/Refused 5 } Go to B11

C2. Did you spend any nights as a patient in a hospital, nursing home or convalescent home during the last 12 months?

Yes ... ¹○ → C2A. How many nights?

--	--	--	--

 patient nights

No ... ²○

C3. Over the past 12 months, have you experienced any delays in obtaining health care?

Yes ³○

No ⁴○

Refused ⁵○ } Go to D1

C4. For which type of medical service did the delay occur? (Note: if more than one delay, ask about most recent)

Hospital emergency room treatment ¹○

Medical appointment with a general practitioner ²○

Medical appointment with a specialist ³○

Hospital admission for surgery ⁴○

Hospital admission for other treatment ⁵○

Nursing home or long-term care facility ⁶○

Diagnostic test (eg. blood test, x-rays) ⁷○

Other medical treatment ⁸○

↓
(Specify)

C5. How long was this delay?

1	2
Hours	Days

3	4	5
Weeks	Months	Years

Section D: Flu Shots

D1. Did your doctor or nurse recommend that you get a flu shot during the fall or winter of 1990-1991?

Yes ⁴○

No ⁵○

D2. Comment: This vaccination is usually given in the fall and protects against influenza for about one year.

D3. Did you have a flu shot during the fall or winter of 1990-1991?

Yes ⁶○ → Go to E1

No ⁷○

Don't know ⁸○

Refused ⁹○ } Go to E1

D4. Why did you not have a flu shot?

(Mark all that apply.)

- My doctor never mentioned it. ⁰¹○
- My doctor didn't think it was necessary. ⁰²○
- I never thought about it. ⁰³○
- Flu is not that serious. ⁰⁴○
- I haven't heard about it. ⁰⁵○
- Too busy: never got around to it. ⁰⁶○
- I hardly ever get the flu. ⁰⁷○
- Fear of side effects. ⁰⁸○
- I feel the flu shot doesn't work. ⁰⁹○
- I feel it costs too much. ¹⁰○
- Other ¹¹○

↓
(Specify)

- Don't know (Probe for a reason) ¹²○

Section E: Health Status Indicators

E1. The next set of questions ask about your day to day health. You may feel that some of these questions do not apply to you but it is important that we ask the same questions of everyone.

Vision

E2. Are you usually able to see well enough to read ordinary newsprint without glasses or contact lenses?

Yes ¹○ → Go to E5

No ²○

Refused ³○ → Go to E7

E3. Can you see well enough to read ordinary newsprint with glasses or contact lenses?

Yes ⁴○ → Go to E5

No ⁵○

Don't know (Don't wear glasses or contacts) ⁶○

E4. Can you see at all?

