## Table of Contents - by Questionnaire Order

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proxy interview (GR)</td>
<td>1</td>
</tr>
<tr>
<td>Survey Introduction (INT)</td>
<td>3</td>
</tr>
<tr>
<td>Age of respondent (ANC)</td>
<td>4</td>
</tr>
<tr>
<td>General health (GEN)</td>
<td>7</td>
</tr>
<tr>
<td>Positive Mental Health (PMH)</td>
<td>10</td>
</tr>
<tr>
<td>Voluntary organizations - Participation (ORG)</td>
<td>15</td>
</tr>
<tr>
<td>Sleep (SLP)</td>
<td>16</td>
</tr>
<tr>
<td>Changes made to improve health (CIH)</td>
<td>18</td>
</tr>
<tr>
<td>Oral health 1 (OH1)</td>
<td>21</td>
</tr>
<tr>
<td>Health care system satisfaction (HCS)</td>
<td>23</td>
</tr>
<tr>
<td>Height and weight - Self-reported (HWT)</td>
<td>25</td>
</tr>
<tr>
<td>Chronic conditions (CCC)</td>
<td>30</td>
</tr>
<tr>
<td>Diabetes care (DIA)</td>
<td>37</td>
</tr>
<tr>
<td>Medication use (MED)</td>
<td>41</td>
</tr>
<tr>
<td>Pain and discomfort (HUP)</td>
<td>47</td>
</tr>
<tr>
<td>Health care utilization (HCU)</td>
<td>48</td>
</tr>
<tr>
<td>Contacts with Health Professionals (CHP)</td>
<td>51</td>
</tr>
<tr>
<td>Unmet health care needs (UCN)</td>
<td>58</td>
</tr>
<tr>
<td>Home care services (HMC)</td>
<td>60</td>
</tr>
<tr>
<td>Patient satisfaction - Health care services (PAS)</td>
<td>65</td>
</tr>
<tr>
<td>Patient satisfaction - Community-based care (PSC)</td>
<td>69</td>
</tr>
<tr>
<td>Restriction of activities (RAC)</td>
<td>71</td>
</tr>
<tr>
<td>Activities of Daily Living (ADL)</td>
<td>74</td>
</tr>
<tr>
<td>Flu shots (FLU)</td>
<td>76</td>
</tr>
<tr>
<td>Blood test (BLT)</td>
<td>79</td>
</tr>
<tr>
<td>Blood pressure check (BPC)</td>
<td>81</td>
</tr>
<tr>
<td>PAP smear test (PAP)</td>
<td>83</td>
</tr>
<tr>
<td>Mammography (MAM)</td>
<td>85</td>
</tr>
<tr>
<td>Breast examinations (BRX)</td>
<td>88</td>
</tr>
<tr>
<td>Breast self-examinations (BSX)</td>
<td>90</td>
</tr>
<tr>
<td>Spirometry (SPI)</td>
<td>92</td>
</tr>
<tr>
<td>Hormone replacement therapy (HRT)</td>
<td>93</td>
</tr>
<tr>
<td>Physical check-up (PCU)</td>
<td>98</td>
</tr>
<tr>
<td>Prostate cancer screening (PSA)</td>
<td>101</td>
</tr>
<tr>
<td>Colorectal cancer screening (CCS)</td>
<td>103</td>
</tr>
<tr>
<td>Eye examinations (EYX)</td>
<td>106</td>
</tr>
<tr>
<td>Dental visits (DEN)</td>
<td>108</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Oral health 2 (OH2)</td>
<td>110</td>
</tr>
<tr>
<td>Food choices (FDC)</td>
<td>115</td>
</tr>
<tr>
<td>Dietary supplement use - Vitamins and minerals (DSU)</td>
<td>118</td>
</tr>
<tr>
<td>Fruit and vegetable consumption (FVC)</td>
<td>119</td>
</tr>
<tr>
<td>Physical activities (PAC)</td>
<td>128</td>
</tr>
<tr>
<td>Physical activity - Stages of change (SCP)</td>
<td>132</td>
</tr>
<tr>
<td>Sedentary activities (SAC)</td>
<td>134</td>
</tr>
<tr>
<td>Use of protective equipment (UPE)</td>
<td>136</td>
</tr>
<tr>
<td>Sun safety behaviours (SSB)</td>
<td>141</td>
</tr>
<tr>
<td>Injuries (INJ)</td>
<td>145</td>
</tr>
<tr>
<td>Repetitive strain - Sub Block (REP)</td>
<td>153</td>
</tr>
<tr>
<td>Workplace Injury - Sub Block (INW)</td>
<td>155</td>
</tr>
<tr>
<td>Satisfaction with life (SWL)</td>
<td>157</td>
</tr>
<tr>
<td>Stress - Sources (STS)</td>
<td>160</td>
</tr>
<tr>
<td>Stress - Recent life events (RLE)</td>
<td>162</td>
</tr>
<tr>
<td>Stress - Childhood and adult stressors (CST)</td>
<td>166</td>
</tr>
<tr>
<td>Self-esteem (SFE)</td>
<td>168</td>
</tr>
<tr>
<td>Mastery (MAS)</td>
<td>170</td>
</tr>
<tr>
<td>Smoking (SMK)</td>
<td>172</td>
</tr>
<tr>
<td>Smoking - Stages of change (SCH)</td>
<td>179</td>
</tr>
<tr>
<td>Smoking cessation methods (SCA)</td>
<td>180</td>
</tr>
<tr>
<td>Smoking - Physician counselling (SPC)</td>
<td>183</td>
</tr>
<tr>
<td>Smoking - Youth smoking (YSM)</td>
<td>186</td>
</tr>
<tr>
<td>Exposure to second-hand smoke (ETS)</td>
<td>188</td>
</tr>
<tr>
<td>Smoking - Other tobacco products (TAL)</td>
<td>190</td>
</tr>
<tr>
<td>Alcohol use (ALC)</td>
<td>191</td>
</tr>
<tr>
<td>Alcohol use during the past week (ALW)</td>
<td>193</td>
</tr>
<tr>
<td>Driving and safety (DRV)</td>
<td>198</td>
</tr>
<tr>
<td>Maternal experiences - Breastfeeding (MEX)</td>
<td>204</td>
</tr>
<tr>
<td>Maternal experiences - Alcohol use during pregnancy (MXA)</td>
<td>211</td>
</tr>
<tr>
<td>Maternal experiences - Smoking during pregnancy (MXS)</td>
<td>213</td>
</tr>
<tr>
<td>Illicit drugs use (IUG)</td>
<td>215</td>
</tr>
<tr>
<td>Sexual behaviours (SXB)</td>
<td>225</td>
</tr>
<tr>
<td>Social Provisions (SPS)</td>
<td>229</td>
</tr>
<tr>
<td>Social support - Availability (SSA)</td>
<td>232</td>
</tr>
<tr>
<td>Spiritual values (SPR)</td>
<td>238</td>
</tr>
<tr>
<td>Consultations about mental health (CMH)</td>
<td>241</td>
</tr>
<tr>
<td>Distress (DIS)</td>
<td>244</td>
</tr>
<tr>
<td>Depression (DEP)</td>
<td>249</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Suicidal thoughts and attempts (SUI)</td>
<td>257</td>
</tr>
<tr>
<td>Access to health care services (ACC)</td>
<td>259</td>
</tr>
<tr>
<td>Waiting times (WTM)</td>
<td>273</td>
</tr>
<tr>
<td>Labour force (LBS)</td>
<td>290</td>
</tr>
<tr>
<td>Loss of Productivity (LOP)</td>
<td>294</td>
</tr>
<tr>
<td>Socio-demographic characteristics (SDC)</td>
<td>300</td>
</tr>
<tr>
<td>Language Lookup (LLU)</td>
<td>308</td>
</tr>
<tr>
<td>Person most knowledgeable about household situation (PMK)</td>
<td>309</td>
</tr>
<tr>
<td>Home safety (HMS)</td>
<td>314</td>
</tr>
<tr>
<td>Insurance coverage (INS)</td>
<td>316</td>
</tr>
<tr>
<td>Food security (FSC)</td>
<td>319</td>
</tr>
<tr>
<td>Neurological Conditions (NEU)</td>
<td>325</td>
</tr>
<tr>
<td>Education (EDU)</td>
<td>345</td>
</tr>
<tr>
<td>Education of the respondent (EDU1)</td>
<td>347</td>
</tr>
<tr>
<td>Education of other household members (EDU2)</td>
<td>349</td>
</tr>
<tr>
<td>Income (INC)</td>
<td>351</td>
</tr>
<tr>
<td>Administration information (ADM)</td>
<td>358</td>
</tr>
<tr>
<td>CAPI Frame Evaluation - Sub-block (FRE)</td>
<td>363</td>
</tr>
</tbody>
</table>
# Table of Contents - Topical Index

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to health care services (ACC)</td>
<td>259</td>
</tr>
<tr>
<td>Activities of Daily Living (ADL)</td>
<td>74</td>
</tr>
<tr>
<td>Administration information (ADM)</td>
<td>358</td>
</tr>
<tr>
<td>Age of respondent (ANC)</td>
<td>4</td>
</tr>
<tr>
<td>Alcohol use (ALC)</td>
<td>191</td>
</tr>
<tr>
<td>Alcohol use during the past week (ALW)</td>
<td>193</td>
</tr>
<tr>
<td>Blood pressure check (BPC)</td>
<td>81</td>
</tr>
<tr>
<td>Blood test (BLT)</td>
<td>79</td>
</tr>
<tr>
<td>Breast examinations (BRX)</td>
<td>88</td>
</tr>
<tr>
<td>Breast self-examinations (BSX)</td>
<td>90</td>
</tr>
<tr>
<td>CAPI Frame Evaluation - Sub-block (FRE)</td>
<td>363</td>
</tr>
<tr>
<td>Changes made to improve health (CIH)</td>
<td>18</td>
</tr>
<tr>
<td>Chronic conditions (CCC)</td>
<td>30</td>
</tr>
<tr>
<td>Colorectal cancer screening (CCS)</td>
<td>103</td>
</tr>
<tr>
<td>Consultations about mental health (CMH)</td>
<td>241</td>
</tr>
<tr>
<td>Contacts with Health Professionals (CHP)</td>
<td>51</td>
</tr>
<tr>
<td>Dental visits (DEN)</td>
<td>108</td>
</tr>
<tr>
<td>Depression (DEP)</td>
<td>249</td>
</tr>
<tr>
<td>Diabetes care (DIA)</td>
<td>37</td>
</tr>
<tr>
<td>Dietary supplement use - Vitamins and minerals (DSU)</td>
<td>118</td>
</tr>
<tr>
<td>Distress (DIS)</td>
<td>244</td>
</tr>
<tr>
<td>Driving and safety (DRV)</td>
<td>198</td>
</tr>
<tr>
<td>Education (EDU)</td>
<td>345</td>
</tr>
<tr>
<td>Education of other household members (EDU2)</td>
<td>349</td>
</tr>
<tr>
<td>Education of the respondent (EDU1)</td>
<td>347</td>
</tr>
<tr>
<td>Exposure to second-hand smoke (ETS)</td>
<td>188</td>
</tr>
<tr>
<td>Eye examinations (EYX)</td>
<td>106</td>
</tr>
<tr>
<td>Flu shots (FLU)</td>
<td>76</td>
</tr>
<tr>
<td>Food choices (FDC)</td>
<td>115</td>
</tr>
<tr>
<td>Food security (FSC)</td>
<td>319</td>
</tr>
<tr>
<td>Fruit and vegetable consumption (FVC)</td>
<td>119</td>
</tr>
<tr>
<td>General health (GEN)</td>
<td>7</td>
</tr>
<tr>
<td>Health care system satisfaction (HCS)</td>
<td>23</td>
</tr>
<tr>
<td>Health care utilization (HCU)</td>
<td>48</td>
</tr>
<tr>
<td>Height and weight - Self-reported (HWT)</td>
<td>25</td>
</tr>
<tr>
<td>Home care services (HMC)</td>
<td>60</td>
</tr>
<tr>
<td>Home safety (HMS)</td>
<td>314</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Hormone replacement therapy (HRT)</td>
<td>93</td>
</tr>
<tr>
<td>Illicit drugs use (IDG)</td>
<td>215</td>
</tr>
<tr>
<td>Income (INC)</td>
<td>351</td>
</tr>
<tr>
<td>Injuries (INJ)</td>
<td>145</td>
</tr>
<tr>
<td>Insurance coverage (INS)</td>
<td>316</td>
</tr>
<tr>
<td>Labour force (LBS)</td>
<td>290</td>
</tr>
<tr>
<td>Language Lookup (LLU)</td>
<td>308</td>
</tr>
<tr>
<td>Loss of Productivity (LOP)</td>
<td>294</td>
</tr>
<tr>
<td>Mammography (MAM)</td>
<td>85</td>
</tr>
<tr>
<td>Mastery (MAS)</td>
<td>170</td>
</tr>
<tr>
<td>Maternal experiences - Alcohol use during pregnancy (MXA)</td>
<td>211</td>
</tr>
<tr>
<td>Maternal experiences - Breastfeeding (MEX)</td>
<td>204</td>
</tr>
<tr>
<td>Maternal experiences - Smoking during pregnancy (MXS)</td>
<td>213</td>
</tr>
<tr>
<td>Medication use (MED)</td>
<td>41</td>
</tr>
<tr>
<td>Neurological Conditions (NEU)</td>
<td>325</td>
</tr>
<tr>
<td>Oral health 1 (OH1)</td>
<td>21</td>
</tr>
<tr>
<td>Oral health 2 (OH2)</td>
<td>110</td>
</tr>
<tr>
<td>Pain and discomfort (HUP)</td>
<td>47</td>
</tr>
<tr>
<td>PAP smear test (PAP)</td>
<td>83</td>
</tr>
<tr>
<td>Patient satisfaction - Community-based care (PSC)</td>
<td>69</td>
</tr>
<tr>
<td>Patient satisfaction - Health care services (PAS)</td>
<td>65</td>
</tr>
<tr>
<td>Person most knowledgeable about household situation (PMK)</td>
<td>309</td>
</tr>
<tr>
<td>Physical activities (PAC)</td>
<td>128</td>
</tr>
<tr>
<td>Physical activity - Stages of change (SCP)</td>
<td>132</td>
</tr>
<tr>
<td>Physical check-up (PCU)</td>
<td>98</td>
</tr>
<tr>
<td>Positive Mental Health (PMH)</td>
<td>10</td>
</tr>
<tr>
<td>Prostate cancer screening (PSA)</td>
<td>101</td>
</tr>
<tr>
<td>Proxy interview (GR)</td>
<td>1</td>
</tr>
<tr>
<td>Repetitive strain - Sub Block (REP)</td>
<td>153</td>
</tr>
<tr>
<td>Restriction of activities (FAC)</td>
<td>71</td>
</tr>
<tr>
<td>Satisfaction with life (SWL)</td>
<td>157</td>
</tr>
<tr>
<td>Sedentary activities (SAC)</td>
<td>134</td>
</tr>
<tr>
<td>Self-esteem (SFE)</td>
<td>168</td>
</tr>
<tr>
<td>Sexual behaviours (SXB)</td>
<td>225</td>
</tr>
<tr>
<td>Sleep (SLP)</td>
<td>16</td>
</tr>
<tr>
<td>Smoking (SMK)</td>
<td>172</td>
</tr>
<tr>
<td>Smoking - Other tobacco products (TAL)</td>
<td>190</td>
</tr>
<tr>
<td>Smoking - Physician counselling (SPC)</td>
<td>183</td>
</tr>
<tr>
<td>Smoking - Stages of change (SCH)</td>
<td>179</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Smoking - Youth smoking (YSM)</td>
<td>186</td>
</tr>
<tr>
<td>Smoking cessation methods (SCA)</td>
<td>180</td>
</tr>
<tr>
<td>Social Provisions (SPS)</td>
<td>229</td>
</tr>
<tr>
<td>Social support - Availability (SSA)</td>
<td>232</td>
</tr>
<tr>
<td>Socio-demographic characteristics (SDC)</td>
<td>300</td>
</tr>
<tr>
<td>Spiritual values (SPR)</td>
<td>238</td>
</tr>
<tr>
<td>Spirometry (SPI)</td>
<td>92</td>
</tr>
<tr>
<td>Stress - Childhood and adult stressors (CST)</td>
<td>166</td>
</tr>
<tr>
<td>Stress - Recent life events (RLE)</td>
<td>162</td>
</tr>
<tr>
<td>Stress - Sources (STS)</td>
<td>160</td>
</tr>
<tr>
<td>Suicidal thoughts and attempts (SUI)</td>
<td>257</td>
</tr>
<tr>
<td>Sun safety behaviours (SSB)</td>
<td>141</td>
</tr>
<tr>
<td>Survey Introduction (INT)</td>
<td>3</td>
</tr>
<tr>
<td>Unmet health care needs (UCN)</td>
<td>58</td>
</tr>
<tr>
<td>Use of protective equipment (UPE)</td>
<td>136</td>
</tr>
<tr>
<td>Voluntary organizations - Participation (ORG)</td>
<td>15</td>
</tr>
<tr>
<td>Waiting times (WTM)</td>
<td>273</td>
</tr>
<tr>
<td>Workplace Injury - Sub Block (INW)</td>
<td>155</td>
</tr>
</tbody>
</table>
Introduction

1. CCHS content is comprised of three components:
   a. Core content is asked of all respondents, annual core content remains relatively stable over time while other common modules are asked for one or two years and alternate from year to year;
   b. Optional content is chosen by health regions and is usually coordinated at the provincial level.
   c. Rapid Response modules are cost-recovery projects asked of all respondents living in the ten provinces usually for one collection period (2 months).

2. Question text in bold font is read to the respondent. Text in normal font is not read to the respondent. Interviewer instructions are prefaced by the word "INTERVIEWER", and are not read aloud.

3. Question text in bold font enclosed by brackets ( ) is read to the respondent at the discretion of the interviewer.

4. The options “Don’t Know” (DK) and “Refusal” (RF) are allowed on every question unless otherwise stated. However, the response categories are not read aloud.

5. External variable names are displayed in the questionnaire. Those names, highlighted in grey, are used in the microdata files.
Contact component

Note: The following module only includes part of the questions asked during the CCHS interview. It includes what we believe may be of interest for data users.

Contact (CN)

CN_BEG

CN_N01 INTERVIEWER: Record method of interview.

1 Telephone
2 Personal

(DK, RF are not allowed)

CN_N02 INTERVIEWER: Have you made contact?

1 Yes
2 No (Go to CN_END)

(DK, RF are not allowed)

CN_END

Interviewer introduction (II)

II_BEG

II_R01 Hello, I'm ^CALLING from Statistics Canada. My name is ...

INTERVIEWER: Introduce yourself using both your given and last names. Press <Enter> to continue.

II_END

Language of Preference (LP)

LP_BEG

LP_Q01 ADM_LHH Would you prefer that I speak in English or in French?

1 English (Go to IC_R01)
2 French (Go to IC_R01)
3 Other

(DK, RF are not allowed)
Select respondent's preferred non-official language. If necessary, ask: (What language would you prefer?)

03 Chinese
04 Italian
05 Punjabi
06 Spanish
07 Portuguese
08 Polish
09 German
10 Vietnamese
11 Arabic
12 Tagalog
13 Greek
14 Tamil
15 Cree
16 Afghan
17 Cantonese
18 Hindi
19 Mandarin
20 Persian (Farsi)
21 Russian
22 Ukrainian
23 Urdu
24 Inuktitut
25 Hungarian
26 Korean
27 Serbo-Croatian
28 Gujarati
29 Dari
90 Other - Specify

(DK, RF are not allowed)
Household component

Note: The following module only includes part of the questions asked during the CCHS interview. It includes what we believe may be of interest for data users.

**Roster Introduction (RS)**

RS_BEG

**RS_R01**

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

INTERVIEWER: Press <Enter> to continue.

RS_END

**Usual Roster (USU)**

USU_BEG

**USU_Q01**

What are the names of all persons who usually live here?

(DK, RF and null are not allowed)

USU_END

**Other Roster 1 (OTH1)**

OTH1_BEG

**RS_Q04**

Are there any other persons who usually live here but are now away at school, in hospital, or somewhere else?

1  Yes
2  No   (Go to ANDB_Q01)

(DK, RF and null are not allowed)

RS_E1

INTERVIEWER: Press <Enter> to return to roster and enter at least one name.

Note: Trigger hard edit if RS_Q04 = 1.

OTH1_END
**Age Without Date of Birth (ANDB)**

**ANDB_BEG**

**ANDB_Q01**  What is [respondent name]'s age?

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

**ANDB_END**

**Sex (SEX)**

**SEX_BEG**

**SEX_Q01**  INTERVIEWER: Enter [respondent name]'s sex.
If necessary, ask: (Is [respondent name] male or female?)

1  Male
2  Female

(DK, RF are not allowed)

**SEX_END**

**Marital Status (MSNC)**

**MSNC_BEG**

**MSNC_Q01**  INTERVIEWER: Read categories to respondent.

1  ... married?
2  ... living common-law?
3  ... widowed?
4  ... separated?
5  ... divorced?
6  ... single, never married?

**MSNC_END**
Canadian forces (CAF)

CAF_BEG

CAF_Q01 Is [respondent name] a full time member of the regular Canadian Armed Forces?

1 Yes
2 No

(DK, RF are not allowed)

CAF_END

Relationship Without Confirmation (RNC)

RNC_BEG

RNC_Q1 What is the relationship of: [respondent name] [(Text sex, age)] to: [respondent name]? [(Text sex, age)]

01 Husband/Wife
02 Common-law partner
03 Father/Mother (Go to RNC_Q2A)
04 Son/Daughter (Go to RNC_Q2B)
05 Brother/Sister (Go to RNC_Q2C)
06 Foster father/mother
07 Foster son/daughter
08 Grandfather/mother
09 Grandson/daughter
10 In-law (Go to RNC_Q2D)
11 Other related (Go to RNC_Q2E)
12 Unrelated (Go to RNC_Q2F)

RNC_Q2A What is the relationship of: [respondent name] [(Text sex, age)] to: [respondent name]? [(Text sex, age)]

Is that a(n):

1 ... birth father/mother?
2 ... step father/mother?
3 ... adoptive father/mother?

RNC_Q2B What is the relationship of: [respondent name] [(Text sex, age)] to: [respondent name]? [(Text sex, age)]

Is that a(n):

1 ... birth son/daughter?
2 ... step son/daughter?
3 ... adopted son/daughter?
RNC_Q2C  What is the relationship of: [respondent name] [(Text sex, age)]
to: [respondent name]? [(Text sex, age)]

Is that a(n):
1  ... full brother/sister?
2  ... half brother/sister?
3  ... step brother/sister?
4  ... adopted brother/sister?
5  ... foster brother/sister?

RNC_Q2D  What is the relationship of: [respondent name] [(Text sex, age)]
to: [respondent name]? [(Text sex, age)]

Is that a(n):
1  ... father/mother-in-law?
2  ... son/daughter-in-law?
3  ... brother/sister-in-law?
4  ... other in-law?

RNC_Q2E  What is the relationship of: [respondent name] [(Text sex, age)]
to: [respondent name]? [(Text sex, age)]

Is that a(n):
1  ... uncle/aunt?
2  ... cousin?
3  ... nephew/niece?
4  ... other relative?

RNC_Q2F  What is the relationship of: [respondent name] [(Text sex, age)]
to: [respondent name]? [(Text sex, age)]

Is that a(n):
1  ... boyfriend/girlfriend?
2  ... room-mate?
3  ... other?
Proxy interview (GR)

GR_BEG  Content block

External variables required:

PROXMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOGR: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

Screen display:
Display on header bar PE_Q01 and PE_Q02 separated by a space

GR_N01  INTERVIEWER: Who is providing the information for this person's component?

01  MEMBER1
02  MEMBER2
03  MEMBER3
04  MEMBER4
05  MEMBER5
06  MEMBER6
07  MEMBER7
08  MEMBER8
09  MEMBER9
10  MEMBER10
11  MEMBER11
12  MEMBER12
13  MEMBER13
14  MEMBER14
15  MEMBER15
16  MEMBER16
17  MEMBER17
18  MEMBER18
19  MEMBER19
20  MEMBER20

Note: I

GR_C01  If selected respondent, go to GR_END. Otherwise, go to GR_N01A.

GR_N01A  INTERVIEWER: Do you want to complete this component by proxy?

1  Yes  (Go to GR_N02)
2  No

(DK, RF are not allowed)
Go to GR_E01A
You may not proceed with the rest of this questionnaire. Please press <F10> to exit, or return and update GR_N01 or GR_N01A.

Note: Trigger hard edit if GR_N01A = 2 and not Selected Respondent.

**GR_N02**

**INTERVIEWER:** Record the reason why this component is being completed by proxy. Proxy interviews are to occur only if the mental or physical health of the selected member makes it impossible to complete the interview during the collection period. If the reason for the proxy interview is neither of these choices, please press <F10> to exit the application and assign an appropriate outcome code.

1. Physical health condition
2. Mental health condition

(DK, RF are not allowed)

**GR_N03**

**INTERVIEWER:** Enter the condition.

(80 spaces)

(DK, RF are not allowed)

**GR_END**
Survey Introduction (INT)

INT_BEG

INT_R01 This survey is conducted under the Statistics Act, which protects the confidentiality and privacy of all your answers.

Note: (Help text)
Purpose: to introduce the survey to respondents so that they are aware of its nature and purposes.
Functionality: <F5> "Refusal" and <F6> "Don't Know" are disabled for this question

INT_R02 Your answers will be kept strictly confidential and used only for statistical purposes. While this survey is voluntary, your participation is essential if the results are to be accurate.
(Registration#: STC/HLT-082-75168)

INT_END
Age of respondent (ANC)

ANC_BEG  Core content

ANC_C01A  If (do ANC block = 1), go to ANC_D01. Otherwise, go to ANC_END.

ANC_D01  (not applicable)

ANC_R01  For some of the questions I'll be asking, I need to know ^YOUR^ exact date of birth.

INTERVIEWER: Press <Enter> to continue.

Note:  Date Block

ANC_N01A  INTERVIEWER: Enter the day. If necessary, ask (What is the day?)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(MIN: 1) (MAX: 31)</td>
<td></td>
</tr>
<tr>
<td>DK, RF</td>
<td></td>
</tr>
</tbody>
</table>

ANC_N01B  INTERVIEWER: Enter the month. If necessary, ask (What is the month?)

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December
DK, RF

ANC_E1  An impossible day/month combination has been entered. Please return and correct.

Note:  Trigger hard edit if a month is selected that is invalid in combination with the previously entered numeric day.
ANC_N01C  INTERVIEWER: Enter a four-digit year.
If necessary, ask (What is the year?)

|_|_|_|_|
DK, RF

ANC_C02  If ANC_N01C (Year) = DK, RF, go to ANC_Q03.
Otherwise, go to ANC_D02.

ANC_E2  An impossible day/month/year combination has been entered. Please return and correct.

Note:  Trigger hard edit if a year is entered that is invalid in combination with the previously entered month and day.

ANC_D02  Calculate age based on the entered date of birth.

ANC_Q02  So ^YOUR1 age is [calculated age].
Is that correct?

1  Yes  (Go to ANC_C03)
2  No, return and correct date of birth  (Go to ANC_Q03)
3  No, collect age  (Go to ANC_Q03)

(DK, RF are not allowed)

ANC_E02  Return to ANC_N01A and correct the date of birth.

Note:  Trigger hard edit if ANC_Q02 = 2.

ANC_C03  If [calculated age] < 12 years, go to ANC_R04.
Otherwise, go to ANC_END.

ANC_Q03  What is ^YOUR1 age?

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

ANC_C04  If age < 12 years, go to ANC_R04.
Otherwise, go to ANC_END.
ANC_D04  (not applicable)

ANC_R04  Because ^YOU1 ^ARE less than 12 years old, ^YOU1 ^ARE not eligible to participate in the Canadian Community Health Survey.

INTERVIEWER: Press <Enter> to continue.

Note: Auto code as 90 Unusual/Special circumstances and call the exit block.

ANC_END
General health (GEN)

GEN_BEGB Core content

GEN_C01 If (do GEN block = 1), go to GEN_R01. Otherwise, go to GEN_END.

GEN_D01 (not applicable)

GEN_R01 This survey deals with various aspects of ^YOUR2 health. The following questions ask about 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 <1> to continue.

GEN_Q01 To start, in general, would you say ^YOUR1 health is...?

INTERVIEWER: Read categories to respondent.

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
DK, RF

GEN_Q02A Compared to one year ago, how would you say ^YOUR1 health is now? Is it...

INTERVIEWER: Read categories to respondent.

1 Much better now than 1 year ago
2 Somewhat better now (than 1 year ago)
3 About the same as 1 year ago
4 Somewhat worse now (than 1 year ago)
5 Much worse now (than 1 year ago)
DK, RF

GEN_C02B If proxy interview, go to GEN_Q07. Otherwise, go to GEN_Q02.
Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how do you feel about your life as a whole right now?

00 Very dissatisfied
01
02
03
04
05
06
07
08
09 V
10 Very satisfied
DK, RF

In general, would you say your mental health is...?

INTERVIEWER: Read categories to respondent.

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
DK, RF

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

INTERVIEWER: Read categories to respondent.

1 Not at all stressful
2 Not very stressful
3 A bit stressful
4 Quite a bit stressful
5 Extremely stressful
DK, RF

If proxy interview, go to GEN_END. Otherwise, go to 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?

1  Yes
2  No  (Go to GEN_Q10)
   DK, RF  (Go to GEN_Q10)

GEN_R09 The next question is about your main job or business in the past 12 months.

INTERVIEWER: Press <1> to continue.

GEN_Q09 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, RF

GEN_Q10 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, RF
Positive Mental Health (PMH)

PMH_BEG  Theme Content block

External variables required:
PROXMODE: Proxy interview
SEX_Q01: sex of specific respondent (1 = male, 2 = female) from Sex block.
FNAME: prénom du répondant sélectionné
DOPMH: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

Screen display:
Display on header bar PE_Q01 and PE_Q02 separated by a space

PMH_C01A  If DOPMH = 1, go to PMH_C01B.
Otherwise, go to PMH_END.

PMH_C01B  If proxmode = 1, go to PMH_END.
Otherwise, go to PMH_R01.

PMH_R01  The following questions are about how you have been feeling during the past month.

INTERVIEWER: Press <1> to continue.

PMH_Q01  In the past month, how often did you feel...happy?

INTERVIEWER: Read categories to respondent.

1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never

DK, RF  (Go to PMH_END)
PMH_Q02  (In the past month, how often did you feel:)
PMH_02  ...interested in life?

1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF

PMH_Q03  (In the past month, how often did you feel:)
PMH_03  ...satisfied with your life?

1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF

PMH_Q04  In the past month, how often did you feel
PMH_04  ...that you had something important to contribute to society?

INTERVIEWER: Read categories to respondent.

1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF
PMH_Q05  (In the past month, how often did you feel:)
PMH_05  
...that you belonged to a community (like a social group, your neighborhood, your city, your school)?
1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF

PMH_Q06  (In the past month, how often did you feel:)
PMH_06  
...that our society is becoming a better place for people like you?
1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF

PMH_Q07  In the past month, how often did you feel
PMH_07  
...that people are basically good?

INTERVIEWER: Read categories to respondent.
1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF
PMH_08  (In the past month, how often did you feel:)
...that the way our society works makes sense to you?
1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF

PMH_09  (In the past month, how often did you feel:)
...that you liked most parts of your personality?
1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF

PMH_10  In the past month, how often did you feel
...good at managing the responsibilities of your daily life?

INTERVIEWER: Read categories to respondent.
1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF

PMH_11  (In the past month, how often did you feel:)
...that you had warm and trusting relationships with others?
1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF
(In the past month, how often did you feel):

PMH_Q12
PMH_12
...that you had experiences that challenge you to grow and become a better person?

1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF

PMH_Q13
PMH_13
In the past month, how often did you feel
...confident to think or express your own ideas and opinions?

INTERVIEWER: Read categories to respondent.

1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF

PMH_Q14
PMH_14
(In the past month, how often did you feel):

...that your life has a sense of direction or meaning to it?

1  Every day
2  Almost every day
3  About 2 or 3 times a week
4  About once a week
5  Once or twice
6  Never
   DK, RF
Voluntary organizations - Participation (ORG)

ORG_BEG Optional Content (See Appendix 2)

ORG_C1A If (do ORG block = 1), go to ORG_C1B. Otherwise, go to ORG_END.

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 groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs?

1 Yes (Go to ORG END)
2 No (Go to ORG END)
DK, RF (Go to ORG END)

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

INTERVIEWER: Read categories to respondent.

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

ORG_END
Sleep (SLP)

SLP_BEG Optional Content (See Appendix 2)

SLP_C1 If (do SLP block = 2), go to SLP_END. Otherwise, go to SLP_C2.

SLP_C2 If proxy interview, go to SLP_END. Otherwise, go to SLP_Q01.

SLP_Q01 Now a few questions about sleep. How long do you usually spend sleeping each night?

INTERVIEWER: Do not include time spent resting.

1 Under 2 hours
2 2 hours to less than 3 hours
3 3 hours to less than 4 hours
4 4 hours to less than 5 hours
5 5 hours to less than 6 hours
6 6 hours to less than 7 hours
7 7 hours to less than 8 hours
8 8 hours to less than 9 hours
9 9 hours to less than 10 hours
10 10 hours to less than 11 hours
11 11 hours to less than 12 hours
12 12 hours or more
DK
RF (Go to SLP_END)

SLP_Q02 How often do you have trouble going to sleep or staying asleep?

INTERVIEWER: Read categories to respondent.

1 None of the time
2 A little of the time
3 Some of the time
4 Most of the time
5 All of the time
DK, RF
How often do you find your sleep refreshing?

**INTERVIEWER**: Read categories to respondent.

1. None of the time  
2. A little of the time  
3. Some of the time  
4. Most of the time  
5. All of the time  
   DK, RF

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

1. None of the time  
2. A little of the time  
3. Some of the time  
4. Most of the time  
5. All of the time  
   DK, RF
Changes made to improve health (CIH)

CIH_BEG  Optional Content (See Appendix 2)

CIH_C1A  If (do CIH block = 1), go to CIH_C1B. Otherwise, go to CIH_END.

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

CIH_Q1  Next, some questions about changes made to improve health. In the past 12 months, 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, RF  (Go to CIH_END)

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

CIH_2

1  Increased exercise, sports / physical activity
2  Lost weight
3  Changed diet / improved eating habits
4  Quit smoking / reduced amount smoked
5  Drank less alcohol
6  Reduced stress level
7  Received medical treatment
8  Took vitamins
9  Other
   DK, RF

CIH_D3  If CIH_Q1 = 1, ^DT_ANYTHING = "anything else". Otherwise, ^DT_ANYTHING = "anything".

CIH_Q3  Do you think there is ^DT_ANYTHING you should do to improve your physical health?

CIH_3

1  Yes
2  No  (Go to CIH_END)
   DK, RF  (Go to CIH_END)
CIH_Q4  What is the most important thing?

1. Start / Increase exercise, sports / physical activity
2. Lose weight
3. Change diet / improve eating habits
4. Quit smoking / reduce amount smoked
5. Drink less alcohol
6. Reduce stress level
7. Receive medical treatment
8. Take vitamins
9. Other
   DK, RF

CIH_Q5  Is there anything stopping you from making this improvement?

1. Yes
2. No  (Go to CIH_Q7)
   DK, RF  (Go to CIH_Q7)

CIH_Q6  What is that?

INTERVIEWER: Mark all that apply.

CIH_6A 01 Lack of will power / self-discipline
CIH_6I 02 Family responsibilities
CIH_6B 03 Work schedule
CIH_6J 04 Addiction to drugs / alcohol
CIH_6K 05 Physical condition
CIH_6G 06 Disability / health problem
CIH_6F 07 Too stressed
CIH_6E 08 Too costly / financial constraints
CIH_6L 09 Not available - in area
CIH_6M 10 Transportation problems
CIH_6N 11 Weather problems
CIH_6H 12 Other
   DK, RF

CIH_Q7  Is there anything you intend to do to improve your physical health in the next year?

