CORRECTIONS

1. Question MEX_Q10 in French

Question MEX_Q10, in the French version of the questionnaire, did not have the correct number of answers:

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

The question should have 13 categories, such as following:

<table>
<thead>
<tr>
<th>MEX_Q10</th>
<th>Quelle est la principale raison pour laquelle vous avez arrêté d’allaiter?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEXC_10</td>
<td>1  Pas assez de lait maternel</td>
</tr>
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<td>7  Le bébé s’est sevré lui-même (p. ex., le bébé mordait, refusait le sein)</td>
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<td>8  L’avis du médecin / d’un professionnel de la santé</td>
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<td></td>
<td>9  Est retournée au travail / à l’école</td>
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<tr>
<td></td>
<td>10 L’avis du partenaire / de la famille / des ami(e)s</td>
</tr>
<tr>
<td></td>
<td>11 Le lait maternisé est tout aussi bon pour la santé du bébé</td>
</tr>
<tr>
<td></td>
<td>12 Voulait boire de l’alcool</td>
</tr>
<tr>
<td></td>
<td>13 Autre - Précisez</td>
</tr>
<tr>
<td></td>
<td>NSP, R</td>
</tr>
</tbody>
</table>
2. Question PAS_C51B in French

The note coming after question PAS_C51B, in the French questionnaire was:

PAS_C51B Si interview par procuration ou l’âge < 15, passez à PAS2_END.
Sinon, passez à PAD_Q51.

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

The note should read instead:

PAS_C51B Si interview par procuration ou l’âge < 15, passez à PAS2_END.
Sinon, passez à PAD_Q51.

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

3. Question PAS_C51B in English

The note coming after question PAS_C51B, in the English questionnaire was:

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

The note should read instead:

Note: The following questions were asked to respondents 15 year old or over who have ACCCFDO = 1 (answered the questions in the Access to Health Services module).
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<td>WORK STRESS</td>
<td>101</td>
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</tbody>
</table>
HEALTH CARE SYSTEM SATISFACTION

HCS_C1A If (do HCS block = 2), go to HCS_END.
HCS_CFDO Otherwise, go to HCS_C1B.

HCS_C1B If proxy interview or if age < 15, go to HCS_END.
Otherwise, go to HCS_C1C.

HCS_C1C If province = 10, [province] = [Newfoundland and Labrador]
If province = 11, [province] = [Prince Edward Island]
If province = 12, [province] = [Nova Scotia]
If province = 13, [province] = [New Brunswick]
If province = 24, [province] = [Quebec]
If province = 35, [province] = [Ontario]
If province = 46, [province] = [Manitoba]
If province = 47, [province] = [Saskatchewan]
If province = 48, [province] = [Alberta]
If province = 59, [province] = [British Columbia]
If province = 60, [province] = [Yukon]
If province = 61, [province] = [the Northwest Territories]
If province = 62, [province] = [Nunavut]

HCS_Q1 To start, a few questions about health care services in [province].
HCS_1 Overall, how would you rate the availability of health care services in [province]?
Would you say it is:
INTERVIEWER: Read categories to respondent.

1 ... excellent?
2 ... good?
3 ... fair?
4 ... poor?
   DK, R (Go to HCS_END)

HCS_Q2 Overall, how would you rate the quality of the health care services that are available in [province]?
HCS_2 INTERVIEWER: Read categories to respondent.

1 Excellent
2 Good
3 Fair
   Poor
   DK, R

HCS_Q3 Overall, how would you rate the availability of health care services in your community?
HCS_3

1 Excellent
2 Good
3 Fair
4 Poor
   DK, R
Overall, how would you rate the quality of the health care services that are available in your community?

1. Excellent
2. Good
3. Fair
4. Poor

DK, R
GENERAL HEALTH

GEN C01 If (do GEN = 2), go to GEN END.
GENCFDO Otherwise, go to GEN_QINT.

GEN_QINT This survey deals with various aspects of [your/FNAME’s] health. I’ll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

INTERVIEWER: Press <Enter> to continue.

GEN Q01 I’ll start with a few questions concerning [your/FNAME’s] health in general. In general, would you say [your/his/her] health is:
INTERVIEWER: Read categories to respondent.

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

GEN Q02 Compared to one year ago, how would you say [your/his/her] health is now?

GENC_02 INTERVIEWER: Read categories to respondent.

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

GEN C02A If proxy interview, go to GEN_C07.

GEN Q02A How satisfied are you with your life in general?

GENC_02A INTERVIEWER: Read categories to respondent.

1   Very satisfied
2   Satisfied
3   Neither satisfied nor dissatisfied
4   Dissatisfied
5   Very dissatisfied
   DK, R
**GEN_Q02B**  
In general, would you say your mental health is:

1. ... excellent?  
2. ... very good?  
3. ... good?  
4. ... fair?  
5. ... poor?  

DK, R

**GEN_C07**  
If age < 15, go to GEN_C08A. Otherwise, go to GEN_Q07.

**GEN_Q07**  
Thinking about the amount of stress in [your/his/her] life, would you say that most days are:

INTERVIEWER: Read categories to respondent.

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

DK, R

**GEN_C08A**  
If proxy interview, go to GEN_END. Otherwise, go to GEN_Q08D.

**GEN_C08B**  
If age < 15 or age > 75, go to GEN_Q10. Otherwise, go to GEN_Q08.

**GEN_Q08**  
Have you worked at a job or business at any time in the past 12 months?

INTERVIEWER: Read categories to respondent.

1. Yes  
2. No (Go to GEN_Q10)  

DK, R (Go to GEN_Q10)

**GEN_Q09**  
The next question is about your main job or business in the past 12 months.  
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
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
VOLUNTARY ORGANIZATIONS

ORG_C1A  If (ORG block = 2), go to ORG_END.
ORG_CFDO Otherwise, go to ORG_C1B.

ORG_C1B  If proxy interview, go to ORG_END.
Otherwise, go to ORG_Q1.

ORG_Q1  Are you a member of any voluntary organizations or associations such as school
ORGC_1 groups, church social groups, community centres, ethnic associations or social, civic
or fraternal clubs?

1   Yes
2   No (Go to ORG_END)
    DK, R (Go to ORG_END)

ORG_Q2  How often did you participate in meetings or activities of these groups in the past
ORGC_2 12 months? If you belong to many, just think of the ones in which you are most
INTERVIEWER: Read categories to respondent.
active.

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

ORG_END
CHANGES MADE TO IMPROVE HEALTH

CIH_C1A If (do CIH block = 2), go to CIH_END.
CIHCFO Otherwise, go to CIH_C1B.

CIH_C1B If proxy interview, go to CIH_END.
Otherwise, go to CIH_Q1.

CIH_Q1 In the past 12 months, that is, from [date one year ago] to yesterday, did you do
anything to improve your health? (For example, lost weight, quit smoking, increased
exercise)

1 Yes
2 No (Go to CIH_Q3)
DK, R (Go to CIH_END)

CIH_Q2 What is the single most important change you have made?

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

CIH_C2S If CIH_Q2 <> 8, go to CIH_Q3.
Otherwise, go to CIH_Q2S.

CIH_Q2S INTERVIEWER: Specify.

(80 spaces)
DK, R

CIH_C3 If CIH_Q1 = 1, use “anything else” in CIH_Q3.
Otherwise, use “anything” in CIH_Q3.

CIH_Q3 Do you think there is [anything/anything else] you should do to improve your
physical health?

1 Yes
2 No (Go to CIH_END)
DK, R (Go to CIH_END)
What is the most important thing?

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

If CIH_Q4 <> 6, go to CIH_Q5. Otherwise, go to CIH_Q4S.

INTERVIEWER: Specify.

_________________________
(80 spaces)
DK, R

Is there anything stopping you from making this improvement?

1. Yes
2. No  (Go to CIH_Q7)

If CIH_Q6 <> 8, go to CIH_Q7. Otherwise, go to CIH_Q6S.

INTERVIEWER: Specify.

_________________________
(80 spaces)
DK, R

Is there anything you intend to do to improve your physical health in the next year?

1. Yes
2. No  (Go to CIH_END)
**CIH_Q8**  What is that?  
INTERVIEWER: Mark all that apply.

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

CIH_C8S  If CIH_Q8 <> 9, go to CIH_END. Otherwise, go to CIH_Q8S.

CIH_Q8S  INTERVIEWER: Specify.

__________________________  
(80 spaces)  
DK, R

CIH_END
ORAL HEALTH 1

OH1_C20A If (do OH1 block = 2), go to OH1_END.
OH1_CFDO Otherwise, go to OH1_C20B.

OH1_C20B If proxy interview, go to OH1_END.
Otherwise, go to OH1_QINT20.

OH1_QINT20 Next, some questions about the health of your teeth and mouth.
INTERVIEWER: Press <Enter> to continue.

OH1_Q20 In general, would you say the health of your teeth and mouth is:
INTERVIEWER: Read categories to respondent.

1 ... excellent?
2 ... very good?
3 ... good?
4 ... fair?
5 ... poor?
DK, R (Go to OH1_END)

OH1_Q21A Now a few questions about your ability to chew different foods, whether you
eat them or not. Can you:
... chew firm foods (e.g., meat)?

OH1C_21A

1 Yes
2 No
DK, R

OH1_Q21B (Can you:)
... bite off and chew a piece of fresh apple?

OH1C_21B

1 Yes
2 No
DK, R

OH1_Q21C (Can you:)
... chew boiled vegetables?

OH1C_21C

1 Yes
2 No
DK, R

OH1_Q22 In the past month, how often have you had any pain or discomfort in your
teeth or gums?
INTERVIEWER: Read categories to respondent.

OH1C_22

1 Often
2 Sometimes
3 Rarely
4 Never
DK, R

OH1_END
HEIGHT & WEIGHT

HWT_C1  If (do HWT block = 2), go to HWT_END.
HWT_CFDO  Otherwise, go to HWT_Q2.

HWT_Q2

How tall [are/is] [you/FNAME] without shoes on?

HWTC_2

0  Less than 1' / 12" (less than 29.2 cm.)
1  1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.)
2  2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.)
3  3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.)  (Go to HWT_Q2C)
4  4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.)  (Go to HWT_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_E2  If HWT_Q2 < 3, display this message.

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

HWT_Q2A

INTERVIEWER: Select the exact height.

HWTC_2A

0  1'0" / 12" (29.2 to 31.7 cm.)
1  1'1" / 13" (31.8 to 34.2 cm.)
2  1'2" / 14" (34.3 to 36.7 cm.)
3  1'3" / 15" (36.8 to 39.3 cm.)
4  1'4" / 16" (39.4 to 41.8 cm.)
5  1'5" / 17" (41.9 to 44.4 cm.)
6  1'6" / 18" (44.5 to 47.9 cm.)
7  1'7" / 19" (47.0 to 49.4 cm.)
8  1'8" / 20" (49.5 to 52.0 cm.)
9  1'9" / 21" (52.1 to 54.5 cm.)
10 1'10" / 22" (54.6 to 57.1 cm.)
11 1'11" / 23" (57.2 to 59.6 cm.)
DK, R

HWT_Q2B

INTERVIEWER: Select the exact height.

HWTC_2B

0  2'0" / 24" (59.7 to 62.1 cm.)
1  2'1" / 25" (62.2 to 64.7 cm.)
2  2'2" / 26" (64.8 to 67.2 cm.)
3  2'3" / 27" (67.3 to 69.8 cm.)
4  2'4" / 28" (69.9 to 72.3 cm.)
5  2'5" / 29" (72.4 to 74.8 cm.)
6  2'6" / 30" (74.9 to 77.4 cm.)
7  2'7" / 31" (77.5 to 79.9 cm.)
8  2'8" / 32" (80.0 to 82.5 cm.)
9  2'9" / 33" (82.6 to 85.0 cm.)
10 2'10" / 34" (85.1 to 87.5 cm.)
11 2'11" / 35" (87.6 to 90.1 cm.)
DK, R
<table>
<thead>
<tr>
<th>Code</th>
<th>Height</th>
<th>CM Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3'0&quot; / 36&quot;</td>
<td>90.2 to 92.6 cm.</td>
</tr>
<tr>
<td>1</td>
<td>3'1&quot; / 37&quot;</td>
<td>92.7 to 95.2 cm.</td>
</tr>
<tr>
<td>2</td>
<td>3'2&quot; / 38&quot;</td>
<td>95.3 to 97.7 cm.</td>
</tr>
<tr>
<td>3</td>
<td>3'3&quot; / 39&quot;</td>
<td>97.8 to 100.2 cm.</td>
</tr>
<tr>
<td>4</td>
<td>3'4&quot; / 40&quot;</td>
<td>100.3 to 102.8 cm.</td>
</tr>
<tr>
<td>5</td>
<td>3'5&quot; / 41&quot;</td>
<td>102.9 to 105.3 cm.</td>
</tr>
<tr>
<td>6</td>
<td>3'6&quot; / 42&quot;</td>
<td>105.4 to 107.9 cm.</td>
</tr>
<tr>
<td>7</td>
<td>3'7&quot; / 43&quot;</td>
<td>108.0 to 110.4 cm.</td>
</tr>
<tr>
<td>8</td>
<td>3'8&quot; / 44&quot;</td>
<td>110.5 to 112.9 cm.</td>
</tr>
<tr>
<td>9</td>
<td>3'9&quot; / 45&quot;</td>
<td>113.0 to 115.5 cm.</td>
</tr>
<tr>
<td>10</td>
<td>3'10&quot; / 46&quot;</td>
<td>115.6 to 118.0 cm.</td>
</tr>
<tr>
<td>11</td>
<td>3'11&quot; / 47&quot;</td>
<td>118.1 to 120.6 cm.</td>
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<td>DK, R</td>
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</table>

Go to HWT_Q3

<table>
<thead>
<tr>
<th>Code</th>
<th>Height</th>
<th>CM Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4'0&quot; / 48&quot;</td>
<td>120.7 to 123.1 cm.</td>
</tr>
<tr>
<td>1</td>
<td>4'1&quot; / 49&quot;</td>
<td>123.2 to 125.6 cm.</td>
</tr>
<tr>
<td>2</td>
<td>4'2&quot; / 50&quot;</td>
<td>125.7 to 128.2 cm.</td>
</tr>
<tr>
<td>3</td>
<td>4'3&quot; / 51&quot;</td>
<td>128.3 to 130.7 cm.</td>
</tr>
<tr>
<td>4</td>
<td>4'4&quot; / 52&quot;</td>
<td>130.8 to 133.3 cm.</td>
</tr>
<tr>
<td>5</td>
<td>4'5&quot; / 53&quot;</td>
<td>133.4 to 135.8 cm.</td>
</tr>
<tr>
<td>6</td>
<td>4'6&quot; / 54&quot;</td>
<td>135.9 to 138.3 cm.</td>
</tr>
<tr>
<td>7</td>
<td>4'7&quot; / 55&quot;</td>
<td>138.4 to 140.9 cm.</td>
</tr>
<tr>
<td>8</td>
<td>4'8&quot; / 56&quot;</td>
<td>141.0 to 143.4 cm.</td>
</tr>
<tr>
<td>9</td>
<td>4'9&quot; / 57&quot;</td>
<td>143.5 to 146.0 cm.</td>
</tr>
<tr>
<td>10</td>
<td>4'10&quot; / 58&quot;</td>
<td>146.1 to 148.5 cm.</td>
</tr>
<tr>
<td>11</td>
<td>4'11&quot; / 59&quot;</td>
<td>148.6 to 151.0 cm.</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
<td></td>
</tr>
</tbody>
</table>

Go to HWT_Q3

<table>
<thead>
<tr>
<th>Code</th>
<th>Height</th>
<th>CM Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5'0&quot; / 61&quot;</td>
<td>151.1 to 153.6 cm.</td>
</tr>
<tr>
<td>1</td>
<td>5'1&quot; / 62&quot;</td>
<td>153.7 to 156.1 cm.</td>
</tr>
<tr>
<td>2</td>
<td>5'2&quot; / 63&quot;</td>
<td>156.2 to 158.7 cm.</td>
</tr>
<tr>
<td>3</td>
<td>5'3&quot; / 64&quot;</td>
<td>158.8 to 161.2 cm.</td>
</tr>
<tr>
<td>4</td>
<td>5'4&quot; / 65&quot;</td>
<td>161.3 to 163.7 cm.</td>
</tr>
<tr>
<td>5</td>
<td>5'5&quot; / 66&quot;</td>
<td>163.8 to 166.3 cm.</td>
</tr>
<tr>
<td>6</td>
<td>5'6&quot; / 67&quot;</td>
<td>166.4 to 168.8 cm.</td>
</tr>
<tr>
<td>7</td>
<td>5'7&quot; / 68&quot;</td>
<td>168.9 to 171.4 cm.</td>
</tr>
<tr>
<td>8</td>
<td>5'8&quot; / 69&quot;</td>
<td>171.5 to 173.9 cm.</td>
</tr>
<tr>
<td>9</td>
<td>5'9&quot; / 70&quot;</td>
<td>174.0 to 176.4 cm.</td>
</tr>
<tr>
<td>10</td>
<td>5'10&quot; / 71&quot;</td>
<td>176.5 to 179.0 cm.</td>
</tr>
<tr>
<td>11</td>
<td>5'11&quot; / 72&quot;</td>
<td>179.1 to 181.5 cm.</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
<td></td>
</tr>
</tbody>
</table>

Go to HWT_Q3
HWT_Q2F INTERVIEWER: Select the exact height.

<table>
<thead>
<tr>
<th></th>
<th>Height</th>
<th>Range (cm.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>6'0&quot;</td>
<td>181.6 to 184.1</td>
</tr>
<tr>
<td>1</td>
<td>6'1&quot;</td>
<td>184.2 to 186.6</td>
</tr>
<tr>
<td>2</td>
<td>6'2&quot;</td>
<td>186.7 to 189.1</td>
</tr>
<tr>
<td>3</td>
<td>6'3&quot;</td>
<td>189.2 to 191.7</td>
</tr>
<tr>
<td>4</td>
<td>6'4&quot;</td>
<td>191.8 to 194.2</td>
</tr>
<tr>
<td>5</td>
<td>6'5&quot;</td>
<td>194.3 to 196.8</td>
</tr>
<tr>
<td>6</td>
<td>6'6&quot;</td>
<td>196.9 to 199.3</td>
</tr>
<tr>
<td>7</td>
<td>6'7&quot;</td>
<td>199.4 to 201.8</td>
</tr>
<tr>
<td>8</td>
<td>6'8&quot;</td>
<td>201.9 to 204.4</td>
</tr>
<tr>
<td>9</td>
<td>6'9&quot;</td>
<td>204.5 to 206.9</td>
</tr>
<tr>
<td>10</td>
<td>6'10&quot;</td>
<td>207.0 to 209.5</td>
</tr>
<tr>
<td>11</td>
<td>6'11&quot;</td>
<td>209.6 to 212.0</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
<td></td>
</tr>
</tbody>
</table>

HWT_Q3 How much [do/does] [you/FNAME] weigh?

INTERVIEWER: Enter amount only.

<table>
<thead>
<tr>
<th></th>
<th>Weight</th>
<th>MIN:</th>
<th>MAX:</th>
<th>Warning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>575</td>
<td>60 lbs or 27 kg and after 300 lbs or 136 kg</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DK, R</td>
<td>(Go to HWT_END)</td>
<td></td>
</tr>
</tbody>
</table>

HWT_N4 INTERVIEWER: Was that in pounds or kilograms?

<table>
<thead>
<tr>
<th></th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pounds</td>
</tr>
<tr>
<td>2</td>
<td>Kilograms</td>
</tr>
<tr>
<td></td>
<td>DK, R are not allowed</td>
</tr>
</tbody>
</table>

HWT_C4 If proxy interview, go to HWT_END. Otherwise, go to HWT_Q4.

HWT_Q4 Do you consider yourself:

INTERVIEWER: Read categories to respondent.

<table>
<thead>
<tr>
<th></th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>... overweight?</td>
</tr>
<tr>
<td>2</td>
<td>... underweight?</td>
</tr>
<tr>
<td>3</td>
<td>... just about right?</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>

HWT_END
CHRONIC CONDITIONS

CCC_BEG Set HasSkinCancer = No

CCC_C011 If (do CCC block = 2), go to CCC_END.

CCC_CFDO Otherwise, go to CCC_QINT011.

CCC_QINT011 Now I’d like to ask about certain chronic health conditions which [you/FNAME] may have. We are interested in “long-term conditions” which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.

INTERVIEWER: Press <Enter> to continue.

CCC_Q011 [Do/Does] [you/FNAME] have:

... food allergies?

1  Yes
2  No
   DK, R  (Go to CCC_END)

CCC_Q021 ([Do/Does] [you/FNAME] have:)

... any other allergies?

1  Yes
2  No
   DK, R

CCC_Q031 ([Do/Does] [you/FNAME] have:,

... asthma?

1  Yes
2  No  (Go to CCC_Q041)
   DK, R  (Go to CCC_Q041)

CCC_Q035 [Have/Has] [you/FNAME] had any asthma symptoms or asthma attacks in the past 12 months?

1  Yes
2  No
   DK, R

CCC_Q036 In the past 12 months, [have/has] [you/he/she] taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?

1  Yes
2  No
   DK, R

CCC_Q041 [Do/Does] [you/FNAME] have fibromyalgia?

1  Yes
2  No
   DK, R
Remember, we’re interested in conditions diagnosed by a health professional.

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

1  Yes  (Go to CCC_Q061)
2  No     (Go to CCC_Q061)

What kind of arthritis [do/does] [you/he/she] have?

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

If CCC_Q05A <> 3, go to CCC_Q061. Otherwise, go to CCC_Q05AS.

INTerviEner: Specify.

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

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

1  Yes
2  No
   DK, R

... high blood pressure?

1  Yes
2  No
   DK, R

... migraine headaches?

1  Yes
2  No
   DK, R
Canadian Community Health Survey – Cycle 2.1

CCC_Q091A (Remember, we’re interested in conditions diagnosed by a health professional.)

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

1  Yes
2  No
   DK, R

CCC_C091B If age < 30, go to CCC_Q101. Otherwise, go to CCC_091B.

CCC_Q091B ([Do/Does] [you/FNAME] have:)
... emphysema or chronic obstructive pulmonary disease (COPD)?

1  Yes
2  No
   DK, R

CCC_Q101 ([Do/Does] [you/FNAME] have:)
... diabetes?

1  Yes
2  No (Go to CCC_Q111)
   DK, R (Go to CCC_Q111)

CCC_Q102 How old [were/was] [you/he/she] when this was first diagnosed?

INTERVIEWER: Maximum is [current age].

<table>
<thead>
<tr>
<th></th>
<th>Age in years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 0) (MAX: current age)</td>
</tr>
<tr>
<td></td>
<td>DK, R (Go to CCC_Q10C)</td>
</tr>
</tbody>
</table>

CCC_C10A If age < 15 or sex = male or CCC_Q102 < 15, go to CCC_Q10C. Otherwise, go to CCC_10A.

CCC_Q10A Were/Was [you/she] pregnant when [you/she] [were/was] first diagnosed with diabetes?

1  Yes
2  No (Go to CCC_Q10C)
   DK, R (Go to CCC_Q10C)

CCC_Q10B Other than during pregnancy, has a health professional ever told [you/her] that [you/she] [have/has] diabetes?

1  Yes
2  No (Go to CCC_Q111)
   DK, R (Go to CCC_Q111)
When [you/he/she] [were/was] first diagnosed with diabetes, how long was it before [you/he/she] [were/was] started on insulin?

1. Less than 1 month
2. 1 month to less than 2 months
3. 2 months to less than 6 months
4. 6 months to less than 1 year
5. 1 year or more
6. Never (Go to CCC_Q111)

Do [you/FNAME] currently take insulin for [your/his/her] diabetes?

1. Yes
2. No

Note: (If CCC_Q10C = 6, CCC_Q105 will be filled with “No” during processing)

Do [you/FNAME] have epilepsy?

1. Yes
2. No

Do [you/FNAME] have heart disease?

1. Yes (Go to CCC_Q131)
2. No (Go to CCC_Q131)

Have [you/he/she] ever had a heart attack (damage to the heart muscle)?

1. Yes
2. No

Do [you/he/she] currently have angina (chest pain, chest tightness)?

1. Yes
2. No

Do [you/he/she] currently have congestive heart failure (inadequate heart beat, fluid build-up in the lungs or legs)?

1. Yes
2. No
[Do/Does] [you/FNAME] have cancer?

1  Yes
2  No (Go to CCC_Q141)
DK, R (Go to CCC_Q141)

If sex = male, go to CCC_Q133B.
Otherwise, go to CCC_Q133A.

Note: Responses from male and female respondents were added together to create the new variable CCCC_13A to CCCC_13F, in processing.

What type of cancer [do/does] [you/she] have?

INTERVIEWER: Mark all that apply.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1</td>
<td>Breast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>2</td>
<td>Colorectal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>3</td>
<td>Skin - Melanoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>4</td>
<td>Skin - Non-melanoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>5</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK, R</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to CCC_D133

What type of cancer [do/does] [you/he] have?

INTERVIEWER: Mark all that apply.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>1</td>
<td>Prostate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>2</td>
<td>Colorectal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>3</td>
<td>Skin - Melanoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>4</td>
<td>Skin - Non-melanoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>5</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK, R</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If CCC_Q133A = 3 or 4 or CCC_Q133B = 3 or 4, then HasSkinCancer = Yes.
Otherwise, HasSkinCancer = No.

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

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

1  Yes
2  No
DK, R

[Do/Does] [you/FNAME] suffer from the effects of a stroke?

1  Yes
2  No
DK, R
Canadian Community Health Survey – Cycle 2.1

CCC_Q161  ([Do/Does [you/FNAME] suffer:)
... from urinary incontinence?
1  Yes
2  No
 DK, R

CCC_Q171  ([Do/Does [you/FNAME] have a bowel disorder such as Crohn’s Disease or colitis?
1  Yes
2  No
 DK, R

CCC_C181  If age < 18, go to CCC_Q211.
Otherwise, go to CCC_Q181.

CCC_Q181  (Remember, we’re interested in conditions diagnosed by a health professional.)
([Do/Does [you/FNAME] have:)
... Alzheimer’s Disease or any other dementia?
1  Yes
2  No
 DK, R

CCC_Q191  ([Do/Does [you/FNAME] have:)
... cataracts?
1  Yes
2  No
 DK, R

CCC_Q201  ([Do/Does [you/FNAME] have:)
... glaucoma?
1  Yes
2  No
 DK, R

CCC_Q211  ([Do/Does [you/FNAME] have:)
... thyroid condition?
1  Yes
2  No
 DK, R

CCC_Q251  Remember, we’re interested in conditions diagnosed by a health professional.
([Do/Does [you/FNAME] have chronic fatigue syndrome?
1  Yes
2  No
 DK, R
[Do/Does] [you/FNAME] suffer from multiple chemical sensitivities?

1  Yes  
2  No  
DK, R

[Do/Does] [you/FNAME] have schizophrenia?

1  Yes  
2  No  
DK, R

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

INTERVIEWER: Include manic depression.

1  Yes  
2  No  
DK, R

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

1  Yes  
2  No  
DK, R

[Do/Does] [you/FNAME] have autism or any other developmental disorder such as Down’s syndrome, Asperger’s syndrome or Rett syndrome?

1  Yes  
2  No  
DK, R

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

1  Yes  
2  No  (Go to CCC_Q341)  
DK, R (Go to CCC_Q341)
**What kind of learning disability [do/does] [you/FNAME] have?**

**INTERVIEWER:** Mark all that apply.

- **Attention Deficit Disorder, no hyperactivity (ADD)**
- **Attention Deficit Hyperactivity Disorder (ADHD)**
- **Dyslexia**
- **Other - Specify**

**If CCC_Q331A <> 4, go to CCC_Q341.**

**Otherwise, go to CCC_Q331AS.**

**INTERVIEWER:** Specify.

(80 spaces)

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

- **Yes**
- **No**

**If CCC_Q901 <> 1, go to CCC_END.**

**Otherwise, go to CCC_Q901S.**

**INTERVIEWER:** Specify.

(80 spaces)
HEALTH CARE UTILIZATION

HCU_C01 If (HCU block = 2), go to HCU_END.
HCU_CFDO Otherwise, go to HCU_QINT1.

HCU_QINT1 Now I’d like to ask about [your/FNAME’s] contacts with health professionals during the past 12 months, that is, from [date one year ago] to yesterday.
INTERVIEWER: Press <Enter> to continue.

HCU_Q01AA [Do/Does] [you/FNAME] have a regular medical doctor?
HCUC_1AA
1 Yes (Go to HCU_Q01AC)
2 No
   DK, R (Go to HCU_Q01BA)

HCU_Q01AB Why [do/does] [you/FNAME] not have a regular medical doctor?
INTERVIEWER: Mark all that apply.

HCUC_1BA 1 No medical doctors available in the area
HCUC_1BB 2 Medical doctors in the area are not taking new patients
HCUC_1BC 3 Have not tried to contact one
HCUC_1BD 4 Had a medical doctor who left or retired
HCUC_1BE 5 Other - Specify
   DK, R

HCU_C01ABS If HCU_Q01AB <> 5, go to HCU_Q01BA.
Otherwise, go to HCU_Q01ABS.

HCU_Q01ABS INTERVIEWER: Specify.
____________________________________________________________________
(80 spaces)
DK, R
Go to HCU_Q01BA

HCU_Q01AC Do [you/FNAME] and this doctor usually speak in English, in French, or in another language?
HCUC_1C
1 English 13 Portuguese
2 French 14 Punjabi
3 Arabic 15 Spanish
4 Chinese 16 Tagalog (Pilipino)
5 Cree 17 Ukrainian
6 German 18 Vietnamese
7 Greek 19 Dutch
8 Hungarian 20 Hindi
9 Italian 21 Russian
10 Korean 22 Tamil
11 Persian (Farsi) 23 Other – Specify
12 Polish
   DK, R
HCU_C01ACS If HCU_Q01AC <> 23, go to HCU_Q0BA. Otherwise, go to HCU_Q01ACS.

HCU_Q01ACS INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_Q01BA In the past 12 months, [have/has] [you/FNAME] been a patient overnight in a hospital, nursing home or convalescent home?

1  Yes
2  No (Go to HCU_Q02A)
   DK (Go to HCU_Q02A)
   R  (Go to HCU_END)

HCU_Q01BB For how many nights in the past 12 months?

HCUC_01A

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

HCU_Q02A [Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:

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

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

HCU_Q02B [(Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)

… an eye specialist (such as an ophthalmologist or optometrist)?

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

HCU_Q02C [(Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:) … any other medical doctor (such as a surgeon, allergist, orthopaedist, gynaecologist or psychiatrist)?

|   |   |   |   | Times
(MIN: 0) (MAX: 300; warning after 7)
DK, R
HCU_Q02D
[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
... a nurse for care or advice?

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

HCU_Q02E
[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
... a dentist or orthodontist?

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

HCU_Q02F
[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
... a chiropractor?

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

HCU_Q02G
[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
... a physiotherapist?

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

HCU_Q02H
[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
... a social worker or counsellor?

_|_|_|_ Times
(MIN: 0) (MAX: 366; warning after 20)
DK, R
(Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/in the past 12 months), how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:

... a psychologist?

| | | | Times
(MIN: 0) (MAX: 366; warning after 25)

DK, R

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

... a speech, audiology or occupational therapist?

| | | | Times
(MIN: 0) (MAX: 200; warning after 12)

DK, R

If response for HCU_Q02A or HCU_Q02C or HCU_Q02D > 0, then ask HCU_Q03n. Otherwise, go to HCU_Q04A.

Where did the most recent contact take place?

HCUC_03A INTERVIEWER: If respondent says “hospital”, probe for details.

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

DK, R

If HCU_Q03n <> 11, go to HCU_Q04A. Otherwise, go to HCU_Q03nS.

INTERVIEWER: Specify.

(80 spaces)

DK, R

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

1 Yes
2 No

DK, R
People may also use alternative or complementary medicine. In the past 12 months, have you seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about your physical, emotional or mental health?

1 Yes  (Go to HCU_C06)
2 No   (Go to HCU_C06)
DK, R (Go to HCU_C06)

Who did you see or talk to?

INTERVIEWER: Mark all that apply.

1 Massage therapist
2 Acupuncturist
3 Homeopath or naturopath
4 Feldenkrais or Alexander teacher
5 Relaxation therapist
6 Biofeedback teacher
7 Rolfer
8 Herbalist
9 Reflexologist
10 Spiritual healer
11 Religious healer
12 Other - Specify
DK, R

If HCU_Q05 <> 12, go to HCU_C06. Otherwise, go to HCU_Q05S.

INTERVIEWER: Specify.

(80 spaces)
DK, R

If non-proxy interview, ask “During the past 12 months, was there ever a time when you felt that you needed health care but you didn’t receive it?” in HCU_Q06.

If proxy interview and age < 18, ask “During the past 12 months, was there ever a time when you felt that NAME needed health care but [he/she] didn’t receive it?” in HCU_Q06.

If proxy interview and age >= 18, ask “During the past 12 months, was there ever a time when NAME felt that [he/she] needed health care but [he/she] didn’t receive it?” in HCU_Q06.

During the past 12 months, was there ever a time when NAME felt that [NAME/he/she] needed health care but [NAME/he/she] didn’t receive it?

1 Yes  (Go to HCU_END)
2 No   (Go to HCU_END)
DK, R (Go to HCU_END)
**HCU_Q07**  
Thinking of the most recent time, why didn’t [you/he/she] get care?  
INTERVIEWER: Mark all that apply.

- **HCUC_07A**  Not available - in the area
- **HCUC_07B**  Not available - at time required (e.g. doctor on holidays, inconvenient hours)
- **HCUC_07C**  Waiting time too long
- **HCUC_07D**  Felt would be inadequate
- **HCUC_07E**  Cost
- **HCUC_07F**  Too busy
- **HCUC_07G**  Didn’t get around to it / didn’t bother
- **HCUC_07H**  Didn’t know where to go
- **HCUC_07I**  Transportation problems
- **HCUC_07J**  Language problems
- **HCUC_07K**  Personal or family responsibilities
- **HCUC_07L**  Dislikes doctors / afraid
- **HCUC_07M**  Decided not to seek care
- **HCUC_07N**  Doctor - didn’t think it was necessary
- **HCUC_07O**  Unable to leave the house because of a health problem
- **HCUC_07P**  Other - Specify

**HCU_C07S** If HCU_Q07 <> 16, go to HCU_Q08. Otherwise, go to HCU_Q07S.

**HCU_Q07S**  INTERVIEWER: Specify.

__________________________
(80 spaces)
DK, R

**HCU_Q08**  Again, thinking of the most recent time, what was the type of care that was needed?  
INTERVIEWER: Mark all that apply.

- **HCUC_08A**  Treatment of - a physical health problem
- **HCUC_08B**  Treatment of - an emotional or mental health problem
- **HCUC_08C**  A regular check-up (including regular pre-natal care)
- **HCUC_08D**  Care of an injury
- **HCUC_08E**  Other - Specify

**HCU_C08S** If HCU_Q08 <> 5, go to HCU_Q09. Otherwise, go to HCU_Q08S.

**HCU_Q08S**  INTERVIEWER: Specify.

__________________________
(80 spaces)
DK, R
HCU_Q09 Where did [you/he/she] try to get the service [you/he/she] [were/was] seeking?
INTERVIEWER: Mark all that apply.

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

DK, R

HCU_C09S If HCU_Q09 <> 8, go to HCU_END.
Otherwise, go to HCU_Q09S.

HCU_Q09S INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_END
HOME CARE SERVICES

HMC_C09A If (do HMC block = 2), go to HMC_END.
HMC_C09B If age < 18, go to HMC_END.
HMC_QINT1 Home care services are health care or homemaker services received at home.
Examples are: nursing care, help with bathing or housework, respite care and meal delivery.
INTERVIEWER: Press <Enter> to continue.

HMC_Q09 [Have/Has] [you/FNAME] received any home care services in the past 12 months, with the cost being entirely or partially covered by government?

1 Yes
2 No (Go to HMC_Q11)
DK, R (Go to HMC_END)

HMC_Q10 What type of services [have/has] [you/he/she] received?
INTERVIEWER: Read categories to respondent. Mark all that apply.
Cost must be entirely or partially covered by government.

HMC_C10S If HMC_Q10 <> 8, go to HMC_C11.
HMC_Q10S INTERVIEWER: Specify.

HMC_C11 If HMC_Q09 = 1, use “any other home care services” in HMC_Q11.
Otherwise, “any home care services” in HMC_Q11.

