

Survey on Living with Chronic Conditions in Canada (SLCDC)

Respiratory Component - 2011 Questionnaire



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FOR INFORMATION ONLY

Survey Introduction (XINT)

XINT_BEG

Standard block

External variables required:

FNAME: first name of specific respondent from sample file.

LNAME: last name of specific respondent from sample file.

DOXINT: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XINT_R01

This survey is conducted under the authority of the Statistics Act in collaboration with the Public Health Agency of Canada. You may remember recently completing the Canadian Community Health Survey - this is a follow-up to that survey. The purpose of this survey is to collect information on Canadians with chronic health conditions. Data from the survey will be used by health professionals and public health programs, with the aim of improving health outcomes for Canadians with chronic conditions.

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XINT_R02

Your answers will be kept strictly confidential and used only for statistical purposes. While participation is voluntary, your assistance is essential if the results are to be accurate.

(Registration #: STC/HLT-082-75437)

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XINT_END

FOR INFORMATION ONLY

General health (XGEN)

XGEN_BEG Content block

External variable required:

FNAME: first name of specific respondent from sample file.

LNAME: last name of specific respondent from sample file.

SEX: sex of respondent (1=male, 2=female) from sample file.

DOXGEN: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XGEN_C01 If DOXGEN = 1, go to XGEN_R01.
Otherwise, go to XGEN_END.

XGEN_R01 **I would like to start with some general background questions.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XGEN_Q01 **In general, would you say your health is:**

INTERVIEWER: Read categories to respondent.

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

XGEN_Q02 **Compared to one year ago, how would you say your health is now? Is it:**

INTERVIEWER: Read categories to respondent.

- 1 ... **much better now than 1 year ago?**
 - 2 ... **somewhat better now (than 1 year ago)?**
 - 3 ... **about the same as 1 year ago?**
 - 4 ... **somewhat worse now (than 1 year ago)?**
 - 5 ... **much worse now (than 1 year ago)?**
- DK, RF

XGEN_Q03

How satisfied are you with your life in general?

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
 - 2 **Satisfied**
 - 3 **Neither satisfied nor dissatisfied**
 - 4 **Dissatisfied**
 - 5 **Very dissatisfied**
- DK, RF

XGEN_Q04

In general, would you say your mental health is:

INTERVIEWER: Read categories to respondent.

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

XGEN_Q05

Thinking about the amount of stress in your 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?**
- DK, RF

XGEN_END

FOR INFORMATION ONLY

Diagnosis and family history (XDHR)

XDHR_BEG Content block

External variables required:

FNAME: first name of specific respondent from sample file.

LNAME: last name of specific respondent from sample file.

CURRAGE: current age of respondent from SRC block.

CON_FLAG: respiratory condition of respondent, from sample file.

DOXDHR: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XDHR_C01 If DOXDHR = 1, go to XDHR_R01.
Otherwise, go to XDHR_END.

XDHR_R01 **Now I would like to ask some questions about breathing problems.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XDHR_D01 If CON_FLAG = 1, ^DT_CON1E = "asthma".
If CON_FLAG = 2, ^DT_CON1E = "emphysema, chronic bronchitis, or chronic obstructive pulmonary disease (COPD)".
If CON_FLAG = 1, ^DT_CON1EC = "Asthma".
If CON_FLAG = 2, ^DT_CON1EC = "Emphysema, chronic bronchitis, or chronic obstructive pulmonary disease (COPD)".

XDHR_Q01 **To begin, do you have ^DT_CON1E that has been diagnosed by a health professional?**

1 Yes (Go to XDHR_C06B)

2 No (Go to XDHR_Q02)

(DK, RF are not allowed)

XDHR_Q02 **Has a health professional ever told you that you have ^DT_CON1E?**

1 Yes (Go to XDHR_C06B)

2 No (Go to XDHR_Q03)

(DK, RF are not allowed)

XDHR_Q03 **Have you ever had to use a puffer or inhaler to help you with your breathing?**

1 Yes (Go to XDHR_Q05)

2 No (Go to XDHR_Q04)

(DK, RF are not allowed)

XDHR_Q04 **Have you ever visited a hospital emergency room because of problems with your breathing?**

- 1 Yes
- 2 No

(DK, RF are not allowed)

XDHR_D05 Not applicable.

XDHR_Q05 **During the CCHS interview, it was reported that you have ^DT_CON1E that has been diagnosed by a health professional but this time it was reported that you do not. Is this because you control your ^DT_CON1E through medication or changes to your lifestyle, because you never had an official diagnosis, or because of something else?**

- 1 Error in CCHS – never had ^DT_CON1E
- 2 ^DT_CON1EC was never diagnosed by a health professional
- 3 Feels better – doesn't think he/she still has ^DT_CON1E
- 4 Takes medication that controls ^DT_CON1E
- 5 Has respiratory condition other than ^DT_CON1E
- 6 Other
DK, RF

XDHR_C06A If XDHR_Q05 = 3 or 4, go to XDHR_R06.
Otherwise, go to XDHR_R09.

XDHR_R06 **You have said that you don't feel that you have ^DT_CON1E anymore because you are able to control it. Even though your ^DT_CON1E is controlled, we are still interested in hearing about your experiences.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XDHR_C06B If CON_FLAG = 2, go to XDHR_Q06.
Otherwise, go to XDHR_D07A.

XDHR_Q06 **Which condition do you have?**

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

- 1 **Chronic bronchitis**
 - 2 **Emphysema**
 - 3 **Chronic obstructive pulmonary disease (COPD)**
- DK, RF

XDHR_D07A If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, if CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XDHR_Q07 **How old were you when you were first diagnosed with ^DT_CONDE?**

INTERVIEWER: Maximum is ^CURRAGE.

If necessary, ask (**Do you know the approximate age in years?**). Encourage the respondent to give their best estimate - try not to accept 'Don't Know' as a response as this is important information. Probe if necessary.

||_||
(MIN: 0) (MAX: 130)
DK, RF
Go to XDHR_Q08

XDHR_E07 The age the respondent was first diagnosed is invalid. Please return and correct.

Note: Trigger hard edit if XDHR_Q07 > CURRAGE.

XDHR_Q08 **Do you have a blood relative, that is, a mother, father, sister, brother, or child who has ever been diagnosed with asthma, chronic bronchitis, emphysema, or chronic obstructive pulmonary disease (COPD)?**

INTERVIEWER: Include relatives who are living or deceased.

1 Yes
2 No
DK, RF

Go to XDHR_END

XDHR_R09 **Since this survey applies only to people with ^DT_CON1E you are not eligible to participate in today's survey. Thank you for your time.**

INTERVIEWER: Press <1> to continue.

XDHR_D09A If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXSSR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXTRR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXHUR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXMER = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXHCR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXALR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXRAR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXRWR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXRER = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXRVR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXSMR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXSWR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXSHR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXSCR = 2.
If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, DOXADM = 2.

Note: This derived variable is to set the "DOMODULE" condition to "2" for all proceeding modules. Otherwise the "DOMODULE" condition for each module stays as is.