1. Yes
2. No  (Go to CIH_END)
   DK, RF  (Go to CIH_END)
**CIH_Q8**

**What is that?**

**INTERVIEWER:** Mark all that apply.

<table>
<thead>
<tr>
<th>CIH_8A</th>
<th>1</th>
<th>Start / Increase exercise, sports / physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIH_8B</td>
<td>2</td>
<td>Lose weight</td>
</tr>
<tr>
<td>CIH_8C</td>
<td>3</td>
<td>Change diet / improve eating habits</td>
</tr>
<tr>
<td>CIH_8J</td>
<td>4</td>
<td>Quit smoking / reduce amount smoked</td>
</tr>
<tr>
<td>CIH_8K</td>
<td>5</td>
<td>Drink less alcohol</td>
</tr>
<tr>
<td>CIH_8G</td>
<td>6</td>
<td>Reduce stress level</td>
</tr>
<tr>
<td>CIH_8L</td>
<td>7</td>
<td>Receive medical treatment</td>
</tr>
<tr>
<td>CIH_8H</td>
<td>8</td>
<td>Take vitamins</td>
</tr>
<tr>
<td>CIH_8I</td>
<td>9</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

**CIH_END**
Oral health 1 (OH1)

OH1_BEG Optional Content (See Appendix 2)

OH1_C20A If (do OH1 block = 1), go to OH1_C20B. Otherwise, go to OH1_END.

OH1_C20B If proxy interview, go to OH1_END. Otherwise, go to OH1_R20.

OH1_R20 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, RF (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)?

1 Yes
2 No
DK, RF

OH1_Q21B (Can you:)

...bite off and chew a piece of fresh apple?

1 Yes
2 No
DK, RF
OH1_C21C  If OH1_Q21A = 1 or OH1_Q21B = 1, go to OH1_Q22. Otherwise, go to OH1_Q21C.

Note: OH1_Q21C will be filled with "Yes" during head office processing.

**OH1_Q21C (Can you:)**

**OH1_21C** ...chew boiled vegetables?

1 Yes
2 No
   DK, RF

**OH1_Q22**

**OH1_22** In the past month, how often have you had any pain or discomfort in your teeth or gums?

**INTERVIEWER**: Read categories to respondent.

1 Often
2 Sometimes
3 Rarely
4 Never
   DK, RF
Health care system satisfaction (HCS)

HCS_BEG Optional Content (See Appendix 2)

HCS_C1A If (do HCS block = 1), go to HCS_C1B.
Otherwise, go to HCS_END.

HCS_C1B If proxy interview or if age < 15, go to HCS_END.
Otherwise, go to HCS_D1.

HCS_D1 If province = 10, ^DT_ProvinceE = "Newfoundland and Labrador".
If province = 11, ^DT_ProvinceE = "Prince Edward Island".
If province = 12, ^DT_ProvinceE = "Nova Scotia".
If province = 13, ^DT_ProvinceE = "New Brunswick".
If province = 24, ^DT_ProvinceE = "Quebec".
If province = 35, ^DT_ProvinceE = "Ontario".
If province = 46, ^DT_ProvinceE = "Manitoba".
If province = 47, ^DT_ProvinceE = "Saskatchewan".
If province = 48, ^DT_ProvinceE = "Alberta".
If province = 59, ^DT_ProvinceE = "British Columbia".
If province = 60, ^DT_ProvinceE = "Yukon".
If province = 61, ^DT_ProvinceE = "the Northwest Territories".
If province = 62, ^DT_ProvinceE = "Nunavut".

HCS_Q1 Now, a few questions about health care services in ^DT_ProvinceE. Overall, how
would you rate the availability of health care services in ^DT_ProvinceE?
Would you say it is:

INTERVIEWER: Read categories to respondent.

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

HCS_D2 (not applicable)
HCS_Q2

**HCS_2**

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

**INTERVIEWER:** Read categories to respondent.

1. Excellent
2. Good
3. Fair
4. Poor
   - DK, RF

HCS_Q3

**HCS_3**

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

1. Excellent
2. Good
3. Fair
4. Poor
   - DK, RF

HCS_Q4

**HCS_4**

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

1. Excellent
2. Good
3. Fair
4. Poor
   - DK, RF

HCS_END
Height and weight - Self-reported (HWT)

HWT_BEG  Core content

HWT_C1  If (do HWT block = 1), go to HWT_C2.
Otherwise, go to HWT_END.

HWT_C2  If (proxy interview = No and sex = female and (14 < age < 50)), go to HWT_Q1.
Otherwise, go to HWT_Q2.

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

MAM_037

1  Yes  (Go to HWT_END)
2  No
DK, RF

HWT_Q2  The next questions are about height and weight. How tall are you without shoes on?

HWT_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_N2C)
4  4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.)  (Go to HWT_N2D)
5  5'0" to 5'11" (151.1 to 181.5 cm.)  (Go to HWT_N2E)
6  6'0" to 6'11" (181.6 to 212.0 cm.)  (Go to HWT_N2F)
7  7'0" and over (212.1 cm. and over)  (Go to HWT_Q3)
DK, RF  (Go to HWT_Q3)

HWT_E2  The selected height is too short for a [current age] year old respondent. Please return and correct.

Note:  Trigger hard edit if (HWT_Q2 < 3).
HWT_N2A

INTERVIEWER: Select the exact height.

Select the exact height.

INTERVIEWER: Select the exact height.

00  1'0" / 12" (29.2 to 31.7 cm.)
01  1'1" / 13" (31.8 to 34.2 cm.)
02  1'2" / 14" (34.3 to 36.7 cm.)
03  1'3" / 15" (36.8 to 39.3 cm.)
04  1'4" / 16" (39.4 to 41.8 cm.)
05  1'5" / 17" (41.9 to 44.4 cm.)
06  1'6" / 18" (44.5 to 46.9 cm.)
07  1'7" / 19" (47.0 to 49.4 cm.)
08  1'8" / 20" (49.5 to 52.0 cm.)
09  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, RF

HWT_N2B

INTERVIEWER: Select the exact height.

Select the exact height.

INTERVIEWER: Select the exact height.

00  2'0" / 24" (59.7 to 62.1 cm.)
01  2'1" / 25" (62.2 to 64.7 cm.)
02  2'2" / 26" (64.8 to 67.2 cm.)
03  2'3" / 27" (67.3 to 69.8 cm.)
04  2'4" / 28" (69.9 to 72.3 cm.)
05  2'5" / 29" (72.4 to 74.8 cm.)
06  2'6" / 30" (74.9 to 77.4 cm.)
07  2'7" / 31" (77.5 to 79.9 cm.)
08  2'8" / 32" (80.0 to 82.5 cm.)
09  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, RF
INTERVIEWER: Select the exact height.

Select the exact height.

INTERVIEWER: Select the exact height.

<table>
<thead>
<tr>
<th></th>
<th>Height</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>00</td>
<td>3'0&quot; / 36&quot;</td>
<td>(90.2 to 92.6 cm.)</td>
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<tr>
<td>01</td>
<td>3'1&quot; / 37&quot;</td>
<td>(92.7 to 95.2 cm.)</td>
</tr>
<tr>
<td>02</td>
<td>3'2&quot; / 38&quot;</td>
<td>(95.3 to 97.7 cm.)</td>
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<tr>
<td>03</td>
<td>3'3&quot; / 39&quot;</td>
<td>(97.8 to 100.2 cm.)</td>
</tr>
<tr>
<td>04</td>
<td>3'4&quot; / 40&quot;</td>
<td>(100.3 to 102.8 cm.)</td>
</tr>
<tr>
<td>05</td>
<td>3'5&quot; / 41&quot;</td>
<td>(102.9 to 105.3 cm.)</td>
</tr>
<tr>
<td>06</td>
<td>3'6&quot; / 42&quot;</td>
<td>(105.4 to 107.9 cm.)</td>
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<td>07</td>
<td>3'7&quot; / 43&quot;</td>
<td>(108.0 to 110.4 cm.)</td>
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<tr>
<td>08</td>
<td>3'8&quot; / 44&quot;</td>
<td>(110.5 to 112.9 cm.)</td>
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<tr>
<td>09</td>
<td>3'9&quot; / 45&quot;</td>
<td>(113.0 to 115.5 cm.)</td>
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<tr>
<td>10</td>
<td>3'10&quot; / 46&quot;</td>
<td>(115.6 to 118.0 cm.)</td>
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<td>11</td>
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Go to HWT_Q3

INTERVIEWER: Select the exact height.

Select the exact height.

INTERVIEWER: Select the exact height.

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<td>(120.7 to 123.1 cm.)</td>
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<tr>
<td>01</td>
<td>4'1&quot; / 49&quot;</td>
<td>(123.2 to 125.6 cm.)</td>
</tr>
<tr>
<td>02</td>
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<td>(125.7 to 128.2 cm.)</td>
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<tr>
<td>03</td>
<td>4'3&quot; / 51&quot;</td>
<td>(128.3 to 130.7 cm.)</td>
</tr>
<tr>
<td>04</td>
<td>4'4&quot; / 52&quot;</td>
<td>(130.8 to 133.3 cm.)</td>
</tr>
<tr>
<td>05</td>
<td>4'5&quot; / 53&quot;</td>
<td>(133.4 to 135.8 cm.)</td>
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<tr>
<td>06</td>
<td>4'6&quot; / 54&quot;</td>
<td>(135.9 to 138.3 cm.)</td>
</tr>
<tr>
<td>07</td>
<td>4'7&quot; / 55&quot;</td>
<td>(138.4 to 140.9 cm.)</td>
</tr>
<tr>
<td>08</td>
<td>4'8&quot; / 56&quot;</td>
<td>(141.0 to 143.4 cm.)</td>
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<tr>
<td>09</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>
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<td>DK, RF</td>
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</table>

Go to HWT_Q3
**HWT_N2E**

**INTERVIEWER:** Select the exact height.

**HWT_2E**

Select the exact height.

**INTERVIEWER:** Select the exact height.

<table>
<thead>
<tr>
<th>Height</th>
<th>Measurement</th>
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</thead>
<tbody>
<tr>
<td>5'0&quot;</td>
<td>(151.1 to 153.6 cm.)</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>(153.7 to 156.1 cm.)</td>
</tr>
<tr>
<td>5'2&quot;</td>
<td>(156.2 to 158.7 cm.)</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>(158.8 to 161.2 cm.)</td>
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<tr>
<td>5'4&quot;</td>
<td>(161.3 to 163.7 cm.)</td>
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<tr>
<td>5'5&quot;</td>
<td>(163.8 to 166.3 cm.)</td>
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<tr>
<td>5'6&quot;</td>
<td>(166.4 to 168.8 cm.)</td>
</tr>
<tr>
<td>5'7&quot;</td>
<td>(168.9 to 171.4 cm.)</td>
</tr>
<tr>
<td>5'8&quot;</td>
<td>(171.5 to 173.9 cm.)</td>
</tr>
<tr>
<td>5'9&quot;</td>
<td>(174.0 to 176.4 cm.)</td>
</tr>
<tr>
<td>5'10&quot;</td>
<td>(176.5 to 179.0 cm.)</td>
</tr>
<tr>
<td>5'11&quot;</td>
<td>(179.1 to 181.5 cm.)</td>
</tr>
<tr>
<td>DK, RF</td>
<td></td>
</tr>
</tbody>
</table>

Go to HWT_Q3

**HWT_N2F**

**INTERVIEWER:** Select the exact height.

**HWT_2F**

Select the exact height.

**INTERVIEWER:** Select the exact height.

<table>
<thead>
<tr>
<th>Height</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>6'0&quot;</td>
<td>(181.6 to 184.1 cm.)</td>
</tr>
<tr>
<td>6'1&quot;</td>
<td>(184.2 to 186.6 cm.)</td>
</tr>
<tr>
<td>6'2&quot;</td>
<td>(186.7 to 189.1 cm.)</td>
</tr>
<tr>
<td>6'3&quot;</td>
<td>(189.2 to 191.7 cm.)</td>
</tr>
<tr>
<td>6'4&quot;</td>
<td>(191.8 to 194.2 cm.)</td>
</tr>
<tr>
<td>6'5&quot;</td>
<td>(194.3 to 196.8 cm.)</td>
</tr>
<tr>
<td>6'6&quot;</td>
<td>(196.9 to 199.3 cm.)</td>
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<tr>
<td>6'7&quot;</td>
<td>(199.4 to 201.8 cm.)</td>
</tr>
<tr>
<td>6'8&quot;</td>
<td>(201.9 to 204.4 cm.)</td>
</tr>
<tr>
<td>6'9&quot;</td>
<td>(204.5 to 206.9 cm.)</td>
</tr>
<tr>
<td>6'10&quot;</td>
<td>(207.0 to 209.5 cm.)</td>
</tr>
<tr>
<td>6'11&quot;</td>
<td>(209.6 to 212.0 cm.)</td>
</tr>
<tr>
<td>DK, RF</td>
<td></td>
</tr>
</tbody>
</table>
HWT_Q3

How much ^DOVERB ^YOU2 weigh?

INTERVIEWER: Enter amount only.

| | | | Weight
(MIN: 1) (MAX: 575)
DK, RF (Go to HWT_END)

HWT_N4

INTERVIEWER: Was that in pounds or kilograms?

Was that in pounds or kilograms?

INTERVIEWER: Was that in pounds or kilograms?

1    Pounds
2    Kilograms

(DK, RF are not allowed)

HWT_E4

An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ((HWT_Q3 > 300 and HWT_N4 = 1) or (HWT_Q3 > 136 and HWT_N4 = 2)) or ((HWT_Q3 < 60 and HWT_N4 = 1) or (HWT_Q3 < 27 and HWT_N4 = 2)).

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.

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

HWT_END
Chronic conditions (CCC)

CCC Beg Core content

CCC C011 If (do CCC block = 1), go to CCC R011.
Otherwise, go to CCC END.

CCC R011 Now I'd like to ask about certain long-term health conditions which YOU2 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 <1> to continue.

CCC Q031 DOVERB C YOU2 have asthma?

CCC 031

1 Yes
2 No (Go to CCC C051)
DK (Go to CCC C051)
RF (Go to CCC END)

CCC Q035 HAVE C YOU1 had any asthma symptoms or asthma attacks in the past 12 months?

CCC 035

1 Yes
2 No
DK, RF

CCC Q036 In the past 12 months, HAVE YOU1 taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?

CCC 036

1 Yes
2 No
DK, RF

CCC C051 If age < 14, go to CCC Q061.
Otherwise, go to CCC Q051.

CCC D051 Not applicable
^DOVERB_C ^YOU1 have arthritis, excluding fibromyalgia?

1 Yes
2 No
   DK, RF

^DOVERB_C ^YOU2 have back problems, excluding fibromyalgia and arthritis?

1 Yes
2 No
   DK, RF

Remember, we're interested in conditions diagnosed by a health professional and are expected to last or have already lasted 6 months or more. ^DOVERB_C ^YOU2 have high blood pressure?

1 Yes (Go to CCC_Q073)
2 No
   DK
   RF (Go to CCC_Q081)

^HAVE_C ^YOU1 ever been diagnosed with high blood pressure?

1 Yes
2 No (Go to CCC_Q031)
   DK, RF (Go to CCC_Q081)

In the past month, ^HAVE ^YOU1 taken any medicine for high blood pressure?

1 Yes
2 No
   DK, RF

If sex = female and age > 15 and (CCC_Q071 = 1 or [CCC_Q072 = 1 and CCC_Q073 = 1]), go to CCC_Q073A.
Otherwise, go to CCC_Q081.

^WERE_C ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with high blood pressure?

1 Yes
2 No (Go to CCC_Q081)
   DK, RF (Go to CCC_Q081)
Other than during pregnancy, has a health professional ever told YOU2 that YOU1 HAVE high blood pressure?

1 Yes
2 No
DK, RF

Remember, we're interested in conditions diagnosed by a health professional and are expected to last or have already lasted 6 months or more. DOVERB_C YOU1 have migraine headaches?

1 Yes
2 No
DK, RF

If age < 35, go to CCC_Q101. Otherwise, go to CCC_Q091.

DOVERB_C YOU2 have chronic bronchitis, emphysema or chronic obstructive pulmonary disease or COPD?

1 Yes
2 No
DK, RF

(Remember, we're interested in conditions diagnosed by a health professional and are expected to last or have already lasted 6 months or more.)

DOVERB_C YOU2 have diabetes?

INTERVIEWER: Exclude respondents who have been told they have prediabetes. Only respondents with type 1, type 2 or gestational diabetes should answer yes to this question.

1 Yes
2 No (Go to CCC_Q121)
DK, RF (Go to CCC_Q121)

How old WERE YOU1 when this was first diagnosed?

INTERVIEWER: Maximum is [current age].

[ ] Age in years
(MIN: 0) (MAX: current age)
DK, RF
CCC_C10A  If age < 15 or sex = male or CCC_Q102 < 15 or CCC_Q102 > 49, go to CCC_Q10C. Otherwise, go to CCC_Q10A.

CCC_Q10A  ^WERE ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?
CCC_10A
1  Yes
2  No          (Go to CCC_Q10C)
   DK, RF      (Go to CCC_Q10C)

CCC_Q10B  Other than during pregnancy, has a health professional ever told ^YOU2 that ^YOU1 ^HAVE diabetes?
CCC_10B
1  Yes
2  No          (Go to CCC_Q121)
   DK, RF      (Go to CCC_Q121)

CCC_Q10C  When ^YOU1 ^WERE first diagnosed with diabetes, how long was it before ^YOU1 ^WERE started on insulin?
CCC_10C
1  Less than 1 month
2  1 month to less than 2 months
3  2 months to less than 6 months
4  6 months to less than 1 year
5  1 year or more
6  Never        (Go to CCC_Q106)
   DK, RF

CCC_Q105  ^DOVERB_C ^YOU2 currently take insulin for ^YOUR1 diabetes?
CCC_105
1  Yes
2  No
   DK, RF

Note:  If CCC_Q10C = 6, CCC_Q105 will be filled with "No" during processing.

CCC_Q106  In the past month, did ^YOU2 take pills to control ^YOUR1 blood sugar?
CCC_106
1  Yes
2  No
   DK, RF

CCC_Q121  ^DOVERB_C ^YOU1 have heart disease?
CCC_121
1  Yes
2  No
   DK, RF
CCC_Q131 (^DOVERB_C ^YOU1 have:) 
CCC_131 ... cancer? 
1 Yes (Go to CCC_Q141) 
2 No 
   DK 
   RF (Go to CCC_Q141) 

CCC_Q132 ^HAVE ^YOU1 ever been diagnosed with cancer? 
CCC_31A 
1 Yes 
2 No 
   DK, RF 

CCC_Q141 Remember, we’re interested in conditions diagnosed by a health professional and 
are expected to last or have already lasted 6 months or more. 

^DOVERB ^YOU1 have intestinal or stomach ulcers? 
CCC_141 
1 Yes 
2 No 
   DK, RF 

CCC_Q151 ^DOVERB ^YOU2 suffer from the effects of a stroke? 
CCC_151 
1 Yes 
2 No 
   DK, RF 

CCC_C161 If age < 25, go to CCC_Q171. 
Otherwise, go to CCC_Q161. 

CCC_Q161 (^DOVERB_C ^YOU2 suffer:) 
CCC_161 ...Urinary incontinence? 
1 Yes 
2 No 
   DK, RF
CCC_Q171  Did you have a bowel disorder such as Crohn’s Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?

1. Yes
2. No (Go to CCC_C181)

CCC_C181  If age < 35, go to CCC_Q280. Otherwise, go to CCC_Q181.

CCC_Q171A  What kind of bowel disease did you have?

1. Crohn’s Disease
2. Ulcerative colitis
3. Irritable Bowel Syndrome
4. Bowel incontinence
5. Other

CCC_Q181  Did you have:

... Alzheimer’s Disease or any other dementia?

1. Yes
2. No

CCC_Q280  Remember, we’re interested in conditions diagnosed by a health professional and are expected to last or have already lasted 6 months or more.

... a mood disorder such as depression, bipolar disorder, mania or dysthymia?

1. Yes
2. No

CCC_Q290  Did you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

1. Yes
2. No

CCC_END
Diabetes care (DIA)

DIA_BEG Optional Content (See Appendix 2)

DIA_C01A If (do DIA block = 1), go to DIA_C01B. Otherwise, go to DIA_END.

DIA_C01B If (CCC_Q101 = 1), go to DIA_C01C. Otherwise, go to DIA_END.

DIA_C01C If (CCC_Q10A = 1), go to DIA_END. Otherwise, go to DIA_R01.

DIA_R01 It was reported earlier that ^YOU2 ^HAVE diabetes. The following questions are about diabetes care.

INTERVIEWER: Press <Enter> to continue.

DIA_Q01 In the past 12 months, has a health care professional tested ^YOU2 for haemoglobin "A-one-C"? (An "A-one-C" haemoglobin test measures the average level of blood sugar over a 3-month period.)

1 Yes
2 No (Go to DIA_Q03)
DK (Go to DIA_Q03)
RF (Go to DIA_END)

DIA_Q02 How many times? (In the past 12 months, has a health care professional tested ^YOU2 for haemoglobin "A-one-C"?)

| | | Times
(MIN: 1) (MAX: 99)
DK, RF

DIA_Q03 In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?

1 Yes
2 No (Go to DIA_Q05)
3 No feet (Go to DIA_Q05)
DK, RF (Go to DIA_Q05)
DIA_Q04  How many times?  (In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?)

| | | Times
(MIN: 1) (MAX: 99)
DK, RF

DIA_Q05  In the past 12 months, has a health care professional tested ^YOUR1 urine for protein (i.e., Microalbumin)?

1  Yes
2  No
DK, RF

DIA_Q06  ^HAVE_C ^YOU2 ever had an eye exam where the pupils of ^YOUR1 eyes were dilated?  (This procedure would have made ^HIMHER temporarily sensitive to light.)

1  Yes
2  No  (Go to DIA_R08)
DK, RF  (Go to DIA_R08)

DIA_Q07  When was the last time?

INTERVIEWER: Read categories to respondent.

1  Less than one month ago
2  1 month to less than 1 year ago
3  1 year to less than 2 years ago
4  2 or more years ago
DK, RF

DIA_R08  Now some questions about diabetes care not provided by a health care professional.

INTERVIEWER: Press <Enter> to continue.

DIA_Q08  How often ^DOVERB ^YOU2 usually have ^YOUR1 blood checked for glucose or sugar by ^YOURSELF or by a family member or friend?

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

1  Per day
2  Per week  (Go to DIA_N08C)
3  Per month  (Go to DIA_N08D)
4  Per year  (Go to DIA_N08E)
5  Never  (Go to DIA_C09)
DK, RF  (Go to DIA_C09)
### DIA_N08B
**INTERVIEWER:** Enter number of times per day.

<table>
<thead>
<tr>
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<th></th>
<th>Times</th>
</tr>
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<tr>
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<td>(MIN: 1) (MAX: 99)</td>
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<tr>
<td>DK, RF</td>
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</table>

Go to DIA_C09

### DIA_N08C
**INTERVIEWER:** Enter number of times per week.

<table>
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<tr>
<th></th>
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<th>Times</th>
</tr>
</thead>
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<tr>
<td></td>
<td></td>
<td>(MIN: 1) (MAX: 99)</td>
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<tr>
<td>DK, RF</td>
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Go to DIA_C09

### DIA_N08D
**INTERVIEWER:** Enter number of times per month.

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<tr>
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<th></th>
<th>Times</th>
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</thead>
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<tr>
<td></td>
<td></td>
<td>(MIN: 1) (MAX: 99)</td>
</tr>
<tr>
<td>DK, RF</td>
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</tr>
</tbody>
</table>

Go to DIA_C09

### DIA_N08E
**INTERVIEWER:** Enter number of times per year.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(MIN: 1) (MAX: 99)</td>
</tr>
<tr>
<td>DK, RF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DIA_C09
If DIA_Q03 = 3 (no feet), go to DIA_C10. Otherwise, go to DIA_Q09.

### DIA_Q09
**INTERVIEWER:** How often do you usually have your feet checked for any sores or irritations by yourself or by a family member or friend?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Per day</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Per week</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Per month</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Per year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Never</td>
<td></td>
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</table>

(Go to DIA_N09B)

### DIA_N09B
**INTERVIEWER:** Enter number of times per day.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(MIN: 1) (MAX: 99)</td>
</tr>
<tr>
<td>DK, RF</td>
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<td></td>
</tr>
</tbody>
</table>

Go to DIA_C10

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Page 39 of 365
DIA_N09C  INTERVIEWER: Enter number of times per week.

DIA_N9C

Times
(MIN: 1) (MAX: 99)
DK, RF
Go to DIA_C10

DIA_N09D  INTERVIEWER: Enter number of times per month.

DIA_N9D

Times
(MIN: 1) (MAX: 99)
DK, RF
Go to DIA_C10

DIA_N09E  INTERVIEWER: Enter number of times per year.

DIA_N9E

Times
(MIN: 1) (MAX: 99)
DK, RF

DIA_C10  If age >= 35, go to DIA_R10.
Otherwise, go to DIA_END.

DIA_R10  Now a few questions about medication.

INTERVIEWER: Press <Enter> to continue.

DIA_Q10  In the past month, did ^YOU2 take aspirin or other ASA (acetylsalicylic acid) medication every day or every second day?

DIA_10

1  Yes
2  No
DK, RF

DIA_Q11  In the past month, did ^YOU1 take prescription medications such as Lipitor or Zocor to control ^YOUR1 blood cholesterol levels?

DIA_11

1  Yes
2  No
DK, RF

DIA_END
Medication use (MED)

MED_BEG Optional Content (See Appendix 2)

MED_C1 If (do MED block = 1), go to MED_R1. Otherwise, go to MED_END.

MED_R1 Now I’d like to ask a few questions about ^YOUR2 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 ^YOU2 take:

... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?

1 Yes  
2 No  
   DK  
   RF (Go to MED_END)

MED_Q1B In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:

... tranquilizers such as Valium or Ativan?

1 Yes  
2 No  
   DK, RF

MED_Q1C (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... diet pills such as Dextrim, Ponderal or Fastin?

1 Yes  
2 No  
   DK, RF

MED_Q1D (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... anti-depressants such as Prozac, Paxil or Effexor?

1 Yes  
2 No  
   DK, RF
MED_Q1E (In the past month, that is, from [date one month ago] to yesterday, did YOU take:)

... codeine, Demerol or morphine?
1 Yes
2 No
DK, RF

MED_Q1F (In the past month, that is, from [date one month ago] to yesterday, did YOU take:)

... allergy medicine such as Reactine or Allegra?
1 Yes
2 No
DK, RF

MED_Q1G (In the past month, that is, from [date one month ago] to yesterday, did YOU take:)

... asthma medications such as inhalers or nebulizers?
1 Yes
2 No
DK, RF

MED_E1G 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.

Note: Trigger soft edit if MED_Q1G = 1 and CCC_Q036 = 2.

MED_Q1H (In the past month, that is, from [date one month ago] to yesterday, did YOU take:)

... cough or cold remedies?
1 Yes
2 No
DK, RF
MED_Q1I

(In the past month, that is, from [date one month ago] to yesterday, did ^YOU^ take:)

... penicillin or other antibiotics?

1 Yes
2 No
DK, RF

MED_Q1J

(In the past month, that is, from [date one month ago] to yesterday, did ^YOU^ take:)

... medicine for the heart?

1 Yes
2 No
DK, RF

MED_Q1L

(In the past month, that is, from [date one month ago] to yesterday, did ^YOU^ take:)

... diuretics or water pills?

1 Yes
2 No
DK, RF

MED_Q1M

(In the past month, that is, from [date one month ago] to yesterday, did ^YOU^ take:)

... steroids?

1 Yes
2 No
DK, RF

MED_Q1P

(In the past month, that is, from [date one month ago] to yesterday, did ^YOU^ take:)

... sleeping pills such as Imovane, Nytol or Starnoc?

1 Yes
2 No
DK, RF
MED_Q1Q (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... stomach remedies?

1 Yes
2 No
DK, RF

MED_Q1R (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... laxatives?

1 Yes
2 No
DK, RF

MED_C1S If sex = female and age <= 49, go to MED_Q1S. Otherwise, go to MED_C1TA.

MED_Q1S (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... birth control pills or other kind of prescribed birth control method?

1 Yes
2 No
DK, RF

MED_C1TA If (do HRT block = 1), go to MED_Q1U. Otherwise, go to MED_C1T.

MED_C1T If sex is female and age >= 30, go to MED_Q1T. Otherwise, go to MED_Q1U.

MED_Q1T (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... hormones for menopause or ageing symptoms?

1 Yes
2 No (Go to MED_Q1U)
DK, RF (Go to MED_Q1U)
**What type of hormones ARE YOU taking?**

**INTERVIEWER:** Read categories to respondent.

1. Estrogen only
2. Progesterone only
3. Both
4. Neither

**MED_D1T2**  
^MinYear = ^Info.YearofBirth + 30;

**When did YOU start this hormone therapy?**

**INTERVIEWER:** Enter the year (minimum is [^MinYear]; maximum is [^Info.CurrentYear]).

<table>
<thead>
<tr>
<th>Year</th>
<th>MIN: ^MinYear</th>
<th>MAX: ^Info.CurrentYear</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DK, RF</td>
<td></td>
</tr>
</tbody>
</table>

**MED_E1T2**  
Year must be between ^MinYear and ^Info.CurrentYear. Please return and correct.

**Note:** Trigger hard edit if outside these ranges.

**In the past month, that is, from [date one month ago] to yesterday, did YOU take:**

... thyroid medication such as Synthroid or Levothyroxine?

1. Yes
2. No

**MED_Q1U**  
(If the past month, that is, from [date one month ago] to yesterday, did YOU take:)

... any other medication?

1. Yes - Specify (Go to MED_S1V)
2. No

DK, RF

Go to MED_END
INTERVIEWER: Specify.

(80 spaces)
DK, RF
Pain and discomfort (HUP)

HUP_BEG    Core content

HUP_C1    If (do HUP block = 1), go to HUP_D1.
          Otherwise, go to HUP_END.

HUP_D1    (not applicable)

HUP_R1    The next set of questions asks about the level of pain or discomfort ^YOU2 usually experience. They are not about illnesses like colds that affect people for short periods of time.

INTERVIEWER: Press <Enter> to continue.

HUP_Q28    ^ARE_C ^YOU2 usually free of pain or discomfort?

HUP_01

1   Yes  (Go to HUP_END)
2   No
    DK, RF  (Go to HUP_END)

HUP_Q29    How would you describe the usual intensity of ^YOUR1 pain or discomfort?

HUP_02

INTERVIEWER: Read categories to respondent.

1   Mild
2   Moderate
3   Severe
    DK, RF

HUP_Q30    How many activities does ^YOUR1 pain or discomfort prevent?

HUP_03

INTERVIEWER: Read categories to respondent.

1   None
2   A few
3   Some
4   Most
    DK, RF
Health care utilization (HCU)

HCU_BEG  Core content

HCU_C01  If (do HCU block = 1), go to HCU_D01. Otherwise, go to HCU_END.

HCU_D01  (not applicable)

HCU_Q01AA  ^DOVERB_C ^YOU2 have a regular medical doctor?

HCU_1AA

1  Yes  (Go to HCU_D01AC)
2  No
   DK, RF  (Go to HCU_END)

HCU_Q01AB  Why ^DOVERB ^YOU2 not have a regular medical doctor?

INTERVIEWER: Mark all that apply.

HCU_1BA

1  No medical doctors available in the area
HCU_1BB

2  Medical doctors in the area are not taking new patients
HCU_1BC

3  Have not tried to contact one
HCU_1BD

4  Had a medical doctor who left or retired
HCU_1BE

5  Other - Specify  (Go to HCU_S01AB)
   DK, RF

Go to HCU_D01A1.

HCU_S01AB  INTERVIEWER: Specify.

____________________________________________________
(80 spaces)
DK, RF

HCU_D01A1  If proxy interview, ^DT_GOVERB = "goes". Otherwise, ^DT_GOVERB = "go".

HCU_Q01A1  Is there a place that ^YOU2 usually ^DT_GOVERB to when ^YOU1 ^ARE sick or need^S advice about ^YOUR1 health?

HCU_1A1

1  Yes
2  No  (Go to HCU_END)
   DK, RF  (Go to HCU_END)
HCU_Q01A2  What kind of place is it?
HCU_1A2  

INTERVIEWER: If the respondent indicates more than one usual place, then ask: What kind of place do you go to most often?

1  Doctor’s office
2  Community health centre / CLSC
3  Walk-in clinic
4  Appointment clinic
5  Telephone health line (for example, HealthLinks, Telehealth Ontario, Health-Line, TeleCare, Info-Santé)
6  Hospital emergency room
7  Hospital outpatient clinic
8  Other - Specify  (Go to HCU_S01A2)
   DK, RF

Go to HCU_END

HCU_S01A2  INTERVIEWER: Specify.

_____________________________________________________
(80 spaces)
DK, RF
Go to HCU_END

HCU_D01AC  (not applicable)
HCU_Q01AC

^DOVERB_C ^YOU2 and this doctor usually speak in English, in French, or in another language?

01 English
02 French
03 Arabic
04 Chinese
05 Cree
06 German
07 Greek
08 Hungarian
09 Italian
10 Korean
11 Persian (Farsi)
12 Polish
13 Portuguese
14 Punjabi
15 Spanish
16 Tagalog (Filipino)
17 Ukrainian
18 Vietnamese
19 Dutch
20 Hindi
21 Russian
22 Tamil
23 Other - Specify (Go to HCU_S01AC)

DK, RF

Go to HCU_END

HCU_S01AC

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HCU_END
Contacts with Health Professionals (CHP)

CHP_BEG Theme content

CHP_C01 If (do CHP block = 1), go to CHP_D01. Otherwise, go to CHP_END.

CHP_D01 (not applicable)

CHP_R01 Now I’d like to ask about ^YOUR2 contacts with various health professionals during the past 12 months, that is, from [date one year ago] to yesterday.

CHP_Q01 In the past 12 months, ^HAVE ^YOU2 been a patient overnight in a hospital, nursing home or convalescent home?

1 Yes (Go to CHP_D03)
2 No (Go to CHP_D03)
   DK (Go to CHP_D03)
   RF (Go to CHP_END)

CHP_Q02 For how many nights in the past 12 months?

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

Note: In processing, if a respondent answered CHP_Q01 = 2, the variable CHP_Q02 is given the value of “0”.

CHP_D03 If CHP_Q01 = 1, ^DT_COUNT = "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months".
   Otherwise, ^DT_COUNT = "In the past 12 months".

CHP_D03A If age < 18, ^DT_PED = "pediatrician".
   Otherwise, ^DT_PED = "null".
CHP_Q03  Include both face to face and telephone contacts.

INTERVIEWER: Include both face to face and telephone contacts.

1  Yes
2  No  (Go to CHP_Q06)
   DK, RF  (Go to CHP_Q06)

CHP_Q04  How many times (in the past 12 months)?

INTERVIEWER:  If respondent says "hospital", probe for details.

01  Doctor's office
02  Hospital emergency room
03  Hospital outpatient clinic (e.g. day surgery, cancer)
04  Walk-in clinic
05  Appointment clinic
06  Community health centre / CLSC
07  At work
08  At school
09  At home
10  Telephone consultation only
11  Other - Specify  (Go to CHP_S05)
   DK, RF
   (Go to CHP_Q06)

CHP_S05  INTERVIEWER:  Specify.

(80 spaces)
DK, RF
CHP_Q06

(\^DT_COUNT, \^HAVE \^YOU2 seen, or talked to:)

...an eye specialist, such as an ophthalmologist or optometrist (about \^YOUR1 physical, emotional or mental health)?

