National Population Health Survey
Content For Main Survey

May 1, 1994
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Household Record Variables
(To be collected at initial contact from knowledgeable household member)

DEMO_INT The next few questions will provide important basic information on the people in your household.

DEMO_Q1 What are the names of all persons now living or staying here who have no usual place of residence elsewhere?
(First and last names)

DEMO_Q2 Are there any persons away from this household attending school, visiting, travelling or in hospital who usually live here?

___ Yes (go to DEMO-Q1)
___ No

DEMO_Q3 Does anyone else live at this dwelling such as young children, relatives, roomers, boarders or employees?

___ Yes (go to DEMO-Q1)
___ No

DEMO_Q4 What is ...’s date of birth?
DD/MM/YY (Age is calculated and confirmed with respondent.)

DEMO_Q5 Enter or ask ...’s sex.

___ Male
___ Female

DEMO_Q6 What is ...’s current marital status?
(Note: if age < 15, marital status is automatically = single)

___ Now married
___ Common-law
___ Living with a partner
___ Single (never married)
___ Widowed
___ Separated
___ Divorced

DEMO_Q7 Enter ...’s family Id code.

DHC4_FID (A to Z)

Legal household check.

Reject household at this point if screening criteria are not met.

Selection criteria applied.
DEMO_Q8  Relationships of everyone to everyone else

- Birth Parent
- Step Parent
- Foster Parent
- Birth Child
- Step Child
- Foster Child
- Sister/brother
- Grandparent
- Grandchild
- Common law partner
- In-law
- Other Related
- Unrelated
- Husband/Wife
- Adopted Child
- Adoptive Parent
- Same-sex Partner

HHLD_Q1  Now a few questions about your dwelling. Is this dwelling owned by a member of this household (even if being paid for)?

___ Yes
___ No

HHLD_Q3  How many bedrooms are there in this dwelling? (If no separate, enclosed bedroom enter "00").

___ number of bedrooms (2 digits)

HHLD_Q4  Is there a pet in this household?

___ Yes  (Go to HHLD-Q6)
___ No

HHLD_Q5  What kind of pet? (Do not read list. Mark all that apply)

___ Dog
___ Cat
___ Other  (Go to HHLD-Q6)

HHLD_Q5a  Does the pet or do any of these pets live mainly indoors?

___ Yes
___ No
HHLD_Q6  Record type of dwelling (by interviewer observation)

___ Single detached house
___ Semi-detached or double (side-by-side)
___ Garden house, town-house or row house
___ Duplex (one above the other)
___ Low-rise apartment (less than 5 stories)
___ High-rise apartment (5 or more stories)
___ Institution
___ Hotel, rooming or lodging house, logging or construction camp, Hutterite Colony
___ Mobile home
___ Other (Specify ____________)

HHLD_Q7  Information Source Indicator i.e. who is providing the information

HHLD_Q8  Record language of interview

AM34_SRC

AM34_LNG

English  Persian (Farsi)
French  Polish
Arabic  Portuguese
Chinese  Punjabi
Cree  Spanish
German  Tagalog (Filipino)
Greek  Ukrainian
Hungarian  Vietnamese
Italian  Other (Specify
Korean
General Component (Form H05)
(To be completed for all members of the household)

Note: In computer-assisted interviewing the options Don't Know (DK) and Refusal (R) are allowed on every question.

H05-P1 Who is providing the information for this person's form?

_______________________________

Two-Week Disability

TWOWK-INT The first few questions ask about ...(r/’s) health during the past 14 days.

TWOWK-Q1 It is important for you to refer to the 14-day period from %2WKSAGO% to %YESTERDAY%. During that period, did ...(r/’s) stay in bed at all because of illness or injury including any nights spent as a patient in a hospital?

   ___ Yes
   ___ No   (Go to TWOWK-Q3)
   DK, R   (Go to TWOWK-Q5)

TWOWK-Q2 How many days did ...(r/’s) stay in bed for all or most of the day?

   ___ Days   (Enter <0> if less than a day.)
   (If = 14 days go to TWOWK-Q5)
   DK, R   (Go to TWOWK-Q5)

TWOWK-Q3 (Not counting days spent in bed) During those 14 days, were there any days that ...(r/’s) cut down on things you/he/she normally do does because of illness or injury?

   ___ Yes
   ___ No   (Go to TWOWK-Q5)
   DK, R   (Go to TWOWK-Q5)

TWOWK-Q4 How many days did ...(r/’s) cut down on things for all or most of the day?

   ___ Days   (Enter <0> if less than a day.)

TWOWK-Q5 Does ...(r/’s) have a regular medical doctor?

   ___ Yes
   ___ No

Health Care Utilization

UTIL-CINT If age<12, go to next section.

UTIL-INT Now I’d like to ask about ...(r/’s) contacts with health professionals during the past 12 months.
UTIL-Q1  In the past 12 months, have/has ... been a patient overnight in a hospital, nursing home or convalescent home?
___ Yes
___ No (Go to UTIL-Q2)
   DK (Go to UTIL-Q2)
   R (Go to next section)

UTIL-Q1a  For how many nights in the past 12 months?
___ nights

UTIL-Q2  (Not counting when ... were/was an overnight patient)  In the past 12 months, how many times have/has ... seen or talked on the telephone with [fill category] about your/his/her physical, emotional or mental health:
   a) General practitioner or family physician
   b) Eye specialist (such as an ophthalmologist or optometrist)
   c) Other medical doctor (such as surgeon, allergist, gynaecologist, psychiatrist, etc.)
   d) A nurse for care or advice
   e) Dentist or orthodontist
   f) Chiropractor
   g) Physiotherapist
   h) Social worker or counsellor
   i) Psychologist
   j) Speech, audiology or occupational therapist

For each response >0 in a), c), or d), ask UTIL-Q3.

UTIL-Q3  Where did the most recent contact take place?
(Read list. Mark one only)
   ___ Walk-in clinic
   ___ Outpatient clinic in hospital
   ___ Hospital emergency room
   ___ Health professional's office
   ___ Community health center /CLSC
   ___ At home
   ___ Telephone consultation only
   ___ Other (Specify_____________)

UTIL-Q4  People may also use alternative health care services. In the past 12 months, have/has ... seen or talked to an alternative health care provider such as an acupuncturist, naturopath, homeopath or massage therapist about your/his/her physical, emotional or mental health?
___ Yes
___ No (Go to UTIL-Q6)
   DK, R (Go to UTIL-Q6)
UTIL-Q5 Who did ... see or talk to?
(Do not read list. Mark all that apply.)

___ Massage therapist
___ Acupuncturist
___ Homeopath or naturopath
___ Feldenkrais or Alexander teacher
___ Relaxation therapist
___ Biofeedback teacher
___ Rolfer
___ Herbalist
___ Reflexologist
___ Spiritual healer
___ Religious healer
___ Self help group (such as AA, cancer therapy, etc.)
___ Other (Specify _____________________)

UTIL-Q6 During the past 12 months, was there ever a time when you/he/she needed health care or advice but
did not receive it?

___ Yes
___ No (Go to UTIL-C9)
DK, R (Go to UTIL-C9)

UTIL-Q7 Thinking of the most recent time, why did ... not get care?

____________________________________

___ Difficulty getting access to health professional
___ Financial constraints
___ Felt health care provided inadequate
___ Chose not to see health professional
___ Other

UTIL-Q8 Again, thinking of the most recent time, what was the type of care that was needed?
(Do not read list. Mark all that apply.)

___ Treatment of a physical health problem
___ Treatment of an emotional or mental health problem
___ A regular check-up (or for regular pre-natal care)
___ Care of an injury
___ Any other reason (Specify___________)

UTIL-C9 IF age < 18 then go to next section.

UTIL-Q9 Home care services are health care or homemaker services received at home, with the cost being
entirely or partially covered by government. Examples are: nursing care; help with bathing; help
around the home; physiotherapy; counselling; and meal delivery. Have/Has ... received any home
care services in the past 12 months?

___ Yes
___ No (Go to next section)
DK, R (Go to next section)

UTIL-Q10 What type of services have/has ... received?
### Restriction of Activities

**RESTR-CINT** If age<12, go to next section.

**RESTR-INT** The next few questions deal with any health limitations which affect ...'s' daily activities. In these questions, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.

**RESTR-Q1** Because of a long-term physical or mental condition or a health problem, are/is ... limited in the kind or amount of activity you/he/she can do:

**RAC4_1A** a) at home?

- ___ Yes
- ___ No
- ___ R (Go to next section)

**RAC4_1B** b) at school?

- ___ Yes
- ___ No
- ___ Not applicable
- ___ R (Go to next section)

**RAC4_1C** c) at work?

- ___ Yes
- ___ No
- ___ Not applicable
- ___ R (Go to next section)

**RAC4_1D** d) in other activities such as transportation to or from work or leisure time activities?

- ___ Yes
- ___ No
- ___ R (Go to next section)

**RESTR-Q2** Do(es) ... have any long term disabilities or handicaps?

**RAC4_2**

- ___ Yes
- ___ No
- ___ R (Go to next section)

If any yes in RESTR-Q1 (a)-(d), ask RESTR-Q3.
If yes in RESTR-Q2 only, ask RESTR-Q4.
Otherwise go to RESTR-Q6.

RESTR-Q3 What is the main condition or health problem causing ... to be limited in your/his/her activities?

\( RAC4\_3C \) _____________(25 spaces) (Go to RESTR-Q5)

RESTR-Q4 What is the main condition or health problem causing ... to have a long term disability or handicap?

\( RAC4\_3C \) _____________(25 spaces)

RESTR-Q5 Which one of the following is the best description of the cause of this condition?

(Read list. Mark one only.)

___ Injury - at home
___ Injury - sports or recreation
___ Injury - motor vehicle
___ Injury - work-related
___ Existed at birth
___ Work environment
___ Disease or illness
___ Natural aging process
___ Psychological or physical abuse
___ Other (Specify____________________)

RESTR-Q6 The next question asks about help received. This may not apply to ... , but we need to ask the same question of everyone. Because of any condition or health problem, do(es) ... need the help of another person in:

(Read list. Mark all that apply.)

\( RAC4\_6A \) ___ Preparing meals?
\( RAC4\_6B \) ___ Shopping for groceries or other necessities?
\( RAC4\_6C \) ___ Doing normal everyday housework?
\( RAC4\_6D \) ___ Doing heavy household chores such as washing walls, yard work, etc.?
\( RAC4\_6E \) ___ Personal care such as washing, dressing or eating?
\( RAC4\_6F \) ___ Moving about inside the house?
\( RAC4\_6G \) ___ None of the above

**Chronic Conditions**

CHRON-CINT If age<12 go to next section.

CHRON-INT Now I'd like to ask about any chronic health conditions ... may have. Again, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.
CHRON-Q1 Do(es) ... have any of the following long-term conditions that have been diagnosed by a health professional:
(Read list. Mark all that apply.)

(a) Food allergies?
(b) Other allergies?
(c) Asthma? (If YES ask CHRON-Q1cc1)
(d) Arthritis or rheumatism?
(e) Back problems excluding arthritis?
(f) High blood pressure?
(g) Migraine headaches?
(h) Chronic bronchitis or emphysema?
(i) Sinusitis?
(j) Diabetes?
(k) Epilepsy?
(l) Heart disease?
(m) Cancer? (If yes ask CHRON-Q1mm)
(n) Stomach or intestinal ulcers?
(o) Effects of stroke?
(p) Urinary incontinence?
(q) Acne requiring prescription medication? (Ask if age < 30)
(r) Alzheimer's disease or other dementia?
(s) Cataracts?
(t) Glaucoma?
(u) Any other long term condition? (Specify ______________)
(v) None

DK, R (Go to next section)

For persons aged < 18 years go to (u).