XDHR_D09B If XDHR_Q01 = 2 and XDHR_Q02 = 2 and XDHR_Q05 = 1, 2, 5, 6, DK or RF, autocode final to 40 (outside of sample).

XDHR_END

FOR INFORMATION ONLY

Symptoms and severity (XSSR)

XSSR_BEG Content block

External variables required:

FNAME: first name of specific respondent from sample file.

LNAME: last name of specific respondent from sample file.

DOXSSR: do block flag, from sample file.

CON_FLAG: condition flag, from sample file (1 = asthma, 2 = COPD).

XDHR_Q06: from XDHR module.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XSSR_C01 If DOXSSR = 1, go to XSSR_D01.
Otherwise, go to XSSR_END.

XSSR_D01 If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, If CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XSSR_R01 **Now some questions about the severity of your ^DT_CONDE.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XSSR_C02 If CON_FLAG = 1, go to XSSR_Q08.
Otherwise, go to XSSR_Q01.

XSSR_Q01 **I am going to ask you some questions about shortness of breath. But first, are you unable to walk due to a condition other than shortness of breath?**

- 1 Yes
- 2 No (Go to XSSR_Q03)
- DK, RF (Go to XSSR_Q03)

XSSR_Q02

What type of condition is this?

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

- 1 **A disease or illness**
 - 2 **Ageing**
 - 3 **A condition caused by an accident or injury**
- DK, RF

(Go to XSSR_C10)

XSSR_Q03

Are you short of breath when dressing or undressing?

INTERVIEWER: If the respondent says that they modify their activities or take breaks during activities so that they won't be short of breath, record this as 'yes'.

- 1 Yes (Go to XSSR_C10)
 - 2 No
- DK, RF

XSSR_Q04

Do you ever have to stop for breath after walking about 100 m (or the length of a soccer field) on level ground?

INTERVIEWER: If the respondent says that they modify their activities or take breaks during activities so that they won't be short of breath, record this as 'yes'.

- 1 Yes (Go to XSSR_C10)
 - 2 No
- DK, RF

XSSR_Q05

Do you ever have to stop for breath when walking at your own pace on level ground?

INTERVIEWER: If the respondent says that they modify their activities or take breaks during activities so that they won't be short of breath, record this as 'yes'.

- 1 Yes (Go to XSSR_C10)
 - 2 No
- DK, RF

XSSR_Q06

Do you have to walk slower than people of your age on level ground because of shortness of breath?

INTERVIEWER: If the respondent says that they modify their activities or take breaks during activities so that they won't be short of breath, record this as 'yes'.

- 1 Yes (Go to XSSR_C10)
 - 2 No
- DK, RF

XSSR_Q07

Do you experience shortness of breath when hurrying on level ground or walking up a slight hill?

INTERVIEWER: If the respondent says that they modify their activities or take breaks during activities so that they won't be short of breath, record this as 'yes'.

- 1 Yes
- 2 No
DK, RF

Go to XSSR_C10

XSSR_Q08

On average, how many days per week do you experience symptoms such as shortness of breath, cough, chest tightness, or wheeze during the day?

-
- (MIN: 0) (MAX: 7)
- DK, RF

XSSR_Q09

On average, how many nights per week do you experience symptoms such as shortness of breath, cough, chest tightness, or wheeze?

-
- (MIN: 0) (MAX: 7)
- DK, RF

XSSR_C10

If CON_FLAG = 2, go to XSSR_D10.
Otherwise, go to XSSR_END.

XSSR_D10

^DT_ONEYEARAGO = current date - 1 year.
^DT_TWOYEARSAGO = current date - 2 years.

XSSR_Q10

During the past year, that is, from ^DT_ONEYEARAGO to yesterday, have you had a cough where you brought up phlegm that lasted 3 months or more?

- 1 Yes (Go to XSSR_Q11)
- 2 No
DK, RF

Go to XSSR_END

XSSR_Q11

During the previous year, that is, from ^DT_TWOYEARSAGO to ^DT_ONEYEARAGO did you have a cough where you brought up phlegm that lasted 3 months or more?

- 1 Yes
- 2 No
DK, RF

XSSR_END

Triggers (XTRR)

XTRR_BEG Content block

External variables required:

FNAME: first name of respondent from household block.

LNAME: last name of respondent from the sample file.

CON_FLAG: condition of respondent, from sample file.

XDHR_Q06: from XDHR module.

DOXTRR: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XTRR_C01 If DOXTRR = 1, go to XTRR_D01.
Otherwise, go to XTRR_END.

XTRR_D01 If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, if CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XTRR_R01 **Now I'd like to ask about things that may cause the symptoms of your ^DT_CONDE to get worse.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

FOR INFORMATION ONLY

XTRR_Q01

I'm going to read you a list of items. Do any of the following bring on your
^DT_CONDE symptoms or make them worse?

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

- 01 **Dust**
- 02 **Feathers in items such as pillows, quilts or duvets**
- 03 **Dampness or humidity**
- 04 **Mold or mildew**
- 05 **Furry or feathered pets (for example, cats, dogs, rabbits, birds)**
- 06 **Pollen**
- 07 **Certain foods**
- 08 **Certain medicines**
- 09 **Colds or chest infections**
- 10 **Exercise/ physical activity**
- 11 **Laughing or crying**
- 12 **Stress**
- 13 **Cold air**
- 14 **Fumes from a WOOD stove or wood furnace**
- 15 **Outdoor air pollution**
- 16 **Tobacco smoke**
- 17 **A change in temperature or weather**
- 18 **Perfumes or colognes**
- 19 **Chemical fumes or gases (for example, chlorine, gasoline, paint or
cleaners)**
- 20 **Other**
- 21 No triggers
DK, RF

XTRR_END

FOR INFORMATION ONLY

Health care utilization (XHUR)

XHUR_BEG Content block

External variables required:

FNAME: first name of respondent from household block.

LNAME: last name of respondent from household block.

DOXHUR: do block flag, from the sample file.

CON_FLAG: condition of respondent, from sample file.

CURRAGE: current age of respondent from SRC block.

XDHR_Q06: respiratory condition of the respondent.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XHUR_C01 If age < 15, go to XHUR_END.
Otherwise, go to XHUR_C02.

XHUR_C02 If DOXHUR = 1, go to XHUR_D01.
Otherwise, go to XHUR_END.

XHUR_D01 If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, if CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XHUR_Q01 **Which of the following health professionals or practitioners do you consider
most responsible for treating your ^DT_CONDE?**

INTERVIEWER: Read categories to respondent.

