

**CANADIAN COMMUNITY HEALTH SURVEY, CYCLE 1.2
MENTAL HEALTH AND WELL-BEING**

September, 2003

For information only

For information only

TABLE OF CONTENTS

HOUSEHOLD CONTACT AND DEMOGRAPHICS	1
GENERAL HEALTH.....	4
SCREENING SECTION.....	7
CHRONIC CONDITIONS	12
HEIGHT / WEIGHT.....	17
PHYSICAL ACTIVITIES.....	21
PSYCHOLOGICAL WELL-BEING MANIFESTATION SCALE	24
DISTRESS.....	29
STRESS.....	32
DEPRESSION	36
MANIA	73
PANIC DISORDER.....	96
SOCIAL PHOBIA.....	115
AGORAPHOBIA.....	131
ALCOHOL USE	146
ALCOHOL DEPENDENCE.....	149
ILLICIT DRUG USE AND DEPENDENCE.....	159
PATHOLOGICAL GAMBLING.....	171
EATING TROUBLES ASSESSMENT.....	181
RESTRICTION OF ACTIVITIES.....	187
TWO-WEEK DISABILITY.....	192
MENTAL HEALTH SERVICES.....	195
MEDICATION USE.....	224
SOCIAL SUPPORT	229
SOCIO-DEMOGRAPHIC CHARACTERISTICS	236
SPIRITUAL VALUES.....	239
LABOUR FORCE	241
WORK STRESS	249
INCOME	252
ADMINISTRATION.....	256
SHARING	259

For information only

HOUSEHOLD CONTACT AND DEMOGRAPHICS

Interviewer Introduction Block

II_Q01 **Hello, I'm ... from Statistics Canada.**
INTERVIEWER: Introduce yourself using both your given and last names.
Press <Enter> to continue.

Initial Contact Block

IC_Q01 **I'm calling regarding the Canadian Community Health Survey.**
INTERVIEWER: Press <Enter> to continue.

Language of Preference Block

LP_Q01 **Would you prefer to be interviewed in English or in French?**
ADMB_LHH

- 1 English
- 2 French
- 3 Other

(DK, R are not allowed)

Survey Introduction Block

INT_Q01 **The survey will collect information on the well-being of people in Canada, on the use of health services and on some of the factors that can affect physical and emotional health.**
INTERVIEWER: Press <Enter> to continue.

INT_Q02 **This voluntary survey is conducted under the authority of the Statistics Act. All the information you provide will be kept strictly confidential and will be used for statistical purposes only. Your participation is essential if the results are to be accurate. (Registration#: STC / HLT-082-75168)**
INTERVIEWER: Press <Enter> to continue.

Dwelling Type Block

DW_C01 If method of interview = Personal (CN_N01 = 2), go to DW_N02.

DW_Q01 **What type of dwelling do you live in? Is it a:**
DHHBDDWE INTERVIEWER: Read categories to respondent.

- 01 ... single detached?
 - 02 ... double?
 - 03 ... row or terrace?
 - 04 ... duplex?
 - 05 ... low-rise apartment of fewer than 5 stories or a flat?
 - 06 ... high-rise apartment of 5 stories or more?
 - 07 ... institution?
 - 08 ... hotel; rooming/lodging house; camp?
 - 09 ... mobile home?
 - 10 ... other – Specify
- DK, R

Or

DW_N02 **INTERVIEWER:** Select the dwelling type.

DHHBDDWE

- 01 Single detached
- 02 Double
- 03 Row or Terrace
- 04 Duplex
- 05 Low-rise apartment (fewer than 5 stories) or flat
- 06 High-rise apartment (5 stories or more)
- 07 Institution
- 08 Hotel; rooming/lodging house; camp
- 09 Mobile home
- 10 Other – Specify
DK, R

Tenure Block

TN_Q01 **Is this dwelling owned by a member of your household?**

DHHB_OWN

- 1 Yes
- 2 No

Number of Bedrooms Block

BD_Q01 **How many bedrooms are there in your dwelling?**

DHHB_BED

INTERVIEWER: Enter "0" if no separate, enclosed bedroom.

||| Number of bedrooms
(MIN: 0) (MAX: 20)

Age Block Without Confirmation

ANC_Q01 **What is [respondent name]'s date of birth?**

DHHB_DOB

DHHB_MOD

DHHB_YOB

Call the Date block.

ANC_Q03 **What is [respondent name]'s age?**

DHHB_AGE

||| Age in years
(MIN: 0) (MAX: 130)
(DK, R are not allowed)

Sex Block

SEX_Q01 **INTERVIEWER:** Enter [respondent name]'s sex.

DHHB_SEX

If necessary, ask: **(Is [respondent name] male or female?)**

- 1 Male
 - 2 Female
- (DK, R are not allowed)

Marital Status Block Without Confirmation

MSNC_Q01 **What is [respondent name]’s marital status? Is [he/she]:**
DHHB_MS **INTERVIEWER:** Read categories to respondent.

- 01 ... married?
- 02 ... living common-law?
- 03 ... widowed?
- 04 ... separated?
- 05 ... divorced?
- 06 ... single, never married?

Education Block

ED_Q01 **What is the highest grade of elementary or high school [respondent name]**
EDUB_1 **ever completed?**

- 1 Grade 8 or lower (Québec: Secondary II or lower) (Go to ED_Q03)
- 2 Grade 9 – 10 (Québec: Secondary III or IV, Newfoundland: 1st year of secondary) (Go to ED_Q03)
- 3 Grade 11 – 13 (Québec: Secondary V, Newfoundland: 2nd to 4th year of secondary) (Go to ED_Q03)
- DK, R (Go to ED_Q03)

ED_Q02 **Did [respondent name] graduate from high school (secondary school)?**
EDUB_2

- 1 Yes
- 2 No
- DK, R

ED_Q03 **Has [respondent name] received any other education that could be counted**
EDUB_3 **towards a degree, certificate or diploma from an educational institution?**

- 1 Yes
- 2 No
- DK, R

ED_Q04 **What is the highest degree, certificate or diploma [respondent name] has**
EDUB_4 **obtained?**

- 01 No post-secondary degree, certificate or diploma
- 02 Trade certificate or diploma from a vocational school or apprenticeship training
- 03 Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- 04 University certificate below bachelor’s level
- 05 Bachelor’s degree
- 06 University degree or certificate above bachelor’s degree
- DK, R

GENERAL HEALTH

GEN_QINT **This survey deals with various aspects of your 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 health in general. In general,**
GENB_01 **would you say your 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 health is now? Is it:**
GENB_02 **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_Q03 **How long do you usually spend sleeping each night?**
GENB_03 **INTERVIEWER:** Do not include time spent resting.

- 1 Under 2 hours
 - 2 2 hours to less than 3 hours
 - 3 3 hours to less than 4 hours
 - 4 4 hours to less than 5 hours
 - 5 5 hours to less than 6 hours
 - 6 6 hours to less than 7 hours
 - 7 7 hours to less than 8 hours
 - 8 8 hours to less than 9 hours
 - 9 9 hours to less than 10 hours
 - 10 10 hours to less than 11 hours
 - 11 11 hours to less than 12 hours
 - 12 12 hours or more
- DK, R

GEN_Q04
GENB_04

How often do you have trouble going to sleep or staying asleep?

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

GEN_Q05
GENB_05

How often do you find your sleep refreshing?

- 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

GEN_Q06
GENB_06

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

- 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

GEN_Q07
GENB_07

Thinking about the amount of stress in your life, would you say that most days are:

INTERVIEWER: Read categories to respondent.

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

GEN_C08 If age > 75, go to GEN_Q10.

GEN_Q08
GENB_08

Have you worked at a job or business at any time in the past 12 months?

- 1 Yes
 - 2 No (Go to GEN_Q10)
- DK, R (Go to GEN_Q10)

GEN_Q09
GENB_09

The next question is about your main job or business in the past 12 months. 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_Q10
GENB_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

Go to next module.

For information only

SCR_Q21
SCR_B_21 **Have you ever in your life had a period lasting several days or longer when most of the day you felt sad, empty or depressed?**

- 1 Yes
- 2 No
DK, R

SCR_C21 If SCR_Q21 = 1, go to SCR_QINT24.
If SCR_Q21 = 2 or DK or R, go to SCR_Q22.

SCR_Q22
SCR_B_22 **Have you ever had a period lasting several days or longer when most of the day you were very discouraged about how things were going in your life?**

- 1 Yes
- 2 No
DK, R

SCR_C22 If SCR_Q22 = 1, go to SCR_QINT24.
If SCR_Q22 = 2 or DK or R, go to SCR_Q23.

SCR_Q23
SCR_B_23 **Have you ever had a period lasting several days or longer when you lost interest in most things you usually enjoy like work, hobbies and personal relationships?**

- 1 Yes
- 2 No
DK, R

SCR_QINT24 **Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them. For example, they may drive too fast or spend too much money.**
INTERVIEWER: Press <Enter> to continue.

SCR_Q24
SCR_B_24 **During your life, have you ever had a period like this lasting several days or longer?**

- 1 Yes
- 2 No
DK, R

SCR_Q25
SCR_B_25 **Have you ever had a period lasting several days or longer when most of the time you were very irritable, grumpy or in a bad mood?**

- 1 Yes
- 2 No (Go to SCR_Q26)
DK, R (Go to SCR_Q26)

SCR_Q25A
SCRB_25A

Have you ever had a period lasting several days or longer when most of the time you were so irritable that you either started arguments, shouted at people or hit people?

- 1 Yes
- 2 No
DK, R

SCR_Q26
SCRB_26

Did you ever have a time in your life when you were a “worrier”; that is, when you worried a lot more about things than other people with the same problems as you?

- 1 Yes (Go to SCR_Q26B)
- 2 No
DK, R

SCR_Q26A
SCRB_26A

Did you ever have a time in your life when you were much more nervous or anxious than most other people with the same problems as you?

- 1 Yes
- 2 No
DK, R

SCR_Q26B
SCRB_26B

Did you ever have a period lasting 6 months or longer when you were anxious and worried most days?

- 1 Yes
- 2 No
DK, R

SCR_Q29
SCRB_29

Was there ever a time in your life when you felt very afraid or really, really shy with people, for example meeting new people, going to parties, going on a date or using a public bathroom?

- 1 Yes (Go to SCR_C29_1)
- 2 No
DK, R

SCR_Q29A
SCRB_29A

Was there ever a time in your life when you felt very afraid or uncomfortable when you had to do something in front of a group of people, like giving a speech or speaking in class?

- 1 Yes
- 2 No (Go to SCR_Q30)
DK, R (Go to SCR_Q30)

SCR_C29_1 If SCR_Q29 = 1 then use “whenever you were in social situations” in %whenever you were in social situations/when you had to do something in front of a group%

If SCR_Q29 = 1, use “social situations” in %social situations/situations where you had to do something in front of a group%

If SCR_Q29A = 1 use “when you had to do something in front of a group” in %whenever you were in social situations/when you had to do something in front of a group%

If SCR_Q29A = 1 use “situations where you had to do something in front of a group” in %social situations/situations where you had to do something in front of a group%

SCR_Q29_1 **Was there ever a time in your life when you became very upset or nervous**
SCR_B_291 **%whenever you were in social situations/when you had to do something in front of a group%?**

- 1 Yes
- 2 No
DK, R

SCR_Q29_2 **Because of your fear, did you ever stay away from %social**
SCR_B_292 **situations/situations where you had to do something in front of a group% whenever you could?**

- 1 Yes
- 2 No
DK, R

SCR_Q29_3 **Do you think your fear was ever much stronger than it should have been?**
SCR_B_293

- 1 Yes
- 2 No
DK, R

SCR_Q30 **Was there ever a time in your life when you felt very uncomfortable or**
SCR_B_30 **afraid of either being in crowds, going to public places, travelling by yourself, or travelling far away from home?**

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

SCR_Q30_1 **Was there ever a time in your life when you became very upset or**
SCR_B_301 **nervous whenever you were in crowds, public places, or travelling?**

- 1 Yes
- 2 No
DK, R

SCR_Q30_2
SCRB_302

Because of your fear, did you ever stay away from these situations whenever you could?

- 1 Yes
- 2 No
DK, R

SCR_Q30_3
SCRB_303

Do you think your fear was ever much stronger than it should have been?

- 1 Yes
- 2 No
DK, R

SCR_END

Go to next module.

For information only

CHRONIC CONDITIONS

CCC_QINT **Now I'd like to ask about certain chronic health conditions which you 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 you have food allergies?**

CCCB_011

- 1 Yes
- 2 No
 DK
 R

(Go to CCC_END)

CCC_Q021 **Do you have any other allergies?**

CCCB_021

- 1 Yes
- 2 No
 DK, R

CCC_Q031 **Do you have asthma?**

CCCB_031

- 1 Yes
- 2 No
 DK, R

CCC_Q041 **Do you have fibromyalgia?**

CCCB_041

- 1 Yes
- 2 No
 DK, R

CCC_Q051 **Do you have arthritis or rheumatism, excluding fibromyalgia?**

CCCB_051

- 1 Yes
- 2 No
 DK, R

CCC_Q061 **Remember, we're interested in conditions diagnosed by a health professional.**

CCCB_061

Do you have back problems, excluding fibromyalgia and arthritis?

- 1 Yes
- 2 No
 DK, R

CCC_Q071 **Do you have high blood pressure?**

CCCB_071

- 1 Yes
- 2 No
 DK, R

CCC_Q081
CCCB_081 **(Remember, we're interested in conditions diagnosed by a health professional.)**
Do you have migraine headaches?

- 1 Yes
- 2 No
DK, R

CCC_Q091A
CCCB_91A **(Remember, we're interested in conditions diagnosed by a health professional.)**
Do you have chronic bronchitis?

- 1 Yes
- 2 No
DK, R

CCC_C091B If age < 30, go to CCC_Q101.

CCC_Q091B
CCCB_91B **Do you have emphysema or chronic obstructive pulmonary disease (COPD)?**

- 1 Yes
- 2 No
DK, R

CCC_Q101
CCCB_101 **Do you have diabetes?**

- 1 Yes
- 2 No
DK, R

CCC_Q111
CCCB_111 **Do you have epilepsy?**

- 1 Yes
- 2 No
DK, R

CCC_Q121
CCCB_121 **Do you have heart disease?**

- 1 Yes
- 2 No
DK, R

CCC_Q131
CCCB_131 **Do you have cancer?**

- 1 Yes
- 2 No
DK, R

CCC_Q141
CCCB_141 **(Remember, we're interested in conditions diagnosed by a health professional.)**
Do you have stomach or intestinal ulcers?

- 1 Yes
- 2 No
DK, R

CCC_Q151 **Do you suffer from the effects of a stroke?**

CCCB_151

- 1 Yes
- 2 No
DK, R

CCC_Q171 **Do you have a bowel disorder such as Crohn's Disease or colitis?**

CCCB_171

- 1 Yes
- 2 No
DK, R

CCC_C181 If age < 18, go to CCC_Q211.

CCC_Q181 **(Remember, we're interested in conditions diagnosed by a health professional.)**

CCCB_181

Do you have Alzheimer's disease or any other dementia?

- 1 Yes
- 2 No
DK, R

CCC_Q191 **Do you have cataracts?**

CCCB_191

- 1 Yes
- 2 No
DK, R

CCC_Q201 **Do you have glaucoma?**

CCCB_201

- 1 Yes
- 2 No
DK, R

CCC_Q211 **Do you have a thyroid condition?**

CCCB_211

- 1 Yes
- 2 No
DK, R

CCC_Q251 **(Remember, we're interested in conditions diagnosed by a health professional.)**

CCCB_251

Do you have chronic fatigue syndrome?

- 1 Yes
- 2 No
DK, R

CCC_Q261 **Do you suffer from multiple chemical sensitivities?**

CCCB_261

- 1 Yes
- 2 No
DK, R

CCC_Q271
CCCB_271

Do you have schizophrenia?

- 1 Yes
- 2 No
DK, R

CCC_Q281
CCCB_281

Do you have any other psychosis?

- 1 Yes
- 2 No
DK, R

CCC_Q291
CCCB_291

Do you have obsessive-compulsive disorder?

- 1 Yes
- 2 No
DK, R

CCC_Q301
CCCB_301

Do you have dysthymia?

- 1 Yes
- 2 No
DK, R

CCC_Q311
CCCB_311

Do you suffer from post-traumatic stress disorder?

- 1 Yes
- 2 No
DK, R

CCC_Q321
CCCB_321

Do you have autism or any other developmental disorder such as Asperger's syndrome or Rett syndrome?

- 1 Yes
- 2 No
DK, R

CCC_Q331
CCCB_331

(Remember, we're interested in conditions diagnosed by a health professional.)

Do you 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 you have?

INTERVIEWER: Mark all that apply.

CCCB_33A
CCCB_33B
CCCB_33C
CCCB_33D

- 1 Attention Deficit Disorder, no hyperactivity (ADD)
- 2 Attention Deficit Hyperactivity Disorder (ADHD)
- 3 Dyslexia
- 4 Other – Specify
DK, R

HEIGHT / WEIGHT

HWT_C1 If sex = male, go to HWT_Q2
 If (Age < 15 or age > 49), go to HWT_Q2
 Otherwise, go to HWT_Q1

HWT_Q1 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**
 HWTB_1

- 1 Yes
- 2 No
- DK, R

HWT_Q2 **How tall are you without shoes on?**
 HWTB_2

- 0 Less than 1' / 12" (less than 29.2 cm.) (Go to HWT_Q3)
- 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.) (Go to HWT_Q2B)
- 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_Q2D)
- 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_C2 If Info.Age > 11 and HWT_2 = 0 or 1 or 2, show pop-up edit as follows.

**The selected height is too short for a ^Info.Age year old.
 Please return and correct.**

HWT_Q2A **INTERVIEWER: Select the exact height.**
 HWTB_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

Go to HWT_Q3

HWT_Q2B INTERVIEWER: Select the exact height.
HWTB_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

Go to HWT_Q3

HWT_Q2C INTERVIEWER: Select the exact height.
HWTB_2C

- 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 INTERVIEWER: Select the exact height.
HWTB_2D

- 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
HWTB_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
HWTB_2F

INTERVIEWER: Select the exact height.

- 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
HWTB_3

How much do you weigh?

INTERVIEWER: Enter amount only.

Weight
(MIN: 1) (MAX: 575)

DK, R

(Go to HWT_END)

HWT_N4
HWTB_N4

INTERVIEWER: Was that in pounds or kilograms?

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

HWT_E3

If HWT_N4 = 1, warning if HWT_Q3 < 60 or HWT_Q3 > 300.
If HWT_N4 = 2, warning if HWT_Q3 < 27 or HWT_Q3 > 136.

HWT_Q4
HWTB_4

Do you consider yourself:

INTERVIEWER: Read categories to respondent.

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

HWT_END Go to next module.

For information only

PHYSICAL ACTIVITIES

PAC_QINT1 (Please refer to page 2 of the booklet.)

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.

- | | | | |
|---------|----|----------------------------------|-------------------|
| PACB_1A | 1 | Walking for exercise | |
| PACB_1B | 2 | Gardening or yard work | |
| PACB_1C | 3 | Swimming | |
| PACB_1D | 4 | Bicycling | |
| PACB_1E | 5 | Popular or social dance | |
| PACB_1F | 6 | Home exercises | |
| PACB_1G | 7 | Ice hockey | |
| PACB_1H | 8 | Ice skating | |
| PACB_1I | 9 | In-line skating or rollerblading | |
| PACB_1J | 10 | Jogging or running | |
| PACB_1K | 11 | Golfing | |
| PACB_1L | 12 | Exercise class or aerobics | |
| PACB_1M | 13 | Downhill skiing or snowboarding | |
| PACB_1N | 14 | Bowling | |
| PACB_1O | 15 | Baseball or softball | |
| PACB_1P | 16 | Tennis | |
| PACB_1Q | 17 | Weight-training | |
| PACB_1R | 18 | Fishing | |
| PACB_1S | 19 | Volleyball | |
| PACB_1T | 20 | Basketball | |
| PACB_1U | 21 | Any other | |
| PACB_1V | 22 | No physical activity | (Go to PAC_QINT2) |
| | | DK, R | (Go to PAC_END) |

PAC_C1US If "Any other" is chosen as a response, go to PAC_Q1US. Otherwise, go to PAC_Q1W.

PAC_Q1US **What was this activity?**

PACBF1U INTERVIEWER: Enter one activity only.

PAC_Q1W **In the past 3 months, did you do any other activity for leisure?**

PACB_1W

- | | | |
|---|-------|----------------|
| 1 | Yes | |
| 2 | No | (Go to PAC_Q2) |
| | DK, R | (Go to PAC_Q2) |

PAC_Q1WS **What was this activity?**

PACBF1W INTERVIEWER: Enter one activity only.

PAC_Q1X **In the past 3 months, did you do any other activity for leisure?**

PACB_1X

- 1 Yes
- 2 No (Go to PAC_Q2)
- DK, R (Go to PAC_Q2)

PAC_Q1XS **What was this activity?**

PACBF1X

INTERVIEWER: Enter one activity only.

PAC_CQ1 For each activity identified in PAC_Q1, ask PAC_Q2 and PAC_Q3.

PAC_EQ1 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_Q2 **In the past 3 months, how many times did you participate in %identified activity%?**

PACB_2n

||| Times
(MIN: 1) (MAX: 99 for each activity except the following:

Walking: MAX = 270

Bicycling: MAX = 200

Other activities: MAX = 200)

(Warning after 60 for each activity except the following:

Walking: 99

Bicycling: 90

Dancing, Golfing, Bowling, Baseball, Tennis, Volleyball: 40

Hockey: 50

Skating, Skiing, Fishing: 30)

DK, R (Go to next activity)

PAC_Q3 **About how much time did you spend on each occasion?**

PACB_3n

- 1 1 to 15 minutes
- 2 16 to 30 minutes
- 3 31 to 60 minutes
- 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
PACB_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
From 11 to 20 hours
More than 20 hours
DK, R

PAC_Q4B
PACB_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
From 11 to 20 hours
More than 20 hours
DK, R

PAC_Q6
PACB_6

Now I'm going to read you 4 sentences that can be used to describe the amount of physical activity that people usually do. 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 Go to next module.

PSYCHOLOGICAL WELL-BEING MANIFESTATION SCALE

PWB_QINT (Please refer to page 3 of the booklet.)

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.**

PWBB_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.**

PWBB_02

- 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.**

PWBB_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.**

PWBB_04

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q05
PWBB_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
PWBB_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
PWBB_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
PWBB_08

During the past month, you felt useful.

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q09
PWBB_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
PWBB_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 (During the past month,) you did a good job of listening to your friends.

PWBB_11

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q12 (During the past month,) you were curious and interested in all sorts of things.

PWBB_12

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q13 (During the past month,) you were able to clearly sort things out when faced with complicated situations.

PWBB_13

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q14 (During the past month,) you found life exciting and you wanted to enjoy every moment of it.

PWBB_14

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q15 (During the past month,) your life was well-balanced between your family, personal and professional activities.

PWBB_15

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q16
PWBB_16

During the past month, you were quite calm and level-headed.

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q17
PWBB_17

(During the past month,) you were able to easily find answers to your problems.

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q18
PWBB_18

(During the past month,) you got along well with everyone around you.

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q19
PWBB_19

(During the past month,) you lived at a normal pace, not doing anything excessively.

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q20
PWBB_20

(During the past month,) you had the impression of really enjoying life.

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q21
PWBB_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 (During the past month,) you felt good, at peace with yourself.
PWBB_22

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q23 (During the past month,) you felt healthy and in good shape.
PWBB_23

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q24 (During the past month,) you were able to face difficult situations in a positive way.
PWBB_24

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q25 (During the past month,) your morale was good.
PWBB_25

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_END Go to next module.

DISTRESS

DIS_INT **The following questions deal with feelings you may have had during the past month.**

INTERVIEWER: Press <Enter> to continue.

DIS_Q01A **(Please refer to page 4 of the booklet.)**
DISB_10A

During the past month, that is, from %date one month ago% to yesterday, about 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?**
DISB_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
- DK, R (Go to DIS_Q01D)
 (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?**
DISB_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?**
DISB_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
DISB_10E

... restless or fidgety?

- 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
DISB_10F

... so restless you could not sit still?

- 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
DISB_10G

During the past month, about how often did you feel:

...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
DISB_10H

...so depressed that nothing could cheer you up?

- 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
DISB_10I

...that everything was an effort?

- 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
DISB_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
DISB_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
DISB_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
DISB_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
DISB_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

Go to next module.

STR_Q6_1 (Please refer to page 5 of the booklet.)
STRB_61

People have different ways of dealing with stress. Thinking about the ways 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?
STRB_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?
STRB_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?
STRB_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
STRB_65A more, or 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
STRB_65B more cigarettes than usual?

- 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?**
STRB_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?**
STRB_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?**
STRB_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?**
STRB_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?**
STRB_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?**
STRB_69

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

STR_Q6_10 **How often do you blame yourself?**
STRB_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 somehow be finished?**
STRB_611

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

STR_END Go to next module.

For information only

DEPRESSION

DEP_C01 If SCR_Q21 = 1 (Yes), DEP_C01 = 1 and go to DEP_Q01 (sad, empty or depressed).
 If SCR_Q22 = 1 (Yes), DEP_C01 = 2 and go to DEP_Q02 (discouraged).
 If SCR_Q23 = 1 (Yes), DEP_C01 = 3 and go to DEP_Q09 (uninterested).

Otherwise, if (SCR_Q21 = 2, DK, R) and (if SCR_Q22 = 2, DK, R) and if (SCR_Q23 = 2, DK, R), DEP_C01 = 0 go to DEP_QINT26CCA.

DEP_Q01
 DEP_B_01

Earlier, you mentioned having periods that lasted several days or longer when you felt sad, empty or depressed most of the day. During such episodes, did you ever feel discouraged about how things were going in your life?

- | | | |
|---|-----|-----------------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_Q01B) |
| | DK | (Go to DEP_Q01B) |
| | R | (Go to DEP_QINT26CCA) |

DEP_Q01A
 DEP_B_01A

During the episodes of being sad, empty or depressed, did you ever lose interest in most things like work, hobbies or other things you usually enjoyed?

- | | | |
|---|-------|------------------------------------|
| 1 | Yes | (sad, discouraged or uninterested) |
| 2 | No | (sad or discouraged) |
| | DK, R | (sad or discouraged) |

DEP_C02

If DEP_Q01A = 1,
 ^KEY_PHRASE1 = sad, discouraged or uninterested in things
 ^KEY_PHRASE3 = sad, discouraged or uninterested

Use the phrase "these problems" in %this problem/these problems%.
 Use the phrase "were" in %was/were%.

Otherwise, if DEP_Q01A = 2 or DEP_Q01A = DK or DEP_Q01A = R,
 ^KEY_PHRASE1 = sad or discouraged
 ^KEY_PHRASE3 = sad or discouraged

Use the phrase "these problems" in %this problem/these problems%.
 Use the phrase "were" in %was/were%.

Go to DEP_Q12.

DEP_Q01B
 DEP_B_01B

During the episodes of being sad, empty or depressed, did you ever lose interest in most things like work, hobbies or other things you usually enjoyed?

- | | | |
|---|-------|---------------------------------|
| 1 | Yes | (sad or uninterested in things) |
| 2 | No | (sad) |
| | DK, R | (sad) |

DEP_C03 If DEP_Q01B = 1,
^KEY_PHRASE1 = sad or uninterested in things
^KEY_PHRASE3 = sad or uninterested

Use the phrase “these problems” in %this problem/these problems%.
Use the phrase “were” in %was/were%.

Otherwise, if DEP_Q01B = 2 or DEP_Q01B = DK or DEP_Q01B = R,
^KEY_PHRASE1 = sad
^KEY_PHRASE3 = sad

Use the phrase “this problem” in %this problem/these problems%.
Use the phrase “was” in %was/were%.

Go to DEP_Q12.

DEP_Q02
DEPB_02 **Earlier, you mentioned having periods that lasted several days or longer when you felt discouraged about how things were going in your life. During such episodes, did you ever lose interest in most things like work, hobbies or other things you usually enjoy?**

- | | | |
|---|-----|---|
| 1 | Yes | (discouraged or uninterested in things) |
| 2 | No | (discouraged) |
| | DK | (discouraged) |
| | R | (Go to DEP_QINT26CCA) |

DEP_C04 If DEP_Q02 = 1,
^KEY_PHRASE1 = discouraged or uninterested in things
^KEY_PHRASE3 = discouraged or uninterested

Use the phrase “these problems” in %this problem/these problems%.
Use the phrase “were” in %was/were%.

Otherwise, if DEP_Q02 = 2 or DEP_Q02 = DK,
^KEY_PHRASE1 = (discouraged)
^KEY_PHRASE3 = (discouraged)

Use the phrase “this problem” in %this problem/these problems%.
Use the phrase “was” in %was/were%.

Go to DEP_Q12.

DEP_Q09
DEPB_09 **Earlier, you mentioned having periods that lasted several days or longer when you lost interest in most things like work, hobbies or other things you usually enjoy. Did you ever have such a period that lasted for most of the day, nearly every day, for 2 weeks or longer?**

- | | | |
|---|-----|-----------------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_QINT26CCA) |
| | DK | (Go to DEP_QINT26CCA) |
| | R | (Go to DEP_QINT26CCA) |

DEP_C20 If (DEP_Q17 = 1 (mild) or R) and (DEP_Q18 = 4 (never) or R) and (DEP_Q19 = 4 (never) or R), DEP_C20 = 1 and go to DEP_QINT26CCA. Otherwise, DEP_C20 = 2.

DEP_QINT21 **People with episodes of being ^KEY_PHRASE3 often have other problems at the same time. These include things like feelings of low self-worth and changes in sleep, appetite, energy and ability to concentrate and remember.**
INTERVIEWER: Press <Enter> to continue.

DEP_Q21 **Did you ever have problems like this during one of your episodes of being**
DEPB_21 **^KEY_PHRASE3?**

- 1 Yes
- 2 No (Go to DEP_QINT26CCA)
- DK, R (Go to DEP_QINT26CCA)

DEP_Q22 **Please think of an episode of being ^KEY_PHRASE3 that lasted 2 weeks or**
DEPB_22 **longer when, at the same time, you also had the largest number of these other problems. Is there one particular episode that stands out as the worst one you ever had?**

- 1 Yes
- 2 No (Go to DEP_Q23A)
- DK, R (Go to DEP_Q23A)

DEP_Q22A **How old were you when that worst episode started?**
DEPB_22A INTERVIEWER: Minimum is 0, maximum is %current age%.

||| | Age in years
(MIN: 0) (MAX: current age)

DK, R

DEP_Q22B **How long did it last (in terms of days, weeks, months or years)?**
DEPB_22B INTERVIEWER: Select the reporting unit here and enter the number in the next screen.

- 1 Days
- 2 Weeks (Go to DEP_Q22D)
- 3 Months (Go to DEP_Q22E)
- 4 Years (Go to DEP_Q22F)
- DK, R (Go to DEP_QINT24)

DEP_Q22C INTERVIEWER: Enter the number of days.
DEPB_22C Minimum is 14; maximum is 900.

||| | Number of days
(MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E22C If DEP_Q22C <= 365, go to DEP_QINT24.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q22D INTERVIEWER: Enter the number of weeks.
DEPB_22D Minimum is 2; maximum is 104.

||_| Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E22D If DEP_Q22D <= 52, go to DEP_QINT24.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q22E INTERVIEWER: Enter the number of months.
DEPB_22E Minimum is 1; maximum is 36.

|| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

DEP_E22E If DEP_Q22E <= 24, go to DEP_QINT24.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q22F INTERVIEWER: Enter the number of years.
DEPB_22F Minimum is 1; maximum is %current age - (age in DEP_Q22A)%.

||_| Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q22A))

DK, R

Go to DEP_QINT24.

DEP_Q23A **Think of the last time you had a bad episode of being ^KEY_PHRASE3 like**
DEPB_23A **this. How old were you when that last episode occurred?**
INTERVIEWER: Minimum is 0; Maximum is %current age%.

||_| Age in years
(MIN: 0) (MAX: current age)

DK
R

(Go to DEP_QINT24)

DEP_Q23B
DEPB_23B

How long did that episode last?

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

- 1 Days
- 2 Weeks (Go to DEP_Q23D)
- 3 Months (Go to DEP_Q23E)
- 4 Years (Go to DEP_Q23F)
- DK, R (Go to DEP_QINT24)

DEP_Q23C
DEPB_23C

INTERVIEWER: Enter the number of days.
Minimum is 14; maximum is 900.

||| Number of days
(MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E23C

If DEP_Q23C <= 365, go to DEP_QINT24.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q23D
DEPB_23D

INTERVIEWER: Enter the number of weeks.
Minimum is 2; maximum is 104.

||| Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E23D

If DEP_Q23D <= 52, go to DEP_QINT24.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q23E
DEPB_23E

INTERVIEWER: Enter the number of months.
Minimum is 1; maximum is 36.

||| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

DEP_E23E

If DEP_Q23E <= 24, go to DEP_QINT24.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q23F INTERVIEWER: Enter the number of years.
 DEPB_23F Minimum is 1; maximum is %current age - (age in DEP_Q23A)%.

||_| Number of years
 (MIN: 1) (MAX: current age - (age in DEP_Q23A))

DK, R

DEP_QINT24 **In answering the next questions, think about the period of 2 weeks or longer when your feelings of being ^KEY_PHRASE3 and other problems were most severe and frequent. During that period, tell me which of the following problems you had for most of the day, nearly every day.**
 INTERVIEWER: Press <Enter> to continue.

DEP_Q24A **Did you feel sad, empty or depressed most of the day, nearly every day,**
 DEPB_24A **during that period of 2 weeks?**

- 1 Yes (KEY_PHRASE = feeling sad, empty or depressed)
- 2 No (Go to DEP_Q24C)
- DK, R (Go to DEP_Q24C)

DEP_Q24B **Nearly every day, did you feel so sad that nothing could cheer you up?**
 DEPB_24B

- 1 Yes (KEY_PHRASE = feeling that nothing could cheer you up)
- 2 No
- DK, R

DEP_Q24C **During that period of 2 weeks, did you feel discouraged most of the day,**
 DEPB_24C **nearly every day, about how things were going in your life?**

- 1 Yes (KEY_PHRASE = feeling discouraged about things in your life)
- 2 No (Go to DEP_Q24E)
- DK, R (Go to DEP_Q24E)

DEP_Q24D **Did you feel hopeless about the future nearly every day?**
 DEPB_24D

- 1 Yes (KEY_PHRASE = feeling hopeless about the future)
- 2 No
- DK, R

DEP_Q24E **During that period of 2 weeks, did you lose interest in almost all things like**
 DEPB_24E **work, hobbies and things you like to do for fun?**

- 1 Yes (KEY_PHRASE = losing interest in almost all things)
- 2 No
- DK, R

DEP_Q24F **Did you feel like nothing was fun even when good things were happening?**
 DEPB_24F

- 1 Yes (KEY_PHRASE = feeling that nothing was fun)
- 2 No
- DK, R

DEP_C25 If any one of DEP_Q24A, DEP_Q24B, DEP_Q24C, DEP_Q24D, DEP_Q24E or DEP_Q24F = 1 (Yes), DEP_C25 = 1. Otherwise, DEP_C25 = 2 and go to DEP_QINT26CCA.