CHRON-Q1mm What type(s) of cancer is this? For example, skin, lung or colon cancer.

__________________________

CHRON-Q1cc1 Have/Has ... had an attack of asthma in the past 12 months?

Yes
No

CHRON-Q1cc2 Have/Has ... had wheezing or whistling in the chest at any time in the past 12 months?

Yes
No

Socio-demographic Characteristics

SOCIO-INT Now I'd like to ask some general background questions about the characteristics of people in your household.
Country of Birth/Year of Immigration

SOCIO-Q1  In what country were/was ... born?
(Do not read list. Mark one only.)

___ Canada (Go to next section)
___ China ___ Jamaica
___ France ___ Netherlands
___ Germany ___ Philippines
___ Greece ___ Poland
___ Guyana ___ Portugal
___ Hong Kong ___ United Kingdom
___ Hungary ___ United States
___ India ___ Viet Nam
___ Italy ___ Other (Specify____)

dk, r (Go to SOCIO-Q4)

SOCIO-Q3  In what year did ... first immigrate to Canada?
___ Year (4 digits)
(Enter <1999> if Canadian citizen by birth.)

Ethnicity

SOCIO-Q4  To which ethnic or cultural group(s) did your/his/her ancestors belong? (For example: French,
British, Chinese, etc.)
(Do not read list. Mark all that apply.)

___ Canadian ___ Chinese
___ French ___ Jewish
___ English ___ Polish
___ German ___ Portuguese
___ Scottish ___ South Asian
___ Irish ___ Black
___ Italian ___ North American Indian
___ Ukrainian ___ Métis
___ Dutch (Netherlands) ___ Inuit/Eskimo
___ Other (Specify____) ___ Other ethnic or cultural group(s)

Language

SOCIO-Q5  In which languages can ... conduct a conversation?
(Do not read list. Mark all that apply.)

___ English ___ Persian (Farsi)
___ French ___ Polish
___ Arabic ___ Portuguese
___ Chinese ___ Punjabi
___ Cree ___ Spanish
___ German ___ Tagalog (Filipino)
___ Greek ___ Ukrainian
___ Hungarian ___ Vietnamese
___ Italian ___ Other (Specify____)
___ Korean

For Information only

12
SOCIO-Q6  What is the language that ... first learned at home in childhood and can still understand?  (If ... can no longer understand the first language learned, choose the second language learned.)  
(Do not read list.  Mark all that apply.)

___ English  ___ Persian (Farsi)
___ French  ___ Polish
___ Arabic  ___ Portuguese
___ Chinese  ___ Punjabi
___ Cree  ___ Spanish
___ German  ___ Tagalog (Filipino)
___ Greek  ___ Ukrainian
___ Hungarian  ___ Vietnamese
___ Italian  ___ Other (Specify ____)
___ Korean

Race

SOCIO-Q7  How would you best describe ...(r/'s) race or colour?  
(Do not read list.  Mark all that apply.)

___ White (e.g. British, French, European, Latin/South American of European background)
___ Black
___ Korean
___ Filipino
___ Japanese
___ Native/Aboriginal Peoples of North America  
(North American Indian, Metis, Inuit/Eskimo)
___ South Asian (e.g. Indian from India or Uganda, Pakistani, Punjabi, Tamil)
___ South East Asian (e.g. Vietnamese, Thai, Laotian)
___ West East Asian or North African (e.g. Armenian, Syrian, Moroccan)
___ Other (Specify ____________) 

Education

EDUC-C1  If age<12, go to next section.

EDUC-Q1  Excluding kindergarten, how many years of elementary and high school have/has ... successfully completed?  
(Do not read list.  Mark one only.)

___ No schooling (Go to next section)
___ One to five years  ___ Ten
___ Six  ___ Eleven
___ Seven  ___ Twelve
___ Eight  ___ Thirteen
___ Nine  ___ DK, R (Go to next section)

(If age < 15 then go to next section)

EDUC-Q2  Have/has ... graduated from high school?  

___ Yes
___ No
EDUC-Q3 Have/has ever attended any other kind of school such as university, community college, business school, trade or vocational school, CEGEP or other post-secondary institution?

- Yes
- No (Go to EDUC-C5)
- DK, R (Go to next section)

EDUC-Q4 What is the highest level of education that have/has attained?

(Do not read list. Mark one only.)

- Some trade, technical, vocational school or business college
- Some community college, CEGEP or nursing school
- Some university
- Diploma or certificate from trade, technical or vocational school, or business college
- Diploma or certificate from community college, CEGEP, or nursing school
- Bachelor's or undergraduate degree or teacher's college (e.g., B.A., B.Sc., LL.B.)
- Master's (e.g. M.A., M. Sc., M.Ed.)
- Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- Earned doctorate (e.g. Ph.D., D.Sc., D.Ed.)
- Other (Specify____)
LFS-C2 If LFS-Q1 = 2 or 3 ---> go to LFS-Q3.1

LFS-Q2 Have/has you/he/she worked for pay or profit at any time in the past 12 months?

\[ LFC4_2 \]

___ Yes (Go to LFS-Q3.1)  
___ No  
DK, R (Go to next section)

LFS-C2A If LFS-Q1=7 (retired) ---> go to LFS-C18 else go to LFS-Q17B

Note: Questions LFS-Q3 to LFS-Q11 are done as a roster allowing up to 6 jobs to be entered

LFS-Q3.n For whom/whom else have/has you/he/she worked for pay or profit in the past 12 months?

\[ LFC4_EnC \]

_____________________ (50 chars)

LFS-Q4.n Did you/he/she have that job 1 year ago, that is, on %12MOSAGO% without a break in employment since then?

\[ LFC4_4n \]

___ Yes (Go to LFS-Q6.n)  
___ No  
DK, R (Go to next section)

LFS-Q5.n When did you/he/she start working at this job or business?

\[ LFC4_5nM \]

\[ LFC4_5nD \]

\[ LFC4_5nY \]

DK, R (Go to next section)

LFS-Q6.n Do/Does you/he/she now have that job?

\[ LFC4_6n \]

___ Yes (Go to LFS-Q8.n)  
___ No  
DK, R (Go to next section)

LFS-Q7.n When did you/he/she stop working at this job or business?

\[ LFC4_7nM \]

\[ LFC4_7nD \]

\[ LFC4_7nY \]

DK, R (Go to next section)

LFS-Q8.n About how many hours per week do/does/did you/he/she usually work at this job?

\[ LFC4_8n \]

| | | HOURS |
LFS-Q9.n Which of the following best describes the hours you/he/she usually work/works/worked at this job? 
(Read list. Mark one only.)
___ Regular daytime schedule or shift
___ Regular evening shift
___ Regular night
___ Rotating shift (change from days to evenings to nights)
___ Split shift
___ On call
___ Irregular schedule
___ Other (Specify_______)

LFS-Q10.n Do/Does/Did you/he/she usually work on weekends at this job? 
___ Yes
___ No

LFS-Q11.n Did you/he/she do any other work for pay or profit in the past 12 months? 
___ Yes
___ No
DK, R  (Go to LFS-Q12)

LFS-C12 If LFS-Q11.1 = No go to LFS-Q13.

LFS-Q12 Which was the main job? 
(Answer will be chosen from roster of jobs.  
(Definition of main job will be supplied in the interviewers manual.)

LFS-Q13 Thinking about this/the main job, what kind of business, service or industry is this? (For example,  
wheat farm, trapping, road maintenance, retail shoe store, secondary school.)
_____________________ (50 chars)

LFS-Q14 Again, thinking about this/the main job, what kind of work was/were ... doing? (For example,  
medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit,  
food processing labourer.)
_____________________ (50 chars)

LFS-Q15 In this work, what were your/his/her most important duties or activities? (For example, analysis of  
blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning  
vegetables.)
_____________________ (50 chars)

LFS-Q16 Did you/he/she work mainly for others for wages or commission or in your/his/her own business,  
farm or practice? 
(Do not read list. Mark one only.)
___ For others for wages, salary or commission
___ In own business, farm or professional practice
___ Unpaid family worker
LFS-C17  Check the calendar for gaps > 6 days.
If # gaps = 0 ---> go to LFS-C18

LFS-C17A  If any LFS-Q6 = 1 (currently employed) ---> go to LFS-Q17A
Otherwise ---> go to LFS-Q17B

LFS-Q17A  What was the reason that ... were/was not working for pay or profit during the most recent period away from work in the past year?
(Do not read list. Mark one only.)

___ Own illness or disability
___ Pregnancy
___ Caring for own children
___ Caring for elder relative(s)
___ Other personal or family responsibilities
___ School or educational leave
___ Labour dispute
___ Temporary layoff due to seasonal conditions
___ Temporary layoff - non-seasonal
___ Permanent layoff
___ Unpaid or partially paid vacation
___ Other (Specify_______)
___ No period not working for pay or profit in the past year

GO TO LFS-C18

LFS-Q17B  What is the reason that ... are/is currently not working for pay or profit?
(Do not read list. Mark one only.)

___ Own illness or disability
___ Pregnancy
___ Caring for own children
___ Caring for elder relative(s)
___ Other personal or family responsibilities
___ School or educational leave
___ Labour dispute
___ Temporary layoff due to seasonal conditions
___ Temporary layoff - non-seasonal
___ Permanent layoff
___ Unpaid or partially paid vacation
___ Other (Specify_______)
___ No period not working for pay or profit in the past year

LFS-C18  If LFS-Q1 = 2 or 3 or any one of LFS-Q6.1 to LFS-Q6.6 = 1 (currently working) then %LFS-WORK% =1;
Otherwise %LFS-WORK% =0;
**Income**  
(Ask from knowledgeable person only)

**INCOM-Q1**  Thinking about your total household income, from which of the following sources did your household receive any income in the past 12 months?  
(Read list. Mark all that apply.)

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<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>INC4_1A</td>
<td>Wages and salaries</td>
</tr>
<tr>
<td>INC4_1B</td>
<td>Income from self-employment</td>
</tr>
<tr>
<td>INC4_1C</td>
<td>Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.</td>
</tr>
<tr>
<td>INC4_1D</td>
<td>Unemployment insurance</td>
</tr>
<tr>
<td>INC4_1E</td>
<td>Worker's compensation</td>
</tr>
<tr>
<td>INC4_1F</td>
<td>Benefits from Canada or Quebec Pension Plan</td>
</tr>
<tr>
<td>INC4_1G</td>
<td>Retirement pensions, superannuation and annuities</td>
</tr>
<tr>
<td>INC4_1H</td>
<td>Old Age Security and Guaranteed Income Supplement</td>
</tr>
<tr>
<td>INC4_1I</td>
<td>Child Tax Benefit</td>
</tr>
<tr>
<td>INC4_1J</td>
<td>Provincial or municipal social assistance or welfare</td>
</tr>
<tr>
<td>INC4_1K</td>
<td>Child Support</td>
</tr>
<tr>
<td>INC4_1L</td>
<td>Alimony</td>
</tr>
<tr>
<td>INC4_1M</td>
<td>Other Income (eg. rental income, scholarships, other government income, etc.)</td>
</tr>
<tr>
<td>INC4_1N</td>
<td>None (Go to next section)</td>
</tr>
</tbody>
</table>

DK, R  (Go to next section)

If more than one source of income is indicated ask INCOM-Q2.  
Otherwise ask INCOM-Q3.

