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Respondent Questionnaire

<table>
<thead>
<tr>
<th>UNIQUEID: 12345678910</th>
<th>INSTID: 12450112</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIGNID: 11100</td>
<td></td>
</tr>
<tr>
<td>RESPONDENT / RÉPONDANT: Margot Shields</td>
<td></td>
</tr>
<tr>
<td>Lang.: ENGLISH</td>
<td></td>
</tr>
<tr>
<td>Sunny Haven Home</td>
<td></td>
</tr>
<tr>
<td>SAMPLE / ÉCHANTILLON: I</td>
<td></td>
</tr>
</tbody>
</table>

Confidential when completed
Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19
Version française aussi disponible

Assignment No. [ ] [ ] [ ] [ ]

<table>
<thead>
<tr>
<th>1. Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Institution</td>
</tr>
<tr>
<td>2 Household</td>
</tr>
<tr>
<td>3 Dead</td>
</tr>
<tr>
<td>4 Don’t know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Form</td>
</tr>
<tr>
<td>Sequence No. [ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

OR

9999 Household / dead

<table>
<thead>
<tr>
<th>3. Language of Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 English</td>
</tr>
<tr>
<td>9 French</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Final Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>000 Full data</td>
</tr>
<tr>
<td>001 Partial data</td>
</tr>
<tr>
<td>028 Death of respondent</td>
</tr>
<tr>
<td>030 Refused</td>
</tr>
<tr>
<td>034 No contact</td>
</tr>
<tr>
<td>035 Unable to trace</td>
</tr>
<tr>
<td>077 Core sample - household</td>
</tr>
<tr>
<td>099 Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Interviewer: Record the reason for the non-interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] [ ] [ ] (15 chars.)</td>
</tr>
<tr>
<td>[ ] [ ] [ ] (15 chars.)</td>
</tr>
<tr>
<td>[ ] [ ] [ ] (15 chars.)</td>
</tr>
</tbody>
</table>

Introduction:
Statistics Canada is conducting a national survey on the health of Canadians. This is a follow-up of a survey that we conducted in 1996 and 1997. The National Population Health Survey collects information on the health of people in Canada, on the use of health services and on some of the factors that can affect health.

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

A1. Does . . . still live at (read information on label)?

1 Yes
2 No Go to A3

A2. Is the address information on the label correct and complete?

3 Yes Go to A8
4 No (institution) Make corrections on the Institution Control Form and go to A8
5 No (household) Go to A7 and Enter the complete correct address.

A3. Where is . . . ? (Mark only one.)

01 Died
02 Private household Go to A7
03 Nursing home
04 General hospital
05 Residential care facility Go to A6
06 Other - Specify ____________________________ (26 chars.)

A4. When did . . . die?

Day _ _ (2 chars.)
Month _ _ (2 chars.)
Year 19_ _ (4 chars.)

A5. In what city and province?

1 City ______________ (25 chars.)
2 Province Code _ _ (2 chars.)

Check “Dead” at Question 1 - Location and “household / dead” at Question 2 - Sequence No. on the front cover.
Thank respondent and END interview.
A6. What is the name of the institution?

A7. What is the mailing address?

1. Street / R.R.

2. Apartment

3. City

4. Postal Code

5. Province Code

6. Telephone Number (including area code)

A8. Interviewer:

If respondent now lives in an institution 01 □ Complete Location and Sequence No. on the front cover and Go to Section B - Next-of-Kin Consent - page 5.

If respondent now lives in a household and Sample=I 02 □ Complete Location and Sequence No. on the front cover and Go to Section CC - Page 29.

If respondent now lives in a household and Sample=C 03 □ Complete Location and Sequence No. on the front cover and END interview.
INSTITUTION RESPONDENTS

B. Next-of-Kin Consent

Interviewer:

If the respondent is completing this questionnaire (non-proxy) 04☐ Go to Section C - Selected Respondent Information and complete the questionnaire with the respondent

If the next-of-kin agrees to complete the questionnaire 05☐ Go to Section C - Selected Respondent Information and complete the questionnaire with the next-of-kin about the respondent

If the next-of-kin does not agree to complete the questionnaire 06☐ Continue with B1

B1. Do you agree to have information provided to Statistics Canada for the National Population Health Survey about . . . by a person appointed by the institution?

1 Yes
2 No Enter a final status code of Refused on the front cover of the questionnaire and END interview.

B2. We are also seeking your permission to link information collected during this interview with provincial health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, physician’s offices or other services provided by the province. This information will be used for statistical purposes only.

Do we have your permission?

3 Yes
4 No

B3. To avoid duplication, Statistics Canada intends to share the information from all interviews conducted as part of this survey with provincial ministries of health, Health Canada and Human Resources Development Canada. These organizations have undertaken to keep this information confidential and use it only for statistical purposes.

Do you agree to share the information provided?

5 Yes Thank respondent and contact the institution
6 No

For information only
C. Selected Respondent Information

C1. Interviewer:

Who is completing the questionnaire?
(Mark one only.)

7 Selected respondent (Non-proxy)
8 Family member or Next-of-Kin (Proxy)
9 Institutional staff, Volunteer, Other (Proxy)

C2. I would like to confirm that I have the correct spelling of your (. . .'s) name. Is it (read label)?
(Correct below if necessary.)

1 Same as on label
OR
2 Given name and initial
   ____________________________ (25 chars.)
3 Last name
   ____________________________ (25 chars.)

C3. What is your (. . .'s) current marital status?
(Mark one only.)

01 Married
02 Common-law
03 Living with a partner
04 Single (never married)
05 Widowed
06 Separated
07 Divorced
08 Don't know

Go to C5

C4. Does your (. . .'s) husband / wife / partner also live in this facility?

1 Yes
2 No
C5. Do you (Does . . .) have a room by yourself (him / herself)?

3 Yes
4 No

C6. Do you (Does . . .) have a telephone in your (his / her) room?

5 Yes
6 No

C7. When were you (was . . .) admitted to this facility?
(The most recent admission if admitted more than once.)

DH18_MOA ___ (2 chars.)
Month

DH18_YOB 19 ___ (4 chars.)
Year
D. General Health

This part of the survey deals with various aspects of your ( . . ‘s) health. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

D1. In general, would you say your ( . . ‘s) health is:  
(Mark one only.)
01 excellent?
02 very good?
03 good?
04 fair?
05 poor?
E. **Health Status**

The next set of questions asks about your (. . .’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 (. . .), but it is important that we ask the same questions of everyone.

**Vision**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E1. <strong>Are you (Is . . .) usually able to see well enough to read ordinary newsprint <strong>without</strong> glasses or contact lenses?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td>Go to E4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E2. <strong>Are you (Is . . .) usually able to see well enough to read ordinary newsprint <strong>with</strong> glasses or contact lenses?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Yes</td>
<td></td>
<td>Go to E4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E3. <strong>Are you (Is . . .) able to see at all?</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>5 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 No</td>
<td></td>
<td>Go to E6 - Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4. <strong>Are you (Is . . .) able to see well enough <strong>without</strong> glasses or contact lenses to recognize a friend on the other side of the street (across the room)?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Yes</td>
<td></td>
<td>Go to E6 - Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E5. <strong>Are you (Is . . .) usually able to see well enough <strong>with</strong> glasses or contact lenses to recognize a friend on the other side of the street (across the room)?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Hearing

**E6.** Are you (Is ...) usually able to hear what is said in a group conversation with at least three other people **without** a hearing aid?