- 1 **Family doctor, general practitioner or pediatrician**
 - 2 **Other medical doctor or specialist**
 - 3 **Asthma, COPD or respiratory educator**
 - 4 **Nurse or nurse practitioner**
 - 5 **Pharmacist**
 - 6 **Other health professional**
 - 7 No health professional responsible for treating breathing problems
- DK
RF (Go to XHUR_END)

XHUR_Q02 **Has a health care professional given you a breathing test where you blew into a small tube attached to a machine?**

- 1 Yes
- 2 No
- DK, RF

XHUR_R03 **Now I'd like to ask about your contacts with various health professionals about your ^DT_CONDE during the past 12 months.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XHUR_Q03 **In the past 12 months, have you seen, or talked to any of the following health professionals about your ^DT_CONDE:**

... a family doctor or general practitioner?

INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
- 2 No
- DK, RF

XHUR_Q04 **In the past 12 months, have you seen, or talked to:**

... any other medical doctor or specialist about your ^DT_CONDE?

INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
- 2 No
- DK, RF

XHUR_Q05 **(In the past 12 months, have you seen, or talked to:)**

... an asthma or respiratory educator about your ^DT_CONDE?

INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
- 2 No
- DK, RF

XHUR_Q06 **(In the past 12 months, have you seen, or talked to:)**

... a pharmacist about your ^DT_CONDE?

INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
- 2 No
- DK, RF

XHUR_Q07

(In the past 12 months, have you seen, or talked to:)

... a complementary or alternative health care practitioner such as a massage therapist, a naturopath or herbalist about your ^DT_CONDE?

INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
- 2 No
- DK, RF

XHUR_Q08

In the past 12 months, how many times have you visited a general practitioner or specialist for your ^DT_CONDE? Do not include doctors seen in an emergency room.

INTERVIEWER: Enter the number of visits.

|||
(MIN: 0) (MAX: 130)
DK, RF

XHUR_Q09

How many times, in the past 12 months, have you visited a hospital emergency room because of your ^DT_CONDE?

INTERVIEWER: Enter the number of visits.

|||
(MIN: 0) (MAX: 130)
DK, RF

XHUR_Q10

In the past 12 months, how many nights have you spent in hospital because of your ^DT_CONDE?

INTERVIEWER: Enter the number of nights.

|||
(MIN: 0) (MAX: 130)
DK, RF

XHUR_END

FOR INFORMATION ONLY

Medication use (XMER)

XMER_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.
LNAME: last name of respondent from sample file.
DOXMER: do block flag, from the sample file.
CON_FLAG: respiratory condition of respondent, from sample file.
CURRAGE: current age of respondent from SRC block.
XDHR_Q06: specific respiratory condition of the respondent.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XMER_C01 If DOXMER = 1, go to XMER_D01.
Otherwise, go to XMER_END.

XMER_D01 If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, if CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XMER_R01 **Now I'd like to ask a few questions about your use of medications for your ^DT_CONDE. Be sure to include medicines that are used on a regular basis, as well as those used only for attacks.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XMER_Q01 **Currently, are you taking any prescribed medication for your ^DT_CONDE such as inhalers (puffers), nebulizers (pumps), pills, liquids, or needles?**

1 Yes (Go to XMER_R03)
2 No (Go to XMER_Q02)
 DK, RF (Go to XMER_END)

XMER_Q02

What are the reasons that you are not currently taking any prescription medications for your ^DT_CONDE?

INTERVIEWER: Mark all that apply.

- 1 No medication prescribed from a doctor or health professional
- 2 Do not want to take medication at this time
- 3 Side-effects caused by medication
- 4 Medication not working/need more medication
- 5 Ran out of medication
- 6 Too costly / financial constraints
- 7 Breathing problems controlled without medication
- 8 Other
DK, RF

Go to XMER_C11

XMER_R03

Now I am going to ask about reliever and controller medications you might take to help control your ^DT_CONDE.

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XMER_Q03

In the past month, did you take a reliever or rescue medication for your ^DT_CONDE? This medication generally comes in a solid blue or grey puffer (inhaler).

- 1 Yes
- 2 No (Go to XMER_Q06)
DK, RF (Go to XMER_Q06)

XMER_Q04

When do you take your reliever or rescue medication? Is it:

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

- 1 ... when having an attack or difficulty breathing?
- 2 ... before exercise or doing something which might cause an attack?
- 3 ... every day, on a regular basis to help control symptoms?
- 4 ... every day during certain times of the year?
- 5 Other
DK, RF

XMER_Q05

In the past month, how many days per week on average did you use your reliever medication? Do not include when you took it for exercise.

|_ |
(MIN: 0) (MAX: 7)
DK, RF

XMER_Q06

**In the past month did you take a controller medication for your ^DT_CONDE?
This medication generally comes in a red and white, orange, burgundy, purple
or green and white inhaler (puffer).**

INTERVIEWER: Sometimes a pill is crushed inside the inhaler and then inhaled.

- 1 Yes (Go to XMER_Q07)
- 2 No
DK, RF

Go to XMER_C10

XMER_Q07

When do you take your controller medication? Is it:

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

- 1 ... when having an attack or difficulty breathing?
- 2 ... before exercise or doing something which might cause an attack?
- 3 ... every day, on a regular basis to help control symptoms?
- 4 ... every day during certain times of the year?
- 5 Other
DK, RF

XMER_Q08

Thinking about how often you take your controller medication, on average, would you say you:

INTERVIEWER: Read categories to respondent.

- 1 ... take it as often as prescribed?
- 2 ... take it more often than prescribed?
- 3 ... take it less often than prescribed?
- 4 ... occasionally miss a dose?
- 5 ... do not take the controller medication at all.
DK, RF

XMER_C09

If XMER_Q08 = 1, DK, RF, go to XMER_C10.
Otherwise, go to XMER_Q09.

XMER_Q09

What are the reasons that you are not taking your controller medication for your ^DT_CONDE exactly as prescribed?

INTERVIEWER: Mark all that apply.

- 01 Forget to take medication
- 02 Side-effects caused by medication
- 03 Medication not working
- 04 Symptoms are not controlled with prescribed amount of medication
- 05 Ran out of medication
- 06 Too expensive
- 07 Breathing problems controlled without medication
- 08 Not confident in the prescribed treatment
- 09 Do not know how to take medication properly
- 10 Too embarrassed to use inhaler
- 11 Other
DK, RF

XMER_C10

If XMER_Q03 = (No, DK, RF) and XMER_Q06 = (No, DK, RF), go to XMER_C11.
Otherwise, go to XMER_Q10.

XMER_Q10

Has a health professional ever watched you use your inhaler or puffer?

- 1 Yes
- 2 No
DK, RF

XMER_C11

If age >= 15, go to XMER_Q11.
Otherwise, go to XMER_Q17.

XMER_Q11

In the past 12 months, have you taken corticosteroid pills such as Prednisone to treat your ^DT_CONDE?

- 1 Yes (Go to XMER_Q12)
- 2 No
DK, RF

Go to XMER_Q13

XMER_Q12

In the past 12 months, on how many occasions have you taken corticosteroid pills for your ^DT_CONDE?