**INCOM-Q2**  What was the main source of income?  
(Do not read list. Mark one only.)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>INC4_2</td>
<td>Wages and salaries</td>
</tr>
<tr>
<td></td>
<td>Income from self-employment</td>
</tr>
<tr>
<td></td>
<td>Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.</td>
</tr>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Alimony</td>
</tr>
<tr>
<td></td>
<td>Other Income (eg. rental income, scholarships, other government income, etc.)</td>
</tr>
</tbody>
</table>
What is your best estimate of the total income before taxes and deductions of all household members from all sources in the past 12 months? Was the total household income:

- Less than $20,000?
- Less than $10,000?
- Less than $5,000? (go to next section)
- $5,000 and more? (go to next section)
- $10,000 and more? (go to next section)
- Less than $15,000? (go to next section)
- $15,000 and more? (go to next section)
- $20,000 and more?
- Less than $40,000?
- Less than $30,000? (go to next section)
- $30,000 and more? (go to next section)
- $40,000 and more? (go to next section)
- Less than $50,000 (go to next section)
- $50,000 to less than $60,000? (go to next section)
- $60,000 to less than $80,000? (go to next section)
- $80,000 and more? (go to next section)
- No income

DK, R (Go to next section)

Was this interview conducted on the telephone or in person?

- On telephone
- In person
- Both (Specify in comments)

Record language of interview:

- English
- #Farsi
- French
- Polish
- Arabic
- Portuguese
- Chinese
- Punjabi
- Cree
- Spanish
- German
- Tagalog (Filipino)
- Greek
- Ukrainian
- Hungarian
- Vietnamese
- Italian
- Other (Specify_________________)
- Korean
Health Component for Respondents Aged 12 Years and Older (Form H06)
(To be completed for selected respondent only and age>=12)
(Proxy for those unable to answer due to special circumstances)

H06-P1 Who is providing the information for this person's form?
_______________________________

H06-INT This part of the survey deals with various aspects of ... (r/s) health. I'll be asking about such things as physical activity, social relationships, health status and stress. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being. I'll start with a few questions concerning ... (r/s) health in general.

General Health

GENHLT-Q1 In general, would you say ... r/s health is:
(Read list. Mark one only.)

___ Excellent?
___ Very good?
___ Good?
___ Fair?
___ Poor?

GENHLT-C2 Check item: If sex = female & (age >= 15 & age <= 49) ask GENHLT-Q2. Otherwise go to next section.

GENHLT-Q2 It is important to know when analyzing health whether or not the person is pregnant. Are/Is ... pregnant?

___ Yes
___ No      (Go to next section)
DK, R     (Go to next section)

GENHLT-Q3 Are/is you/she planning to use the services of a physician, midwife or both?
(Do not read list. Mark one only.)

___ Physician only
___ Midwife only
___ Both physician and midwife
___ Neither

Height/Weight

HTWT-Q1 How tall are/is ... without shoes on?

___ feet ___ inches OR ___ centimetres

HTWT-Q2 How much do/does you/he/she weigh?

___ pounds OR ___ kilograms
Preventive Health Practices
(Non-proxy only)

PHP-Q1 When did you last have your blood pressure checked by a health professional?
(Do not read list. Mark one only.)

___ Less than 6 months ago
___ 6 months to less than a year ago
___ 1 year to less than 2 years ago
___ 2 years to less than 5 years ago
___ 5 years or more ago
___ Never

R (Go to next section)

PHP-C2 If sex = female and age >= 35 then ask PHP-Q2.
If sex = female and age >= 18 and age < 35 then ask PHP-Q3.
If sex=male or females <= 17 then go to next section.

PHP-Q2 Have you ever had a mammogram, that is, a breast X-ray?

___ Yes
___ No (Go to PHP-Q3)
DK (Go to PHP-Q3)
R (Go to next section)

PHP-Q2a When was the last time?
(Do not read list. Mark one only.)

___ Less than 6 months ago
___ 6 months to less than one year ago
___ 1 year to less than 2 years ago
___ 2 years or more ago

PHP-Q2b Why did you have your last mammogram?
(Read list. Mark one only.)

___ Breast problem
___ Check-up, no particular problem
Other (specify_________________)

PHP-Q3 Have you ever had a PAP smear test?

___ Yes
___ No (Go to next section)
DK, R (Go to next section)
When was the last time?

(Do not read list. Mark one only.)

___ Less than 6 months ago
___ 6 months to less than one year ago
___ 1 year to less than 3 years ago
___ 3 years to less than 5 years ago
___ 5 years or more ago

Smoking

The next few questions are about smoking.

Does anyone in this household smoke regularly inside the house?

___ Yes
___ No

At the present time do/does ... smoke cigarettes daily, occasionally or not at all?

___ Daily
___ Occasionally (Go to SMOK-Q5)
___ Not at all (Go to SMOK-Q4a)
DK, R (Go to next section)

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

___ Age

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

___ Number of cigarettes
(Go to next section)

Have/has you/he/she ever smoked cigarettes at all?

___ Yes (Go to next section)
___ No (Go to section)
DK, R (Go to next section)

Have/has you/he/she ever smoked cigarettes daily?

___ Yes
___ No (Go to section)
DK, R (Go to next section)

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

___ Age
SMOK-Q7 How many cigarettes did you/he/she usually smoke each day?

SMC4_7 ___ Number of cigarettes

SMOK-Q8 At what age did you/he/she stop smoking (cigarettes) daily?

SMC4_8 ___ Age

Alcohol

ALCO-INT Now, some questions about ... (r/s) alcohol consumption. When we use the word drink it means:

- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one straight or mixed drink with one and a half ounces of hard liquor.

ALCO-Q1 During the past 12 months², have/has ... had a drink of beer, wine, liquor or any other alcoholic beverage?

ALC4_1 ___ Yes

___ No (Go to ALCO-Q5B)

DK, R (Go to next section)

ALCO-Q2 During the past 12 months, how often did you/he/she drink alcoholic beverages?

(Do not read list. Mark one only.)

ALC4_2 ___ Every day

___ 4-6 times a week

___ 2-3 times a week

___ Once a week

___ 2-3 times a month

___ Once a month

___ Less than once a month

ALCO-Q3 How many times in the past 12 months have/has you/he/she had 5 or more drinks on one occasion?

ALC4_3 ___ Number of times

If PROXY=yes then go to ALCO-Q5

ALCO-Q4 In the past 12 months, what is the highest number of drinks you had on one occasion?

ALC4_4 ___ Number of drinks

ALCO-Q5 Thinking back over the past week, that is, from %1WKAGO% to yesterday, did ... have a drink of beer, wine, liquor or any other alcoholic beverage?

ALC4_5 ___ Yes

___ No (Go to next section)

DK, R (Go to next section)
ALCO-Q5A Starting with yesterday, how many drinks did ... have on:

___ Monday? R on first day  (Go to next section)
___ Tuesday?
___ Wednesday?
___ Thursday?
___ Friday?
___ Saturday?
___ Sunday?

(Go to next section)

ALCO-Q5B Did you/he/she ever have a drink?

___ Yes
___ No  (Go to next section)
DK, R  (Go to next section)

ALCO-Q6 Did you/he/she ever regularly drink more than 12 drinks a week?

___ Yes
___ No  (Go to next section)
DK, R  (Go to next section)

ALCO-Q7 Why did you/he/she reduce or quit drinking altogether?
(Do not read list. Mark all that apply.)

___ Dieting
___ Athletic training
___ Pregnancy
___ Getting older
___ Drinking too much/drinking problem
___ Affected work, studies, employment opportunities
___ Interfered with family or home life
___ Affected physical health
___ Affected friendships or social relationships
___ Affected financial position
___ Affected outlook on life, happiness
___ Because of influence of family or friends
___ Other (specify___________)

Physical Activities (Non-proxy only)

PHYS-INTa Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.
PHYS-Q1  Have you done any of the following in the past 3 months\(^3\)?  
(Read list. Mark all that apply.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Walking for exercise</td>
<td>PAC4_1A</td>
<td>Gardening, yard work</td>
<td>PAC4_1B</td>
</tr>
<tr>
<td>Swimming</td>
<td>PAC4_1C</td>
<td>Bicycling</td>
<td>PAC4_1D</td>
</tr>
<tr>
<td>Popular or social dance</td>
<td>PAC4_1E</td>
<td>Home exercises</td>
<td>PAC4_1F</td>
</tr>
<tr>
<td>Ice hockey</td>
<td>PAC4_1G</td>
<td>Skating</td>
<td>PAC4_1H</td>
</tr>
<tr>
<td>Jogging/running</td>
<td>PAC4_1I</td>
<td>Downhill skiing</td>
<td>PAC4_1J</td>
</tr>
<tr>
<td>Golfing</td>
<td>PAC4_1K</td>
<td>Exercise class/aerobics</td>
<td>PAC4_1L</td>
</tr>
<tr>
<td>Cross-country skiing</td>
<td>PAC4_1M</td>
<td>Bowling</td>
<td>PAC4_1N</td>
</tr>
<tr>
<td>Baseball/softball</td>
<td>PAC4_1O</td>
<td>Tennis</td>
<td>PAC4_1P</td>
</tr>
<tr>
<td>Weight-training</td>
<td>PAC4_1Q</td>
<td>Yoga or tai-chi</td>
<td>PAC4_1R</td>
</tr>
<tr>
<td>Fishing</td>
<td>PAC4_1S</td>
<td>Volleyball</td>
<td>PAC4_1T</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>PAC4_1U</td>
<td>Other (specify)</td>
<td>PAC4_1V</td>
</tr>
<tr>
<td>None</td>
<td>PAC4_1W</td>
<td>None</td>
<td>PAC4_1X</td>
</tr>
<tr>
<td>DK, R (Go to next section)</td>
<td></td>
<td>DK, R (Go to next section)</td>
<td></td>
</tr>
</tbody>
</table>

For each response ask PHYS-Q2 to PHYS-Q3.  
If "none" go to PHYS-INTb.

PHYS-Q2  In the past 3 months, how many times did you participate in %ACTIVITY%?  
\(\text{Number of times}\)  
\(\text{DK, R (Go to next activity)}\)

PHYS-Q3  About how much time did you usually spend on each occasion?  
(Do not read list. Mark one only.)

\(\text{1 to 15 minutes}\)  
\(\text{16 to 30 minutes}\)  
\(\text{31 to 60 minutes}\)  
\(\text{More than one hour}\)

PHYS-INTb  Next, some questions about the amount of time you spent in the past 3 months on physical activity at work or while doing daily chores around the house, but not leisure time activity.

PHYS-Q4a  In a typical week in the past 3 months, how many hours did you usually spend walking to work or to school or while doing errands?  
(Do not read list. Mark one only.)

\(\text{None}\)  
\(\text{Less than 1 hour}\)  
\(\text{From 1 to 5 hours}\)  
\(\text{From 6 to 10 hours}\)  
\(\text{From 11 to 20 hours}\)  
\(\text{More than 20 hours}\)
PHYS-Q4b In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?

(Do not read list. Mark one only.)