<p>| | |</p>
<table>
<thead>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>No</td>
</tr>
</tbody>
</table>

**E7.** Are you (Is ...) usually able to hear what is said in a group conversation with at least three other people, **with** a hearing aid?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>No</td>
</tr>
</tbody>
</table>

**E8.** Are you (Is ...) able to hear at all?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>No</td>
</tr>
</tbody>
</table>

**E9.** Are you (Is ...) usually able to hear what is said in a conversation with one other person in a quiet room **without** a hearing aid?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

**E10.** Are you (Is ...) usually able to hear what is said in a conversation with one other person in a quiet room, **with** a hearing aid?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>No</td>
</tr>
</tbody>
</table>
Speech

E11. Are you (Is . . .) usually able to be understood completely when speaking with strangers in your (. . .'s) own language?

5 Yes Go to E15 - Getting Around
6 No

E12. Are you (Is . . .) able to be understood partially when speaking with strangers?

HSI8_12
7 Yes
8 No

E13. Are you (Is . . .) able to be understood completely when speaking with those who know you (him / her) well?

HSI8_13
1 Yes Go to E15 - Getting Around
2 No

E14. Are you (Is . . .) able to be understood partially when speaking with those who know you (him / her) well?

HSI8_14
3 Yes
4 No
Getting Around

E15. Are you (Is . . .) usually able to walk around without difficulty and without mechanical support such as braces, a cane or crutches?

5 Yes  Go to E22 - Agility
6 No

E16. Are you (Is . . .) able to walk at all?

7 Yes  Go to E19
8 No

E17. Do you (Does . . .) require mechanical support such as braces, a cane or crutches to be able to walk around?

1 Yes
2 No

E18. Do you (Does . . .) require the help of another person to be able to walk?

3 Yes
4 No

E19. Do you (Does . . .) require a wheelchair to get around?

5 Yes  Go to E22 - Agility
6 No

E20. How often do you (does . . .) use a wheelchair? (Mark one only.)

1 Always
2 Often
3 Sometimes
4 Never

E21. Do you (Does . . .) need the help of another person to get around in the wheelchair?

5 Yes
6 No
Agility

E22. Do you (Does...) have any physical difficulty cutting your (his / her) own toenails?

7 Yes
8 No

Hands and Fingers

E23. Are you (Is . . .) usually able to grasp and handle small objects such as a pencil or scissors?

1 Yes  Go to E27 - Feelings
2 No

E24. Do you (Does . . .) require the help of another person because of limitations in the use of hands or fingers?

3 Yes  Go to E26
4 No

E25. Do you (Does . . .) require the help of another person with:

(Mark one only.)

5 some tasks?
6 most tasks?
7 almost all tasks?
8 all tasks?

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

1 Yes
2 No
Feelings

E27. Would you describe yourself ( . . . ) as being usually:
(Mark one only.)

3 happy and interested in life?
4 somewhat happy?
5 somewhat unhappy?
6 unhappy with little interest in life?
7 so unhappy that life is not worthwhile?

Memory

E28. How would you describe your ( . . . ’s) usual ability to remember things? Are you (Is . . .):
(Mark one only.)

01 able to remember most things? Go to E30 - Thinking
02 somewhat forgetful?
03 very forgetful?
04 unable to remember anything at all? Go to E30 - Thinking

E29. Is this a problem with short-term memory, with long-term memory, or both short and long-term memory? (By short-term, we mean yesterday and today. By long-term, we mean remembering events that happened last year or many years ago.)
(Mark one only.)

05 Short-term memory only
06 Long-term memory only
07 Both short-term and long-term memory

Thinking

E30. How would you describe your ( . . . ’s) usual ability to think and solve day-to-day problems? Are you (Is . . .):
(Mark one only.)

1 able to think clearly and solve problems?
2 having a little difficulty?
3 having some difficulty?
4 having a great deal of difficulty?
5 unable to think or solve problems?
Pain and Discomfort

E31. Are you (Is . . .) usually free of pain or discomfort?

6 Yes Go to Section F - Chronic Conditions
7 No

E32. How would you describe the usual intensity of your (. . .'s) pain or discomfort?
(Mark one only.)

1 Mild
2 Moderate
3 Severe

E33. How many activities does your (. . .'s) pain or discomfort prevent?
(Mark one only.)

4 None
5 A few
6 Some
7 Most
F. Chronic Conditions

Now I’d like to ask about any chronic health conditions you (. . .) may have that have been diagnosed by a health professional. Chronic or “long-term conditions” refer to conditions that have lasted, or are expected to last, 6 months or more.

F1. Do you (Does . . .) have any of the following long-term conditions that have been diagnosed by a health professional?  

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCI8_1A</td>
<td>Arthritis or rheumatism</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>CCI8_1B</td>
<td>High blood pressure (hypertension)</td>
<td>04</td>
<td>05</td>
<td>06</td>
</tr>
<tr>
<td>CCI8_1C</td>
<td>Asthma</td>
<td>07</td>
<td>08</td>
<td>09</td>
</tr>
<tr>
<td>CCI8_1D</td>
<td>Chronic bronchitis or emphysema</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>CCI8_1E</td>
<td>Diabetes</td>
<td>13</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>CCI8_1F</td>
<td>Epilepsy</td>
<td>16</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>CCI8_1G</td>
<td>Heart disease</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>CCI8_1H</td>
<td>Effects of stroke (such as paralysis or speech problems)</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>CCI8_1I</td>
<td>Paralysis, partial or complete, other than the effects of a stroke</td>
<td>25</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>CCI8_1J</td>
<td>Urinary incontinence, that is, difficulty controlling bladder</td>
<td>28</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>CCI8_1K</td>
<td>Difficulty controlling bowels</td>
<td>31</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td>CCI8_1L</td>
<td>Alzheimer’s disease or any other dementia</td>
<td>34</td>
<td>35</td>
<td>36</td>
</tr>
<tr>
<td>CCI8_1M</td>
<td>Osteoporosis or brittle bones</td>
<td>37</td>
<td>38</td>
<td>39</td>
</tr>
<tr>
<td>CCI8_1N</td>
<td>Cataracts</td>
<td>40</td>
<td>41</td>
<td>42</td>
</tr>
<tr>
<td>CCI8_1O</td>
<td>Glaucoma</td>
<td>43</td>
<td>44</td>
<td>45</td>
</tr>
<tr>
<td>CCI8_1P</td>
<td>Stomach or intestinal ulcers</td>
<td>46</td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td>CCI8_1Q</td>
<td>Kidney failure or disease</td>
<td>49</td>
<td>50</td>
<td>51</td>
</tr>
<tr>
<td>CCI8_1R</td>
<td>A bowel disorder such as Crohn’s disease or colitis</td>
<td>52</td>
<td>53</td>
<td>54</td>
</tr>
<tr>
<td>CCI8_1S</td>
<td>A thyroid condition</td>
<td>55</td>
<td>56</td>
<td>57</td>
</tr>
<tr>
<td>CCI8_1T</td>
<td>A developmental delay (such as autism, Down’s Syndrome, mental retardation)</td>
<td>58</td>
<td>59</td>
<td>60</td>
</tr>
<tr>
<td>CCI8_1U</td>
<td>Schizophrenia, depression, psychosis or other mental illness</td>
<td>61</td>
<td>62</td>
<td>63</td>
</tr>
<tr>
<td>CCI8_1V</td>
<td>Cancer</td>
<td>64</td>
<td>65</td>
<td>66</td>
</tr>
<tr>
<td>CCI8_1W</td>
<td>Any other long-term condition that has been diagnosed by a health professional</td>
<td>67</td>
<td>68</td>
<td>69</td>
</tr>
</tbody>
</table>