DEP_Q26A **During that period of 2 weeks, did you, nearly every day, have a much smaller appetite than usual?**
DEPB_26A

- 1 Yes (KEY_PHRASE = having a much smaller appetite)
(Go to DEP_Q26E)
- 2 No
DK, R

DEP_Q26B **Did you have a much larger appetite than usual nearly every day?**
DEPB_26B

- 1 Yes (KEY_PHRASE = having a much larger appetite)
- 2 No
DK, R

DEP_Q26C **During that period of 2 weeks, did you gain weight without trying to?**
DEPB_26C

- 1 Yes
- 2 No (Go to DEP_Q26E)
DK, R (Go to DEP_Q26E)

DEP_Q26C_1 **Was this weight gain due to a physical growth or a pregnancy?**
DEPB_261

- 1 Yes (Go to DEP_Q26G)
- 2 No (KEY_PHRASE = gaining weight without trying to)
DK, R

DEP_Q26D **How much did you gain?**
DEPB_26D INTERVIEWER: Enter amount only.

|_|_|_| Weight
(MIN: 1) (MAX: 300)

DK, R (Go to DEP_Q26G)

DEP_N26D **INTERVIEWER: Was that in pounds or kilograms?**
DEPB_262

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

Go to DEP_Q26G

DEP_Q26E **Did you lose weight without trying to?**
DEPB_26E INTERVIEWER: If respondent reports being on a diet or physically ill, select "No".

- 1 Yes
- 2 No (Go to DEP_Q26G)
DK, R (Go to DEP_Q26G)

DEP_Q26E_1 **Was this weight loss a result of a diet or a physical illness?**

DEPB_263

- 1 Yes (Go to DEP_Q26G)
- 2 No (KEY_PHRASE = losing weight without trying to)
DK, R

DEP_Q26F **How much did you lose?**

DEPB_26F

INTERVIEWER: Enter amount only.

||| Weight
(MIN: 1) (MAX: 300)

DK, R (Go to DEP_Q26G)

DEP_N26F

DEPB_264

INTERVIEWER: Was that in pounds or kilograms?

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

DEP_Q26G

DEPB_26G

During that period of 2 weeks, did you have a lot more trouble than usual either falling asleep, staying asleep or waking up too early nearly every night?

- 1 Yes (KEY_PHRASE = having trouble falling or staying asleep or waking up too early)
(Go to DEP_Q26I)
- 2 No
DK, R

DEP_Q26H

DEPB_26H

During that period of 2 weeks, did you sleep a lot more than usual nearly every night?

- 1 Yes (KEY_PHRASE = sleeping a lot more than usual)
(Go to DEP_Q26J)
- 2 No
DK, R

DEP_Q26I

DEPB_26I

Did you sleep much less than usual and still not feel tired or sleepy?

- 1 Yes (KEY_PHRASE = sleeping much less than usual)
- 2 No
DK, R

DEP_Q26J

DEPB_26J

During that period of 2 weeks, did you feel tired or low in energy nearly every day, even when you had not been working very hard?

- 1 Yes (KEY_PHRASE = feeling tired or low in energy)
(Go to DEP_Q26L)
- 2 No
DK, R

DEP_Q26K
DEPB_26K

During that period of 2 weeks, did you have a lot more energy than usual nearly every day?

- 1 Yes (KEY_PHRASE = having a lot more energy than usual)
- 2 No
DK, R

DEP_Q26L
DEPB_26L

Did you talk or move more slowly than is normal for you nearly every day?

- 1 Yes (KEY_PHRASE = talking or moving more slowly than normal)
- 2 No (Go to DEP_Q26N)
DK, R (Go to DEP_Q26N)

DEP_Q26M
DEPB_26M

Did anyone else notice that you were talking or moving slowly?

- 1 Yes
- 2 No
DK, R

Go to DEP_Q26P

DEP_Q26N
DEPB_26N

Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?

- 1 Yes (KEY_PHRASE = feeling restless or jittery, or couldn't sit still)
- 2 No (Go to DEP_Q26P)
DK, R (Go to DEP_Q26P)

DEP_Q26O
DEPB_26O

Did anyone else notice that you were restless?

- 1 Yes
- 2 No
DK, R

DEP_Q26P
DEPB_26P

During that period of 2 weeks, did your thoughts come much more slowly than usual or seem mixed up nearly every day?

- 1 Yes (KEY_PHRASE = thinking much more slowly than usual)
(Go to DEP_Q26R)
- 2 No
DK, R

DEP_Q26Q
DEPB_26Q

Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?

- 1 Yes (KEY_PHRASE = having thoughts race through your head)
- 2 No
DK, R

DEP_Q26R
DEPB_26R **Nearly every day, did you have a lot more trouble concentrating than is normal for you?**

- 1 Yes (KEY_PHRASE = having more trouble concentrating)
- 2 No
DK, R

DEP_Q26S
DEPB_26S **Were you unable to make up your mind about things you ordinarily have no trouble deciding about?**

- 1 Yes (KEY_PHRASE = being unable to make your mind about things)
- 2 No
DK, R

DEP_Q26T
DEPB_26T **Did you lose your self-confidence?**

- 1 Yes (KEY_PHRASE = losing your self-confidence)
- 2 No
DK, R

DEP_Q26U
DEPB_26U **Nearly every day, did you feel that you were not as good as other people?**

- 1 Yes (KEY_PHRASE = feeling not as good as other people)
- 2 No (Go to DEP_Q26W)
DK, R (Go to DEP_Q26W)

DEP_Q26V
DEPB_26V **Did you feel totally worthless nearly every day?**

- 1 Yes (KEY_PHRASE = feeling worthless)
- 2 No
DK, R

DEP_Q26W
DEPB_26W **Did you feel guilty nearly every day?**

- 1 Yes (KEY_PHRASE = feeling guilty every day)
- 2 No
DK, R

DEP_Q26X
DEPB_26X **Did you feel irritable, grouchy or in a bad mood nearly every day?**

- 1 Yes (KEY_PHRASE = feeling grouchy)
- 2 No
DK, R

DEP_Q26Y
DEPB_26Y **Did you feel nervous or anxious most days?**

- 1 Yes (KEY_PHRASE = feeling nervous or anxious)
- 2 No
DK, R

DEP_Q26Z
DEPB_26Z **During that period of 2 weeks, did you have any sudden attacks of intense fear or panic?**

- 1 Yes (KEY_PHRASE = having attacks of fear or panic)
- 2 No
DK, R

DEP_Q26Z_FF
DEPB_265 **Did you feel that you could not cope with your everyday responsibilities?**

- 1 Yes (KEY_PHRASE = feeling you couldn't cope with your responsibilities)
- 2 No
DK, R

DEP_Q26Z_GG
DEPB_266 **Did you feel like you wanted to be alone rather than spend time with friends or relatives?**

- 1 Yes (KEY_PHRASE = wanting to be alone)
- 2 No
DK, R

DEP_Q26Z_HH
DEPB_267 **Did you feel less talkative than usual?**

- 1 Yes (KEY_PHRASE = feeling less talkative)
- 2 No
DK, R

DEP_Q26Z_II
DEPB_268 **Were you often in tears?**

- 1 Yes (KEY_PHRASE = being often in tears)
- 2 No
DK, R

DEP_Q26AA
DEPB_6A **Did you often think a lot about death, either your own, someone else's or death in general?**

- 1 Yes (KEY_PHRASE = thinking about death)
- 2 No
DK, R

DEP_Q26BB
DEPB_6B **During that period, did you ever think that it would be better if you were dead?**

- 1 Yes (KEY_PHRASE = thinking you were better dead)
- 2 No
DK, R

DEP_Q26CC (Please refer to page 6 of the booklet.)
DEPB_A

Three experiences are listed, EXPERIENCE A, B and C. Think of the period of **2 weeks or longer** when your feelings of being KEY_PHRASE3 and other problems were most severe and frequent. During that time, did **EXPERIENCE A** happen to you?

INTERVIEWER: EXPERIENCE A is “You seriously thought about committing suicide or taking your own life.”

- | | | |
|---|-------------|---|
| 1 | Yes | (KEY_PHRASE = having EXPERIENCE A)
(Go to DEP_Q26DD) |
| 2 | No
DK, R | (Go to DEP_Q26CC1)
(Go to DEP_C27) |

DEP_QINT26CCA (Please refer to page 6 of the booklet.)

The following questions may be sensitive to some people, but we have to ask the same questions of everyone. Three experiences are listed, EXPERIENCE A, B and C.

INTERVIEWER: Press <Enter> to continue.

DEP_Q26CC1 Has EXPERIENCE A ever happened to you?
DEPB_A1

INTERVIEWER: EXPERIENCE A is “You seriously thought about committing suicide or taking your own life.”

- | | | |
|---|-------------|------------------------------------|
| 1 | Yes | |
| 2 | No
DK, R | (Go to DEP_C27)
(Go to DEP_C27) |

DEP_Q26CC1A In the past 12 months, did EXPERIENCE A happen to you?

DEPB_A1A INTERVIEWER: EXPERIENCE A is “You seriously thought about committing suicide or taking your own life.”

- | | | |
|---|-------------|-------------------|
| 1 | Yes | (Go to DEP_Q26DD) |
| 2 | No
DK, R | (Go to DEP_C27) |

DEP_Q26CC2 How old were you the last time this experience happened to you?

DEPB_A2 INTERVIEWER: Minimum is 6; maximum is %current age - 1%

||| Age in years
(MIN: 6) (MAX: current age - 1)

DK, R (Go to DEP_C27)

DEP_Q26DD Now, look at the second experience on the list, EXPERIENCE B. Did EXPERIENCE B happen to you?

DEPB_B INTERVIEWER: EXPERIENCE B is “You made a plan for committing suicide.”

- | | | |
|---|-------------|------------------------------------|
| 1 | Yes | (KEY_PHRASE = having EXPERIENCE B) |
| 2 | No
DK, R | |

DEP_C26DD If DEP_Q26CC1 = 1 (Yes) and DEP_Q26DD = 1 (Yes) or 2 (No),
DEP_C26DD = 1 and go to DEP_Q26EE1.

If DEP_Q26CC = 1 (Yes) and DEP_Q26DD = 1 (Yes) or 2 (No),
DEP_C26DD = 2 and go to DEP_Q26EE.

If DEP_Q26DD = DK or R, DEP_C26DD = 3 and go to DEP_C26EE7B.

DEP_Q26EE **Now, look at the third experience on the list, EXPERIENCE C.**
DEPB_C **During that period of 2 weeks or longer, did EXPERIENCE C happen to you?**

INTERVIEWER: EXPERIENCE C is “You attempted suicide or tried to take your own life.”

- | | | |
|---|-------|------------------------------------|
| 1 | Yes | (KEY_PHRASE = having EXPERIENCE C) |
| 2 | No | (Go to DEP_Q26EEB) |
| | DK, R | (Go to DEP_C26EE7B) |

DEP_Q26EEA **Has there been a more recent time when EXPERIENCE C happened to you?**

DEPB_CA INTERVIEWER: EXPERIENCE C is “You attempted suicide or tried to take your own life.”

- | | | |
|---|-------|---------------------|
| 1 | Yes | (Go to DEP_Q26EE1A) |
| 2 | No | (Go to DEP_Q26EE3) |
| | DK, R | (Go to DEP_C26EE7B) |

DEP_Q26EEB **Has EXPERIENCE C ever happened to you?**

DEPB_CB INTERVIEWER: EXPERIENCE C is “You attempted suicide or tried to take your own life.”

- | | | |
|---|-------|---------------------|
| 1 | Yes | (Go to DEP_Q26EE1A) |
| 2 | No | (Go to DEP_C27) |
| | DK, R | (Go to DEP_C27) |

DEP_Q26EE1 **Now, look at the third experience on the list, EXPERIENCE C.**

DEPB_C1 **Has EXPERIENCE C ever happened to you?**

INTERVIEWER: EXPERIENCE C is “You attempted suicide or tried to take your own life.”

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_C27) |
| | DK, R | (Go to DEP_C27) |

DEP_Q26EE1A **During the last 12 months, did EXPERIENCE C happen to you?**

DEPB_C1A INTERVIEWER: EXPERIENCE C is “You attempted suicide or tried to take your own life.”

- | | | |
|---|-------|--|
| 1 | Yes | |
| 2 | No | |
| | DK, R | |

DEP_Q26EE1A If DEP_Q26EEA = 1 (Yes) and DEP_Q26EE1A = 1 (Yes), DEP_C26EE1A = 1 and go to DEP_Q26EE3.

If DEP_Q26EEA = 1 (Yes) and DEP_Q26EE1A = 2 (No), DEP_C26EE1A = 2 and go to DEP_Q26EE1B.

If (DEP_Q26EE1 = 1 (Yes) or DEP_Q26EEB = 1 (Yes)), and DEP_Q26EE1A = 1 (Yes), DEP_C26EE1A = 3 and go to DEP_Q26EE3.

If (DEP_Q26EE1 = 1 (Yes) or DEP_Q26EEB = 1 (Yes)), and DEP_Q26EE1A = 2 (No), DEP_C26EE1A = 4 and go to DEP_Q26EE2.

If (DEP_Q26EE1A = DK or R) or (DEP_Q26EEB = DK or R), DEP_C26EE1A = 5 and go to DEP_Q26EE7B.

DEP_Q26EE1B **During the last 12 months, did EXPERIENCE A happen to you?**

DEPB_A1B INTERVIEWER: EXPERIENCE A is “You seriously thought about committing suicide or taking your own life.”

- | | | |
|---|-------|---------------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_Q26EE1D) |
| | DK, R | (Go to DEP_C27) |

DEP_Q26EE1C **Did EXPERIENCE B happen to you?**

DEPB_B1C INTERVIEWER: EXPERIENCE B is “You made a plan for committing suicide.”

- | | | |
|---|-------|--------------------|
| 1 | Yes | |
| 2 | No | |
| | DK, R | (Go to DEP_Q26EE7) |

DEP_Q26EE1D **How old were you the last time EXPERIENCE C happened to you?**

DEPB_C1D INTERVIEWER: EXPERIENCE C is “You attempted suicide or tried to take your own life.”

- | | | |
|-------|---------------------------------|---------------------|
| _ _ | Age in years | (Go to DEP_Q26EE3) |
| | (MIN: 6) (MAX: current age - 1) | |
| DK, R | | (Go to DEP_C26EE7B) |

DEP_Q26EE2 **How old were you when EXPERIENCE C happened to you?**

DEPB_C2 INTERVIEWER: EXPERIENCE C is “You attempted suicide or tried to take your own life.”

Minimum is 6; maximum is %current age - 1%.
If more than one attempt, ask about the most recent one.

- | | | |
|-------|---------------------------------|---------------------|
| _ _ | Age in years | |
| | (MIN: 6) (MAX: current age - 1) | |
| DK, R | | (Go to DEP_C26EE7B) |

DEP_Q26EE3 **Did it result in injury or poisoning?**

DEPB_C3 INTERVIEWER: If more than one attempt, ask about the most recent one.

- | | | |
|---|-------|---------------------|
| 1 | Yes | |
| 2 | No | |
| | DK, R | (Go to DEP_C26EE7A) |

DEP_Q26EE4 **Did you receive medical attention (following the most recent time EXPERIENCE C happened to you)?**

DEPB_C4

INTERVIEWER: EXPERIENCE C is “You attempted suicide or tried to take your own life.”

If more than one attempt, ask about the most recent one.

- 1 Yes
- 2 No (Go to DEP_C26EE7A)
- DK, R (Go to DEP_C26EE7A)

DEP_Q26EE5 **Were you hospitalized overnight or longer (following this most recent time since EXPERIENCE C happened to you)?**

DEPB_C5

INTERVIEWER: EXPERIENCE C is “You attempted suicide or tried to take your own life.”

If more than one attempt, ask about the most recent one.

- 1 Yes
- 2 No
- DK, R

DEP_C26EE7A If DEP_Q26EE1A = 1 (Yes), DEP_C26EE7A = 1 and go to DEP_Q26EE8. Otherwise, DEP_C26EE7A = 2 and go to DEP_C26EE7B.

DEP_C26EE7B If DEP_Q26CC1A = 1(Yes) or DEP_Q26EE1B = 1(Yes), DEP_C26EE7B = 1 and go to DEP_Q26EE7. Otherwise, DEP_C26EE7B = 2 and go to DEP_C27.

DEP_Q26EE7 **During the past 12 months, have you seen, or talked on the telephone, to a professional about EXPERIENCE A?**

DEPB_A7

INTERVIEWER: EXPERIENCE A is “You seriously thought about committing suicide or taking your own life.”

- 1 Yes
- 2 No (Go to DEP_C27)
- DK, R (Go to DEP_C27)

DEP_Q26EE7A (Please refer to page 7 of the booklet.)

Whom did you see or talk to? Please read the numbers of all that apply.

INTERVIEWER: Mark all that apply.

- DEPB_AAA 1 Psychiatrist
- DEPB_AAB 2 Family doctor or general practitioner
- DEPB_AAC 3 Psychologist
- DEPB_AAD 4 Nurse
- DEPB_AAE 5 Social worker or counsellor
- DEPB_AAF 6 Religious or spiritual advisor such as a priest, chaplain or rabbi
- DEPB_AAG 7 Teacher or guidance counsellor
- DEPB_AAH 8 Other
- DK, R

DEP_Q26EE7B **Where did the contact(s) take place?**

INTERVIEWER: Mark all that apply.

If respondent says “hospital”, probe for details.

- | | | |
|----------|----|---|
| DEPB_ABA | 1 | Hospitalized as an overnight patient |
| DEPB_ABB | 2 | Health professional’s office (including doctor’s) |
| DEPB_ABC | 3 | Hospital emergency room |
| DEPB_ABD | 4 | Psychiatric outpatient clinic |
| DEPB_ABE | 5 | Drug or alcohol outpatient clinic |
| DEPB_ABF | 6 | Other hospital outpatient clinic (e.g. day surgery, cancer) |
| DEPB_ABG | 7 | Walk-in clinic |
| DEPB_ABH | 8 | Appointment clinic |
| DEPB_ABI | 9 | Community health centre / CLSC |
| DEPB_ABJ | 10 | At work |
| DEPB_ABK | 11 | At school |
| DEPB_ABL | 12 | At home |
| DEPB_ABM | 13 | Telephone consultation only |
| DEPB_ABN | 14 | Church or other place for religious assembly |
| DEPB_ABO | 15 | Other |
| | | DK, R |

Go to DEP_C27

DEP_Q26EE8 **During the past 12 months, have you seen, or talked on the telephone, to a professional about EXPERIENCE A or EXPERIENCE C?**
DEPB_D8

INTERVIEWER: EXPERIENCE A is “You seriously thought about committing suicide or taking your own life.”

EXPERIENCE C is “You attempted suicide or tried to take your own life.”

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_C27) |
| | DK, R | (Go to DEP_C27) |

DEP_Q26EE8A **(Please refer to page 7 of the booklet.)**

Whom did you see or talk to? Please read the numbers of all that apply.

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|--|
| DEPB_DAA | 1 | Psychiatrist |
| DEPB_DAB | 2 | Family doctor or general practitioner |
| DEPB_DAC | 3 | Psychologist |
| DEPB_DAD | 4 | Nurse |
| DEPB_DAE | 5 | Social worker or counsellor |
| DEPB_DAF | 6 | Religious or spiritual advisor such as a priest, chaplain or rabbi |
| DEPB_DAG | 7 | Teacher or guidance counsellor |
| DEPB_DAH | 8 | Other |
| | | DK, R |

DEP_Q26EE8B **Where did the contact(s) take place?**

INTERVIEWER: Mark all that apply.

If respondent says “hospital”, probe for details.

DEPB_DBA	1	Hospitalized as an overnight patient
DEPB_DBB	2	Health professional’s office (including doctor’s)
DEPB_DBC	3	Hospital emergency room
DEPB_DBD	4	Psychiatric outpatient clinic
DEPB_DBE	5	Drug or alcohol outpatient clinic
DEPB_DBF	6	Other hospital outpatient clinic (e.g. day surgery, cancer)
DEPBDBG	7	Walk-in clinic
DEPB_DBH	8	Appointment clinic
DEPB_DBI	9	Community health centre / CLSC
DEPB_DBJ	10	At work
DEPB_DBK	11	At school
DEPB_DBL	12	At home
DEPB_DBM	13	Telephone consultation only
DEPB_DBN	14	Church or other place for religious assembly
DEPB_DBO	15	Other DK, R

DEP_C27 Set count of DEP_C27 = 0.

If any of DEP_Q24A through DEP_Q24D = 1 (Yes), DEP_C27 = DEP_C27 + 1.

If any of DEP_Q24E through DEP_Q24F = 1 (Yes), DEP_C27 = DEP_C27 + 1.

For each 1 (Yes) in DEP_Q26A, DEP_Q26B, DEP_Q26G, DEP_Q26H, DEP_Q26I, DEP_Q26J, DEP_Q26K, DEP_Q26L, DEP_Q26M, DEP_Q26N, DEP_Q26O, DEP_Q26P, DEP_Q26Q, DEP_Q26R, DEP_Q26S, DEP_Q26T, DEP_Q26U, DEP_Q26V, DEP_Q26W, DEP_Q26X, DEP_Q26Y, DEP_Q26Z, DEP_Q26Z_FF, DEP_Q26Z_GG, DEP_Q26Z_HH, DEP_Q26Z_II, DEP_Q26AA, DEP_Q26BB, DEP_Q26CC, DEP_Q26DD, DEP_Q26EE, and each 2 (No) in DEP_Q26C_1 and DEP_Q26E_1, DEP_C27 = DEP_C27 + 1.

DEP_C27A If DEP_C27 >= 5, DEP_C27A = 1.

Otherwise DEP_C27A = 2 and go to DEP_ND.

DEP_C28 If DEP_Q26CC = 1 (Yes) or DEP_Q26CC1 = 1 (Yes), DEP_C28 = 1 and go to DEP_Q28_1.

Otherwise, DEP_C28 = 2.

DEP_Q28
DEPB_28

You mentioned having a number of the problems that I just asked you about. During that episode, how much did your feelings of being ^KEY_PHRASE3 and having these other problems interfere with either your work, your social life or your personal relationships?

INTERVIEWER: Read categories to respondent.

If respondent does not remember the problems, press <Ctrl D> to show the list of situations.

- | | | |
|---|-------------------|------------------|
| 1 | Not at all | (Go to DEP_Q29A) |
| 2 | A little | (Go to DEP_Q28A) |
| 3 | Some | (Go to DEP_Q28A) |
| 4 | A lot | (Go to DEP_Q28A) |
| 5 | Extremely | (Go to DEP_Q28A) |
| | DK, R | (Go to DEP_Q28A) |

DEP_Q28_1
DEPB_281

Earlier, you mentioned having a number of problems during the period of 2 weeks or longer when your feelings of being KEY_PHRASE3 were most frequent and severe. During that episode, how much did your feelings of being ^KEY_PHRASE3 and having these other problems interfere with either your work, your social life or your personal relationships?

INTERVIEWER: Read categories to respondent.

If respondent does not remember the problems, press <Ctrl D> to show the list of situations.

- | | | |
|---|-------------------|------------------|
| 1 | Not at all | (Go to DEP_Q29A) |
| 2 | A little | (Go to DEP_Q28A) |
| 3 | Some | (Go to DEP_Q28A) |
| 4 | A lot | (Go to DEP_Q28A) |
| 5 | Extremely | (Go to DEP_Q28A) |
| | DK, R | (Go to DEP_Q28A) |

DEP_Q28A
DEPB_28A

During that episode, how often were you unable to carry out your daily activities because of your feelings of being ^KEY_PHRASE3?

INTERVIEWER: Read categories to respondent.

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

DEP_Q29A
DEPB_29A

Episodes of this sort sometimes occur as a result of a physical illness or injury or the use of medication, drugs or alcohol. Do you think your episodes of feeling ^KEY_PHRASE3 ever occurred as the result of physical causes, medication, drugs or alcohol?

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_Q30) |
| | DK, R | (Go to DEP_Q30) |

DEP_Q29B **Do you think your episodes were always the result of physical causes, medication, drugs or alcohol?**
DEPB_29B

- 1 Yes
- 2 No (Go to DEP_Q30)
DK, R (Go to DEP_Q30)

DEP_Q29C **What were the causes?**
INTERVIEWER: Mark all that apply.

- DEPB_9CA 1 Exhaustion
- DEPB_9CB 2 Hyperventilation
- DEPB_9CC 3 Hypochondria
- DEPB_9CD 4 Menstrual cycle
- DEPB_9CE 5 Pregnancy / postpartum
- DEPB_9CF 6 Thyroid disease
- DEPB_9CG 7 Cancer
- DEPB_9CH 8 Overweight
- DEPB_9CI 9 Medication (excluding illicit drugs)
- DEPB_9CJ 10 Illicit drugs
- DEPB_9CK 11 Alcohol
- DEPB_9CL 12 Chemical Imbalance/Serotonin Imbalance
- DEPB_9CM 13 Chronic Pain
- DEPB_9CN 14 Caffeine
- DEPB_9CO 15 No specific diagnosis
- DEPB_9CP 16 Other – Specify
- DEPB_9CQ 17 Accident/Injury
- DEPB_9CR 18 Emotional, social or economic reason
- DEPB_9CS 19 Other – Physical causes, etc.
DK, R

DEP_C29C If DEP_Q29C <> 16, go to DEP_Q30.

DEP_Q30 **Did your episodes of feeling KEY_PHRASE3 ever occur just after someone close to you died?**
DEPB_30

- 1 Yes
- 2 No (Go to DEP_Q31)
DK, R (Go to DEP_Q31)

DEP_Q30A **Did your episodes of feeling KEY_PHRASE3 always occur just after someone close to you died?**
DEPB_30A

- 1 Yes
- 2 No
DK, R

DEP_Q37B_1 **Would you say that the very first time you had an episode of this sort was:**

DEPB_371 INTERVIEWER: Read categories to respondent.

If respondent answers "All my life", press <F6> to indicate "DK".

- 1 ... before you first started school?
 - 2 ... before you were a teenager?
 - 3 ... once you were a teenager or an adult?
- DK, R

DEP_Q37B_2 **Was that episode brought on by some stressful experience or did it happen out of the blue?**

DEPB_372

- 1 Brought on by stress
 - 2 Out of the blue
 - 3 Don't remember
- DK, R

DEP_C37B_2 If DEP_Q31 = 1 (number of episodes), DEP_C37B_2 = 1 and go to DEP_Q38. Otherwise, DEP_C37B_2 = 2.

DEP_Q37C **About how long did that episode go on?**

DEPB_7CA

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

- 1 Days
 - 2 Weeks (Go to DEP_Q37C_D)
 - 3 Months (Go to DEP_Q37C_E)
 - 4 Years (Go to DEP_Q37C_F)
- DK, R (Go to DEP_Q38)

DEP_Q37C_C INTERVIEWER: Enter the number of days.

DEPB_7CB

Minimum is 14; maximum is 900.

|||| Number of days
(MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E37C_C If DEP_Q37C_C <= 365, go to DEP_Q38.

Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q37C_D INTERVIEWER: Enter the number of weeks.

DEPB_7CC

Minimum is 2; maximum is 104.

|||| Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E37C_D If DEP_Q37C_D <= 52, go to DEP_Q38.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q37C_E INTERVIEWER: Enter the number of months.
DEPB_7CD Minimum is 1; maximum is 36.

||| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

DEP_E37C_E If DEP_Q37C_E <= 24, go to DEP_Q38.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q37C_F INTERVIEWER: Enter the number of years.
DEPB_7CE Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.

|||| Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

DK, R

Go to DEP_Q38.

DEP_Q38 **At any time in the past 12 months, did you have an episode lasting 2 weeks**
DEPB_38 **or longer when you felt ^KEY_PHRASE3 and also had some of the other**
problems already mentioned?

INTERVIEWER: If respondent does not remember the problems, press <Ctrl D>
to show the list of situations.

- 1 Yes
- 2 No
- DK, R

DEP_C38 If (DEP_Q31 = 1 (number of episodes) and DEP_Q38 = 2 (No) or DK or R),
DEP_C38 = 1 and go to DEP_C71.
If (DEP_Q31 > 1 (number of episodes) or DK or R) and (DEP_Q38 = 2 (No) or
DK or R), DEP_C38 = 2 and go to DEP_Q38C.
Otherwise, DEP_C38 = 3.

DEP_Q38A **How recently was it?**
DEPB_8A INTERVIEWER: Read categories to respondent.

- 1 **During the past month**
- 2 **Between 2 and 6 months ago**
- 3 **More than 6 months ago**
- DK, R

DEP_C38A If DEP_Q31 = 1 (number of episodes), DEP_C38A = 1 and go to DEP_Q38A_6.
Otherwise, DEP_C38A = 2.

DEP_QINT38A_1

In the next questions, the word “episode” means a period lasting 2 weeks or longer when, nearly every day, you were ^KEY_PHRASE3 and you also had some of the other problems we just mentioned. The end of an episode is when you no longer have the problems for two weeks in a row.
Press <Enter> to continue.

DEP_Q38A_1 **With this definition in mind, how many different episodes did you have in the past 12 months?**
DEPB_8A1

INTERVIEWER: Minimum is 0; maximum is 50.

If respondent answers “More than I can remember”, enter “50”.

||_ Number
(MIN: 0) (MAX: 50)

DK, R

DEP_C38A_2 If DEP_Q38A_1 = 0 (number of different episodes), DK or R, DEP_C38A_2 = 0 and go to DEP_Q38C.

If DEP_Q38A_1 = 1 (number of different episodes), DEP_C38A_2 = 1.
Otherwise, DEP_C38A_2 = 2 and go to DEP_C38A_7.

DEP_Q38A_3 **In what month and year did that episode start?**

DEPB_8A2 INTERVIEWER: Select the month here and enter the year in the next screen.

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

DEP_Q38A_3A INTERVIEWER: Enter the year.

DEPB_8A3 Minimum is %year of birth%; maximum is %current year%.

||_|_| Year
(MIN: year of birth) (MAX: current year)

DK, R

DEP_C38A_4 If DEP_Q38A = 1 (during the past month), use the phrase “last so far” in %last so far/last%.

Otherwise, use the phrase “last” in %last so far/last%.

DEP_Q38A_4 **How long did that episode %last so far/last%?**

DEPB_8AA **INTERVIEWER:** Select the reporting unit here and enter the number in the next screen.

- | | | |
|---|--------|---------------------|
| 1 | Days | |
| 2 | Weeks | (Go to DEP_Q38A_4B) |
| 3 | Months | (Go to DEP_Q38A_4C) |
| 4 | Years | (Go to DEP_Q38A_4D) |
| | DK, R | (Go to DEP_C38A_5) |

DEP_Q38A_4A **INTERVIEWER:** Enter the number of days.

DEPB_8AB Minimum is 14; maximum is 900.

||| Number of days
(MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E38A_4A If DEP_Q38A_4A <= 365, go to DEP_C38A_5.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q38A_4B **INTERVIEWER:** Enter the number of weeks.

DEPB_8AC Minimum is 2; maximum is 104.

||| Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E38A_4B If DEP_Q38A_4B <= 52, go to DEP_C38A_5.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q38A_4C **INTERVIEWER:** Enter the number of months.

DEPB_8AD Minimum is 1; maximum is 36.

||| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

DEP_E38A_4C If DEP_Q38A_4C <= 24, go to DEP_C38A_5.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q38A_4D **INTERVIEWER:** Enter the number of years.
 DEP_B_8AE Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.

|_|_|| Number of years
 (MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

DK, R

DEP_C38A_5 If DEP_Q38A = 1 (during the past month), DEP_C38A_5 = 1.
 Otherwise, DEP_C38A_5 = 2 and go to DEP_Q39.

DEP_Q38A_6 **Has this episode ended or is it still going on?**

DEP_B_8A6

- 1 Ended
 - 2 Still going on
- DK, R

DEP_C38A_6 If DEP_Q31 = 1 (number of episodes), DEP_C38A_6 = 1 and go to DEP_C62_1.
 Otherwise, DEP_C38A_6 = 2 and go to DEP_Q39.

DEP_C38A_7 If DEP_Q38A_1 = 1 (number of different episodes), use the phrase “this episode” in %this episode/the first of these %number in DEP_Q38A_1% episodes%.
 If DEP_Q38A_1 > 1 (number of different episodes) or DEP_Q38A_1 < 50 (in between 2 and 49), use the phrase “the first of these %number in DEP_Q38A_1% episodes” in %this episode/the first of these %number in DEP_Q38A_1% episodes%.

Otherwise use “the first of these episodes” in %this episode/the first of these %number in DEP_Q38A_1% episodes%. (For this condition, do not insert %number in DEP_Q38A_1%.)

DEP_Q38A_7 **How long did %this episode/the first of these %number in DEP_Q38A_1% episodes% last?**

DEP_B_8BA

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

- 1 Days
 - 2 Weeks (Go to DEP_Q38A_7B)
 - 3 Months (Go to DEP_Q38A_7C)
 - 4 Years (Go to DEP_Q38A_7D)
- DK, R (Go to DEP_C38A_8)

DEP_Q38A_7A **INTERVIEWER:** Enter the number of days.

DEP_B_8BB Minimum is 14; maximum is 900.

|_|_|| Number of days
 (MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E38A_7A If DEP_Q38A_7A <= 365, go to DEP_C38A_8.
 Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
 Please confirm or return and change the reporting unit.**

DEP_Q38A_7B INTERVIEWER: Enter the number of weeks.

DEPB_8BC Minimum is 2; maximum is 104.

||_| Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E38A_7B If DEP_Q38A_7B <= 52, go to DEP_C38A_8.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q38A_7C INTERVIEWER: Enter the number of months.

DEPB_8BD Minimum is 1; maximum is 36.

|| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

DEP_E38A_7C If DEP_Q38A_7C <= 24, go to DEP_C38A_8.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q38A_7D INTERVIEWER: Enter the number of years.

DEPB_8BE Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.

||_| Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

DK, R

DEP_C38A_8 If DEP_Q38A_7 = 1, DEP_C38A_8 = 1 (episode during the past month).
Otherwise, DEP_C38A_8 = 2 and go to DEP_Q38B.