[_ _]
(MIN: 0) (MAX: 99)
DK, RF

XMER_Q13 **In the past 12 months, have you taken antibiotics to treat your ^DT_CONDE?**

- 1 Yes (Go to XMER_Q14)
- 2 No
DK, RF

Go to XMER_C15

XMER_Q14 **In the past 12 months, on how many occasions have you taken antibiotics for your ^DT_CONDE?**

- |_|
- (MIN: 0) (MAX: 99)
- DK, RF

XMER_C15 If CON_FLAG = 2, go to XMER_Q15.
Otherwise, go to XMER_Q17.

XMER_Q15 **Do you currently use oxygen therapy to help manage your ^DT_CONDE?**

- 1 Yes (Go to XMER_Q16)
- 2 No
DK, RF

Go to XMER_Q17

XMER_Q16 **On average, how many hours per day do you use oxygen therapy?**

- |_|
- (MIN: 0) (MAX: 24)
- DK, RF

XMER_Q17 **Have you ever been given a WRITTEN action plan? This is a plan that has been developed with the aid of a doctor or other health professional and tells you how to adjust the amount of medicine you take depending on the severity of symptoms and when to seek medical care.**

- 1 Yes
- 2 No
DK, RF

XMER_END

Health conditions (XHCR)

XHCR_BEG Content block

External variables required:

FNAME: first name of respondent from household block.

LNAME: last name of respondent from the sample file.

CURRAGE: current age of respondent from SRC block.

CON_FLAG: respiratory condition of respondent, from sample file.

DOXHCR: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XHCR_C01 If DOXHCR = 1, go to XHCR_R01.
Otherwise, go to XHCR_END.

XHCR_R01 **Now I'd like to ask about other health conditions which you may have.**

INTERVIEWER : Press <1> to continue.

XHCR_Q01 **Have you been told by a health professional that you have sleep apnea?**

- 1 Yes (Go to XHCR_Q02)
- 2 No
 DK, RF

Go to XHCR_C05

XHCR_Q02 **Have you ever been referred to a sleep lab for overnight testing?**

- 1 Yes
- 2 No
 DK, RF

XHCR_Q03 **Have you ever been prescribed Continuous Positive Airway Pressure (CPAP) treatment for your sleep apnea?**

INTERVIEWER: In CPAP treatment, a special mask is worn which is attached to a CPAP machine (also called a flow generator). The CPAP machine blows a steady stream of air through the mask, into the nose and down the throat, creating pressure, which holds the tissue in the airway open. This stops the airways from collapsing.

- 1 Yes (Go to XHCR_Q04)
- 2 No
 DK, RF

Go to XHCR_C05

XHCR_Q04 **Do you currently use Continuous Positive Airway Pressure (CPAP) treatment for your sleep apnea?**

- 1 Yes
- 2 No
DK, RF

XHCR_C05 If age >= 45, go to XHCR_Q05.
Otherwise, go to XHCR_C06.

XHCR_Q05 **Have you been told by a health professional that you have osteoporosis?**

- 1 Yes
- 2 No
DK, RF

XHCR_C06 If age >= 35 and CONFLAG = 2, go to XHCR_Q06.
Otherwise, go to XHCR_D07.

XHCR_Q06 **Have you been told by a health professional that you have heart failure?**

- 1 Yes
- 2 No
DK, RF

XHCR_D07 If age <15, ^DT_SYMPTOM = "heartburn or a burning feeling in your throat".
Otherwise, ^DT_SYMPTOM = "heartburn or gastric reflux".

XHCR_Q07 **Do you ever experience ^DT_SYMPTOM?**

- 1 Yes
- 2 No
DK, RF

XHCR_END

Allergies (XALR)

XALR_BEG Content block

External variables required:

FNAME: first name of specific respondent from sample file.

LNAME: last name of specific respondent from sample file.

DOXALR: do block flag, from the sample file.

CON_FLAG: condition of respondent, from sample file.

CURRAGE: current age of respondent from SRC block.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XALR_C01A If DOXALR = 1, go to XALR_C01B.
Otherwise, go to XALR_END.

XALR_C01B If CON_FLAG = 2, go to XALR_END.
Otherwise, go to XALR_R01.

XALR_R01 **Now I would like to ask some questions about allergies.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XALR_Q01 **Have you ever had allergy tests?**

1 Yes (Go to XALR_Q02)

2 No
DK, RF

Go to XALR_END

XALR_Q02 **What type of allergy tests did you have?**

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

1 **Skin testing**
2 **Blood testing**
3 **Other**
DK, RF

XALR_Q03

As a result of the allergy tests, were you told that you have allergies?

- 1 Yes (Go to XALR_Q04)
- 2 No (Go to XALR_END)
DK, RF (Go to XALR_END)

XALR_Q04

What did your health professional say you were allergic to?

INTERVIEWER: Do not include sensitivities. Read categories to respondent. Mark all that apply.

- 1 **Certain foods**
- 2 **Certain animals**
- 3 **Dust mites**
- 4 **Mold**
- 5 **Pollen**
- 6 Other
DK, RF

XALR_Q05

Were you told by a health professional that you have hay fever or nasal allergy?

- 1 Yes
- 2 No
DK, RF

XALR_C06

If age \geq 15, go to XALR_Q06.
Otherwise, go to XALR_Q08.

XALR_Q06

Have you ever received allergy shots?

- 1 Yes (Go to XALR_Q07)
- 2 No (Go to XALR_Q08)
DK, RF (Go to XALR_Q08)

XALR_Q07

Were you given allergy shots for your asthma?

- 1 Yes
- 2 No
DK, RF

XALR_Q08

Do you currently have a prescription for an epinephrine injection (such as Epipen or Twinject)?

- 1 Yes
- 2 No
DK, RF

XALR_END

Restriction of activities (XRAR)

XRAR_BEG Content block

External variables required:

FNAME: first name of respondent from household block.

LNAME: last name of respondent from household block.

DOXRAR: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XRAR_C01 If DOXRAR = 1, go to XRAR_R01.
Otherwise, go to XRAR_END.

XRAR_R01 **The next few questions deal with any limitations in your usual activities caused by your breathing problems. By breathing problems we mean wheezing or whistling in the chest, shortness of breath, difficulty breathing, chest tightness and cough.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XRAR_Q01 **In the past 12 months, how much did your breathing problems limit you:
... in getting a good night's sleep?**

INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **A little**
- 3 **Not at all**
- DK
- RF (Go to XRAR_END)

XRAR_Q02 **In the past 12 months, how much did your breathing problems limit you:
... in bathing or dressing yourself?**

INTERVIEWER : Read categories to respondent.

- 1 **A lot**
- 2 **A little**
- 3 **Not at all**
- DK, RF

XRAR_Q03

(In the past 12 months, how much did your breathing problems limit you:)

... in getting around the house?

- 1 A lot
- 2 A little
- 3 Not at all
DK, RF

XRAR_Q04

(In the past 12 months, how much did your breathing problems limit you:)

... in doing household chores?

- 1 A lot
- 2 A little
- 3 Not at all
DK, RF

XRAR_Q05

(In the past 12 months, how much did your breathing problems limit you:)

... in running errands or shopping?