INTERVIEWER: Include both face to face and telephone contacts.

1  Yes
2  No  (Go to CHP_D08)
   DK, RF  (Go to CHP_D08)

CHP_Q07

(How many times (in the past 12 months)?)

<table>
<thead>
<tr>
<th></th>
<th>Times</th>
</tr>
</thead>
</table>
(MIN: 1) (MAX: 75; warning after 3)
DK, RF

Note: In processing, if a respondent answered CHP_Q06 = 2, the variable CHP_Q07 is given the value of "0".

CHP_D08

If respondent is male, \^DT_DOCTOR = "urologist". Otherwise, \^DT_DOCTOR = "gynaecologist".

CHP_Q08

(\^DT_COUNT, \^HAVE \^YOU2 seen, or talked to:)

...any other medical doctor or specialist such as a surgeon, allergist, orthopaedist, \^DT_DOCTOR or psychiatrist (about \^YOUR1 physical, emotional or mental health)?

INTERVIEWER: Include both face to face and telephone contacts.

1  Yes
2  No  (Go to CHP_Q11)
   DK, RF  (Go to CHP_Q11)

CHP_Q09

How many times (in the past 12 months)?

<table>
<thead>
<tr>
<th></th>
<th>Times</th>
</tr>
</thead>
</table>
(MIN: 1) (MAX: 300; warning after 7)
DK, RF

Note: In processing, if a respondent answered CHP_Q08 = 2, the variable CHP_Q09 is given the value of "0".
**Where did the most recent contact take place?**

**INTERVIEWER:** If respondent says "hospital", probe for details.

- 01 Doctor’s office
- 02 Hospital emergency room
- 03 Hospital outpatient clinic (e.g. day surgery, cancer)
- 04 Walk-in clinic
- 05 Appointment clinic
- 06 Community health centre / CLSC
- 07 At work
- 08 At school
- 09 At home
- 10 Telephone consultation only
- 11 Other - Specify (Go to CHP_S10)

DK, RF

Go to CHP_Q11

**INTERVIEWER:** Specify.

(80 spaces)
DK, RF

**^DT_COUNT, ^HAVE ^YOU1 seen, or talked to:**

...a nurse for care or advice about ^YOUR1 physical, emotional or mental health?

**INTERVIEWER:** Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to CHP_Q14)

DK, RF (Go to CHP_Q14)

**How many times (in the past 12 months)?**

<table>
<thead>
<tr>
<th>Times</th>
<th></th>
</tr>
</thead>
</table>

(MIN: 1) (MAX: 366; warning after 15)

DK, RF

**Note:** In processing, if a respondent answered CHP_Q11 = 2, the variable CHP_Q12 is given the value of "0".
CHP_Q13 Where did the most recent contact take place?

INTERVIEWER: If respondent says "hospital", probe for details.

01 Doctor’s office
02 Hospital emergency room
03 Hospital outpatient clinic (e.g. day surgery, cancer)
04 Walk-in clinic
05 Appointment clinic
06 Community health centre / CLSC
07 At work
08 At school
09 At home
10 Telephone consultation only
11 Other - Specify (Go to CHP_S13)

DK, RF

Go to CHP_Q14

CHP_S13 INTERVIEWER: Specify.

(80 spaces)
DK, RF

CHP_Q14 How many times (in the past 12 months)?

INTERVIEWER: Include both face to face and telephone contacts.

|^DT_COUNT, |HAVE |YOUR| seen, or talked to:|

1 Yes
2 No (Go to CHP_Q16)

DK, RF (Go to CHP_Q16)

Note: In processing, if a respondent answered CHP_Q14 = 2, the variable CHP_Q15 is given the value of “0”.
CHP_Q16
(^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)

...a chiropractor (about ^YOUR1 physical, emotional or mental health)?

INTERVIEWER: Include both face to face and telephone contacts.

1  Yes  
2  No (Go to CHP_Q18) 
   DK, RF (Go to CHP_Q18)

CHP_Q17

How many times (in the past 12 months)?

[ ] [ ] [ ] Times
(MIN: 1) (MAX: 366; warning after 20)
DK, RF

Note: In processing, if a respondent answered CHP_Q16 = 2, the variable CHP_Q17 is given the value of "0".

CHP_Q18

(^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)

...a physiotherapist about ^YOUR1 physical, emotional or mental health?

INTERVIEWER: Include both face to face and telephone contacts.

1  Yes 
2  No (Go to CHP_Q20) 
   DK, RF (Go to CHP_Q20)

CHP_Q19

How many times (in the past 12 months)?

[ ] [ ] [ ] Times
(MIN: 1) (MAX: 366; warning after 30)
DK, RF

Note: In processing, if a respondent answered CHP_Q18 = 2, the variable CHP_Q19 is given the value of "0".

CHP_Q20

(^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)

...a psychologist (about ^YOUR1 physical, emotional or mental health)?

INTERVIEWER: Include both face to face and telephone contacts.

1  Yes 
2  No (Go to CHP_Q22) 
   DK, RF (Go to CHP_Q22)
CHP_Q21 How many times (in the past 12 months)?

|_____| Times
(MIN: 1) (MAX: 366; warning after 25)
DK, RF

Note: In processing, if a respondent answered CHP_Q20 = 2, the variable CHP_Q21 is given the value of "0".

CHP_Q22

|^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:|

...a social worker or counsellor (about ^YOUR1 physical, emotional or mental health)?

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes
2 No (Go to CHP_Q24)
DK, RF (Go to CHP_Q24)

CHP_Q23 How many times (in the past 12 months)?

|_____| Times
(MIN: 1) (MAX: 366; warning after 20)
DK, RF

Note: In processing, if a respondent answered CHP_Q22 = 2, the variable CHP_Q23 is given the value of "0".

CHP_Q24

|^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:|

...an audiologist, a speech or occupational therapist about ^YOUR1 physical, emotional or mental health?

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes
2 No (Go to CHP_END)
DK, RF (Go to CHP_END)

CHP_Q25 How many times (in the past 12 months)?

|_____| Times
(MIN: 1) (MAX: 200; warning after 12)
DK, RF

Note: In processing, if a respondent answered CHP_Q24 = 2, the variable CHP_Q25 is given the value of "0".

CHP_END
Unmet health care needs (UCN)

UCN_BEG  Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.
AGE: Respondent's age
HCU_Q06: Unmet health care needs
DOUCN: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

Screen display:
Display on header bar PE_Q01 and PE_Q02 separated by a space.

UCN_C10  If DOUCN = 1, go to UCN_D010. Otherwise, go to UCN_END.

UCN_D010

UCN_Q010  \text{^PHRASE_E}

UCN_010  
1  Yes
2  No  (Go to UCN_END)
    DK, RF  (Go to UCN_END)

UCN_Q020  Thinking of the most recent time, why didn't ^YOU1 get care?

INTERVIEWER: Mark all that apply.

UCN_020A  01  Not available - in the area
UCN_020B  02  Not available - at time required (e.g. doctor on holidays, inconvenient hours)
UCN_020C  03  Waiting time too long
UCN_020D  04  Felt would be inadequate
UCN_020E  05  Cost
UCN_020F  06  Too busy
UCN_020G  07  Didn’t get around to it / didn’t bother
UCN_020H  08  Decided not to seek care
UCN_020I  09  Doctor - didn’t think it was necessary
UCN_020J  10  Other - Specify  (Go to UCN_S020)
    DK, RF
UCN_S020  INTERVIEWER: Specify.

________________________________________________________________________
(80 spaces)
DK, RF

UCN_Q030  INTERVIEWER: Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Treatment of - a physical health problem</td>
</tr>
<tr>
<td>2</td>
<td>Treatment of - an emotional or mental health problem</td>
</tr>
<tr>
<td>3</td>
<td>A regular check-up (including regular pre-natal care)</td>
</tr>
<tr>
<td>4</td>
<td>Care of an injury</td>
</tr>
<tr>
<td>5</td>
<td>Other - Specify</td>
</tr>
</tbody>
</table>

(Go to UCN_S030) DK, RF

UCN_S030  INTERVIEWER: Specify.

________________________________________________________________________
(80 spaces)
DK, RF

UCN_Q040  INTERVIEWER: Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Doctor's office</td>
</tr>
<tr>
<td>2</td>
<td>Community health centre / CLSC</td>
</tr>
<tr>
<td>3</td>
<td>Walk-in clinic</td>
</tr>
<tr>
<td>4</td>
<td>Appointment clinic</td>
</tr>
<tr>
<td>5</td>
<td>Hospital - emergency room</td>
</tr>
<tr>
<td>6</td>
<td>Hospital - outpatient clinic</td>
</tr>
<tr>
<td>7</td>
<td>Other - Specify</td>
</tr>
</tbody>
</table>

(Go to UCN_S040) DK, RF

UCN_S040  INTERVIEWER: Specify.

________________________________________________________________________
(80 spaces)
DK, RF

UCN_END
Home care services (HMC)

HMC_BEG  Optional Content (See Appendix 2)

HMC_C09A  If (do HMC block = 1), go to HMC_C09B. Otherwise, go to HMC_END.

HMC_C09B  If age < 18, go to HMC_END. Otherwise, go to HMC_R09.

HMC_R09  Now some questions on home care services. These are health care, home maker or other support services received at home. People may receive home care due to a health problem or condition that affects their daily activities. Examples include: nursing care, personal care or help with bathing, housework, meal preparation, meal delivery and respite care.

INTERVIEWER: Press <Enter> to continue.

HMC_Q09  ^HAVE_C ^YOU2 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_D11)
   DK   (Go to HMC_D11)
   RF   (Go to HMC_END)

HMC_Q10  What type of services ^HAVE ^YOU1 received?

INTERVIEWER: Read categories to respondent. Mark all that apply. Cost must be entirely or partially covered by government.

HMC_10A  1 Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)
HMC_10B  2 Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)
HMC_10I  3 Medical equipment or supplies
HMC_10C  4 Personal care (e.g., bathing, foot care)
HMC_10D  5 Housework (e.g., cleaning, laundry)
HMC_10E  6 Meal preparation or delivery
HMC_10F  7 Shopping
HMC_10G  8 Respite care (i.e., caregiver relief)
HMC_10H  9 Other - Specify   (Go to HMC_S10)
   DK, RF

Go to HMC_D11
HMC_S10  INTERVIEWER: Specify.

________________________________________________________________________________________________________________________

(80 spaces)
DK, RF

HMC_D11  If HMC_Q09 = 1, ^DT_OTHER = "other home". Otherwise, ^DT_OTHER = "home".

HMC_Q11  ^HAVE ^YOU2 received any ^DT_OTHER care services in the past 12 months, with the cost not covered by government (for example: care provided by a private agency or by a spouse or friends)?

INTERVIEWER: Include only health care, homemaker or other support 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, RF  (Go to HMC_Q14)

HMC_D12  (not applicable)

HMC_Q12  Who provided these ^DT_OTHER home care services?

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

HMC_12A  1  Nurse from a private agency
HMC_12B  2  Homemaker or other support services from a private agency
HMC_12G  3  Physiotherapist or other therapist from a private agency
HMC_12C  4  Neighbour or friend
HMC_12D  5  Family member or spouse
HMC_12E  6  Volunteer
HMC_12F  7  Other - Specify  (Go to HMC_S12)

DK, RF

Go to HMC_Q13

HMC_S12  INTERVIEWER: Specify.

________________________________________________________________________________________________________________________

(80 spaces)
DK, RF
**HMC_Q13**

**What type of home care services \(^{\text{HAVE}}\) \(^{\text{YOU1}}\) received?**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)</td>
</tr>
<tr>
<td>2</td>
<td>Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)</td>
</tr>
<tr>
<td>3</td>
<td>Medical equipment or supplies</td>
</tr>
<tr>
<td>4</td>
<td>Personal care (e.g., bathing, foot care)</td>
</tr>
<tr>
<td>5</td>
<td>Housework (e.g., cleaning, laundry)</td>
</tr>
<tr>
<td>6</td>
<td>Meal preparation or delivery</td>
</tr>
<tr>
<td>7</td>
<td>Shopping</td>
</tr>
<tr>
<td>8</td>
<td>Respite care (i.e., caregiver relief)</td>
</tr>
<tr>
<td>9</td>
<td>Other - Specify (Go to HMC_S13) DK, RF</td>
</tr>
</tbody>
</table>

Go to HMC_Q14

**HMC_S13**

**INTERVIEWER**: Specify.

________________________________________________________________________

(80 spaces) DK, RF

**HMC_Q14**

**During the past 12 months, was there ever a time when \(^{\text{YOU2}}\) felt that \(^{\text{YOU1}}\) needed home care services but \(^{\text{YOU1}}\) didn’t receive them?**

<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 (Go to HMC_END) DK, RF (Go to HMC_END)</td>
</tr>
</tbody>
</table>
**HMC_Q15**  Thinking of the most recent time, why didn’t ^YOU1 get these services?

**INTERVIEWER**: Mark all that apply.

- **HMC_15A** 01 Not available - in the area
- **HMC_15B** 02 Not available - at time required (e.g., inconvenient hours)
- **HMC_15C** 03 Waiting time too long
- **HMC_15D** 04 Felt would be inadequate
- **HMC_15E** 05 Cost
- **HMC_15F** 06 Too busy
- **HMC_15G** 07 Didn’t get around to it / didn’t bother
- **HMC_15H** 08 Didn’t know where to go / call
- **HMC_15I** 09 Language problems
- **HMC_15J** 10 Personal or family responsibilities
- **HMC_15K** 11 Decided not to seek services
- **HMC_15L** 12 Doctor - did not think it was necessary
- **HMC_15N** 13 Did not qualify / not eligible for home care
- **HMC_15O** 14 Still waiting for home care
- **HMC_15M** 15 Other - Specify (Go to HMC_S15)

Go to HMC_Q16

**HMC_S15**  INTERVIEWER: Specify.

(80 spaces)

DK, RF

**HMC_Q16**  Again, thinking of the most recent time, what type of home care was needed?

**INTERVIEWER**: Mark all that apply.

- **HMC_16A** 1 Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)
- **HMC_16B** 2 Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)
- **HMC_16I** 3 Medical equipment or supplies
- **HMC_16C** 4 Personal care (e.g., bathing, foot care)
- **HMC_16D** 5 Housework (e.g., cleaning, laundry)
- **HMC_16E** 6 Meal preparation or delivery
- **HMC_16F** 7 Shopping
- **HMC_16G** 8 Respite care (i.e., caregiver relief)
- **HMC_16H** 9 Other - Specify (Go to HMC_S16)

Go to HMC_Q17
HMC_S16  INTERVIEWER: Specify.

(80 spaces)
DK, RF

HMC_Q17  Where did ^YOU2 try to get this home care service?

INTERVIEWER: Mark all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HMC_17A</td>
<td>1</td>
</tr>
<tr>
<td>HMC_17B</td>
<td>2</td>
</tr>
<tr>
<td>HMC_17C</td>
<td>3</td>
</tr>
<tr>
<td>HMC_17D</td>
<td>4</td>
</tr>
<tr>
<td>HMC_17E</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HMC_END
Patient satisfaction - Health care services (PAS)

PAS_BEG Optional Content (See Appendix 2)

PAS_C11A If (do PAS block = 1), go to PAS_C11B. Otherwise, go to PAS_END.

PAS_C11B If proxy interview or if age < 15, go to PAS_END. Otherwise, go to PAS_R1.

PAS_R1 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 CHP_Q01 = 1 or at least one of CHP_Q03 to CHP_Q24 = 1 (Yes), go to PAS_Q12. Otherwise, go to PAS_Q11.

Note: In processing, if a respondent answered CHP_Q01 = 1 or at least one of CHP_Q03 to CHP_Q24 = 1, set PAS_Q11 = 1.

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

PAS_11

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

PAS_Q12 Overall, how would you rate the quality of the health care you received?

Wouuld you say it was:

INTERVIEWER: Read categories to respondent.

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

**PAS_Q21A**

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 (Go to PAS_Q31A)
2. No (Go to PAS_Q31A)

**DK, RF**

**PAS_Q21B**

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, RF** (Go to PAS_Q31A)

**PAS_Q22**

(Thinking of this most recent hospital visit:)

...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, RF**
PAS_Q23 (Thinking of this most recent hospital visit:)
PAS_23
...how satisfied were you with the way hospital services were provided?
Were you:

INTERVIEWER: Read categories to respondent.

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

PAS_Q31A In the past 12 months, not counting hospital visits, have you received any health care services from a family doctor or other physician?
PAS_31A

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

PAS_Q31B Thinking of the most recent time, was care provided by:
PAS_31B

INTERVIEWER: Read categories to respondent.

1 ...a family doctor (general practitioner)?
2 ...a medical specialist?
DK, RF (Go to PAS_END)

PAS_Q32 (Thinking of this most recent care from a physician:)
PAS_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, RF
(Thinking of this most recent care from a physician:)

...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, RF

PAS_END
Patient satisfaction - Community-based care (PSC)

PSC_BEG Optional Content (See Appendix 2)

PSC_C11A If (do PSC block = 1), go to PSC_C11B. Otherwise, go to PSC_END.

PSC_C11B If proxy interview or if age < 15, go to PSC_END. Otherwise, go to PSC_C11C.

PSC_C11C If PAS_Q11 = (2, DK, RF) and CHP_Q01 <> 1 and all of (CHP_Q03 to CHP_Q24) <> 1, go to PSC_END. Otherwise, go to PSC_R1.

PSC_R1 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.

PSC_Q41 In the past 12 months, have you received any community-based care?

PSC_1

1 Yes
2 No (Go to PSC_END)
   DK, RF (Go to PSC_END)

PSC_Q42 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, RF
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, RF
Restriction of activities (RAC)

RAC_BEG  Optional Content - 2011 only (See Appendix 2)

RAC_C1  If (do RAC block = 1), go to RAC_R1.
        Otherwise, go to RAC_END.

RAC_R1  The next few questions deal with any current limitations in YOUR 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  DOVERB YOU have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

RAC_1

INTERVIEWER: Read categories to respondent

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

RAC_Q2A  Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity YOU can do:

       ... at home?

INTERVIEWER: Read categories to respondent.

1  Sometimes
2  Often
3  Never
    DK
    RF  (Go to RAC_END)
RAC_Q2B_1 (Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do:)

... at school?
1. Sometimes
2. Often
3. Never
4. Does not attend school
   DK
   RF (Go to RAC_END)

RAC_Q2B_2 (Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do:)

... at work?
1. Sometimes
2. Often
3. Never
4. Does not work at a job
   DK
   RF (Go to RAC_END)

RAC_Q2C (Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do:)

... in other activities, for example, transportation or leisure?
1. Sometimes
2. Often
3. Never
   DK
   RF (Go to RAC_END)

RAC_C5 If respondent has difficulty or is limited in activities (RAC_Q1 = 1 or 2) or (RAC_Q2A-C = 1 or 2), go to RAC_C5A. Otherwise, go to RAC_END.

RAC_C5A If (RAC_Q2A to RAC_Q2C = 3 or 4) and RAC_Q1 < 3, go to RAC_R5. Otherwise, go to RAC_Q5.

RAC_R5 You reported that ^YOU2 ^HAVE difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities.
RAC_Q5

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

RAC_5

INTERVIEWER: Read categories to respondent.

01 Accident at home
02 Motor vehicle accident
03 Accident at work
04 Other type of accident
05 Existed from birth or genetic
06 Work conditions
07 Disease or illness
08 Ageing
09 Emotional or mental health problem or condition
10 Use of alcohol or drugs
11 Other - Specify  (Go to RAC_S5)
   DK, RF

RAC_S5

INTERVIEWER: Specify.

(80 spaces)
DK, RF

RAC_END
Activities of Daily Living (ADL)

ADL_BEG  Optional Content (See Appendix 2)

ADL  If do ADL block = 1, go to ADL_R01. Otherwise, go to ADL_END.

ADL_R01  The next few questions are about common daily activities. These questions may not apply to YOU2, but we need to ask the same questions of everyone.

INTERVIEWER: Press <1> to continue.

ADL_Q01  Because of any physical condition or mental condition or health problem, DOVERB YOU1 need the help of another person:

... with preparing meals?

1  Yes
2  No
   DK, RF

ADL_Q02  Because of any physical condition or mental condition or health problem, DOVERB YOU1 need the help of another person:

... with getting to appointments and running errands such as shopping for groceries?

1  Yes
2  No
   DK, RF

ADL_Q03  Because of any physical condition or mental condition or health problem, DOVERB YOU1 need the help of another person:

... with doing everyday housework?

1  Yes
2  No
   DK, RF
Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:

... with personal care such as washing, dressing, eating or taking medication?

1  Yes
2  No
   DK, RF

Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:

... with moving about inside the house?

1  Yes
2  No
   DK, RF

Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:

... with looking after ^YOUR1 personal finances such as making bank transactions or paying bills?

1  Yes
2  No
   DK, RF
Flu shots (FLU)

FLU_BEG  Core content

FLU_C1  If (do FLU block = 1), go to FLU_C160AA. Otherwise, go to FLU_END.

FLU_C160A  If proxy interview, go to FLU_END. Otherwise, go to FLU_R160.

FLU_R160  Now a few questions about your use of various health care services.

INTERVIEWER: Press <1> to continue.

FLU_Q160  Have you ever had a seasonal flu shot?

FLU_160

1  Yes
2  No  (Go to FLU_Q166)
    DK, RF  (Go to FLU_END)

FLU_Q162  When did you have your last seasonal flu shot?

INTERVIEWER: Read categories to respondent.

FLU_162

1  Less than 1 year ago
2  1 year to less than 2 years ago
3  2 years ago or more
    DK, RF  (Go to FLU_END)

FLU_C164  If FLU_Q162 = 2 or 3, go to FLU_Q166. Otherwise, go to FLU_Q164.
<table>
<thead>
<tr>
<th>FLU_Q164</th>
<th>In which month did you have your last seasonal flu shot?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLU_164</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>January</td>
</tr>
<tr>
<td>02</td>
<td>February</td>
</tr>
<tr>
<td>03</td>
<td>March</td>
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<tr>
<td>04</td>
<td>April</td>
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<td>05</td>
<td>May</td>
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<td>06</td>
<td>June</td>
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<td>07</td>
<td>July</td>
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<td>08</td>
<td>August</td>
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<td>09</td>
<td>September</td>
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<td>10</td>
<td>October</td>
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<tr>
<td>11</td>
<td>November</td>
</tr>
<tr>
<td>12</td>
<td>December</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

| FLU_C165 | If FLU_Q164 = [current month], go to FLU_Q165. Otherwise, go to FLU_END. |

<table>
<thead>
<tr>
<th>FLU_Q165</th>
<th>Was that this year or last year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLU_165</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>This year</td>
</tr>
<tr>
<td>2</td>
<td>Last year</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

Go to FLU_END
**FLU_Q166**  What are the reasons that you have not had a seasonal flu shot in the past year?

**INTERVIEWER**: Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Have not gotten around to it</td>
</tr>
<tr>
<td>02</td>
<td>Respondent - did not think it was necessary</td>
</tr>
<tr>
<td>03</td>
<td>Doctor - did not think it was necessary</td>
</tr>
<tr>
<td>04</td>
<td>Personal or family responsibilities</td>
</tr>
<tr>
<td>05</td>
<td>Not available - at time required</td>
</tr>
<tr>
<td>06</td>
<td>Not available - at all in the area</td>
</tr>
<tr>
<td>07</td>
<td>Waiting time was too long</td>
</tr>
<tr>
<td>08</td>
<td>Transportation - problems</td>
</tr>
<tr>
<td>09</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>Bad reaction to previous shot</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 (Go to FLU_S166)</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

Go to FLU_END

**FLU_S166**  INTERVIEWER: Specify.

(80 spaces)

DK, RF

**FLU_END**
Blood test (BLT)

BLT_BEG  Optional Content (See Appendix 2)

BLT_C01A  If (do BLT block = 1), go to BLT_C01B. Otherwise, go to BLT_END.

BLT_C01B  If proxy interview, go to BLT_END. Otherwise, go to BLT_C01C.

BLT_C01C  If age < 35, go to BLT_END. Otherwise, go to BLT_Q01.

BLT_Q01  In the past 12 months, did a health professional order a blood test for you?

BLT_01

1  Yes
2  No  (Go to BLT_END)  DK, RF  (Go to BLT_END)

BLT_Q02  Why was your most recent blood test ordered?

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

BLT_02A 1  For assessment as part of a general physical check-up
BLT_02B 2  To monitor an existing health condition
BLT_02C 3  To check for a new specific disease or health condition
BLT_02D 4  As the result of an emergency (for example, heart attack, food poisoning, car accident)
BLT_02E 5  Other - Specify  (Go to BLT_S02)

Go to BLT_C02B

BLT_S02  INTERVIEWER:  Specify.

(80 spaces)
DK, RF

BLT_C02B  If BLT_Q02 = 2 or 3, go to BLT_Q03. Otherwise, go to BLT_END.
BLT_Q03  

For which health conditions was your last blood test ordered?

INTERVIEWER: Mark all that apply.

| BLT_03A | 1 | High cholesterol or other heart-related conditions |
| BLT_03B | 2 | Diabetes            |
| BLT_03C | 3 | Thyroid             |
| BLT_03D | 4 | Prostate            |
| BLT_03E | 5 | Infectious disease |
| BLT_03F | 6 | Liver function      |
| BLT_03G | 7 | Hormone-related     |
| BLT_03H | 8 | Other - Specify     |

(Go to BLT_S03)

Go to BLT_END

BLT_S03  

INTERVIEWER: Specify.

(80 spaces)

DK, RF

BLT_END
Blood pressure check (BPC)

BPC_BEG
Optional Content (See Appendix 2)

BPC_C01
If (do BPC block = 2) or proxy interview, go to BPC_END.
Otherwise, go to BPC_Q010.

BPC_Q010
(Now blood pressure)
Have you ever had your blood pressure taken?

1  Yes
2  No   (Go to BPC_C016)
   DK, RF   (Go to BPC_END)

BPC_Q012
When was the last time?

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

BPC_C012A
If BPC_Q012 < 4, go to BPC_C012B.
Otherwise, go to BPC_C016

BPC_C012B
If sex = female and (14 < age < 56 ), go to BPC_Q013.
Otherwise, go to BPC_END.

BPC_Q013
Were you pregnant the last time your blood pressure was taken?

1  Yes
2  No
   DK, RF

   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.

| BPC_16A | 01  | Have not gotten around to it |
| BPC_16B | 02  | Respondent - did not think it was necessary |
| BPC_16C | 03  | Doctor - did not think it was necessary |
| BPC_16D | 04  | Personal or family responsibilities |
| BPC_16E | 05  | Not available - at time required |
| BPC_16F | 06  | Not available - at all in the area |
| BPC_16G | 07  | Waiting time was too long |
| BPC_16H | 08  | Transportation - problems |
| BPC_16I | 09  | Language - problem |
| BPC_16J | 10  | Cost |
| BPC_16K | 11  | Did not know where to go / uninformed |
| BPC_16L | 12  | Fear (e.g., painful, embarrassing, find something wrong) |
| BPC_16N | 13  | Unable to leave the house because of a health problem |
| BPC_16M | 14  | Other |
|         |     | DK, RF |

BPC_END
PAP smear test (PAP)

PAP_BEG  Optional Content (See Appendix 2)

PAP_C1  If (do PAP block = 1), go to PAP_C020.
Otherwise, go to PAP_END.

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

PAP_Q022  When was the last time?

   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, RF                              (Go to PAP_END)

PAP_Q020  (Now PAP tests)

PAP_020  Have you ever had a PAP smear test?

   1  Yes                                (Go to PAP_Q026)
   2  No                                 (Go to PAP_END)
     DK, RF                             (Go to PAP_END)
PAP_Q026  What are the reasons that you have not had a PAP smear test in the past 3 years?

INTERVIEWER: Mark all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAP_26A</td>
<td>01 Have not gotten around to it</td>
</tr>
<tr>
<td>PAP_26B</td>
<td>02 Respondent - did not think it was necessary</td>
</tr>
<tr>
<td>PAP_26C</td>
<td>03 Doctor - did not think it was necessary</td>
</tr>
<tr>
<td>PAP_26D</td>
<td>04 Personal or family responsibilities</td>
</tr>
<tr>
<td>PAP_26E</td>
<td>05 Not available - at time required</td>
</tr>
<tr>
<td>PAP_26F</td>
<td>06 Not available - at all in the area</td>
</tr>
<tr>
<td>PAP_26G</td>
<td>07 Waiting time was too long</td>
</tr>
<tr>
<td>PAP_26H</td>
<td>08 Transportation - problems</td>
</tr>
<tr>
<td>PAP_26I</td>
<td>09 Language - problem</td>
</tr>
<tr>
<td>PAP_26J</td>
<td>10 Cost</td>
</tr>
<tr>
<td>PAP_26K</td>
<td>11 Did not know where to go / uninformed</td>
</tr>
<tr>
<td>PAP_26L</td>
<td>12 Fear (e.g., painful, embarrassing, find something wrong)</td>
</tr>
<tr>
<td>PAP_26M</td>
<td>13 Have had a hysterectomy</td>
</tr>
<tr>
<td>PAP_26N</td>
<td>14 Hate / dislike having one done</td>
</tr>
<tr>
<td>PAP_26P</td>
<td>15 Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>PAP_26O</td>
<td>16 Other</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

Note: If HWT_Q1 = 1 (pregnant), then PAP_Q026M (Have had a hysterectomy) should be a blank 'fill' (not a possible value for the interviewer).
Mammography (MAM)

MAM_BEG Optional Content (See Appendix 2)

MAM_C1 If (do MAM block = 1), go to MAM_C030. Otherwise, go to MAM_END.

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_C038. Otherwise, go to MAM_Q030.

MAM_Q030 (Now Mammography)

MAM_030 Have you ever had a mammogram, that is, a breast x-ray?

1 Yes (Go to MAM_C036)
2 No (Go to MAM_END)

DK, RF (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.

MAM_31A Family history of breast cancer
MAM_31B Part of regular check-up / routine screening
MAM_31C Age
MAM_31D Previously detected lump
MAM_31E Follow-up of breast cancer treatment
MAM_31F On hormone replacement therapy
MAM_31G Breast problem
MAM_31H Other
DK, RF

MAM_Q032 When was the last time?

MAM_032

1 Less than 6 months ago (Go to MAM_C038)
2 6 months to less than 1 year ago (Go to MAM_C038)
3 1 year to less than 2 years ago (Go to MAM_C038)
4 2 years to less than 5 years ago (Go to MAM_C038)
5 5 or more years ago (Go to MAM_C038)
DK, RF
MAM_C036  If age < 50 or age > 69, go to MAM_C038. 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MAM_36A</td>
<td>01 Have not gotten around to it</td>
</tr>
<tr>
<td>MAM_36B</td>
<td>02 Respondent - did not think it was necessary</td>
</tr>
<tr>
<td>MAM_36C</td>
<td>03 Doctor - did not think it was necessary</td>
</tr>
<tr>
<td>MAM_36D</td>
<td>04 Personal or family responsibilities</td>
</tr>
<tr>
<td>MAM_36E</td>
<td>05 Not available - at time required</td>
</tr>
<tr>
<td>MAM_36F</td>
<td>06 Not available - at all in the area</td>
</tr>
<tr>
<td>MAM_36G</td>
<td>07 Waiting time was too long</td>
</tr>
<tr>
<td>MAM_36H</td>
<td>08 Transportation - problems</td>
</tr>
<tr>
<td>MAM_36I</td>
<td>09 Language - problem</td>
</tr>
<tr>
<td>MAM_36J</td>
<td>10 Cost</td>
</tr>
<tr>
<td>MAM_36K</td>
<td>11 Did not know where to go / uninformed</td>
</tr>
<tr>
<td>MAM_36L</td>
<td>12 Fear (e.g., painful, embarrassing, find something wrong)</td>
</tr>
<tr>
<td>MAM_36N</td>
<td>13 Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>MAM_36O</td>
<td>14 Breasts removed / Mastectomy</td>
</tr>
<tr>
<td>MAM_36M</td>
<td>15 Other - Specify (Go to MAM_S036)</td>
</tr>
</tbody>
</table>

Go to MAM_C038

MAM_S036  INTERVIEWER: Specify.

(80 spaces)

DK, RF

MAM_C038  If age < 18, go to MAM_END. Otherwise, go to MAM_C038A.

MAM_C038A  If PAP_Q026 = 13 or if HWT_Q1 = 1, 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, RF

Note: In processing, if a respondent answered HWT_Q1 = 1, the variable MAM_Q038 is given the value of 2.
If a respondent answered PAP_Q026 = 13 and MAM_Q030 ≠ (DK, RF), the variable MAM_Q038 is given the value of 1.

MAM_END
Breast examinations (BRX)

BRX_BEG  Optional Content (See Appendix 2)

BRX_C1  If (do BRX block = 1), go to BRX_C110. Otherwise, go to BRX_END.

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)

BRX_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  (Go to BRX_Q116)
   2  No  (Go to BRX_END)

   DK, RF  (Go to BRX_END)

BRX_Q112  When was the last time?

BRX_112  

   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, RF  (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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Have not gotten around to it</td>
</tr>
<tr>
<td>02</td>
<td>Respondent - did not think it was necessary</td>
</tr>
<tr>
<td>03</td>
<td>Doctor - did not think it was necessary</td>
</tr>
<tr>
<td>04</td>
<td>Personal or family responsibilities</td>
</tr>
<tr>
<td>05</td>
<td>Not available - at time required</td>
</tr>
<tr>
<td>06</td>
<td>Not available - at all in the area</td>
</tr>
<tr>
<td>07</td>
<td>Waiting time was too long</td>
</tr>
<tr>
<td>08</td>
<td>Transportation - problems</td>
</tr>
<tr>
<td>09</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>Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>14</td>
<td>Breasts removed / Mastectomy</td>
</tr>
<tr>
<td>15</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>
Breast self-examinations (BSX)

BSX_BEG  Optional Content (See Appendix 2)

BSX_C120A  If (do BSX block = 1), go to BSX_C120B. Otherwise, go to BSX_END.

BSX_C120B  If proxy interview, go to BSX_END. Otherwise, go to BSX_C120C.

BSX_C120C  If male or age < 18, go to BSX_END. Otherwise, go to BSX_Q120.

BSX_Q120  (Now breast self examinations)

BSX_120  Have you ever examined your breasts for lumps (tumours, cysts)?

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

BSX_Q121  How often?

BSX_121  1   At least once a month
         2   Once every 2 to 3 months
         3   Less often than every 2 to 3 months
            DK, RF

BSX_Q122  How did you learn to do this?

INTERVIEWER: Mark all that apply.

BSX_22A  1   Doctor
BSX_22B  2   Nurse
BSX_22C  3   Book / magazine / pamphlet
BSX_22D  4   TV / video / film
BSX_22H  5   Family member (e.g., mother, sister, cousin)
BSX_22G  6   Other - Specify   (Go to BSX_S122)
            DK, RF

Go to BSX_END
BSX_S122 INTERVIEWER: Specify.

(80 spaces)
DK, RF

BSX_END
Spirometry (SPI)

SPI_BEG  Optional Content (See Appendix 2)

SPI_C01A  If (do SPI block = 1), go to SPI_C01B. Otherwise, go to SPI_END.

SPI_C01B  If proxy interview, go to SPI_END. Otherwise, go to SPI_Q01.

SPI_Q01  Spirometry is a common lung function test that consists of blowing into a small tube attached to a machine.

SPI_01  Have you ever had this test?

1  Yes  
2  No  (Go to SPI_END)  
   DK, RF  (Go to SPI_END)

SPI_Q02  When was the last time?

SPI_02  

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

SPI_END
Hormone replacement therapy (HRT)

HRT_BEG  Optional Content (See Appendix 2)

HRT_C01A  If (do HRT block = 1), go to HRT_C01B. Otherwise, go to HRT_END.