DEP_Q38A_9 **Has the most recent episode ended or is it still going on?**

DEPB_8A9

1 Ended
2 Still going on
DK, R

DEP_Q38B **During the past 12 months, about how many days out of 365 were you in
DEPB_38B such an episode? (You may use any number between 1 and 365 to answer.)**

||_| Number of days
(MIN: 1) (MAX: 365)

DK, R

Go to DEP_Q39

DEP_Q38C
DEPB_38C

How old were you the last time you had one of these episodes?

INTERVIEWER: Minimum is %age in DEP_Q37A or DEP_Q37B%; Maximum is %current age - 1%.

||| Age in years
(MIN: age in DEP_Q37A or DEP_Q37B) (MAX: current age - 1)

DK, R

DEP_Q39
DEPB_39A

What is the longest episode you ever had when, most of the day, nearly everyday, you were feeling ^KEY_PHRASE3 and you also had some of the other problems we just mentioned?

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

If respondent does not remember the problems, press <Ctrl D> to show the list of situations.

- | | | |
|---|--------|-------------------|
| 1 | Days | |
| 2 | Weeks | (Go to DEP_Q39B) |
| 3 | Months | (Go to DEP_Q39C) |
| 4 | Years | (Go to DEP_Q39D) |
| | DK, R | (Go to DEP_Q53_1) |

DEP_Q39A
DEPB_39B

INTERVIEWER: Enter the number of days.
Minimum is 14; maximum is 900.

||| Number of days
(MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E39A

If DEP_Q39A <= 365, go to DEP_Q53_1.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q39B
DEPB_39C

INTERVIEWER: Enter the number of weeks.
Minimum is 2; maximum is 104.

||| Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E39B

If DEP_Q39B <= 52, go to DEP_Q53_1.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q39C INTERVIEWER: Enter the number of months.
DEPB_39D Minimum is 1; maximum is 36.

||| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

DEP_E39C If DEP_Q39C <= 24, go to DEP_Q53_1.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q39D INTERVIEWER: Enter the number of years.
DEPB_39E Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.

|||| Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

DK, R

DEP_C53_1 If the number in DEP_Q31 <1 > 100 (between 2 and 99) use “number in
DEP_Q31” in %number in DEP_Q31/several%.
Otherwise, use “several” in %number in DEP_Q31/several%.

DEP_Q53_1 **Earlier, you mentioned that you had %number in DEP_Q31/several%
DEPB_531 episode(s) of feeling KEY_PHRASE3 with some other problems lasting
2 weeks or longer in your life. How many of these episodes were brought
on by some stressful experience?**

INTERVIEWER: Minimum is 0; maximum is %number in DEP_Q31%.

|||| Number of episodes
(MIN: 0) (MAX: number in DEP_Q31)

DK, R

DEP_Q54 **How many different years in your life did you have at least one episode?**
DEPB_54 INTERVIEWER: Minimum is 1; maximum is %current age - (age in DEP_Q37A
of DEP_Q37B)%.

|||| Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

DK, R

DEP_C55 If DEP_Q54 = 1 (number of years), DEP_C55 = 1 and go to DEP_C62_1.
Otherwise, DEP_C55 = 2.

DEP_QINT64A **For the next questions, think about the period of 2 weeks or longer during the past 12 months when your feelings of being ^KEY_PHRASE3 were most severe and frequent.**

INTERVIEWER: Press <Enter> to continue.

DEP_Q64A **During this period, how often did you feel cheerful?**

DEPB_64A INTERVIEWER: Read categories to respondent.

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

DEP_Q64B **How often did you feel as if you were slowed down?**

DEPB_64B INTERVIEWER: Read categories to respondent.

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

DEP_Q64C **How often could you enjoy a good book or radio or TV program?**

DEPB_64C

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

DEP_Q65A **During this period, how often did you still enjoy the things you used to enjoy?**

DEPB_65A

INTERVIEWER: Read categories to respondent.

- 1 **As much as usual**
 - 2 **Not quite as much as usual**
 - 3 **Only a little**
 - 4 **Not at all**
- DK, R

DEP_Q65B **How often could you laugh and see the bright side of things?**

DEPB_65B

INTERVIEWER: Read categories to respondent.

- 1 **As much as usual**
 - 2 **Not quite as much as usual**
 - 3 **Only a little**
 - 4 **Not at all**
- DK, R

DEP_Q65C
DEPB_65C

How often did you take interest in your physical appearance?

- 1 As much as usual
 - 2 Not quite as much as usual
 - 3 Only a little
 - 4 Not at all
- DK, R

DEP_Q65D
DEPB_65D

How often did you look forward to enjoying things?

- 1 As much as usual
 - 2 Not quite as much as usual
 - 3 Only a little
 - 4 Not at all
- DK, R

DEP_QINT66 (Please refer to page 1 of the booklet.)

Think about the period of time that lasted one month or longer when your feelings of being ^KEY_PHRASE1 were most severe in the past 12 months. Please tell me what number best describes how much these feelings interfered with each of the following activities. 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.

DEP_Q66A
DEPB_66A

In the past 12 months, how much did your feelings of being ^KEY_PHRASE1 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
- 10 Very severe interference

Number
(MIN: 0) (MAX: 10)

DK, R

DEP_Q66B_1 **How much did your feelings interfere with your ability to attend school?**

DEPB_661 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

DEP_Q66B_2 **How much did they interfere with your ability to work at a job?**

DEPB_662 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

DEP_Q66C
DEPB_66C

Again thinking about that period of time lasting one month or longer during the past 12 months when your feelings of being ^KEY_PHRASE1 were most severe, how much did they interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means “no interference” and 10 “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

DEP_Q66D
DEPB_66D

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

DEP_C67

If (DEP_Q66A, DEP_Q66B_1, DEP_Q66B_2, DEP_Q66C and DEP_Q66D) = 0 (no interference) or = 11 (not applicable), or DK or R, DEP_C67 = 1 and go to DEP_Q72.
Otherwise, DEP_C67 = 2.

DEP_Q68
DEPB_68

In the past 12 months, about how many days out of 365 were you totally unable to work or carry out your normal activities because of your feelings of being ^KEY_PHRASE1? (You may use any number between 0 and 365 to answer.)

||||| Number of days
(MIN: 0) (MAX: 365)

DK, R

DEP_C71 If DEP_Q26EE7 = 1 (Yes) or DEP_Q26EE8 = 1 (Yes), DEP_C71 = 1 and go to DEP_Q72_1.
Otherwise, DEP_C71 = 2.

DEP_Q72 **Did you ever in your life see, or talk on the telephone, to a medical doctor**
DEPB_72 **or other professional about your feelings of being ^KEY_PHRASE1? (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)**

- 1 Yes (Go to DEP_Q72A)
- 2 No (Go to DEP_Q88)
- DK, R (Go to DEP_Q88)

DEP_Q72_1 **Earlier, you mentioned that you consulted a professional. Think of the first**
DEPB_721 **time you saw, or talked to a medical doctor or other professional about your feelings of being ^KEY_PHRASE1. (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)**

How old were you the first time you saw, or talked to a professional about your feelings of being ^KEY_PHRASE1?

INTERVIEWER: Minimum is 1; maximum is current age.

|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

Go to DEP_Q73

DEP_Q72A **How old were you the first time you saw, or talked to a professional about**
DEPB_72A **your feelings of being ^KEY_PHRASE1?**

INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

DEP_Q73 **Did you ever get treatment for your feelings of being KEY_PHRASE1 that**
DEPB_73 **you considered helpful or effective?**

- 1 Yes
- 2 No (Go to DEP_Q74)
- DK, R (Go to DEP_Q74)

DEP_Q73A
DEPB_73A

How old were you the first time you got helpful treatment for your feelings of being ^KEY_PHRASE1?

INTERVIEWER: Minimum is number in DEP_Q37A or DEP_Q37B; maximum is %current age%

|_|_| Age in years
(MIN: number in DEP_Q37A or DEP_Q37B) (MAX: current age)

DK, R

DEP_Q73B
DEPB_73B

Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your feelings of being ^KEY_PHRASE1?

INTERVIEWER: Minimum is 1, maximum is 95.

|_| Number of professionals
(MIN: 1) (MAX: 95; warning after 12)

DK, R

DEP_Q74
DEPB_74

In total, how many professionals did you ever see, or talk to about your feelings of being ^KEY_PHRASE1?

INTERVIEWER: Minimum is 0, maximum is 95.

|_| Number of professionals
(MIN: 0) (MAX: 95; warning after 12)

DK, R

DEP_C86

If DEP_Q26EE7 = 1 (Yes) or DEP_Q26EE8 = 1 (Yes), DEP_C86 = 1 and go to DEP_C87.
Otherwise, DEP_C86 = 2.

DEP_Q86
DEPB_86

During the past 12 months, did you receive professional treatment for your feelings of being ^KEY_PHRASE1?

- 1 Yes
 - 2 No
- DK, R

DEP_C87

If DEP_Q26EE5 = 1 (Yes), DEP_C87 = 1 and go to DEP_Q87_1.
Otherwise, DEP_C87 = 2.

DEP_Q87
DEPB_87

During your life, were you ever hospitalized overnight for your feelings of being ^KEY_PHRASE1?

- 1 Yes (Go to DEP_Q87A)
 - 2 No (Go to DEP_Q88)
- DK, R (Go to DEP_Q88)

DEP_Q87_1 **Earlier, you mentioned that you had been hospitalized overnight or longer**
DEPB_871 **(following the most recent time EXPERIENCE C happened to you). How old**
were you the first time you were hospitalized overnight because of your
feelings of being ^KEY_PHRASE1?

INTERVIEWER: Minimum is 1; maximum is %current age%

|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

Go to DEP_Q88

DEP_Q87A **How old were you the first time you were hospitalized overnight (because**
DEPB_87A **of your feelings of being ^KEY_PHRASE1)?**

INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

DEP_Q88 **How many of your close relatives – including your biological parents,**
DEPB_88 **brothers, sisters and children – ever had one or several episodes of being**
sad, depressed, discouraged or uninterested most of the day, for several
days, weeks and longer?

INTERVIEWER: Minimum is 0; maximum 95.

|_| Number of relatives
(MIN: 0) (MAX: 95)

DK, R

DEP_ND INTERVIEWER: This is the end of the module. Press <1> to continue.

DEP_END Go to next module.

MANIA

MIA_C1 If SCR_Q24 = 1 (Yes), go to MIA_QINT1.
If SCR_Q25A= 1 (Yes), go to MIA_QINT5.
Otherwise, go to MIA_END.

MIA_QINT1 **Earlier, you mentioned having a period lasting several days or longer when you felt much more excited and full of energy than usual. During this same period, your mind also went too fast.**
INTERVIEWER: Press <Enter> to continue.

MIA_Q01 **People who have periods like this often have changes in their thinking and behaviour at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate.**

MIAB_01

Tell me, did you ever have any of these changes during the periods when you were excited and full of energy?

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

MIA_C2 If MIA_Q01 = 1 (Yes), use the phrase “excited and full of energy” in %excited and full of energy/irritable or grouchy%.

MIA_Q03 **Please think of the period of several days or longer when you were very excited and full of energy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?**

MIAB_03

- 1 Yes
- 2 No (Go to MIA_Q03C)
DK, R (Go to MIA_Q03C)

MIA_Q03A **How old were you when that episode occurred?**

MIAB_03A

INTERVIEWER: Minimum is 0; maximum is %current age%.

||| Age in years
(MIN: 0) (MAX: current age)

DK, R

MIA_Q03B **How long did that episode last (in terms of hours, days, weeks, months or years)?**

MIAB_03B

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

- 1 Hours
- 2 Days (Go to MIA_Q03B_2)
- 3 Weeks (Go to MIA_Q03B_3)
- 4 Months (Go to MIA_Q03B_4)
- 5 Years (Go to MIA_Q03B_5)
DK, R (Go to MIA_QINT4)

MIA_Q03B_1 INTERVIEWER: Enter the number of hours.
MIAB_3B1 Minimum is 1; maximum is 72.

|_| Number of hours
(MIN: 1) (MAX: 72; warning after 24)

DK, R

MIA_E03B_1 If MIA_Q03B_1 <= 24, go to MIA_QINT4.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q03B_2 INTERVIEWER: Enter the number of days.
MIAB_3B2 Minimum is 1; maximum is 900.

|_|_| Number of days
(MIN: 1) (MAX: 900; warning after 365)

DK, R

MIA_E03B_2 If MIA_Q03B_2 <= 365, go to MIA_QINT4.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q03B_3 INTERVIEWER: Enter the number of weeks.
MIAB_3B3 Minimum is 1; maximum is 104.

|_|_| Number of weeks
(MIN: 1) (MAX: 104; warning after 52)

DK, R

MIA_E03B_3 If MIA_Q03B_3 <= 52, go to MIA_QINT4.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q03B_4 INTERVIEWER: Enter the number of months.
MIAB_3B4 Minimum is 1, maximum is 36.

|_| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

MIA_E03B_4 If MIA_Q03B_4 <= 24, go to MIA_QINT4.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q03B_5 INTERVIEWER: Enter the number of years.
MIAB_3B5 Minimum is 1; maximum is %current age%.

|_|_|| Number of years
(MIN: 1) (MAX: current age)

DK, R

Go to MIA_QINT4.

MIA_Q03C Then think of the **most recent** time you had an episode like this. How old
MIAB_03C were you when that most recent episode occurred?

INTERVIEWER: Minimum is 0; maximum is %current age%.

|_|_|| Age in years
(MIN: 0) (MAX: current age)

DK, R

MIA_Q03D How long did that episode last (in terms of hours, days, weeks, months or
MIAB_03D years)?

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

- | | | |
|---|--------|--------------------|
| 1 | Hours | |
| 2 | Days | (Go to MIA_Q03D_2) |
| 3 | Weeks | (Go to MIA_Q03D_3) |
| 4 | Months | (Go to MIA_Q03D_4) |
| 5 | Years | (Go to MIA_Q03D_5) |
| | DK, R | (Go to MIA_QINT4) |

MIA_Q03D_1 INTERVIEWER: Enter the number of hours.
MIAB_3D1 Minimum is 1; maximum is 72.

|_|| Number of hours
(MIN: 1) (MAX: 72; warning after 24)

DK, R

MIA_E03D_1 If MIA_Q03D_1 <= 24, go to MIA_QINT4.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q03D_2 INTERVIEWER: Enter the number of days.
MIAB_3D2 Minimum is 1; maximum is 900.

|_|_|| Number of days
(MIN: 1) (MAX: 900; warning after 365)

DK, R

MIA_E03D_2 If MIA_Q03D_2 <= 365, go to MIA_QINT4.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q03D_3 INTERVIEWER: Enter the number of weeks.
MIAB_3D3 Minimum is 1; maximum is 104.

|_|_|| Number of weeks
(MIN: 1) (MAX: 104; warning after 52)

DK, R

MIA_E03D_3 If MIA_Q03D_3 <= 52, go to MIA_QINT4.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q03D_4 INTERVIEWER: Enter the number of months.
MIAB_3D4 Minimum is 1; maximum is 36.

|_|| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

MIA_E03D_4 If MIA_Q03D_4 <= 24, go to MIA_QINT4.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q03D_5 INTERVIEWER: Enter the number of years.
MIAB_3D5 Minimum is 1; maximum is %current age%.

|_|_|| Number of years
(MIN: 1) (MAX: current age)

DK, R

MIA_QINT4 **During that episode, tell me which of the following changes you experienced.**

INTERVIEWER: Press <Enter> to continue.

MIA_Q04 **Were you so irritable or grouchy that you started arguments, shouted at**
MIAB_04 **people or hit people?**

- 1 Yes (KEY_PHRASE = being irritable or grouchy)
 - 2 No
- DK, R

Go to MIA_Q07A.

MIA_QINT5 **Earlier, you mentioned having a period lasting several days or longer when you became so irritable or grouchy that you either started arguments, shouted at people or hit people.**
INTERVIEWER: Press <Enter> to continue.

MIA_Q05
MIAB_05 **People who have periods of irritability like this often have changes in their thinking and behaviour at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate.**
Tell me, did you ever have any of these changes during the periods when you were very irritable or grouchy?

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

MIA_C5 If MIA_Q05 = 1 (Yes), use the phrase “irritable or grouchy” in %excited and full of energy/irritable or grouchy%.

MIA_Q06
MIAB_06 **Please think of the period of several days or longer when you were very irritable or grouchy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?**

- 1 Yes
- 2 No (Go to MIA_Q06C)
- DK, R (Go to MIA_Q06C)

MIA_Q06A
MIAB_06A **How old were you when that episode occurred?**
INTERVIEWER: Minimum is 0; maximum is %current age%.

|_|_| Age in years
(MIN: 0) (MAX: current age)

DK, R

MIA_Q06B
MIAB_06B **How long did that episode last (in terms of hours, days, weeks, months or years)?**

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

- 1 Hours
- 2 Days (Go to MIA_Q06B_2)
- 3 Weeks (Go to MIA_Q06B_3)
- 4 Months (Go to MIA_Q06B_4)
- 5 Years (Go to MIA_Q06B_5)
- DK, R (Go to MIA_QINT7)

MIA_Q06B_1
MIAB_6B1 INTERVIEWER: Enter the number of hours.
Minimum is 1; maximum is 72.

|_| Number of hours
(MIN: 1) (MAX: 72; warning after 24)

DK, R

MIA_E06B_1 If MIA_Q06B_1 <= 24, go to MIA_QINT7.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q06B_2 INTERVIEWER: Enter the number of days.
MIAB_6B2 Minimum is 1; maximum is 900.

||| Number of days
(MIN: 1) (MAX: 900; warning after 365)

DK, R

MIA_E06B_2 If MIA_Q06B_2 <= 365, go to MIA_QINT7.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q06B_3 INTERVIEWER: Enter the number of weeks.
MIAB_6B3 Minimum is 1; maximum is 104.

||| Number of weeks
(MIN: 1) (MAX: 104; warning after 52)

DK, R

MIA_E06B_3 If MIA_Q06B_3 <= 52, go to MIA_QINT7.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q06B_4 INTERVIEWER: Enter the number of months.
MIAB_6B4 Minimum is 1; maximum is 36.

|| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

MIA_E06B_4 If MIA_Q06B_4 <= 24, go to MIA_QINT7.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q06B_5 INTERVIEWER: Enter the number of years.
MIAB_6B5 Minimum is 1; maximum is %current age%.

|_|_| Number of years
(MIN: 1) (MAX: current age)

DK, R

Go to MIA_QINT7.

MIA_Q06C Then think of the **most recent** time you had an episode like this. How old
MIAB_06C were you when that most recent episode occurred?

INTERVIEWER: Minimum is 0; maximum is %current age%.

|_|_| Age in years
(MIN: 0) (MAX: current age)

DK, R

MIA_Q06D How long did that episode last (in terms of hours, days, weeks, months or
MIAB_06D years)?

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

- | | | |
|---|--------|--------------------|
| 1 | Hours | |
| 2 | Days | (Go to MIA_Q06D_2) |
| 3 | Weeks | (Go to MIA_Q06D_3) |
| 4 | Months | (Go to MIA_Q06D_4) |
| 5 | Years | (Go to MIA_Q06D_5) |
| | DK, R | (Go to MIA_QINT7) |

MIA_Q06D_1 INTERVIEWER: Enter the number of hours.
MIAB_6D1 Minimum is 1; maximum is 72.

|_| Number of hours
(MIN: 1) (MAX: 72; warning after 24)

DK, R

MIA_E06D_1 If MIA_Q06D_1 <= 24, go to MIA_QINT7.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q06D_2 INTERVIEWER: Enter the number of days.
MIAB_6D2 Minimum is 1; maximum is 900.

|_|_| Number of days
(MIN: 1) (MAX: 900; warning after 365)

DK, R

MIA_E06D_2 If MIA_Q06D_2 <= 365, go to MIA_QINT7.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q06D_3 INTERVIEWER: Enter the number of weeks.
MIAB_6D3 Minimum is 1; maximum is 104.

|_|_|| Number of weeks
(MIN: 1) (MAX: 104; warning after 52)

DK, R

MIA_E06D_3 If MIA_Q06D_3 <= 52, go to MIA_QINT7.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q06D_4 INTERVIEWER: Enter the number of months.
MIAB_6D4 Minimum is 1; maximum is 36.

|_|| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

MIA_E06D_4 If MIA_Q06D_4 <= 24, go to MIA_QINT7.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q06D_5 INTERVIEWER: Enter the number of years.
MIAB_6D5 Minimum is 1; maximum is %current age%.

|_|_|| Number of years
(MIN: 1) (MAX: current age)

DK, R

MIA_QINT7 **During that episode, tell me which of the following changes you
experienced.**

INTERVIEWER: Press <Enter> to continue.

MIA_Q07A **Did you become so restless or fidgety that you paced up and down or
MIAB_07A couldn't stand still?**

- 1 Yes (KEY_PHRASE = being restless)
 - 2 No
- DK, R

MIA_Q07B
MIAB_07B

Did you become overly friendly or outgoing with people?

- 1 Yes (KEY_PHRASE = becoming overly friendly or outgoing with people)
2 No
DK, R

MIA_Q07C
MIAB_07C

Did you behave in any other way that you would ordinarily think is inappropriate, like talking about things you would normally keep private or acting in ways that you would usually find embarrassing?

- 1 Yes (KEY_PHRASE = behaving inappropriately)
2 No
DK, R

MIA_Q07D
MIAB_07D

Were you a lot more interested in sex than usual, or did you want to have sexual encounters with people you wouldn't ordinarily be interested in?

- 1 Yes (KEY_PHRASE = having a lot more interest in sex than usual)
2 No
DK, R

MIA_Q07E
MIAB_07E

Did you try to do things that were impossible to do, like taking on large amounts of work?

- 1 Yes (KEY_PHRASE = trying to accomplish unrealistic goals)
2 No
DK, R

MIA_Q07F
MIAB_07F

Did you talk a lot more than usual or feel a need to keep talking all the time?

- 1 Yes (KEY_PHRASE = talking a lot more than usual)
2 No
DK, R

MIA_Q07G
MIAB_07G

Did you constantly keep changing your plans or activities?

- 1 Yes (KEY_PHRASE = constantly changing plans)
2 No
DK, R

MIA_Q07H
MIAB_07H

Were you so easily distracted that any little interruption could get your thinking "off track"?

- 1 Yes (KEY_PHRASE = being easily distracted)
2 No
DK, R

MIA_Q07I
MIAB_07I

Did your thoughts seem to jump from one thing to another or race through your head so fast that you couldn't keep track of them?

- 1 Yes (KEY_PHRASE = having thoughts racing in your mind)
2 No
DK, R

MIA_Q07J
MIAB_07J

Did you sleep far less than usual and still not get tired or sleepy?

- 1 Yes (KEY_PHRASE = sleeping far less than usual)
- 2 No
DK, R

MIA_Q07K
MIAB_07K

Did you get involved in foolish investments or schemes for making money?

- 1 Yes (KEY_PHRASE = getting involved in foolish schemes)
- 2 No
DK, R

MIA_Q07L
MIAB_07L

Did you spend so much more money than usual that it caused you to have financial trouble?

- 1 Yes (KEY_PHRASE = getting into financial trouble)
- 2 No
DK, R

MIA_Q07M
MIAB_07M

Were you interested in seeking pleasure in ways that you would usually consider risky, like having casual or unsafe sex, going on buying sprees or driving recklessly?

- 1 Yes (KEY_PHRASE = doing risky things)
- 2 No
DK, R

MIA_Q07N
MIAB_07N

Did you have a greatly exaggerated sense of self-confidence or believe you could do things you really couldn't do?

- 1 Yes (KEY_PHRASE = having too much self-confidence)
- 2 No
DK, R

MIA_Q07O
MIAB_07O

Did you have the idea that you were actually someone else, or that you had a special connection with a famous person that you really didn't have?

- 1 Yes (KEY_PHRASE = believing you were someone else or somehow connected to a famous person)
- 2 No
DK, R

MIA_C08

If count of responses of "Yes" in MIA_Q07A to MIA_Q07O = 3, MIA_C08 = 1.
Otherwise, MIA_C08 = 2 and go to MIA_ND.

MIA_Q08
MIAB_08

How many episodes lasting several days or longer have you ever had when you felt %excited and full of energy/irritable or grouchy% and also had some other problems we just mentioned?

INTERVIEWER: Minimum is 1; maximum is 901.

If respondent answers more than 900 episodes, enter "900".

If respondent answers "More than I can remember", enter "901".

||| Age in years
(MIN: 1) (MAX: 901)

DK, R

- MIA_C09 If MIA_Q08=1 (number of episodes),
Use the phrase “episode” in %episode/episodes%
Use the phrase “an episode” in %an episode/episodes%
Use the phrase “that episode” in %that episode/these episodes%

Use the phrase “episode” in %episode/episodes ever%

Otherwise,
Use the phrase “episodes” in %episode/episodes%
Use the phrase “episodes” in %an episode/episodes%.
Use the phrase “these episodes” in %that episode/these episodes%

Use the phrase “episodes ever” in %episode/episodes ever%
- MIA_QINT9 **You just mentioned that you had %an episode/episodes% when you were very %excited and full of energy/irritable or grouchy% and you were also (^KEY_PHRASE of first 3 “Yes” responses in MIA_Q07A through MIA_Q07O).**
INTERVIEWER: Press <Enter> to continue.
- MIA_Q09 **How much did %that episode/these episodes% ever interfere with either your work, your social life or your personal relationships?**
MIAB_09 INTERVIEWER: Read categories to respondent.

1 **Not at all** (Go to MIA_ND)
2 **A little** (Go to MIA_ND)
3 **Some**
4 **A lot**
5 **Extremely**
DK, R
- MIA_Q09A **During %that episode/these episodes%, how often were you unable to carry out your normal daily activities?**
MIAB_09A INTERVIEWER: Read categories to respondent.

1 **Often**
2 **Sometimes**
3 **Rarely**
4 **Never**
DK, R
- MIA_Q09B **Did other people say anything or worry about the way you were acting?**
MIAB_09B

1 Yes
2 No
DK, R
- MIA_Q10A **Episodes of this sort sometimes occur as a result of a physical illness or injury or the use of medication, drugs or alcohol. Do you think your %episode/episodes ever% occurred as the result of physical causes, medication, drugs or alcohol?**
MIAB_10A

1 Yes
2 No
DK, R

MIA_C10B If MIA_Q10A = 1 (Yes) and MIA_Q08 = 1 (number of episodes), MIA_C10B = 1 and go to MIA_Q10C.
 If MIA_Q10A = 1 (Yes) and MIA_Q08 > 1 (number of episodes), MIA_C10B = 2. Otherwise, go to MIA_C18.

MIA_Q10B **Do you think all of your episodes were the result of physical causes, medication, drugs, or alcohol?**
 MIAB_10B

- 1 Yes
- 2 No (Go to MIA_C18)
- DK, R (Go to MIA_C18)

MIA_Q10C **What were the causes?**
INTERVIEWER: Mark all that apply.

- MIAB_1CA 1 Exhaustion
- MIAB_1CB 2 Hyperventilation
- MIAB_1CC 3 Hypochondria
- MIAB_1CD 4 Menstrual cycle
- MIAB_1CE 5 Pregnancy / postpartum
- MIAB_1CF 6 Thyroid disease
- MIAB_1CG 7 Cancer
- MIAB_1CH 8 Overweight
- MIAB_1CI 9 Medication (excluding illicit drugs)
- MIAB_1CJ 10 Illicit drugs
- MIAB_1CK 11 Alcohol
- MIAB_1CL 12 Chemical Imbalance/Serotonin Imbalance
- MIAB_1CM 13 Chronic Pain
- MIAB_1CN 14 Caffeine
- MIAB_1CO 15 No specific diagnosis
- MIAB_1CP 16 Other – Specify
- MIAB_1CQ 17 Other – Physical causes, etc.
DK, R

MIA_C18 If MIA_Q08 = 1 (number of episodes), MIA_C18 = 1 and go to MIA_Q19_1.
 Otherwise, MIA_C18 = 2

MIA_Q18 **Think of the very first time in your life when you had an episode lasting several days or longer when you became very %excited and full of energy/irritable or grouchy% and also had some of the behaviour changes you just mentioned. Can you remember exactly how old you were when you had this very first episode?**
 MIAB_18

INTERVIEWER: If respondent does not remember the problems, press <Ctrl M> to show the list of problems.

- 1 Yes
- 2 No (Go to MIA_Q18B)
- DK (Go to MIA_Q18B)
- R (Go to MIA_Q18C)

MIA_Q18A
MIAB_18A

How old were you?

INTERVIEWER: Minimum is 0; maximum is %current age%.

||_| Age in years (Go to MIA_Q18C)
(MIN: 0) (MAX: current age)

(DK not allowed)
R (Go to MIA_Q18C)

MIA_Q18B
MIAB_18B

About how old were you (the first time you had an episode of this sort)?

INTERVIEWER: Minimum is 0; maximum is %current age%.

If respondent answers “All my life” or “As long as I can remember”, press <F6> to indicate “DK”.

||_| Age in years (Go to MIA_Q18C)
(MIN: 0) (MAX: current age)

DK
R (Go to MIA_Q18C)

MIA_Q18B_1
MIAB_181

Would you say that the very first time you had an episode of this sort was:

INTERVIEWER: Read categories to respondent.

If respondent answers “All my life”, press <F6> to indicate “DK”.

- 1 ... before you first started school?
 - 2 ... before you were a teenager?
 - 3 ... once you were a teenager or an adult?
- DK, R

MIA_Q18C
MIAB_18C

Was that episode brought on by some stressful experience or did it happen out of the blue?

- 1 Brought on by stress
 - 2 Out of the blue
 - 3 Don't remember
- DK, R

MIA_Q18D
MIAB_18D

About how long did that episode last (in terms of hours, days, weeks, months or years)?

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

- 1 Hours
 - 2 Days (Go to MIA_Q18D_2)
 - 3 Weeks (Go to MIA_Q18D_3)
 - 4 Months (Go to MIA_Q18D_4)
 - 5 Years (Go to MIA_Q18D_5)
- DK, R (Go to MIA_Q19)

MIA_Q18D_1
MIAB_1D1

INTERVIEWER: Enter the number of hours.

Minimum is 1; maximum is 72.

|| Number of hours
(MIN: 1) (MAX: 72; warning after 24)

DK, R

MIA_E18D_1 If MIA_Q18D_1 <= 24, go to MIA_Q19.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q18D_2 INTERVIEWER: Enter the number of days.
MIAB_1D2 Minimum is 1; maximum is 900.

|_|_|| Number of days
(MIN: 1) (MAX: 900; warning after 365)

DK, R

MIA_E18D_2 If MIA_Q18D_2 <= 365, go to MIA_Q19.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q18D_3 INTERVIEWER: Enter the number of weeks.
MIAB_1D3 Minimum is 1; maximum is 104.

|_|_|| Number of weeks
(MIN: 1) (MAX: 104; warning after 52)

DK, R

MIA_E18D_3 If MIA_Q18D_3 <= 52, go to MIA_Q19.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q18D_4 INTERVIEWER: Enter the number of months.
MIAB_1D4 Minimum is 1; maximum is 36.

|_|| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

MIA_E18D_4 If MIA_Q18D_4 <= 24, go to MIA_Q19.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q18D_5 INTERVIEWER: Enter the number of years.
MIAB_1D5 Minimum is 1; maximum is %current age – (MIA_Q18A or MIA_Q18B)%.

|_|_|| Number of years
(MIN: 1) (MAX: current age - (MIA_Q18A or MIA_Q18B)).

DK, R

MIA_Q19
MIAB_19 **At any time in the past 12 months, did you have one of these episodes?**

- | | | |
|---|-------|------------------|
| 1 | Yes | (Go to MIA_Q19A) |
| 2 | No | (Go to MIA_Q19D) |
| | DK, R | (Go to MIA_Q19D) |

MIA_Q19_1
MIAB_191 **Did your episode occur at any time in the past 12 months?**

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to MIA_Q24) |
| | DK, R | (Go to MIA_Q24) |

MIA_Q19A
MIAB_19A **How recently was it?**

INTERVIEWER: Read categories to respondent.

- | | |
|---|----------------------------------|
| 1 | During the past month |
| 2 | Between 2 to 6 months ago |
| 3 | More than 6 months ago |
| | DK, R |

MIA_C19A If MIA_Q08 = 1 (number of episodes), MIA_C19A = 1 and go to MIA_C19B.
Otherwise, MIA_C19A = 2.

MIA_Q19B
MIAB_19B **How many episodes did you have in the past 12 months?**

INTERVIEWER: Minimum is 1; maximum is 91.

If respondent answers "More than I can remember", enter "91".

||| Number of episodes
(MIN: 1) (MAX: 91)

DK, R

MIA_C19B If MIA_Q19_1 = 1 (Yes) or MIA_Q19B = 1 (number of episodes),
Use the phrase "episode" in %episode/episodes2%.
Use the phrase "it" in %it/they2%.
Use the phrase "was" in %was/were2%.
Use the phrase "this episode" in %this episode/one of these episodes2%.

If MIA_Q19B >= 2 (number of episodes) or DK or R,
Use the phrase "episodes" in %episode/episodes2%.
Use the phrase "they" in %it/they2%.
Use the phrase "were" in %was/were2%.
Use the phrase "one of these episodes" in %this episode/one of these episodes2%.

MIA_C19C If MIA_Q19B = R, go to MIA_C19D.

MIA_Q19C
MIAB_19C **How many weeks in the past 12 months were you having %this episode/one of these episodes2%?**

INTERVIEWER: Minimum is 1; maximum is 52.

|| Number of weeks
(MIN: 1) (MAX: 52)

DK, R

MIA_C19D If MIA_Q08 = 1 (number of episodes), MIA_C19D = 1 and go to MIA_Q24.
Otherwise, MIA_C19D = 2 and go to MIA_Q20.

MIA_Q19D **How old were you the last time you had one of these episodes?**

MIAB_19D **INTERVIEWER:** Minimum is 0; maximum is %current age%.

|_|_|_| Age in years
(MIN: 0) (MAX: current age)

DK, R

MIA_Q20 **During your life, how many episodes lasting a full week or longer have you ever had?**

MIAB_20

INTERVIEWER: Minimum is 0; maximum is (%current age% * 52).
If respondent answers "More than I can remember", enter "%current age% * 52".

|_|_|_| Number of episodes
(MIN: 0) (MAX: %current age% * 52)

DK, R (Go to MIA_Q21)

MIA_C20 If MIA_Q20 = 1 (number of episodes), MIA_C20 = 1 and go to MIA_Q20_2.
If MIA_Q20 = 0 (number of episodes), MIA_C20 = 2 and go to MIA_Q21.
Otherwise, MIA_C20 = 3.