___ None
___ Less than 1 hour
___ From 1 to 5 hours
___ From 6 to 10 hours
___ From 11 to 20 hours
___ More than 20 hours

PHYS-C1 If Bicycling was indicated as an activity in PHYS-Q1 or not a "none" in PHYS-Q4b, ask PHYS-Q5. Otherwise go to PHYS-Q6.

PHYS-Q5 When riding a bicycle how often did you wear a helmet?

(Read list. Mark one only.)

___ Always
___ Most of the time
___ Rarely
___ Never

PHYS-Q6 Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?

(Read list. Mark one only.)

___ Usually sit during day and do not walk about very much
___ Stand or walk about quite a lot during the day but do not have to carry or lift things very often
___ Usually lift or carry light loads, or have to climb stairs or hills often
___ Do heavy work or carry very heavy loads

Injuries

INJ-INT Now some questions about any injuries, which occurred in the past 12 months, that were serious enough to limit ... (r/’s) normal activities. For example, a broken bone, a bad cut or burn, a sore back or sprained ankle, or a poisoning.

INJ-Q1 In the past 12 months, did ... have any injuries that were serious enough to limit your/his/her normal activities?

___ Yes (Go to next section)
___ No (Go to next section)
___ DK, R (Go to next section)

INJ-Q2 How many times were/was you/he/she injured?

___ times
___ DK, R (Go to next section)
Thinking about the most serious injury, what type of injury did you/he/she have? For example, a broken bone or burn.

(Do not read list. Mark one only.)

___ Multiple injuries
___ Broken or fractured bones
___ Burn or scald
___ Dislocation
___ Sprain or strain
___ Cut or scrape
___ Bruise or abrasion
___ Concussion
___ Poisoning by substance or liquid
___ Internal injury
___ Other (specify _______________)

What part of your/his/her body was injured?

(Do not read list. Mark one only.)

___ Multiple sites
___ Eyes
___ Head (excluding eyes)
___ Neck
___ Shoulder
___ Arms or hands
___ Hip
___ Legs or feet
___ Back or spine
___ Trunk (excluding back or spine) (including chest, internal organs, etc.)

Where did the injury happen?

(Do not read list. Mark one only.)

___ Home and surrounding area
___ Farm
___ Place for recreation or sport
   (e.g. golf course, basketball court, playground (including school))
___ Street or highway
___ Building used by general public (e.g. hotel, shopping plaza, restaurant, office building, school)
___ Residential institution (e.g. hospital, jail, etc.)
___ Mine
___ Industrial place or premise (e.g. dockyard)
___ Other (specify _______________)

IJC4_3

IJC4_4

IJC4_5
INJ-Q6 What happened? For example, was the injury the result of a fall, motor vehicle accident, a physical assault etc.?

(Do not read list. Mark one only.)

___ Motor vehicle accident
___ Accidental fall
___ Fire, flames or resulting fumes
___ Accidentally struck by an object/person
___ Physical assault
___ Suicide attempt
___ Accidental injury caused by explosion
___ Accidental injury caused by natural/environmental factors (e.g. weather conditions, Poison ivy, animal bites, stings)
___ Accidental drowning or submersion
___ Accidental suffocation
___ Hot or corrosive liquids, foods or substances
___ Accident caused by machinery (e.g. farm machinery, forklift, woodworking machinery)
___ Accident caused by cutting and piercing instruments or objects (lawnmower, knife, stapler)
___ Accidental poisoning
___ Other (specify____________________)

INJ-Q7 Was this a work-related injury?

___ Yes
___ No

INJ-Q8 We would like to know what precautions are/is taking, if any, to prevent this kind of injury from happening again. What precautions are/is you/he/she taking?

(Do not read list. Mark all that apply.)

___ Gave up the activity
___ Being more careful
___ Took safety training
___ Increased supervision of child
___ Using protective gear/safety equipment (e.g. bike helmet, car safety restraint, etc.)
___ Changing physical situation (e.g. removing rugs, storing medications out of reach, safety gates, etc.)
___ Other (specify)
___ No precautions

Stress (Age >= 18 and non-proxy only)

Ongoing Problems

STRESS-INT The next portion of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.
CSTRESS-INT  I'll start by describing situations that sometimes come up in people's lives. As there are no right or wrong answers, the idea is to choose the answer best suited to your personal situation. I'd like you to tell me if these things are true for you at this time by answering "true" if it applies to you now or "false" if it does not.

CSTRESS-Q1  You are trying to take on too many things at once.
__ True
__ False
R (Go to next section)

CSTRESS-Q2  There is too much pressure on you to be like other people.
__ True
__ False

CSTRESS-Q3  Too much is expected of you by others.
__ True
__ False

CSTRESS-Q4  You don't have enough money to buy the things you need.
__ True
__ False

If marital status = married or living with a partner or common-law, go to CSTRESS-Q5. If marital status = single, widowed, separated or divorced, go to CSTRESS-Q8. Otherwise (i.e. marital status is unknown) go to CSTRESS-Q9.

CSTRESS-Q5  Your partner doesn't understand you.
__ True
__ False

CSTRESS-Q6  Your partner doesn't show enough affection.
__ True
__ False

CSTRESS-Q7  Your partner is not committed enough to your relationship.
__ True
__ False

Go to CSTRESS-Q9

CSTRESS-Q8  You find it is very difficult to find someone compatible with you.
__ True
__ False
CSTRESS-Q9  Do you have any children?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>(Go to CSTRESS-Q12)</td>
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<tr>
<td></td>
<td>DK, R</td>
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<tr>
<td></td>
<td>(Go to CSTRESS-Q12)</td>
</tr>
</tbody>
</table>

CSTRESS-Q10  Remember I want to know if you feel any of these statements are true for you at this time.
One of your children seems very unhappy.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
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<tbody>
<tr>
<td></td>
<td>False</td>
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</table>

CSTRESS-Q11  A child's behaviour is a source of serious concern to you.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
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<tbody>
<tr>
<td></td>
<td>False</td>
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</table>

CSTRESS-Q12  Your work around the home is not appreciated.

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<thead>
<tr>
<th></th>
<th>True</th>
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<tbody>
<tr>
<td></td>
<td>False</td>
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</table>

CSTRESS-Q13  Your friends are a bad influence.

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<thead>
<tr>
<th></th>
<th>True</th>
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<tbody>
<tr>
<td></td>
<td>False</td>
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</tbody>
</table>

CSTRESS-Q14  You would like to move but you cannot.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
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<tbody>
<tr>
<td></td>
<td>False</td>
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</tbody>
</table>

CSTRESS-Q15  Your neighbourhood or community is too noisy or too polluted.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
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<tbody>
<tr>
<td></td>
<td>False</td>
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</table>

CSTRESS-Q16  You have a parent, a child or partner who is in very bad health and may die.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
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<tbody>
<tr>
<td></td>
<td>False</td>
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</tbody>
</table>

CSTRESS-Q17  Someone in your family has an alcohol or drug problem.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>False</td>
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</tbody>
</table>

CSTRESS-Q18  People are too critical of you or what you do.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
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<tbody>
<tr>
<td></td>
<td>False</td>
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</tbody>
</table>
Recent Life Events

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

RECENT-Q1  In the past 12 months, was any one of you beaten up or physically attacked?

ST_4_R1
___ Yes
___ No
R   (Go to next section)

RECENT-INTb  Now I'd like you to think just about your family, (that is, yourself and your spouse/partner or children, if any).

RECENT-Q2  In the past 12 months, did you or someone in your family, have an unwanted pregnancy?

ST_4_R2
___ Yes
___ No

RECENT-Q3  In the past 12 months, did you or someone in your family have an abortion or miscarriage?

ST_4_R3
___ Yes
___ No

RECENT-Q4  In the past 12 months, did you or someone in your family have a major financial crisis?

ST_4_R4
___ Yes
___ No

RECENT-Q5  In the past 12 months, did you or someone in your family fail school or a training program?

ST_4_R5
___ Yes
___ No

RECENT-INTc  Now I'd like you to think just about yourself and your spouse or partner.

If marital status = married/living together/common-law include the phrase "or your partner" in the RECENT-Q6 and RECENT-Q7.

RECENT-Q6  In the past 12 months, did you (or your partner) experience a change of job for a worse one?

ST_4_R6
___ Yes
___ No

RECENT-Q7  In the past 12 months, were you (or your partner) demoted at work or did you/either of you take a cut in pay?

ST_4_R7
___ Yes
___ No
If marital status = married/living together/common-law ask RECENT-Q8.
Otherwise go to RECENT-Q9.

RECENT-Q8  In the past 12 months, did you have increased arguments with your partner?

___ Yes
___ No

RECENT-Q9  Now, just you personally, in the past 12 months, did you go on Welfare?

___ Yes
___ No

IF CSTRESS-Q9 = yes (have children) ask RECENT-Q10.
Otherwise go to next section.

RECENT-Q10  In the past 12 months, did you have a child move back into the house?

___ Yes
___ No

Childhood and Adult Stressors ("traumas")

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

TRAUM-Q1  Did you spend 2 weeks or more in the hospital?

___ Yes
___ No

TRAUM-Q2  Did your parents get a divorce?

___ Yes
___ No

TRAUM-Q3  Did your father or mother not have a job for a long time when they wanted to be working?

___ Yes
___ No

TRAUM-Q4  Did something happen that scared you so much you thought about it for years after?

___ Yes
___ No

TRAUM-Q5  Were you sent away from home because you did something wrong?

___ Yes
___ No

ST_4_R8
ST_4_R9
ST_4_R10
ST_4_T1
ST_4_T2
ST_4_T3
ST_4_T4
ST_4_T5

For information only
TRAUM-Q6  Did either of your parents drink or use drugs so often that it caused problems for the family?

___ Yes
___ No

TRAUM-Q7  Were you ever physically abused by someone close to you?

___ Yes
___ No

Work Stress
(Age >= 15 and non-proxy only)

Check item: ask only of those currently employed. If more than one job is held ask for the main job.

WSTRESS-Q1  Now I'm going to read you a series of statements that might describe your job situation. Please tell me if you STRONGLY AGREE, AGREE, NEITHER AGREE NOR DISAGREE, DISAGREE, or STRONGLY DISAGREE with each of the following:

a) Your job requires that you learn new things  R on first item  (Go to next section)
b) Your job requires a high level of skill
c) Your job allows you freedom to decide how you do your job
d) Your job requires that you do things over and over
e) Your job is very hectic
f) You are free from conflicting demands that others make
g) Your job security is good
h) Your job requires a lot of physical effort
i) You have a lot to say about what happens in your job
j) You are exposed to hostility or conflict from the people you work with
k) Your supervisor is helpful in getting the job done
l) The people you work with are helpful in getting the job done

WSTRESS-Q2  How satisfied are you with your job?
(Read list. Mark one only.)

___ Very satisfied
___ Somewhat satisfied
___ Not too satisfied
___ Not at all satisfied

Self-Esteem and Mastery
(Age >= 12 and non-proxy only)

ESTMAST-INT  Now, I am going to read you a series of statements that people might use to describe themselves. Please tell me if you STRONGLY AGREE, AGREE, NEITHER AGREE NOR DISAGREE, DISAGREE or STRONGLY DISAGREE with each of the following:
ESTEEM-Q1

a) You feel that you have a number of good qualities.  R on first item (Go to next section)
b) You feel that you're a person of worth at least equal to others.
c) You are able to do things as well as most other people.
d) You take a positive attitude toward yourself.
e) On the whole you are satisfied with yourself.
f) All in all, you're inclined to feel you're a failure.