----------------------------------------------- (50 chars.)
G. Restriction of Activities

The next few questions deal with any health limitations which affect your (. . .'s) daily activities. Again, “long-term conditions” refer to conditions that have lasted or are expected to last 6 months or more.

G1. Because of a long-term physical or mental condition or a health problem, are you (is . . .) limited in the kind or amount of activity you (he / she) can do:

   Yes  No

   a) within the residence or institution?  1  2

   b) outside the residence or institution in activities such as travel, recreation or leisure?  3  4

G2. Do you (Does . . .) have any long-term disabilities or handicaps?

   Yes  No

   5  Yes

   6  No

   Interviewer:

   If “YES” to at least one of G1a, G1b, or G2  Go to G3

   Otherwise  Go to G8

G3. What is the main condition or health problem causing you (. . .) to be limited in your (his / her) activities or to have a long-term disability or handicap?  (Specify one condition / health problem)

   ____________________________________________ (25 chars.)

G4. Which one of the following is the best description of the cause of this condition?  (Mark main cause only)

   1  Injury

   2  Existed at birth

   3  Work environment

   4  Disease or illness

   5  Natural aging process

   6  Psychological or physical abuse

   7  Other - Specify

   ____________________________________________ (26 chars.)
G5. Do you (Does . . .) have another long-term condition or health problem causing you (. . .) to be limited in your (his / her) activities or to have a long-term disability or handicap?

8  Yes
9  No  Go to G8

G6. What is this condition or health problem?
(Specify the second main condition / health problem)

______________________________  (25 chars.)

G7. Which one of the following is the best description of the cause of this condition?
(Mark main cause only.)

1  Injury
2  Existed at birth
3  Work environment
4  Disease or illness
5  Natural aging process
6  Psychological or physical abuse
7  Other - Specify

______________________________  (26 chars.)

G8. The next few questions may not apply to you (. . .) but we need to ask the same questions of everyone. Because of any condition or health problem, do you (does . . .) need the help of another person with:

Yes  No

a) personal care such as bathing, dressing or eating?  01  02
b) moving about INSIDE the residence or institution?  03  04
c) moving about OUTSIDE the residence or institution?  05  06
d) getting in and out of bed?  07  08
e) getting in or out of a chair or wheelchair?  09  10

G9. Are you (Is . . .) usually confined to a bed or chair for most of the day because of your (his / her) health?

1  Yes
2  No
### H. Balance

#### H1. During the past 12 months, have you (has . . .) fallen?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Go to Section I - Smoking

#### H2. How many times have you (has . . .) fallen?

(Mark one only.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Once</td>
</tr>
<tr>
<td>7</td>
<td>Twice</td>
</tr>
<tr>
<td>8</td>
<td>3 to 5 times</td>
</tr>
<tr>
<td>9</td>
<td>6 or more times</td>
</tr>
</tbody>
</table>

#### H3. Remember, we are talking about falls that occurred in the past 12 months. Were you (Was . . .) injured as a result of falling?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

Go to H5

#### H4. What was the most serious injury you (. . .) had as a result of falling?

(Mark one only.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Broken or fractured hip</td>
</tr>
<tr>
<td>4</td>
<td>Break or fracture of bone or joint other than hip</td>
</tr>
<tr>
<td>5</td>
<td>Bruise, scrape or cut</td>
</tr>
<tr>
<td>6</td>
<td>Sprain or strain of joint or back</td>
</tr>
<tr>
<td>7</td>
<td>Lost consciousness or suffered a concussion</td>
</tr>
<tr>
<td>8</td>
<td>Other injury - Specify</td>
</tr>
</tbody>
</table>

(26 chars.)

#### H5. What caused you (. . .) to fall?

(Mark all that apply.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FLI8_5A</td>
<td>Dizziness / fainted</td>
</tr>
<tr>
<td>FLI8_5B</td>
<td>Illness</td>
</tr>
<tr>
<td>FLI8_5C</td>
<td>Weakness / frailty</td>
</tr>
<tr>
<td>FLI8_5D</td>
<td>Problems with balance</td>
</tr>
<tr>
<td>FLI8_5E</td>
<td>Fell asleep</td>
</tr>
<tr>
<td>FLI8_5F</td>
<td>Reaction to medication</td>
</tr>
<tr>
<td>FLI8_5G</td>
<td>Poor eyesight</td>
</tr>
<tr>
<td>FLI8_5H</td>
<td>Tripped over or bumped into an object</td>
</tr>
<tr>
<td>FLI8_5I</td>
<td>Misjudged distance</td>
</tr>
<tr>
<td>FLI8_5J</td>
<td>Other cause - Specify</td>
</tr>
</tbody>
</table>

(26 chars.)
I. Smoking

The next few questions are about smoking.

J1. At the present time do you (does . . .) smoke cigarettes daily, occasionally or not at all? (Mark one only.)
   1 Daily
   2 Occasionally Go to I5
   3 Not at all Go to I4

I2. At what age did you ( . . .) begin smoking cigarettes daily?
   ___ years old
   (3 chars.)
   997 Don't know

I3. How many cigarettes do you (does . . .) smoke each day now?
   ___ cigarettes
   (3 chars.)
   Go to Section J - Alcohol
   997 Don't know

I4. Have you (Has . . .) ever smoked cigarettes at all?
   4 Yes
   5 No Go to Section J - Alcohol
   6 Don't know

I5. Have you (Has . . .) ever smoked cigarettes daily?
   7 Yes
   8 No Go to Section J - Alcohol
   9 Don't know

I6. At what age did you ( . . .) begin to smoke (cigarettes) daily?
   ___ years old
   (3 chars.)
   997 Don't know

I7. At what age did you ( . . .) stop smoking (cigarettes) daily?
   ___ years old
   (3 chars.)
   997 Don't know
J. Alcohol

Now, some questions about 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 wine cooler;
- one drink or cocktail with 1 and 1/2 ounces of liquor.