MIA_Q20_1 **How many of these episodes were brought on by some stressful experience?**

MIAB_201

INTERVIEWER: Minimum is 0; maximum is (%number in MIA_Q20%).
If respondent answers "More than I can remember", enter "%number in MIA_Q20%".

|_|_|_|_| Number of episodes
(MIN: 0) (MAX: number in MIA_Q20)

DK, R

Go to MIA_Q21.

MIA_Q20_2 **Was this episode brought on by some stressful experience or did it happen out of the blue?**

MIAB_202

- 1 Brought on by stress
 - 2 Out of the blue
 - 3 Don't remember
- DK, R

MIA_Q21 **During your life, how many episodes lasting less than one week have you ever had?**

MIAB_21

INTERVIEWER: Minimum is 0; maximum is (%current age% * 90).
If respondent answers "More than I can remember", enter "%current age% * 90".

|_|_|_|_| Number of episodes
(MIN: 0) (MAX: %current age% * 90)

DK, R (Go to MIA_Q22A)

MIA_C21 If MIA_Q21 = 1 (number of episodes), MIA_C21 = 1 and go to MIA_Q21_2.
If MIA_Q21 = 0 (number of episodes), MIA_C21 = 2 and go to MIA_Q22A.
Otherwise, MIA_C21 = 3.

MIA_Q21_1 **How many of your episodes lasting less than a week were brought on by**
MIAB_211 **some stressful experience?**

INTERVIEWER: Minimum is 0; maximum is (%number in MIA_Q21%).
If respondent answers “More than I can remember”, enter “%number in MIA_Q21%”.

||| | Number of episodes
(MIN: 0) (MAX: number in MIA_Q21)

DK, R

Go to MIA_Q22A.

MIA_Q21_2 **Was this episode brought on by some stressful experience or did it happen**
MIAB_212 **out of the blue?**

- 1 Brought on by stress
 - 2 Out of the blue
 - 3 Don't remember
- DK, R

MIA_Q22A **How long was the longest episode you ever had?**

MIAB_22 INTERVIEWER: Select the reporting unit here and enter the number in the next screen.

- 1 Hours
 - 2 Days (Go to MIA_Q22A_2)
 - 3 Weeks (Go to MIA_Q22A_3)
 - 4 Months (Go to MIA_Q22A_4)
 - 5 Years (Go to MIA_Q22A_5)
- DK, R (Go to MIA_Q23)

MIA_Q22A_1 INTERVIEWER: Enter the number of hours.
MIAB_221 Minimum is 1; maximum is 72.

|| | Number of hours
(MIN: 1) (MAX: 72; warning after 24)

DK, R

MIA_E22A_1 If MIA_Q22A_1 <= 24, go to MIA_Q23.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q22A_2 INTERVIEWER: Enter the number of days.
MIAB_222 Minimum is 1; maximum is 900.

|_|_|| Number of days
(MIN: 1) (MAX: 900; warning after 365)

DK, R

MIA_E22A_2 If MIA_Q22A_2 <= 365, go to MIA_Q23.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q22A_3 INTERVIEWER: Enter the number of weeks.
MIAB_223 Minimum is 1; maximum is 104.

|_|_|| Number of weeks
(MIN: 1) (MAX: 104; warning after 52)

DK, R

MIA_E22A_3 If MIA_Q22A_3 <= 52, go to MIA_Q23.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q22A_4 INTERVIEWER: Enter the number of months.
MIAB_224 Minimum is 1; maximum is 36.

|_|| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

MIA_E22A_4 If MIA_Q22A_4 <= 24, go to MIA_Q23.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

MIA_Q22A_5 INTERVIEWER: Enter the number of years.
MIAB_225 Minimum is 1; maximum is %current age%.

|_|_|| Number of years
(MIN: 1) (MAX: current age)

DK, R

MIA_Q23
MIAB_23

How many different years in your life did you have at least one episode?

INTERVIEWER: Enter the number of years.
Minimum is 1; maximum is %current age%.

||_| Number of years
(MIN: 1) (MAX: current age)

DK, R

Go to MIA_C26.

MIA_Q24
MIAB_24

Was your episode brought on by some stressful experience or did it happen out of the blue?

- 1 Brought on by stress
 - 2 Out of the blue
 - 3 Don't remember
- DK, R

MIA_C26

If MIA_Q19 = 1 (Yes) or MIA_Q19_1 = 1 (Yes), MIA_C26 = 1.
Otherwise, MIA_C26 = 2 and go to MIA_Q33.

MIA_QINT27

(Please refer to page 1 of the booklet.)

In the past 12 months, think about the period of time lasting one month or longer when your %episode/episodes2% of being very %excited and full of energy/irritable or grouchy% %was/were2% most severe. Please tell me, what number best describes how much your %episode/episodes2% interfered with each of the following activities. For each activity, please answer with a number between 0 and 10; 0 means "no interference" while 10 means "very severe interference".

INTERVIEWER: Press <Enter> to continue.

MIA_Q27A
MIAB_27A

How much did your %episode/episodes2% 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

MIA_Q27B_1 **How much did your %episode/episodes2% interfere with your ability to attend school?**
MIAB_271

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

MIA_Q27B_2 **How much did %it/they2% interfere with your ability to work at a job?**
MIAB_272

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

MIA_Q27C
MIAB_27C

Again thinking about that period of time lasting **one month or longer** when your **%episode/episodes2% %was/were2%** most severe, how much did **%it/they2%** interfere with your ability to form and maintain **close relationships with other people?** (Remember that 0 means “**no interference**” and 10 “**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

MIA_Q27D
MIAB_27D

How much did **%it/they2%** 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

MIA_C29

If (MIA_Q27A, MIA_Q27B_1, MIA_Q27B_2, MIA_Q27C and MIA_Q27D) = 0 (no interference) or = 11 (not applicable) or DK, or R, MIA_C29 = 1 and go to MIA_Q33.
Otherwise, MIA_C29 = 2.

MIA_Q29
MIAB_29

In the **past 12 months**, about how many days out of 365 were you **totally unable to work or carry out your normal activities** because of your **%episode/episodes2%** of being very **%excited and full of energy/irritable or grouchy2%**?

||||| Number of days
(MIN: 0) (MAX: 365)

DK, R

MIA_Q33
MIAB_33

Did you **ever** in your life see, or talk on the telephone, to a medical doctor or other professional about your %episode/episodes% of being very %excited and full of energy/irritable or grouchy%? (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)

- 1 Yes
- 2 No (Go to MIA_Q48_1)
DK, R (Go to MIA_Q48_1)

MIA_Q33A
MIAB_33A

How old were you the **first time** you saw, or talked to a professional about your %episode/episodes%?

INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

MIA_Q45
MIAB_45

Did you ever get treatment for your %episode/episodes% of being very %excited and full of energy/irritable or grouchy% that you considered **helpful** or **effective**?

- 1 Yes
- 2 No (Go to MIA_Q45C)
DK, R (Go to MIA_Q45C)

MIA_Q45A
MIAB_45A

How old were you the **first time** you got **helpful** treatment for your %episode/episodes%?

INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

MIA_Q45B
MIAB_45B

Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your %episode/episodes% of being very %excited and full of energy/irritable or grouchy%?

|_|_| Number of professionals
(MIN: 1) (MAX: 95; warning after 12)

DK, R

MIA_Q45C
MIAB_45C

In total, how many professionals did you **ever** see, or talk to about your episode/episodes% of being very %excited and full of energy/irritable or grouchy%?

|_|_| Number of professionals
(MIN: 0) (MAX: 95; warning after 12)

DK, R

MIA_Q47
MIAB_47

Did you receive professional treatment for your %episode/episodes% of being very %excited and full of energy/irritable or grouchy% at any time in the past 12 months?

- 1 Yes
- 2 No
DK, R

MIA_Q48
MIAB_48

Were you ever hospitalized overnight for your %episode/episodes% of being very %excited and full of energy/irritable or grouchy%?

- 1 Yes
- 2 No (Go to MIA_Q48_1)
DK, R (Go to MIA_Q48_1)

MIA_Q48A
MIAB_48A

How old were you the first time you were hospitalized?

INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

MIA_Q48_1
MIAB_481

How many of your close relatives – including your biological parents, brothers and sisters, and children – ever had episodes of being very %excited and full of energy/irritable or grouchy%?

INTERVIEWER: Minimum is 0; maximum is 95.

|_| Number of relatives
(MIN: 0) (MAX: 95)

DK, R

MIA_ND

INTERVIEWER: This is the end of the module. Press <1> to continue.

MIA_END

Go to next module.

PANIC DISORDER

PAD_C01A If SCR_Q20 = 1 (Yes), go to PAD_QINT1.
If SCR_Q20A = 1 (Yes), go to PAD_QINT2.
Otherwise, go to PAD_END.

PAD_QINT1 **Earlier, you mentioned having attacks of fear or panic when all of a sudden you felt very frightened, anxious or uneasy. Think of a bad attack like that. During that attack, tell me which of the following problems you had.**
INTERVIEWER: Press <Enter> to continue.

Go to PAD_C01B.

PAD_QINT2 **Earlier you mentioned having attacks when all of a sudden you had problems like being short of breath, feeling dizzy, your heart pounding or being afraid you would die or go crazy. Think of a bad attack like that. During that attack, tell me which of the following problems you had.**
INTERVIEWER: Press <Enter> to continue.

PAD_C01B PAD_C01B = Count of all responses of 1 (Yes) in (PAD_Q01A through PAD_Q01P).
When PAD_C01B = 4, go to PAD_C02.

PAD_Q01A
PADB_01A

Did your heart pound or race?

- 1 Yes (KEY_PHRASE = having your heart pounding or racing)
- 2 No
DK
R (Go to PAD_ND)

PAD_Q01B
PADB_01B

Were you short of breath?

- 1 Yes (KEY_PHRASE = being short of breath)
- 2 No
DK, R

PAD_Q01C
PADB_01C

Did you feel nauseous or sick to your stomach?

- 1 Yes (KEY_PHRASE = feeling nauseous)
- 2 No
DK, R

PAD_Q01D
PADB_01D

Did you feel dizzy or faint?

- 1 Yes (KEY_PHRASE = feeling dizzy)
- 2 No
DK, R

PAD_Q01E
PADB_01E

Did you sweat?

- 1 Yes (KEY_PHRASE = sweating)
- 2 No
DK, R

PAD_Q01F
PADB_01F

Did you tremble or shake?

- 1 Yes (KEY_PHRASE = trembling)
- 2 No
DK, R

PAD_Q01G
PADB_01G

Did you have a dry mouth?

- 1 Yes (KEY_PHRASE = having a dry mouth)
- 2 No
DK, R

PAD_Q01H
PADB_01H

Did you feel like you were choking?

- 1 Yes (KEY_PHRASE = feeling like choking)
- 2 No
DK, R

PAD_Q01I
PADB_01I

Did you have pain or discomfort in your chest?

- 1 Yes (KEY_PHRASE = having discomfort in your chest)
- 2 No
DK, R

PAD_Q01J
PADB_01J

Were you afraid that you might lose control of yourself or go crazy?

- 1 Yes (KEY_PHRASE = fearing that you might lose control of yourself)
- 2 No
DK, R

PAD_Q01K
PADB_01K

Did you feel that you were “not really there”, like you were watching a movie of yourself?

- 1 Yes (KEY_PHRASE = feeling that you were “not really there”)
(Go to PAD_Q01M)
- 2 No
DK, R

PAD_Q01L
PADB_01L

Did you feel that things around you were not real or like a dream?

- 1 Yes (KEY_PHRASE = feeling that things around you were unreal)
- 2 No
DK, R

PAD_Q01M
PADB_01M

Were you afraid that you might pass out?

1 Yes (KEY_PHRASE = fearing that you might pass out)
2 No
DK, R

PAD_Q01N
PADB_01N

Were you afraid that you might die?

1 Yes (KEY_PHRASE = fearing that you might die)
2 No
DK, R

PAD_Q01O
PADB_01O

Did you have hot flushes or chills?

1 Yes (KEY_PHRASE = having hot flushes)
2 No
DK, R

PAD_Q01P
PADB_01P

Did you feel numbness or have tingling sensations?

1 Yes (KEY_PHRASE = having numbness)
2 No
DK, R

PAD_C02

If count of responses of "Yes" in PAD_Q01A through PAD_Q01P <= 3,
PAD_C02 = 1 and go to PAD_ND.
Otherwise, PAD_C02 = 2.

PAD_Q03
PADB_03

During your attacks, did the problems like ^KEY_PHRASES begin suddenly and reach their peak within 10 minutes after the attacks began?

1 Yes
2 No (Go to PAD_ND)
DK, R (Go to PAD_ND)

PAD_Q04
PADB_04

About how many of these sudden attacks have you had in your entire lifetime?

INTERVIEWER: If respondent answers more than 900 attacks, enter "900".
If respondent answers "More than I can remember", enter "901".

||| | Number of attacks
(MIN: 1) (MAX: 901)

DK
R (Go to PAD_ND)

PAD_C05

If PAD_Q04 = 1 (number of attacks), PAD_C05 = 1 (only one sudden attack in entire life).
Otherwise, PAD_C05 = 2 (many sudden attacks in entire life) and go to PAD_Q09.

PAD_Q06
PADB_06

When did the attack occur? Was it:

INTERVIEWER: Read categories to respondent.

- 1 ... during the past month? (Go to PAD_QINT8)
- 2 ... 2 to 6 months ago? (Go to PAD_QINT8)
- 3 ... 7 to 12 months ago? (Go to PAD_QINT8)
- 4 ... more than 12 months ago?
DK, R

PAD_Q07
PADB_07

Can you remember exactly how old you were when the attack occurred?

- 1 Yes
- 2 No (Go to PAD_Q07B)
DK (Go to PAD_Q07B)
R (Go to PAD_Q07B_1)

PAD_Q07A
PADB_07A

How old were you?

INTERVIEWER: Minimum is 0; maximum is %current age%.

||| Age in years (Go to PAD_QINT8)
(MIN: 0) (MAX: current age)

DK
R (Go to PAD_QINT8)

PAD_Q07B
PADB_07B

About how old were you?

INTERVIEWER: Minimum is 0; maximum is %current age%.

||| Age in years (Go to PAD_QINT8)
(MIN: 0) (MAX: current age)

DK
R (Go to PAD_QINT8)

PAD_Q07B_1
PADB_071

When would you say this attack occurred? Was it:

INTERVIEWER: Read categories to respondent.

- 1 ... before you first started school?
- 2 ... before you were a teenager?
- 3 ... once you were a teenager or adult?
DK, R

PAD_QINT8

Attacks of this sort can occur in 3 different situations. The first situation is when the attacks occur unexpectedly, "out of the blue". The second situation is when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third situation is when a person is in real danger, like a car accident or a bank robbery.

INTERVIEWER: Press <Enter> to continue.

PAD_Q08
PADB_08

Which of these 3 situations describes your attack? Did it occur:

INTERVIEWER: Read categories to respondent.

If respondent thought there was real danger even though it turned out not to be dangerous, select category 3, "... in a situation of real danger".

- 1 ... unexpectedly, "out of the blue"?
 - 2 ... in a situation where you had a strong fear?
 - 3 ... in a situation of real danger?
- DK, R

Go to PAD_ND.

PAD_Q09
PADB_09

Can you remember exactly how old you were, the very first time you had one of these attacks?

- 1 Yes
- 2 No (Go to PAD_Q09B)
- DK (Go to PAD_Q09B)
- R (Go to PAD_Q09B_1)

PAD_Q09A
PADB_09A

How old were you?

INTERVIEWER: Minimum is 0; maximum is %current age%.

||| Age in years (Go to PAD_Q10)
(MIN: 0) (MAX: current age)

DK
R (Go to PAD_Q10)

PAD_Q09B
PADB_09B

About how old were you?

INTERVIEWER: Minimum is 0; maximum is %current age%.

If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".

||| Age in years (Go to PAD_Q10)
(MIN: 0) (MAX: current age)

DK
R (Go to PAD_Q10)

PAD_Q09B_1
PADB_091

Would you say that the very first time you had one of these attacks

INTERVIEWER: Read categories to respondent.

If respondent answers "All my life", press <F6> to indicate "DK".

- 1 ... before you first started school?
 - 2 ... before you were a teenager?
 - 3 ... once you were a teenager or an adult?
- DK, R

PAD_Q10
PADB_10

At any time in the past 12 months, did you have one of these attacks?

- 1 Yes
- 2 No (Go to PAD_Q10D)
- DK (Go to PAD_Q10D)
- R (Go to PAD_Q11)

PAD_Q10A
PADB_10A

How recently was it?

INTERVIEWER: Read categories to respondent.

- 1 **During the past month**
 - 2 **Between 2 and 6 months ago**
 - 3 **More than 6 months ago**
- DK, R

PAD_Q10B
PADB_10B

During the past 12 months, in how many weeks did you have at least one attack?

||| Number of weeks
(MIN: 1) (MAX: 52)

DK, R

PAD_Q10C
PADB_10C

And how many attacks in total did you have in the past 12 months?

|||| Number of attacks
(MIN: 1) (MAX: 900)

DK, R

Go to PAD_Q11.

PAD_Q10D
PADB_10D

How old were you the last time you had one of these attacks?

INTERVIEWER: Minimum is %age/ in PAD_Q09A or PAD_Q09B%; maximum is %current age%.

|||| Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

PAD_Q11
PADB_11

What is the greatest number of attacks you ever had in any single year of your life?

INTERVIEWER: Minimum is 1; maximum is %number in PAD_Q04%.

|||| Number of attacks
(MIN: 1) (MAX: number in PAD_Q04)

DK, R

PAD_Q12
PADB_12

For about how many different years of your life did you have at least one attack?

INTERVIEWER: Minimum is 1; maximum is %PAD_Q10D – (PAD_Q09A or PAD_Q09B)% or %current age – (PAD_Q09A or PAD_Q09B)%.

|||| Number of years
(MIN: 1) (MAX: age in PAD_Q10D – age in (PAD_Q09A or PAD_Q09B) or (current age – age in (PAD_Q09A or PAD_Q09B)))

DK, R (Go to PAD_QINT13)

PAD_E12 If PAD_Q12 >= 1 (number of years) and PAD_Q12 <= age in PAD_Q10D – age in (PAD_Q09A or PAD_Q09B) or (current age – age in (PAD_Q09A or PAD_Q09B)), go to PAD_QINT13. Otherwise, show pop-up edit as follows.

The number of different years for which the respondent had at least one attack is unusual. Please return and correct.

Go to PAD_Q12.

PAD_QINT13 **After one of these attacks, tell me if you ever had any of the following experiences?**

INTERVIEWER: Press <Enter> to continue.

PAD_Q13A **A month or more when you often worried that you might have another attack?**
PADB_13A

- 1 Yes (Go to PAD_C14)
- 2 No
DK, R

PAD_Q13B **A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack or losing control?**
PADB_13B

- 1 Yes (Go to PAD_C14)
- 2 No
DK, R

PAD_Q13C **A month or more when you changed your everyday activities because of the attacks?**
PADB_13C

- 1 Yes (Go to PAD_C14)
- 2 No
DK, R

PAD_Q13D **A month or more when you avoided certain situations because of fear about having another attack?**
PADB_13D

- 1 Yes (Go to PAD_C14)
- 2 No
DK, R

PAD_C14 If any one of PAD_Q13A, B, C or D = 1 (Yes), PAD_C14 = 1. Otherwise, PAD_C14 = 2 and go to PAD_QINT17.

PAD_Q15 **How old were you the first time you had a month when you either often worried, changed your everyday activities or avoided certain situations because of the attacks?**
PADB_15

INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.

[_][_] Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

PAD_Q16
PADB_16

Did you have **a month** of worry or change in activity like that in the **past 12 months**?

- 1 Yes
- 2 No (Go to PAD_Q16E)
- DK, R (Go to PAD_Q16E)

PAD_Q16A
PADB_16A

How recently?

INTERVIEWER: Read categories to respondent.

- 1 **During the past month**
- 2 **Between 2 and 6 months ago**
- 3 **More than 6 months ago**
- DK, R

PAD_Q16B
PADB_16B

In the **past 12 months**, how many months of worry or change in activity did you have?

||| Number of months
(MIN: 1) (MAX: 12)

DK, R

PAD_Q16C
PADB_16C

During the time in the **past 12 months** when your worry about having another attack was the most frequent and severe, did you worry:

INTERVIEWER: Read categories to respondent.

- 1 ... **nearly all the time?**
- 2 ... **most of the time?**
- 3 ... **often?**
- 4 ... **sometimes?**
- 5 ... **only rarely?**
- DK, R

PAD_Q16D
PADB_16D

And how **severe** was your worry during this time? Was it:

INTERVIEWER: Read categories to respondent.

- 1 ... **mild?**
- 2 ... **moderate?**
- 3 ... **severe?**
- 4 ... **so severe that you were unable to carry out important tasks?**
- DK, R

Go to PAD_QINT17.

PAD_Q16E
PADB_16E

About how old were you the **last** time you had a month like this when you worried about having another attack?

INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.

||| Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

PAD_QINT17 **Attacks of this sort can occur in 3 different situations. The first situation is when the attacks occur unexpectedly, “out of the blue”. The second situation is when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third situation is when a person is in real danger, like a car accident or a bank robbery.**

INTERVIEWER: Press <Enter> to continue.

PAD_Q17
PADB_17 **The next questions are about how many of your attacks occurred in each of these 3 kinds of situations. Did you ever have an attack that occurred unexpectedly, “out of the blue”?**

- 1 Yes
- 2 No (Go to PAD_Q18)
- DK, R (Go to PAD_Q18)

PAD_Q17A
PADB_17A **In your lifetime, about how many attacks occurred unexpectedly, “out of the blue”?**

INTERVIEWER: If respondent answers more than 900 attacks, enter “900”.
If respondent answers “More than I can remember”, enter “901”.

|_|_|| Number of attacks
(MIN: 1) (MAX: 901)

DK, R

PAD_C17 If number in PAD_Q17A = number in PAD_Q04, PAD_C17 = 1 and go to PAD_C20.
Otherwise, PAD_C17 = 2.

PAD_Q18
PADB_18 **In your lifetime, about how many attacks occurred in situations where you were not in real danger, but where you had an unreasonably strong fear of the situations?**

INTERVIEWER: If respondent answers more than 900 attacks, enter “900”.
If respondent answers “More than I can remember”, enter “901”.

|_|_|| Number of attacks
(MIN: 0) (MAX: 901)

DK, R

PAD_C18 If (number in PAD_Q17A + number in PAD_Q18) = number in PAD_Q04,
PAD_C18 = 1 and go to PAD_C20.
Otherwise, PAD_C18 = 2.

PAD_Q19
PADB_19 **In your lifetime, about how many attacks occurred in situations where you were in real danger?**

INTERVIEWER: If respondent thought there was real danger even though it turned out not to be dangerous, consider it as a “real danger”.

INTERVIEWER: If respondent answers more than 900 attacks, enter “900”.
If respondent answers “More than I can remember”, enter “901”.

|_|_|| Number of attacks
(MIN: 0) (MAX: 901)

DK, R

PAD_Q24 **Did this unexpected, “out of the blue” attack occur while you were asleep?**
 PADB_24

- 1 Yes
- 2 No
 DK, R

Go to PAD_ND.

PAD_Q24A **How many of your unexpected, “out of the blue”, attacks occurred while you were asleep?**
 PADB_24A

INTERVIEWER: If respondent answers more than 900 attacks, enter “900”.
 If respondent answers “More than I can remember”, enter “901”.

||| Number of attacks
 (MIN: 0) (MAX: 901)

DK, R

PAD_Q25A **Unexpected attacks sometimes occur as a result of a physical illness or injury or the use of medication, drugs or alcohol. Do you think any of your attacks ever occurred as the result of physical causes, medication, drugs or alcohol?**
 PADB_25A

- 1 Yes
- 2 No (Go to PAD_C33)
 DK, R (Go to PAD_C33)

PAD_Q25B **Do you think all of your attacks were the result of physical causes, medication, drugs or alcohol?**
 PADB_25B

- 1 Yes
- 2 No (Go to PAD_C33)
 DK, R (Go to PAD_C33)

PAD_Q25C **What were the causes?**
 INTERVIEWER: Mark all that apply.

- PADB_2CA 1 Exhaustion
- PADB_2CB 2 Hyperventilation
- PADB_2CC 3 Hypochondria
- PADB_2CD 4 Menstrual cycle
- PADB_2CE 5 Pregnancy / postpartum
- PADB_2CF 6 Thyroid disease
- PADB_2CG 7 Cancer
- PADB_2CH 8 Overweight
- PADB_2CI 9 Medication (excluding illicit drugs)
- PADB_2CJ 10 Illicit drugs
- PADB_2CK 11 Alcohol
- PADB_2CL 12 Chemical Imbalance/Serotonin Imbalance
- PADB_2CM 13 Chronic Pain
- PADB_2CN 14 Caffeine
- PADB_2CO 15 No specific diagnosis
- PADB_2CP 16 Other – Specify
- PADB_2CQ 17 Other – Physical causes, etc.
 DK, R

PAD_C33 If PAD_C20A = 1 (no attack associated with dangerous situations),
PAD_C33 = 1.
Otherwise, PAD_C33 = 2 (attacks associated with dangerous situations) and go
to PAD_C35.

PAD_C34 If PAD_Q10 = 1 (sudden attack in past 12 month), PAD_C34 = 1 and go to
PAD_Q40.
Otherwise, PAD_C34 = 2 (no sudden attack in past 12 month) and go to
PAD_C39.

PAD_C35 If PAD_Q10 = 1, (sudden attack in past 12 month), PAD_C35 = 1.
Otherwise, PAD_C35 = 2 (no sudden attack in past 12 month) and go to
PAD_C39.

PAD_Q36 **In the past 12 months, how many unexpected, “out of the blue” attacks did**
PADB_36 **you have?**

INTERVIEWER: Minimum is 0; maximum is %number in PAD_Q17A%.
If respondent answers “More than I can remember”, enter “901”.

||_| Number of attacks
(MIN: 0) (MAX: number in PAD_Q17A)

DK, R

PAD_E36 If PAD_Q36 <= PAD_Q17A, go to PAD_C37.
Otherwise, show pop-up edit as follows.

**The entered number of attacks is greater than the total number of attacks the
respondent ever had in %his/her% life.
Please return and correct.**

PAD_C37 If PAD_Q36 = 0, PAD_C37 = 1 (no “out of the blue” attack in past 12 month).
If PAD_Q36 = 1, PAD_C37 = 2 (only one “out of the blue” attack in past 12
month) and go to PAD_Q38.
Otherwise, PAD_C37 = 3 (many “out of the blue” attacks in past 12 month) and
go to PAD_Q37B.

PAD_Q37A **How old were you the last time you had an unexpected, “out of the blue”**
PADB_37A **attack?**

INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is
%current age%.

||_| Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

Go to PAD_C39.

PAD_Q37B **During the past 12 months, in about how many weeks did you have at least one of these attacks?**
PADB_37B

INTERVIEWER: Minimum is 1; maximum is 52.
If respondent answers more than 52 weeks, enter "52".

[_][_] Number of weeks
(MIN: 1) (MAX: 52)

DK, R

PAD_Q38 **When was your most recent attack?**
PADB_38

INTERVIEWER: Read categories to respondent.

- 1 **During the past month**
 - 2 **Between 2 and 6 months ago**
 - 3 **More than 6 months ago**
- DK, R

Go to PAD_Q40.

PAD_C39 If PAD_Q16 = 1, PAD_C39 = 1 (one month of worry or change in past 12 months) and go to PAD_QINT41.
Otherwise, PAD_C39 = 2 (no month of worry or change in past 12 months) and go to PAD_Q50.

PAD_Q40 **Think about an attack during the past 12 months. How much emotional distress did you have during this attack?**
PADB_40

INTERVIEWER: Read categories to respondent.

- 1 **None**
 - 2 **Mild**
 - 3 **Moderate**
 - 4 **Severe**
 - 5 **So severe that you were unable to concentrate and had to stop what you were doing**
- DK, R

PAD_QINT41 **Sometimes people with attacks get upset by physical sensations that remind them of the attacks. Examples include being out of breath after physical exercise, feeling speeded up after drinking coffee or beverages containing caffeine, feeling out of control after using alcohol or drugs, and feeling tingly while watching a scary movie or television show.**
INTERVIEWER: Press <Enter> to continue.

PAD_Q41 **In the past 12 months, did you get upset by any physical sensations that reminded you of your attacks?**
PADB_41

- 1 Yes
 - 2 No (Go to PAD_QINT44)
- DK, R (Go to PAD_QINT44)

PAD_Q41A
PADB_41A

In the **past 12 months**, how strong was your discomfort with any physical sensations like these? Was it:

INTERVIEWER: Read categories to respondent.

- 1 ... mild?
 - 2 ... moderate?
 - 3 ... severe?
 - 4 ... so severe that you became very worried that these sensations might cause you to have another attack?
- DK, R

PAD_Q42
PADB_42

In the **past 12 months**, how often did you avoid situations or activities that might cause these physical sensations?

INTERVIEWER: Read categories to respondent.

- 1 **All the time**
 - 2 **Most of the time**
 - 3 **Sometimes**
 - 4 **Rarely** (Go to PAD_QINT44)
 - 5 **Never** (Go to PAD_QINT44)
- DK, R (Go to PAD_QINT44)

PAD_Q43
PADB_43

In the **past 12 months**, how much did avoidance of these situations interfere with your work, your social life or your personal relationships?

INTERVIEWER: Read categories to respondent.

- 1 **Not at all**
 - 2 **A little**
 - 3 **Some**
 - 4 **A lot**
 - 5 **Extremely**
- DK, R

PAD_QINT44 (Please refer to page 1 of the booklet.)

In the **past 12 months**, think about the period of time that lasted **1 month or longer** when your attacks or worry about the attacks were most severe. Please tell me what number best describes how much the attacks or worry about the attacks interfered with each of the following activities. 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.

PAD_Q44A
PADB_44A

How much did your attacks or worry about the attacks 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

PAD_Q44B_1
PADB_441

How much did it interfere with your ability to attend school?

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

PAD_Q44B_2
PADB_442

How much did it interfere with your ability to work at a job?

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

PAD_Q44C
PADB_44C

Again think about that period of time lasting 1 month or longer when your attacks or worry about the attacks were most severe, how much did they 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 |
- 10 V Very severe interference

||| Number
(MIN: 0) (MAX: 10)

DK, R

PAD_Q62
PADB_62

Did you ever get treatment for your attacks that you considered helpful or effective?

- 1 Yes
- 2 No (Go to PAD_Q62C)
- DK, R (Go to PAD_Q62C)

PAD_Q62A
PADB_62A

How old were you the first time you got helpful treatment for your attacks?
INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.

||_| Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

PAD_Q62B
PADB_62B

Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your attacks or worry about other attacks?

|| Number of professionals
(MIN: 1) (MAX: 95; warning after 12)

DK, R

PAD_Q62C
PADB_62C

In total, how many professionals did you ever see, or talk to about your attacks?

|| Number of professionals
(MIN: 0) (MAX: 95; warning after 12)

DK, R

PAD_Q64
PADB_64

During the past 12 months, did you receive professional treatment for your attacks?

- 1 Yes
- 2 No
- DK, R

PAD_Q65
PADB_65

Were you ever hospitalized overnight for your attacks?

- 1 Yes
- 2 No (Go to PAD_Q65_1)
- DK, R (Go to PAD_Q65_1)

PAD_Q65A
PADB_65A

How old were you the first time you were hospitalized overnight because of your attacks?

INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.

||_| Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

PAD_Q65_1 **How many of your close relatives – including your biological parents,
PADB_651 brothers, sisters and children – ever had attacks of this sort?**
INTERVIEWER: Minimum is 0; maximum is 95.

[_|_] Number of relatives
(MIN: 0) (MAX: 95)

DK, R

PAD_ND INTERVIEWER: This is the end of the module. Press <1> to continue.

PAD_END Go to next module.

For information only

SOCIAL PHOBIA

SOP_C1 If SCR_Q29_1 = 1 and (SCR_Q29_2 = 1 or SCR_Q29_3 = 1), go to SOP_QINT1.
Otherwise, go to SOP_END.

SOP_QINT1 **Earlier, you mentioned having a time in your life when you felt very shy, afraid or uncomfortable with other people or in social situations. The next questions are about which of these situations made you feel this way. Tell me if there was ever a time in your life when you felt shy, afraid or uncomfortable with the following situations.**
INTERVIEWER: Press <Enter> to continue.

SOP_Q01A **Meeting new people?**
SOPB_01A

- 1 Yes (KEY_PHRASE = meeting new people)
- 2 No
- 3 Not applicable
DK
R (Go to SOP_ND)

SOP_Q01B **Talking to people in authority?**
SOPB_01B

- 1 Yes (KEY_PHRASE = talking to people in authority)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01C **Speaking up in a meeting or class?**
SOPB_01C

- 1 Yes (KEY_PHRASE = speaking up at a meeting)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01D **Going to parties or other social gatherings?**
SOPB_01D

- 1 Yes (KEY_PHRASE = going to parties)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01E **Have you ever felt very shy, afraid or uncomfortable when you were performing or giving a talk in front of an audience?**
SOPB_01E

- 1 Yes (KEY_PHRASE = performing in front of an audience)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01F
SOPB_01F **Taking an important exam or interviewing for a job, even though you were well prepared?**

- 1 Yes (KEY_PHRASE = taking an important exam)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01G
SOPB_01G **Working while someone watches you?**

- 1 Yes (KEY_PHRASE = working while someone watches)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01H
SOPB_01H **Entering a room when others are already present?**

- 1 Yes (KEY_PHRASE = entering a room when others are already present)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01I
SOPB_01I **Talking with people you don't know very well?**

- 1 Yes (KEY_PHRASE = talking with people you don't know very well)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01J
SOPB_01J **Expressing disagreement to people you don't know very well?**

- 1 Yes (KEY_PHRASE = disagreeing with people)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01K
SOPB_01K **Writing, eating or drinking while someone watches?**

- 1 Yes (KEY_PHRASE = writing, eating or drinking while someone watches you)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01L
SOPB_01L **Have you ever felt very shy, afraid or uncomfortable when using a public bathroom or a bathroom away from home?**

- 1 Yes (KEY_PHRASE = using a public bathroom)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01M
SOPB_01M

When going on a date?

- 1 Yes (KEY_PHRASE = dating)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01N
SOPB_01N

In any other social or performance situation where you could be the centre of attention or where something embarrassing might happen?

- 1 Yes
- 2 No
- 3 Not applicable
DK, R

SOP_C2

If count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 0, SOP_C2 = 1 and go to SOP_ND.

If count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1 through 3, SOP_C2 = 2 and go to SOP_C3.

If count of responses of “Yes” in SOP_Q01A through SOP_Q01N \geq 4, SOP_C2 = 3 and go to SOP_Q03_2.