HMC_Q11 [Have/Has] [you/FNAME] received any [other] home care services in the past 12 months, with the cost not covered by government (for example: care provided by a spouse or friends)?
INTERVIEWER: Include only homemaker services (e.g. housework) that are provided because of a respondent’s health problem or condition.

1 Yes
2 No (Go to HMC_Q14)
DK, R (Go to HMC_Q14)
HMC_C12  If HMC_Q09 = 1, use “other home care services” in HMC_Q12. Otherwise, use “home care services” in HMC_Q12.

HMC_Q12  **Who provided these [other] home care services?**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nurse from private agency</td>
</tr>
<tr>
<td>2</td>
<td>Homemaker from private agency</td>
</tr>
<tr>
<td>3</td>
<td>Neighbour or friend</td>
</tr>
<tr>
<td>4</td>
<td>Family member</td>
</tr>
<tr>
<td>5</td>
<td>Volunteer</td>
</tr>
<tr>
<td>6</td>
<td>Other - Specify</td>
</tr>
</tbody>
</table>

HMC_C12S  If HMC_Q12 <> 6, go to HMC_Q13. Otherwise, go to HMC_Q12S.

HMC_Q12S  INTERVIEWER: Specify.

(80 spaces)

DK, R

HMC_C13  For each person identified in HMC_Q12 where n = A, B, ..., F, ask HMC_Q13n up to 6 times.

HMC_Q13n  **What type of services [have/has] [you/he/she] received from [person identified in HMC_Q12]?**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nursing care (e.g., dressing changes)</td>
</tr>
<tr>
<td>2</td>
<td>Other health care services (e.g., physiotherapy, nutrition counselling)</td>
</tr>
<tr>
<td>3</td>
<td>Personal care (e.g., bathing, foot care)</td>
</tr>
<tr>
<td>4</td>
<td>Housework (e.g., cleaning, laundry)</td>
</tr>
<tr>
<td>5</td>
<td>Meal preparation or delivery</td>
</tr>
<tr>
<td>6</td>
<td>Shopping</td>
</tr>
<tr>
<td>7</td>
<td>Respite care (i.e., caregiver relief program)</td>
</tr>
<tr>
<td>8</td>
<td>Other - Specify</td>
</tr>
</tbody>
</table>

HMC_C13nS  If HMC_Q13n <> 8, go to HMC_Q14. Otherwise, go to HMC_Q13nS.

HMC_Q13nS  INTERVIEWER: Specify.

(80 spaces)

DK, R

HMC_Q14  During the past 12 months, was there ever a time when [you/FNAME] felt that [you/he/she] needed home care services but [you/he/she] didn’t receive them?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

(Go to HMC_END)
**HMC_Q15**  Thinking of the most recent time, why didn't [you/he/she] get these services?  
**INTERVIEWER:** Mark all that apply.

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

  DK, R

**HMC_C15S**  If HMC_Q15 <> 13, go to HMC_Q16.  
Otherwise, go to HMC_Q15S.

**HMC_Q15S**  **INTERVIEWER:** Specify.

________________________

(80 spaces)

DK, R

**HMC_Q16**  Again, thinking of the most recent time, what was the type of home care that was needed?  
**INTERVIEWER:** Mark all that apply.

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

  DK, R

**HMC_C16S**  If HMC_Q16 <> 8, go to HMC_END.  
Otherwise, go to HMC_Q16S.

**HMC_Q16S**  **INTERVIEWER:** Specify.

________________________

(80 spaces)

DK, R

**HMC_END**
SATISFACTION WITH AVAILABILITY

SWA_C11A If (do SWA block = 2), go to SWA_END.
SWA_CFDO Otherwise, go to SWA_C11B.

SWA_C11B If proxy interview or if age < 15, go to SWA_END.
Otherwise, go to SWA_QINT.

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

SWA_C11C If HCU_Q01BA = 1 (overnight patient) or answered at least one of HCU_Q02A to HCU_Q02J > 0 (saw or talked on telephone to health professional), go to SWA_Q11A.
Otherwise, go to SWA_Q11.

SWA_Q11 In the past 12 months, have you received any health care services?
SWAC_11
1 Yes (Go to SWA_END)
2 No (Go to SWA_END)
   DK, R (Go to SWA_END)

SWA_Q11A Overall, how would you rate the availability of the health care services you received when you needed them? Would you say it was:
INTERVIEWER: Read categories to respondent.
1 ... excellent?
2 ... good?
3 ... fair?
4 ... poor?
   DK, R

SWA_END
PATIENT SATISFACTION

PATIENT SATISFACTION

PAS_C11A If (do PAS block = 2), go to PAS_END.
PAS_CFDO Otherwise, go to PAS_C11B.

PAS_C11B If proxy interview or if age < 15, go to PAS_END.
Otherwise, go to PAS_C11C.

PAS_C11C If (do SWA block = 2), go to PAS_QINT1.
Otherwise, go to PAS_C11C1.

PAS_C11C1 If (SWA_Q11 = 2 or DK or R), go to PAS_END.
SWA_Q11 = 1, go to PAS_Q12.

PAS_QINT1 Earlier, I asked about your use of health care services in the past 12 months. Now
I'd like to get your opinion on the quality of the care you received.
INTERVIEWER: Press <Enter> to continue.

PAS_C11D If HCU_Q01BA = 1 (overnight patient) or at least one of HCU_Q02A to HCU_Q02J > 0
(saw or talked on telephone to health professional), go to PAS_Q12.
Otherwise, go to PAS_Q11.

Note: In processing will set PAS_Q11 to 1 if SWA_Q11 = 1.

PAS_Q11 In the past 12 months, have you received any health care services?
PASC_11

1 Yes
2 No (Go to PAS_END)
   DK, R (Go to PAS_END)

PAS_Q12 Overall, how would you rate the quality of the health care you received?
Would you say it was:
INTERVIEWER: Read categories to respondent.

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

PAS_Q13 Overall, how satisfied were you with the way health care services were provided?
Were you:
INTERVIEWER: Read categories to respondent.

1 ... very satisfied?
2 ... somewhat satisfied?
3 ... neither satisfied nor dissatisfied?
4 ... somewhat dissatisfied?
5 ... very dissatisfied?
   DK, R
In the past 12 months, have you received any health care services at a hospital, for any diagnostic or day surgery service, overnight stay, or as an emergency room patient?

1   Yes
2   No  (Go to PAS_Q31A)
     DK, R  (Go to PAS_Q31A)

Thinking of your most recent hospital visit, were you:

INTERVIEWER: Read categories to respondent.

1   ... admitted overnight or longer (an inpatient)?
2   ... a patient at a diagnostic or day surgery clinic (an outpatient)?
3   ... an emergency room patient?
     DK, R  (Go to PAS_Q31A)

... how would you rate the quality of the care you received? Would you say it was:

INTERVIEWER: Read categories to respondent.

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

... how satisfied were you with the way hospital services were provided? Were you:

INTERVIEWER: Read categories to respondent.

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

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

1   Yes
2   No  (Go to PAS_QINT2)
     DK, R  (Go to PAS_QINT2)

Thinking of the most recent time, was care provided by:

INTERVIEWER: Read categories to respondent.

1   ... a family doctor (general practitioner)?
2   ... a medical specialist?
     DK, R  (Go to PAS_QINT2)
(Thinking of this most recent care from a physician:)
PAS_Q32
PASC_32
... how would you rate the quality of the care you received? Would you say it was:
INTERVIEWER: Read categories to respondent.

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

(Thinking of this most recent care from a physician:)
PAS_Q33
PASC_33
... how satisfied were you with the way physician care was provided? Were you:
INTERVIEWER: Read categories to respondent.

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

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

In the past 12 months, have you received any community-based care?
PAS_Q41
PASC_41

1 Yes
2 No (Go to PAS_END)
   DK, R (Go to PAS_END)

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

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

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

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

PAS_END
PATIENT SATISFACTION WITH TELEHEALTH SERVICES

PAS2_BEG  Collected starting April 2003.

PAS_C51A  If (do PAS2 block = 2), go to PAS2_END.
Otherwise, go to PAS_C51B.

PAS_C51B  If proxy interview or if age < 15, go to PAS2_END.
Otherwise, go to PAS_Q51.

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

PAS_Q51  In the past 12 months, have you used a telephone health line or telehealth service?

PASC_51
1  Yes
2  No  (Go to PAS2_END)
   DK, R (Go to PAS2_END)

PAS_Q52  Overall, how would you rate the quality of the service you received? Would you
say it was:

INTERVIEWER:  Read categories to respondent.

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

PAS_Q53  Overall, how satisfied were you with the way the telehealth service was provided?
Were you:

INTERVIEWER:  Read categories to respondent.

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

PAS2_END
RESTRICTION OF ACTIVITIES

RAC_C1 If (do RAC block = 2), go to RAC_END.
RACCFOO Otherwise, go to RAC_QINT.

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

RAC_Q1 [Do/Does] [you/he/she] have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?
INTERVIEWER: Read categories to respondent.

RAC_Q2A Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity [you/he/she] can do:
... at home?
INTERVIEWER: Read categories to respondent.

RAC_Q2B_1 (Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity [you/he/she] can do;)
... at school?

RAC_Q2B_2 (Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity [you/he/she] can do;)
... at work?

RAC_Q2B_3 (Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity [you/he/she] can do;)
... at work?
(Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity [you/he/she] can do:) … in other activities, for example, transportation or leisure?

1 Sometimes
2 Often
3 Never
DK, R (Go to RAC_END)

If respondent has difficulty or is limited in activities (if RAC_Q1 = 1 or 2 or RAC_Q2(A)-(C) = 1 or 2), go to RAC_Q5. Otherwise, go to RAC_Q6A.

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

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

If RAC_Q5 <> 11, go to RAC_Q5B_1. Otherwise, go to RAC_Q5S.

INTERVIEWER: Specify.

(80 spaces)
DK, R

Because of [your/his/her] condition or health problem, [have/has] [you/he/she] ever experienced discrimination or unfair treatment?

1 Yes (Go to RAC_Q6A)
2 No (Go to RAC_Q6A)

In the past 12 months, how much discrimination or unfair treatment did [you/he/she] experience?

1 A lot
2 Some
3 A little
4 None at all
DK, R
The next few questions may not apply to [you/FNAME], but we need to ask the same questions of everyone.

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

1  Yes
2  No
DK, R

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

1  Yes
2  No
DK, R

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

1  Yes
2  No
DK, R

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

1  Yes
2  No
DK, R

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

1  Yes
2  No
DK, R

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

1  Yes
2  No
DK, R
RAC_Q6G  (Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:) ... with looking after [your/his/her] personal finances such as making bank transactions or paying bills?

1  Yes
2  No
DK, R

RAC_Q7A  Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:
... making new friends or maintaining friendships?

1  Yes
2  No
DK, R

RAC_Q7B  (Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:)
... dealing with people [you/he/she] [don’t/doesn’t] know well?

1  Yes
2  No
DK, R

RAC_Q7C  (Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:)
... starting and maintaining a conversation?

1  Yes
2  No
DK, R

RAC_C8  If any of RAC_Q6A to RAC_Q6G or RAC_Q7A to RAC_Q7C = 1, go to RAC_Q8. Otherwise, go to RAC_END.

RAC_Q8  Are these difficulties due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason?
INTERVIEWER: Mark all that apply.

RACC_8A 1  Physical health
RACC_8B 2  Emotional or mental health
RACC_8C 3  Use of alcohol or drugs
RACC_8D 4  Another reason – Specify
DK, R

RAC_C8S  If RAC_Q8 <> 4, go to RAC_END. Otherwise, go to RAC_Q8S.

RAC_Q8S  INTERVIEWER: Specify.

___________________
(80 spaces)
DK, R

RAC_END
TWO-WEEK DISABILITY

TWD_C1 If (do TWD block = 2), go to TWD_END.
TWD_CFDO Otherwise, go to TWD_QINT.

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

TWD_Q1 During that period, did [you/FNAME] stay in bed at all because of illness or injury, including any nights spent as a patient in a hospital?
1 Yes
2 No (Go to TWD_Q3)
DK, R (Go to TWD_END)

TWD_Q2 How many days did [you/he/she] stay in bed for all or most of the day?
INTERVIEWER: Enter 0 if less than a day.

| |_| Days
(MIN: 0) (MAX: 14)
DK, R (Go to TWD_END)

TWD_C2A If TWD_Q2 > 1, go to TWD_Q2B.

TWD_Q2A Was that due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?
1 Yes
2 No
DK, R

Go to TWD_C3

Note: TWD_Q2B set to number of days in TWD_Q2 if TWD_Q2A = 1 in processing.

TWD_Q2B How many of these [TWD_Q2] days were due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?
INTERVIEWER: Minimum is 0; maximum is [TWD_Q2].

| |_| Days
(MIN: 0) (MAX: days in TWD_Q2)
DK, R

TWD_C3 If TWD_Q2 = 14 days, go to TWD_END.

TWD_C3A If TWD_Q3 = 2, use “During those 14 days, were…” in TWD_Q3. Otherwise, use “Not counting days spent in …” in TWD_Q3.
**TWD_Q3**

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

1. Yes
2. No  (Go to TWD_Q5)
   DK, R  (Go to TWD_Q5)

**TWD_Q4**

How many days did [you/FNAME] cut down on things for all or most of the day?

INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD_Q2].

<table>
<thead>
<tr>
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<th>Days</th>
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<tbody>
<tr>
<td></td>
<td>(MIN: 0)  (MAX: 14 - days in TWD_Q2)</td>
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</tbody>
</table>

DK, R  (Go to TWD_Q5)

**TWD_C4A** If TWD_Q4 > 1, go to TWD_Q4B.

**TWD_Q4A**

Was that due to [your/his/her] emotional or mental health or [your/his/her] use of 
alcohol or drugs?

1. Yes
2. No
   DK, R

Go to TWD_Q5

Note:  TWD_Q4B set to number of days in TWD_Q2 if TWD_Q4A = 1 in processing.

**TWD_Q4B**

How many of these [TWD_Q4] days were due to [your/his/her] emotional or mental 
health or [your/his/her] use of alcohol or drugs?

INTERVIEWER: Minimum is 0, maximum is [TWD_Q4].

<table>
<thead>
<tr>
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<th>Days</th>
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<tr>
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<td>(MIN: 0)  (MAX: days in TWD_Q4)</td>
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</tbody>
</table>

DK, R

**TWD_Q5**

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

1. Yes
2. No  (Go to TWD_END)
   DK, R  (Go to TWD_END)

**TWD_Q6**

How many days required extra effort?

INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD_Q2].

<table>
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<tr>
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<th>Days</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 0)  (MAX: 14 - days in TWD_Q2)</td>
</tr>
</tbody>
</table>

DK, R  (Go to TWD_END)
Canadian Community Health Survey – Cycle 2.1

TWD_C6A If TWD_Q6 > 1, go to TWD_Q6B.

TWD_Q6A Was that due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?

1 Yes
2 No
DK, R

Go to TWD_END

Note: TWD_Q6B set to number of days in TWD_Q2 if TWD_Q6A = 1 in processing.

TWD_Q6B How many of these [TWD_Q6] days were due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?

INTERVIEWER: Minimum is 0; maximum is [TWD_Q6].

| | Days
(MIN: 0) (MAX: days in TWD_Q6)

DK, R

TWD_END
INSURANCE COVERAGE

INS_C1A  If (do INS block = 2), go to INS_END.

INSCFDO  Otherwise, go to INS_QINT.

INS_QINT  Now, turning to [your/FNAME's] insurance coverage. Please include any private, government or employer-paid plans.

INTERVIEWER: Press <Enter> to continue.

INS_Q1  [Do/Does] [you/FNAME] have insurance that covers all or part of:

INSC_1  … the cost of [your/his/her] prescription medications?

1  Yes
2  No
DK
R (Go to INS_END)

INS_Q2  ([Do/Does] [you/FNAME] have insurance that covers all or part of:)

INSC_2  … [your/his/her] dental expenses?

1  Yes
2  No
DK, R

INS_Q3  ([Do/Does] [you/FNAME] have insurance that covers all or part of:)

INSC_3  … the costs of eye glasses or contact lenses?

1  Yes
2  No
DK, R

INS_Q4  ([Do/Does] [you/FNAME] have insurance that covers all or part of:)

INSC_4  … hospital charges for a private or semi-private room?

1  Yes
2  No
DK, R

INS_END
FLU SHOTS

FLU_C1 If (do FLU block = 2), then go to FLU_END.

FLUCFDO Otherwise, go to FLU_C160.

FLU_C160 If proxy interview, go to FLU_END.
Otherwise, go to FLU_Q160.

FLU_Q160 Now a few questions about your use of various health care services.

FLUC_160 Have you ever had a flu shot?
1  Yes
2  No (Go to FLU_C166)
DK, R (Go to FLU_END)

FLU_Q162 When did you have your last flu shot?
FLUC_162 INTERVIEWER: Read categories to respondent.
1  Less than 1 year ago (Go to FLU_END)
2  1 year to less than 2 years ago
3  2 years ago or more
   DK, R (Go to FLU_END)

FLU_C166 If age < 50, go to FLU_END.

FLU_Q166 What are the reasons that you have not had a flu shot in the past year?
INTERVIEWER: Mark all that apply.
FLUC_66A 1  Have not gotten around to it
FLUC_66B 2  Respondent - did not think it was necessary
FLUC_66C 3  Doctor - did not think it was necessary
FLUC_66D 4  Personal or family responsibilities
FLUC_66E 5  Not available - at time required
FLUC_66F 6  Not available - at all in the area
FLUC_66G 7  Waiting time was too long
FLUC_66H 8  Transportation - problems
FLUC_66I 9  Language - problem
FLUC_66J 10 Cost
FLUC_66K 11 Did not know where to go / uninformed
FLUC_66L 12 Fear (e.g., painful, embarrassing, find something wrong)
FLUC_66M 13 Bad reaction to previous shot
FLUC_66O 14 Unable to leave the house because of a health problem
FLUC_66N 15 Other - Specify
   DK, R

FLU_C166S If FLU_Q166 <> 15, go to FLU_END.
Otherwise, go to FLU_Q166S.

FLU_Q166S INTERVIEWER: Specify.

(80 spaces)
DK, R

FLU_END
BLOOD PRESSURE CHECK

BPC_C010  If (do BPC block = 2) or proxy interview, go to BPC_END.
BPC_CFDO  Otherwise, go to BPC_Q010.

BPC_Q010  (Now blood pressure)
BPC_010  Have you ever had your blood pressure taken?
  1  Yes
  2  No  (Go to BPC_C016)
      DK, R  (Go to BPC_END)

BPC_Q012  When was the last time?
BPC_012  INTERVIEWER: Read categories to respondent.
  1  Less than 6 months ago  (Go to BPC_END)
  2  6 months to less than 1 year ago  (Go to BPC_END)
  3  1 year to less than 2 years ago  (Go to BPC_END)
  4  2 years to less than 5 years ago
  5  5 or more years ago
      DK, R  (Go to BPC_END)

BPC_C016  If age < 25, go to BPC_END.
Otherwise, go to BPC_Q016.

BPC_Q016  What are the reasons that you have not had your blood pressure taken in the past 2 years?
INTERVIEWER: Mark all that apply.

BPCC_16A  1  Have not gotten around to it
BPCC_16B  2  Respondent - did not think it was necessary
BPCC_16C  3  Doctor - did not think it was necessary
BPCC_16D  4  Personal or family responsibilities
BPCC_16E  5  Not available - at time required
BPCC_16F  6  Not available - at all in the area
BPCC_16G  7  Waiting time was too long
BPCC_16H  8  Transportation - problems
BPCC_16I  9  Language - problem
BPCC_16J 10  Cost
BPCC_16K 11  Did not know where to go / uninformed
BPCC_16L 12  Fear (e.g., painful, embarrassing, find something wrong)
BPCC_16N 12  Unable to leave the house because of a health problem
BPCC_16M 13  Other - Specify
      DK, R

BPC_C016S  If BPC_Q016 <> 14, go to BPC_END.
Otherwise, go to BPC_Q016S.

BPC_Q016S  INTERVIEWER: Specify.
________________________________________________________
(80 spaces)
      DK, R

BPC_END
PAP SMEAR TEST

PAP_C1 If (do PAP block = 2), go to PAP_END.
PAPCFDO Otherwise, go to PAP_C020.

PAP_C020 If proxy interview or male or age < 18, go to PAP_END.
Otherwise, go to PAP_Q020.

PAP_Q020 (Now PAP tests)
PAPC_020 Have you ever had a PAP smear test?

1 Yes
2 No (Go to PAP_Q026)
   DK, R (Go to PAP_END)

PAP_Q022 When was the last time?
PAPC_022 INTERVIEWER: Read categories to respondent.

1 Less than 6 months ago (Go to PAP_END)
2 6 months to less than 1 year ago (Go to PAP_END)
3 1 year to less than 3 years ago (Go to PAP_END)
4 3 years to less than 5 years ago (Go to PAP_END)
5 5 or more years ago (Go to PAP_END)
   DK, R

PAP_Q026 What are the reasons that you have not had a PAP smear test in the past 3 years?
INTERVIEWER: Mark all that apply.

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

PAP_C026S If PAP_Q026 <> 16, go to PAP_END.
Otherwise, go to PAP_Q026S.

PAP_Q026S INTERVIEWER: Specify.

____________________________
   (80 spaces)
   DK, R

PAP_END
MAMMOGRAPHY

**MAM_C1** If (do MAM block = 2), go to MAM_END.

**MAM_CFDO** Otherwise, go to MAM_C030.

**MAM_C030** If proxy interview or male, go to MAM_END.
Otherwise, go to MAM_C030A.

**MAM_C030A** If (female and age < 35), go to MAM_C037.
Otherwise, go to MAM_Q030.

**MAM_Q030** *(Now Mammography)*

**MAMC_030** Have you ever had a mammogram, that is, a breast x-ray?

1 Yes
2 No (Go to MAM_C036)
   DK, R (Go to MAM_END)

**MAM_Q031** Why did you have it?

**INTERVIEWER:** Mark all that apply.
If respondent says “doctor recommended it”, probe for reason.

**MAMC_31A** 1 Family history of breast cancer
**MAMC_31B** 2 Part of regular check-up / routine screening
**MAMC_31C** 3 Age
**MAMC_31D** 4 Previously detected lump
**MAMC_31E** 5 Follow-up of breast cancer treatment
**MAMC_31F** 6 On hormone replacement therapy
**MAMC_31G** 7 Breast problem
**MAMC_31H** 8 Other - Specify
   DK, R

**MAM_C031S** If MAM_Q031 <> d, go to MAM_Q032.
Otherwise, go to MAM_Q031S.

**MAM_Q031S** INTERVIEWER: Specify.

(80 spaces)
DK, R

**MAM_C032** When was the last time?

**INTERVIEWER:** Read categories to respondent.

1 Less than 6 months ago (Go to MAM_C037)
2 6 months to less than 1 year ago (Go to MAM_C037)
3 1 year to less than 2 years ago (Go to MAM_C037)
4 2 years to less than 5 years ago
   DK, R (Go to MAM_C037)
5 5 or more years ago (Go to MAM_C037)
MAM_C036 If age < 50 or age > 69, go to MAM_C037. Otherwise, go to MAM_Q036.

MAM_Q036 What are the reasons you have not had one in the past 2 years? INTERVIEWER: Mark all that apply.

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

DK, R

MAM_C036S If MAM_Q036 <> 14, go to MAM_C037. Otherwise, go to MAM_Q036S.

MAM_Q036S INTERVIEWER: Specify.

_______________________________
(80 spaces)
DK, R

MAM_C037 If age < 15 or > 49, go to MAM_C038. Otherwise, go to MAM_Q037.

MAM_Q037 It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?

1 Yes (Go to MAM_END) (MAM_Q038 will be filled with “No” during processing)
2 No

DK, R

MAM_C038 If age < 18, go to MAM_END. Otherwise, go to MAM_Q038.

MAM_Q038 Have you had a hysterectomy? (in other words, has your uterus been removed)?

1 Yes
2 No

DK, R

MAM_END
BREAST EXAMINATIONS

BRX_C1  If (do BRX block = 2), go to BRX_END.
BRXCFDO Otherwise, go to BRX_C110.

BRX_C110 If proxy interview or sex = male or age < 18, go to BRX_END.
Otherwise, go to BRX_Q110.

BRX_Q110 (Now breast examinations)
BRXC_110 Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?
1 Yes
2 No (Go to BRX_Q116)
DK, R (Go to BRX_END)

BRX_Q112 When was the last time?
BRXC_112 INTERVIEWER: Read categories to respondent.
1 Less than 6 months ago (Go to BRX_END)
2 6 months to less than 1 year ago (Go to BRX_END)
3 1 year to less than 2 years ago (Go to BRX_END)
4 2 years to less than 5 years ago (Go to BRX_END)
5 5 or more years ago (Go to BRX_END)
DK, R (Go to BRX_END)

BRX_Q116 What are the reasons that you have not had a breast exam in the past 2 years?
INTERVIEWER: Mark all that apply.
BRXC_16A 1 Have not gotten around to it
BRXC_16B 2 Respondent - did not think it was necessary
BRXC_16C 3 Doctor - did not think it was necessary
BRXC_16D 4 Personal or family responsibilities
BRXC_16E 5 Not available - at time required
BRXC_16F 6 Not available - at all in the area
BRXC_16G 7 Waiting time was too long
BRXC_16H 8 Transportation - problems
BRXC_16I 9 Language - problem
BRXC_16J 10 Cost
BRXC_16K 11 Did not know where to go / uninformed
BRXC_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
BRXC_16N 13 Unable to leave the house because of a health problem
BRXC_16M 14 Other - Specify
DK, R

BRX_C116S If BRX_Q116 <> 14, go to BRX_END.
Otherwise, go to BRX_Q116S.

BRX_Q116S INTERVIEWER: Specify.
_________________________ (80 spaces)
DK, R

BRX_END
BREAST SELF EXAMINATIONS

BSX_C120A If (do BSX block = 2) or proxy interview, go to BSX_END.
BSXCFDO Otherwise, go to BSX_C120B.

BSX_C120B If male or age < 18, go to BSX_END.
Otherwise, go to BSX_Q120.

BSX_Q120 (Now breast self examinations)
BSXC_120 Have you ever examined your breasts for lumps (tumours, cysts)?

1 Yes
2 No (Go to BSX_END)
   DK, R (Go to BSX_END)

BSX_Q121 How often?
BSXC_121 INTERVIEWER: Read categories to respondent.

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

BSX_Q122 How did you learn to do this?
INTERVIEWER: Mark all that apply.

BSXC_22A 1 Doctor
BSXC_22B 2 Nurse
BSXC_22C 3 Book / magazine / pamphlet
BSXC_22D 4 TV / video / film
BSXC_22E 5 Mother
BSXC_22F 6 Sister
BSXC_22G 7 Other - Specify
   DK, R

BSX_C122S If BSX_Q122 <> 7, go to BSX_END.
Otherwise, go to BSX_Q122S.

BSX_Q122S INTERVIEWER: Specify.

____________________ (80 spaces)
   DK, R

BSX_END
PHYSICAL CHECK-UP

PCU_C1  If (PCU block = 2), go to PCU_END.
PCUCFDO Otherwise go to PCU_C150.

PCU_C150  If proxy interview, go to PCU_END.
Otherwise, go to PCU_Q150.

PCU_Q150  (Now physical check-ups)
PCUC_150  Have you ever had a physical check-up without having a specific health problem?

1  Yes (Go to PCU_Q152)
2  No
   DK, R (Go to PCU_END)

PCU_Q151  Have you ever had one during a visit for a health problem?

1  Yes
2  No (Go to PCU_Q156)
   DK, R (Go to PCU_END)

PCU_Q152  When was the last time?
PCUC_152  INTERVIEWER: Read categories to respondent.

1  Less than 1 year ago (Go to PCU_END)
2  1 year to less than 2 years ago (Go to PCU_END)
3  2 years to less than 3 years ago (Go to PCU_END)
4  3 years to less than 4 years ago
5  4 years to less than 5 years ago
6  5 or more years ago
   DK, R (Go to PCU_END)

PCU_Q156  What are the reasons that you have not had a check-up in the past 3 years?
INTERVIEWER: Mark all that apply.

PCUC_56A  1  Have not gotten around to it
PCUC_56B  2  Respondent - did not think it was necessary
PCUC_56C  3  Doctor - did not think it was necessary
PCUC_56D  4  Personal or family responsibilities
PCUC_56E  5  Not available - at time required
PCUC_56F  6  Not available - at all in the area
PCUC_56G  7  Waiting time was too long
PCUC_56H  8  Transportation - problems
PCUC_56I  9  Language - problem
PCUC_56J  10  Cost
PCUC_56K  11  Did not know where to go / uninformed
PCUC_56L  12  Fear (e.g., painful, embarrassing, find something wrong)
PCUC_56N  13  Unable to leave the house because of a health problem
PCUC_56M  14  Other - Specify
   DK, R
PCU_C156S If PCU_Q156 <> 14, go to PCU_END. Otherwise, go to PCU_Q156S.

PCU_Q156S INTERVIEWER: Specify.

(80 spaces)
DK, R
PROSTATE CANCER SCREENING

PSA_C1 If (do PSA block = 2), go to PSA_END.
PSACFDO Otherwise, go to PSA_C170.

PSA_C170 If proxy interview, go to PSA_END.
Otherwise, go to PSA_C170A.

PSA_C170A If female or age < 35, go to PSA_END.
Otherwise, go to PSA_Q170.

PSA_Q170 (Now Prostate tests)
PSAC_170 Have you ever had a prostate specific antigen test for prostate cancer, that is, a
PSA blood test?
   1 Yes (Go to PSA_Q174)
   2 No (Go to PSA_Q174)
    DK (Go to PSA_Q174)
    R (Go to PSA_END)

PSA_Q172 When was the last time?
PSAC_172 INTERVIEWER: Read categories to respondent.
   1 Less than 1 year ago
   2 1 year to less than 2 years ago
   3 2 years to less than 3 years ago
   4 3 years to less than 5 years ago
   5 5 or more years ago
    DK, R

PSA_Q173 Why did you have it?
INTERVIEWER: Mark all that apply.
If respondent says ‘Doctor recommended it’ or ‘I requested it’, probe for reason.

   PSAC_73A 1 Family history of prostate cancer
   PSAC_73B 2 Part of regular check-up / routine screening
   PSAC_73C 3 Age
   PSAC_73D 4 Race
   PSAC_73E 5 Follow-up of problem
   PSAC_73F 6 Follow-up of prostate cancer treatment
   PSAC_73G 7 Other - Specify
    DK, R

PSA_C173S If PSA_Q173 <> 7, go to PSA_Q174.
Otherwise, go to PSA_Q173S.

PSA_Q173S INTERVIEWER: Specify.

   ______________________
   (80 spaces)
    DK, R
A Digital Rectal Exam is an exam in which a gloved finger is inserted into the rectum in order to feel the prostate gland.

Have you ever had this exam?

1  Yes
2  No (Go to PSA_END)
   DK, R (Go to PSA_END)

When was the last time?

INTERVIEWER: Read categories to respondent.

1  Less than 1 year ago
2  1 year to less than 2 years ago
3  2 years to less than 3 years ago
4  3 years to less than 5 years ago
5  5 or more years ago
   DK, R
COLORECTAL CANCER SCREENING

CCS_C1 If (do CCS block = 2), go to CCS_END.
CCSCFDO Otherwise, go to CCS_C180.

CCS_C180 If proxy interview or age < 35, go to CCS_END.
Otherwise, go to CCS_Q180.

CCS_Q180 Now a few questions about various Colorectal exams.
CCSC_180 An FOBT is a test to check for blood in your stool, where you have a bowel movement and use a stick to smear a small sample on a special card. Have you ever had this test?

1  Yes
2  No  (Go to CCS_Q184)
DK  (Go to CCS_Q184)
R  (Go to CCS_END)

CCS_Q182 When was the last time?
CCSC_182 INTERVIEWER: Read categories to respondent.

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

CCS_Q183 Why did you have it?
CCSC_183 INTERVIEWER: Mark all that apply. If respondent says ‘Doctor recommended it’ or ‘I requested it’, probe for reason.

CCSC_83A  1 Family history of colorectal cancer
CCSC_83B  2 Part of regular check-up / routine screening
CCSC_83C  3 Age
CCSC_83D  4 Race
CCSC_83E  5 Follow-up of problem
CCSC_83F  6 Follow-up of colorectal cancer treatment
CCSC_83G  7 Other - Specify
DK, R

CCS_C183S If CCS_Q183 <> 7, go to CCS_Q184.
Otherwise, go to CCS_Q183S.

CCS_Q183S INTERVIEWER: Specify.

________________________
(80 spaces)
DK, R
A colonoscopy or sigmoidoscopy is when a tube is inserted into the rectum to view the bowel for early signs of cancer and other health problems. Have you ever had either of these exams?

1. Yes
2. No (Go to CCS_END)
   DK, R (Go to CCS_END)

When was the last time?

INTERVIEWER: Read categories to respondent.

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

Why did you have it?

INTERVIEWER: Mark all that apply. If respondent says “Doctor recommended it” or “I requested it”, probe for reason.

1. Family history of colorectal cancer
2. Part of regular check-up / routine screening
3. Age
4. Race
5. Follow-up of problem
6. Follow-up of colorectal cancer treatment
7. Other - Specify
   DK, R

If CCS_Q186 <> 7, go to CCS_C187. Otherwise, go to CCS_Q186S.

INTERVIEWER: Specify.

(80 spaces)
DK, R

Was the colonoscopy or sigmoidoscopy a follow-up of the results of an FOBT?

1. Yes
2. No
   DK, R

CCS_END
DENTAL VISITS

DEN_BEG Set WearsDentures = No

DEN_C130A If (do DEN block = 2), go to DEN_END.
DENCFDO Otherwise, go to DEN_C130B.

DEN_C130B If proxy interview, go to DEN_END.
Otherwise, go to DEN_C130C.

DEN_C130C If HCU_Q02E = 0, DK or R (has not seen or talked to a dentist in past 12 months), go to DEN_Q132.
Otherwise, go to DEN_Q130.

DEN_Q130 (Now dental visits)
DENC_130 It was reported earlier that you have “seen” or “talked to” a dentist in the past 12 months. Did you actually visit one?

1 Yes (Go to DEN_END) (DEN_Q132 = 1 will be filled during processing)
2 No
   DK, R (Go to DEN_END)

DEN_Q132 INTERVIEWER: Read categories to respondent.

1 Less than 1 year ago 
2 1 year to less than 2 years ago (Go to DEN_END)
3 2 years to less than 3 years ago (Go to DEN_END)
4 3 years to less than 4 years ago (Go to DEN_Q136)
5 4 years to less than 5 years ago (Go to DEN_Q136)
6 5 or more years ago (Go to DEN_Q136)
7 Never (Go to DEN_Q136)
   DK, R (Go to DEN_END)

DEN_E132 If DEN_Q132 = 1 and HCU_Q02E = 0, show pop-up edit as follows.
Otherwise, go to DEN_END.

Inconsistent answers have been entered. The respondent went to a dentist less than 1 year ago but previously reported that he/she had not “seen” or “talked” to a dentist in the past 12 months. Please confirm.
**DEN_Q136**  
*What are the reasons that you have not been to a dentist in the past 3 years?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have not gotten around to it</td>
</tr>
<tr>
<td>2</td>
<td>Respondent - did not think it was necessary</td>
</tr>
<tr>
<td>3</td>
<td>Dentist - did not think it was necessary</td>
</tr>
<tr>
<td>4</td>
<td>Personal or family responsibilities</td>
</tr>
<tr>
<td>5</td>
<td>Not available - at time required</td>
</tr>
<tr>
<td>6</td>
<td>Not available - at all in the area</td>
</tr>
<tr>
<td>7</td>
<td>Waiting time was too long</td>
</tr>
<tr>
<td>8</td>
<td>Transportation - problems</td>
</tr>
<tr>
<td>9</td>
<td>Language - problem</td>
</tr>
<tr>
<td>10</td>
<td>Cost</td>
</tr>
<tr>
<td>11</td>
<td>Did not know where to go / uninformed</td>
</tr>
<tr>
<td>12</td>
<td>Fear (e.g., painful, embarrassing, find something wrong)</td>
</tr>
<tr>
<td>13</td>
<td>Wears dentures</td>
</tr>
<tr>
<td>14</td>
<td>Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>15</td>
<td>Other – Specify</td>
</tr>
</tbody>
</table>

**DEN_D136**  
If **DEN_Q136** = 13, then WearsDentures = Yes. Otherwise, WearsDentures = No.

**DEN_C136S**  
If **DEN_Q136** <> 15, go to **DEN_END**. Otherwise, go to **DEN_Q136S**.

**DEN_Q136S**  
*INTERVIEWER: Specify.*

______________

(80 spaces)

DK, R

**DEN_END**
ORAL HEALTH 2

OH2_C10A If (do OH2 block = 2), go to OH2_END.
OH2_CFDO Otherwise, go to OH2_C10B.