Yes ⁷○

No ⁸○ → Go to E7

E5. Can you see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

Yes ¹○ → Go to E7

No ²○

<p>E6. Can you see well enough to recognize a friend on the other side of the street <u>with</u> glasses or contact lenses?</p> <p>Yes 3○</p> <p>No 4○</p> <p>Don't know (Don't wear glasses or contacts). 5○</p>	<p>Getting Around</p> <p>E15. INTERVIEWER:</p> <p><i>If a respondent says "sometimes" to any of the following questions, E16-E20 and E22, please prompt with "Is that usually?" If it is not, mark No.</i></p>
<p>Hearing</p> <p>E7. Are you usually able to hear what is said in a group conversation with at least three other people <u>without</u> a hearing aid?</p> <p>Yes 1○ → Go to E11</p> <p>No 2○</p> <p>Refused 3○ → Go to E11</p>	<p>E16. Are you able to walk around the neighbourhood <u>without</u> difficulty and <u>without</u> mechanical support such as braces, a cane or crutches?</p> <p>Yes 5○ → Go to E23</p> <p>No 6○</p> <p>Refused 7○ → Go to E23</p>
<p>E8. Can you hear what is said in a group conversation with at least three other people <u>with</u> a hearing aid?</p> <p>Yes 4○</p> <p>No 5○</p> <p>Don't know (Don't wear a hearing aid) 6○</p>	<p>E17. Can you walk at all?</p> <p>Yes 8○</p> <p>No 9○ → Go to E20</p>
<p>E9. Can you hear what is said in a conversation with one other person in a quiet room <u>without</u> a hearing aid?</p> <p>Yes 7○ → Go to E11</p> <p>No 8○</p>	<p>E18. Do you require mechanical support such as braces, cane or crutches to walk around the neighbourhood?</p> <p>Yes 1○</p> <p>No 2○</p>
<p>E10. Can you hear what is said in a conversation with one other person in a quiet room <u>with</u> a hearing aid?</p> <p>Yes 1○</p> <p>No 2○</p> <p>Don't know (Don't wear a hearing aid) 3○</p>	<p>E19. Do you require the help of another person to walk?</p> <p>Yes 3○</p> <p>No 4○</p>
<p>Speech</p> <p>E11. Are you usually able to be understood <u>completely</u> when speaking with strangers in your own language?</p> <p>Yes 4○ → Go to E16</p> <p>No 5○</p> <p>Refused 6○ → Go to E16</p>	<p>E20. Do you require a wheelchair to get around?</p> <p>Yes 5○</p> <p>No 6○ → Go to E23</p>
<p>E12. Are you able to be understood <u>partially</u> when speaking with strangers?</p> <p>Yes 7○</p> <p>No 8○</p>	<p>E21. How often do you use a wheelchair...</p> <p>Always? 1○</p> <p>Often? 2○</p> <p>Sometimes? 3○</p> <p>Never 4○</p>
<p>E13. Are you able to be understood <u>completely</u> when speaking with those who know you well?</p> <p>Yes 1○ → Go to E16</p> <p>No 2○</p>	<p>E22. Do you need the help of another person to get around in the wheelchair?</p> <p>Yes 5○</p> <p>No 6○</p>
<p>E14. Are you able to be understood <u>partially</u> when speaking with those who know you well?</p> <p>Yes 3○</p> <p>No 4○</p>	<p>Hands and Fingers</p> <p>E23. Do you usually have the <u>full use</u> of two hands and ten fingers?</p> <p>Yes 7○ → Go to E27</p> <p>No 8○</p> <p>Refused 9○ → Go to E27</p> <p>E24. Do you require the help of another person because of limitations in the use of your hands and fingers?</p> <p>Yes 1○</p> <p>No 2○ → Go to E26</p>

E25. Do you require the help of another person with ...

Some tasks? 3

Most tasks? 4

Almost all tasks? 5

All tasks? 6

E26. Do you require special equipment, for example, devices to assist in dressing, because of limitations in the use of your hands or fingers?

Yes 7

No 8

Feelings

E27. Would you describe yourself as usually...

Happy and interested in life? 1

Somewhat happy? 2

Somewhat unhappy? 3

Very unhappy? 4

No opinion 5

Memory

E28. How would you describe your usual ability to remember things...

Able to remember most things? 6

Somewhat forgetful? 7

Very forgetful? 8

Unable to remember anything at all? 9

Thinking

E29. How would you describe your usual ability to think and solve day to day problems...

Able to think clearly and solve problems? 1

Having a little difficulty? 2

Having some difficulty? 3

Having a great deal of difficulty? 4

Unable to think or solve problems? 5

Pain and Discomfort

E30. In general, do you have any trouble with pain or discomfort?

Yes 6

No 7

Refused 8 } Go to F1

E31. How would you describe your usual intensity of pain or discomfort...

Mild? 1

Moderate? 2

Severe? 3

E32. How many activities does your pain and discomfort prevent...

None? 4

A few? 5

Some? 6

Most? 7

Section F: Limitations

F1. Are you limited in the amount or kind of activity you can do at home, at work or at school because of a long term physical condition or health problem?

Yes 1

No 2

Refused 3 } Go to G1

F2. How are you limited? (Note: record limitation not problem)

F3. What is the main health problem which caused this limitation?

Section G: Physical Condition and Activity

G1. The next few questions concern your physical condition and physical activity.

G2. How tall are you without your shoes on?

4 | | | or 5 | | |

Feet Inches Centimetres

Don't know 9998

G3. How much do you weigh?

1 | | | or 2 | | |

Pounds Kilograms

Don't know 9998

G4. Do you consider yourself to be...

Overweight? 1

Underweight? 2

Just about right? 3

G5. I am now going to ask you questions about the amount of time you spend on physical activity at work or while doing your daily chores, but not leisure time activity.

A. How many hours per day do you usually spend standing or walking but not carrying or lifting things. Would that be...

None? 01

Less than 15 minutes? 02

15 minutes to less than 2 hours? 03

Two to less than 4 hours? 04

Four to less than 6 hours? 05

Six hours or more? 06

Don't know 07

B. How many hours per day do you usually spend lifting or carrying light loads, climbing stairs or hills? Would that be...