HRT_C01B  If proxy interview, go to HRT_END. Otherwise, go to HRT_C01C.

HRT_C01C  If (female and age > 30), go to HRT_R01. Otherwise, go to HRT_END.

HRT_R01  Now some additional questions on women’s health and the use of hormone medication.

INTERVIEWER: Press <Enter> to continue.

HRT_Q01  In the past 12 months, have you experienced any symptoms of menopause or ageing. These symptoms may include hot flashes, night sweats, or an irregularity or the stopping of your periods?

1 Yes
2 No
DK
RF (Go to HRT_END)

HRT_Q02  In the past 12 months, did you take any form of Hormone Replacement Therapy for menopause symptoms or for conditions due to ageing?

1 Yes
2 No (Go to HRT_Q07)
DK, RF (Go to HRT_END)

HRT_Q03  Are you currently taking hormones?

1 Yes
2 No
DK, RF

HRT_D04  If HRT_Q03 = 1, ^DT_DODID = "do". Otherwise, ^DT_DODID = "did". 
HRT_Q04  What type of hormones ^DT_DODID you take?

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

| HRT_04A | 1 | Estrogen only (e.g., Premarin, Estrace, Vivelle) |
| HRT_04B | 2 | Progestin or progesterone only (e.g., Provera, Prometrium) |
| HRT_04C | 3 | Both estrogen and progestin (e.g., Premplus, FemHRT, Estalis) |
| HRT_04D | 4 | Other - Specify (Go to HRT_S04) |

DK, RF

Go to HRT_D05

HRT_S04  INTERVIEWER: Specify.

(80 spaces)

DK, RF

HRT_D05  ^MinYear = ^Info.YearofBirth + 30;

HRT_Q05  When did you start this hormone therapy?

INTERVIEWER: Enter the year (minimum is ^MinYear; maximum is ^Info.CurrentYear).

| | | | | Year

(MIN: ^MinYear) (MAX: ^Info.CurrentYear)

DK, RF

HRT_E05  Year must be between ^MinYear and ^Info.CurrentYear. Please return and correct.

Note: Trigger hard edit if HRT_Q03 < ^MinYear or HRT_Q05 > ^Info.CurrentYear.

HRT_D06  If F.T1.Q03 = 1, ^DT_TAKE = "take".

Otherwise, ^DT_TAKE = "took".
**HRT_Q06**  
What are the reasons that you \^DT_TAKE these hormones?

**INTERVIEWER**: Mark all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HRT_06A</td>
<td>1 To treat - Menopausal symptoms (e.g., hot flashes, night sweats)</td>
</tr>
<tr>
<td>HRT_06B</td>
<td>2 To treat - Gynecological problems (e.g., irregular bleeding)</td>
</tr>
<tr>
<td>HRT_06C</td>
<td>3 To treat or prevent - Osteoporosis</td>
</tr>
<tr>
<td>HRT_06D</td>
<td>4 To prevent - Heart disease</td>
</tr>
<tr>
<td>HRT_06E</td>
<td>5 To treat - Reproductive problems</td>
</tr>
<tr>
<td>HRT_06F</td>
<td>6 To help with - Fatigue, mood or memory loss</td>
</tr>
<tr>
<td>HRT_06G</td>
<td>7 Other - Specify (Go to HRT_S06)</td>
</tr>
</tbody>
</table>

DK, RF

Go to HRT_C07

**HRT_S06**  
INTERVIEWER: Specify.

(80 spaces)
DK, RF

**HRT_C07**  
If HRT_Q03 = 1, go to HRT_C10. Otherwise, go to HRT_Q09.

**HRT_Q07**  
Have you ever taken any form of Hormone Replacement Therapy for menopause symptoms or for conditions due to ageing?

<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 (Go to HRT_C10)</td>
</tr>
</tbody>
</table>

DK, RF (Go to HRT_C10)

**HRT_Q08**  
What are the reasons that you took these hormones?

**INTERVIEWER**: Mark all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HRT_08A</td>
<td>1 To treat - Menopausal symptoms (e.g., hot flashes, night sweats)</td>
</tr>
<tr>
<td>HRT_08B</td>
<td>2 To treat - Gynecological problems (e.g., irregular bleeding)</td>
</tr>
<tr>
<td>HRT_08C</td>
<td>3 To treat or prevent - Osteoporosis</td>
</tr>
<tr>
<td>HRT_08D</td>
<td>4 To prevent - Heart disease</td>
</tr>
<tr>
<td>HRT_08E</td>
<td>5 To treat - Reproductive problems</td>
</tr>
<tr>
<td>HRT_08F</td>
<td>6 To help with - Fatigue, mood or memory loss</td>
</tr>
<tr>
<td>HRT_08G</td>
<td>7 Other - Specify (Go to HRT_S08)</td>
</tr>
</tbody>
</table>

DK, RF

Go to HRT_Q09
HRT_S08 INTERVIEWER: Specify.

________________________________________________________________________

(80 spaces)
DK, RF

HRT_Q09 What are the reasons that you stopped taking hormones?

INTERVIEWER: Mark all that apply.

<table>
<thead>
<tr>
<th>HRT_09A</th>
<th>1 Worried / read about possible health risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRT_09B</td>
<td>2 Doctor recommended</td>
</tr>
<tr>
<td>HRT_09C</td>
<td>3 Menopausal symptoms improved</td>
</tr>
<tr>
<td>HRT_09D</td>
<td>4 Learned about alternative health products</td>
</tr>
<tr>
<td>HRT_09E</td>
<td>5 Diagnosed with health problem / condition</td>
</tr>
<tr>
<td>HRT_09F</td>
<td>6 Adverse reaction to medication</td>
</tr>
<tr>
<td>HRT_09G</td>
<td>7 Other - Specify</td>
</tr>
</tbody>
</table>

(Go to HRT_S09)
DK, RF

Go to HRT_C10

HRT_S09 INTERVIEWER: Specify.

________________________________________________________________________

(80 spaces)
DK, RF

HRT_C10 If HRT_Q01 = 1 or HRT_Q02 = 1, go to HRT_Q10. Otherwise, go to HRT_END.

HRT_Q10 Some women use health products such as herbs, minerals or homeopathic supplements to relieve symptoms of menopause or conditions of ageing. In the past 12 months, have you used any of these health products to relieve your symptoms?

<table>
<thead>
<tr>
<th>HRT_10</th>
<th>1 Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 No (Go to HRT_Q12)</td>
</tr>
</tbody>
</table>

DK, RF (Go to HRT_Q12)
### HRT_Q11
**What have you used?**

**INTERVIEWER:** Mark all that apply.

<table>
<thead>
<tr>
<th>HRT_11A</th>
<th>Vitamins or other dietary supplements (e.g., Melatonin, Calcium)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRT_11B</td>
<td>Herbs (e.g., Black Cohosh, Oil of Evening Primrose)</td>
</tr>
<tr>
<td>HRT_11C</td>
<td>Herbal teas</td>
</tr>
<tr>
<td>HRT_11D</td>
<td>Other - Specify (Go to HRT_S11)</td>
</tr>
</tbody>
</table>

Go to HRT_Q12

### HRT_S11
**INTERVIEWER:** Specify.

(80 spaces)

DK, RF

### HRT_Q12
**Other than taking hormones or health products in the past 12 months, did you do anything else to relieve your symptoms?**

<table>
<thead>
<tr>
<th>HRT_12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No    (Go to HRT_END)</td>
</tr>
</tbody>
</table>

DK, RF (Go to HRT_END)

### HRT_Q13
**What did you do?**

**INTERVIEWER:** Mark all that apply.

<table>
<thead>
<tr>
<th>HRT_13A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Ate more foods rich in soy, flax or calcium</td>
</tr>
<tr>
<td>HRT_13B</td>
</tr>
<tr>
<td>2 Ate more legumes (i.e., beans, peas)</td>
</tr>
<tr>
<td>HRT_13C</td>
</tr>
<tr>
<td>3 Avoided certain foods or activities (e.g., spicy foods, alcohol, hot tubs)</td>
</tr>
<tr>
<td>HRT_13D</td>
</tr>
<tr>
<td>4 Increased exercise</td>
</tr>
<tr>
<td>HRT_13E</td>
</tr>
<tr>
<td>5 Did relaxation exercises (e.g., yoga, Tai Chi)</td>
</tr>
<tr>
<td>HRT_13F</td>
</tr>
<tr>
<td>6 Received massage therapy treatments</td>
</tr>
<tr>
<td>HRT_13G</td>
</tr>
<tr>
<td>7 Other - Specify (Go to HRT_S13)</td>
</tr>
</tbody>
</table>

Go to HRT_END

### HRT_S13
**INTERVIEWER:** Specify.

(80 spaces)

DK, RF

### HRT_END
Physical check-up (PCU)

PCU_BEG  Optional Content (See Appendix 2)

PCU_C01A  If (do PCU block = 1), go to PCU_C01B. Otherwise, go to PCU_END.

PCU_C01B  If proxy interview, go to PCU_END. Otherwise, go to PCU_D01.

PCU_D01  If sex = female and age is between (15 and 55), ^DT_PREGNANCY = "or during a pregnancy". Otherwise, ^DT_PREGNANCY = "null".

PCU_R01  Next I would like to ask you some questions related to general physical check-ups. Please do not include check-ups you may have had during a visit for a specific health problem ^DT_PREGNANCY.

INTERVIEWER: Press <Enter> to continue.

PCU_Q150  Have you ever had a general physical check-up?

PCU_150  

1  Yes  (Go to PCU_Q154)
2  No  (Go to PCU_END)

DK, RF  (Go to PCU_END)

PCU_Q152  How often do you usually have a general physical check-up?

PCU_153  

1  More than once a year
2  Once a year
3  Once every 2 years
4  Once every 3 years
5  Less than once every 3 years
6  No regular pattern
DK, RF
PCU_Q153  When was the last time?

PCU_152

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 4 years ago
5  4 years to less than 5 years ago
6  5 or more years ago

DK, RF  (Go to PCU_Q155)

PCU_C153  If PCU_Q153 < 4, go to PCU_Q155. Otherwise, go to PCU_Q154.

PCU_Q154  What are the reasons that you have not had a general physical check-up in the past 3 years?

INTERVIEWER: Mark all that apply.

PCU_154A  01 Have not gotten around to it
PCU_154B  02 Respondent - did not think it was necessary
PCU_154C  03 Doctor - did not think it was necessary
PCU_154D  04 Personal or family responsibilities
PCU_154E  05 Not available - at time required
PCU_154F  06 Not available - at all in the area
PCU_154G  07 Waiting time was too long
PCU_154H  08 Transportation - problems
PCU_154I  09 Language - problem
PCU_154J  10 Cost
PCU_154K  11 Did not know where to go / uninformed
PCU_154L  12 Fear (e.g., painful, embarrassing, find something wrong)
PCU_154M  13 Unable to leave the house because of a health problem
PCU_154N  14 Other - Specify  (Go to PCU_S154)

DK, RF

(80 spaces)

INTERVIEWER: Specify.

PCU_S154
During your last general physical check-up, did a health professional weigh you?

1  Yes
2  No
   DK, RF

(During your last general physical check-up,)

...did a health professional measure your height?

1  Yes
2  No
   DK, RF

During your last general physical check-up, did a health professional check your blood pressure?

1  Yes
2  No
   DK, RF

(During your last general physical check-up,)

...did a health professional discuss with you any risks that your weight might pose to your health?

1  Yes
2  No
   DK, RF
Prostate cancer screening (PSA)

PSA_BEG  Optional Content (See Appendix 2)

PSA_C1  If (do PSA block = 1), go to PSA_C170. Otherwise, go to PSA_END.

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)

PSA_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)
   RF  (Go to PSA_END)

PSA_Q172  When was the last time?

PSA_172  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, RF
**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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family history of prostate cancer</td>
</tr>
<tr>
<td>2</td>
<td>Part of regular check-up / routine screening</td>
</tr>
<tr>
<td>3</td>
<td>Age</td>
</tr>
<tr>
<td>4</td>
<td>Race</td>
</tr>
<tr>
<td>5</td>
<td>Follow-up of problem</td>
</tr>
<tr>
<td>6</td>
<td>Follow-up of prostate cancer treatment</td>
</tr>
<tr>
<td>7</td>
<td>Other - Specify</td>
</tr>
</tbody>
</table>

DK, RF

Go to PSA_Q174

**PSA_S173**  INTERVIEWER: Specify.

____________________________________________________________________________________

(80 spaces)

DK, RF

**PSA_Q174**  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?

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

DK, RF | (Go to PSA_END)

**PSA_Q175**  When was the last time?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than 1 year ago</td>
</tr>
<tr>
<td>2</td>
<td>1 year to less than 2 years ago</td>
</tr>
<tr>
<td>3</td>
<td>2 years to less than 3 years ago</td>
</tr>
<tr>
<td>4</td>
<td>3 years to less than 5 years ago</td>
</tr>
<tr>
<td>5</td>
<td>5 or more years ago</td>
</tr>
</tbody>
</table>

DK, RF

**PSA_END**
Colorectal cancer screening (CCS)

CCS_BEG Optional Content (See Appendix 2)

CCS_C180A If (do CCS block = 1), go to CCS_C180B. Otherwise, go to CCS_END.

CCS_C180B 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.

CCS_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)
   RF (Go to CCS_END)

CCS_Q182 When was the last time?

CCS_182

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, RF
**CCS_Q183**  
*Why did you have it?*

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family history of colorectal cancer</td>
</tr>
<tr>
<td>2</td>
<td>Part of regular check-up / routine screening</td>
</tr>
<tr>
<td>3</td>
<td>Age</td>
</tr>
<tr>
<td>4</td>
<td>Race</td>
</tr>
<tr>
<td>5</td>
<td>Follow-up of problem</td>
</tr>
<tr>
<td>6</td>
<td>Follow-up of colorectal cancer treatment</td>
</tr>
<tr>
<td>7</td>
<td>Other - Specify (Go to CCS_S183)</td>
</tr>
</tbody>
</table>

Go to CCS_Q184

**CCS_S183**  
*INTERVIEWER:* Specify.

________________________

(80 spaces)

DK, RF

**CCS_Q184**  
*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, RF  

(Go to CCS_END)

**CCS_Q185**  
*When was the last time?*

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, RF
CCS_Q186  Why did you have it?

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

| CCS_86A | 1 | Family history of colorectal cancer |
| CCS_86B | 2 | Part of regular check-up / routine screening |
| CCS_86C | 3 | Age |
| CCS_86G | 4 | Race |
| CCS_86D | 5 | Follow-up of problem |
| CCS_86E | 6 | Follow-up of colorectal cancer treatment |
| CCS_86F | 7 | Other - Specify (Go to CCS_S186) |

DK, RF

Go to CCS_C187

CCS_S186  INTERVIEWER: Specify.

____________________________________________________

(80 spaces)

DK, RF

CCS_C187  If CCS_Q180 = 1 (had a FOBT), go to CCS_Q187. Otherwise, go to CCS_END.

CCS_Q187  Was the colonoscopy or sigmoidoscopy a follow-up of the results of an FOBT?

| CCS_187 | 1 | Yes |
| CCS_187 | 2 | No |

DK, RF

CCS_END
Eye examinations (EYX)

EYX_BEG  Optional Content (See Appendix 2)

EYX_C140A  If (EYX block = 2) or proxy interview, go to EYX_END. Otherwise, go to EYX_C140B.

EYX_C140B  If CHP_Q06 = 2, DK or RF (not seen or talked to an eye specialist) or EMPTY (Module not asked), go to EYX_Q142. Otherwise, go to EYX_Q140.

EYX_Q140  (Now eye examinations)

EYX_140  It was reported earlier that you have "seen" or "talked to" an optometrist or ophthalmologist in the past 12 months. Did you actually visit one?

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

EYX_Q142  (Now eye examinations)

EYX_142  When did you last have an eye examination?

1  Less than 1 year ago  (Go to EYX_END)
2 1 year to less than 2 years ago  (Go to EYX_END)
3 2 years to less than 3 years ago
4 3 or more years ago
5  Never  

Note: In processing, if a respondent answered EYX_Q140 = 1, the variable EYX_Q142 is given the value of 1.
**EYX_Q146**

**What are the reasons that you have not had an eye examination in the past 2 years?**

**INTERVIEWER:** Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Have not gotten around to it</td>
</tr>
<tr>
<td>02</td>
<td>Respondent - did not think it was necessary</td>
</tr>
<tr>
<td>03</td>
<td>Doctor - did not think it was necessary</td>
</tr>
<tr>
<td>04</td>
<td>Personal or family responsibilities</td>
</tr>
<tr>
<td>05</td>
<td>Not available - at time required</td>
</tr>
<tr>
<td>06</td>
<td>Not available - at all in the area</td>
</tr>
<tr>
<td>07</td>
<td>Waiting time was too long</td>
</tr>
<tr>
<td>08</td>
<td>Transportation - problems</td>
</tr>
<tr>
<td>09</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>Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>14</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>
Dental visits (DEN)

DEN_BEG  Optional Content (See Appendix 2)

DEN_C130A  If (do DEN block = 1), go to DEN_C130B. Otherwise, go to DEN_END.

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

DEN_C130C  If CHP_Q14 = 1, go to DEN_Q130. Otherwise, go to DEN_Q132.

DEN_Q130  (Now dental visits)

DEN_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)
2  No
       DK, RF  (Go to DEN_END)

DEN_Q132  (Now dental visits)

DEN_132  When was the last time that you went to a dentist?

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, RF  (Go to DEN_END)

Note:  In processing, if a respondent answered DEN_Q130 = 1, the variable DEN_Q132 is given the value of 1.

DEN_E132  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.

Note:  Trigger soft edit if DEN_Q132 = 1 and CHP_Q14 = 2.
DEN_C133 If DEN_Q132 = 1, go to DEN_END. Otherwise, go to DEN_Q136.

DEN_Q136 What are the reasons that you have not been to a dentist in the past 3 years?

INTERVIEWER: Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Have not gotten around to it</td>
</tr>
<tr>
<td>02</td>
<td>Respondent - did not think it was necessary</td>
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<tr>
<td>03</td>
<td>Doctor - did not think it was necessary</td>
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<tr>
<td>04</td>
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<td>05</td>
<td>Not available - at time required</td>
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<tr>
<td>06</td>
<td>Not available - at all in the area</td>
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<tr>
<td>07</td>
<td>Waiting time was too long</td>
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<td>08</td>
<td>Transportation - problems</td>
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<td>Language - problem</td>
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<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</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

DEN_END
Oral health 2 (OH2)

**OH2_BEG**
Optional Content (See Appendix 2)

**OH2_C10A**
If (do OH2 block = 1), go to OH2_C10B.
Otherwise, go to OH2_END.

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

**OH2_C10C**
If DEN_Q132 = 7 (never goes to dentist), go to OH2_Q11.
Otherwise, go to OH2_Q10.

**OH2_Q10**
Do you usually visit the dentist:

**OH2_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, RF (Go to OH2_END)

**OH2_Q11**
Do you have insurance that covers all or part of your dental expenses?

**OH2_11**
1. Yes
2. No (Go to OH2_C12)
   DK, RF (Go to OH2_C12)

**OH2_Q11A**
Is it:

**OH2_11A**
1. ...a government-sponsored plan?
**OH2_11B**
2. ...an employer-sponsored plan?
**OH2_11C**
3. ...a private plan?
   DK, RF

**OH2_C12**
If DEN_Q130 = 1 or DEN_Q132 = 1 (went to the dentist in the 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?

<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>DK, RF</td>
<td>(Go to OH2_Q20)</td>
</tr>
</tbody>
</table>

**OH2_Q13**

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

<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>DK, RF</td>
<td></td>
</tr>
</tbody>
</table>

**OH2_Q20**

Do you have one or more of your own teeth?

<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>DK, RF</td>
<td></td>
</tr>
</tbody>
</table>

**OH2_C21**

If DEN_Q136 = 13, go to OH2_D22. Otherwise, go to OH2_Q21.

**OH2_Q21**

Do you wear dentures or false teeth?

<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>DK, RF</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** In processing, if a respondent answered DEN_Q136 = 13 and OH2_Q10 Not in (DK, RF), the variable OH2_Q21 is given the value of 1.

**OH2_R22**

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

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

**OH2_D22**

If OH2_Q21= 1 or DEN_Q136 = 13, "^DT_TEETH = "teeth, mouth or dentures". Otherwise, "^DT_TEETH = "teeth or mouth".

**OH2_Q22**

Because of the condition of your ^DT_TEETH, do you have difficulty pronouncing any words or speaking clearly?

<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>DK, RF</td>
<td></td>
</tr>
</tbody>
</table>
OH2_Q23  In the past 12 months, how often have you avoided:

OH2_23  ...conversation or contact with other people, because of the condition of your ^DT_TEETH?

INTERVIEWER: Read categories to respondent.

1  Often
2  Sometimes
3  Rarely
4  Never
DK, RF

OH2_Q24  (In the past 12 months, how often have you avoided:)

OH2_24  ...laughing or smiling, because of the condition of your ^DT_TEETH?

1  Often
2  Sometimes
3  Rarely
4  Never
DK, RF

OH2_D25  If OH2_Q20=2, ^DT_MOUTH = "mouth".
Otherwise, ^DT_MOUTH = "teeth and mouth".

OH2_R25  Now some questions about the health of your ^DT_MOUTH during the past month.

INTERVIEWER: Press <1> to continue.

OH2_C25  If OH2_Q20=2, go to OH2_Q25C.
Otherwise, go to OH2_Q25A.

OH2_Q25A  In the past month, have you had:

OH2_25A  ...a toothache?

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

1. Yes
2. No
   DK, RF

In the past month, have you had:
...pain in or around the jaw joints?

1. Yes
2. No
   DK, RF

(In the past month, have you had:) ...other pain in the mouth or face?

1. Yes
2. No
   DK, RF

(In the past month, have you had:) ...bleeding gums?

1. Yes
2. No
   DK, RF

(In the past month, have you had:) ...dry mouth?

1. Yes
2. No
   DK, RF

INTERVIEWER: Do not include thirst caused by exercise.

(In the past month, have you had:) ...bad breath?

1. Yes
2. No
   DK, RF
OH2_C30  If OH2_Q20 = 1, go to OH2_Q30.
           Otherwise, go to OH2_END.

OH2_Q30  How often do you brush your teeth?

OH2_30

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, RF

OH2_END
Food choices (FDC)

FDC_BEG  Optional Content (See Appendix 2)

FDC_C1A  If (do FDC block = 1), go to FDC_C1B. Otherwise, go to FDC_END.

FDC_C1B  If proxy interview, go to FDC_END. Otherwise, go to FDC_R1.

FDC_R1  Now, some questions about the foods you eat.

INTERVIEWER: Press <Enter> to continue.

FDC_Q1A  Do you choose certain foods or avoid others:

FDC_1A  ...because you are concerned about your body weight?

1  Yes (or sometimes)
2  No
   DK, RF (Go to FDC_END)

FDC_Q1B  (Do you choose certain foods or avoid others:)

FDC_1B  ...because you are concerned about heart disease?

1  Yes (or sometimes)
2  No
   DK, RF

FDC_Q1C  (Do you choose certain foods or avoid others:)

FDC_1C  ...because you are concerned about cancer?

1  Yes (or sometimes)
2  No
   DK, RF

FDC_Q1D  (Do you choose certain foods or avoid others:)

FDC_1D  ...because you are concerned about osteoporosis (brittle bones)?

1  Yes (or sometimes)
2  No
   DK, RF
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDC_Q2A</td>
<td>Do you choose certain foods because of:</td>
</tr>
<tr>
<td>FDC_2A</td>
<td>...the lower fat content?</td>
</tr>
<tr>
<td></td>
<td>1  Yes (or sometimes)</td>
</tr>
<tr>
<td></td>
<td>2  No</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
<tr>
<td>FDC_Q2B</td>
<td>(Do you choose certain foods because of:)</td>
</tr>
<tr>
<td>FDC_2B</td>
<td>...the fibre content?</td>
</tr>
<tr>
<td></td>
<td>1  Yes (or sometimes)</td>
</tr>
<tr>
<td></td>
<td>2  No</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
<tr>
<td>FDC_Q2C</td>
<td>(Do you choose certain foods because of:)</td>
</tr>
<tr>
<td>FDC_2C</td>
<td>...the calcium content?</td>
</tr>
<tr>
<td></td>
<td>1  Yes (or sometimes)</td>
</tr>
<tr>
<td></td>
<td>2  No</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
<tr>
<td>FDC_Q3A</td>
<td>Do you avoid certain foods because of:</td>
</tr>
<tr>
<td>FDC_3A</td>
<td>...the fat content?</td>
</tr>
<tr>
<td></td>
<td>1  Yes (or sometimes)</td>
</tr>
<tr>
<td></td>
<td>2  No</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
<tr>
<td>FDC_Q3B</td>
<td>(Do you avoid certain foods because of:)</td>
</tr>
<tr>
<td>FDC_3B</td>
<td>...the type of fat they contain?</td>
</tr>
<tr>
<td></td>
<td>1  Yes (or sometimes)</td>
</tr>
<tr>
<td></td>
<td>2  No</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
<tr>
<td>FDC_Q3C</td>
<td>(Do you avoid certain foods because of:)</td>
</tr>
<tr>
<td>FDC_3C</td>
<td>...the salt content?</td>
</tr>
<tr>
<td></td>
<td>1  Yes (or sometimes)</td>
</tr>
<tr>
<td></td>
<td>2  No</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>
(Do you avoid certain foods because of:)

...the cholesterol content?

1  Yes (or sometimes)
2  No
   DK, RF

(Do you avoid certain foods because of:)

...the calorie content?

1  Yes (or sometimes)
2  No
   DK, RF
Dietary supplement use - Vitamins and minerals (DSU)

DSU_BEG  Optional Content (See Appendix 2)

DSU_C1A  If (do DSU block = 1), go to DSU_C1B. Otherwise, go to DSU_END.

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

DSU_Q1A  Now, some questions about the use of nutritional supplements.

DSU_1A  In the past 4 weeks, did you take any vitamin or mineral supplements?

1  Yes
2  No   (Go to DSU_END)
     DK, RF  (Go to DSU_END)

DSU_Q1B  Did you take them at least once a week?

DSU_1B  1  Yes
        2  No   (Go to DSU_Q1D)
               DK, RF  (Go to DSU_END)

DSU_Q1C  Last week, on how many days did you take them?

DSU_1C  [|] Days
        (MIN: 1) (MAX: 7)
                DK, RF
                Go to DSU_END

DSU_Q1D  In the past 4 weeks, on how many days did you take them?

DSU_1D  [|]   [|] Days
        (MIN: 1) (MAX: 21)
             DK, RF

DSU_END
Fruit and vegetable consumption (FVC)

FVC_BEG    Core content
FVC_C1A    If (do FVC block = 2) or proxy interview, go to FVC_END. Otherwise, go to FVC_R1.

FVC_R1    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)
FVC_1A    INTERVIEWER: Select the reporting period here and enter the number in the next screen.

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

FVC_N1B    INTERVIEWER: Enter number of times per day.
FVC_1B    Enter number of times per day.

INTERVIEWER: Enter number of times per day.

[] Times
(MIN: 1) (MAX: 20)
DK, RF
Go to FVC_Q2A
FVC_N1C  INTERVIEWER: Enter number of times per week.
FVC_1C
Enter number of times per week.

INTERVIEWER: Enter number of times per week.

|____| Times
(MIN: 1) (MAX: 90)
DK, RF
Go to FVC_Q2A

FVC_N1D  INTERVIEWER: Enter number of times per month.
FVC_1D
Enter number of times per month.

INTERVIEWER: Enter number of times per month.

|____|____| Times
(MIN: 1) (MAX: 200)
DK, RF
Go to FVC_Q2A

FVC_N1E  INTERVIEWER: Enter number of times per year.
FVC_1E
Enter number of times per year.

INTERVIEWER: Enter number of times per year.

|____|____|____| Times
(MIN: 1) (MAX: 500)
DK, RF

FVC_Q2A  Not counting juice, how often do you usually eat fruit?
FVC_2A
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, RF  (Go to FVC_Q3A)
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Format</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>FVC_N2B</td>
<td>INTERVIEWER: Enter number of times per day.</td>
<td>Enter number of times per day.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>FVC_2B</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>FVC_N2C</td>
<td>INTERVIEWER: Enter number of times per week.</td>
<td>Enter number of times per week.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FVC_2C</td>
<td></td>
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<td></td>
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<tr>
<td>FVC_N2D</td>
<td>INTERVIEWER: Enter number of times per month.</td>
<td>Enter number of times per month.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>FVC_2D</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FVC_N2E</td>
<td>INTERVIEWER: Enter number of times per year.</td>
<td>Enter number of times per year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FVC_2E</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
FVC_Q3A How often do you (usually) eat green salad?

FVC_3A

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, RF (Go to FVC_Q4A)

FVC_N3B

INTERVIEWER: Enter number of times per day.

FVC_3B

Enter number of times per day.

INTERVIEWER: Enter number of times per day.

______ Times
(MIN: 1) (MAX: 20)
DK, RF
Go to FVC_Q4A

FVC_N3C

INTERVIEWER: Enter number of times per week.

FVC_3C

Enter number of times per week.

INTERVIEWER: Enter number of times per week.

______ Times
(MIN: 3) (MAX: 90)
DK, RF
Go to FVC_Q4A

FVC_N3D

INTERVIEWER: Enter number of times per month.

FVC_3D

Enter number of times per month.

INTERVIEWER: Enter number of times per month.

______ ______ Times
(MIN: 1) (MAX: 200)
DK, RF
Go to FVC_Q4A
INTERVIEWER: Enter number of times per year.

Enter number of times per year.

INTERVIEWER: Enter number of times per year.

|__|__|__| Times
(MIN: 1) (MAX: 500)
DK, RF

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, RF (Go to FVC_Q5A)

INTERVIEWER: Enter number of times per day.

Enter number of times per day.

INTERVIEWER: Enter number of times per day.

|__|__| Times
(MIN: ) (MAX: 20)
DK, RF
Go to FVC_Q5A
FVC_N4C

INTERVIEWER: Enter number of times per week.

Enter number of times per week.

INTERVIEWER: Enter number of times per week.

|   |   |   | Times
(MIN: 1) (MAX: 90)

DK, RF

Go to FVC_Q5A

FVC_N4D

INTERVIEWER: Enter number of times per month.

Enter number of times per month.

INTERVIEWER: Enter number of times per month.

|   |   |   | Times
(MIN: 1) (MAX: 200)

DK, RF

Go to FVC_Q5A

FVC_N4E

INTERVIEWER: Enter number of times per year.

Enter number of times per year.

INTERVIEWER: Enter number of times per year.

|   |   |   | Times
(MIN 1) (MAX: 500)

DK, RF

FVC_Q5A

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)

DK, RF (Go to FVC_Q6A)
FVC_N5B: INTERVIEWER: Enter number of times per day.

Enter number of times per day.

FVC_5B: INTERVIEWER: Enter number of times per day.

Enter number of times per day.

FVC_N5C: INTERVIEWER: Enter number of times per week.

Enter number of times per week.

FVC_5C: INTERVIEWER: Enter number of times per week.

Enter number of times per week.

FVC_N5D: INTERVIEWER: Enter number of times per month

Enter number of times per month

FVC_5D: INTERVIEWER: Enter number of times per month

Enter number of times per month
FVC_N5E  INTERVIEWER: Enter number of times per year.
FVC_5E Enter number of times per year.

INTERVIEWER: Enter number of times per year.

|   |   |   |  Times
(MIN: 1) (MAX: 500)
DK, RF

FVC_Q6A  Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?
FVC_6A INTERVIEWER: Select the reporting period here and enter the number in the next screen.

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

FVC_N6B  INTERVIEWER: Enter number of servings per day.
FVC_6B

|   |   |  Servings
(MIN: 1) (MAX: 20)
DK, RF
Go to FVC_END

FVC_N6C  INTERVIEWER: Enter number of servings per week.
FVC_6C

|   |   |  Servings
(MIN: 1) (MAX: 90)
DK, RF
Go to FVC_END

FVC_N6D  INTERVIEWER: Enter number of servings per month.
FVC_6D

|   |   |   |  Servings
(MIN: 1) (MAX: 200)
DK, RF
Go to FVC_END
INTERVIEWER: Enter number of servings per year.

Servings
(MIN: 1) (MAX: 500)
DK, RF
Physical activities (PAC)

PAC_BEG Core content

PAC_C1A If (do PAC block = 1), go to PAC_C1B. Otherwise, go to PAC_END.

PAC_C1B If proxy interview, go to PAC_END. Otherwise, go to PAC_R1.

PAC_R1 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.

| PAC_1A | 01 Walking for exercise |
| PAC_1B | 02 Gardening or yard work |
| PAC_1C | 03 Swimming |
| PAC_1D | 04 Bicycling |
| PAC_1E | 05 Popular or social dance |
| PAC_1F | 06 Home exercise |
| PAC_1G | 07 Ice hockey |
| PAC_1H | 08 Ice skating |
| PAC_1I | 09 In-line skating or rollerblading |
| PAC_1J | 10 Jogging or running |
| PAC_1K | 11 Golfing |
| PAC_1L | 12 Exercise class or aerobics |
| PAC_1M | 13 Downhill skiing or snowboarding |
| PAC_1N | 14 Bowling |
| PAC_1O | 15 Baseball or softball |
| PAC_1P | 16 Tennis |
| PAC_1Q | 17 Weight-training |
| PAC_1R | 18 Fishing |
| PAC_1S | 19 Volleyball |
| PAC_1T | 20 Basketball |
| PAC_1Z | 22 Soccer |
| PAC_1U | 22 Any other |
| PAC_1V | 23 No physical activity |

DK, RF (Go to PAC_END)
PAC_E1  You cannot select "No physical activity" and another category. Please return and correct.

Note: Trigger hard edit if "No physical activity" is chosen in PAC_Q1 with any other response.

PAC_C1VA  If PAC_Q1 = 23 only, go to PAC_R7. Otherwise, go to PAC_C1VB.

PAC_C1VB  If PAC_Q1 = 22, go to PAC_S1V. Otherwise, go to PAC_Q2n.

PAC_S1V  What was this activity?

**INTERVIEWER:** Enter one activity only.

____________________________________________________
| (80 spaces) |
| (DK, RF are not allowed) |

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

PAC_1W

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No  (Go to PAC_Q2n)</td>
</tr>
<tr>
<td></td>
<td>DK, RF (Go to PAC_Q2n)</td>
</tr>
</tbody>
</table>

PAC_S1X  What was this activity?

**INTERVIEWER:** Enter one activity only.

____________________________________________________
| (80 spaces) |
| (DK, RF) (Go to PAC_Q2n) |

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

PAC_1X

<p>| | |</p>
<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No  (Go to PAC_Q2n)</td>
</tr>
<tr>
<td></td>
<td>DK, RF (Go to PAC_Q2n)</td>
</tr>
</tbody>
</table>
PAC_S1Y What was this activity?

INTERVIEWER: Enter one activity only.

(80 spaces)
DK, RF (Go to PAC_Q2n)

Note: For each activity identified in PAC_Q1, ask PAC_Q2n and PAC_Q3n. When PAC_S1X or PAC_S1Y = DK, RF, their respective PAC_Q2 and PAC_Q3 will not be asked.

PAC_Q2N In the past 3 months, how many times did you [participate in identified activity]?

PAC_2N

| | | | | Times
(MIN: 1) (MAX: 99; for each activity except the following: Walking: MAX = 270, Bicycling: MAX = 200, Other activities: MAX = 200)
DK, RF (Go to next activity)

PAC_Q3N About how much time did you spend on each occasion?

PAC_3N

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

PAC_R7 The last questions were about leisure time activities. Next, some questions about walking and bicycling that you do only as a way of getting to and from work or school.

INTERVIEWER: Press <Enter> to continue.