OH2_C10B If proxy interview, go to OH2_END.
Otherwise, go to OH2_C10C.

OH2_C10C If DEN_Q132 = 7 (never goes to the dentist), go to OH2_C11.
Otherwise, go to OH2_Q10.

OH2_Q10 Do you usually visit the dentist:
OH2C_10 INTERVIEWER: Read categories to respondent.

1 ... more than once a year for check-ups?
2 ... about once a year for check-ups?
3 ... less than once a year for check-ups?
4 ... only for emergency care?
   DK, R (Go to OH2_END)

OH2_C11 If (do INS block = 2), go to OH2_Q11.
Otherwise, go to OH2_C12.

Note: Set OH2_Q11 = INS_Q2.

OH2_Q11 Do you have insurance that covers all or part of your dental expenses?
Please include any private, government, or employer-paid plans.

1 Yes
2 No
DK, R

OH2_C12 If DEN_Q130 = 1 or DEN_Q132 = 1 (has visited dentist in past year), go to OH2_Q12.
Otherwise, go to OH2_Q20.

OH2_Q12 In the past 12 months, have you had any teeth removed by a dentist?
OH2C_12

1 Yes
2 No (Go to OH2_Q20)
   DK, R (Go to OH2_Q20)

OH2_Q13 (In the past 12 months,) were any teeth removed because of decay or gum disease?

1 Yes
2 No
DK, R

OH2_Q20 Do you have one or more of your own teeth?

1 Yes
2 No
DK, R
If $\text{DEN}_Q136M = 1$ (wears dentures) then $\text{WearsDentures} = 1$, go to OH2_C22. Otherwise, go to OH2_Q21.

Note: If $\text{DEN}_Q136M = 1$, OH2_Q21 will be set to 1 (yes) in processing.

**OH2_Q21**
Do you wear dentures or false teeth?

1. Yes
2. No

**OH2_C22**
If OH2_Q21=1 or $\text{DEN}_Q136 = 13$, use [teeth, mouth or dentures] in [teeth, mouth or dentures/teeth or mouth]. Otherwise, use [teeth or mouth] in [teeth, mouth or dentures/teeth or mouth].

**OH2_QINT22**
Now we have some additional questions about oral health, that is the health of your teeth and mouth.

**INTERVIEWER**: Press <Enter> to continue.

**OH2_Q22**
Because of the condition of your [teeth, mouth or dentures/teeth or mouth], do you have difficulty pronouncing any words or speaking clearly?

1. Yes
2. No

**OH2_Q23**
In the past 12 months, how often have you avoided conversation or contact with other people, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?

**INTERVIEWER**: Read categories to respondent.

1. Often
2. Sometimes
3. Rarely
4. Never

**OH2_Q24**
In the past 12 months, how often have you avoided laughing or smiling, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?

1. Often
2. Sometimes
3. Rarely
4. Never

**OH2_QINT25**
Now some questions about the health of your teeth and mouth during the past month.

**INTERVIEWER**: Press <Enter> to continue.

**OH2_Q25A**
In the past month, have you had: … a toothache?

1. Yes
2. No
OH2_Q25B  In the past month, were your teeth:  
OH2C_25B  … sensitive to hot or cold food or drinks?  
1  Yes  
2  No  
DK, R

OH2_Q25C  In the past month, have you had:  
OH2C_25C  … pain in or around the jaw joints?  
1  Yes  
2  No  
DK, R

OH2_Q25D  (In the past month, have you had:)  
OH2C_25D  … other pain in the mouth or face?  
1  Yes  
2  No  
DK, R

OH2_Q25E  (In the past month, have you had:)  
OH2C_25E  … bleeding gums?  
1  Yes  
2  No  
DK, R

OH2_Q25F  (In the past month, have you had:)  
OH2C_25F  … dry mouth?  
INTERVIEWER: Do not include thirst caused by exercise.  
1  Yes  
2  No  
DK, R

OH2_Q25G  (In the past month, have you had:)  
OH2C_25G  … bad breath?  
1  Yes  
2  No  
DK, R

OH2_C30  If OH2_Q20 = 1 (has at least one natural tooth), go to OH2_Q30.  
Otherwise, go to OH2_END.
OH2_Q30
OH2C_30

How often do you brush your teeth?

1. More than twice a day
2. Twice a day
3. Once a day
4. Less than once a day but more than once a week
5. Once a week
6. Less than once a week

DK, R
FOOD CHOICES

FDC_C1A If (do FDC block = 2), then go to FDC_END.
FDC_CFDO Otherwise, go to FDC_C1B.
FDC_C1B If proxy interview, go to FDC_END.
Otherwise, go to FDC_QINT.
FDC_QINT Now, some questions about the foods you eat.
INTERVIEWER: Press <Enter> to continue.
FDC_Q1A Do you choose certain foods or avoid others:
FDCC_1A ... because you are concerned about your body weight?
1 Yes (or sometimes)
2 No
   DK, R (Go to FDC_END)
FDC_Q1B ... because you are concerned about heart disease?
FDCC_1B 1 Yes (or sometimes)
2 No
   DK, R
FDC_Q1C ... because you are concerned about cancer?
FDCC_1C 1 Yes (or sometimes)
2 No
   DK, R
FDC_Q1D ... because you are concerned about osteoporosis (brittle bones)?
FDCC_1D 1 Yes (or sometimes)
2 No
   DK, R
FDC_Q2A Do you choose certain foods because of:
FDCC_2A ... the lower fat content?
1 Yes (or sometimes)
2 No
   DK, R
FDC_Q2B ... the fibre content?
FDCC_2B 1 Yes (or sometimes)
2 No
   DK, R
FDC_Q2C ... the calcium content?
FDCC_2C 1 Yes (or sometimes)
2 No
   DK, R
Do you avoid certain foods because of:

...the fat content?

1 Yes (or sometimes)
2 No
DK, R

...the type of fat they contain?

1 Yes (or sometimes)
2 No
DK, R

...the salt content?

1 Yes (or sometimes)
2 No
DK, R

...the cholesterol content?

1 Yes (or sometimes)
2 No
DK, R

...the calorie content?

1 Yes (or sometimes)
2 No
DK, R

FDC_END
DIETARY SUPPLEMENT USE

DSU_C1A  If (do DSU block = 2), go to DSU_END.
DSUCFDO  Otherwise, go to DSU_C1B.

DSU_C1B  If proxy interview, go to DSU_END.
         Otherwise, go to DSU_Q1A.

DSU_Q1A  In the past 4 weeks, did you take any vitamin or mineral supplements?
DSUC_1A  1  Yes
         2  No  (Go to DSU_END)
         DK, R  (Go to DSU_END)

DSU_Q1B  Did you take them at least once a week?
DSUC_1B  1  Yes
         2  No  (Go to DSU_Q1D)
         DK, R  (Go to DSU_END)

DSU_Q1C  Last week, on how many days did you take them?
DSUC_1C  |__| Days
         (MIN: 1) (MAX: 7)
         DK, R

         Go to DSU_END.

DSU_Q1D  In the past 4 weeks, on how many days did you take them?
DSUC_1D  |___| Days
         (MIN: 1) (MAX: 21)
         DK, R

DSU_END
Fruit and Vegetable Consumption

FVC_C1A  If (do FVC block = 2) or proxy interview, go to FVC_END.
FVC_CFDO Otherwise, go to FVC_QINT.

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

FVC_Q1A  How often do you usually drink fruit juices such as orange, grapefruit or tomato?
(FOR EXAMPLE: ONCE A DAY, THREE TIMES A WEEK, TWICE A MONTH)
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

1  Per day  (Go to FVC_N1C)
2  Per week  (Go to FVC_N1D)
3  Per month  (Go to FVC_N1E)
4  Per year  (Go to FVC_Q2A)
5  Never  (Go to FVC_Q2A)
DK, R  (Go to FVC_END)

FVC_N1B  INTERVIEWER: Enter number of times per day.

FVC_C1B  l_l_l Times
(MIN: 1) (MAX: 20)
DK, R  Go to FVC_Q2A

FVC_N1C  INTERVIEWER: Enter number of times per week.

FVC_C1C  l_l_l Times
(MIN: 1) (MAX: 90)
DK, R  Go to FVC_Q2A

FVC_N1D  INTERVIEWER: Enter number of times per month.

FVC_C1D  l_l_l_l Times
(MIN: 1) (MAX: 200)
DK, R  Go to FVC_Q2A

FVC_N1E  INTERVIEWER: Enter number of times per year.

FVC_C1E  l_l_l_l Times
(MIN: 1) (MAX: 500)
DK, R
Not counting juice, how often do you usually eat fruit?

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

1. Per day
2. Per week (Go to FVC_N2C)
3. Per month (Go to FVC_N2D)
4. Per year (Go to FVC_N2E)
5. Never (Go to FVC_Q3A)

DK, R (Go to FVC_Q3A)

INTERVIEWER: Enter number of times per day.

I_l_l_l Times
(MIN: 1) (MAX: 20)
DK, R

Go to FVC_Q3A

INTERVIEWER: Enter number of times per week.

I_l_l_l Times
(MIN: 1) (MAX: 90)
DK, R

Go to FVC_Q3A

INTERVIEWER: Enter number of times per month.

I_l_l_l_l Times
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_Q3A

INTERVIEWER: Enter number of times per year.

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

How often do you (usually) eat green salad?

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

1. Per day
2. Per week (Go to FVC_N3C)
3. Per month (Go to FVC_N3D)
4. Per year (Go to FVC_N3E)
5. Never (Go to FVC_Q4A)

DK, R (Go to FVC_Q4A)
FVC_N3B INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q4A

FVC_N3C INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q4A

FVC_N3D INTERVIEWER: Enter number of times per month.

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

Go to FVC_Q4A

FVC_N3E INTERVIEWER: Enter number of times per year.

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

FVC_Q4A How often do you usually eat potatoes, not including french fries, fried potatoes, or potato chips?

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

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

FVC_N4B INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q5A
INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q5A

INTERVIEWER: Enter number of times per month.

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

Go to FVC_Q5A

INTERVIEWER: Enter number of times per year.

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

How often do you (usually) eat carrots?

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

1 Per day
2 Per week (Go to FVC_N5C)
3 Per month (Go to FVC_N5D)
4 Per year (Go to FVC_N5E)
5 Never (Go to FVC_Q6A)

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q6A

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q6A

INTERVIEWER: Enter number of times per month

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

Go to FVC_Q6A
FVC_N5E INTERVIEWER: Enter number of times per year.

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

FVC_Q6A Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

1  Per day
2  Per week (Go to FVC_N6C)
3  Per month (Go to FVC_N6D)
4  Per year (Go to FVC_N6E)
5  Never (Go to FVC_END)
DK, R (Go to FVC_END)

FVC_N6B INTERVIEWER: Enter number of servings per day.

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

Go to FVC_END

FVC_N6C INTERVIEWER: Enter number of servings per week.

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

Go to FVC_END

FVC_N6D INTERVIEWER: Enter number of servings per month.

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

Go to FVC_END

FVC_N6E INTERVIEWER: Enter number of servings per year.

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

FVC_END
PHYSICAL ACTIVITIES

PAC_C1 If (do PAC block = 2), go to PAC_END.
PAC_CFDO Otherwise, go to PAC_C2.
PAC_C2 If proxy interview, go to PAC_END.
PAC_QINT1 Now I’d like to ask you about some of your physical activities. To begin with, I’ll be dealing with physical activities not related to work, that is, leisure time activities.
INTERVIEWER: Press <Enter> to continue.
PAC_Q1 Have you done any of the following in the past 3 months, that is, from [date three months ago] to yesterday?
INTERVIEWER: Read categories to respondent. Mark all that apply.

PACC_1A 1 Walking for exercise
PACC_1B 2 Gardening or yard work
PACC_1C 3 Swimming
PACC_1D 4 Bicycling
PACC_1E 5 Popular or social dance
PACC_1F 6 Home exercises
PACC_1G 7 Ice hockey
PACC_1H 8 Ice skating
PACC_1I 9 In-line skating or rollerblading
PACC_1J 10 Jogging or running
PACC_1K 11 Golfing
PACC_1L 12 Exercise class or aerobics
PACC_1M 13 Downhill skiing or snowboarding
PACC_1N 14 Bowling
PACC_1O 15 Baseball or softball
PACC_1P 16 Tennis
PACC_1Q 17 Weight-training
PACC_1R 18 Fishing
PACC_1S 19 Volleyball
PACC_1T 20 Basketball
PACC_1U 21 Soccer
PACC_1V 22 Any other
PACC_1W 23 No physical activity

DK, R (Go to PAC_Q1X)

If “Any other” is chosen as a response, go to PAC_Q1VS. Otherwise, go to PAC_Q2.
PAC_Q1VS What was this activity?
INTERVIEWER: Enter one activity only.

________________________
(80 spaces)
DK, R

PAC_Q1X In the past 3 months, did you do any other physical activity for leisure?
PACC_1W

1 Yes
2 No (Go to PAC_Q2)
DK, R (Go to PAC_Q2)
PAC_Q1XS  What was this activity?  
INTERVIEWER: Enter one activity only.

________________________
(80 spaces)
DK, R

PAC_Q1Y  In the past 3 months, did you do any other physical activity for leisure?  
PACC_1X

1  Yes  (Go to PAC_Q2)  
2  No  (Go to PAC_Q2)

DK, R

PAC_Q1YS  What was this activity?  
INTERVIEWER: Enter one activity only.

________________________
(80 spaces)
DK, R

PAC_E1  If “No physical activity” is chosen in PAC_Q1 with any other response, show pop-up edit as follows.

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

PAC_C2  For each activity identified in PAC_Q1, ask PAC_Q2n and PAC_Q3n up to 24 times, where n = A, B, ..., Z. Note: There is no V or Y.

PAC_Q2n  In the past 3 months, how many times did you [participate in identified activity]?  

<table>
<thead>
<tr>
<th></th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 1) (MAX: 99 for each activity except the following: Walking: MAX = 270 Bicycling: MAX = 200 Other activities: MAX = 200)</td>
</tr>
<tr>
<td></td>
<td>DK, R  (Go to next activity)</td>
</tr>
</tbody>
</table>

PAC_Q3n  About how much time did you spend on each occasion?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 to 15 minutes</td>
</tr>
<tr>
<td>2</td>
<td>16 to 30 minutes</td>
</tr>
<tr>
<td>3</td>
<td>31 to 60 minutes</td>
</tr>
<tr>
<td>4</td>
<td>More than one hour</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>

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

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

PAC_Q4B In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?

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

PAC_Q6 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
SEDENTARY ACTIVITIES

SAC_C1 If (do SAC block = 2), go to SAC_END.
SAC_CFDO Otherwise, go to SAC_CINT.
SAC_CINT If proxy interview, go to SAC_END.
Otherwise, go to SAC_QINT.
SAC_QINT Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.
INTERVIEWER: Press <Enter> to continue.

SAC_Q1 In a typical week in the past 3 months, how much time did you usually spend on a computer, including playing computer games and using the Internet or World Wide Web?
INTERVIEWER: Do not include time spent at work or at school.

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

SAC_C2 If age > 19, go to SAC_Q3.
SAC_Q2 In a typical week, how much time did you usually spend playing video games, such as SEGA, Nintendo and Playstation?

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

SAC_Q3 In a typical week in the past 3 months, how much time did you usually spend watching television or videos?

1 None
2 Less than 1 hour
3 From 1 to 2 hours
4 From 3 to 5 hours
5 From 6 to 10 hours
6 From 11 to 14 hours
7 From 15 to 20 hours
8 More than 20 hours
DK, R
In a typical week, how much time did you usually spend reading, not counting at work or at school?

INTERVIEWER: Include books, magazines, newspapers, homework.

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

DK, R
**LEISURE ACTIVITIES**

<table>
<thead>
<tr>
<th>LEI_C1</th>
<th>If (do LEI block = 2), go to LEI_END. Otherwise, go to LEI_C2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEICFDO</td>
<td>Otherwise, go to LEI_C3.</td>
</tr>
<tr>
<td>LEI_C2</td>
<td>If proxy interview, go to LEI_END. Otherwise, go to LEI_C3.</td>
</tr>
<tr>
<td>LEI_C3</td>
<td>If (do SAC block = 1), go to LEI_Q01. Otherwise, go to LEI_QINT.</td>
</tr>
<tr>
<td>LEI_QINT</td>
<td>Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school. INTERVIEWER: Press &lt;Enter&gt; to continue.</td>
</tr>
<tr>
<td>LEI_Q01</td>
<td>In a typical week in the past 3 months, how much time did you usually spend playing cards or other games?</td>
</tr>
</tbody>
</table>
| LEIC_01| 1 None  
| | 2 Less than 1 hour  
| | 3 From 1 to 2 hours  
| | 4 From 3 to 5 hours  
| | 5 From 6 to 10 hours  
| | 6 From 11 to 14 hours  
| | 7 From 15 to 20 hours  
| | 8 More than 20 hours  
| | DK, R |
| LEI_Q02| (In a typical week in the past 3 months), how much time did you usually spend listening to radio, CD’s or other recorded music? |
| LEIC_02| 1 None  
| | 2 Less than 1 hour  
| | 3 From 1 to 2 hours  
| | 4 From 3 to 5 hours  
| | 5 From 6 to 10 hours  
| | 6 From 11 to 14 hours  
| | 7 From 15 to 20 hours  
| | 8 More than 20 hours  
| | DK, R |
| LEI_Q03| (In a typical week in the past 3 months), how much time did you usually spend doing crafts or other hobbies such as painting, knitting, collecting or woodworking? |
| LEIC_03| 1 None  
| | 2 Less than 1 hour  
| | 3 From 1 to 2 hours  
| | 4 From 3 to 5 hours  
| | 5 From 6 to 10 hours  
| | 6 From 11 to 14 hours  
| | 7 From 15 to 20 hours  
| | 8 More than 20 hours  
| | DK, R |
LEI_Q04  (In a typical week in the past 3 months), how much time did you usually spend visiting with family or friends?

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

LEI_Q05  (In a typical week in the past 3 months), how much time did you usually spend attending events or entertainment such as going to movies, concerts, sporting events or theatre?

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

LEI_END
USE OF PROTECTIVE EQUIPMENT

UPE_C1A  If (do UPE block = 2), go to UPE_END.
UPE_CFDO  Otherwise, go to UPE_C1B.

UPE_C1B  If proxy interview, go to UPE_END.
Otherwise, go to UPE_CINT.

UPE_CINT  If PAC_Q1 = 4 (bicycling for leisure) or PAC_Q1 = 9 (in-line skating or rollerblading) or
PAC_Q1 = 13 (downhill skiing or snowboarding), or PAC_Q4B > 1 and PAC_Q4B < 7
(bicycling to work), go to UPE_QINT.
Otherwise, go to UPE_C3A.

UPE_QINT  Now a few questions about precautions you take while participating in physical
activities.
INTERVIEWER: Press <Enter> to continue.

UPE_C1C  If PAC_Q1 = 4 (bicycling for leisure) or PAC_Q4B > 1 and PAC_Q4B < 7 (bicycling to
work), go to UPE_Q1.
Otherwise, go to UPE_C2A.

UPE_Q1  When riding a bicycle, how often do you wear a helmet?
UPEC_01  INTERVIEWER: Read categories to respondent.
1  Always
2  Most of the time
3  Rarely
4  Never
DK, R

UPE_C2A  If PAC_Q1 = 9 (in-line skating or rollerblading), go to UPE_Q2A.
Otherwise, go to UPE_C3A.

UPE_Q2A  When in-line skating or rollerblading, how often do you wear a helmet?
UPEC_02A
1  Always
2  Most of the time
3  Rarely
4  Never
DK, R

UPE_Q2B  How often do you wear wrist guards or wrist protectors?
UPEC_02B
1  Always
2  Most of the time
3  Rarely
4  Never
DK, R
UPE_Q2C  How often do you wear elbow pads?
1  Always
2  Most of the time
3  Rarely
4  Never
DK, R

UPEC_02C

UPE_C3A  If PAC_Q1 = 13 (downhill skiing or snowboarding), go to UPE_Q3A. Otherwise, go to UPE_Q3B.

UPE_Q3A  Earlier, you mentioned going downhill skiing or snowboarding in the past 3 months.

UPEC_03A  Was that:
INTERVIEWER: Read categories to respondent.
1  ... downhill skiing only?  (Go to UPE_Q4A)
2  ... snowboarding only?  (Go to UPE_C5A)
3  ... both?  (Go to UPE_Q4A)
DK, R  (Go to UPE_C6)

UPE_Q3B  In the past 12 months, did you do any downhill skiing or snowboarding?

UPEC_03B  INTERVIEWER: Read categories to respondent.
1  Downhill skiing only  (Go to UPE_Q4A)
2  Snowboarding only  (Go to UPE_C5A)
3  Both  (Go to UPE_Q4A)
4  Neither  (Go to UPE_C6)
DK, R  (Go to UPE_C6)

UPE_Q4A  When downhill skiing, how often do you wear a helmet?

UPEC_04A  INTERVIEWER: Read categories to respondent.
1  Always
2  Most of the time
3  Rarely
4  Never
DK, R

UPE_C5A  If UPE_Q3A = 2 or 3 (snowboarding or both) or UPE_Q3B = 2 or 3, go to UPE_Q5A. Otherwise, go to UPE_C6.

UPE_Q5A  When snowboarding, how often do you wear a helmet?

UPEC_05A
1  Always
2  Most of the time
3  Rarely
4  Never
DK, R
**Canadian Community Health Survey – Cycle 2.1**

**UPE_Q5B**
How often do you wear wrist guards or wrist protectors?
1 Always
2 Most of the time
3 Rarely
4 Never
DK, R

**UPE_C6**
If age >= 12 or <=19, go to UPE_Q6.
Otherwise, go to UPE_END.

**UPE_Q6**
In the past 12 months, have you done any skateboarding?
1 Yes
2 No (Go to UPE_END)
DK, R (Go to UPE_END)

**UPE_Q6A**
How often do you wear a helmet?

INTERVIEWER: Read categories to respondent.
1 Always
2 Most of the time
3 Rarely
4 Never
DK, R

**UPE_Q6B**
How often do you wear wrist guards or wrist protectors?
1 Always
2 Most of the time
3 Rarely
4 Never
DK, R

**UPE_Q6C**
How often do you wear elbow pads?
1 Always
2 Most of the time
3 Rarely
4 Never
DK, R

**UPE_END**
INJURIES

REP_C1 If (do INJ block = 2), go to INJ_END.
INJCFDO Otherwise, go to REP_QINT.

Repetitive strain

REP_QINT This next section deals with repetitive strain injuries. By this we mean injuries caused by overuse or by repeating the same movement frequently. (For example, carpal tunnel syndrome, tennis elbow or tendonitis.) INTERVIEWER: Press <Enter> to continue.

REP_Q1 In the past 12 months, that is, from [date one year ago] to yesterday, did [you/FNAME] have any injuries due to repetitive strain which were serious enough to limit [your/his/her] normal activities?

1 Yes
2 No  (Go to INJ_QINT)
DK, R  (Go to INJ_QINT)

REP_Q3 Thinking about the most serious repetitive strain, what part of the body was affected?

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

REP_Q4 What type of activity [were/was] [you/he/she] doing when [you/he/she] got this repetitive strain?
INTERVIEWER: Mark all that apply.

REPC_4A 1 Sports or physical exercise (include school activities)
REPC_4B 2 Leisure or hobby (include volunteering)
REPC_4C 3 Working at a job or business (exclude travel to or from work)
REPC_4D 4 Travel to or from work
REPC_4E 5 Household chores, other unpaid work or education
REPC_4F 6 Sleeping, eating, personal care
7 Other - Specify
DK, R
REP_C4S  If REP_Q4 <> 7, go to INJ_CINT.
    Otherwise, go to REP_Q4S.

REP_Q4S  INTERVIEWER: Specify.

(80 spaces)
    DK, R

Number of injuries and details of most serious injury

INJ_CINT  If REP_Q1 = 1, use "other injuries" in INJ_QINT.
    Otherwise, use "injuries" in INJ_QINT.

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

INJ_C01  If REP_Q1 = 1, use "Not counting repetitive strain injuries, in the past 12 months," in
    INJ_Q01.
    Otherwise, use "In the past 12 months," in INJ_Q01.

INJ_Q01  [Not counting repetitive strain injuries, in the past 12 months, / In the past 12
    months,] that is, from [date one year ago] to yesterday, [were/was] [you/FNAME] injured?

  1  Yes
  2  No  (Go to INJ_Q16)
    DK, R  (Go to INJ_END)

INJ_Q02  How many times [were/was] [you/he/she] injured?

| | | | Times
|MIN: 1 |MAX: 30; warning after 6|
    DK, R  (Go to INJ_END)

INJ_C03  If INJ_Q02 = 1 (one injury), use "In which month" in INJ_Q03.
    Otherwise, use "Thinking about the most serious injury, in which month" in INJ_Q03.

INJ_Q03  [Thinking about the most serious injury, in which month / In which month] did
    it happen?

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

    DK, R  (Go to INJ_Q05)

INJ_C04  If INJ_Q03 = "current month", go to INJ_Q04.
    Otherwise, go to INJ_Q05.
INJ_Q04  Was that this year or last year?

INJC_04
1  This year
2  Last year
DK, R

INJ_Q05  What type of injury did [you/he/she] have? For example, a broken bone or burn.

INJC_05
1  Multiple injuries
2  Broken or fractured bones
3  Burn, scald, chemical burn
4  Dislocation
5  Sprain or strain
6  Cut, puncture, animal or human bite (open wound)
7  Scrape, bruise, blister
8  Concussion or other brain injury  (Go to INJ_Q08)
9  Poisoning  (Go to INJ_Q08)
10  Injury to internal organs  (Go to INJ_Q07)
11  Other - Specify
    DK, R

INJ_C05S  If INJ_Q05 <> 11, go to INJ_Q06. Otherwise, go to INJ_Q05S.

INJ_Q05S  INTERVIEWER: Specify.
__________________________________________________________________________
(80 spaces)
DK, R

INJ_Q06  What part of the body was injured?

INJC_06
1  Multiple sites
2  Eyes
3  Head (excluding eyes)
4  Neck
5  Shoulder, upper arm
6  Elbow, lower arm
7  Wrist
8  Hand
9  Hip
10  Thigh
11  Knee, lower leg
12  Ankle, foot
13  Upper back or upper spine (excluding neck)
14  Lower back or lower spine
15  Chest (excluding back and spine)
16  Abdomen or pelvis (excluding back and spine)
    DK, R

Go to INJ_Q08
INJ_Q07  What part of the body was injured?

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

INJ_C07S  If INJ_Q07 <> 3, go to INJ_Q08.  
Other. wise, go to INJ_Q07S.

INJ_Q07S  INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q08  Where did the injury happen?

INJ_C08S  If INJ_Q08 <> 12, go to INJ_Q09.  
Other. wise, go to INJ_Q08S.

INJ_Q08S  INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q09  What type of activity [were/was] [you/he/she] doing when [you/he/she] [were/was]  
injured?

1  Sports or physical exercise (include school activities)
2  Leisure or hobby (include volunteering)
3  Working at a job or business (exclude travel to or from work)
4  Travel to or from work
5  Household chores, other unpaid work or education
6  Sleeping, eating, personal care
7  Other - Specify  
   DK, R
INJ_C09S If INJ_Q09 <> 7, go to INJ_Q10. Otherwise, go to INJ_Q09S.

INJ_Q09S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q10 Was the injury the result of a fall?

INJC_10 INTERVIEWER: Select “No” for transportation accidents.

1 Yes
2 No (Go to INJ_Q12)

DK, R (Go to INJ_Q12)

INJ_Q11 How did [you/he/she] fall?

INJC_11

1 While skating, skiing, snowboarding, in-line skating or skateboarding
2 Going up or down stairs / steps (icy or not)
3 Slip, trip or stumble on ice or snow
4 Slip, trip or stumble on any other surface
5 From furniture (e.g., bed, chair)
6 From elevated position (e.g., ladder, tree)
7 Other - Specify

DK, R

INJ_C11S If INJ_Q11 <> 7, go to INJ_Q13. Otherwise, go to INJ_Q11S.

INJ_Q11S INTERVIEWER: Specify.

(80 spaces)
DK, R

Go to INJ_Q13

INJ_Q12 What caused the injury?

INJC_12

1 Transportation accident
2 Accidentally bumped, pushed, bitten, etc. by person or animal
3 Accidentally struck or crushed by object(s)
4 Accidental contact with sharp object, tool or machine
5 Smoke, fire, flames
6 Accidental contact with hot object, liquid or gas
7 Extreme weather or natural disaster
8 Overexertion or strenuous movement
9 Physical assault
10 Other - Specify

DK, R
INJ_C12S  If INJ_Q12 <> 10, go to INJ_Q13. Otherwise, go to INJ_Q12S.

INJ_Q12S  INTERVIEWER: Specify.

_________________________
(80 spaces)
DK, R

INJ_Q13  Did [you/FNAME] receive any medical attention for the injury from a health professional in the 48 hours following the injury?

1  Yes
2  No  (Go to INJ_Q16)

DK, R  (Go to INJ_Q16)

INJ_Q14  Where did [you/he/she] receive treatment?

INTERVIEWER: Mark all that apply.

INJC_14A  1  Doctor’s office
INJC_14B  2  Hospital emergency room
INJC_14C  3  Hospital outpatient clinic (e.g. day surgery, cancer)
INJC_14D  4  Walk-in clinic
INJC_14E  5  Appointment clinic
INJC_14F  6  Community health centre / CLSC
INJC_14G  7  At work
INJC_14H  8  At school
INJC_14I  9  At home
INJC_14J  10  Telephone consultation only
INJC_14K  11  Other - Specify

DK, R

INJ_C14S  If INJ_Q14 <> 11, go to INJ_Q15. Otherwise, go to INJ_Q14S.

INJ_Q14S  INTERVIEWER: Specify.

_________________________
(80 spaces)
DK, R

INJ_Q15  [Were/Was] [you/he/she] admitted to a hospital overnight?

1  Yes
2  No

DK, R

INJ_E15  If INJ_Q15 = 1 and HCU_Q01BA = 2 (No), show pop-up message as follows.

Inconsistent answers have been entered. Please confirm.
INJ_Q16  Did [you/FNAME] have any other injuries in the past 12 months that were treated by a health professional, but did not limit [your/his/her] normal activities?

1  Yes (Go to INJ_END)
2  No  (Go to INJ_END)

INJ_Q17  How many injuries?

| | | Injuries
(MIN: 1) (MAX: 30; warning after 6)
DK, R

INJ_END
HEALTH UTILITY INDEX (HUI)

HUI_C1 If (do HUI block =2), go to HUI_END.
HUI_CFDO Otherwise, go to HUI_QINT1.

HUI_QINT1 The next set of questions asks about [your/FNAME's] day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person’s usual abilities. You may feel that some of these questions do not apply to [you/FNAME], but it is important that we ask the same questions of everyone.
INTERVIEWER: Press <Enter> to continue.

Vision

HUI_Q01 [Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint without glasses or contact lenses?

1 Yes (Go to HUI_Q04)
2 No (Go to HUI_END)

HUI_Q02 [Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint with glasses or contact lenses?

1 Yes (Go to HUI_Q04)
2 No (Go to HUI_Q06)

HUI_Q03 [Are/Is] [you/he/she] able to see at all?

1 Yes (Go to HUI_Q06)
2 No (Go to HUI_Q06)

HUI_Q04 [Are/Is] [you/he/she] able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

1 Yes (Go to HUI_Q06)
2 No (Go to HUI_Q06)

HUI_Q05 [Are/Is] [you/he/she] usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?

1 Yes
2 No

DK, R
Hearing

HUI_Q06 [Are/Is] [you/FNAME] usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?

1  Yes  (Go to HUI_Q10)
2  No
   DK, R  (Go to HUI_Q10)

HUI_Q07 [Are/Is] [you/he/she] usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?

1  Yes  (Go to HUI_Q08)
2  No
   DK, R

HUI_Q07A [Are/Is] [you/he/she] able to hear at all?

1  Yes
2  No
   DK, R  (Go to HUI_Q10)

HUI_Q08 [Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?

1  Yes  (Go to HUI_Q10)
2  No
   DK
   R  (Go to HUI_Q10)

HUI_Q09 [Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?

1  Yes
2  No
   DK, R

Speech

HUI_Q10 [Are/Is] [you/FNAME] usually able to be understood completely when speaking with strangers in [your/his/her] own language?

1  Yes  (Go to HUI_Q14)
2  No
   DK
   R  (Go to HUI_Q14)

HUI_Q11 [Are/Is] [you/he/she] able to be understood partially when speaking with strangers?

1  Yes
2  No
   DK, R
**Canadian Community Health Survey – Cycle 2.1**

**HUI_Q12**

**HUIC_12**

[Are/is] [you/he/she] able to be understood **completely** when speaking with those who know [you/him/her] well?

1. Yes (Go to HUI_Q14)
2. No
   - DK
   - R (Go to HUI_Q14)

**HUI_Q13**

**HUIC_13**

[Are/is] [you/he/she] able to be understood **partially** when speaking with those who know [you/him/her] well?

1. Yes
2. No
   - DK, R

**Getting Around**

**HUI_Q14**

**HUIC_14**

[Are/is] [you/FNAME] **usually** able to walk around the neighbourhood **without** difficulty and **without** mechanical support such as braces, a cane or crutches?

1. Yes (Go to HUI_Q21)
2. No
   - DK, R (Go to HUI_Q21)

**HUI_Q15**

**HUIC_15**

[Are/is] [you/he/she] able to walk **at all**?

1. Yes
2. No
   - DK, R (Go to HUI_Q18)

**HUI_Q16**

**HUIC_16**

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

1. Yes
2. No
   - DK, R

**HUI_Q17**

**HUIC_17**

[Do/Does] [you/he/she] require the help of another person to be able to walk?

1. Yes
2. No

**HUI_Q18**

**HUIC_18**

[Do/Does] [you/he/she] require a wheelchair to get around?

1. Yes
2. No
   - DK, R (Go to HUI_Q21)

   (Go to HUI_Q21)
**HUI_Q19**
How often [do/does] [you/he/she] use a wheelchair?

**INTERVIEWER:** Read categories to respondent.

1. Always
2. Often
3. Sometimes
4. Never

**HUI_Q20**
[Do/Does] [you/he/she] need the help of another person to get around in the wheelchair?

1. Yes
2. No

**Hands and Fingers**

**HUI_Q21**
[Are/Is] [you/FNAME] usually able to grasp and handle small objects such as a pencil or scissors?

1. Yes  (Go to HUI_Q25)
2. No  (Go to HUI_Q25)

**HUI_Q22**
[Do/Does] [you/he/she] require the help of another person because of limitations in the use of hands or fingers?

1. Yes  (Go to HUI_Q24)
2. No  (Go to HUI_Q24)

**HUI_Q23**
[Do/Does] [you/he/she] require the help of another person with:

**INTERVIEWER:** Read categories to respondent.

1. ... some tasks?
2. ... most tasks?
3. ... almost all tasks?
4. ... all tasks?

**HUI_Q24**
[Do/Does] [you/he/she] require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?

1. Yes
2. No

DK, R
Feelings

HUI_Q25 Would you describe [yourself/FNAME] as being usually:
HUIC_25 INTERVIEWER: Read categories to respondent.

1 … happy and interested in life?
2 … somewhat happy?
3 … somewhat unhappy?
4 … unhappy with little interest in life?
5 … so unhappy that life is not worthwhile?
   DK, R

Memory

HUI_Q26 How would you describe [your/his/her] usual ability to remember things?
HUIC_26 INTERVIEWER: Read categories to respondent.

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

Thinking

HUI_Q27 How would you describe [your/his/her] usual ability to think and solve day-to-day problems?
HUIC_27 INTERVIEWER: Read categories to respondent.

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

Pain and Discomfort

HUI_Q28 [Are/Is] [you/FNAME] usually free of pain or discomfort?
HUIC_28

1 Yes (Go to HUI_END)
2 No
   DK, R (Go to HUI_END)

HUI_Q29 How would you describe the usual intensity of [your/his/her] pain or discomfort?
HUIC_29 INTERVIEWER: Read categories to respondent.

1 Mild
2 Moderate
3 Severe
   DK, R
HUI_Q30
HUIC_30

How many activities does [your/his/her] pain or discomfort prevent?

INTERVIEWER: Read categories to respondent.

