

**CANADIAN COMMUNITY HEALTH SURVEY (CCHS)**

**Questionnaire for CYCLE 2.1**

**January 2003 to November 2003**

**Revised version – July 2005**

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## CORRECTIONS

### 1. Question MEX\_Q10 in French

Question MEX\_Q10, in the French version of the questionnaire, did not have the correct number of answers:

MEX_Q10	<b>Quelle est la principale raison pour laquelle vous avez arrêté d'allaiter?</b>
MEXC_10	
1	Pas assez de lait maternel
2	Incommodée / fatiguée par l'allaitement
3	Difficulté à appliquer les méthodes d'allaitement (p. ex., mamelons douloureux, seins engorgés, mastite)
4	État de santé - de la mère
5	État de santé - de l'enfant
6	Prévue d'arrêter à ce moment-là
7	Le bébé s'est sevré lui-même (p. ex., le bébé mordait, refusait le sein)
8	L'avis du médecin / d'un professionnel de la santé
9	Est retournée au travail / à l'école
10	L'avis du partenaire / de la famille / des ami(e)s
11	Le lait maternisé est tout aussi bon pour la santé du bébé NSP, R

The question should have 13 categories, such as following:

MEX_Q10	<b>Quelle est la principale raison pour laquelle vous avez arrêté d'allaiter?</b>
MEXC_10	
1	Pas assez de lait maternel
2	Incommodée / fatiguée par l'allaitement
3	Difficulté à appliquer les méthodes d'allaitement (p. ex., mamelons douloureux, seins engorgés, mastite)
4	État de santé - de la mère
5	État de santé - de l'enfant
6	Prévue d'arrêter à ce moment-là
7	Le bébé s'est sevré lui-même (p. ex., le bébé mordait, refusait le sein)
8	L'avis du médecin / d'un professionnel de la santé
9	Est retournée au travail / à l'école
10	L'avis du partenaire / de la famille / des ami(e)s
11	Le lait maternisé est tout aussi bon pour la santé du bébé
12	Voulait boire de l'alcool
13	Autre - Précisez NSP, R

## 2. Question PAS\_C51B in French

**The note coming after question PAS\_C51B, in the French questionnaire was:**

PAS\_C51B Si interview par procuration ou l'âge < 15, passez à PAS2\_END.  
Sinon, passez à PAD\_Q51.

Nota : Les questions qui réponde à répondants 15 ou moins avec ACCCFDO = 1.

**The note should read instead:**

PAS\_C51B Si interview par procuration ou l'âge < 15, passez à PAS2\_END.  
Sinon, passez à PAD\_Q51.

Nota : Les questions suivantes ont été posées aux répondants de 15 ans ou plus avec ACCCFDO = 1 (ont répondu aux questions du module Accès aux services de santé).

## 3. Question PAS\_C51B in English

**The note coming after question PAS\_C51B, in the English questionnaire was:**

Note: The following questions are answered by respondents 15 year old or over who have ACCCFDO = 1 (answered the questions in the Access to Health Services module).

**The note should read instead:**

Note: The following questions were asked to respondents 15 year old or over who have ACCCFDO = 1 (answered the questions in the Access to Health Services module).

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## HEALTH CARE SYSTEM SATISFACTION

HCS\_C1A If (do HCS block = 2), go to HCS\_END.  
 HCSCFDO Otherwise, go to HCS\_C1B.

HCS\_C1B If proxy interview or if age < 15, go to HCS\_END.  
 Otherwise, go to HCS\_C1C.

HCS\_C1C If province = 10, [province] = [Newfoundland and Labrador]  
 If province = 11, [province] = [Prince Edward Island]  
 If province = 12, [province] = [Nova Scotia]  
 If province = 13, [province] = [New Brunswick]  
 If province = 24, [province] = [Quebec]  
 If province = 35, [province] = [Ontario]  
 If province = 46, [province] = [Manitoba]  
 If province = 47, [province] = [Saskatchewan]  
 If province = 48, [province] = [Alberta]  
 If province = 59, [province] = [British Columbia]  
 If province = 60, [province] = [Yukon]  
 If province = 61, [province] = [the Northwest Territories]  
 If province = 62, [province] = [Nunavut]

HCS\_Q1 **To start, a few questions about health care services in [province].**  
 HCSC\_1 **Overall, how would you rate the availability of health care services in [province]?  
 Would you say it is:**  
 INTERVIEWER: Read categories to respondent.

- 1 ... **excellent?**
- 2 ... **good?**
- 3 ... **fair?**
- 4 ... **poor?**
- DK, R (Go to HCS\_END)

HCS\_Q2 **Overall, how would you rate the quality of the health care services that are  
 HCSC\_2 available in [province]?**  
 INTERVIEWER: Read categories to respondent.

- 1 **Excellent**
- 2 **Good**
- 3 **Fair**
- 4 **Poor**
- DK, R

HCS\_Q3 **Overall, how would you rate the availability of health care services in your  
 HCSC\_3 community?**

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- DK, R

HCS\_Q4  
HCSC\_4

**Overall, how would you rate the quality of the health care services that are available in your community?**

- 1      Excellent
- 2      Good
- 3      Fair
- 4      Poor
- DK, R

HCS\_END

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## GENERAL HEALTH

GEN\_C01 If (do GEN = 2), go to GEN\_END.  
GENCFDO Otherwise, go to GEN\_QINT.

GEN\_QINT **This survey deals with various aspects of [your/FNAME's] health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**  
INTERVIEWER: Press <Enter> to continue.

GEN\_Q01 I'll start with a few questions concerning [your/FNAME's] health in general. In  
GENC\_01 **general, would you say [your/his/her] health is:**  
INTERVIEWER: Read categories to respondent.

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

GEN\_Q02 **Compared to one year ago, how would you say [your/his/her] health is now?**  
GENC\_02 **Is it:**  
INTERVIEWER: Read categories to respondent.

- 1 ... much better now than 1 year ago?
  - 2 ... somewhat better now than 1 year ago?
  - 3 ... about the same?
  - 4 ... somewhat worse now than 1 year ago?
  - 5 ... much worse now than 1 year ago?
- DK, R

GEN\_C02A If proxy interview, go to GEN\_C07.

GEN\_Q02A **How satisfied are you with your life in general?**  
GENC\_02A INTERVIEWER: Read categories to respondent.

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

GEN\_Q02B     **In general, would you say your mental health is:**  
GENC\_02B     INTERVIEWER: Read categories to respondent.

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

GEN\_C07     If age < 15, go to GEN\_C08A.  
               Otherwise, go to GEN\_Q07.

GEN\_Q07     **Thinking about the amount of stress in [your/his/her] life, would you say that most**  
GENC\_07     **days are:**  
INTERVIEWER: Read categories to respondent.

- 1     ... not at all stressful?
  - 2     ... not very stressful?
  - 3     ... a bit stressful?
  - 4     ... quite a bit stressful?
  - 5     ... extremely stressful?
- DK, R

GEN\_C08A     If proxy interview, go to GEN\_END.  
               Otherwise, go to GEN\_Q08D.

GEN\_C08B     If age < 15 or age > 75, go to GEN\_Q10.  
               Otherwise, go to GEN\_Q08.

GEN\_Q08     **Have you worked at a job or business at any time in the past 12 months?**  
GENC\_08

- 1     Yes
  - 2     No     (Go to GEN\_Q10)
- DK, R     (Go to GEN\_Q10)

GEN\_Q09     **The next question is about your main job or business in the past 12 months.**  
GENC\_09     **Would you say that most days at work were:**  
INTERVIEWER: Read categories to respondent.

- 1     ... not at all stressful?
  - 2     ... not very stressful?
  - 3     ... a bit stressful?
  - 4     ... quite a bit stressful?
  - 5     ... extremely stressful?
- DK, R

GEN\_Q010  
GENC\_10

**How would you describe your sense of belonging to your local community?**

**Would you say it is:**

INTERVIEWER: Read categories to respondent.

- 1 ... very strong?
  - 2 ... somewhat strong?
  - 3 ... somewhat weak?
  - 4 ... very weak?
- DK, R

GEN\_END

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## VOLUNTARY ORGANIZATIONS

ORG\_C1A If (ORG block = 2), go to ORG\_END.  
ORGC\_FDO Otherwise, go to ORG\_C1B.

ORG\_C1B If proxy interview, go to ORG\_END.  
Otherwise, go to ORG\_Q1.

ORG\_Q1 **Are you a member of any voluntary organizations or associations such as school**  
ORGC\_1 **groups, church social groups, community centres, ethnic associations or social, civic**  
**or fraternal clubs?**

- 1 Yes
- 2 No (Go to ORG\_END)  
DK, R (Go to ORG\_END)

ORG\_Q2 **How often did you participate in meetings or activities of these groups in the past**  
ORGC\_2 **12 months? If you belong to many, just think of the ones in which you are most**  
**active.**

INTERVIEWER: Read categories to respondent.

- 1 **At least once a week**
- 2 **At least once a month**
- 3 **At least 3 or 4 times a year**
- 4 **At least once a year**
- 5 **Not at all**  
DK, R

ORG\_END

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## CHANGES MADE TO IMPROVE HEALTH

CIH\_C1A If (do CIH block = 2), go to CIH\_END.  
 CIHCFDO Otherwise, go to CIH\_C1B.

CIH\_C1B If proxy interview, go to CIH\_END.  
 Otherwise, go to CIH\_Q1.

CIH\_Q1 **In the past 12 months, that is, from [date one year ago] to yesterday, did you do**  
 CIHC\_1 **anything to improve your health? (For example, lost weight, quit smoking, increased exercise)**

- 1 Yes
- 2 No (Go to CIH\_Q3)  
 DK, R (Go to CIH\_END)

CIH\_Q2 **What is the single most important change you have made:**  
 CIHC\_2

- 1 Increased exercise, sports or physical activity
- 2 Lost weight
- 3 Changed diet or eating habits
- 4 Quit smoking / reduced amount smoked
- 5 Drank less alcohol
- 6 Received medical treatment
- 7 Took vitamins
- 8 Other – Specify  
 DK, R

CIH\_C2S If CIH\_Q2 <> 8, go to CIH\_Q3.  
 Otherwise, go to CIH\_Q2S.

CIH\_Q2S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

CIH\_C3 If CIH\_Q1 = 1, use “anything else” in CIH\_Q3.  
 Otherwise, use “anything” in CIH\_Q3.

CIH\_Q3 **Do you think there is [anything/anything else] you should do to improve your**  
 CIHC\_3 **physical health?**

- 1 Yes
- 2 No (Go to CIH\_END)  
 DK, R (Go to CIH\_END)

CIH\_Q4  
CIHC\_4      **What is the most important thing?**

- 1      Increase exercise
- 2      Lose weight
- 3      Improve eating habits
- 4      Quit smoking
- 5      Take vitamins
- 6      Other - Specify  
DK, R

CIH\_C4S      If CIH\_Q4 <> 6, go to CIH\_Q5.  
Otherwise, go to CIH\_Q4S.

CIH\_Q4S      INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CIH\_Q5  
CIHC\_5      **Is there anything stopping you from making this improvement?**

- 1      Yes
- 2      No      (Go to CIH\_Q7)  
DK, R      (Go to CIH\_Q7)

CIH\_Q6      **What is that?**  
INTERVIEWER: Mark all that apply.

- CIHC\_6A      1      Lack of - will power/self-discipline  
CIHC\_6B      2      Lack of - time  
CIHC\_6C      3      Too tired  
CIHC\_6D      4      Too difficult  
CIHC\_6E      5      Too costly  
CIHC\_6F      6      Too stressed  
CIHC\_6G      7      Disability / health problem  
CIHC\_6H      8      Other - Specify  
DK, R

CIH\_C6S      If CIH\_Q6 <> 3, go to CIH\_Q7.  
Otherwise, go to CIH\_Q6S.

CIH\_Q6S      INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CIH\_Q7  
CIHC\_7      **Is there anything you intend to do to improve your physical health in the next year?**

- 1      Yes
- 2      No      (Go to CIH\_END)  
DK, R      (Go to CIH\_END)

CIH\_Q8

**What is that?**

INTERVIEWER : Mark all that apply.

- |         |   |                           |
|---------|---|---------------------------|
| CIHC_8A | 1 | Start / increase exercise |
| CIHC_8B | 2 | Lose weight               |
| CIHC_8C | 3 | Improve eating habits     |
| CIHC_8D | 4 | Quit smoking              |
| CIHC_8E | 5 | Reduce amount smoked      |
| CIHC_8F | 6 | Learn to manage stress    |
| CIHC_8G | 7 | Reduce stress level       |
| CIHC_8H | 8 | Take vitamins             |
| CIHC_8I | 9 | Other - Specify<br>DK, R  |

CIH\_C8S      If CIH\_Q8 <> 9, go to CIH\_END.  
Otherwise, go to CIH\_Q8S.

CIH\_Q8S      INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CIH\_END

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## ORAL HEALTH 1

OH1\_C20A If (do OH1 block = 2), go to OH1\_END.  
OH1CFDO Otherwise, go to OH1\_C20B.

OH1\_C20B If proxy interview, go to OH1\_END.  
Otherwise, go to OH1\_QINT20.

OH1\_QINT20 **Next, some questions about the health of your teeth and mouth.**  
INTERVIEWER: Press <Enter> to continue.

OH1\_Q20 **In general, would you say the health of your teeth and mouth is:**  
OH1C\_20 INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... very good?
  - 3 ... good?
  - 4 ... fair?
  - 5 ... poor?
- DK, R (Go to OH1\_END)

OH1\_Q21A **Now a few questions about your ability to chew different foods, whether you**  
OH1C\_21A **eat them or not. Can you:**  
**... chew firm foods (e.g., meat)?**

- 1 Yes
  - 2 No
- DK, R

OH1\_Q21B **(Can you)**  
OH1C\_21B **... bite off and chew a piece of fresh apple?**

- 1 Yes
  - 2 No
- DK, R

OH1\_Q21C **(Can you)**  
OH1C\_21C **... chew boiled vegetables?**

- 1 Yes
  - 2 No
- DK, R

OH1\_Q22 **In the past month, how often have you had any pain or discomfort in your**  
OH1C\_22 **teeth or gums?**  
INTERVIEWER: Read categories to respondent.

- 1 **Often**
  - 2 **Sometimes**
  - 3 **Rarely**
  - 4 **Never**
- DK, R

OH1\_END



**HEIGHT & WEIGHT**

HWT\_C1 If (do HWT block = 2), go to HWT\_END.  
 HWTCFDO Otherwise, go to HWT\_Q2.

HWT\_Q2 **How tall [are/is] [you/FNAME] without shoes on?**  
 HWTC\_2

- |   |   |                 |
|---|---|-----------------|
| 0 | Less than 1' / 12" (less than 29.2 cm.)         |                 |
| 1 | 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.)   |                 |
| 2 | 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.)   |                 |
| 3 | 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.)  | (Go to HWT_Q2C) |
| 4 | 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) | (Go to HWT_Q2L) |
| 5 | 5'0" to 5'11" (151.1 to 181.5 cm.)              | (Go to HWT_Q2E) |
| 6 | 6'0" to 6'11" (181.6 to 212.0 cm.)              | (Go to HWT_Q2F) |
| 7 | 7'0" and over (212.1 cm. and over)              | (Go to HWT_Q3)  |
|   | DK, R   | (Go to HWT_Q3)  |

HWT\_E2 If HWT\_Q2 < 3, display this message.

**The selected height is too short for a [age] year old respondent. Please return and correct.**

HWT\_Q2A **INTERVIEWER: Select the exact height.**  
 HWTC\_2A

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

HWT\_Q2B **INTERVIEWER: Select the exact height.**  
 HWTC\_2B

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

HWT\_Q2C  
HWTC\_2C

INTERVIEWER: Select the exact height.

- 0 3'0" / 36" (90.2 to 92.6 cm.)
  - 1 3'1" / 37" (92.7 to 95.2 cm.)
  - 2 3'2" / 38" (95.3 to 97.7 cm.)
  - 3 3'3" / 39" (97.8 to 100.2 cm.)
  - 4 3'4" / 40" (100.3 to 102.8 cm.)
  - 5 3'5" / 41" (102.9 to 105.3 cm.)
  - 6 3'6" / 42" (105.4 to 107.9 cm.)
  - 7 3'7" / 43" (108.0 to 110.4 cm.)
  - 8 3'8" / 44" (110.5 to 112.9 cm.)
  - 9 3'9" / 45" (113.0 to 115.5 cm.)
  - 10 3'10" / 46" (115.6 to 118.0 cm.)
  - 11 3'11" / 47" (118.1 to 120.6 cm.)
- DK, R

Go to HWT\_Q3

HWT\_Q2D  
HWTC\_2D

INTERVIEWER: Select the exact height.

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

Go to HWT\_Q3

HWT\_Q2E  
HWTC\_2E

INTERVIEWER: Select the exact height.

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

Go to HWT\_Q3

HWT\_Q2F INTERVIEWER: Select the exact height.  
 HWTC\_2F

- 0 6'0" (181.6 to 184.1 cm.)
  - 1 6'1" (184.2 to 186.6 cm.)
  - 2 6'2" (186.7 to 189.1 cm.)
  - 3 6'3" (189.2 to 191.7 cm.)
  - 4 6'4" (191.8 to 194.2 cm.)
  - 5 6'5" (194.3 to 196.8 cm.)
  - 6 6'6" (196.9 to 199.3 cm.)
  - 7 6'7" (199.4 to 201.8 cm.)
  - 8 6'8" (201.9 to 204.4 cm.)
  - 9 6'9" (204.5 to 206.9 cm.)
  - 10 6'10" (207.0 to 209.5 cm.)
  - 11 6'11" (209.6 to 212.0 cm.)
- DK, R

HWT\_Q3 How much [do/does] [you/FNAME] weigh?  
 HWTC\_3 INTERVIEWER: Enter amount only.

Weight  
 (MIN: 1) (MAX: 575; warning before 60 lbs or 27 kg and after 300 lbs or 136 kg)  
 DK, R (Go to HWT\_END)

HWT\_N4 INTERVIEWER: Was that in pounds or kilograms?  
 HWTC\_N4

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

HWT\_C4 If proxy interview, go to HWT\_END.  
 Otherwise, go to HWT\_Q4.

HWT\_Q4 Do you consider yourself:  
 HWTC\_4 INTERVIEWER: Read categories to respondent.

- 1 ... overweight?
  - 2 ... underweight?
  - 3 ... just about right?
- DK, R

HWT\_END

## CHRONIC CONDITIONS

CCC\_BEG      Set HasSkinCancer = No

CCC\_C011      If (do CCC block = 2), go to CCC\_END.  
CCCCFDO      Otherwise, go to CCC\_QINT011.

CCC\_QINT011 **Now I'd like to ask about certain chronic health conditions which [you/FNAME] may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**  
INTERVIEWER: Press <Enter> to continue.

CCC\_Q011      **[Do/Does] [you/FNAME] have:**  
CCCC\_011      **... food allergies?**

- 1      Yes
- 2      No  
         DK  
         R                      (Go to CCC\_END)

CCC\_Q021      **([Do/Does] [you/FNAME] have:)**  
CCCC\_021      **... any other allergies?**

- 1      Yes
- 2      No  
         DK, R

CCC\_Q031      **([Do/Does] [you/FNAME] have:)**  
CCCC\_031      **... asthma?**

- 1      Yes
- 2      No                      (Go to CCC\_Q041)  
         DK, R                      (Go to CCC\_Q041)

CCC\_Q035      **[Have/Has] [you/FNAME] had any asthma symptoms or asthma attacks in the past 12 months?**  
CCCC\_035

- 1      Yes
- 2      No  
         DK, R

CCC\_Q036      **in the past 12 months, [have/has] [you/he/she] taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**  
CCCC\_036

- 1      Yes
- 2      No  
         DK, R

CCC\_Q041      **[Do/Does] [you/FNAME] have fibromyalgia?**  
CCCC\_041

- 1      Yes
- 2      No  
         DK, R

CCC\_Q051 Remember, we're interested in conditions diagnosed by a health  
 CCCC\_051 professional.

**[Do/Does] [you/FNAME] have arthritis or rheumatism, excluding fibromyalgia?**

- 1 Yes
- 2 No (Go to CCC\_Q061)
- DK, R (Go to CCC\_Q061)

CCC\_Q05A What kind of arthritis [do/does] [you/he/she] have?  
 CCCC\_05A

- 1 Rheumatoid arthritis
- 2 Osteoarthritis
- 3 Other - Specify
- DK, R

CCC\_C05AS If CCC\_Q05A <> 3, go to CCC\_Q061.  
 Otherwise, go to CCC\_Q05AS.

CCC\_Q05AS INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

CCC\_Q061 (Remember, we're interested in conditions diagnosed by a health  
 CCCC\_061 professional.)

**[Do/Does] [you/FNAME] have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q071 ([Do/Does] [you/FNAME] have:)  
 CCCC\_071 ... high blood pressure?

- 1 Yes
- 2 No
- DK, R

CCC\_Q081 (Remember, we're interested in conditions diagnosed by a health  
 CCCC\_081 professional.)

**[(Do/Does] [you/FNAME] have:)  
 ... migraine headaches?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q091A **(Remember, we're interested in conditions diagnosed by a health professional.)**  
 CCCC\_91A

**([Do/Does] [you/FNAME] have:) ... chronic bronchitis?**

- 1 Yes
- 2 No  
DK, R

CCC\_C091B If age < 30, go to CCC\_Q101.  
 Otherwise, go to CCC\_091B.

CCC\_Q091B **([Do/Does] [you/FNAME] have:) ... emphysema or chronic obstructive pulmonary disease (COPD)?**  
 CCCC\_91B

- 1 Yes
- 2 No  
DK, R

CCC\_Q101 **([Do/Does] [you/FNAME] have:) ... diabetes?**  
 CCCC\_101

- 1 Yes
- 2 No (Go to CCC\_Q111)  
DK, R (Go to CCC\_Q111)

CCC\_Q102 **How old [were/was] [you/he/she] when this was first diagnosed?**  
 CCCC\_102 **INTERVIEWER:** Maximum is [current age].

[\_][\_][\_] Age in years  
 (MIN: 0) (MAX: current age)  
 DK, R (Go to CCC\_Q10C)

CCC\_C10A If age < 15 or sex = male or CCC\_Q102 < 15, go to CCC\_Q10C.  
 Otherwise, go to CCC\_10A.

CCC\_Q10A **[Were/Was] [you/she] pregnant when [you/she] [were/was] first diagnosed with diabetes?**  
 CCCC\_10A

- 1 Yes
- 2 No (Go to CCC\_Q10C)  
DK, R (Go to CCC\_Q10C)

CCC\_Q10B **Other than during pregnancy, has a health professional ever told [you/her] that [you/she] [have/has] diabetes?**  
 CCCC\_10B

- 1 Yes
- 2 No (Go to CCC\_Q111)  
DK, R (Go to CCC\_Q111)

CCC\_Q10C      **When [you/he/she] [were/was] first diagnosed with diabetes, how long was it before [you/he/she] [were/was] started on insulin?**  
 CCCC\_10C

- 1      Less than 1 month
- 2      1 month to less than 2 months
- 3      2 months to less than 6 months
- 4      6 months to less than 1 year
- 5      1 year or more
- 6      Never                      (Go to CCC\_Q111)  
       DK, R

CCC\_Q105      **[Do/Does] [you/FNAME] currently take insulin for [your/his/her] diabetes?**  
 CCCC\_105

- 1      Yes
- 2      No  
       DK, R

Note:                      (If CCC\_Q10C = 6, CCC\_Q105 will be filled with “No” during processing)

CCC\_Q111      **[Do/Does] [you/FNAME] have epilepsy?**  
 CCCC\_111

- 1      Yes
- 2      No  
       DK, R

CCC\_Q121      **([Do/Does] [you/FNAME] have:) ... heart disease?**  
 CCCC\_121

- 1      Yes
- 2      No                              (Go to CCC\_Q131)  
       DK, R                              (Go to CCC\_Q131)

CCC\_Q12A      **[Have/Has] [you/he/she] ever had a heart attack (damage to the heart muscle)?**  
 CCCC\_12A

- 1      Yes
- 2      No  
       Dk, R

CCC\_Q12J      **[Do/Does] [you/he/she] currently have angina (chest pain, chest tightness)?**  
 CCCC\_12J

- 1      Yes
- 2      No  
       DK, R

CCC\_Q12K      **[Do/Does] [you/he/she] currently have congestive heart failure (inadequate heart beat, fluid build-up in the lungs or legs)?**  
 CCCC\_12K

- 1      Yes
- 2      No  
       DK, R

CCC\_Q131 **[Do/Does] [you/FNAME] have cancer?**  
 CCCC\_131

- 1 Yes
- 2 No (Go to CCC\_Q141)
- DK, R (Go to CCC\_Q141)

CCC\_C133 If sex = male, go to CCC\_Q133B.  
 Otherwise, go to CCC\_Q133A.

Note: Responses from male and female respondents were added together to create the new variable CCCC\_13A to CCCC\_13F, in processing.

CCC\_Q133A **What type of cancer [do/does] [you/she] have?**  
INTERVIEWER: Mark all that apply.

- CCCC\_13A 1 Breast
- CCCC\_13C 2 Colorectal
- CCCC\_13D 3 Skin - Melanoma
- CCCC\_13E 4 Skin - Non-melanoma
- CCCC\_13F 5 Other
- DK, R

Go to CCC\_D133

CCC\_Q133B **What type of cancer [do/does] [you/he] have?**  
INTERVIEWER: Mark all that apply.

- CCCC\_13B 1 Prostate
- CCCC\_13C 2 Colorectal
- CCCC\_13D 3 Skin - Melanoma
- CCCC\_13E 4 Skin - Non-melanoma
- CCCC\_13F 5 Other
- DK, R

CCC\_D133 If CCC\_Q133A = 3 or 4 or CCC\_Q133B = 3 or 4, then HasSkinCancer = Yes.  
 Otherwise, HasSkinCancer = No.

CCC\_Q141 **(Remember, we're interested in conditions diagnosed by a health professional.)**  
 CCCC\_141

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

- 1 Yes
- 2 No
- DK, R

CCC\_Q151 **[Do/Does] [you/FNAME] suffer from the effects of a stroke?**  
 CCCC\_151

- 1 Yes
- 2 No
- DK, R



- CCC\_Q161 **([Do/Does] [you/FNAME] suffer:)**  
 CCCC\_161 **... from urinary incontinence?**
- 1 Yes  
 2 No  
 DK, R
- CCC\_Q171 **[Do/Does] [you/FNAME] have a bowel disorder such as Crohn's Disease or**  
 CCCC\_171 **colitis?**
- 1 Yes  
 2 No  
 DK, R
- CCC\_C181 If age < 18, go to CCC\_Q211.  
 Otherwise, go to CCC\_Q181.
- CCC\_Q181 **(Remember, we're interested in conditions diagnosed by a health**  
 CCCC\_181 **professional.)**
- ([Do/Does] [you/FNAME] have:)**  
**... Alzheimer's Disease or any other dementia?**
- 1 Yes  
 2 No  
 DK, R
- CCC\_Q191 **([Do/Does] [you/FNAME] have:)**  
 CCCC\_191 **... cataracts?**
- 1 Yes  
 2 No  
 DK, R
- CCC\_Q201 **([Do/Does] [you/FNAME] have:)**  
 CCCC\_201 **... glaucoma?**
- 1 Yes  
 2 No  
 DK, R
- CCC\_Q211 **([Do/Does] [you/FNAME] have:)**  
 CCCC\_211 **... thyroid condition?**
- 1 Yes  
 2 No  
 DK, R
- CCC\_Q251 **Remember, we're interested in conditions diagnosed by a health**  
 CCCC\_251 **professional.**
- [Do/Does] [you/FNAME] have chronic fatigue syndrome?**
- 1 Yes  
 2 No  
 DK, R

CCC\_Q261 [Do/Does] [you/FNAME] suffer from multiple chemical sensitivities?  
CCCC\_261

- 1 Yes
- 2 No  
DK, R

CCC\_Q271 [Do/Does] [you/FNAME] have schizophrenia?  
CCCC\_271

- 1 Yes
- 2 No  
DK, R

CCC\_Q280 Remember, we're interested in conditions diagnosed by a health  
CCCC\_280 professional.

[Do/Does] [you/FNAME] have a mood disorder such as depression, bipolar disorder, mania or dysthymia?

INTERVIEWER: Include manic depression.

- 1 Yes
- 2 No  
DK, R

CCC\_Q290 (Remember, we're interested in conditions diagnosed by a health  
CCCC\_290 professional.)

[Do/Does] [you/FNAME] have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

- 1 Yes
- 2 No  
DK, R

CCC\_Q321 [Do/Does] [you/FNAME] have autism or any other developmental disorder  
CCCC\_321 such as Down's syndrome, Asperger's syndrome or Rett syndrome?

- 1 Yes
- 2 No  
DK, R

CCC\_Q331 (Remember, we're interested in conditions diagnosed by a health  
CCCC\_331 professional.)

[Do/Does] [you/FNAME] have a learning disability?

- 1 Yes
- 2 No (Go to CCC\_Q341)  
DK, R (Go to CCC\_Q341)

CCC\_Q331A **What kind of learning disability [do/does] [you/FNAME] have?**

INTERVIEWER: Mark all that apply.

- |          |   |  |
|----------|---|--|
| CCCC_33A | 1 | Attention Deficit Disorder, no hyperactivity (ADD) |
| CCCC_33B | 2 | Attention Deficit Hyperactivity Disorder (ADHD)    |
| CCCC_33C | 3 | Dyslexia   |
| CCCC_33D | 4 | Other - Specify<br>DK, R                           |

CCC\_C331AS If CCC\_Q331A <> 4, go to CCC\_Q341.  
Otherwise, go to CCC\_Q331AS.

CCC\_Q331AS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CCC\_Q341 **[Do/Does] [you/FNAME] have an eating disorder such as anorexia or bulimia?**

CCCC\_341

- |   |             |
|---|-------------|
| 1 | Yes         |
| 2 | No<br>DK, R |

CCC\_Q901 **[Do/Does] [you/FNAME] have any other long-term physical or mental health condition that has been diagnosed by a health professional?**

CCCC\_901

- |   |             |                                    |
|---|-------------|------------------------------------|
| 1 | Yes         |                                    |
| 2 | No<br>DK, R | (Go to CCC_END)<br>(Go to CCC_END) |

CCC\_Q901S If CCC\_Q901 <> 1, go to CCC\_END.  
Otherwise, go to CCC\_Q901S.

CCC\_Q901S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CCC\_END

## HEALTH CARE UTILIZATION

HCU\_C01 If (HCU block = 2), go to HCU\_END.  
 HCUCFDO Otherwise, go to HCU\_QINT1.

HCU\_QINT1 **Now I'd like to ask about [your/FNAME's] contacts with health professionals during the past 12 months, that is, from [date one year ago] to yesterday.**  
INTERVIEWER: Press <Enter> to continue.

HCU\_Q01AA **[Do/Does] [you/FNAME] have a regular medical doctor?**  
 HCUC\_1AA

- 1 Yes (Go to HCU\_Q01AC)
- 2 No  
 DK, R (Go to HCU\_Q01BA)

HCU\_Q01AB **Why [do/does] [you/FNAME] not have a regular medical doctor?**  
INTERVIEWER: Mark all that apply.

- 1 No medical doctors available in the area
- 2 Medical doctors in the area are not taking new patients
- 3 Have not tried to contact one
- 4 Had a medical doctor who left or retired
- 5 Other - Specify  
 DK, R

HCU\_C01ABS If HCU\_Q01AB <> 5, go to HCU\_Q01BA.  
 Otherwise, go to HCU\_Q01ABS.

HCU\_Q01ABS INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

Go to HCU\_Q01BA

HCU\_Q01AC **Do [you/FNAME] and this doctor usually speak in English, in French, or in another language?**  
 HCUC\_1C

- |                    |                       |
|--------------------|-----------------------|
| 1 English          | 13 Portuguese         |
| 2 French           | 14 Punjabi            |
| 3 Arabic           | 15 Spanish            |
| 4 Chinese          | 16 Tagalog (Pilipino) |
| 5 Cree             | 17 Ukrainian          |
| 6 German           | 18 Vietnamese         |
| 7 Greek            | 19 Dutch              |
| 8 Hungarian        | 20 Hindi              |
| 9 Italian          | 21 Russian            |
| 10 Korean          | 22 Tamil              |
| 11 Persian (Farsi) | 23 Other – Specify    |
| 12 Polish          | DK, R                 |

HCU\_C01ACS If HCU\_Q01AC <> 23, go to HCU\_Q0BA.  
Otherwise, go to HCU\_Q01ACS.

HCU\_Q01ACS INTERVIEWER: Specify.

(80 spaces)  
DK, R

HCU\_Q01BA **In the past 12 months, [have/has] [you/FNAME] been a patient overnight in**  
HCUC\_01 **a hospital, nursing home or convalescent home?**

- 1 Yes
- 2 No (Go to HCU\_Q02A)
- DK (Go to HCU\_Q02A)
- R (Go to HCU\_END)

HCU\_Q01BB **For how many nights in the past 12 months?**  
HCUC\_01A

||| Nights  
(MIN: 1) (MAX: 366; warning after 100)  
DK, R

HCU\_Q02A **[Not counting when [you/FNAME] [were/has] an overnight patient, in the past**  
HCUC\_02A **12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen,**  
**or talked on the telephone, about [your/his/her] physical, emotional or mental**  
**health with:**

**... a family doctor[, paediatrician] or general practitioner?**  
(include paediatrician if age < 18)

||| Times  
(MIN: 0) (MAX: 366; warning after 12)  
DK, R

HCU\_Q02B **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past**  
HCUC\_02B **12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen,**  
**or talked on the telephone, about [your/his/her] physical, emotional or mental**  
**health with:)**

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

||| Times  
(MIN: 0) (MAX: 75; warning after 3)  
DK, R

HCU\_Q02C **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past**  
HCUC\_02C **12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen,**  
**or talked on the telephone, about [your/his/her] physical, emotional or mental**  
**health with:)**

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

||| Times  
(MIN: 0) (MAX: 300; warning after 7)  
DK, R

HCU\_Q02D  
HCUC\_02D **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:  
... a nurse for care or advice?**

|\_|\_| Times  
(MIN: 0) (MAX: 366; warning after 15)  
DK, R

HCU\_Q02E  
HCUC\_02E **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)  
... a dentist or orthodontist?**

|\_|\_| Times  
(MIN: 0) (MAX: 99; warning after 4)  
DK, R

HCU\_Q02F  
HCUC\_02F **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)  
... a chiropractor?**

|\_|\_| Times  
(MIN: 0) (MAX: 366; warning after 20)  
DK, R

HCU\_Q02G  
HCUC\_02G **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:  
... a physiotherapist?**

|\_|\_| Times  
(MIN: 0) (MAX: 366; warning after 30)  
DK, R

HCU\_Q02H  
HCUC\_02H **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)  
... a social worker or counsellor?**

|\_|\_| Times  
(MIN: 0) (MAX: 366; warning after 20)  
DK, R

HCU\_Q02I  
 HCUC\_02I **[(Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)  
 ... a psychologist?**

|\_|\_| Times  
 (MIN: 0) (MAX: 366; warning after 25)  
 DK, R

HCU\_Q02J  
 HCUC\_02J **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:  
 ... a speech, audiology or occupational therapist?**

|\_|\_| Times  
 (MIN: 0) (MAX: 200; warning after 12)  
 DK, R

HCU\_C03 If response for HCU\_Q02A or HCU\_Q02C or HCU\_Q02D > 0, then ask HCU\_Q03n.  
 Otherwise, go to HCU\_Q04A.

HCU\_Q03n **Where did the most recent contact take place?**  
 HCUC\_03A INTERVIEWER: If respondent says “hospital”, probe for details.  
 HCUC\_03C  
 HCUC\_03D

- 1 Doctor's office
  - 2 Hospital emergency room
  - 3 Hospital outpatient clinic (e.g. day surgery, cancer)
  - 4 Walk-in clinic
  - 5 Appointment clinic
  - 6 Community health centre / CLSC
  - 7 At work
  - 8 At school
  - 9 At home
  - 10 Telephone consultation only
  - 11 Other - specify
- DK, R

HCU\_C03nS If HCU\_Q03n <> 11, go to HCU\_Q04A.  
 Otherwise, go to HCU\_Q03nS.

HCU\_Q03nS INTERVIEWER: Specify.

(80 spaces)  
 DK, R

HCU\_Q04A **In the past 12 months, [have/has] [you/he/she] attended a meeting of a self-help group such as AA or a cancer support group?**  
 HCUC\_04A

- 1 Yes
  - 2 No
- DK, R

HCU\_Q04  
 HCUC\_04 **People may also use alternative or complementary medicine. In the past 12 months, [have/has] [you/FNAME] seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about [your/his/her] physical, emotional or mental health?**

- 1 Yes
- 2 No (Go to HCU\_C06)  
 DK, R (Go to HCU\_C06)

HCU\_Q05 **Who did [you/FNAME] see or talk to?**

INTERVIEWER: Mark all that apply.

- HCUC\_05A 1 Massage therapist
- HCUC\_05B 2 Acupuncturist
- HCUC\_05C 3 Homeopath or naturopath
- HCUC\_05D 4 Feldenkrais or Alexander teacher
- HCUC\_05E 5 Relaxation therapist
- HCUC\_05F 6 Biofeedback teacher
- HCUC\_05G 7 Rolfer
- HCUC\_05H 8 Herbalist
- HCUC\_05I 9 Reflexologist
- HCUC\_05J 10 Spiritual healer
- HCUC\_05K 11 Religious healer
- HCUC\_05L 12 Other - Specify  
 DK, R

HCU\_C05S If HCU\_Q05 <> 12, go to HCU\_C06.  
 Otherwise, go to HCU\_Q05S.

HCU\_Q05S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

HCU\_C06 If non-proxy interview, ask “During the past 12 months, was there ever a time when you felt that you needed health care but you didn’t receive it?” in HCU\_Q06.

If proxy interview and age < 18, ask “During the past 12 months, was there ever a time when you felt that FNAME needed health care but [he/she] didn’t receive it?” in HCU\_Q06.

If proxy interview and age >= 18, ask “During the past 12 months, was there ever a time when FNAME felt that [he/she] needed health care but [he/she] didn’t receive it?” in HCU\_Q06.

HCU\_Q06  
 HCUC\_06 **During the past 12 months, was there ever a time when [you/FNAME] felt that [you/FNAME/he/she] needed health care but [you/he/she] didn’t receive it?**

- 1 Yes
- 2 No (Go to HCU\_END)  
 DK, R (Go to HCU\_END)



HCU\_Q07 **Thinking of the most recent time, why didn't [you/he/she] get care?**

INTERVIEWER: Mark all that apply.

- |          |    |  |
|----------|----|--|
| HCUC_07A | 1  | Not available - in the area  |
| HCUC_07B | 2  | Not available - at time required (e.g. doctor on holidays, inconvenient hours) |
| HCUC_07C | 3  | Waiting time too long  |
| HCUC_07D | 4  | Felt would be inadequate   |
| HCUC_07E | 5  | Cost   |
| HCUC_07F | 6  | Too busy   |
| HCUC_07G | 7  | Didn't get around to it / didn't bother  |
| HCUC_07H | 8  | Didn't know where to go  |
| HCUC_07I | 9  | Transportation problems  |
| HCUC_07J | 10 | Language problems  |
| HCUC_07K | 11 | Personal or family responsibilities  |
| HCUC_07L | 12 | Dislikes doctors / afraid  |
| HCUC_07M | 13 | Decided not to seek care   |
| HCUC_07O | 14 | Doctor - didn't think it was necessary   |
| HCUC_07P | 15 | Unable to leave the house because of a health problem                          |
| HCUC_07N | 16 | Other - Specify<br>DK, R   |

HCU\_C07S If HCU\_Q07 <> 16, go to HCU\_Q08.  
Otherwise, go to HCU\_Q07S.

HCU\_Q07S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HCU\_Q08 **Again, thinking of the most recent time, what was the type of care that was needed?**

INTERVIEWER: Mark all that apply.