SOP_C3

If count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q03_1.

Otherwise, use %any of these situations% in SOP_Q03_1.
(Applies to SOP_Q03_1.)

SOP_C3A

If SOP_Q01N = 1 and count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = those we just mentioned.
(Applies to SOP_Q03_1, SOP_Q20, SOP_Q25.)

If SOP_Q01N \geq 1 and count of responses of “Yes” in SOP_Q01A through SOP_Q01N \geq 1, KEY_PHRASE for SOP_Q01N = any other similar situation.

SOP_Q03_1
SOPB_031

You mentioned that you had a fear of situations like ^KEY_PHRASES. Can you remember exactly how old you were, the very first time you had a fear of %this situation/any of these situations%?

- 1 Yes (Go to SOP_Q03A)
- 2 No (Go to SOP_Q03B)
- DK, R (Go to SOP_Q03B)

SOP_Q03_2
SOPB_032

You mentioned that you had a fear of a number of social or performance situations. Can you remember exactly how old you were, the very first time you had a fear of any of these situations?

INTERVIEWER: If respondent does not remember the situations, press <Ctrl+S> to show the list of situations.

- 1 Yes
- 2 No (Go to SOP_Q03B)
- DK, R (Go to SOP_Q03B)

- SOP_Q03A **How old were you?**
 SOPB_03A INTERVIEWER: Minimum is 0; maximum is %current age%.
- |_|_| Age in years (Go to SOP_C6)
 (MIN: 0) (MAX: current age)
- DK
 R (Go to SOP_C6)
- SOP_Q03B **About how old were you?**
 SOPB_03B INTERVIEWER: Minimum is 0; maximum is %current age%.
 If respondent answers “All my life” or “As long as I can remember”, press <F6> to indicate “DK”.
- |_|_| Age in years (Go to SOP_C6)
 (MIN: 0) (MAX: current age)
- DK
 R (Go to SOP_C6)
- SOP_C4 If count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q03B_1.
 Otherwise, use %any of these situations% in SOP_Q03B_1.
 (Applies to SOP_Q03B_1.)
- SOP_Q03B_1 **Would you say that the very first time you had a fear of %this situation/any of these situations% was:**
 SOPB_3B1 INTERVIEWER: Read categories to respondent.
 If respondent answers “All my life”, press <F6> to indicate “DK”.
- 1 ... **before you first started school?**
 2 ... **before you were a teenager?**
 3 ... **once you were a teenager or an adult?**
 DK, R
- SOP_C6 If count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q06A and SOP_Q06A_1.
 Otherwise, use %any of these situations% in SOP_Q06A and SOP_Q06A_1.
 (Applies to SOP_Q06A and SOP_Q06A_1.)
- SOP_C6A If SCR_Q29_2 = 1 then SOP_C6A = 1, and go to SOP_Q06A.
 Otherwise, go to SOP_C8.

SOP_Q06A
SOPB_06A

Earlier, you mentioned having times when you avoided social or performance situations because of your fear. How old were you the very first time you started avoiding %this situation/any of these situations%?

INTERVIEWER: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.

If respondent answers “All my life” or “As long as I can remember”, press <F6> to indicate “DK”.

If respondent does not remember the situations, press <Ctrl+S> to show the list of situations.

||_| Age in years (Go to SOP_C8)
(MIN: 0) (MAX: current age)

DK
R (Go to SOP_C8)

SOP_Q06A_1
SOPB_6A1

Would you say that the very first time you avoided %this situation/any of these situations% was:

INTERVIEWER: Read categories to respondent.

If respondent answers “All my life”, press <F6> to indicate “DK”.

- 1 ... before you first started school?
 - 2 ... before you were a teenager?
 - 3 ... once you were a teenager or an adult?
- DK, R

SOP_C8

If count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_QINT8.
Otherwise, use %these situations% in SOP_QINT8.
(Applies to SOP_QINT8.)

SOP_QINT8

Think of the time in your life when your fear or avoidance of %this situation/these situations% was most severe. When you were faced with %this situation/these situations%, or thought you would have to be, did you ever have any of the following experiences?

INTERVIEWER: Press <Enter> to continue.

SOP_Q08A
SOPB_08A

Did you ever blush or shake?

- 1 Yes (Go to SOP_C9)
- 2 No
DK, R

SOP_Q08B
SOPB_08B

Did you ever fear that you might lose control of your bowels or bladder?

- 1 Yes (Go to SOP_C9)
- 2 No
DK, R

SOP_Q08C
SOPB_08C

Did you ever fear that you might vomit?

- 1 Yes (Go to SOP_C9)
- 2 No
DK, R

- SOP_C9 SOP_C9 = Count of all responses of 1 (Yes) in (SOP_Q09A through SOP_Q09O).
When SOP_C9 = 2, go to SOP_C11.
- SOP_C10 If SOP_Q01N = 1 and count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = “situations similar to those that we just mentioned.”

If SOP_Q01N = 1 and count of responses of “Yes” in SOP_Q01A through SOP_Q01N > 1, KEY_PHRASE for SOP_Q01N = “any other similar situation.”

If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in SOP_QINT9.
Otherwise, use %these situations% in SOP_QINT9.
(Applies to SOP_QINT9.)
- SOP_QINT9 **When you were faced with %^KEY_PHRASES/these situations%, tell me if you ever had any of the following reactions.**
INTERVIEWER: Press <Enter> to continue.
- SOP_Q09A SOPB_09A **Did your heart ever pound or race?**
1 Yes
2 No
DK, R
- SOP_Q09B SOPB_09B **Did you sweat?**
1 Yes
2 No
DK, R
- SOP_Q09C SOPB_09C **Did you tremble?**
1 Yes
2 No
DK, R
- SOP_Q09D SOPB_09D **Did you feel sick to your stomach?**
1 Yes
2 No
DK, R
- SOP_Q09E SOPB_09E **Did you have a dry mouth?**
1 Yes
2 No
DK, R
- SOP_Q09F SOPB_09F **Did you have hot flushes or chills?**
1 Yes
2 No
DK, R

SOP_Q09G
SOPB_09G

Did you feel numbness or have tingling sensations?

- 1 Yes
- 2 No
DK, R

SOP_Q09H
SOPB_09H

Did you have trouble breathing normally?

- 1 Yes
- 2 No
DK, R

SOP_Q09I
SOPB_09I

Did you feel like you were choking?

- 1 Yes
- 2 No
DK, R

SOP_Q09J
SOPB_09J

Did you have pain or discomfort in your chest?

- 1 Yes
- 2 No
DK, R

SOP_Q09K
SOPB_09K

Did you feel dizzy or faint?

- 1 Yes
- 2 No
DK, R

SOP_Q09L
SOPB_09L

Were you afraid that you might die?

- 1 Yes
- 2 No
DK, R

SOP_C9M

SOP_Q01N = 1 and count of responses “Yes” in SOP_01A through SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = “situations similar to those that we just mentioned.”

If SOP_Q01N = 1 and count of responses of “Yes” in SOP_Q01A through SOP_Q01N > 1, KEY_PHRASE for SOP_Q01N = “any other similar situation.”

If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in SOP_Q09M.

Otherwise, use %these situations% in SOP_Q09M.

SOP_Q09M
SOPB_09M

(When you were faced with %^KEY_PHRASES/these situations%), did you ever fear that you might lose control, go crazy or pass out?

INTERVIEWER: If respondent does not remember the situations, press <Ctrl+S> to show the list of situations.

- 1 Yes
- 2 No
DK, R

SOP_Q09N **Did you feel like you were “not really there”, like you were watching a movie of yourself?**
SOPB_09N

- 1 Yes (Go to SOP_C11)
- 2 No
 DK, R

SOP_Q09O **Did you feel that things around you were not real or like a dream?**
SOPB_09O

- 1 Yes
- 2 No
 DK, R

SOP_C11 If count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q10, SOP_Q10A and SOP_Q12.

Otherwise, use %these situations% in SOP_Q10, SOP_Q10A and SOP_Q12.
(Applies to SOP_Q10, SOP_Q10A, SOP_Q12.)

SOP_Q10 **When you were in %this situation/these situations%, were you ever afraid that you might have a panic attack?**
SOPB_10

- 1 Yes
- 2 No (Go to SOP_Q11)
 DK, R (Go to SOP_Q11)

SOP_Q10A **Did you ever have a panic attack in %this situation/these situations%?**
SOPB_10A

- 1 Yes
- 2 No
 DK, R

SOP_Q11 **Were you afraid that you might be trapped or unable to escape?**
SOPB_11

- 1 Yes
- 2 No
 DK, R

SOP_Q12 **When you were in %this situation/these situations%, were you afraid you might do something embarrassing or humiliating?**
SOPB_12

- 1 Yes (Go to SOP_Q15)
- 2 No
 DK, R

SOP_Q12A **Were you afraid that you might embarrass other people?**
SOPB_12A

- 1 Yes (Go to SOP_Q15)
- 2 No
 DK, R

SOP_Q13
SOPB_13

Were you afraid that people might look at you, talk about you or think negative things about you?

- 1 Yes (Go to SOP_Q15)
- 2 No
DK, R

SOP_Q14
SOPB_14

Were you afraid that you might be the focus of attention?

- 1 Yes (Go to SOP_Q15)
- 2 No
DK, R

SOP_C12

If SOP_Q01N = 1 and count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = “facing situations similar to those we just mentioned.”

If SOP_Q01N = 1 and count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 2 or 3, KEY_PHRASE for SOP_Q01N = “any other similar situation.”

If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in SOP_Q14A.

Otherwise, use %these situations% in SOP_Q14A.
(Applies to SOP_Q14A.)

SOP_Q14A
SOPB_14A

There are several reasons why people are afraid when faced with different situations. Tell me, what was it you feared most about %[^]KEY_PHRASES/these situations%? Did you think it was:

INTERVIEWER: Read categories to respondent.

If respondent thought there was real danger even though it turned out not to be dangerous, consider it as a “real danger”.

- 1 ... a real danger, like the danger associated with a car accident or a bank robbery? (Go to SOP_Q14B)
- 2 ... or another reason? (Go to SOP_Q14C)
- DK, R (Go to SOP_Q15)

SOP_Q14B
SOPB_14B

What was this danger?

INTERVIEWER: Enter a brief description of the danger.

DK, R (Go to SOP_Q15)

SOP_Q14C
SOPB_14C

What was this reason?

INTERVIEWER: Enter a brief description of the reason.

DK, R

SOP_Q15
SOPB_15

Was your fear related to embarrassment about having a physical, emotional or mental health problem or condition?

- 1 Yes
- 2 No (Go to SOP_Q16)
- DK, R (Go to SOP_Q16)

SOP_Q15A (Please refer to page 8 of the booklet.)

What was the problem or condition?

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|--|
| SOPB_15A | 1 | Emotional or mental health problem or condition |
| SOPB_15B | 2 | Alcohol or drug problem |
| SOPB_15C | 3 | Speech, vision or hearing problem |
| SOPB_15D | 4 | Movement or coordination problem |
| SOPB_15E | 5 | Facial or body disfigurement, weight or body image problem |
| SOPB_15F | 6 | Bad odour or sweating |
| SOPB_15G | 7 | Other physical health problem |
| SOPB_15H | 8 | Pregnancy |
| | | DK, R |

SOP_C13 If count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q16 and SOP_Q17.
Otherwise, use %these situations% in SOP_Q16 and SOP_Q17.
(Applies to SOP_Q16, SOP_Q17.)

SOP_Q16 **How much did your fear or avoidance of %this situation/these situations% ever interfere with either your work, your social life or your personal relationships?**

SOPB_16

INTERVIEWER: Read categories to respondent.

- | | |
|---|-------------------|
| 1 | Not at all |
| 2 | A little |
| 3 | Some |
| 4 | A lot |
| 5 | Extremely |
| | DK, R |

SOP_Q17 **Was there ever a time in your life when you felt emotionally upset, worried or disappointed with yourself because of your fear or avoidance of %this situation/these situations%?**

SOPB_17

- | | |
|---|-------|
| 1 | Yes |
| 2 | No |
| | DK, R |

SOP_C14 If count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q18 and SOP_Q18A.
Otherwise, use %any of these situations% in SOP_Q18 and SOP_Q18A.
(Applies to SOP_Q18, SOP_Q18A.)

SOP_Q18 **When was the last time you either strongly feared or avoided %this situation/any of these situations%. Was it:**

SOPB_18

INTERVIEWER: Read categories to respondent.

- | | | |
|---|---|-----------------|
| 1 | ... during the past month? | (Go to SOP_C15) |
| 2 | ... between 2 and 6 months ago? | (Go to SOP_C15) |
| 3 | ... between 7 and 12 months ago? | (Go to SOP_C15) |
| 4 | ... more than 12 months ago? | |
| | DK | |
| | R | (Go to SOP_C15) |

SOP_QINT21 (Please refer to page 1 of the booklet.)

In the past 12 months, think about the period of time that lasted 1 month or longer when your fear or avoidance of social and performance situations was most severe. Please tell me what number best describes how much your fear or avoidance of situations interfered with each of the following activities. For each activity, please answer with a number between 0 and 10; 0 means “no interference” while 10 means “very severe interference”.
INTERVIEWER: Press <Enter> to continue.

SOP_Q21A
SOPB_21A

How much did your fear or avoidance of social and performance situations 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

SOP_Q21B_1
SOPB_211

How much did it interfere with your ability to attend school?

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

SOP_Q21B_2 **How much did it interfere with your ability to work at a job?**

SOPB_212 **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

SOP_Q21C **Again think about that period of time lasting 1 month or longer when your**
SOPB_21C **fear or avoidance of social or performance situations was most severe, how**
much did this fear or avoidance 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

SOP_Q21D **How much did it interfere with your social life?**
 SOPB_21D

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

||| Number
 (MIN: 0) (MAX: 10)

DK, R

SOP_C17 If (SOP_Q21A, SOP_Q21B_1, SOP_Q21B_2, SOP_Q21C and SOP_Q21D) = 0 (no interference) or = 11 (not applicable) or DK or R, SOP_C17 = 1 and go to SOP_C18. Otherwise, SOP_C17 = 2.

SOP_Q23 **In the past 12 months, about how many days out of 365 were you totally unable to work or carry out your normal activities because of your fear or avoidance of situations? (You may use any number between 0 and 365 to answer.)**
 SOPB_23

|||| Number of days
 (MIN: 0) (MAX: 365)

DK, R

SOP_C18 If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in SOP_Q25 as %of a situation like ^KEY_PHRASES%. Otherwise, use %of these situations% in SOP_Q25. (Applies to SOP_Q25 ; SOP_Q25 uses SOP_C18 and SOP_C3A.)

SOP_Q25 **Did you ever in your life see, or talk on the telephone, to a medical doctor or other professional about your fear or avoidance %of a situation like ^KEY_PHRASES/of these situations%? (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)**
 SOPB_25

- 1 Yes
- 2 No (Go to SOP_Q39_1)
- DK, R (Go to SOP_Q39_1)

SOP_Q25A
SOPB_25A

How old were you the first time you saw, or talked to a professional about your fear?

INTERVIEWER: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.

|_|_| Age in years
(MIN: age in SOP_Q03A or SOP_Q03B) (MAX: current age)

DK, R

SOP_Q36
SOPB_36

Did you ever get treatment for your fear that you considered helpful or effective?

- 1 Yes
2 No (Go to SOP_Q36C)
DK, R (Go to SOP_Q36C)

SOP_Q36A
SOPB_36A

How old were you the first time you got helpful treatment for your fear?

INTERVIEWER: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.

|_|_| Age in years
(MIN: age in SOP_Q03A or SOP_Q03B) (MAX: current age)

DK, R

SOP_Q36B
SOPB_36B

Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your fear?

|_| Number of professionals
(MIN: 1) (MAX: 95; warning after 12)

DK, R

SOP_Q36C
SOPB_36C

In total, how many professionals did you ever see, or talk to about your fear?

|_| Number of professionals
(MIN: 0) (MAX: 95; warning after 12)

DK, R

SOP_Q38
SOPB_38

At any time in the past 12 months, did you receive professional treatment for your fear?

- 1 Yes
2 No
DK, R

SOP_Q39
SOPB_39

Were you ever hospitalized overnight for your fear?

- 1 Yes
2 No (Go to SOP_Q39_1)
DK, R (Go to SOP_Q39_1)

SOP_Q39A **How old were you the first time you were hospitalized overnight because of
SOPB_39A your fear?**

INTERVIEWER: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.

|_|_| Age in years
(MIN: age in SOP_Q03A or SOP_Q03B) (MAX: current age)

DK, R

SOP_Q39_1 **How many of your close relatives – including your biological parents,
SOPB_391 brothers, sisters and children – ever had a strong fear of social or
performance situations?**

INTERVIEWER: Minimum is 0; maximum is 95.

|_| Number of relatives
(MIN: 0) (MAX: 95)

DK, R

SOP_ND INTERVIEWER: This is the end of the module. Press <1> to continue.

SOP_END Go to next module.

For information only

AGORAPHOBIA

AGP_C1 If SCR_30 = 1, go to AGP_QINT1.
Otherwise, go to AGP_ND.

AGP_QINT1 **Earlier you mentioned having a strong fear of things like being in crowds, going to public places, travelling by yourself or travelling away from home. The next questions are about which of these things you feared. Tell me if you ever strongly feared any of the following situations.**
INTERVIEWER: Press <Enter> to continue.

AGP_Q01A **Being home alone?**

AGPB_01A

- 1 Yes (KEY_PHRASE = being home alone)
- 2 No
- 3 Not applicable
DK
R (Go to AGP_ND)

AGP_Q01B **Being in crowds?**

AGPB_01B

- 1 Yes (KEY_PHRASE = being in crowds)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01C **Travelling away from home?**

AGPB_01C

- 1 Yes (KEY_PHRASE = travelling away from home)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01D **Travelling alone or being alone away from home?**

AGPB_01D

- 1 Yes (KEY_PHRASE = travelling alone)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01E **Did you ever strongly fear using public transportation?**

AGPB_01E

- 1 Yes (KEY_PHRASE = using public transportation)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01F **Driving a car?**

AGPB_01F

- 1 Yes (KEY_PHRASE = driving a car)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01G
AGPB_01G

Standing in a line in a public place?

- 1 Yes (KEY_PHRASE = standing in a line)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01H
AGPB_01H

Did you ever strongly fear being in a department store, shopping mall or supermarket?

- 1 Yes (KEY_PHRASE = being in stores or malls)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01I
AGPB_01I

Being in a movie theatre, auditorium, lecture hall or church?

- 1 Yes (KEY_PHRASE = being in large auditoriums)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01J
AGPB_01J

Being in a restaurant or any other public place?

- 1 Yes (KEY_PHRASE = being in restaurants)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01K
AGPB_01K

Being in a wide, open field or street?

- 1 Yes (KEY_PHRASE = being in wide open places)
- 2 No
- 3 Not applicable
DK, R

AGP_C2A

If count of responses of "Yes" in AGP_Q01A to AGP_Q01J <= 1,
AGP_C2A = 1 and go to AGP_ND.
Otherwise AGP_C2A = 2.

AGP_C2B

If SOP_Q39_1 = 0 to 95, DK, or R, AGP_C2B = 1.
Otherwise, AGP_C2B = 2 and go to AGP_Q03_1.

AGP_Q02
AGPB_02

Was the reason for your fear of ^KEY_PHRASES ever because you felt very shy, afraid or uncomfortable in social or performance situations, or being with other people?

- 1 Yes
- 2 No (Go to AGP_Q03_1)
DK, R (Go to AGP_Q03_1)

AGP_Q02A **Was your fear of these situations always because you felt shy, afraid or**
AGPB_02A **uncomfortable in social or performance situations, or being with other**
people?

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

AGP_Q03_1 **You mentioned that you had a fear of ^KEY_PHRASES. Can you remember**
AGPB_031 **exactly how old you were, the very first time you had a fear of one of these**
situations?

- 1 Yes
- 2 No (Go to AGP_Q03B)
- DK, R (Go to AGP_Q03B)

AGP_Q03A **How old were you?**
AGPB_03A

INTERVIEWER: Minimum is 0; maximum is %current age%.

||_| Age in years (Go to AGP_QINT4)
(MIN: 0) (MAX: current age)

DK
R (Go to AGP_QINT4)

AGP_Q03B
AGPB_03B

About how old were you?

INTERVIEWER: Minimum is 0; maximum is %current age%.

If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".

||_| Age in years (Go to AGP_QINT4)
(MIN: 0) (MAX: current age)

DK
R (Go to AGP_QINT4)

AGP_Q03B_1 **Would you say that the very first time you had a fear of one of these**
AGPB_3B1 **situations was:**

INTERVIEWER: Read categories to respondent.

If respondent answers "All my life", press <F6> to indicate "DK".

- 1 ... before you first started school?
- 2 ... before you were a teenager?
- 3 ... once you were a teenager or an adult?
- DK, R

AGP_QINT4 **People with fears like this differ in what it is they fear about the situations.**
Please tell me which of the following fears you experienced.

INTERVIEWER: Press <Enter> to continue.

AGP_Q04A
AGPB_04A

When you were faced with one of these situations, did you fear being alone
or being separated from your loved ones?

- 1 Yes
- 2 No
- DK, R

AGP_Q04B
AGPB_04B **Did you fear that there was some real danger, like that you might be robbed or assaulted?**

- 1 Yes
- 2 No
DK, R

AGP_Q04C
AGPB_04C **Did you fear that you might get sick to your stomach or have diarrhea?**

- 1 Yes
- 2 No
DK, R

AGP_Q04D
AGPB_04D **Did you fear that you might have a panic attack?**

- 1 Yes
- 2 No
DK, R

AGP_Q04E
AGPB_04E **Did you fear that you might have a heart attack or some other emergency?**

- 1 Yes
- 2 No
DK, R

AGP_Q04F
AGPB_04F **Did you fear that you might become physically ill and be unable to get help?**

- 1 Yes
- 2 No
DK, R

AGP_Q04G
AGPB_04G **Did you fear that it might be difficult or embarrassing to escape?**

- 1 Yes
- 2 No
DK, R

AGP_Q04H
AGPB_04H **Did you fear that some other terrible thing might happen?**

- 1 Yes
- 2 No
DK, R

AGP_C6A If SCR_Q30_2=1, AGP_C6A=1.
Otherwise, AGP_C6A=2 and go to AGP_QINT8.

AGP_QINT6A **The following questions are about your fear of ^KEY_PHRASES.**
INTERVIEWER: Press <Enter> to continue.

AGP_Q06A
AGPB_06

Earlier, you mentioned having times when you avoided one of these situations. How old were you the very first time you started avoiding these situations?

INTERVIEWER: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.

If respondent answers “All my life” or “As long as I can remember”, press <F6> to indicate “DK”.

|_|_| Age in years (Go to AGP_QINT8)
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK
R (Go to AGP_QINT8)

AGP_Q06A_1
AGPB_061

Would you say that the very first time you avoided these situations was:

INTERVIEWER: Read categories to respondent.

If respondent answers “All my life”, press <F6> to indicate “DK”.

- 1 ... before you first started school?
 - 2 ... before you were a teenager?
 - 3 ... once you were a teenager or an adult?
- DK, R

AGP_QINT8

The following questions are about your fear of ^KEY_PHRASES.

INTERVIEWER: Press <Enter> to continue.

AGP_Q08
AGPB_08

Was there a particular incident or event that caused your fear of these situations to start the very first time?

- 1 Yes
 - 2 No (Go to AGP_QINT9)
- DK, R (Go to AGP_QINT9)

AGP_Q08A
AGPB_08A

Did you have a panic attack as a result of that incident or event?

- 1 Yes
 - 2 No
- DK, R

AGP_QINT9

Think of the time in your life when your fear or avoidance of these situations was most severe and frequent. When you were faced with these situations, or thought you would have to be, tell me if you ever had any of the following experiences.

INTERVIEWER: Press <Enter> to continue.

AGP_Q09A
AGPB_09A

Did your heart ever pound or race?

- 1 Yes
 - 2 No
- DK, R

AGP_Q09B **Did you sweat?**
AGPB_09B

- 1 Yes
- 2 No
DK, R

AGP_Q09C **Did you tremble or shake?**
AGPB_09C

- 1 Yes
- 2 No
DK, R

AGP_Q09D **Did you have a dry mouth?**
AGPB_09D

- 1 Yes
- 2 No
DK, R

AGP_C10 If any of AGP_Q09A, AGP_Q09B, AGP_Q09C or AGP_Q09D = 1 (Yes), go to AGP_QINT11.
Otherwise, go to AGP_Q13.

AGP_QINT11 **When you were faced with these situations, or thought you would have to be, tell me if you ever had one of the following reactions.**
INTERVIEWER: Press <Enter> to continue.

AGP_Q11A **Did you have trouble breathing normally?**
AGPB_11A

- 1 Yes (Go to AGP_Q13)
- 2 No
DK, R

AGP_Q11B **Did you feel like you were choking?**
AGPB_11B

- 1 Yes (Go to AGP_Q13)
- 2 No
DK, R

AGP_Q11C **Did you have pain or discomfort in your chest?**
AGPB_11C

- 1 Yes (Go to AGP_Q13)
- 2 No
DK, R

AGP_Q11D **Did you feel nauseous or sick to your stomach?**
AGPB_11D

- 1 Yes (Go to AGP_Q13)
- 2 No
DK, R

AGP_Q11E **Did you feel dizzy or faint?**
AGPB_11E

- 1 Yes (Go to AGP_Q13)
- 2 No
DK, R

AGP_Q11F
AGPB_11F

Did you ever fear that you might lose control, go crazy or pass out?

- 1 Yes (Go to AGP_Q13)
- 2 No
DK, R

AGP_Q11G
AGPB_11G

Were you afraid that you might die?

- 1 Yes (Go to AGP_Q13)
- 2 No
DK, R

AGP_Q11H
AGPB_11H

Did you have hot flushes or chills?

- 1 Yes (Go to AGP_Q13)
- 2 No
DK, R

AGP_Q11I
AGPB_11I

Did you feel numbness or have tingling sensations?

- 1 Yes (Go to AGP_Q13)
- 2 No
DK, R

AGP_Q11J
AGPB_11J

Did you feel like you were “not really there”, like you were watching a movie of yourself?

- 1 Yes (Go to AGP_Q13)
- 2 No
DK, R

AGP_Q11K
AGPB_11K

Did you feel that things around you were not real or like a dream?

- 1 Yes
- 2 No
DK, R

AGP_Q13
AGPB_13

Were you ever unable to leave your home for an entire day because of your fear?

- 1 Yes
- 2 No (Go to AGP_Q14)
DK, R (Go to AGP_Q14)

AGP_Q13A
AGPB_13A

What is the longest period when you were unable to leave your home?

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

- 1 Days
- 2 Weeks (Go to AGP_Q13C)
- 3 Months (Go to AGP_Q13D)
- 4 Years (Go to AGP_Q13E)
DK, R (Go to AGP_Q14)

AGP_Q13B INTERVIEWER: Enter the number of days.
AGPB_13B Minimum is 1; maximum is 900.

||| Number of days
(MIN: 1) (MAX: 900; warning after 365)

DK, R

AGP_E13B If AGP_Q13B <= 365, go to AGP_Q14.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

AGP_Q13C INTERVIEWER: Enter the number of weeks.
AGPB_13C Minimum is 1; maximum is 104.

||| Number of weeks
(MIN: 1) (MAX: 104; warning after 52)

DK, R

AGP_E13C If AGP_Q13C <= 52, go to AGP_Q14.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

AGP_Q13D INTERVIEWER: Enter the number of months.
AGPB_13D Minimum is 1; maximum is 36.

|| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

AGP_E13D If AGP_Q13D <= 24, go to AGP_Q14.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

AGP_Q13E INTERVIEWER: Enter the number of years.
AGPB_13E Minimum is 1; maximum is %current age - (age in AGP_Q03A or AGP_Q03B)%.

||| Number of years
(MIN: 1) (MAX: current age - (age in AGP_Q03A or AGP_Q03B))

DK, R

AGP_Q14
AGPB_14

Some people are unable to go out of their home unless they have someone they know with them, like a family member or friend. Was this ever true for you?

- 1 Yes
- 2 No
- DK, R

AGP_QINT15

Remember, these questions are about your fear or avoidance of ^KEY_PHRASES.

INTERVIEWER: Press <Enter> to continue.

AGP_Q15
AGPB_15

How much did your fear or avoidance of these situations ever interfere with either your work, your social life or your personal relationships?

INTERVIEWER: Read categories to respondent.

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot
- 5 Extremely
- DK, R

AGP_Q16
AGPB_16

Was there ever a time in your life when you felt emotionally upset, worried or disappointed with yourself because of your fear or avoidance of these situations?

- 1 Yes
- 2 No
- DK, R

AGP_Q17
AGPB_17

At any time in the past 12 months, did you either strongly fear or avoid any of these situations?

- 1 Yes
- 2 No (Go to AGP_Q17B)
- DK (Go to AGP_Q17B)
- R (Go to AGP_Q18)

AGP_Q17A
AGPB_17A

How recently was it?

INTERVIEWER: Read categories to respondent.

- 1 During the past month
- 2 Between 2 to 6 months ago
- 3 More than 6 months ago
- DK, R

Go to AGP_Q18.

AGP_Q17B **How old were you the last time you either strongly feared or avoided one of these situations?**

AGPB_17B

INTERVIEWER: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.

If respondent answers “All my life” or “As long as I can remember”, press <F6> to indicate “DK”.

||_| Age in years
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK, R

AGP_Q18 **What if you were faced with one of these situations today. How strong would your fear be?**

AGPB_18

INTERVIEWER: Read categories to respondent.

If respondent answers “It depends on which situation”, ask about the situation that would scare %him/her% the most.

- 1 **No fear** (Go to AGP_Q24)
 - 2 **Mild** (Go to AGP_Q24)
 - 3 **Moderate**
 - 4 **Severe**
 - 5 **Very severe**
- DK, R

AGP_Q19 **During the past 12 months, how often did you avoid these feared situations?**

AGPB_19

INTERVIEWER: Read categories to respondent.

If respondent answers “It depends on which situation”, ask about the situation that %he/she% avoided the most.

- 1 **All the time**
 - 2 **Most of the time**
 - 3 **Sometimes**
 - 4 **Rarely**
 - 5 **Never**
- DK, R

AGP_QINT20 **(Please refer to page 1 of the booklet.)**

During the past 12 months, think about the period of time that lasted one month or longer when your fear or avoidance of situations was most severe. Please tell me what number best describes how much your fear or avoidance of situations interfered with each of the following activities. 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.

AGP_Q20A
AGPB_20A

How much did your fear or avoidance of situations 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

AGP_Q20B_1
AGPB_201

How much did it interfere with your ability to attend school?

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

AGP_Q20B_2 **How much did it interfere with your ability to work at a job?**

AGPB_202 **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

AGP_Q20C
AGPB_20C

Again thinking about that period of time lasting one month or longer during the past 12 months when your fear or avoidance of situations was most severe, how much did this fear or avoidance 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 |
- 10 Very severe interference

Number
(MIN: 0) (MAX: 10)

DK, R

AGP_Q20D
AGPB_20D

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

AGP_C21

If (AGP_Q20A, AGP_Q20B_1, AGP_Q20B_2, AGP_Q20C and AGP_Q20D) = 0 (no interference) or = 11 (not applicable) or DK, or R, AGP_C21 = 1 and go to AGP_Q24.
Otherwise, AGP_C21 = 2.

AGP_Q22
AGPB_22

During the past 12 months, about how many days out of 365 were you totally unable to work or carry out your normal activities because of your fear or avoidance of situations? (You may use any number between 0 and 365 to answer.)

|||| Number of days
(MIN: 0) (MAX: 365)

DK, R

AGP_Q24
AGPB_24

Did you ever in your life see, or talk on the telephone, to a medical doctor or other professional about your fear or avoidance of these situations? (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)

- 1 Yes
- 2 No (Go to AGP_Q38_1)
- DK, R (Go to AGP_Q38_1)

AGP_Q24A
AGPB_24A

How old were you the first time you saw, or talked to a professional about your fear?

INTERVIEWER: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.

|||| Age in years
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK, R

AGP_Q35 **Did you ever get treatment for your fear that you considered helpful or**
 AGPB_35 **effective?**

- 1 Yes
- 2 No (Go to AGP_Q35C)
- DK, R (Go to AGP_Q35C)

AGP_Q35A **How old were you the first time you got helpful treatment for your fear?**
 AGPB_35A **INTERVIEWER:** Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.

||_| Age in years
 (MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK, R

AGP_Q35B **Up to and including the first time you got helpful treatment, how many**
 AGPB_35B **professionals did you see, or talk to about your fear?**

|| Number of professionals
 (MIN: 1) (MAX: 95; warning after 12)

DK, R

AGP_Q35C **In total, how many professionals did you ever see, or talk to about your**
 AGPB_35C **fear?**

|| Number of professionals
 (MIN: 1) (MAX: 95; warning after 12)

DK, R

AGP_Q37 **At any time in the past 12 months, did you receive professional treatment**
 AGPB_37 **for your fear?**

- 1 Yes
- 2 No
- DK, R

AGP_Q38 **Were you ever hospitalized overnight for your fear?**
 AGPB_38

- 1 Yes
- 2 No (Go to AGP_Q38_1)
- DK, R (Go to AGP_Q38_1)

AGP_Q38A **How old were you the first time you were hospitalized overnight because of**
 AGPB_38A **your fear?**

INTERVIEWER: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.

||_| Age in years
 (MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK, R

AGP_Q38_1 **How many of your close relatives – including your biological parents, brothers, sisters and children – ever had a strong fear of being home alone, being in crowds or being away from home?**
AGPB_381

|_| | Number of relatives
(MIN: 0) (MAX: 95)

DK, R

AGP _ND INTERVIEWER: This is the end of the module. Press <1> to continue.

AGP_END Go to next module.

For information only

ALC_Q5A **Starting with yesterday, that is %day name%, how many drinks did you have:**

(If R on first day, go to ALC_Q6)
(MIN: 0 MAX: 99 warning after 12 for each day)

- | | | |
|----------|---|------------|
| ALCB_5A1 | 1 | Sunday? |
| ALCB_5A2 | 2 | Monday? |
| ALCB_5A3 | 3 | Tuesday? |
| ALCB_5A4 | 4 | Wednesday? |
| ALCB_5A5 | 5 | Thursday? |
| ALCB_5A6 | 6 | Friday? |
| ALCB_5A7 | 7 | Saturday? |

Go to ALC_Q6.

ALC_Q5B **Have you ever had a drink?**

ALCB_5B

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

ALC_Q6

ALCB_9

Before %current month/current year-1%, was there ever a 12 month period when, at least once every month, you had 5 drinks or more in one occasion?