PAC_D7 If PAC_Q2n > 0, where n = 1, X = PAC_Q2n, ^DT_TIMEW = "Other than the (X) times you already reported walking for exercise was there any other time". Otherwise, ^DT_TIMEW = "Was there any time".

PAC_Q7 ^DT_TIMEW in the past 3 months when you walked to and from work or school?

PAC_7

1 Yes
2 No (Go to PAC_D8)
3 Does not work or go to school (Go to PAC_END)
DK, RF (Go to PAC_D8)
PAC_Q7A  How many times?
PAC_7A

|    |    |    | Times
(MIN: 1) (MAX: 270)
DK, RF (Go to PAC_D8)

PAC_Q7B  About how much time did you spend on each occasion?
PAC_7B

INTERVIEWER: Include both walking to and from work and school, if both apply.

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

PAC_D8  If PAC_Q2n > 0, where n = 4, X = PAC_Q2n, ^DT_TIMEB = "Other than the (X) times you already reported bicycling was there any other time". Otherwise, ^DT_TIMEB = "Was there any time".

PAC_Q8  ^DT_TIMEB in the past 3 months when you bicycled to and from work or school?
PAC_8

1  Yes
2  No (Go to PAC_END)
3  Does not work or go to school (Go to PAC_END)
   DK, RF (Go to PAC_END)

Note: If PAC_Q7 = 3, PAC_Q8 will be filled with "Does not work or go to school" in processing (PAC_Q8 = 3).

PAC_Q8A  How many times?
PAC_8A

|    |    |    | Times
(MIN: 1) (MAX: 200)
DK, RF (Go to PAC_END)

PAC_Q8B  About how much time did you spend on each occasion?
PAC_8B

INTERVIEWER: Include both bicycling to and from work and school, if both apply.

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

PAC_END
Physical activity - Stages of change (SCP)

SCP_BEG Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOSCP: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

Screen display:
Display on header bar PE_Q01 and PE_Q02 separated by a space

SCP_C1A If do SCP block = 1, go to SCP_C1B.
Otherwise, go to SCP_END.

SCP_C1B If proxy interview, go to SCP_END.
Otherwise, go to SCP_C1C.

SCP_C1C If HWT_Q1 = 1, go to SCP_END.
Otherwise, go to SCP_Q01.

SCP_Q01 Thinking about the level of physical activity you do every week, do you consider yourself to be...

SCP_01 INTERVIEWER: Read categories to respondent.

1 Very physically active
2 Moderately physically active
3 A bit physically active
4 Not at all physically active
   DK, R (Go to SCP_END)

SCP_C02 If SCP_Q01=1 or SCP_Q01=2, go to SCP_Q02.
Otherwise, go to SCP_Q03.

SCP_Q02 Did you increase your physical activity level in the last 6 months?

SCP_02

1 Yes
2 No
   DK, R
SCP_C03  If SCP_Q01 = 1 or SCP_Q01 = 2, go to SCP_END. Otherwise, go to SCP_Q03.

SCP_Q03  Do you intend to increase your physical activity level in the next 30 days?
SCP_03
1  Yes  (Go to SCP_END)
2  No
   DK, R  (Go to SCP_END)

SCP_Q04  Do you intend to increase your physical activity level in the next 6 months?
SCP_04
1  Yes
2  No
   DK, R
Sedentary activities (SAC)

SAC_BEG  Theme content

SAC_C1A  If (do SAC block = 1), go to SAC_C1B. Otherwise, go to SAC_END.

SAC_C1B  If proxy interview, go to SAC_END. Otherwise, go to SAC_R1.

SAC_R1  Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.

INTERVIEWER: Press <1> to continue.

SAC_Q1  In a typical week in the past 3 months, how many hours did you usually spend:

... On a computer, including playing computer games and using the Internet?

INTERVIEWER: Include time spent doing homework on a computer. Do not include time spent at work or at school. Round to the upper nearest hour.

|___| Hours
(MIN: 0) (MAX: 70; warning after 35)
DK, RF  (Go to SAC_END)

SAC_E1  An unusual value has been entered. Please confirm.

Note: Trigger soft edit if SAC_Q1 > 35.

SAC_Q2  (In a typical week, in the past 3 months, how many hours did you usually spend:)playing video games on a game console or on a hand-held electronic device?

INTERVIEWER: Exclude time spent playing video games on a computer. Game console includes i.e. XBOX, Nintendo and Playstation. Round to the upper nearest hour.

|___| Hours
(MIN: 0) (MAX: 70; warning after 35)
DK, RF

SAC_E2A  An unusual value has been entered. Please confirm.

INTERVIEWER: Trigger soft edit if SAC_Q2 > 35.

Note: Trigger soft edit if SAC_Q2 > 35.
SAC_E2B  An impossible value has been entered. Please return and correct.

Note:  Trigger hard edit if SAC_Q1 + SAC_Q2 > 98.

SAC_Q3  (In a typical week in the past 3 months, how many hours did you usually spend:)

SAC_3  ...watching television or videos?

INTERVIEWER: Round to the upper nearest hour.

|___| Hours
(MIN: 0) (MAX: 70; warning after 35)
DK, RF

SAC_E3A  An unusual value has been entered. Please confirm.

Note:  Trigger soft edit if SAC_Q3 > 35.

SAC_E3B  An impossible value has been entered. Please return and correct.

Note:  Trigger hard edit if SAC_Q1 + SAC_Q2 + SAC_Q3 > 98.

SAC_Q4  (In a typical week, in the past 3 months, how many hours did you usually spend:)

SAC_4  ...reading, not counting at work or at school?

INTERVIEWER: Include books, ebooks, magazines, newspapers, homework. Round to the upper nearest hour.

|___| Hours
(MIN: 0) (MAX: 70, warning after 35)
DK, RF

SAC_E4A  An unusual value has been entered. Please confirm.

Note:  Trigger soft edit if SAC_Q4 > 35.

SAC_E4B  An impossible value has been entered. Please return and correct.

Note:  Trigger hard edit if SAC_Q1 + SAC_Q2 + SAC_Q3 + SAC_Q4 > 98.
Use of protective equipment (UPE)

UPE_BEG Optional Content (See Appendix 2)

UPE_C1A If (do UPE block = 1), go to UPE_C1B. Otherwise, go to UPE_END.

UPE_C1B If proxy interview, go to UPE_END. Otherwise, go to UPE_C1C.

UPE_C1C If PAC_Q1 = 4 (bicycling for leisure) or PAC_Q1 = 7 (ice hockey) or PAC_Q1 = 9 (in-line skating or rollerblading) or PAC_Q1 = 13 (downhill skiing or snowboarding) or (PAC_Q8 = 1 (bicycling to work or school)), go to UPE_R1. Otherwise, go to UPE_C1D.

UPE_R1 Press <Enter> to continue.

INTERVIEWER: Now a few questions about precautions you take while participating in some physical activities.

UPE_C1D If PAC_Q1 = 4 (bicycling for leisure) or (PAC_Q8 = 1 (bicycling to work or school)), go to UPE_Q1. Otherwise, go to UPE_Q1A.

UPE_Q1A In the past 12 months, have you done any bicycling?

UPE_01A

<p>| | |</p>
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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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<tr>
<td></td>
<td>(Go to UPE_C2)</td>
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</tbody>
</table>

UPE_Q1 When riding a bicycle, how often do you wear a helmet?

UPE_01 INTERVIEWER: Read categories to respondent.

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<tbody>
<tr>
<td>1</td>
<td>Always</td>
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<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, RF</td>
</tr>
</tbody>
</table>
UPE_C2 If PAC_Q1 = 9 (in-line skating or rollerblading), go to UPE_Q2A. Otherwise, go to UPE_Q2.

**UPE_Q2**

**In the past 12 months, have you done any in-line skating or rollerblading?**

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

DK, RF (Go to UPE_C3A)

**UPE_Q2A**

**When in-line skating or rollerblading, how often do you wear a helmet?**

**INTERVIEWER:** Read categories to respondent.

<p>| | |</p>
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<tbody>
<tr>
<td>1</td>
<td>Always</td>
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<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>
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</tbody>
</table>

DK, RF

**UPE_Q2B**

**How often do you wear wrist guards or wrist protectors?**

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<tbody>
<tr>
<td>1</td>
<td>Always</td>
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<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>
</tbody>
</table>

DK, RF

**UPE_Q2C**

**How often do you wear elbow pads?**

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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>
</tbody>
</table>

DK, RF

**UPE_Q2D**

**How often do you wear knee pads?**

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<thead>
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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>
</tbody>
</table>

DK, RF
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. 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, RF (Go to UPE_C6)

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

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, RF (Go to UPE_C6)

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

INTERVIEWER: Read categories to respondent.

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

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?

INTERVIEWER: Read categories to respondent.

1  Always
2  Most of the time
3  Rarely
4  Never
   DK, RF
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UPE_Q5B</strong></td>
<td>How often do you wear wrist guards or wrist protectors?</td>
</tr>
<tr>
<td>UPE_05B</td>
<td>1 Always</td>
</tr>
<tr>
<td></td>
<td>2 Most of the time</td>
</tr>
<tr>
<td></td>
<td>3 Rarely</td>
</tr>
<tr>
<td></td>
<td>4 Never</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
<tr>
<td><strong>UPE_C6</strong></td>
<td>If age &gt;= 12 or &lt;= 19, go to UPE_Q6. Otherwise, go to UPE_C7.</td>
</tr>
<tr>
<td><strong>UPE_Q6</strong></td>
<td>In the past 12 months, have you done any skateboarding?</td>
</tr>
<tr>
<td>UPE_06</td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td>2 No (Go to UPE_C7)</td>
</tr>
<tr>
<td></td>
<td>DK, RF (Go to UPE_C7)</td>
</tr>
<tr>
<td><strong>UPE_Q6A</strong></td>
<td>How often do you wear a helmet?</td>
</tr>
<tr>
<td>UPE_06A</td>
<td>INTERVIEWER: Read categories to respondent.</td>
</tr>
<tr>
<td></td>
<td>1 Always</td>
</tr>
<tr>
<td></td>
<td>2 Most of the time</td>
</tr>
<tr>
<td></td>
<td>3 Rarely</td>
</tr>
<tr>
<td></td>
<td>4 Never</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
<tr>
<td><strong>UPE_Q6B</strong></td>
<td>How often do you wear wrist guards or wrist protectors?</td>
</tr>
<tr>
<td>UPE_06B</td>
<td>1 Always</td>
</tr>
<tr>
<td></td>
<td>2 Most of the time</td>
</tr>
<tr>
<td></td>
<td>3 Rarely</td>
</tr>
<tr>
<td></td>
<td>4 Never</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
<tr>
<td><strong>UPE_Q6C</strong></td>
<td>How often do you wear elbow pads?</td>
</tr>
<tr>
<td>UPE_06C</td>
<td>1 Always</td>
</tr>
<tr>
<td></td>
<td>2 Most of the time</td>
</tr>
<tr>
<td></td>
<td>3 Rarely</td>
</tr>
<tr>
<td></td>
<td>4 Never</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>
UPE_C7 If PAC Q1=7 (ice hockey), go to UPE_Q7A. Otherwise, go to UPE_Q7.

UPE_Q7 In the past 12 months, have you played any ice hockey?

UPE_07

1 Yes (Go to UPE_END)
2 No (Go to UPE_END)
DK, RF (Go to UPE_END)

UPE_Q7A When playing ice hockey, how often do you wear a mouth guard?

UPE_07A INTERVIEWER: Read categories to respondent.

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

UPE_END
Sun safety behaviours (SSB)

SSB_BEG Optional Content (See Appendix 2)

SSB_C1 If (do SSB block = 1), go to SSB_C2. Otherwise, go to SSB_END.

SSB_C2 If proxy interview, go to SSB_END. Otherwise, go to SSB_R01.

SSB_R01 The next few questions are about exposure to the sun and sunburns. Sunburn is defined as any reddening or discomfort of the skin, that lasts longer than 12 hours after exposure to the sun or other UV sources, such as tanning beds or sun lamps.

INTERVIEWER: Press <Enter> to continue.

SSB_Q01 In the past 12 months, has any part of your body been sunburnt?

SSB_01

1 Yes
2 No (Go to SSB_R06)
DK, RF (Go to SSB_END)

SSB_Q02 Did any of your sunburns involve blistering?

SSB_02

1 Yes
2 No
DK, RF

SSB_Q03 Did any of your sunburns involve pain or discomfort that lasted for more than 1 day?

SSB_03

1 Yes
2 No
DK, RF

SSB_R06 For the next questions, think about a typical weekend, or day off from work or school in the summer months.

INTERVIEWER: Press <Enter> to continue.
About how much time each day do you spend in the sun between 11 am and 4 pm?

1. None (Go to SSB_Q13)
2. Less than 30 minutes (Go to SSB_Q13)
3. 30 to 59 minutes
4. 1 hour to less than 2 hours
5. 2 hours to less than 3 hours
6. 3 hours to less than 4 hours
7. 4 hours to less than 5 hours
8. 5 hours
   DK, RF (Go to SSB_Q13)

In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:

...seek shade?

INTERVIEWER: Read categories to respondent.

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
   DK, RF

(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)

...wear a hat that shades your face, ears and neck?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
   DK, RF

(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)

...wear long pants or a long skirt to protect your skin from the sun?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
   DK, RF
**SSB_Q09B**

(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)

...use sunscreen on your face?

- **1** Always
- **2** Often
- **3** Sometimes
- **4** Rarely (Go to SSB_Q11)
- **5** Never (Go to SSB_Q11)
  
  DK, RF (Go to SSB_Q11)

**SSB_Q10**

What Sun Protection factor (SPF) do you usually use?

- **1** Less than 15
- **2** 15 to 25
- **3** More than 25
  
  DK, RF

**SSB_Q11**

In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:

...use sunscreen on your body?

- **1** Always
- **2** Often
- **3** Sometimes
- **4** Rarely (Go to SSB_Q13)
- **5** Never (Go to SSB_Q13)
  
  DK, RF (Go to SSB_Q13)

**SSB_Q12**

What Sun Protection factor (SPF) do you usually use?

- **1** Less than 15
- **2** 15 to 25
- **3** More than 25
  
  DK, RF

**SSB_Q13**

Do you have skin cancer?

- **1** Yes
- **2** No
  
  DK, RF (Go to SSB_END)
SSB_E13  Inconsistent answers have been entered. The respondent reported having skin cancer but previously reported that he/she did not have cancer. Please confirm.

Note:  Trigger soft edit if SSB_Q13 = 1 and CCC_Q131 = 2.

SSB_C14  If SSB_Q13 = 1, go to SSB_Q15. Otherwise, go to SSB_Q14.

SSB_Q14  Have you ever been diagnosed with skin cancer?

1  Yes  (Go to SSB_END)
2  No  (Go to SSB_END)
   DK, RF  (Go to SSB_END)

SSB_E14  Inconsistent answers have been entered. The respondent reported having (ever) been diagnosed with skin cancer but previously reported that he/she had not ever been diagnosed cancer. Please confirm.

Note:  Trigger soft edit if SSB_Q14 = 1 and CCC_Q132 = 2.

SSB_D15  If SSB_Q13 = 1 (Yes), ^DT_DODID = "do". Otherwise, ^DT_DODID = "did".

SSB_Q15  What type of skin cancer ^DT_DODID you have?

1  Melanoma
2  Non-melanoma
   DK, RF

SSB_END
Injuries (INJ)

INJ_BEG Optional Content (See Appendix 2)

INJ_C1 If (do INJ block = 1), go to INJ_B1. Otherwise, go to INJ_END.

INJ_B1 Call "Repetitive strain" sub block (REP)

Note: Number of injuries and details of most serious injury

INJ_D1A If REP_Q1 = 1 (Yes), ^DT_OTHINJ = "other". Otherwise, ^DT_OTHINJ = "null".

INJ_D1B (not applicable)

INJ_R1 Now some questions about ^DT_OTHINJ injuries which occurred in the past 12 months, and were serious enough to limit ^YOUR2 normal activities the day after the injury occurred. For example, a broken bone, a bad cut, a burn or a sprain.

INTERVIEWER: Press <Enter> to continue.

INJ_D01 If REP_Q1 = 1 (Yes), ^DT_INJURIES1 = "Not counting repetitive strain injuries or food poisoning.",. Otherwise, ^DT_INJURIES1 = "Not counting food poisoning.",.

INJ_Q01 ^DT_INJURIES1 in the past 12 months, that is, from [date one year ago] to yesterday, ^WERE ^YOU1 injured?

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

INJ_Q02 How many times ^WERE ^YOU1 injured?

INJ_02 |

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

INJ_D03 If INJ_Q02 = 1 (one injury), ^DT_INJURIES2 = "In which". Otherwise, ^DT_INJURIES2 = "Thinking about the most serious injury, in which".
INJ_Q03

^DT_INJURIES^2 month did it happen?

INJ_03

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

DK, RF  (Go to INJ_Q0)

INJ_C04

If INJ_Q03 = « C_MONTH », go to INJ_Q04.
Otherwise, go to INJ_Q05.

INJ_Q04

Was that this year or last year?

INJ_04

1  This year
2  Last year

DK, RF

INJ_Q05

What type of injury did YOU1 have? For example, a broken bone or burn.

INJ_05

01 Multiple serious injuries (excluding multiple minor injuries)
02 Broken or fractured bones
03 Burn, scald, chemical burn
04 Dislocation
05 Sprain or strain (including torn ligaments and muscles)
06 Cut, puncture, animal or human bite (open wound)
07 Scrape(s), bruise(s), blister(s) (including multiple minor injuries)
08 Concussion or other brain injury
09 Poisoning (excluding food poisoning, poison ivy, other contact dermatitis, and allergies)
10 Injury to internal organs
11 Other - Specify

DK, RF  (Go to INJ_S05)

Go to INJ_Q06
INJ_S05

INTERVIEWER: Specify.


(80 spaces)
DK, RF

INJ_Q06

What part of the body was injured?

INJ_06

01  Multiple sites
02  Eyes (excluding fracture of facial bones around the eye)
03  Head (including facial bones)
04  Neck
05  Shoulder, upper arm
06  Elbow, lower arm
07  Wrist
08  Hand
09  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, RF

Go to INJ_Q08

INJ_Q07

What part of the body was injured?

INJ_07

1  Chest (within rib cage)
2  Abdomen or pelvis (below ribs)
3  Other - Specify (Go to INJ_S07)

DK, RF

Go to INJ_Q08

INJ_S07

INTERVIEWER: Specify.


(80 spaces)
DK, RF
INJ_Q08
WHERE WERE YOU1 WHEN YOU1 WERE injured?
For example, someone’s house, an office building, construction site.

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

01 In a home or its surrounding area (including respondent’s home or other homes)
02 Residential institution
03 School, college, university (exclude sports areas)
04 Sports or athletics area of school, college, university
05 Other sports or athletics area (exclude school sports areas)
06 Other institution (e.g., church, hospital, theatre, civic building)
07 Street, highway, sidewalk
08 Commercial area (e.g., store, restaurant, office building, transport terminal)
09 Industrial or construction area
10 Farm (exclude farmhouse and its surrounding area)
11 Countryside, forest, lake, ocean, mountains, prairie, etc.
12 Other - Specify (Go to INJ_S08)

Go to INJ_Q09

INJ_S08
INTERVIEWER: Specify.

__________________________________________________________________________
(80 spaces)
DK, RF

INJ_Q09
WHAT WERE YOU1 doing when YOU1 WERE injured?

01 Sports or physical exercise (including school activities, and running)
02 Leisure or hobby (including volunteering)
03 Working at a job or business (excluding travel to and from work)
04 Household chores, outdoor yard maintenance, home renovations or other unpaid work
05 Sleeping, eating, personal care
06 Going up and down stairs
07 Driver or passenger in/on road motor vehicle (including motorcycles, trucks)
08 Driver or passenger in/on off-road motor vehicle (including boat, ATV, snowmobile)
09 Walking
10 Other - Specify (Go to INJ_S09)

Go to INJ_C09
INJ_S09  INTERVIEWER: Specify.

(80 spaces)
DK, RF

INJ_C09  If INJ_Q09 = 3, and (14 < age < 75), go to INJ_B09. Otherwise, go to INJ_C10.

INJ_B09  Call "Workplace Injuries" Sub Block (INW)

INJ_C10  If INJ_Q05 = 9 (poisoning), go to INJ_Q13. Otherwise, go to INJ_Q10.

INJ_Q10  Was the injury the result of a fall?

INJ_10  

INTERVIEWER: Exclude transportation accidents and any falls that involve another person (e.g., collision, contact in sports, fight)

1  Yes
2  No  (Go to INJ_Q12)
DK, RF  (Go to INJ_Q12)

INJ_Q11A  How did YOU fall?

INJ_11A

1  While skating, skiing or snowboarding
2  While engaged in other sport or physical exercise (including school activities and running)
3  Going up or down stairs / steps (icy or not)
4  Slip, trip, stumble or loss balance while walking on ice or snow
5  Slip, trip or stumble or loss balance while walking on any other surface
6  From furniture or while rising from furniture (e.g., bed, chair)
7  From elevated position (e.g., ladder, tree, scaffolding)
8  Due to health problems (e.g., faint, weakness, dizziness, hip/knee gave out, seizure)
9  Other - Specify  (Go to INJ_S11A)
DK, RF

Go to INJ_Q12A
What caused the injury?

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

At what time of day did YOUR1 injury occur?

- Morning (06:00-11:59)
- Afternoon (12:00-17:59)
- Evening (18:00-23:59)
- Night (00:00-05:59)

Did YOU2 receive any medical attention for the injury from a health professional in the 48 hours following the injury?

- Yes
- No
INJ_Q14  Where did ^YOU1 receive treatment in the 48 hours?

INTERVIEWER: Mark all that apply.

<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>INJ_14A</td>
<td>1</td>
<td>Doctor’s office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INJ_14B</td>
<td>2</td>
<td>Hospital emergency room</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>INJ_14C</td>
<td>3</td>
<td>Hospital outpatient clinic (e.g. day surgery, cancer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>INJ_14L</td>
<td>4</td>
<td>Other clinic (e.g. walk-in, appointment, sports)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>INJ_14M</td>
<td>5</td>
<td>Physiotherapist or massage therapist’s office</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INJ_14F</td>
<td>6</td>
<td>Community health centre / CLSC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INJ_14N</td>
<td>7</td>
<td>Chiropractor’s office</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>INJ_14O</td>
<td>8</td>
<td>Where the injury happened/on-site (workplace, school, sports field, hotel, ski hill)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>INJ_14K</td>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
<td>DK, RF</td>
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</table>

INJ_Q15  ^WERE_C ^YOU1 admitted to a hospital overnight?

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<table>
<thead>
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</thead>
<tbody>
<tr>
<td>INJ_15</td>
<td>1</td>
</tr>
<tr>
<td>INJ_15</td>
<td>2</td>
</tr>
<tr>
<td>INJ_15</td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

INJ_E15  Inconsistent answers have been entered. Please confirm.

Note: Trigger soft edit if INJ_Q15 = 1 and CHP_Q01 = 2 (No)

INJ_Q15A  At the present time, ^ARE ^YOU1 getting follow-up care from a health professional because of this injury?

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<thead>
<tr>
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<tbody>
<tr>
<td>INJ_15A</td>
<td>1</td>
</tr>
<tr>
<td>INJ_15A</td>
<td>2</td>
</tr>
<tr>
<td>INJ_15A</td>
<td>DK, RF</td>
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</tbody>
</table>

INJ_Q16  In the past 12 months, did ^YOU2 have any other injuries that were treated by a health professional, but did not limit ^YOUR1 normal activities?

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>INJ_16</td>
<td>1</td>
</tr>
<tr>
<td>INJ_16</td>
<td>2</td>
</tr>
<tr>
<td>INJ_16</td>
<td>DK, RF</td>
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</tbody>
</table>

INJ_Q17  How many injuries?

<p>| | |</p>
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<tr>
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<tbody>
<tr>
<td>INJ_17</td>
<td></td>
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<tr>
<td>INJ_17</td>
<td></td>
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<tr>
<td>INJ_17</td>
<td></td>
</tr>
</tbody>
</table>

INJ_END  MIN: 1  MAX: 30 warning after 6

DK, RF
Repetitive strain - Sub Block (REP)

REP_BEG Optional content

REP_R1 This next section deals with repetitive strain injuries. By this we mean injuries to muscles, tendons or nerves caused by overuse or repeating the same movement over an extended period. For example, carpal tunnel syndrome, tennis elbow or tendinitis.

INTERVIEWER: Press <Enter> to continue.

REP_Q1 In the past 12 months, did ^YOU2 have any injuries due to repetitive strain?

REP_1A

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
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</tbody>
</table>

REP_Q2 Were these injuries serious enough to limit ^YOUR1 normal activities?

REP_2

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
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</tbody>
</table>

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

REP_3

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>01</td>
<td>Head</td>
</tr>
<tr>
<td>02</td>
<td>Neck</td>
</tr>
<tr>
<td>03</td>
<td>Shoulder, upper arm</td>
</tr>
<tr>
<td>04</td>
<td>Elbow, lower arm</td>
</tr>
<tr>
<td>05</td>
<td>Wrist</td>
</tr>
<tr>
<td>06</td>
<td>Hand</td>
</tr>
<tr>
<td>07</td>
<td>Hip</td>
</tr>
<tr>
<td>08</td>
<td>Thigh</td>
</tr>
<tr>
<td>09</td>
<td>Knee, lower leg</td>
</tr>
<tr>
<td>10</td>
<td>Ankle, foot</td>
</tr>
<tr>
<td>11</td>
<td>Upper back or upper spine (excluding neck)</td>
</tr>
<tr>
<td>12</td>
<td>Lower back or lower spine</td>
</tr>
<tr>
<td>13</td>
<td>Chest (excluding back and spine)</td>
</tr>
<tr>
<td>14</td>
<td>Abdomen or pelvis (excluding back and spine)</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

REP_D3A (not applicable)
REP_Q3A  ^DOVERB_C ^YOU1 know what type of activity caused this repetitive strain injury?

REP_3A
1  Yes
2  No  (Go to INJ_D1A)
   DK, RF  (Go to INJ_D1A)

REP_Q4  Was the activity something you did while working at a job or business (excluding travel to or from work)?

REP_4
1  Yes
2  No
   DK, RF

REP_Q5  What type of activity was this?

INTERVIEWER:  Mark all that apply.

REP_5A
1  Walking
REP_5B
2  Sports or physical exercise (including school activities and running)
REP_5C
3  Leisure or hobby (include volunteering)
REP_5D
4  Household chores, outdoor yard maintenance, home renovations or other unpaid work
REP_5E
5  Computer use or typing
REP_5F
6  Driving a motor vehicle
REP_5G
7  Lifting or carrying an object or person
REP_5H
8  Other - Specify  (Go to REP_S5)
   DK, RF  (Go to REP_S5)

Go to INJ_DIA

REP_S5  INTERVIEWER:  Specify.

__________________________________________________________________________________________

(80 spaces)
   DK, RF

REP_END
Workplace Injury - Sub Block (INW)

INW_BEG  Optional content

INW_Q01 Did this injury occur in your current main job?
INW_1

1  Yes  (Go to INW_END)
2  No
   DK, RF  (Go to INW_END)

INW_Q02 What kind of business, industry or service were you working in when you were injured? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government).

\[
(50 \text{ spaces})
\]
DK, RF

INW_Q03 What kind of work \textit{WERE} \textit{YOU} doing? (For example: babysitting in own home, factory worker, forestry technician)

\[
(50 \text{ spaces})
\]
DK, RF

Note:  Use trigram search, source file is PrepSOC.tdf

INW_D03 SIC_CODE (4 bytes)

Note:  Store SOC Code associated with INW_Q03

INW_C03 If INW_D03 = 1 or INW_D03 = 2 (OtherSpec), go to INW_S03. Otherwise, go to INW_Q04.

INW_S03 INTERVIEWER: Specify.

\[
(50 \text{ spaces})
\]
DK, RF
What were your most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner.)

(50 spaces)
DK, RF
Satisfaction with life (SWL)

SWL_BEG Optional Content (See Appendix 2)

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

SWL_C2 If proxy interview, go to SWL_END. Otherwise, go to SWL_R1.

SWL_R1 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?

1   Very satisfied
2   Satisfied
3   Neither satisfied nor dissatisfied
4   Dissatisfied
5   Very dissatisfied
DK
RF   (Go to SWL_END)

SWL_Q03 How satisfied are you with your leisure activities?

1   Very satisfied
2   Satisfied
3   Neither satisfied nor dissatisfied
4   Dissatisfied
5   Very dissatisfied
DK, RF

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

1   Very satisfied
2   Satisfied
3   Neither satisfied nor dissatisfied
4   Dissatisfied
5   Very dissatisfied
DK, RF
SWL_Q05  How satisfied are you with yourself?
SWL_05
1  Very satisfied
2  Satisfied
3  Neither satisfied nor dissatisfied
4  Dissatisfied
5  Very dissatisfied
   DK, RF

SWL_Q06  How satisfied are you with the way your body looks?
SWL_06
1  Very satisfied
2  Satisfied
3  Neither satisfied nor dissatisfied
4  Dissatisfied
5  Very dissatisfied
   DK, RF

SWL_Q07  How satisfied are you with your relationships with family members?
SWL_07
1  Very satisfied
2  Satisfied
3  Neither satisfied nor dissatisfied
4  Dissatisfied
5  Very dissatisfied
   DK, RF

SWL_Q08  (How satisfied are you) with your relationships with friends?
SWL_08
1  Very satisfied
2  Satisfied
3  Neither satisfied nor dissatisfied
4  Dissatisfied
5  Very dissatisfied
   DK, RF

SWL_Q09  (How satisfied are you) with your housing?
SWL_09
1  Very satisfied
2  Satisfied
3  Neither satisfied nor dissatisfied
4  Dissatisfied
5  Very dissatisfied
   DK, RF
<table>
<thead>
<tr>
<th></th>
<th>(How satisfied are you) with your neighbourhood?</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>
Stress - Sources (STS)

STS_BEG  Optional Content (See Appendix 2)

STS_C1  If (do STS block = 1), go to STS_C2.
        Otherwise, go to STS_END.

STS_C2  If proxy interview, go to STS_END.
        Otherwise, go to STS_R1.

STS_R1  Now a few questions about the stress in your life.

        INTERVIEWER: Press <Enter> to continue.

STS_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?  (Go to STS_END)

        DK, RF

STS_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, RF
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.

01 Time pressures / not enough time
02 Own physical health problem or condition
03 Own emotional or mental health problem or condition
04 Financial situation (e.g., not enough money, debt)
05 Own work situation (e.g., hours of work, working conditions)
06 School
07 Employment status (e.g., unemployment)
08 Caring for - own children
09 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 (Go to STS_S3)
16 Nothing

DK, RF

Go to STS_END

INTERVIEWER: Specify.

(80 spaces)

DK, RF

STS_END
**Stress - Recent life events (RLE)**

**RLE_BEG**  
Optional Content (See Appendix 2)

**RLE_C100**  
If (do RLE block = 1), go to RLE_C200.  
Otherwise, go to RLE_END.

**RLE_C200**  
If proxy interview or age < 18, go to RLE_END.  
Otherwise, go to RLE_C201.

**RLE_C201**  
If (do OGP block = 1), go to RLE_R2.  
Otherwise, go to RLE_R1.

**RLE_R1**  
The next part of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person’s physical, emotional and mental health.

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

**RLE_R2**  
I’d like to ask you about some things that may have happened in the past 12 months, that is, from [date one year ago] to yesterday. Some of these experiences happen to most people at one time or another, while some happen to only a few. First, I’d like to ask about yourself or anyone close to you (that is, your spouse or partner, children, relatives or close friends).

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

**RLE_Q201**  
In the past 12 months, was any one of you beaten up or physically attacked?

**RLE_201**  
1. Yes  
2. No  
DK  
RF  
(Go to RLE_END)

**RLE_D202**  
If sex = female, "you or someone".  
Otherwise, "someone".
Now I'd like you to think just about your family, that is, yourself and your spouse/partner or children, if any.

In the past 12 months, did ^DT_YOUSOMEONE in your family, have an unwanted pregnancy?

1 Yes
2 No
DK, RF

(In the past 12 months,) did ^DT_YOUSOMEONE in your family have an abortion or miscarriage?

1 Yes
2 No
DK, RF

(In the past 12 months,) did you or someone in your family have a major financial crisis?

1 Yes
2 No
DK, RF

(In the past 12 months,) did you or someone in your family fail school or a training program?

1 Yes
2 No
DK, RF

If marital status = married or living common-law, ^DT_YOURSPOUSE = "yourself and your spouse or partner". Otherwise, ^DT_YOURSPOUSE = "yourself".

If marital status = married or living common-law, ^DT_YOURPARTNER = "you or your partner". Otherwise, ^DT_YOURPARTNER = "you".
Now I’d like you to think just about ^DT_YOURSPOUSE.

In the past 12 months, did ^DT_YOURPARTNER experience a change of job for a worse one?

1. Yes
2. No
   DK, RF

If marital status = married or living common-law, ^DT_EITHERYOU = "either of you". Otherwise, ^DT_EITHERYOU = "you".

(In the past 12 months,) were ^DT_YOURPARTNER demoted at work or did ^DT_EITHERYOU take a cut in pay?

1. Yes
2. No
   DK, RF

If marital status = married or living common-law, go to RLE_Q208. Otherwise, go to RLE_Q209.

(In the past 12 months,) did you have increased arguments with your partner?

1. Yes
2. No
   DK, RF

If marital status = married or living common-law, ^DT_PERSONALLY = "Now, just you personally, did". Otherwise, ^DT_PERSONALLY = "Did".

^DT_PERSONALLY you receive welfare anytime in the past 12 months?

1. Yes
2. No
   DK, RF

If OGP_Q109 = 1 (has children), go to RLE_Q211. Otherwise, go to RLE_C210A.
RLE_C210A  If (do OGP block = 2), go to RLE_Q210. Otherwise, go to RLE_END.

RLE_Q210  Do you have any children?
RLE_210
1  Yes
2  No  (Go to RLE_END)
    DK, RF  (Go to RLE_END)

RLE_Q211  In the past 12 months, did you have a child move back into the house?
RLE_211
1  Yes
2  No
    DK, RF

RLE_END
Stress - Childhood and adult stressors (CST)

CST_BEG

CST_C1 If (do CST block = 1), go to CST_C2. Otherwise, go to CST_END.

CST_C2 If proxy interview or age < 18, go to CST_END. Otherwise, go to CST_R1.

CST_R1 The next few questions ask about some things that may have happened to you while you were a child or a teenager, before you moved out of the house.

Please tell me if any of these things have happened to you.

INTERVIEWER: Press <Enter> to continue.

CST_Q1 Did you spend 2 weeks or more in the hospital?

CST_1

1 Yes
2 No
DK
RF (Go to CST_END)

CST_Q2 Did your parents get a divorce?

CST_2

1 Yes
2 No
DK, RF

CST_Q3 Did your father or mother not have a job for a long time when they wanted to be working?

CST_3

1 Yes
2 No
DK, RF

CST_Q4 Did something happen that scared you so much you thought about it for years after?

CST_4

1 Yes
2 No
DK, RF
<table>
<thead>
<tr>
<th>CST_Q5</th>
<th>Were you sent away from home because you did something wrong?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CST_5</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CST_Q6</th>
<th>Did either of your parents drink or use drugs so often that it caused problems for the family?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CST_6</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CST_Q7</th>
<th>Were you ever physically abused by someone close to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CST_7</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>
Self-esteem (SFE)

SFE_BEG Optional Content (See Appendix 2)

SFE_C500A If (do SFE block = 1), go to SFE_C500B. Otherwise, go to SFE_END.

SFE_C500B If proxy interview, go to SFE_END. Otherwise, go to SFE_R5.