- |          |   |   |
|----------|---|---|
| HCUC_08A | 1 | Treatment of - a physical health problem              |
| HCUC_08B | 2 | Treatment of - an emotional or mental health problem  |
| HCUC_08C | 3 | A regular check-up (including regular pre-natal care) |
| HCUC_08D | 4 | Care of an injury                                     |
| HCUC_08E | 5 | Other - Specify<br>DK, R                              |

HCU\_C08S If HCU\_Q08 <> 5, go to HCU\_Q09.  
Otherwise, go to HCU\_Q08S.

HCU\_Q08S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HCU\_Q09 **Where did [you/he/she] try to get the service [you/he/she] [were/was] seeking?**

INTERVIEWER: Mark all that apply.

- |          |   |  |
|----------|---|--|
| HCUC_09A | 1 | Doctor's office  |
| HCUC_09B | 2 | Hospital - emergency room                                |
| HCUC_09C | 3 | Hospital - overnight patient                             |
| HCUC_09D | 4 | Hospital - outpatient clinic (e.g., day surgery, cancer) |
| HCUC_09E | 5 | Walk-in clinic   |
| HCUC_09F | 6 | Appointment clinic                                       |
| HCUC_09G | 7 | Community health centre / CLSC                           |
| HCUC_09H | 8 | Other - Specify<br>DK, R                                 |

HCU\_C09S If HCU\_Q09 <> 8, go to HCU\_END.  
Otherwise, go to HCU\_Q09S.

HCU\_Q09S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

HCU\_END

FOR INFORMATION ONLY

**HOME CARE SERVICES**

HMC\_C09A If (do HMC block = 2), go to HMC\_END.  
 HMCCFDO Otherwise, go to HMC\_C09B.

HMC\_C09B If age < 18, go to HMC\_END.  
 Otherwise, go to HMC\_QINT1.

HMC\_QINT1 **Home care services are health care or homemaker services received at home. Examples are: nursing care, help with bathing or housework, respite care and meal delivery.**  
 INTERVIEWER: Press <Enter> to continue.

HMC\_Q09 **[Have/Has] [you/FNAME] received any home care services in the past 12 months, with the cost being entirely or partially covered by government?**  
 HMCC\_09

- 1 Yes  
 2 No (Go to HMC\_Q11)  
 DK, R (Go to HMC\_END)

HMC\_Q10 **What type of services [have/has] [you/he/she] received?**  
 INTERVIEWER: Read categories to respondent. Mark all that apply.  
 Cost must be entirely or partially covered by government.

- HMCC\_10A 1 **Nursing care (e.g., dressing changes, VON)**  
 HMCC\_10B 2 **Other health care services (e.g., physiotherapy, nutrition counselling)**  
 HMCC\_10C 3 **Personal care (e.g., bathing, foot care)**  
 HMCC\_10D 4 **Housework (e.g., cleaning, laundry)**  
 HMCC\_10E 5 **Meal preparation or delivery**  
 HMCC\_10F 6 **Shopping**  
 HMCC\_10G 7 **Respite care (i.e., caregiver relief program)**  
 HMCC\_10H 8 **Other - Specify**  
 DK, R

HMC\_C10S If HMC\_Q10 = 8, go to HMC\_C11.  
 Otherwise, go to HMC\_Q10S.

HMC\_Q10S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

HMC\_C11 If HMC\_Q09 = 1, use "any other home care services" in HMC\_Q11.  
 Otherwise, use "any home care services" in HMC\_Q11.

HMC\_Q11 **[Have/Has] [you/FNAME] received any [other] home care services in the past 12 months, with the cost not covered by government (for example: care provided by a spouse or friends)?**  
 HMCC\_11

INTERVIEWER: Include only homemaker services (e.g. housework) that are provided because of a respondent's health problem or condition.

- 1 Yes  
 2 No (Go to HMC\_Q14)  
 DK, R (Go to HMC\_Q14)

HMC\_C12 If HMC\_Q09 = 1, use “other home care services” in HMC\_Q12.  
Otherwise, use “home care services” in HMC\_Q12.

HMC\_Q12 **Who provided these [other] home care services?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- |          |   |                                      |
|----------|---|--------------------------------------|
| HMCC_12A | 1 | <b>Nurse from private agency</b>     |
| HMCC_12B | 2 | <b>Homemaker from private agency</b> |
| HMCC_12C | 3 | <b>Neighbour or friend</b>           |
| HMCC_12D | 4 | <b>Family member</b>                 |
| HMCC_12E | 5 | <b>Volunteer</b>                     |
| HMCC_12F | 6 | Other - Specify<br>DK, R             |

HMC\_C12S If HMC\_Q12 <> 6, go to HMC\_Q13.  
Otherwise, go to HMC\_Q12S.

HMC\_Q12S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HMC\_C13 For each person identified in HMC\_Q12 where n = A, B, ..., F, ask HMC\_Q13n up to 6 times.

HMC\_Q13n **What type of services [have/has] [you/he/she] received from [person identified in HMC\_Q12]?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- |          |   |  |
|----------|---|--|
| HMCC_3nA | 1 | <b>Nursing care (e.g., dressing changes)</b>                                   |
| HMCC_3nB | 2 | <b>Other health care services (e.g., physiotherapy, nutrition counselling)</b> |
| HMCC_3nC | 3 | <b>Personal care (e.g., bathing, foot care)</b>                                |
| HMCC_3nD | 4 | <b>Housework (e.g., cleaning, laundry)</b>                                     |
| HMCC_3nE | 5 | <b>Meal preparation or delivery</b>  |
| HMCC_3nF | 6 | <b>Shopping</b>  |
| HMCC_3nG | 7 | <b>Respite care (i.e., caregiver relief program)</b>                           |
| HMCC_3nH | 8 | Other - Specify<br>DK, R   |

HMC\_C13nS If HMC\_Q13n <> 8, go to HMC\_Q14.  
Otherwise, go to HMC\_Q13nS.

HMC\_Q13nS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HMC\_Q14 **During the past 12 months, was there ever a time when [you/FNAME] felt that [you/he/she] needed home care services but [you/he/she] didn't receive them?**  
HMCC\_14

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

HMC\_Q15 **Thinking of the most recent time, why didn't [you/he/she] get these services?**

**INTERVIEWER:** Mark all that apply.

- |          |    |  |
|----------|----|--|
| HMCC_15A | 1  | Not available - in the area                                |
| HMCC_15B | 2  | Not available - at time required (e.g. inconvenient hours) |
| HMCC_15C | 3  | Waiting time too long                                      |
| HMCC_15D | 4  | Felt would be inadequate                                   |
| HMCC_15E | 5  | Cost   |
| HMCC_15F | 6  | Too busy   |
| HMCC_15G | 7  | Didn't get around to it / didn't bother                    |
| HMCC_15H | 8  | Didn't know where to go/call                               |
| HMCC_15I | 9  | Language problems  |
| HMCC_15J | 10 | Personal or family responsibilities                        |
| HMCC_15K | 11 | Decided not to seek services                               |
| HMCC_15L | 12 | Doctor - didn't think it was necessary                     |
| HMCC_15M | 13 | Other - Specify<br>DK, R                                   |

HMC\_C15S If HMC\_Q15 <> 13, go to HMC\_Q16.  
Otherwise, go to HMC\_Q15S.

HMC\_Q15S **INTERVIEWER:** Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HMC\_Q16 **Again, thinking of the most recent time, what was the type of home care that was needed?**

**INTERVIEWER:** Mark all that apply.

- |          |   |   |
|----------|---|---|
| HMCC_16A | 1 | Nursing care (e.g., dressing changes)                                   |
| HMCC_16B | 2 | Other health care services (e.g., physiotherapy, nutrition counselling) |
| HMCC_16C | 3 | Personal care (e.g., bathing, foot care)                                |
| HMCC_16D | 4 | Housework (e.g., cleaning, laundry)                                     |
| HMCC_16E | 5 | Meal preparation or delivery  |
| HMCC_16F | 6 | Shopping  |
| HMCC_16G | 7 | Respite care (i.e., caregiver relief program)                           |
| HMCC_16H | 8 | Other - Specify<br>DK, R  |

HMC\_C16S If HMC\_Q16 <> 8, go to HMC\_END.  
Otherwise, go to HMC\_Q16S.

HMC\_Q16S **INTERVIEWER:** Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HMC\_END

## SATISFACTION WITH AVAILABILITY

SWA\_C11A If (do SWA block = 2), go to SWA\_END.  
SWACFDO Otherwise, go to SWA\_C11B.

SWA\_C11B If proxy interview or if age < 15, go to SWA\_END.  
Otherwise, go to SWA\_QINT.

SWA\_QINT **Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the quality of the care you received.**  
INTERVIEWER: Press <Enter> to continue.

SWA\_C11C If HCU\_Q01BA = 1 (overnight patient) or answered at least one of HCU\_Q02A to HCU\_Q02J > 0 (saw or talked on telephone to health professional), go to SWA\_Q11A.  
Otherwise, go to SWA\_Q11.

SWA\_Q11 **In the past 12 months, have you received any health care services?**  
SWAC\_11

- 1 Yes
- 2 No (Go to SWA\_END)
- DK, R (Go to SWA\_END)

SWA\_Q11A **Overall, how would you rate the availability of the health care services you received when you needed them? Would you say it was:**  
SWAC\_11A INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... good?
- 3 ... fair?
- 4 ... poor?
- DK, R

SWA\_END

FOR INFORMATION ONLY

**PATIENT SATISFACTION**

PAS\_C11A If (do PAS block = 2), go to PAS\_END.  
 PASC\_FDO Otherwise, go to PAS\_C11B.

PAS\_C11B If proxy interview or if age < 15, go to PAS\_END.  
 Otherwise, go to PAS\_C11C.

PAS\_C11C If (do SWA block = 2), go to PAS\_QINT1.  
 Otherwise, go to PAS\_C11C1.

PAS\_C11C1 If (SWA\_Q11 = 2 or DK or R), go to PAS\_END.  
 SWA\_Q11 = 1, go to PAS\_Q12.

PAS\_QINT1 **Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the quality of the care you received.**  
 INTERVIEWER: Press <Enter> to continue.

PAS\_C11D If HCU\_Q01BA = 1 (overnight patient) or at least one of HCU\_Q02A to HCU\_Q02J > 0 (saw or talked on telephone to health professional), go to PAS\_Q12.  
 Otherwise, go to PAS\_Q11.

Note: In processing will set PAS\_Q11 to 1 if SWA\_Q11 = 1.

PAS\_Q11 **In the past 12 months, have you received any health care services?**  
 PASC\_11

- 1 Yes
- 2 No (Go to PAS\_END)  
 DK, R (Go to PAS\_END)

PAS\_Q12 **Overall, how would you rate the quality of the health care you received?**  
 PASC\_12 **Would you say it was:**  
 INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... good?
- 3 ... fair?
- 4 ... poor?  
 DK, R

PAS\_Q13 **Overall, how satisfied were you with the way health care services were provided?**  
 PASC\_13 **Were you:**  
 INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
- 2 ... somewhat satisfied?
- 3 ... neither satisfied nor dissatisfied?
- 4 ... somewhat dissatisfied?
- 5 ... very dissatisfied?  
 DK, R

PAS\_Q21A      **In the past 12 months, have you received any health care services at a hospital,  
PASC\_21A      **for any diagnostic or day surgery service, overnight stay, or as an emergency room  
patient?****

- 1      Yes
- 2      No      (Go to PAS\_Q31A)  
DK, R      (Go to PAS\_Q31A)

PAS\_Q21B      **Thinking of your most recent hospital visit, were you:**  
PASC\_21B      **INTERVIEWER:** Read categories to respondent.

- 1      **... admitted overnight or longer (an inpatient)?**
- 2      **... a patient at a diagnostic or day surgery clinic (an outpatient)?**
- 3      **... an emergency room patient?**  
DK, R      (Go to PAS\_Q31A)

PAS\_Q22      **(Thinking of this most recent hospital visit:)**  
PASC\_22      **... how would you rate the quality of the care you received? Would you say it was:**  
**INTERVIEWER:** Read categories to respondent.

- 1      **... excellent?**
- 2      **... good?**
- 3      **... fair?**
- 4      **... poor?**  
DK, R

PAS\_Q23      **(Thinking of this most recent hospital visit:)**  
PASC\_23      **... how satisfied were you with the way hospital services were provided? Were you:**  
**INTERVIEWER:** Read categories to respondent.

- 1      **... very satisfied?**
- 2      **... somewhat satisfied?**
- 3      **... neither satisfied nor dissatisfied?**
- 4      **... somewhat dissatisfied?**
- 5      **... very dissatisfied?**  
DK, R

PAS\_Q31A      **In the past 12 months, not counting hospital visits, have you received any health  
PASC\_31A      **care services from a family doctor or other physician?****

- 1      Yes
- 2      No      (Go to PAS\_QINT2)  
DK, R      (Go to PAS\_QINT2)

PAS\_Q31B      **Thinking of the most recent time, was care provided by:**  
PASC\_31B      **INTERVIEWER:** Read categories to respondent.

- 1      **... a family doctor (general practitioner)?**
- 2      **... a medical specialist?**  
DK, R      (Go to PAS\_QINT2)



PAS\_Q32 (Thinking of this most recent care from a physician:  
 PASC\_32 ... how would you rate the quality of the care you received? Would you say it was:  
 INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... good?
- 3 ... fair?
- 4 ... poor?
- DK, R

PAS\_Q33 (Thinking of this most recent care from a physician:  
 PASC\_33 ... how satisfied were you with the way physician care was provided? Were you:  
 INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
- 2 ... somewhat satisfied?
- 3 ... neither satisfied nor dissatisfied?
- 4 ... somewhat dissatisfied?
- 5 ... very dissatisfied?
- DK, R

PAS\_QINT2 The next questions are about community-based health care which includes any health care received outside of a hospital or doctor's office. Examples are: home nursing care, home-based counselling or therapy, personal care and community walk-in clinics.  
 INTERVIEWER: Press <Enter> to continue.

PAS\_Q41 In the past 12 months, have you received any community-based care?  
 PASC\_41

- 1 Yes
- 2 No (Go to PAS\_END)
- DK, R (Go to PAS\_END)

PAS\_Q42 Overall, how would you rate the quality of the community-based care you received? Would you say it was:  
 PASC\_42 INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... good?
- 3 ... fair?
- 4 ... poor?
- DK, R

PAS\_Q43 Overall, how satisfied were you with the way community-based care was provided? Were you:  
 PASC\_43 INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
- 2 ... somewhat satisfied?
- 3 ... neither satisfied nor dissatisfied?
- 4 ... somewhat dissatisfied?
- 5 ... very dissatisfied?
- DK, R

PAS\_END

## PATIENT SATISFACTION WITH TELEHEALTH SERVICES

PAS2\_BEG      Collected starting April 2003.

PAS\_C51A      If (do PAS2 block = 2), go to PAS2\_END.  
Otherwise, go to PAS\_C51B.

PAS\_C51B      If proxy interview or if age < 15, go to PAS2\_END.  
Otherwise, go to PAS\_Q51.

Note:            The following questions were asked to respondents 15 year old or over who have  
ACCCFDO = 1 (answered the questions in the Access to Health Services module).

PAS\_Q51            **In the past 12 months, have you used a telephone health line or telehealth service?**

PASC\_51

- 1      Yes
- 2      No      (Go to PAS2\_END)  
DK, R      (Go to PAS2\_END)

PAS\_Q52            **Overall, how would you rate the quality of the service you received? Would you  
say it was:**

PASC\_52

INTERVIEWER: Read categories to respondent.

- 1      ... excellent?
- 2      ... good?
- 3      ... fair?
- 4      ... poor?  
DK, R

PAS\_Q53            **Overall, how satisfied were you with the way the telehealth service was provided?**

PASC\_53

**Were you:**

INTERVIEWER: Read categories to respondent.

- 1      ... very satisfied?
- 2      ... somewhat satisfied?
- 3      ... neither satisfied nor dissatisfied?
- 4      ... somewhat dissatisfied?
- 5      ... very dissatisfied?  
DK, R

PAS2\_END

## RESTRICTION OF ACTIVITIES

RAC\_C1 If (do RAC block = 2), go to RAC\_END.  
 RACCFDO Otherwise, go to RAC\_QINT.

RAC\_QINT **The next few questions deal with any current limitations in [your/FNAME's] daily activities caused by a long-term health condition or problem. In these questions, a "long-term condition" refers to a condition that is expected to last or has already lasted 6 months or more.**  
 INTERVIEWER: Press <Enter> to continue.

RAC\_Q1 **[Do/Does] [you/he/she] have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?**  
 RACC\_1 INTERVIEWER: Read categories to respondent.

- 1 **Sometimes**
- 2 **Often**
- 3 **Never**
- DK
- R (Go to RAC\_END)

RAC\_Q2A **Does a long-term physical condition or mental condition or health problem, reduce**  
 RACC\_2A **the amount or the kind of activity [you/he/she] can do:**  
**... at home?**  
 INTERVIEWER: Read categories to respondent.

- 1 **Sometimes**
- 2 **Often**
- 3 **Never**
- DK
- R (Go to RAC\_END)

RAC\_Q2B\_1 **(Does a long-term physical condition or mental condition or health problem, reduce**  
 RACC\_2B1 **the amount or the kind of activity [you/he/she] can do:)**  
**... at school?**

- 1 **Sometimes**
- 2 **Often**
- 3 **Never**
- 4 **Not applicable**
- DK
- R (Go to RAC\_END)

RAC\_Q2B\_2 **(Does a long-term physical condition or mental condition or health problem, reduce**  
 RACC\_2B2 **the amount or the kind of activity [you/he/she] can do:)**  
**... at work?**

- 1 **Sometimes**
- 2 **Often**
- 3 **Never**
- 4 **Not applicable**
- DK
- R (Go to RAC\_END)

RAC\_Q2C **(Does a long-term physical condition or mental condition or health problem, reduce**  
 RACC\_2C **the amount or the kind of activity [you/he/she] can do:)**  
**... in other activities, for example, transportation or leisure?**

- 1 Sometimes
- 2 Often
- 3 Never
- DK
- R (Go to RAC\_END)

RAC\_C5 If respondent has difficulty or is limited in activities (if RAC\_Q1 = 1 or 2 or RAC\_Q2(A)-(C) = 1 or 2), go to RAC\_Q5. Otherwise, go to RAC\_Q6A.

RAC\_Q5 **Which one of the following is the best description of the cause of this condition?**  
 RACC\_5 **INTERVIEWER:** Read categories to respondent.

- 1 **Accident at home**
- 2 **Motor vehicle accident**
- 3 **Accident at work**
- 4 **Other type of accident**
- 5 **Existed from birth or genetic**
- 6 **Work conditions**
- 7 **Disease or illness**
- 8 **Ageing**
- 9 **Emotional or mental health problem or condition**
- 10 **Use of alcohol or drugs**
- 11 Other - Specify  
DK, R

RAC\_C5S If RAC\_Q5 <> 11, go to RAC\_Q5B\_1. Otherwise, go to RAC\_Q5C.

RAC\_Q5S **INTERVIEWER:** Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

RAC\_Q5B\_1 **Because of [your/his/her] condition or health problem, [have/has] [you/he/she]**  
 RACC\_5B1 **ever experienced discrimination or unfair treatment?**

- 1 Yes
- 2 No (Go to RAC\_Q6A)
- DK, R (Go to RAC\_Q6A)

RAC\_Q5B\_2 **In the past 12 months, how much discrimination or unfair treatment did**  
 RACC\_5B2 **[you/he/she] experience?**

- 1 A lot
- 2 Some
- 3 A little
- 4 None at all
- DK, R

RAC\_Q6A  
RACC\_6A      **The next few questions may not apply to [you/FNAME], but we need to ask the same questions of everyone.**

**Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:  
... with preparing meals?**

- 1      Yes
- 2      No  
         DK, R

RAC\_Q6B\_1  
RACC\_6B1      **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:  
... with getting to appointments and running errands such as shopping for groceries?**

- 1      Yes
- 2      No  
         DK, R

RAC\_Q6C  
RACC\_6C      **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:  
... with doing everyday housework?**

- 1      Yes
- 2      No  
         DK, R

RAC\_Q6D  
RACC\_6D      **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:  
... with doing heavy household chores such as spring cleaning or yard work?**

- 1      Yes
- 2      No  
         DK, R

RAC\_Q6E  
RACC\_6E      **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:  
... with personal care such as washing, dressing, eating or taking medication?**

- 1      Yes
- 2      No  
         DK, R

RAC\_Q6F  
RACC\_6F      **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:  
... with moving about inside the house?**

- 1      Yes
- 2      No  
         DK, R

RAC\_Q6G  
RACC\_6G **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)**  
... with looking after [your/his/her] personal finances such as making bank transactions or paying bills?

- 1 Yes
- 2 No
- DK, R

RAC\_Q7A  
RACC\_7A **Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:**  
... making new friends or maintaining friendships?

- 1 Yes
- 2 No
- DK, R

RAC\_Q7B  
RACC\_7B **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:)**  
... dealing with people [you/he/she] [don't/doesn't] know well?

- 1 Yes
- 2 No
- DK, R

RAC\_Q7C  
RACC\_7C **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:)**  
... starting and maintaining a conversation?

- 1 Yes
- 2 No
- DK, R

RAC\_C8 If any of RAC\_Q6A to RAC\_Q6G or RAC\_Q7A to RAC\_Q7C = 1, go to RAC\_Q8.  
Otherwise, go to RAC\_END.

RAC\_Q8 **Are these difficulties due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason?**

INTERVIEWER: Mark all that apply.

- RACC\_8A 1 Physical health
- RACC\_8B 2 Emotional or mental health
- RACC\_8C 3 Use of alcohol or drugs
- RACC\_8D 4 Another reason – Specify
- DK, R

RAC\_C8S If RAC\_Q8 <> 4, go to RAC\_END.  
Otherwise, go to RAC\_Q8S.

RAC\_Q8S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

RAC\_END

**TWO-WEEK DISABILITY**

TWD\_C1 If (do TWD block = 2), go to TWD\_END.  
 TWDCFDO Otherwise, go to TWD\_QINT.

TWD\_QINT **The next few questions ask about [your/FNAME's] health during the past 14 days. It is important for you to refer to the 14-day period from [date two weeks ago] to [date yesterday].**  
 INTERVIEWER: Press <Enter> to continue.

TWD\_Q1 **During that period, did [you/FNAME] stay in bed at all because of illness or injury, including any nights spent as a patient in a hospital?**  
 TWDC\_1

- 1 Yes  
 2 No (Go to TWD\_Q3)  
 DK, R (Go to TWD\_END)

TWD\_Q2 **How many days did [you/he/she] stay in bed for all or most of the day?**  
 TWDC\_2 INTERVIEWER: Enter 0 if less than a day.

|\_| Days  
 (MIN: 0) (MAX: 14)

DK, R (Go to TWD\_END)

TWD\_C2A If TWD\_Q2 > 1, go to TWD\_Q2B.

TWD\_Q2A **Was that due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**  
 TWDC\_2A

- 1 Yes  
 2 No  
 DK, R

Go to TWD\_C3

Note: TWD\_Q2B set to number of days in TWD\_Q2 if TWD\_Q2A = 1 in processing.

TWD\_Q2B **How many of these [TWD\_Q2] days were due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**  
 TWDC\_2B

INTERVIEWER: Minimum is 0; maximum is [TWD\_Q2].

|\_| Days  
 (MIN: 0) (MAX: days in TWD\_Q2)

DK, R

TWD\_C3 If TWD\_Q2 = 14 days, go to TWD\_END.

TWD\_C3A If TWD\_Q3 = 2, use "During those 14 days, were..." in TWD\_Q3.  
 Otherwise, use "Not counting days spent in ..." in TWD\_Q3.

**TWD\_Q3** [Not counting days spent in bed] During those 14 days, were there any days that  
**TWDC\_3** [you/FNAME] cut down on things [you/he/she] normally [do/does] because of illness or injury?

- 1 Yes
- 2 No (Go to TWD\_Q5)
- DK, R (Go to TWD\_Q5)

**TWD\_Q4** How many days did [you/FNAME] cut down on things for all or most of the day?  
**TWDC\_4** INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD\_Q2].

[\_|\_|] Days  
(MIN: 0) (MAX: 14 - days in TWD\_Q2)

DK, R (Go to TWD\_Q5)

**TWD\_C4A** If TWD\_Q4 > 1, go to TWD\_Q4B.

**TWD\_Q4A** Was that due to [your/his/her] emotional or mental health or [your/his/her] use of  
**TWDC\_4A** alcohol or drugs?

- 1 Yes
- 2 No
- DK, R

Go to TWD\_Q5

Note: TWD\_Q4B set to number of days in TWD\_Q2 if TWD\_Q4A = 1 in processing.

**TWD\_Q4B** How many of these [TWD\_Q4] days were due to [your/his/her] emotional or mental  
**TWDC\_4B** health or [your/his/her] use of alcohol or drugs?

INTERVIEWER: Minimum is 0, maximum is [TWD\_Q4].

[\_|\_|] Days  
(MIN: 0) (MAX: days in TWD\_Q4)

DK, R

**TWD\_Q5** [Not counting days spent in bed] During those 14 days, were there any days when  
**TWDC\_5A** it took extra effort to perform up to [your/his/her] usual level at work or at [your/his/her] other daily activities, because of illness or injury?

- 1 Yes
- 2 No (Go to TWD\_END)
- DK, R (Go to TWD\_END)

**TWD\_Q6** How many days required extra effort?  
**TWDC\_6** INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD\_Q2].

[\_|\_|] Days  
(MIN: 0) (MAX: 14 - days in TWD\_Q2)

DK, R (Go to TWD\_END)



TWD\_C6A If TWD\_Q6 > 1, go to TWD\_Q6B.

TWD\_Q6A **Was that due to [your/his/her] emotional or mental health or [your/his/her] use of**  
TWDC\_6A **alcohol or drugs?**

- 1 Yes
- 2 No  
DK, R

Go to TWD\_END

Note: TWD\_Q6B set to number of days in TWD\_Q2 if TWD\_Q6A = 1 in processing.

TWD\_Q6B **How many of these [TWD\_Q6] days were due to [your/his/her] emotional or mental**  
TWDC\_6B **health or [your/his/her] use of alcohol or drugs?**

INTERVIEWER: Minimum is 0; maximum is [TWD\_Q6].

[\_ \_] Days  
(MIN: 0) (MAX: days in TWD\_Q6)

DK, R

TWD\_END

FOR INFORMATION ONLY

## INSURANCE COVERAGE

INS\_C1A If (do INS block = 2), go to INS\_END.  
INSCFDO Otherwise, go to INS\_QINT.

INS\_QINT **Now, turning to [your/FNAME's] insurance coverage. Please include any private, government or employer-paid plans.**  
INTERVIEWER: Press <Enter> to continue.

INS\_Q1 **[Do/Does] [you/FNAME] have insurance that covers all or part of:**  
INSC\_1 **... the cost of [your/his/her] prescription medications?**

- 1 Yes
- 2 No  
DK  
R (Go to INS\_END)

INS\_Q2 **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**  
INSC\_2 **... [your/his/her] dental expenses?**

- 1 Yes
- 2 No  
DK, R

INS\_Q3 **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**  
INSC\_3 **... the costs of eye glasses or contact lenses?**

- 1 Yes
- 2 No  
DK, R

INS\_Q4 **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**  
INSC\_4 **... hospital charges for a private or semi-private room?**

- 1 Yes
- 2 No  
DK, R

INS\_END

**FLU SHOTS**

FLU\_C1 If (do FLU block = 2), then go to FLU\_END.  
 FLUCFDO Otherwise, go to FLU\_C160.

FLU\_C160 If proxy interview, go to FLU\_END.  
 Otherwise, go to FLU\_Q160.

FLU\_Q160 **Now a few questions about your use of various health care services.**  
 FLUC\_160

**Have you ever had a flu shot?**

- 1 Yes  
 2 No (Go to FLU\_C166)  
 DK, R (Go to FLU\_END)

FLU\_Q162 **When did you have your last flu shot?**  
 FLUC\_162 INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago** (Go to FLU\_END)  
 2 **1 year to less than 2 years ago**  
 3 **2 years ago or more**  
 DK, R (Go to FLU\_END)

FLU\_C166 If age < 50, go to FLU\_END.

FLU\_Q166 **What are the reasons that you have not had a flu shot in the past year?**  
INTERVIEWER: Mark all that apply.

- FLUC\_66A 1 Have not gotten around to it  
 FLUC\_66B 2 Respondent - did not think it was necessary  
 FLUC\_66C 3 Doctor - did not think it was necessary  
 FLUC\_66D 4 Personal or family responsibilities  
 FLUC\_66E 5 Not available - at time required  
 FLUC\_66F 6 Not available - at all in the area  
 FLUC\_66G 7 Waiting time was too long  
 FLUC\_66H 8 Transportation - problems  
 FLUC\_66I 9 Language - problem  
 FLUC\_66J 10 Cost  
 FLUC\_66K 11 Did not know where to go / uninformed  
 FLUC\_66L 12 Fear (e.g., painful, embarrassing, find something wrong)  
 FLUC\_66M 13 Bad reaction to previous shot  
 FLUC\_66O 14 Unable to leave the house because of a health problem  
 FLUC\_66N 15 Other - Specify  
 DK, R

FLU\_C166S If FLU\_Q166 <> 15, go to FLU\_END.  
 Otherwise, go to FLU\_Q166S.

FLU\_Q166S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

FLU\_END

## BLOOD PRESSURE CHECK

BPC\_C010 If (do BPC block = 2) or proxy interview, go to BPC\_END.  
 BPCCFDO Otherwise, go to BPC\_Q010.

BPC\_Q010 **(Now blood pressure)**  
 BPCC\_010 **Have you ever had your blood pressure taken?**

- 1 Yes
- 2 No (Go to BPC\_C016)
- DK, R (Go to BPC\_END)

BPC\_Q012 **When was the last time?**  
 BPCC\_012 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to BPC\_END)
- 2 **6 months to less than 1 year ago** (Go to BPC\_END)
- 3 **1 year to less than 2 years ago** (Go to BPC\_END)
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**  
 DK, R (Go to BPC\_END)

BPC\_C016 If age < 25, go to BPC\_END.  
 Otherwise, go to BPC\_Q016.

BPC\_Q016 **What are the reasons that you have not had your blood pressure taken in the past 2 years?**  
INTERVIEWER: Mark all that apply.

- BPCC\_16A 1 Have not gotten around to it
- BPCC\_16B 2 Respondent - did not think it was necessary
- BPCC\_16C 3 Doctor - did not think it was necessary
- BPCC\_16D 4 Personal or family responsibilities
- BPCC\_16E 5 Not available - at time required
- BPCC\_16F 6 Not available - at all in the area
- BPCC\_16G 7 Waiting time was too long
- BPCC\_16H 8 Transportation - problems
- BPCC\_16I 9 Language - problem
- BPCC\_16J 10 Cost
- BPCC\_16K 11 Did not know where to go / uninformed
- BPCC\_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
- BPCC\_16N 12 Unable to leave the house because of a health problem
- BPCC\_16M 13 Other - Specify  
 DK, R

BPC\_C016S If BPC\_Q016 <> 14, go to BPC\_END.  
 Otherwise, go to BPC\_Q016S.

BPC\_Q016S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

BPC\_END

**PAP SMEAR TEST**

PAP\_C1 If (do PAP block = 2), go to PAP\_END.  
 PAPCFDO Otherwise, go to PAP\_C020.

PAP\_C020 If proxy interview or male or age < 18, go to PAP\_END.  
 Otherwise, go to PAP\_Q020.

PAP\_Q020 **(Now PAP tests)**  
 PAPC\_020 **Have you ever had a PAP smear test?**

- 1 Yes
- 2 No (Go to PAP\_Q026)  
 DK, R (Go to PAP\_END)

PAP\_Q022 **When was the last time?**  
 PAPC\_022 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to PAP\_EI ID)
- 2 **6 months to less than 1 year ago** (Go to PAP\_END)
- 3 **1 year to less than 3 years ago** (Go to PAP\_END)
- 4 **3 years to less than 5 years ago**
- 5 **5 or more years ago**  
 DK, R (Go to PAP\_END)

PAP\_Q026 **What are the reasons that you have not had a PAP smear test in the past 3 years?**  
INTERVIEWER: Mark all that apply.

- |          |    |  |
|----------|----|--|
| PAPC_26A | 1  | Have not gotten around to it                             |
| PAPC_26B | 2  | Respondent - did not think it was necessary              |
| PAPC_26C | 3  | Doctor - did not think it was necessary                  |
| PAPC_26D | 4  | Personal or family responsibilities                      |
| PAPC_26E | 5  | Not available - at time required                         |
| PAPC_26F | 6  | Not available - at all in the area                       |
| PAPC_26G | 7  | Waiting time was too long                                |
| PAPC_26H | 8  | Transportation - problems                                |
| PAPC_26I | 9  | Language - problem                                       |
| PAPC_26J | 10 | Cost   |
| PAPC_26K | 11 | Did not know where to go / uninformed                    |
| PAPC_26L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| PAPC_26M | 13 | Have had a hysterectomy                                  |
| PAPC_26N | 14 | Hate / dislike having one done                           |
| PAPC_26P | 15 | Unable to leave the house because of a health problem    |
| PAPC_26O | 16 | Other - Specify<br>DK, R                                 |

PAP\_C026S If PAP\_Q026 <> 16, go to PAP\_END.  
 Otherwise, go to PAP\_Q026S.

PAP\_Q026S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

PAP\_END

## MAMMOGRAPHY

MAM\_C1 If (do MAM block = 2), go to MAM\_END.  
 MAMCFDO Otherwise, go to MAM\_C030.

MAM\_C030 If proxy interview or male, go to MAM\_END.  
 Otherwise, go to MAM\_C030A.

MAM\_C030A If (female and age < 35), go to MAM\_C037.  
 Otherwise, go to MAM\_Q030.

MAM\_Q030 **(Now Mammography)**  
 MAMC\_030 **Have you ever had a mammogram, that is, a breast x-ray?**

- 1 Yes
- 2 No (Go to MAM\_C036)
- DK, R (Go to MAM\_END)

MAM\_Q031 **Why did you have it?**  
**INTERVIEWER:** Mark all that apply.  
 If respondent says “doctor recommended it”, probe for reason.

- MAMC\_31A 1 Family history of breast cancer
- MAMC\_31B 2 Part of regular check-up / routine screening
- MAMC\_31C 3 Age
- MAMC\_31D 4 Previously detected lump
- MAMC\_31E 5 Follow-up of breast cancer treatment
- MAMC\_31F 6 On hormone replacement therapy
- MAMC\_31G 7 Breast problem
- MAMC\_31H 8 Other - Specify  
 DK, R

MAM\_C031S If MAM\_Q031 <> 8, go to MAM\_Q032.  
 Otherwise, go to MAM\_Q031S.

MAM\_Q031S **INTERVIEWER:** Specify.

(80 spaces)  
 DK, R

MAM\_Q032 **When was the last time?**  
 MAMC\_032 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than 6 months ago** (Go to MAM\_C037)
- 2 **6 months to less than 1 year ago** (Go to MAM\_C037)
- 3 **1 year to less than 2 years ago** (Go to MAM\_C037)
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R (Go to MAM\_C037)

MAM\_C036 If age < 50 or age > 69, go to MAM\_C037.  
Otherwise, go to MAM\_Q036.

MAM\_Q036 **What are the reasons you have not had one in the past 2 years?**  
INTERVIEWER: Mark all that apply.

- |          |    |  |
|----------|----|--|
| MAMC_36A | 1  | Have not gotten around to it                             |
| MAMC_36B | 2  | Respondent - did not think it was necessary              |
| MAMC_36C | 3  | Doctor - did not think it was necessary                  |
| MAMC_36D | 4  | Personal or family responsibilities                      |
| MAMC_36E | 5  | Not available - at time required                         |
| MAMC_36F | 6  | Not available - at all in the area                       |
| MAMC_36G | 7  | Waiting time was too long                                |
| MAMC_36H | 8  | Transportation - problems                                |
| MAMC_36I | 9  | Language - problem                                       |
| MAMC_36J | 10 | Cost   |
| MAMC_36K | 11 | Did not know where to go / uninformed                    |
| MAMC_36L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| MAMC_36N | 13 | Unable to leave the house because of a health problem    |
| MAMC_36M | 14 | Other – Specify<br>DK, R                                 |

MAM\_C036S If MAM\_Q036 <> 14, go to MAM\_C037.  
Otherwise, go to MAM\_Q036S.

MAM\_Q036S INTERVIEWER: Specify.

(80 spaces)  
DK, R

MAM\_C037 If age < 15 or > 49, go to MAM\_C038.  
Otherwise, go to MAM\_Q037.

MAM\_Q037 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**

- |   |                     |   |
|---|---------------------|---|
| 1 | Yes (Go to MAM_END) | (MAM_Q038 will be filled with "No" during processing) |
| 2 | No<br>DK, R         |   |

MAM\_C038 If age < 18, go to MAM\_END.  
Otherwise, go to MAM\_Q038.

MAM\_Q038 **Have you had a hysterectomy? (in other words, has your uterus been removed)?**

- |          |   |             |
|----------|---|-------------|
| MAMC_038 | 1 | Yes         |
|          | 2 | No<br>DK, R |

MAM\_END

## BREAST EXAMINATIONS

BRX\_C1 If (do BRX block = 2), go to BRX\_END.  
 BRXCFDO Otherwise, go to BRX\_C110.

BRX\_C110 If proxy interview or sex = male or age < 18, go to BRX\_END.  
 Otherwise, go to BRX\_Q110.

BRX\_Q110 **(Now breast examinations)**  
 BRXC\_110 **Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?**

- 1 Yes
- 2 No (Go to BRX\_Q116)
- DK, R (Go to BRX\_END)

BRX\_Q112 **When was the last time?**  
 BRXC\_112 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to BRX\_END)
- 2 **6 months to less than 1 year ago** (Go to BRX\_END)
- 3 **1 year to less than 2 years ago** (Go to BRX\_END)
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R (Go to BRX\_END)

BRX\_Q116 **What are the reasons that you have not had a breast exam in the past 2 years?**  
INTERVIEWER: Mark all that apply.

- BRXC\_16A 1 Have not gotten around to it
- BRXC\_16B 2 Respondent - did not think it was necessary
- BRXC\_16C 3 Doctor - did not think it was necessary
- BRXC\_16D 4 Personal or family responsibilities
- BRXC\_16E 5 Not available - at time required
- BRXC\_16F 6 Not available - at all in the area
- BRXC\_16G 7 Waiting time was too long
- BRXC\_16H 8 Transportation - problems
- BRXC\_16I 9 Language - problem
- BRXC\_16J 10 Cost
- BRXC\_16K 11 Did not know where to go / uninformed
- BRXC\_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
- BRXC\_16M 13 Unable to leave the house because of a health problem
- BRXC\_16N 14 Other - Specify
- BRXC\_16O DK, R

BRX\_C116S If BRX\_Q116 <> 14, go to BRX\_END.  
 Otherwise, go to BRX\_Q116S.

BRX\_Q116S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

BRX\_END



## BREAST SELF EXAMINATIONS

BSX\_C120A If (do BSX block = 2) or proxy interview, go to BSX\_END.  
 BSXCFDO Otherwise, go to BSX\_C120B.

BSX\_C120B If male or age < 18, go to BSX\_END.  
 Otherwise, go to BSX\_Q120.

BSX\_Q120 **(Now breast self examinations)**  
 BSXC\_120 **Have you ever examined your breasts for lumps (tumours, cysts)?**

- 1 Yes
- 2 No (Go to BSX\_END)  
 DK, R (Go to BSX\_END)

BSX\_Q121 **How often?**  
 BSXC\_121 **INTERVIEWER:** Read categories to respondent.

- 1 **At least once a month**
- 2 **Once every 2 to 3 months**
- 3 **Less often than every 2 to 3 months**  
 DK, R

BSX\_Q122 **How did you learn to do this?**  
**INTERVIEWER:** Mark all that apply.