- 1 A lot
- 2 A little
- 3 Not at all
DK, RF

XRAR_Q06

(In the past 12 months, how much did your breathing problems limit you:)

... in exercise and/or playing sports?

- 1 A lot
- 2 A little
- 3 Not at all
DK, RF

XRAR_Q07

(In the past 12 months, how much did your breathing problems limit you:)

... in activities such as recreation, leisure, hobbies or social activities?

- 1 A lot
- 2 A little
- 3 Not at all
DK, RF

XRAR_Q08

Overall, how much do your breathing problems affect your life?

INTERVIEWER: Read categories to respondent.

- 1 **Not at all**
 - 2 **A little bit**
 - 3 **Moderately**
 - 4 **Quite a bit**
 - 5 **Extremely**
- DK, RF

XRAR_END

FOR INFORMATION ONLY

Restriction of work-related activities (XRWR)

XRWR_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.
LNAME: last name of respondent from sample file.
DOXRWR: do block flag, from the sample file.
CON_FLAG: condition of respondent, from sample file.
CURRAGE: current age of respondent from SRC block.
XDHR_Q06: from XDHR module.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XRWR_C01 If DOXRWR = 1, go to XRWR_C02.
Otherwise, go to XRWR_END.

XRWR_C02 If age >= 15, go to XRWR_D01.
Otherwise, go to XRWR_END.

XRWR_D01 If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, if CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XRWR_R01 **The next questions concern your work activities.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XRWR_Q01 **Are you currently working for pay at a job or business?**

INTERVIEWER: Include self-employment.

- 1 Yes (Go to XRWR_D04)
- 2 No
DK
RF (Go to XRWR_END)

XRWR_Q02 **Have you ever worked for pay at a job or business?**

INTERVIEWER: Include self-employment.

- 1 Yes
- 2 No (Go to XRWR_END)
DK, RF (Go to XRWR_END)

XRWR_Q03 **Did you have ^DT_CONDE while you were working?**

- 1 Yes
- 2 No (Go to XRWR_Q06)
DK, RF (Go to XRWR_Q06)

XRWR_D04 If XRWR_Q01 = 1, ^DT_DODID = "do".
Otherwise, ^DT_DODID = "did".
If XRWR_Q01 = 1, ^DT_WORK = "work".
Otherwise, ^DT_WORK = "worked".

XRWR_R04 **Now some questions about your current and past work environments.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XRWR_Q04 **Because of your ^DT_CONDE, did you ever:**

... change the number of hours you ^DT_WORK or the type of work you ^DT_DODID at your job?

- 1 Yes
- 2 No
DK, RF

XRWR_Q05 **Because of your ^DT_CONDE, did you ever:**

... stop work permanently?

- 1 Yes
- 2 No
DK, RF

XRWR_Q06 **Has a health professional ever told you that you have work-related ^DT_CONDE?**

- 1 Yes
- 2 No
DK, RF

XRWR_Q07

Have you ever worked in jobs where you were exposed to dust, fumes or gases?

INTERVIEWER: Include both current and former workplaces.

Include jobs where the respondent was self-employed.

Do not include unpaid work.

- 1 Yes
- 2 No
DK, RF

XRWR_END

FOR INFORMATION ONLY

Restriction of educational activities (XRER)

XRER_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.
LNAME: last name of respondent from sample file.
DOXRER: do block flag, from the sample file.
CON_FLAG: condition of respondent, from sample file.
CURRAGE: current age of respondent from SRC block.
XDHR_Q06: respiratory condition of the respondent.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XRER_C01A If DOXRER = 1, go to XRER_C01B.
Otherwise, go to XRER_END.

XRER_C01B If age < 50, go to XRER_D01.
Otherwise, go to XRER_END.

XRER_D01 If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, if CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XRER_R01 **The next questions concern educational activities.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XRER_Q01 **Are you currently attending a school, college, or university?**

- 1 Yes
- 2 No (Go to XRER_END)
- DK, RF (Go to XRER_END)

XRER_Q02 **Because of your ^DT_CONDE, did you ever:**

... change the number of hours or the type of activities you do at school?

- 1 Yes
- 2 No
- DK, RF

XRER_END

Restriction of volunteer activities (XRVR)

XRVR_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.
LNAME: last name of respondent from sample file.
DOXRVR: do block flag, from the sample file.
CON_FLAG: condition of respondent, from sample file.
CURRAGE: current age of respondent from SRC block.
XDHR_Q06: respiratory condition of the respondent.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XRVR_C01A If DOXRVR = 1, go to XRVR_C01B.
Otherwise, go to XRVR_END.

XRVR_C01B If age >= 15, go to XRVR_D01.
Otherwise, go to XRVR_END.

XRVR_D01 If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, if CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XRVR_R01 **Now, some questions about any volunteer activities that you do without pay. Please include any unpaid help you may provide to groups or organizations such as schools, sports teams or leagues, religious organizations or community associations.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XRVR_Q01 **Are you currently doing any volunteer work, for example organizing events, fundraising, or helping out with office work?**

- 1 Yes (Go to XRVR_D04)
- 2 No
DK, RF

XRVR_Q02 **Have you ever done any volunteer work?**

- 1 Yes
- 2 No (Go to XRVR_END)
DK, RF (Go to XRVR_END)

XRVR_Q03 **Did you have ^DT_CONDE while you were volunteering?**

- 1 Yes
- 2 No (Go to XRVR_END)
DK, RF (Go to XRVR_END)

XRVR_D04 If XRVR_Q01 = 1, DT_TODO = "do".
Otherwise, DT_TODO = "did".

XRVR_Q04 **Because of your ^DT_CONDE, did you ever:**

**... change the number of hours or the type of volunteer work you ^DT_TODO,
or stop doing volunteer work altogether?**

- 1 Yes
- 2 No
DK, RF

XRVR_END

FOR INFORMATION ONLY

Self-management (XSMR)

XSMR_BEG Content block

External variables required:

FNAME: first name of respondent from household block.

LNAME: last name of respondent from household block.

DOXSMR: do block flag, from the sample file.

CON_FLAG: condition of respondent, from sample file.

CURRAGE: current age of respondent from SRC block.

XDHR_Q06: from XDHR module.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XSMR_C01 If DOXSMR = 1, go to XSMR_D01.
Otherwise, go to XSMR_END.

XSMR_D01 If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, if CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XSMR_R01 **The next questions are about things that a doctor or other health professional may have suggested you do to help manage your breathing problems. By manage, we mean things that may help you cope with your breathing problems, improve any symptoms you may have, or keep further problems from developing.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XSMR_Q01 **Has a doctor or other health professional ever suggested:**

... visiting an asthma, COPD, or respiratory educator to help you manage your ^DT_CONDE?

1 Yes

2 No

DK

RF (Go to XSMR_END)

XSMR_Q02 **Have you ever visited an asthma, COPD, or respiratory educator to learn how to manage problems related to your ^DT_CONDE?**

1 Yes

2 No

DK, RF

XSMR_C03 If age >= 35, go to XSMR_Q03.
Otherwise, go to XSMR_C05.