1. None
2. A few
3. Some
4. Most
  DK, R

HUI_END
SATISFACTION WITH LIFE

SWL_C1 If (do SWL block = 2), go to SWL_END.
SWLCFDO Otherwise, go to SWL_C2.

SWL_C2 If proxy interview, go to SWL_END.
Otherwise, go to SWL_QINT.

SWL_QINT Now I’d like to ask about your satisfaction with various aspects of your life. For each question, please tell me whether you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied.
INTERVIEWER: Press <Enter> to continue.

SWL_Q02 How satisfied are you with your job or main activity?

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<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Very satisfied</td>
</tr>
<tr>
<td>2</td>
<td>Satisfied</td>
</tr>
<tr>
<td>3</td>
<td>Neither satisfied nor dissatisfied</td>
</tr>
<tr>
<td>4</td>
<td>Dissatisfied</td>
</tr>
<tr>
<td>5</td>
<td>Very dissatisfied</td>
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<tr>
<td>DK, R</td>
<td>(Go to SWL_END)</td>
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</tbody>
</table>

SWL_Q03 How satisfied are you with your leisure activities?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Very satisfied</td>
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<td>2</td>
<td>Satisfied</td>
</tr>
<tr>
<td>3</td>
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</tr>
<tr>
<td>4</td>
<td>Dissatisfied</td>
</tr>
<tr>
<td>5</td>
<td>Very dissatisfied</td>
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<tr>
<td>DK, R</td>
<td></td>
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</tbody>
</table>

SWL_Q04 (How satisfied are you) with your financial situation?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
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<td>5</td>
<td>Very dissatisfied</td>
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<td>DK, R</td>
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SWL_Q05 How satisfied are you with yourself?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
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<td>DK, R</td>
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<td>Question</td>
<td>Description</td>
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<tr>
<td>SWL_Q06</td>
<td>How satisfied are you with the way your body looks?</td>
</tr>
<tr>
<td>SWL_Q07</td>
<td>How satisfied are you with your relationships with other family members?</td>
</tr>
<tr>
<td>SWL_Q08</td>
<td>(How satisfied are you) with your relationships with friends?</td>
</tr>
<tr>
<td>SWL_Q09</td>
<td>(How satisfied are you) with your housing?</td>
</tr>
<tr>
<td>SWL_Q10</td>
<td>(How satisfied are you) with your neighbourhood?</td>
</tr>
</tbody>
</table>
STRESS

STR_C1  If (do STR block = 2), go to STR_END.
STR_CFDO Otherwise, go to STR_C2.

STR_C2  If proxy interview, go to STR_END.
         Otherwise, go to STR_QINT.

STR_QINT  Now a few questions about the stress in your life.
         INTERVIEWER: Press <Enter> to continue.

STR_Q1  In general, how would you rate your ability to handle unexpected and difficult
         problems, for example, a family or personal crisis? Would you say your ability is:
         INTERVIEWER: Read categories to respondent.

         1 … excellent?
         2 … very good?
         3 … good?
         4 … fair?
         5 … poor?
         DK, R (Go to STR_END)

STR_Q2  In general, how would you rate your ability to handle the day-to-day demands
         in your life, for example, handling work, family and volunteer responsibilities?
         Would you say your ability is:
         INTERVIEWER: Read categories to respondent.

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

STR_Q3  Thinking about stress in your day-to-day life, what would you say is the most
         important thing contributing to feelings of stress you may have?
         INTERVIEWER: Do not probe.

         1 Time pressures / not enough time
         2 Own physical health problem or condition
         3 Own emotional or mental health problem or condition
         4 Financial situation (e.g., not enough money, debt)
         5 Own work situation (e.g., hours of work, working conditions)
         6 School
         7 Employment status (e.g., unemployment)
         8 Caring for - own children
         9 Caring for - others
         10 Other personal or family responsibilities
         11 Personal relationships
         12 Discrimination
         13 Personal and family’s safety
         14 Health of family members
         15 Other - Specify
         16 Nothing (Go to STR_Q6_1)
         DK, R (Go to STR_Q6_1)
STR_C3S  If STR_Q3 <> 16, go to STR_Q6_1.
Otherwise, go to STR_Q3S.

STR_Q3S  INTERVIEWER: Specify.

(80 spaces)
DK, R

STR_Q6_1  People have different ways of dealing with stress. Thinking about the ways 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?

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?

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?

1  Often
2  Sometimes
3  Rarely
4  Never

DK, R

STR_Q6_5A  When dealing with stress, how often do you try to feel better by eating more, or less, than usual?

1  Often
2  Sometimes
3  Rarely
4  Never

DK, R
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Question Text</th>
<th>Response Options</th>
</tr>
</thead>
</table>
| STR_Q6_5B   | When dealing with stress, how often do you try to feel better by smoking 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? | 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? | 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? | 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? | 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? | 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?

1  Often
2  Sometimes
3  Rarely
4  Never
    DK, R

STR_Q6_10

How often do you blame yourself?

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?

1  Often
2  Sometimes
3  Rarely
4  Never
    DK, R

STR_END
WORK STRESS

WST_C1 If (do WST block) = 2, go to WST_END.
WSTCFOO Otherwise, go to WST_C400.

WST_C400 If proxy interview or if age <15 to >75, or if GEN_Q08 <> 1 (respondent didn’t work in past 12 months), go to WST_END.
Otherwise, go to WST_QINT4.

WST_QINT4 The next few questions are about your main job or business in the past 12 months. I’m going to read you a series of statements that might describe your job situation. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.
INTERVIEWER: Press <Enter> to continue.

WST_Q401 Your job required that you learn new things.
WSTC_401
1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
DK
R (Go to WST_END)

WST_Q402 Your job required a high level of skill.
WSTC_402
1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
DK, R

WST_Q403 Your job allowed you freedom to decide how you did your job.
WSTC_403
1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
DK, R

WST_Q404 Your job required that you do things over and over.
WSTC_404
1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
DK, R
WST_Q405  Your job was very hectic.
WSTC_405
1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
   DK, R

WST_Q406  You were free from conflicting demands that others made.
WSTC_406
1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
   DK, R

WST_Q407  Your job security was good.
WSTC_407
1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
   DK, R

WST_Q408  Your job required a lot of physical effort.
WSTC_408
1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
   DK, R

WST_Q409  You had a lot to say about what happened in your job.
WSTC_409
1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
   DK, R

WST_Q410  You were exposed to hostility or conflict from the people you worked with.
WSTC_410
1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
   DK, R
WST_Q411 Your supervisor was helpful in getting the job done.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
   DK, R

WST_Q412 The people you worked with were helpful in getting the job done.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
   DK, R

WST_Q413 How satisfied were you with your job?

INTERVIEWER: Read categories to respondent.

1 Very satisfied
2 Somewhat satisfied
3 Not too satisfied
4 Not at all satisfied
   DK, R
SELF-ESTEEM

SFE_C500A If (do SFE block = 2), go to SFE_END.
SFECFDO Otherwise, go to SFE_C500B.

SFE_C500B If proxy interview, go to SFE_END.
Otherwise, go to SFE_QINT5.

SFE_QINT5 Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

INTERVIEWER: Press <Enter> to continue.

SFE_Q501 You feel that you have a number of good qualities.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
DK
R (Go to SFE_END)

SFE_Q502 You feel that you're a person of worth at least equal to others.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
DK, R

SFE_Q503 You are able to do things as well as most other people.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
DK, R

SFE_Q504 You take a positive attitude toward yourself.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
DK, R
On the whole you are satisfied with yourself.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
   DK, R

All in all, you're inclined to feel you're a failure.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
   DK, R
MASTERY

MAS_C600A If (do MAS block = 2), go to MAS_END.

MAS_CFDO Otherwise, go to MAS_C600B.

MAS_C600B If proxy interview, go to MAS_END.
Otherwise, go to MAS_C600C.

MAS_C600C If (do SFE block = 1), go to MAS_Q601.
Otherwise, go to MAS_QINT6.

MAS_QINT6 Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. INTERVIEWER: Press <Enter> to continue.

MAS_Q601 You have little control over the things that happen to you.

MASC_601

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree

DK, R (Go to MAS_END)

MAS_Q602 There is really no way you can solve some of the problems you have.

MASC_602

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree

DK, R

MAS_Q603 There is little you can do to change many of the important things in your life.

MASC_603

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree

DK, R

MAS_Q604 You often feel helpless in dealing with problems of life.

MASC_604

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree

DK, R
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Question</th>
<th>Scale</th>
<th>Score Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAS_Q605</td>
<td>Sometimes you feel that you are being pushed around in life.</td>
<td>1, 2, 3, 4, 5, DK, R</td>
<td></td>
</tr>
<tr>
<td>MASC_605</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAS_Q606</td>
<td>What happens to you in the future mostly depends on you.</td>
<td>1, 2, 3, 4, 5, DK, R</td>
<td></td>
</tr>
<tr>
<td>MASC_606</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAS_Q607</td>
<td>You can do just about anything you really set your mind to.</td>
<td>1, 2, 3, 4, 5, DK, R</td>
<td></td>
</tr>
<tr>
<td>MASC_607</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAS_END</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SMOKING

SMK_C1 If (do SMK block = 2), go to SMK_END.
SMKCFOO Otherwise, go to SMK_QINT.

SMK_QINT The next questions are about smoking.
INTERVIEWER: Press <Enter> to continue.

SMK_Q201A In [your/his/her] lifetime, [have/has] [you/FNAME] smoked a total of 100 or more cigarettes (about 4 packs)?
  1  Yes (Go to SMK_Q201C)
  2  No
     DK, R

SMK_Q201B [Have/Has] [you/he/she] ever smoked a whole cigarette?
  1  Yes (Go to SMK_Q201C)
  2  No (Go to SMK_Q202)
     DK (Go to SMK_Q202)
     R

SMK_C201C If SMK_Q201A = R and SMK_Q201B = R, go to SMK_END.
Otherwise, go to SMK_Q202.

SMK_Q201C At what age did [you/he/she] smoke [your/his/her] first whole cigarette?
INTERVIEWER: Minimum is 5; maximum is [current age].

|_|_|_| Age in years
(MIN: 5)  (MAX: current age)
DK, R  (Go to SMK_Q202)

SMK_E201C If SMK_Q201C >= 5 and SMK_Q201C <= current age, go to SMK_Q202.
Otherwise, show pop-up edit as follows.

The entered age at which the respondent first smoked a whole cigarette is invalid.
Please return and correct.

SMK_Q202 At the present time, [do/does] [you/FNAME] smoke cigarettes daily, occasionally or not at all?
  1  Daily
  2  Occasionally (Go to SMK_Q205B)
  3  Not at all (Go to SMK_C205D)
     DK, R  (Go to SMK_END)
Daily smoker (current)

SMK_Q203  At what age did [you/he/she] begin to smoke cigarettes daily?
SMKC_203  INTERVIEWER: Minimum is 5; maximum is [current age].

|   |   | Age in years
(MIN: 5) (MAX: current age)
DK, R (Go to SMK_Q204)

SMK_E203 If SMK_Q203 >= 5 and SMK_Q203 <= current age, go to SMK_Q204.
Otherwise, show pop-up edit as follows.

The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.

SMK_Q204  How many cigarettes [do/does] [you/he/she] smoke each day now?
SMKC_204  |   | Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

Go to SMK_END

Occasional smoker (current)

SMK_Q205B On the days that [you/FNAME] [do/does] smoke, how many cigarettes [do/does] [you/he/she] usually smoke?
SMKC_05B  |   | Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

SMK_Q205C In the past month, on how many days [have/has] [you/he/she] smoked 1 or more cigarettes?
SMKC_05C  |   | Days
(MIN: 0) (MAX: 30)
DK, R

SMK_C205D If SMK_Q201A <> 1 (has not smoked 100 or more cigarettes lifetime), go to SMK_END.
Otherwise, go to SMK_Q205D.

Occasional smoker or non-smoker (current)

SMK_Q205D  [Have/Has] [you/he/she] ever smoked cigarettes daily?
SMKC_05D  1 Yes (Go to SMK_Q207)
2 No
DK, R (Go to SMK_END)

SMK_C206A If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.
Non-smoker (current)

SMK_Q206A When did [you/he/she] stop smoking? Was it:
SMKC_06A INTERVIEWER: Read categories to respondent.

1 ... less than one year ago?
2 ... 1 year to less than 2 years ago? (Go to SMK_END)
3 ... 2 years to less than 3 years ago? (Go to SMK_END)
4 ... 3 or more years ago? (Go to SMK_Q206C)
   DK, R  (Go to SMK_END)

SMK_Q206B In what month did [you/he/she] stop?
SMKC_06B

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

Go to SMK_END

SMK_Q206C How many years ago was it?
SMKC_06C INTERVIEWER: Minimum is 3; maximum is [current age - 5].

|_|_|_|  Years
(MIN: 3)  (MAX: current age-5)
DK, R  (Go to SMK_END)

SMK_E206C If SMK_Q206C >= 3 and SMK_Q206C <= current age-5, go to SMK_END.
Otherwise, show pop-up edit as follows.

The number of years ago that the respondent stopped smoking is invalid.
Please return and correct.

Occasional smoker or non-smoker (current) – Daily smoker (previously)

SMK_Q207 At what age did [you/he/she] begin to smoke (cigarettes) daily?
SMKC_207 INTERVIEWER: Minimum is 5; maximum is [current age].

|_|_|_|  Age in years
(MIN: 5)  (MAX: current age)
DK, R  (Go to SMK_Q208)

SMK_E207 If SMK_Q207 >= 5 and SMK_Q207 <= current age, go to SMK_Q208.
Otherwise, show pop-up edit as follows.

The entered age at which the respondent first began to smoke cigarettes daily is invalid.
Please return and correct.
How many cigarettes did [you/he/she] usually smoke each day?

How many years ago was it?

When did [you/he/she] stop smoking daily? Was it:

In what month did [you/he/she] stop?

Was that when [you/he/she] completely quit smoking?
When did [you/he/she] stop smoking completely? Was it:

1. ... less than one year ago? (Go to SMK_END)
2. ... 1 year to less than 2 years ago? (Go to SMK_END)
3. ... 2 years to less than 3 years ago? (Go to SMK_END)
4. ... 3 or more years ago? (Go to SMK_Q210C)
   DK, R (Go to SMK_END)

In what month did [you/he/she] stop?

2. February 8. August
3. March  9. September
4. April  10. October
5. May  11. November
6. June  12. December
   DK, R

Go to SMK_END

How many years ago was it?

INTERVIEWER: Minimum is 3; maximum is [current age - 5].

|   |   |   | Years
(MIN: 3)  (MAX: current age-5)
DK, R (Go to SMK_END)

SMK_E210C If SMK_Q210C >= 3 and SMK_Q210C <= [current age-5], go to SMK_END.
Otherwise, show pop-up edit as follows.

The number of years ago that the respondent completely stopped smoking is invalid.
Please return and correct.

SMK_END
SMOKING - STAGES OF CHANGE

SCH_C1  If (do SCH block = 2), go to SCH_END.
SCHCFDO  Otherwise, go to SCH_C2.

SCH_C2  If SMK_Q202 = 1 or 2 (current daily or occasional smokers), go to SCH_C3.
Otherwise, go to SCH_END.

SCH_C3  If proxy interview, go to SCH_END.
Otherwise, go to SCH_Q1.

SCH_Q1  Are you seriously considering quitting smoking within the next 6 months?
SCHC_1  1  Yes
        2  No  (Go to SCH_Q3)
        DK, R  (Go to SCH_Q3)

SCH_Q2  Are you seriously considering quitting within the next 30 days?
SCHC_2  1  Yes
        2  No
        DK, R

SCH_Q3  In the past 12 months, did you stop smoking for at least 24 hours because you
were trying to quit?
SCHC_3  1  Yes
        2  No  (Go to SCH_END)
        DK, R  (Go to SCH_END)

SCH_Q4  How many times? (in the past 12 months, did you stop smoking for at least
24 hours because you were trying to quit)
SCHC_4  |___|  Times:
       (MIN: 1)  (MAX: 95; warning after 48)
        DK, R

SCH_END
NICOTINE DEPENDENCE

NDE_C1  If (do NDE block = 2), go to NDE_END.
NDECFDO Otherwise, go to NDE_C2.

NDE_C2  If SMK_Q202 = 1 (current daily smokers), go to NDE_C3.
          Otherwise, go to NDE_END.

NDE_C3  If proxy interview, go to NDE_END.
          Otherwise, go to NDE_Q1.

NDE_Q1  How soon after you wake up do you smoke your first cigarette?

NDEC_1  1  Within 5 minutes
         2  6 - 30 minutes after waking
         3  31 - 60 minutes after waking
         4  More than 60 minutes after waking
             DK, R (Go to NDE_END)

NDE_Q2  Do you find it difficult to refrain from smoking in places where it is forbidden?

NDEC_2  1  Yes
         2  No
             DK, R

NDE_Q3  Which cigarette would you most hate to give up?

NDEC_3  INTERVIEWER: Read categories to respondent.

NDEC_3  1  The first one of the day
         2  Another one
             DK, R

NDE_Q4  Do you smoke more frequently during the first hours after waking, compared with the rest of the day?

NDEC_4  1  Yes
         2  No
             DK, R

NDE_Q5  Do you smoke even if you are so ill that you are in bed most of the day?

NDEC_5  1  Yes
         2  No
             DK, R

NDE_END
SMOKING CESSATION AIDS

SCA_C1  If (do SCA block = 2), go to SCA_END.
SCACFDO Otherwise, go to SCA_C10A.

SCA_C10A  If proxy interview, go to SCA_END.
Otherwise, go to SCA_C10B.

SCA_C10B  If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA_C50.
If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), go to SCA_Q10.
Otherwise, go to SCA_END.

Note:  If SMK_Q202 = 3 and (SMK_Q201A = 2) or (SMK_Q206 = 2, 3 or 4) or (SMK_Q209 = 2, 3 or 4) then SCA_Q10 to SCA_Q62 is set to NA.

SCA_Q10  In the past 12 months, did you try a nicotine patch to quit smoking?

  1  Yes
  2  No  (Go to SCA_Q11)

SCA_Q10A  How useful was that in helping you quit?

  1  Very useful
  2  Somewhat useful
  3  Not very useful
  4  Not useful at all

SCA_Q11  Did you try Nicorettes or other nicotine gum or candy to quit smoking? (in the past 12 months)

  1  Yes
  2  No  (Go to SCA_Q12)

SCA_Q11A  How useful was that in helping you quit?

  1  Very useful
  2  Somewhat useful
  3  Not very useful
  4  Not useful at all

SCA_Q12  In the past 12 months, did you try medication such as Zyban to quit smoking?

  1  Yes
  2  No  (Go to SCA_END)

DK, R  (Go to SCA_END)
SCA_Q12A  How useful was that in helping you quit?

SCAC_12A
1  Very useful
2  Somewhat useful
3  Not very useful
4  Not useful at all
    DK, R

Go to SCA_END

SCA_C50  If (do SCH block = 2), go to SCA_Q50.
Otherwise, go to SCA_C50A.

SCA_C50A  If SCH_Q3 = 1, go to SCA_Q60.
Otherwise, go to SCA_END.

Note:  In processing, SCA_Q50 = SCH_Q3.
If SMK_Q202 = 3 then SCA_Q50 to SCA_Q62 set to NA.

SCA_Q50  In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?

1  Yes
2  No  (Go to SCA_END)
    DK, R  (Go to SCA_END)

SCA_Q60  In the past 12 months, did you try any of the following to quit smoking:

SCAC_60  … a nicotine patch?

1  Yes
2  No
    DK, R

SCA_Q61  (In the past 12 months, did you try any of the following to quit smoking:)

SCAC_61  … Nicorettes or other nicotine gum or candy?

1  Yes
2  No
    DK, R

SCA_Q62  (In the past 12 months, did you try any of the following to quit smoking:)

SCAC_62  … medication such as Zyban?

1  Yes
2  No
    DK, R

SCA_END
SMOKING - PHYSICIAN COUNSELLING

SPC_C1 If (do SPC block = 2), go to SPC_END.
SPCCFDO Otherwise, go to SPC_C2.

SPC_C2 If proxy interview, go to SPC_END.
Otherwise, go to SPC_C3A.

SPC_C3A If SMK_Q202 = 1 or 2 (current daily or occasional smoker), use [smoke] in
[smoke/smoked].
If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago),
use [smoked] in[smoke/smoked].

SPC_C3 If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SPC_C4.
If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), go
to SPC_C4.
Otherwise, go to SPC_END.

SPC_C4 If (do HCU block = 1) and (HCU_Q01AA = 1) (i.e. has a regular medical doctor), go to
SPC_Q10.
Otherwise, go to SPC_C20A.

SPC_Q10 Earlier, you mentioned having a regular medical doctor. In the past 12 months,
did you go see this doctor?

1 Yes
2 No (Go to SPC_C20A)
DK, R (Go to SPC_C20A)

SPC_Q11 Does your doctor know that you [smoke/smoked] cigarettes?

1 Yes
2 No (Go to SPC_C20A)
DK, R (Go to SPC_C20A)

SPC_Q12 In the past 12 months, did your doctor advise you to quit smoking?

1 Yes
2 No 
DK, R (Go to SPC_C20A)

SPC_Q13 (In the past 12 months,) did your doctor give you any specific help or information
to quit smoking?

1 Yes
2 No (Go to SPC_C20A)
DK, R (Go to SPC_C20A)
**SPC_Q14**  What type of help did the doctor give?

INTERVIEWER: Mark all that apply.

**SPCC_14A**  Referral to a one-on-one cessation program

**SPCC_14B**  Referral to a group cessation program

**SPCC_14C**  Recommended use of nicotine patch or nicotine gum

**SPCC_14D**  Recommended Zyban or other medication

**SPCC_14E**  Provided self-help information (e.g., pamphlet, referral to website)

**SPCC_14F**  Own doctor offered counselling

**SPCC_14G**  Other

DK, R

---

**SPC_C20A**  If (do DEN block = 1) and (DEN_Q130 = 1 or DEN_Q132 = 1) (visited dentist in past 12 months), go to SPC_Q21.
If (do DEN block = 1) and (DEN_Q130 = 2, DK or R) (did not visit dentist in past 12 months), go to SPC_END.
Otherwise, go to SPC_C20.

**SPC_C20**  If (do HCU block = 1) and (HCU_Q02E > 0 and HCU_Q02E < 998) (saw or talked to dentist in past 12 months), go to SPC_Q20.
Otherwise, go to SPC_END.

**SPC_Q20**  Earlier, you mentioned having “seen or talked to” a dentist in the past 12 months. Did you actually go to the dentist?

1  Yes
2  No (Go to SPC_END)

DK, R (Go to SPC_END)

**SPC_Q21**  Does your dentist or dental hygienist know that you [smoke/smoked] cigarettes?

1  Yes
2  No (Go to SPC_END)

DK, R (Go to SPC_END)

**SPC_Q22**  In the past 12 months, did the dentist or hygienist advise you to quit smoking?

1  Yes
2  No

DK, R

**SPC_END**
YOUTH SMOKING

YSM_C1  If (do YSM block = 2), go to YSM_END.

YSM_CFD0  Otherwise, go to YSM_C1A.

YSM_C1A  If proxy interview or age greater than 19, go to YSM_END.
Otherwise, go to YSM_C1B.

YSM_C1B  If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to YSM_Q1.
Otherwise, go to YSM_END.

YSM_Q1  Where do you usually get your cigarettes?

YSMC_1
1  Buy from - Vending machine
2  Buy from - Small grocery / corner store
3  Buy from - Supermarket
4  Buy from - Drug store
5  Buy from - Gas station
6  Buy from - Other store
7  Buy from - Friend or someone else
8  Given them by - Brother or sister
9  Given them by - Mother or father
10  Given them by - Friend or someone else
11  Take them from - Mother, father or sibling
12  Other - Specify
         DK, R (Go to YSM_END)

YSM_C1S  If YSM_Q1 <> 12, go to YSM_C2.
Otherwise, go to YSM_Q1S.

YSM_Q1S  INTERVIEWER: Specify

___________________________
(80 spaces)
         DK, R

YSM_C2  If YSM_Q1 = 1, 2, 3, 4, 5, 6 or 7, go to YSM_Q3.
Otherwise, go to YSM_Q2.

YSM_Q2  In the past 12 months, have you bought cigarettes for yourself or for someone else?

YSMC_2
1  Yes
2  No (Go to YSM_Q5)
         DK, R (Go to YSM_Q5)

YSM_Q3  In the past 12 months, have you been asked your age when buying cigarettes in a store?

YSMC_3
1  Yes
2  No
         DK, R
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>YSM_Q4</td>
<td>In the past 12 months, has anyone in a store refused to sell you cigarettes?</td>
</tr>
<tr>
<td>YSMC_4</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
</tr>
<tr>
<td>DK, R</td>
<td></td>
</tr>
<tr>
<td>YSM_Q5</td>
<td>In the past 12 months, have you asked a stranger to buy you cigarettes?</td>
</tr>
<tr>
<td>YSMC_5</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
</tr>
<tr>
<td>DK, R</td>
<td></td>
</tr>
</tbody>
</table>
EXPOSURE TO SECOND-HAND SMOKE

ETS_C1 If (do ETS block = 2), go to ETS_END.

ETSCFDO Otherwise, go to ETS_QINT.

ETS_QINT The next questions are about exposure to second-hand smoke.
INTERVIEWER: Press <Enter> to continue.

ETS_C10 If the number of household members = 1 and (SMK_Q202 = 1 or 2), go to ETS_Q30.
Otherwise, go to ETS_Q10.

ETS_Q10 Including both household members and regular visitors, does anyone smoke inside your home, every day or almost every day?
INTERVIEWER: Include cigarettes, cigars and pipes.

1  Yes
2  No  (Go to ETS_C20)
   DK, R  (Go to ETS_END)

ETS_Q11 How many people smoke inside your home every day or almost every day?
INTERVIEWER: Include household members and regular visitors.

I_I_I Number of people
(MIN:1) (MAX:15)
DK, R

ETS_C20 If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS_Q30.
Otherwise, go to ETS_Q20.

ETS_Q20 In the past month, [were/was] [you/FNAME] exposed to second-hand smoke, every day or almost every day, in a car or other private vehicle?

1  Yes
2  No
   DK, R

ETS_Q20B (In the past month,) [were/was] [you/he/she] exposed to second-hand smoke, every day or almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?

1  Yes
2  No
   DK, R

ETS_Q30 Are there any restrictions against smoking cigarettes in your home?

1  Yes
2  No
   DK, R  (Go to ETS_END)
**Canadian Community Health Survey – Cycle 2.1**

**ETS_Q31**  
**How is smoking restricted in your home?**  
**INTERVIEWER:** Read categories to respondent. Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETSC_6A</td>
<td>1 Smokers are asked to refrain from smoking in the house</td>
</tr>
<tr>
<td>ETSC_6B</td>
<td>2 Smoking is allowed in certain rooms only</td>
</tr>
<tr>
<td>ETSC_6C</td>
<td>3 Smoking is restricted in the presence of young children</td>
</tr>
<tr>
<td>ETSC_6D</td>
<td>4 Other restriction</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>

**ETS_END**
TOBACCO ALTERNATIVES

TAL_C1 If (do TAL block = 2), go to TAL_END.
TALCFDO Otherwise, go to TAL_Q1.

TAL_Q1 Now I’d like to ask about [your/his/her] use of tobacco other than cigarettes.
In the past month, [have/has] [you/he/she] smoked cigars?

TALC_1 1  Yes
2  No
      DK, R  (Go to TAL_END)

TAL_Q2 In the past month, [have/has] [you/he/she] smoked a pipe?

TALC_2 1  Yes
2  No
      DK, R

TAL_Q3 In the past month, [have/has] [you/he/she] used snuff?

TALC_3 1  Yes
2  No
      DK, R

TAL_Q4 In the past month, [have/has] [you/he/she] used chewing tobacco?

TALC_4 1  Yes
2  No
      DK, R

TAL_END
ALCOHOL USE

**ALC C1A** If (do ALC block = 2), go to ALC END.
**ALCCFDO** Otherwise, go to ALC_QINT.

**ALC_QINT** Now, some questions about [your/FNAME's] alcohol consumption. When we use the word 'drink' it means:
- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one drink or cocktail with 1 and a 1/2 ounces of liquor.

INTERVIEWER: Press <Enter> to continue.

**ALC_Q1** During the past 12 months, that is, from [date one year ago] to yesterday, [have/has] [you/FNAME] had a drink of beer, wine, liquor or any other alcoholic beverage?

1 Yes
2 No (Go to ALC_Q5B)
DK, R (Go to ALC_END)

**ALC_Q2** During the past 12 months, how often did [you/he/she] drink alcoholic beverages?

1 Less than once a month
2 Once a month
3 2 to 3 times a month
4 Once a week
5 2 to 3 times a week
6 4 to 6 times a week
7 Every day
DK, R

**ALC_Q3** How often in the past 12 months [have/has] [you/he/she] had 5 or more drinks on one occasion?

1 Never
2 Less than once a month
3 Once a month
4 2 to 3 times a month
5 Once a week
6 More than once a week
DK, R

**ALC-E3** If ALC_Q3 = 1 and ALC_Q5A =>5 display message.

Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on [day name].

**ALC_Q5** Thinking back over the past week, that is, from [date last week] to yesterday, did [you/FNAME] have a drink of beer, wine, liquor or any other alcoholic beverage?

1 Yes
2 No (Go to ALC_C8)
DK, R (Go to ALC_C8)
ALC_Q5A   Starting with yesterday, that is [day name], how many drinks did [you/FNAME] have:

   (If R on first day, go to ALC_C8)
   (MIN: 0  MAX: 99 for each day; warning after 12 for each day)

ALCC_5A1  1  Sunday?
ALCC_5A2  2  Monday?
ALCC_5A3  3  Tuesday?
ALCC_5A4  4  Wednesday?
ALCC_5A5  5  Thursday?
ALCC_5A6  6  Friday?
ALCC_5A7  7  Saturday?
            DK, R

Go to ALC_C8

ALC_E5A If ALC_Q3 = 1 and ALC_Q5A =>5 display message.

Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on [day name].

ALC_Q5B [Have/Has] [you/FNAME] ever had a drink?

   1  Yes
   2  No   (Go to ALC_END)
       DK, R   (Go to ALC_END)

ALC_Q6 Did [you/he/she] ever regularly drink more than 12 drinks a week?

   1  Yes
   2  No   (Go to ALC_C8)
       DK, R   (Go to ALC_C8)

ALC_Q7 Why did [you/he/she] reduce or quit drinking altogether?

   INTERVIEWER: Mark all that apply.

   ALCC_7A  1  Dieting
   ALCC_7B  2  Athletic training
   ALCC_7C  3  Pregnancy
   ALCC_7D  4  Getting older
   ALCC_7E  5  Drinking too much / drinking problem
   ALCC_7F  6  Affected - work, studies, employment opportunities
   ALCC_7G  7  Interfered with family or home life
   ALCC_7H  8  Affected - physical health
   ALCC_7I  9’  Affected - friendships or social relationships
   ALCC_7J  10  Affected - financial position
   ALCC_7K  11  Affected - outlook on life, happiness
   ALCC_7L  12  Influence of family or friends
   ALCC_7M  13  Other - Specify
            DK, R
ALC_C7S  If ALC_Q7 <> 13, go to ALC_C8. Otherwise, go to ALC_Q7S.

ALC_Q7S  INTERVIEWER: Specify.

(80 spaces)
DK, R

ALC_C8  If age > 19, go to ALC_END.

ALC_Q8  Not counting small sips, how old [were/was] [you/he/she] when [you/he/she] started drinking alcoholic beverages?

INTERVIEWER: Drinking does not include having a few sips of wine for religious purposes. Minimum is 5; maximum is [current age].

| | | | Age in years
(MIN: 5) (MAX: current age)
DK, R

ALC_E8  If AL_Q8 >= 5 and AL_Q8 <= Current Age, go to ALC_END. Otherwise, show pop-up edit as follows.

Age must be between 5 and Current Age. Please return and correct.

ALC_END
**DRIVING AND SAFETY**

**DRV_C01A** If (do DRV block = 2), go to DRV_END.
**DRV_CFDO** Otherwise, go to DRV_C01B.

**DRV_C01B** If proxy interview, go to DRV_END.
Otherwise, go to DRV_QINT.

**DRV_QINT** The next questions are about driving a motor vehicle. By motor vehicle, we mean a car, truck or van.
**INTERVIEWER:** Press <Enter> to continue.

**DRV_Q01A** In the past 12 months, have you driven a motor vehicle?
**INTERVIEWER:** Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

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<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK, R (Go to DRV_END)</td>
</tr>
</tbody>
</table>

**DRV_Q01B** In the past 12 months, have you driven a motorcycle?

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<tbody>
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<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<td>DK, R</td>
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</tbody>
</table>

**DRV_C02** If DRV_Q01A = 2 and DRV_Q01B = 2 or DK or R, go to DRV_QINT2.
Otherwise, go to DRV_C02A.

**DRV_C02A** If DRV_Q01A = 1, go to DRV_Q02.
Otherwise, go to DRV_Q04.

**DRV_Q02** How often do you fasten your seat belt when you drive a motor vehicle?
**INTERVIEWER:** Read categories to respondent.

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<tbody>
<tr>
<td>1</td>
<td>Always</td>
</tr>
<tr>
<td>2</td>
<td>Most of the time</td>
</tr>
<tr>
<td>3</td>
<td>Rarely</td>
</tr>
<tr>
<td>4</td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
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</table>

**DRV_Q03** Counting hands-free use, how often do you use a cell phone while you are driving a motor vehicle?
**INTERVIEWER:** Read categories to respondent.

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<tbody>
<tr>
<td>1</td>
<td>Often</td>
</tr>
<tr>
<td>2</td>
<td>Sometimes</td>
</tr>
<tr>
<td>3</td>
<td>Rarely</td>
</tr>
<tr>
<td>4</td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>
How often do you drive when you are feeling tired?

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

Compared to other drivers, would you say you usually drive:

1. ... much faster?
2. ... a little faster?
3. ... about the same speed?
4. ... a little slower?
5. ... much slower?
   DK, R

(Compared to other drivers,) would you say you usually drive:

1. ... much more aggressively?
2. ... a little more aggressively?
3. ... about the same?
4. ... a little less aggressively?
5. ... much less aggressively?
   DK, R

If ALC_Q1 = 1 (drank alcohol in past 12 months) and DRV_Q01A = 1 (drove a motor vehicle) or DRV_Q01B = 1 (Drove a motorcycle), go to DRV_Q07.
Otherwise, go to DRV_QINT2.

In the past 12 months, have you driven a motor vehicle after having 2 or more drinks in the hour before you drove?

1. Yes
2. No (Go to DRV_QINT2)
   DK, R (Go to DRV_QINT2)

How many times?

|__|__| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

Now some questions about being a passenger in a motor vehicle.

INTERVIEWER: Press <Enter> to continue.
When you are a front seat passenger, how often do you fasten your seat belt?

INTERVIEWER: Read categories to respondent.

1. Always
2. Most of the time
3. Rarely
4. Never
5. Do not ride in front seat
   DK, R

When you are a back seat passenger, how often do you fasten your seat belt?

1. Always
2. Most of the time
3. Rarely
4. Never
5. Do not ride in back seat
   DK, R

When you are a passenger in a taxi, how often do you fasten your seat belt?

1. Always
2. Most of the time
3. Rarely
4. Never
5. Do not take taxis
   DK, R

In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?

1. Yes  (Go to DRV_Q11A)
2. No   (Go to DRV_Q11A)
   DK, R (Go to DRV_Q11A)

How many times (in the past 12 months)?

_____ Times
(MIN: 1) (MAX: 95; warning after 20)
   DK, R

In the past 12 months, have you been the driver of, or a passenger in, a snowmobile, motor boat or seadoo?

1. Yes
2. No   (Go to DRV_END)
   DK, R

In the past 12 months, have you been the driver of, or a passenger in, an ATV (all terrain vehicle)?

1. Yes
2. No   (Go to DRV_C13)
   DK, R (Go to DRV_END)
**DRV_Q12**

**How often do you wear a helmet when on an ATV?**

**INTERVIEWER:** Read categories to respondent.

1. **Always**
2. **Most of the time**
3. **Rarely**
4. **Never**

**DRVC_12**

**DRV_C13**

If **DRV_Q11A** = 2 (not driven/passenger - snowmobile, motor boat or seadoo) and **DRV_Q11B** = 2 (not driven/passenger - ATV), go to **DRV_END**.

Otherwise, go to **DRV_C13A**.

**DRV_C13A**

If **DRV_Q11A** = 1 and **DRV_Q11B** = 1, use "a snowmobile, motor boat, seadoo or ATV" in **DRV_Q13** and **DRV_Q14**.