- BSXC\_22A 1 Doctor
- BSXC\_22B 2 Nurse
- BSXC\_22C 3 Book / magazine / pamphlet
- BSXC\_22D 4 TV / video / film
- BSXC\_22E 5 Mother
- BSXC\_22F 6 Sister
- BSXC\_22G 7 Other - Specify  
 DK, R

BSX\_C122S If BSX\_Q\_22 <= 7, go to BSX\_END.  
 Otherwise, go to BSX\_Q122S.

BSX\_Q122S **INTERVIEWER:** Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

BSX\_END

## PHYSICAL CHECK-UP

PCU\_C1 If (PCU block = 2), go to PCU\_END.  
PCUCFDO Otherwise go to PCU\_C150.

PCU\_C150 If proxy interview, go to PCU\_END.  
Otherwise, go to PCU\_Q150.

PCU\_Q150 **(Now physical check-ups)**  
PCUC\_150 **Have you ever had a physical check-up without having a specific health problem?**

- 1 Yes (Go to PCU\_Q152)
- 2 No  
DK, R (Go to PCU\_END)

PCU\_Q151 **Have you ever had one during a visit for a health problem?**  
PCUC\_151

- 1 Yes
- 2 No (Go to PCU\_Q156)  
DK, R (Go to PCU\_END)

PCU\_Q152 **When was the last time?**  
PCUC\_152 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than 1 year ago** (Go to PCU\_END)
- 2 **1 year to less than 2 years ago** (Go to PCU\_END)
- 3 **2 years to less than 3 years ago** (Go to PCU\_END)
- 4 **3 years to less than 4 years ago**
- 5 **4 years to less than 5 years ago**
- 6 **5 or more years ago**  
DK, R (Go to PCU\_END)

PCU\_Q156 **What are the reasons that you have not had a check-up in the past 3 years?**  
**INTERVIEWER:** Mark all that apply.

- |          |    |  |
|----------|----|--|
| PCUC_56A | 1  | Have not gotten around to it                             |
| PCUC_56B | 2  | Respondent - did not think it was necessary              |
| PCUC_56C | 3  | Doctor - did not think it was necessary                  |
| PCUC_56D | 4  | Personal or family responsibilities                      |
| PCUC_56E | 5  | Not available - at time required                         |
| PCUC_56F | 6  | Not available - at all in the area                       |
| PCUC_56G | 7  | Waiting time was too long                                |
| PCUC_56H | 8  | Transportation - problems                                |
| PCUC_56I | 9  | Language - problem                                       |
| PCUC_56J | 10 | Cost   |
| PCUC_56K | 11 | Did not know where to go / uninformed                    |
| PCUC_56L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| PCUC_56N | 13 | Unable to leave the house because of a health problem    |
| PCUC_56M | 14 | Other - Specify<br>DK, R                                 |

PCU\_C156S If PCU\_Q156 <> 14, go to PCU\_END.  
Otherwise, go to PCU\_Q156S.

PCU\_Q156S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

FOR INFORMATION ONLY

## PROSTATE CANCER SCREENING

PSA\_C1 If (do PSA block = 2), go to PSA\_END.  
 PSACFDO Otherwise, go to PSA\_C170.

PSA\_C170 If proxy interview, go to PSA\_END.  
 Otherwise, go to PSA\_C170A.

PSA\_C170A If female or age < 35, go to PSA\_END.  
 Otherwise, go to PSA\_Q170.

PSA\_Q170 **(Now Prostate tests)**  
 PSAC\_170 **Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?**

- 1 Yes
- 2 No (Go to PSA\_Q174)
- DK (Go to PSA\_Q174)
- R (Go to PSA\_END)

PSA\_Q172 **When was the last time?**  
 PSAC\_172 **INTERVIEWER:** Read categories to respondent

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago**
- 3 **2 years to less than 3 years ago**
- 4 **3 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R

PSA\_Q173 **Why did you have it?**  
**INTERVIEWER:** Mark all that apply.  
 If respondent says 'Doctor recommended it' or 'I requested it', probe for reason.

- PSAC\_73A 1 Family history of prostate cancer
- PSAC\_73B 2 Part of regular check-up / routine screening
- PSAC\_73C 3 Age
- PSAC\_73G 4 Race
- PSAC\_73D 5 Follow-up of problem
- PSAC\_73E 6 Follow-up of prostate cancer treatment
- PSAC\_73F 7 Other - Specify
- DK, R

PSA\_C173S If PSA\_Q173 <> 7, go to PSA\_Q174.  
 Otherwise, go to PSA\_Q173S.

PSA\_Q173S **INTERVIEWER:** Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

PSA\_Q174  
PSAC\_174

**A Digital Rectal Exam is an exam in which a gloved finger is inserted into the rectum in order to feel the prostate gland.  
Have you ever had this exam?**

- 1 Yes
- 2 No (Go to PSA\_END)  
DK, R (Go to PSA\_END)

PSA\_Q175  
PSAC\_175

**When was the last time?**  
INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago**
- 3 **2 years to less than 3 years ago**
- 4 **3 years to less than 5 years ago**
- 5 **5 or more years ago**  
DK, R

PSA\_END

FOR INFORMATION ONLY

## COLORECTAL CANCER SCREENING

CCS\_C1 If (do CCS block = 2), go to CCS\_END.  
 CCSCFDO Otherwise, go to CCS\_C180.

CCS\_C180 If proxy interview or age < 35, go to CCS\_END.  
 Otherwise, go to CCS\_Q180.

CCS\_Q180 **Now a few questions about various Colorectal exams.**  
 CCSC\_180

**An FOBT is a test to check for blood in your stool, where you have a bowel movement and use a stick to smear a small sample on a special card. Have you ever had this test?**

- 1 Yes
- 2 No (Go to CCS\_Q184)
- DK (Go to CCS\_Q184)
- R (Go to CCS\_END)

CCS\_Q182 **When was the last time?**  
 CCSC\_182 INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago**
- 3 **2 years to less than 3 years ago**
- 4 **3 years to less than 5 years ago**
- 5 **5 years to less than 10 years ago**
- 6 **10 or more years ago**
- DK, R

CCS\_Q183 **Why did you have it?**  
INTERVIEWER: Mark all that apply.  
 If respondent says 'Doctor recommended it' or 'I requested it', probe for reason.

- CCSC\_83A 1 Family history of colorectal cancer
- CCSC\_83B 2 Part of regular check-up / routine screening
- CCSC\_83C 3 Age
- CCSC\_83G 4 Race
- CCSC\_83D 5 Follow-up of problem
- CCSC\_83E 6 Follow-up of colorectal cancer treatment
- CCSC\_83F 7 Other - Specify
- DK, R

CCS\_C183S If CCS\_Q183 <> 7, go to CCS\_Q184.  
 Otherwise, go to CCS\_Q183S.

CCS\_Q183S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

CCS\_Q184 **A colonoscopy or sigmoidoscopy is when a tube is inserted into the rectum**  
 CCSC\_184 **to view the bowel for early signs of cancer and other health problems.**  
**Have you ever had either of these exams?**

- 1 Yes
- 2 No (Go to CCS\_END)
- DK, R (Go to CCS\_END)

CCS\_Q185 **When was the last time?**  
 CCSC\_185 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago**
- 3 **2 years to less than 3 years ago**
- 4 **3 years to less than 5 years ago**
- 5 **5 years to less than 10 years ago**
- 6 **10 or more years ago**
- DK, R

CCS\_Q186 **Why did you have it?**  
**INTERVIEWER:** Mark all that apply.  
 If respondent says "Doctor recommended it" or "I requested it", probe for reason.

- CCSC\_86A 1 Family history of colorectal cancer
- CCSC\_86B 2 Part of regular check-up / routine screening
- CCSC\_86C 3 Age
- CCSC\_86G 4 Race
- CCSC\_86D 5 Follow-up of problem
- CCSC\_86E 6 Follow-up of colorectal cancer treatment
- CCSC\_86F 7 Other - Specify
- DK, R

CCS\_C186S If CCS\_Q186 <> 7, go to CCS\_C187.  
 Otherwise, go to CCS\_Q186S.

CCS\_Q186S **INTERVIEWER:** Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

CCS\_C187 If CCS\_Q180 = 1 (had a FOBT), go to CCS\_Q187.  
 Otherwise, go to CCS\_END.

CCS\_Q187 **Was the colonoscopy or sigmoidoscopy a follow-up of the results of an**  
 CCSC\_187 **FOBT?**

- 1 Yes
- 2 No
- DK, R

CCS\_END

## DENTAL VISITS

DEN\_BEG Set WearsDentures = No

DEN\_C130A If (do DEN block = 2), go to DEN\_END.  
 DENC\_FDO Otherwise, go to DEN\_C130B.

DEN\_C130B If proxy interview, go to DEN\_END.  
 Otherwise, go to DEN\_C130C.

DEN\_C130C If HCU\_Q02E = 0, DK or R (has not seen or talked to a dentist in past 12 months), go to DEN\_Q132.  
 Otherwise, go to DEN\_Q130.

DEN\_Q130 **(Now dental visits)**  
 DENC\_130 **It was reported earlier that you have “seen” or “talked to” a dentist in the past 12 months. Did you actually visit one?**

- 1 Yes (Go to DEN\_END) (DEN\_Q132 = 1 will be filled during processing)
- 2 No
- DK, R (Go to DEN\_END)

DEN\_Q132 **When was the last time that you went to a dentist?**  
 DENC\_132 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago** (Go to DEN\_END)
- 3 **2 years to less than 3 years ago** (Go to DEN\_END)
- 4 **3 years to less than 4 years ago** (Go to DEN\_Q136)
- 5 **4 years to less than 5 years ago** (Go to DEN\_Q136)
- 6 **5 or more years ago** (Go to DEN\_Q136)
- 7 Never (Go to DEN\_Q136)
- DK, R (Go to DEN\_END)

DEN\_E132 If DEN\_Q132 = 1 and HCU\_Q02E = 0, show pop-up edit as follows.  
 Otherwise, go to DEN\_END.

**Inconsistent answers have been entered. The respondent went to a dentist less than 1 year ago but previously reported that he/she had not “seen” or “talked” to a dentist in the past 12 months. Please confirm.**



DEN\_Q136 **What are the reasons that you have not been to a dentist in the past 3 years?**

INTERVIEWER: Mark all that apply.

- |          |    |  |
|----------|----|--|
| DENC_36A | 1  | Have not gotten around to it                             |
| DENC_36B | 2  | Respondent - did not think it was necessary              |
| DENC_36C | 3  | Dentist - did not think it was necessary                 |
| DENC_36D | 4  | Personal or family responsibilities                      |
| DENC_36E | 5  | Not available - at time required                         |
| DENC_36F | 6  | Not available - at all in the area                       |
| DENC_36G | 7  | Waiting time was too long                                |
| DENC_36H | 8  | Transportation - problems                                |
| DENC_36I | 9  | Language - problem                                       |
| DENC_36J | 10 | Cost   |
| DENC_36K | 11 | Did not know where to go / uninformed                    |
| DENC_36L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| DENC_36M | 13 | Wears dentures   |
| DENC_36O | 14 | Unable to leave the house because of a health problem    |
| DENC_36N | 15 | Other – Specify<br>DK, R                                 |

DEN\_D136 If DEN\_Q136 = 13, then WearsDentures = Yes.  
Otherwise, WearsDentures = No.

DEN\_C136S If DEN\_Q136 <> 15, go to DEN\_END.  
Otherwise, go to DEN\_Q136S.

DEN\_Q136S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

DEN\_END

FOR INFORMATION ONLY

## ORAL HEALTH 2

OH2\_C10A If (do OH2 block = 2), go to OH2\_END.  
OH2CFDO Otherwise, go to OH2\_C10B.

OH2\_C10B If proxy interview, go to OH2\_END.  
Otherwise, go to OH2\_C10C.

OH2\_C10C If DEN\_Q132 = 7 (never goes to the dentist), go to OH2\_C11.  
Otherwise, go to OH2\_Q10.

OH2\_Q10 **Do you usually visit the dentist:**  
OH2C\_10 INTERVIEWER: Read categories to respondent.

- 1 ... more than once a year for check-ups?
- 2 ... about once a year for check-ups?
- 3 ... less than once a year for check-ups?
- 4 ... only for emergency care?  
DK, R (Go to OH2\_END)

OH2\_C11 If (do INS block = 2), go to OH2\_Q11.  
Otherwise, go to OH2\_C12.

Note: Set OH2\_Q11 = INS\_Q2.

OH2\_Q11 **Do you have insurance that covers all or part of your dental expenses?**  
OH2C\_11 **Please include any private, government or employer-paid plans.**

- 1 Yes
- 2 No  
DK, R

OH2\_C12 If DEN\_Q130 = 1 or DEN\_Q132 = 1 (has visited dentist in past year), go to OH2\_Q12.  
Otherwise, go to OH2\_Q20.

OH2\_Q12 **In the past 12 months, have you had any teeth removed by a dentist?**  
OH2C\_12

- 1 Yes
- 2 No (Go to OH2\_Q20)  
DK, R (Go to OH2\_Q20)

OH2\_Q13 **(In the past 12 months,) were any teeth removed because of decay or gum**  
OH2C\_13 **disease?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q20 **Do you have one or more of your own teeth?**  
OH2C\_20

- 1 Yes
- 2 No  
DK, R

OH2\_C21 If DEN\_Q136M = 1 (wears dentures) then WearsDentures = 1, go to OH2\_C22. Otherwise, go to OH2\_Q21.

Note: If DEN\_Q136M = 1, OH2\_Q21 will be set to 1 (yes) in processing.

OH2\_Q21 **Do you wear dentures or false teeth?**  
OH2C\_21

- 1 Yes
- 2 No  
DK, R

OH2\_C22 If OH2\_Q21=1 or DEN\_Q136 = 13, use [teeth, mouth or dentures] in [teeth, mouth or dentures/teeth or mouth]. Otherwise, use [teeth or mouth] in [teeth, mouth or dentures/teeth or mouth].

OH2\_QINT22 **Now we have some additional questions about oral health, that is the health of your teeth and mouth.**

INTERVIEWER: Press <Enter> to continue.

OH2\_Q22 **Because of the condition of your [teeth, mouth or dentures/teeth or mouth],**  
OH2C\_22 **do you have difficulty pronouncing any words or speaking clearly?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q23 **In the past 12 months, how often have you avoided conversation or contact**  
OH2C\_23 **with other people, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?**

INTERVIEWER: Read categories to respondent.

- 1 **Often**
- 2 **Sometimes**
- 3 **Rarely**
- 4 **Never**  
DK, R

OH2\_Q24 **In the past 12 months, how often have you avoided laughing or smiling,**  
OH2C\_24 **because of the condition of your [teeth, mouth or dentures/teeth or mouth]?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

OH2\_QINT25 **Now some questions about the health of your teeth and mouth during the past month.**

INTERVIEWER: Press <Enter> to continue.

OH2\_Q25A **In the past month, have you had:**  
OH2C\_25A **... a toothache?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q25B      **In the past month, were your teeth:  
OH2C\_25B      ... sensitive to hot or cold food or drinks?**

- 1      Yes
- 2      No  
         DK, R

OH2\_Q25C      **In the past month, have you had:  
OH2C\_25C      ... pain in or around the jaw joints?**

- 1      Yes
- 2      No  
         DK, R

OH2\_Q25D      **(In the past month, have you had:)  
OH2C\_25D      ... other pain in the mouth or face?**

- 1      Yes
- 2      No  
         DK, R

OH2\_Q25E      **(In the past month, have you had:)  
OH2C\_25E      ... bleeding gums?**

- 1      Yes
- 2      No  
         DK, R

OH2\_Q25F      **(In the past month, have you had:)  
OH2C\_25F      ... dry mouth?**  
INTERVIEWER: Do not include thirst caused by exercise.

- 1      Yes
- 2      No  
         DK, R

OH2\_Q25G      **(In the past month, have you had:)  
OH2C\_25G      ... bad breath?**

- 1      Yes
- 2      No  
         DK, R

OH2\_C30      If OH2\_Q20 = 1 (has at least one natural tooth), go to OH2\_Q30.  
         Otherwise, go to OH2\_END.

OH2\_Q30  
OH2C\_30

**How often do you brush your teeth?**

- 1 More than twice a day
  - 2 Twice a day
  - 3 Once a day
  - 4 Less than once a day but more than once a week
  - 5 Once a week
  - 6 Less than once a week
- DK, R

OH2\_END

FOR INFORMATION ONLY

## FOOD CHOICES

FDC\_C1A If (do FDC block = 2), then go to FDC\_END.  
FDCCFDO Otherwise, go to FDC\_C1B.

FDC\_C1B If proxy interview, go to FDC\_END.  
Otherwise, go to FDC\_QINT.

FDC\_QINT **Now, some questions about the foods you eat.**  
INTERVIEWER: Press <Enter> to continue.

FDC\_Q1A **Do you choose certain foods or avoid others :**  
FDCC\_1A **... because you are concerned about your body weight?**

- 1 Yes (or sometimes)
- 2 No  
DK, R (Go to FDC\_END)

FDC\_Q1B **... because you are concerned about heart disease?**  
FDCC\_1B

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q1C **... because you are concerned about cancer?**  
FDCC\_1C

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q1D **... because you are concerned about osteoporosis (brittle bones)?**  
FDCC\_1D

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q2A **Do you choose certain foods because of :**  
FDCC\_2A **... the lower fat content?**

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q2B **... the fibre content?**  
FDCC\_2B

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q2C **... the calcium content?**  
FDCC\_2C

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q3A      **Do you avoid certain foods because of :**  
FDCC\_3A      **... the fat content?**

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q3B      **... the type of fat they contain?**  
FDCC\_3B

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q3C      **... the salt content?**  
FDCC\_3C

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q3D      **... the cholesterol content?**  
FDCC\_3D

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q3E      **... the calorie content?**  
FDCC\_3E

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_END

FOR INFORMATION ONLY

## DIETARY SUPPLEMENT USE

DSU\_C1A If (do DSU block = 2), go to DSU\_END.  
DSUCFDO Otherwise, go to DSU\_C1B.

DSU\_C1B If proxy interview, go to DSU\_END.  
Otherwise, go to DSU\_Q1A.

DSU\_Q1A **In the past 4 weeks, did you take any vitamin or mineral supplements?**  
DSUC\_1A

- 1 Yes
- 2 No (Go to DSU\_END)  
DK, R (Go to DSU\_END)

DSU\_Q1B **Did you take them at least once a week?**  
DSUC\_1B

- 1 Yes
- 2 No (Go to DSU\_Q1D)  
DK, R (Go to DSU\_END)

DSU\_Q1C **Last week, on how many days did you take them?**  
DSUC\_1C

|\_| Days  
(MIN: 1) (MAX: 7)  
DK, R

Go to DSU\_END.

DSU\_Q1D **In the past 4 weeks, on how many days did you take them?**  
DSUC\_1D

|\_| Days  
(MIN: 1) (MAX: 21)  
DK, R

DSU\_END

FOR INFORMATION ONLY



## FRUIT AND VEGETABLE CONSUMPTION

FVC\_C1A If (do FVC block = 2) or proxy interview, go to FVC\_END.  
 FVCCFDO Otherwise, go to FVC\_QINT.

FVC\_QINT **The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home.**  
 INTERVIEWER: Press <Enter> to continue.

FVC\_Q1A **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**  
 FVCC\_1A **(For example: once a day, three times a week, twice a month)**  
 INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC\_N1C)
- 3 Per month (Go to FVC\_N1D)
- 4 Per year (Go to FVC\_N1E)
- 5 Never (Go to FVC\_Q2A)  
 DK, R (Go to FVC\_END)

FVC\_N1B INTERVIEWER: Enter number of times per day.  
 FVCC\_1B

I\_I Times  
 (MIN: 1) (MAX: 20)  
 DK, R

Go to FVC\_Q2A

FVC\_N1C INTERVIEWER: Enter number of times per week.  
 FVCC\_1C

I\_I Times  
 (MIN: 1) (MAX: 90)  
 DK, R

Go to FVC\_Q2A

FVC\_N1D INTERVIEWER: Enter number of times per month.  
 FVCC\_1D

I\_I\_I Times  
 (MIN: 1) (MAX: 200)  
 DK, R

Go to FVC\_Q2A

FVC\_N1E INTERVIEWER: Enter number of times per year.  
 FVCC\_1E

I\_I\_I\_I Times  
 (MIN: 1) (MAX: 500)  
 DK, R

FVC\_Q2A  
FVCC\_2A

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

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC\_N2C)
- 3 Per month (Go to FVC\_N2D)
- 4 Per year (Go to FVC\_N2E)
- 5 Never (Go to FVC\_Q3A)  
DK, R (Go to FVC\_Q3A)

FVC\_N2B  
FVCC\_2B

INTERVIEWER: Enter number of times per day.

\_|\_| Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q3A

FVC\_N2C  
FVCC\_2C

INTERVIEWER: Enter number of times per week.

\_|\_| Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q3A

FVC\_N2D  
FVCC\_2D

INTERVIEWER: Enter number of times per month.

\_|\_|\_| Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q3A

FVC\_N2E  
FVCC\_2E

INTERVIEWER: Enter number of times per year.

\_|\_|\_| Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q3A  
FVCC\_3A

**How often do you (usually) eat green salad?**

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC\_N3C)
- 3 Per month (Go to FVC\_N3D)
- 4 Per year (Go to FVC\_N3E)
- 5 Never (Go to FVC\_Q4A)  
DK, R (Go to FVC\_Q4A)

FVC\_N3B  
FVCC\_3B **INTERVIEWER:** Enter number of times per day.

\_|\_| Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q4A

FVC\_N3C  
FVCC\_3C **INTERVIEWER:** Enter number of times per week.

\_|\_| Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q4A

FVC\_N3D  
FVCC\_3D **INTERVIEWER:** Enter number of times per month.

\_|\_|\_| Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q4A

FVC\_N3E  
FVCC\_3E **INTERVIEWER:** Enter number of times per year.

\_|\_|\_| Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q4A  
FVCC\_4A **How often do you usually eat potatoes, not including french fries, fried potatoes, or potato chips?**

**INTERVIEWER:** Select the reporting period here and enter the number in the next screen.

- |   |           |                 |
|---|-----------|-----------------|
| 1 | Per day   |                 |
| 2 | Per week  | (Go to FVC_N4C) |
| 3 | Per month | (Go to FVC_N4D) |
| 4 | Per year  | (Go to FVC_N4E) |
| 5 | Never     | (Go to FVC_Q5A) |
|   | DK, R     | (Go to FVC_Q5A) |

FVC\_N4B  
FVCC\_4B **INTERVIEWER:** Enter number of times per day.

\_|\_| Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q5A

FVC\_N4C      INTERVIEWER: Enter number of times per week.

FVCC\_4C

\_|\_| Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q5A

FVC\_N4D      INTERVIEWER: Enter number of times per month.

FVCC\_4D

\_|\_|\_| Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q5A

FVC\_N4E      INTERVIEWER: Enter number of times per year.

FVCC\_4E

\_|\_|\_| Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q5A      **How often do you (usually) eat carrots?**

FVCC\_5A

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1      Per day
- 2      Per week      (Go to FVC\_N5C)
- 3      Per month      (Go to FVC\_N5D)
- 4      Per year      (Go to FVC\_N5E)
- 5      Never      (Go to FVC\_Q6A)
- DK, R      (Go to FVC\_Q6A)

FVC\_N5B      INTERVIEWER: Enter number of times per day.

FVCC\_5B

\_|\_| Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q5A

FVC\_N5C      INTERVIEWER: Enter number of times per week.

FVCC\_5C

\_|\_| Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q6A

FVC\_N5D      INTERVIEWER: Enter number of times per month

FVCC\_5D

\_|\_|\_| Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q6A

FVC\_N5E INTERVIEWER: Enter number of times per year.  
 FVCC\_5E

1 1 1 1 Times  
 (MIN: 1) (MAX: 500)  
 DK, R

FVC\_Q6A **Not counting carrots, potatoes, or salad, how many servings of other vegetables**  
 FVCC\_6A **do you usually eat?**  
 INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC\_N6C)
- 3 Per month (Go to FVC\_N6D)
- 4 Per year (Go to FVC\_N6E)
- 5 Never (Go to FVC\_END)
- DK, R (Go to FVC\_END)

FVC\_N6B INTERVIEWER: Enter number of servings per day.  
 FVCC\_6B

1 1 1 Servings  
 (MIN: 1) (MAX: 20)  
 DK, R

Go to FVC\_END

FVC\_N6C INTERVIEWER: Enter number of servings per week.  
 FVCC\_6C

1 1 1 Servings  
 (MIN: 1) (MAX: 90)  
 DK, R

Go to FVC\_END

FVC\_N6D INTERVIEWER: Enter number of servings per month.  
 FVCC\_6D

1 1 1 1 Servings  
 (MIN: 1) (MAX: 200)  
 DK, R

Go to FVC\_END

FVC\_N6E INTERVIEWER: Enter number of servings per year.  
 FVCC\_6E

1 1 1 1 Servings  
 (MIN: 1) (MAX: 500)  
 DK, R

FVC\_END

## PHYSICAL ACTIVITIES

PAC\_C1 If (do PAC block = 2), go to PAC\_END.  
 PACC\_FDO Otherwise, go to PAC\_C2.

PAC\_C2 If proxy interview, go to PAC\_END.

PAC\_QINT1 **Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.**  
 INTERVIEWER: Press <Enter> to continue.

PAC\_Q1 **Have you done any of the following in the past 3 months, that is, from [date three months ago] to yesterday?**  
 INTERVIEWER: Read categories to respondent. Mark all that apply.

PACC_1A	1	Walking for exercise	PACC_1M	13	Downhill skiing or snowboarding
PACC_1B	2	Gardening or yard work	PACC_1N	14	Bowling
PACC_1C	3	Swimming	PACC_1O	15	Baseball or softball
PACC_1D	4	Bicycling	PACC_1P	16	Tennis
PACC_1E	5	Popular or social dance	PACC_1Q	17	Weight-training
PACC_1F	6	Home exercises	PACC_1R	18	Fishing
PACC_1G	7	Ice hockey	PACC_1S	19	Volleyball
PACC_1H	8	Ice skating	PACC_1T	20	Basketball
PACC_1I	9	In-line skating or rollerblading	PACC_1Z	21	Soccer
PACC_1J	10	Jogging or running	PACC_1U	22	Any other
PACC_1K	11	Golfing	PACC_1V	23	No physical activity
PACC_1L	12	Exercise class or aerobics			(Go to PAC_QINT2)

DK, R (Go to PAC\_END)

If "Any other" is chosen as a response, go to PAC\_Q1VS.  
 Otherwise, go to PAC\_Q2.

PAC\_Q1VS **What was this activity?**  
 INTERVIEWER: Enter one activity only.

\_\_\_\_\_

(20 spaces)

DK, R

PAC\_Q1X **In the past 3 months, did you do any other physical activity for leisure?**  
 PACC\_1W

- 1 Yes
- 2 No (Go to PAC\_Q2)
- DK, R (Go to PAC\_Q2)

PAC\_Q1XS **What was this activity?**  
INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

PAC\_Q1Y **In the past 3 months, did you do any other physical activity for leisure?**

PACC\_1X

- 1 Yes
- 2 No (Go to PAC\_Q2)
- DK, R (Go to PAC\_Q2)

PAC\_Q1YS **What was this activity?**

INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

PAC\_E1 If “No physical activity” is chosen in PAC\_Q1 with any other response, show pop-up edit as follows.

**You cannot select “No physical activity” and another category. Please return and correct.**

PAC\_C2 For each activity identified in PAC\_Q1, ask PAC\_Q2n and PAC\_Q3n up to 24 times, where n = A, B, ..., Z. Note: There is no v or Y.

PAC\_Q2n **In the past 3 months, how many times did you [participate in identified activity]?**

PACC\_2n

[\_][\_][\_] Times  
 (MIN: 1) (MAX: 99 for each activity except the following:  
     Walking: MAX = 270  
     Bicycling: MAX = 200  
     Other activities: MAX = 200)  
 DK, R (Go to next activity)

PAC\_Q3n **About how much time did you spend on each occasion?**

PACC\_3n

- 1 1 to 15 minutes
- 2 16 to 30 minutes
- 3 31 to 60 minutes
- 4 More than one hour
- DK, R

PAC\_QINT2 **Next, some questions about the amount of time you spent in the past 3 months on physical activity at work or while doing daily chores around the house, but not leisure time activity.**

INTERVIEWER: Press <Enter> to continue.

PAC\_Q4A  
PACC\_4A

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

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

PAC\_Q4B  
PACC\_4B

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

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

PAC\_Q6  
PACC\_6

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

INTERVIEWER: Read categories to respondent.

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

PAC\_END



**SEDENTARY ACTIVITIES**

SAC\_C1 If (do SAC block = 2), go to SAC\_END.  
 SACCFDO Otherwise, go to SAC\_CINT.

SAC\_CINT If proxy interview, go to SAC\_END.  
 Otherwise, go to SAC\_QINT.

SAC\_QINT **Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.**  
INTERVIEWER: Press <Enter> to continue.

SAC\_Q1 **In a typical week in the past 3 months, how much time did you usually spend on a computer, including playing computer games and using the Internet or World Wide Web?**  
 SACC\_1 INTERVIEWER: Do not include time spent at work or at school.

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R (Go to SAC\_END)

SAC\_C2 If age > 19, go to SAC\_Q3.

SAC\_Q2 **In a typical week, how much time did you usually spend playing video games, such as SEGA, Nintendo and Playstation?**  
 SACC\_2

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R

SAC\_Q3 **In a typical week in the past 3 months, how much time did you usually spend watching television or videos?**  
 SACC\_3

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R

SAC\_Q4  
SACC\_4

**In a typical week, how much time did you usually spend reading, not counting at work or at school?**

INTERVIEWER : Include books, magazines, newspapers, homework.

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours  
DK, R

SAC\_END

FOR INFORMATION ONLY

**LEISURE ACTIVITIES**

LEI\_C1 If (do LEI block = 2), go to LEI\_END.  
 LEICFDO Otherwise, go to LEI\_C2.

LEI\_C2 If proxy interview, go to LEI\_END.  
 Otherwise, go to LEI\_C3.

LEI\_C3 If (do SAC block = 1), go to LEI\_Q01.  
 Otherwise, go to LEI\_QINT.

LEI\_QINT **Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.**  
 INTERVIEWER: Press <Enter> to continue.

LEI\_Q01 **In a typical week in the past 3 months, how much time did you usually spend**  
 LEIC\_01 **playing cards or other games?**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours  
DK, R

LEI\_Q02 **(In a typical week in the past 3 months), how much time did you usually spend**  
 LEIC\_02 **listening to radio, CD's or other recorded music?**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours  
DK, R

LEI\_Q03 **(In a typical week in the past 3 months), how much time did you usually spend**  
 LEIC\_03 **doing crafts or other hobbies such as painting, knitting, collecting or**  
**woodworking?**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours  
DK, R

LEI\_Q04  
LEIC\_04

**(In a typical week in the past 3 months), how much time did you usually spend visiting with family or friends?**

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R

LEI\_Q05  
LEIC\_05

**(In a typical week in the past 3 months), how much time did you usually spend attending events or entertainment such as going to movies, concerts, sporting events or theatre?**

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R

LEI\_END

FOR INFORMATION ONLY

**USE OF PROTECTIVE EQUIPMENT**

- UPE\_C1A  
UPECFDO If (do UPE block = 2), go to UPE\_END.  
Otherwise, go to UPE\_C1B.
- UPE\_C1B If proxy interview, go to UPE\_END.  
Otherwise, go to UPE\_CINT.
- UPE\_CINT If PAC\_Q1 = 4 (bicycling for leisure) or PAC\_Q1 = 9 (in-line skating or rollerblading) or PAC\_Q1 = 13 (downhill skiing or snowboarding), or PAC\_Q4B > 1 and PAC\_Q4B < 7 (bicycling to work), go to UPE\_QINT.  
Otherwise, go to UPE\_C3A.
- UPE\_QINT **Now a few questions about precautions you take while participating in physical activities.**  
INTERVIEWER: Press <Enter> to continue.
- UPE\_C1C If PAC\_Q1 = 4 (bicycling for leisure) or PAC\_Q4B > 1 and PAC\_Q4B < 7 (bicycling to work), go to UPE\_Q1.  
Otherwise, go to UPE\_C2A.
- UPE\_Q1  
UPEC\_01 **When riding a bicycle, how often do you wear a helmet?**  
INTERVIEWER: Read categories to respondent.
- 1 **Always**
  - 2 **Most of the time**
  - 3 **Rarely**
  - 4 **Never**
- DK, R
- UPE\_C2A If PAC\_Q1 = 9 (in-line skating or rollerblading), go to UPE\_Q2A.  
Otherwise, go to UPE\_C3A.
- UPE\_Q2A  
UPEC\_02A **When in-line skating or rollerblading, how often do you wear a helmet?**
- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, R
- UPE\_Q2B  
UPEC\_02B **How often do you wear wrist guards or wrist protectors?**
- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, R

UPE\_Q2C **How often do you wear elbow pads?**  
 UPEC\_02C

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, R

UPE\_C3A If PAC\_Q1 = 13 (downhill skiing or snowboarding), go to UPE\_Q3A.  
 Otherwise, go to UPE\_Q3B.

UPE\_Q3A **Earlier, you mentioned going downhill skiing or snowboarding in the past 3 months.**

UPEC\_03A **Was that :**  
INTERVIEWER: Read categories to respondent.

- 1 ... downhill skiing only? (Go to UPE\_Q4A)
  - 2 ... snowboarding only? (Go to UPE\_C5A)
  - 3 ... both ? (Go to UPE\_Q4A)
- DK, R (Go to UPE\_C6)

UPE\_Q3B **In the past 12 months, did you do any downhill skiing or snowboarding?**  
 UPEC\_03B INTERVIEWER: Read categories to respondent.

- 1 **Downhill skiing only** (Go to UPE\_Q4A)
  - 2 **Snowboarding only** (Go to UPE\_C5A)
  - 3 **Both** (Go to UPE\_Q4A)
  - 4 **Neither** (Go to UPE\_C6)
- DK, R (Go to UPE\_C6)

UPE\_Q4A **When downhill skiing, how often do you wear a helmet?**  
 UPEC\_04A INTERVIEWER: Read categories to respondent.

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

UPE\_C5A If UPE\_Q3A = 2 or 3 (snowboarding or both) or UPE\_Q3B = 2 or 3, go to UPE\_Q5A.  
 Otherwise, go to UPE\_C6.

UPE\_Q5A **When snowboarding, how often do you wear a helmet?**  
 UPEC\_05A

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, R

UPE\_Q5B **How often do you wear wrist guards or wrist protectors?**

UPEC\_05B

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- DK, R

UPE\_C6 If age >= 12 or <=19, go to UPE\_Q6.  
Otherwise, go to UPE\_END.

UPE\_Q6 **In the past 12 months, have you done any skateboarding?**

UPEC\_06

- 1 Yes
- 2 No (Go to UPE\_END)
- DK, R (Go to UPE\_END)

UPE\_Q6A **How often do you wear a helmet?**

UPEC\_06A

INTERVIEWER: Read categories to respondent.

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

UPE\_Q6B **How often do you wear wrist guards or wrist protectors?**

UPEC\_06B

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- DK, R

UPE\_Q6C **How often do you wear elbow pads?**

UPEC\_06C

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- DK, R

UPE\_END

## INJURIES

REP\_C1 If (do INJ block = 2), go to INJ\_END.  
 INJCFDO Otherwise, go to REP\_QINT.

### Repetitive strain

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

INTERVIEWER: Press <Enter> to continue.

REP\_Q1 **In the past 12 months, that is, from [date one year ago] to yesterday, did [you/FNAME] have any injuries due to repetitive strain which were serious enough to limit [your/his/her] normal activities?**

REPC\_1

- 1 Yes
- 2 No (Go to INJ\_QINT)
- DK, R (Go to INJ\_QINT)

REP\_Q3 **Thinking about the most serious repetitive strain, what part of the body was affected?**

REPC\_3

- 1 Head
- 2 Neck
- 3 Shoulder, upper arm
- 4 Elbow, lower arm
- 5 Wrist
- 6 Hand
- 7 Hip
- 8 Thigh
- 9 Knee, lower leg
- 10 Ankle, foot
- 11 Upper back or upper spine (excluding neck)
- 12 Lower back or lower spine
- 13 Chest (excluding back and spine)
- 14 Abdomen or pelvis (excluding back and spine)
- DK, R

REP\_Q4 **What type of activity [were/was] [you/he/she] doing when [you/he/she] got this repetitive strain?**

INTERVIEWER: Mark all that apply.

- REPC\_4A 1 Sports or physical exercise (include school activities)
- REPC\_4B 2 Leisure or hobby (include volunteering)
- REPC\_4C 3 Working at a job or business (exclude travel to or from work)
- REPC\_4G 4 Travel to or from work
- REPC\_4D 5 Household chores, other unpaid work or education
- REPC\_4E 6 Sleeping, eating, personal care
- REPC\_4F 7 Other - Specify
- DK, R



REP\_C4S If REP\_Q4 <> 7, go to INJ\_CINT.  
Otherwise, go to REP\_Q4S.

REP\_Q4S INTERVIEWER: Specify.

(80 spaces)  
DK, R

Number of injuries and details of most serious injury

INJ\_CINT If REP\_Q1 = 1, use “other injuries” in INJ\_QINT.  
Otherwise, use “injuries” in INJ\_QINT.

INJ\_QINT **Now some questions about [other] injuries which occurred in the past 12 months, and were serious enough to limit [your/FNAME’s] normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning.**  
INTERVIEWER: Press <Enter> to continue.

INJ\_C01 If REP\_Q1 = 1, use “Not counting repetitive strain injuries, in the past 12 months,” in INJ\_Q01.  
Otherwise, use “In the past 12 months,” in INJ\_Q01.

INJ\_Q01 **[Not counting repetitive strain injuries, in the past 12 months, / In the past 12 months,] that is, from [date one year ago] to yesterday, [were/was] [you/FNAME] injured?**  
INJC\_01

- 1 Yes
- 2 No (Go to INJ\_Q16)
- DK, R (Go to INJ\_END)

INJ\_Q02 **How many times [were/was] [you/he/she] injured?**  
INJC\_02

[\_ \_] Times  
(MIN: 1) (MAX: 50; warning after 6)  
DK, R (Go to INJ\_END)

INJ\_C03 If INJ\_Q02 = 1 (one injury), use “In which month” in INJ\_Q03.  
Otherwise, use “Thinking about the most serious injury, in which month” in INJ\_Q03.

INJ\_Q03 **[Thinking about the most serious injury, in which month / In which month] did it happen?**  
INJC\_03

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

DK, R (Go to INJ\_Q05)

INJ\_C04 If INJ\_Q03 = “current month”, go to INJ\_Q04.  
Otherwise, go to INJ\_Q05.

INJ\_Q04 **Was that this year or last year?**

INJC\_04

- 1 This year
- 2 Last year
- DK, R

INJ\_Q05 **What type of injury did [you/he/she] have? For example, a broken bone or burn.**

INJC\_05

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn, scald, chemical burn
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut, puncture, animal or human bite (open wound)
- 7 Scrape, bruise, blister
- 8 Concussion or other brain injury (Go to INJ\_Q08)
- 9 Poisoning (Go to INJ\_Q08)
- 10 Injury to internal organs (Go to INJ\_Q07)
- 11 Other - Specify
- DK, R

INJ\_C05S If INJ\_Q05 <> 11, go to INJ\_Q06.  
Otherwise, go to INJ\_Q05S.