J1. During the past 12 months, have you (has . . .) had a drink of beer, wine, liquor or any other alcoholic beverage?

1. Yes  Go to J3
2. No

J2. Have you (Has . . .) ever had a drink?

3. Yes  Go to J4
4. No
5. Don’t know  Go to Section K - Social Support

J3. During the past 12 months, how often did you (. . .) drink alcoholic beverages? (Mark one only.)

01 Less than once a month
02 Once a month
03 2 to 3 times a month
04 Once a week
05 2 to 3 times week
06 4 to 6 times a week
07 Every day

J4. Did you (. . .) ever regularly drink more than 12 drinks a week?

6. Yes  Go to Section K
7. No
8. Don’t know
K. Social Support

Now, some questions about your (. . .’s) contact with different groups and support from family and friends.

K1. Do you (Does . . .) belong to any groups or participate in group activities INSIDE this facility such as a social club, a hobby group, or religious services or meetings?

1   Yes
2   No  Go to K3

K2. How often did you (. . .) participate in meetings or activities of these groups in the past 12 months? If you belong (. . . belongs) to many, just think of the one in which you are (he / she is) most active.  
(Mark one only.)

3   Every day
4   At least once a week
5   At least once a month
6   Less than once a month
7   Not at all

K3. Do you (Does . . .) take part in any one-to-one activities with a volunteer, therapist or other staff member?

8   Yes
9   No  Go to K5

K4. How often did you (. . .) participate in these one-to-one activities in the past 12 months?  
(Mark one only.)

1   Every day
2   At least once a week
3   At least once a month
4   Less than once a month
5   Not at all

K5. How many relatives do you (does . . .) feel close to?

___ close relatives  
(2 chars.)

If None Enter 00 and Go to K7
K6. During the past 12 months how often did you (. . .) see any of these relatives? (Mark one only.)

1. Every day
2. At least once a week
3. At least once a month
4. Less than once a month
5. Not at all

K7. Now a few questions about close friends. By close friends, we mean people that you feel (. . . feels) at ease with, can talk to about private matters or can call upon for help. Not counting relatives or staff, how many close friends do you (does . . .) have living INSIDE this facility?

___ close friends living INSIDE this facility (2 chars.)
If None Enter 00

K8. Again, not counting relatives or staff, how many close friends do you (does . . .) have living OUTSIDE this facility?

___ close friends living OUTSIDE this facility (2 chars.)
If None Enter 00 and Go to K9i

K9. During the past 12 months, how often did you (. . .) see your (his / her) close friends living OUTSIDE this facility? That is, how often did they visit you (. . .) or you (. . .) visit them? (Mark one only.)

1. Every day
2. At least once a week
3. At least once a month
4. Less than once a month
5. Not at all

K9i. Interviewer:
If K5=00 AND K8=00 Go to K11
K10. Of your (. . .‘s) friends or relatives living OUTSIDE this facility, whom did you (did . . .) see most often during the past 12 months?  
(Mark one only.)  

01 Husband / wife / partner  
02 Daughter / daughter-in-law  
03 Son / son-in-law  
04 Parent / parent-in-law  
05 Brother / sister  
06 Grandchild  
07 Other family member  
08 Friend  
09 Neighbour  
10 Other - Specify  

______________________________  (26 chars.)

K11. How many staff members of this facility do you (does . . .) have a close relationship with, that is, feel at ease with or can talk to about private matters?  

_ _ staff members  
(2 chars.)  
If none Enter 00

K12. During the past 12 months, how often did you (. . .) leave this facility for social or recreational purposes, such as outings, visits or trips. Do not include trips to obtain medical care or treatment.  
(Mark one only.)  

1 Every day  
2 At least once a week  
3 At least once a month  
4 Less than once a month  
5 Not at all  

Go to K14
K13. While you were (. . . was) outside the facility during these outings, did you (. . .):

<table>
<thead>
<tr>
<th>a) visit friends or relatives?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) go shopping?</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>c) attend social events or religious services?</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>d) go to the library?</td>
<td>05</td>
<td>06</td>
</tr>
<tr>
<td>e) go to the movies?</td>
<td>07</td>
<td>08</td>
</tr>
<tr>
<td>f) go to a beauty shop?</td>
<td>09</td>
<td>10</td>
</tr>
<tr>
<td>g) attend music or craft classes?</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>h) go to a community club (bridge club, senior citizen club)?</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>i) go for a walk?</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>j) go for a drive?</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>k) go out for lunch or dinner?</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>l) do something else?</td>
<td>21</td>
<td>22</td>
</tr>
</tbody>
</table>

Specify (25 chars.)

K14. Can you (. . .) change your (his / her) daily schedule, for example, choosing when to go to bed, when to get up, when to eat meals? Would you say your (. . .'s) daily schedule:

(Mark one only.)

1 is very flexible
2 has some flexibility
3 has no flexibility, is very rigid

K15. How often do you (does . . .) speak on the telephone with a friend or relative?

(Mark one only.)

4 Every day
5 At least once a week
6 At least once a month
7 Less often than once a month
8 Not at all
L. Socio-demographic Characteristics

Now I’d like to ask some general questions which will allow us to study the relationship between health and factors which may be related to health.

Income

L1. Thinking about your (. . ’s) own personal income, from which of the following sources did you (. . ) receive any income in the past 12 months?
(Mark all that apply.)

01 Old Age Security
02 Benefits from Canada or Quebec Pension Plan
03 Guaranteed Income Supplement
04 Retirement pensions, superannuation and annuities
05 Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.
06 Provincial or municipal social assistance or welfare
07 Wages, salaries, or income from self employment
08 Other income (e.g. Worker’s Compensation, Employment Insurance, rental income, scholarships, other government income, alimony, child support, etc.)
09 None
10 Don’t know

Go to Section M - Contact Information

L2. What is your best estimate of your (. . ’s) total personal income before taxes and deductions from all sources in the past 12 months? Was your (. . ’s) total personal income:
(Mark one only.)

1 Less than $5,000?
2 $5,000 to less than $10,000?
3 $10,000 to less than $15,000?
4 $15,000 to less than $20,000?
5 $20,000 to less than $30,000?
6 $30,000 to less than $40,000?
7 $40,000 or more?
8 Don’t know
M. Contact Information

This survey is part of a longer-term study to look at the health of Canadians. We will need to re-contact you ( . . .) two years from now to ask a few more questions about your ( . . .'s) health. We would like the name, address and phone number of two friends or relatives (of . . .) we could call in case there are difficulties in reaching you ( . . .). This would only be used to help us make contact with you ( . . .).