(Age > 12 and non-proxy only)

MAST-Q1

a) You have little control over the things that happen to you  R on first item (Go to next section)
b) There is really no way you can solve some of the problems you have.
c) There is little you can do to change many of the important things in your life.
d) You often feel helpless in dealing with problems of life.
e) Sometimes you feel that you are being pushed around in life.
f) What happens to you in the future mostly depends on you.
g) You can do just about anything you really set your mind to.

Sense of Coherence

(Age>=18 and non-proxy only.)

SCOH-INT Next is a series of questions relating to various aspects of people's lives. For each question please answer with a number between 1 and 7. Take your time to think about each question before answering.

SCOH-Q1 In this first question 1 means very seldom or never and 7 means very often. How often do you have the feeling that you don't really care about what goes on around you?

1 Very seldom or never  
2  
3  
4  
5  
6  
7 Very often  
DK, R (Go to next section)

SCOH-Q2 In this question 1 that means it has never happened and 7 means it has always happened. How often in the past were you surprised by the behaviour of people whom you thought you knew well?

1 Never happened  
2  
3  
4  
5  
6  
7 Always happened
<table>
<thead>
<tr>
<th>SCOH-Q3</th>
<th>In this question 1 means that it has never happened and 7 means it has always happened. How often have people you counted on disappointed you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Never happened</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
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<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Always happened</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCOH-Q4</th>
<th>In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling you're being treated unfairly?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very often</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Very seldom or never</td>
</tr>
<tr>
<td>7</td>
<td>Very seldom or never</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCOH-Q5</th>
<th>In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling you are in an unfamiliar situation and don't know what to do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very often</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
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<td>4</td>
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<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Very seldom or never</td>
</tr>
<tr>
<td>7</td>
<td>Very seldom or never</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCOH-Q6</th>
<th>In this question 1 means very often and 7 means very seldom or never. How often do you have very mixed-up feelings and ideas?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very often</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Very seldom or never</td>
</tr>
</tbody>
</table>
SCOH-Q7  In this question 1 means very often and 7 means very seldom or never. How often do you have feelings inside that you would rather not feel?

1. Very often
2.
3.
4.
5.
6.
7. Very seldom or never

SCOH-Q8  In this question 1 means very seldom or never and 7 means very often. Many people -- even those with a strong character -- sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?

1. Very seldom or never
2.
3.
4.
5.
6.
7. Very often

SCOH-Q9  In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling that there's little meaning in the things you do in your daily life?

1. Very often
2.
3.
4.
5.
6.
7. Very seldom or never

SCOH-Q10  In this question 1 means very often and 7 means very seldom or never. How often do you have feelings that you're not sure you can keep under control?

1. Very often
2.
3.
4.
5.
6.
7. Very seldom or never
**SCOH-Q11**

In this question 1 means no clear goals or purpose and 7 means very clear goals and purpose. Until now your life has had no clear goals or purpose or has it had very clear goals and purpose?

1. No clear goals or no purpose at all
2.  
3.  
4.  
5.  
6.  
7. Very clear goals and purpose

**SCOH-Q12**

In this question 1 means you overestimate or underestimate importance and 7 means you see things in the right proportion. When something happens, you generally find that you overestimate or underestimate its importance or you see things in the right proportion?

1. Overestimate or underestimate its importance
2.  
3.  
4.  
5.  
6.  
7. See things in the right proportion

**SCOH-Q13**

In this question 1 means a source of great pleasure and satisfaction and 7 means a source of pain and boredom. Is doing the things you do every day a source of great pleasure and satisfaction or a source of pain and boredom?

1. A great deal of pleasure and satisfaction
2.  
3.  
4.  
5.  
6.  
7. A source of pain and boredom

**Health Status**

**HSTAT-INT**

The next set of questions ask about ... (r/s) day to day health. The questions are **not** about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to you/him/her, but it is important that we ask the same questions of everyone.

**Vision**

**HSTAT-Q1**

Are/is ... usually able to see well enough to read ordinary newsprint **without** glasses or contact lenses?

- Yes (Go to HSTAT-Q4)
- No
- DK, R (Go to HSTAT-Q6)
HSTAT-Q2 Are/is you/he/she usually able to see well enough to read ordinary newsprint with glasses or contact lenses?

___ Yes (Go to HSTAT-Q4)
___ No

HSTAT-Q3 Are/is you/he/she able to see at all?

___ Yes
___ No (Go to HSTAT-Q6)
DK, R (Go to HSTAT-Q6)

HSTAT-Q4 Are/is you/he/she able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

___ Yes (Go to HSTAT-Q6)
___ No
DK, R (Go to HSTAT-Q6)

HSTAT-Q5 Are/is you/he/she usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?

___ Yes
___ No

Hearing

HSTAT-Q6 Are/is ... usually able to hear what is said in a group conversation with at least three other people without a hearing aid?

___ Yes (Go to HSTAT-Q10)
___ No
DK, R (Go to HSTAT-Q10)

HSTAT-Q7 Are/is you/he/she usually able to hear what is said in a group conversation with at least three other people with a hearing aid?

___ Yes (Go to HSTAT-Q8)
No

HSTAT-Q8 Are/is you/he/she able to hear at all?

___ Yes
___ No (Go to HSTAT-Q10)
DK, R (Go to HSTAT-Q10)

HSTAT-Q8 Are/is you/he/she usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?

___ Yes (Go to HSTAT-Q10)
___ No
R (Go to HSTAT-Q10)
HSTAT-Q9  Are/Is you/he/she usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?

___ Yes
___ No

Speech

HSTAT-Q10  Are/Is ... usually able to be understood completely when speaking with strangers in your own language?

___ Yes (Go to HSTAT-Q14)
___ No
___ R (Go to HSTAT-Q14)

HSTAT-Q11  Are/Is you/he/she able to be understood partially when speaking with strangers?

___ Yes
___ No

HSTAT-Q12  Are/Is you/he/she able to be understood completely when speaking with those who know you/him/her well?

___ Yes (Go to HSTAT-Q14)
___ No
___ R (Go to HSTAT-Q14)

HSTAT-Q13  Are/Is you/he/she able to be understood partially when speaking with those who know you/him/her well?

___ Yes
___ No

Getting Around

HSTAT-Q14  Are/Is ... usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?

___ Yes (Go to HSTAT-Q21)
___ No
___ DK, R (Go to HSTAT-Q21)

HSTAT-Q15  Are/Is you/he/she able to walk at all?

___ Yes
___ No (Go to HSTAT-Q18)
___ DK, R (Go to HSTAT-Q18)

HSTAT-Q16  Do/Does you/he/she require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

___ Yes
___ No
HSTAT-Q17  Do/Does you/he/she require the help of another person to be able to walk?

___ Yes
___ No

HSTAT-Q18  Do/Does you/he/she require a wheelchair to get around?

___ Yes (Go to HSTAT-Q21)
___ No (Go to HSTAT-Q21)
DK, R (Go to HSTAT-Q21)

HSTAT-Q19  How often do/does you/he/she use a wheelchair?
(Read list. Mark one only.)

___ Always
___ Often
___ Sometimes
___ Never

HSTAT-Q20  Do/Does you/he/she need the help of another person to get around in the wheelchair?

___ Yes
___ No

Hands and Fingers

HSTAT-Q21  Are/Is ... usually able to grasp and handle small objects such as a pencil and scissors?

___ Yes (Go to HSTAT-Q25)
___ No (Go to HSTAT-Q25)
DK, R (Go to HSTAT-Q25)

HSTAT-Q22  Do/Does you/he/she require the help of another person because of limitations in the use of hands or fingers?

___ Yes (Go to HSTAT-Q24)
___ No (Go to HSTAT-Q24)
DK, R (Go to HSTAT-Q24)

HSTAT-Q23  Do/Does you/he/she require the help of another person with:
(Read list. Mark one only.)

___ Some tasks?
___ Most tasks?
___ Almost all tasks?
___ All tasks?

HSTAT-Q24  Do/Does you/he/she require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?

___ Yes
___ No
Feelings

HSTAT-Q25  Would you describe yourself... as being usually:

- (Read list. Mark one only.)
  ___ Happy and interested in life?
  ___ Somewhat happy?
  ___ Somewhat unhappy?
  ___ Unhappy with little interest in life?
  ___ So unhappy that life is not worthwhile?

Memory

HSTAT-Q26  How would you describe your/his/her usual ability to remember things? Are/Is you/he/she:

- (Read list. Mark one only.)
  ___ Able to remember most things?
  ___ Somewhat forgetful?
  ___ Very forgetful?
  ___ Unable to remember anything at all?

Thinking

HSTAT-Q27  How would you describe your/his/her usual ability to think and solve day to day problems? Are/Is you/he/she:

- (Read list. Mark one only.)
  ___ Able to think clearly and solve problems?
  ___ Having a little difficulty?
  ___ Having some difficulty?
  ___ Having a great deal of difficulty?
  ___ Unable to think or solve problems?

Pain and Discomfort

HSTAT-Q28  Are/Is you... usually free of pain or discomfort?

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

HSTAT-Q29  How would you describe the usual intensity of your/his/her pain or discomfort?

- (Read list. Mark one only.)
  ___ Mild
  ___ Moderate
  ___ Severe

For information only
HSTAT-Q30  How many activities does your/his/her pain or discomfort prevent?

(Read list. Mark one only.)

___ None
___ A few
___ Some
___ Most

Drug Use

DRUG-INT  Now I'd like to ask a few questions about ... (r/s) use of medications, both prescription and over-the-counter as well as other health products.

DRUG-Q1  In the past month¹, did ... take any of the following medications?

(Read list. Mark all that apply.)

___ Pain relievers such as aspirin or tylenol (includes arthritis medicine and anti-inflammatory)
___ Tranquilizers such as valium
___ Diet pills
___ Anti-depressants
___ Codeine, Demerol or Morphine
___ Allergy medicine such as "Sinutab"
___ Asthma medications
___ Cough or cold remedies
___ Penicillin or other antibiotic
___ Medicine for the heart
___ Medicine for blood pressure
___ Diuretics or water pills
___ Steroids
___ Insulin
___ Pills to control diabetes
___ Sleeping pills
___ Stomach remedies
___ Hormones for menopause or aging symptoms (check item: sex=female, age >= 30)
___ Birth control pills (check item: sex=female, age >= 12 & age <= 49)
___ Any other medication (Specify________)
___ None of the above

DRUG-C1  If any drug(s) specified in DRUG-Q1 go to DRUG-Q2. Otherwise go to DRUG-Q4.

DRUG-Q2  Now, I am referring to yesterday and the day before yesterday. During those two days, how many different medications did you/he/she take?

___ Number of different medications

DK, R  (Go to DRUG-Q4)

If number=0 then go to DRUG-Q4
For each number >0 ask DRUG-Q3...up to a maximum of 12.
DRUG-Q3 What is the exact name of the medication that ... took? (Ask the person to look at the bottle, tube or box.)

DK, R to any medication (Go to next section)

DRUG-Q4 There are many other health products such as ointments, vitamins, herbs, minerals, teas or protein drinks which people use to prevent illness or to improve or maintain their health. Do/Does ... use any of these or other health products?