INJ\_Q05S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q06 **What part of the body was injured?**

INJC\_06

- 1 Multiple sites
- 2 Eyes
- 3 Head (excluding eyes)
- 4 Neck
- 5 Shoulder, upper arm
- 6 Elbow, lower arm
- 7 Wrist
- 8 Hand
- 9 Hip
- 10 Thigh
- 11 Knee, lower leg
- 12 Ankle, foot
- 13 Upper back or upper spine (excluding neck)
- 14 Lower back or lower spine
- 15 Chest (excluding back and spine)
- 16 Abdomen or pelvis (excluding back and spine)
- DK, R

Go to INJ\_Q08

INJ\_Q07 **What part of the body was injured?**

INJC\_07

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

INJ\_C07S If INJ\_Q07 <> 3, go to INJ\_Q08.  
Otherwise, go to INJ\_Q07S.

INJ\_Q07S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q08 **Where did the injury happen?**

INJC\_08

INTERVIEWER: If respondent says 'At work', probe for type of workplace.

- 1 In a home or its surrounding area
- 2 Residential institution
- 3 School, college, university (exclude sports areas)
- 4 Sports or athletics area of school, college, university
- 5 Other sports or athletics area (exclude school sports areas)
- 6 Other institution (e.g., church, hospital, theatre, civic building)
- 7 Street, highway, sidewalk
- 8 Commercial area (e.g., store, restaurant, office building, transport terminal)
- 9 Industrial or construction area
- 10 Farm (exclude farmhouse and its surrounding area)
- 11 Countryside, forest, lake, ocean, mountains, prairie, etc.
- 12 Other - Specify  
DK, R

INJ\_C08S If INJ\_Q08 <> 12, go to INJ\_Q09.  
Otherwise, go to INJ\_Q08S.

INJ\_Q08S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q09 **What type of activity [were/was] [you/he/she] doing when [you/he/she] [were/was] injured?**

INJC\_09

- 1 Sports or physical exercise (include school activities)
- 2 Leisure or hobby (include volunteering)
- 3 Working at a job or business (exclude travel to or from work)
- 4 Travel to or from work
- 5 Household chores, other unpaid work or education
- 6 Sleeping, eating, personal care
- 7 Other - Specify  
DK, R

INJ\_C09S      If INJ\_Q09 <> 7, go to INJ\_Q10.  
Otherwise, go to INJ\_Q09S.

INJ\_Q09S      INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q10      **Was the injury the result of a fall?**

INJC\_10      INTERVIEWER: Select "No" for transportation accidents.

- 1      Yes
- 2      No                              (Go to INJ\_Q12)
- DK, R                            (Go to INJ\_Q12)

INJ\_Q11      **How did [you/he/she] fall?**

INJC\_11

- 1      While skating, skiing, snowboarding, in-line skating or skateboarding
- 2      Going up or down stairs / steps (icy or not)
- 3      Slip, trip or stumble on ice or snow
- 4      Slip, trip or stumble on any other surface
- 5      From furniture (e.g., bed, chair)
- 6      From elevated position (e.g., ladder, tree)
- 7      Other - Specify
- DK, R

INJ\_C11S      If INJ\_Q11 <> 7, go to INJ\_Q13.  
Otherwise, go to INJ\_Q11S.

INJ\_Q11S      INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

Go to INJ\_Q13

INJ\_Q12      **What caused the injury?**

INJC\_12

- 1      Transportation accident
- 2      Accidentally bumped, pushed, bitten, etc. by person or animal
- 3      Accidentally struck or crushed by object(s)
- 4      Accidental contact with sharp object, tool or machine
- 5      Smoke, fire, flames
- 6      Accidental contact with hot object, liquid or gas
- 7      Extreme weather or natural disaster
- 8      Overexertion or strenuous movement
- 9      Physical assault
- 10     Other - Specify
- DK, R

INJ\_C12S If INJ\_Q12 <> 10, go to INJ\_Q13.  
Otherwise, go to INJ\_Q12S.

INJ\_Q12S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q13 **Did [you/FNAME] receive any medical attention for the injury from a health professional in the 48 hours following the injury?**  
INJC\_13

- 1 Yes
- 2 No (Go to INJ\_Q16)
- DK, R (Go to INJ\_Q16)

INJ\_Q14 **Where did [you/he/she] receive treatment?**  
INTERVIEWER: Mark all that apply.

- INJC\_14A 1 Doctor's office
- INJC\_14B 2 Hospital emergency room
- INJC\_14C 3 Hospital outpatient clinic (e.g. day surgery, cancer)
- INJC\_14D 4 Walk-in clinic
- INJC\_14E 5 Appointment clinic
- INJC\_14F 6 Community health centre / CLSC
- INJC\_14G 7 At work
- INJC\_14H 8 At school
- INJC\_14I 9 At home
- INJC\_14J 10 Telephone consultation only
- INJC\_14K 11 Other - Specify
- DK, R

INJ\_C14S If INJ\_Q14 <> 11, go to INJ\_Q15.  
Otherwise, go to INJ\_Q14S.

INJ\_Q14S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q15 **Were/Was [you/he/she] admitted to a hospital overnight?**  
INJC\_15

- 1 Yes
- 2 No
- DK, R

INJ\_E15 If INJ\_Q15 = 1 and HCU\_Q01BA = 2 (No), show pop-up message as follows.

**Inconsistent answers have been entered. Please confirm.**

INJ\_Q16  
INJC\_16

**Did [you/FNAME] have any other injuries in the past 12 months that were treated by a health professional, but did not limit [your/his/her] normal activities?**

- 1 Yes
- 2 No (Go to INJ\_END)  
DK, R (Go to INJ\_END)

INJ\_Q17  
INJC\_17

**How many injuries?**

[\_ \_] Injuries  
(MIN: 1) (MAX: 30; warning after 6)  
DK, R

INJ\_END

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**HEALTH UTILITY INDEX (HUI)**

HUI\_C1 If (do HUI block =2), go to HUI\_END.  
 HUICFDO Otherwise, go to HUI\_QINT1.

HUI\_QINT1 **The next set of questions asks about [your/FNAME's] day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to [you/FNAME], but it is important that we ask the same questions of everyone.**  
 INTERVIEWER: Press <Enter> to continue.

Vision

HUI\_Q01 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**  
 HUICFD01 **without glasses or contact lenses?**

- 1 Yes (Go to HUI\_Q04)  
 2 No  
 DK, R (Go to HUI\_END)

HUI\_Q02 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**  
 HUICFD02 **with glasses or contact lenses?**

- 1 Yes (Go to HUI\_Q04)  
 2 No  
 DK, R

HUI\_Q03 **[Are/Is] [you/he/she] able to see at all?**  
 HUICFD03

- 1 Yes  
 2 No (Go to HUI\_Q06)  
 DK, R (Go to HUI\_Q06)

HUI\_Q04 **[Are/Is] [you/he/she] able to see well enough to recognize a friend on the other side**  
 HUICFD04 **of the street without glasses or contact lenses?**

- 1 Yes (Go to HUI\_Q06)  
 2 No  
 DK, R (Go to HUI\_Q06)

HUI\_Q05 **[Are/Is] [you/he/she] usually able to see well enough to recognize a friend on the**  
 HUICFD05 **other side of the street with glasses or contact lenses?**

- 1 Yes  
 2 No  
 DK, R

Hearing

HUI\_Q06  
HUIC\_06      **[Are/Is] [you/FNAME] usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?**

- 1      Yes                      (Go to HUI\_Q10)
- 2      No  
         DK, R                      (Go to HUI\_Q10)

HUI\_Q07  
HUIC\_07      **[Are/Is] [you/he/she] usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?**

- 1      Yes                      (Go to HUI\_Q08)
- 2      No  
         DK, R

HUI\_Q07A  
HUIC\_07A      **[Are/Is] [you/he/she] able to hear at all?**

- 1      Yes
- 2      No                      (Go to HUI\_Q10)
- DK, R                      (Go to HUI\_Q10)

HUI\_Q08  
HUIC\_08      **[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?**

- 1      Yes                      (Go to HUI\_Q10)
- 2      No  
         DK  
         R                      (Go to HUI\_Q10)

HUI\_Q09  
HUIC\_09      **[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?**

- 1      Yes
- 2      No  
         DK, R

Speech

HUI\_Q10  
HUIC\_10      **[Are/Is] [you/FNAME] usually able to be understood completely when speaking with strangers in [your/his/her] own language?**

- 1      Yes                      (Go to HUI\_Q14)
- 2      No  
         DK  
         R                      (Go to HUI\_Q14)

HUI\_Q11  
HUIC\_11      **[Are/Is] [you/he/she] able to be understood partially when speaking with strangers?**

- 1      Yes
- 2      No  
         DK, R



HUI\_Q12 [Are/Is] [you/he/she] able to be understood **completely** when speaking with those  
 HUIC\_12 who know [you/him/her] well?

- |   |     |                 |
|---|-----|-----------------|
| 1 | Yes | (Go to HUI_Q14) |
| 2 | No  |                 |
|   | DK  |                 |
|   | R   | (Go to HUI_Q14) |

HUI\_Q13 [Are/Is] [you/he/she] able to be understood **partially** when speaking with those who  
 HUIC\_13 know [you/him/her] well?

- |   |       |  |
|---|-------|--|
| 1 | Yes   |  |
| 2 | No    |  |
|   | DK, R |  |

#### Getting Around

HUI\_Q14 [Are/Is] [you/FNAME] **usually** able to walk around the neighbourhood **without**  
 HUIC\_14 difficulty and **without** mechanical support such as braces, a cane or crutches?

- |   |       |                 |
|---|-------|-----------------|
| 1 | Yes   | (Go to HUI_Q21) |
| 2 | No    |                 |
|   | DK, R | (Go to HUI_Q21) |

HUI\_Q15 [Are/Is] [you/he/she] able to walk at all?  
 HUIC\_15

- |   |       |                 |
|---|-------|-----------------|
| 1 | Yes   |                 |
| 2 | No    | (Go to HUI_Q18) |
|   | DK, R | (Go to HUI_Q18) |

HUI\_Q16 [Do/Does] [you/he/she] require mechanical support such as braces, a cane or  
 HUIC\_16 crutches to be able to walk around the neighbourhood?

- |   |       |  |
|---|-------|--|
| 1 | Yes   |  |
| 2 | No    |  |
|   | DK, R |  |

HUI\_Q17 [Do/Does] [you/he/she] require the help of another person to be able to walk?  
 HUIC\_17

- |   |       |  |
|---|-------|--|
| 1 | Yes   |  |
| 2 | No    |  |
|   | DK, R |  |

HUI\_Q18 [Do/Does] [you/he/she] require a wheelchair to get around?  
 HUIC\_18

- |   |       |                 |
|---|-------|-----------------|
| 1 | Yes   |                 |
| 2 | No    | (Go to HUI_Q21) |
|   | DK, R | (Go to HUI_Q21) |

HUI\_Q19 **How often [do/does] [you/he/she] use a wheelchair?**

HUIC\_19 **INTERVIEWER:** Read categories to respondent.

- 1 **Always**
  - 2 **Often**
  - 3 **Sometimes**
  - 4 **Never**
- DK R

HUI\_Q20 **[Do/Does] [you/he/she] need the help of another person to get around in the wheelchair?**

HUIC\_20

- 1 Yes
  - 2 No
- DK, R

Hands and Fingers

HUI\_Q21 **[Are/Is] [you/FNAME] usually able to grasp and handle small objects such as a pencil or scissors?**

HUIC\_21

- 1 Yes (Go to HUI\_Q25)
  - 2 No (Go to HUI\_Q25)
- DK, R (Go to HUI\_Q25)

HUI\_Q22 **[Do/Does] [you/he/she] require the help of another person because of limitations in the use of hands or fingers?**

HUIC\_22

- 1 Yes
  - 2 No (Go to HUI\_Q24)
- DK, R (Go to HUI\_Q24)

HUI\_Q23 **[Do/Does] [you/he/she] require the help of another person with:**

HUIC\_23 **INTERVIEWER:** Read categories to respondent.

- 1 ... some tasks?
  - 2 ... most tasks?
  - 3 ... almost all tasks?
  - 4 ... all tasks?
- DK, R

HUI\_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?**

HUIC\_24

- 1 Yes
  - 2 No
- DK, R

Feelings

HUI\_Q25  
HUIC\_25

**Would you describe [yourself/FNAME] as being usually:**  
**INTERVIEWER:** Read categories to respondent.

- 1 ... happy and interested in life?
  - 2 ... somewhat happy?
  - 3 ... somewhat unhappy?
  - 4 ... unhappy with little interest in life?
  - 5 ... so unhappy that life is not worthwhile?
- DK, R

Memory

HUI\_Q26  
HUIC\_26

**How would you describe [your/his/her] usual ability to remember things?**  
**INTERVIEWER:** Read categories to respondent.

- 1 **Able to remember most things**
  - 2 **Somewhat forgetful**
  - 3 **Very forgetful**
  - 4 Unable to remember anything at all
- DK, R

Thinking

HUI\_Q27  
HUIC\_27

**How would you describe [your/his/her] usual ability to think and solve day-to-day problems?**

**INTERVIEWER:** Read categories to respondent.

- 1 **Able to think clearly and solve problems**
  - 2 **Having a little difficulty**
  - 3 **Having some difficulty**
  - 4 **Having a great deal of difficulty**
  - 5 Unable to think or solve problems
- DK, R

Pain and Discomfort

HUI\_Q28  
HUIC\_28

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

- 1 Yes (Go to HUI\_END)
- 2 No
- DK, R (Go to HUI\_END)

HUI\_Q29  
HUIC\_29

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

**INTERVIEWER:** Read categories to respondent.

- 1 **Mild**
  - 2 **Moderate**
  - 3 **Severe**
- DK, R

HUI\_Q30  
HUIC\_30

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

**INTERVIEWER:** Read categories to respondent.

- 1     **None**
  - 2     **A few**
  - 3     **Some**
  - 4     **Most**
- DK, R

HUI\_END

FOR INFORMATION ONLY

## SATISFACTION WITH LIFE

SWL\_C1 If (do SWL block = 2), go to SWL\_END.  
 SWLCFDO Otherwise, go to SWL\_C2.

SWL\_C2 If proxy interview, go to SWL\_END.  
 Otherwise, go to SWL\_QINT.

SWL\_QINT **Now I'd like to ask about your satisfaction with various aspects of your life. For each question, please tell me whether you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied.**  
 INTERVIEWER: Press <Enter> to continue.

SWL\_Q02 **How satisfied are you with your job or main activity?**  
 SWLC\_02

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK  
 R (Go to SWL\_END)

SWL\_Q03 **How satisfied are you with your leisure activities?**  
 SWLC\_03

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

SWL\_Q04 **(How satisfied are you) with your financial situation?**  
 SWLC\_04

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

SWL\_Q05 **How satisfied are you with yourself?**  
 SWLC\_05

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

SWL\_Q06  
SWLC\_06      **How satisfied are you with the way your body looks?**

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

SWL\_Q07  
SWLC\_07      **How satisfied are you with your relationships with other family members?**

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

SWL\_Q08  
SWLC\_08      **(How satisfied are you) with your relationships with friends?**

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

SWL\_Q09  
SWLC\_09      **(How satisfied are you) with your housing?**

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

SWL\_Q10  
SWLC\_10      **(How satisfied are you) with your neighbourhood?**

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

SWL\_END

## STRESS

STR\_C1 If (do STR block = 2), go to STR\_END.  
 STRCFDO Otherwise, go to STR\_C2.

STR\_C2 If proxy interview, go to STR\_END.  
 Otherwise, go to STR\_QINT.

STR\_QINT **Now a few questions about the stress in your life.**  
INTERVIEWER: Press <Enter> to continue.

STR\_Q1 **In general, how would you rate your ability to handle unexpected and difficult**  
 STRC\_1 **problems, for example, a family or personal crisis? Would you say your ability is:**  
INTERVIEWER: Read categories to respondent.

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

STR\_Q2 **In general, how would you rate your ability to handle the day-to-day demands**  
 STRC\_2 **in your life, for example, handling work, family and volunteer responsibilities?**  
**Would you say your ability is:**  
INTERVIEWER: Read categories to respondent.

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

STR\_Q3 **Thinking about stress in your day-to-day life, what would you say is the most**  
 STRC\_3 **important thing contributing to feelings of stress you may have?**  
INTERVIEWER: Do not probe.

- 1 Time pressures / not enough time
- 2 Own physical health problem or condition
- 3 Own emotional or mental health problem or condition
- 4 Financial situation (e.g., not enough money, debt)
- 5 Own work situation (e.g., hours of work, working conditions)
- 6 School
- 7 Employment status (e.g., unemployment)
- 8 Caring for - own children
- 9 Caring for - others
- 10 Other personal or family responsibilities
- 11 Personal relationships
- 12 Discrimination
- 13 Personal and family's safety
- 14 Health of family members
- 15 Other - Specify
- 16 Nothing (Go to STR\_Q6\_1)
- DK, R (Go to STR\_Q6\_1)

STR\_C3S      If STR\_Q3 <> 16, go to STR\_Q6\_1.  
Otherwise, go to STR\_Q3S.

STR\_Q3S      INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

STR\_Q6\_1      **People have different ways of dealing with stress. Thinking about the ways**  
STRC\_61      **you deal with stress, please tell me how often you do each of the following.**

**How often do you try to solve the problem?**  
INTERVIEWER: Read categories to respondent.

- 1      **Often**
  - 2      **Sometimes**
  - 3      **Rarely**
  - 4      **Never**
- DK, R

STR\_Q6\_2      **To deal with stress, how often do you talk to others?**  
STRC\_62

- 1      Often
  - 2      Sometimes
  - 3      Rarely
  - 4      Never
- DK, R

STR\_Q6\_3      **When dealing with stress, how often do you avoid being with people?**  
STRC\_63

- 1      Often
  - 2      Sometimes
  - 3      Rarely
  - 4      Never
- DK, R

STR\_Q6\_4      **How often do you sleep more than usual to deal with stress?**  
STRC\_64

- 1      Often
  - 2      Sometimes
  - 3      Rarely
  - 4      Never
- DK, R

STR\_Q6\_5A      **When dealing with stress, how often do you try to feel better by eating more, or**  
STRC\_65A      **less, than usual?**

- 1      Often
  - 2      Sometimes
  - 3      Rarely
  - 4      Never
- DK, R



STR\_Q6\_5B **When dealing with stress, how often do you try to feel better by smoking more cigarettes than usual?**  
 STRC\_65B

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

STR\_Q6\_5C **When dealing with stress, how often do you try to feel better by drinking alcohol?**  
 STRC\_65C

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

STR\_Q6\_5D **When dealing with stress, how often do you try to feel better by using drugs or medication?**  
 STRC\_65D

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

STR\_Q6\_6 **How often do you jog or do other exercise to deal with stress?**  
 STRC\_66

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

STR\_Q6\_7 **How often do you pray or seek spiritual help to deal with stress?**  
 STRC\_67

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

STR\_Q6\_8 **To deal with stress, how often do you try to relax by doing something enjoyable?**  
 STRC\_68

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

STR\_Q6\_9      **To deal with stress, how often do you try to look on the bright side of things?**  
STRC\_69

- 1      Often
- 2      Sometimes
- 3      Rarely
- 4      Never
- DK, R

STR\_Q6\_10    **How often do you blame yourself?**  
STRC\_610

- 1      Often
- 2      Sometimes
- 3      Rarely
- 4      Never
- DK, R

STR\_Q6\_11    **To deal with stress, how often do you wish the situation would go away or  
STRC\_611      somehow be finished?**

- 1      Often
- 2      Sometimes
- 3      Rarely
- 4      Never
- DK, R

STR\_END

FOR INFORMATION ONLY

**WORK STRESS**

WST\_C1 If (do WST block) = 2, go to WST\_END.  
 WSTCFDO Otherwise, go to WST\_C400.

WST\_C400 If proxy interview or if age <15 to >75, or if GEN\_Q08 <> 1 (respondent didn't work in past 12 months), go to WST\_END.  
 Otherwise, go to WST\_QINT4.

WST\_QINT4 **The next few questions are about your main job or business in the past 12 months. 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.**  
 INTERVIEWER: Press <Enter> to continue.

WST\_Q401 **Your job required that you learn new things.**  
 WSTC\_401

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK  
 R (Go to WST\_END)

WST\_Q402 **Your job required a high level of skill.**  
 WSTC\_402

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

WST\_Q403 **Your job allowed you freedom to decide how you did your job.**  
 WSTC\_403

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

WST\_Q404 **Your job required that you do things over and over.**  
 WSTC\_404

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

WST\_Q405 **Your job was very hectic.**  
WSTC\_405

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

WST\_Q406 **You were free from conflicting demands that others made.**  
WSTC\_406

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

WST\_Q407 **Your job security was good.**  
WSTC\_407

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

WST\_Q408 **Your job required a lot of physical effort.**  
WSTC\_408

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

WST\_Q409 **You had a lot to say about what happened in your job.**  
WSTC\_409

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

WST\_Q410 **You were exposed to hostility or conflict from the people you worked with.**  
WSTC\_410

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

WST\_Q411 **Your supervisor was helpful in getting the job done.**  
WSTC\_411

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

WST\_Q412 **The people you worked with were helpful in getting the job done.**  
WSTC\_412

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

WST\_Q413 **How satisfied were you with your job?**  
WSTC\_413 INTERVIEWER: Read categories to respondent.

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

WST\_END

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## SELF-ESTEEM

SFE\_C500A If (do SFE block = 2), go to SFE\_END.  
SFECFDO Otherwise, go to SFE\_C500B.

SFE\_C500B If proxy interview, go to SFE\_END.  
Otherwise, go to SFE\_QINT5.

SFE\_QINT5 **Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

INTERVIEWER: Press <Enter> to continue.

SFE\_Q501 **You feel that you have a number of good qualities.**  
SFEC\_501

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- R (Go to SFE\_END)

SFE\_Q502 **You feel that you're a person of worth at least equal to others.**  
SFEC\_502

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

SFE\_Q503 **You are able to do things as well as most other people.**  
SFEC\_503

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

SFE\_Q504 **You take a positive attitude toward yourself.**  
SFEC\_504

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

SFE\_Q505  
SFEC\_505

**On the whole you are satisfied with yourself.**

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

SFE\_Q506  
SFEC\_506

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

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

SFE\_END

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## MASTERY

MAS\_C600A If (do MAS block = 2), go to MAS\_END.  
MASC\_FDO Otherwise, go to MAS\_C600B.

MAS\_C600B If proxy interview, go to MAS\_END.  
Otherwise, go to MAS\_C600C.

MAS\_C600C If (do SFE block = 1), go to MAS\_Q601.  
Otherwise, go to MAS\_QINT6.

MAS\_QINT6 **Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**  
INTERVIEWER: Press <Enter> to continue.

MAS\_Q601 **You have little control over the things that happen to you.**  
MASC\_601

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- R (Go to MAS\_END)

MAS\_Q602 **There is really no way you can solve some of the problems you have.**  
MASC\_602

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

MAS\_Q603 **There is little you can do to change many of the important things in your life.**  
MASC\_603

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

MAS\_Q604 **You often feel helpless in dealing with problems of life.**  
MASC\_604

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



MAS\_Q605  
MASC\_605

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

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

MAS\_Q606  
MASC\_606

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

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

MAS\_Q607  
MASC\_607

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

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

MAS\_END

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## SMOKING

SMK\_C1 If (do SMK block = 2), go to SMK\_END.  
 SMKCFDO Otherwise, go to SMK\_QINT.

SMK\_QINT **The next questions are about smoking.**  
 INTERVIEWER: Press <Enter> to continue.

SMK\_Q201A **In [your/his/her] lifetime, [have/has] [you/FNAME] smoked a total of 100 or more**  
 SMKC\_01A **cigarettes (about 4 packs)?**

- 1 Yes (Go to SMK\_Q201C)
- 2 No  
 DK, R

SMK\_Q201B **[Have/Has] [you/he/she] ever smoked a whole cigarette?**  
 SMKC\_01B

- 1 Yes (Go to SMK\_Q201C)
- 2 No (Go to SMK\_Q202)  
 DK (Go to SMK\_Q202)  
 R

SMK\_C201C If SMK\_Q201A = R and SMK\_Q201B = R, go to SMK\_END.  
 Otherwise, go to SMK\_Q202.

SMK\_Q201C **At what age did [you/he/she] smoke [your/his/her] first whole cigarette?**  
 SMKC\_01C INTERVIEWER: Minimum is 5; maximum is [current age].

[\_][\_] Age in years  
 (MIN: 5) (MAX: current age)  
 DK, R (Go to SMK\_Q202)

SMK\_E201C If SMK\_Q201C >= 5 and SMK\_Q201C <= current age, go to SMK\_Q202.  
 Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first smoked a whole cigarette is invalid.  
 Please return and correct.**

SMK\_Q202 **At the present time, [do/does] [you/FNAME] smoke cigarettes daily, occasionally**  
 SMKC\_202 **or not at all?**

- 1 Daily
- 2 Occasionally (Go to SMK\_Q205B)
- 3 Not at all (Go to SMK\_C205D)  
 DK, R (Go to SMK\_END)

Daily smoker (current)

SMK\_Q203 **At what age did [you/he/she] begin to smoke cigarettes daily?**  
 SMK\_C203 INTERVIEWER: Minimum is 5; maximum is [current age].

||| Age in years  
 (MIN: 5) (MAX: current age)  
 DK, R (Go to SMK\_Q204)

SMK\_E203 If SMK\_Q203 >= 5 and SMK\_Q203 <= current age, go to SMK\_Q204.  
 Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.**

SMK\_Q204 **How many cigarettes [do/does] [you/he/she] smoke each day now?**  
 SMK\_C204

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

Go to SMK\_END

Occasional smoker (current)

SMK\_Q205B **On the days that [you/FNAME] [do/does] smoke, how many cigarettes**  
 SMK\_C05B **[do/does] [you/he/she] usually smoke?**

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

SMK\_Q205C **In the past month, on how many days [have/has] [you/he/she] smoked 1 or**  
 SMK\_C05C **more cigarettes?**

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

SMK\_C205D If SMK\_Q201A <> 1 (has not smoked 100 or more cigarettes lifetime),  
 go to SMK\_END.  
 Otherwise, go to SMK\_Q205D.

Occasional smoker or non-smoker (current)

SMK\_Q205D **[Have/Has] [you/he/she] ever smoked cigarettes daily?**  
 SMK\_C05D

1 Yes (Go to SMK\_Q207)  
 2 No  
 DK, R (Go to SMK\_END)

SMK\_C206A If SMK\_Q202 = 2 (current occasional smoker), go to SMK\_END.

Non-smoker (current)

SMK\_Q206A **When did [you/he/she] stop smoking? Was it:**  
 SMK\_C\_06A INTERVIEWER: Read categories to respondent.

- |   |                                       |                   |
|---|---------------------------------------|-------------------|
| 1 | ... less than one year ago?           |                   |
| 2 | ... 1 year to less than 2 years ago?  | (Go to SMK_END)   |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_END)   |
| 4 | ... 3 or more years ago?              | (Go to SMK_Q206C) |
|   | DK, R                                 | (Go to SMK_END)   |

SMK\_Q206B **In what month did [you/he/she] stop?**  
 SMK\_C\_06B

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

Go to SMK\_END

SMK\_Q206C **How many years ago was it?**  
 SMK\_C\_06C INTERVIEWER: Minimum is 3; maximum is [current age - 5].

||| Years  
 (MIN: 3) (MAX: current age-5)  
 DK, R (Go to SMK\_END)

SMK\_E206C If SMK\_Q206C >= 3 and SMK\_Q206C <= current age-5, go to SMK\_END.  
 Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent stopped smoking is invalid.  
 Please return and correct.**

Occasional smoker or non-smoker (current) – Daily smoker (previously)

SMK\_Q207 **At what age did [you/he/she] begin to smoke (cigarettes) daily?**  
 SMK\_C\_207 INTERVIEWER: Minimum is 5; maximum is [current age].

||| Age in years  
 (MIN: 5) (MAX: current age)  
 DK, R (Go to SMK\_Q208)

SMK\_E207 If SMK\_Q207 >= 5 and SMK\_Q207 <= current age, go to SMK\_Q208.  
 Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first began to smoke cigarettes daily is  
 invalid.  
 Please return and correct.**

SMK\_Q208 **How many cigarettes did [you/he/she] usually smoke each day?**  
SMKC\_208

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

SMK\_Q209A **When did [you/he/she] stop smoking daily? Was it:**  
SMKC\_09A **INTERVIEWER:** Read categories to respondent.

- 1 ... less than one year ago?
- 2 ... 1 year to less than 2 years ago? (Go to SMK\_C210)
- 3 ... 2 years to less than 3 years ago? (Go to SMK\_C210)
- 4 ... 3 or more years ago? (Go to SMK\_Q209C)  
DK, R (Go to SMK\_END)

SMK\_Q209B **In what month did [you/he/she] stop?**  
SMKC\_09B

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

Go to SMK\_C210

SMK\_Q209C **How many years ago was it?**  
SMKC\_09C **INTERVIEWER:** Minimum is 3; maximum is [current age-5].

||| Years  
(MIN: 3) (MAX: current age-5)  
DK, R (Go to SMK\_C210)

SMK\_E209C If SMK\_Q209C >= 3 and SMK\_Q209C <= current age-5, go to SMK\_C210.  
Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent stopped smoking daily is invalid.  
Please return and correct.**

SMK\_C210 If SMK\_Q202 = 2 (current occasional smoker), go to SMK\_END.

Non-smoker (current)

SMK\_Q210 **Was that when [you/he/she] completely quit smoking?**  
SMKC\_10

- 1 Yes (Go to SMK\_END)
- 2 No  
DK, R (Go to SMK\_END)

SMK\_Q210A **When did [you/he/she] stop smoking completely? Was it:**

SMKC\_10A INTERVIEWER: Read categories to respondent.

- |   |                                       |                   |
|---|---------------------------------------|-------------------|
| 1 | ... less than one year ago?           |                   |
| 2 | ... 1 year to less than 2 years ago?  | (Go to SMK_END)   |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_END)   |
| 4 | ... 3 or more years ago?              | (Go to SMK_Q210C) |
|   | DK, R                                 | (Go to SMK_END)   |

SMK\_Q210B **In what month did [you/he/she] stop?**

SMKC\_10B

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

Go to SMK\_END

SMK\_Q210C **How many years ago was it?**

SMKC\_10C INTERVIEWER: Minimum is 3; maximum is [current age-5].

|\_|\_| Years  
 (MIN: 3) (MAX: current age-5)  
 DK, R (Go to SMK\_END)

SMK\_E210C If SMK\_Q210C >= 3 and SMK\_Q210C <= current age-5, go to SMK\_END.  
 Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent completely stopped smoking is invalid.  
 Please return and correct.**

SMK\_END

**SMOKING - STAGES OF CHANGE**

SCH\_C1 If (do SCH block = 2), go to SCH\_END.  
 SCHCFDO Otherwise, go to SCH\_C2.

SCH\_C2 If SMK\_Q202 = 1 or 2 (current daily or occasional smokers), go to SCH\_C3.  
 Otherwise, go to SCH\_END.

SCH\_C3 If proxy interview, go to SCH\_END.  
 Otherwise, go to SCH\_Q1.

SCH\_Q1 **Are you seriously considering quitting smoking within the next 6 months?**  
 SCHC\_1

- 1 Yes
- 2 No (Go to SCH\_Q3)  
 DK, R (Go to SCH\_Q3)

SCH\_Q2 **Are you seriously considering quitting within the next 30 days?**  
 SCHC\_2

- 1 Yes
- 2 No  
 DK, R

SCH\_Q3 **In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?**  
 SCHC\_3

- 1 Yes
- 2 No (Go to SCH\_END)  
 DK, R (Go to SCH\_END)

SCH\_Q4 **How many times? (in the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit)**  
 SCHC\_4

||| Times  
 (MIN: 1) (MAX: 95; warning after 48)  
 DK, R

SCH\_END

## NICOTINE DEPENDENCE

NDE\_C1            If (do NDE block = 2), go to NDE\_END.  
NDEC\_FDO        Otherwise, go to NDE\_C2.

NDE\_C2            If SMK\_Q202 = 1 (current daily smokers), go to NDE\_C3.  
Otherwise, go to NDE\_END.

NDE\_C3            If proxy interview, go to NDE\_END.  
Otherwise, go to NDE\_Q1.

NDE\_Q1            **How soon after you wake up do you smoke your first cigarette?**

NDEC\_1

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

NDE\_Q2            **Do you find it difficult to refrain from smoking in places where it is forbidden?**

NDEC\_2

- 1            Yes
- 2            No  
DK, R

NDE\_Q3            **Which cigarette would you most hate to give up?**

NDEC\_3

INTERVIEWER: Read categories to respondent.

- 1            **The first one of the day**
- 2            **Another one**  
DK, R

NDE\_Q4            **Do you smoke more frequently during the first hours after waking, compared with the rest of the day?**

NDEC\_4

- 1            Yes
- 2            No  
DK, R

NDE\_Q5            **Do you smoke even if you are so ill that you are in bed most of the day?**

NDEC\_5

- 1            Yes
- 2            No  
DK, R

NDE\_END



**SMOKING CESSATION AIDS**

SCA\_C1  
SCACFDO If (do SCA block = 2), go to SCA\_END.  
Otherwise, go to SCA\_C10A.

SCA\_C10A If proxy interview, go to SCA\_END.  
Otherwise, go to SCA\_C10B.

SCA\_C10B If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA\_C50.  
If SMK\_Q206A = 1 or SMK\_Q209A = 1 (former smoker who quit less than 1 year ago), go to SCA\_Q10.  
Otherwise, go to SCA\_END.

Note: If SMK\_Q202 = 3 and (SMK\_Q201A = 2) or (SMK\_Q206 = 2, 3 or 4) or (SMK\_Q209 = 2, 3 or 4) then SCA\_Q10 to SCA\_Q62 is set to NA.

SCA\_Q10  
SCAC\_10 **In the past 12 months, did you try a nicotine patch to quit smoking?**

- 1 Yes
- 2 No (Go to SCA\_Q11)  
DK, R (Go to SCA\_END)

SCA\_Q10A  
SCAC\_10A **How useful was that in helping you quit?**

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all  
DK, R

SCA\_Q11  
SCAC\_11 **Did you try Nicorettes or other nicotine gum or candy to quit smoking? (in the past 12 months)**

- 1 Yes
- 2 No (Go to SCA\_Q12)  
DK, R (Go to SCA\_Q12)

SCA\_Q11A  
SCAC\_11A **How useful was that in helping you quit?**

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all  
DK, R

SCA\_Q12  
SCAC\_12 **In the past 12 months, did you try medication such as Zyban to quit smoking?**

- 1 Yes
- 2 No (Go to SCA\_END)  
DK, R (Go to SCA\_END)

SCA\_Q12A      **How useful was that in helping you quit?**  
SCAC\_12A

- 1      Very useful
  - 2      Somewhat useful
  - 3      Not very useful
  - 4      Not useful at all
- DK, R

Go to SCA\_END

SCA\_C50      If (do SCH block = 2), go to SCA\_Q50.  
Otherwise, go to SCA\_C50A.

SCA\_C50A      If SCH\_Q3 = 1, go to SCA\_Q60.  
Otherwise, go to SCA\_END.

Note:              In processing, SCA\_Q50 = SCH\_Q3.  
If SMK\_Q202 = 3 then SCA\_Q50 to SCA\_Q62 set to NA.

SCA\_Q50      **In the past 12 months, did you stop smoking for at least 24 hours because you**  
SCAC\_50      **were trying to quit?**

- 1      Yes
  - 2      No      (Go to SCA\_END)
- DK, R      (Go to SCA\_END)

SCA\_Q60      **In the past 12 months, did you try any of the following to quit smoking:**  
SCAC\_60      **... a nicotine patch?**

- 1      Yes
  - 2      No
- DK, R

SCA\_Q61      **(In the past 12 months, did you try any of the following to quit smoking:)**  
SCAC\_61      **... Nicorettes or other nicotine gum or candy?**

- 1      Yes
  - 2      No
- DK, R

SCA\_Q62      **(In the past 12 months, did you try any of the following to quit smoking:)**  
SCAC\_62      **... medication such as Zyban?**

- 1      Yes
  - 2      No
- DK,  
R

SCA\_END

**SMOKING - PHYSICIAN COUNSELLING**

- SPC\_C1  
SPCCFDO If (do SPC block = 2), go to SPC\_END.  
Otherwise, go to SPC\_C2.
- SPC\_C2 If proxy interview, go to SPC\_END.  
Otherwise, go to SPC\_C3A.
- SPC\_C3A If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), use [smoke] in [smoke/smoked].  
If SMK\_Q206A = 1 or SMK\_Q209A = 1 (former smoker who quit less than 1 year ago), use [smoked] in [smoke/smoked].
- SPC\_C3 If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to SPC\_C4.  
If SMK\_Q206A = 1 or SMK\_Q209A = 1 (former smoker who quit less than 1 year ago), go to SPC\_C4.  
Otherwise, go to SPC\_END.
- SPC\_C4 If (do HCU block = 1) and (HCU\_Q01AA = 1) (i.e. has a regular medical doctor), go to SPC\_Q10.  
Otherwise, go to SPC\_C20A.
- SPC\_Q10  
SPCC\_10 **Earlier, you mentioned having a regular medical doctor. In the past 12 months, did you go see this doctor?**
- 1 Yes  
2 No (Go to SPC\_C20A)  
DK, R (Go to SPC\_C20A)
- SPC\_Q11  
SPCC\_11 **Does your doctor know that you [smoke/smoked] cigarettes?**
- 1 Yes  
2 No (Go to SPC\_C20A)  
DK, R (Go to SPC\_C20A)
- SPC\_Q12  
SPCC\_12 **In the past 12 months, did your doctor advise you to quit smoking?**
- 1 Yes  
2 No  
DK, R (Go to SPC\_C20A)
- SPC\_Q13  
SPCC\_13 **(In the past 12 months,) did your doctor give you any specific help or information to quit smoking?**
- 1 Yes  
2 No (Go to SPC\_C20A)  
DK, R (Go to SPC\_C20A)

SPC\_Q14 **What type of help did the doctor give?**

**INTERVIEWER:** Mark all that apply.

- |          |   |  |
|----------|---|--|
| SPCC_14A | 1 | Referral to a one-on-one cessation program                           |
| SPCC_14B | 2 | Referral to a group cessation program                                |
| SPCC_14C | 3 | Recommended use of nicotine patch or nicotine gum                    |
| SPCC_14D | 4 | Recommended Zyban or other medication                                |
| SPCC_14E | 5 | Provided self-help information (e.g., pamphlet, referral to website) |
| SPCC_14F | 6 | Own doctor offered counselling                                       |
| SPCC_14G | 7 | Other  |
|          |   | DK, R  |

SPC\_C20A If (do DEN block = 1) and (DEN\_Q130 = 1 or DEN\_Q132 = 1) (visited dentist in past 12 months), go to SPC\_Q21.  
 If (do DEN block = 1) and (DEN\_Q130 = 2, DK or R) (did not visit dentist in past 12 months), go to SPC\_END.  
 Otherwise, go to SPC\_C20.

SPC\_C20 If (do HCU block = 1) and (HCU\_Q02E > 0 and HCU\_Q02E < 98) (saw or talked to dentist in past 12 months), go to SPC\_Q20.  
 Otherwise, go to SPC\_END.

SPC\_Q20 **Earlier, you mentioned having “seen or talked to” a dentist in the past 12 months. Did you actually go to the dentist?**

SPCC\_20

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

SPC\_Q21 **Does your dentist or dental hygienist know that you [smoke/smoked] cigarettes?**

SPCC\_21

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

SPC\_Q22 **In the past 12 months, did the dentist or hygienist advise you to quit smoking?**

SPCC\_22

- |   |       |
|---|-------|
| 1 | Yes   |
| 2 | No    |
|   | DK, R |

SPC\_END

**YOUTH SMOKING**

YSM\_C1 If (do YSM block = 2), go to YSM\_END.  
 YSMCFDO Otherwise, go to YSM\_C1A.

YSM\_C1A If proxy interview or age greater than 19, go to YSM\_END.  
 Otherwise, go to YSM\_C1B.

YSM\_C1B If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to YSM\_Q1.  
 Otherwise, go to YSM\_END.