SFE_R5 Now 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.
SFE_501

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

SFE_Q502 You feel that you're a person of worth at least equal to others.
SFE_502

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

SFE_Q503 You are able to do things as well as most other people.
SFE_503

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
   DK, RF
Canadian Community Health Survey (CCHS)  
Annual Component - 2011 Questionnaire

SFE_Q504 You take a positive attitude toward yourself.  
SFE_504

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

SFE_Q505 On the whole you are satisfied with yourself.  
SFE_505

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

SFE_Q506 All in all, you're inclined to feel you're a failure.  
SFE_506

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

SFE_END
Mastery (MAS)

MAS_BEG  Optional Content (See Appendix 2)

MAS_C600A  If (do MAS block = 1), go to MAS_C600B. Otherwise, go to MAS_END.

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_R6.

MAS_R6  Now 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.

MAS_601  

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

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

MAS_602  

1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
DK, RF
MAS_Q603
There is little you can do to change many of the important things in your life.
1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
   DK, RF

MAS_Q604
You often feel helpless in dealing with problems of life.
1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
   DK, RF

MAS_Q605
Sometimes you feel that you are being pushed around in life.
1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
   DK, RF

MAS_Q606
What happens to you in the future mostly depends on you.
1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
   DK, RF

MAS_Q607
You can do just about anything you really set your mind to.
1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
   DK, RF
Smoking (SMK)

SMK_BEG Core content

SMK_C1 If (do SMK block = 2), go to SMK_END. Otherwise, go to SMK_R1.

SMK_R1 The next questions are about smoking.

INTERVIEWER: Press <1> to continue.

SMK_D201A (not applicable)

SMK_Q201A In YOUR1 lifetime, HAVE YOU2 smoked a total of 100 or more cigarettes (about 4 packs)?

1 Yes (Go to SMK_Q201C)
2 No
   DK, RF

SMK_Q201B HAVE_C YOU1 ever smoked a whole cigarette?

1 Yes (Go to SMK_Q201C)
2 No (Go to SMK_Q202)
   DK (Go to SMK_Q202)
   RF

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

SMK_Q201C At what age did YOU1 smoke YOUR1 first whole cigarette?

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

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

SMK_E201C The entered age at which the respondent first smoked a whole cigarette is invalid. Please return and correct.

Note: Trigger hard edit if SMK_Q201C > current age.
At the present time, ^DOVERB ^YOU2 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, RF *(Go to SMK_END)*

Note: Daily smoker (current)

At what age did ^YOU1 begin to smoke cigarettes daily?

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

| | | | Age in years
(MIN: 5) (MAX: current age)

DK, RF

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

Note: Trigger hard edit if SMK_Q203 > current age.

The respondent has indicated that they began smoking cigarettes daily at a younger age than when they smoked their first whole cigarette. Please confirm.

Note: Trigger soft edit if SMK_Q201C > SMK_Q203.

How many cigarettes ^DOVERB ^YOU1 smoke each day now?

| | | Cigarettes
(MIN: 1) (MAX: 99; warning after 60)

DK, RF *(Go to SMK_END)*

Note: Occasional smoker (current)

An unusual value has been entered. Please confirm.

Note: Trigger soft edit if SMK_Q204 > 60

On the days that ^YOU2 ^DOVERB smoke, how many cigarettes ^DOVERB ^YOU1 usually smoke?

| | | Cigarettes
(MIN: 1) (MAX: 99; warning after 60)

DK, RF
An unusual value has been entered. Please confirm.

Note: Trigger soft edit if SMK_Q205B > 60.

In the past month, on how many days ^HAVE ^YOU1 smoked 1 or more cigarettes?

The respondent has previously indicated that they smoke cigarettes occasionally, but that they have smoked every day for the past month. Please verify.

Note: Trigger soft edit if SMK_Q202 = 2 and SMK_Q205C = 30.

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

Note: Occasional smoker or non-smoker (current)

^HAVE_C ^YOU1 ever smoked cigarettes daily?

Note: Non-smoker (current)

When did ^YOU1 stop smoking? Was it...?

1. Less than one year ago
2. 1 year to less than 2 years ago
3. 2 years to less than 3 years ago
4. 3 or more years ago
In what month did ^YOU1 stop?
SMK_Q206B

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December
DK, RF

Go to SMK_END

How many years ago was it?
SMK_Q206C

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

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

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

Note: Trigger hard edit if SMK_Q206C > current age-5.

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

At what age did ^YOU1 begin to smoke (cigarettes) daily?
SMK_Q207

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

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

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

Note: Trigger hard edit if SMK_Q207 > current age.
How many cigarettes did ^YOU1 usually smoke each day?

| | | Cigarettes

(MIN: 1) (MAX: 99; warning after 60)
DK, RF

An unusual value has been entered. Please confirm.

Note: Trigger soft edit if SMK_Q208 > 60.

When did ^YOU1 stop smoking daily? Was it...

INTERVIEWER: Read categories to respondent.

1 Less than one year ago
2 1 year to less than 2 years ago (Go to SMK_C210)
3 2 years to less than 3 years ago (Go to SMK_C210)
4 3 or more years ago (Go to SMK_Q209C)

DK, RF (Go to SMK_END)

In what month did ^YOU1 stop?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December
DK, RF

Go to SMK_C210

How many years ago was it?

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

| | | Years

(MIN: 3) (MAX: current age-5)
DK, RF (Go to SMK_C210)
SMK_E209C  The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.

Note:  Trigger hard edit if SMK_Q209C > current age-5.

SMK_E209D  The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.

Note:  Trigger hard edit if SMK_Q207 > (current age - SMK_Q209C).

SMK_C210  If SMK_Q202 = 2 (current occasional smoker), go to SMK_END. Otherwise, go to SMK_Q210.

Note:  Non-smoker (current)

SMK_Q210  Was that when ^YOU1 completely quit smoking?

SMK_10  
1  Yes  (Go to SMK_END)
2  No  
   DK, RF  (Go to SMK_END)

SMK_Q210A  When did ^YOU1 stop smoking completely? Was it...?

SMK_10A  INTERVIEWER: Read categories to respondent.

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, RF  (Go to SMK_END)
In what month did ^YOU1 stop?

January
February
March
April
May
June
July
August
September
October
November
December
DK, RF

How many years ago was it?

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

| | | | | Years
(MIN: 3) (MAX: current age-5)
DK, RF

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

Note: Trigger hard edit if SMK_Q210C > current age-5.
Smoking - Stages of change (SCH)

SCH_BEG  Optional Content (See Appendix 2)

SCH_C1  If (do SCH block = 2), go to SCH_END. 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?

   SCH_1  
     1  Yes 
     2  No  (Go to SCH_Q3) 
        DK, RF  (Go to SCH_Q3)

SCH_Q2  Are you seriously considering quitting within the next 30 days?

   SCH_2  
     1  Yes 
     2  No  
        DK, RF

SCH_Q3  In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?

   SCH_3  
     1  Yes 
     2  No  (Go to SCH_END) 
        DK, RF  (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)

   SCH_4  
     | | | Times 
     (MIN: 1) (MAX: 95 warning after 48) 
        DK, RF

SCH_END
Smoking cessation methods (SCA)

SCA_BEG Optional Content (See Appendix 2)

SCA_C1 If (do SCA block = 1), go to SCA_C10A. Otherwise, go to SCA_END.

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. Otherwise, go to SCA_C10C.

SCA_C10C 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.

SCA_Q10 In the past 12 months, did you try a nicotine patch to quit smoking?

   SCA_10
     1  Yes
     2  No  (Go to SCA_Q11)
     DK, RF  (Go to SCA_END)

SCA_Q10A How useful was that in helping you quit?

   SCA_10A
     1  Very useful
     2  Somewhat useful
     3  Not very useful
     4  Not useful at all
     DK, RF

SCA_Q11 Did you try Nicorettes or other nicotine gum or candy to quit smoking? (In the past 12 months)

   SCA_11
     1  Yes
     2  No  (Go to SCA_Q12)
     DK, RF  (Go to SCA_Q12)
SCA_Q11A  How useful was that in helping you quit?

SCA_11A

1  Very useful
2  Somewhat useful
3  Not very useful
4  Not useful at all
   DK, RF

SCA_Q12  In the past 12 months, did you try medication such as Zyban, Prolev or Wellbutrin to quit smoking?

SCA_12

1  Yes  (Go to SCA_END)
2  No    (Go to SCA_END)
   DK, RF  (Go to SCA_END)

SCA_Q12A  How useful was that in helping you quit?

SCA_12A

1  Very useful
2  Somewhat useful
3  Not very useful
4  Not useful at all
   DK, RF

Go to SCA_END

SCA_C50  If SMK_Q202 = 3, go to SCA_END

Otherwise, go to SCA_C50A.

SCA_C50A  If (do SCH block = 2), go to SCA_Q50.

Otherwise, go to SCA_C50B.

SCA_C50B  If SCH_Q3 = 1, go to SCA_Q60.

Otherwise, go to SCA_END.

SCA_Q50  In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?

SCA_50

1  Yes  (Go to SCA_END)
2  No    (Go to SCA_END)
   DK, RF  (Go to SCA_END)

Note: In processing, if a respondent answered SCH_Q3 = 1, 2, the variable SCA_Q50 is given the value of SCH_Q3.
### SCA_Q60

In the past 12 months, did you try any of the following to quit smoking:

<p>| | |</p>
<table>
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<td>2</td>
<td>No</td>
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<td>DK, RF</td>
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</table>

### SCA_Q61

(In the past 12 months, did you try any of the following to quit smoking:)

...Nicorettes or other nicotine gum or candy?

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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>DK, RF</td>
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</table>

### SCA_Q62

(In the past 12 months, did you try any of the following to quit smoking:)

...medication such as Zyban, Prolev or Wellbutrin?

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
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<td>DK, RF</td>
</tr>
</tbody>
</table>
Smoking - Physician counselling (SPC)

SPC_BEG  Optional Content (See Appendix 2)

SPC_C1  If (do SPC block = 1), go to SPC_C2. Otherwise, go to SPC_END.

SPC_C2  If proxy interview, go to SPC_END. Otherwise, go to SPC_C3.

SPC_C3  If SMK_Q202 = 1 or 2 or SMK_Q206A = 1 or SMK_Q209A = 1, 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  (Go to SPC_C20A)
2  No  (Go to SPC_C20A)
    DK, RF  (Go to SPC_C20A)

SPC_D11  If SMK_Q202 = 1 or 2, ^DT_SMOKING = "smoke".
If SMK_Q206A = 1 or SMK_Q209A = 1, ^DT_SMOKING = "smoked".

SPC_Q11  Does your doctor know that you ^DT_SMOKING cigarettes?

1  Yes
2  No  (Go to SPC_C20A)
    DK, RF  (Go to SPC_C20A)

SPC_Q12  In the past 12 months, did your doctor advise you to quit smoking?

1  Yes
2  No  (Go to SPC_C20A)
    DK, RF  (Go to SPC_C20A)
(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, RF (Go to SPC_C20A)

What type of help did the doctor give?

INTERVIEWER: Mark all that apply.

1 Referral to a one-on-one cessation program
2 Referral to a group cessation program
3 Recommended use of nicotine patch or nicotine gum
4 Recommended Zyban or other medication
5 Provided self-help information (e.g., pamphlet, referral to website)
6 Own doctor offered counselling
7 Other
   DK, RF

If (do DEN block = 1) and (DEN_Q130 = 1 or DEN_Q132 = 1) (visited dentist in past 12 months), go to SPC_Q21.
Otherwise, go to SPC_C20B.

If (do DEN block = 1) and (DEN_Q130 = 2, DK or RF) (did not visit dentist in past 12 months), go to SPC_END.
Otherwise, go to SPC_C20C.

If (do CHP block = 1) and (CHP_Q14 = 1) (saw or talked to dentist in past 12 months), go to SPC_Q20.
Otherwise, go to SPC_END.

Earlier, you mentioned having "seen or talked to" a dentist in the past 12 months. Did you actually go to the dentist?

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes
2 No (Go to SPC_END)
   DK, RF (Go to SPC_END)
SPC_Q21  Does your dentist or dental hygienist know that you ^DT_SMOKING cigarettes?
SPC_21
1  Yes
2  No    (Go to SPC_END)
      DK, RF    (Go to SPC_END)

SPC_Q22  In the past 12 months, did the dentist or hygienist advise you to quit smoking?
SPC_22
1  Yes
2  No
    DK, RF
Smoking - Youth smoking (YSM)

YSM_BEG

YSM_C1 If (do YSM block = 2), go to YSM_END. 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?

YSM_1

01 Buy from - Vending machine
02 Buy from - Small grocery / corner store
03 Buy from - Supermarket
04 Buy from - Drug store
05 Buy from - Gas station
06 Buy from - Other store
07 Buy from - Friend or someone else
08 Given them by - Brother or sister
09 Given them by - Mother or father
10 Given them by - Friend or someone else
11 Take them from - Mother, father or sibling
12 Other
DK, RF (Go to YSM_END)

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?

YSM_2

1 Yes (Go to YSM_Q5)
2 No (Go to YSM_Q5)
DK, RF (Go to YSM_Q5)
### YSM_Q3
**Question:** In the past 12 months, have you been asked your age when buying cigarettes in a store?

1. Yes
2. No

### YSM_Q4
**Question:** In the past 12 months, has anyone in a store refused to sell you cigarettes?

1. Yes
2. No

### YSM_Q5
**Question:** In the past 12 months, have you asked a stranger to buy you cigarettes?

1. Yes
2. No

DK, RF: Don't know, Refused
Exposure to second-hand smoke (ETS)

ETS_BEG  Core content

ETS_C1  If (do ETS block = 2), go to ETS_END. Otherwise, go to ETS_R1.

ETS_R1  The next questions are about exposure to second-hand smoke.

INTERVIEWER: Press <1> to continue.

ETS_C10  If the number of household members = 1 and (SMK_Q202 = 1 or 2), go to ETS_Q35. 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?

ETS_10  INTERVIEWER: Include cigarettes, cigars and pipes.

1  Yes
2  No   (Go to ETS_C20)
DK, RF   (Go to ETS_END)

ETS_Q11  How many people smoke inside your home every day or almost every day?

ETS_11  INTERVIEWER: Include household members and regular visitors.

| | | Number of people
| (MIN: 1) (MAX: 15)
DK, RF

ETS_C20  If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS_C35. Otherwise, go to ETS_Q20.

ETS_Q20  In the past month, WERE YOU exposed to second-hand smoke, every day or almost every day, in a car or other private vehicle?

ETS_20  1  Yes
2  No
DK, RF
(In the past month,) ^WERE ^YOU1 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

ETS_C35 If ETS_Q10 = 1 (at least one person smokes inside the home), go to ETS_Q36. Otherwise, go to ETS_Q35.

ETS_Q35 Is smoking allowed inside your home?

1. Yes
2. No (Go to ETS_END)

ETS_Q36 Is smoking inside your home restricted in any way?

1. Yes
2. No (Go to ETS_END)

ETS_Q37 How is smoking restricted inside your home?

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

1. Allowed in certain rooms only
2. Restricted in the presence of young children
3. Allowed only if windows are open or with another type of ventilation
4. Other restriction(s)

ETS_END
Smoking - Other tobacco products (TAL)

TAL_BEG Optional Content (See Appendix 2)

TAL_C1 If (do TAL block = 1), go to TAL_Q1. Otherwise, go to TAL_END.

TAL_Q1 Now I’d like to ask about ^YOUR1 use of tobacco other than cigarettes.

TAL_1 In the past month, ^HAVE ^YOU1 smoked cigars?

1 Yes
2 No
   DK, RF (Go to TAL_END)

TAL_Q2 (In the past month,) ^HAVE ^YOU1 smoked a pipe?

TAL_2

1 Yes
2 No
   DK, RF

TAL_Q3 (In the past month,) ^HAVE ^YOU1 used snuff?

TAL_3

1 Yes
2 No
   DK, RF

TAL_Q4 (In the past month,) ^HAVE ^YOU1 used chewing tobacco?

TAL_4

1 Yes
2 No
   DK, RF
**Alcohol use (ALC)**

**ALC_BEG** Core content

**ALC_C1A** If (do ALC block = 1), go to ALC_R1. Otherwise, go to ALC_END.

**ALC_D1** (not applicable)

**ALC_R1** Now, some questions about ^YOUR2 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 ^YOU2 had a drink of beer, wine, liquor or any other alcoholic beverage?

1. Yes
2. No (Go to ALC_END)
   DK, RF (Go to ALC_END)

**ALC_Q2** During the past 12 months, how often did ^YOU1 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, RF

**ALC_Q3** How often in the past 12 months ^HAVE ^YOU1 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, RF
Alcohol use during the past week (ALW)

ALW_BEG Optional Content (See Appendix 2)

ALW_C1 If (do ALW block = 1), go to ALW_C2. Otherwise, go to ALW_END.

ALW_C2 If ALC_Q1 = No, DK or RF, go to ALW_END. Otherwise, go to ALW_Q5.

ALW_Q5 Thinking back over the past week, that is, from [date last week] to yesterday, did YOU have a drink of beer, wine, liquor or any other alcoholic beverage?

ALW_1

1 Yes
2 No (Go to ALW_END)
DK, RF (Go to ALW_END)

ALW_D5 Yesterday = WEEKDAY(TODAY - 1)
ALW_D5A

If Yesterday = 1, DayE[1] = "Sunday".
If Yesterday = 1, DayE[2] = "Saturday".
If Yesterday = 1, DayE[3] = "Friday".
If Yesterday = 1, DayE[4] = "Thursday".
If Yesterday = 1, DayE[5] = "Wednesday".
If Yesterday = 1, DayE[6] = "Tuesday".
If Yesterday = 1, DayE[7] = "Monday".
If Yesterday = 2, DayE[1] = "Monday".
If Yesterday = 2, DayE[2] = "Sunday".
If Yesterday = 2, DayE[3] = "Saturday".
If Yesterday = 2, DayE[4] = "Friday".
If Yesterday = 2, DayE[5] = "Thursday".
If Yesterday = 2, DayE[6] = "Wednesday".
If Yesterday = 2, DayE[7] = "Tuesday".
If Yesterday = 3, DayE[1] = "Tuesday".
If Yesterday = 3, DayE[2] = "Monday".
If Yesterday = 3, DayE[3] = "Sunday".
If Yesterday = 3, DayE[4] = "Saturday".
If Yesterday = 3, DayE[5] = "Friday".
If Yesterday = 3, DayE[6] = "Thursday".
If Yesterday = 3, DayE[7] = "Wednesday".
If Yesterday = 4, DayE[1] = "Wednesday".
If Yesterday = 4, DayE[2] = "Tuesday".
If Yesterday = 4, DayE[3] = "Monday".
If Yesterday = 4, DayE[4] = "Sunday".
If Yesterday = 4, DayE[5] = "Saturday".
If Yesterday = 4, DayE[6] = "Friday".
If Yesterday = 4, DayE[7] = "Thursday".
If Yesterday = 5, DayE[1] = "Thursday".
If Yesterday = 5, DayE[2] = "Wednesday".
If Yesterday = 5, DayE[3] = "Tuesday".
If Yesterday = 5, DayE[4] = "Monday".
If Yesterday = 5, DayE[5] = "Sunday".
If Yesterday = 5, DayE[6] = "Saturday".
If Yesterday = 5, DayE[7] = "Friday".
If Yesterday = 6, DayE[1] = "Friday".
If Yesterday = 6, DayE[2] = "Thursday".
If Yesterday = 6, DayE[3] = "Wednesday".
If Yesterday = 6, DayE[4] = "Tuesday".
If Yesterday = 6, DayE[5] = "Monday".
If Yesterday = 6, DayE[6] = "Sunday".
If Yesterday = 6, DayE[7] = "Saturday".
If Yesterday = 7, DayE[1] = "Saturday".
If Yesterday = 7, DayE[2] = "Friday".
If Yesterday = 7, DayE[3] = "Thursday".
If Yesterday = 7, DayE[4] = "Wednesday".
If Yesterday = 7, DayE[5] = "Tuesday".
If Yesterday = 7, DayE[6] = "Monday".
If Yesterday = 7, DayE[7] = "Sunday".
ALW_Q5A1

**Starting with yesterday, that is ^DayE[1], how many drinks did ^YOU2 have?**

|   |   |   | Number of drinks
|   |   |   | (MIN: 0) (MAX: 99)
|   |   |   | DK, RF

ALW_C5A1

If response to Question ALW_Q5A1 is RF, go to ALW_END. Otherwise, go to ALW_Q5A2.

ALW_E5A1A

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 ^DayE[1].

Note:

Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A1 => 5.

ALW_E5A1B

An unusual value has been entered. Please confirm.

Note:

Trigger soft edit if ALW_Q5A1 > 12.

ALW_Q5A2

**(How many drinks did ^YOU1 have:)**

...on ^DayE[2]?

|   |   |   | Number of drinks
|   |   |   | (MIN: 0) (MAX: 99)
|   |   |   | DK, RF

ALW_E5A2A

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 ^DayE[2].

Note:

Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A2 => 5.

ALW_E5A2B

An unusual value has been entered. Please confirm.

Note:

Trigger soft edit if ALW_Q5A2 > 12.

ALW_Q5A3

**(How many drinks did ^YOU1 have:)**

...on ^DayE[3]?

|   |   |   | Number of drinks
|   |   |   | (MIN: 0) (MAX: 99)
|   |   |   | DK, RF
ALW_E5A3A: 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 \(^\text{DayE}[3]\).

Note: Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A3 => 5.

ALW_E5A3B: An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW_Q5A3 > 12.

ALW_Q5A4: (How many drinks did \(^\text{YOU1} \) have:)
...on \(^\text{DayE}[4]\)?

|__|__| Number of drinks
(MIN: 0) (MAX: 99)
DK, RF

ALW_E5A4A: 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 \(^\text{DayE}[4]\).

Note: Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A4 => 5.

ALW_E5A4B: An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW_Q5A4 > 12.

ALW_Q5A5: (How many drinks did \(^\text{YOU1} \) have:)
...on \(^\text{DayE}[5]\)?

|__|__| Number of drinks
(MIN: 0) (MAX: 99)
DK, RF

ALW_E5A5A: 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 \(^\text{DayE}[5]\).

Note: Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A5 => 5.

ALW_E5A5B: An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW_Q5A5 > 12.
ALW_Q5A6  (How many drinks did ^YOU1 have:)
... on ^DayE[6]?

| | | Number of drinks  
(MIN: 0) (MAX: 99)  
DK, RF

ALW_E5A6A  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 ^DayE[6].

Note:  Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A6 => 5.

ALW_E5A6B  An unusual value has been entered. Please confirm.

Note:  Trigger soft edit if ALW_Q5A6 > 12.

ALW_Q5A7  (How many drinks did ^YOU1 have:)
... on ^DayE[7]?

| | | Number of drinks  
(MIN: 0) (MAX: 99)  
DK, RF

ALW_E5A7A  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 ^DayE[7].

Note:  Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A7 => 5.

ALW_E5A7B  An unusual value has been entered. Please confirm.

Note:  Trigger soft edit if ALW_Q5A7 > 12.

ALW_E5A1  Inconsistent answers have been entered. The respondent had a drink in the past week but has not had any drinks in the last seven days.

Note:  Trigger hard edit if ALW_Q5A1 to ALW_Q5A7 all = 0.
Driving and safety (DRV)

DRV_BEG
Optional Content (See Appendix 2)

DRV_C01A
If (do DRV block = 2), go to DRV_END. Otherwise, go to DRV_C01B.

DRV_C01B
If proxy interview, go to DRV_END. Otherwise, go to DRV_R1.

DRV_R1
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?

DRV_01A
INTERVIEWER: Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

1 Yes
2 No
DK, RF (Go to DRV_END)

DRV_Q01B
In the past 12 months, have you driven a motorcycle?

DRV_01B
1 Yes
2 No
DK, RF

DRV_C02
If DRV_Q01A = 2 and DRV_Q01B = 2 or DK or RF, go to DRV_R2. Otherwise, go to DRV_C02A.

DRV_C02A
If DRV_Q01A = 1, go to DRV_Q02. Otherwise, go to DRV_Q04.
<table>
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<th>Question Description</th>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRV_Q02</td>
<td>How often do you fasten your seat belt when you drive a motor vehicle?</td>
<td>DRV_02</td>
<td>Read categories to respondent.</td>
</tr>
<tr>
<td></td>
<td>INTERVIEWER: Read categories to respondent.</td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>Always</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Most of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Rarely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Never</td>
<td>DK, RF</td>
<td></td>
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<tr>
<td>DRV_Q03A</td>
<td>Excluding hands-free use, how often do you use a cell phone while you are driving a motor vehicle?</td>
<td>DRV_03A</td>
<td>Read categories to respondent.</td>
</tr>
<tr>
<td></td>
<td>INTERVIEWER: Read categories to respondent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Often</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Sometimes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Rarely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Never</td>
<td>DK, RF</td>
<td></td>
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<tr>
<td>DRV_Q03B</td>
<td>How often do you use a hands-free when talking on the cell phone while you are driving a motor vehicle?</td>
<td>DRV_03B</td>
<td>Read categories to respondent.</td>
</tr>
<tr>
<td></td>
<td>INTERVIEWER: Read categories to respondent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Often</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Sometimes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Rarely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Never</td>
<td>DK, RF</td>
<td></td>
</tr>
<tr>
<td>DRV_Q04</td>
<td>How often do you drive when you are feeling tired?</td>
<td>DRV_04</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Often</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Sometimes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Rarely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Never</td>
<td>DK, RF</td>
<td></td>
</tr>
</tbody>
</table>
**DRV_Q05**  
**DRV_05**  
**INTERVIEWER:** Read categories to respondent.

1 ...much faster?  
2 ...a little faster?  
3 ...about the same speed?  
4 ...a little slower?  
5 ...much slower?  

DK, RF

**DRV_Q06**  
**DRV_06**  
**INTERVIEWER:** Read categories to respondent.

1 ...much more aggressively?  
2 ...a little more aggressively?  
3 ...about the same?  
4 ...a little less aggressively?  
5 ...much less aggressively?  

DK, RF

**DRV_C07**  
If ALC_Q1 = 1 (drank alcohol in past 12 months) and (DRV_Q01A = 1 (drove a motor vehicle) or DRV_Q01B = 1 (drove a motorcycle)), go to DRV_Q07. Otherwise, go to DRV_R2.

**DRV_Q07**  
**DRV_07**  
**INTERVIEWER:** Include cars, trucks, vans and motorcycles. Exclude off-road vehicles.

1 Yes  
2 No  

(Go to DRV_R2)  
(DK, RF)  
(Go to DRV_R2)

**DRV_Q07A**  
**DRV_07A**  
How many times (in the past 12 months)?

|__|_|  Times  

(MIN: 1) (MAX: 95; warning after 20)  
DK, RF

**DRV_R2**  
**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, RF

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, RF

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, RF

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**
2. **No**  (Go to DRV_Q11A)
   
   DK, RF  (Go to DRV_Q11A)

How many times (in the past 12 months)?

[ ] [ ] [ ] [ ] [ ] Times

(MIN: 1) (MAX: 95; warning after 20)

DK, RF
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)

In the past 12 months, have you been the driver of, or a passenger in, an ATV (all terrain vehicle)?

1. Yes    (Go to DRV_C13)
2. No    (Go to DRV_END)

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

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_D13.

If DRV_Q11A = 1 and DRV_Q11B = 1, ^DT_ATV = "a snowmobile, motor boat, seadoo or ATV".
If DRV_Q11A = 1 and DRV_Q11B = 2, ^DT_ATV = "a snowmobile, motor boat or seadoo".
If DRV_Q11A = 2 and DRV_Q11B = 1, ^DT_ATV = "an ATV".

In the past 12 months, have you been a passenger on ^DT_ATV with a driver who had 2 or more drinks in the hour before driving?

1. Yes    (Go to DRV_C14)
2. No    (Go to DRV_C14)

How many times (in the past 12 months)?

| | | Times

(MIN: 1) (MAX: 95; warning after 20)

DK, RF
**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 ^DT_ATV after having 2 or more drinks in the hour before you drove?

**DRV_14**

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<tr>
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<th>No</th>
<th>DK, RF</th>
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<tr>
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<td>(Go to DRV_END)</td>
<td>(Go to DRV_END)</td>
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**DRV_Q14A**
How many times (in the past 12 months)?

**DRV_14A**

<table>
<thead>
<tr>
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<th>Times</th>
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<tr>
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<td>(MIN: 1) (MAX: 95; warning after 20)</td>
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<td>DK, RF</td>
</tr>
</tbody>
</table>

**DRV_END**
Maternal experiences - Breastfeeding (MEX)

MEX_BEG  Core content

MEX_C01A  If (do MEX block = 1), go to MEX_C01B. Otherwise, go to MEX_END.

MEX_C01B  If proxy interview or sex = male or age < 15 or > 55, go to MEX_END. Otherwise, go to MEX_Q01.

MEX_R01  The next questions are for recent mothers.

INTERVIEWER: Press <1> to continue.

MEX_Q01  Have you given birth in the past 5 years?

MEX_01  INTERVIEWER: Do not include stillbirths.

1  Yes
2  No  (Go to MEX_END)
   DK, RF  (Go to MEX_END)

MEX_D01A  DV_YEARAGO = ^info.CurrentYear - 5

MEX_Q01A  In what year?

MEX_01A  INTERVIEWER: Enter year of birth of last baby. Minimum is [DV_YEARAGO]; maximum is [^info.CurrentYear].

   Year
   MIN: DV_YEARAGO) (MAX: ^info.CurrentYear)
   DK, RF

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, RF
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  (Go to MEX_END)

MEX_Q04  What is the main reason that you did not breastfeed?

01  Bottle feeding easier
02  Formula as good as breast milk
03  Breastfeeding is unappealing / disgusting
04  Father / partner didn’t want me to
05  Returned to work / school early
06  C-Section
07  Medical condition - mother
08  Medical condition - baby
09  Premature birth
10  Multiple births (e.g. twins)
11  Wanted to drink alcohol
12  Wanted to smoke
13  Other - Specify  (Go to MEX_S04)
       DK, RF

Go to MEX_END

MEX_S04  What is the main reason that you did not breastfeed?

INTERVIEWER: Specify.

(80 spaces)
DK, RF
Go to MEX_END

MEX_Q05  Are you still breastfeeding?

1  Yes  (Go to MEX_C06A)
2  No  (Go to MEX_END)

DK, RF
MEX_Q06  How long did you breastfeed (your last baby)?

MEX_06

01  Less than 1 week
02  1 to 2 weeks
03  3 to 4 weeks
04  5 to 8 weeks
05  9 weeks to less than 12 weeks
06  3 months (12 weeks to less than 16 weeks)
07  4 months (16 weeks to less than 20 weeks)
08  5 months (20 weeks to less than 24 weeks)
09  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, RF  (Go to MEX_END)

MEX_C06A  If MEX_Q05=1 (Still breastfeeding), go to MEX_Q06A. Otherwise, go to MEX_D06B.

MEX_Q06A  Have other liquids such as milk, formula, water, juice, tea or herbal mixture been introduced to the baby’s feeds?

MEX_06A

1  Yes  (Go to MEX_Q06A)
2  No  (Go to MEX_Q08A)
    DK, RF  (Go to MEX_C09A)

MEX_D06B  If MEX_Q05=2, `DT_\_LIQUIDS = "such as milk, formula, water, juice, tea or herbal mixture". Otherwise, `DT_\_LIQUIDS = "null".
How old was your (last) baby when other liquids ^DT_LIQUIDS were first added to the baby's feeds?

INTERVIEWER: If exact age not known, obtain best estimate. Other liquids may include milk, formula, water, juice, tea or herbal mixture, etc..

01 Less than 1 week
02 1 to 2 weeks
03 3 to 4 weeks
04 5 to 8 weeks
05 9 weeks to less than 12 weeks
06 3 months (12 weeks to less than 16 weeks)
07 4 months (16 weeks to less than 20 weeks)
08 5 months (20 weeks to less than 24 weeks)
09 6 months (24 weeks to less than 28 weeks)
10 7 to 9 months
11 10 to 12 months
12 More than 1 year
13 Have not added other liquids

DK, RF (Go to MEX_Q09A)

An unusual length of time has passed between when the baby stopped breastfeeding and when other liquids were first added to the feeds. Please confirm.

INTERVIEWER: If answers are valid, ask for the reason explaining the gap and enter it as a remark.

Note: Trigger soft edit if (MEX_Q05 = 2) and MEX_Q06B < 13 and (ORD(MEX_Q06B) – ORD(MEX_Q06) > 1)

In other words, if MEX_Q06B < 13 and category number in MEX_Q06B minus category number in MEX_Q06 is greater than 1.

In other words, if MEX_Q06B < 13 and category number in MEX_Q06B minus category number in MEX_Q06 is greater than 1.
MEX_Q08A  How old was your (last) baby when solid foods such as cereals, mashed up or pureed meat vegetables or fruits were first added to the baby's feeds?

01  Less than 1 week
02  1 to 2 weeks
03  3 to 4 weeks
04  5 to 8 weeks
05  9 weeks to less than 12 weeks
06  3 months (12 weeks to less than 16 weeks)
07  4 months (16 weeks to less than 20 weeks)
08  5 months (20 weeks to less than 24 weeks)
09  6 months (24 weeks to less than 28 weeks)
10  7 to 9 months
11  10 to 12 months
12  More than 1 year
13  Have not added solid foods
    DK, RF

MEX_C08B  If IF MEX_Q06B = 13 and MEX_Q08A = 13, go to MEX_C09AA. Otherwise, go to MEX_D08B.

MEX_D08B  If MEX_Q06B<MEX_Q08A, ^DT_LIQUIDSOLID = "other liquids".
If MEX_Q06B=MEX_Q08A, ^DT_LIQUIDSOLID = "other liquids and solid foods".
Otherwise, ^DT_LIQUIDSOLID = "solid foods".

MEX_Q08B  What is the main reason ^DT_LIQUIDSOLID were first added to the baby's feeds?

01  Not enough breast milk
02  Baby was ready for solid foods
03  Inconvenience / fatigue due to breastfeeding
04  Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
05  Medical condition - mother
06  Medical condition - baby
07  Advice of doctor / health professional
08  Returned to work / school
09  Advice of partner / family / friends
10  Formula equally healthy for baby
11  Wanted to drink alcohol
12  Wanted to smoke
13  Other - Specify           (Go to MEX_S08BB)
    DK, RF

Go to MEX_C09A
MEX_S08B  What is the main reason ^DT_LIQUIDSOLID were first added to the baby's feeds?

INTERVIEWER: Specify.

(80 spaces)

DK, RF

MEX_C09A  If MEX_Q06B = 1 or MEX_Q08A=1 (baby less than 1 week when other liquids or solids introduced), go to MEX_C10.
Otherwise, go to MEX_Q09A.

MEX_Q09A  During the time when your (last) baby was less than one year old and fed breast milk, did you give the baby a vitamin supplement containing Vitamin D?

INTERVIEWER: Read categories to respondent. Select "yes" if baby was fed breast milk, even in small quantities and given Vitamin D.

1 Yes (Go to MEX_Q09B)
2 No (Go to MEX_C10)
   DK, RF (Go to MEX_C10)

MEX_Q09B  Overall, how often did you give the baby a supplement containing Vitamin D?

INTERVIEWER: Read categories to respondent.

1 Every day (Go to MEX_Q09B)
2 Almost every day (Go to MEX_C10)
3 Once or twice a week
4 Less than once a week
   DK, RF

MEX_C10  If MEX_Q05 = 1 (still breastfeeding), go to MEX_END.
Otherwise, go to MEX_Q10.
What is the main reason that you stopped breastfeeding?

01 Not enough breast milk
02 Baby was ready for solid foods
03 Inconvenience / fatigue due to breastfeeding
04 Difficulty with breast feeding techniques (e.g., sore nipples, engorged breasts, mastitis)
05 Medical condition - mother
06 Medical condition - baby
07 Planned to stop at this time
08 Child weaned him / herself (e.g., baby biting, refusing breast)
09 Advice of doctor / health professional
10 Returned to work / school
11 Advice of partner / family / friends
12 Formula equally healthy for baby
13 Wanted to drink alcohol
14 Wanted to smoke
15 Other - Specify

(80 spaces)

DK, RF

What is the main reason that you stopped breastfeeding?