___ Yes
___ No (Go to next section)
DK, R (Go to next section)

DRUG-Q5 What is the exact name of the health product that ... use(s)? (Ask the person to look at the bottle, tube or box.) (up to 12 products)

Mental Health
(Non-proxy only)

MHLTH-INTa Now some questions about mental and emotional well-being. During the past month, about how often did you feel:

MHLTH-Q1a ... so sad that nothing could cheer you up? (Read list. Mark one only.)

___ All of the time
___ Most of the time
___ Some of the time
___ A little of the time
___ None of the time
DK, R (Go to MHLTH-Q1k)

MHLTH-Q1b ... nervous? (Read list. Mark one only.)

All of the time
Most of the time
Some of the time
A little of the time
None of the time
DK, R (Go to MHLTH-Q1k)

MHLTH-Q1c ... restless or fidgety? (Read list. Mark one only.)

___ All of the time
___ Most of the time
___ Some of the time
___ A little of the time
___ None of the time
DK, R (Go to MHLTH-Q1k)
MHLTH-Q1d ... hopeless?
(Read list. Mark one only.)

___ All of the time
___ Most of the time
___ Some of the time
___ A little of the time
___ None of the time
DK, R (Go to MHLTH-Q1k)

MHLTH-Q1e ... worthless?
(Read list. Mark one only.)

___ All of the time
___ Most of the time
___ Some of the time
___ A little of the time
___ None of the time
DK, R (Go to MHLTH-Q1k)

MHLTH-Q1f During the past month, about how often did you feel that everything was an effort?
(Read list. Mark one only.)

___ All of the time
___ Most of the time
___ Some of the time
___ A little of the time
___ None of the time
DK, R (Go to MHLTH-Q1k)

MHLTH-Q1g We have just been talking about feelings and experiences that occurred to different degrees during the past month. Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual, or about the same as usual?
(Do not read list. Mark one only.)

More often (Go to MHLTH-Q1i)
Less often (Go to MHLTH-Q1j)
About the same (Go to MHLTH-Q1k)
Never have had any (Go to MHLTH-Q1k)
DK, R (Go to MHLTH-Q1k)

MHLTH-Q1h Is that a lot more, somewhat or only a little more often than usual?
(Do not read list. Mark one only.)

___ A lot more
___ Somewhat more
___ A little more
DK, R (Go to MHLTH-Q1k)

(Go to Q1j)
MHLTH-Q1i  Is that a lot less, somewhat or only a little less often than usual?
(Do not read list. Mark one only.)
___ A lot less
___ Somewhat less
___ A little less
DK, R (Go to MHLTH-Q1k)

MHLTH-Q1j  How much do these experiences usually interfere with your life or activities?
(Read list. Mark one only.)
___ A lot
___ Some
___ A little
___ Not at all

MHLTH-Q1k  In the past 12 months, have you seen or talked on the telephone to a health professional about your emotional or mental health?
___ Yes
___ No (Go to MHLTH-Q2.)
DK, R (Go to MHLTH-Q2)

MHLTH-Q1l  How many times (in the past 12 months)?
___ # of times

MHLTH-Q2  During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?
___ Yes
___ No (Go to MHLTH-Q16.)
DK, R (Go to next section)

MHLTH-Q3  For the next few questions, please think of the 2-week period during the past 12 months when these feelings were worst. During that time how long did these feelings usually last?
(Read list. Mark one only.)
All day long
Most of the day
About half of the day (Go to MHLTH-Q16.)
Less than half the day (Go to MHLTH-Q16.)
DK, R (Go to next section)

MHLTH-Q4  How often did you feel this way during those 2 weeks?
(Read list. Mark one only.)
___ Every day
___ Almost every day
___ Less often (Go to MHLTH-Q16.)
DK, R (Go to next section)
MHLTH-Q5  During those 2 weeks did you lose interest in most things?
   __ Yes  (KEY PHRASE = LOSING INTEREST)
   __ No  (Go to next section)

MHLTH-Q6  Did you feel tired out or low on energy all of the time?
   __ Yes  (KEY PHRASE = FEELING TIRED)
   __ No
   DK, R  (Go to next section)

MHLTH-Q7  Did you gain weight, lose weight or stay about the same?
   (Do not read list.  Mark one only.)
   __ Gained weight  (KEY PHRASE = GAINING WEIGHT)
   __ Lost weight  (KEY PHRASE = LOSING WEIGHT)
   __ Stayed about the same  (Go to MHLTH-Q9.)
   __ Was on a diet  (Go to MHLTH-Q9.)
   DK, R  (Go to next section)

MHLTH-Q8  About how much did you (gain/lose)?
   __ pounds or kilograms

MHLTH-Q9  Did you have more trouble falling asleep than you usually do?
   __ Yes  (KEY PHRASE = TROUBLE FALLING ASLEEP)
   __ No  (Go to MHLTH-Q11.)
   DK, R  (Go to next section)

MHLTH-Q10  How often did that happen?
   (Read list.  Mark one only.)
   __ Every night
   __ Nearly every night
   __ Less often
   DK, R  (Go to next section)

MHLTH-Q11  Did you have a lot more trouble concentrating than usual?
   __ Yes  (KEY PHRASE = TROUBLE CONCENTRATING)
   __ No
   DK, R  (Go to next section)

MHLTH-Q12  At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?
   __ Yes  (KEY PHRASE = FEELING DOWN ON YOURSELF)
   __ No
   DK, R  (Go to next section)
MHLTH-Q13 Did you think a lot about death - either your own, someone else's, or death in general?

___ Yes (KEY PHRASE = THOUGHTS ABOUT DEATH)  
___ No  
DK, R (Go to next section)

MHLTH-C14 If any "yes" in Q5, Q6, Q9, Q11, Q12 or Q13, or Q7 is "gain" or "lose" then go to MHLTH-Q14. Otherwise go to next section.

MHLTH-Q14 Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like (KEY PHRASES). About how many weeks altogether did you feel this way during the past 12 months?

___ # of weeks (IF >51 weeks then go to next section.)  
DK, R (Go to next section)

MHLTH-Q15 Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

___ January __________ July  
___ February __________ August  
___ March __________ September  
___ April __________ October  
___ May __________ November  
___ June __________ December  

Go to next section.

MHLTH-Q16 During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

___ Yes  
___ No (Go to next section)  
DK, R (Go to next section)

MHLTH-Q17 For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?

(Read list. Mark one only.)

All day long  
Most of the day  
About half of the day (Go to next section)  
Less than half the day (Go to next section)  
DK, R (Go to next section)

MHLTH-Q18 How often did you feel this way during those 2 weeks?

(Read list. Mark one only.)

___ Every day  
___ Almost every day  
___ Less often (Go to next section)  
DK, R (Go to next section)
MHLTH-Q19  During those 2 weeks did you feel tired out or low on energy all the time?

____ Yes  (KEY PHRASE = FEELING TIRED)
____ No
   DK, R  (Go to next section)

MHLTH-Q20  Did you gain weight, lose weight, or stay about the same?  
(Do not read list.  Mark one only.)

____ Gained weight  (KEY PHRASE = GAINING WEIGHT)
____ Lost weight  (KEY PHRASE = LOSING WEIGHT)
____ Stayed about the same  (Go to MHLTH-Q22)
____ Was on a diet  (Go to MHLTH-Q22)
   DK, R  (Go to next section)

MHLTH-Q21  About how much did you (gain/lose)?

____ pounds or kilograms

MHLTH-Q22  Did you have more trouble falling asleep than you usually do?

____ Yes  (KEY PHRASE = TROUBLE FALLING ASLEEP)
____ No  (Go to MHLTH-Q24)
   DK, R  (Go to next section)

MHLTH-Q23  How often did that happen during those 2 weeks?
(Read list.  Mark one only.)

____ Every night
____ Nearly every night
____ Less often
   DK, R  (Go to next section)

MHLTH-Q24  Did you have a lot more trouble concentrating than usual?

____ Yes  (KEY PHRASE = TROUBLE CONCENTRATING)
____ No
   DK, R  (Go to next section)

MHLTH-Q25  At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

____ Yes  (KEY PHRASE = FEELING DOWN ON YOURSELF)
____ No
   DK, R  (Go to next section)

MHLTH-Q26  Did you think a lot about death - either your own, someone else's, or death in general?

____ Yes  (KEY PHRASE = THOUGHTS ABOUT DEATH)
____ No
   DK, R  (Go to next section)

MHLTH-Q27  If any "yes" in Q19, Q22, Q24, Q25 or Q26, or Q20 is "gain" or "lose" then go to MHLTH-Q27. Otherwise go to next section.
MHLTH-Q27 Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES). About how many weeks did you feel this way during the past 12 months?

___ # of weeks (IF >51 weeks then go to next section.)
DK, R (Go to next section)

MHLTH-Q28 Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?

___ January  ___ July
___ February  ___ August
___ March  ___ September
___ April  ___ October
___ May  ___ November
___ June  ___ December

Social Support
(Non-proxy only)

SOCSUP-INT Now, a few questions about your contact with different groups and support from family and friends.

SOCSUP-Q1 Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs?

___ Yes
___ No (Go to SOCSUP-Q2a)
DK, R (Go to SOCSUP-Q2a)

SOCSUP-Q2 How often did you participate in meetings or activities sponsored by these groups in the past 12 months? If you belong to many, just think of the ones in which you are most active.

(Read list. Mark one only.)

___ At least once a week
___ At least once a month
___ At least 3 or 4 times a year
___ At least once a year
___ Not at all

SOCSUP-Q2a Other than on special occasions (such as weddings, funerals or baptisms), how often did you attend religious services or religious meetings in the past 12 months?

(Read list. Mark one only.)

___ At least once a week
___ At least once a month
___ At least 3 or 4 times a year
___ At least once a year
___ Not at all

SOCSUP-Q3 Do you have someone you can confide in, or talk to about your private feelings or concerns?

___ Yes
___ No
SOCSUP-Q4 Do you have someone you can really count on to help you out in a crisis situation?

___ Yes
___ No

SOCSUP-Q5 Do you have someone you can really count on to give you advice when you are making important personal decisions?

___ Yes
___ No

SOCSUP-Q6 Do you have someone that makes you feel loved and cared for?

___ Yes
___ No

SOCSUP-Q7 The next few questions are about your contact in the past 12 months with persons who do not live with you either in person, by phone, or by mail. If you have more than one person in a category, for example, several sisters, think of the one with whom you have the most contact. How often did you have contact with [fill with categories below]?

___ Your parents or parents-in-law
___ Your grandparents
___ Your daughters or daughters-in-law
___ Your sons or sons-in-law
___ Your brothers or sisters
___ Other relatives (including in-laws)
___ Your close friends
___ Your neighbours

Choice of responses are: (Read list. Mark one only.)

Don't have any
Every day
At least once a week
2 or 3 times a month
Once a month
A few times a year
Once a year
Never

Health Number

H06-HLTH# We are seeking your permission to link information collected during this interview with provincial health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, physician's offices or other services provided by the province. This information will be used for statistical purposes only. Do we have your permission?

___ Yes
___ No (Go to H06-SHARE)
DK, R (Go to next section)
Having a provincial health number will assist us in linking to this other information. What is your provincial health number?

Agreement to Share

To avoid duplication Statistics Canada intends to share the information from this survey with provincial ministries of health, Health Canada, and Employment and Immigration Canada. These organizations have undertaken to keep this information confidential and use it only for statistical purposes. Do you agree to share the information you have provided?

__ Yes
__ No

Was this interview conducted on the telephone or in person?

__ On telephone
__ In person
__ Both (Specify reason)

Was the respondent alone when you asked this health questionnaire?