YSM\_Q1 **Where do you usually get your cigarettes?**

YSMC\_1

- 1 Buy from - Vending machine
- 2 Buy from - Small grocery / corner store
- 3 Buy from - Supermarket
- 4 Buy from - Drug store
- 5 Buy from - Gas station
- 6 Buy from - Other store
- 7 Buy from - Friend or someone else
- 8 Given them by - Brother or sister
- 9 Given them by - Mother or father
- 10 Given them by - Friend or someone else
- 11 Take them from - Mother, father or sibling
- 12 Other - Specify  
 DK, R (Go to YSM\_END)

YSM\_C1S If YSM\_Q1 <> 12, go to YSM\_C2.  
 Otherwise, go to YSM\_Q1S.

YSM\_Q1S INTERVIEWER: Specify

\_\_\_\_\_  
 (80 spaces)  
 DK, R

YSM\_C2 If YSM\_Q1 = 1, 2, 3, 4, 5, 6 or 7, go to YSM\_Q3.  
 Otherwise, go to YSM\_Q2.

YSM\_Q2 **In the past 12 months, have you bought cigarettes for yourself or for someone else?**

YSMC\_2

- 1 Yes
- 2 No (Go to YSM\_Q5)  
 DK, R (Go to YSM\_Q5)

YSM\_Q3 **In the past 12 months, have you been asked your age when buying cigarettes in a store?**

YSMC\_3

- 1 Yes
- 2 No  
 DK, R

YSM\_Q4  
YSMC\_4

**In the past 12 months, has anyone in a store refused to sell you cigarettes?**

- 1 Yes
- 2 No  
DK, R

YSM\_Q5  
YSMC\_5

**In the past 12 months, have you asked a stranger to buy you cigarettes?**

- 1 Yes
- 2 No  
DK, R

YSM\_END

FOR INFORMATION ONLY

**EXPOSURE TO SECOND-HAND SMOKE**

ETS\_C1 If (do ETS block = 2), go to ETS\_END.  
 ETSCFDO Otherwise, go to ETS\_QINT.

ETS\_QINT **The next questions are about exposure to second-hand smoke.**  
 INTERVIEWER: Press <Enter> to continue.

ETS\_C10 If the number of household members = 1 and (SMK\_Q202 = 1 or 2), go to ETS\_Q30.  
 Otherwise, go to ETS\_Q10.

ETS\_Q10 **Including both household members and regular visitors, does anyone smoke**  
 ETSC\_10 **inside your home, every day or almost every day?**  
 INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
- 2 No (Go to ETS\_C20)
- DK, R (Go to ETS\_END)

ETS\_Q11 **How many people smoke inside your home every day or almost every day?**  
 ETSC\_11 INTERVIEWER: Include household members and regular visitors.

I\_I\_I Number of people  
 (MIN:1) (MAX:15)  
 DK, R

ETS\_C20 If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS\_Q30.  
 Otherwise, go to ETS\_Q20.

ETS\_Q20 **In the past month, [were/was] [you/FNAME] exposed to second-hand smoke,**  
 ETSC\_20 **every day or almost every day, in a car or other private vehicle?**

- 1 Yes
- 2 No
- DK, R

ETS\_Q20B **(In the past month,) [were/was] [you/he/she] exposed to second-hand smoke,**  
 ETSC\_20B **every day or almost every day, in public places (such as bars, restaurants,**  
**shopping malls, arenas, bingo halls, bowling alleys)?**

- 1 Yes
- 2 No
- DK, R

ETS\_Q30 **Are there any restrictions against smoking cigarettes in your home?**  
 ETSC\_5

- 1 Yes
- 2 No
- DK, R (Go to ETS\_END)

ETS\_Q31

**How is smoking restricted in your home?**

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

ETSC\_6A

1

**Smokers are asked to refrain from smoking in the house**

ETSC\_6B

2

**Smoking is allowed in certain rooms only**

ETSC\_6C

3

**Smoking is restricted in the presence of young children**

ETSC\_6D

4

**Other restriction**

DK, R

ETS\_END

FOR INFORMATION ONLY



## TOBACCO ALTERNATIVES

TAL\_C1 If (do TAL block = 2), go to TAL\_END.  
 TALCFDO Otherwise, go to TAL\_Q1.

TAL\_Q1 **Now I'd like to ask about [your/his/her] use of tobacco other than cigarettes.**  
 TALC\_1 **In the past month, [have/has] [you/he/she] smoked cigars?**

- 1 Yes
- 2 No  
 DK, R (Go to TAL\_END)

TAL\_Q2 **In the past month, [have/has] [you/he/she] smoked a pipe?**  
 TALC\_2

- 1 Yes
- 2 No  
 DK, R

TAL\_Q3 **In the past month, [have/has] [you/he/she] used snuff?**  
 TALC\_3

- 1 Yes
- 2 No  
 DK, R

TAL\_Q4 **In the past month, [have/has] [you/he/she] used chewing tobacco?**  
 TALC\_4

- 1 Yes
- 2 No  
 DK, R

TAL\_END

FOR INFORMATION ONLY

## ALCOHOL USE

ALC\_C1A If (do ALC block = 2), go to ALC\_END.  
ALCCFDO Otherwise, go to ALC\_QINT.

ALC\_QINT **Now, some questions about [you/FNAME's] alcohol consumption.**  
**When we use the word 'drink' it means:**  
- one bottle or can of beer or a glass of draft  
- one glass of wine or a wine cooler  
- one drink or cocktail with 1 and a 1/2 ounces of liquor.  
**INTERVIEWER:** Press <Enter> to continue.

ALC\_Q1 **During the past 12 months, that is, from [date one year ago] to yesterday,**  
ALCC\_1 **[have/has] [you/FNAME] had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to ALC\_Q5B)
- DK, R (Go to ALC\_END)

ALC\_Q2 **During the past 12 months, how often did [you/he/she] drink alcoholic**  
ALCC\_2 **beverages?**

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day
- DK, R

ALC\_Q3 **How often in the past 12 months [have/has] [you/he/she] had 5 or more**  
ALCC\_3 **drinks on one occasion?**

- 1 Never
- 2 Less than once a month
- 3 Once a month
- 4 2 to 3 times a month
- 5 Once a week
- 6 More than once a week
- DK, R

ALC-E3 If ALC\_Q3 = 1 and ALC\_Q5A =>5 display message.

**Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on [day name].**

ALC\_Q5 **Thinking back over the past week, that is, from [date last week] to yesterday,**  
ALCC\_5 **did [you/FNAME] have a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to ALC\_C8)
- DK, R (Go to ALC\_C8)

ALC\_Q5A **Starting with yesterday, that is [day name], how many drinks did [you/FNAME] have:**

(If R on first day, go to ALC\_C8)

(MIN: 0 MAX: 99 for each day; warning after 12 for each day)

ALCC_5A1	1	Sunday?
ALCC_5A2	2	Monday?
ALCC_5A3	3	Tuesday?
ALCC_5A4	4	Wednesday?
ALCC_5A5	5	Thursday?
ALCC_5A6	6	Friday?
ALCC_5A7	7	Saturday?
		DK, R

Go to ALC\_C8

ALC\_E5A If ALC\_Q3 = 1 and ALC\_Q5A =>5 display message.

**Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on [day name].**

ALC\_Q5B **[Have/Has] [you/FNAME] ever had a drink?**

ALCC\_5B

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

ALC\_Q6 **Did [you/he/she] ever regularly drink more than 12 drinks a week?**

ALCC\_6

1	Yes	
2	No	(Go to ALC_C8)
	DK, R	(Go to ALC_C8)

ALC\_Q7 **Why did [you/he/she] reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

ALCC_7A	1	Dieting
ALCC_7B	2	Athletic training
ALCC_7C	3	Pregnancy
ALCC_7D	4	Getting older
ALCC_7E	5	Drinking too much / drinking problem
ALCC_7F	6	Affected - work, studies, employment opportunities
ALCC_7G	7	Interfered with family or home life
ALCC_7H	8	Affected - physical health
ALCC_7I	9	Affected - friendships or social relationships
ALCC_7J	10	Affected - financial position
ALCC_7K	11	Affected - outlook on life, happiness
ALCC_7L	12	Influence of family or friends
ALCC_7M	13	Other - Specify
		DK, R

ALC\_C7S      If ALC\_Q7 <> 13, go to ALC\_C8.  
                 Otherwise, go to ALC\_Q7S.

ALC\_Q7S      INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

ALC\_C8      If age > 19, go to ALC\_END.

ALC\_Q8      **Not counting small sips, how old [were/was] [you/he/she] when**  
ALCC\_8      **[you/he/she] started drinking alcoholic beverages?**  
INTERVIEWER: Drinking does not include having a few sips of wine for religious  
                 purposes. Minimum is 5; maximum is [current age].

[\_|\_|\_] Age in years  
(MIN: 5) (MAX: current age)  
DK, R

ALC\_E8      If AL\_Q8 >= 5 and AL\_Q8 <= Current Age, go to ALC\_END.  
                 Otherwise, show pop-up edit as follows.

**Age must be between 5 and Current Age.**  
**Please return and correct.**

ALC\_END

**DRIVING AND SAFETY**

DRV\_C01A If (do DRV block = 2), go to DRV\_END.  
 DRVCFDO Otherwise, go to DRV\_C01B.

DRV\_C01B If proxy interview, go to DRV\_END.  
 Otherwise, go to DRV\_QINT.

DRV\_QINT **The next questions are about driving a motor vehicle. By motor vehicle, we mean a car, truck or van.**  
 INTERVIEWER: Press <Enter> to continue.

DRV\_Q01A **In the past 12 months, have you driven a motor vehicle?**  
 DRVC\_01A INTERVIEWER: Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

- 1 Yes
- 2 No
- DK, R (Go to DRV\_END)

DRV\_Q01B **In the past 12 months, have you driven a motorcycle?**  
 DRVC\_01B

- 1 Yes
- 2 No
- DK, R

DRV\_C02 If DRV\_Q01A = 2 and DRV\_Q01B = 2 or DK or R, go to DRV\_QINT2.  
 Otherwise, go to DRV\_C02A.

DRV\_C02A If DRV\_Q01A = 1, go to DRV\_Q02.  
 Otherwise, go to DRV\_Q04.

DRV\_Q02 **How often do you fasten your seat belt when you drive a motor vehicle?**  
 DRVC\_02 INTERVIEWER: Read categories to respondent.

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

DRV\_Q03 **Counting hands-free use, how often do you use a cell phone while you are driving a motor vehicle?**  
 DRVC\_03

INTERVIEWER: Read categories to respondent.

- 1 **Often**
- 2 **Sometimes**
- 3 **Rarely**
- 4 **Never**
- DK, R

DRV\_Q04      **How often do you drive when you are feeling tired?**

DRVC\_04

- 1      Often
- 2      Sometimes
- 3      Rarely
- 4      Never
- DK, R

DRV\_Q05      **Compared to other drivers, would you say you usually drive:**

DRVC\_05

INTERVIEWER: Read categories to respondent.

- 1      ... much faster?
- 2      ... a little faster?
- 3      ... about the same speed?
- 4      ... a little slower?
- 5      ... much slower?
- DK, R

DRV\_Q06      **(Compared to other drivers,) would you say you usually drive:**

DRVC\_06

INTERVIEWER: Read categories to respondent.

- 1      ... much more aggressively?
- 2      ... a little more aggressively?
- 3      ... about the same?
- 4      ... a little less aggressively?
- 5      ... much less aggressively?
- DK, R

DRV\_C07      If ALC\_Q1 = 1 (drank alcohol in past 12 months) and DRV\_Q01A = 1 (drove a motor vehicle) or DRV\_Q01B = 1 (Drove a motorcycle), go to DRV\_Q07. Otherwise, go to DRV\_Q012.

DRV\_Q07      **In the past 12 months, have you driven a motor vehicle after having 2 or more drinks in the hour before you drove?**

DRVC\_07

INTERVIEWER: Include cars, trucks, vans and motorcycles. Exclude off-road vehicles.

- 1      Yes
- 2      No      (Go to DRV\_QINT2)
- DK, R      (Go to DRV\_QINT2)

DRV\_Q07A      **How many times?**

DRVC\_07A

|\_|\_| Times  
(MIN: 1) (MAX: 95; warning after 20)  
DK, R

DRV\_QINT2      **Now some questions about being a passenger in a motor vehicle.**

INTERVIEWER: Press <Enter> to continue.

DRV\_Q08A **When you are a front seat passenger, how often do you fasten your seat belt?**  
 DRVC\_08A **INTERVIEWER:** Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- 5 Do not ride in front seat  
DK, R

DRV\_Q08B **When you are a back seat passenger, how often do you fasten your seat belt?**  
 DRVC\_08B

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not ride in back seat  
DK, R

DRV\_Q09 **When you are a passenger in a taxi, how often do you fasten your seat belt?**  
 DRVC\_09

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not take taxis  
DK, R

DRV\_Q10 **In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?**  
 DRVC\_10

- 1 Yes
- 2 No (Go to DRV\_Q11A)  
DK, R (Go to DRV\_Q11A)

DRV\_Q10A **How many times (in the past 12 months)?**  
 DRVC\_10A

|\_|\_| Times  
 (MIN: 1) (MAX: 95; warning after 20)  
 DK, R

DRV\_Q11A **In the past 12 months, have you been the driver of, or a passenger in, a snowmobile, motor boat or seadoo?**  
 DRVC\_11A

- 1 Yes
- 2 No  
DK, R (Go to DRV\_END)

DRV\_Q11B **In the past 12 months, have you been the driver of, or a passenger in, an ATV (all terrain vehicle)?**  
 DRVC\_11B

- 1 Yes
- 2 No (Go to DRV\_C13)  
DK, R (Go to DRV\_END)

DRV\_Q12 **How often do you wear a helmet when on an ATV?**

DRVC\_12 INTERVIEWER: Read categories to respondent.

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

DRV\_C13 If DRV\_Q11A = 2 (not driven/passenger - snowmobile, motor boat or seadoo) and DRV\_Q11B = 2 (not driven/passenger - ATV), go to DRV\_END.  
Otherwise, go to DRV\_C13A.

DRV\_C13A If DRV\_Q11A = 1 and DRV\_Q11B = 1, use “a snowmobile, motor boat, seadoo or ATV” in DRV\_Q13 and DRV\_Q14.

If DRV\_Q11A = 1 and DRV\_Q11B = 2, use “a snowmobile, motor boat or seadoo” in DRV\_Q13 and DRV\_Q14.

If DRV\_Q11A = 2 and DRV\_Q11B = 1, use “an ATV” in DRV\_Q13 and DRV\_Q14.

DRV\_Q13 **In the past 12 months, have you been a passenger on [a snowmobile, motor boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] with a driver who had 2 or more drinks in the hour before driving?**

DRVC\_13

- 1 Yes
  - 2 No (Go to DRV\_C14)
- DK, R (Go to DRV\_C14)

DRV\_Q13A **How many times?**

DRVC\_13A

||| Times  
(MIN: 1) (MAX: 95; warning after 20)  
DK, R

DRV\_C14 If ALC\_Q1 = 1 (drank alcohol in the past 12 months), go to DRV\_Q14.  
Otherwise, go to DRV\_END.

DRV\_Q14 **In the past 12 months, have you driven [a snowmobile, motor boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] after having 2 or more drinks in the hour before you drove?**

DRVC\_14

- 1 Yes
  - 2 No (Go to DRV\_END)
- DK, R (Go to DRV\_END)

DRV\_Q14A **How many times?**

DRVC\_14A

||| Times  
(MIN: 1) (MAX: 95; warning after 20)  
DK, R

DRV\_END



## ALCOHOL DEPENDENCE

ALD\_C01A If (do ALD block = 2) or proxy interview, go to ALD\_END.  
 ALDCFDO Otherwise, go to ALD\_C01B.

ALD\_C01B If ALC\_Q3 > 2 (has had at least 5 drinks at least once a month), go to ALD\_QINT1.  
 Otherwise, go to ALD\_END.

ALD\_QINT1 **The next questions are about how drinking can affect people in their activities. We will be referring to the past 12 months, that is, from [date one year ago] to yesterday.**  
 INTERVIEWER: Press <Enter> to continue.

ALD\_Q01 **In the past 12 months, have you ever been drunk or hung-over while at work, school or while taking care of children?**  
 ALDC\_01

- 1 Yes
- 2 No (Go to ALD\_Q03)
- DK, R (Go to ALD\_END)

ALD\_Q02 **How many times? Was it:**  
 ALDC\_02 INTERVIEWER: Read categories to respondent.

- 1 ... Once or twice?
- 2 ... 3 to 5 times?
- 3 ... 6 to 10 times?
- 4 ... 11 to 20 times?
- 5 ... More than 20 times?
- DK, R

ALD\_Q03 **In the past 12 months, were you ever in a situation while drunk or hung-over which increased your chances of getting hurt? (For example, driving a boat, using guns, crossing against traffic, or during sports.)**  
 ALDC\_03

- 1 Yes
- 2 No
- DK, R

ALD\_Q04 **In the past 12 months, have you had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?**  
 ALDC\_04

- 1 Yes
- 2 No
- DK, R

ALD\_Q05 **In the past 12 months, have you had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?**  
 ALDC\_05

- 1 Yes
- 2 No
- DK, R

ALD\_Q06  
ALDC\_06 **In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?**

- 1 Yes
- 2 No  
DK, R

ALD\_Q07  
ALDC\_07 **In the past 12 months, did you ever drink much more or for a longer period of time than you intended?**

- 1 Yes
- 2 No (Go to ALD\_Q09)  
DK, R (Go to ALD\_Q09)

ALD\_Q08  
ALDC\_08 **How many times? Was it:**  
INTERVIEWER: Read categories to respondent.

- 1 ... Once or twice?
- 2 ... 3 to 5 times?
- 3 ... 6 to 10 times?
- 4 ... 11 to 20 times?
- 5 ... More than 20 times?  
DK, R

ALD\_Q09  
ALDC\_09 **In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?**

- 1 Yes
- 2 No  
DK, R

ALD\_QINT10 **People who cut down their alcohol use or stop drinking altogether may not feel well if they have been drinking steadily for some time. These feelings are more intense and can last longer than the usual hangover.**  
INTERVIEWER: Press <Enter> to continue.

ALD\_Q10  
ALDC\_10 **In the past 12 months, did you ever have a period when you stopped, cut down, or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?**

- 1 Yes
- 2 No  
DK, R

ALD\_Q11  
ALDC\_11 **In the past 12 months, did you ever have a period when you drank alcohol even though you promised yourself you wouldn't, or when you drank a lot more than you intended?**

- 1 Yes
- 2 No  
DK, R

ALD\_Q12  
ALDC\_12 **In the past 12 months, did you ever have a period of several days or more when you spent so much time drinking alcohol or recovering from the effects that you had little time for anything else?**

- 1 Yes
- 2 No  
DK, R

ALD\_Q13  
ALDC\_13 **In the past 12 months, did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of alcohol?**

- 1 Yes
- 2 No  
DK, R

ALD\_Q14  
ALDC\_14 **In the past 12 months, did you ever continue to drink alcohol when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your alcohol use?**

- 1 Yes
- 2 No  
DK, R

ALD\_C15 If count of “Yes” responses (1) in (ALD\_Q01, ALD\_Q03, ALD\_Q04, ALD\_Q05, ALD\_Q06, ALD\_Q07, ALD\_Q09, ALD\_Q10, ALD\_Q11, ALD\_Q12, ALD\_Q13, and ALD\_Q14) = 0, go to ALD\_END.

ALD\_QINT15 **Please tell me what number best describes how much your use of alcohol interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means “no interference”, while 10 means “very severe interference”.**  
INTERVIEWER: Press <Enter> to continue.

ALD\_Q15A  
ALDC\_15A **In the past 12 months, how much did your alcohol use interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

||| Number  
(MIN: 0) (MAX: 10)  
DK, R

ALD\_Q15B\_1 **How much did it interfere with your ability to attend school?**  
ALDC\_5B1 INTERVIEWER: If necessary, enter “11” to indicate “Not applicable”.

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 v
- 10 **Very severe interference**

|\_| Number  
(MIN: 0) (MAX: 11)  
DK, R

ALD\_Q15B\_2 **How much did it interfere with your ability to work at a job?**  
ALDC\_5B2 INTERVIEWER: If necessary, enter “11” to indicate “Not applicable”.

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 v
- 10 **Very severe interference**

|\_| Number  
(MIN: 0) (MAX: 11)  
DK, R

FOR INFORMATION ONLY

ALD\_Q15C  
ALDC\_15C

(In the past 12 months,) how much did your alcohol use interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means “no interference” and 10 means “very severe interference”.)

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

||| Number  
(MIN: 0) (MAX: 10)  
DK, R

ALD\_Q15D  
ALDC\_15D

How much did it interfere with your social life?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

||| Number  
(MIN: 0) (MAX: 10)  
DK, R

ALD\_END

FOR INFORMATION ONLY

## ILLCIT DRUGS

DRG\_C1 If (do DRG block = 2), go to DRG\_END.  
 IDGCFDO Otherwise, go to DRG\_C2.

DRG\_C2 If proxy interview, go to DRG\_END.  
 Otherwise, go to DRG\_QINT1.

DRG\_QINT1 **Now I am going to ask some questions about drug use. Again, I would like to remind you that everything you say will remain strictly confidential.**  
 INTERVIEWER: Press <Enter> to continue.

DRG\_Q01 **Have you ever used or tried marijuana, cannabis or hashish?**  
 IDGC\_01 INTERVIEWER: Read categories to respondent.

- 1 **Yes, just once**
- 2 **Yes, more than once**
- 3 **No** (Go to DRG\_Q04)  
 DK, R (Go to DRG\_END)

DRG\_Q02 **Have you used it in the past 12 months?**  
 IDGC\_02

- 1 Yes
- 2 No (Go to DRG\_Q04)  
 DK, R (Go to DRG\_Q04)

DRG\_C03 If DRG\_Q01 = 1, go to DRG\_Q04.

DRG\_Q03 **How often (did you use marijuana, cannabis or hashish in the past 12 months)?**  
 IDGC\_03 INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**  
 DK, R

DRG\_Q04 **Have you ever used or tried cocaine or crack?**  
 IDGC\_04

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q07)  
 DK, R (Go to DRG\_Q07)

DRG\_Q05 **Have you used it in the past 12 months?**  
 IDGC\_05

- 1 Yes
- 2 No (Go to DRG\_Q07)  
 DK, R (Go to DRG\_Q07)

DRG\_C06 If DRG\_Q04 = 1, go to DRG\_Q07.

DRG\_Q06 **How often (did you use cocaine or crack in the past 12 months)?**

IDGC\_06 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_Q07 **Have you ever used or tried speed (amphetamines)?**

IDGC\_07

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q10)
- DK, R (Go to DRG\_Q10)

DRG\_Q08 **Have you used it in the past 12 months?**

IDGC\_08

- 1 Yes
- 2 No (Go to DRG\_Q10)
- DK, R (Go to DRG\_Q10)

DRG\_C09 If DRG\_Q07 = 1, go to DRG\_Q10.

DRG\_Q09 **How often (did you use speed (amphetamines) in the past 12 months)?**

IDGC\_09 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_Q10 **Have you ever used or tried ecstasy (MDMA) or other similar drugs?**

IDGC\_10

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q13)
- DK, R (Go to DRG\_Q13)

DRG\_Q11 **Have you used it in the past 12 months?**

IDGC\_11

- 1 Yes
- 2 No (Go to DRG\_Q13)
- DK, R (Go to DRG\_Q13)

DRG\_C12 If DRG\_Q10 = 1, go to DRG\_Q13.

DRG\_Q12 **How often (did you use ecstasy or other similar drugs in the past 12 months)?**  
IDGC\_12 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_Q13 **Have you ever used or tried hallucinogens, PCP or LSD (acid)?**  
IDGC\_13

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q16)
- DK, R (Go to DRG\_Q16)

DRG\_Q14 **Have you used it in the past 12 months?**  
IDGC\_14

- 1 Yes
- 2 No (Go to DRG\_Q16)
- DK, R (Go to DRG\_Q16)

DRG\_C15 If DRG\_Q13 = 1, go to DRG\_Q16.

DRG\_Q15 **How often (did you use hallucinogens, PCP or LSD in the past 12 months)?**  
IDGC\_15 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_Q16 **Did you ever sniff glue, gasoline or other solvents?**  
IDGC\_16

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q19)
- DK, R (Go to DRG\_Q19)

DRG\_Q17 **Did you sniff some in the past 12 months?**  
IDGC\_17

- 1 Yes
- 2 No (Go to DRG\_Q19)
- DK, R (Go to DRG\_Q19)

DRG\_C18 If DRG\_Q16 = 1, go to DRG\_Q19.



DRG\_Q18 **How often (did you sniff glue, gasoline or other solvents in the past 12 months)?**  
 IDGC\_18 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_Q19 **Have you ever used or tried heroin?**  
 IDGC\_19

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q22)
- DK, R (Go to DRG\_Q22)

DRG\_Q20 **Have you used it in the past 12 months?**  
 IDGC\_20

- 1 Yes
- 2 No (Go to DRG\_Q22)
- DK, R (Go to DRG\_Q22)

DRG\_C21 If DRG\_Q19 = 1, go to DRG\_Q22.

DRG\_Q21 **How often (did you use heroin in the past 12 months)?**  
 IDGC\_21 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_Q22 **Have you ever used or tried steroids, such as testosterone, dianabol or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?**  
 IDGC\_22

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_C25A1)
- DK, R (Go to DRG\_C25A1)

DRG\_Q23 **Have you used it in the past 12 months?**  
 IDGC\_23

- 1 Yes
- 2 No (Go to DRG\_C25A1)
- DK, R (Go to DRG\_C25A1)

DRG\_C24 If DRG\_Q22 = 1, go to DRG\_C25A1.

DRG\_Q24 **How often (did you use steroids in the past 12 months)?**

IDGC\_24 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_C25A\_1 DRG\_C25A1 = Count of instances where DRG\_Q01, DRG\_Q04, DRG\_Q07, DRG\_Q10, DRG\_Q13, DRG\_Q16 and DRG\_Q19 = 3, DK or R.

If DRG\_C25A1 = 7, go to DRG\_END.

DRG\_C25A\_2 DRG\_C25A2 = Count of instances where DRG\_Q03, DRG\_Q06, DRG\_Q09, DRG\_Q12, DRG\_Q15, DRG\_Q18 and DRG\_Q21 >= 2.

If DRG\_C25A\_2 >= 1, go to DRG\_Q25A.  
Otherwise, go to DRG\_END.

DRG\_Q25A **(During the past 12 months,) did you ever need to use more drugs than usual in order to get high, or did you ever find that you could no longer get high on the amount you usually took?**

IDGC\_25A

- 1 Yes
  - 2 No
- DK, R

DRG\_QINT25B **People who cut down their substance use or stop using drugs altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover.**

**INTERVIEWER:** Press <Enter> to continue.

DRG\_Q25B **(During the past 12 months,) did you ever have times when you stopped, cut down or went without drugs and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?**

IDGC\_25B

- 1 Yes
  - 2 No
- DK, R

DRG\_Q25C **(During the past 12 months,) did you ever have times when you used drugs to keep from having such symptoms?**

IDGC\_25C

- 1 Yes
  - 2 No
- DK, R

DRG\_Q25D **(During the past 12 months,) did you ever have times when you used drugs even though you promised yourself you wouldn't, or times when you used a lot more drugs than you intended?**

IDGC\_25D

- 1 Yes (Go to DRG\_Q25G)
  - 2 No
- DK, R

DRG\_Q25E (During the past 12 months,) were there ever times when you used drugs more frequently, or for more days in a row than you intended?  
IDGC\_25E

- 1 Yes
- 2 No  
DK, R

DRG\_Q25F (During the past 12 months,) did you ever have periods of several days or more when you spent so much time using drugs or recovering from the effects of using drugs that you had little time for anything else?  
IDGC\_25F

- 1 Yes
- 2 No  
DK, R

DRG\_Q25G (During the past 12 months,) did you ever have periods of a month or longer when you gave up or greatly reduced important activities because of your use of drugs?  
IDGC\_25G

- 1 Yes
- 2 No  
DK, R

DRG\_Q25H During the past 12 months, did you ever continue to use drugs when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your use?  
IDGC\_25H

- 1 Yes
- 2 No  
DK, R

DRG\_QINT26 Please tell me what number best describes how much your use of drugs interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means “no interference”, while 10 means “very severe interference”.

INTERVIEWER: Press <Enter> to continue.

DRG\_Q26A How much did your use of drugs interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?  
IDGC\_26A

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

||| Number  
(MIN: 0) (MAX: 10)  
DK, R

DRG\_Q26B\_1 **How much did your use interfere with your ability to attend school?**  
IDGC\_6B1 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 |
- 10 **Very severe interference**

[\_|\_] Number  
(MIN: 0) (MAX: 11)  
DK, R

DRG\_Q26B\_2 **How much did your use interfere with your ability to work a regular job?**  
IDGC\_6B2 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 |
- 10 **Very severe interference**

[\_|\_] Number  
(MIN: 0) (MAX: 11)  
DK, R

DRG\_Q26C  
IDGC\_26C

(During the past 12 months,) how much did your use of drugs interfere with your ability to form and maintain close relationships with other people? Remember that 0 means “no interference” and 10 means “very severe interference”.

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 v
- 10 Very severe interference

|\_| Number  
(MIN: 0) (MAX: 10)  
DK, R

DRG\_Q26D  
IDGC\_26D

How much did your use of drugs interfere with your social life?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 v
- 10 Very severe interference

|\_| Number  
(MIN: 0) (MAX: 10)  
DK, R

DRG\_END

## PROBLEM GAMBLING

CPG\_C01 If (do CPG block = 2), go to CPG\_END.  
CPGCFDO Otherwise, go to CPG\_C2.

CPG\_C02 If proxy interview, go to CPG\_END.  
Otherwise, go to CPG\_C3.

CPG\_C03 CPG\_C03 = Count instances where CPG\_Q01B to CPG\_Q01M = 7, 8, DK or R.

CPG\_QINT1 **People have different definitions of gambling. They may bet money and gamble on many different things, including buying lottery tickets, playing bingo or playing card games with their family or friends.**

**The next questions are about gambling activities and experiences. Some of these questions may not apply to you; however, they need to be asked of all respondents.**  
**INTERVIEWER:** Press <Enter> to continue.

CPG\_Q01A **In the past 12 months, how often have you bet or spent money on instant**  
CPGCFDO **win/scratch tickets or daily lottery tickets (Keno, Pick 2, Encore, Banco, Extra)?**  
**INTERVIEWER:** Read categories to respondent.  
Exclude all other kinds of lottery tickets such as 6/49, Super 7, sports lotteries and fund raising tickets.

- 1 **Daily**
- 2 **Between 2 to 6 times a week**
- 3 **About once a week**
- 4 **Between 2 to 3 times a month**
- 5 **About once a month**
- 6 **Between 6 to 11 times a year**
- 7 **Between 1 to 5 times a year**
- 8 Never  
DK, R

CPG\_C01A If CPG\_Q01A = R, go to CPG\_END  
Otherwise, go to CPG\_Q01B.

CPG\_Q01B **(In the past 12 months,) how often have you bet or spent money on lottery tickets**  
CPGCFDO **such as 6/49 and Super 7, raffles or fund-raising tickets?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01C (In the past 12 months,) how often have you bet or spent money on Bingo?  
CPGC\_01C

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01D (In the past 12 months,) how often have you bet or spent money playing cards or board games with family or friends?  
CPGC\_01D

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01E (In the past 12 months,) how often have you bet or spent money on video lottery terminals (VLTs) outside of casinos?  
CPGC\_01E

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01F (In the past 12 months,) how often have you bet or spent money on coin slots or VLTs at a casino?  
CPGC\_01F

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01G (In the past 12 months,) how often have you bet or spent money on casino games  
CPGC\_01G other than coin slots or VLTs (for example, poker, roulette, blackjack, Keno)?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG\_Q01H (In the past 12 months,) how often have you bet or spent money on Internet or  
CPGC\_01H arcade gambling?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG\_Q01I In the past 12 months, how often have you bet or spent money on live horse racing  
CPGC\_01I at the track or off track?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- Dk, R

CPG\_Q01J (In the past 12 months,) how often have you bet or spent money on sports such as  
CPGC\_01J sports lotteries (Sport Select, Pro-Line, Mise-au-jeu, Total), sports pool or sporting events?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R



CPG\_Q01K  
CPGC\_01K

**(In the past 12 months,) how often have you bet or spent money on speculative investments such as stocks, options or commodities?**

**INTERVIEWER:** Speculative investments refers to buying high-risk stocks, but does not include low-risk bonds, RRSPs and/or mutual funds.

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01L  
CPGC\_01L

**In the past 12 months, how often have you bet or spent money on games of skill such as pool, golf, bowling or darts?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01M  
CPGC\_01M

**(In the past 12 months,) how often have you bet or spent money on any other forms of gambling such as dog races, gambling at casino nights/country fairs, bet on sports with a bookie or gambling pools at work?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_C01N

If CPG\_C03 = 12 and CPG\_Q01A = 7, 8 or DK, go to CPG\_END.  
Otherwise, go to CPG\_Q01N.

CPG\_Q01N  
CPGC\_01N

**In the past 12 months, how much money, not including winnings, did you spend on all of your gambling activities?**

**INTERVIEWER:** Read categories to respondent.

- 1 **Between 1 dollar and 50 dollars**
- 2 **Between 51 dollars and 100 dollars**
- 3 **Between 101 dollars and 250 dollars**
- 4 **Between 251 dollars and 500 dollars**
- 5 **Between 501 dollars and 1000 dollars**
- 6 **More than 1000 dollars**  
DK, R

CPG\_QINT2    **The next questions are about gambling attitudes and experiences. Again, all the questions will refer to the past 12 months.**  
**INTERVIEWER:** Press <Enter> to continue.

CPG\_Q02  
CPGC\_02    **In the past 12 months, how often have you bet or spent more money than you wanted to on gambling?**  
**INTERVIEWER:** Read categories to respondent.

- 1    **Never**
- 2    **Sometimes**
- 3    **Most of the time**
- 4    **Almost always**
- 5    I am not a gambler    (Go to CPG\_END)
- DK
- R                        (Go to CPG\_END)

CPG\_Q03  
CPGC\_03    **(In the past 12 months,) how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?**

- 1    Never
- 2    Sometimes
- 3    Most of the time
- 4    Almost always
- DK, R

CPG\_Q04  
CPGC\_04    **(In the past 12 months,) when you gambled, how often did you go back another day to try to win back the money you lost?**

- 1    Never
- 2    Sometimes
- 3    Most of the time
- 4    Almost always
- DK, R

CPG\_Q05  
CPGC\_05    **In the past 12 months, how often have you borrowed money or sold anything to get money to gamble?**

- 1    Never
- 2    Sometimes
- 3    Most of the time
- 4    Almost always
- DK, R

CPG\_Q06  
CPGC\_06    **(In the past 12 months,) how often have you felt that you might have a problem with gambling?**

- 1    Never
- 2    Sometimes
- 3    Most of the time
- 4    Almost always
- DK, R

CPG\_Q07  
CPGC\_07 **(In the past 12 months,) how often has gambling caused you any health problems, including stress or anxiety?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q08  
CPGC\_08 **(In the past 12 months,) how often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q09  
CPGC\_09 **(In the past 12 months,) how often has your gambling caused financial problems for you or your family?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q10  
CPGC\_10 **In the past 12 months, how often have you felt guilty about the way you gamble or what happens when you gamble?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q11  
CPGC\_11 **(In the past 12 months,) how often have you lied to family members or others to hide your gambling?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q12  
CPGC\_12 **(In the past 12 months,) how often have you wanted to stop betting money or gambling, but didn't think you could?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q13  
CPGC\_13      **In the past 12 months, how often have you bet more than you could really afford to lose?**

- 1      Never
- 2      Sometimes
- 3      Most of the time
- 4      Almost always
- DK, R

CPG\_Q14  
CPGC\_14      **(In the past 12 months,) have you tried to quit or cut down on your gambling but were unable to do it?**

- 1      Never
- 2      Sometimes
- 3      Most of the time
- 4      Almost always
- DK, R

CPG\_Q15  
CPGC\_15      **(In the past 12 months,) have you gambled as a way of forgetting problems or to feel better when you were depressed?**

- 1      Never
- 2      Sometimes
- 3      Most of the time
- 4      Almost always
- DK, R

CPG\_Q16  
CPGC\_16      **(In the past 12 months,) has your gambling caused any problems with your relationship with any of your family members or friends?**

- 1      Never
- 2      Sometimes
- 3      Most of the time
- 4      Almost always
- DK, R

CPG\_C17      For CPG\_Q03 through CPG\_Q10 and CPG\_Q13, recode 1=0, 2=1, 3=2 and 4=3 into CPG\_C17A through CPG\_C17I.  
CPG\_C17J = Sum CPG\_C17A through CPG\_C17I.  
If CPG\_C17J <= 2, go to CPG\_END.  
Otherwise, go to CPG\_Q17.

CPG\_Q17  
CPGC\_17      **Has anyone in your family ever had a gambling problem?**

- 1      Yes
- 2      No
- DK, R

CPG\_Q18  
CPGC\_18      **In the past 12 months, have you used alcohol or drugs while gambling?**

- 1      Yes
- 2      No
- DK, R

CPG\_QINT19 **Please tell me what number best describes how much your gambling activities interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means “no interference”, while 10 means “very severe interference”.**  
 INTERVIEWER: Press <Enter> to continue.

CPG\_Q19A **During the past 12 months, how much did your gambling activities interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

||| Number  
 (MIN: 0) (MAX: 10)  
 DK, R

CPG\_Q19B\_1 **How much did these activities interfere with your ability to attend school?**  
 CPGC\_9B1 INTERVIEWER: If necessary, enter “11” to indicate “Not applicable”.

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 very severe interference

||| Number  
 (MIN: 0) (MAX: 11)  
 DK, R

CPG\_Q19B\_2 **How much did they interfere with your ability to work at a job?**  
CPGC\_9B2 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|\_| Number  
(MIN: 0) (MAX: 11)  
DK, R

CPG\_Q19C **(During the past 12 months,) how much did your gambling activities interfere with**  
CPGC\_19C **your ability to form and maintain close relationships with other people? (Remember**  
**that 0 means “no interference” and 10 means “very severe interference”).)**

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|\_| Number  
(MIN: 0) (MAX: 10)  
DK, R

CPG\_Q19D  
CPGC\_19D

**How much did they interfere with your social life?**

- 0**      **No interference**
- 1**            |
- 2**            |
- 3**            |
- 4**            |
- 5**            |
- 6**            |
- 7**            |
- 8**            |
- 9**            V
- 10**      **Very severe interference**

|||      Number  
(MIN: 0) (MAX: 10)  
DK, R

CPG\_END

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## EATING TROUBLES ASSESSMENT

ETA\_C1 If (do ETA block = 2), go to ETA\_END.  
ETACFDO Otherwise, go to ETA\_C2.

ETA\_C2 If proxy interview, go to ETA\_END.  
Otherwise, go to ETA\_Q01A.