INTERVIEWER: Specify.

(80 spaces)

DK, RF
Maternal experiences - Alcohol use during pregnancy (MXA)

MXA_BEG  Optional Content (See Appendix 2)

MXA_C01A  If (do MXA block = 1), go to MXA_C01B. Otherwise, go to MXA_END.

MXA_C01B  If proxy interview or sex = male or age < 15 or > 55 or MEX_Q01 = 2, DK or RF, go to MXA_END. Otherwise, go to MXA_C30.

MXA_C30  If (ALN_Q5B = 2, or RF (never drank), go to MXA_END. Otherwise, go to MXA_C30.

MXA_Q30  Did you drink any alcohol during your last pregnancy?

MXA_01
1 Yes (Go to MXA_C32)
2 No  (Go to MXA_C32)
DK, RF  (Go to MXA_END)

MXA_Q31  How often did you drink?

MXA_02
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, RF

MXA_C32  If MEX_Q03 = 2 (did not breastfeed last baby), go to MXA_END. Otherwise, go to MXA_Q32.

MXA_Q32  Did you drink any alcohol while you were breastfeeding (your last baby)?

MXA_03
1 Yes (Go to MXA_END)
2 No  (Go to MXA_END)
DK, RF  (Go to MXA_END)
<table>
<thead>
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<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Less than once a month</td>
</tr>
<tr>
<td>2</td>
<td>Once a month</td>
</tr>
<tr>
<td>3</td>
<td>2 to 3 times a month</td>
</tr>
<tr>
<td>4</td>
<td>Once a week</td>
</tr>
<tr>
<td>5</td>
<td>2 to 3 times a week</td>
</tr>
<tr>
<td>6</td>
<td>4 to 6 times a week</td>
</tr>
<tr>
<td>7</td>
<td>Every day</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>
Maternal experiences - Smoking during pregnancy (MXS)

MXS_BEG Optional Content (See Appendix 2)

MXS_C01A If (do MXS block = 1), go to MXS_C01B.
Otherwise, go to MXS_END.

MXS_C01B If proxy interview or sex = male or age < 15 or > 55 or MEX_Q01 = 2, DK or RF, go to
MXS_END.
Otherwise, go to MXS_C20.

MXS_C20 If SMK_Q202 = (1 or 2) or SMK_Q201A = 1 or SMK_Q201B = 1, go to MXS_Q20.
Otherwise, go to MXS_END.

MXS_Q20 During your last pregnancy, did you smoke daily, occasionally or not at all?

MXS_01

1 Daily
2 Occasionally (Go to MXS_Q22)
3 Not at all (Go to MXS_Q23)
DK, RF (Go to MXS_C26)

Note: Daily Smokers only

MXS_Q21 How many cigarettes did you usually smoke each day?

MXS_02

|___| Number of cigarettes
(MIN: 1) (MAX: 99 warning after 60)
DK, RF
Go to MXS_C23

Note: Occasional Smokers only

MXS_Q22 On the days that you smoked, how many cigarettes did you usually smoke?

MXS_03

|___| Number of cigarettes
(MIN: 1) (MAX: 99 warning after 60)
DK, RF

MXS_C23 If MEX_Q03 = 1 (breastfed last baby), go to MXS_Q23.
Otherwise, go to MXS_Q26.
When you were breastfeeding (your last baby), did you smoke daily, occasionally or not at all?

1. Daily
2. Occasionally (Go to MXS_Q25)
3. Not at all (Go to MXS_Q26)

Note: Daily smokers only

How many cigarettes did you usually smoke each day?

| | | Number of cigarettes
(MIN: 1) (MAX: 99 warning after 60)
DK, RF
Go to MXS_Q26

Note: Occasional smokers only

On the days that you smoked, how many cigarettes did you usually smoke?

| | | Number of cigarettes
(MIN: 1) (MAX: 99 warning after 60)
DK, RF

Did anyone regularly smoke in your presence during or after the pregnancy (about 6 months after)?

1. Yes
2. No

DK, RF
Illicit drugs use (IDG)

DRG_BEG  Optional Content (See Appendix 2)

DRG_C1  If (do DRG block = 1), go to DRG_C2. Otherwise, go to DRG_END.

DRG_C2  If proxy interview, go to DRG_END. Otherwise, go to DRG_R1.

DRG_R1  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?

IDG_01  Read categories to respondent.

1  Yes, just once
2  Yes, more than once
3  No  (Go to DRG_Q04)
   DK, RF  (Go to DRG_END)

DRG_Q02  Have you used it in the past 12 months?

IDG_02

1  Yes
2  No  (Go to DRG_Q04)
   DK, RF  (Go to DRG_Q04)

DRG_C03  If DRG_Q01 = 1, go to DRG_Q04. Otherwise, go to DRG_Q03.

DRG_Q03  How often (did you use marijuana, cannabis or hashish in the past 12 months)?

IDG_03  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, RF
DRG_Q04  Have you ever used or tried cocaine or crack?

IDG_04

1  Yes, just once
2  Yes, more than once
3  No  (Go to DRG_Q07)
   DK, RF  (Go to DRG_Q07)

DRG_Q05  Have you used it in the past 12 months?

IDG_05

1  Yes
2  No  (Go to DRG_Q07)
   DK, RF  (Go to DRG_Q07)

DRG_C06  If DRG_Q04 = 1, go to DRG_Q07.
           Otherwise, go to DRG_Q06.

DRG_Q06  How often (did you use cocaine or crack in the past 12 months)?

IDG_06

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, RF

DRG_Q07  Have you ever used or tried speed (amphetamines)?

IDG_07

1  Yes, just once
2  Yes, more than once
3  No  (Go to DRG_Q10)
   DK, RF  (Go to DRG_Q10)

DRG_Q08  Have you used it in the past 12 months?

IDG_08

1  Yes
2  No  (Go to DRG_Q10)
   DK, RF  (Go to DRG_Q10)

DRG_C09  If DRG_Q07 = 1, go to DRG_Q10.
           Otherwise, go to DRG_Q09.
DRG_Q09  How often (did you use speed (amphetamines) in the past 12 months)?

IDG_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, RF

DRG_Q10  Have you ever used or tried ecstasy (MDMA) or other similar drugs?

IDG_10

1  Yes, just once
2  Yes, more than once
3  No  (Go to DRG_Q13)
     DK, RF  (Go to DRG_Q13)

DRG_Q11  Have you used it in the past 12 months?

IDG_11

1  Yes
2  No  (Go to DRG_Q13)
     DK, RF  (Go to DRG_Q13)

DRG_C12  If DRG_Q10 = 1, go to DRG_Q13.
Otherwise, go to DRG_Q12.

DRG_Q12  How often (did you use ecstasy or other similar drugs in the past 12 months)?

IDG_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, RF

DRG_Q13  Have you ever used or tried hallucinogens, PCP or LSD (acid)?

IDG_13

1  Yes, just once
2  Yes, more than once
3  No  (Go to DRG_Q16)
     DK, RF  (Go to DRG_Q16)
Have you used it in the past 12 months?

1. Yes
2. No (Go to DRG_Q16)
   DK, RF (Go to DRG_Q16)

If DRG_Q13 = 1, go to DRG_Q16. Otherwise, go to DRG_Q15.

How often (did you use hallucinogens, PCP or LSD in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1. Less than once a month
2. 1 to 3 times a month
3. Once a week
4. More than once a week
5. Every day
   DK, RF

Did you ever sniff glue, gasoline or other solvents?

1. Yes, just once
2. Yes, more than once
3. No (Go to DRG_Q19)
   DK, RF (Go to DRG_Q19)

Did you sniff some in the past 12 months?

1. Yes
2. No (Go to DRG_Q19)
   DK, RF (Go to DRG_Q19)

If DRG_Q16 = 1, go to DRG_Q19. Otherwise, go to DRG_Q18.
**Canadian Community Health Survey (CCHS)**

**Annual Component - 2011 Questionnaire**

**DRG_Q18**

**IDG_18**

**INTERVIEWER:** Read categories to respondent.

1. Less than once a month
2. 1 to 3 times a month
3. Once a week
4. More than once a week
5. Every day

**DK, RF**

**DRG_Q19**

**IDG_19**

**INTERVIEWER:** Have you ever used or tried heroin?

1. Yes, just once
2. Yes, more than once
3. No (Go to DRG_Q22)

**DK, RF** (Go to DRG_Q22)

**DRG_Q20**

**IDG_20**

**INTERVIEWER:** Have you used it in the past 12 months?

1. Yes
2. No (Go to DRG_Q22)

**DK, RF** (Go to DRG_Q22)

**DRG_C21**

If DRG_Q19 = 1, go to DRG_Q22.
Otherwise, go to DRG_Q21.

**DRG_Q21**

**IDG_21**

**INTERVIEWER:** How often (did you use heroin in the past 12 months)?

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, RF**

**DRG_Q22**

**IDG_22**

**INTERVIEWER:** 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_C25A_1)

**DK, RF** (Go to DRG_C25A_1)
DRG_Q23  Have you used it in the past 12 months?
IDG_23  
1  Yes
2  No  (Go to DRG_C25A1)
   DK, RF  (Go to DRG_C25A1)

DRG_C24  If DRG_Q22 = 1, go to DRG_C25A1.
          Otherwise, go to DRG_Q24.

DRG_Q24  How often (did you use steroids in the past 12 months)?
IDG_24  INTERVIEWER: Read categories to respondent.
1  Less than once a month
2  1 to 3 times a month
3  Once a week
4  More than once a week
5  Every day
   DK, RF

Note: DRG_C25A1 = Count of instances where DRG_Q01, DRG_Q04, DRG_Q07,
       DRG_Q10, DRG_Q13, DRG_Q16 and DRG_Q19 = 3, DK or RF.

DRG_C25A_1  If DRG_C25A1 = 7, go to DRG_END.
             Otherwise, go to DRG_C25A_2.

Note: DRG_C25A2 = Count of instances where DRG_Q03, DRG_Q06, DRG_Q09,
       DRG_Q12, DRG_Q15, DRG_Q18 and DRG_Q21 >= 2.

DRG_C25A_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
IDG_25A  order to get high, or did you ever find that you could no longer get high on the
         amount you usually took?
1  Yes
2  No
   DK, RF
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.

During the past 12 months, did you ever have times when you stopped, cut down or went without drugs and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?

1  Yes
2  No
   DK, RF

(During the past 12 months,) did you ever have times when you used drugs to keep from having such symptoms?

1  Yes
2  No
   DK, RF

(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
2  No
   DK, RF

(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, RF

(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, RF
(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, RF

(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, RF

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  |
2  |
3  |
4  |
5  |
6  |
7  |
8  |
9  V
10 Very severe interference

Number
(MIN: 0) (MAX: 10)
DK, RF
DRG_Q26B_1
IDG_6B1

(How much did your use interfere with:)
...your ability to attend school?

0  No interference
1  
2  
3  
4  
5  
6  
7  
8  
9  V
10  Very severe interference

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

|__|__| Number
(MIN: 0) (MAX: 11)
DK, RF

DRG_Q26B_2
IDG_6B2

(How much did your use interfere with:)
...your ability to work at a regular job?

0  No interference
1  
2  
3  
4  
5  
6  
7  
8  
9  V
10  Very severe interference

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

|__|__| Number
(MIN: 0) (MAX: 11)
DK, RF
(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".

<table>
<thead>
<tr>
<th>0</th>
<th>No interference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
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<td>4</td>
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<td>V</td>
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<tr>
<td>10</td>
<td>Very severe interference</td>
</tr>
</tbody>
</table>

How much did your use of drugs interfere with your social life?

<table>
<thead>
<tr>
<th>0</th>
<th>No interference</th>
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<tbody>
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<td>10</td>
<td>Very severe interference</td>
</tr>
</tbody>
</table>
Sexual behaviours (SXB)

SXB_BEG Theme content

SXB_C01A If (do SXB block = 1), go to SXB_C01B. Otherwise, go to SXB_END.

SXB_C01B If proxy interview or age < 15 or > 49, go to SXB_END. Otherwise, go to SXB_R01.

SXB_R01 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, RF (Go to SXB_END)

SXB_Q02 How old were you the first time?
SXB_2
INTERVIEWER: Maximum is [current age].

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Age in years</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIN: 1</td>
<td>MAX: Warning, value is below 12 or above current age</td>
<td></td>
</tr>
<tr>
<td>DK, RF</td>
<td>(Go to SXB_END)</td>
<td></td>
</tr>
</tbody>
</table>

SXB_E02 The entered age at which the respondent first had sexual intercourse is invalid. Please return and correct.

Note: Trigger hard edit if SXB_Q02 < 1 or SXB_Q02 > [current age].

SXB_Q03 In the past 12 months, have you had sexual intercourse?
SXB_3
1 Yes
2 No (Go to SXB_Q07)
DK, RF (Go to SXB_END)
SXB_Q04 With how many different partners?

1 1 partner
2 2 partners
3 3 partners
4 4 or more partners
   DK
   RF (Go to SXB_END)

SXB_Q07 Have you ever been diagnosed with a sexually transmitted infection?

1 Yes
2 No
   DK, RF

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?

1 Yes
2 No
   DK, RF

SXB_C09B If age > 24 or if respondent's sex = spouse's sex, go to SXB_END. Otherwise, go to SXB_R9A.

SXB_R9A 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_R10.
If HWT_Q1 = 1 (currently pregnant), go to SXB_Q11.
Otherwise, go to SXB_R9B.

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.

It is important to me to avoid getting pregnant right now.

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

If sex = male, go to SXB_R10.
Otherwise, go to SXB_Q11.

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.

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
7  Partner already pregnant
DK
RF (Go to SXB_END)

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, RF (Go to SXB_END)
SXB_Q12 What kind of birth control did you and your partner usually use?

INTERVIEWER: Mark all that apply.

| SXB_12A | 1 | Condom (male or female condom) |
| SXB_12B | 2 | Birth control pill |
| SXB_12C | 3 | Diaphragm |
| SXB_12D | 4 | Spermicide (e.g., foam, jelly, film) |
| SXB_12F | 5 | Birth control injection (Deprovera) |
| SXB_12E | 6 | Other - Specify (Go to SXB_S12) |

Go to SXB_C13

SXB_S12 INTERVIEWER: Specify.

(80 spaces)

DK, RF

SXB_C13 If HWT_Q1 = 1 (currently pregnant) or SXB_Q10 = 7 (Partner already 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.

| SXB_13A | 1 | Condom (male or female condom) |
| SXB_13B | 2 | Birth control pill |
| SXB_13C | 3 | Diaphragm |
| SXB_13D | 4 | Spermicide (e.g., foam, jelly, film) |
| SXB_13F | 5 | Birth control injection (Deprovera) |
| SXB_13G | 6 | Nothing |
| SXB_13E | 7 | Other - Specify (Go to SXB_S13) |

Go to SXB_END

SXB_S13 INTERVIEWER: Specify.

(80 spaces)

DK, RF

SXB_END
Social Provisions (SPS)

SPS_BEG  Optional content block

External variables required:
PROXYMODE - proxy interview
DOSPS: do block flag, from the sample file.
PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

Screen display:
Display on header bar PE_Q01 and PE_Q02 separated by a space

SPS_C01  If DOSPS = 1, go to SPS_C02.
Otherwise, go to SPS_END.

SPS_C02  If PROXMODE=1, go to SPS_END.
Otherwise, go to SPS_R01.

SPS_R01  The next questions are about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people.

INTERVIEWER: Press <1> to continue.

SPS_Q01  There are people I can depend on to help me if I really need it.

SPS_Q02  There are people who enjoy the same social activities I do.
SPS_Q03  I have close relationships that provide me with a sense of emotional security and wellbeing.

1  Strongly agree
2  Agree
3  Disagree
4  Strongly disagree
   DK, RF

SPS_Q04  There is someone I could talk to about important decisions in my life.

1  Strongly agree
2  Agree
3  Disagree
4  Strongly disagree
   DK, RF

SPS_Q05  I have relationships where my competence and skill are recognized.

1  Strongly agree
2  Agree
3  Disagree
4  Strongly disagree
   DK, RF

SPS_Q06  There is a trustworthy person I could turn to for advice if I were having problems.

INTERVIEWER: Read categories to respondent.

1  Strongly agree
2  Agree
3  Disagree
4  Strongly disagree
   DK, RF

SPS_Q07  I feel part of a group of people who share my attitudes and beliefs.

1  Strongly agree
2  Agree
3  Disagree
4  Strongly disagree
   DK, RF
SPS_Q08  I feel a strong emotional bond with at least one other person.
SPS_08
1  Strongly agree
2  Agree
3  Disagree
4  Strongly disagree
   DK, RF

SPS_Q09  There are people who admire my talents and abilities.
SPS_09
1  Strongly agree
2  Agree
3  Disagree
4  Strongly disagree
   DK, RF

SPS_Q10  There are people I can count on in an emergency.
SPS_10
1  Strongly agree
2  Agree
3  Disagree
4  Strongly disagree
   DK, RF

SPS_END
Social support - Availability (SSA)

SSA_BEG  Optional Content (See Appendix 2)

SSA_C1  If (do SSA block = 1), go to SSA_C2.
Otherwise, go to SSA_END.

SSA_C2  If proxy interview, go to SSA_END.
Otherwise, go to SSA_R1.

SSA_R1  Next are some questions about the support that is available to you.

INTERVIEWER: Press <Enter> to continue.

SSA_Q01  Starting with a question on friendship, about how many close friends and close
relatives do you have, that is, people you feel at ease with and can talk to about
what is on your mind?

|   | Close friends

(DK, RF)  (Go to SSA_END)

SSA_R2  People sometimes look to others for companionship, assistance or other types of
support.

INTERVIEWER: Press <Enter> to continue.

SSA_Q02  How often is each of the following kinds of support available to you if you need it:

... someone to help you if you were confined to bed?

INTERVIEWER: Read categories to respondent.

1  None of the time
2  A little of the time
3  Some of the time
4  Most of the time
5  All of the time

(DK, RF)  (Go to SSA_END)

Note:  If SSA_Q02 = 2, 3, 4 or 5 then ^DT_KEYPHRASES21A = "to help you if you were
confined to bed".
SSA_Q03 (How often is each of the following kinds of support available to you if you need it:)
... someone you can count on to listen to you when you need to talk?

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

Note: If SSA_Q03 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to listen to you".

SSA_Q04 (How often is each of the following kinds of support available to you if you need it:)
... someone to give you advice about a crisis?

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

Note: If SSA_Q04 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to give you advice".

SSA_Q05 (How often is each of the following kinds of support available to you if you need it:)
... someone to take you to the doctor if you needed it?

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

Note: If SSA_Q05 = 2, 3, 4 or 5 then ^DT_KEYPHRASES21A = "to take you to the doctor".

SSA_Q06 (How often is each of the following kinds of support available to you if you need it:)
... someone who shows you love and affection?

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

Note: If SSA_Q06 = 2, 3, 4 or 5 then ^DT_KEYPHRASES22A = "to show you affection".
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?

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

Note: If SSA_Q07 = 2, 3, 4 or 5 then ^DT_KEYPHRASES23A = "to have a good time with".

(how often is each of the following kinds of support available to you if you need it:

... someone to give you information in order to help you understand a situation?

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

Note: If SSA_Q08 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to give you information".

(how often is each of the following kinds of support available to you if you need it:

... someone to confide in or talk to about yourself or your problems?

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

Note: If SSA_Q09 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to confide in".

(how often is each of the following kinds of support available to you if you need it:

... someone who hugs you?

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

Note: If SSA_Q10 = 2, 3, 4 or 5 then ^DT_KEYPHRASES22A = "to hug you".
SSA_Q11  SSA_11
(How often is each of the following kinds of support available to you if you need it:)

... someone to get together with for relaxation?

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, RF

Note:  If SSA_Q11 = 2, 3, 4 or 5 then ^DT_KEYPHRASES23A = "to relax with".

SSA_Q12  SSA_12
(How often is each of the following kinds of support available to you if you need it:)

... someone to prepare your meals if you were unable to do it yourself?

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, RF

Note:  If SSA_Q12 = 2, 3, 4 or 5 then ^DT_KEYPHRASES21A = "to prepare your meals".

SSA_Q13  SSA_13
(How often is each of the following kinds of support available to you if you need it:)

... someone whose advice you really want?

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, RF

Note:  If SSA_Q13 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to advise you".

SSA_Q14  SSA_14
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, RF

Note:  If SSA_Q14 = 2, 3, 4 or 5 then ^DT_KEYPHRASES23A = "to do things with".
SSA_Q15 (How often is each of the following kinds of support available to you if you need it:)

SSA_15 ... 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

Note: If SSA_Q15 = 2, 3, 4 or 5 then ^DT_KEYPHRASES21A = "to help with daily chores".

SSA_Q16 (How often is each of the following kinds of support available to you if you need it:)

SSA_16 ... 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

Note: If SSA_Q16 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to share your worries and fears with".

SSA_Q17 (How often is each of the following kinds of support available to you if you need it:)

SSA_17 ... 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

Note: If SSA_Q17 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to turn to for suggestions".

SSA_Q18 (How often is each of the following kinds of support available to you if you need it:)

SSA_18 ... 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

Note: If SSA_Q18 = 2, 3, 4 or 5 then ^DT_KEYPHRASES23A = "to do something enjoyable with".
If SSA_Q19 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to understand your problems".

Note: If SSA_Q19 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to understand your problems".

If SSA_Q20 = 2, 3, 4 or 5 then ^DT_KEYPHRASES22A = "to love you and make you feel wanted".

Note: If SSA_Q20 = 2, 3, 4 or 5 then ^DT_KEYPHRASES22A = "to love you and make you feel wanted".
Spiritual values (SPR)

SPR_BEG

SPR_C1 If (do SPR block = 1), go to SPR_C2. Otherwise, go to SPR_END.

SPR_C2 If proxy interview, go to SPR_END. Otherwise, go to SPR_R1.

SPR_D01 Create fields DV_RELTEXT (String 80) = SPR_Q5 and DV_RELCODE (0..9990) = SPR_Q5

SPR_R1 I now have a few questions about spiritual values in your life.

INTERVIEWER: Press <1> to continue.

SPR_Q1 Do spiritual values play an important role in your life?

   1 Yes
   2 No (Go to SPR_Q5)
      DK, RF (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.

   1 A lot
   2 Some
   3 A little
   4 Not at all
      DK, RF
SPR_Q3  
(To what extent do your spiritual values:)
...give you the strength to face everyday difficulties?

1  A lot
2  Some
3  A little
4  Not at all
   DK, RF

SPR_Q4  
(To what extent do your spiritual values:)
...help you to understand the difficulties of life?

1  A lot
2  Some
3  A little
4  Not at all
   DK, RF

SPR_Q5  
What is your religion?  Specify one denomination or religion only, even if you are not currently a practicing member of that group.

INTERVIEWER: Start typing the name of the religion to activate the search function. Enter "Other - Specify" if the religion is not part of this list. If no religion, enter "No religion".

Go to SPR_C5

Note:  Call Trigram Search. Null is not allowed. Don't know and Refusal are allowed. The Search File to be used corresponds to the Excel file "Religion_LookUpList.xls".

The DV_RELCODE and the DV_RELTEXT are the two fields that should be displayed on the pop-up screen when the Search File is called. However, the corresponding DV_RELCODE also needs to be saved and used as the key to indicate exactly which unique entry in the Search File was selected (i.e., it is the code that differentiates between the English, French and other spelling variations of religion names).

SPR_C5  
If DV_RELCODE=1 (Other - Specify), go to SPR_S5. Otherwise, go to SPR_Q6.

SPR_S5  
What is your religion?

INTERVIEWER: Specify.

____________________________________________________

(80 spaces)
DK, RF
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. Exclude special occasions like marriages, funerals, baptisms, bar mitzvahs, etc.

All respondents should be asked the religious participation question, even if they said that they were not affiliated with a religion. For example, some respondents who said that they had "no religion", may attend church services on special occasions (e.g. At Christmas or Easter) with family members who said that they had a religious affiliation.

1. At least once a week
2. At least once a month
3. At least 3 times a year
4. Once or twice a year
5. Not at all

**INTERVIEWER:** Read categories to respondent.

In the past 12 months, how often did you engage in religious or spiritual activities on your own, including prayer, meditation and other forms of worship taking place at home or in any other location?

1. At least once a day
2. At least once a week
3. At least once a month
4. At least 3 times a year
5. Once or twice a year
6. Not at all

**INTERVIEWER:** Read categories to respondent.

In general, would you say that you are...

1. Very religious
2. Religious
3. Not very religious
4. Not religious at all

**INTERVIEWER:** Read categories to respondent.
Consultations about mental health (CMH)

CMH_BEG  Theme content

CMH_C01A  If (CMH block = 1), go to CMH_C01B. Otherwise, go to CMH_END.

CMH_C01B  If proxy interview, go to CMH_END. Otherwise, go to CMH_R01K.

CMH_R01K  Now I would like to ask you some questions about mental and emotional well-being

INTERVIEWER: Press <1> to continue.

CMH_Q01K  In the past 12 months, that is, from [date one year ago] to yesterday, have you seen or talked to a health professional about your emotional or mental health?

INTERVIEWER: Include both face to face and telephone contacts.

1  Yes  (Go to CMH_END)
2  No   (Go to CMH_END)
    DK, RF  (Go to CMH_END)

CMH_Q01L  How many times (in the past 12 months)?

INTERVIEWER: (MIN: 1) (MAX: 366; warning after 25)

CMH_E01L  An unusual value has been entered. Please confirm.

Note: Trigger soft edit if CMH_Q01L >25.
**CMH_Q01M**  
**Whom did you see or talk to?**

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

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<tbody>
<tr>
<td>1</td>
<td>Family doctor or general practitioner</td>
</tr>
<tr>
<td>2</td>
<td>Psychiatrist</td>
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<tr>
<td>3</td>
<td>Psychologist</td>
</tr>
<tr>
<td>4</td>
<td>Nurse</td>
</tr>
<tr>
<td>5</td>
<td>Social worker or counsellor</td>
</tr>
<tr>
<td>6</td>
<td>Other - Specify (Go to CMH_S01M)</td>
</tr>
</tbody>
</table>

Go to CMH_END

**CMH_S01M**  
**INTERVIEWER:** Specify.

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(80 spaces)

DK, RF

**CMH_E01M[1]**  
Inconsistent answers have been entered. The respondent has seen or talked with a family doctor or general practitioner in the past 12 months but previously reported that he/she did not. Please confirm.

**Note:** Trigger soft edit if CMH_Q01M = 1 (saw a family medical doctor) and CHP_Q03 = 2.

**CMH_E01M[2]**  
Inconsistent answers have been entered. The respondent has seen or talked with a psychiatrist in the past 12 months but previously reported that he/she did not. Please confirm.

**Note:** Trigger soft edit if CMH_Q01M = 2 (saw a psychiatrist) and CHP_Q08 = 2.

**CMH_E01M[3]**  
Inconsistent answers have been entered. The respondent has seen or talked with a psychologist in the past 12 months but previously reported that he/she did not. Please confirm.

**Note:** Trigger soft edit if CMH_Q01M = 3 (saw a psychologist) and CHP_Q20 = 2.

**CMH_E01M[4]**  
Inconsistent answers have been entered. The respondent has seen or talked with a nurse in the past 12 months but previously reported that he/she did not. Please confirm.

**Note:** Trigger soft edit if CMH_Q01M = 4 (saw a nurse) and CHP_Q11 = 2.
CMH_E01M[5]  Inconsistent answers have been entered. The respondent has seen or talked with a social worker or counsellor in the past 12 months but previously reported that he/she did not. Please confirm.

Note:  Trigger soft edit if CMH_Q01M = 5 (saw a social worker or counsellor) and CHP_Q22 = 2.

CMH_END
Distress (DIS)

DIS_BEG  Optional Content (See Appendix 2)

DIS_C1  If (do DIS block = 1), go to DIS_C2.
Otherwise, go to DIS_END.

DIS_C2  If proxy interview, go to DIS_END.
Otherwise, go to DIS_R01.

DIS_R01  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, RF  (Go to DIS_END)

DIS_Q01B  During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:

... 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, RF  (Go to DIS_Q01D)
... 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, RF

Note: In processing, if a respondent answered DIS_Q01B = 5 (none of the time), the variable DIS_Q01C will be given the value of 5 (none of the time).

... 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, RF

... restless or fidgety?
1 All of the time
2 Most of the time
3 Some of the time
4 A little of the time
5 None of the time
DK, RF

Go to DIS_Q01G

Dis_Q01G
DIS_Q01F  (During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

... so restless you could not sit still?
1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
DK, RF

Note: In processing, if a respondent answered DIS_Q01E = 5 (none of the time), the variable DIS_Q01F will be given the value of 5 (none of the time).

DIS_Q01G  (During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

... sad or depressed?
1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time  (Go to DIS_Q01)
   DK, RF  (Go to DIS_Q01I)

Note: (Go to DIS_Q01I)

DIS_Q01H  (During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

... so depressed that nothing could cheer you up?
1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
DK, RF

Note: In processing, if a respondent answered DIS_Q01G = 5 (none of the time), the variable DIS_Q01H will be given the value of 5 (none of the time).
**DIS_Q01I**  
(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

... that everything was an effort?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

**DIS_Q01J**  
(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

... worthless?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

**DIS_C01K**  
If DIS_Q01B to DIS_Q01J are DK or RF, go to DIS_END. Otherwise, go to DIS_Q01K.

**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
3. About the same
4. Never have had any

**DIS_Q01L**  
Is that a lot more, somewhat more or only a little more often than usual?

1. A lot
2. Somewhat
3. A little

Go to DIS_Q01N
**DIS_Q01M**

**Is that a lot less, somewhat less or only a little less often than usual?**

**DIS_10M**

1. A lot
2. Somewhat
3. A little
   
   DK, RF

**DIS_Q01N**

**During the past month, how much did these feelings usually interfere with your life or activities?**

**DIS_10N**

**INTERVIEWER:** Read categories to respondent.

1. A lot
2. Some
3. A little
4. Not at all
   
   DK, RF

**DIS_END**
Depression (DEP)

DEP_BEG  Optional Content (See Appendix 2)

DEP_C01  If (do DEP block = 1), go to DEP_C02. Otherwise, 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?

DPS_02

1  Yes  (Go to DEP_Q16)
2  No  (Go to DEP_Q02)

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, did these feelings usually last:

DPS_03

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, RF  (Go to DEP_END)

DEP_Q04  How often did you feel this way during those 2 weeks?

DPS_04

INTERVIEWER: Read categories to respondent.

1  Every day
2  Almost every day
3  Less often  (Go to DEP_Q16)
   DK, RF  (Go to DEP_END)

DEP_Q05  During those 2 weeks did you lose interest in most things?

DPS_05

1  Yes
2  No
   DK, RF  (Go to DEP_END)
DEP_D05  If DEP_Q05 = 1 (Yes), ^DT_KEYPHRASEQ05 = "Losing interest". Otherwise, ^DT_KEYPHRASEQ05 = "null".

DEP_Q06  Did you feel tired out or low on energy all of the time?

DPS_06

1  Yes
2  No
DK, RF  (Go to DEP_END)

DEP_D06  If DEP_Q06 = 1 (Yes), ^DT_KEYPHRASEQ06 = "Feeling tired". Otherwise, ^DT_KEYPHRASEQ06 = "null".

DEP_Q07  Did you gain weight, lose weight or stay about the same?

DPS_07

1  Gained weight
2  Lost weight
3  Stayed about the same  (Go to DEP_Q09)
4  Was on a diet  (Go to DEP_Q09)
DK, RF  (Go to DEP_END)

DEP_D07A  If DEP_Q07 = 1, ^DT_KEYPHRASEQ07 = "Gaining weight". If DEP_Q07 = 2, ^DT_KEYPHRASEQ07 = "Losing weight". Otherwise, ^DT_KEYPHRASEQ07 = "null".

DEP_D07B  If DEP_Q07 = 1, ^DT_GAINLOST = "gain". Otherwise, ^DT_GAINLOST = "lose".

DEP_Q08A  About how much did you ^DT_GAINLOST?

DPS_08A

INTERVIEWER: Enter amount only.

|   | Weight
(MIN: 1) (MAX: 99)
DK, RF  (Go to DEP_Q09)

DEP_N08A  INTERVIEWER: Was that in pounds or in kilograms?

DPS_08B

1  Pounds
2  Kilograms
(DK, RF are not allowed)

DEP_E08A  An unusual value has been entered. Please confirm.

Note:  Trigger soft edit if (DEP_Q08A > 20 and DEP_N08A = 1 or DEP_Q08A > 9 and DEP_N08A = 2).
DEP_Q09  Did you have more trouble falling asleep than you usually do?
DPS_09
1  Yes
2  No   (Go to DEP_Q11)
   DK, RF   (Go to DEP_END)

DEP_D09  If DEP_Q09 = 1 (Yes), "Trouble falling asleep". Otherwise, "null".

DEP_Q10  How often did that happen?
DPS_10
INTERVIEWER: Read categories to respondent.
1  Every night
2  Nearly every night
3  Less often
   DK, RF   (Go to DEP_END)

DEP_Q11  Did you have a lot more trouble concentrating than usual?
DPS_11
1  Yes
2  No
   DK, RF   (Go to DEP_END)

DEP_D11  If DEP_Q11 = 1 (Yes), "Trouble concentrating". Otherwise, "null".

DEP_Q12  At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?
DPS_12
1  Yes
2  No
   DK, RF   (Go to DEP_END)

DEP_D12  If DEP_Q12 = 1 (Yes), "Feeling down on yourself". Otherwise, "null".

DEP_Q13  Did you think a lot about death - either your own, someone else's or death in general?
DPS_13
1  Yes
2  No
   DK, RF   (Go to DEP_END)
DEP_D13  If DEP_Q13 = 1 (Yes), ^DT_KEYPHRASEQ13 = "Thoughts about death". Otherwise, ^DT_KEYPHRASEQ13 = "null".

DEP_C14  If "Yes" in DEP_Q05, DEP_Q06, DEP_Q09, DEP_Q11, DEP_Q12 or DEP_Q13, or DEP_Q07 is "gain" or "lose", go to DEP_R14. Otherwise, go to DEP_END.

DEP_R14  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 (^DT_KEYPHRASEQ05, ^DT_KEYPHRASEQ06, ^DT_KEYPHRASEQ07, ^DT_KEYPHRASEQ09, ^DT_KEYPHRASEQ11, ^DT_KEYPHRASEQ12, ^DT_KEYPHRASEQ13).

INTERVIEWER: Press <Enter> to continue.

DEP_Q14  About how many weeks altogether did you feel this way during the past 12 months?

DPS_14

|   | Weeks
(MIN: 2) (MAX: 53)

DK, RF  (Go to DEP_END)

DEP_C15  If DEP_Q14 > 51 weeks, go to DEP_END. Otherwise, go to DEP_Q15.

DEP_Q15  Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

DPS_15

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

DK, RF

Go to DEP_END
DEP_Q16  
DPS_16  
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  
2  No  (Go to DEP_END)  
DK, RF  (Go to DEP_END)

DEP_Q17  
DPS_17  
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?

INTERVIEWER: Read categories to respondent.

1  All day long  
2  Most of the day  
3  About half of the day  (Go to DEP_END)  
4  Less than half of a day  (Go to DEP_END)  
DK, RF  (Go to DEP_END)

DEP_Q18  
DPS_18  
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_END)  
DK, RF  (Go to DEP_END)

DEP_Q19  
DPS_19  
During those 2 weeks did you feel tired out or low on energy all the time?

1  Yes  
2  No  
DK, RF  (Go to DEP_END)

DEP_D19  
If DEP_Q19 = 1 (Yes), ^DT_KEYPHRASEQ19 = "Feeling tired". Otherwise, ^DT_KEYPHRASEQ19 = "null".