First Contact Person

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CII8 1A</td>
<td>CII8 1B</td>
<td>CII8 2A</td>
<td>CII8 2B</td>
<td>CII8 3</td>
<td>CII8 4</td>
<td>CII8 4P</td>
<td>CII8 5</td>
<td>CII8 6</td>
</tr>
<tr>
<td>First name</td>
<td>Last name</td>
<td>Street / R.R.</td>
<td>Apartment</td>
<td>City</td>
<td>Postal Code</td>
<td>Province Code</td>
<td>Telephone Number (including area code)</td>
<td>How is this person related to you ( . . .)?</td>
</tr>
<tr>
<td>(25 chars.)</td>
<td>(25 chars.)</td>
<td>(50 chars.)</td>
<td>(15 chars.)</td>
<td>(25 chars.)</td>
<td>(6 chars.)</td>
<td>(2 chars.)</td>
<td>(10 chars.)</td>
<td>(Mark one only.)</td>
</tr>
</tbody>
</table>

01 Husband / wife / partner
02 Daughter / daughter-in-law
03 Son / son-in-law
04 Parent / parent-in-law
05 Brother / sister
06 Grandchild
07 Other family member
08 Friend
09 Employee of facility
10 Other - Specify

(26 chars.)
### Second Contact Person

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>M10. First name</td>
<td>________________ (25 chars.)</td>
</tr>
<tr>
<td>M11. Last name</td>
<td>________________ (25 chars.)</td>
</tr>
<tr>
<td>M12. Street / R.R.</td>
<td>________________ (50 chars.)</td>
</tr>
<tr>
<td>M13. Apartment</td>
<td>________________ (15 chars.)</td>
</tr>
<tr>
<td>M14. City</td>
<td>________________ (25 chars.)</td>
</tr>
<tr>
<td>M15. Postal Code</td>
<td>___________ (6 chars.)</td>
</tr>
<tr>
<td>M16. Province Code</td>
<td>___ (2 chars.)</td>
</tr>
<tr>
<td>M17. Telephone Number (including area code)</td>
<td><em><strong><strong>-</strong></strong></em>_ (10 chars.)</td>
</tr>
<tr>
<td>M18. How is this person related to you (. . .)? (Mark one only.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01 Husband / wife / partner</td>
</tr>
<tr>
<td></td>
<td>02 Daughter / daughter-in-law</td>
</tr>
<tr>
<td></td>
<td>03 Son / son-in-law</td>
</tr>
<tr>
<td></td>
<td>04 Parent / parent-in-law</td>
</tr>
<tr>
<td></td>
<td>05 Brother / sister</td>
</tr>
<tr>
<td></td>
<td>06 Grandchild</td>
</tr>
<tr>
<td></td>
<td>07 Other family member</td>
</tr>
<tr>
<td></td>
<td>08 Friend</td>
</tr>
<tr>
<td></td>
<td>09 Employee of facility</td>
</tr>
<tr>
<td></td>
<td>10 Other - Specify</td>
</tr>
</tbody>
</table>

For information only
Interviewer:

If interviewing the RESPONDENT or a "next-of-kin proxy" 3  
Ask N1, N2 and N3

If interviewing a "staff member or other proxy" 4  
Refer to the consent information in Section B to complete N1 (=B1), N2 (=B2) and N3 (=B3)

N1. We are asking your permission to obtain the following information from the staff of this facility (the facility in which . . . lives).

First, we would like to ask the number and names of the medications you take (. . . takes), both prescription and over-the-counter.

Second, we would like to ask about how often you see or contact (. . . sees or contacts) health professionals, such as doctors, therapists and dentists.

Do we have your permission?

1  Yes
2  No

N2. We are also seeking your permission to link information collected during this interview with health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, physician’s offices or other services provided by the province. This information will be used for statistical purposes only.

Do we have your permission?

3  Yes
4  No

N3. To avoid duplication, Statistics Canada intends to share the information from all interviews conducted as part of this survey with provincial ministries of health, Health Canada and Human Resources Development Canada. These organizations have undertaken to keep this information confidential and use it only for statistical purposes.

Do you agree to share the information provided?

5  Yes
6  No

Interviewer:
Thank respondent and END interview.

If N1 is “yes”  
Arrange and complete an interview with a staff member of the facility to collect information on drug use and health care utilization (Sections O and P).
O. Drug Use

We have the permission of Name of resident ( . . .’s next of kin) to obtain information from you about his / her use of medications and contact with health professionals.

O1. Now, I am referring to yesterday and the day before yesterday. During those two days, how many different medications, both prescription and over-the-counter, did . . . take?

_ _ different medications
(2 chars.)

If None Enter 00 and Go to Section P - Health Care Utilization

O2. What is the exact name of the medication that . . . took in the last two days?
(Ask the person to look at the bottle, tube, or box.)
Report a maximum of 12 medications.)

a) ___________________________ (25 chars.)
b) ___________________________ (25 chars.)
c) ___________________________ (25 chars.)
d) ___________________________ (25 chars.)
e) ___________________________ (25 chars.)
f) ___________________________ (25 chars.)
g) ___________________________ (25 chars.)
h) ___________________________ (25 chars.)
i) ___________________________ (25 chars.)
j) ___________________________ (25 chars.)
k) ___________________________ (25 chars.)
l) ___________________________ (25 chars.)
P. Health Care Utilization

P1. Now some questions on contacts with health care professionals. In the past 12 months how often has . . . seen or talked to the following types of health care providers about his / her physical, emotional or mental health:

<table>
<thead>
<tr>
<th></th>
<th>Every day</th>
<th>At least once a week</th>
<th>At least once a month</th>
<th>Less than once a month</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) general practitioner?</td>
<td>01 02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td></td>
</tr>
<tr>
<td>b) eye specialist (such as ophthalmologist or optometrist)?</td>
<td>06 07</td>
<td>08</td>
<td>09</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>c) other medical doctor (such as geriatrician, surgeon, psychiatrist)?</td>
<td>11 12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>d) nurse for care or advice?</td>
<td>16 17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>e) physiotherapist?</td>
<td>21 22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>f) speech or audiology therapist?</td>
<td>26 27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>g) occupational therapist?</td>
<td>31 32</td>
<td>33</td>
<td>34</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>h) respiratory therapist?</td>
<td>36 37</td>
<td>38</td>
<td>39</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>i) dentist, denture therapist or dental hygienist?</td>
<td>41 42</td>
<td>43</td>
<td>44</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>j) psychologist?</td>
<td>46 47</td>
<td>48</td>
<td>49</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>k) social worker or counselor?</td>
<td>51 52</td>
<td>53</td>
<td>54</td>
<td>55</td>
<td></td>
</tr>
</tbody>
</table>

P2. In the past 12 months has . . . been temporarily transferred to an acute (short-term) care facility for a period of less than 21 days?

1. Yes
2. No

Thank respondent and END interview.
HOUSEHOLD RESPONDENTS

CC. Selected Respondent Information

CC1. Interviewer:
Who is completing the questionnaire?
(Mark one only.)

7 Selected respondent (Non-proxy)
8 Family member (Proxy)
9 Other (Proxy)

CC2. I would like to confirm that I have the correct spelling of your (. . .'s) name. Is it (read label)?
(Correct below if necessary.)

1 Same as on label
   OR
2 Given name and initial
   (25 chars.)
3 Last name
   (26 chars.)

CC3. What is your (. . .'s) current marital status?
(Mark one only.)