ETA\_Q01A **This part of the interview is about problems people may have with their**  
ETAC\_01A **weight or with eating.**  
**Was there ever a time in your life when you had a strong fear or a great deal of**  
**concern about being too fat or overweight?**

- 1 Yes
- 2 No (Go to ETA\_END)
- DK, R (Go to ETA\_END)

ETA\_Q01B **During the past 12 months, did you have a strong fear or a great deal of concern**  
ETAC\_01B **about being too fat or overweight?**

- 1 Yes
- 2 No (Go to ETA\_END)
- DK, R (Go to ETA\_END)

ETA\_QINT2 **Now I am going to read you a series of statements about food and eating habits**  
**that describe feelings and experiences that you may have had during the past**  
**12 months. Please tell me whether the statements are true for you by answering,**  
**“always”, “usually”, “often”, “sometimes”, “rarely”, or “never”.**  
**INTERVIEWER: Press <Enter> to continue.**

ETA\_Q02 **You are terrified about being overweight.**  
ETAC\_02

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q03 **You avoid eating when you are hungry.**  
ETAC\_03

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R



ETA\_Q04 **You find yourself preoccupied with food.**  
 ETAC\_04

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q05 **You go on eating binges where you feel you may not be able to stop.**  
 ETAC\_05

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q06 **You cut your food into small pieces.**  
 ETAC\_06

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q07 **You are aware of the calorie content of the foods you eat.**  
 ETAC\_07

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q08 **You particularly avoid food with a high carbohydrate content such as bread, rice or potatoes.**  
 ETAC\_08

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q09      **(Again, in the past 12 months, please tell me how true the following statements  
ETAC\_09      are for you.)**

**You feel that others would prefer if you ate more.**

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q10      **You vomit after you eat.**  
ETAC\_10

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q11      **You feel extremely guilty after eating.**  
ETAC\_11

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q12      **You are preoccupied with a desire to be thinner.**  
ETAC\_12

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q13      **You think about burning up calories when you exercise.**  
ETAC\_13

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q14  
ETAC\_14 **Other people think you are too thin.**

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q15  
ETAC\_15 **You are preoccupied with the thought of having fat on your body.**

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q16  
ETAC\_16 **You take longer than others to eat your meals.**

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q17  
ETAC\_17 **You avoid foods with sugar in them.**

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q18  
ETAC\_18 **Again, in the past 12 months, please tell me how true the following statements are for you.**

**You eat diet foods.**

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q19 **You feel that food controls your life.**

ETAC\_19

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q20 **You display self-control around food.**

ETAC\_20

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q21 **You feel that others pressure you to eat.**

ETAC\_21

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q22 **You give too much time and thought to food.**

ETAC\_22

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q23 **You feel uncomfortable after eating sweets.**

ETAC\_23

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q24 **You engage in dieting behaviour.**

ETAC\_24

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q25 **You like your stomach to be empty.**

ETAC\_25

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q26 **You have the impulse to vomit after meals.**

ETAC\_26

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q27 **You enjoy trying new rich foods.**

ETAC\_27

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_END

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## MATERNAL EXPERIENCES

MEX\_C01A If (do MEX block = 2), go to MEX\_END.  
 MEXCFDO Otherwise, go to MEX\_C01B.

MEX\_C01B If proxy interview or sex = male or age < 15 or > 55, go to MEX\_END.  
 Otherwise, go to MEX\_Q01.

MEX\_Q01 **Now a few questions for recent mothers.**  
 MEXC\_01 **Have you given birth in the past 5 years?**  
 INTERVIEWER: Do not include stillbirths.

- 1 Yes
- 2 No (Go to MEX\_END)  
 DK, R (Go to MEX\_END)

MEX\_Q01A **In what year?**  
 MEXC\_01A INTERVIEWER: Enter year of birth of last baby.  
 Minimum is [current year - 5]; maximum is [current year].

\_\_\_\_ Year  
 (MIN: Current year - 5) (MAX: Current year)  
 DK, R

MEX\_Q02 **Did you take a vitamin supplement containing folic acid before your (last)**  
 MEXC\_02 **pregnancy, that is, before you found out that you were pregnant?**

- 1 Yes
- 2 No  
 DK, R

MEX\_Q03 **(For your last baby) did you breastfeed or try to breastfeed your baby, even if**  
 MEXC\_03 **only for a short time?**

- 1 Yes (Go to MEX\_Q05)
- 2 No  
 DK, R (Go to MEX\_C20)

MEX\_Q04 **What is the main reason that you did not breastfeed?**

- MEXC\_04
- 1 Bottle feeding easier
  - 2 Formula as good as breast milk
  - 3 Breastfeeding is unappealing / disgusting
  - 4 Father / partner didn't want me to
  - 5 Returned to work / school early
  - 6 C-Section
  - 7 Medical condition - mother
  - 8 Medical condition - baby
  - 9 Premature birth
  - 10 Multiple births (e.g. twins)
  - 11 Wanted to drink alcohol
  - 12 Other - Specify  
 DK, R

MEX\_C04S If MEX\_Q04 <> 12, go to MEX\_C20.  
Otherwise, go to MEX\_Q04S.

MEX\_Q04S INTERVIEWER: Specify.

(80 spaces)  
DK, R

Go to MEX\_C20

MEX\_Q05 **Are you still breastfeeding?**  
MEXC\_05

- 1 Yes (Go to MEX\_Q07)
- 2 No  
DK, R (Go to MEX\_C20)

MEX\_Q06 **How long did you breastfeed (your last baby)?**  
MEXC\_06

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 weeks to less than 12 weeks
- 6 3 months (12 weeks to less than 16 weeks)
- 7 4 months (16 weeks to less than 20 weeks)
- 8 5 months (20 weeks to less than 24 weeks)
- 9 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year  
DK, R (Go to MEX\_C20)

MEX\_Q07 **How old was your (last) baby when you first added any other liquids (e.g. milk, formula, water, teas, herbal mixtures) or solid foods to the baby's feeds?**  
MEXC\_07  
INTERVIEWER: If exact age not known, obtain best estimate.

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 weeks to less than 12 weeks
- 6 3 months (12 weeks to less than 16 weeks)
- 7 4 months (16 weeks to less than 20 weeks)
- 8 5 months (20 weeks to less than 24 weeks)
- 9 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year
- 13 Have not added liquids or solids (Go to MEX\_Q09)  
DK, R (Go to MEX\_C20)

MEX\_Q08      **What is the main reason that you first added other liquids or solid foods?**  
MEXC\_08

- 1      Not enough breast milk
- 2      Inconvenience / fatigue due to breastfeeding
- 3      Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 4      Medical condition - mother
- 5      Medical condition - baby
- 6      Advice of doctor / health professional
- 7      Returned to work / school
- 8      Advice of partner / family / friends
- 9      Formula equally healthy for baby
- 10     Wanted to drink alcohol
- 11     Other - Specify  
DK, R

MEX\_C08S    If MEX\_Q08 <> 11, go to MEX\_C09.  
Otherwise, go to MEX\_Q08S.

MEX\_Q08S    INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

MEX\_C09    If MEX\_Q07 = 1 (first added other liquid or solids when baby was less than 1 week), go to MEX\_C10.  
Otherwise, go to MEX\_Q09.

MEX\_Q09      **During the time when your (last) baby was only fed breast milk, did you give the baby a vitamin supplement containing Vitamin D?**  
MEXC\_09

- 1      Yes
- 2      No  
DK, R

MEX\_C10    If MEX\_Q05 = 1 (still breastfeeding), go to MEX\_C20.  
Otherwise, go to MEX\_Q10.

MEX\_Q10      **What is the main reason that you stopped breastfeeding?**  
MEXC\_10

- 1      Not enough breast milk
- 2      Inconvenience / fatigue due to breastfeeding
- 3      Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 4      Medical condition - mother
- 5      Medical condition - baby
- 6      Planned to stop at this time
- 7      Child weaned him / herself (e.g., baby biting, refusing breast)
- 8      Advice of doctor / health professional
- 9      Returned to work / school
- 10     Advice of partner
- 11     Formula equally healthy for baby
- 12     Wanted to drink alcohol
- 13     Other - Specify  
DK, R



MEX\_C10S If MEX\_Q10 <> 13, go to MEX\_C20.  
Otherwise, go to MEX\_Q10S.

MEX\_Q10S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

MEX\_C20 If SMK\_Q202 = 1 or SMK\_Q202 = 2 or SMK\_Q201A = 1 or SMK\_Q201B = 1 (current or former smoker), go to MEX\_Q20.  
Otherwise, go to MEX\_Q26.

MEX\_Q20 **During your last pregnancy, did you smoke daily, occasionally or not at all?**  
MEXC\_20

- 1 Daily
- 2 Occasionally (Go to MEX\_Q22)
- 3 Not at all (Go to MEX\_C23)
- DK, R (Go to MEX\_Q26)

Daily Smokers only

MEX\_Q21 **How many cigarettes did you usually smoke each day?**  
MEXC\_21

I\_\_I Number of cigarettes  
(MIN: 1) (MAX: 99; warning after 60)  
DK, R

Go to MEX\_C23

Occasional Smokers only

MEX\_Q22 **On the days that you smoked, how many cigarettes did you usually smoke?**  
MEXC\_22

I\_\_I Number of cigarettes  
(MIN: 1) (MAX: 99; warning after 60)  
DK, R

MEX\_C23 If MEX\_Q03 > 1 (didn't breastfeed last baby), go to MEX\_Q26.  
Otherwise, go to MEX\_Q23.

MEX\_Q23 **When you were breastfeeding (your last baby), did you smoke daily, occasionally or not at all?**  
MEXC\_23

- 1 Daily
- 2 Occasionally (Go to MEX\_Q25)
- 3 Not at all (Go to MEX\_Q26)
- DK, R (Go to MEX\_Q26)

Daily smokers only

MEX\_Q24      **How many cigarettes did you usually smoke each day?**  
MEXC\_24

I\_I\_I      Number of cigarettes  
(MIN: 1) (MAX: 99; warning after 60)  
DK, R

Go to MEX\_Q26

Occasional smokers only

MEX\_Q25      **On the days that you smoked, how many cigarettes did you usually smoke?**  
MEXC\_25

I\_I\_I      Number of cigarettes  
(MIN: 1) (MAX: 99; warning after 60)  
DK, R

MEX\_Q26      **Did anyone regularly smoke in your presence during or after the pregnancy  
(about 6 months after)?**  
MEXC\_26

- 1      Yes
- 2      No  
         DK, R

MEX\_C30      If ALC\_Q1 = 1 or ALC\_Q5B = 1 (drank in past 12 months or ever drank), go to MEX\_Q30.  
Otherwise, go to MEX\_END.

MEX\_Q30      **Did you drink any alcohol during your last pregnancy?**  
MEXC\_30

- 1      Yes
- 2      No      (Go to MEX\_C32)  
         DK, R      (Go to MEX\_END)

MEX\_Q31      **How often did you drink?**  
MEXC\_31

- 1      Less than once a month
- 2      Once a month
- 3      2 to 3 times a month
- 4      Once a week
- 5      2 to 3 times a week
- 6      4 to 6 times a week
- 7      Every day  
         DK, R

MEX\_C32      If MEX\_Q03 <> 1 (did not breastfeed last baby), go to MEX\_END.  
Otherwise, go to MEX\_Q32.

MEX\_Q32      **Did you drink any alcohol while you were breastfeeding (your last baby)?**  
MEXC\_32

- 1      Yes
- 2      No      (Go to MEX\_END)  
         DK, R      (Go to MEX\_END)

MEX\_Q33  
MEXC\_33

**How often did you drink?**

- 1 Less than once a month
  - 2 Once a month
  - 3 2 to 3 times a month
  - 4 Once a week
  - 5 2 to 3 times a week
  - 6 4 to 6 times a week
  - 7 Every day
- DK, R

MEX\_END

FOR INFORMATION ONLY

## SEXUAL BEHAVIOUR

SXB\_C01A If (do SXB block = 2), go to SXB\_END.  
SXBCFDO Otherwise, go to SXB\_C01B.

SXB\_C01B If proxy interview or age < 15 or > 49, go to SXB\_END.  
Otherwise, go to SXB\_QINT01.

SXB\_QINT01 **I would like to ask you a few questions about sexual behaviour. We ask these questions because sexual behaviours can have very important and long-lasting effects on personal health. You can be assured that anything you say will remain confidential.**  
INTERVIEWER: Press <Enter> to continue.

SXB\_Q01 **Have you ever had sexual intercourse?**

SXBC\_1

- 1 Yes
- 2 No (Go to SXB\_END)
- DK, R (Go to SXB\_END)

SXB\_Q02 **How old were you the first time?**

SXBC\_2

INTERVIEWER: Maximum is [current age].

[\_][\_] Age in years  
(MIN: 1; warning below 12) (MAX: current age)

DK, R (Go to SXB\_END)

SXB\_E02 If (SXB\_Q02 >= 1) and (SXB\_Q02 <= current age), go to SXB\_Q03.  
Otherwise, show pop up edit as follows.

**The entered age at which the respondent first had sexual intercourse is invalid.**

**Please return and correct.**

SXB\_Q03 **In the past 12 months, have you had sexual intercourse?**

SXBC\_3

- 1 Yes
- 2 No (Go to SXB\_Q07)
- DK, R (Go to SXB\_END)

SXB\_Q04 **With how many different partners?**

SXBC\_4

- 1 1 partner
- 2 2 partners
- 3 3 partners
- 4 4 or more partners
- DK
- R (Go to SXB\_END)

- SXB\_Q07  
SXBC\_07 **Have you ever been diagnosed with a sexually transmitted disease?**
- 1 Yes
  - 2 No  
DK, R
- SXB\_C08A If SXB\_Q03 = 1 (had intercourse in last 12 months), go to SXB\_C08C.  
Otherwise, go to SXB\_END.
- SXB\_C08C If marital status = 1 (married) or 2 (common-law) and SXB\_Q04 = 1 (one partner),  
go to SXB\_C09B.  
Otherwise, go to SXB\_Q08.
- SXB\_Q08  
SXBC\_7A **Did you use a condom the last time you had sexual intercourse?**
- 1 Yes
  - 2 No  
DK, R
- SXB\_C09B If age > 24, go to SXB\_END.  
Otherwise, go to SXB\_QINT9A.
- SXB\_QINT9A **Now a few questions about birth control.**  
INTERVIEWER: Press <Enter> to continue.
- SXB\_C09C If sex = female, go to SXB\_C09D.  
Otherwise, go to SXB\_QINT10.
- SXB\_C09D If MAM\_Q037 = 1 (currently pregnant), go to SXB\_Q11.  
Otherwise, go to SXB\_QINT9B.
- SXB\_QINT9B **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**  
INTERVIEWER: Press <Enter> to continue.
- SXB\_Q09  
SXBC\_09 **It is important to me to avoid getting pregnant right now.**
- 1 Strongly agree (Go to SXB\_Q11)
  - 2 Agree (Go to SXB\_Q11)
  - 3 Neither agree nor disagree (Go to SXB\_Q11)
  - 4 Disagree (Go to SXB\_Q11)
  - 5 Strongly disagree (Go to SXB\_Q11)
  - DK (Go to SXB\_Q11)
  - R (Go to SXB\_END)
- SXB\_QINT10 **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**  
INTERVIEWER: Press <Enter> to continue.

SXB\_Q10 **It is important to me to avoid getting my partner pregnant right now.**  
 SXBC\_10

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
  - 6 Doesn't have a partner right now
- DK  
 R (Go to SXB\_END)

SXB\_Q11 **In the past 12 months, did you and your partner usually use birth control?**  
 SXBC\_11

- 1 Yes (Go to SXB\_Q12)
  - 2 No (Go to SXB\_END)
- DK, R (Go to SXB\_END)

SXB\_Q12 **What kind of birth control did you and your partner usually use?**  
 INTERVIEWER: Mark all that apply.

- |   |   |                        |
|---|---|------------------------|
| <p>SXBC_12A<br/>         SXBC_12B<br/>         SXBC_12C<br/>         SXBC_12D<br/>         SXBC_12E<br/>         SXBC_12F</p> | <ol style="list-style-type: none"> <li>1 Condom (male or female condom)</li> <li>2 Birth control pill</li> <li>3 Diaphragm</li> <li>4 Spermicide (e.g., foam, jelly, film)</li> <li>5 Other - Specify</li> <li>6 Birth control injection (Depovera)</li> </ol> <p>DK, R</p> | <p>(Go to SXB_END)</p> |
|---|---|------------------------|

SXB\_C12S If SXB\_Q12 <> 5, go to SXB\_C13.  
 Otherwise, go to SXB\_Q12C

SXB\_Q12S INTERVIEWER: Specify.  
 \_\_\_\_\_  
 (80 spaces)  
 DK, R

SXB\_C13 If MAM\_Q037 = 1 (currently pregnant), go to SXB\_END.  
 Otherwise, go to SXB\_Q13.

SXB\_Q13 **What kind of birth control did you and your partner use the last time you had sex?**  
 INTERVIEWER: Mark all that apply.

- |   |   |
|---|---|
| <p>SXBC_13A<br/>         SXBC_13B<br/>         SXBC_13C<br/>         SXBC_13D<br/>         SXBC_13E<br/>         SXBC_13F</p> | <ol style="list-style-type: none"> <li>1 Condom (male or female condom)</li> <li>2 Birth control pill</li> <li>3 Diaphragm</li> <li>4 Spermicide (e.g., foam, jelly, film)</li> <li>5 Other - Specify</li> <li>6 Birth control injection (Depovera)</li> </ol> <p>DK, R</p> |
|---|---|

SXB\_C13S    If SXB\_Q13 <> 5, go to SXB\_END.  
              Otherwise, go to SXB\_Q13S.

SXB\_Q13S    INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

SXB\_END

FOR INFORMATION ONLY

## MEDICATION USE

MED\_C1 If (do MED block = 2), go to MED\_END.  
MEDCFDO Otherwise, go to MED\_QINT.

MED\_QINT **Now I'd like to ask a few questions about [your/FNAME's] use of medications, both prescription and over-the-counter.**  
INTERVIEWER: Press <Enter> to continue.

MED\_Q1A **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**  
MEDC\_1A

**... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?**

- 1 Yes
- 2 No  
DK  
R (Go to MED\_END)

MED\_Q1B **... tranquilizers such as Valium or Ativan?**  
MEDC\_1B

- 1 Yes
- 2 No  
DK, R

MED\_Q1C **... diet pills such Dexatrim, Ponderal or Fastin?**  
MEDC\_1C

- 1 Yes
- 2 No  
DK, R

MED\_Q1D **... anti-depressants such as Prozac, Paxil or Effexor?**  
MEDC\_1D

- 1 Yes
- 2 No  
DK, R

MED\_Q1E **... cocaine, Demerol or morphine?**  
MEDC\_1E

- 1 Yes
- 2 No  
DK, R

MED\_Q1F **... allergy medicine such as Reactine or Allegra?**  
MEDC\_1F

- 1 Yes
- 2 No  
DK, R

MED\_Q1G **... asthma medications such as inhalers or nebulizers?**  
MEDC\_1G

- 1 Yes
- 2 No  
DK, R



MED\_E1G If MED\_Q1G = 1 and CCC\_Q036 = 2 (not taking medication for asthma) show pop-up edit as follows:

**Inconsistent answers have been entered. The respondent has taken medicine for asthma in the past month but previously reported that he/she did not. Please confirm.**

MED\_Q1H ... cough or cold remedies?  
MEDC\_1H

- 1 Yes
- 2 No  
DK, R

MED\_Q1I ... penicillin or other antibiotics?  
MEDC\_1I

- 1 Yes
- 2 No  
DK, R

MED\_Q1J ... medicine for the heart?  
MEDC\_1J

- 1 Yes
- 2 No  
DK, R

MED\_Q1K ... medicine for blood pressure?  
MEDC\_1K

- 1 Yes
- 2 No  
DK, R

MED\_Q1L In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:  
MEDC\_1L

... diuretics or water pills?

- 1 Yes
- 2 No  
Dk, R

MED\_Q1M ... steroids?  
MEDC\_1M

- 1 Yes
- 2 No  
DK, R

MED\_Q1N ... insulin?  
MEDC\_1N

- 1 Yes
- 2 No  
DK, R

MED\_E1N If MED\_Q1N = 1 and CCC\_Q105 = 2 (not currently taking insulin), show pop-up edit as follows:

**Inconsistent answers have been entered. The respondent has taken insulin in the past month but previously reported that he/she did not. Please confirm.**

MED\_Q1O ... pills to control diabetes?  
 MEDC\_1O

- 1 Yes
- 2 No  
DK, R

MED\_E1O If MED\_Q1O = 1 and CCC\_Q101 = 2 (not having diabetes) show pop-up edit as follows:

**Inconsistent answers have been entered. The respondent has taken pills to control diabetes in the last month but previously reported that he/she did not have diabetes. Please confirm.**

MED\_Q1P ... sleeping pills such as Imovane, Nytol or Starnoc?  
 MEDC\_1P

- 1 Yes
- 2 No  
DK, R

MED\_Q1Q ... stomach remedies?  
 MEDC\_1Q

- 1 Yes
- 2 No  
DK, R

MED\_Q1R ... laxatives?  
 MEDC\_1R

- 1 Yes
- 2 No  
DK, R

MED\_C1S If sex = female and age <= 49, go to MED\_Q1S.  
 Otherwise, go to MED\_C1T

MED\_Q1S ... birth control pills?  
 MEDC\_1S

- 1 Yes
- 2 No  
DK, R

MED\_C1T If sex = female and age >= 30, go to MED\_Q1T.  
 Otherwise, go to MED\_Q1U.

MED\_Q1T ... hormones for menopause or ageing symptoms?  
 MEDC\_1T

- 1 Yes
- 2 No (Go to MED\_Q1U)  
DK, R (Go to MED\_Q1U)

MED\_Q1T1 **What type of hormones [are/is] [you/she] taking?**

MEDC\_1T1 INTERVIEWER: Read categories to respondent.

- 1 **Estrogen only**
  - 2 **Progesterone only**
  - 3 **Both**
  - 4 **Neither**
- DK, R

MED\_Q1T2 **When did [you/she] start this hormone therapy?**

MEDC\_1T2 INTERVIEWER: Enter the year (minimum is [year of birth + 30]; maximum is [current year]).

\_|\_|\_|\_| Year  
 (MIN: year of birth + 30) (MAX: current year)  
 DK, R

MED\_E1T2 If outside these ranges, show pop-up edit as follows:

**Year must be between [year of birth + 30] and [current year]. Please return and correct.**

MED\_Q1U **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**

MEDC\_1U

**... thyroid medication such as Synthroid or levothyroxine?**

- 1 Yes
  - 2 No
- DK, R

MED\_Q1V **... any other medication?**

MEDC\_1V

- 1 Yes
  - 2 No
- DK, R

MED\_C1V If MED\_Q1V <> 1, go to MED\_END.  
 Otherwise, go to MED\_Q1VS.

MED\_Q1VS INTERVIEWER: Specify.

\_\_\_\_\_

(00 spaces)  
 DK, R

MED\_END

## MEDICATION USE (Quebec)

QMD\_C1 If (do QMD block = 2), go to QMD\_END.  
QMDCFDO Otherwise, go to QMD\_QINT.

QMD\_QINT **Now some additional questions on medication use from your province. The questions refer to medications [you/FNAME] took yesterday or the day before (tablets, ointments, syrup).**

INTERVIEWER: Press <Enter> to continue.

QMD\_Q01 **Yesterday or the day before, did [you/FNAME] take any of the following**  
QMDC\_01 **products:**  
... pain relievers?

- 1 Yes
- 2 No
- DK
- R (Go to MED\_END)

QMD\_Q02 **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**  
QMDC\_02 **... tranquilizers, sedatives or sleeping pills?**

- 1 Yes
- 2 No
- DK, R

QMD\_Q03A **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**  
QMDC\_03A **... heart medication?**

- 1 Yes
- 2 No
- DK, R

QMD\_Q03B **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**  
QMDC\_03B **... blood pressure medication?**

- 1 Yes
- 2 No
- DK, R

QMD\_Q04 **Yesterday or the day before, did [you/FNAME] take any of the following products:**  
QMDC\_04 **... antibiotics?**

- 1 Yes
- 2 No
- DK, R

QMD\_Q05 **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**  
QMDC\_05 **... stomach remedies or medication?**

- 1 Yes
- 2 No
- DK, R

QMD\_Q06 (Yesterday or the day before, did [you/FNAME] take any of the following products:  
 QMDC\_06 ... laxatives?)

- 1 Yes
- 2 No  
DK, R

QMD\_Q07 (Yesterday or the day before, did [you/FNAME] take any of the following products:  
 QMDC\_07 ... cough or cold remedies?)

- 1 Yes
- 2 No  
DK, R

QMD\_Q08 (Yesterday or the day before, did [you/FNAME] take any of the following products:  
 QMDC\_08 ... skin ointments?)

- 1 Yes
- 2 No  
DK, R

QMD\_Q09 (Yesterday or the day before, did [you/FNAME] take any of the following products:  
 QMDC\_09 ... vitamins or minerals?)

- 1 Yes
- 2 No  
DK, R

QMD\_Q10 Yesterday or the day before, did [you/FNAME] take any of the following products:  
 QMDC\_10 ... dietary supplements such as brewer's yeast, algae, bone-meal, etc.?

- 1 Yes
- 2 No  
DK, R

QMD\_Q11 (Yesterday or the day before, did [you/FNAME] take any of the following products:  
 QMDC\_11 ... energy or mood improving stimulants?)

- 1 Yes
- 2 No  
DK, R

QMD\_C12 If sex = female, go to QMD\_Q12.  
 Otherwise, go to QMD\_Q13.

QMD\_Q12 (Yesterday or the day before, did [you/FNAME] take any of the following products:  
 QMDC\_12 ... oral contraceptive?)

- 1 Yes
- 2 No  
DK, R

QMD\_Q13 (Yesterday or the day before, did [you/FNAME] take any of the following products:  
QMDC\_13 ... diet pills?

- 1 Yes
- 2 No  
DK, R

QMD\_Q14 (Yesterday or the day before, did [you/FNAME] take any of the following products:  
QMDC\_14 ... anti-depressants?

- 1 Yes
- 2 No  
DK, R

QMD\_Q15 Yesterday or the day before, did [you/FNAME] take any of the following products:  
QMDC\_15 ... allergy medicine?

- 1 Yes
- 2 No  
DK, R

QMD\_Q16 (Yesterday or the day before, did [you/FNAME] take any of the following products:  
QMDC\_16 ... asthma medications such as inhalers, nebulizers or pills?

- 1 Yes
- 2 No  
DK, R

QMD\_Q17A (Yesterday or the day before, did [you/FNAME] take any of the following products:  
QMDC\_17A ... insulin?

- 1 Yes
- 2 No  
DK, R

QMD\_Q17B (Yesterday or the day before, did [you/FNAME] take any of the following products:  
QMDC\_17B ... pills to control diabetes?

- 1 Yes
- 2 No  
DK, R

QMD\_Q18 (Yesterday or the day before, did [you/FNAME] take any of the following products:  
QMDC\_18 ... cholesterol medication?

- 1 Yes
- 2 No  
DK, R

QMD\_C19A If sex = female and age >= 30, go to QMD\_Q19A.  
Otherwise, go to QMD\_Q20.

QMD\_Q19A (Yesterday or the day before, did [you/FNAME] take any of the following products:)  
 QMDC\_19A ... hormones to prevent or treat menopausal symptoms?

- 1 Yes
- 2 No (Go to QMD\_Q20)
- DK, R (Go to QMD\_Q20)

QMD\_Q19B What type of medication [are/is] [you/FNAME] taking?  
 QMDC\_19B

- 1 Estrogen only
- 2 Estrogen and progesterone
- 3 Other - Specify
- DK, R

QMD\_C19S If QMD\_Q19 <> 3, go to QMD\_Q20.  
 Otherwise, go to QMD\_Q19S.

QMD\_Q19S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

QMD\_Q20 (Yesterday or the day before, did [you/FNAME] take any of the following products:)  
 QMDC\_20 ... thyroid medication?

- 1 Yes
- 2 No
- DK, R

QMD\_Q21 (Yesterday or the day before, did [you/FNAME] take any of the following products:)  
 QMDC\_21 ... any other medication?

- 1 Yes
- 2 No
- DK, R

QMD\_C22 If all of QMD\_Q21 to QMD\_Q21 <> 1, go to QMD\_END.  
 Otherwise, go to QMD\_Q22.

QMD\_Q22 Yesterday and the day before, how many different medications did [you/FNAME]  
 QMDC\_22 take?

J\_I\_I Medications  
 (MIN: 1; MAX: 99; warning after 12)  
 DK, R (Go to QMD\_END)

QMD\_B23 Call ExactMedication arrayed block QMD\_Q22 times, to a maximum of 20.

QMD\_END

**EXACT MEDICATION**

EXM\_C1 For each medication identified in EXM\_Q01n, ask EXM\_Q02n and EMX\_Q03n up to 20 times, where n = A, B, ..., T.

EXM\_Q01 **What is the exact name of the medication that [you/FNAME] took?**

EXMC\_01n **INTERVIEWER:** Ask respondent to look at the bottle, tube or box.

\_\_\_\_\_

(80 spaces)

DK, R

(Go to EXM\_END)

EXM\_Q02 **[Are/Is] [you/FNAME] currently taking this medication on a regular basis, that is**  
EXMC\_02n **every day or several times a week?**

1 Yes

2 No

DK, R

EXM\_C03 If EXM\_Q02 <> 1, go to EXM\_END.  
Otherwise, go to EXM\_Q03.

EXM\_Q03 **For how long [have/has] [you/FNAME] been taking this medication every day or**  
EXMC\_03n **several times a week?**

**INTERVIEWER :** Read categories to respondent.

1 **Less than 1 month**

2 **1 month to less than 6 months**

3 **6 months to less than 1 year**

4 **1 year or more**

DK, R

EXM\_END



## PSYCHOLOGICAL WELL-BEING MANIFESTATION SCALE

PWB\_C1 If (do PWB block = 2), go to PWB\_END.  
 PWBCFDO Otherwise, go to PWB\_C2.

PWB\_C2 If proxy interview, go to PWB\_END.  
 Otherwise, go to PWB\_QINT.

PWB\_QINT **Now I'm going to read you a series of statements that people might use to describe themselves. Please tell me if you had these feelings almost always, frequently, half the time, rarely or never.**  
 INTERVIEWER: Press <Enter> to continue.

PWB\_Q01 **During the past month, you felt self-confident.**  
 PWBC\_01 INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**  
DK, R

PWB\_Q02 **During the past month, you felt satisfied with what you were able to accomplish, you felt proud of yourself.**  
 PWBC\_02 INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**  
DK, R

PWB\_Q03 **(During the past month,) you were a “go-getter”, you took on lots of projects.**  
 PWBC\_03

- 1 Almost always (Go to PWB\_Q04)
- 2 Frequently (Go to PWB\_Q04)
- 3 Half the time (Go to PWB\_Q04)
- 4 Rarely (Go to PWB\_Q04)
- 5 Never (Go to PWB\_Q04)  
DK, R

PWB\_C04 If (PWB\_Q01 = DK or R and PWB\_Q02 = DK or R), go to PWB\_END.  
 Otherwise, go to PWB\_Q04.

PWB\_Q04 **(During the past month,) you felt emotionally balanced.**  
 PWBC\_04

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never  
DK, R

PWB\_Q05  
PWBC\_05 **(During the past month,) you felt loved and appreciated.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q06  
PWBC\_06 **(During the past month,) you had goals and ambitions.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q07  
PWBC\_07 **(During the past month,) you felt like having fun, participating in sports and all your favourite activities and hobbies.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q08  
PWBC\_08 **During the past month, you felt useful.**  
INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
- DK, R

PWB\_Q09  
PWBC\_09 **(During the past month,) you smiled easily.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q10  
PWBC\_10 **(During the past month,) you were true to yourself, being natural at all times.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q11  
PWBC\_11

**(During the past month,) you did a good job of listening to your friends.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q12  
PWBC\_12

**(During the past month,) you were curious and interested in all sorts of things.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q13  
PWBC\_13

**(During the past month,) you were able to clearly sort things out when faced with complicated situations.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q14  
PWBC\_14

**(During the past month,) you found life exciting and you wanted to enjoy every moment of it.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q15  
PWBC\_15

**(During the past month,) your life was well-balanced between your family, personal and professional activities.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q16 **During the past month, you were quite calm and level-headed.**

PWBC\_16 **INTERVIEWER:** Read categories to respondent.

- 1 **Almost always**
  - 2 **Frequently**
  - 3 **Half the time**
  - 4 **Rarely**
  - 5 **Never**
- DK, R

PWB\_Q17 **(During the past month,) you were able to easily find answers to your problems.**

PWBC\_17

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q18 **(During the past month,) you got along well with everyone around you.**

PWBC\_18

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q19 **(During the past month,) you lived at a normal pace, not doing anything excessively.**

PWBC\_19

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q20 **(During the past month,) you had the impression of really enjoying life.**

PWBC\_20

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q21  
PWBC\_21 **(During the past month,) you had a good sense of humour, easily making your friends laugh.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q22  
PWBC\_22 **(During the past month,) you felt good, at peace with yourself.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q23  
PWBC\_23 **(During the past month,) you felt healthy and in good shape.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q24  
PWBC\_24 **(During the past month,) you were able to face difficult situations in a positive way.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q25  
PWBC\_25 **(During the past month,) your morale was good.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_END

## SOCIAL SUPPORT

SSM\_C1 If (do SSM block = 2), go to SSM\_END.  
SSMCFDO Otherwise, go to SSM\_C2.

SSM\_C2 If proxy interview, go to SSM\_END.  
Otherwise, go to SSM\_QINT.

SSM\_QINT **Next are some questions about the support that is available to you.**  
INTERVIEWER: Press <Enter> to continue.

SSM\_Q01 **Starting with a question on friendship, about how many close friends and close**  
SSMC\_01 **relatives do you have, that is, people you feel at ease with and can talk to about**  
**what is on your mind?**

[\_ \_] Close friends  
(MIN: 0) (MAX: 99; warning after 20)  
DK, R (Go to SSM\_END)

SSM\_QINT2 **People sometimes look to others for companionship, assistance or other types of**  
**support.**  
INTERVIEWER: Press <Enter> to continue.

SSM\_Q02 **How often is each of the following kinds of support available to you if you need it:**  
SSMC\_02 **... someone to help you if you were confined to bed?**  
INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
  - 2 **A little of the time**
  - 3 **Some of the time**
  - 4 **Most of the time**
  - 5 **All of the time**
- DK, R (Go to SSM\_END)

SSM\_C02 If SSM\_Q02 = 2, 3, 4 or 5 then KEY\_PHRASE = [to help you if you were confined to bed]

SSM\_Q03 **... someone you can count on to listen to you when you need to talk?**  
SSMC\_03

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

SSM\_C03 If SSM\_Q03 = 2,3,4 or 5 then KEY\_PHRASE = [to listen to you]

SSM_Q04 SSMC_04	<b>... someone to give you advice about a crisis?</b>
	1 None of the time
	2 A little of the time
	3 Some of the time
	4 Most of the time
	5 All of the time
	DK, R
SSM_C04	If SSM_Q04 = 2,3,4 or 5 then KEY_PHRASE = [to give you advice]
SSM_Q05 SSMC_05	<b>... someone to take you to the doctor if you needed it?</b>
	1 None of the time
	2 A little of the time
	3 Some of the time
	4 Most of the time
	5 All of the time
	DK, R
SSM_C05	If SSM_Q05 = 2,3,4 or 5 then KEY_PHRASE = [to take you to the doctor]
SSM_Q06 SSMC_06	<b>... someone who shows you love and affection:</b>
	1 None of the time
	2 A little of the time
	3 Some of the time
	4 Most of the time
	5 All of the time
	DK, R
SSM_C06	If SSM_Q06 = 2,3,4 or 5 then KEY_PHRASE = [to show you affection]
SSM_Q07 SSMC_07	<b>Again, how often is each of the following kinds of support available to you if you need it:</b>
	<b>... someone to have a good time with?</b>
	1 None of the time
	2 A little of the time
	3 Some of the time
	4 Most of the time
	5 All of the time
	DK, R
SSM_C07	If SSM_Q07 = 2,3,4 or 5 then KEY_PHRASE = [to have a good time with]
SSM_Q08 SSMC_08	<b>... someone to give you information in order to help you understand a situation?</b>
	1 None of the time
	2 A little of the time
	3 Some of the time
	4 Most of the time
	5 All of the time
	DK, R
SSM_C08	If SSM_Q08 = 2,3,4 or 5 then KEY_PHRASE = [to give you information]

SSM\_Q09 ... **someone to confide in or talk to about yourself or your problems?**  
SSMC\_09

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

SSM\_C09 If SSM\_Q09 = 2,3,4 or 5 then KEY\_PHRASE = [to confide in]

SSM\_Q10 ... **someone who hugs you?**  
SSMC\_10

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

SSM\_C10 If SSM\_Q10 = 2,3,4 or 5 then KEY\_PHRASE = [to hug you]

SSM\_Q11 ... **someone to get together with for relaxation?**  
SSMC\_11

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

SSM\_C11 If SSM\_Q11 = 2,3,4 or 5 then KEY\_PHRASE = [to relax with]

SSM\_Q12 ... **someone to prepare your meals if you were unable to do it yourself?**  
SSMC\_12

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

SSM\_C12 If SSM\_Q12 = 2,3,4 or 5 then KEY\_PHRASE = [to prepare your meals]

SSM\_Q13 ... **someone whose advice you really want?**  
SSMC\_13

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

SSM\_C13 If SSM\_Q13 = 2,3,4 or 5 then KEY\_PHRASE = [to advise you]



SSM\_Q14      **Again, how often is each of the following kinds of support available to you if you need it:**  
 SSMC\_14      **... someone to do things with to help you get your mind off things?**

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

SSM\_C14      If SSM\_Q14 = 2,3,4 or 5 then KEY\_PHRASE = [to do things with]

SSM\_Q15      **... someone to help with daily chores if you were sick?**  
 SSMC\_15

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

SSM\_C15      If SSM\_Q15 = 2,3,4 or 5 then KEY\_PHRASE = [to help with daily chores]

SSM\_Q16      **... someone to share your most private worries and fears with?**  
 SSMC\_16

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

SSM\_C16      If SSM\_Q16 = 2,3,4 or 5 then KEY\_PHRASE = [to share your worries and fears with]

SSM\_Q17      **... someone to turn to for suggestions about how to deal with a personal problem?**  
 SSMC\_17

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

SSM\_C17      If SSM\_Q17 = 2,3,4 or 5 then KEY\_PHRASE = [to turn to for suggestions]

SSM\_Q18      **... someone to do something enjoyable with?**  
 SSMC\_18

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

SSM\_C18      If SSM\_Q18 = 2,3,4 or 5 then KEY\_PHRASE = [to do something enjoyable with]

SSM\_Q19 ... someone who understands your problems?

SSMC\_19

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

SSM\_C19 If SSM\_Q19 = 2,3,4 or 5 then KEY\_PHRASE = [to understand your problems]

SSM\_Q20 ... someone to love you and make you feel wanted?

SSMC\_20

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

SSM\_C20 If SSM\_Q20 = 2,3,4 or 5 then KEY\_PHRASE = [to love you and make you feel wanted]

SSM\_C21A If any responses of 2,3,4 or 5 in SSM\_Q02 to SSM\_Q20, go to SSM\_QINT21\_A.  
Otherwise, go to SSM\_END.

SSM\_QINT21\_A

**You have just mentioned that if you needed support, someone would be available for you. The next questions are about the support or help you actually received in the past 12 months.**

INTERVIEWER: Press <Enter> to continue.

SSM\_C21 If any responses of 2,3,4 or 5 in SSM\_Q02 or SSM\_Q05 or SSM\_Q12 or SSM\_Q15, then SSM\_C21 = 1 (Yes) and go to SSM\_Q21A.  
Otherwise, SSM\_C21 = 2 (No) and go to SSM\_C22.

SSM\_Q21A In the past 12 months, did you receive the following support:  
SSMC\_21A someone ^KEY\_PHRASES?

- 1 Yes
- 2 No (Go to SSM\_C22)
- DK, R (Go to SSM\_C22)

SM\_Q21B **When you needed it, how often did you receive this kind of support (in the past**  
SSMC\_21B **12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
- DK, R

SSM\_C22 If any responses of 2,3,4 or 5 in SSM\_Q06 or SSM\_Q10 or SSM\_Q20 then make SSM\_C22 = 1 (YES) and go to SSM\_Q22A.  
Otherwise, make SSM\_C22 = 2 (NO) and go to SSM\_C23.

SSM\_Q22A (In the past 12 months, did you receive the following support:) someone  
SSMC\_22A ^KEY\_PHRASES?

- 1 Yes
- 2 No (Go to SSM\_C23)  
DK, R (Go to SSM\_C23)

SSM\_Q22B When you needed it, how often did you receive this kind of support (in the past  
SSMC\_22B 12 months)?