XSMR_Q03 **Has a doctor or other health professional ever suggested:**

... participating in a supervised pulmonary rehabilitation program for your ^DT_CONDE?

1 Yes
2 No
DK, RF

XSMR_Q04 **Have you ever participated in a supervised pulmonary rehabilitation program for your ^DT_CONDE?**

1 Yes
2 No
DK, RF

XSMR_C05 If age < 15, go to XSMR_END.
Otherwise, go to XSMR_Q05.

XSMR_Q05 **Has a doctor or other health professional ever suggested:**

... changing your home environment to help you control your ^DT_CONDE for example by covering your mattress or changing your flooring?

1 Yes
2 No
DK, RF

XSMR_Q06 **Have you ever made any of the following changes to your environment to help manage your ^DT_CONDE:**

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

- 01 **Changed floor coverings**
- 02 **Changed window coverings in your bedroom**
- 03 **Covered mattress with a dust mite proof anti-allergy (plastic) cover**
- 04 **Covered pillows in dust mite proof anti-allergy (plastic) cover**
- 05 **Changed heating source**
- 06 **Installed air conditioning**
- 07 **Installed humidifier**
- 08 **Installed dehumidifier**
- 09 **Used an air cleaning device (air purifier)**
- 10 **Gave up a pet**
- 11 Other
- 12 None of the above
DK, RF

XSMR_END

Support and well-being (XSWR)

XSWR_BEG Content block

External variables required:

DOXSWR: do block flag, from the sample file.
FNAME: first name of specific respondent from sample file.
LNAME: last name of specific respondent from sample file.
CON_FLAG: condition of respondent, from sample file.
CURRAGE: current age of respondent from SRC block.
XDHR_Q06: from XDHR module.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XSWR_C01 If DOXSWR = 1, go to XSWR_D01.
Otherwise, go to XSWR_END.

XSWR_D01 If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, if CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XSWR_R01 **The next few questions are about support and emotional well-being.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XSWR_Q01 **Are your family or friends supportive when it comes to helping you manage problems related to your ^DT_CONDE if you need it?**

- 1 Yes
 - 2 No
 - 3 Not applicable
- DK
RF (Go to XSWR_END)

XSWR_Q02 **Was there ever a time when you felt that you needed help for your emotions, stress, or your mental health, in order to manage your ^DT_CONDE?**

- 1 Yes
 - 2 No
- DK, RF

XSWR_C03 If age >= 15, go to XSWR_Q03.
Otherwise, go to XSWR_C06.

XSWR_Q03 **Has a doctor or other health professional ever suggested reducing your level of stress to help you control your ^DT_CONDE?**

1 Yes
2 No
DK, RF

XSWR_Q04 **Has a doctor or other health professional ever suggested you talk to a mental health professional (for example, a psychologist, counsellor, social worker or psychiatrist) to help you manage problems related to your ^DT_CONDE?**

1 Yes
2 No
DK, RF

XSWR_Q05 **Have you ever sought help from a mental health professional (for example, a psychologist, counsellor, social worker, psychiatrist) to help you manage problems related to your ^DT_CONDE?**

1 Yes
2 No
DK, RF

XSWR_C06 If CON_FLAG = 2, go to XSWR_Q06.
Otherwise, go to XSWR_END.

XSWR_Q06 **Have you ever talked to your family members about your wishes for care should your ^DT_CONDE worsen and you require hospitalization?**

1 Yes
2 No
DK, RF

XSWR_Q07 **Have you ever talked to your doctor about your wishes for care as your ^DT_CONDE progresses?**

1 Yes
2 No
DK, RF

XSWR_END

Smoking History (XSHR)

XSHR_BEG Content block

External variables required:

DOXSHR: do block flag, from the sample file.
FNAME: first name of specific respondent from sample file.
LNAME: last name of specific respondent from sample file.
CON_FLAG: respiratory condition of respondent, from sample file.
CURRAGE: current age of respondent from SRC block.
XDHR_Q06: specific respiratory condition of the respondent.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XSHR_C01 If DOXSHR = 1, go to XSHR_R01.
Otherwise, go to XSHR_END.

XSHR_D01 If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, if CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XSHR_R01 **The next questions are about your smoking history.**

INTERVIEWER: Press <1> to continue.

XSHR_Q01 **Including cigarettes, cigars and pipes, at any time since you were first diagnosed with ^DT_CONDE, did you smoke?**

- 1 Yes
- 2 No (Go to XSHR_Q04)
- DK (Go to XSHR_Q04)
- RF (Go to XSHR_END)

XSHR_Q02 **As a result of being diagnosed with ^DT_CONDE, did you ever quit or cut down on smoking to help control your breathing problems?**

- 1 Yes (Go to XSHR_Q04)
- 2 No (Go to XSHR_Q03)
- DK, RF (Go to XSHR_Q04)

XSHR_Q03 **What are the reasons why you did not try to quit or cut down on smoking to help control your breathing problems?**

INTERVIEWER: Mark all that apply.

- 1 Does not want to quit / cut down on smoking
- 2 Lack of will power / self-discipline
- 3 Tried to quit / cut down on smoking – didn't work
- 4 Already quit /cut down on smoking for other reasons
- 5 Does not think that quitting / cutting down on smoking is important
- 6 Other
- 7 No reason for not quitting / cutting down on smoking
DK, RF

XSHR_Q04 **In your lifetime, have you smoked a total of 100 or more cigarettes (about 4 or 5 packs)?**

- 1 Yes (Go to XSHR_Q05)
- 2 No
DK, RF

Go to XSHR_Q14

XSHR_Q05 **Was there ever a period where you were a daily smoker, that is, you smoked at least one cigarette per day?**

- 1 Yes (Go to XSHR_Q06)
- 2 No
DK, RF

Go to XSHR_Q09

XSHR_Q06 **For how many years were you a daily smoker?**

INTERVIEWER: Enter the number of years.

If the respondent says they smoked less than 1 year, enter 0.

|||
(MIN: 0) (MAX: 130)
DK, RF

XSHR_E06 The number of years respondent was a daily smoker is invalid. Please return and correct.

Note: Trigger hard edit if XSHR_Q06 > CURRAGE.

XSHR_Q07 **During this period, how many cigarettes would you usually smoke each day?**

INTERVIEWER: Enter the number of cigarettes.

||
(MIN: 0) (MAX: 99)
DK, RF

XSHR_Q08 **Do you currently smoke cigarettes daily?**

- 1 Yes
- 2 No
DK, RF

XSHR_Q09 **Was there ever a period where you were an occasional smoker, that is, you smoked, but not everyday?**

- 1 Yes (Go to XSHR_Q10)
- 2 No
DK, RF

Go to XSHR_Q14

XSHR_Q10 **For how many years were you an occasional smoker?**

INTERVIEWER: Enter the number of years.