01 Married
02 Common-law
03 Living with a partner
04 Single (never married)
05 Widowed
06 Separated
07 Divorced
08 Don't know
DD.  General Health

This part of the survey deals with various aspects of your (. . .’s) health. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

DD1. In general, would you say your (. . .’s) health is:

(Mark one only.)

01 excellent?
02 very good?
03 good?
04 fair?
05 poor?
EE. Health Status

The next set of questions asks about your (. . .’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 (. . .), but it is important that we ask the same questions of everyone.

Vision

EE1. Are you (Is . . .) usually able to see well enough to read ordinary newsprint without glasses or contact lenses?
   1 Yes  Go to EE4
   2 No

EE2. Are you (Is . . .) usually able to see well enough to read ordinary newsprint with glasses or contact lenses?
   3 Yes  Go to EE4
   4 No

EE3. Are you (Is . . .) able to see at all?
   5 Yes
   6 No  Go to EE6 - Hearing

EE4. Are you (Is . . .) able to see well enough without glasses or contact lenses to recognize a friend on the other side of the street (across the room)?
   7 Yes  Go to EE6 - Hearing
   8 No

EE5. Are you (Is . . .) usually able to see well enough with glasses or contact lenses to recognize a friend on the other side of the street (across the room)?
   1 Yes
   2 No
### Hearing

**EE6.** Are you (Is . . .) usually able to hear what is said in a group conversation with at least three other people without a hearing aid?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>No</td>
</tr>
</tbody>
</table>

**EE7.** Are you (Is . . .) usually able to hear what is said in a group conversation with at least three other people, with a hearing aid?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>No</td>
</tr>
</tbody>
</table>

**EE8.** Are you (Is . . .) able to hear at all?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>No</td>
</tr>
</tbody>
</table>

**EE9.** Are you (Is . . .) usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

**EE10.** Are you (Is . . .) usually able to hear what is said in a conversation with one other person in a quiet room, with a hearing aid?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>No</td>
</tr>
</tbody>
</table>
Speech

EE11. Are you (Is . . .) usually able to be understood completely when speaking with strangers in our (. . .'s) own language?
   5 Yes Go to EE15 - Getting Around
   6 No

EE12. Are you (Is . . .) able to be understood partially when speaking with strangers?
   7 Yes
   8 No

EE13. Are you (Is . . .) able to be understood completely when speaking with those who know you (him / her) well?
   1 Yes Go to EE15 - Getting Around
   2 No

EE14. Are you (Is . . .) able to be understood partially when speaking with those who know you (him / her) well?
   3 Yes
   4 No
Getting Around

EE15. Are you (Is . . .) usually able to walk around without difficulty and without mechanical support such as braces, a cane or crutches?

5 Yes  Go to EE22 - Agility
6 No

EE16. Are you (Is . . .) able to walk at all?

7 Yes  Go to EE19
8 No

EE17. Do you (Does . . .) require mechanical support such as braces, a cane or crutches to be able to walk around?

1 Yes
2 No

EE18. Do you (Does . . .) require the help of another person to be able to walk?

3 Yes
4 No

EE19. Do you (Does . . .) require a wheelchair to get around?

5 Yes  Go to EE22 - Agility
6 No

EE20. How often do you (does . . .) use a wheelchair? (Mark one only.)

1 Always
2 Often
3 Sometimes
4 Never

EE21. Do you (Does . . .) need the help of another person to get around in the wheelchair?

5 Yes
6 No
Agility

EE22. Do you (Does . . .) have any physical difficulty cutting your (his / her) own toenails?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>No</td>
</tr>
</tbody>
</table>

Hands and Fingers

EE23. Are you (Is . . .) usually able to grasp and handle small objects such as a pencil or scissors?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes  Go to EE27 - Feelings</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

EE24. Do you (Does . . .) require the help of another person because of limitations in the use of hands or fingers?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Yes  Go to EE26</td>
</tr>
<tr>
<td>4</td>
<td>No</td>
</tr>
</tbody>
</table>

EE25. Do you (Does . . .) require the help of another person with:

(Mark one only.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>some tasks?</td>
</tr>
<tr>
<td>6</td>
<td>most tasks?</td>
</tr>
<tr>
<td>7</td>
<td>almost all tasks?</td>
</tr>
<tr>
<td>8</td>
<td>all tasks?</td>
</tr>
</tbody>
</table>

EE26. Do you (Does . . .) require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>
Feelings

EE27.  
Would you describe yourself ( . . .) as being usually:  
(Mark one only.)

3  happy and interested in life?  
4  somewhat happy?  
5  somewhat unhappy?  
6  unhappy with little interest in life?  
7  so unhappy that life is not worthwhile?

Memory

EE28.  
How would you describe your ( . . .'s) usual ability to remember things? Are you (Is . . .):  
(Mark one only.)

01  able to remember most things?  
02  somewhat forgetful?  
03  very forgetful?  
04  unable to remember anything at all?  

EE29.  
Is this a problem with short-term memory, with long-term memory, or both short and long-term memory?  
(By short-term, we mean yesterday and today. By long-term, we mean remembering events that happened last year or many years ago.)  
(Mark one only.)

05  Short-term memory only  
06  Long-term memory only  
07  Both short-term and long-term memory
Thinking

EE30. How would you describe your (. . .')s usual ability to think and solve day-to-day problems?
Are you (Is . . .):
(Mark one only.)
1 able to think clearly and solve problems?
2 having a little difficulty?
3 having some difficulty?
4 having a great deal of difficulty?
5 unable to think or solve problems?

Pain and Discomfort

EE31. Are you (Is . . .) usually free of pain or discomfort?
6 Yes Go to Section FF - Chronic Conditions
7 No

EE32. How would you describe the usual intensity of your (. . .')s pain or discomfort?
(Mark one only.)
1 Mild
2 Moderate
3 Severe

EE33. How many activities does your (. . .')s pain or discomfort prevent?
(Mark one only.)
4 None
5 A few
6 Some
7 Most
**FF. Chronic Conditions**

Now I’d like to ask about any chronic health conditions you (…) may have that have been diagnosed by a health professional. Chronic or “long-term conditions” refer to conditions that have lasted, or are expected to last, 6 months or more.