If **DRV_Q11A** = 1 and **DRV_Q11B** = 2, use "a snowmobile, motor boat or seadoo" in **DRV_Q13** and **DRV_Q14**.

If **DRV_Q11A** = 2 and **DRV_Q11B** = 1, use "an ATV" in **DRV_Q13** and **DRV_Q14**.

**DRV_Q13**

**In the past 12 months, have you been a passenger on [a snowmobile, motor boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] with a driver who had 2 or more drinks in the hour before driving?**

1. **Yes**
2. **No (Go to DRV_C14)**
   
   **DK, R (Go to DRV_C14)**

**DRV_Q13A**

**How many times?**

|__|__| Times  
(MIN: 1) (MAX: 95; warning after 20)  
**DK, R**

**DRV_C14**

If **ALC_Q1** = 1 (drank alcohol in the past 12 months), go to **DRV_Q14**.

Otherwise, go to **DRV_END**.

**DRV_Q14**

**In the past 12 months, have you driven [a snowmobile, motor boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] after having 2 or more drinks in the hour before you drove?**

1. **Yes**
2. **No (Go to DRV_END)**
   
   **DK, R (Go to DRV_END)**

**DRV_Q14A**

**How many times?**

|__|__| Times  
(MIN: 1) (MAX: 95; warning after 20)  
**DK, R**

**DRV_END**
**ALCOHOL DEPENDENCE**

**ALD_C01A** If (do ALD block = 2) or proxy interview, go to ALD_END.

**ALDCFDO** Otherwise, go to ALD_C01B.

**ALD_C01B** If ALC_Q3 > 2 (has had at least 5 drinks at least once a month), go to ALD_QINT1. Otherwise, go to ALD_END.

**ALD_QINT1** The next questions are about how drinking can affect people in their activities. We will be referring to the past 12 months, that is, from [date one year ago] to yesterday.

**INTERVIEWER:** Press <Enter> to continue.

**ALD_Q01** In the past 12 months, have you ever been drunk or hung-over while at work, school or while taking care of children?

1 Yes
2 No (Go to ALD_Q03)
DK, R (Go to ALD_END)

**ALD_Q02** How many times? Was it:

1 … Once or twice?
2 … 3 to 5 times?
3 … 6 to 10 times?
4 … 11 to 20 times?
5 … More than 20 times?

**DK, R**

**ALD_Q03** In the past 12 months, were you ever in a situation while drunk or hung-over which increased your chances of getting hurt? (For example, driving a boat, using guns, crossing against traffic, or during sports.)

1 Yes
2 No
DK, R

**ALD_Q04** In the past 12 months, have you had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?

1 Yes
2 No
DK, R

**ALD_Q05** In the past 12 months, have you had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?

1 Yes
2 No
DK, R
ALD_Q06  In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?

1  Yes
2  No

DK, R

ALD_Q07  In the past 12 months, did you ever drink much more or for a longer period of time than you intended?

1  Yes
2  No  (Go to ALD_Q09)

DK, R  (Go to ALD_Q09)

ALD_Q08  How many times? Was it:

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  In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?

1  Yes
2  No

DK, R

ALD_QINT10  People who cut down their alcohol use or stop drinking altogether may not feel well if they have been drinking steadily for some time. These feelings are more intense and can last longer than the usual hangover.

INTERVIEWER: Press <Enter> to continue.

ALD_Q10  In the past 12 months, did you ever have a period when you stopped, cut down, or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?

1  Yes
2  No

DK, R

ALD_Q11  In the past 12 months, did you ever have a period when you drank alcohol even though you promised yourself you wouldn’t, or when you drank a lot more than you intended?

1  Yes
2  No

DK, R
### ALD_Q12
In the past 12 months, did you ever have a period of several days or more when you spent so much time drinking alcohol or recovering from the effects that you had little time for anything else?

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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<td></td>
<td>DK, R</td>
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</table>

### ALD_Q13
In the past 12 months, did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of alcohol?

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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<td>DK, R</td>
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</table>

### ALD_Q14
In the past 12 months, did you ever continue to drink alcohol when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your alcohol use?

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<td>2</td>
<td>No</td>
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<td>DK, R</td>
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</table>

### ALD_C15
If count of “Yes” responses (1) in (ALD_Q01, ALD_Q03, ALD_Q04, ALD_Q05, ALD_Q06, ALD_Q07, ALD_Q09, ALD_Q10, ALD_Q11, ALD_Q12, ALD_Q13, and ALD_Q14) = 0, go to ALD_END.

### ALD_QINT15
Please tell me what number best describes how much your use of alcohol interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means “no interference”, while 10 means “very severe interference”.

**INTERVIEWER:** Press <Enter> to continue.

### ALD_Q15A
In the past 12 months, how much did your alcohol use interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

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**ALD_Q15B_1**  How much did it interfere with your ability to attend school?  
**INTERVIEWER:** If necessary, enter "11" to indicate "Not applicable".

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**ALD_Q15B_2**  How much did it interfere with your ability to work at a job?  
**INTERVIEWER:** If necessary, enter "11" to indicate "Not applicable".

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**ALD_Q15C**  
*(In the past 12 months,) how much did your alcohol use interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means “no interference” and 10 means “very severe interference”.)

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**ALD_END**  

**ALD_Q15D**  
How much did it interfere with your social life?

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**ALD_END**
ILLICIT DRUGS

DRG_C1 If (do DRG block = 2), go to DRG_END.
IDGCFDO Otherwise, go to DRG_C2.

DRG_C2 If proxy interview, go to DRG_END.
Otherwise, go to DRG_QINT1.

DRG_QINT1 Now I am going to ask some questions about drug use. Again, I would like to remind you that everything you say will remain strictly confidential.
INTERVIEWER: Press <Enter> to continue.

DRG_Q01 Have you ever used or tried marijuana, cannabis or hashish?
IDGC_01 INTERVIEWER: Read categories to respondent.

1 Yes, just once
2 Yes, more than once
3 No (Go to DRG_Q04)
   DK, R (Go to DRG_END)

DRG_Q02 Have you used it in the past 12 months?
IDGC_02

1 Yes
2 No (Go to DRG_Q04)
   DK, R (Go to DRG_Q04)

DRG_C03 If DRG_Q01 = 1, go to DRG_Q03.

DRG_Q03 How often (did you use marijuana, cannabis or hashish in the past 12 months)?
IDGC_03 INTERVIEWER: Read categories to respondent.

1 Less than once a month
2 1 to 3 times a month
3 Once a week
4 More than once a week
5 Every day
   DK, R

DRG_Q04 Have you ever used or tried cocaine or crack?
IDGC_04

1 Yes, just once
2 Yes, more than once
3 No (Go to DRG_Q07)
   DK, R (Go to DRG_Q07)

DRG_Q05 Have you used it in the past 12 months?
IDGC_05

1 Yes
2 No (Go to DRG_Q07)
   DK, R (Go to DRG_Q07)

DRG_C06 If DRG_Q04 = 1, go to DRG_Q07.
DRG_Q06  How often (did you use cocaine or crack in the past 12 months)?

IDGC_06  INTERVIEWER: Read categories to respondent.

1  Less than once a month
2  1 to 3 times a month
3  Once a week
4  More than once a week
5  Every day
   DK, R

DRG_Q07  Have you ever used or tried speed (amphetamines)?

IDGC_07

1  Yes, just once
2  Yes, more than once
3  No (Go to DRG_Q10)
   DK, R (Go to DRG_Q10)

DRG_Q08  Have you used it in the past 12 months?

IDGC_08

1  Yes
2  No (Go to DRG_Q10)
   DK, R (Go to DRG_Q10)

DRG_C09  If DRG_Q07 = 1, go to DRG_Q10.

DRG_Q09  How often (did you use speed (amphetamines) in the past 12 months)?

IDGC_09  INTERVIEWER: Read categories to respondent.

1  Less than once a month
2  1 to 3 times a month
3  Once a week
4  More than once a week
5  Every day
   DK, R

DRG_Q10  Have you ever used or tried ecstasy (MDMA) or other similar drugs?

IDGC_10

1  Yes, just once
2  Yes, more than once
3  No (Go to DRG_Q13)
   DK, R (Go to DRG_Q13)

DRG_Q11  Have you used it in the past 12 months?

IDGC_11

1  Yes
2  No (Go to DRG_Q13)
   DK, R (Go to DRG_Q13)

DRG_C12  If DRG_Q10 = 1, go to DRG_Q13.
DRG_Q12 How often (did you use ecstasy or other similar drugs in the past 12 months)?
IDGC_12 INTERVIEWER: Read categories to respondent.

1. Less than once a month
2. 1 to 3 times a month
3. Once a week
4. More than once a week
5. Every day
   DK, R

DRG_Q13 Have you ever used or tried hallucinogens, PCP or LSD (acid)?
IDGC_13

1. Yes, just once
2. Yes, more than once
3. No (Go to DRG_Q16)
   DK, R (Go to DRG_Q16)

DRG_Q14 Have you used it in the past 12 months?
IDGC_14

1. Yes
2. No (Go to DRG_Q16)
   DK, R (Go to DRG_Q16)

DRG_C15 If DRG_Q13 = 1, go to DRG_Q16.

DRG_Q15 How often (did you use hallucinogens, PCP or LSD in the past 12 months)?
IDGC_15 INTERVIEWER: Read categories to respondent.

1. Less than once a month
2. 1 to 3 times a month
3. Once a week
4. More than once a week
5. Every day
   DK, R

DRG_Q16 Did you ever sniff glue, gasoline or other solvents?
IDGC_16

1. Yes, just once
2. Yes, more than once
3. No (Go to DRG_Q19)
   DK, R (Go to DRG_Q19)

DRG_Q17 Did you sniff some in the past 12 months?
IDGC_17

1. Yes
2. No (Go to DRG_Q19)
   DK, R (Go to DRG_Q19)

DRG_C18 If DRG_Q16 = 1, go to DRG_Q19.
DRG_Q18  How often (did you sniff glue, gasoline or other solvents in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1  Less than once a month
2  1 to 3 times a month
3  Once a week
4  More than once a week
5  Every day
    DK, R

DRG_Q19  Have you ever used or tried heroin?

1  Yes, just once
2  Yes, more than once
3  No    (Go to DRG_Q22)
    DK, R    (Go to DRG_Q22)

DRG_Q20  Have you used it in the past 12 months?

1  Yes
2  No    (Go to DRG_Q22)
    DK, R    (Go to DRG_Q22)

DRG_C21  If DRG_Q19 = 1, go to DRG_Q22.

DRG_Q21  How often (did you use heroin in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1  Less than once a month
2  1 to 3 times a month
3  Once a week
4  More than once a week
5  Every day
    DK, R

DRG_Q22  Have you ever used or tried steroids, such as testosterone, dianabol or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?

1  Yes, just once
2  Yes, more than once
3  No    (Go to DRG_C25A1)
    DK, R    (Go to DRG_C25A1)

DRG_Q23  Have you used it in the past 12 months?

1  Yes
2  No    (Go to DRG_C25A1)
    DK, R    (Go to DRG_C25A1)

DRG_C24  If DRG_Q22 = 1, go to DRG_C25A1.
**DRG_Q24**  How often (did you use steroids in the past 12 months)?

**IDGC_24** INTERVIEWER: Read categories to respondent.

1. Less than once a month
2. 1 to 3 times a month
3. Once a week
4. More than once a week
5. Every day

**DRG_C25A_1**  

**DRG_C25A1** = Count of instances where DRG_Q01, DRG_Q04, DRG_Q07, DRG_Q10, DRG_Q13, DRG_Q16 and DRG_Q19 = 3, DK or R.

If **DRG_C25A1** = 7, go to **DRG_END**.

**DRG_C25A_2**  

**DRG_C25A2** = Count of instances where DRG_Q03, DRG_Q06, DRG_Q09, DRG_Q12, DRG_Q15, DRG_Q18 and DRG_Q21 >= 2.

If **DRG_C25A_2** >= 1, go to **DRG_Q25A**. Otherwise, go to **DRG_END**.

**DRG_Q25A**  

(During the past 12 months,) did you ever need to use more drugs than usual in order to get high, or did you ever find that you could no longer get high on the amount you usually took?

1. Yes
2. No

**DRG_QINT25B**  People who cut down their substance use or stop using drugs altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover. INTERVIEWER: Press <Enter> to continue.

**DRG_Q25B**  

(During the past 12 months,) did you ever have times when you stopped, cut down or went without drugs and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?

1. Yes
2. No

**DRG_Q25C**  

(During the past 12 months,) did you ever have times when you used drugs to keep from having such symptoms?

1. Yes
2. No

**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?

1. Yes  (Go to DRG_Q25G)
2. No

DK, R
(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?

1  Yes
2  No
   DK, R

(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?

1  Yes
2  No
   DK, R

(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?

1  Yes
2  No
   DK, R

During the past 12 months, did you ever continue to use drugs when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your use?

1  Yes
2  No
   DK, R

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.

How much did your use of drugs interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

0  No interference
1  I
2  I
3  I
4  I
5  I
6  I
7  I
8  I
9  V
10 Very severe interference

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**DRG_Q26B_1** How much did your use interfere with your ability to attend school?

**IDGC_6B1** INTERVIEWER: If necessary, enter “11” to indicate “Not applicable”.

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**DRG_Q26B_2** How much did your use interfere with your ability to work at a regular job?

**IDGC_6B2** INTERVIEWER: If necessary, enter “11” to indicate “Not applicable”.

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</table>
(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”.

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How much did your use of drugs interfere with your social life?

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<td>9</td>
<td>V</td>
</tr>
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<td>10</td>
<td>Very severe interference</td>
</tr>
</tbody>
</table>

DK, R
PROBLEM GAMBLING

CPG_C01 If (do CPG block = 2), go to CPG_END.
CPGFDO Otherwise, go to CPG_C2.

CPG_C02 If proxy interview, go to CPG_END.
Otherwise, go to CPG_C3.

CPG_C03 CPG_C03 = Count instances where CPG_Q01B to CPG_Q01M = 7, 8, DK or R.

CPG_QINT1 People have different definitions of gambling. They may bet money and gamble on
many different things, including buying lottery tickets, playing bingo or playing
card games with their family or friends.

The next questions are about gambling activities and experiences. Some of these
questions may not apply to you; however, they need to be asked of all respondents.
INTERVIEWER: Press <Enter> to continue.

CPG_Q01A In the past 12 months, how often have you bet or spent money on instant
win/scratch tickets or daily lottery tickets (Keno, Pick 2, Encore, Banco, Extra)?
INTERVIEWER: Read categories to respondent.
Exclude all other kinds of lottery tickets such as 6/49, Super 7, sports lotteries and fund
raising tickets.

1 Daily
2 Between 2 to 6 times a week
3 About once a week
4 Between 2 to 3 times a month
5 About once a month
6 Between 6 to 11 times a year
7 Between 1 to 5 times a year
8 Never
DK, R

CPG_C01A If CPG_Q01A = R, go to CPG_END
Otherwise, go to CPG_Q01B.

CPG_Q01B (In the past 12 months, how often have you bet or spent money on lottery tickets
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
(In the past 12 months,) how often have you bet or spent money on Bingo?

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

(In the past 12 months,) how often have you bet or spent money playing cards or board games with family or friends?

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

(In the past 12 months,) how often have you bet or spent money on video lottery terminals (VLTs) outside of casinos?

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

(In the past 12 months,) how often have you bet or spent money on coin slots or VLTs at a casino?

1. Daily
2. Between 2 to 6 times a week
3. About once a week
4. Between 2 to 3 times a month
5. About once a month
6. Between 6 to 11 times a year
7. Between 1 to 5 times a year
8. Never

DK, R
**CPG_Q01G**  
*(In the past 12 months,) how often have you bet or spent money on casino games other than coin slots or VLTs (for example, poker, roulette, blackjack, Keno)?*

1. Daily  
2. Between 2 to 6 times a week  
3. About once a week  
4. Between 2 to 3 times a month  
5. About once a month  
6. Between 6 to 11 times a year  
7. Between 1 to 5 times a year  
8. Never  

**DK, R**

---

**CPG_Q01H**  
*(In the past 12 months,) how often have you bet or spent money on Internet or arcade gambling?*

1. Daily  
2. Between 2 to 6 times a week  
3. About once a week  
4. Between 2 to 3 times a month  
5. About once a month  
6. Between 6 to 11 times a year  
7. Between 1 to 5 times a year  
8. Never  

**DK, R**

---

**CPG_Q01I**  
*In the past 12 months, how often have you bet or spent money on live horse racing at the track or off track?*

1. Daily  
2. Between 2 to 6 times a week  
3. About once a week  
4. Between 2 to 3 times a month  
5. About once a month  
6. Between 6 to 11 times a year  
7. Between 1 to 5 times a year  
8. Never  

**DK, R**

---

**CPG_Q01J**  
*(In the past 12 months,) how often have you bet or spent money on sports such as 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 (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 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 (In the past 12 months,) how often have you bet or spent money on any other forms of gambling such as dog races, gambling at casino nights/country fairs, bet on sports with a bookie or gambling pools at work?

1 Daily
2 Between 2 to 6 times a week
3 About once a week
4 Between 2 to 3 times a month
5 About once a month
6 Between 6 to 11 times a year
7 Between 1 to 5 times a year
8 Never

DK, R

CPG_C01N If CPG_C03 = 12 and CPG_Q01A = 7, 8 or DK, go to CPG_END. Otherwise, go to CPG_Q01N.

CPG_Q01N 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
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.

In the past 12 months, how often have you bet or spent more money than you wanted to on gambling?

INTERVIEWER: Read categories to respondent.

1   Never
2   Sometimes
3   Most of the time
4   Almost always
5   I am not a gambler (Go to CPG_END)

(DK, R (Go to CPG_END)

(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

(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

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

(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
(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)

(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)

(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)

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)

(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)

(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  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  (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  (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  (In the past 12 months,) has your gambling caused any problems with your relationship with any of your family members or friends?
1  Never
2  Sometimes
3  Most of the time
4  Almost always
    DK, R

CPG_C17  For CPG_Q03 through CPG_Q10 and CPG_Q13, recode 1=0, 2=1, 3=2 and 4=3 into CPG_C17A through CPG_C17I.
        CPG_C17J = Sum CPG_C17A through CPG_C17I.
        If CPG_C17J <= 2, go to CPG_END.
        Otherwise, go to CPG_Q17.

CPG_Q17  Has anyone in your family ever had a gambling problem?
1  Yes
2  No
    DK, R

CPG_Q18  In the past 12 months, have you used alcohol or drugs while gambling?
1  Yes
2  No
    DK, R
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.

During the past 12 months, how much did your gambling activities interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

0  No interference
1
2
3
4
5
6
7
8
9             V
10 Very severe interference

Number
(MIN: 0) (MAX: 10)
DK, R

How much did these activities 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
**CPG Q19B_2**  
How much did they interfere with your ability to work at a job?  

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**CPG Q19C**  
(During the past 12 months,) how much did your gambling activities 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”.)

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<td>Very severe interference</td>
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*Interviewer:* If necessary, enter “11” to indicate “Not applicable”.

DK, R
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<th>Number</th>
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<tr>
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<td>Very severe interference</td>
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</table>

Number: (MIN: 0) (MAX: 10)

DK, R
EATING TROUBLES ASSESSMENT

ETA_C1 If (do ETA block = 2), go to ETA_END.
ETACFDO Otherwise, go to ETA_C2.

ETA_C2 If proxy interview, go to ETA_END.
Otherwise, go to ETA_Q01A.

ETA_Q01A This part of the interview is about problems people may have with their weight or with eating.
Was there ever a time in your life when you had a strong fear or a great deal of concern about being too fat or overweight?

1 Yes
2 No (Go to ETA_END)
DK, R (Go to ETA_END)

ETA_Q01B During the past 12 months, did you have a strong fear or a great deal of concern about being too fat or overweight?

1 Yes
2 No (Go to ETA_END)
DK, R (Go to ETA_END)

ETA_QINT2 Now I am going to read you a series of statements about food and eating habits that describe feelings and experiences that you may have had during the past 12 months. Please tell me whether the statements are true for you by answering, “always”, “usually”, “often”, “sometimes”, “rarely”, or “never”.
INTERVIEWER: Press <Enter> to continue.

ETA_Q02 You are terrified about being overweight.

1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R

ETA_Q03 You avoid eating when you are hungry.

1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R
You find yourself preoccupied with food.

1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R

You go on eating binges where you feel you may not be able to stop.

1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R

You cut your food into small pieces.

1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R

You are aware of the calorie content of the foods you eat.

1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R

You particularly avoid food with a high carbohydrate content such as bread, rice or potatoes.

1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R
ETA_Q09  ETAC_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  ETAC_10  You vomit after you eat.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
DK, R

ETA_Q11  ETAC_11  You feel extremely guilty after eating.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
DK, R

ETA_Q12  ETAC_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  ETAC_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**
Other people think you are too thin.

1. Always
2. Usually
3. Often
4. Sometimes
5. Rarely
6. Never
DK, R

**ETA_Q15**
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**
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**
You avoid foods with sugar in them.

1. Always
2. Usually
3. Often
4. Sometimes
5. Rarely
6. Never
DK, R

**ETA_Q18**
Again, in the past 12 months, please tell me how true the following statements are for you.

You eat diet foods.

1. Always
2. Usually
3. Often
4. Sometimes
5. Rarely
6. Never
DK, R
ETA_Q19  You feel that food controls your life.
1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R

ETA_Q20  You display self-control around food.
1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R

ETA_Q21  You feel that others pressure you to eat.
1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R

ETA_Q22  You give too much time and thought to food.
1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R

ETA_Q23  You feel uncomfortable after eating sweets.
1 Always
2 Usually
3 Often
4 Sometimes
5 Rarely
6 Never
DK, R
<table>
<thead>
<tr>
<th>ETA_Q24</th>
<th>You engage in dieting behaviour.</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<table>
<thead>
<tr>
<th>ETA_Q25</th>
<th>You like your stomach to be empty.</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
<td>Usually</td>
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<table>
<thead>
<tr>
<th>ETA_Q26</th>
<th>You have the impulse to vomit after meals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Always</td>
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<tr>
<td>2</td>
<td>Usually</td>
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<td>3</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETA_Q27</th>
<th>You enjoy trying new rich foods.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Always</td>
</tr>
<tr>
<td>2</td>
<td>Usually</td>
</tr>
<tr>
<td>3</td>
<td>Often</td>
</tr>
<tr>
<td>4</td>
<td>Sometimes</td>
</tr>
<tr>
<td>5</td>
<td>Rarely</td>
</tr>
<tr>
<td>6</td>
<td>Never</td>
</tr>
<tr>
<td>DK, R</td>
<td></td>
</tr>
</tbody>
</table>
MATERNAL EXPERIENCES

MEX_C01A If (do MEX block = 2), go to MEX_END.
MEXCFDO Otherwise, go to MEX_C01B.

MEX_C01B If proxy interview or sex = male or age < 15 or > 55, go to MEX_END.
Otherwise, go to MEX_Q01.

MEX_Q01 Now a few questions for recent mothers.
MEXC_01 Have you given birth in the past 5 years?
INTERVIEWER: Do not include stillbirths.

1 Yes
2 No (Go to MEX_END)
DK, R (Go to MEX_END)

MEX_Q01A In what year?
MEXC_01A INTERVIEWER: Enter year of birth of last baby.
Minimum is [current year - 5]; maximum is [current year].

1_1_1_1_1 Year
(MIN: Current year - 5) (MAX: Current year)
DK, R

MEX_Q02 Did you take a vitamin supplement containing folic acid before your (last)
pregnancy, that is, before you found out that you were pregnant?

1 Yes
2 No
DK, R

MEX_Q03 (For your last baby) did you breastfeed or try to breastfeed your baby, even if
only for a short time?

1 Yes (Go to MEX_Q05)
2 No
DK, R (Go to MEX_C20)

MEX_Q04 What is the main reason that you did not breastfeed?

1 Bottle feeding easier
2 Formula as good as breast milk
3 Breastfeeding is unappealing / disgusting
4 Father / partner didn’t want me to
5 Returned to work / school early
6 C-Section
7 Medical condition - mother
8 Medical condition - baby
9 Premature birth
10 Multiple births (e.g. twins)
11 Wanted to drink alcohol
12 Other - Specify
DK, R
MEX_C04S  If MEX_Q04 <> 12, go to MEX_C20. Otherwise, go to MEX_Q04S.

MEX_Q04S  INTERVIEWER: Specify.

_________________________  (80 spaces)  
  DK, R

  Go to MEX_C20

MEX_Q05  Are you still breastfeeding?

MEXC_05

  1  Yes            (Go to MEX_Q07)
  2  No
     DK, R          (Go to MEX_C20)

MEX_Q06  How long did you breastfeed (your last baby)?

MEXC_06

  1  Less than 1 week
  2  1 to 2 weeks
  3  3 to 4 weeks
  4  5 to 8 weeks
  5  9 weeks to less than 12 weeks
  6  3 months (12 weeks to less than 16 weeks)
  7  4 months (16 weeks to less than 20 weeks)
  8  5 months (20 weeks to less than 24 weeks)
  9  6 months (24 weeks to less than 28 weeks)
 10  7 to 9 months
 11  10 to 12 months
 12  More than 1 year
     DK, R          (Go to MEX_C20)

MEX_Q07  How old was your (last) baby when you first added any other liquids (e.g. milk, formula, water, tea, herbal mixtures) or solid foods to the baby’s feeds?

MEXC_07

  INTERVIEWER: If exact age not known, obtain best estimate.

  1  Less than 1 week
  2  1 to 2 weeks
  3  3 to 4 weeks
  4  5 to 8 weeks
  5  9 weeks to less than 12 weeks
  6  3 months (12 weeks to less than 16 weeks)
  7  4 months (16 weeks to less than 20 weeks)
  8  5 months (20 weeks to less than 24 weeks)
  9  6 months (24 weeks to less than 28 weeks)
 10  7 to 9 months
 11  10 to 12 months
 12  More than 1 year
     DK, R          (Go to MEX_Q09)
  13  Have not added liquids or solids         (Go to MEX_Q09)
     DK, R          (Go to MEX_C20)
### MEX_Q08
**What is the main reason that you first added other liquids or solid foods?**

1. Not enough breast milk
2. Inconvenience / fatigue due to breastfeeding
3. Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
4. Medical condition - mother
5. Medical condition - baby
6. Advice of doctor / health professional
7. Returned to work / school
8. Advice of partner / family / friends
9. Formula equally healthy for baby
10. Wanted to drink alcohol
11. Other - Specify

DK, R

### MEX_C08S
If MEX_Q08 <> 11, go to MEX_C09. Otherwise, go to MEX_Q08S.

### MEX_Q08S
**INTERVIEWER: Specify.**

_________________________
(80 spaces)
DK, R

### MEX_C09
If MEX_Q07 = 1 (first added other liquid or solids when baby was less than 1 week), go to MEX_C10. Otherwise, go to MEX_Q09.

### MEX_Q09
**During the time when your (last) baby was only fed breast milk, did you give the baby a vitamin supplement containing Vitamin D?**

1. Yes
2. No

DK, R

### MEX_C10
If MEX_Q05 = 1 (still breastfeeding), go to MEX_C20. Otherwise, go to MEX_Q10.

### MEX_Q10
**What is the main reason that you stopped breastfeeding?**

1. Not enough breast milk
2. Inconvenience / fatigue due to breastfeeding
3. Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
4. Medical condition - mother
5. Medical condition - baby
6. Planned to stop at this time
7. Child weaned him / herself (e.g., baby biting, refusing breast)
8. Advice of doctor / health professional
9. Returned to work / school
10. Advice of partner
11. Formula equally healthy for baby
12. Wanted to drink alcohol
13. Other - Specify

DK, R
MEX_C10S  If MEX_Q10 <> 13, go to MEX_C20. Otherwise, go to MEX_Q10S.

MEX_Q10S  INTERVIEWER: Specify.

(80 spaces)
DK, R

MEX_C20  If SMK_Q202 = 1 or SMK_Q202 = 2 or SMK_Q201A = 1 or SMK_Q201B = 1 (current or former smoker), go to MEX_Q20. Otherwise, go to MEX_Q26.

MEX_Q20  During your last pregnancy, did you smoke daily, occasionally or not at all?

1  Daily
2  Occasionally  (Go to MEX_Q22)
3  Not at all  (Go to MEX_C23)
DK, R  (Go to MEX_Q26)

Daily Smokers only

MEX_Q21  How many cigarettes did you usually smoke each day?

MEX_C20  Number of cigarettes
(MIN: 1)  (MAX: 99; warning after 60)
DK, R

Go to MEX_C23

Occasional Smokers only

MEX_Q22  On the days that you smoked, how many cigarettes did you usually smoke?

MEX_C20  Number of cigarettes
(MIN: 1)  (MAX: 99; warning after 60)
DK, R

MEX_C23  If MEX_Q03 <> 1 (didn’t breastfeed last baby), go to MEX_Q26. Otherwise, go to MEX_Q23.

MEX_Q23  When you were breastfeeding (your last baby), did you smoke daily, occasionally or not at all?

1  Daily
2  Occasionally  (Go to MEX_Q25)
3  Not at all  (Go to MEX_Q26)
DK, R  (Go to MEX_Q26)
Daily smokers only

MEX_Q24  How many cigarettes did you usually smoke each day?
MEXC_24   Number of cigarettes
(MIN: 1)  (MAX: 99; warning after 60)
DK, R

Go to MEX_Q26

Occasional smokers only

MEX_Q25  On the days that you smoked, how many cigarettes did you usually smoke?
MEXC_25   Number of cigarettes
(MIN: 1)  (MAX: 99; warning after 60)
DK, R

MEX_Q26  Did anyone regularly smoke in your presence during or after the pregnancy
(about 6 months after)?
1  Yes
2  No
DK, R

MEX_C30  If ALC_Q1 = 1 or ALC_Q5B = 1 (drank in past 12 months or ever drank), go to MEX_Q30.
Otherwise, go to MEX_END.

MEX_Q30  Did you drink any alcohol during your last pregnancy?
MEXC_30 1  Yes
2  No  (Go to MEX_C32)
DK, R  (Go to MEX_END)

MEX_Q31  How often did you drink?
MEXC_31 1  Less than once a month
2  Once a month
3  2 to 3 times a month
4  Once a week
5  2 to 3 times a week
6  4 to 6 times a week
7  Every day
DK, R

MEX_C32  If MEX_Q03 <> 1 (did not breastfeed last baby), go to MEX_END.
Otherwise, go to MEX_Q32.

MEX_Q32  Did you drink any alcohol while you were breastfeeding (your last baby)?
MEXC_32 1  Yes
2  No  (Go to MEX_END)
DK, R  (Go to MEX_END)
<table>
<thead>
<tr>
<th>MEX_Q33</th>
<th>How often did you drink?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEXC_33</td>
<td>1. Less than once a month</td>
</tr>
<tr>
<td></td>
<td>2. Once a month</td>
</tr>
<tr>
<td></td>
<td>3. 2 to 3 times a month</td>
</tr>
<tr>
<td></td>
<td>4. Once a week</td>
</tr>
<tr>
<td></td>
<td>5. 2 to 3 times a week</td>
</tr>
<tr>
<td></td>
<td>6. 4 to 6 times a week</td>
</tr>
<tr>
<td></td>
<td>7. Every day</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>
SEXUAL BEHAVIOUR

SXB_C01A If (do SXB block = 2), go to SXB_END.
SXB_C01B If proxy interview or age < 15 or > 49, go to SXB_END.

SXB_QINT01 I would like to ask you a few questions about sexual behaviour. We ask these questions because sexual behaviours can have very important and long-lasting effects on personal health. You can be assured that anything you say will remain confidential.
INTERVIEWER: Press <Enter> to continue.

SXB_Q01 Have you ever had sexual intercourse?
SXB_1

1  Yes
2  No (Go to SXB_END)
DK, R  (Go to SXB_END)

SXB_Q02 How old were you the first time?
SXB_2

| | | Age in years
(MIN: 1; warning below 12) (MAX: current age)

DK, R  (Go to SXB_END)

SXB_E02 If (SXB_Q02 >= 1) and (SXB_Q02 <= current age), go to SXB_Q03.
Otherwise, show pop up edit as follows.
The entered age at which the respondent first had sexual intercourse is invalid.
Please return and correct.

SXB_Q03 In the past 12 months, have you had sexual intercourse?
SXB_3

1  Yes
2  No (Go to SXB_Q07)
DK, R  (Go to SXB_END)

SXB_Q04 With how many different partners?
SXB_4

1  1 partner
2  2 partners
3  3 partners
4  4 or more partners
DK
R  (Go to SXB_END)
SXB_Q07  Have you ever been diagnosed with a sexually transmitted disease?

SXBC_07
1   Yes
2   No
DK, R

SXB_C08A  If SXB_Q03 = 1 (had intercourse in last 12 months), go to SXB_C08C.
Otherwise, go to SXB_END.

SXB_C08C  If marital status = 1 (married) or 2 (common-law) and SXB_Q04 = 1 (one partner),
go to SXB_C09B.
Otherwise, go to SXB_Q08.

SXB_Q08  Did you use a condom the last time you had sexual intercourse?

SXBC_7A
1   Yes
2   No
DK, R

SXB_C09B  If age > 24, go to SXB_END.
Otherwise, go to SXB_QINT9A.

SXB_QINT9A  Now a few questions about birth control.
INTERVIEWER: Press <Enter> to continue.

SXB_C09C  If sex = female, go to SXB_C09D.
Otherwise, go to SXB_QINT10.

SXB_C09D  If MAM_Q037 = 1 (currently pregnant), go to SXB_Q11.
Otherwise, go to SXB_QINT9B.

SXB_QINT9B  I'm going to read you a statement about pregnancy. Please tell me if you
strongly agree, agree, neither agree nor disagree, disagree, or strongly
disagree.
INTERVIEWER: Press <Enter> to continue.

SXB_Q09  It is important to me to avoid getting pregnant right now.

SXBC_09
1   Strongly agree (Go to SXB_Q11)
2   Agree (Go to SXB_Q11)
3   Neither agree nor disagree (Go to SXB_Q11)
4   Disagree (Go to SXB_Q11)
5   Strongly disagree (Go to SXB_Q11)
DK (Go to SXB_Q11)
R (Go to SXB_END)

SXB_QINT10  I'm going to read you a statement about pregnancy. Please tell me if you
strongly agree, agree, neither agree nor disagree, disagree, or strongly
disagree.
INTERVIEWER: Press <Enter> to continue.
SXB_Q10  It is important to me to avoid getting my partner pregnant right now.

  1  Strongly agree
  2  Agree
  3  Neither agree nor disagree
  4  Disagree
  5  Strongly disagree
  6  Doesn't have a partner right now
     DK
     R  (Go to SXB_END)

SXB_Q11  In the past 12 months, did you and your partner usually use birth control?

  1  Yes  (Go to SXB_Q12)
  2  No   (Go to SXB_END)
     DK, R  (Go to SXB_END)

SXB_Q12  What kind of birth control did you and your partner usually use?
INTERVIEWER: Mark all that apply.

  SXBC_12A 1  Condom (male or female condom)
  SXBC_12B 2  Birth control pill
  SXBC_12C 3  Diaphragm
  SXBC_12D 4  Spermicide (e.g., foam, jelly, film)
  SXBC_12E 5  Other - Specify
  SXBC_12F 6  Birth control injection (Depo-Provera)
     DK, R  (Go to SXB_END)

SXB_C12S If SXB_Q12 <> 5, go to SXB_C13.
Otherwise, go to SXB_Q12S

SXB_Q12S  INTERVIEWER: Specify.

________________________
     (80 spaces)
     DK, R

SXB_C13  If MAM_Q037 = 1 (currently pregnant), go to SXB_END.
Otherwise, go to SXB_Q13.

SXB_Q13  What kind of birth control did you and your partner use the last time you
had sex?
INTERVIEWER: Mark all that apply.

  SXBC_13A 1  Condom (male or female condom)
  SXBC_13B 2  Birth control pill
  SXBC_13C 3  Diaphragm
  SXBC_13D 4  Spermicide (e.g., foam, jelly, film)
  SXBC_13E 5  Other - Specify
  SXBC_13F 6  Birth control injection (Depo-Provera)
     DK, R
SXB_C13S If SXB_Q13 <> 5, go to SXB_END.
Otherwise, go to SXB_Q13S.

SXB_Q13S INTERVIEWER: Specify.

(80 spaces)
DK, R

SXB_END
MEDICATION USE

MED_C1 If (do MED block = 2), go to MED_END.
MED_CFDO Otherwise, go to MED_QINT.