None? 08

Less than 15 minutes? 09

15 minutes to less than 2 hours? 10

Two to less than 4 hours? 11

Four to less than 6 hours? 12

Six hours or more? 13

Don't know 14

C. How many hours per day do you usually spend doing heavy work or carrying very heavy loads? Would that be...

None? 15

Less than 15 minutes? 16

15 minutes to less than 2 hours? 17

Two to less than 4 hours? 18

Four to less than 6 hours? 19

Six hours or more? 20

Don't know 21

G6. I am now going to ask you questions about the amount of time you spent on leisure time physical activity such as walking, sports, gardening or dancing during the last month.

A. Thinking back over the past month, how many hours per week did you spend on light physical activity so that your breathing was only a little faster than normal? Would that be...

None? 22

Less than one hour? 23

One hour to less than 2 hours? 24

Two hours to less than 3 hours? 25

Three hours or more? 26

Don't know 27

B. Thinking back over the past month, how many hours per week did you spend on moderate physical activity where your breathing was a lot faster than normal but talking was still possible? Would that be...

None? 28

Less than one hour? 29

One hour to less than 2 hours? 30

Two hours to less than 3 hours? 31

Three hours or more? 32

Don't know 33

C. Thinking back over the past month, how many hours per week did you spend on vigorous physical activity where your breathing was so fast that talking was very difficult or almost impossible? Would that be...

None? 34

Less than one hour? 35

One hour to less than 2 hours? 36

Two hours to less than 3 hours? 37

Three hours or more? 38

Don't know 39

G7. Overall, do you consider the amount of physical activity you usually get to be...

Too much? 7

Too little? 8

The right amount? 9

Section H: Sleep

H1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health.

H2. How long do you usually spend sleeping each night? (Do not include time spent resting.)

hours minutes

Don't know 9998

H3. Do you regularly have trouble going to sleep or staying asleep?

Yes 1

No 2

H4. How often do you find your sleep refreshing?

Most of the time? 3

Sometimes? 4

Never? 5

H5. How often do you find it difficult to stay awake when you want to?

Most of the time? 6

Sometimes? 7

Never? 8

<p>M21. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>d) Medical/surgical benefits beyond those provided by your provincial health care system?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/></p> <p>Don't know 9 <input type="radio"/></p>
<p>M22. What kind of work were you doing? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>e) Dental Care Benefits?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p> <p>Don't know 3 <input type="radio"/></p>
<p>M23. In that job, were you a paid worker or self-employed?</p> <p>Paid worker 4 <input type="radio"/></p> <p>Self-employed 5 <input type="radio"/></p> <p>Other (e.g. unpaid family worker) 6 <input type="radio"/> } Go to M27</p>	<p>f) Counselling or referral services for personal problems?</p> <p>Yes 4 <input type="radio"/></p> <p>No 5 <input type="radio"/></p> <p>Don't know 6 <input type="radio"/></p>
<p>Job Benefits</p> <p>M24. Comment: These questions refer to the job you just described. Include benefits that are either provided entirely by your employer or that are cost shared between you and the employer.</p>	<p>g) Paid maternity or paternity leave, in addition to the benefits provided by Unemployment Insurance?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/></p> <p>Don't know 9 <input type="radio"/></p>
<p>M25. Does/Did your employer provide you with a ...</p> <p>a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/></p> <p>Don't know 9 <input type="radio"/></p> <p>b) Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec Pension Plan)?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p> <p>Don't know 3 <input type="radio"/></p> <p>c) Survivor benefits for your family in the event of your death (in addition to those provided by the Canada Pension Plan or the Quebec Pension Plan)?</p> <p>Yes 4 <input type="radio"/></p> <p>No 5 <input type="radio"/></p> <p>Don't know 6 <input type="radio"/></p>	<p>M26. Are you a member of a labour union?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p>
<p>Occupational Health</p> <p>M27. In the past 12 months, did you ever suffer a workplace injury or illness?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/></p> <p>Refused 5 <input type="radio"/> } Go to M29</p>	<p>M28. How many days of work did you miss as a result?</p> <p>6 missed work days</p>
<p>M29. In total, during the past 12 months, how many days did you miss from work due to any illness or injury? Exclude vacations, holidays, strikes, lockouts and maternity/parternity leave.</p> <p>7 missed work days</p>	