__ Yes (Go to H06-P2)
__ No

Do you think that the answers of the respondent were affected by someone else being there?

__ Yes (Specify)
__ No

Record language of interview.

English, Persian (Farsi), French, Polish, Arabic, Portuguese, Chinese, Punjabi, Cree, Spanish, German, Tagalog (Filipino), Greek, Ukrainian, Hungarian, Vietnamese, Italian, Other (Specify__________), Korean
Manitoba Buy-in Questions
(Age >= 18 and non-proxy only)

SPR6-INTA The next questions are being asked for your provincial government. They deal with the day-to-days demands in your life.

SPR6-INTB When relating to people, some people rely heavily on their thinking, rational side. Others rely much more on their emotional side. In the following questions, I will be asking about your primary style of relating to people. Please answer either "Yes" or "No" to each question. If you are not sure, it is usually best to respond with your first impression.

SPR6-Q1 Do you always try to do what is reasonable and logical?
   
   ___ Yes
   ___ No

SPR6-Q2 Do you always try to understand people and their behaviour, to avoid responding emotionally?
   
   ___ Yes
   ___ No

SPR6-Q3 When dealing with other people do you always try to act rationally?
   
   ___ Yes
   ___ No

SPR6-Q4 Do you try to overcome all conflicts with other people by intelligence and reason, trying hard not to show your emotions?
   
   ___ Yes
   ___ No

SPR6-Q5 If someone deeply hurts your feelings, do you nevertheless try to treat him or her rationally and to understand his or her way of behaving?
   
   ___ Yes
   ___ No

SPR6-Q6 Do you succeed in avoiding most conflicts with other people by relying on your reason and logic, even if this is not how you feel at the time?
   
   ___ Yes
   ___ No
**SPR6-Q7**  If someone acts against your needs and desires, do you nevertheless try to understand that person?

___ Yes  
___ No

**SPR6-Q8**  Do you behave so rationally in most life situations that your behaviour is rarely influenced by only your emotions?

___ Yes  
___ No

**SPR6-Q9**  Do your emotions frequently influence your behaviour to such a degree that your behaviour might be considered harmful to yourself and others?

___ Yes  
___ No

**SPR6-Q10**  Do you try to understand others even if you don't like them?

___ Yes  
___ No

**SPR6-Q11**  Does your rationality prevent you from verbally attacking or criticizing others, even if there are sufficient reasons for doing so?

___ Yes  
___ No

**SPR6-INTQ12**  In the next few questions, you will be asked to imagine yourself in a particular situation. It is not important for you to have actually experienced the situation. Simply pretend you are in the described situation.

**SPR6-Q12**  Imagine you are afraid of the dentist and you have to get some dental work done. Which of the following things would you do to help you overcome your fears?

(Read list. Mark all that apply.)

___ Ask the dentist exactly what he is doing  
___ Take a tranquilizer or have a drink before going  
___ Try to think about other things, like pleasant memories  
___ Have the dentist tell you when you would feel pain  
___ Try to sleep  
___ Watch all the dentist's movements and listen for the sound of the drill  
___ Watch the flow of water from your mouth to see if it contained blood  
___ Do mental puzzles in your mind  
___ Other (Specify_______)
Imagine that you are a salesperson and get along well with your fellow workers. It has been rumoured that, due to a large drop in sales, several people in your department will be laid off. The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?

(Read list. Mark all that apply.)

- Talk to your fellow workers to see if they know anything about the supervisor's evaluation of you
- Review the list of duties for your present job and try to figure out if you had accomplished all of them
- Watch TV, go to the movies or do something like that, to take your mind off things
- Try to remember any arguments or disagreements you might have had with your supervisor that might have lowered his or her opinion of you
- Push all thoughts of being laid off out of your mind
- If it came up during a conversation say that you would rather not discuss your chances of being laid off
- Try to think which employees in your department the supervisor might evaluate more poorly than you
- Continue doing your work as if nothing special was happening
- Other (Specify___)
Alberta Buy-in Questions
(Age >= 18 and non-proxy only)

SPR8-INT The next questions are being asked for your provincial government. They deal with the day-to-
days demands in your life.

SPR8-Q1 How would you rate your ability to handle the day-to-day demands in your life, for example, work,
family and volunteer responsibilities?
(Read list. Mark one only.)

___ Excellent
___ Very Good
___ Good
___ Fair
___ Poor

SPR8-Q2 If the day-to-day demands in your life were causing you to feel under stress, which of the following
would you do?
(Read list. Mark all that apply.)

___ Try not to think about the situation and keep yourself busy to prevent thinking about it
___ Try to see the situation in a different light that makes it seem more bearable
___ Think about ways to change the situation or do something to solve the problem causing
the stress
___ Express your emotions to reduce your tension, anxiety or frustration
___ Admit to yourself that the situation is stressful, but otherwise do nothing
___ Talk about the situation with others
___ Pray or otherwise seek comfort or strength through religious faith
___ Do something else (Specify________)

SPR8-Q3 How would you rate your ability to handle unexpected and difficult problems, for example, family
or personal crisis?
(Read list. Mark one only.)

___ Excellent
___ Very Good
___ Good
___ Fair
___ Poor

SPR8-Q4 If an unexpected problem or situation was causing you to feel under stress, which of the following
would you do?
(Read list. Mark all that apply.)

___ Try not to think about the situation and keep yourself busy to prevent thinking about it
___ Try to see the situation in a different light that makes it seem more bearable
___ Think about ways to change the situation or do something to solve the problem causing
the stress
___ Express your emotions to reduce your tension, anxiety or frustration
___ Admit to yourself that the situation is stressful, but otherwise do nothing
___ Talk about the situation with others
___ Pray or otherwise seek comfort or strength through religious faith
___ Do something else (Specify________)
Notes:

1. Past 2 weeks refers to the 2 weeks leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 2 weeks include August 27, 1993 to September 9, 1993.

2. Past 12 months refers to the 12 months leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 12 months include September 10, 1992 to September 9, 1993.

3. Past 3 months refers to the 3 months leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 3 months include June 10, 1993 to September 9, 1993.

4. Past month refers to the month leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past month includes August 10, 1993 to September 9, 1993.
APPENDIX A

Health Component for Respondents Aged 0 to 11 Years Old (Form H06)
(Proxy only, to be completed for selected respondent only and age <= 11)

NOTE:
The data for the 1994-95 NPHS selected child 0 to 11 years old were collected by the National Longitudinal Survey of Children and Youth (NLSCY). The data were picked up from NLSCY and were reformatted to fit into the NPHS processing system. The question names used here were assigned during processing to be consistent with 1996. When question wording was similar, the wording from NPHS was used. If the wording was sufficiently different that concepts may vary, the NLSCY wording was used. See National Longitudinal Survey of Children Survey Instruments for 1994-95 Data Collection, Cycle 1 Catalogue No. 95-01 for exact order and wording of the questions. For complete details on the 1994-95 sample design, see Sample Design of the National Population Health Survey, Health Reports 1995, Vol. 7, No.1.

Child General Health

KGH-Q1 In general, would you say %FNAME’s% health is:
(READ LIST. MARK ONE ONLY.)

1 Excellent?
2 Very good?
3 Good?
4 Fair?
5 Poor?

KGH-Q3 Does %FNAME% have any long-term physical or mental condition or a health problem which prevents or limits %his/her% participation in school, at play, or in any other activity for a child %his/her% age?

1 YES
2 NO

KGH-Q4 How tall is %he/she% without shoes on?

------ FEET ------ INCHES OR ------ CENTIMETRES

KGH-Q5 How much does %he/she% weigh?

(ENTER AMOUNT ONLY.) (MIN: 1) (MAX: 300)

DK R (Go to next section)

KGH-C5 INTERVIEWER: WAS THAT IN POUNDS OR IN KILOGRAMS?

1 POUNDS
2 KILOGRAMS
Child Health Care Utilization

KUT-INT  Now I’d like to ask about %FNAME’s% contacts with health professionals during the past 12 months, that is, from %12MOSAGO% to yesterday.

KUT-Q1  In the past 12 months, has %FNAME% been an overnight patient in a hospital?

1 YES
2 NO

KUT-Q3  (Not counting when %FNAME% was an overnight patient) In the past 12 months, how many times have you seen or talked on the telephone with a/an/any [fill category] about %his/her% physical, emotional or mental health? (Exclude at time of birth for babies.)

<table>
<thead>
<tr>
<th>Category</th>
<th>MIN</th>
<th>MAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A general practitioner, family physician</td>
<td>0</td>
<td>366</td>
</tr>
<tr>
<td>b) A pediatrician</td>
<td>0</td>
<td>366</td>
</tr>
<tr>
<td>c) An other medical doctor (such as an orthopedist, or eye specialist)</td>
<td>0</td>
<td>300</td>
</tr>
<tr>
<td>d) A public health nurse or nurse practitioner</td>
<td>0</td>
<td>366</td>
</tr>
<tr>
<td>e) A dentist or orthodontist</td>
<td>0</td>
<td>99</td>
</tr>
<tr>
<td>f) A psychiatrist or psychologist</td>
<td>0</td>
<td>366</td>
</tr>
<tr>
<td>g) Child welfare worker or children’s aid worker</td>
<td>0</td>
<td>366</td>
</tr>
<tr>
<td>h) Any other person trained to provide treatment or counsel, for example a speech therapist, a social worker</td>
<td>0</td>
<td>366</td>
</tr>
</tbody>
</table>

Child Chronic Conditions

KCHR-C1  If age > 3, go to KCHR-Q4.

KCHR-Q1  Thinking now about illnesses, how often does %FNAME% have nose or throat infections?

(READ LIST. MARK ONE ONLY.)

1 Almost all the time
2 Often
3 From time to time
4 Rarely
5 Never

KCHR-Q2  Since %his/her% birth, has %he/she% ever had an ear infection (otitis)?

1 YES
2 NO (Go to KCHR-Q4)
   DK, R (Go to KCHR-Q4)
KCHR-Q3  How many times?
(DO NOT READ LIST. MARK ONE ONLY.)

1   ONCE
2   2 TIMES
3   3 TIMES
4   4 OR MORE TIMES

KCHR-Q4  The following questions are about asthma. Has %FNAME% ever had asthma that has been diagnosed by a health professional?

1   YES
2   NO   (Go to KCHR1-INT)
       DK, R   (Go to KCHR1-INT)

KCHR-Q5  Has %he/she% had an attack of asthma in the past 12 months?

1   YES
2   NO

KCHR-Q6  Has %he/she% had wheezing or whistling in the chest at any time in the past 12 months?

1   YES
2   NO

KCHR1-INT  In the following questions long-term conditions refer to conditions that have lasted or are expected to last 6 months or more.

KCHR1-Q1  Does %FNAME% have any of the following long-term conditions that have been diagnosed by a health professional?

a)   Allergies?
b)   Bronchitis?
c)   Heart condition or disease?
d)   Epilepsy?
e)   Cerebral palsy?
f)   Kidney condition or disease?
g)   Mental handicap?
h)   A learning disability?   (Ask only age>=6)
i)   An emotional, psychological or nervous condition?   (Ask only age>=6)
j)   Any other long-term condition?
k)   None

Child Health Status

KHS-C1  If age < 4, go to next section.

KHS-INT  The next set of questions asks about %you/FNAME%’s day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned about a person’s usual abilities.