- | | |
|---|-------|
| 1 | Yes |
| 2 | No |
| | DK, R |

ALC_Q6A

ALCB_10

Again, before %current month/current year-1%, did you ever regularly drink more than 12 drinks a week?

- | | |
|---|-------|
| 1 | Yes |
| 2 | No |
| | DK, R |

ALC_C6A

If (ALC_Q3 <= 2 and ALC_Q6 = 1) or if (ALC_Q4 = 2 and ALC_Q6A = 1), go to ALC_Q7
Otherwise, go to ALC_Q8.

ALC_Q7 **Why did you reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| ALCB_7A | 1 | Dieting |
| ALCB_7B | 2 | Athletic training |
| ALCB_7C | 3 | Pregnancy |
| ALCB_7D | 4 | Getting older |
| ALCB_7E | 5 | Drinking too much / drinking problem |
| ALCB_7F | 6 | Affected – work, studies, employment opportunities |
| ALCB_7G | 7 | Interfered with family or home life |
| ALCB_7H | 8 | Affected – physical health |
| ALCB_7I | 9 | Affected – friendships or social relationships |
| ALCB_7J | 10 | Affected – financial position |
| ALCB_7K | 11 | Affected – outlook on life, happiness |
| ALCB_7L | 12 | Influence of family or friends |
| ALCB_7M | 13 | Other – Specify
DK, R |

ALC_Q8 **Not counting small sips, how old were you when you started drinking alcoholic beverages?**

ALCB_8

INTERVIEWER: Drinking does not include having a few sips of wine for religious purposes.

|_|_| Age in years
(MIN: 5) (MAX: current age)

DK, R

ALC_END Go to next module.

ALCOHOL DEPENDENCE

- ALD_C1A If (ALC_Q5B = 2, DK or R), go to ALD_END.
- If ((ALC_Q1 = 2) and (ALC_Q6 = 2, DK, R)) or ((ALC_Q3 <= 2 DK or R) and (ALC_Q6 = 2, DK or R)), go to ALD_END.
- Otherwise, go to ALD_C1B.
- ALD_C1B If (ALC_Q3 > 2) (In the past 12 months had at least 5 drinks at least once a month), go to ALD_QINT1.
- If (ALC_Q3 <= 2 or ALC_Q5B = 1) and ALC_Q6 = 1 (Previously had a 12-month period when had at least 5 drinks at least once a month), go to ALD_QINT2.
- 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 **During the past 12 months, have you ever been drunk or**
 ALDB_01 **hung-over while at work, school or while taking care of children?**
- 1 Yes (Go to ALD_Q02)
 2 No (Go to ALD_END)
 DK, R
- ALD_C01 If ALC_Q6 = 1, go to ALD_Q01A.
 Otherwise, go to ALD_Q03.
- ALD_Q01A **Has that ever happened?**
 ALDB_01A
- 1 Yes
 2 No (Go to ALD_Q03)
 DK, R (Go to ALD_END)
- ALD_Q02 **How many times? Was it:**
 ALDB_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 **During the past 12 months, were you ever in a situation while drunk or**
 ALDB_03 **hung-over which increased your chances of getting hurt? (For example, driving a boat, using guns, crossing against traffic, or during sports.)**
- 1 Yes (Go to ALD_Q04)
 2 No (Go to ALD_Q04)
 DK, R

ALD_C03 If ALC_Q6 = 1, go to ALD_Q03A.
Otherwise, go to ALD_Q04.

ALD_Q03A **Has that ever happened?**

ALDB_03A

- 1 Yes
- 2 No
- DK, R

ALD_Q04 **During 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?**

ALDB_04

- 1 Yes (Go to ALD_Q05)
- 2 No (Go to ALD_Q05)
- DK, R (Go to ALD_Q05)

ALD_C04A If ALC_Q6 = 1, go to ALD_Q04A.
Otherwise, go to ALD_Q05.

ALD_Q04A **Has that ever happened?**

ALDB_04A

- 1 Yes
- 2 No
- DK, R

ALD_Q05 **During 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?**

ALDB_05

- 1 Yes (Go to ALD_Q06)
- 2 No (Go to ALD_Q06)
- DK, R (Go to ALD_Q06)

ALD_C05A If ALC_Q6 = 1, go to ALD_Q05A.
Otherwise, go to ALD_Q06.

ALD_Q05A **Has that ever happened?**

ALDB_05A

- 1 Yes
- 2 No
- DK, R

ALD_Q06 **During 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?**

ALDB_06

- 1 Yes (Go to ALD_Q07)
- 2 No (Go to ALD_Q07)
- DK, R (Go to ALD_Q07)

ALD_C06A If ALC_Q6 = 1, go to ALD_Q06A.
Otherwise, go to ALD_Q07.

ALD_Q06A
ALDB_06A

Has that ever happened?

- 1 Yes
- 2 No
DK, R

ALD_Q07
ALDB_07

During the past 12 months, did you ever drink much more or for a longer period of time than you intended?

- 1 Yes (Go to ALD_Q08)
- 2 No (Go to ALD_Q09)
DK, R

ALD_C07

If ALC_Q6 = 1, go to ALD_Q07A.
Otherwise, go to ALD_Q09.

ALD_Q07A
ALDB_07A

Has that ever happened?

- 1 Yes
- 2 No (Go to ALD_Q09)
DK, R (Go to ALD_Q09)

ALD_Q08
ALDB_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
ALDB_09

During 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 (Go to ALD_Q10)
- 2 No (Go to ALD_Q10)
DK, R

ALD_C09

If ALC_Q6 = 1, go to ALD_Q09A.
Otherwise, go to ALD_Q10.

ALD_Q09A
ALDB_09A

Has that ever happened?

- 1 Yes
- 2 No
DK, R

ALD_Q10
ALDB_10

During 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, diarrhea, the shakes or emotional problems?

- 1 Yes (Go to ALD_Q11)
- 2 No (Go to ALD_Q11)
DK, R

ALD_C10 If ALC_Q6 = 1, go to ALD_Q10A.
Otherwise, go to ALD_Q11.

ALD_Q10A **Has that ever happened?**

ALDB_10A

- 1 Yes
- 2 No
DK, R

ALD_Q11 **During 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?**

ALDB_11

- 1 Yes (Go to ALD_Q12)
- 2 No (Go to ALD_Q12)
DK, R

ALD_C11 If ALC_Q6 = 1, go to ALD_Q11A.
Otherwise, go to ALD_Q12.

ALD_Q11A **Has that ever happened?**

ALDB_11A

- 1 Yes
- 2 No
DK, R

ALD_Q12 **During 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?**

ALDB_12

- 1 Yes (Go to ALD_Q13)
- 2 No (Go to ALD_Q13)
DK, R

ALD_C12 If ALC_Q6 = 1, go to ALD_Q12A.
Otherwise, go to ALD_Q13.

ALD_Q12A **Has that ever happened?**

ALDB_12A

- 1 Yes
- 2 No
DK, R

ALD_Q13 **During 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?**

ALDB_13

- 1 Yes (Go to ALD_Q14)
- 2 No (Go to ALD_Q14)
DK, R

ALD_C13 If ALC_Q6 = 1, go to ALD_Q13A.
Otherwise, go to ALD_Q14.

ALD_Q13A
ALDB_13A

Has that ever happened?

- 1 Yes
- 2 No
DK, R

ALD_Q14
ALDB_14

During 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 (Go to ALD_C15)
- 2 No (Go to ALD_C15)
DK, R

ALD_C14

If ALC_Q6 = 1, go to ALD_Q14A.
Otherwise, go to ALD_C15.

ALD_Q14A
ALDB_14A

Has that ever happened?

- 1 Yes
- 2 No
DK, R

ALD_C15

ALD_C15 = Count of instances where 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 <= 2, DK or R.

If ALD_C15 => 1 and ALC_Q3 > 2 (in the past 12 months had 5 drinks in one occasion at least once a month), go to ALD_QINT15.

Otherwise, go to ALD_END.

ALD_QINT15

(Please refer to page 1 of the booklet.)

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
ALDB_15A

During 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
ALDB_5B1

How much did it interfere with your ability to attend school?

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
ALDB_5B2

How much did it interfere with your ability to work at a job?

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_Q15C
ALDB_15C

(During 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
ALDB_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

Go to ALD_END.

ALD_QINT2

The next questions are about how drinking can affect people in their activities.

INTERVIEWER: Press <Enter> to continue.

ALD_Q01L
ALDB_01L

During your life, have you ever been drunk or hung-over while at work, school or while taking care of children?

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

ALD_Q02L
ALDB_02L

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_Q03L
ALDB_03L

During your life, 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.)

- 1 Yes
- 2 No
- DK, R

ALD_Q04L
ALDB_04L

During your life, have you ever had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?

- 1 Yes
- 2 No
DK, R

ALD_Q05L
ALDB_05L

During your life, have you ever had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?

- 1 Yes
- 2 No
DK, R

ALD_Q06L
ALDB_06L

During your life, have you ever 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_Q07L
ALDB_07L

During your life, did you ever drink much more or for a longer period of time than you intended?

- 1 Yes
- 2 No
DK, R

ALD_Q08L
ALDB_08L

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?
- 6 ... more than 20 times?
- DK, R

ALD_Q09L
ALDB_09L

During your life, 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_Q10L
ALDB_10L

During your life, did you ever have a period when you stopped, cut down, or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?

- 1 Yes
- 2 No
DK, R

ALD_Q11L **During your life, 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?**
ALDB_11L

- 1 Yes
- 2 No
 DK, R

ALD_Q12L **During your life, 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?**
ALDB_12L

- 1 Yes
- 2 No
 DK, R

ALD_Q13L **During your life, 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?**
ALDB_13L

- 1 Yes
- 2 No
 DK, R

ALD_Q14L **During your life, 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?**
ALDB_14L

- 1 Yes
- 2 No
 DK, R

ALD_END Go to next module.

ILLICIT DRUG USE AND DEPENDENCE

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?**
IDGB_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?**
IDGB_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)?**
IDGB_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?**
IDGB_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?**
IDGB_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
IDGB_06

How often (did you use cocaine or crack in the past 12 months)?

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
IDGB_07

Have you ever used or tried speed (amphetamines)?

- 1 Yes, just once
 - 2 Yes, more than once
 - 3 No (Go to DRG_Q10)
- DK, R (Go to DRG_Q10)

DRG_Q08
IDGB_08

Have you used it in the past 12 months?

- 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
IDGB_09

How often (did you use speed (amphetamines) in the past 12 months)?

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
IDGB_10

Have you ever used or tried ecstasy (MDMA) or other similar drugs?

- 1 Yes, just once
 - 2 Yes, more than once
 - 3 No (Go to DRG_Q13)
- DK, R (Go to DRG_Q13)

DRG_Q11
IDGB_11

Have you used it in the past 12 months?

- 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
IDGB_12

How often (did you use ecstasy or other similar drugs in the past 12 months)?

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
IDGB_13

Have you ever used or tried hallucinogens, PCP or LSD (acid)?

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q16)
DK, R (Go to DRG_Q16)

DRG_Q14
IDGB_14

Have you used it in the past 12 months?

- 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
IDGB_15

How often (did you use hallucinogens, PCP or LSD in the past 12 months)?

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
IDGB_16

Did you ever sniff glue, gasoline or other solvents?

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q19)
DK, R (Go to DRG_Q19)

DRG_Q17
IDGB_17

Did you sniff some in the past 12 months?

- 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
IDGB_18

How often (did you sniff glue, gasoline or other solvents in the past 12 months)?

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
IDGB_19

Have you ever used or tried heroin?

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q22)
DK, R (Go to DRG_Q22)

DRG_Q20
IDGB_20

Have you used it in the past 12 months?

- 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
IDGB_21

How often (did you use heroin in the past 12 months)?

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
IDGB_22

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?

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_C25A1)
DK, R (Go to DRG_C25A1)

DRG_Q23
IDGB_23

Have you used it in the past 12 months?

- 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
IDGB_24

How often (did you use steroids in the past 12 months)?

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_C25A_1 = 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_C25A_1 = 7, go to DRG_END.

DRG_C25A_2 DRG_C25A_2 = Count of instances where DRG_Q03, DRG_Q06, DRG_Q09, DRG_Q12, DRG_Q15, DRG_Q18 and DRG_Q21 >= 2.

DRG_C25A_3 DRG_C25A_3 = Count of instances where
 (DRG_Q01 and DRG_Q02) = 2
 (DRG_Q04 and DRG_Q05) = 2
 (DRG_Q07 and DRG_Q08) = 2
 (DRG_Q10 and DRG_Q11) = 2
 (DRG_Q13 and DRG_Q14) = 2
 (DRG_Q16 and DRG_Q17) = 2
 (DRG_Q19 and DRG_Q20) = 2

DRG_C25A_3: Min = 0; Max = 7

DRG_Q25AA **Before %date one year ago%, was there ever a period of 12 months when**
 IDGB_5AA **you took any of the drugs we mentioned, 1 to 3 times a month or more?**

- 1 Yes
 - 2 No
- DK, R

DRG_C25AA If DRG_C25A2 = 0 and DRG_Q25AA = 2, DK or R, go to DRG_END.

If DRG_C25A2 >= 1, go to DRG_Q25A.

If DRG_C25A2 = 0 and DRG_Q25AA = 1, go to DRG_Q25AL.

DRG_Q25A **During the past 12 months, did you ever need to use more drugs than**
 IDGB_25A **usual in order to get high, or did you ever find that you could no longer get high on the amount you usually took?**

- 1 Yes (Go to DRG_QINT25B)
 - 2 No (Go to DRG_QINT25B)
- DK, R (Go to DRG_QINT25B)

DRG_C25A4 If DRG_Q25AA = 1, go to DRG_Q25A_1.
 Otherwise, go to DRG_QINT25B.

DRG_Q25A_1 **Has that ever happened?**
IDGB_5A1

- 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, diarrhea, the shakes or emotional problems?**
IDGB_25B

- 1 Yes (Go to DRG_Q25C)
- 2 No (Go to DRG_Q25C)
DK, R

DRG_C25B If DRG_Q25AA = 1, go to DRG_Q25B_1.
Otherwise, go to DRG_Q25C.

DRG_Q25B_1 **Has that ever happened?**
IDGB_5B1

- 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?**
IDGB_25C

- 1 Yes (Go to DRG_Q25D)
- 2 No (Go to DRG_Q25D)
DK, R

DRG_C25C If DRG_Q25AA = 1, go to DRG_Q25C_1.
Otherwise, go to DRG_Q25D.

DRG_Q25C_1 **Has that ever happened?**
IDGB_5C1

- 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?**
IDGB_25D

- 1 Yes (Go to DRG_Q25E)
- 2 No (Go to DRG_Q25E)
DK, R

DRG_C25D If DRG_Q25AA = 1, go to DRG_Q25D_1.
Otherwise, go to DRG_Q25E.

DRG_Q25D_1 **Has that ever happened?**

IDGB_5D1

- 1 Yes
- 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?**

IDGB_25E

- 1 Yes (Go to DRG_Q25F)
- 2 No (Go to DRG_Q25F)
DK, R

DRG_C25E If DRG_Q25AA = 1, go to DRG_Q25E_1.
Otherwise, go to DRG_Q25F.

DRG_Q25E_1 **Has that ever happened?**

IDGB_5E1

- 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?**

IDGB_25F

- 1 Yes (Go to DRG_Q25G)
- 2 No (Go to DRG_Q25G)
DK, R

DRG_C25F If DRG_Q25AA = 1, go to DRG_Q25F_1.
Otherwise, go to DRG_Q25G.

DRG_Q25F_1 **Has that ever happened?**

IDGB_5F1

- 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?**

IDGB_25G

- 1 Yes (Go to DRG_Q25H)
- 2 No (Go to DRG_Q25H)
DK, R

DRG_C25G If DRG_Q25AA = 1, go to DRG_Q25G_1.
Otherwise, go to DRG_Q25H.

DRG_Q25G_1 **Has that ever happened?**

IDGB_5G1

- 1 Yes
- 2 No
DK, R

DRG_Q25H **During the past 12 months, did you ever continue to**
 IDGB_25H **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?

- 1 Yes (Go to DRG_C26)
- 2 No (Go to DRG_C26)
- DK, R (Go to DRG_C26)

DRG_C25H If DRG_Q25AA = 1, go to DRG_Q25H_1.
 Otherwise, go to DRG_C26.

DRG_Q25H_1 **Has that ever happened?**
 IDGB_5H1

- 1 Yes
- 2 No
- DK, R

DRG_C26 DRG_C26 = Count of Yes (1) in DRG_Q25A, DRG_Q25B, DRG_Q25C,
 DRG_Q25D, DRG_Q25E, DRG_Q25F, DRG_Q25G, and DRG_Q25H.

If DRG_C26 <> 0, go to DRG_QINT26.
 Otherwise, go to DRG_END.

DRG_QINT26 **(Please refer to page 1 of the booklet.)**

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,**
 IDGB_26A **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

DRG_Q26B_1 **How much did your use interfere with your ability to attend school?**

IDGB_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 at a job?**

IDGB_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
IDGB_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
IDGB_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

Go to DRG_END.

DRG_Q25AL
IDGB_5AL

During your life, 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?

- 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_Q25BL
IDGB_5BL **During your life, 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?**

- 1 Yes
- 2 No
DK, R

DRG_Q25CL
IDGB_5CL **During your life, did you ever have times when you used drugs to keep from having such symptoms?**

- 1 Yes
- 2 No
DK, R

DRG_Q25DL
IDGB_5DL **During your life, 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?**

- 1 Yes
- 2 No
DK, R

DRG_Q25EL
IDGB_5EL **During your life, were there ever times when you used drugs more frequently, or for more days in a row than you intended?**

- 1 Yes
- 2 No
DK, R

DRG_Q25FL
IDGB_5FL **During your life, 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?**

- 1 Yes
- 2 No
DK, R

DRG_Q25GL
IDGB_5GL **During your life, 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?**

- 1 Yes
- 2 No
DK, R

DRG_Q25HL **During your life, did you ever continue to use drugs when you knew you**
IDGB_5HL **had a serious physical or emotional problem that might have been caused**
by or made worse by your use?

- 1 Yes
- 2 No
DK, R

DRG_END Go to next module.

For information only

PATHOLOGICAL GAMBLING

CPG_C2 CPG_C2 = Count instances where CPG_Q01B to CPG_Q01M = 7, 8, DK or R.
If CPG_C2 = 12 and CPG_Q01A = 7, 8 or DK, go to CPG_ND.

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 **(Please refer to page 10 of the booklet.)**
CPGB_01A

In the past 12 months, how often have you bet or spent money on instant win/scratch tickets or daily lottery tickets (Keno, Pick 3, 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_ND.
Otherwise, go to CPG_Q01B.

CPG_Q01B **(In the past 12 months,) how often have you bet or spent money on lottery**
CPGB_01B **tickets 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?
CPGB_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?
CPGB_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?
CPGB_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?
CPGB_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
CPGB_01G

(In the past 12 months,) how often have you bet or spent money on casino games 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
CPGB_01H

(In the past 12 months,) how often have you bet or spent money on Internet or 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
CPGB_01I

In the past 12 months, how often have you bet or spent money on live horse racing 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
CPGB_01J

(In the past 12 months,) how often have you bet or spent money on sports such as 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
CPGB_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
CPGB_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
CPGB_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_Q01N
CPGB_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
CPGB_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_ND)
- DK (Go to CPG_ND)
- R (Go to CPG_ND)

CPG_Q03
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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_Q02 to CPG_Q10 and CPG_Q13, recode 1 = 0, 2 = 1, 3 = 2 and 4 = 3 into CPG_C17A to CPG_C17I.

CPG_C17J = Sum CPG_C17A to CPG_C17I.

If CPG_C17J <= 2, go to CPG_ND.
Otherwise, go to CPG_Q17.

CPG_Q17
CPGB_17

Has anyone in your family ever had a gambling problem?

- 1 Yes
 - 2 No
- DK, R

CPG_C18 CPG_C18 = Count instances where DRG_Q02, DRG_Q05, DRG_Q08, DRG_Q11, DRG_Q14, DRG_Q17 and DRG_Q20 = 1.

If CPG_C18 = 0 and ALC_Q1 <> 1, go to CPG_QINT19.

Otherwise,

If CPG_C18 >= 1 and ALC_Q1 = 1, use
“alcohol or drugs” in %alcohol or drugs/alcohol/drugs%.

If CPG_C18 = 0 and ALC_Q1 = 1, use
“alcohol” in %alcohol or drugs/alcohol/drugs%.

If CPG_C18 >= 1 and ALC_Q1 <> 1, use
“drugs” in %alcohol or drugs/alcohol/drugs%.

CPG_Q18 **In the past 12 months, have you used %alcohol or drugs/alcohol/drugs% while gambling?**
CPGB_18

- 1 Yes
- 2 No
DK, R

CPG_QINT19 **(Please refer to page 1 of the booklet.)**

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?**
CPGB_19A

- 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?**
CPGB_9B1 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

CPG_Q19B_2 **How much did they interfere with your ability to work at a job?**
CPGB_9B2 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

CPG_Q19C (During the past 12 months), how much did your gambling activities
interfere
CPGB_19C 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

CPG_Q19D How much did they interfere with your social life?
CPGB_19D

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_ND INTERVIEWER: Press 1, to continue.

CPG_END Go to next module.

EATING TROUBLES ASSESSMENT

ETA_QINT1 **This part of the interview is about problems people may have with their weight or with eating.**
INTERVIEWER: Press <Enter> to continue.

ETA_Q01A **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?**
ETAB_01A

- 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 about being too fat or overweight?**
ETAB_01B

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

ETA_QINT2 **(Please refer to page 11 of the booklet.)**

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.**
ETAB_02

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q03 **You avoid eating when you are hungry.**
ETAB_03

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q04 **You find yourself preoccupied with food.**
ETAB_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.**
ETAB_05

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q06 **You cut your food into small pieces.**
ETAB_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.**
ETAB_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.**
ETAB_08

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q09
ETAB_09

(Again, in the past 12 months, please tell me how true the following statements 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
ETAB_10

You vomit after you eat.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q11
ETAB_11

You feel extremely guilty after eating.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q12
ETAB_12

You are preoccupied with a desire to be thinner.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q13
ETAB_13

You think about burning up calories when you exercise.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q14
ETAB_14

Other people think you are too thin.

- 1 Always
 - 2 Usually
 - 3 Often
 - 4 Sometimes
 - 5 Rarely
 - 6 Never
- DK, R

ETA_Q15
ETAB_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
ETAB_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
ETAB_17

You avoid foods with sugar in them.

- 1 Always
 - 2 Usually
 - 3 Often
 - 4 Sometimes
 - 5 Rarely
 - 6 Never
- DK, R

ETA_Q18
ETAB_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
ETAB_19

You feel that food controls your life.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q20
ETAB_20

You display self-control around food.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q21
ETAB_21

You feel that others pressure you to eat.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q22
ETAB_22

You give too much time and thought to food.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q23
ETAB_23

You feel uncomfortable after eating sweets.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q24 **You engage in dieting behaviour.**

ETAB_24

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q25 **You like your stomach to be empty.**

ETAB_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.**

ETAB_26

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q27 **You enjoy trying new rich foods.**

ETAB_27

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_END Go to next module.

RAC_Q2C (Does a long-term physical condition or mental condition or health
RACB_2C problem, reduce the amount or the kind of activity you 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 has difficulty or is limited in activities (i.e. any of RAC_Q1 = 1 or 2 or RAC_Q2(A)-(C) = 1 or 2), ask RAC_Q5.

Otherwise, go to RAC_Q6A.

RAC_Q5 Which one of the following is the best description of the cause of this
RACB_5 condition?

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_Q5A_1 Because of your condition or health problem, have you ever experienced
RACB_5A1 any embarrassment?

- 1 Yes
- 2 No (Go to RAC_Q5B_1)
- DK, R (Go to RAC_Q5B_1)

RAC_Q5A_2 In the past 12 months, how much embarrassment did you experience?

RACB_5A2 INTERVIEWER: Read categories to respondent.

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

RAC_Q5B_1 Because of your condition or health problem, have you ever experienced
RACB_5B1 discrimination or unfair treatment?

- 1 Yes
- 2 No (Go to RAC_Q6A)
- DK, R (Go to RAC_Q6A)

RAC_Q5B_2
RACB_5B2

In the past 12 months, how much discrimination or unfair treatment did you experience?

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

RAC_Q6A
RACB_6A

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

... with preparing meals?

- 1 Yes
 - 2 No
- DK, R

RAC_Q6B_1
RACB_6B1

(Because of any physical condition or mental condition or health problem, do you 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
RACB_6C

(Because of any physical condition or mental condition or health problem, do you need the help of another person:)

... with doing everyday housework?

- 1 Yes
 - 2 No
- DK, R

RAC_Q6D
RACB_6D

(Because of any physical condition or mental condition or health problem, do you 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 (Because of any physical condition or mental condition or health problem,
RACB_6E do you 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 (Because of any physical condition or mental condition or health problem,
RACB_6F do you need the help of another person:)

... with moving about inside the house?

- 1 Yes
- 2 No
DK, R

RAC_Q6G (Because of any physical condition or mental condition or health problem,
RACB_6G do you need the help of another person:)

... with looking after your personal finances such as making bank transactions or paying bills?

- 1 Yes
- 2 No
DK, R

RAC_Q7A (Because of any physical condition or mental condition or health problem,
RACB_7A do you have difficulty:

... making new friends or maintaining friendships?

- 1 Yes
- 2 No
DK, R

RAC_Q7B (Because of any physical condition or mental condition or health problem,
RACB_7B do you have difficulty:)

... dealing with people you don't know well?

- 1 Yes
- 2 No
DK, R

RAC_Q7C (Because of any physical condition or mental condition or health problem,
RACB_7C do you 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, ask RAC_Q8. Otherwise, go to RAC_END.

RAC_Q8 **Are these difficulties due to your physical health, to your emotional or mental health, to your use of alcohol or drugs, or to another reason?**
INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|-----------------------------------|
| RACB_8A | 1 | Physical health |
| RACB_8B | 2 | Emotional or mental health |
| RACB_8C | 3 | Use of alcohol or drugs |
| RACB_8D | 4 | Another reason – Specify
DK, R |

RAC_END Go to next module.

For information only

TWD_Q4
TWDB_4

How many days did you cut down on things for all or most of the day?

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
TWDB_4A

Was that due to your emotional or mental health or your use of alcohol or drugs?

- 1 Yes
- 2 No
- DK, R

Go to TWD_Q5

TWD_Q4B
TWDB_4B

How many of these %TWD_Q4% days were due to your emotional or mental health or your 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
TWDB_5A

%Not counting days spent in bed% During those 14 days, were there any days when it took extra effort to perform up to your usual level at work or at your other daily activities, because of illness or injury?

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

TWD_Q6
TWDB_6

How many days required extra effort?

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
TWDB_6A

Was that due to your emotional or mental health or your use of alcohol or drugs?

- 1 Yes
- 2 No
- DK, R

Go to TWD_END

TWD_Q6B **How many of these %TWD_Q6% days were due to your emotional or mental**
TWDB_6B **health or your 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 Go to next module.

For information only

SER_Q005C **During this admission, how many nights did you stay in the hospital?**
 SERB_05C INTERVIEWER: Select the reporting unit here and enter the number in the next screen.

- 1 Nights
- 2 Weeks (Go to SER_Q005E)
- 3 Months (Go to SER_Q005F)
- 4 Years (Go to SER_Q005G)
- DK, R (Go to SER_Q010)

SER_Q005D INTERVIEWER: Enter the number of nights.
 SERB_05D Minimum is 1; maximum is 900.

||| Number of nights
 (MIN: 1) (MAX: 900; warning after 365)

DK, R

SER_E005D If SER_Q005D <= 365, go to SER_Q010.
 Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
 Please confirm or return and change the reporting unit.**

SER_Q005E INTERVIEWER: Enter the number of weeks.
 SERB_05E Minimum is 1; maximum is 104.

||| Number of weeks
 (MIN: 1) (MAX: 104; warning after 52)

DK, R

SER_E005E If SER_Q005E <= 52, go to SER_Q010.
 Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
 Please confirm or return and change the reporting unit.**

SER_Q005F INTERVIEWER: Enter the number of months.
 SERB_05F Minimum is 1; maximum is 36.

||| Number of months
 (MIN: 1) (MAX: 36; warning after 24)

DK, R

SER_E005F If SER_Q005F <= 24, go to SER_Q010.
 Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
 Please confirm or return and change the reporting unit.**

SER_Q005G INTERVIEWER: Enter the number of years.
SERB_05G Minimum is 1; maximum is %(current age -1) – age in SER_Q05B%.

|_|_|| Number of years
(MIN: 1) (MAX: (current age -1) - age in SER_Q05B)

DK, R

Go to SER_Q010.

SER_Q006 **How old were you at the time of your first admission?**
SERB_06 INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_|| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_C007 If SER_Q003 > 0 and SER_Q003 <100 (between 1 and 99) use “number in SER_Q003” in %number in SER_Q003/several%

Otherwise use “several” in %number in SER_Q003/several%

SER_Q007 **In total, how much time did you spend in the hospital on those %number in SER_Q003/several% occasions?**
SERB_07

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

- 1 Days
- 2 Weeks (Go to SER_Q007B)
- 3 Months (Go to SER_Q007C)
- 4 Years (Go to SER_Q007D)
- DK, R (Go to SER_Q008)

SER_Q007A INTERVIEWER: Enter the number of days.
SERB_07A Minimum is 1; maximum is 900.

|_|_|| Number of days
(MIN: 1) (MAX: 900, warning after 365)

DK, R

SER_E007A If SER_Q007A <= 365, go to SER_Q008.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

SER_Q007B INTERVIEWER: Enter the number of weeks.
SERB_07B Minimum is 1; maximum is 104.

|_|_|| Number of weeks
(MIN: 1) (MAX: 104; warning after 52)

DK, R

SER_E007B If SER_Q007B <= 52, go to SER_Q008.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

SER_Q007C INTERVIEWER: Enter the number of months.
SERB_07C Minimum is 1; maximum is 36.

||| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

SER_E007C If SER_Q007C <= 24, go to SER_Q008.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

SER_Q007D INTERVIEWER: Enter the number of years.
SERB_07D Minimum is 1; maximum is %current age - (age in SER_Q006 - 1)%.

|||| Number of years
(MIN: 1) (MAX: current age - (age in SER_Q006 - 1))

DK, R

SER_Q008 **During the past 12 months, were you hospitalized overnight or longer for**
SERB_08 **problems with your emotions, mental health or use of alcohol or drugs?**

1 Yes (Go to SER_Q009)

2 No
DK, R (Go to SER_Q010)

SER_Q008A **How old were you the last time you were hospitalized overnight or longer**
SERB_08A **for any of these problems?**

INTERVIEWER: Minimum is 1; maximum is %current age - 1%.

||| Age in years
(MIN: 1) (MAX: current age - 1)

DK, R

Go to SER_Q010.

SER_Q009 **How long did you stay in the hospital for these problems (during the past**
SERB_09 **12 months)?**

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

1 Days
2 Weeks (Go to SER_Q009B)
3 Months (Go to SER_Q009C)
DK, R (Go to SER_Q010)

SER_Q009A INTERVIEWER: Enter the number of days.
 SERB_09A Minimum is 1; maximum is 365.

|_|_|| Number of days
 (MIN: 1) (MAX: 365)

DK, R

Go to SER_Q010

SER_Q009B INTERVIEWER: Enter the number of weeks.
 SERB_09B Minimum is 1; maximum is 52.

|_|_|| Number of weeks
 (MIN: 1) (MAX: 52)

DK, R

Go to SER_Q010

SER_Q009C INTERVIEWER: Enter the number of months.
 SERB_09C Minimum is 1; maximum is 12.

|_|_| Number of months
 (MIN: 1) (MAX: 12)

DK, R

SER_Q010 **During your lifetime, have you ever seen, or talked on the telephone, to any of the following professionals about your emotions, mental health or use of alcohol or drugs?**

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

- | | | | |
|----------|---|--|-------------------|
| SERB_10A | 1 | Psychiatrist | |
| SERB_10B | 2 | Family doctor or general practitioner | |
| SERB_10C | 3 | Other medical doctor such as a cardiologist, gynaecologist or urologist | |
| SERB_10D | 4 | Psychologist | |
| SERB_10E | 5 | Nurse | |
| SERB_10F | 6 | Social worker, counsellor or psychotherapist | |
| SERB_10G | 7 | Religious or spiritual advisor such as a priest, chaplain or rabbi | |
| SERB_10H | 8 | Other professional | |
| SERB_10I | 9 | None | |
| | | DK | (Go to SER_Q100A) |
| | | R | (Go to SER_C010) |

SER_E010 If only category 9 has been selected, go to SER_Q100A.
 If SER_Q010 = 9 and any other response is indicated, show hard pop-up edit as follows.

Otherwise, go to SER_Q012.

**You cannot select “None” and another category.
 Please return and correct.**

Go to SER_Q010

SER_C010 If SER_Q002 <> R and SER_Q010 = R, go to SER_Q100A.
If SER_Q002 = R and SER_Q010 = R, go to SER_END

SER_Q012 **With any of these professionals, did you ever have a session of**
SERB_12 **psychological counselling or therapy that lasted 15 minutes or longer?**

- 1 Yes
- 2 No (Go to SER_C20)
- DK, R (Go to SER_C20)

SER_Q013 **How old were you the first time you had such a session (of psychological**
SERB_13 **counselling or therapy)?**

INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_C20 If SER_Q010 = 1, go to SER_Q020.
Otherwise, go to SER_C30.

SER_Q020 **You mentioned that you saw, or talked on the telephone, to a psychiatrist**
SERB_20 **about your emotions, mental health or use of alcohol or drugs.**

How old were you the first time you saw, or talked to such a professional?

INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_Q021 **When was the last time?**
SERB_21 INTERVIEWER: Read categories to respondent.

- 1 **During the past month** (Go to SER_Q023)
- 2 **Between 2 and 6 months ago** (Go to SER_Q023)
- 3 **Between 7 and 12 months ago** (Go to SER_Q023)
- 4 **More than a year ago**
- DK, R (Go to SER_C30)

SER_Q022 **How old were you the last time you saw, or talked to a psychiatrist (about**
SERB_22 **your emotions, mental health or use of alcohol or drugs)?**

INTERVIEWER: Minimum is 1; maximum is %current age - 1%.

|_|_| Age in years
(MIN: 1) (MAX: current age - 1)

DK, R

Go to SER_C30

SER_Q023 **Think of the psychiatrist you talked to the most often during the past 12**
SERB_23 **months.**

How many times did you see, or talk on the telephone, to this psychiatrist (about your emotions, mental health or use of alcohol or drugs)?