<p>M30. Have any of the following things in your work environment caused you excess worry or stress in the past 12 months...</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>(a) Too many demands or too many hours of work?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>(b) Risk of accident or injury?</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>(c) Poor interpersonal relations?</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>(d) Sexual harassment?</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>(e) Other harassment?</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> <tr> <td>(f) Discrimination of any kind? (age, sex race ethnicity/disability/sexual orientation)</td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>(g) Threat of layoff or job loss?</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> </tr> <tr> <td>(h) Other?</td> <td style="text-align: center;">15 <input type="radio"/></td> <td style="text-align: center;">16 <input type="radio"/></td> </tr> </table> <p style="text-align: center;">↓ (Specify)</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>		Yes	No	(a) Too many demands or too many hours of work?	01 <input type="radio"/>	02 <input type="radio"/>	(b) Risk of accident or injury?	03 <input type="radio"/>	04 <input type="radio"/>	(c) Poor interpersonal relations?	05 <input type="radio"/>	06 <input type="radio"/>	(d) Sexual harassment?	07 <input type="radio"/>	08 <input type="radio"/>	(e) Other harassment?	09 <input type="radio"/>	10 <input type="radio"/>	(f) Discrimination of any kind? (age, sex race ethnicity/disability/sexual orientation)	11 <input type="radio"/>	12 <input type="radio"/>	(g) Threat of layoff or job loss?	13 <input type="radio"/>	14 <input type="radio"/>	(h) Other?	15 <input type="radio"/>	16 <input type="radio"/>																					<p>M32. Did you do anything to improve the situation?</p> <p>◆ Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/></p> <p>Refused 5 <input type="radio"/> } Go to M34</p> <hr/> <p>M33. What did you do? (Mark all that apply)</p> <ul style="list-style-type: none"> • Resigned without having another job lined up 1 <input type="radio"/> • Transferred to a less stressful or less physically demanding job with the same employer .. 2 <input type="radio"/> • Changed to a less stressful or less physically demanding job with a different employer ... 3 <input type="radio"/> • Reduced regular hours of work 4 <input type="radio"/> • Changed from full-time to part-time 5 <input type="radio"/> • Took a leave of absence or sabbatical without pay 6 <input type="radio"/> • Took a retirement pension beginning before age 65 7 <input type="radio"/> • Changed attitude/learned to relax 8 <input type="radio"/> • Other 9 <input type="radio"/> <p style="text-align: center;">↓ (Specify)</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				
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<p>M31. Interviewer Check Item:</p> <p>◆ Review M30.</p> <p>Are any of the responses <u>Yes</u>?</p> <p>Yes 1 <input type="radio"/></p> <p>No/Refused 2 <input type="radio"/> → Go to M34</p>																																																																				

M34-M39. Over the past 12 months, did your job ever expose you to...

	(A) No Yes		(B) How often? Was it...	(C) Do you feel this has a negative impact on your health? (Outcome may be later)	
				Yes	No
M34. Dust or fibres in the air?	01 <input type="radio"/>	02 <input type="radio"/>	Most of the time? 03 <input type="radio"/> Sometimes? 04 <input type="radio"/> Rarely? 05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>
M35. Dangerous chemicals or fumes?	08 <input type="radio"/>	09 <input type="radio"/>	Most of the time? 10 <input type="radio"/> Sometimes? 11 <input type="radio"/> Rarely? 12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>
M36. Loud noise?	15 <input type="radio"/>	16 <input type="radio"/>	Most of the time? 17 <input type="radio"/> Sometimes? 18 <input type="radio"/> Rarely? 19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
M37. Computer screens or display terminals?	22 <input type="radio"/>	23 <input type="radio"/>	Most of the time? 24 <input type="radio"/> Sometimes? 25 <input type="radio"/> Rarely? 26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
M38. Poor quality air?	29 <input type="radio"/>	30 <input type="radio"/>	Most of the time? 31 <input type="radio"/> Sometimes? 32 <input type="radio"/> Rarely? 33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
M39. Any other dangers?	36 <input type="radio"/>	37 <input type="radio"/>	Most of the time? 38 <input type="radio"/> Sometimes? 39 <input type="radio"/> Rarely? 40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>