KHS-INTA  You may feel that some of these questions do not apply to %you/him/her%, but it is important that we ask the same questions of everyone.
Vision

KHS-Q1  Is %he/she% usually able to see clearly, and without distortion, the words in a book without glasses or contact lenses?

1 YES  (Go to KHS-Q4)
2 NO

KHS-Q2  Is %he/she% usually able to see clearly, and without distortion, the words in a book with glasses or contact lenses?

1 YES  (Go to KHS-Q4)
2 NO
3 DOESN’T WEAR GLASSES OR CONTACT LENSES

KHS-Q3  Is %he/she% able to see at all?

1 YES  (Go to KHS-Q6)
2 NO

KHS-Q4  Is %he/she% able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

1 YES  (Go to KHS-Q6)
2 NO

KHS-Q5  Is %he/she% usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?

1 YES
2 NO
3 DOESN’T WEAR GLASSES OR CONTACT LENSES

Hearing

KHS-Q6  Is %he/she% usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?

1 YES  (Go to KHS-IN2)
2 NO

KHS-Q7  Is %he/she% usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?

1 YES  (Go to KHS-Q8)
2 NO
3 DOESN’T WEAR A HEARING AID
KHS-Q7A  Is %he/she% able to hear at all?

HSC4_7A
1    YES
2    NO   (Go to KHS-IN2)

KHS-Q8  Is %he/she% usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?

HSC4_8
1    YES   (Go to KHS-IN2)
2    NO

KHS-Q9  Is %he/she% usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?

HSC4_9
1    YES
2    NO
3    DOESN’T WEAR A HEARING AID

Speech

KHS-IN2  The next few questions on day-to-day health are concerned with %FNAME%’s abilities relative to other children the same age.

KHS-Q10  Is %he/she% usually able to be understood completely when speaking with strangers in %his/her% own language?

HSC4_10
1    YES   (Go to KHS-Q14)
2    NO

KHS-Q11  Is %he/she% able to be understood partially when speaking with strangers in %his/her% own language?

HSC4_11
1    YES
2    NO

KHS-Q12  Is %he/she% able to be understood completely when speaking with those who know %him/her% well?

HSC4_12
1    YES   (Go to KHS-Q14)
2    NO

KHS-Q13  Is %he/she% able to be understood partially when speaking with those who know %him/her% well?

HSC4_13
1    YES
2    NO

Getting Around

KHS-Q14  Is %FNAME% usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?

HSC4_14
1    YES   (Go to KHS-Q21)
2    NO
KHS-Q15 Is %he/she% able to walk at all?

HSC4_15
1 YES
2 NO (Go to KHS-Q18)

KHS-Q16 Does %he/she% require mechanical support such as braces, a cane or crutches to be able to walk?

HSC4_16
1 YES
2 NO

KHS-Q17 Does %he/she% require the help of another person to be able to walk?

HSC4_17
1 YES
2 NO

KHS-Q18 Does %he/she% require a wheelchair to get around?

HSC4_18
1 YES (Go to KHS-Q21)
2 NO

KHS-Q19 How often does %he/she% use a wheelchair?

HSC4_19 (READ LIST. MARK ONE ONLY.)
1 Always
2 Often
3 Sometimes
4 Never

KHS-Q20 Does %he/she% need the help of another person to get around in the wheelchair?

HSC4_20
1 YES
2 NO

Hands and Fingers

KHS-Q21 Is %FNAME% usually able to grasp and handle small objects such as a pencil or scissors?

HSC4_21
1 YES (Go to KHS-Q25)
2 NO

KHS-Q22 Does %he/she% require the help of another person because of limitations in the use of hands or fingers?

HSC4_22
1 YES (Go to KHS-Q24)
2 NO

KHS-Q23 Does %he/she% require the help of another person with:

HSC4_23 (READ LIST. MARK ONE ONLY.)
1 Some tasks?
2 Most tasks?
3 Almost all tasks?
4 All tasks?
KHS-Q24  Does %he/she% require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?

1  YES
2  NO

Feelings

KHS-Q25  Would you describe %NAME% as being usually:  
(READ LIST. MARK ONE ONLY.)

1  Happy and interested in life?
2  Somewhat happy?
3  Somewhat unhappy?
4  Unhappy with little interest in life?
5  So unhappy that life is not worthwhile?

Memory

KHS-Q26  How would you describe %his/her% usual ability to remember things?  
(READ LIST. MARK ONE ONLY.)

1  Able to remember most things?
2  Somewhat forgetful?
3  Very forgetful?
4  Unable to remember anything at all?

Thinking

KHS-Q27  How would you describe %his/her% usual ability to think and solve day-to-day problems?  
(READ LIST. MARK ONE ONLY.)

1  Able to think clearly and solve problems?
2  Having a little difficulty?
3  Having some difficulty?
4  Having a great deal of difficulty?
5  Unable to think or solve problems?

Pain and Discomfort

KHS-Q28  Is %NAME% usually free of pain or discomfort?  

1  YES  (Go to next section)
2  NO

KHS-Q29  How would you describe the usual intensity of %his/her% pain or discomfort?  
(READ LIST. MARK ONE ONLY.)

1  Mild
2  Moderate
3  Severe
KHS-Q30 How many activities does %his/her% pain or discomfort prevent?  
(READ LIST. MARK ONE ONLY.)

1. None  
2. A few  
3. Some  
4. Most  

Child Injuries  

KIN-INT The following questions refer to injuries, such as a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle, which occurred in the past 12 months and were serious enough to require medical attention by a doctor, nurse, or dentist.  

KIN-Q1 In the past 12 months, was %FNAME% injured?  

1. YES  
2. NO (Go to next section)  
   DK, R (Go to next section)  

KIN-Q2 How many times was %he/she% injured?  

1. TIMES (MIN: 1) (MAX: 30)  
   DK, R (Go to next section)  

KIN-Q3 (For the most serious injury,) what type of injury did %he/she% have?  
(DO NOT READ LIST. MARK ONE ONLY.)  

1. BROKEN OR FRACTURED BONES  
2. BURN OR SCALD  
3. DISLOCATION  
4. SPRAIN OR STRAIN  
5. CUT, SCRAPE OR BRUISE  
6. CONCUSSION (Go to KIN-Q5) (KIN-Q4=3 was filled during processing)  
7. POISONING BY SUBSTANCE OR LIQUID (Go to KIN-Q5) (KIN-Q4=11 was filled during processing)  
8. INTERNAL INJURY (Go to KIN-Q5) (KIN-Q4=11 was filled during processing)  
9. DENTAL INJURY (Go to KIN-Q5) (KIN-Q4=2 was filled during processing)  
10. OTHER (SPECIFY)  
11. MULTIPLE INJURIES (Go to KIN-Q5)  
DK, R (Go to next section)  

DK, R (Go to next section)
**KIN-Q4** What part of %your/his/her% body was injured?  
(DO NOT READ LIST. MARK ONE ONLY.)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EYES</td>
</tr>
<tr>
<td>2</td>
<td>FACE OR SCALP (EXCLUDING EYES)</td>
</tr>
<tr>
<td>3</td>
<td>HEAD OR NECK (EXCLUDING EYES AND FACE OR SCALP)</td>
</tr>
<tr>
<td>4</td>
<td>ARMS OR HANDS</td>
</tr>
<tr>
<td>5</td>
<td>LEGS OR FEET</td>
</tr>
<tr>
<td>6</td>
<td>BACK OR SPINE</td>
</tr>
<tr>
<td>7</td>
<td>TRUNK (EXCLUDING BACK OR SPINE) (INCLUDING CHEST, INTERNAL ORGANS)</td>
</tr>
<tr>
<td>8</td>
<td>SHOULDER</td>
</tr>
<tr>
<td>9</td>
<td>HIP</td>
</tr>
<tr>
<td>10</td>
<td>MULTIPLE SITES</td>
</tr>
<tr>
<td>11</td>
<td>SYSTEMIC (CATEGORY CREATED DURING PROCESSING)</td>
</tr>
</tbody>
</table>

DK, R  (Go to next section)

**KIN-Q5** Where did the injury happen, for example, at home, on the street, in the playground or at school?  
(DO NOT READ LIST. MARK ONE ONLY.)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>INSIDE OWN HOME/APARTMENT</td>
</tr>
<tr>
<td>2</td>
<td>OUTSIDE HOME, APARTMENT, INCLUDING YARD, DRIVEWAY, PARKING LOT OR IN SHARED AREAS RELATED TO HOME SUCH AS APARTMENT HALLWAY OR LAUNDRY ROOM</td>
</tr>
<tr>
<td>3</td>
<td>IN OR AROUND OTHER PRIVATE RESIDENCE</td>
</tr>
<tr>
<td>4</td>
<td>INSIDE SCHOOL/DAYCARE CENTRE OR ON SCHOOL/CENTRE GROUNDS</td>
</tr>
<tr>
<td>5</td>
<td>AT AN INDOOR OR OUTDOOR SPORTS FACILITY (OTHER THAN SCHOOL)</td>
</tr>
<tr>
<td>6</td>
<td>OTHER BUILDING USED BY GENERAL PUBLIC</td>
</tr>
<tr>
<td>7</td>
<td>ON SIDEWALK/STREET/HIGHWAY IN NEIGHBOURHOOD</td>
</tr>
<tr>
<td>8</td>
<td>ON ANY OTHER SIDEWALK/STREET/HIGHWAY</td>
</tr>
<tr>
<td>9</td>
<td>IN A PLAYGROUND/PARK (OTHER THAN SCHOOL)</td>
</tr>
<tr>
<td>10</td>
<td>OTHER (SPECIFY)</td>
</tr>
</tbody>
</table>

DK, R  (Go to next section)
KIN-Q6 What happened? For example, was the injury the result of a fall, a motor vehicle accident, a physical assault, etc.?

(Do not read list. Mark one only.)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MOTOR VEHICLE COLLISION - PASSENGER</td>
</tr>
<tr>
<td>2</td>
<td>MOTOR VEHICLE COLLISION - PEDESTRIAN</td>
</tr>
<tr>
<td>3</td>
<td>MOTOR VEHICLE COLLISION - RIDING BICYCLE</td>
</tr>
<tr>
<td>4</td>
<td>OTHER BICYCLE ACCIDENT</td>
</tr>
<tr>
<td>5</td>
<td>FALL (EXCLUDING BICYCLE OR SPORTS)</td>
</tr>
<tr>
<td>6</td>
<td>SPORTS (EXCLUDING BICYCLE)</td>
</tr>
<tr>
<td>7</td>
<td>PHYSICAL ASSAULT</td>
</tr>
<tr>
<td>8</td>
<td>SCALDED BY HOT LIQUIDS OR FOOD</td>
</tr>
<tr>
<td>9</td>
<td>ACCIDENTAL POISONING</td>
</tr>
<tr>
<td>10</td>
<td>SELF-INFLICTED POISONING</td>
</tr>
<tr>
<td>11</td>
<td>OTHER INTENTIONALLY SELF-INFLECTED INJURIES</td>
</tr>
<tr>
<td>12</td>
<td>NATURAL/ENVIRONMENTAL FACTORS (EG. ANIMAL BITE, STING)</td>
</tr>
<tr>
<td>13</td>
<td>FIRE/FLAMES OR RESULTING FUMES</td>
</tr>
<tr>
<td>14</td>
<td>NEAR DROWNING</td>
</tr>
<tr>
<td>15</td>
<td>OTHER (SPECIFY)</td>
</tr>
</tbody>
</table>