If the respondent says they smoked less than 1 year, enter 0.

|||
(MIN: 0) (MAX: 130)
DK, RF

XSHR_E10A The number of years respondent was an occasional smoker is invalid. Please return and correct.

Note: Trigger hard edit if XSHR_Q10 > CURRAGE.

XSHR_E10B The total number of years respondent smoked daily or occasionally is greater than respondent's age. Please return and correct.

Note: Trigger hard edit if (XSHR_Q06 + XSHR_Q10) > CURRAGE.

XSHR_Q11 **During this period, in a typical month, on how many days would you smoke one or more cigarettes?**

INTERVIEWER: Enter the number of days.

||| Days
(MIN: 0) (MAX: 30)
DK, RF

XSHR_Q12 **During this period, how many cigarettes would you usually smoke per day, on the days that you smoked?**

INTERVIEWER: Enter the number of cigarettes.

|||
(MIN: 0) (MAX: 99)
DK, RF

XSHR_C13 If XSHR_Q08 = 1, go to XSHR_Q14.
Otherwise, go to XSHR_Q13.

XSHR_Q13 **Do you currently smoke cigarettes occasionally?**

- 1 Yes
- 2 No
- DK, RF

XSHR_Q14 **Have you ever smoked any of the following?**

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

- 1 **Cigars**
- 2 **Cigarillos**
- 3 **Marijuana**
- 4 **Pipes**
- 5 None of the above
- DK, RF

XSHR_C15 If XSHR_Q14 = 01, 02, 03 or 04, go to XSHR_Q15.
Otherwise, go to XSHR_END.

XSHR_Q15 **For how many years have you smoked these products?**

INTERVIEWER: Enter the number of years.

If the respondent says they smoked less than 1 year, enter 0.

|_|_|_|
(MIN: 0) (MAX: 130)
DK, RF

XSHR_E15 The number of years respondent smoked these products is invalid. Please return and correct.

Note: Trigger hard edit if XSHR_Q15 > CURRAGE.

XSHR_Q16 **Do you currently smoke any of the following?**

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

- 1 **Cigars**
- 2 **Cigarillos**
- 3 **Marijuana**
- 4 **Pipes**
- 5 None of the above
- DK, RF

XSHR_C17 If XSHR_Q16 = 01, 02, 03 or 04, go to XSHR_Q17.
Otherwise, go to XSHR_END.

XSHR_Q17 **In the past month, on how many days did you smoke these products?**

INTERVIEWER: Enter the number of days.

|_| Days
(MIN: 0) (MAX: 30)
DK, RF

XSHR_END

FOR INFORMATION ONLY

Smoking cessation (XSCR)

XSCR_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.
LNAME: last name of respondent from sample file.
DOXSCR: do block flag, from the sample file.
CON_FLAG: condition of respondent, from sample file.
XDHR_Q06: from XDHR module.
XSHR_Q08: from XSHR module.
XSHR_Q13: from XSHR module.
XSHR_Q16: from XSHR module.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XSCR_C01A If DOXSCR = 1, go to XSCR_D01.
Otherwise, go to XSCR_END.

XSCR_D01 If CON_FLAG = 1, ^DT_CONDE = "asthma".
If CON_FLAG = 2 and XDHR_Q06 = 3, ^DT_CONDE = "COPD".
If CON_FLAG = 2 and XDHR_Q06 = 2, ^DT_CONDE = "emphysema".
If CON_FLAG = 2 and XDHR_Q06 = 1, ^DT_CONDE = "chronic bronchitis".
Otherwise, if CON_FLAG = 2, ^DT_CONDE = "breathing problems".

XSCR_C01B If XSHR_Q08 = 1 or XSHR_Q13 = 1 or XSHR_Q16 = 1, 2 or 4, go to XSCR_Q01.
Otherwise, go to XSCR_R09.

XSCR_Q01 **Does your doctor know that you smoke?**

INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
- 2 No (Go to XSCR_Q05)
- 3 Does not have a regular doctor (Go to XSCR_Q05)
- DK (Go to XSCR_Q05)
- RF (Go to XSCR_END)

XSCR_Q02 **In the past 12 months, did your doctor advise you to quit smoking?**

- 1 Yes
- 2 No (Go to XSCR_Q05)
- DK, RF

XSCR_Q03 **(In the past 12 months,) did your doctor give you any specific help or information to quit smoking?**

- 1 Yes
- 2 No (Go to XSCR_Q05)
- DK, RF (Go to XSCR_Q05)

XSCR_Q04

What type of help did the doctor give?

INTERVIEWER: Mark all that apply.

- 1 Referral to a one-on-one cessation program
- 2 Referral to a group cessation program
- 3 Recommended use of nicotine patch or nicotine gum
- 4 Recommended Zyban or other prescription medication
- 5 Provided self-help information (for example, pamphlet, referral to website)
- 6 Own doctor offered counselling
- 7 Other
DK, RF

XSCR_Q05

Are you seriously considering quitting smoking within the next 30 days?

- 1 Yes
- 2 No
DK, RF

XSCR_Q06

In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?

- 1 Yes
- 2 No (Go to XSCR_R09)
DK, RF (Go to XSCR_R09)

XSCR_Q07

In the past 12 months, have you done any of the following to help you stop smoking?

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

- 1 **Use a nicotine patch**
- 2 **Use nicotine gums such as “Nicorette”**
- 3 **Use a product such as Champix, Nortriptyline, or Zyban**
- 4 **Hypnosis**
- 5 **Acupuncture**
- 6 **Biofeedback**
- 7 Other
- 8 None of the above
DK, RF

XSCR_Q08

If XSCR_Q07 <> 03, go to XSCR_Q08.
Otherwise, go to XSCR_R09.

XSCR_Q08

What are the reasons that you did not use a product such as Champix, Nortriptyline, or Zyban to help you stop smoking in the past 12 months?

INTERVIEWER: Mark all that apply.

- 1 Health professional did not prescribe/recommend it
- 2 Did not want to take medication at this time
- 3 Side-effects of medication
- 4 Too expensive/ financial constraints
- 5 Not confident the medication will work
- 6 Other
DK, RF

XSCR_R09

The next questions are about cigarette smoke you may be exposed to at home.

INTERVIEWER: Press <1> to continue.

XSCR_Q09

Do other members of your household smoke?

- 1 Yes (Go to XSCR_Q10)
- 2 No
- 3 Not applicable - lives alone
DK, RF

Go to XSCR_END

XSCR_Q10

Has a doctor or other health professional ever suggested:

... that other members of your household quit or cut down smoking to help you control your ^DT_CONDE?

- 1 Yes
- 2 No
DK, RF

XSCR_END

FOR INFORMATION ONLY

Administration (XADM)

XADM_BEG Content block

External variables required:

FNAME: first name of respondent from the sample file.

LNAME: last name of respondent from the sample file.

SMPLPROVE: province from the sample file.

PROVE: province from SRC block.

CURRAGE: current age of respondent from SRC block.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XADM_C01A If DOXADM = 1, go to XADM_D01.
Otherwise, go to XADM_END.