MED_QINT Now I’d like to ask a few questions about [your/FNAME’s] use of medications, both prescription and over-the-counter.
INTERVIEWER: Press <Enter> to continue.

MED_Q1A In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:
... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatory)?

1  Yes
2  No
DK
R (Go to MED_END)

MED_Q1B ... tranquilizers such as Valium or Ativan?

1  Yes
2  No
DK, R

MED_Q1C ... diet pills such Dexatrim, Ponderal or Fastin?

1  Yes
2  No
DK, R

MED_Q1D ... anti-depressants such as Prozac, Paxil or Effexor?

1  Yes
2  No
DK, R

MED_Q1E ... codeine, Demerol or morphine?

1  Yes
2  No
DK, R

MED_Q1F ... allergy medicine such as Reactine or Allegra?

1  Yes
2  No
DK, R

MED_Q1G ... asthma medications such as inhalers or nebulizers?

1  Yes
2  No
DK, R
MED_E1G  If MED_Q1G = 1 and CCC_Q036 = 2 (not taking medication for asthma) show pop-up edit as follows:

Inconsistent answers have been entered. The respondent has taken medicine for asthma in the past month but previously reported that he/she did not. Please confirm.

MED_Q1H  ... cough or cold remedies?
MEDC_1H
1  Yes
2  No
DK, R

MED_Q1I  ... penicillin or other antibiotics?
MEDC_1I
1  Yes
2  No
DK, R

MED_Q1J  ... medicine for the heart?
MEDC_1J
1  Yes
2  No
DK, R

MED_Q1K  ... medicine for blood pressure?
MEDC_1K
1  Yes
2  No
DK, R

MED_Q1L  In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:
... diuretics or water pills?
MEDC_1L
1  Yes
2  No
DK, R

MED_Q1M  ... steroids?
MEDC_1M
1  Yes
2  No
DK, R

MED_Q1N  ... insulin?
MEDC_1N
1  Yes
2  No
DK, R

MED_E1N  If MED_Q1N = 1 and CCC_Q105 = 2 (not currently taking insulin), show pop-up edit as follows:

Inconsistent answers have been entered. The respondent has taken insulin in the past month but previously reported that he/she did not. Please confirm.
<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Other Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED_Q1O</td>
<td>... pills to control diabetes?</td>
<td>Yes</td>
<td>No</td>
<td>DK, R</td>
</tr>
<tr>
<td>MEDC_1O</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED_E1O</td>
<td>If MED_Q1O = 1 and CCC_Q101 = 2 (not having diabetes) show pop-up edit as follows: Inconsistent answers have been entered. The respondent has taken pills to control diabetes in the last month but previously reported that he/she did not have diabetes. Please confirm.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED_Q1P</td>
<td>... sleeping pills such as Imovane, Nytol or Starnoc?</td>
<td>Yes</td>
<td>No</td>
<td>DK, R</td>
</tr>
<tr>
<td>MEDC_1P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED_Q1Q</td>
<td>... stomach remedies?</td>
<td>Yes</td>
<td>No</td>
<td>DK, R</td>
</tr>
<tr>
<td>MEDC_1Q</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED_Q1R</td>
<td>... laxatives?</td>
<td>Yes</td>
<td>No</td>
<td>DK, R</td>
</tr>
<tr>
<td>MEDC_1R</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED_C1S</td>
<td>If sex = female and age &lt;= 49, go to MED_Q1S. Otherwise, go to MED_C1T.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED_Q1S</td>
<td>... birth control pills?</td>
<td>Yes</td>
<td>No</td>
<td>DK, R</td>
</tr>
<tr>
<td>MEDC_1S</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED_C1T</td>
<td>If sex = female and age &gt;= 30, go to MED_Q1T. Otherwise, go to MED_Q1U.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED_Q1T</td>
<td>... hormones for menopause or ageing symptoms?</td>
<td>Yes</td>
<td>No</td>
<td>(Go to MED_Q1U)</td>
</tr>
<tr>
<td>MEDC_1T</td>
<td></td>
<td></td>
<td></td>
<td>(Go to MED_Q1U)</td>
</tr>
</tbody>
</table>
MED_Q1T1 What type of hormones [are/is] [you/she] taking?
MEDC_1T1 INTERVIEWER: Read categories to respondent.

1  Estrogen only  
2  Progesterone only  
3  Both  
4  Neither

MED_Q1T2 When did [you/she] start this hormone therapy?
MEDC_1T2 INTERVIEWER: Enter the year (minimum is [year of birth + 30]; maximum is [current year]).

|   |   |   |   | Year
(MIN: year of birth + 30)  (MAX: current year)
DK, R

MED_E1T2 If outside these ranges, show pop-up edit as follows:

Year must be between [year of birth + 30] and [current year]. Please return and correct.

MED_Q1U In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:

... thyroid medication such as Synthroid or levothyroxine?

1  Yes  
2  No

MED_Q1V ... any other medication?

1  Yes  
2  No

MED_C1V If MED_Q1V = 1, go to MED_END. Otherwise, go to MED_Q1VS.

MED_Q1VS INTERVIEWER: Specify.

........................................................................................................................................
(80 spaces)
DK, R

MED_END
MEDICATION USE (Quebec)

QMD_C1  If (do QMD block = 2), go to QMD_END.
QMD_CFDO  Otherwise, go to QMD_QINT.

QMD_QINT  Now some additional questions on medication use from your province. The questions refer to medications [you/FNAME] took yesterday or the day before (tablets, ointments, syrup).
INTERVIEWER: Press <Enter> to continue.

QMD_Q01  Yesterday or the day before, did [you/FNAME] take any of the following products:
... pain relievers?

1    Yes
2    No
DK
R    (Go to MED_END)

QMD_Q02  (Yesterday or the day before, did [you/FNAME] take any of the following products:)
... tranquilizers, sedatives or sleeping pills?

1    Yes
2    No
DK, R

QMD_Q03A (Yesterday or the day before, did [you/FNAME] take any of the following products:)
... heart medication?

1    Yes
2    No
DK, R

QMD_Q03B (Yesterday or the day before, did [you/FNAME] take any of the following products:)
... blood pressure medication?

1    Yes
2    No
DK, R

QMD_Q04  Yesterday or the day before, did [you/FNAME] take any of the following products:
... antibiotics?

1    Yes
2    No
DK, R

QMD_Q05  (Yesterday or the day before, did [you/FNAME] take any of the following products:)
... stomach remedies or medication?

1    Yes
2    No
DK, R
QMD_Q06  (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMDC_06  ... laxatives?

1  Yes
2  No
DK, R

QMD_Q07  (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMDC_07  ... cough or cold remedies?

1  Yes
2  No
DK, R

QMD_Q08  (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMDC_08  ... skin ointments?

1  Yes
2  No
DK, R

QMD_Q09  (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMDC_09  ... vitamins or minerals?

1  Yes
2  No
DK, R

QMD_Q10  Yesterday or the day before, did [you/FNAME] take any of the following products:
QMDC_10  ... dietary supplements such as brewer's yeast, algea, bone-meal, etc.?

1  Yes
2  No
DK, R

QMD_Q11  (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMDC_11  ... energy or mood improving stimulants?

1  Yes
2  No
DK, R

QMD_C12  If sex = female, go to QMD_Q12.
Otherwise, go to QMD_Q13.

QMD_Q12  (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMDC_12  ... oral contraceptive?

1  Yes
2  No
DK, R
QMD_Q13  QMDC_13  (Yesterday or the day before, did [you/FNAME] take any of the following products:) ... diet pills?

1  Yes
2  No
    DK, R

QMD_Q14  QMDC_14  (Yesterday or the day before, did [you/FNAME] take any of the following products:) ... anti-depressants?

1  Yes
2  No
    DK, R

QMD_Q15  QMDC_15  Yesterday or the day before, did [you/FNAME] take any of the following products: ... allergy medecine?

1  Yes
2  No
    DK, R

QMD_Q16  QMDC_16  (Yesterday or the day before, did [you/FNAME] take any of the following products:) ... asthma medications such as inhalers, nebulizers or pills?

1  Yes
2  No
    DK, R

QMD_Q17A  QMDC_17A  (Yesterday or the day before, did [you/FNAME] take any of the following products:) ... insulin?

1  Yes
2  No
    DK, R

QMD_Q17B  QMDC_17B  (Yesterday or the day before, did [you/FNAME] take any of the following products:) ... pills to control diabetes?

1  Yes
2  No
    DK, R

QMD_Q18  QMDC_18  (Yesterday or the day before, did [you/FNAME] take any of the following products:) ... cholesterol medication?

1  Yes
2  No
    DK, R

QMD_C19A  If sex = female and age >= 30, go to QMD_Q19A. Otherwise, go to QMD_Q20.
(Yesterday or the day before, did [you/FNAME] take any of the following products:) ... hormones to prevent or treat menopausal symptoms?

1  Yes  
2  No  (Go to QMD_Q20) 
   DK, R  (Go to QMD_Q20)

What type of medication [are/is] [you/FNAME] taking?

1  Estrogen only 
2  Estrogen and progesterone 
3  Other - Specify  
   DK, R

If QMD_Q19 <> 3, go to QMD_Q20. Otherwise, go to QMD_Q19S.

INTERVIEWER: Specify.

(80 spaces)  
DK, R

(Yesterday or the day before, did [you/FNAME] take any of the following products:) ... thyroid medication?

1  Yes 
2  No  
   DK, R

(Yesterday or the day before, did [you/FNAME] take any of the following products:) ... any other medication?

1  Yes 
2  No  
   DK, R

If all of QMD_Q01 to QMD_Q21 <> 1, go to QMD_END. Otherwise, go to QMD_Q22.

Yesterday and the day before, how many different medications did [you/FNAME] take?

(I I I Medications  
   (MIN: 1; MAX: 99; warning after 12)  
   DK, R  (Go to QMD_END)

Call ExactMedication arrayed block QMD_Q22 times, to a maximum of 20.

QMD_END
EXACT MEDICATION

EXM_C1  For each medication identified in EXM_Q01n, ask EXM_Q02n and EMX_Q03n up to 20 times, where n = A, B, ..., T.

EXM_Q01  What is the exact name of the medication that [you/FNAME] took?

EXMC_01n  INTERVIEWER: Ask respondent to look at the bottle, tube or box.

_______________________

(80 spaces)  (Go to EXM_END)

DK, R

EXM_Q02  [Are/Is] [you/FNAME] currently taking this medication on a regular basis, that is every day or several times a week?

EXMC_02n

1  Yes
2  No

DK, R

EXM_C03  If EXM_Q02 <> 1, go to EXM_END. Otherwise, go to EXM_Q03.

EXM_Q03  For how long [have/has] [you/FNAME] been taking this medication every day or several times a week?

EXMC_03n  INTERVIEWER: Read categories to respondent.

1  Less than 1 month
2  1 month to less than 6 months
3  6 months to less than 1 year
4  1 year or more

DK, R

EXM_END
PSYCHOLOGICAL WELL-BEING MANIFESTATION SCALE

PWB_C1 If (do PWB block = 2), go to PWB_END.
Otherwise, go to PWB_C2.

PWB_C2 If proxy interview, go to PWB_END.
Otherwise, go to PWB_QINT.

PWB_QINT Now I'm going to read you a series of statements that people might use to describe themselves. Please tell me if you had these feelings almost always, frequently, half the time, rarely or never.
INTERVIEWER: Press <Enter> to continue.

PWB_Q01 During the past month, you felt self-confident.
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.
INTERVIEWER: Read categories to respondent.

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

PWB_Q03 (During the past month,) you were a "go-getter", you took on lots of projects.

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.

1  Almost always
2  Frequently
3  Half the time
4  Rarely
5  Never
DK, R
PWB_Q05  (During the past month,) you felt loved and appreciated.
PWBC_05
1 Almost always
2 Frequently
3 Half the time
4 Rarely
5 Never
DK, R

PWB_Q06  (During the past month,) you had goals and ambitions.
PWBC_06
1 Almost always
2 Frequently
3 Half the time
4 Rarely
5 Never
DK, R

PWB_Q07  (During the past month,) you felt like having fun, participating in sports and all your favourite activities and hobbies.
PWBC_07
1 Almost always
2 Frequently
3 Half the time
4 Rarely
5 Never
DK, R

PWB_Q08  During the past month, you felt useful.
PWBC_08
INTERVIEWER: Read categories to respondent.
1 Almost always
2 Frequently
3 Half the time
4 Rarely
5 Never
DK, R

PWB_Q09  (During the past month,) you smiled easily.
PWBC_09
1 Almost always
2 Frequently
3 Half the time
4 Rarely
5 Never
DK, R

PWB_Q10  (During the past month,) you were true to yourself, being natural at all times.
PWBC_10
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.

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.

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.

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.

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.

1  Almost always  
2  Frequently  
3  Half the time  
4  Rarely  
5  Never  
DK, R
During the past month, you were quite calm and level-headed.

(Please read the following categories to the respondent.)

1. Almost always
2. Frequently
3. Half the time
4. Rarely
5. Never

(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

(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

(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

(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
(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

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

1. Almost always
2. Frequently
3. Half the time
4. Rarely
5. Never

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

1. Almost always
2. Frequently
3. Half the time
4. Rarely
5. Never

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

1. Almost always
2. Frequently
3. Half the time
4. Rarely
5. Never

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

1. Almost always
2. Frequently
3. Half the time
4. Rarely
5. Never
SOCIAL SUPPORT

SSM_C1 If (do SSM block = 2), go to SSM_END.
SSM_CFDO Otherwise, go to SSM_C2.

SSM_C2 If proxy interview, go to SSM_END.
Otherwise, go to SSM_QINT.

SSM_QINT Next are some questions about the support that is available to you.
INTERVIEWER: Press <Enter> to continue.

SSM_Q01 Starting with a question on friendship, about how many close friends and close
SSMC_01 relatives do you have, that is, people you feel at ease with and can talk to about
what is on your mind?

|__|__| Close friends
(MIN: 0) (MAX: 99; warning after 20)
DK, R (Go to SSM_END)

SSM_QINT2 People sometimes look to others for companionship, assistance or other types of
INTERVIEWER: Press <Enter> to continue.
support.

SSM_Q02 How often is each of the following kinds of support available to you if you need it:
INTERVIEWER: Read categories to respondent.

|   | None of the time
| 1 | A little of the time
| 2 | Some of the time
| 3 | Most of the time
| 4 | All of the time
| 5 | None of the time

DK, R (Go to SSM_END)

SSM_C02 If SSM_Q02 = 2,3,4 or 5 then KEY_PHRASE = [to help you if you were confined to bed]

SSM_Q03 ... someone you can count on to listen to you when you need to talk?
SSMC_03

|   | None of the time
| 1 | A little of the time
| 2 | Some of the time
| 3 | Most of the time
| 4 | All of the time
| 5 | None of the time

DK, R

SSM_C03 If SSM_Q03 = 2,3,4 or 5 then KEY_PHRASE = [to listen to you]
SSM_Q04  ... someone to give you advice about a crisis?
SSMC_04
1  None of the time
2  A little of the time
3  Some of the time
4  Most of the time
5  All of the time
   DK, R

SSM_C04 If SSM_Q04 = 2,3,4 or 5 then KEY_PHRASE = [to give you advice]

SSM_Q05  ... someone to take you to the doctor if you needed it?
SSMC_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?
SSMC_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:
         ... someone to have a good time with?
SSMC_07
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?
SSMC_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]
<table>
<thead>
<tr>
<th>SSM_Q09</th>
<th>... someone to confide in or talk to about yourself or your problems?</th>
</tr>
</thead>
</table>
| SSMC_09 | 1 None of the time  
2 A little of the time  
3 Some of the time  
4 Most of the time  
5 All of the time  
DK, R |

SSM_C09 If SSM_Q09 = 2,3,4 or 5 then KEY PHRASE = [to confide in]

<table>
<thead>
<tr>
<th>SSM_Q10</th>
<th>... someone who hugs you?</th>
</tr>
</thead>
</table>
| SSMC_10 | 1 None of the time  
2 A little of the time  
3 Some of the time  
4 Most of the time  
5 All of the time  
DK, R |

SSM_C10 If SSM_Q10 = 2,3,4 or 5 then KEY PHRASE = [to hug you]

<table>
<thead>
<tr>
<th>SSM_Q11</th>
<th>... someone to get together with for relaxation?</th>
</tr>
</thead>
</table>
| SSMC_11 | 1 None of the time  
2 A little of the time  
3 Some of the time  
4 Most of the time  
5 All of the time  
DK, R |

SSM_C11 If SSM_Q11 = 2,3,4 or 5 then KEY PHRASE = [to relax with]

<table>
<thead>
<tr>
<th>SSM_Q12</th>
<th>... someone to prepare your meals if you were unable to do it yourself?</th>
</tr>
</thead>
</table>
| SSMC_12 | 1 None of the time  
2 A little of the time  
3 Some of the time  
4 Most of the time  
5 All of the time  
DK, R |

SSM_C12 If SSM_Q12 = 2,3,4 or 5 then KEY PHRASE = [to prepare your meals]

<table>
<thead>
<tr>
<th>SSM_Q13</th>
<th>... someone whose advice you really want?</th>
</tr>
</thead>
</table>
| SSMC_13 | 1 None of the time  
2 A little of the time  
3 Some of the time  
4 Most of the time  
5 All of the time  
DK, R |

SSM_C13 If SSM_Q13 = 2,3,4 or 5 then KEY PHRASE = [to advise you]
SSM_Q14  Again, how often is each of the following kinds of support available to you if you need it:

... 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?

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?

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?

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?

1  None of the time
2  A little of the time
3  Some of the time
4  Most of the time
5  All of the time

DK, R

SSM_C18  If SSM_Q18 = 2,3,4 or 5 then KEY_PHRASE = [to do something enjoyable with]
SSM_Q19  ... someone who understands your problems?

SSMC_19
1  None of the time
2  A little of the time
3  Some of the time
4  Most of the time
5  All of the time
DK, R

SSM_C19  If SSM_Q19 = 2,3,4 or 5 then KEY_PHRASE = [to understand your problems]

SSM_Q20  ... someone to love you and make you feel wanted?

SSMC_20
1  None of the time
2  A little of the time
3  Some of the time
4  Most of the time
5  All of the time
DK, R

SSM_C20  If SSM_Q20 = 2,3,4 or 5 then KEY_PHRASE = [to love you and make you feel wanted]

SSM_C21A  If any responses of 2 3,4 or 5 in SSM_Q02 to SSM_Q20, go to SSM_QINT21_A. Otherwise, go to SSM_END.

SSM_QINT21_A
You have just mentioned that if you needed support, someone would be available for you. The next questions are about the support or help you actually received in the past 12 months.

INTERVIEWER: Press <Enter> to continue.

SSM_C21  If any responses of 2,3,4 or 5 in SSM_Q02 or SSM_Q05 or SSM_Q12 or SSM_Q15, then SSM_C21 = 1 (Yes) and go to SSM_Q21A. Otherwise, SSM_C21 = 2 (No) and go to SSM_C22.

SSM_Q21A  In the past 12 months, did you receive the following support:

SSMC_21A
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 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 make SSM_C22 = 1 (YES) and go to SSM_Q22A. Otherwise, make SSM_C22 = 2 (NO) and go to SSM_C23.
SSM_Q22A  (In the past 12 months, did you receive the following support:) someone ^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)?

INTERVIEWER: Read categories to respondent.

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

SSM_C23  If any responses of 2,3,4 or 5 in SSM_Q07 or SSM_Q11 or SSM_Q14 or SSM_Q18, then make SSM_C23 = 1 (Yes) and go to SSM_Q23A.
Otherwise, make SSM_C23 = 2 (No) and go to SSM_C24.

SSM_Q23A  (In the past 12 months, did you receive the following support:) someone ^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)?

INTERVIEWER: Read categories to respondent.

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

SSM_C24  If any responses of 2,3,4 or 5 in SSM_Q03 or SSM_Q04 or SSM_Q08 or SSM_Q09 or SSM_Q13 or SSM_Q16 or SSM_Q17 or SSM_Q19, then make SSM_C24 = 1 and go to SSM_Q24A.
Otherwise, make SSM_C24 = 2 and go to SSM_END.

SSM_Q24A  (In the past 12 months, did you receive the following support:) someone ^KEY_PHRASES?

1   Yes
2   No (Go to SSM_END)
    DK, R (Go to SSM_END)
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
SPIRITUAL VALUES

SPR_C1 If (do SPR block = 2), go to SPR_END.

SPVCFDO Otherwise, go to SPR_C2.

SPR_C2 If proxy interview, go to SPR_END.
Otherwise, go to SPR_QINT.

SPR_QINT I now have a few questions about spiritual values in your life.
INTERVIEWER: Press <Enter> to continue.

SPR_Q1 Do spiritual values play an important role in your life?

SPVC_1

1 Yes
2 No (Go to SPR_Q5)
DK, R (Go to SPR_END)

SPR_Q2 To what extent do your spiritual values help you to find meaning in your life?

INTERVIEWER: Read categories to respondent.

SPVC_2

1 A lot
2 Some
3 A little
4 Not at all
DK, R

SPR_Q3 To what extent do your spiritual values give you the strength to face everyday
difficulties?

SPVC_3

1 A lot
2 Some
3 A little
4 Not at all
DK, R

SPR_Q4 To what extent do your spiritual values help you to understand the difficulties
of life?

SPVC_4

1 A lot
2 Some
3 A little
4 Not at all
DK, R
SPR Q5  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
       DK, R  (Go to SPR_END)

SPR C5  If SPR_Q5 <> 17, go to SPR_Q6.

SPR Q5S  INTERVIEWER: Specify.

   (80 spaces)
   DK, R

SPR Q6  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  In general, would you say that you are:
INTERVIEWER: Read categories to respondent.

   1  … very religious?
   2  … religious?
   3  … not very religious?
   4  … not religious at all?
       DK, R

SPR END
CONTACTS WITH MENTAL HEALTH PROFESSIONALS

CMH_C01A  If (CMH block = 2), go to CMH_END.
CMH_CFDO Otherwise, go to CMH_C01B.

CMH_C01B If proxy interview, go to CMH_END.
Otherwise, go to CMH_QINT.

CMH_QINT  Now some questions about mental and emotional well-being.
INTERVIEWER: Press <Enter> to continue.

CMH_Q01K  In the past 12 months, that is, from [date one year ago] to yesterday, have you
seen, or talked on the telephone, to a health professional about your emotional or
mental health?

1  Yes
2  No  (Go to CMH_END)
DK, R  (Go to CMH_END)

CMH_Q01L  How many times (in the past 12 months)?

l l l l l Times
(MIN: 1)  (MAX: 366; warning after 25)
DK, R

CMH_Q01M  Whom did you see or talk to?
INTERVIEWER: Read categories to respondent. Mark all that apply.

CHMC_1MA 1  Family doctor or general practitioner
CHMC_1MB 2  Psychiatrist
CHMC_1MC 3  Psychologist
CHMC_1MD 4  Nurse
CHMC_1ME 5  Social worker or counsellor
CHMC_1MF 6  Other - Specify
DK, R

CMH_C01MS If CMH_Q01M <> 6, go to CMH_END.
Otherwise, go to CMH_Q01S.

CMH_Q01MS INTERVIEWER: Specify.

_________________________
(80 spaces)
DK, R

CMH_E01M[1] If CMH_Q01M = 1 (saw a family doctor) and HCU_Q02A = 0, display edit message as
follows:

Inconsistent answers have been entered. The respondent has saw or talked with a
family doctor or general practitioner in the past 12 months but previously reported
that he/she did not. Please confirm.
CMH_E01M[2] If CMH_Q01M = 2 (saw a psychiatrist) and HCU_Q02C = 0, display edit message.

   Inconsistent answers have been entered. The respondent has saw or talked with a psychiatrist in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[3] If CMH_Q01M = 3 (saw a psychologist) and HCU_Q02I = 0, display edit message.

   Inconsistent answers have been entered. The respondent has saw or talked with a psychologist in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[4] If CMH_Q01M = 4 (saw a nurse) and HCU_Q02D = 0, display edit message.

   Inconsistent answers have been entered. The respondent has saw or talked with a nurse in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[5] If CMH_Q01M = 5 (saw a social worker or counsellor) and HCU_Q02H = 0, display edit message.

   Inconsistent answers have been entered. The respondent has saw or talked with a social worker or counsellor in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_END
DISTRESS

DIS_C1  If (do DIS block = 2), go to DIS_END.
DISCFDO  Otherwise, go to DIS_C2.

DIS_C2  If proxy interview, go to DIS_END.
Otherwise, go to DIS_QINT.

DIS_QINT  The following questions deal with feelings you may have had during the past month.
INTERVIEWER: Press <Enter> to continue.

DIS_Q01A  During the past month, that is, from [date one month ago] to yesterday, about 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?

1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time  (Go to DIS_Q01D)
DK, R  (Go to DIS_Q01D)

DIS_C01B  If DIS_Q01B = 5, then DIS_Q01C will be set to 5 (None of the time) during processing.

DIS_Q01C  ... so nervous that nothing could calm you down?

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?

1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
DK, R
DIS_Q01E  ... restless or fidgety?
DISC_10E
1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time  (Go to DIS_Q01G)
   DK, R  (Go to DIS_Q01G)

DIS_C01E  If DIS_Q01E = 5, then DIS_Q01F will be set to 5 (None of the time) during processing.

DIS_Q01F  ... so restless you could not sit still?
DISC_10F
1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
   DK, R

DIS_Q01G  During the past month, about how often did you feel:
          ...sad or depressed?
DISC_10G
1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time  (Go to DIS_Q01I)
   DK, R  (Go to DIS_Q01I)

DIS_C01G  If DIS_Q01G = 5, then DIS_Q01H will be set to 5 (None of the time) during processing.

DIS_Q01H  ...so depressed that nothing could cheer you up?
DISC_10H
1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
   DK, R

DIS_Q01I  ...that everything was an effort?
DISC_10I
1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
   DK, R
Canadian Community Health Survey – Cycle 2.1

DIS_Q01J  ...worthless?
  DISC_10J
  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  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  Is that a lot more, somewhat more or only a little more often than usual?
  DISC_10L
  1  A lot
  2  Somewhat
  3  A little
     DK, R

  Go to DIS_Q01N

DIS_Q01M  Is that a lot less, somewhat less or only a little less often than usual?
  DISC_10M
  1  A lot
  2  Somewhat
  3  A little
     DK, R

DIS_Q01N  During the past month, how much did these feelings usually interfere with
your life or activities?
INTERVIEWER: Read categories to respondent.
  DISC_10N
  1  A lot
  2  Some
  3  A little
  4  Not at all
     DK, R

DIS_END
DISTRESS AND MENTAL HEALTH (Quebec)

DIQ_C01 If (do DIQ = 2), go to DIQ_END.
DIQCFDO Otherwise, go to DIQ_C02.

DIQ_C02 If proxy interview, go to DIQ_END. Otherwise, go to DIQ_QINT.

DIQ_QINT (Now some additional questions from your province.)
The following questions are about various aspects of your health. How you felt last week could be different from how you felt during the past year.

INTERVIEWER: Press <Enter> to continue.

DIQ_Q01 During the past week, that is, from [date one week ago] to yesterday, how often did you: ... feel hopeless about the future?

INTERVIEWER: Read categories to respondent.

1 Never
2 Once in a while
3 Fairly often
4 Very often
DK, R (Go to DIQ_END)

DIQ_Q02 During the past week, that is, from [date one week ago] to yesterday, how often did you: ... feel lonely?

1 Never
2 Once in a while
3 Fairly often
4 Very often
DK, R

DIQ_Q03 (During the past week, that is, from [date one week ago] to yesterday, about how often did you) ... have your mind go blank?

1 Never
2 Once in a while
3 Fairly often
4 Very often
DK, R

DIQ_Q04 (During the past week, that is, from [date one week ago] to yesterday, about how often did you:) ... feel discouraged or down?

1 Never
2 Once in a while
3 Fairly often
4 Very often
DK, R
**DIQ Q05**

**DIQC 05**

*During the past week, that is, from [date one week ago] to yesterday, about how often did you:*

... *feel tense or under pressure?*

1. Never
2. Once in a while
3. Fairly often
4. Very often

**DIQ Q06**

**DIQC 06**

*(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)*

... *lose your temper?*

1. Never
2. Once in a while
3. Fairly often
4. Very often

**DIQ Q07**

**DIQC 07**

*(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)*

... *feel bored or have little interest in things?*

1. Never
2. Once in a while
3. Fairly often
4. Very often

**DIQ Q08**

**DIQC 08**

*(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)*

... *feel fearful or afraid?*

1. Never
2. Once in a while
3. Fairly often
4. Very often

**DIQ Q09**

**DIQC 09**

*(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)*

... *have trouble remembering things?*

1. Never
2. Once in a while
3. Fairly often
4. Very often
During the past week, that is, from [date one week ago] to yesterday, about how often did you:

... cry easily or feel like crying?

1  Never
2  Once in a while
3  Fairly often
4  Very often
DK, R

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)

... feel nervous or shaky inside?

1  Never
2  Once in a while
3  Fairly often
4  Very often
DK, R

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)

... feel critical of others?

1  Never
2  Once in a while
3  Fairly often
4  Very often
DK, R

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)

... feel easily annoyed or irritated?

1  Never
2  Once in a while
3  Fairly often
4  Very often
DK, R

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)

... get angry over things that are not too important?

1  Never
2  Once in a while
3  Fairly often
4  Very often
DK, R
In general, compared with other people your age, would you say your mental health is:

INTERVIEWER: Read categories to respondent.

1  ... excellent?
2  ... very good?
3  ... good?
4  ... fair?
5  ... poor?

DK, R
DEPRESSION

DEP_C01 If (do block) = 2, go to DEP_END.

DEP_C02 If proxy interview, go to DEP_END.
Otherwise, go to DEP_Q02.

DEP_Q02 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

1  Yes
2  No  (Go to DEP_Q16)
   DK, R   (Go to DEP_END)

DEP_Q03 For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst. During that time, how long did these feelings usually last?
INTERVIEWER: Read categories to respondent.

1  All day long
2  Most of the day
3  About half of the day  (Go to DEP_Q16)
4  Less than half of a day  (Go to DEP_Q16)
   DK, R   (Go to DEP_END)

DEP_Q04 How often did you feel this way during those 2 weeks?
INTERVIEWER: Read categories to respondent.

1  Every day
2  Almost every day
3  Less often  (Go to DEP_Q16)
   DK, R   (Go to DEP_END)

DEP_Q05 During those 2 weeks did you lose interest in most things?

1  Yes  (KEY PHRASE = Losing interest)
2  No  (Go to DEP.END)
   DK, R   (Go to DEP_END)

DEP_Q06 Did you feel tired out or low on energy all of the time?

1  Yes  (KEY PHRASE = Feeling tired)
2  No  (Go to DEP.END)
   DK, R   (Go to DEP_END)

DEP_Q07 Did you gain weight, lose weight or stay about the same?

1  Gained weight  (KEY PHRASE = Gaining weight)
2  Lost weight  (KEY PHRASE = Losing weight)
3  Stayed about the same  (Go to DEP_Q09)
4  Was on a diet  (Go to DEP_Q09)
   DK, R   (Go to DEP_END)
DEP_Q08A  About how much did you [gain/lose]?

INTERVIEWER: Enter amount only.

<table>
<thead>
<tr>
<th></th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)</td>
</tr>
<tr>
<td>DK, R</td>
<td>(Go to DEP_Q09)</td>
</tr>
</tbody>
</table>

DEP_Q08B  INTERVIEWER: Was that in pounds or in kilograms?

1  Pounds
2  Kilograms

(DK, R are not allowed)

DEP_Q09  Did you have more trouble falling asleep than you usually do?

INTERVIEWER: (KEY PHRASE = Trouble falling asleep)

1  Yes
2  No  (Go to DEP_Q11)

DK, R  (Go to DEP_END)

DEP_Q10  How often did that happen?

INTERVIEWER: Read categories to respondent.

1  Every night
2  Nearly every night
3  Less often

DK, R  (Go to DEP_END)

DEP_Q11  Did you have a lot more trouble concentrating than usual?

INTERVIEWER: (KEY PHRASE = Trouble concentrating)

1  Yes
2  No  (Go to DEP_END)

DK, R  (Go to DEP_END)

DEP_Q12  At these times, people sometimes feel down on themselves, no good or worthless.

INTERVIEWER: Did you feel this way?

1  Yes  (KEY PHRASE = Feeling down on yourself)
2  No  (Go to DEP_END)

DK, R  (Go to DEP_END)

DEP_Q13  Did you think a lot about death - either your own, someone else’s or death in general?

1  Yes  (KEY PHRASE = Thoughts about death)
2  No  (Go to DEP_END)

DK, R  (Go to DEP_END)

DEP_C14  If “Yes” in DEP_Q5, DEP_Q6, DEP_Q9, DEP_Q11, DEP_Q12 or DEP_Q13, or DEP_Q7 is “gain” or “lose”, go to DEP_Q14C.

Otherwise, go to DEP_END.

DEP_Q14C  Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue or depressed and also had some other things like (KEY PHRASES).  
INTERVIWER: Press <Enter> to continue.
DEP_Q14  About how many weeks altogether did you feel this way during the past 12 months?

<table>
<thead>
<tr>
<th></th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 2 MAX: 53)</td>
</tr>
<tr>
<td></td>
<td>(If &gt; 51 weeks, go to DEP_END)</td>
</tr>
<tr>
<td>DK, R</td>
<td>(Go to DEP_END)</td>
</tr>
</tbody>
</table>

DEP_Q15  Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

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

DK, R
Go to DEP_END

DEP_Q16  During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure?

1 Yes  (Go to DEP_END)
2 No  (Go to DEP_END)
 DK, R  (Go to DEP_END)

DEP_Q17  For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?

<table>
<thead>
<tr>
<th></th>
<th>INTERVIEWER: Read categories to respondent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All day long</td>
</tr>
<tr>
<td>2</td>
<td>Most of the day</td>
</tr>
<tr>
<td>3</td>
<td>About half of the day  (Go to DEP_END)</td>
</tr>
<tr>
<td>4</td>
<td>Less than half of a day  (Go to DEP_END)</td>
</tr>
<tr>
<td>DK, R</td>
<td>(Go to DEP_END)</td>
</tr>
</tbody>
</table>

DEP_Q18  How often did you feel this way during those 2 weeks?

<table>
<thead>
<tr>
<th></th>
<th>INTERVIEWER: Read categories to respondent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Every day</td>
</tr>
<tr>
<td>2</td>
<td>Almost every day</td>
</tr>
<tr>
<td>3</td>
<td>Less often  (Go to DEP_END)</td>
</tr>
<tr>
<td>DK, R</td>
<td>(Go to DEP_END)</td>
</tr>
</tbody>
</table>

DEP_Q19  During those 2 weeks did you feel tired out or low on energy all the time?

1 Yes  (KEY PHRASE = Feeling tired)
2 No  (Go to DEP_END)
 DK, R  (Go to DEP_END)
DEP_Q20
Did you gain weight, lose weight, or stay about the same?

1 Gained weight (KEY PHRASE = Gaining weight)
2 Lost weight (KEY PHRASE = Losing weight)
3 Stayed about the same (Go to DEP_Q22)
4 Was on a diet (Go to DEP_Q22)
DK, R (Go to DEP_END)

DEP_Q21A
About how much did you [gain/lose]?

INTERVIEWER: Enter amount only.

|___| Weight
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)
DK, R (Go to DEP_Q22)

DEP_Q21B
INTERVIEWER: Was that in pounds or in kilograms?

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

DEP_Q22
Did you have more trouble falling asleep than you usually do?

1 Yes (KEY PHRASE = Trouble falling asleep)
2 No (Go to DEP_Q24)
DK, R (Go to DEP_END)

DEP_Q23
How often did that happen?

INTERVIEWER: Read categories to respondent.

1 Every night
2 Nearly every night
3 Less often
DK, R (Go to DEP_END)

DEP_Q24
Did you have a lot more trouble concentrating than usual?

1 Yes (KEY PHRASE = Trouble concentrating)
2 No (Go to DEP_END)
DK, R (Go to DEP_END)

DEP_Q25
At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

1 Yes (KEY PHRASE = Feeling down on yourself)
2 No
DK, R (Go to DEP_END)

DEP_Q26
Did you think a lot about death - either your own, someone else’s, or death in general?

1 Yes (KEY PHRASE = Thoughts about death)
2 No
DK, R (Go to DEP_END)
DEP_C27  If any “Yes” in DEP_Q19, DEP_Q22, DEP_Q24, DEP_Q25 or DEP_Q26, or DEP_Q20 is “gain” or “lose”, go to DEP_Q27C.
Otherwise, go to DEP_END.