INTERVIEWER: Minimum is 1; maximum is 365.

|_|_|_| Number
(MIN: 1) (MAX: 365)

DK, R (Go to SER_Q025)

SER_C23 If SER_Q023 = 1, use “this contact” in %this contact/these contacts%.
Otherwise, use “these contacts” in %this contact/these contacts%.

SER_Q024 **Where did %this contact/these contacts% take place?**

INTERVIEWER: Mark all that apply.

If respondent says “hospital”, probe for details.

- | | | |
|----------|----|--|
| SERB_24A | 1 | Hospitalized as an overnight patient |
| SERB_24B | 2 | Health professional's office (including doctor's) |
| SERB_24C | 3 | Hospital emergency room |
| SERB_24D | 4 | Psychiatric outpatient clinic |
| SERB_24E | 5 | Drug or alcohol outpatient clinic |
| SERB_24F | 6 | Other hospital outpatient clinic (e.g., day surgery, cancer) |
| SERB_24G | 7 | Walk-in clinic |
| SERB_24H | 8 | Appointment clinic |
| SERB_24I | 9 | Community health centre (CLSC) |
| SERB_24J | 10 | At work |
| SERB_24K | 11 | At school |
| SERB_24L | 12 | At home |
| SERB_24M | 13 | Telephone consultation only |
| SERB_24N | 14 | Church or other place for religious assembly |
| SERB_24O | 15 | Other → Specify |

DK, R

SER_Q025 **(Please refer to page 12 of the booklet.)**

SERB_25

In general, how satisfied are you with the treatments and services you received (from the psychiatrist during the past 12 months)?

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

SER_Q026 **In general, how much would you say the psychiatrist helped you?**

SERB_26

INTERVIEWER: Read categories to respondent.

- | | |
|---|-------------------|
| 1 | A lot |
| 2 | Some |
| 3 | A little |
| 4 | Not at all |
- DK, R

SER_Q027 **Have you stopped seeing the psychiatrist?**

SERB_27

- 1 Yes
- 2 No (Go to SER_Q029)
- DK, R (Go to SER_Q029)

SER_Q028 **(Please refer to page 13 of the booklet.)**

Why did you stop?

INTERVIEWER: Mark all that apply.

- SERB_28A 1 You felt better
- SERB_28B 2 You completed the recommended treatment
- SERB_28C 3 You thought it was not helping
- SERB_28D 4 You thought the problem would get better without more professional help
- SERB_28E 5 You couldn't afford to pay
- SERB_28F 6 You were too embarrassed to see the professional
- SERB_28G 7 You wanted to solve the problem without professional help
- SERB_28H 8 You had problems with things like transportation, childcare or your schedule
- SERB_28I 9 The service or program was no longer available
- SERB_28J 10 You were not comfortable with the professional's approach
- SERB_28K 11 Other reason -Specify
DK, R

SER_Q029 **Did this psychiatrist ever recommend that you talk to another mental health professional or go to another clinic or program specializing in mental health services?**

SERB_29

- 1 Yes
- 2 No
- DK, R

SER_C30 If SER_Q010 = 2, go to SER_Q030.
Otherwise, go to SER_C40.

SER_Q030 **You mentioned that you saw, or talked on the telephone, to a family doctor or general practitioner about your emotions, mental health or use of alcohol or drugs.**

SERB_30

How old were you the first time you saw, or talked to such a professional?

INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_Q031 **When was the last time?**

SERB_31

INTERVIEWER: Read categories to respondent.

- 1 **During the past month** (Go to SER_Q033)
- 2 **Between 2 and 6 months ago** (Go to SER_Q033)
- 3 **Between 7 and 12 months ago** (Go to SER_Q033)
- 4 **More than a year ago** (Go to SER_C40)
- DK, R

SER_Q032
SERB_32

How old were you the last time you saw, or talked to a family doctor or general practitioner (about your emotions, mental health or use of alcohol or drugs)?

INTERVIEWER: Minimum is 1; maximum is %current age – 1%.

|_|_| | Age in years
(MIN: 1) (MAX: current age – 1)

DK, R

Go to SER_C40

SER_Q033
SERB_33

Think of the family doctor or the general practitioner you talked to the most often during the past 12 months.

How many times did you see, or talk on the telephone, to this family doctor or general practitioner (about your problems with your emotions, mental health or use of alcohol or drugs)?

INTERVIEWER: Minimum is 1; maximum is 365.

|_|_| | Number
(MIN: 1) (MAX: 365)

DK, R (Go to SER_Q035)

SER_C33

If SER_Q033 = 1, use “this contact” in %this contact/these contacts%.
Otherwise, use “these contacts” in %this contact/these contacts%.

SER_Q034

Where did %this contact/these contacts% take place?

INTERVIEWER: Mark all that apply.

If respondent says “hospital”, probe for details.

- | | | |
|----------|----|---|
| SERB_34A | 1 | Hospitalized as an overnight patient |
| SERB_34B | 2 | Health professional’s office (including doctor’s) |
| SERB_34C | 3 | Hospital emergency room |
| SERB_34D | 4 | Psychiatric outpatient clinic |
| SERB_34E | 5 | Drug or alcohol outpatient clinic |
| SERB_34F | 6 | Other hospital outpatient clinic (e.g. day surgery, cancer) |
| SERB_34G | 7 | Walk-in clinic |
| SERB_34H | 8 | Appointment clinic |
| SERB_34I | 9 | Community health centre / CLSC |
| SERB_34J | 10 | At work |
| SERB_34K | 11 | At school |
| SERB_34L | 12 | At home |
| SERB_34M | 13 | Telephone consultation only |
| SERB_34N | 14 | Church or other place for religious assembly |
| SERB_34O | 15 | Other – Specify |
- DK, R

SER_Q035 (Please refer to page 12 of the booklet.)
 SERB_35

In general, how satisfied are you with the treatments and services you received (from this family doctor or general practitioner during the past 12 months)?

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

SER_Q036 In general, how much would you say this family doctor or general practitioner helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?
 SERB_36

INTERVIEWER: Read categories to respondent.

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- DK, R

SER_Q037 Have you stopped talking to this family doctor or general practitioner about your problems with your emotions, mental health or use of alcohol or drugs?
 SERB_37

- 1 Yes
- 2 No (Go to SER_Q039)
- DK, R (Go to SER_Q039)

SER_Q038 (Please refer to page 13 of the booklet.)

Why did you stop?

INTERVIEWER: Mark all that apply.

- SERB_38A 1 You felt better
- SERB_38B 2 You completed the recommended treatment
- SERB_38C 3 You thought it was not helping
- SERB_38D 4 You thought the problem would get better without more professional help
- SERB_38E 5 You couldn't afford to pay
- SERB_38F 6 You were too embarrassed to see the professional
- SERB_38G 7 You wanted to solve the problem without professional help
- SERB_38H 8 You had problems with things like transportation, childcare or your schedule
- SERB_38I 9 The service or program was no longer available
- SERB_38J 10 You were not comfortable with the professional's approach
- SERB_38K 11 Other reason – Specify
- DK, R

SER_Q039 **Did this family doctor or general practitioner ever recommend that you talk**
SERB_39 **to a mental health professional or go to a clinic or a program specializing in**
mental health services?

- 1 Yes
- 2 No
- DK, R

SER_C40 If SER_Q010 = 3, go to SER_Q040.
Otherwise, go to SER_C50.

SER_Q040 **You mentioned that you saw, or talked on the telephone, to other medical**
doctors about your problems with your emotions, mental health or use of
alcohol or drugs.

What kind(s) of other medical doctor(s) did you ever see, or talk to about
such problems?

INTERVIEWER: Mark all that apply.

- SERB_40A 1 Cardiologist
- SERB_40B 2 Gynaecologist
- SERB_40C 3 Urologist
- SERB_40D 4 Allergist
- SERB_40E 5 Other – Specify (Go to SER_C50)
- DK, R

SER_Q041 **During the past 12 months, what kind of other medical doctor did you see,**
SERB_41 **or talk to on the telephone, the most often (about your emotions, mental**
health or use of alcohol or drugs)?

- 1 Cardiologist
- 2 Gynaecologist
- 3 Urologist
- 4 Allergist
- 5 Other
- 6 None (Go to SER_C50)
- DK, R

SER_C41 If SER_Q041 = 6, go to SER_Q042.

SER_C42 If SER_Q041 = SER_Q040, go to SER_Q043.

SER_E41 If SER_Q041 <> 6, show pop-up edit as follows:

A response inconsistent with a response to a previous question has been
entered. Please return and correct.

SER_Q042 **How old were you the last time you saw, or talked to this other kind of**
 SERB_42 **medical doctor about your emotions, mental health or use of alcohol or**
drugs?

INTERVIEWER: Minimum is 1; maximum is %current age - 1%.

|_|_| Age in years
 (MIN: 1) (MAX: current age - 1)

DK, R

Go to SER_C50

SER_Q043 **During the pas 12 months, how many times did you see, or talk on the**
 SERB_43 **telephone, to this doctor about your problems with your emotions, mental**
health or use of alcohol or drugs?

INTERVIEWER: Minimum is 1; maximum is 365.

|_|_| Number
 (MIN: 1) (MAX: 365)

DK, R

(Go to SER_Q045)

SER_C44 If SER_Q043 = 1, use "this contact" in this contact/these contacts%.
 Otherwise, use "these contacts" in %this contact/these contacts%.

SER_Q044 **Where did %this contact/these contacts% take place?**

INTERVIEWER: Mark all that apply.

If respondent says "hospital", probe for details.

- | | | |
|----------|----|---|
| SERB_44A | 1 | Hospitalized as an overnight patient |
| SERB_44B | 2 | Health professional's office (including doctor's) |
| SERB_44C | 3 | Hospital emergency room |
| SERB_44D | 4 | Psychiatric outpatient clinic |
| SERB_44E | 5 | Drug or alcohol outpatient clinic |
| SERB_44F | 6 | Other hospital outpatient clinic (e.g. day surgery, cancer) |
| SERB_44G | 7 | Walk-in clinic |
| SERB_44H | 8 | Appointment clinic |
| SERB_44I | 9 | Community health centre / CLSC |
| SERB_44J | 10 | At work |
| SERB_44K | 11 | At school |
| SERB_44L | 12 | At home |
| SERB_44M | 13 | Telephone consultation only |
| SERB_44N | 14 | Church or other place for religious assembly |
| SERB_44O | 15 | Other – Specify |
- DK, R

SER_Q045 (Please refer to page 12 of the booklet.)
SERB_45

In general, how satisfied are you with the treatments and services you received (from this other kind of medical doctor during the past 12 months)?

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

SER_Q046 In general, how much would you say this medical doctor helped you (for
SERB_46 your problems with your emotions, mental health or use of alcohol or drugs)?

INTERVIEWER: Read categories to respondent.

- 1 A lot
 - 2 Some
 - 3 A little
 - 4 Not at all
- DK, R

SER_Q047 Have you stopped talking to this medical doctor about your problems with
SERB_47 your emotions, mental health or use of alcohol or drugs?

- 1 Yes
 - 2 No (Go to SER_Q049)
- DK, R (Go to SER_Q049)

SER_Q048 (Please refer to page 13 of the booklet.)

Why did you stop?

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|--|
| SERB_48A | 1 | You felt better |
| SERB_48B | 2 | You completed the recommended treatment |
| SERB_48C | 3 | You thought it was not helping |
| SERB_48D | 4 | You thought the problem would get better without more professional help |
| SERB_48E | 5 | You couldn't afford to pay |
| SERB_48F | 6 | You were too embarrassed to see the professional |
| SERB_48G | 7 | You wanted to solve the problem without professional help |
| SERB_48H | 8 | You had problems with things like transportation, childcare or your schedule |
| SERB_48I | 9 | The service or program was no longer available |
| SERB_48J | 10 | You were not comfortable with the professional's approach |
| SERB_48K | 11 | Other reason – Specify |
- DK, R

SER_Q049 **Did this other kind of medical doctor ever recommend that you talk to a**
SERB_49 **mental health professional or go to a clinic or a program specializing in**
mental health services?

- 1 Yes
- 2 No
- DK, R

SER_C50 If SER_Q010 = 4, go to SER_Q050.
Otherwise, go to SER_C60.

SER_Q050 **You mentioned that you saw, or talked on the telephone, to a psychologist**
SERB_50 **about your emotions, mental health or use of alcohol or drugs.**

How old were you the first time you saw, or talked to such a professional?
INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_Q051 **When was the last time?**
SERB_51 INTERVIEWER: Read categories to respondent.

- 1 **During the past month** (Go to SER_Q053)
- 2 **Between 2 and 6 months ago** (Go to SER_Q053)
- 3 **Between 7 and 12 months ago** (Go to SER_Q053)
- 4 **More than a year ago**
- DK, R (Go to SER_C60)

SER_Q052 **How old were you the last time you saw, or talked to a psychologist (about**
SERB_52 **your emotions, mental health or use of alcohol or drugs)?**
INTERVIEWER: Minimum is 1; maximum is %current age - 1%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age - 1)

DK, R

Go to SER_C60

SER_Q053 **Think of the psychologist you talked to the most often during the past 12**
SERB_53 **months.**

How many times did you see, or talk on the telephone, to this psychologist
(about your problems with your emotions, mental health or use of alcohol
or drugs)?

INTERVIEWER: Minimum is 1; maximum is 365.

|_|_|_| Number
(MIN: 1) (MAX: 365)

DK, R

(Go to SER_Q055)

SER_C53 If SER_Q053 = 1, use “this contact” in %this contact/these contacts%.
Otherwise, use “these contacts” in %this contact/these contacts%.

SER_Q054 **Where did %this contact/these contacts% take place?**

INTERVIEWER: Mark all that apply.

If respondent says “hospital”, probe for details.

- | | | |
|----------|----|---|
| SERB_54A | 1 | Hospitalized as an overnight patient |
| SERB_54B | 2 | Health professional's office (including doctor's) |
| SERB_54C | 3 | Hospital emergency room |
| SERB_54D | 4 | Psychiatric outpatient clinic |
| SERB_54E | 5 | Drug or alcohol outpatient clinic |
| SERB_54F | 6 | Other hospital outpatient clinic (e.g. day surgery, cancer) |
| SERB_54G | 7 | Walk-in clinic |
| SERB_54H | 8 | Appointment clinic |
| SERB_54I | 9 | Community health centre / CLSC |
| SERB_54J | 10 | At work |
| SERB_54K | 11 | At school |
| SERB_54L | 12 | At home |
| SERB_54M | 13 | Telephone consultation only |
| SERB_54N | 14 | Church or other place for religious assembly |
| SERB_54O | 15 | Other – Specify
DK, R |

SER_Q055 **(Please refer to page 12 of the booklet.)**

SERB_55

In general, how satisfied are you with the treatments and services you received (from this psychologist during the past 12 months)?

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

SER_Q056 **In general, how much would you say this psychologist helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?**

SERB_56

INTERVIEWER: Read categories to respondent.

- | | |
|---|-------------------|
| 1 | A lot |
| 2 | Some |
| 3 | A little |
| 4 | Not at all |
| | DK, R |

SER_Q057 **Have you stopped seeing this psychologist?**

SERB_57

- | | | |
|---|-------|------------------|
| 1 | Yes | |
| 2 | No | (Go to SER_Q059) |
| | DK, R | (Go to SER_Q059) |

SER_Q058 (Please refer to page 13 of the booklet.)

Why did you stop?

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|--|
| SERB_58A | 1 | You felt better |
| SERB_58B | 2 | You completed the recommended treatment |
| SERB_58C | 3 | You thought it was not helping |
| SERB_58D | 4 | You thought the problem would get better without more professional help |
| SERB_58E | 5 | You couldn't afford to pay |
| SERB_58F | 6 | You were too embarrassed to see the professional |
| SERB_58G | 7 | You wanted to solve the problem without professional help |
| SERB_58H | 8 | You had problems with things like transportation, childcare or your schedule |
| SERB_58I | 9 | The service or program was no longer available |
| SERB_58J | 10 | You were not comfortable with the professional's approach |
| SERB_58K | 11 | Other reason – Specify
DK, R |

SER_Q059 **Do you have insurance that covers all or part of the cost of your contact with this psychologist? Include any private, government or employee-paid insurance plans.**

SERB_59

- | | |
|---|-------------|
| 1 | Yes |
| 2 | No
DK, R |

SER_Q059A **Did this psychologist ever recommend that you talk to another mental health professional or go to another type of clinic or a program specializing in mental health services?**

SERB_59A

- | | |
|---|-------------|
| 1 | Yes |
| 2 | No
DK, R |

SER_C60 If SER_Q010 = 5, go to SER_Q060.
Otherwise, go to SER_C70.

SER_Q060 **You mentioned that you saw, or talked on the telephone, to a nurse about your emotions, mental health or use of alcohol or drugs.**

SERB_60

How old were you the first time you saw, or talked to such a professional?

INTERVIEWER: Minimum is 1; maximum is %current age%.

||| | Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_Q061
SERB_61

When was the last time?

INTERVIEWER: Read categories to respondent.

- 1 **During the past month** (Go to SER_Q063)
- 2 **Between 2 and 6 months ago** (Go to SER_Q063)
- 3 **Between 7 and 12 months ago** (Go to SER_Q063)
- 4 **More than a year ago**
DK, R (Go to SER_C70)

SER_Q062
SERB_62

How old were you the last time you saw, or talked to a nurse (about your emotions, mental health or use of alcohol or drugs)?

INTERVIEWER: Minimum is 1; maximum is %current age - 1%.

||| Age in years
(MIN: 1) (MAX: current age - 1)

DK, R

Go to SER_C70

SER_Q063
SERB_63

Think of the nurse you talked to the most often during the past 12 months.

How many times did you see, or talk on the telephone, to this nurse about your problems with your emotions, mental health or use of alcohol or drugs?

INTERVIEWER: Minimum is 1; maximum is 365.

||| Number
(MIN: 1) (MAX: 365)

DK, R (Go to SER_Q065)

SER_C63

If SER_Q063 = 1, use "this contact" in %this contact/these contacts%.
Otherwise use "these contacts" in %this contact/these contacts%.

SER_Q064

Where did %this contact/these contacts% take place?

INTERVIEWER: Mark all that apply.

If respondent says "hospital", probe for details.

- SERB_64A 1 Hospitalized as an overnight patient
- SERB_64B 2 Health professional's office (including doctor's)
- SERB_64C 3 Hospital emergency room
- SERB_64D 4 Psychiatric outpatient clinic
- SERB_64E 5 Drug or alcohol outpatient clinic
- SERB_64F 6 Other hospital outpatient clinic (e.g. day surgery, cancer)
- SERB_64G 7 Walk-in clinic
- SERB_64H 8 Appointment clinic
- SERB_64I 9 Community health centre / CLSC
- SERB_64J 10 At work
- SERB_64K 11 At school
- SERB_64L 12 At home
- SERB_64M 13 Telephone consultation only
- SERB_64N 14 Church or other place for religious assembly
- SERB_64O 15 Other – Specify
DK, R

SER_Q065 (Please refer to page 12 of the booklet.)
SERB_65

In general, how satisfied are you with the treatments and services you received (from this nurse during the past 12 months)?

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

SER_Q066 In general, how much would you say this nurse helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?
SERB_66 INTERVIEWER: Read categories to respondent.

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- DK, R

SER_Q067 Have you stopped talking to this nurse about your problems with your emotions, mental health or use of alcohol or drugs?
SERB_67

- 1 Yes
- 2 No (Go to SER_Q069)
- DK, R (Go to SER_Q069)

SER_Q068 (Please refer to page 13 of the booklet.)

Why did you stop?
INTERVIEWER: Mark all that apply.

- SERB_68A 1 You felt better
- SERB_68B 2 You completed the recommended treatment
- SERB_68C 3 You thought it was not helping
- SERB_68D 4 You thought the problem would get better without more professional help
- SERB_68E 5 You couldn't afford to pay
- SERB_68F 6 You were too embarrassed to see the professional
- SERB_68G 7 You wanted to solve the problem without professional help
- SERB_68H 8 You had problems with things like transportation, childcare or your schedule
- SERB_68I 9 The service or program was no longer available
- SERB_68J 10 You were not comfortable with the professional's approach
- SERB_68K 11 Other reason – Specify
- DK, R

SER_Q069 Do you have insurance that covers all or part of the cost of your contact with this nurse? Include any private, government or employee-paid insurance plans.
SERB_69

- 1 Yes
- 2 No
- DK, R

SER_Q069_A **Did this nurse ever recommend that you talk to another mental health professional or go to another clinic or a program specializing in mental health services?**
SERB_69A

- 1 Yes
- 2 No
- DK, R

SER_C70 If SER_Q010 = 6, go to SER_Q070.
Otherwise, go to SER_C80.

SER_Q070 **You mentioned that you saw, or talked on the telephone, to a social worker, counsellor or psychotherapist about your emotions, mental health or use of alcohol or drugs.**
SERB_70

How old were you the first time you saw, or talked to this professional?

INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_Q071 **When was the last time?**
SERB_71 INTERVIEWER: Read categories to respondent.

- 1 **During the past month** (Go to SER_Q073)
- 2 **Between 2 and 6 months ago** (Go to SER_Q073)
- 3 **Between 7 and 12 months ago** (Go to SER_Q073)
- 4 **More than a year ago** (Go to SER_C80)
- DK, R (Go to SER_C80)

SER_Q072 **How old were you the last time you saw, or talked to social worker, counsellor or psychotherapist (about your emotions, mental health or use of alcohol or drugs)?**
SERB_72

INTERVIEWER: Minimum is 1; maximum is %current age - 1%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age - 1)

DK, R

Go to SER_C80

SER_Q073 **Think of the social worker, counsellor or psychotherapist you talked to the most often during the past 12 months.**
SERB_73

How many times did you see, or talk to on the telephone, to this professional (about your problems with your emotions, mental health or use of alcohol or drugs)?

INTERVIEWER: Minimum is 1; maximum is 365.

|_|_|_| Number
(MIN: 1) (MAX: 365)

DK, R

(Go to SER_Q075)

SER_C73 If SER_Q073 = 1, use “this contact” in %this contact/these contacts%.
Otherwise, use “these contacts” in %this contact/these contacts%.

SER_Q074 **Where did %this contact/these contacts% take place?**

INTERVIEWER: Mark all that apply.

If respondent says “hospital”, probe for details.

- | | | |
|----------|----|---|
| SERB_74A | 1 | Hospitalized as an overnight patient |
| SERB_74B | 2 | Health professional's office (including doctor's) |
| SERB_74C | 3 | Hospital emergency room |
| SERB_74D | 4 | Psychiatric outpatient clinic |
| SERB_74E | 5 | Drug or alcohol outpatient clinic |
| SERB_74F | 6 | Other hospital outpatient clinic (e.g. day surgery, cancer) |
| SERB_74G | 7 | Walk-in clinic |
| SERB_74H | 8 | Appointment clinic |
| SERB_74I | 9 | Community health centre / CLSC |
| SERB_74J | 10 | At work |
| SERB_74K | 11 | At school |
| SERB_74L | 12 | At home |
| SERB_74M | 13 | Telephone consultation only |
| SERB_74N | 14 | Church or other place for religious assembly |
| SERB_74O | 15 | Other – Specify
DK, R |

SER_Q075 **(Please refer to page 12 of the booklet.)**

SERB_75

In general, how satisfied are you with the treatments and services you received (from this social worker, counsellor or psychotherapist during the past 12 months)?

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

SER_Q076 **In general, how much would you say this social worker, counsellor or psychotherapist helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?**

SERB_76

INTERVIEWER: Read categories to respondent.

- | | |
|---|-------------------|
| 1 | A lot |
| 2 | Some |
| 3 | A little |
| 4 | Not at all |
| | DK, R |

SER_Q077 **Have you stopped talking to this social worker, counsellor or psychotherapist about your problems with your emotions, mental health or use of alcohol or drugs?**

SERB_77

- | | | |
|---|-------|------------------|
| 1 | Yes | |
| 2 | No | (Go to SER_Q079) |
| | DK, R | (Go to SER_Q079) |

SER_Q078 **(Please refer to page 13 of the booklet.)**

Why did you stop?

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|--|
| SERB_78A | 1 | You felt better |
| SERB_78B | 2 | You completed the recommended treatment |
| SERB_78C | 3 | You thought it was not helping |
| SERB_78D | 4 | You thought the problem would get better without more professional help |
| SERB_78E | 5 | You couldn't afford to pay |
| SERB_78F | 6 | You were too embarrassed to see the professional |
| SERB_78G | 7 | You wanted to solve the problem without professional help |
| SERB_78H | 8 | You had problems with things like transportation, childcare or your schedule |
| SERB_78I | 9 | The service or program was no longer available |
| SERB_78J | 10 | You were not comfortable with the professional's approach |
| SERB_78K | 11 | Other reason – Specify
DK, R |

SER_Q079 **Do you have insurance that covers all or part of the cost of your contact with this social worker, counsellor or psychotherapist? Include any private, government or employee-paid insurance plans.**

SERB_79

- | | |
|---|-------------|
| 1 | Yes |
| 2 | No
DK, R |

SER_Q079_A **Did this social worker, counsellor or psychotherapist ever recommend that you talk to another mental health professional or go to another type of clinic or a program specializing in mental health services?**

SERB_79A

- | | |
|---|-------------|
| 1 | Yes |
| 2 | No
DK, R |

SER_C80 If SER_Q079 = 7, go to SER_Q080.
Otherwise, go to SER_C90.

SER_Q080 **You mentioned that you saw, or talked on the telephone, to a religious or spiritual advisor (such as a priest, chaplain or rabbi) about your emotions, mental health or use of alcohol or drugs.**

SERB_80

How old were you the first time you saw, or talked to such a professional?

INTERVIEWER: Minimum is 1; maximum is %current age%.

||| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_Q081 **When was the last time?**
 SERB_81 **INTERVIEWER:** Read categories to respondent.

- 1 **During the past month** (Go to SER_Q083)
- 2 **Between 2 and 6 months ago** (Go to SER_Q083)
- 3 **Between 7 and 12 months ago** (Go to SER_Q083)
- 4 **More than a year ago**
 DK, R (Go to SER_C90)

SER_Q082 **How old were you the last time you saw, or talked to a religious or spiritual advisor (about your emotions, mental health or use of alcohol or drugs)?**
 SERB_82 **INTERVIEWER:** Minimum is 1; maximum is %current age - 1%.

||| Age in years
 (MIN: 1) (MAX: current age - 1)

DK, R

Go to SER_C90

SER_Q083 **Think of the religious or spiritual advisor you talked to the most often during the past 12 months.**
 SERB_83

How many times did you see, or talk on the telephone, to this religious or spiritual advisor (about your problems with your emotions, mental health or use of alcohol or drugs)?

INTERVIEWER: Minimum is 1; maximum is 365.

||| Number
 (MIN: 1) (MAX: 365)

DK, R (Go to SER_Q085)

SER_C83 If SER_Q083 = 1, use "this contact" in %this contact/these contacts%.
 Otherwise, use "these contacts" in %this contact/these contacts%.

SER_Q084 **Where did %this contact/these contacts% take place?**

INTERVIEWER: Mark all that apply.

If respondent says "hospital", probe for details.

- SERB_84A 1 Hospitalized as an overnight patient
- SERB_84B 2 Health professional's office (including doctor's)
- SERB_84C 3 Hospital emergency room
- SERB_84D 4 Psychiatric outpatient clinic
- SERB_84E 5 Drug or alcohol outpatient clinic
- SERB_84F 6 Other hospital outpatient clinic (e.g. day surgery, cancer)
- SERB_84G 7 Walk-in clinic
- SERB_84H 8 Appointment clinic
- SERB_84I 9 Community health centre / CLSC
- SERB_84J 10 At work
- SERB_84K 11 At school
- SERB_84L 12 At home
- SERB_84M 13 Telephone consultation only
- SERB_84N 14 Church or other place for religious assembly
- SERB_84O 15 Other – Specify
 DK, R

SER_Q085 (Please refer to page 12 of the booklet.)
SERB_85

In general, how satisfied are you with the services you received (from this religious or spiritual advisor during the past 12 months)?

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

SER_Q086 **In general, how much would you say this religious or spiritual advisor helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?**
SERB_86

INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **Some**
- 3 **A little**
- 4 **Not at all**
- DK, R

SER_Q087 **Have you stopped seeing this religious or spiritual advisor for your problems with your emotions, mental health or use of alcohol or drugs?**
SERB_87

- 1 Yes
- 2 No (Go to SER_Q089)
- DK, R (Go to SER_Q089)

SER_Q088 (Please refer to page 13 of the booklet.)

Why did you stop?

INTERVIEWER: Mark all that apply.

- SERB_88A 1 You felt better
- SERB_88B 2 You completed the recommended treatment
- SERB_88C 3 You thought it was not helping
- SERB_88D 4 You thought the problem would get better without more professional help
- SERB_88E 5 You couldn't afford to pay
- SERB_88F 6 You were too embarrassed to see the professional
- SERB_88G 7 You wanted to solve the problem without professional help
- SERB_88H 8 You had problems with things like transportation, childcare or your schedule
- SERB_88I 9 The service or program was no longer available
- SERB_88J 10 You were not comfortable with the professional's approach
- SERB_88K 11 Other reason – Specify
- DK, R

SER_Q089 **Did this religious or spiritual advisor ever recommend that you talk to a mental health professional or go to another type clinic or a program specializing in mental health services?**
SERB_89

- 1 Yes
- 2 No
- DK, R

SER_C90 If SER_Q010 = 8, go to SER_Q90.
Otherwise, go to SER_Q100A.

SER_Q090 **You mentioned that you saw, or talked on the telephone, to other professionals about your problems with your emotions, mental health or use of alcohol or drugs.**

What kind(s) of other professional(s) did you ever see, or talk to about such problems?

INTERVIEWER: Mark all that apply.

- | | | | |
|----------|----|---------------------------------------|-------------------|
| SERB_90A | 1 | Acupuncturist | |
| SERB_90B | 2 | Biofeedback teacher | |
| SERB_90C | 3 | Chiropractor | |
| SERB_90D | 4 | Energy healing specialist | |
| SERB_90E | 5 | Exercise or movement therapist | |
| SERB_90F | 6 | Herbalist | |
| SERB_90G | 7 | Homeopath or naturopath | |
| SERB_90H | 8 | Hypnotist | |
| SERB_90I | 9 | Guided imagery specialist | |
| SERB_90J | 10 | Massage therapist | |
| SERB_90K | 11 | Relaxation, yoga or meditation expert | |
| SERB_90L | 12 | Dietician | |
| SERB_90M | 13 | Other – Specify | |
| | | DK, R | (Go to SER_Q100A) |

SER_Q091 **During the past 12 months, what kind of other professional did you see, or talk to on the telephone, the most often (about your emotions, mental health or use of alcohol and drugs)?**

SERB_91

- | | | | |
|--|----|---------------------------------------|-------------------|
| | 1 | Acupuncturist | |
| | 2 | Biofeedback teacher | |
| | 3 | Chiropractor | |
| | 4 | Energy healing specialist | |
| | 5 | Exercise or movement therapist | |
| | 6 | Herbalist | |
| | 7 | Homeopath or naturopath | |
| | 8 | Hypnotist | |
| | 9 | Guided imagery specialist | |
| | 10 | Massage therapist | |
| | 11 | Relaxation, yoga or meditation expert | |
| | 12 | Dietician | |
| | 13 | Other | |
| | 14 | None | |
| | | DK, R | (Go to SER_Q100A) |

SER_C92 If SER_Q091 = 14, go to SER_Q092.

SER_C93 If SER_Q091 = SER_Q090, go to SER_Q093.

SER_E91 If SER_Q091 <> 14, show pop-up edit as follows:

A response inconsistent with a response to a previous question has been entered. Please return and correct.

SER_Q096 **In general, how much would you say this professional helped you (for your**
problems with your emotions, mental health or use of alcohol or drugs)?
 SERB_96 **INTERVIEWER:** Read categories to respondent.

- 1 **A lot**
- 2 **Some**
- 3 **A little**
- 4 **Not at all**
- DK, R

SER_Q097 **Have you stopped seeing this professional for your problems with your**
 SERB_97 **emotions, mental health or use of alcohol or drugs?**

- 1 Yes
- 2 No (Go to SER_Q099)
- DK, R (Go to SER_Q099)

SER_Q098 **(Please refer to page 13 of the booklet.)**

Why did you stop?

INTERVIEWER: Mark all that apply.

- SERB_98A 1 You felt better
- SERB_98B 2 You completed the recommended treatment
- SERB_98C 3 You thought it was not helping
- SERB_98D 4 You thought the problem would get better without more professional help
- SERB_98E 5 You couldn't afford to pay
- SERB_98F 6 You were too embarrassed to see the professional
- SERB_98G 7 You wanted to solve the problem without professional help
- SERB_98H 8 You had problems with things like transportation, childcare or your schedule
- SERB_98I 9 The service or program was no longer available
- SERB_98J 10 You were not comfortable with the professional's approach
- SERB_98K 11 Other reason – Specify
- SERB_98L 12 None
- DK, R

SER_Q099 **Do you have insurance that covers all or part of the cost of your contact**
 SERB_99 **with this professional? Include any private, government or employee-paid insurance plans.**

- 1 Yes
- 2 No
- DK, R

SER_Q099_A **Did this professional ever recommend that you talk to a mental health**
 SERB_99A **professional or go to a clinic or a program specializing in mental health services?**

- 1 Yes
- 2 No
- DK, R

SER_Q100A **Have you ever used an internet support group or chat room to get help for**
SERB_A0A **problems with your emotions, mental health or use of alcohol or drugs?**

- 1 Yes
- 2 No (Go to SER_Q101A)
- DK, R (Go to SER_Q101A)

SER_Q100B **When was the last time (you used an internet support group or chat room)?**
SERB_A0B **INTERVIEWER:** Read categories to respondent.

- 1 **During the past month**
- 2 **Between 2 and 6 months ago**
- 3 **Between 7 and 12 months ago**
- 4 **More than a year ago** (Go to SER_Q101A)
- DK, R (Go to SER_Q101A)

SER_Q100C **During the past 12 months, how many times did you use an internet**
SERB_A0C **support group or chat room for your problems with your emotions, mental**
health or use of alcohol or drugs?

INTERVIEWER: Minimum is 1; maximum is 901.
If respondent answers "More than I can remember", enter "901".

|_|_|| Number of times
(MIN: 1) (MAX: 901)

DK, R

SER_Q101A **Not counting internet support groups, did you ever go to a self-help group**
SERB_A1A **for help with your emotions, mental health or use of alcohol or drugs?**

- 1 Yes
- 2 No (Go to SER_Q102A)
- DK, R (Go to SER_Q102A)

SER_Q101B **How old were you the first time you went (to a self-help group for any of**
SERB_A1B **these problems)?**

INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_|| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_Q101C **When was the last time (you went to a self-help group)?**
SERB_A1C **INTERVIEWER:** Read categories to respondent.