XADM_D01 If SMPLPROVE = 24, ^DT_QUEBECHE = "Statistics Canada and the "Institut de la Statistique du Québec".
Otherwise, ^DT_QUEBECHE = "Statistics Canada and your provincial ministry of health".

XADM_C01B If age > 13 go to XADM_R01B. Otherwise, go to XADM_R01A.

XADM_R01A **The next few questions are about linking the information from today's interview to your information from the Canadian Community Health Survey and sharing this information with other government organizations.**

We will be asking your parent or guardian the same questions after you have answered them.

INTERVIEWER : Press <1> to continue.

XADM_R01B **In 2010, you responded to the Canadian Community Health Survey. At that time, you gave permission for ^DT_QUEBECHE to link information from that survey to your health services information. You also gave us your provincial health number to assist in linking this information.**

INTERVIEWER: Your health services information includes your past and continuing use of health services, such as visits to hospitals, clinics and doctors' offices.

Press <1> to continue.

(DK, RF are not allowed)

XADM_R01C **In order to reduce the number of questions on today's survey, Statistics Canada would like to link information from this interview with your information from the 2010 Canadian Community Health Survey.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XADM_Q01 **The linked information will be kept strictly confidential and used only for statistical purposes.**

Do we have your permission?

- 1 Yes
- 2 No (Go to XADM_R03)
- DK, RF (Go to XADM_R03)

XADM_D02 If PROVE = 24, ^DT_SHAREE = ", provincial ministries of health and the "Institut de la Statistique du Québec".
Otherwise, ^DT_SHAREE = ", and provincial ministries of health".

XADM_R02 **Statistics Canada would like your permission to share the linked survey data, that is your information from today's interview and your information from the Canadian Community Health Survey, with the Public Health Agency of Canada, Health Canada^DT_SHAREE.**

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

XADM_Q02 **Information from both surveys will be kept confidential and used only for statistical purposes.**

Do you agree to share the linked information?

INTERVIEWER: Personal identifiers such as name, address, telephone number, and health number will not be provided to the Public Health Agency of Canada or to Health Canada.

- 1 Yes (Go to XADM_C05)
- 2 No (Go to XADM_R04)
- DK, RF (Go to XADM_R04)

XADM_R03

Although you do not agree to link the information collected in today's interview to the 2010 Canadian Community Health Survey, we would like your permission to share only the information collected today with the Public Health Agency of Canada, Health Canada^DT_SHAREE.

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

XADM_Q03

Your personal identifiers such as name, address and telephone number will not be shared. All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information from today's interview?

INTERVIEWER: The information that is shared will not be linked to their previous Canadian Community Health Survey interview or to administrative data.

- 1 Yes
- 2 No
- DK, RF

Go to XADM_C05

XADM_R04

Although you do not agree to share the linked survey information, we would like your permission to share only the information collected in today's interview with the Public Health Agency of Canada, Health Canada^DT_SHAREE.

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

FOR INFORMATION ONLY

XADM_Q04 **Your personal identifiers such as name, address and telephone number will not be shared. All information will be kept confidential and used only for statistical purposes.**

Do you agree to share the information from today's interview?

INTERVIEWER: The information that is shared will not be linked to their previous Canadian Community Health Survey interview or to administrative data.

- 1 Yes
- 2 No
- DK, RF

XADM_C05 If age > 13 go to XADM_END. Otherwise, go to XADM_R06.

XADM_R06 **For the last few questions, I would like to speak with one of your parents or your guardian.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XADM_Q06 **Is one of your parents or guardian available?**

- 1 Yes (Go to XADM_R09)
- 2 No (Go to XADM_R08)
- 3 Parent or guardian refuses to participate (Go to XADM_R07)

(DK, RF are not allowed)

XADM_R07 **This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time.**

INTERVIEWER: Press <1> to continue.

Go to XADM_END

XADM_R08 **This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to try and find the best time to speak with one of your parents or guardian.**

INTERVIEWER: Press <1> to continue.

Please set appointment with the respondent's parent or guardian.

Go to XADM_END

XADM_R09 **This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to speak with one of your parents or guardian.**

INTERVIEWER: You should continue with the respondent's parent or guardian.

Press <1> to continue.

XADM_R10 **Hello, My name is ... I've just completed the main portion of the interview with ^FNAME. At this point I would like to ask you a few administrative questions to finish the interview.**

INTERVIEWER: Press <1> to continue.

XADM_R11A **In 2010, ^FNAME responded to the Canadian Community Health Survey. At that time, you gave permission for ^DT_QUEBECHNE to link information from that survey to ^FNAME's health services information. You also gave us ^FNAME's provincial health number to assist in linking this information.**

INTERVIEWER: Health services information includes past and continuing use of health services, such as visits to hospitals, clinics and doctors' offices.

Press <1> to continue.

(DK, RF are not allowed)

XADM_R11B **In order to reduce the number of questions on today's survey, Statistics Canada would like to link information from this interview with ^FNAME's information from the 2010 Canadian Community Health Survey.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XADM_Q11 **The linked information will be kept strictly confidential and used only for statistical purposes.**

Do we have your permission?

- 1 Yes
- 2 No (Go to XADM_R13)
- DK, RF (Go to XADM_R13)

XADM_R12

Statistics Canada would like your permission to share the linked survey data, that is ^FNAME's information from today's interview and ^FNAME's information from the Canadian Community Health Survey, with the Public Health Agency of Canada, Health Canada^DT_SHAREE.

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

XADM_Q12

Information from both surveys will be kept confidential and used only for statistical purposes.

Do you agree to share the linked information?

INTERVIEWER: Personal identifiers such as name, address, telephone number, and health number will not be provided to the Public Health Agency of Canada or to Health Canada.

- 1 Yes (Go to XADM_END)
- 2 No (Go to XADM_R14)
- DK, RF (Go to XADM_R14)

XADM_R13

Although you do not agree to link ^FNAME's information collected in today's interview to the 2010 Canadian Community Health Survey, we would like your permission to share only the information collected today with the Public Health Agency of Canada, Health Canada^DT_SHAREE.

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

XADM_Q13

^FNAME's personal identifiers such as name, address and telephone number will not be shared. All information will be kept confidential and used only for statistical purposes. Do you agree to share the information from today's interview?

INTERVIEWER: The information that is shared will not be linked to their previous Canadian Community Health Survey interview or to administrative data.

- 1 Yes
- 2 No
- DK, RF

Go to XADM_END

XADM_R14

Although you do not agree to share ^FNAME's linked survey information, we would like your permission to share only the information collected in today's interview with the Public Health Agency of Canada, Health Canada^DT_SHAREE.

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

XADM_Q14

^FNAME's personal identifiers such as name, address and telephone number will not be shared. All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information from today's interview?

INTERVIEWER: The information that is shared will not be linked to their previous Canadian Community Health Survey interview or to administrative data.

- 1 Yes
- 2 No
- DK, RF

XADM_END

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