DEP_Q27C  Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES).
INTERVIEWER: Press <Enter> to continue.

DEP_Q27  About how many weeks did you feel this way during the past 12 months?

DEP_Q28  Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?

<table>
<thead>
<tr>
<th></th>
<th>January</th>
<th></th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>February</td>
<td></td>
<td>August</td>
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<tr>
<td>3</td>
<td>March</td>
<td></td>
<td>September</td>
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<td>4</td>
<td>April</td>
<td></td>
<td>October</td>
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<tr>
<td>5</td>
<td>May</td>
<td></td>
<td>November</td>
</tr>
<tr>
<td>6</td>
<td>June</td>
<td></td>
<td>December</td>
</tr>
</tbody>
</table>

DK, R  (Go to DEP_END)
SUICIDAL THOUGHTS AND ATTEMPTS

SUI_C1A If (do SUI block = 2), go to SUI_END.
SUI_CFDO Otherwise, go to SUI_C1B.

SUI_C1B If proxy interview or if age < 15, go to SUI_END.
Otherwise, go to SUI_QINT.

SUI_QINT The following questions relate to the sensitive issue of suicide.
INTERVIEWER: Press <Enter> to continue.

SUI_Q1 Have you ever seriously considered committing suicide or taking your own life?
1  Yes
2  No  (Go to SUI_END)
    DK, R  (Go to SUI_END)

SUI_Q2 Has this happened in the past 12 months?
1  Yes
2  No  (Go to SUI_END)
    DK, R  (Go to SUI_END)

SUI_Q3 Have you ever attempted to commit suicide or tried taking your own life?
1  Yes
2  No  (Go to SUI_END)
    DK, R  (Go to SUI_END)

SUI_Q4 Did this happen in the past 12 months?
1  Yes
2  No  (Go to SUI_END)
    DK, R  (Go to SUI_END)

SUI_Q5 Did you see, or talk on the telephone, to a health professional following your attempt to commit suicide?
1  Yes
2  No  (Go to SUI_END)
    DK, R  (Go to SUI_END)
**SUI_Q6**  
**Whom did you see or talk to?**  
**INTERVIEWER:** Read categories to respondent. Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUIC_6A</td>
<td>1 Family doctor or general practitioner</td>
</tr>
<tr>
<td>SUIC_6B</td>
<td>2 Psychiatrist</td>
</tr>
<tr>
<td>SUIC_6C</td>
<td>3 Psychologist</td>
</tr>
<tr>
<td>SUIC_6D</td>
<td>4 Nurse</td>
</tr>
<tr>
<td>SUIC_6E</td>
<td>5 Social worker or counsellor</td>
</tr>
<tr>
<td>SUIC_6G</td>
<td>6 Religious or spiritual advisor such as a priest, chaplain or rabbi</td>
</tr>
<tr>
<td>SUIC_6H</td>
<td>7 Teacher or guidance counsellor</td>
</tr>
<tr>
<td>SUIC_6F</td>
<td>8 Other</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>
HEALTH STATUS – SF-36

SFR_C03 If (do SFR block = 2), go to SFR_END.
SFR_CFDO Otherwise, go to SFR_QINTA.

SFR_QINTA Although some of the following questions may seem repetitive, the next section deals with another way of measuring health status.
INTERVIEWER: Press <Enter> to continue.

SFR_QINTB The questions are about how [you/FNAME] [feel/feels] and how well [you/he/she] [are/is] able to do [your/his/her] usual activities.
INTERVIEWER: Press <Enter> to continue.

SFR_Q03 I'll start with a few questions concerning activities [you/FNAME] might do during a typical day. Does [your/his/her] health limit [you/him/her] in any of the following activities:
SFRC_03 ... in vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports?
INTERVIEWER: Read categories to respondent.

1 Limited a lot
2 Limited a little
3 Not at all limited
   DK, R (Go to SFR_END)

SFR_Q04 (Does [your/his/her] health limit [you/him/her]:)
SFRC_04 ... in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?
INTERVIEWER: Read categories to respondent.

1 Limited a lot
2 Limited a little
3 Not at all limited
   DK, R

SFR_Q05 (Does [your/his/her] health limit [you/him/her]:)
SFRC_05 ... in lifting or carrying groceries?

1 Limited a lot
2 Limited a little
3 Not at all limited
   DK, R

SFR_Q06 (Does [your/his/her] health limit [you/him/her]:)
SFRC_06 ... in climbing several flights of stairs?

1 Limited a lot
2 Limited a little
3 Not at all limited
   DK, R
SFR_Q07  (Does [your/his/her] health limit [you/him/her]:)
SFRC_07  ... in climbing one flight of stairs?

1  Limited a lot
2  Limited a little
3  Not at all limited
   DK, R

SFR_Q08  (Does [your/his/her] health limit [you/him/her]:)
SFRC_08  ... in bending, kneeling, or stooping?

1  Limited a lot
2  Limited a little
3  Not at all limited
   DK, R

SFR_Q09  (Does [your/his/her] health limit [you/him/her]:)
SFRC_09  ... in walking more than one kilometre?

1  Limited a lot
2  Limited a little
3  Not at all limited
   DK, R

SFR_Q10  (Does [your/his/her] health limit [you/him/her]:)
SFRC_10  ... in walking several blocks?

1  Limited a lot
2  Limited a little
3  Not at all limited
   DK, R

SFR_Q11  (Does [your/his/her] health limit [you/him/her]:)
SFRC_11  ... in walking one block?

1  Limited a lot
2  Limited a little
3  Not at all limited
   DK, R

SFR_Q12  (Does [your/his/her] health limit [you/him/her]:)
SFRC_12  ... in bathing and dressing [yourself/himself/herself]?

1  Limited a lot
2  Limited a little
3  Not at all limited
   DK, R
Now a few questions about problems with [your/FNAME’s] work or with other regular daily activities. Because of [your/his/her] physical health, during the past 4 weeks, did [you/FNAME]:

… cut down on the amount of time [you/he/she] spent on work or other activities?

1. Yes
2. No

Because of [your/his/her] physical health, during the past 4 weeks, did [you/FNAME]:

… accomplish less than [you/he/she] would like?

1. Yes
2. No

(Because of [your/his/her] physical health, during the past 4 weeks,) [were/was] [you/FNAME]:

… limited in the kind of work or other activities?

1. Yes
2. No

(Because of [your/his/her] physical health, during the past 4 weeks,) did [you/FNAME]:

… have difficulty performing the work or other activities (for example, it took extra effort)?

1. Yes
2. No

Next a few questions about problems with [your/FNAME’s] work or with other regular daily activities due to emotional problems (such as feeling depressed or anxious). Because of emotional problems, during the past 4 weeks, did [you/FNAME]:

… cut down on the amount of time [you/he/she] spent on work or other activities?

1. Yes
2. No

Because of emotional problems, during the past 4 weeks, did [you/FNAME]:

… accomplish less than [you/he/she] would like?

1. Yes
2. No
(Because of emotional problems, during the past 4 weeks,) 

SFR_Q19  
SFRC_19  
did [you/FNAME] :  

… not do work or other activities as carefully as usual?  

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>

SFR_Q20  
SFRC_20  
During the past 4 weeks, how much has [your/his/her] physical health or emotional problems interfered with [your/his/her] normal social activities with family, friends, neighbours, or groups?  

INTERVIEWER: Read categories to respondent.  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not at all</td>
</tr>
<tr>
<td>2</td>
<td>A little bit</td>
</tr>
<tr>
<td>3</td>
<td>Moderately</td>
</tr>
<tr>
<td>4</td>
<td>Quite a bit</td>
</tr>
<tr>
<td>5</td>
<td>Extremely</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>

SFR_Q21  
SFRC_21  
During the past 4 weeks, how much bodily pain [have/has] [you/he/she] had?  

INTERVIEWER: Read categories to respondent  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Very mild</td>
</tr>
<tr>
<td>3</td>
<td>Mild</td>
</tr>
<tr>
<td>4</td>
<td>Moderate</td>
</tr>
<tr>
<td>5</td>
<td>Severe</td>
</tr>
<tr>
<td>6</td>
<td>Very severe</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>

SFR_Q22  
SFRC_22  
During the past 4 weeks, how much did pain interfere with [your/his/her] normal work (including work both outside the home and housework)?  

INTERVIEWER: Read categories to respondent.  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not at all</td>
</tr>
<tr>
<td>2</td>
<td>A little bit</td>
</tr>
<tr>
<td>3</td>
<td>Moderately</td>
</tr>
<tr>
<td>4</td>
<td>Quite a bit</td>
</tr>
<tr>
<td>5</td>
<td>Extremely</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>

SFR_QINT23  
SFRC_QINT23  
The next questions are about how [you/FNAME] felt and how things have been with [you/him/her] during the past 4 weeks. For each question, please indicate the answer that comes closest to the way [you/FNAME] [have/has] been feeling.  

INTERVIEWER: Press <Enter> to continue.
<table>
<thead>
<tr>
<th>SFR_Q23</th>
<th>During the past 4 weeks, how much of the time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFRC_23</td>
<td>… did [you/FNAME] feel full of pep?</td>
</tr>
<tr>
<td>INTERVIEWER: Read categories to respondent.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>All of the time</td>
</tr>
<tr>
<td>2</td>
<td>Most of the time</td>
</tr>
<tr>
<td>3</td>
<td>A good bit of the time</td>
</tr>
<tr>
<td>4</td>
<td>Some of the time</td>
</tr>
<tr>
<td>5</td>
<td>A little of the time</td>
</tr>
<tr>
<td>6</td>
<td>None of the time</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SFR_Q24</th>
<th>(During the past 4 weeks, how much of the time:)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFRC_24</td>
<td>… [have/has] [you/FNAME] been a very nervous person?</td>
</tr>
<tr>
<td>INTERVIEWER: Read categories to respondent.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>All of the time</td>
</tr>
<tr>
<td>2</td>
<td>Most of the time</td>
</tr>
<tr>
<td>3</td>
<td>A good bit of the time</td>
</tr>
<tr>
<td>4</td>
<td>Some of the time</td>
</tr>
<tr>
<td>5</td>
<td>A little of the time</td>
</tr>
<tr>
<td>6</td>
<td>None of the time</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SFR_Q25</th>
<th>(During the past 4 weeks, how much of the time:)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFRC_25</td>
<td>… [have/has] [you/he/she] felt so down in the dumps that nothing could cheer [you/him/her] up?</td>
</tr>
<tr>
<td>1</td>
<td>All of the time</td>
</tr>
<tr>
<td>2</td>
<td>Most of the time</td>
</tr>
<tr>
<td>3</td>
<td>A good bit of the time</td>
</tr>
<tr>
<td>4</td>
<td>Some of the time</td>
</tr>
<tr>
<td>5</td>
<td>A little of the time</td>
</tr>
<tr>
<td>6</td>
<td>None of the time</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SFR_Q26</th>
<th>(During the past 4 weeks, how much of the time:)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFRC_26</td>
<td>… [have/has] [you/he/she] felt calm and peaceful?</td>
</tr>
<tr>
<td>1</td>
<td>All of the time</td>
</tr>
<tr>
<td>2</td>
<td>Most of the time</td>
</tr>
<tr>
<td>3</td>
<td>A good bit of the time</td>
</tr>
<tr>
<td>4</td>
<td>Some of the time</td>
</tr>
<tr>
<td>5</td>
<td>A little of the time</td>
</tr>
<tr>
<td>6</td>
<td>None of the time</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>
SFR_Q27  (During the past 4 weeks, how much of the time:)  
SFRC_27  ... did [you/he/she] have a lot of energy?  
1  All of the time  
2  Most of the time  
3  A good bit of the time  
4  Some of the time  
5  A little of the time  
6  None of the time  
DK, R  

SFR_Q28  During the past 4 weeks, how much of the time:  
SFRC_28  ... [have/has] [you/he/she] felt downhearted and blue?  
1  All of the time  
2  Most of the time  
3  A good bit of the time  
4  Some of the time  
5  A little of the time  
6  None of the time  
DK, R  

SFR_Q29  (During the past 4 weeks, how much of the time:)  
SFRC_29  ... did [you/he/she] feel worn out?  
1  All of the time  
2  Most of the time  
3  A good bit of the time  
4  Some of the time  
5  A little of the time  
6  None of the time  
DK, R  

SFR_Q30  (During the past 4 weeks, how much of the time:)  
SFRC_30  ... [have/has] [you/he/she] been a happy person?  
1  All of the time  
2  Most of the time  
3  A good bit of the time  
4  Some of the time  
5  A little of the time  
6  None of the time  
DK, R  

SFR_Q31  (During the past 4 weeks, how much of the time:)  
SFRC_31  ... did [you/he/she] feel tired?  
1  All of the time  
2  Most of the time  
3  A good bit of the time  
4  Some of the time  
5  A little of the time  
6  None of the time  
DK, R
SFR_Q32  During the past 4 weeks, how much of the time has [your/his/her] health limited [your/his/her] social activities (such as visiting with friends or close relatives)?

INTERVIEWER: Read categories to respondent.

1  All of the time
2  Most of the time
3  A good bit of the time
4  Some of the time
5  A little of the time
6  None of the time
DK, R

SFR_Q33  Now please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME]. [I/FNAME] [seem/seems] to get sick a little easier than other people.

INTERVIEWER: Read categories to respondent.

1  Definitely true
2  Mostly true
3  Not sure
4  Mostly false
5  Definitely false
DK, R

SFR_Q34  (Please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].) [I/FNAME] [am/is] as healthy as anybody [I/he/she] [know/knows].

INTERVIEWER: Read categories to respondent.

1  Definitely true
2  Mostly true
3  Not sure
4  Mostly false
5  Definitely false
DK, R

SFR_Q35  (Please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].) [I/FNAME] [expect/expects] [my/his/her] health to get worse.

1  Definitely true
2  Mostly true
3  Not sure
4  Mostly false
5  Definitely false
DK, R
(Please tell me the answer that best describes how true or false each of the following statements is for [you/NAME].)

[My/NAME's] health is excellent.

1. Definitely true
2. Mostly true
3. Not sure
4. Mostly false
5. Definitely false

DK, R
ACCESS TO HEALTH CARE SERVICES

ACC_BEG Collected starting in April 2003.

ACC_C1 If (do ACC block = 2), go to ACC_END.
ACCCFDO Otherwise, go to ACC_C2.

ACC_C2 If proxy interview or if age < 15, go to ACC_END.
Otherwise, go to ACC_QINT10.

ACC_QINT10 The next questions are about the use of various health care services.
I will start by asking about your experiences getting health care from a medical
specialist such as a cardiologist, allergist, gynaecologist or psychiatrist (excluding
an optometrist).
INTERVIEWER: Press <Enter> to continue.

ACC_Q10 In the past 12 months, did you require a visit to a medical specialist for a diagnosis
or a consultation?

1  Yes  (Go to ACC_QINT20)
2  No   (Go to ACC_QINT20)
DK, R  (Go to ACC_QINT20)

ACC_Q11 In the past 12 months, did you ever experience any difficulties getting the
specialist care you needed for a diagnosis or consultation?

1  Yes  (Go to ACC_QINT20)
2  No   (Go to ACC_QINT20)
DK, R  (Go to ACC_QINT20)

ACC_Q12 What type of difficulties did you experience?
INTERVIEWER: Mark all that apply.

ACCC_12A 1 Difficulty getting a referral
ACCC_12B 2 Difficulty getting an appointment
ACCC_12C 3 No specialists in the area
ACCC_12D 4 Waited too long - between booking appointment and visit
ACCC_12E 5 Waited too long - to see the doctor (i.e. in-office waiting)
ACCC_12F 6 Transportation - problems
ACCC_12G 7 Language - problem
ACCC_12H 8 Cost
ACCC_12I 9 Personal or family responsibilities
ACCC_12J 10 General deterioration of health
ACCC_12K 11 Appointment cancelled or deferred by specialist
ACCC_12L 12 Still waiting for visit
ACCC_12M 13 Unable to leave the house because of a health problem
ACCC_12N 14 Other - Specify
DK, R
ACC_C12S  If ACC_Q12 <> 14, go to ACC_QINT20. Otherwise, go to ACC_Q12S.

ACC_Q12S  INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_QINT20  The following questions are about any surgery not provided in an emergency that you may have required, such as cardiac surgery, joint surgery, caesarean sections and cataract surgery, excluding laser eye surgery.
INTERVIEWER: Press <Enter> to continue.

ACC_Q20  In the past 12 months, did you require any non-emergency surgery?

ACC_20

1  Yes
2  No  (Go to ACC_QINT30)
   DK, R  (Go to ACC_QINT30)

ACC_Q21  In the past 12 months, did you ever experience any difficulties getting the surgery you needed?

ACC_21

1  Yes
2  No  (Go to ACC_QINT30)
   DK, R  (Go to ACC_QINT30)

ACC_Q22  What type of difficulties did you experience?
INTERVIEWER: Mark all that apply.

ACC_22A  1  Difficulty getting an appointment with a surgeon
ACC_22B  2  Difficulty getting a diagnosis
ACC_22C  3  Waited too long - for a diagnostic test
ACC_22D  4  Waited too long - for a hospital bed to become available
ACC_22E  5  Waited too long - for surgery
ACC_22F  6  Service not available - in the area
ACC_22G  7  Transportation - problems
ACC_22H  8  Language - problem
ACC_22I  9  Cost
ACC_22J 10  Personal or family responsibilities
ACC_22K 11  General deterioration of health
ACC_22L 12  Appointment cancelled or deferred by surgeon or hospital
ACC_22M 13  Still waiting for surgery
ACC_22N 14  Unable to leave the house because of a health problem
ACC_22O 15  Other - Specify
   DK, R

ACC_C22S  If ACC_Q22 <> 15, go to ACC_QINT30. Otherwise, go to ACC_Q22S.

ACC_Q22S  INTERVIEWER: Specify.

(80 spaces)
DK, R
Now some questions about MRIs, CAT Scans and angiographies provided in a non-emergency situation.

INTERVIEWER: Press <Enter> to continue.

In the past 12 months, did you require one of these tests?

1 Yes
2 No (Go to ACC_QINT40)

In the past 12 months, did you ever experience any difficulties getting the tests you needed?

1 Yes
2 No (Go to ACC_QINT40)

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

1 Difficulty getting a referral
2 Difficulty getting an appointment
3 Waited too long - to get an appointment
4 Waited too long - to get test (i.e. in-office waiting)
5 Service not available - at time required
6 Service not available - in the area
7 Transportation - problems
8 Language - problem
9 Cost
10 General deterioration of health
11 Did not know where to go (i.e. information problems)
12 Still waiting for test
13 Unable to leave the house because of a health problem
14 Other - Specify

If ACC_Q32 <> 14, go to ACC_QINT40. Otherwise, go to ACC_Q32S.

INTERVIEWER: Specify.

(60 spaces)

Now I’d like you to think about yourself and family members living in your dwelling. The next questions are about your experiences getting health information or advice when you needed them for yourself or a family member living in your dwelling.

INTERVIEWER: Press <Enter> to continue.
ACC_Q40  In the past 12 months, have you required health information or advice for yourself or a family member?

1  Yes
2  No  (Go to ACC_QINT50)
   DK, R  (Go to ACC_QINT50)

ACC_Q40A  Who did you contact when you needed health information or advice for yourself or a family member?

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

ACCC_40A  1  Doctor’s office
ACCC_40B  2  Community health centre / CLSC
ACCC_40C  3  Walk-in clinic
ACCC_40D  4  Telephone health line (e.g., HealthLinks, Telehealth Ontario, HealthLink, Health-Line, TeleCare, Info-Santé)
ACCC_40E  5  Hospital emergency room
ACCC_40F  6  Other hospital service
ACCC_40G  7  Other - Specify

ACC_C40AS  If ACC_Q40A <> 7, go to ACC_Q41. Otherwise, go to ACC_Q40AS.

ACC_Q40AS  INTERVIEWER: Specify.

(80 spaces)
   DK, R

ACC_Q41  In the past 12 months, did you ever experience any difficulties getting the health information or advice you needed for yourself or a family member?

1  Yes
2  No  (Go to ACC_QINT50)
   DK, R  (Go to ACC_QINT50)

ACC_Q42  Did you experience difficulties during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

1  Yes
2  No  (Go to ACC_Q44)
3  Not required at this time  (Go to ACC_Q44)
   DK, R  (Go to ACC_Q44)
**ACC_Q43**  What type of difficulties did you experience?

**INTERVIEWER:** Mark all that apply.

| ACCC_43A | 1 Difficulty contacting a physician or nurse |
| ACCC_43B | 2 Did not have a phone number |
| ACCC_43C | 3 Could not get through (i.e. no answer) |
| ACCC_43D | 4 Waited too long to speak to someone |
| ACCC_43E | 5 Did not get adequate info or advice |
| ACCC_43F | 6 Language - problem |
| ACCC_43G | 7 Did not know where to go / call / uninformed |
| ACCC_43H | 8 Unable to leave the house because of a health problem |
| ACCC_43I | 9 Other - Specify |

DK, R

**ACC_C43S** If ACC_Q43 <> 9, go to ACC_Q44. Otherwise, go to ACC_Q43S.

**ACC_Q43S**  **INTERVIEWER:** Specify.

___________________________

(80 spaces)

DK, R

**ACC_Q44**  Did you experience difficulties getting health information or advice during evenings and weekends (that is, 5:00 to 9:00 pm Monday to Friday, or 9:00 am to 5:00 pm, Saturdays and Sundays)?

**INTERVIEWER:** It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

| 1 | Yes |
| 2 | No   | (Go to ACC_Q46) |
| 3 | Not required at this time | (Go to ACC_Q46) |

DK, R  (Go to ACC_Q46)

**ACC_Q45**  What type of difficulties did you experience?

**INTERVIEWER:** Mark all that apply.

| ACCC_45A | 1 Difficulty contacting a physician or nurse |
| ACCC_45B | 2 Did not have a phone number |
| ACCC_45C | 3 Could not get through (i.e. no answer) |
| ACCC_45D | 4 Waited too long to speak to someone |
| ACCC_45E | 5 Did not get adequate info or advice |
| ACCC_45F | 6 Language - problem |
| ACCC_45G | 7 Did not know where to go / call / uninformed |
| ACCC_45H | 8 Unable to leave the house because of a health problem |
| ACCC_45I | 9 Other - Specify |

DK, R

**ACC_C45S** If ACC_Q45 <> 9, go to ACC_Q46. Otherwise, go to ACC_Q45S.

**ACC_Q45S**  **INTERVIEWER:** Specify.

___________________________

(80 spaces)

DK, R
ACC_Q46  Did you experience difficulties getting health information or advice during the middle of the night?

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1  Yes  (Go to ACC_QINT50)
2  No    (Go to ACC_QINT50)
3  Not required at this time  (Go to ACC_QINT50)
    DK, R  (Go to ACC_QINT50)

ACC_Q47  What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACCC_47A  1  Difficulty contacting a physician or nurse
ACCC_47B  2  Did not have a phone number
ACCC_47C  3  Could not get through (i.e. no answer)
ACCC_47D  4  Waited too long to speak to someone
ACCC_47E  5  Did not get adequate info or advice
ACCC_47F  6  Language - problem
ACCC_47G  7  Did not know where to go / call / uninformed
ACCC_47H  8  Unable to leave the house because of a health problem
ACCC_47I  9  Other - Specify
    DK, R

ACC_C47S If ACC_Q47 <> 9, go to ACC_QINT50. Otherwise, go to ACC_Q47S.

ACC_Q47S  INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_QINT50  Now some questions about your experiences when you needed health care services for routine or on-going care such as a medical exam or follow-up for yourself or a family member living in your dwelling.

INTERVIEWER: Press <Enter> to continue.

ACC_Q50A  Do you have a regular family doctor?

ACCC_50A  1  Yes
2  No  DK, R

ACC_Q50  In the past 12 months, did you require any routine or on-going care for yourself or a family member?

1  Yes  (Go to ACC_QINT60)
2  No    (Go to ACC_QINT60)
    DK, R  (Go to ACC_QINT60)
ACC_Q51 In the past 12 months, did you ever experience any difficulties getting the routine or on-going care you or a family member needed?

1 Yes
2 No (Go to ACC_QINT60)
DK, R (Go to ACC_QINT60)

ACC_Q52 Did you experience difficulties getting such care during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

1 Yes
2 No (Go to ACC_Q54)
3 Not required at this time (Go to ACC_Q54)
DK, R (Go to ACC_Q54)

ACC_Q53 What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACCC_53A 1 Difficulty contacting a physician
ACCC_53B 2 Difficulty getting an appointment
ACCC_53C 3 Do not have personal / family physician
ACCC_53D 4 Waited too long - to get an appointment
ACCC_53E 5 Waited too long - to see the doctor (i.e. in-office waiting)
ACCC_53F 6 Service not available - at time required
ACCC_53G 7 Service not available - in the area
ACCC_53H 8 Transportation - problems
ACCC_53I 9 Language - problem
ACCC_53J 10 Cost
ACCC_53K 11 Did not know where to go (i.e. information problems)
ACCC_53L 12 Unable to leave the house because of a health problem
ACCC_53M 13 Other - Specify
DK, R

ACC_C53S If ACC_Q53 <> 13, go to ACC_Q54. Otherwise, go to ACC_Q53S.

ACC_Q53S INTERVIEWER: Specify.

___________________________
(80 spaces)
DK, R

ACC_Q54 Did you experience difficulties getting such care during evenings and weekends that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

1 Yes
2 No (Go to ACC_QINT60)
3 Not required at this time (Go to ACC_QINT60)
DK, R (Go to ACC_QINT60)
What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

1. Difficulty contacting a physician
2. Difficulty getting an appointment
3. Do not have personal / family physician
4. Waited too long - to get an appointment
5. Waited too long - to see the doctor (i.e. in-office waiting)
6. Service not available - at time required
7. Service not available - in the area
8. Transportation - problems
9. Language - problem
10. Cost
11. Did not know where to go (i.e. information problems)
12. Unable to leave the house because of a health problem
13. Other - Specify

DK, R

If ACC_Q55 <> 13, go to ACC_QINT60. Otherwise, go to ACC_Q55S.

INTERVIEWER: Specify.

(80 spaces)

DK, R

The next questions are about situations when you or a family member have needed immediate care for a minor health problem such as fever, headache, a sprained ankle, vomiting or an unexplained rash.

INTERVIEWER: Press <Enter> to continue.

In the past 12 months, have you or a family member required immediate health care services for a minor health problem?

1. Yes
2. No (Go to ACC_END)
3. Not required at this time (Go to ACC_Q61)

In the past 12 months, did you ever experience any difficulties getting the immediate care needed for a minor health problem for yourself or a family member?

1. Yes
2. No (Go to ACC_END)
3. Not required at this time (Go to ACC_Q64)

Did you experience difficulties getting such care during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

1. Yes
2. No (Go to ACC_Q64)
3. Not required at this time (Go to ACC_Q64)
What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

1. Difficulty contacting a physician
2. Difficulty getting an appointment
3. Do not have personal / family physician
4. Waited too long - to get an appointment
5. Waited too long - to see the doctor (i.e. in-office waiting)
6. Service not available - at time required
7. Service not available - in the area
8. Transportation - problems
9. Language - problem
10. Cost
11. Did not know where to go (i.e. information problems)
12. Unable to leave the house because of a health problem
13. Other - Specify

DK, R

ACC_Q63S If ACC_Q63 <> 13, go to ACC_Q64. Otherwise, go to ACC_Q63S.

INTERVIEWER: Specify.

(80 spaces)

DK, R

Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1. Yes
2. No (Go to ACC_Q66)
3. Not required at this time (Go to ACC_Q66)

DK, R

DK, R (Go to ACC_Q66)

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

1. Difficulty contacting a physician
2. Difficulty getting an appointment
3. Do not have personal / family physician
4. Waited too long - to get an appointment
5. Waited too long - to see the doctor (i.e. in-office waiting)
6. Service not available - at time required
7. Service not available - in the area
8. Transportation - problems
9. Language - problem
10. Cost
11. Did not know where to go (i.e. information problems)
12. Unable to leave the house because of a health problem
13. Other - Specify

DK, R
ACC_C65S If ACC_Q65 <> 13, go to ACC_Q66. Otherwise, go to ACC_C65S.

ACC_Q65S INTERVIEWER: Specify.

___________________________
(80 spaces)
DK, R

ACC_Q66 Did you experience difficulties getting such care during the middle of the night?
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1 Yes  (Go to ACC_END)
2 No   (Go to ACC_END)
3 Not required at this time (Go to ACC_END)
DK, R (Go to ACC_END)

ACC_Q67 What type of difficulties did you experience?
INTERVIEWER: Mark all that apply.

ACCC_67A 1 Difficulty contacting a physician
ACCC_67B 2 Difficulty getting an appointment
ACCC_67C 3 Do not have personal / family physician
ACCC_67D 4 Waited too long - to get an appointment
ACCC_67E 5 Waited too long - to see the doctor (i.e. in-office waiting)
ACCC_67F 6 Service not available - at time required
ACCC_67G 7 Service not available - in the area
ACCC_67H 8 Transportation - problems
ACCC_67I 9 Language - problem
ACCC_67J 10 Cost
ACCC_67K 11 Did not know where to go (i.e. information problems)
ACCC_67L 12 Unable to leave the house because of a health problem
ACCC_67M 13 Other - Specify
DK, R

ACC_C67S If ACC_Q67 <> 13, go to ACC_END. Otherwise, go to ACC_Q67S.

ACC_Q67S INTERVIEWER: Specify.

___________________________
(80 spaces)
DK, R

ACC_END
SOCIO-DEMOGRAPHIC CHARACTERISTICS

SDE_C1  If (do SDE block = 2), go to SDE_END.
SDCCFDO  Otherwise, go to SDE_QINT.

SDE_QINT  Now some general background questions which will help us compare the health of people in Canada.
INTERVIEWER: Press <Enter> to continue.

SDE_Q1  In what country [were/was] [you/he/she] born?

SDCC_1  
<table>
<thead>
<tr>
<th>Country</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>1</td>
</tr>
<tr>
<td>China</td>
<td>2</td>
</tr>
<tr>
<td>France</td>
<td>3</td>
</tr>
<tr>
<td>Germany</td>
<td>4</td>
</tr>
<tr>
<td>Greece</td>
<td>5</td>
</tr>
<tr>
<td>Guyana</td>
<td>6</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>7</td>
</tr>
<tr>
<td>Hungary</td>
<td>8</td>
</tr>
<tr>
<td>India</td>
<td>9</td>
</tr>
<tr>
<td>Italy</td>
<td>10</td>
</tr>
<tr>
<td>Jamaica</td>
<td>11</td>
</tr>
<tr>
<td>Netherlands / Holland</td>
<td>12</td>
</tr>
<tr>
<td>Philippines</td>
<td>13</td>
</tr>
<tr>
<td>Poland</td>
<td>14</td>
</tr>
<tr>
<td>Portugal</td>
<td>15</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>16</td>
</tr>
<tr>
<td>United States</td>
<td>17</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>18</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>19</td>
</tr>
<tr>
<td>Other - Specify</td>
<td>20</td>
</tr>
<tr>
<td>DK, R</td>
<td></td>
</tr>
</tbody>
</table>

SDE_C1S  If SDE_Q1 <> 20, go to SDE_Q2. Otherwise, go to SDE_Q1S.

SDE_Q1S  INTERVIEWER: Specify.

(80 spaces)
DK, R

SDE_Q2  [Were/Was] [you/he/she] born a Canadian citizen?

SDCC_2  
<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>DK, R</td>
<td></td>
</tr>
</tbody>
</table>

SDE_Q3  In what year did [you/he/she] first come to Canada to live?

SDCC_3  INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

<table>
<thead>
<tr>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(MIN: year of birth)</td>
</tr>
<tr>
<td>DK, R</td>
</tr>
</tbody>
</table>

SDE_E3  If SDE_Q3 >= year of birth or SDE_Q3 <= current year, go to SDE_Q4. Otherwise, show pop-up edit as follows.

Year must be between Year of Birth and Current Year.
**SDE_Q4**  
To which ethnic or cultural group(s) did [your/FNAME’s] ancestors belong? (For example: French, Scottish, Chinese, East Indian)

INTERVIEWER: Mark all that apply.
If “Canadian” is the only response, probe. If the respondent hesitates, do not suggest Canadian.

<table>
<thead>
<tr>
<th>Code</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDCC_4A</td>
<td>Canadian</td>
</tr>
<tr>
<td>SDCC_4B</td>
<td>French</td>
</tr>
<tr>
<td>SDCC_4C</td>
<td>English</td>
</tr>
<tr>
<td>SDCC_4D</td>
<td>German</td>
</tr>
<tr>
<td>SDCC_4E</td>
<td>Scottish</td>
</tr>
<tr>
<td>SDCC_4F</td>
<td>Irish</td>
</tr>
<tr>
<td>SDCC_4G</td>
<td>Italian</td>
</tr>
<tr>
<td>SDCC_4H</td>
<td>Ukrainian</td>
</tr>
<tr>
<td>SDCC_4I</td>
<td>Dutch (Netherlands)</td>
</tr>
<tr>
<td>SDCC_4J</td>
<td>Chinese</td>
</tr>
<tr>
<td>SDCC_4K</td>
<td>Jewish</td>
</tr>
<tr>
<td>SDCC_4L</td>
<td>Polish</td>
</tr>
<tr>
<td>SDCC_4M</td>
<td>Portuguese</td>
</tr>
<tr>
<td>SDCC_4N</td>
<td>South Asian</td>
</tr>
<tr>
<td>SDCC_4O</td>
<td>Norwegian</td>
</tr>
<tr>
<td>SDCC_4P</td>
<td>Welsh</td>
</tr>
<tr>
<td>SDCC_4Q</td>
<td>Swedish</td>
</tr>
<tr>
<td>SDCC_4R</td>
<td>Aboriginal</td>
</tr>
<tr>
<td>SDCC_4S</td>
<td>Other</td>
</tr>
</tbody>
</table>

DK, R

**SDE_C4S**  
If SDE_Q4 <> 19, go to SDE_Q5. Otherwise, go to SDE_Q4S.

**SDE_Q4S**  
INTERVIEWER: Specify.

(80 spaces)

DK, R

**SDE_Q5**  
In what languages can [you/he/she] conduct a conversation?

INTERVIEWER: Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDCC_5A</td>
<td>English</td>
</tr>
<tr>
<td>SDCC_5B</td>
<td>French</td>
</tr>
<tr>
<td>SDCC_5C</td>
<td>Arabic</td>
</tr>
<tr>
<td>SDCC_5D</td>
<td>Chinese</td>
</tr>
<tr>
<td>SDCC_5E</td>
<td>Cree</td>
</tr>
<tr>
<td>SDCC_5F</td>
<td>German</td>
</tr>
<tr>
<td>SDCC_5G</td>
<td>Greek</td>
</tr>
<tr>
<td>SDCC_5H</td>
<td>Hungarian</td>
</tr>
<tr>
<td>SDCC_5I</td>
<td>Italian</td>
</tr>
<tr>
<td>SDCC_5J</td>
<td>Korean</td>
</tr>
<tr>
<td>SDCC_5K</td>
<td>Persian (Farsi)</td>
</tr>
<tr>
<td>SDCC_5L</td>
<td>Polish</td>
</tr>
<tr>
<td>SDCC_5M</td>
<td>Portuguese</td>
</tr>
<tr>
<td>SDCC_5N</td>
<td>Punjabi</td>
</tr>
<tr>
<td>SDCC_5O</td>
<td>Spanish</td>
</tr>
<tr>
<td>SDCC_5P</td>
<td>Tagalog (Pilipino)</td>
</tr>
<tr>
<td>SDCC_5Q</td>
<td>Ukrainian</td>
</tr>
<tr>
<td>SDCC_5R</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>SDCC_5S</td>
<td>Dutch</td>
</tr>
<tr>
<td>SDCC_5T</td>
<td>Hindi</td>
</tr>
<tr>
<td>SDCC_5U</td>
<td>Russian</td>
</tr>
<tr>
<td>SDCC_5W</td>
<td>Tamil</td>
</tr>
<tr>
<td>SDCC_5S</td>
<td>Other – Specify</td>
</tr>
</tbody>
</table>

DK, R
SDE_C5S  If SDE_Q5 <> 23, go to SDE_Q5A. Otherwise, go to SDE_Q5S.

SDE_Q5S  INTERVIEWER: Specify.

(80 spaces)
DK, R

SDE_Q5A  What language [do/does] [you/he/she] speak most often at home?