INTERVIEWER: Read categories to respondent.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never  
DK, R

SSM\_C23 If any responses of 2,3,4 or 5 in SSM\_Q07 or SSM\_Q11 or SSM\_Q14 or SSM\_Q18, then  
make SSM\_C23 = 1 (Yes) and go to SSM\_Q23A.  
Otherwise, make SSM\_C23 = 2 (No) and go to SSM\_C24.

SSM\_Q23A (In the past 12 months, did you receive the following support:) someone  
SSMC\_23A ^KEY\_PHRASES?

- 1 Yes
- 2 No (Go to SSM\_C24)  
DK, R (Go to SSM\_C24)

SSM\_Q23B When you needed it, how often did you receive this kind of support (in the past  
SSMC\_23B 12 months)?

INTERVIEWER: Read categories to respondent.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never  
DK, R

SSM\_C24 If any responses of 2,3,4 or 5 in SSM\_Q03 or SSM\_Q04 or SSM\_Q08 or SSM\_Q09 or  
SSM\_Q13 or SSM\_Q16 or SSM\_Q17 or SSM\_Q19, then make SSM\_C24 = 1 and go to  
SSM\_Q24A.  
Otherwise, make SSM\_C24 = 2 and go to SSM\_END.

SSM\_Q24A (In the past 12 months, did you receive the following support:) someone  
SSMC\_24A ^KEY\_PHRASES?

- 1 Yes
- 2 No (Go to SSM\_END)  
DK, R (Go to SSM\_END)

SSM\_Q24B **When you needed it, how often did you receive this kind of support (in the past**  
SSMC\_24B **12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
  - 2 **Frequently**
  - 3 **Half the time**
  - 4 **Rarely**
  - 5 **Never**
- DK, R

SSM\_END

FOR INFORMATION ONLY

**SPIRITUAL VALUES**

SPR\_C1 If (do SPR block = 2), go to SPR\_END.  
 SPVCFDO Otherwise, go to SPR\_C2.

SPR\_C2 If proxy interview, go to SPR\_END.  
 Otherwise, go to SPR\_QINT.

SPR\_QINT **I now have a few questions about spiritual values in your life.**  
 INTERVIEWER: Press <Enter> to continue.

SPR\_Q1 **Do spiritual values play an important role in your life?**  
 SPVC\_1

- 1 Yes
- 2 No (Go to SPR\_Q5)
- DK, R (Go to SPR\_END)

SPR\_Q2 **To what extent do your spiritual values help you to find meaning in your life?**  
 SPVC\_2 INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **Some**
- 3 **A little**
- 4 **Not at all**
- DK, R

SPR\_Q3 **To what extent do your spiritual values give you the strength to face everyday**  
 SPVC\_3 **difficulties?**

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- DK, R

SPR\_Q4 **To what extent do your spiritual values help you to understand the difficulties**  
 SPVC\_4 **of life?**

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- DK, R

SPR\_Q5  
SPVC\_5

**What, if any, is your religion?**

- 1 No religion (Agnostic, Atheist) (Go to SPR\_END)
- 2 Roman Catholic
- 3 Ukrainian Catholic
- 4 United Church
- 5 Anglican (Church of England, Episcopalian)
- 6 Presbyterian
- 7 Lutheran
- 8 Baptist
- 9 Pentecostal
- 10 Eastern Orthodox
- 11 Jewish
- 12 Islam (Muslim)
- 13 Hindu
- 14 Buddhist
- 15 Sikh
- 16 Jehovah's Witness
- 17 Other - Specify (Go to SPR\_END)  
DK, R

SPR\_C5 If SPR\_Q5 <> 17, go to SPR\_Q6.

SPR\_Q5S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

SPR\_Q6  
SPVC\_6

**Not counting events such as weddings or funerals, during the past 12 months, how often did you participate in religious activities or attend religious services or meetings?**

INTERVIEWER: Read categories to respondent.

Do not include special events such as weddings, funerals, baptisms, bar mitzvahs, etc.

- 1 **Once a week or more**
- 2 **Once a month**
- 3 **3 or 4 times a year**
- 4 **Once a year**
- 5 **Not at all**  
DK, R

SPR\_Q7  
SPVC\_7

**In general, would you say that you are:**

INTERVIEWER: Read categories to respondent.

- 1 **... very religious?**
- 2 **... religious?**
- 3 **... not very religious?**
- 4 **... not religious at all?**  
DK, R

SPR\_END

**CONTACTS WITH MENTAL HEALTH PROFESSIONALS**

CMH\_C01A If (CMH block = 2), go to CMH\_END.  
 CMHCFDO Otherwise, go to CMH\_C01B.

CMH\_C01B If proxy interview, go to CMH\_END.  
 Otherwise, go to CMH\_QINT.

CMH\_QINT **Now some questions about mental and emotional well-being.**  
 INTERVIEWER: Press <Enter> to continue.

CMH\_Q01K **In the past 12 months, that is, from [date one year ago] to yesterday, have you**  
 CHMC\_01K **seen, or talked on the telephone, to a health professional about your emotional or**  
**mental health?**

- 1 Yes  
 2 No (Go to CMH\_END)  
 DK, R (Go to CMH\_END)

CMH\_Q01L **How many times (in the past 12 months)?**  
 CHMC\_01L

\_\_\_\_ Times  
 (MIN: 1) (MAX: 366; warning after 25)  
 DK, R

CMH\_Q01M **Whom did you see or talk to?**  
 INTERVIEWER: Read categories to respondent. Mark all that apply.

- CHMC\_1MA 1 **Family doctor or general practitioner**  
 CHMC\_1MB 2 **Psychiatrist**  
 CHMC\_1MC 3 **Psychologist**  
 CHMC\_1MD 4 **Nurse**  
 CHMC\_1ME 5 **Social worker or counsellor**  
 CHMC\_1MF 6 **Other -- Specify**  
 DK, R

CMH\_C01MS If CMH\_Q01M <> 6, go to CMH\_END.  
 Otherwise, go to CMH\_Q01S.

CMH\_Q01MS INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

CMH\_E01M[1] If CMH\_Q01M = 1 (saw a family doctor) and HCU\_Q02A = 0, display edit message as follows:

**Inconsistent answers have been entered. The respondent has saw or talked with a family doctor or general practitioner in the past 12 months but previously reported that he/she did not. Please confirm.**

CMH\_E01M[2] If CMH\_Q01M = 2 (saw a psychiatrist) and HCU\_Q02C = 0, display edit message.

**Inconsistent answers have been entered. The respondent has saw or talked with a psychiatrist in the past 12 months but previously reported that he/she did not. Please confirm.**

CMH\_E01M[3] If CMH\_Q01M = 3 (saw a psychologist) and HCU\_Q02I = 0, display edit message.

**Inconsistent answers have been entered. The respondent has saw or talked with a psychologist in the past 12 months but previously reported that he/she did not. Please confirm.**

CMH\_E01M[4] If CMH\_Q01M = 4 (saw a nurse) and HCU\_Q02D = 0, display edit message.

**Inconsistent answers have been entered. The respondent has saw or talked with a nurse in the past 12 months but previously reported that he/she did not. Please confirm.**

CMH\_E01M[5] If CMH\_Q01M = 5 (saw a social worker or counsellor) and HCU\_Q02H = 0, display edit message.

**Inconsistent answers have been entered. The respondent has saw or talked with a social worker or counsellor in the past 12 months but previously reported that he/she did not. Please confirm.**

CMH\_END



**DISTRESS**

DIS\_C1 If (do DIS block = 2), go to DIS\_END.  
 DISCFDO Otherwise, go to DIS\_C2.

DIS\_C2 If proxy interview, go to DIS\_END.  
 Otherwise, go to DIS\_QINT.

DIS\_QINT **The following questions deal with feelings you may have had during the past month.**

INTERVIEWER: Press <Enter> to continue.

DIS\_Q01A **During the past month, that is, from [date one month ago] to yesterday, about**  
 DISC\_10A **how often did you feel:**

**...tired out for no good reason?**

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to DIS\_END)

DIS\_Q01B **... nervous?**  
 DISC\_10B

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
  - 5 None of the time (Go to DIS\_Q01D)
- DK, R (Go to DIS\_Q01D)

DIS\_C01B If DIS\_Q01B = 5, then DIS\_Q01C will be set to 5 (None of the time) during processing.

DIS\_Q01C **... so nervous that nothing could calm you down?**  
 DISC\_10C

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

DIS\_Q01D **... hopeless?**  
 DISC\_10D

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

DIS\_Q01E     **... restless or fidgety?**  
DISC\_10E

- 1     All of the time
- 2     Most of the time
- 3     Some of the time
- 4     A little of the time
- 5     None of the time     (Go to DIS\_Q01G)  
       DK, R                   (Go to DIS\_Q01G)

DIS\_C01E     If DIS\_Q01E = 5, then DIS\_Q01F will be set to 5 (None of the time) during processing.

DIS\_Q01F     **... so restless you could not sit still?**  
DISC\_10F

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

DIS\_Q01G     **During the past month, about how often did you feel:**  
DISC\_10G     **...sad or depressed?**

- 1     All of the time
- 2     Most of the time
- 3     Some of the time
- 4     A little of the time
- 5     None of the time     (Go to DIS\_Q01I)  
       DK, R                   (Go to DIS\_Q01I)

DIS\_C01G     If DIS\_Q01G = 5, then DIS\_Q01H will be set to 5 (None of the time) during processing.

DIS\_Q01H     **...so depressed that nothing could cheer you up?**  
DISC\_10H

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

DIS\_Q01I     **...that everything was an effort?**  
DISC\_10I

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

DIS\_Q01J  
DISC\_10J

...worthless?

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

DIS\_C01K If DIS\_Q01B to DIS\_Q01J are DK or R, go to DIS\_END.

DIS\_Q01K  
DISC\_10K

**We just talked about feelings that occurred to different degrees during the past month.**

**Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual or about the same as usual?**

- 1 More often
  - 2 Less often (Go to DIS\_Q01M)
  - 3 About the same (Go to DIS\_Q01N)
  - 4 Never have had any (Go to DIS\_END)
- DK, R (Go to DIS\_END)

DIS\_Q01L  
DISC\_10L

**Is that a lot more, somewhat more or only a little more often than usual?**

- 1 A lot
  - 2 Somewhat
  - 3 A little
- DK, R

Go to DIS\_Q01N

DIS\_Q01M  
DISC\_10M

**Is that a lot less, somewhat less or only a little less often than usual?**

- 1 A lot
  - 2 Somewhat
  - 3 A little
- DK, R

DIS\_Q01N  
DISC\_10N

**During the past month, how much did these feelings usually interfere with your life or activities?**

INTERVIEWER: Read categories to respondent.

- 1 **A lot**
  - 2 **Some**
  - 3 **A little**
  - 4 **Not at all**
- DK, R

DIS\_END

## DISTRESS AND MENTAL HEALTH (Quebec)

DIQ\_C01 If (do DIQ = 2), go to DIQ\_END.  
DIQCFDO Otherwise, go to DIQ\_C02.

DIQ\_C02 If proxy interview, go to DIQ\_END.  
Otherwise, go to DIQ\_QINT.

DIQ\_QINT **(Now some additional questions from your province.)**  
**The following questions are about various aspects of your health. How you felt last week could be different from how you felt during the past year.**  
**INTERVIEWER:** Press <Enter> to continue.

DIQ\_Q01 **During the past week, that is, from [date one week ago] to yesterday, how often**  
DIQC\_01 **did you:**

**... feel hopeless about the future?**

**INTERVIEWER:** Read categories to respondent.

- 1 **Never**
- 2 **Once in a while**
- 3 **Fairly often**
- 4 **Very often**
- DK, R (Go to DIQ\_END)

DIQ\_Q02 **During the past week, that is, from [date one week ago] to yesterday, how often**  
DIQC\_02 **did you:**

**... feel lonely?**

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ\_Q03 **(During the past week, that is, from [date one week ago] to yesterday, about how**  
DIQC\_03 **often did you:)**

**... have your mind go blank?**

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ\_Q04 **(During the past week, that is, from [date one week ago] to yesterday, about how**  
DIQC\_04 **often did you:)**

**... feel discouraged or down?**

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ\_Q05      **During the past week, that is, from [date one week ago] to yesterday, about how**  
 DIQC\_05      **often did you:**  
                   **... feel tense or under pressure?**

- 1      Never
- 2      Once in a while
- 3      Fairly often
- 4      Very often
- DK, R

DIQ\_Q06      **(During the past week, that is, from [date one week ago] to yesterday, about how**  
 DIQC\_06      **often did you:)**  
                   **... lose your temper?**

- 1      Never
- 2      Once in a while
- 3      Fairly often
- 4      Very often
- DK, R

DIQ\_Q07      **(During the past week, that is, from [date one week ago] to yesterday, about how**  
 DIQC\_07      **often did you:)**  
                   **... feel bored or have little interest in things?**

- 1      Never
- 2      Once in a while
- 3      Fairly often
- 4      Very often
- DK, R

DIQ\_Q08      **(During the past week, that is, from [date one week ago] to yesterday, about how**  
 DIQC\_08      **often did you:)**  
                   **... feel fearful or afraid?**

- 1      Never
- 2      Once in a while
- 3      Fairly often
- 4      Very often
- DK, R

DIQ\_Q09      **(During the past week, that is, from [date one week ago] to yesterday, about how**  
 DIQC\_09      **often did you:)**  
                   **... have trouble remembering things?**

- 1      Never
- 2      Once in a while
- 3      Fairly often
- 4      Very often
- DK, R

DIQ\_Q10            **During the past week, that is, from [date one week ago] to yesterday, about how often did you:**  
DIQC\_10            **... cry easily or feel like crying?**

- 1        Never
- 2        Once in a while
- 3        Fairly often
- 4        Very often
- DK, R

DIQ\_Q11            **(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)**  
DIQC\_11            **... feel nervous or shaky inside?**

- 1        Never
- 2        Once in a while
- 3        Fairly often
- 4        Very often
- DK, R

DIQ\_Q12            **(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)**  
DIQC\_12            **... feel critical of others?**

- 1        Never
- 2        Once in a while
- 3        Fairly often
- 4        Very often
- DK, R

DIQ\_Q13            **(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)**  
DIQC\_13            **... feel easily annoyed or irritated?**

- 1        Never
- 2        Once in a while
- 3        Fairly often
- 4        Very often
- DK, R

DIQ\_Q14            **(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)**  
DIQC\_14            **... get angry over things that are not too important?**

- 1        Never
- 2        Once in a while
- 3        Fairly often
- 4        Very often
- DK, R

DIQ\_Q15  
DIQC\_15

**In general, compared with other people your age, would you say your mental health is:**

INTERVIEWER: Read categories to respondent.

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

DIQ\_END

FOR INFORMATION ONLY

## DEPRESSION

DEP\_C01 If (do block) = 2, go to DEP\_END.  
 DPSCFDO Otherwise, go to DEP\_C02.

DEP\_C02 If proxy interview, go to DEP\_END.  
 Otherwise, go to DEP\_Q02.

DEP\_Q02 **During the past 12 months, was there ever a time when you felt sad, blue, or**  
 DPSC\_Q02 **depressed for 2 weeks or more in a row?**

- 1 Yes
- 2 No (Go to DEP\_Q16)
- DK, R (Go to DEP\_END)

DEP\_Q03 **For the next few questions, please think of the 2-week period during the past**  
 DPSC\_Q03 **12 months when these feelings were the worst. During that time, how long did**  
**these feelings usually last?**

INTERVIEWER: Read categories to respondent.

- 1 **All day long**
- 2 **Most of the day**
- 3 **About half of the day** (Go to DEP\_Q16)
- 4 **Less than half of a day** (Go to DEP\_Q16)
- DK, R (Go to DEP\_END)

DEP\_Q04 **How often did you feel this way during those 2 weeks?**

DPSC\_Q04 INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to DEP\_Q16)
- DK, R (Go to DEP\_END)

DEP\_Q05 **During those 2 weeks did you lose interest in most things?**

DPSC\_Q05

- 1 Yes (KEY PHRASE = Losing interest)
- 2 No (Go to DEP\_END)
- DK, R

DEP\_Q06 **Did you feel tired out or low on energy all of the time?**

DPSC\_Q06

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No (Go to DEP\_END)
- DK, R

DEP\_Q07 **Did you gain weight, lose weight or stay about the same?**

DPSC\_Q07

- 1 Gained weight (KEY PHRASE = Gaining weight)
- 2 Lost weight (KEY PHRASE = Losing weight)
- 3 Stayed about the same (Go to DEP\_Q09)
- 4 Was on a diet (Go to DEP\_Q09)
- DK, R (Go to DEP\_END)



DEP\_Q08A  
DPSC\_08A

**About how much did you [gain/lose]?**

**INTERVIEWER:** Enter amount only.

[\_|\_] Weight  
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)  
DK, R (Go to DEP\_Q09)

DEP\_Q08B  
DPSC\_08B

**INTERVIEWER:** Was that in pounds or in kilograms?

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

DEP\_Q09  
DPSC\_09

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

- 1 Yes (KEY PHRASE = Trouble falling asleep)
- 2 No (Go to DEP\_Q11)
- DK, R (Go to DEP\_END)

DEP\_Q10  
DPSC\_10

**How often did that happen?**

**INTERVIEWER:** Read categories to respondent.

- 1 **Every night**
- 2 **Nearly every night**
- 3 **Less often**  
DK, R (Go to DEP\_END)

DEP\_Q11  
DPSC\_11

**Did you have a lot more trouble concentrating than usual?**

- 1 Yes (KEY PHRASE = Trouble concentrating)
- 2 No (Go to DEP\_END)
- DK, R (Go to DEP\_END)

DEP\_Q12  
DPSC\_12

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

- 1 Yes (KEY PHRASE = Feeling down on yourself)
- 2 No  
DK, R (Go to DEP\_END)

DEP\_Q13  
DPSC\_13

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

- 1 Yes (KEY PHRASE = Thoughts about death)
- 2 No  
DK, R (Go to DEP\_END)

DEP\_C14

If "Yes" in DEP\_Q5, DEP\_Q6, DEP\_Q9, DEP\_Q11, DEP\_Q12 or DEP\_Q13, or DEP\_Q7 is "gain" or "lose", go to DEP\_Q14C.  
Otherwise, go to DEP\_END.

DEP\_Q14C

**Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue or depressed and also had some other things like (KEY PHRASES).**

**INTERVIEWER:** Press <Enter> to continue.

DEP\_Q14      **About how many weeks altogether did you feel this way during the past 12 months?**  
 DPSC\_14

[\_|\_] Weeks  
 (MIN: 2 MAX: 53)  
 (If > 51 weeks, go to DEP\_END)  
 DK, R                      (Go to DEP\_END)

DEP\_Q15      **Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?**  
 DPSC\_15

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

DK, R

Go to DEP\_END

DEP\_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?**  
 DPSC\_16

1      Yes  
 2      No      (Go to DEP\_END)  
       DK, R      (Go to DEP\_END)

DEP\_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?**  
 DPSC\_17

INTERVIEWER: Read categories to respondent.

1	<b>All day long</b>	
2	<b>Most of the day</b>	
3	<b>About half of the day</b>	(Go to DEP_END)
4	<b>Less than half of a day</b>	(Go to DEP_END)
	DK, R	(Go to DEP_END)

DEP\_Q18      **How often did you feel this way during those 2 weeks?**

DPSC\_18      INTERVIEWER: Read categories to respondent.

1	<b>Every day</b>	
2	<b>Almost every day</b>	
3	<b>Less often</b>	(Go to DEP_END)
	DK, R	(Go to DEP_END)

DEP\_Q19      **During those 2 weeks did you feel tired out or low on energy all the time?**

DPSC\_19

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

DEP\_Q20  
DPSC\_20**Did you gain weight, lose weight, or stay about the same?**

- |   |                       |                               |
|---|-----------------------|-------------------------------|
| 1 | Gained weight         | (KEY PHRASE = Gaining weight) |
| 2 | Lost weight           | (KEY PHRASE = Losing weight)  |
| 3 | Stayed about the same | (Go to DEP_Q22)               |
| 4 | Was on a diet         | (Go to DEP_Q22)               |
|   | DK, R                 | (Go to DEP_END)               |

DEP\_Q21A  
DPSC\_21A**About how much did you [gain/lose]?**INTERVIEWER: Enter amount only.

- [\_] Weight  
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)  
DK, R (Go to DEP\_Q22)

DEP\_Q21B  
DPSC\_21BINTERVIEWER: Was that in pounds or in kilograms?

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

DEP\_Q22  
DPSC\_22**Did you have more trouble falling asleep than you usually do?**

- |   |       |                                       |
|---|-------|---------------------------------------|
| 1 | Yes   | (KEY PHRASE = Trouble falling asleep) |
| 2 | No    | (Go to DEP_Q24)                       |
|   | DK, R | (Go to DEP_END)                       |

DEP\_Q23  
DPSC\_23**How often did that happen?**INTERVIEWER: Read categories to respondent.

- |   |                           |
|---|---------------------------|
| 1 | <b>Every night</b>        |
| 2 | <b>Nearly every night</b> |
| 3 | <b>Less often</b>         |
|   | DK, R (Go to DEP_END)     |

DEP\_Q24  
DPSC\_24**Did you have a lot more trouble concentrating than usual?**

- |   |       |                                      |
|---|-------|--------------------------------------|
| 1 | Yes   | (KEY PHRASE = Trouble concentrating) |
| 2 | No    | (Go to DEP_END)                      |
|   | DK, R | (Go to DEP_END)                      |

DEP\_Q25  
DPSC\_25**At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?**

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

DEP\_Q26  
DPSC\_26**Did you think a lot about death - either your own, someone else's, or death in general?**

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

DEP\_Q27 If any “Yes” in DEP\_Q19, DEP\_Q22, DEP\_Q24, DEP\_Q25 or DEP\_Q26, or DEP\_Q20 is “gain” or “lose”, go to DEP\_Q27C. Otherwise, go to DEP\_END.

DEP\_Q27C **Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES).**  
INTERVIEWER: Press <Enter> to continue.

DEP\_Q27 **About how many weeks did you feel this way during the past 12 months?**

DPSC\_27

|\_| Weeks  
(MIN: 2 MAX: 53)  
(If > 51 weeks, go to DEP\_END)  
DK, R (Go to DEP\_END)

DEP\_Q28 **Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?**

DPSC\_28

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

DEP\_END

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**SUICIDAL THOUGHTS AND ATTEMPTS**

SUI\_C1A If (do SUI block = 2), go to SUI\_END.  
 SUICFDO Otherwise, go to SUI\_C1B.

SUI\_C1B If proxy interview or if age < 15, go to SUI\_END.  
 Otherwise, go to SUI\_QINT.

SUI\_QINT **The following questions relate to the sensitive issue of suicide.**  
 INTERVIEWER: Press <Enter> to continue.

SUI\_Q1 **Have you ever seriously considered committing suicide or taking your own life?**  
 SUI\_C\_1

- 1 Yes
- 2 No (Go to SUI\_END)  
 DK, R (Go to SUI\_END)

SUI\_Q2 **Has this happened in the past 12 months?**  
 SUI\_C\_2

- 1 Yes
- 2 No (Go to SUI\_END)  
 DK, R (Go to SUI\_END)

SUI\_Q3 **Have you ever attempted to commit suicide or tried taking your own life?**  
 SUI\_C\_3

- 1 Yes
- 2 No (Go to SUI\_END)  
 DK, R (Go to SUI\_END)

SUI\_Q4 **Did this happen in the past 12 months?**  
 SUI\_C\_4

- 1 Yes
- 2 No (Go to SUI\_END)  
 DK, R (Go to SUI\_END)

SUI\_Q5 **Did you see, or talk on the telephone, to a health professional following your attempt to commit suicide?**  
 SUI\_C\_5

- 1 Yes
- 2 No (Go to SUI\_END)  
 DK, R (Go to SUI\_END)

SUI\_Q6

**Whom did you see or talk to?**

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

- |         |   |   |
|---------|---|---|
| SUIC_6A | 1 | <b>Family doctor or general practitioner</b>                              |
| SUIC_6B | 2 | <b>Psychiatrist</b>   |
| SUIC_6C | 3 | <b>Psychologist</b>   |
| SUIC_6D | 4 | <b>Nurse</b>  |
| SUIC_6E | 5 | <b>Social worker or counsellor</b>  |
| SUIC_6G | 6 | <b>Religious or spiritual advisor such as a priest, chaplain or rabbi</b> |
| SUIC_6H | 7 | <b>Teacher or guidance counsellor</b>                                     |
| SUIC_6F | 8 | <b>Other</b>  |
|         |   | DK, R   |

SUI\_END

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**HEALTH STATUS – SF-36**

SFR\_Q03 If (do SFR block = 2), go to SFR\_END.  
 SFRCFDO Otherwise, go to SFR\_QINTA.

SFR\_QINTA **Although some of the following questions may seem repetitive, the next section deals with another way of measuring health status.**  
 INTERVIEWER: Press <Enter> to continue.

SFR\_QINTB **The questions are about how [you/FNAME] [feel/feels] and how well [you/he/she] [are/is] able to do [your/his/her] usual activities.**  
 INTERVIEWER: Press <Enter> to continue.

SFR\_Q03 I'll start with a few questions concerning activities [you/FNAME] might do during  
 SFRC\_03 a typical day. Does [your/his/her] health limit [you/him/her] in any of the following activities:  
 ... in **vigorous activities**, such as running, lifting heavy objects, or participating in strenuous sports?  
 INTERVIEWER: Read categories to respondent.

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, R (Go to SFR\_END)

SFR\_Q04 (Does [your/his/her] health limit [you/him/her]:)  
 SFRC\_04 ... in **moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?  
 INTERVIEWER: Read categories to respondent.

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, R

SFR\_Q05 (Does [your/his/her] health limit [you/him/her]:)  
 SFRC\_05 ... in **lifting or carrying groceries**?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, R

SFR\_Q06 (Does [your/his/her] health limit [you/him/her]:)  
 SFRC\_06 ... in **climbing several flights of stairs**?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, R

SFR\_Q07  
SFRC\_07 **(Does [your/his/her] health limit [you/him/her]:)  
... in climbing one flight of stairs?**

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited  
DK, R

SFR\_Q08  
SFRC\_08 **(Does [your/his/her] health limit [you/him/her]:)  
... in bending, kneeling, or stooping?**

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited  
DK, R

SFR\_Q09  
SFRC\_09 **(Does [your/his/her] health limit [you/him/her]:)  
... in walking more than one kilometre?**

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited  
DK, R

SFR\_Q10  
SFRC\_10 **(Does [your/his/her] health limit [you/him/her]:)  
... in walking several blocks?**

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited  
DK, R

SFR\_Q11  
SFRC\_11 **(Does [your/his/her] health limit [you/him/her]:)  
... in walking one block?**

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited  
DK, R

SFR\_Q12  
SFRC\_12 **(Does [your/his/her] health limit [you/him/her]:)  
... in bathing and dressing [yourself/himself/herself]?**

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited  
DK, R



SFR\_Q13  
SFRC\_13      **Now a few questions about problems with [your/FNAME's] work or with other regular daily activities. Because of [your/his/her] physical health, during the past 4 weeks, did [you/FNAME]:**  
... cut down on the amount of time [you/he/she] spent on work or other activities?

- 1      Yes
- 2      No  
        DK, R

SFR\_Q14  
SFRC\_14      **Because of [your/his/her] physical health, during the past 4 weeks, did [you/FNAME]:**  
... accomplish less than [you/he/she] would like?

- 1      Yes
- 2      No  
        DK, R

SFR\_Q15  
SFRC\_15      **(Because of [your/his/her] physical health, during the past 4 weeks,) [were/was] [you/FNAME]:**  
... limited in the kind of work or other activities?

- 1      Yes
- 2      No  
        DK, R

SFR\_Q16  
SFRC\_16      **(Because of [your/his/her] physical health, during the past 4 weeks,) did [you/FNAME]:**  
... have difficulty performing the work or other activities (for example, it took extra effort)?

- 1      Yes
- 2      No  
        DK, R

SFR\_Q17  
SFRC\_17      **Next a few questions about problems with [your/FNAME's] work or with other regular daily activities due to emotional problems (such as feeling depressed or anxious). Because of emotional problems, during the past 4 weeks, did [you/FNAME]:**  
... cut down on the amount of time [you/he/she] spent on work or other activities?

- 1      Yes
- 2      No  
        DK, R  
        R      (Go to SFR\_END)

SFR\_Q18  
SFRC\_18      **Because of emotional problems, during the past 4 weeks, did [you/FNAME]:**  
... accomplish less than [you/he/she] would like?

- 1      Yes
- 2      No  
        DK, R

SFR\_Q19            **(Because of emotional problems, during the past 4 weeks,)**  
SFRC\_19           **did [you/FNAME] :**  
                         **... not do work or other activities as carefully as usual?**

- 1        Yes
- 2        No
- DK, R

SFR\_Q20           **During the past 4 weeks, how much has [your/his/her] physical health or**  
SFRC\_20           **emotional problems interfered with [your/his/her] normal social activities with**  
                         **family, friends, neighbours, or groups?**  
**INTERVIEWER:** Read categories to respondent.

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

SFR\_Q21           **During the past 4 weeks, how much bodily pain [have/has] [you/he/she] had?**  
SFRC\_21           **INTERVIEWER:** Read categories to respondent

- 1        **None**
- 2        **Very mild**
- 3        **Mild**
- 4        **Moderate**
- 5        **Severe**
- 6        **Very severe**
- DK, R

SFR\_Q22           **During the past 4 weeks, how much did pain interfere with [your/his/her]**  
SFRC\_22           **normal work (including work both outside the home and housework)?**  
**INTERVIEWER:** Read categories to respondent.

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

SFR\_QINT23       **The next questions are about how [you/FNAME] felt and how things have been with**  
                         **[you/him/her] during the past 4 weeks. For each question, please indicate the**  
                         **answer that comes closest to the way [you/FNAME] [have/has] been feeling.**  
**INTERVIEWER:** Press <Enter> to continue.

SFR\_Q23  
SFRC\_23

**During the past 4 weeks, how much of the time:  
... did [you/FNAME] feel full of pep?**

INTERVIEWER: Read categories to respondent.

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q24  
SFRC\_24

**(During the past 4 weeks, how much of the time:)  
... [have/has] [you/FNAME] been a very nervous person?**

INTERVIEWER: Read categories to respondent.

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q25  
SFRC\_25

**(During the past 4 weeks, how much of the time:)  
... [have/has] [you/he/she] felt so down in the dumps that nothing could cheer  
[you/him/her] up?**

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q26  
SFRC\_26

**(During the past 4 weeks, how much of the time:)  
... [have/has] [you/he/she] felt calm and peaceful?**

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q27 (During the past 4 weeks, how much of the time:)  
SFRC\_27 ... did [you/he/she] have a lot of energy?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q28 During the past 4 weeks, how much of the time:  
SFRC\_28 ... [have/has] [you/he/she] felt downhearted and blue?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q29 (During the past 4 weeks, how much of the time.)  
SFRC\_29 ... did [you/he/she] feel worn out?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q30 (During the past 4 weeks, how much of the time:)  
SFRC\_30 ... [have/has] [you/he/she] been a happy person?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q31 (During the past 4 weeks, how much of the time:)  
SFRC\_31 ... did [you/he/she] feel tired?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q32  
SFRC\_32 **During the past 4 weeks, how much of the time has [your/his/her] health limited [your/his/her] social activities (such as visiting with friends or close relatives)?**  
INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **A good bit of the time**
  - 4 **Some of the time**
  - 5 **A little of the time**
  - 6 **None of the time**
- DK, R

SFR\_Q33  
SFRC\_33 **Now please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].**

**[I/FNAME] [seem/seems] to get sick a little easier than other people.**

INTERVIEWER: Read categories to respondent.

- 1 **Definitely true**
  - 2 **Mostly true**
  - 3 **Not sure**
  - 4 **Mostly false**
  - 5 **Definitely false**
- DK, R

SFR\_Q34  
SFRC\_34 **(Please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].)**

**[I/FNAME] [am/is] as healthy as anybody [I/he/she] [know/knows].**

INTERVIEWER: Read categories to respondent.

- 1 **Definitely true**
  - 2 **Mostly true**
  - 3 **Not sure**
  - 4 **Mostly false**
  - 5 **Definitely false**
- DK, R

SFR\_Q35  
SFRC\_35 **(Please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].)**

**[I/FNAME] [expect/expects] [my/his/her] health to get worse.**

- 1 **Definitely true**
  - 2 **Mostly true**
  - 3 **Not sure**
  - 4 **Mostly false**
  - 5 **Definitely false**
- DK, R

SFR\_Q36  
SFRC\_36

**(Please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].)**

**[My/FNAME's] health is excellent.**

- 1 Definitely true
  - 2 Mostly true
  - 3 Not sure
  - 4 Mostly false
  - 5 Definitely false
- DK, R

SFR\_END

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## ACCESS TO HEALTH CARE SERVICES

ACC\_BEG Collected starting in April 2003.

ACC\_C1 If (do ACC block = 2), go to ACC\_END.  
 ACCCFDO Otherwise, go to ACC\_C2.

ACC\_C2 If proxy interview or if age < 15, go to ACC\_END.  
 Otherwise, go to ACC\_QINT10.

ACC\_QINT10 **The next questions are about the use of various health care services. I will start by asking about your experiences getting health care from a medical specialist such as a cardiologist, allergist, gynaecologist or psychiatrist (excluding an optometrist).**  
INTERVIEWER: Press <Enter> to continue.

ACC\_Q10 **In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation?**  
 ACCC\_10

- 1 Yes
- 2 No (Go to ACC\_QINT20)
- DK, R (Go to ACC\_QINT20)

ACC\_Q11 **In the past 12 months, did you ever experience any difficulties getting the specialist care you needed for a diagnosis or consultation?**  
 ACCC\_11

- 1 Yes
- 2 No (Go to ACC\_QINT20)
- DK, R (Go to ACC\_QINT20)

ACC\_Q12 **What type of difficulties did you experience?**  
INTERVIEWER: Mark all that apply.

- ACCC\_12A 1 Difficulty getting a referral
- ACCC\_12B 2 Difficulty getting an appointment
- ACCC\_12C 3 No specialists in the area
- ACCC\_12D 4 Waited too long - between booking appointment and visit
- ACCC\_12E 5 Waited too long - to see the doctor (i.e. in-office waiting)
- ACCC\_12F 6 Transportation - problems
- ACCC\_12G 7 Language - problem
- ACCC\_12H 8 Cost
- ACCC\_12I 9 Personal or family responsibilities
- ACCC\_12J 10 General deterioration of health
- ACCC\_12K 11 Appointment cancelled or deferred by specialist
- ACCC\_12L 12 Still waiting for visit
- ACCC\_12M 13 Unable to leave the house because of a health problem
- ACCC\_12N 14 Other - Specify  
 DK, R

ACC\_C12S If ACC\_Q12 <> 14, go to ACC\_QINT20.  
Otherwise, go to ACC\_Q12S.

ACC\_Q12S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_QINT20 **The following questions are about any surgery not provided in an emergency that you may have required, such as cardiac surgery, joint surgery, caesarean sections and cataract surgery, excluding laser eye surgery.**  
INTERVIEWER: Press <Enter> to continue.

ACC\_Q20 **In the past 12 months, did you require any non-emergency surgery?**  
ACCC\_20

- 1 Yes
- 2 No (Go to ACC\_QINT30)  
DK, R (Go to ACC\_QINT30)

ACC\_Q21 **In the past 12 months, did you ever experience any difficulties getting the surgery you needed?**  
ACCC\_21

- 1 Yes
- 2 No (Go to ACC\_QINT30)  
DK, R (Go to ACC\_QINT30)

ACC\_Q22 **What type of difficulties did you experience?**  
INTERVIEWER: Mark all that apply

- ACCC\_22A 1 Difficulty getting an appointment with a surgeon
- ACCC\_22B 2 Difficulty getting a diagnosis
- ACCC\_22C 3 Waited too long - for a diagnostic test
- ACCC\_22D 4 Waited too long - for a hospital bed to become available
- ACCC\_22E 5 Waited too long - for surgery
- ACCC\_22F 6 Service not available - in the area
- ACCC\_22G 7 Transportation - problems
- ACCC\_22H 8 Language - problem
- ACCC\_22I 9 Cost
- ACCC\_22J 10 Personal or family responsibilities
- ACCC\_22K 11 General deterioration of health
- ACCC\_22L 12 Appointment cancelled or deferred by surgeon or hospital
- ACCC\_22M 13 Still waiting for surgery
- ACCC\_22N 14 Unable to leave the house because of a health problem
- ACCC\_22O 15 Other - Specify  
DK, R

ACC\_C22S If ACC\_Q22 <> 15, go to ACC\_QINT30.  
Otherwise, go to ACC\_Q22S.

ACC\_Q22S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R



ACC\_QINT30 **Now some questions about MRIs, CAT Scans and angiographies provided in a non-emergency situation.**  
INTERVIEWER: Press <Enter> to continue.

ACC\_Q30 **In the past 12 months, did you require one of these tests?**  
 ACCC\_30

- 1 Yes
- 2 No (Go to ACC\_QINT40)
- DK, R (Go to ACC\_QINT40)

ACC\_Q31 **In the past 12 months, did you ever experience any difficulties getting the tests you needed?**  
 ACCC\_31

- 1 Yes
- 2 No (Go to ACC\_QINT40)
- DK, R (Go to ACC\_QINT40)

ACC\_Q32 **What type of difficulties did you experience?**  
INTERVIEWER: Mark all that apply.

- ACCC\_32A 1 Difficulty getting a referral
- ACCC\_32B 2 Difficulty getting an appointment
- ACCC\_32C 3 Waited too long - to get an appointment
- ACCC\_32D 4 Waited too long - to get test (i.e. in-office waiting)
- ACCC\_32E 5 Service not available - at time required
- ACCC\_32F 6 Service not available - in the area
- ACCC\_32G 7 Transportation - problems
- ACCC\_32H 8 Language - problem
- ACCC\_32I 9 Cost
- ACCC\_32J 10 General deterioration of health
- ACCC\_32K 11 Did not know where to go (i.e. information problems)
- ACCC\_32L 12 Still waiting for test
- ACCC\_32M 13 Unable to leave the house because of a health problem
- ACCC\_32N 14 Other - Specify  
DK, R

ACC\_C32S If ACC\_Q32 <> 14, go to ACC\_QINT40.  
 Otherwise, go to ACC\_Q32S.

ACC\_Q32S INTERVIEWER: Specify.

\_\_\_\_\_  
 (60 spaces)  
 DK, R

ACC\_QINT40 **Now I'd like you to think about yourself and family members living in your dwelling. The next questions are about your experiences getting health information or advice when you needed them for yourself or a family member living in your dwelling.**  
INTERVIEWER: Press <Enter> to continue.

ACC\_Q40  
ACCC\_40 **In the past 12 months, have you required health information or advice for yourself or a family member?**

- 1 Yes
- 2 No (Go to ACC\_QINT50)
- DK, R (Go to ACC\_QINT50)

ACC\_Q40A **Who did you contact when you needed health information or advice for yourself or a family member?**

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

- ACCC\_40A 1 **Doctor's office**
- ACCC\_40B 2 **Community health centre / CLSC**
- ACCC\_40C 3 **Walk-in clinic**
- ACCC\_40D 4 **Telephone health line (e.g., HealthLinks, Telehealth Ontario, HealthLink, Health-Line, TeleCare, Info-Santé)**
- ACCC\_40E 5 **Hospital emergency room**
- ACCC\_40F 6 **Other hospital service**
- ACCC\_40G 7 **Other - Specify**

ACC\_C40AS If ACC\_Q40A <> 7, go to ACC\_Q41.  
Otherwise, go to ACC\_Q40AS.