**FF1. Do you (Does . . .) have any of the following long-term conditions that have been diagnosed by a health professional?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCI8_1A</td>
<td>Arthritis or rheumatism</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>CCI8_1B</td>
<td>High blood pressure (hypertension)</td>
<td>04</td>
<td>05</td>
<td>06</td>
</tr>
<tr>
<td>CCI8_1C</td>
<td>Asthma</td>
<td>07</td>
<td>08</td>
<td>09</td>
</tr>
<tr>
<td>CCI8_1D</td>
<td>Chronic bronchitis or emphysema</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>CCI8_1E</td>
<td>Diabetes</td>
<td>13</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>CCI8_1F</td>
<td>Epilepsy</td>
<td>16</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>CCI8_1G</td>
<td>Heart disease</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>CCI8_1H</td>
<td>Effects of stroke (such as paralysis or speech problems)</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>CCI8_1I</td>
<td>Paralysis, partial or complete, other than the effects of a stroke</td>
<td>25</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>CCI8_1J</td>
<td>Urinary incontinence, that is, difficulty controlling bladder</td>
<td>28</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>CCI8_1K</td>
<td>Difficulty controlling bowels</td>
<td>31</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td>CCI8_1L</td>
<td>Alzheimer’s disease or any other dementia</td>
<td>34</td>
<td>35</td>
<td>36</td>
</tr>
<tr>
<td>CCI8_1M</td>
<td>Osteoporosis or brittle bones</td>
<td>37</td>
<td>38</td>
<td>39</td>
</tr>
<tr>
<td>CCI8_1N</td>
<td>Cataracts</td>
<td>40</td>
<td>41</td>
<td>42</td>
</tr>
<tr>
<td>CCI8_1O</td>
<td>Glaucoma</td>
<td>43</td>
<td>44</td>
<td>45</td>
</tr>
<tr>
<td>CCI8_1P</td>
<td>Stomach or intestinal ulcers</td>
<td>46</td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td>CCI8_1Q</td>
<td>Kidney failure or disease</td>
<td>49</td>
<td>50</td>
<td>51</td>
</tr>
<tr>
<td>CCI8_1R</td>
<td>A bowel disorder such as Crohn’s disease or colitis</td>
<td>52</td>
<td>53</td>
<td>54</td>
</tr>
<tr>
<td>CCI8_1S</td>
<td>A thyroid condition</td>
<td>55</td>
<td>56</td>
<td>57</td>
</tr>
<tr>
<td>CCI8_1T</td>
<td>A developmental delay (such as autism, Down’s Syndrome, mental retardation)</td>
<td>58</td>
<td>59</td>
<td>60</td>
</tr>
<tr>
<td>CCI8_1U</td>
<td>Schizophrenia, depression, psychosis or other mental illness</td>
<td>61</td>
<td>62</td>
<td>63</td>
</tr>
<tr>
<td>CCI8_1V</td>
<td>Cancer</td>
<td>64</td>
<td>65</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>Any other long-term condition that has been diagnosed by a health professional</td>
<td>67 Specify</td>
<td>68</td>
<td>69</td>
</tr>
</tbody>
</table>

(50 chars.)
GG. Restriction of Activities

The next few questions deal with any health limitations which affect your (. . .‘s) daily activities. Again, “long-term conditions” refer to conditions that have lasted or are expected to last 6 months or more.

G1. Because of a long-term physical or mental condition or a health problem, are you (is . . .) limited in the kind or amount of activity you (he / she) can do:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) at home?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b) in activities such as travel, recreation or leisure?</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

GG2. Do you (Does . . .) have any long-term disabilities or handicaps?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Interviewer:

If “YES” to at least one of GG1a, GG1b, or GG2

Go to GG3

Otherwise

Go to GG8

GG3. What is the main condition or health problem causing you (. . .) to be limited in your (his / her) activities or to have a long-term disability or handicap?

(Specify one condition / health problem)

(25 chars.)

GG4. Which one of the following is the best description of the cause of this condition?

(Mark main cause only)

1. Injury
2. Existed at birth
3. Work environment
4. Disease or illness
5. Natural aging process
6. Psychological or physical abuse
7. Other - Specify

(26 chars.)
GG5. Do you (Does . . .) have another long-term condition or health problem causing you (. . .) to be limited in your (his / her) activities or to have a long-term disability or handicap?

8 Yes
9 No Go to GG8

GG6. What is this condition or health problem?
(Specify the second main condition / health problem)

_________________________ (25 chars.)

GG7. Which one of the following is the best description of the cause of this condition?
(Mark main cause only.)

1 Injury
2 Existed at birth
3 Work environment
4 Disease or illness
5 Natural aging process
6 Psychological or physical abuse
7 Other - Specify

_________________________ (26 chars.)

GG8. The next few questions may not apply to you (. . .) but we need to ask the same questions of everyone. Because of any condition or health problem, do you (does . . .) need the help of another person with:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>personal care such as bathing, dressing or eating?</td>
<td>01</td>
</tr>
<tr>
<td>b)</td>
<td>moving about INSIDE your home?</td>
<td>03</td>
</tr>
<tr>
<td>c)</td>
<td>moving about OUTSIDE your home?</td>
<td>05</td>
</tr>
<tr>
<td>d)</td>
<td>getting in and out of bed?</td>
<td>07</td>
</tr>
<tr>
<td>e)</td>
<td>getting in or out of a chair or wheelchair?</td>
<td>09</td>
</tr>
</tbody>
</table>

GG9. Are you (Is . . .) usually confined to a bed or chair for most of the day because of your (his / her) health?

1 Yes
2 No
HH. **Balance**

**HH1.** During the past 12 months, have you (has . . .) fallen?

3 Yes
4 No
5 Don’t know

\[ \text{Go to Section II - Smoking} \]

**HH2.** How many times have you (has . . .) fallen?

(Mark one only.)

6 Once
7 Twice
8 3 to 5 times
9 6 or more times

**HH3.** Remember, we are talking about falls that occurred in the past 12 months. Were you (Was . . .) injured as a result of falling?

1 Yes
2 No

\[ \text{Go to HH5} \]

**HH4.** What was the most serious injury you (. . .) had as a result of falling?

(Mark one only.)

3 Broken or fractured hip
4 Break or fracture of bone or joint other than hip
5 Bruise, scrape or cut
6 Sprain or strain of joint or back
7 Lost consciousness or suffered a concussion
8 Other injury - Specify

\[ \text{Specify} \] (26 chars.)

**HH5.** What caused you (. . .) to fall?

(Mark all that apply.)

RAI8_5A
RAI8_5B
RAI8_5C
RAI8_5D
RAI8_5E
RAI8_5F
RAI8_5G
RAI8_5H
RAI8_5I
RAI8_5J

01 Dizziness / fainted
02 Illness
03 Weakness / frailty
04 Problems with balance
05 Fell asleep
06 Reaction to medication
07 Poor eyesight
08 Tripped over or bumped into an object
09 Misjudged distance
10 Other cause - Specify

\[ \text{Specify} \] (26 chars.)
II. Smoking

The next few questions are about smoking.

II1. At the present time do you (does ...) smoke cigarettes daily, occasionally or not at all? (Mark one only.)
   1 Daily
   2 Occasionally Go to II5
   3 Not at all Go to II4

II2. At what age did you ( ...) begin smoking cigarettes daily?
   _ _ _ years old (3 chars.)
   997 Don't know

II3. How many cigarettes do you (does ...) smoke each day now?
   _ _ _ cigarettes (3 chars.)
   997 Don't know Go to Section JJ - Alcohol

II4. Have you (Has ...) ever smoked cigarettes at all?
   4 Yes
   5 No Go to Section JJ - Alcohol
   6 Don't know

II5. Have you (Has ...) ever smoked cigarettes daily?
   7 Yes
   8 No Go to Section JJ - Alcohol
   9 Don't know

II6. At what age did you ( ...) begin to smoke (cigarettes) daily?
   _ _ _ years old (3 chars.)
   997 Don't know

II7. At what age did you ( ...) stop smoking (cigarettes) daily?
   _ _ _ years old (3 chars.)
   997 Don't know
JJ. Alcohol

Now, some questions about 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 wine cooler;
- one drink or cocktail with 1 and 1/2 ounces of liquor.