- 1 **During the past month**
- 2 **Between 2 and 6 months ago**
- 3 **Between 7 and 12 months ago**
- 4 **More than a year ago** (Go to SER_Q102A)
- DK, R (Go to SER_Q102A)

SER_Q101D **During the past 12 months, how many times did you go to a meeting of a self-help group?**

SERB_A1D

INTERVIEWER: Minimum is 1; maximum is 901.

If respondent answers “More than I can remember”, enter “901”.

|_|_|| Number of times
(MIN: 1) (MAX: 901)

DK, R

SER_Q102A **Did you ever use a telephone helpline for problems with emotions, mental health or use of alcohol or drugs?**

SERB_A2A

1 Yes

2 No

(Go to SER_Q103)

DK, R

(Go to SER_Q103)

SER_Q102B **How old were you the first time (you used a telephone helpline for any of these problems)?**

SERB_A2B

INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_|| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_Q102C **When was the last time (you used a telephone helpline for any of these problems)?**

SERB_A2C

INTERVIEWER: Read categories to respondent.

1 **During the past month**

2 **Between 2 and 6 months ago**

3 **Between 7 and 12 months ago**

4 **More than a year ago**

(Go to SER_Q103)

DK, R

(Go to SER_Q103)

SER_Q102D **During the past 12 months, how many times did you use a telephone helpline?**

SERB_A2D

INTERVIEWER: Minimum is 1; maximum is 901.

If respondent answers “More than I can remember”, enter “901”.

|_|_|| Number of times
(MIN: 1) (MAX: 901)

DK, R

SER_Q103 **During the past 12 months, was there ever a time when you felt that you needed help for your emotions, mental health or use of alcohol or drugs, but you didn't receive it?**

SERB_A3

1 Yes

2 No

(Go to SER_QINT106)

DK, R

(Go to SER_QINT106)

SER_Q104 **What kind of help did you need that you did not receive?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|---|
| SERB_A4A | 1 | Information about mental illness and its treatments |
| SERB_A4B | 2 | Information on availability of services |
| SERB_A4C | 3 | Medication |
| SERB_A4D | 4 | Therapy or counselling |
| SERB_A4E | 5 | Help with – financial problems |
| SERB_A4F | 6 | Help with – housing problems |
| SERB_A4G | 7 | Help with – personal relationships |
| SERB_A4H | 8 | Help with – employment status or work situation |
| SERB_A4I | 9 | Other – Specify |
- (Go to SER_QINT106)

SER_Q105 **Why didn't you get this help?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|---|
| SERB_A5A | 1 | Preferred to manage yourself |
| SERB_A5B | 2 | Didn't think anything more could help |
| SERB_A5C | 3 | Didn't know how or where to get help |
| SERB_A5D | 4 | Afraid to ask for help or of what others would think |
| SERB_A5E | 5 | Couldn't afford to pay |
| SERB_A5F | 6 | Problems with things like transportation, childcare or scheduling |
| SERB_A5G | 7 | Professional help not available – in the area |
| SERB_A5H | 8 | Professional help not available – at time required (e.g., doctor on holidays, inconvenient hours) |
| SERB_A5I | 9 | Waiting time too long |
| SERB_A5J | 10 | Didn't get around to it / didn't bother |
| SERB_A5K | 11 | Language problems |
| SERB_A5L | 12 | Personal or family responsibilities |
| SERB_A5M | 13 | Other – Specify |
- DK, R

SER_QINT106 **The next question is about the money you spent over the past 12 months for services and products to help you with your problems with your emotions, mental health or use of alcohol or drugs. This includes all the money you and your family members paid “out-of-pocket” for visits, medications, tests and services associated with these problems.**

INTERVIEWER: Press <Enter> to continue.

SER_Q107 **Not counting any costs that were covered by insurance, about how much money have you and your family spent on such services and products during the past 12 months?**

SERB_A7

INTERVIEWER: Minimum is 0; maximum is \$50000.

||| | Dollars
(MIN: 0) (MAX: \$50000, warning after \$2500)

DK, R

SER_E107 If SER_Q107 <= 2500, go to SER_QEND.
Otherwise, show pop-up edit as follows.

An unusual value has been entered. Please confirm.

SER_END Go to next module.

MEDICATION USE

MED_QINT **Now I'd like to ask a few questions about your use of medications, both prescription and over-the-counter, as well as other health products.**
INTERVIEWER: Press <Enter> to continue.

MED_C1 For each yes in MED_Q01A to MED_Q01G, create a fill ^MEDGRP.

MED_Q01A **In the past 12 months, that is, from %date one year ago% to yesterday,**
 MEDB_11A **did you take any medication to help you sleep (such as Imovane, Nytol or Starnoc)?**

- 1 Yes (MEDGRP = medication to help you sleep)
- 2 No
- DK
- R (Go to MED_END)

MED_Q01B **(In the past 12 months, that is, from %date one year ago% to yesterday,)**
 MEDB_11B **did you take diet pills (such as Ponderal, Dexatrim or Fastin)?**

- 1 Yes (MEDGRP = diet pills)
- 2 No
- DK, R

MED_Q01C **(In the past 12 months, that is, from %date one year ago% to yesterday,)**
 MEDB_11C **did you take any medication to reduce anxiety or nervousness (such as Ativan, Valium or Serax)?**

- 1 Yes (MEDGRP = medication to reduce anxiety or nervousness)
- 2 No
- DK, R

MED_Q01D **(In the past 12 months, that is, from %date one year ago% to yesterday,)**
 MEDB_11D **did you take mood stabilizers (such as Lithium, Tegretol or Epival)?**

- 1 Yes (MEDGRP = mood stabilizers)
- 2 No
- DK, R

MED_Q01E **(In the past 12 months, that is, from %date one year ago% to yesterday,)**
 MEDB_11E **did you take anti-depressants (such as Prozac, Paxil or Effexor)?**

- 1 Yes (MEDGRP = anti-depressants)
- 2 No
- DK, R

MED_Q01F **(In the past 12 months, that is, from %date one year ago% to yesterday,)**
 MEDB_11F **did you take any medication for the treatment of psychotic behaviours (such as Haldol, Risperdol or Seroquel)?**

- 1 Yes (MEDGRP = medication for the treatment of psychotic behaviours)
- 2 No
- DK, R

MED_Q01G (In the past 12 months, that is, from %date one year ago% to yesterday,)
 MEDB_11G did you take any stimulants (such as Ritalin, Dexedrine or AlerteC)?

- 1 Yes (MEDGRP = stimulants)
- 2 No
DK, R

MED_C2 If any medications indicated in MED_Q01A to MED_Q01G (i.e. any of MED_Q01A to MED_Q01G = 1), go to sub-module of repeated questions on medication use. Once sub-module is completed for all medications, go to MED_Q2.

If no medications indicated in MED_Q01A to MED_Q01G (i.e. none of MED_Q01A to MED_Q01G = 1), go to MED_Q4.

REPEATED QUESTIONS

MED_C3 For each yes in MED_Q01A to MED_Q01G, ask MED_Q01n_1 to MED_Q01n_4 where n = A, B, ..., G

MED_Q01n_1 You mentioned taking ^MEDGRP. Was that under the supervision of a
 MEDB_n1 health professional?

- 1 Yes
- 2 No (Go to MED_Q01n_1 for the next MEDGRP)
DK
R (Go to MED_Q04)

MED_Q01n_2 Who prescribed the medication?
 INTERVIEWER: Read categories to respondent. Mark all that apply.

- MEDB_n2A 1 Psychiatrist
- MEDB_n2B 2 Family doctor or general practitioner
- MEDB_n2C 3 Other medical doctor (e.g., cardiologist, gynaecologist, urologist)
- MEDB_n2D 4 Other health professional
DK, R

MED_Q01n_3 Think of a typical month during the past 12 months when you took
 MEDB_n3 ^MEDGRP. Were there any days when you either forgot to take the medicine or took less than you were supposed to?

- 1 Yes
- 2 No (Go to MED_Q01n_1 for the next MEDGRP)
DK, R (Go to MED_Q01n_1 for the next MEDGRP)

MED_Q01n_4 **Why did you do that?**

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

- | | | |
|----------|----|---|
| MEDB_n4A | 1 | You forgot |
| MEDB_n4B | 2 | You felt better |
| MEDB_n4C | 3 | The medicine was not helping |
| MEDB_n4D | 4 | You thought the problem would get better without more medicine |
| MEDB_n4E | 5 | You couldn't afford to pay for the medicine |
| MEDB_n4F | 6 | You were too embarrassed to take the medicine |
| MEDB_n4G | 7 | You wanted to solve the problem without medication |
| MEDB_n4H | 8 | The medicine caused side-effects that made you stop |
| MEDB_n4I | 9 | You were afraid that you would get dependent on the medication |
| MEDB_n4J | 10 | Other reason – Specify |

MED_C5 Go to MED_Q01n_1 for the next MEDGRP.

END OF REPEATED QUESTIONS

MED_Q02 **Now, think about the last 2 days, that is, yesterday and the day before**
 MEDB_2 **yesterday. During those 2 days, how many different medications did you take?**

I_|_I Medications
 (MIN: 0; MAX: 99; warning after 10)

DK, R (Go to MED_Q04)

MED_C6 If MED_Q02 = 0, go to MED_Q04.
 Otherwise, go to MED_Q03_nn, up to a maximum of 12. (where nn = 01, 02, ..., 12)

MED_Q03_nn **What is the exact name of the medication that you took?**
 MEDBF3n INTERVIEWER: Ask respondent to look at the bottle, tube or box.

MED_C6A If MED_Q02 = 01 and MED_Q03_01 = DK or R, go to MED_Q04

MED_C6B If MED_Q02 > 1 and MED_Q03_nn <> DK or R, go to MED_Q03_nnA, up to a maximum of 12. (where nn = 01, 02, ..., 12)
 Otherwise, go to MED_Q04

MED_Q03_nnA **Was this a prescription from a medical doctor or dentist?**
 MEDB_3nA

- | | |
|---|-------|
| 1 | Yes |
| 2 | No |
| | DK, R |

MED_Q04
MEDB_4

Do you have insurance that covers all or part of the cost of your prescription medications? Include any private, government or employee-paid insurance plans.

- 1 Yes
- 2 No
DK, R

MED_Q05
MEDB_5

Many people use other health products such as herbs, minerals or homeopathic products for problems with emotions, alcohol or drug use, energy, concentration, sleep or ability to deal with stress. In the past 12 months, have you used any of these health products?

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

MED_Q06

What health products have you used?
INTERVIEWER: Mark all that apply.

- MEDB_6A 1 St. John's Wort / Millepertuis
- MEDB_6B 2 Valerian
- MEDB_6C 3 Chamomile
- MEDB_6D 4 Ginseng
- MEDB_6E 5 Kava Kava / Kava root / piper methysticum
- MEDB_6F 6 Lavender
- MEDB_6G 7 Chasteberry / Chaste Tree Berries / vitex agnus-castus
- MEDB_6H 8 Black Cohosh
- MEDB_6I 9 Ginkgo Biloba
- MEDB_6J 10 NeuRocover-DA
- MEDB_6K 11 Vitamins
- MEDB_6L 12 Other – Specify
DK, R (Go to MED_END)

MED_C8

If none of categories 1 to 12 are selected in MED_Q6, go to MED_END. If only 1 response of categories 1 to 12 in MED_Q6, ask MED_Q7 using the phrase “Was this”. Otherwise, use the phrase, “Were these”.

If only 1 response of categories 1 to 12 in MED_Q6, ask MED_Q8 using “it” in %it/them%. Otherwise, use “them” in %it/them%.

MED_Q07
MEDB_7

%Was/Were% %this/these% recommended to you by a professional?

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

MED_Q08 **Who recommended %it/them%?**
INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|---|
| MEDB_8A | 1 | Psychiatrist |
| MEDB_8B | 2 | Family doctor or general practitioner |
| MEDB_8C | 3 | Other medical doctor (e.g., cardiologist, gynaecologist, urologist) |
| MEDB_8D | 4 | Psychologist |
| MEDB_8E | 5 | Chiropractor |
| MEDB_8F | 6 | Nurse |
| MEDB_8G | 7 | Social worker or counselor |
| MEDB_8H | 8 | Homeopath or naturopath |
| MEDB_8I | 9 | Herbalist |
| MEDB_8J | 10 | Relaxation therapist |
| MEDB_8K | 11 | Biofeedback teacher |
| MEDB_8L | 12 | Other – Specify
DK, R |

MED_END Go to next module.

For information only

SSM_C04 If SSM_Q04 = 2, 3, 4 or 5 then KEY_PHRASE = %to give you advice%

SSM_Q05 **... someone to take you to the doctor if you needed it?**

SSMB_05

- 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 **... someone who shows you love and affection?**

SSMB_06

- 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 **Again, how often is each of the following kinds of support available to you if you need it:**

SSMB_07

... someone to have a good time with?

- 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 **... someone to give you information in order to help you understand a situation?**

SSMB_08

- 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?**

SSMB_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

SSM_C09 DK, R
If SSM_Q09 = 2, 3, 4 or 5 then KEY_PHRASE = %to confide in%

SSM_Q10 **... someone who hugs you?**
SSMB_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?**
SSMB_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?**
SSMB_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?**
SSMB_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:**
SSMB_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
- DK, R

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?**
SSMB_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?**
SSMB_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?**
SSMB_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?**
SSMB_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?**
SSMB_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?
SSMB_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:
SSMB_21A someone ^KEY_PHRASES?

- 1 Yes
 - 2 No (Go to SSM_C22)
- DK, R (Go to SSM_C22)

SSM_Q21B When you needed it, how often did you receive this kind of support (in the
SSMB_21B past 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 SSM_C22 = 1 (Yes) and go to SSM_Q22A.

Otherwise, SSM_C22 = 2 (No) and go to SSM_C23.

SSM_Q22A (In the past 12 months, did you receive the following support:)
SSMB_22A someone ^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 12 months)?**
SSMB_22B

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 SSM_C23 = 1 (Yes) and go to SSM_Q23A.

Otherwise, SSM_C23 = 2 (No) and go to SSM_C24.

SSM_Q23A (In the past 12 months, did you receive the following support:)
SSMB_23A someone ^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 12 months)?**
SSMB_23B

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 SSM_C24 = 1 (Yes) and go to SSM_Q24A.

Otherwise, SSM_C24 =2 (No) and go to SSM_END.

SSM_Q24A (In the past 12 months, did you receive the following support:)
SSMB_24A someone ^KEY_PHRASES?

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

SSM_Q24B
SSMB_24B

When you needed it, how often did you receive this kind of support (in the past 12 months)?

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
 - 2 **Frequently**
 - 3 **Half the time**
 - 4 **Rarely**
 - 5 **Never**
- DK, R

SSM_END Go to next module.

For information only

SOCIO-DEMOGRAPHIC CHARACTERISTICS

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 you born?**

SDCB_1

- | | | | | |
|----|-----------|----------------|----|-----------------------|
| 1 | Canada | (Go to SDE_Q4) | | |
| 2 | China | | 11 | Jamaica |
| 3 | France | | 12 | Netherlands / Holland |
| 4 | Germany | | 13 | Philippines |
| 5 | Greece | | 14 | Poland |
| 6 | Guyana | | 15 | Portugal |
| 7 | Hong Kong | | 16 | United Kingdom |
| 8 | Hungary | | 17 | United States |
| 9 | India | | 18 | Viet Nam |
| 10 | Italy | | 19 | Sri Lanka |
| | DK, R | (Go to SDE_Q4) | 20 | Other – Specify |

SDE_Q2 **Were you born a Canadian citizen?**

SDCB_2

- | | | |
|---|-------|----------------|
| 1 | Yes | (Go to SDE_Q4) |
| 2 | No | |
| | DK, R | (Go to SDE_Q4) |

SDE_Q3 **In what year did you first come to Canada to live?**

SDCB_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 ^Info.YearofBirth and ^Info.CurrentYear.

SDE_Q4

To which ethnic or cultural group(s) did your 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.

SDCB_4A	1	Canadian	SDCB_4L	12	Polish
SDCB_4B	2	French	SDCB_4M	13	Portuguese
SDCB_4C	3	English	SDCB_4N	14	South Asian (e.g., East Indian, Pakistani, Sri Lankan)
SDCB_4D	4	German			Norwegian
SDCB_4E	5	Scottish	SDCB_4O	15	Welsh
SDCB_4F	6	Irish	SDCB_4P	16	Swedish
SDCB_4G	7	Italian	SDCB_4Q	17	Aboriginal (North American Indian, Métis, Inuit)
SDCB_4H	8	Ukrainian	SDCB_4R	18	Other – Specify
					DK, R
SDCB_4I	9	Dutch (Netherlands)	SDCB_4S	19	
SDCB_4J	10	Chinese			
SDCB_4K	11	Jewish			

SDE_Q5

In what languages can you conduct a conversation?

INTERVIEWER: Mark all that apply.

SDCB_5A	1	English	SDCB_5K	11	Persian (Farsi)
SDCB_5B	2	French	SDCB_5L	12	Polish
SDCB_5C	3	Arabic	SDCB_5M	13	Portuguese
SDCB_5D	4	Chinese	SDCB_5N	14	Punjabi
SDCB_5E	5	Cree	SDCB_5O	15	Spanish
SDCB_5F	6	German	SDCB_5P	16	Tagalog (Pilipino)
SDCB_5G	7	Greek	SDCB_5Q	17	Ukrainian
SDCB_5H	8	Hungarian	SDCB_5R	18	Vietnamese
SDCB_5I	9	Italian	SDCB_5T	19	Dutch
SDCB_5J	10	Korean	SDCB_5U	20	Hindi
			SDCB_5V	21	Russian
			SDCB_5W	22	Tamil
			SDCB_5S	23	Other – Specify
					DK, R

SDE_Q6 What is the language that you 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.

SDCB_6A	1	English	SDCB_6K	11	Persian (Farsi)
SDCB_6B	2	French	SDCB_6L	12	Polish
SDCB_6C	3	Arabic	SDCB_6M	13	Portuguese
SDCB_6D	4	Chinese	SDCB_6N	14	Punjabi
SDCB_6E	5	Cree	SDCB_6O	15	Spanish
SDCB_6F	6	German	SDCB_6P	16	Tagalog (Pilipino)
SDCB_6G	7	Greek	SDCB_6Q	17	Ukrainian
SDCB_6H	8	Hungarian	SDCB_6R	18	Vietnamese
SDCB_6I	9	Italian	SDCB_6T	19	Dutch
SDCB_6J	10	Korean	SDCB_6U	20	Hindi
			SDCB_6V	21	Russian
			SDCB_6W	22	Tamil
			SDCB_6S	23	Other – Specify DK, R

SDE_Q7 People living in Canada come from many different cultural and racial backgrounds. Are you:

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

SDCB_7A	1	...White?
SDCB_7B	2	...Chinese?
SDCB_7C	3	...South Asian (e.g., East Indian, Pakistani, Sri Lankan)?
SDCB_7D	4	...Black?
SDCB_7E	5	...Filipino?
SDCB_7F	6	...Latin American?
SDCB_7G	7	...Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)?
SDCB_7H	8	...Arab?
SDCB_7I	9	...West Asian (e.g., Afghan, Iranian)?
SDCB_7J	10	...Japanese?
SDCB_7K	11	...Korean?
SDCB_7L	12	...Aboriginal (North American Indian, Métis or Inuit)?
SDCB_7M	13	...Other – Specify DK, R

SDE_Q8 Are you currently attending a school, college or university?

SDCB_8	1	Yes	
	2	No	(Go to SDE_END)
		DK, R	(Go to SDE_END)

SDE_Q9 Are you enrolled as a full-time student or a part-time student?

SDCB_9	1	Full-time
	2	Part-time
		DK, R

SDE_END Go to next module.

SPR_Q5
SPVB_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_Q6
SPVB_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
SPVB_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

Go to next module.

LABOUR FORCE

LBF_C01 If age < 15 or if age > 75, go to LBF_END.

LBF_QINT **The next few questions concern your 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 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.**
LBFB_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 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 have a job or business from which you were absent?**
LBFB_02

- 1 Yes
- 2 No (Go to LBF_Q11)
DK, R (Go to LBF_END)

LBF_Q03 **Did you have more than one job or business last week?**
LBFB_03

- 1 Yes
- 2 No
DK, R

Go to LBF_C31

Job Search – Last 4 Weeks

LBF_Q11 **In the past 4 weeks, did you do anything to find work?**
LBFB_11

- 1 Yes (Go to LBF_QINT2)
- 2 No
DK, R (Go to LBF_QINT2)

LBF_Q13 **What is the main reason that you are not currently working at a job or**
LBF_B_13 **business?**

- 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 School or educational leave
- 8 Retired
- 9 Believes no work available (in area or suited to skills)
- 10 Other – Specify
DK, R

LBF_C13 If LBF_Q13 = 4, go to LBF_E13.
Otherwise, go to LBF_C13A.

LBF_E13 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_C13A If LBF_Q13 = 1 (Own illness or disability), ask LBF_Q13A.
Otherwise, go to LBF_QINT2.

LBF_Q13A **Is this due to your physical health, to your emotional or mental health, to**
LBF_B_13A **your 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

Past Job Attachment

LBF_QINT2 **Now some questions about jobs or employment which you have had during**
the past 12 months, that is, from %date one year ago% to yesterday.
INTERVIEWER: Press <Enter> to continue.

LBF_Q21 **Did you work at a job or a business at any time in the past 12 months?**
LBF_B_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 if (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 do anything to find work?**

LBF_B_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 work at more than one job or business at the same time?**

LBF_B_23

- | | |
|---|-------|
| 1 | Yes |
| 2 | No |
| | DK, R |

Occupation

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 %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/Were% you an employee or self-employed?**

LBF_B_31

- | | |
|---|--|
| 1 | Employee |
| 2 | Self-employed |
| 3 | Working in a family business without pay |
| | DK, R |

LBF_Q31A **Which of the following best describes your occupation?**

LBF_B_31A

INTERVIEWER: Read categories to respondent.

- | | |
|---|---|
| 1 | Management |
| 2 | Professional (including accountants) |
| 3 | Technologist, Technician or Technical occupation |
| 4 | Administrative, Financial or Clerical |
| 5 | Sales or Service |
| 6 | Trades, Transport or Equipment operator |
| 7 | Occupation in Farming, Forestry, Fishing or Mining |
| 8 | Occupation in Processing, Manufacturing or Utilities |
| 9 | Other – Specify |
| | 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 were absent from work last week?**

LFBF_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_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 physical health, to your emotional or mental health, to**
LBFB_41A **your 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_Q42 **About how many hours a week %do/did% you usually work at your**
LBFB_42 **%job/business%? If you usually %work/worked% extra hours, paid or unpaid, please include these hours.**

||| Hours
(MIN: 1) (MAX: 168; warning after 84)

DK, R

LBF_Q44 **Which of the following best describes the hours you usually**
LBFB_44 **%work/worked% at your %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_Q45 **What is the main reason that you %work/worked% this**
LBFB_45 **schedule?**

- 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_Q46 **%Do/Did% you usually work on weekends at this %job/business%?**
LBFB_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 %have/had% more than one job. For how many**
LBFB_51 **weeks in a row %have/did% you %Q51worked/work% at more than one job**
 %(% in the past 12 months)%?

INTERVIEWER: Obtain best estimate.

||| Weeks
(MIN: 1) (MAX: 52)

DK, R

LBF_Q52 **What is the main reason that you %work/worked% at more than one job?**
LBFB_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_Q53 **About how many hours a week %do/did% you usually work at your other**
LBFB_53 **job(s)? If you usually %work/worked% extra hours, paid or unpaid, please**
 include these hours.

INTERVIEWER: Minimum is 1; maximum is %168 - LBF_Q42%.

|||| Hours
(MIN: 1) (MAX: 168 - LBF_Q42; warning after 30)

DK, R

LBF_Q54 **%Do/Did% you usually work on weekends at your other job(s)?**
LBFB_54

- 1 Yes
 - 2 No
- DK, R

- LBF_E72 If LBF_Q61 and LBF_Q71 > 52, show pop-up edit as follows:
- You have indicated that you worked for %LBF_Q61% week%s% and that you were looking for work for %LBF_Q71% week%s%, leaving %WEEKS% week%s% during which you were 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 were not looking for work?**
 LBFB_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
- 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 physical health, to your emotional or mental health, to**
 LBFB_73A **your 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 Go to next module.

WORK STRESS

WST_C400 If respondent age > 75, go to WST_END.
If respondent didn't work in past 12 months (GEN_Q08 <> 1 and LBF_Q21 <> 1),
go to WST_END.

WST_QINT4 **(Please refer to page 16 of the booklet.)**

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.**

WSTB_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.**

WSTB_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.**

WSTB_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.**

WSTB_404

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q405
WSTB_405

Your job was very hectic.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q406
WSTB_406

You were free from conflicting demands that others made.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q407
WSTB_407

Your job security was good.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q408
WSTB_408

Your job required a lot of physical effort.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q409
WSTB_409

You had a lot to say about what happened in your job.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q410
WSTB_410

You were exposed to hostility or conflict from the people you worked with.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q411
WSTB_411

Your supervisor was helpful in getting the job done.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q412
WSTB_412

The people you work with were helpful in getting the job done.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q413
WSTB_413

How satisfied were you with your job?

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
 - 2 **Somewhat satisfied**
 - 3 **Not too satisfied**
 - 4 **Not at all satisfied**
- DK, R

WST_END

Go to next module.

For information only

INCOME

INC_QINT (Please turn to page 17 of the booklet.)

Although many health expenses are covered by health insurance, there is still a relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

INTERVIEWER: Press <Enter> to continue.

INC_Q1 Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?

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

- | | | | |
|---------|----|--|-----------------|
| INCB_1A | 1 | Wages and salaries | |
| INCB_1B | 2 | Income from self-employment | |
| INCB_1C | 3 | Dividends and interest (e.g. on bonds, savings) | |
| INCB_1D | 4 | Employment insurance | |
| INCB_1E | 5 | Worker's compensation | |
| INCB_1F | 6 | Benefits from Canada or Quebec Pension Plan | |
| INCB_1G | 7 | Retirement pensions, superannuation and annuities | |
| INCB_1H | 8 | Old Age Security and Guaranteed Income Supplement | |
| INCB_1I | 9 | Child Tax Benefit | |
| INCB_1J | 10 | Provincial or municipal social assistance or welfare | |
| INCB_1K | 11 | Child support | |
| INCB_1L | 12 | Alimony | |
| INCB_1M | 13 | Other (e.g. rental income, scholarships) | |
| INCB_1N | 14 | None | (Go to INC_Q3) |
| | | DK, R | (Go to INC_END) |

INC_E1 If INC_Q1 = 14 (None) and any other response selected in INC_Q1, show pop-up edit as follows.

You cannot select "None" and another category. Please return and correct.

INC_E2 If (INC_Q1 <=> 1 or 2) and (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q21 = 1), show pop-up edit as follows:

Inconsistent answers have been entered. Please confirm.

INC_C2 If more than one source of income is indicated, ask INC_Q2. Otherwise, ask INC_Q3. (INC_Q2 will be filled with INC_Q1 during processing.)

INC_Q2
INCB_2

What was the main source of income?

- 1 Wages and salaries
 - 2 Income from self-employment
 - 3 Dividends and interest (e.g. on bonds, savings)
 - 4 Employment insurance
 - 5 Worker's compensation
 - 6 Benefits from Canada or Quebec Pension
 - 7 Retirement pensions, superannuation and annuities
 - 8 Old Age Security and Guaranteed Income Supplement
 - 9 Child Tax Benefit
 - 10 Provincial or municipal social assistance or welfare
 - 11 Child support
 - 12 Alimony
 - 13 Other (e.g. rental income, scholarships)
 - 14 None (category created during processing)
- DK, R

INC_E3

If the response in INC_Q2 was not selected in INC_Q1, show pop-up edit as follows:

The main source of income is not selected as one of the sources of income for all household members. Please return and correct.

INC_Q3
INCB_3

What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

- Income (Go to INC_C4)
 (MIN: 0) (MAX: 500,000; warning after 150,000)
 0 (Go to INC_END)
 DK, R (Go to INC_Q3A)

INC_Q3A
INCB_3A

Can you estimate in which of the following groups your household income falls? Was the total household income less than \$20,000 or \$20,000 or more?

- 1 Less than \$20,000
 - 2 \$20,000 or more (Go to INC_Q3E)
 - 3 No income (Go to INC_END)
- DK, R (Go to INC_END)

INC_Q3B
INCB_3B

Was the total household income from all sources less than \$10,000 or \$10,000 or more?

- 1 Less than \$10,000
 - 2 \$10,000 or more (Go to INC_Q3D)
- DK, R (Go to INC_C4)

INC_Q3C
INCB_3C

Was the total household income from all sources less than \$5,000 or \$5,000 or more?

- 1 Less than \$5,000
 - 2 \$5,000 or more
- DK, R

Go to INC_C4

INC_Q3D
INCB_3D **Was the total household income from all sources less than \$15,000 or \$15,000 or more?**

- 1 Less than \$15,000
- 2 \$15,000 or more
DK, R

Go to INC_C4

INC_Q3E
INCB_3E **Was the total household income from all sources less than \$40,000 or \$40,000 or more?**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to INC_Q3G)
DK, R (Go to INC_C4)

INC_Q3F
INCB_3F **Was the total household income from all sources less than \$30,000 or \$30,000 or more?**

- 1 Less than \$30,000
- 2 \$30,000 or more
DK, R

Go to INC_C4

INC_Q3G
INCB_3G **Was the total household income from all sources:**
INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 or more?
DK, R

INC_C4 If age >= 15, ask INC_Q4. Otherwise, go to INC_END.

INC_Q4
INCB_4 **What is your best estimate of your total personal income, before taxes and other deductions, from all sources in the past 12 months?**

Income (Go to INC_END)
(MIN: 0) (MAX: 500,000; warning after 150,000)

DK, R (Go to INC_Q4A)

INC_Q4A
INCB_4A **Can you estimate in which of the following groups your personal income falls? Was your total personal income less than \$20,000 or \$20,000 or more?**

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to INC_Q4E)
- 3 No income (Go to INC_END)
DK, R (Go to INC_END)

INC_Q4B
INCB_4B

Was your total personal income less than \$10,000 or \$10,000 or more?

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to INC_Q4D)
- DK, R (Go to INC_END)

INC_Q4C
INCB_4C

Was your total personal income less than \$5,000 or \$5,000 or more?

- 1 Less than \$5,000
- 2 \$5,000 or more
- DK, R

Go to INC_END

INC_Q4D
INCB_4D

Was your total personal income less than \$15,000 or \$15,000 or more?

- 1 Less than \$15,000
- 2 \$15,000 or more
- DK, R

Go to INC_END

INC_Q4E
INCB_4E

Was your total personal income less than \$40,000 or \$40,000 or more?

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to INC_Q4G)
- DK, R (Go to INC_END)

INC_Q4F
INCB_4F

Was your total personal income less than \$30,000 or \$30,000 or more?

- 1 Less than \$30,000
- 2 \$30,000 or more
- DK, R

Go to INC_END

INC_Q4G
INCB_4G

Was your total personal income:

INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 or more?
- DK, R

INC_END

Go to next module.

ADMINISTRATION

Health Number

ADM_Q01A **Statistics Canada and your provincial ministry of health would like your permission to link information collected during this survey. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics, and doctor's offices.**
INTERVIEWER: Press <Enter> to continue.

ADM_Q01B **This linked information will be kept confidential and used only for statistical purposes. Do we have your permission?**

- 1 Yes
- 2 No (Go to ADM_Q04A)
- DK, R (Go to ADM_Q04A)

ADM_Q03A **Do you have a(n) %province% health number?**

- 1 Yes (Go to HN)
- 2 No (Go to ADM_Q04A)
- DK, R (Go to ADM_Q04A)

ADM_Q03B **For which province is your health number?**

- | | | | |
|----|----------------------|----|---|
| 10 | Newfoundland | 47 | Saskatchewan |
| 11 | Prince Edward Island | 48 | Alberta |
| 12 | Nova Scotia | 59 | British Columbia |
| 13 | New Brunswick | 60 | Yukon |
| 24 | Quebec | 61 | Northwest Territories |
| 35 | Ontario | 62 | Nunavut |
| 46 | Manitoba | 88 | Do not have a provincial health number (Go to ADM_Q04A) |
- DK, R (Go to ADM_Q04A)

HN **What is your %provincial% health number?**

INTERVIEWER: Enter a health number for %province%. Do not insert blanks, hyphens or commas between the numbers.

Data Sharing – All Provinces (excluding Québec)

ADM_Q04A **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health and Health Canada.**

All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, R

Data Sharing – Québec

ADM_Q04A **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health, the « Institut de la Statistique du Québec » and Health Canada.**

All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

- 1 Yes
- 2 No
DK, R

Administration

ADM_N05 INTERVIEWER: Is this a fictitious name for the respondent?

- 1 Yes
- 2 No (Go to ADM_N10)
DK, R (Go to ADM_N10)

ADM_N06 INTERVIEWER: Remind respondent about the importance of getting correct names. Do you want to make corrections to:

- 1 ... first name only?
- 2 ... last name only? (Go to ADM_N08)
- 3 ... both names?
- 4 ... no corrections? (Go to ADM_N10)
DK, R (Go to ADM_N10)

ADM_N07 INTERVIEWER: Enter the first name only.

ADM_C08 If ADM_N06 <-> "both names", go to ADM_N10.

ADM_N08 INTERVIEWER: Enter the last name only.

ADM_N10 INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

- 1 Yes
- 2 No
DK, R

ADM_N12 INTERVIEWER: Record language of interview.

1	English	14	Tamil
2	French	15	Cree
3	Chinese	16	Afghan
4	Italian	17	Cantonese
5	Punjabi	18	Hindi
6	Spanish	19	Mandarin
7	Portuguese	20	Persian (Farsi)
8	Polish	21	Russian
9	German	22	Ukrainian
10	Vietnamese	23	Urdu
11	Arabic	24	Inuktitut
12	Tagalog	25	Hungarian
13	Greek	26	Korean
		30	Dutch
90	Other – Specify		

ADM_END

For information only

SHARING

Exit Introduction block

EI_Q01 **Before we finish, I would like to ask you a few other questions.**
INTERVIEWER: Press <Enter> to continue.

Data Sharing – All Provinces (excluding Québec)

PS_Q01 **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health and Health Canada.**

All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, R

Data Sharing – Québec

PS_Q01 **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health, the « Institut de la Statistique du Québec » and Health Canada.**

All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, R