↓
(Specify)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<p>M40. Interviewer Check Item:</p> <p>◆ Review GSS 6-1 (B), Item Z7 for respondent only.</p> <p>Is the respondent living with his/her spouse or partner?</p> <p>Yes 1 <input type="radio"/></p> <p>No/Refused 2 <input type="radio"/> → Go to N1</p> <hr/> <p>M41. During the past 12 months, what best describes your spouse's MAIN activity? Was he/she mainly ...</p> <p>◆ Working at a job or business? 3 <input type="radio"/></p> <p>Looking for work? 4 <input type="radio"/></p> <p>A student? 5 <input type="radio"/></p> <p>Keeping house? 6 <input type="radio"/></p> <p>Retired? 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/> } Go to N1</p> <p style="text-align: center;">↓ (Specify)</p> <p>_____</p> <p>_____</p> <p>Refused 9 <input type="radio"/> → Go to N1</p>	<p>Section P: Emotional Well-Being</p> <p>P1. Here is a list that describes some of the ways people feel at different times. During the past few weeks, how often have you felt ...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">Often</th> <th style="width: 10%; text-align: center;">Sometimes</th> <th style="width: 10%; text-align: center;">Never</th> </tr> </thead> <tbody> <tr> <td>a) On top of the world? Was it 01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> <td></td> </tr> <tr> <td>b) Very lonely or remote from other people? 04 <input type="radio"/></td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> <td></td> </tr> <tr> <td>c) Particularly excited or interested in something? 07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> <td style="text-align: center;">09 <input type="radio"/></td> <td></td> </tr> <tr> <td>d) Depressed or very unhappy? 10 <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> <td></td> </tr> <tr> <td>e) Pleased about accomplishing something? ... 13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> <td></td> </tr> <tr> <td>f) Bored? 16 <input type="radio"/></td> <td style="text-align: center;">17 <input type="radio"/></td> <td style="text-align: center;">18 <input type="radio"/></td> <td></td> </tr> <tr> <td>g) Proud because someone complimented you on something you had done? 19 <input type="radio"/></td> <td style="text-align: center;">20 <input type="radio"/></td> <td style="text-align: center;">21 <input type="radio"/></td> <td></td> </tr> <tr> <td>h) So restless you couldn't sit long in a chair? ... 22 <input type="radio"/></td> <td style="text-align: center;">23 <input type="radio"/></td> <td style="text-align: center;">24 <input type="radio"/></td> <td></td> </tr> <tr> <td>i) That things were going your way? 25 <input type="radio"/></td> <td style="text-align: center;">26 <input type="radio"/></td> <td style="text-align: center;">27 <input type="radio"/></td> <td></td> </tr> <tr> <td>j) Upset because someone criticized you? 28 <input type="radio"/></td> <td style="text-align: center;">29 <input type="radio"/></td> <td style="text-align: center;">30 <input type="radio"/></td> <td></td> </tr> </tbody> </table>		Often	Sometimes	Never	a) On top of the world? Was it 01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>		b) Very lonely or remote from other people? 04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>		c) Particularly excited or interested in something? 07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>		d) Depressed or very unhappy? 10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>		e) Pleased about accomplishing something? ... 13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>		f) Bored? 16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>		g) Proud because someone complimented you on something you had done? 19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>		h) So restless you couldn't sit long in a chair? ... 22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>		i) That things were going your way? 25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>		j) Upset because someone criticized you? 28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>						
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<p>N3. Would you describe your life as ...</p> <p>Very stressful? 3 <input type="radio"/></p> <p>Somewhat stressful? 4 <input type="radio"/></p> <p>Not very stressful? 5 <input type="radio"/></p> <p>Not at all stressful? 6 <input type="radio"/></p> <p>No opinion 7 <input type="radio"/></p>	<p>Section Q: Classification</p> <p>Q1. In what type of dwelling are you now living?</p> <p>Is it a ...</p> <p>Single detached house? 1 <input type="radio"/></p> <p>Low-rise apartment of less than 5 stories? ... 2 <input type="radio"/></p> <p>High-rise apartment of 5 or more stories? 3 <input type="radio"/></p> <p>Other 4 <input type="radio"/></p> <hr/> <p>Q2. Comment: We ask about mortgages because, as an expense, they are a good indicator of an individual's or family's overall economic situation.</p> <p>Q3. Is this dwelling owned by a member of this household?</p> <p>Yes 5 <input type="radio"/> → Q3A. Is there a mortgage on this dwelling?</p> <p>No 6 <input type="radio"/></p> <p style="margin-left: 150px;">Yes 7 <input type="radio"/></p> <p style="margin-left: 150px;">No 8 <input type="radio"/></p> <p style="margin-left: 150px;">Don't know 9 <input type="radio"/></p> <hr/> <p>Q4. What is your postal code? (Note: of residence)</p> <p>_____</p> <p>Don't know 1 <input type="radio"/></p> <hr/> <p>Q5. Do you have more than one telephone in your home?</p> <p>Yes 2 <input type="radio"/></p> <p>No 3 <input type="radio"/> → Go to Q11</p>																																																	