JJ1. During the past 12 months, have you (has . . .) had a drink of beer, wine, liquor or any other alcoholic beverage?

1  Yes          Go to JJ3
2  No

JJ2. Have you (Has . . .) ever had a drink?

3  Yes          Go to JJ4
4  No
5  Don't know    Go to Section LL - Socio-demographic Characteristics

JJ3. During the past 12 months, how often did you (. . .) drink alcoholic beverages? (Mark one only.)

01  Less than once a month
02  Once a month
03  2 to 3 times a month
04  Once a week
05  2 to 3 times week
06  4 to 6 times a week
07  Every day

JJ4. Did you (. . .) ever regularly drink more than 12 drinks a week?

6  Yes
7  No
8  Don't know
LL. Socio-demographic Characteristics

Now I'd like to ask some general questions which will allow us to study the relationship between health and factors which may be related to health.

Income

LL1. Thinking about your (. . .'s) own personal income, from which of the following sources did you (. . .) receive any income in the past 12 months? (Mark all that apply.)

01 Old Age Security
02 Benefits from Canada or Quebec Pension Plan
03 Guaranteed Income Supplement
04 Retirement pensions, superannuation and annuities
05 Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.
06 Provincial or municipal social assistance or welfare
07 Wages, salaries, or income from self employment
08 Other income (e.g. Worker’s Compensation, Employment Insurance, rental income, scholarships, other government income, alimony, child support, etc.)
09 None
10 Don’t know

Go to Section MM - Contact Information

LL2. What is your best estimate of your (. . .'s) total personal income before taxes and deductions from all sources in the past 12 months? Was your (. . .'s) total personal income: (Mark one only.)

1 Less than $5,000?
2 $5,000 to less than $10,000?
3 $10,000 to less than $15,000?
4 $15,000 to less than $20,000?
5 $20,000 to less than $30,000?
6 $30,000 to less than $40,000?
7 $40,000 or more?
8 Don’t know
MM. Contact Information

This survey is part of a longer-term study to look at the health of Canadians. We will need to re-contact you (. . .) two years from now to ask a few more questions about your (. . .’s) health. We would like the name, address and phone number of two friends or relatives (of . . .) we could call in case there are difficulties in reaching you (. . .). This would only be used to help us make contact with you (. . .).

First Contact Person

MM1. First name
CI18 1A ____________________________ (25 chars.)

MM2. Last name
CI18 1B ____________________________ (25 chars.)

MM3. Street / R.R.
CI18 2A ____________________________ (50 chars.)

MM4. Apartment
CI18 2B ____________________________ (15 chars.)

MM5. City
CI18 3 ____________________________ (25 chars.)

MM6. Postal Code
CI18 4 _______ (6 chars.)

MM7. Province Code
CI18 4P ___ (2 chars.)

MM8. Telephone Number (including area code)
CI18 5 ________-_______ (10 chars.)

MM9. How is this person related to you (. . .)? (Mark one only.)
CI18 6

01 Husband / wife / partner
02 Daughter / daughter-in-law
03 Son / son-in-law
04 Parent / parent-in-law
05 Brother / sister
06 Grandchild
07 Other family member
08 Friend
09 Employee of facility
10 Other – Specify

____________________________ (26 chars.)
Second Contact Person

MM10. First name

MM11. Last name

MM12. Street / R.R.

MM13. Apartment

MM14. City

MM15. Postal Code

MM16. Province Code

MM17. Telephone Number (including area code)

MM18. How is this person related to you (. . .)? (Mark one only.)

01 Husband / wife / partner
02 Daughter / daughter-in-law
03 Son / son-in-law
04 Parent / parent-in-law
05 Brother / sister
06 Grandchild
07 Other family member
08 Friend
09 Employee of facility
10 Other - Specify

______________________________________ (26 chars.)
OO. Drug Use

OO1. Now, I have a few questions about your (. . .’s) use of medications, both prescription and over-the-counter. I am referring to yesterday and the day before yesterday. During those two days, how many different medications, both prescription and over-the-counter, did you (. . .) take?

_different medications_ (2 chars.)

*If None Enter 00 and Go to Section PP - Health Care Utilization*

OO2. What is the exact name of the medication that you (. . .) took in the last two days? *(Ask the respondent to look at the bottle, tube, or box.)* *(Report a maximum of 12 medications.)*

- a) ________________________________ (25 chars.)
- b) ________________________________ (25 chars.)
- c) ________________________________ (25 chars.)
- d) ________________________________ (25 chars.)
- e) ________________________________ (25 chars.)
- f) ________________________________ (25 chars.)
- g) ________________________________ (25 chars.)
- h) ________________________________ (25 chars.)
- i) ________________________________ (25 chars.)
- j) ________________________________ (25 chars.)
- k) ________________________________ (25 chars.)
- l) ________________________________ (25 chars.)
PP. Health Care Utilization

PP1. Now some questions on contacts with health care professionals. In the past 12 months how often has . . . seen or talked to the following types of health care providers about his / her physical, emotional or mental health:

<table>
<thead>
<tr>
<th></th>
<th>Every day</th>
<th>At least once a week</th>
<th>At least once a month</th>
<th>Less than once a month</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a) general practitioner?</strong></td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
</tr>
<tr>
<td><strong>b) eye specialist (such as ophthalmologist or optometrist)?</strong></td>
<td>06</td>
<td>07</td>
<td>08</td>
<td>09</td>
<td>10</td>
</tr>
<tr>
<td><strong>c) other medical doctor (such as geriatrician, surgeon, psychiatrist)?</strong></td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td><strong>d) nurse for care or advice?</strong></td>
<td>16</td>
<td>17</td>
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<td><strong>e) physiotherapist?</strong></td>
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<td><strong>f) speech or audiology therapist?</strong></td>
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<td><strong>g) occupational therapist?</strong></td>
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<td><strong>h) respiratory therapist?</strong></td>
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<td><strong>i) dentist, denture therapist or dental hygienist?</strong></td>
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<td><strong>j) psychologist?</strong></td>
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<tr>
<td><strong>k) social worker or counselor?</strong></td>
<td>51</td>
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</tr>
</tbody>
</table>
QQ. Agreements

QQ2. We are seeking your permission to link information collected during this interview with provincial health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, physician’s offices or other services provided by the province. This information will be used for statistical purposes only.

Do we have your permission?

3 Yes
4 No

QQ3. To avoid duplication, Statistics Canada intends to share the information from all interviews conducted as part of this survey with provincial ministries of health, Health Canada and Human Resources Development Canada. These organizations have undertaken to keep this information confidential and use it only for statistical purposes.

Do you agree to share the information provided?

5 Yes
6 No

Interviewer:

Thank respondent and END interview.