ACC\_Q40AS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_Q41  
ACCC\_41 **In the past 12 months, did you ever experience any difficulties getting the health information or advice you needed for yourself or a family member?**

- 1 Yes
- 2 No (Go to ACC\_QINT50)
- DK, R (Go to ACC\_QINT50)

ACC\_Q42  
ACCC\_42 **Did you experience difficulties during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC\_Q44)
- 3 Not required at this time (Go to ACC\_Q44)
- DK, R (Go to ACC\_Q44)

ACC\_Q43 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- |          |   |   |
|----------|---|---|
| ACCC_43A | 1 | Difficulty contacting a physician or nurse            |
| ACCC_43B | 2 | Did not have a phone number                           |
| ACCC_43C | 3 | Could not get through (i.e. no answer)                |
| ACCC_43D | 4 | Waited too long to speak to someone                   |
| ACCC_43E | 5 | Did not get adequate info or advice                   |
| ACCC_43F | 6 | Language - problem                                    |
| ACCC_43G | 7 | Did not know where to go / call / uninformed          |
| ACCC_43H | 8 | Unable to leave the house because of a health problem |
| ACCC_43I | 9 | Other - Specify<br>DK, R                              |

ACC\_C43S If ACC\_Q43 <> 9, go to ACC\_Q44.  
Otherwise, go to ACC\_Q43S.

ACC\_Q43S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_Q44 **Did you experience difficulties getting health information or advice during evenings and weekends (that is, 5:00 to 9:00 pm Monday to Friday, or 9:00 am to 5:00 pm, Saturdays and Sundays)?**

ACCC\_44

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- |   |                           |                 |
|---|---------------------------|-----------------|
| 1 | Yes                       |                 |
| 2 | No                        | (Go to ACC_Q46) |
| 3 | Not required at this time | (Go to ACC_Q46) |
|   | DK, R                     | (Go to ACC_Q46) |

ACC\_Q45 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- |          |   |   |
|----------|---|---|
| ACCC_45A | 1 | Difficulty contacting a physician or nurse            |
| ACCC_45B | 2 | Did not have a phone number                           |
| ACCC_45C | 3 | Could not get through (i.e. no answer)                |
| ACCC_45D | 4 | Waited too long to speak to someone                   |
| ACCC_45E | 5 | Did not get adequate info or advice                   |
| ACCC_45F | 6 | Language - problem                                    |
| ACCC_45G | 7 | Did not know where to go / call / uninformed          |
| ACCC_45H | 8 | Unable to leave the house because of a health problem |
| ACCC_45I | 9 | Other - Specify<br>DK, R                              |

ACC\_C45S If ACC\_Q45 <> 9, go to ACC\_Q46.  
Otherwise, go to ACC\_Q45S.

ACC\_Q45S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_Q46  
ACCC\_46 **Did you experience difficulties getting health information or advice during the middle of the night?**  
INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC\_QINT50)
- 3 Not required at this time (Go to ACC\_QINT50)  
DK, R (Go to ACC\_QINT50)

ACC\_Q47 **What type of difficulties did you experience?**  
INTERVIEWER: Mark all that apply.

- ACCC\_47A 1 Difficulty contacting a physician or nurse
- ACCC\_47B 2 Did not have a phone number
- ACCC\_47C 3 Could not get through (i.e. no answer)
- ACCC\_47D 4 Waited too long to speak to someone
- ACCC\_47E 5 Did not get adequate info or advice
- ACCC\_47F 6 Language - problem
- ACCC\_47G 7 Did not know where to go / call / uninformed
- ACCC\_47H 8 Unable to leave the house because of a health problem
- ACCC\_47I 9 Other - Specify  
DK, R

ACC\_C47S If ACC\_Q47 <> 9, go to ACC\_QINT50.  
Otherwise, go to ACC\_Q47S.

ACC\_Q47S INTERVIEWER: Specify.

(80 spaces)  
DK, R

ACC\_QINT50 **Now some questions about your experiences when you needed health care services for routine or on-going care such as a medical exam or follow-up for yourself or a family member living in your dwelling.**  
INTERVIEWER: Press <Enter> to continue.

ACC\_Q50A  
ACCC\_50A **Do you have a regular family doctor?**

- 1 Yes
- 2 No  
DK, R

ACC\_Q50  
ACCC\_50 **In the past 12 months, did you require any routine or on-going care for yourself or a family member?**

- 1 Yes
- 2 No (Go to ACC\_QINT60)  
DK, R (Go to ACC\_QINT60)

ACC\_Q51 **In the past 12 months, did you ever experience any difficulties getting the routine or on-going care you or a family member needed?**  
 ACCC\_51

- 1 Yes
- 2 No (Go to ACC\_QINT60)
- DK, R (Go to ACC\_QINT60)

ACC\_Q52 **Did you experience difficulties getting such care during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**  
 ACCC\_52  
 INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC\_Q54)
- 3 Not required at this time (Go to ACC\_Q54)
- DK, R (Go to ACC\_Q54)

ACC\_Q53 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- |          |    |  |
|----------|----|--|
| ACCC_53A | 1  | Difficulty contacting a physician                            |
| ACCC_53B | 2  | Difficulty getting an appointment                            |
| ACCC_53C | 3  | Do not have personal / family physician                      |
| ACCC_53D | 4  | Waited too long - to get an appointment                      |
| ACCC_53E | 5  | Waited too long - to see the doctor (i.e. in-office waiting) |
| ACCC_53F | 6  | Service not available - at time required                     |
| ACCC_53G | 7  | Service not available - in the area                          |
| ACCC_53H | 8  | Transportation - problems                                    |
| ACCC_53I | 9  | Language - problem   |
| ACCC_53J | 10 | Cost   |
| ACCC_53K | 11 | Did not know where to go (i.e. information problems)         |
| ACCC_53L | 12 | Unable to leave the house because of a health problem        |
| ACCC_53M | 13 | Other - Specify  |
|          |    | DK, R  |

ACC\_C53S If ACC\_Q53 <> 13, go to ACC\_Q54.  
 Otherwise, go to ACC\_Q53S.

ACC\_Q53S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

ACC\_Q54 **Did you experience difficulties getting such care during evenings and weekends that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?**  
 ACCC\_54

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC\_QINT60)
- 3 Not required at this time (Go to ACC\_QINT60)
- DK, R (Go to ACC\_QINT60)

ACC\_Q55 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACCC\_55A 1 Difficulty contacting a physician
- ACCC\_55B 2 Difficulty getting an appointment
- ACCC\_55C 3 Do not have personal / family physician
- ACCC\_55D 4 Waited too long - to get an appointment
- ACCC\_55E 5 Waited too long - to see the doctor (i.e. in-office waiting)
- ACCC\_55F 6 Service not available - at time required
- ACCC\_55G 7 Service not available - in the area
- ACCC\_55H 8 Transportation - problems
- ACCC\_55I 9 Language - problem
- ACCC\_55J 10 Cost
- ACCC\_55K 11 Did not know where to go (i.e. information problems)
- ACCC\_55L 12 Unable to leave the house because of a health problem
- ACCC\_55M 13 Other - Specify  
DK, R

ACC\_C55S If ACC\_Q55 <> 13, go to ACC\_QINT60.  
Otherwise, go to ACC\_Q55S.

ACC\_Q55S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_QINT60 **The next questions are about situations when you or a family member have needed immediate care for a minor health problem such as fever, headache, a sprained ankle, vomiting or an unexplained rash.**

INTERVIEWER: Press <Enter> to continue.

ACC\_Q60 **In the past 12 months, have you or a family member required immediate health care services for a minor health problem?**

ACCC\_60

- 1 Yes
- 2 No (Go to ACC\_END)
- DK, R (Go to ACC\_END)

ACC\_Q61 **In the past 12 months, did you ever experience any difficulties getting the immediate care needed for a minor health problem for yourself or a family member?**

ACCC\_61

- 1 Yes
- 2 No (Go to ACC\_END)
- DK, R (Go to ACC\_END)

ACC\_Q62 **Did you experience difficulties getting such care during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**

ACCC\_62

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC\_Q64)
- 3 Not required at this time (Go to ACC\_Q64)
- DK, R (Go to ACC\_Q64)

ACC\_Q63 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- |          |    |  |
|----------|----|--|
| ACCC_63A | 1  | Difficulty contacting a physician                            |
| ACCC_63B | 2  | Difficulty getting an appointment                            |
| ACCC_63C | 3  | Do not have personal / family physician                      |
| ACCC_63D | 4  | Waited too long - to get an appointment                      |
| ACCC_63E | 5  | Waited too long - to see the doctor (i.e. in-office waiting) |
| ACCC_63F | 6  | Service not available - at time required                     |
| ACCC_63G | 7  | Service not available - in the area                          |
| ACCC_63H | 8  | Transportation - problems                                    |
| ACCC_63I | 9  | Language - problem   |
| ACCC_63J | 10 | Cost   |
| ACCC_63K | 11 | Did not know where to go (i.e. information problems)         |
| ACCC_63L | 12 | Unable to leave the house because of a health problem        |
| ACCC_63M | 13 | Other - Specify<br>DK, R                                     |

ACC\_C63S If ACC\_Q63 <> 13, go to ACC\_Q64.  
Otherwise, go to ACC\_Q63S.

ACC\_Q63S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_Q64 **Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?**

ACCC\_64

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- |   |                           |                 |
|---|---------------------------|-----------------|
| 1 | Yes                       |                 |
| 2 | No                        | (Go to ACC_Q66) |
| 3 | Not required at this time | (Go to ACC_Q66) |
|   | DK, R                     | (Go to ACC_Q66) |

ACC\_Q65 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- |          |    |  |
|----------|----|--|
| ACCC_65A | 1  | Difficulty contacting a physician                            |
| ACCC_65B | 2  | Difficulty getting an appointment                            |
| ACCC_65C | 3  | Do not have personal / family physician                      |
| ACCC_65D | 4  | Waited too long - to get an appointment                      |
| ACCC_65E | 5  | Waited too long - to see the doctor (i.e. in-office waiting) |
| ACCC_65F | 6  | Service not available - at time required                     |
| ACCC_65G | 7  | Service not available - in the area                          |
| ACCC_65H | 8  | Transportation - problems                                    |
| ACCC_65I | 9  | Language - problem   |
| ACCC_65J | 10 | Cost   |
| ACCC_65K | 11 | Did not know where to go (i.e. information problems)         |
| ACCC_65L | 12 | Unable to leave the house because of a health problem        |
| ACCC_65M | 13 | Other - Specify<br>DK, R                                     |

ACC\_C65S If ACC\_Q65 <> 13, go to ACC\_Q66.  
Otherwise, go to ACC\_Q65S.

ACC\_Q65S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_Q66  
ACCC\_66

**Did you experience difficulties getting such care during the middle of the night?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC\_END)
- 3 Not required at this time (Go to ACC\_END)
- DK, R (Go to ACC\_END)

ACC\_Q67

**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACCC\_67A 1 Difficulty contacting a physician
- ACCC\_67B 2 Difficulty getting an appointment
- ACCC\_67C 3 Do not have personal / family physician
- ACCC\_67D 4 Waited too long - to get an appointment
- ACCC\_67E 5 Waited too long - to see the doctor (i.e. in-office waiting)
- ACCC\_67F 6 Service not available - at time required
- ACCC\_67G 7 Service not available - in the area
- ACCC\_67H 8 Transportation - problems
- ACCC\_67I 9 Language - problem
- ACCC\_67J 10 Cost
- ACCC\_67K 11 Did not know where to go (i.e. information problems)
- ACCC\_67L 12 Unable to leave the house because of a health problem
- ACCC\_67M 13 Other - specify
- DK, R

ACC\_C67S If ACC\_Q67 <> 13, go to ACC\_END.  
Otherwise, go to ACC\_Q67S.

ACC\_Q67S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_END



**SOCIO-DEMOGRAPHIC CHARACTERISTICS**

SDE\_C1 If (do SDE block = 2), go to SDE\_END.  
SDCCFDO Otherwise, go to SDE\_QINT.

SDE\_QINT **Now some general background questions which will help us compare the health of people in Canada.**  
INTERVIEWER: Press <Enter> to continue.

SDE\_Q1 **In what country [were/was] [you/he/she] born?**  
SDCC\_1

- |    |                       |    |                       |
|----|-----------------------|----|-----------------------|
| 1  | Canada (Go to SDE_Q4) | 11 | Jamaica               |
| 2  | China                 | 12 | Netherlands / Holland |
| 3  | France                | 13 | Philippines           |
| 4  | Germany               | 14 | Poland                |
| 5  | Greece                | 15 | Portugal              |
| 6  | Guyana                | 16 | United Kingdom        |
| 7  | Hong Kong             | 17 | United States         |
| 8  | Hungary               | 18 | Viet Nam              |
| 9  | India                 | 19 | Sri Lanka             |
| 10 | Italy                 | 20 | Other - Specify       |
|    | DK, R (Go to SDE_Q4)  |    |                       |

SDE\_C1S If SDE\_Q1 <> 20, go to SDE\_Q2.  
Otherwise, go to SDE\_Q1S.

SDE\_Q1S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

SDE\_Q2 **[Were/Was] [you/he/she] born a Canadian citizen?**  
SDCC\_2

- |   |                      |
|---|----------------------|
| 1 | Yes (Go to SDE_Q4)   |
| 2 | No (Go to SDE_Q4)    |
|   | DK, R (Go to SDE_Q4) |

SDE\_Q3 **In what year did [you/he/she] first come to Canada to live?**  
SDCC\_3 INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

\_\_\_\_ Year  
(MIN: year of birth) (MAX: current year)  
DK, R

SDE\_E3 If SDE\_Q3 >= year of birth or SDE\_Q3 <= current year, go to SDE\_Q4.  
Otherwise, show pop-up edit as follows.

**Year must be between Year of Birth and Current Year.**

SDE\_Q4 **To which ethnic or cultural group(s) did [your/FNAME's] ancestors belong? (For example: French, Scottish, Chinese, East Indian)**

INTERVIEWER: Mark all that apply.

If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian.

SDCC_4A	1	Canadian	SDCC_4J	10	Chinese
SDCC_4B	2	French	SDCC_4K	11	Jewish
SDCC_4C	3	English	SDCC_4L	12	Polish
SDCC_4D	4	German	SDCC_4M	13	Portuguese
SDCC_4E	5	Scottish	SDCC_4N	14	South Asian (e.g. East Indian, Pakistani, Sri Lankan)
SDCC_4F	6	Irish	SDCC_4T	15	Norwegian
SDCC_4G	7	Italian	SDCC_4U	16	Welsh
SDCC_4H	8	Ukrainian	SDCC_4V	17	Swedish
SDCC_4I	9	Dutch (Netherlands)	SDCC_4W	18	Aboriginal (North American Indian, Métis, Inuit)
			SDCC_4S	19	Other -- Specify

DK, R

SDE\_C4S If SDE\_Q4 <> 19, go to SDE\_Q5.  
Otherwise, go to SDE\_Q4S.

SDE\_Q4S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)

DK, R

SDE\_Q5 **In what languages can [you/he/she] conduct a conversation?**

INTERVIEWER: Mark all that apply.

SDCC_5A	1	English	SDCC_5M	13	Portuguese
SDCC_5B	2	French	SDCC_5N	14	Punjabi
SDCC_5C	3	Arabic	SDCC_5O	15	Spanish
SDCC_5D	4	Chinese	SDCC_5P	16	Tagalog (Pilipino)
SDCC_5E	5	Cree	SDCC_5Q	17	Ukrainian
SDCC_5F	6	German	SDCC_5R	18	Vietnamese
SDCC_5G	7	Greek	SDCC_5T	19	Dutch
SDCC_5H	8	Hungarian	SDCC_5U	20	Hindi
SDCC_5I	9	Italian	SDCC_5V	21	Russian
SDCC_5J	10	Korean	SDCC_5W	22	Tamil
SDCC_5K	11	Persian (Farsi)	SDCC_5S	23	Other – Specify
SDCC_5L	12	Polish			DK, R

SDE\_C5S If SDE\_Q5 <> 23, go to SDE\_Q5A.  
Otherwise, go to SDE\_Q5S.

SDE\_Q5S INTERVIEWER: Specify.

(80 spaces)

DK, R

SDE\_Q5A **What language [do/does] [you/he/she] speak most often at home?**

SDCC\_5AA

- |    |                 |    |                    |
|----|-----------------|----|--------------------|
| 1  | English         | 13 | Portuguese         |
| 2  | French          | 14 | Punjabi            |
| 3  | Arabic          | 15 | Spanish            |
| 4  | Chinese         | 16 | Tagalog (Pilipino) |
| 5  | Cree            | 17 | Ukrainian          |
| 6  | German          | 18 | Vietnamese         |
| 7  | Greek           | 19 | Dutch              |
| 8  | Hungarian       | 20 | Hindi              |
| 9  | Italian         | 21 | Russian            |
| 10 | Korean          | 22 | Tamil              |
| 11 | Persian (Farsi) | 23 | Other – Specify    |
| 12 | Polish          |    | DK, R              |

SDE\_C5AS If SDE\_Q5A <> 23, go to SDE\_Q6.  
Otherwise, go to SDE\_Q5AS.

SDE\_Q5AS INTERVIEWER: Specify.

(80 spaces)

DK, R

SDE\_Q6 **What is the language that [you/FNAME] first learned at home in childhood and can still understand?**

INTERVIEWER: Mark all that apply.

If person can no longer understand the first language learned, mark the second.

- |         |    |                 |         |    |                    |
|---------|----|-----------------|---------|----|--------------------|
| SDCC_6A | 1  | English         | SDCC_6M | 13 | Portuguese         |
| SDCC_6B | 2  | French          | SDCC_6N | 14 | Punjabi            |
| SDCC_6C | 3  | Arabic          | SDCC_6O | 15 | Spanish            |
| SDCC_6D | 4  | Chinese         | SDCC_6P | 16 | Tagalog (Pilipino) |
| SDCC_6E | 5  | Cree            | SDCC_6Q | 17 | Ukrainian          |
| SDCC_6F | 6  | German          | SDCC_6R | 18 | Vietnamese         |
| SDCC_6G | 7  | Greek           | SDCC_6T | 19 | Dutch              |
| SDCC_6H | 8  | Hungarian       | SDCC_6U | 20 | Hindi              |
| SDCC_6I | 9  | Italian         | SDCC_6V | 21 | Russian            |
| SDCC_6J | 10 | Korean          | SDCC_6W | 22 | Tamil              |
| SDCC_6K | 11 | Persian (Farsi) | SDCC_6S | 23 | Other – Specify    |
| SDCC_6L | 12 | Polish          |         |    | DK, R              |

SDE\_C6S If SDE\_Q6 <> 23, go to SDE\_Q7.  
Otherwise, go to SDE\_Q6S.

SDE\_Q6S INTERVIEWER: Specify.

(80 spaces)  
DK, R

SDE\_Q7 **People living in Canada come from many different cultural and racial backgrounds.**  
**[Are/Is] [you/he/she]:**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- |         |    |  |
|---------|----|--|
| SDCC_7A | 1  | ...White?  |
| SDCC_7B | 2  | ...Chinese?  |
| SDCC_7C | 3  | ...South Asian (e.g., East Indian, Pakistani, Sri Lankan)?             |
| SDCC_7D | 4  | ...Black?  |
| SDCC_7E | 5  | ...Filipino?   |
| SDCC_7F | 6  | ...Latin American?   |
| SDCC_7G | 7  | ...Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)? |
| SDCC_7H | 8  | ...Arab?   |
| SDCC_7I | 9  | ...West Asian (e.g., Afghan, Iranian)?                                 |
| SDCC_7J | 10 | ...Japanese?   |
| SDCC_7K | 11 | ...Korean?   |
| SDCC_7L | 12 | ...Aboriginal (North American Indian, Métis or Inuit)?                 |
| SDCC_7M | 13 | Other - Specify<br>DK, R   |

SDE\_C7S If SDE\_Q7 <> 13, go to SDE\_C7A.  
Otherwise, go to SDE\_Q7S.

SDE\_Q7S INTERVIEWER: Specify.

(80 spaces)  
DK, R

SDE\_C7A If proxy interview or age < 18, go to SDE\_Q8.  
Otherwise, go to SDE\_Q7A.

SDE\_Q7A **Do you consider yourself to be:**  
SDCC\_7AA INTERVIEWER: Read categories to respondent.

- |   |  |
|---|--|
| 1 | ... heterosexual? (sexual relations with people of the opposite sex)                   |
| 2 | ... homosexual, that is lesbian or gay? (sexual relations with people of your own sex) |
| 3 | ... bisexual? (sexual relations with people of both sexes)                             |
|   | DK, R  |

SDE\_Q8 **[Are/Is] [you/he/she] currently attending a school, college or university?**

SDCC\_8

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No (Go to SDE_C10)    |
|   | DK, R (Go to SDE_C10) |

SDE_Q9 SDCC_9	<b>[Are/Is] [you/he/she] enrolled as a full-time student or a part-time student?</b>
	1 Full-time
	2 Part-time
	DK, R
SDE_C10	If age < 65, go to SDE_C13. Otherwise, go to SDE_Q10.
SDE_Q10 SDCC_10	<b>[Have/Has] [you/he/she] ever had any wartime service (WWI, WWII, Korea) in the military forces of Canada or its allies?</b>
	<u>INTERVIEWER</u> : Exclude civilian service such as the merchant marine and the Red Cross. Include military service in the forces of Newfoundland before 1949.
	1 Yes
	2 No (Go to SDE_C13)
	DK, R (Go to SDE_END)
SDE_Q11	<b>Was this service for:</b>
	<u>INTERVIEWER</u> : Read categories to respondent. Mark all that apply.
SDCC_11A SDCC_11B	1 ... <b>Canada?</b>
	2 ... <b>its allies?</b>
	DK, R (Go to SDE_C13)
SDE_Q12	<b>Did [you/he/she] serve in Canada or overseas?</b>
	<u>INTERVIEWER</u> : Mark all that apply.
SDCC_12A SDCC_12B	1 Canada
	2 Overseas
	DK, R
SDE_C13	If age < 18 or SDE_Q10 = 1, go to SDE_END. Otherwise, go to SDE_Q13.
SDE_Q13 SDCC_13	<b>Not counting current service, [have/has] [you/he/she] ever had any peacetime service in the military forces of Canada?</b>
	<u>INTERVIEWER</u> : Include past service in the regular and primary reserve forces and in the forces of Newfoundland before 1949.
	1 Yes
	2 No (Go to SDE_END)
	DK, R (Go to SDE_END)
SDE_Q14	<b>Was this service in the:</b>
	<u>INTERVIEWER</u> : Read categories to respondent. Mark all that apply.
SDCC_14A SDCC_14B SDCC_14C	1 ... <b>regular forces?</b>
	2 ... <b>primary reserves?</b>
	3 ... <b>special duty area (e.g., Persian Gulf, Cyprus, Balkans)?</b>
	DK, R
SDE_END	

## LABOUR FORCE

LBF\_C01      If (do LBF block) = 2, go to LBF\_END.  
LBFCFDO      Otherwise, go to LBF\_C02.

LBF\_C02      If age < 15 or age > 75, go to LBF\_END.  
Otherwise, go to LBF\_QINT.

LBF\_QINT      **The next few questions concern [your/FNAME's] activities in the last 7 days. By the last 7 days, I mean beginning [date one week ago], and ending [date yesterday].**  
INTERVIEWER: Press <Enter> to continue.

### Job Attachment

LBF\_Q01      **Last week, did [you/FNAME] work at a job or a business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**  
LBFC\_01

- 1      Yes      (Go to LBF\_Q03)
- 2      No
- 3      Permanently unable to work      (Go to LBF\_QINT2)  
DK, R      (Go to LBF\_END)

LBF\_E01      If GEN\_Q08 = 2 (didn't work any time in past 12 months) and LBF\_Q01 = 1, show pop-up edit as follows:

**A response inconsistent with a response to a previous question has been entered. Please confirm.**

LBF\_Q02      **Last week, did [you/FNAME] have a job or business from which [you/he/she] [were/was] absent?**  
LBFC\_02

- 1      Yes
- 2      No      (Go to LBF\_Q11)  
DK, R      (Go to LBF\_END)

LBF\_Q03      **Did [you/he/she] have more than one job or business last week?**  
LBFC\_03

- 1      Yes
- 2      No  
DK, R

Go to LBF\_C31



Past Job Attachment

LBF\_QINT2 **Now some questions about jobs or employment which [you/FNAME] [have/has] had during the past 12 months, that is, from [date one year ago] to yesterday.**  
INTERVIEWER: Press <Enter> to continue.

LBF\_Q21 **Did [you/he/she] work at a job or a business at any time in the past 12 months?**  
LBFC\_21 **Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**

- 1 Yes (Go to LBF\_Q23)
- 2 No  
DK, R

LBF\_E21 If GEN\_Q08 = 2 (didn't work any time in past 12 months) and LBF\_Q21 = 1 or GEN\_Q08 = 1 (worked in past 12 months) and LBF\_Q21 = 2, show pop-up edit as follows:

**A response inconsistent with a response to a previous question has been entered. Please confirm.**

LBF\_C22 If LBF\_Q11 = 1, go to LBF\_Q71.  
Otherwise, go to LBF\_Q22.

LBF\_Q22 **During the past 12 months, did [you/he/she] do anything to find work?**  
LBFC\_22

- 1 Yes (Go to LBF\_Q71)
- 2 No (Go to LBF\_END)  
DK, R (Go to LBF\_END)

LBF\_Q23 **During that 12 months, did [you/he/she] work at more than one job or business at the same time?**  
LBFC\_23

- 1 Yes
- 2 No  
DK, R

Occupation, Smoking Restrictions at Work

LBF\_C31 If LBF\_Q01 = 1 or LBF\_Q02 = 1, then the following questions will be asked about the current job. Otherwise, they will be asked about the most recent job.

LBF\_QINT3 **The next questions are about [your/FNAME's] [current/most recent] job or business.**

**(If person currently holds more than one job or if the last time he/she worked it was at more than one job:**

[INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.]

INTERVIEWER: Press <Enter> to continue.



LBF\_Q31 **[Are/Is/Were/Was] [you/he/she] an employee or self-employed?**  
 LBFC\_31

1	Employee	(Go to LBF_Q33)
2	Self-employed	
3	Working in a family business without pay	(Go to LBF_Q33)
	DK, R	(Go to LBF_Q33)

LBF\_Q32 **What [is/was] the name of [your/his/her] business?**  
 LBFCF32

\_\_\_\_\_  
 (50 spaces)  
 DK, R

Go to LBF\_Q34

LBF\_Q33 **For whom [do/does/did] [you/he/she] [currently/last] work? (For example: name of business, government department or agency, or person)**  
 LBFCF33

\_\_\_\_\_  
 (50 spaces)  
 DK, R

LBF\_Q34 **What kind of business, industry or service [is/was] this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)**  
 LBFCF34

\_\_\_\_\_  
 (50 spaces)  
 DK, R

LBF\_Q35 **What kind of work [are/is/ were/was] [you/he/she] doing? (For example: babysitting in own home, factory worker, forestry technician)**  
 LBFCF35  
 LBFCF35S

\_\_\_\_\_  
 (50 spaces)  
 DK, R

Note: Use trigram search.

LBF\_D35 SIC\_CODE (4 bytes)  
 LBFCN35  
 LBFCN35S

Note: Store SOC Code associated with LBF\_Q35

LBF\_C35 If LBF\_D35 = 1 OR LBF\_D35 = 2 (OtherSpec), go to LBF\_S35.  
 Otherwise, go to LBF\_Q36.

LBF\_S35 **INTERVIEWER: Specify (kind of work)**

\_\_\_\_\_  
 (50 spaces)  
 DK, R

LBF\_Q36            **What [are/were] [your/his/her] most important activities or duties? (For example:**  
LBFCF36            **caring for children, stamp press machine operator, forest examiner)**

\_\_\_\_\_  
(50 spaces)  
DK, R

LBF\_Q37            **At [your/his/her] place of work, what [are/were] the restrictions on smoking?**  
ETSC\_7            **INTERVIEWER: Read categories to respondent.**

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

Absence / Hours

LBF\_C41            If LBF\_Q02 = 1, go to LBF\_Q41.  
Otherwise, go to LBF\_Q42.

LBF\_Q41            **What was the main reason [you/FNAME] [were/was] absent from work last week?**  
LBFC\_41

- 1            Own illness or disability
- 2            Caring for - own children
- 3            Caring for - elder relatives
- 4            Maternity leave (Females only)
- 5            Other personal or family responsibilities
- 6            Vacation
- 7            Labour dispute (strike or lockout)
- 8            Temporary layoff due to business conditions (Employees only)
- 9            Seasonal layoff (Employees only)
- 10          Casual job, no work available (Employees only)
- 11          Work schedule (e.g., shift work) (Employees only)
- 12          Self-employed, no work available (Self-employed only)
- 13          Seasonal business (Excluding employees)
- 14          School or educational leave
- 15          Other - Specify  
DK, R

LBF\_C41S          If LBF\_Q41 <> 15, go to LBF\_C41A.  
Otherwise, go to LBF\_Q41S.

LBF\_Q41S          **INTERVIEWER: Specify.**

\_\_\_\_\_  
(80 spaces)  
DK, R

LBF\_C41A          If LBF\_Q41 = 4, go to LBF\_E41A.  
Otherwise, go to LBF\_E41B.

- LBF\_E41A If Sex = male and LBF\_Q13 = 4 (Maternity Leave), show pop-up edit as follows.  
**A response of “Maternity Leave” is invalid for a male respondent. Please return and correct.**  
Go to LBF\_C41A\_1
- LBF\_E41B If LBF\_Q31 = 1 (employee) and LBF\_Q41 = 12 or 13, show pop-up edit as follows. Otherwise, go to LBF\_E41C.  
**A response of “Self-employed, no work available” or “Seasonal Business” is invalid for an employee. Please return and correct.**  
Go to LBF\_C41A\_1
- LBF\_E41C If LBF\_Q31 = 2 (self-employed) and LBF\_Q41 = 8, 9, 10 or 11, show pop-up edit as follows. Otherwise, go to LBF\_E41D.  
**A response of “Temporary layoff due to business conditions”, “Seasonal layoff”, “Casual job, no work available” or “Work schedule” is invalid for a self-employed person. Please return and correct.**  
Go to LBF\_C41A\_1
- LBF\_E41D If LBF\_Q31 = 3 (family business) and LBF\_Q41 = 8, 9, 10, 11 or 12, show pop-up edit as follows. Otherwise, go to LBF\_C41A\_1.  
**A response of “Temporary layoff due to business conditions”, “Seasonal layoff”, “Casual job, no work available”, “Work schedule” or “Self-employed, no work available” is invalid for a person working in a family business without pay. Please return and correct.**
- LBF\_C41A\_1 If LBF\_Q41 = 1 (Own illness or disability), ask LBF\_Q41A. Otherwise, go to LBF\_Q42.
- LBF\_Q41A **Was that due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason?**  
LBFC\_41A
- 1 Physical health
  - 2 Emotional or mental health (including stress)
  - 3 Use of alcohol or drugs
  - 4 Another reason
- DK, R
- LBF\_Q42 **About how many hours a week [do/does/did] [you/FNAME] usually work at [your/his/her] [job/business]? If [you/FNAME] usually [work/works/worked] extra hours, paid or unpaid, please include these hours.**  
LBFC\_42
- ||| Hours  
(MIN: 1) (MAX: 168; warning after 84)  
DK, R

LBF\_Q44      **Which of the following best describes the hours [you/FNAME] usually [work/works/**  
LBFC\_44      **worked] at [your/his/her] [job/business]?**

INTERVIEWER: Read categories to respondent.

- 1      **Regular - daytime schedule or shift**      (Go to LBF\_Q46)
- 2      **Regular - evening shift**
- 3      **Regular - night shift**
- 4      **Rotating shift (change from days to evenings to nights)**
- 5      **Split shift**
- 6      **On call**
- 7      **Irregular schedule**
- 8      **Other - Specify**  
DK, R      (Go to LBF\_Q46)

LBF\_C44S      If LBF\_Q44 <> 8, go to LBF\_Q45.  
Otherwise, go to LBF\_Q44S.

LBF\_Q44S      INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

LBF\_Q45      **What is the main reason that [you/he/she] [work/works/worked] this schedule?**  
LBFC\_45

- 1      Requirement of job / no choice
- 2      Going to school
- 3      Caring for - own children
- 4      Caring for - other relatives
- 5      To earn more money
- 6      Likes to work this schedule
- 7      Other - Specify  
DK, R

LBF\_C45S      If LBF\_Q45 <> 7, go to LBF\_Q46.  
Otherwise, go to LBF\_Q45S.

LBF\_Q45S      INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

LBF\_Q46      **[Do/Does/Did] [you/he/she] usually work on weekends at this [job/business]?**  
LBFC\_46

- 1      Yes
- 2      No  
DK, R

Other Job

LBF\_C51 If LBF\_Q03=1 or LBF\_Q23=1, go to LBF\_Q51.  
Otherwise, go to LBF\_Q61.

LBF\_Q51 **You indicated that [you/FNAME] [have/has/had] more than one job. For how many weeks in a row [have/has/did] [you/he/she] [worked/work] at more than one job [(in the past 12 months)]?**  
LBFC\_51 **INTERVIEWER:** Obtain best estimate.

[\_|\_|] Weeks  
(MIN: 1) (MAX: 52)  
DK, R

LBF\_Q52 **What is the main reason that [you/he/she] [work/works/worked] at more than one job?**  
LBFC\_52

- 1 To meet regular household expenses
- 2 To pay off debts
- 3 To buy something special
- 4 To save for the future
- 5 To gain experience
- 6 To build up a business
- 7 Enjoys the work of the second job
- 8 Other - Specify  
DK, R

LBF\_C52S If LBF\_Q52 <> 8, go to LBF\_Q53.  
Otherwise, go to LBF\_Q52S.

LBF\_Q52S **INTERVIEWER:** Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

LBF\_Q53 **About how many hours a week [do/does/did] [you/he/she] usually work at [your/his/her] other job(s)? If [you/he/she] usually [work/works/worked] extra hours, paid or unpaid, please include these hours.**  
LBFC\_53 **INTERVIEWER:** Minimum is 1; maximum is [168 - LBF\_Q42].

[\_|\_|\_|] Hours  
(MIN: 1) (MAX: 168 - LBF\_Q42; warning after 30)  
DK, R

Note: If LBF\_Q42 = 168, then maximum = 1. If LBF\_Q42 = DK or R, then maximum = 168.

LBF\_Q54 **[Do/Does/Did] [you/he/she] usually work on weekends at [your/his/her] other job(s)?**  
LBFC\_54

- 1 Yes
- 2 No  
DK, R

Weeks Worked

**LBF\_Q61**      **During the past 52 weeks, how many weeks did [you/FNAME] do any work at a job**  
**LBFC\_61**      **or a business? (Include paid vacation leave, paid maternity leave, and paid sick**  
                   **leave.)**

[\_|\_]      Weeks  
 (MIN: 1) (MAX: 52)  
 DK, R

Looking For Work

**LBF\_C71**      If LBF\_Q61 = 52, go to LBF\_END.  
                   If LBF\_Q61 = 51, go to LBF\_Q71A.  
                   If LBF\_Q61 was answered, use the second wording.  
                   Otherwise, use the first wording.

**LBF\_Q71**      **During the past 52 weeks, how many weeks [were/was] [you/he/she] looking for**  
**LBFC\_71**      **work?**

**That leaves [52 - LBF\_Q61] weeks. During those [52 - LBF\_Q61] weeks, how many**  
**weeks [were/was] [you/he/she] looking for work?**  
 INTERVIEWER: Minimum is 0; maximum is [52 - LBF\_Q61].

[\_|\_]              Weeks  
 (MIN: 0) (MAX: 52 - LBF\_Q61)  
 DK, R

Go to LBF\_C72

Note:            If LBF\_Q61 = DK or R, max of LBF\_Q71 = 52.

**LBF\_Q71A**      **That leaves 1 week. During that week, did [you/he/she] look for work?**  
**LBFC\_71A**

1            Yes            (make LBF\_Q71 = 1)  
 2            No            (make LBF\_Q71 = 0)  
                   DK, R

**LBF\_C72**      If either LBF\_Q61 or LBF\_Q71 are non-response, go to LBF\_END.  
                   If the total number of weeks reported in LBF\_Q61 and LBF\_Q71 = 52, go to LBF\_END.  
                   If LBF\_Q61 and LBF\_Q71 were answered, [WEEKS] = [52 - (LBF\_Q61 + LBF\_Q71)].  
                   If LBF\_Q61 was not answered, [WEEKS] = (52 - LBF\_Q71).

**LBF\_Q72**      **That leaves [WEEKS] week[s] during which [you/he/she] [were/was] neither**  
**LBFC\_72**      **working nor looking for work. Is that correct?**

1            Yes            (Go to LBF\_C73)  
 2            No            (Go to LBF\_C73)  
                   DK, R

**LBF\_E72**      **You have indicated that [you/he/she] worked for [LBF\_Q61] week[s] and that**  
                   **[you/he/she] [were/was] looking for work for [LBF\_Q71] week[s], leaving [WEEKS]**  
                   **week[s] during which [you/he/she] [were/was] neither working nor looking for work.**  
                   **The total number of weeks must add to 52. Please return and correct.**

LBF\_C73 If (LBF\_Q01 = 1 or LBF\_Q02 = 1 or LBF\_Q11 = 1), go to LBF\_Q73.  
Otherwise, go to LBF\_END.

LBF\_Q73 **What is the main reason that [you/he/she] [were/was] not looking for work?**  
LBFC\_73 INTERVIEWER: If more than one reason, choose the one that explains the most number of weeks.

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

LBF\_C73S If LBF\_Q73 <> 15, go to LBF\_C73A.  
Otherwise, go to LBF\_Q73S.

LBF\_Q73S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

LBF\_C73A If LBF\_Q73 = 4, go to LBF\_E73.  
Otherwise, go to LBF\_C73B.

LBF\_E73 If Sex = male and LBF\_Q13 = 4 (Pregnancy), show pop-up edit as follows.

**A response of “Pregnancy” is invalid for a male respondent. Please return and correct.**

LBF\_C73B If LBF\_Q73 = 1 (Own illness or disability), ask LBF\_Q73A.  
Otherwise, go to LBF\_END.

LBF\_Q73A **Was that due to [your/his/her] physical health, to [your/his/her] emotional or mental**  
LBFC\_73A **health, to [your/his/her] use of alcohol or drugs, or to another reason?**

- 1 Physical health
- 2 Emotional or mental health (including stress)
- 3 Use of alcohol or drugs
- 4 Another reason  
DK, R

LBF\_END

## HOME SAFETY

HMS\_C1A If (do HMS block = 2), go to HMS\_END.  
HMSCFDO Otherwise, go to HMS\_C1B.

HMS\_C1B If proxy interview, go to HMS\_END.  
Otherwise, go to HMS\_QINT.

HMS\_QINT **Now, a few questions about things some people do to make their homes safe.**  
INTERVIEWER: Press <Enter> to continue.

HMS\_Q1 **Is there at least 1 working smoke detector installed in your home?**

HMSC\_1

- 1 Yes
- 2 No (Go to HMS\_Q5)  
DK, R (Go to HMS\_END)

HMS\_Q2 **Are there smoke detectors installed on every level of your home, including the basement?**

HMSC\_2

- 1 Yes
- 2 No  
DK, R

HMS\_Q3 **Are the smoke detectors tested each month?**

HMSC\_3

- 1 Yes
- 2 No  
DK, R

HMS\_Q4 **How often are the batteries changed in your smoke detectors?**

HMSC\_4

INTERVIEWER: Read categories to respondent.

- 1 **At least every 6 months**
- 2 **At least every year**
- 3 **As needed when the low battery warning chirps**
- 4 **Never**
- 5 Not applicable (Hard wired)  
DK, R

HMS\_Q5 **Is there an escape plan for getting out of your home in case of a fire?**

HMSC\_5

- 1 Yes
- 2 No (Go to HMS\_END)  
DK, R (Go to HMS\_END)

HMS\_C6 If household size > 1, go to HMS\_Q6.  
Otherwise, go to HMS\_END.



HMS\_Q6  
HMSC\_6

**Have the members of your household ever discussed this plan?**

- 1 Yes
- 2 No  
DK, R

HMS\_END

FOR INFORMATION ONLY



