Q27. Are you currently receiving any income from a disability pension. (Exclude lump sum payments)

Yes ¹○

No ²○

Refused ³○ } Go to Q30

Q31. Not including yourself, how many other people in your household received income from any source, during the past 12 months?

8 people

Q28. Are you receiving...

	Yes	No
a) A disability pension from Canada Pension Plan or Quebec Pension Plan?	⁴ ○	⁵ ○

This benefit is paid by the Federal or Quebec Government to individuals who become disabled and who have applied for a Canada or Quebec Pension Plan Disability Benefit. Beneficiaries must have contributed to the Canada or Quebec Pension Plan. These benefits are increased in January of each year in relation to the cost of living.

b) A disability pension from an employer benefit plan?	⁶ ○	⁷ ○
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This is a pension paid by a former employer as a result of a disability.

c) A disability pension from some source other than Canada Pension Plan, the Quebec Pension Plan or an employer benefit plan?	⁸ ○	⁹ ○
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Q32. Interviewer Check Item

Review Q31.

Is Q31 = 00?

Yes ¹○ → Go to R1

No/Refused ²○

Q29. Comment: Both individual and household income are needed to study the relationship between an individual's overall economic situation and his/her health.

Q33. What is your best estimate of the total income of all household members from all sources during the past 12 months? Was the total household income...

Q30. What is your best estimate of your own income from all sources, before deductions during the past 12 months?

Was your income...

Less than \$20,000? ⁰¹ ○	Less than \$10,000? ⁰⁶ ○	Less than \$5,000? ¹⁰ ○
		\$5,000 and more? ¹¹ ○
	\$10,000 and more? ⁰⁷ ○	Less than \$15,000? ¹² ○
		15,000 and more? ¹³ ○
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		\$60,000 to less than \$80,000 ¹⁷ ○
		\$80,000 and more? ¹⁸ ○

No income ... ⁰³○

Don't know ... ⁰⁴○

Refused ... ⁰⁵○

Less than \$20,000? ¹⁹ ○	Less than \$10,000? ²⁴ ○	Less than \$5,000? ²⁸ ○
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	\$60,000 to less than \$80,000 ³⁵ ○	

No income ... ²¹○

Don't know ... ²²○

Refused ... ²³○

Section R: Contacts for follow-up

R1. INTERVIEWER

◆ Read the following section for each person interviewed.

This survey is part of a longer-term project to investigate the relationship between health and other social issues.

For this reason, we may need to contact your household in a year or more from now.

In case you move or change phone numbers, we would like to obtain your complete name and address. This information will be kept strictly confidential and will only be used to maintain contact with you.

Refused to provide information³○ } Go to R8
Refused to participate in future surveys⁴○ }

R2. Name of Respondent

Given Name
Surname

R3. Address of Respondent

Street and Number/
Lot and Concession
City, Town, Village
Municipality
Province/
Territory
Postal Code

R4. Would you please give me the name, address and telephone number of someone we could contact if you move, such as a friend, relative or neighbour. (I want to emphasize that we will contact this person only if you move and then only to obtain your new address or telephone number.)

Refused to provide contact⁵○ → Go to R8

R5. Name of Contact

Given Name
Surname

R6. Address of Contact

Street and Number/
Lot and Concession
City, Town, Village
Municipality
Province/
Territory
Postal Code

R7. Home Telephone of Contact

____ - ____ - ____
(Area code)

R8. Interviewer:

Thank the respondent and end interview.

R9. INTERVIEWER CHECK ITEM:

What is the sex of the respondent?

Male⁶○
Female⁷○