SDCC_5AA  
1  English  13  Portuguese  
2  French  14  Punjabi  
3  Arabic  15  Spanish  
4  Chinese  16  Tagalog (Pilipino)  
5  Cree  17  Ukrainian  
6  German  18  Vietnamese  
7  Greek  19  Dutch  
8  Hungarian  20  Hindi  
9  Italian  21  Russian  
10  Korean  22  Tamil  
11  Persian (Farsi)  23  Other – Specify  
12  Polish

SDE_C5AS  If SDE_Q5A <> 23, go to SDE_Q6. Otherwise, go to SDE_Q5AS.

SDE_Q5AS  INTERVIEWER: Specify.

(80 spaces)
DK, R

SDE_Q6  What is the language that [you/FNAME] first learned at home in childhood and can still understand?
INTERVIEWER: Mark all that apply.
If person can no longer understand the first language learned, mark the second.

SDCC_6A  
1  English  13  Portuguese  
SDCC_6B  
2  French  14  Punjabi  
SDCC_6C  
3  Arabic  15  Spanish  
SDCC_6D  
4  Chinese  16  Tagalog (Pilipino)  
SDCC_6E  
5  Cree  17  Ukrainian  
SDCC_6F  
6  German  18  Vietnamese  
SDCC_6G  
7  Greek  19  Dutch  
SDCC_6H  
8  Hungarian  20  Hindi  
SDCC_6I  
9  Italian  21  Russian  
SDCC_6J  
10  Korean  22  Tamil  
SDCC_6K  
11  Persian (Farsi)  23  Other – Specify  
SDCC_6L  
12  Polish  DK, R
SDE_C6S  If SDE_Q6 <> 23, go to SDE_Q7. 
Otherwise, go to SDE_Q6S.

SDE_Q6S  INTERVIEWER: Specify.

(80 spaces)
DK, R

SDE_Q7  People living in Canada come from many different cultural and racial backgrounds. [Are/Is] [you/he/she]:
INTERVIEWER: Read categories to respondent. Mark all that apply.

SDCC_7A 1 …White?
SDCC_7B 2 …Chinese?
SDCC_7C 3 …South Asian (e.g., East Indian, Pakistani, Sri Lankan)?
SDCC_7D 4 …Black?
SDCC_7E 5 …Filipino?
SDCC_7F 6 …Latin American?
SDCC_7G 7 …Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)?
SDCC_7H 8 …Arab?
SDCC_7I 9 …West Asian (e.g., Afghan, Iranian)?
SDCC_7J 10 …Japanese?
SDCC_7K 11 …Korean?
SDCC_7L 12 …Aboriginal (North American Indian, Métis or Inuit)?
SDCC_7M 13 Other - Specify
DK, R

SDE_C7S  If SDE_Q7 <> 13, go to SDE_C7A. 
Otherwise, go to SDE_Q7S.

SDE_Q7S  INTERVIEWER: Specify.

(80 spaces)
DK, R

SDE_C7A  If proxy interview or age < 18, go to SDE_Q8. 
Otherwise, go to SDE_Q7A.

SDE_Q7A  Do you consider yourself to be:
INTERVIEWER: Read categories to respondent.

1  … heterosexual? (sexual relations with people of the opposite sex)
2  … homosexual, that is lesbian or gay? (sexual relations with people of your own sex)
3  … bisexual? (sexual relations with people of both sexes)
DK, R

SDE_Q8  [Are/Is] [you/he/she] currently attending a school, college or university?
SDCC_8 1 Yes
2 No  (Go to SDE_C10)
DK, R  (Go to SDE_C10)
SDE_Q9  [Are/Is] [you/he/she] enrolled as a full-time student or a part-time student?

1  Full-time
2  Part-time
DK, R

SDE_C10  If age < 65, go to SDE_C13. Otherwise, go to SDE_Q10.

SDE_Q10  [Have/Has] [you/he/she] ever had any wartime service (WWI, WWII, Korea) in the military forces of Canada or its allies?

INTERVIEWER: Exclude civilian service such as the merchant marine and the Red Cross. Include military service in the forces of Newfoundland before 1949.

1  Yes
2  No  (Go to SDE_C13)
   DK, R  (Go to SDE_END)

SDE_Q11  Was this service for:

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

SDCC_11A  1  … Canada?
SDCC_11B  2  … its allies?
   DK, R  (Go to SDE_C13)

SDE_Q12  Did [you/he/she] serve in Canada or overseas?

INTERVIEWER: Mark all that apply.

SDCC_12A  1  Canada
SDCC_12B  2  Overseas
   DK, R

SDE_C13  If age < 18 or SDE_Q10 = 1, go to SDE_END. Otherwise, go to SDE_Q13.

SDE_Q13  Not counting current service, [have/has] [you/he/she] ever had any peacetime service in the military forces of Canada?

INTERVIEWER: Include past service in the regular and primary reserve forces and in the forces of Newfoundland before 1949.

1  Yes
2  No  (Go to SDE_END)
   DK, R  (Go to SDE_END)

SDE_Q14  Was this service in the:

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

SDCC_14A  1  … regular forces?
SDCC_14B  2  … primary reserves?
SDCC_14C  3  … special duty area (e.g., Persian Gulf, Cyprus, Balkans)?
   DK, R

SDE_END
LABOUR FORCE

LBF_C01 If (do LBF block) = 2, go to LBF_END.
LBF_CFDO Otherwise, go to LBF_C02.

LBF_C02 If age < 15 or age > 75, go to LBF_END.
Otherwise, go to LBF_QINT.

LBF_QINT The next few questions concern [your/FNAME’s] activities in the last 7 days. By the last 7 days, I mean beginning [date one week ago], and ending [date yesterday].

INTERVIEWER: Press <Enter> to continue.

Job Attachment

LBF_Q01 Last week, did [you/FNAME] work at a job or a business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.

1 Yes (Go to LBF_Q03)
2 No (Go to LBF_Q11)
3 Permanently unable to work (Go to LBF_QIN12)
   DK, R (Go to LBF_END)

LBF_E01 If GEN_Q08 = 2 (didn’t work any time in past 12 months) and LBF_Q01 = 1, show pop-up edit as follows:

A response inconsistent with a response to a previous question has been entered. Please confirm.

LBF_Q02 Last week, did [you/FNAME] have a job or business from which [you/he/she] [were/was] absent?

1 Yes (Go to LBF_Q03)
2 No (Go to LBF_Q11)
   DK, R (Go to LBF_END)

LBF_Q03 Did [you/he/she] have more than one job or business last week?

1 Yes
2 No
   DK, R
Go to LBF_C31
Job Search – Last 4 Weeks

In the past 4 weeks, did [you/FNAME] do anything to find work?

1  Yes  (Go to LBF_QINT2)
2  No  (Go to LBF_QINT2)

What is the main reason that [you/he/she] [are/is] not currently working at a job or 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

If LBF_Q13 <> 10, go to LBF_C13. Otherwise, go to LBF_QINT2.

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.

Is this due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason?

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/FNAME] [have/has] had during the past 12 months, that is, from [date one year ago] to yesterday.
INTERVIEWER: Press <Enter> to continue.

LBF_Q21  Did [you/he/she] work at a job or a business at any time in the past 12 months?
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  (Go to LBF_Q23)
   DK, R

LBF_E21  If GEN_Q08 = 2 (didn’t work any time in past 12 months) and LBF_Q21 = 1 or GEN_Q08 = 1 (worked in past 12 months) and LBF_Q21 = 2, show pop-up edit as follows:

A response inconsistent with a response to a previous question has been entered. Please confirm.

LBF_C22  If LBF_Q11 = 1, go to LBF_Q71.
Otherwise, go to LBF_Q22.

LBF_Q22  During the past 12 months, did [you/he/she] do anything to find work?

1  Yes  (Go to LBF_Q71)
2  No  (Go to LBF_END)
   DK, R  (Go to LBF_END)

LBF_Q23  During that 12 months, did [you/he/she] work at more than one job or business at the same time?

1  Yes  (Go to LBF_Q71)
2  No  (Go to LBF_END)
   DK, R

Occupation, Smoking Restrictions at Work

LBF_C31  If LBF_Q01 = 1 or LBF_Q02 = 1, then the following questions will be asked about the current job. Otherwise, they will be asked about the most recent job.

LBF_QINT5  The next questions are about [your/FNAME’s] [current/most recent] job or business.

(If person currently holds more than one job or if the last time he/she worked it was at more than one job:
[INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.])
[INTERVIEWER: Press <Enter> to continue.
LBF_Q31  [Are/Is/Were/Was] [you/he/she] an employee or self-employed?
1 Employee (Go to LBF_Q33)
2 Self-employed (Go to LBF_Q33)
3 Working in a family business without pay (Go to LBF_Q33)
   DK, R

LBF_Q32  What [is/was] the name of [your/his/her] business?

________________________
(50 spaces)
DK, R
Go to LBF_Q34

LBF_Q33  For whom [do/does/did] [you/he/she] [currently/last] work? (For example: name of business, government department or agency, or person)

________________________
(50 spaces)
DK, R

LBF_Q34  What kind of business, industry or service [is/was] this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)

________________________
(50 spaces)
DK, R

LBF_Q35  What kind of work [are/is/were/was] [you/he/she] doing? (For example: babysitting in own home, factory worker, forestry technician)

________________________
(50 spaces)
DK, R

Note: Use trigram search.

LBF_D35  SIC_CODE (4 bytes)
LBFCNCNF
LBFCSOC
Note: Store SOC Code associated with LBF_Q35

LBF_C35  If LBF_D35 = 1 OR LBF_D35 = 2 (OtherSpec), go to LBF_S35.
Otherwise, go to LBF_Q36.

LBF_S35  INTERVIEWER: Specify (kind of work)

________________________
(50 spaces)
DK, R
What [are/were] [your/his/her] most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)

(50 spaces)

DK, R

At [your/his/her] place of work, what [are/were] the restrictions on smoking?

INTERVIEWER: Read categories to respondent.

1. Restricted completely
2. Allowed in designated areas
3. Restricted only in certain places
4. Not restricted at all

DK, R

Absence / Hours

LBF_C41 If LBF_Q02 = 1, go to LBF_Q41. Otherwise, go to LBF_Q42.

LBF_Q41 What was the main reason [you/FNAME] [were/was] absent from work last week?

1. Own illness or disability
2. Caring for - own children
3. Caring for - elder relatives
4. Maternity leave (Females only)
5. Other personal or family responsibilities
6. Vacation
7. Labour dispute (strike or lockout)
8. Temporary layoff due to business conditions (Employees only)
9. Seasonal layoff (Employees only)
10. Casual job, no work available (Employees only)
11. Work schedule (e.g., shift work) (Employees only)
12. Self-employed, no work available (Self-employed only)
13. Seasonal business (Excluding employees)
14. School or educational leave
15. Other - Specify

DK, R

LBF_C41S If LBF_Q41 <> 15, go to LBF_C41A. Otherwise, go to LBF_Q41S.

LBF_Q41S INTERVIEWER: Specify.

(80 spaces)
DK, R

LBF_C41A If LBF_Q41 = 4, go to LBF_E41A. Otherwise, go to LBF_E41B.
LBF_E41A If Sex = male and LBF Q13 = 4 (Maternity Leave), show pop-up edit as follows.

A response of “Maternity Leave” is invalid for a male respondent. Please return and correct.

Go to LBF_C41A_1

LBF_E41B If LBF_Q31 = 1 (employee) and LBF_Q41 = 12 or 13, show pop-up edit as follows. Otherwise, go to LBF_E41C.

A response of “Self-employed, no work available” or “Seasonal Business” is invalid for an employee. Please return and correct.

Go to LBF_C41A_1

LBF_E41C If LBF_Q31 = 2 (self-employed) and LBF_Q41 = 8, 9, 10 or 11, show pop-up edit as follows. Otherwise, go to LBF_E41D.

A response of “Temporary layoff due to business conditions”, “Seasonal layoff”, “Casual job, no work available” or “Work schedule” is invalid for a self-employed person. Please return and correct.

Go to LBF_C41A_1

LBF_E41D If LBF_Q31 = 3 (family business) and LBF_Q41 = 8, 9, 10, 11 or 12, show pop-up edit as follows. Otherwise, go to LBF_C41A_1.

A response of “Temporary layoff due to business conditions”, “Seasonal layoff”, “Casual job, no work available”, “Work schedule” or “Self-employed, no work available” is invalid for a person working in a family business without pay. Please return and correct.

Go to LBF_C41A_1

LBF_C41A_1 If LBF_Q41 = 1 (Own illness or disability), ask LBF_Q41A. Otherwise, go to LBF_Q42.

LBF_Q41A Was that due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason?

1 Physical health
2 Emotional or mental health (including stress)
3 Use of alcohol or drugs
4 Another reason

DK, R

LBF_Q42 About how many hours a week [do/does/did] [you/FNAME] usually work at [your/his/her] [job/business]? If [you/FNAME] usually [work/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/FNAME] usually [work/works/worked] at [your/his/her] [job/business]?

INTERVIEWER: Read categories to respondent.

1 Regular - daytime schedule or shift (Go to LBF_Q46)
2 Regular - evening shift
3 Regular - night shift
4 Rotating shift (change from days to evenings to nights)
5 Split shift
6 On call
7 Irregular schedule
8 Other - Specify

DK, R (Go to LBF_Q46)

LBF_C44S If LBF_Q44 <> 8, go to LBF_Q45. Otherwise, go to LBF_Q44S.

LBF_Q44S INTERVIEWER: Specify.

________________________ (80 spaces)
DK, R

LBF_Q45 What is the main reason that [you/he/she] [work/works/worked] this schedule?

1 Requirement of job / no choice
2 Going to school
3 Caring for - own children
4 Caring for - other relatives
5 To earn more money
6 Likes to work this schedule
7 Other - Specify

DK, R

LBF_C45S If LBF_Q45 <> 7, go to LBF_Q46. Otherwise, go to LBF_Q45S.

LBF_Q45S INTERVIEWER: Specify.

________________________ (80 spaces)
DK, R

LBF_Q46 [Do/Does/Did] [you/he/she] usually work on weekends at this [job/business]?

1 Yes
2 No

DK, R
Other Job

LBF_C51 If LBF_Q03=1 or LBF_Q23=1, go to LBF_Q51. Otherwise, go to LBF_Q61.

LBF_Q51 You indicated that [you/FNAME] [have/has/had] more than one job. For how many weeks in a row [have/has/did] [you/he/she] [worked/worked] 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/he/she] [work/works/worked] at more than one job?

1 To meet regular household expenses
2 To pay off debts
3 To buy something special
4 To save for the future
5 To gain experience
6 To build up a business
7 Enjoys the work of the second job
8 Other - Specify
DK, R

LBF_C52S If LBF_Q52 <> 8, go to LBF_Q53; Otherwise, go to LBF_Q52S.

LBF_Q52S INTERVIEWER: Specify.

________________________
(80 spaces)
DK, R

LBF_Q53 About how many hours a week [do/does/did] [you/he/she] usually work at [your/his/her] other job(s)? If [you/he/she] usually [work/works/worked] extra hours, paid or unpaid, please include these hours.

INTERVIEWER: Minimum is 1; maximum is [168 - LBF_Q42].

|___| Hours
(MIN: 1)  (MAX: 168 - LBF_Q42; warning after 30)
DK, R

Note: If LBF_Q42 = 168, then maximum = 1. If LBF_Q42 = DK or R, then maximum = 168.

LBF_Q54 [Do/Does/Did] [you/he/she] usually work on weekends at [your/his/her] other job(s)?

1 Yes
2 No
DK, R
**Weeks Worked**

LBF_Q61  
**During the past 52 weeks, how many weeks did [you/FNAME] do any work at a job or a business? (Include paid vacation leave, paid maternity leave, and paid sick leave.)**

___ Weeks  
(MIN: 1) (MAX: 52)  
DK, R

**Looking For Work**

LBF_C71  
If LBF_Q61 = 52, go to LBF_END.  
If LBF_Q61 = 51, go to LBF_Q71A.  
If LBF_Q61 was answered, use the second wording.  
Otherwise, use the first wording.

LBF_Q71  
**During the past 52 weeks, how many weeks [were/was] [you/he/she] looking for work?**

That leaves [52 - LBF_Q61] weeks. During those [52 - LBF_Q61] weeks, how many weeks [were/was] [you/he/she] looking for work?  
INTERVIEWER: Minimum is 0; maximum is [52 - LBF_Q61].

___ Weeks  
(MIN: 0) (MAX: 52 - LBF_Q61)  
DK, R

Go to LBF_C72

Note:  
If LBF_Q61 = DK or R, max of LBF_Q71 = 52.

LBF_Q71A  
**That leaves 1 week. During that week, did [you/he/she] look for work?**

1  Yes  (make LBF_Q71 = 1)  
2  No  (make LBF_Q71 = 0)  
DK, R

LBF_C72  
If either LBF_Q61 or LBF_Q71 are non-response, go to LBF_END.  
If the total number of weeks reported in LBF_Q61 and LBF_Q71 = 52, go to LBF_END.  
If LBF_Q61 and LBF_Q71 were answered, [WEEKS] = [52 - (LBF_Q61 + LBF_Q71)].  
If LBF_Q61 was not answered, [WEEKS] = (52 - LBF_Q71).

LBF_Q72  
**That leaves [WEEKS] week[s] during which [you/he/she] [were/was] neither working nor looking for work. Is that correct?**

1  Yes  (Go to LBF_C73)  
2  No  (Go to LBF_C73)  
DK, R

LBF_E72  
You have indicated that [you/he/she] worked for [LBF_Q61] week[s] and that [you/he/she] [were/was] looking for work for [LBF_Q71] week[s], leaving [WEEKS] week[s] during which [you/he/she] [were/was] neither working nor looking for work. The total number of weeks must add to 52. Please return and correct.
LBF_C73  If (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q11 = 1), go to LBF_Q73. Otherwise, go to LBF_END.

LBF_Q73  *What is the main reason that [you/he/she] [were/was] not looking for work?*

**INTERVIEWER:** If more than one reason, choose the one that explains the most number of weeks.

1. Own illness or disability
2. Caring for - own children
3. Caring for - elder relatives
4. Pregnancy (Females only)
5. Other personal or family responsibilities
6. Vacation
7. Labour dispute (strike or lockout)
8. Temporary layoff due to business conditions
9. Seasonal layoff
10. Casual job, no work available
11. Work schedule (e.g., shift work)
12. School or educational leave
13. Retired
14. Believes no work available (in area or suited to skills)
15. Other – Specify

DK, R

LBF_C73S  If LBF_Q73 <> 15, go to LBF_C73A. Otherwise, go to LBF_Q73S.

LBF_Q73S  **INTERVIEWER:** Specify.

________________________
(80 spaces)
DK, R

LBF_C73A  If LBF_Q73 = 4, go to LBF_E73. Otherwise, go to LBF_C73B.

LBF_E73  If Sex = male and LBF_Q13 = 4 (Pregnancy), show pop-up edit as follows.

*A response of “Pregnancy” is invalid for a male respondent. Please return and correct.*

LBF_C73B  If LBF_Q73 = 1 (Own illness or disability), ask LBF_Q73A. Otherwise, go to LBF_END.

LBF_Q73A  *Was that due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason?*

1. Physical health
2. Emotional or mental health (including stress)
3. Use of alcohol or drugs
4. Another reason

DK, R

LBF_END
HOME SAFETY

HMS_C1A If (do HMS block = 2), go to HMS_END.
HMSCFDO Otherwise, go to HMS_C1B.

HMS_C1B If proxy interview, go to HMS_END.
Otherwise, go to HMS_QINT.

HMS_QINT Now, a few questions about things some people do to make their homes safe.
INTERVIEWER: Press <Enter> to continue.

HMS_Q1 Is there at least 1 working smoke detector installed in your home?
HMSC_1
1 Yes
2 No (Go to HMS_Q5)
DK, R (Go to HMS_END)

HMS_Q2 Are there smoke detectors installed on every level of your home, including the basement?
HMSC_2
1 Yes
2 No
DK, R

HMS_Q3 Are the smoke detectors tested each month?
HMSC_3
1 Yes
2 No
DK, R

HMS_Q4 How often are the batteries changed in your smoke detectors?
HMSC_4 INTERVIEWER: Read categories to respondent.
1 At least every 6 months
2 At least every year
3 As needed when the low battery warning chirps
4 Never
5 Not applicable (Hard wired)
DK, R

HMS_Q5 Is there an escape plan for getting out of your home in case of a fire?
HMSC_5
1 Yes
2 No (Go to HMS_END)
DK, R (Go to HMS_END)

HMS_C6 If household size > 1, go to HMS_Q6.
Otherwise, go to HMS_END.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
</tr>
</tbody>
</table>

Have the members of your household ever discussed this plan?
INCOME

INC_C1  If (do INC block = 2), go to INC_END.
INCCFDO  Otherwise, go to INC_QINT.

INC_QINT  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.

INCC_1A  1  Wages and salaries
INCC_1B  2  Income from self-employment
INCC_1C  3  Dividends and interest (e.g., on bonds, savings)
INCC_1D  4  Employment insurance
INCC_1E  5  Worker’s compensation
INCC_1F  6  Benefits from Canada or Quebec Pension Plan
INCC_1G  7  Retirement pensions, superannuation and annuities
INCC_1H  8  Old Age Security and Guaranteed Income Supplement
INCC_1I  9  Child Tax Benefit
INCC_1J  10  Provincial or municipal social assistance or welfare
INCC_1K  11  Child support
INCC_1L  12  Alimony
INCC_1M  13  Other (e.g., rental income, scholarships)
INCC_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, go to INC_Q2.
Otherwise, go to INC_Q3. (INC_Q2 will be filled with INC_Q1 during processing.)
INC_Q2 What was the main source of income?
INCC_2
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 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?
INCC_3
| I I I I I Income (Go to INC_C4) |
| MIN: 0 , MAX: 500,000; warning after 150,000 |
| 0 (Go to INC_END) |
| DK, R (Go to INC_C4) |

INC_Q3A Can you estimate in which of the following groups your household income falls?
INCC_3A
Was the total household income less than $20,000 or $20,000 or more?
1 Less than $20,000 (Go to INC_Q3E)
2 $20,000 or more (Go to INC_END)
DK, R (Go to INC_Q3D)

INC_Q3B Was the total household income from all sources less than $10,000 or $10,000 or more?
INCC_3B
1 Less than $10,000 (Go to INC_Q3D)
2 $10,000 or more (Go to INC_C4)
DK, R (Go to INC_C4)

INC_Q3C Was the total household income from all sources less than $5,000 or $5,000 or more?
INCC_3C
1 Less than $5,000
2 $5,000 or more
DK, R

Go to INC_C4
INC_Q3D  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  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  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  **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, go to INC_Q4.  
Otherwise, go to INC_END.

INC_Q4  What is your best estimate of [your/FNAME's] total personal income, before taxes and other deductions, from all sources in the past 12 months?

<table>
<thead>
<tr>
<th>Income</th>
<th>(Go to INC_END)</th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td>(MIN: 0) (MAX: 500,000; warning after 150,000)</td>
</tr>
<tr>
<td>0</td>
<td>(Go to INC_END)</td>
</tr>
<tr>
<td>DK, R</td>
<td>(Go to INC_Q4A)</td>
</tr>
</tbody>
</table>

INC_Q4A  Can you estimate in which of the following groups [your/FNAME's] **personal income falls?** Was [your/his/her] 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 Was [your/his/her] 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 Was [your/his/her] 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 Was [your/his/her] 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 Was [your/his/her] 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_Q4J)
   DK, R (Go to INC_END)

INC_Q4F Was [your/his/her] 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 Was [your/his/her] 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
FOOD INSECURITY

FIN_C1  If (do FIN block = 2) go to FIN_END.
FINCFDO Otherwise, go to FIN_Q1.

FIN_Q1  In the past 12 months, how often did you or anyone else in your household:
FINC_1 … worry that there would not be enough to eat because of a lack of money?
INTERVIEWER: Read categories to respondent.

1  Often
2  Sometimes
3  Never
   DK, R  (Go to FIN_END)

FIN_Q2  … not have enough food to eat because of a lack of money?
FINC_2

1  Often
2  Sometimes
3  Never
   DK, R

FIN_Q3  … not eat the quality or variety of foods that you wanted to eat because of a lack of money?
FINC_3

1  Often
2  Sometimes
3  Never
   DK, R

FIN_END
NURSES’ SUPPLEMENT

NUS_C1  If (do NUS block = 2), go to NUS_END.
NUS_CFDO Otherwise, go to NUS_C2.

NUS_C2  If LBF_D35 = A321, D111, D112, D233 or E121, go to NUS_C3.
Otherwise, go to NUS_END.

NUS_C3  If proxy interview, go to NUS_END.
Otherwise, go to NUS_Q1.

NUS_Q1  Are you registered or licensed as a:
INTERVIEWER: Read categories to respondent.

1   ... registered nurse? (RN, BScN, nurse practitioner)
2   ... registered psychiatric nurse? (RPN)
3   ... licensed practical nurse? (registered practical nurse, registered nurses assistant)
4   ... Other  (Go to NUS_END)
DK, R   (Go to NUS_END)

NUS_QINT  Now some additional questions on the working conditions of nurses.
INTERVIEWER: Press <Enter> to continue.

NUS_Q2  What type of facility do you work in?
INTERVIEWER: Read categories to respondent. If respondent works in more than one facility, ask him/her to refer to his/her main job.

1   Hospital  (Go to NUS_Q3)
2   Home care  (Go to NUS_Q4)
3   Long term care facility  (Go to NUS_Q4)
4   Community Health Centre  (Go to NUS_Q4)
5   Nursing education  (Go to NUS_Q4)
6   Other - Specify  (Go to NUS_END)
DK, R  (Go to NUS_END)

NUS_C2S  INTERVIEWER: Specify
_________________  (80 spaces)
DK, R

Go to NUS_Q4

NUS_Q3  In the past 2 weeks, how often did you change shifts (e.g., from days to evenings, evenings to nights)?
INTERVIEWER: Do not include overtime shifts.

I_I_I  Times
(MIN: 0) (MAX: 14)
DK, R
**NUS_Q4**  
On the whole, how satisfied are you with your present job?  
**INTERVIEWER:** Read categories to respondent.

1. Very satisfied  
2. Somewhat satisfied  
3. Somewhat dissatisfied  
4. Very dissatisfied  
DK, R

**NUS_Q5**  
In the next 12 months, do you plan to leave this nursing position?  
**INTERVIEWER:** Read categories to respondent.

1. Yes, within the next 6 months  
2. Yes, within the next 12 months  
3. No plans within the next 12 months  
DK, R

**NUS_Q6**  
Independent of your present job, how satisfied are you with being a nurse?  
**INTERVIEWER:** Read categories to respondent.

1. Very satisfied  
2. Somewhat satisfied  
3. Somewhat dissatisfied  
4. Very dissatisfied  
DK, R

**NUS_C7**  
If NUS_Q2 = 5, go to NUS_Q8A.  
Otherwise, go to NUS_Q7.

**NUS_Q7**  
In general, how would you describe the quality of nursing care delivered to patients on your unit?  
**INTERVIEWER:** Read categories to respondent.

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

**NUS_Q8A**  
Have you ever been stuck with a needle or sharp object that has been used on a patient?  

1. Yes  
2. No  
(Go to NUS_END)  
DK, R  
(Go to NUS_END)

**NUS_Q8B**  
How many times, in total, has this occurred in your nursing career?  

I_I_I Times  
(MIN: 1) (MAX: 15; warning after 10)  
DK  
R  
(Go to NUS_END)
NUS_Q8C  How many of these incidents occurred in the past 12 months?
NUSC_8C  INTERVIEWER: Minimum is 0; maximum is [value in NUS_Q8B].

I_I_I Times
(MIN: 0) (MAX: [value in NUS_Q8B]
DK, R (go to NUS_END)

Note: If NUS_Q8B = DK, the maximum value of NUS_Q8C is 15.)

NUS_C8D  If NUS_Q8C = 0, go to NUS_END.

NUS_Q8D  How many of these incidents occurred in the past month?
NUSC_8D  INTERVIEWER: Minimum is 0; maximum is [value in NUS_Q8C].

I_I_I Times
(MIN: 0) (MAX: [value in NUS_Q8C])
DK, R

NUS_END
PROBLEMS IN THE COMMUNITY

PIC_C1  If (do PIC block = 2), go to PIC_END.
PIC_CFDO  Otherwise, go to PIC_C1A.
PIC_C1A  If proxy interview, go to PIC_END.
Otherwise, go to PIC_QINT.

PIC_QINT  Now I would like to ask some questions about your community. For each one, please tell me if you think it is not at all a serious problem, not too serious a problem, a somewhat serious problem, or a very serious problem in your community today.
INTERVIEWER: Press <Enter> to continue.

PIC_Q01 Physical or verbal violence between husband and wife? Would you say that it is:
INTERVIEWER: Read categories to respondent.

1 … not at all a serious problem?
2 … not too serious a problem?
3 … a somewhat serious problem?
4 … a very serious problem?
DK
R (Go to PIC_END)

PIC_Q02 Public fights and disturbances? Would you say that they are:
INTERVIEWER: Read categories to respondent.

1 … not at all a serious problem?
2 … not too serious a problem?
3 … a somewhat serious problem?
4 … a very serious problem?
DK, R

PIC_Q03 Illegal drug use?

1  Not at all a serious problem
2  Not too serious a problem
3  A somewhat serious problem
4  A very serious problem
DK, R

PIC_Q04 Alcohol abuse?

1  Not at all a serious problem
2  Not too serious a problem
3  A somewhat serious problem
4  A very serious problem
DK, R
Negligence of children by their parents?

1. Not at all a serious problem
2. Not too serious a problem
3. A somewhat serious problem
4. A very serious problem

Loss of respect by young people towards the elders?

In your community, would you say that it is:

INTERVIEWER: Read categories to respondents.

1. ... not at all a serious problem?
2. ... not too serious a problem?
3. ... a somewhat serious problem?
4. ... a very serious problem?

Suicide among young people?

1. Not at all a serious problem
2. Not too serious a problem
3. A somewhat serious problem
4. A very serious problem

Young people getting in trouble with the law because of vandalism or theft?

1. Not at all a serious problem
2. Not too serious a problem
3. A somewhat serious problem
4. A very serious problem

Sexual abuse of children?

1. Not at all a serious problem
2. Not too serious a problem
3. A somewhat serious problem
4. A very serious problem
ADMINISTRATION

ADM_C01 If (do ADM block) = 2, go to ADM_END.
ADMCFDO Otherwise, go to ADM_Q01A.

Health Number

ADM_Q01A Statistics Canada and your [provincial/territorial] ministry of health would like your permission to link information collected during this interview. 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_C3A If province = 10, [province] = [Newfoundland and Labrador]
If province = 11, [province] = [Prince Edward Island]
If province = 12, [province] = [Nova Scotia]
If province = 13, [province] = [New Brunswick]
If province = 24, [province] = [Quebec]
If province = 35, [province] = [Ontario]
If province = 46, [province] = [Manitoba]
If province = 47, [province] = [Saskatchewan]
If province = 48, [province] = [Alberta]
If province = 59, [province] = [British Columbia]
If province = 60, [province] = [Yukon]
If province = 61, [province] = [Northwest Territories]
If province = 62, [province] = [Nunavut]

ADM_Q03A (Having a [provincial/territorial] health number will assist us in linking to this other information.)

[Do/Does] [you/she/he] have a(n) [province] health number?

1 Yes (Go to HN)
2 No
DK, R (Go to ADM_Q04A)
ADM_Q03B  For which [province/territory] is [your/FNAME's] health number?

10 Newfoundland and Labrador
11 Prince Edward Island
12 Nova Scotia
13 New Brunswick
24 Quebec
35 Ontario
46 Manitoba
47 Saskatchewan
48 Alberta
59 British Columbia
60 Yukon
61 Northwest Territories
62 Nunavut
88 Do not have a [provincial/territorial] health number (Go to ADM_Q04A)

PN  What is [your/FNAME's] health number?

INTERVIEWER: Enter a health number for [province]. Do not insert blanks, hyphens or commas between the numbers.

________________________
(8 - 12 spaces)
DK, R

ADM_Q04A  Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health and Health Canada.

Your provincial ministry of health may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.

INTERVIEWER: Press <Enter> to continue.

ADM_Q04B  All information will be kept confidential and used only for statistical purposes.

SAMCDSHR

Do you agree to share the information provided?

1 Yes
2 No
DK, R

ADM_Q04A  Statistics Canada would like your permission to share the information collected in this survey with Health Canada and provincial and territorial ministries of health.

INTERVIEWER: Press <Enter> to continue.
ADM_Q04B

All information will be kept confidential and used only for statistical purposes.

SAMCDSHR

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 and territorial ministries of health, the « l’Institut de la Statistique du Québec » and Health Canada.

The « l’Institut de la Statistique du Québec » may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.

INTERVIEWER: Press <Enter> to continue.

ADM_Q04B

All information will be kept confidential and used only for statistical purposes.

SAMCDSHR

SAMCDSJB

Do you agree to share the information provided?

1 Yes
2 No
DK, R

Frame Evaluation

FRE_C1

If RDD or if FREFLAG = 1 (i.e. the frame evaluation questions have been done for the household), go to ADM_N05.

FRE_QINT

And finally, a few questions to evaluate the way households were selected for this survey.

INTERVIEWER: Press <Enter> to continue.

FRE_Q1

How many different telephone numbers are there for your household, not counting cellular phone numbers and phone numbers used strictly for business purposes?

1 1
2 2
3 3 or more
4 None   (Go to FRE_Q4)

DK, R   (Go to ADM_N05)

FRE_Q2

What is [your/your main] phone number, including the area code?

INTERVIEWER: Do not include cellular or business phone numbers.

Telephone number: [telnum].

Code    INTERVIEWER: Enter the area code.
Tel     INTERVIEWER: Enter the telephone number.

Go to FRE_C3

DK    (Go to ADM_N05)
R     (Go to FRE_Q2A)
FRE_Q2A  Could you tell me the area code and the first 5 digits of your phone number? Even that will help evaluate the way households were selected.

I_I_I_I_I_I_I_I_I_I
DK, R  (Go to ADM_N05)

FRE_C3  If FRE_Q1 = 1 (1 phone), go to ADM_N05.

FRE_Q3  What is [your other phone number/another of your phone numbers], including the area code?
INTERVIEWER: Do not include cellular or business phone numbers.

CODE2  INTERVIEWER: Enter the area code.
TEL2  INTERVIEWER: Enter the telephone number.

Go to ADM_N05

DK  (Go to ADM_N05)
R  (Go to FRE_Q3A)

FRE_Q3A  Could you tell me the area code and the first 5 digits of [your other phone number/another of your phone numbers]? (Even that will help evaluate the way households were selected.)

I_I_I_I_I_I_I_I_I_I
DK, R  (Go to ADM_N05)

FRE_Q4  [Do/Does] [you/FNAME] have a working cellular phone that can place and receive calls?

1  Yes
2  No  (Go to ADM_N05)

ADM_N05  INTERVIEWER: Is this a fictitious name for the respondent?

1  Yes
2  No  (Go to ADM_C09)
DK, R  (Go to ADM_C09)

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_C09)
DK, R  (Go to ADM_C09)
ADM_N07  INTERVIEWER: Enter the first name only.

________________________
(25 spaces)
DK, R

ADM_C08  If ADM_N06 <> "both names", go to ADM_C09.

ADM_N08  INTERVIEWER: Enter the last name only.

________________________
(25 spaces)
DK, R

ADM_C09  If RDD, go to ADM_N10.

ADM_N09  INTERVIEWER: Was this interview conducted on the telephone or in person?

ADMC_N09
1  On telephone
2  In person
3  Both
   DK, R

ADM_N10  INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

ADMC_N10
1  Yes    (Go to ADM_N12)
2  No     (Go to ADM_N12)
   DK, R

ADM_N11  INTERVIEWER: Do you think that the answers of the respondent were affected by someone else being there?

ADMC_N11
1  Yes
2  No
   DK, R

ADM_N12  INTERVIEWER: Record language of interview

ADMC_N12
1  English
2  French
3  Chinese
4  Italian
5  Punjabi
6  Spanish
7  Portuguese
8  Polish
9  German
10 Vietnamese
11 Arabic
12 Tagalog
13 Greek
14 Tamil
15 Cree
16 Afghan
17 Cantonese
18 Hindi
19 Mandarin
20 Persian
21 Russian
22 Ukrainian
23 Urdu
24 Inuktitut
25 Other – Specify
   DK, R
ADM_C12S If ADM_N12 <> 90, go to ADM_END. Otherwise, go to ADM_N12S.

ADM_N12S INTERVIEWER: Specify

(80 spaces)
DK, R

ADM_END