DEP_Q20  
DPS_20  
Did you gain weight, lose weight, or stay about the same?

1  Gained weight  
2  Lost weight  
3  Stayed about the same  (Go to DEP_Q22)  
4  Was on a diet  (Go to DEP_Q22)  
DK, RF  (Go to DEP_END)
DEP_D20A If DEP_Q20 = 1, ^DT_KEYPHRASEQ20 = "Gaining weight". If DEP_Q20 = 2, ^DT_KEYPHRASEQ20 = "Losing weight". Otherwise, ^DT_KEYPHRASEQ20 = "null".

DEP_D20B If DEP_Q20 = 1, ^DT_WEIGHT = "gain". Otherwise, ^DT_WEIGHT = "lose".

DEP_Q21A About how much did you ^DT_WEIGHT?

DPS_21A INTERVIEWER: Enter amount only.

<table>
<thead>
<tr>
<th></th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 1) (MAX: 99)</td>
</tr>
<tr>
<td>DK, RF</td>
<td>(Go to DEP_Q22)</td>
</tr>
</tbody>
</table>

DEP_N21A INTERVIEWER: Was that in pounds or in kilograms?

DPS_21B 1 Pounds
2 Kilograms

(DK, RF are not allowed)

DEP_E21A An unusual value has been entered. Please confirm.

Note: Trigger soft edit if (DEP_Q21A > 20 and DEP_N21A = 1 or DEP_Q21A > 9 and DEP_N21A = 2).

DEP_Q22 Did you have more trouble falling asleep than you usually do?

DPS_22 1 Yes
2 No (Go to DEP_Q4)

DEP_D22 If DEP_Q22 = 1 (Yes), ^DT_KEYPHRASEQ22 = “Trouble falling asleep”. Otherwise, ^DT_KEYPHRASEQ22 = "null".

DEP_Q23 How often did that happen?

DPS_23 INTERVIEWER: Read categories to respondent.

<table>
<thead>
<tr>
<th></th>
<th>Every night</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nearly every night</td>
</tr>
<tr>
<td>2</td>
<td>Less often</td>
</tr>
<tr>
<td>3</td>
<td>DK, RF (Go to DEP_END)</td>
</tr>
</tbody>
</table>
DEP_Q24
Did you have a lot more trouble concentrating than usual?

DPS_24
1  Yes
2  No
   DK, RF          (Go to DEP_END)

DEP_D24
If DEP_Q24 = 1 (Yes), ^DT_KEYPHRASEQ24 = “Trouble concentrating”.
Otherwise, ^DT_KEYPHRASEQ24 = “null”.

DEP_Q25
At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

DPS_25
1  Yes
2  No
   DK, RF          (Go to DEP_END)

DEP_D25
If DEP_Q25 = 1 (Yes), ^DT_KEYPHRASEQ25 = “Feeling down on yourself”. Otherwise, ^DT_KEYPHRASEQ25 = “null”.

DEP_Q26
Did you think a lot about death - either your own, someone else’s, or death in general?

DPS_26
1  Yes
2  No
   DK, RF          (Go to DEP_END)

DEP_D26
If DEP_Q26 = 1 (Yes), ^DT_KEYPHRASEQ26 = “Thoughts about death”. Otherwise, ^DT_KEYPHRASEQ26 = “null”.

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_R27.
Otherwise, go to DEP_END.

DEP_R27
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 (^DT_KEYPHRASEQ19, ^DT_KEYPHRASEQ20, ^DT_KEYPHRASEQ22, ^DT_KEYPHRASEQ24, ^DT_KEYPHRASEQ25, ^DT_KEYPHRASEQ26).

INTERVIEWER: Press <Enter> to continue.

DEP_Q27
About how many weeks did you feel this way during the past 12 months?

DPS_27
|   |   |   Weeks
|   |   | (MIN: 2) (MAX: 53)
   DK, RF                     (Go to DEP_END)
DEP_C28  If DEP_Q27 > 51, go to DEP_END.
Otherwise, go to DEP_Q28.

DEP_Q28  Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?

DPS_28

01  January
02  February
03  March
04  April
05  May
06  June
07  July
08  August
09  September
10  October
11  November
12  December
DK, RF

DEP_END
Suicidal thoughts and attempts (SUI)

SUI_BEG Optional Content (See Appendix 2)

SUI_C1A If (do SUI block = 2), go to SUI_END. Otherwise, go to SUI_C1B.

SUI_C1B If proxy interview or if age < 15, go to SUI_END. Otherwise, go to SUI_R1.

SUI_R1 The following questions relate to the sensitive issue of suicide.

INTERVIEWER: Press <Enter> to continue.

SUI_Q1 Have you ever seriously considered committing suicide or taking your own life?

SUI_1
1 Yes
2 No (Go to SUI_END) DK, RF (Go to SUI_END)

SUI_Q2 Has this happened in the past 12 months?

SUI_2
1 Yes
2 No (Go to SUI_END) DK, RF (Go to SUI_END)

SUI_Q3 Have you ever attempted to commit suicide or tried taking your own life?

SUI_3
1 Yes
2 No (Go to SUI_END) DK, RF (Go to SUI_END)

SUI_Q4 Did this happen in the past 12 months?

SUI_4
1 Yes
2 No (Go to SUI_END) DK, RF (Go to SUI_END)
SUI_Q5  Did you see or talk to a health professional following your attempt to commit suicide?

INTERVIEWER: Include both face to face and telephone contacts.

1   Yes
2   No   (Go to SUI_END)
     DK, RF   (Go to SUI_END)

SUI_Q6  Whom did you see or talk to?

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

SUI_6A  1   Family doctor or general practitioner
SUI_6B  2   Psychiatrist
SUI_6C  3   Psychologist
SUI_6D  4   Nurse
SUI_6E  5   Social worker or counsellor
SUI_6G  6   Religious or spiritual advisor such as a priest, chaplain or rabbi
SUI_6H  7   Teacher or guidance counsellor
SUI_6F  8   Other
     DK, RF

SUI_END
Access to health care services (ACC)

ACC_BEG Theme content. Only asked of a sub-sample.

ACC_C1 If (do ACC block = 1), go to ACC_C2. Otherwise, go to ACC_END.

ACC_C2 If proxy interview or if age < 15, go to ACC_END. Otherwise, go to ACC_D10.

ACC_D10 If respondent is male, ^DT_SPECIALIST = "urologist". Otherwise, ^DT_SPECIALIST = "gynaecologist".

ACC_R10 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, ^DT_SPECIALIST or psychiatrist (excluding an optometrist)

INTERVIEWER: Press <1> 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
2 No (Go to ACC_R20)  
   DK, RF (Go to ACC_R20)

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
2 No (Go to ACC_R20)  
   DK, RF (Go to ACC_R20)
ACC_Q12  What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_12A  01 Difficulty getting a referral
ACC_12B  02 Difficulty getting an appointment
ACC_12C  03 No specialists in the area
ACC_12D  04 Waited too long - between booking appointment and visit
ACC_12E  05 Waited too long - to see the doctor (i.e. in-office waiting)
ACC_12F  06 Transportation - problems
ACC_12G  07 Language - problem
ACC_12H  08 Cost
ACC_12I  09 Personal or family responsibilities
ACC_12J  10 General deterioration of health
ACC_12K  11 Appointment cancelled or deferred by specialist
ACC_12L  12 Still waiting for visit
ACC_12M  13 Unable to leave the house because of a health problem
ACC_12N  14 Other - Specify  (Go to ACC_S12)
DK, RF

Go to ACC_R20

ACC_S12  What type of difficulties did you experience?

INTERVIEWER: Specify.

(80 spaces)
DK, RF

ACC_R20  The following questions are about any surgery not provided in an emergency that you may have required, such as cardiac surgery, joint surgery, like knee or hip, caesarean sections and cataract surgery, excluding laser eye surgery.

INTERVIEWER: Press <1> 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_R30)
DK, RF  (Go to ACC_R30)

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_R30)
DK, RF  (Go to ACC_R30)
ACC_Q22  What type of difficulties did you experience?

**INTERVIEWER:** Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC_22A</td>
<td>Difficulty getting an appointment with a surgeon</td>
</tr>
<tr>
<td>ACC_22B</td>
<td>Difficulty getting a diagnosis</td>
</tr>
<tr>
<td>ACC_22C</td>
<td>Waited too long - for a diagnostic test</td>
</tr>
<tr>
<td>ACC_22D</td>
<td>Waited too long - for a hospital bed to become available</td>
</tr>
<tr>
<td>ACC_22E</td>
<td>Waited too long - for surgery</td>
</tr>
<tr>
<td>ACC_22F</td>
<td>Service not available - in the area</td>
</tr>
<tr>
<td>ACC_22G</td>
<td>Transportation - problems</td>
</tr>
<tr>
<td>ACC_22H</td>
<td>Language - problem</td>
</tr>
<tr>
<td>ACC_22I</td>
<td>Cost</td>
</tr>
<tr>
<td>ACC_22J</td>
<td>Personal or family responsibilities</td>
</tr>
<tr>
<td>ACC_22K</td>
<td>General deterioration of health</td>
</tr>
<tr>
<td>ACC_22L</td>
<td>Appointment cancelled or deferred by surgeon or hospital</td>
</tr>
<tr>
<td>ACC_22M</td>
<td>Still waiting for surgery</td>
</tr>
<tr>
<td>ACC_22N</td>
<td>Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>ACC_22O</td>
<td>Other - Specify (Go to ACC_S22)</td>
</tr>
</tbody>
</table>

Go to ACC_R30

ACC_S22  What type of difficulties did you experience?

**INTERVIEWER:** Specify.

(80 spaces)

DK, RF

ACC_R30  Now some questions about MRIs, CAT Scans and angiographies provided in a non-emergency situation.

**INTERVIEWER:** Press <1> to continue.

ACC_Q30  In the past 12 months, did you require one of these tests?

<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 ACC_D40)

DK, RF (Go to ACC_D40)

ACC_Q31  In the past 12 months, did you ever experience any difficulties getting the tests you needed?

<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 ACC_D40)

DK, RF (Go to ACC_D40)
ACC_Q32 What type of difficulties did you experience?

**INTERVIEWER**: Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Difficulty getting a referral</td>
</tr>
<tr>
<td>02</td>
<td>Difficulty getting an appointment</td>
</tr>
<tr>
<td>03</td>
<td>Waited too long - to get an appointment</td>
</tr>
<tr>
<td>04</td>
<td>Waited too long - to get test (i.e. in-office waiting)</td>
</tr>
<tr>
<td>05</td>
<td>Service not available - at time required</td>
</tr>
<tr>
<td>06</td>
<td>Service not available - in the area</td>
</tr>
<tr>
<td>07</td>
<td>Transportation - problems</td>
</tr>
<tr>
<td>08</td>
<td>Language - problem</td>
</tr>
<tr>
<td>09</td>
<td>Cost</td>
</tr>
<tr>
<td>10</td>
<td>General deterioration of health</td>
</tr>
<tr>
<td>11</td>
<td>Did not know where to go (i.e. information problems)</td>
</tr>
<tr>
<td>12</td>
<td>Still waiting for test</td>
</tr>
<tr>
<td>13</td>
<td>Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>14</td>
<td>Other - Specify (Go to ACC_S32)</td>
</tr>
</tbody>
</table>

Go to ACC_D40

ACC_S32 What type of difficulties did you experience?

**INTERVIEWER**: Specify.

______________________________________________
(80 spaces)

DK, RF

ACC_D40 If one person household then ^DT_YourFamily = " "
If one person household, ^DT_Family = "you"
Else, ^DT_YourFamily = "for yourself or a family member"
Else, ^DT_Family = "you or a family member"

ACC_C40 If one person household, go to ACC_R40B.
Otherwise go to ACC_R40., go to ACC_R40B.
Otherwise, go to ACC_R40.

ACC_R40 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 it for yourself or a family member living in your dwelling.

**INTERVIEWER**: Press <1> to continue.

Go to ACC_Q40
ACC_R40B  The next questions are about your experiences getting health information or advice when you needed it.

INTERVIEWER: Press <1> to continue.

ACC_Q40  In the past 12 months, have you required health information or advice ^DT_YourFamily?

ACC_40  
1  Yes 
2  No  (Go to ACC_R50) 
   DK, RF  (Go to ACC_R50)

ACC_Q40A  Who did you contact when you needed health information or advice ^DT_YourFamily?

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

ACC_40A  
1  Doctor’s office
2  Community health centre / CLSC
3  Walk-in clinic
4  Telephone health line (for example, HealthLinks, Telehealth Ontario, Health-Line, TeleCare, Info-Santé)
5  Hospital emergency room
6  Other hospital service
7  Other - Specify  (Go to ACC_S40A) 
   DK, RF

Go to ACC_Q41

ACC_S40A  Who did you contact when you needed health information or advice ^DT_YourFamily?

INTERVIEWER: Specify.

____________________________________________________
(80 spaces)
DK, RF

ACC_Q41  In the past 12 months, did you ever experience any difficulties getting the health information or advice ^DT_YourFamily?

ACC_41  
1  Yes
2  No  (Go to ACC_C50) 
   DK, RF  (Go to ACC_C50)
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, RF  (Go to ACC_Q44)

ACC_Q43

**What type of difficulties did you experience?**

**INTERVIEWER:** Mark all that apply.

<table>
<thead>
<tr>
<th>ACC_43A</th>
<th>Difficulty contacting a physician or nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC_43B</td>
<td>Did not have a phone number</td>
</tr>
<tr>
<td>ACC_43C</td>
<td>Could not get through (i.e. no answer)</td>
</tr>
<tr>
<td>ACC_43D</td>
<td>Waited too long to speak to someone</td>
</tr>
<tr>
<td>ACC_43E</td>
<td>Did not get adequate info or advice</td>
</tr>
<tr>
<td>ACC_43F</td>
<td>Language - problem</td>
</tr>
<tr>
<td>ACC_43G</td>
<td>Did not know where to go / call / uninformed</td>
</tr>
<tr>
<td>ACC_43H</td>
<td>Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>ACC_43I</td>
<td>Other - Specify  (Go to ACC_S43)</td>
</tr>
</tbody>
</table>

DK, RF  (Go to ACC_Q44)

Go to ACC_Q44

ACC_S43

**What type of difficulties did you experience?**

**INTERVIEWER:** Specify

(80 spaces)

DK, RF

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, RF  (Go to ACC_Q46)
### ACC_Q45

**What type of difficulties did you experience?**

**INTERVIEWER:** Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Difficulty contacting a physician or nurse</td>
</tr>
<tr>
<td>2</td>
<td>Did not have a phone number</td>
</tr>
<tr>
<td>3</td>
<td>Could not get through (i.e. no answer)</td>
</tr>
<tr>
<td>4</td>
<td>Waited too long to speak to someone</td>
</tr>
<tr>
<td>5</td>
<td>Did not get adequate info or advice</td>
</tr>
<tr>
<td>6</td>
<td>Language - problem</td>
</tr>
<tr>
<td>7</td>
<td>Did not know where to go / call / uninformed</td>
</tr>
<tr>
<td>8</td>
<td>Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>9</td>
<td>Other - Specify</td>
</tr>
</tbody>
</table>

Go to ACC_Q46

### ACC_S45

**What type of difficulties did you experience?**

**INTERVIEWER:** Specify.

---

(80 spaces)

DK, RF

### 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
2. No
3. Not required at this time

DK, RF
ACC_Q47  What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

| ACC_47A | Difficulty contacting a physician or nurse |
| ACC_47B | Did not have a phone number |
| ACC_47C | Could not get through (i.e. no answer) |
| ACC_47D | Waited too long to speak to someone |
| ACC_47E | Did not get adequate info or advice |
| ACC_47F | Language - problem |
| ACC_47G | Did not know where to go / call / uninformed |
| ACC_47H | Unable to leave the house because of a health problem |
| ACC_47I | Other - Specify (Go to ACC_S47) |

Go to ACC_C50

ACC_S47  What type of difficulties did you experience?

INTERVIEWER: Specify.

__________________________________________________________________________

(80 spaces)

DK, RF

ACC_C50  If one person household, go to ACC_R50B

Otherwise, go to ACC_R50, go to ACC_R50B.

ACC_R50B  Now some questions about your experiences when you needed health care services for routine or ongoing care such as a medical exam or follow-up for yourself or a family member living in your dwelling.

INTERVIEWER: Press <1> to continue.

Go to ACC_Q50A

ACC_Q50A  Do you have a regular family doctor?

| ACC_50A | Yes |
| ACC_50B | No |

DK, RF
In the past 12 months, did you require any routine or on-going care \textsuperscript{DT}_YourFamily?

1. Yes
2. No (Go to ACC_R60)
   DK, RF (Go to ACC_R60)

In the past 12 months, did you ever experience any difficulties getting the routine or on-going \textsuperscript{DT}_Family needed?

1. Yes
2. No (Go to ACC_R60)
   DK, RF (Go to ACC_R60)

Did you experience difficulties getting such care during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?

\textbf{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, RF (Go to ACC_Q54)

What type of difficulties did you experience?

\textbf{INTERVIEWER:} Mark all that apply.

\begin{itemize}
  \item ACC_53A 01 Difficulty contacting a physician
  \item ACC_53B 02 Difficulty getting an appointment
  \item ACC_53C 03 Do not have personal / family physician
  \item ACC_53D 04 Waited too long - to get an appointment
  \item ACC_53E 05 Waited too long - to see the doctor (i.e. in-office waiting)
  \item ACC_53F 06 Service not available - at time required
  \item ACC_53G 07 Service not available - in the area
  \item ACC_53H 08 Transportation - problems
  \item ACC_53I 09 Language - problem
  \item ACC_53J 10 Cost
  \item ACC_53K 11 Did not know where to go (i.e. information problems)
  \item ACC_53L 12 Unable to leave the house because of a health problem
  \item ACC_53M 13 Other - Specify (Go to ACC_S53)
\end{itemize}

DK, RF

Go to ACC_Q54
What type of difficulties did you experience?

INTERVIEWER: Specify.

(80 spaces)
DK, RF

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_R60)
3  Not required at this time  (Go to ACC_R60)
   DK, RF  (Go to ACC_R60)

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_55A  01 Difficulty contacting a physician
ACC_55B  02 Difficulty getting an appointment
ACC_55C  03 Do not have personal / family physician
ACC_55D  04 Waited too long - to get an appointment
ACC_55E  05 Waited too long - to see the doctor (i.e. in-office waiting)
ACC_55F  06 Service not available - at time required
ACC_55G  07 Service not available - in the area
ACC_55H  08 Transportation - problems
ACC_55I  09 Language - problem
ACC_55J  10 Cost
ACC_55K  11 Did not know where to go (i.e. information problems)
ACC_55L  12 Unable to leave the house because of a health problem
ACC_55M  13 Other - Specify  (Go to ACC_S55)
   DK, RF

Go to ACC_R60

What type of difficulties did you experience?

INTERVIEWER: Specify.

(80 spaces)
DK, RF
The next questions are about situations when the family have needed immediate care for a minor health problem such as fever, headache, a sprained ankle, vomiting or an unexplained rash.

INTERVIEWER: Press <1> to continue.

In the past 12 months, did the family require immediate health care services for a minor health problem?

1 Yes
2 No (Go to ACC_END)
  DK, RF (Go to ACC_END)

In the past 12 months, did you ever experience any difficulties getting the immediate care needed for a minor health problem?

1 Yes
2 No (Go to ACC_END)
  DK, RF (Go to ACC_END)

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)
  DK, RF (Go to ACC_Q64)
**ACC_Q63**  What type of difficulties did you experience?

**INTERVIEWER:** Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Difficulty contacting a physician</td>
</tr>
<tr>
<td>02</td>
<td>Difficulty getting an appointment</td>
</tr>
<tr>
<td>03</td>
<td>Do not have personal / family physician</td>
</tr>
<tr>
<td>04</td>
<td>Waited too long - to get an appointment</td>
</tr>
<tr>
<td>05</td>
<td>Waited too long - to see the doctor (i.e. in-office waiting)</td>
</tr>
<tr>
<td>06</td>
<td>Service not available - at time required</td>
</tr>
<tr>
<td>07</td>
<td>Service not available - in the area</td>
</tr>
<tr>
<td>08</td>
<td>Transportation - problems</td>
</tr>
<tr>
<td>09</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 (i.e. information problems)</td>
</tr>
<tr>
<td>12</td>
<td>Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>13</td>
<td>Other - Specify (Go to ACC_S63)</td>
</tr>
</tbody>
</table>

Go to ACC_Q64

**ACC_S63**  What type of difficulties did you experience?

**INTERVIEWER:** Specify.

_____________________________________________________________________________________

(80 spaces)

DK, RF

**ACC_Q64**  Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?

**INTERVIEWER:** It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

<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>
<tr>
<td>3</td>
<td>Not required at this time</td>
</tr>
</tbody>
</table>

DK, RF
ACC_Q65  What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

| ACC_65A | 01 Difficulty contacting a physician |
| ACC_65B | 02 Difficulty getting an appointment |
| ACC_65C | 03 Do not have personal / family physician |
| ACC_65D | 04 Waited too long - to get an appointment |
| ACC_65E | 05 Waited too long - to see the doctor (i.e. in-office waiting) |
| ACC_65F | 06 Service not available - at time required |
| ACC_65G | 07 Service not available - in the area |
| ACC_65H | 08 Transportation - problems |
| ACC_65I | 09 Language - problem |
| ACC_65J | 10 Cost |
| ACC_65K | 11 Did not know where to go (i.e. information problems) |
| ACC_65L | 12 Unable to leave the house because of a health problem |
| ACC_65M | 13 Other - Specify (Go to ACC_S65) |

DK, RF

Go to ACC_Q66

ACC_S65  What type of difficulties did you experience?

INTERVIEWER: Specify.

(80 spaces)

DK, RF

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
2  No (Go to ACC_END)
3  Not required at this time (Go to ACC_END)

DK, RF (Go to ACC_END)
What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

<table>
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<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Difficulty contacting a physician</td>
</tr>
<tr>
<td>02</td>
<td>Difficulty getting an appointment</td>
</tr>
<tr>
<td>03</td>
<td>Do not have personal / family physician</td>
</tr>
<tr>
<td>04</td>
<td>Waited too long - to get an appointment</td>
</tr>
<tr>
<td>05</td>
<td>Waited too long - to see the doctor (i.e. in-office waiting)</td>
</tr>
<tr>
<td>06</td>
<td>Service not available - at time required</td>
</tr>
<tr>
<td>07</td>
<td>Service not available - in the area</td>
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<tr>
<td>08</td>
<td>Transportation - problems</td>
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<tr>
<td>09</td>
<td>Language - problem</td>
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<tr>
<td>10</td>
<td>Cost</td>
</tr>
<tr>
<td>11</td>
<td>Did not know where to go (i.e. information problems)</td>
</tr>
<tr>
<td>12</td>
<td>Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>13</td>
<td>Other - Specify (Go to ACC_S67)</td>
</tr>
</tbody>
</table>

DK, RF

Go to ACC_END

What type of difficulties did you experience?

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_END
Waiting times (WTM)

WTM_BEG  Theme content. Only asked of a sub-sample. Optional (Not selected)

WTM_C01  If (do WTM block = 1), go to WTM_C02. Otherwise, go to WTM_END.

WTM_C02  If proxy interview or if age < 15, go to WTM_END. Otherwise, go to WTM_C03.

WTM_C03  If ACC_Q10 = 2 (did not require a visit to a specialist) and ACC_Q20 = 2 (did not require non emergency surgery) and ACC_Q30 = 2 (did not require tests) or (ACC_Q10 = (DK, RF, BLANK) and ACC_Q20 = (DK, RF, BLANK) and ACC_Q30 = (DK, RF, BLANK)) or ((ACCS_Q10 = 2 and ACCS_Q20 = 2 and ACCS_Q30 = 2) or (ACCS_Q10 = (DK, RF, BLANK) and ACCS_Q20 = (DK, RF, BLANK) and ACCS_Q30 = (DK, RF, BLANK)), go to WTM_END. Otherwise, go to WTM_R1.

WTM_R1  Now some additional questions about your experiences waiting for health care services.

INTERVIEWER: Press <Enter> to continue.

WTM_C04  If ACC_Q10 = (2, DK, RF, BLANK) or ACCS_Q10 = (2, DK, RF, BLANK), go to WTM_C16. Otherwise, go to WTM_Q01.

WTM_Q01  You mentioned that you required a visit to a medical specialist such as a cardiologist, allergist, gynaecologist or psychiatrist.

In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation for a new illness or condition?

1  Yes
2  No  (Go to WTM_C16)
   DK, RF  (Go to WTM_C16)

WTM_D02  If sex = female, ^DT_GYNAECO = "Gynaecological problems". Otherwise, ^DT_GYNAECO = "null").
WTM_Q02  For what type of condition?

WTM_02 If you have had more than one such visit, please answer for the most recent visit.

INTERVIEWER: Read categories to respondent.

1  Heart condition or stroke
2  Cancer
3  Asthma or other breathing conditions
4  Arthritis
5  Cataract or other eye conditions
6  Mental health disorder
7  Skin conditions
8  ^DT_GYNAECO
9  Other - Specify  (Go to WTM_S02)

DK, RF

Go to WTM_Q03

WTM_E02  A blank answer has been selected. Please return and correct.

Note:  Trigger hard edit if WTM_Q02 = 8 and sex = male.

WTM_S02  INTERVIEWER: Specify.

____________________________________________________
(80 spaces)
DK, RF

WTM_Q03  Were you referred by:

WTM_03

INTERVIEWER: Read categories to respondent.

1  ...a family doctor?
2  ...another specialist?
3  ...another health care provider?
4  Did not require a referral

DK, RF

WTM_Q04  Have you already visited the medical specialist?

WTM_04

1  Yes
2  No  (Go to WTM_Q08A)

DK, RF  (Go to WTM_Q08A)
**WTM_Q05**

**Thinking about this visit, did you experience any difficulties seeing the specialist?**

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

DK, RF (Go to WTM_D07A)

**WTM_Q06**

**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply. Question ACC_Q12 previously asked about any difficulties getting specialist care. This question (WTM_Q06) deals with difficulties experienced for the most recent visit for a new illness or condition.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Difficulty getting a referral</td>
</tr>
<tr>
<td>02</td>
<td>Difficulty getting an appointment</td>
</tr>
<tr>
<td>03</td>
<td>No specialists in the area</td>
</tr>
<tr>
<td>04</td>
<td>Waited too long - between booking appointment and visit</td>
</tr>
<tr>
<td>05</td>
<td>Waited too long - to see the doctor (i.e. in-office waiting)</td>
</tr>
<tr>
<td>06</td>
<td>Transportation - problems</td>
</tr>
<tr>
<td>07</td>
<td>Language - problem</td>
</tr>
<tr>
<td>08</td>
<td>Cost</td>
</tr>
<tr>
<td>09</td>
<td>Personal or family responsibilities</td>
</tr>
<tr>
<td>10</td>
<td>General deterioration of health</td>
</tr>
<tr>
<td>11</td>
<td>Appointment cancelled or deferred by specialist</td>
</tr>
<tr>
<td>12</td>
<td>Unable to leave the house because of a health problem</td>
</tr>
<tr>
<td>13</td>
<td>Other - Specify</td>
</tr>
</tbody>
</table>

DK, RF (Go to WTM_S06)

**WTM_S06**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

**WTM_D07A**

If WTM_Q03 = 1 or 2, ^DT_APPOINTMENT = "you and your doctor decided that you should see a specialist". If WTM_Q03 = 3, ^DT_APPOINTMENT = "you and your health care provider decided that you should see a specialist". Otherwise, ^DT_APPOINTMENT = "the appointment was initially scheduled".

**WTM_Q07A**

**How long did you have to wait between when ^DT_APPOINTMENT and when you actually visited the specialist?**

INTERVIEWER: Probe to get the most precise answer possible.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 1) (MAX: 365)</td>
</tr>
</tbody>
</table>

DK, RF (Go to WTM_D10)
WTM_N07B INTERVIEWER: Enter unit of time.

WTM_07B
1 Days
2 Weeks
3 Months

(DK, RF are not allowed)
Go to WTM_D10

WTM_E07B An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q07A > 31 and WTM_N07B = 1) or (WTM_Q07A > 12 and WTM_N07B = 2) or (WTM_Q07A > 18 and WTM_N07B=3).

WTM_Q08A How long have you been waiting since ^DT_APPOINTMENT?
WTM_08A INTERVIEWER: Probe to get the most precise answer possible.

| | | | (MIN: 1) (MAX: 365)

DK, RF (Go to WTM_D10)

WTM_N08B INTERVIEWER: Enter unit of time.

WTM_08B
1 Days
2 Weeks
3 Months

(DK, RF are not allowed)

WTM_E08B An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q08A > 31 and WTM_N08B = 1) or (WTM_Q08A > 12 and WTM_N08B = 2), or (WTM_Q08A > 18 and WTM_N08B = 3).

WTM_D10 If WTM_Q04 = 1, ^DT_WAITTIME1 = "was the waiting time".
Otherwise, ^DT_WAITTIME1 = "has the waiting time been".

WTM_Q10 In your view, ^DT_WAITTIME1:
WTM_10 INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don’t Know".

1 ...acceptable? (Go to WTM_Q12)
2 ...not acceptable?
3 No view

DK, RF
WTM_Q11A  In this particular case, what do you think is an acceptable waiting time?

WTM_11A  

(MIN: 1) (MAX: 365)

DK, RF   (Go to WTM_Q12)

WTM_N11B  INTERVIEWER: Enter unit of time.

WTM_11B  

1  Days
2  Weeks
3  Months

(DK, RF are not allowed)

WTM_E11B  An unusual number has been entered. Please confirm.

Note:  Trigger soft edit if (WTM_Q11A > 31 and WTM_N11B = 1) or (WTM_Q11A > 12 and WTM_N11B = 2) or (WTM_Q11A > 18 and WTM_N11B=3).

WTM_Q12  Was your visit cancelled or postponed at any time?

WTM_12  

1  Yes   (Go to WTM_Q14)
2  No   (Go to WTM_Q14)

DK, RF   (Go to WTM_Q14)

WTM_Q13  Was it cancelled or postponed by:

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

WTM_13A  

1  ...yourself?
2  ...the specialist?

WTM_13B  

3  Other - Specify   (Go to WTM_S13)

DK, RF

Go to WTM_Q14

WTM_S13  INTERVIEWER: Specify.

____________________________________________________  (80 spaces)

DK, RF

WTM_Q14  Do you think that your health, or other aspects of your life, have been affected in any way because you had to wait for this visit?

WTM_14  

1  Yes   (Go to WTM_C16)
2  No   (Go to WTM_C16)

DK, RF   (Go to WTM_C16)
WTM_Q15  How was your life affected as a result of waiting for this visit?

INTERVIEWER: Mark all that apply.

| WTM_15A   | 01  | Worry, anxiety, stress |
| WTM_15B   | 02  | Worry or stress for family or friends |
| WTM_15C   | 03  | Pain |
| WTM_15D   | 04  | Problems with activities of daily living (e.g., dressing, driving) |
| WTM_15E   | 05  | Loss of work |
| WTM_15F   | 06  | Loss of income |
| WTM_15G   | 07  | Increased dependence on relatives/friends |
| WTM_15H   | 08  | Increased use of over-the-counter drugs |
| WTM_15I   | 09  | Overall health deteriorated, condition got worse |
| WTM_15J   | 10  | Health problem improved |
| WTM_15K   | 11  | Personal relationships suffered |
| WTM_15L   | 12  | Other - Specify (Go to WTM_S15) |

(WTM_15L)  DK, RF

Go to WTM_C16

WTM_S15  INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_C16  If ACC_Q20 = (2, DK, RF, BLANK) or ACCS_Q20 = (2, DK, RF, BLANK), go to WTM_C30.
Otherwise, go to WTM_D16.

WTM_D16  If sex = female, "DT_HYSTECTOMY = "Hysterectomy (Removal of uterus)". Otherwise, "DT_HYSTECTOMY = "null". 
WTM_Q16 You mentioned that in the past 12 months you required non emergency surgery.

WTM_16 What type of surgery did you require? If you have had more than one in the past 12 months, please answer for the most recent surgery.

INTERVIEWER: Read categories to respondent.

1. Cardiac surgery
2. Cancer related surgery
3. Hip or knee replacement surgery
4. Cataract or other eye surgery
5. Hysterectomy
6. Removal of gall bladder
7. Other - Specify (Go to WTM_S16)

DK, RF

Go to WTM_Q17

WTM_E16 A blank answer has been selected. Please return and correct.

Note: Trigger hard edit if WTM_Q16 = 5 and sex = male.

WTM_S16 INTERVIEWER: Specify.

________________________________________________________________________
(80 spaces)
DK, RF

WTM_Q17 Did you already have this surgery?

WTM_17

1. Yes
2. No (Go to WTM_Q22)

DK, RF (Go to WTM_Q22)

WTM_Q18 Did the surgery require an overnight hospital stay?

WTM_18

1. Yes
2. No

DK, RF

WTM_Q19 Did you experience any difficulties getting this surgery?

WTM_19

1. Yes
2. No (Go to WTM_Q21A)

DK, RF (Go to WTM_Q21A)
WTM_Q20  What type of difficulties did you experience?

INTERVIEWER:  Mark all that apply. ACC_Q22 asked previously about any difficulties experienced getting the surgery you needed. This question (WTM_Q20) refers to difficulties experienced for the most recent non emergency surgery.

| WTM_20A | 01 Difficulty getting an appointment with a surgeon |
| WTM_20B | 02 Difficulty getting a diagnosis |
| WTM_20C | 03 Waited too long - for a diagnostic test |
| WTM_20D | 04 Waited too long - for a hospital bed to become available |
| WTM_20E | 05 Waited too long - for surgery |
| WTM_20F | 06 Service not available - in the area |
| WTM_20G | 07 Transportation - problems |
| WTM_20H | 08 Language - problem |
| WTM_20I | 09 Cost |
| WTM_20J | 10 Personal or family responsibilities |
| WTM_20K | 11 General deterioration of health |
| WTM_20L | 12 Appointment cancelled or deferred by surgeon or hospital |
| WTM_20M | 13 Unable to leave the house because of a health problem |
| WTM_20N | 14 Other - Specify (Go to WTM_S20) |

Go to WTM_Q21A

WTM_S20  INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q21A  How long did you have to wait between when you and the surgeon decided to go ahead with surgery and the day of surgery?

INTERVIEWER: Probe to get the most precise answer possible.

[ ] [ ] [ ]

MIN: 1) (MAX: 365)

DK, RF (Go to WTM_D24)

WTM_N21B  INTERVIEWER: Enter unit of time.

1  Days
2  Weeks
3  Months

(DK, RF are not allowed)

Go to WTM_D24
WTM_E21B  An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q21A > 31 and WTM_N21B = 1) or (WTM_Q21A > 12 and WTM_N21B = 2) or (WTM_Q21A > 18 and WTM_N21B=3).

WTM_Q22  Will the surgery require an overnight hospital stay?
WTM_22
1  Yes
2  No
DK, RF

WTM_Q23A  How long have you been waiting since you and the surgeon decided to go ahead with the surgery?
WTM_23A  INTERVIEWER: Probe to get the most precise answer possible.

|___|___|___|
(MIN: 1) (MAX: 365)
DK, RF (Go to WTM_D24)

WTM_N23B  INTERVIEWER: Enter unit of time.
WTM_23B
1  Days
2  Weeks
3  Months

(DK, RF are not allowed)

WTM_E23B  An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q23A > 31 and WTM_N23B = 1) or (WTM_Q23A > 12 and WTM_N23B = 2) or (WTM_Q23A > 18 and WTM_N23B = 3).

WTM_D24  If WTM_Q17 = 1, ^DT_WAITTIME2 = "was the waiting time". Otherwise, ^DT_WAITTIME2 = “has the waiting time been”.

WTM_Q24  In your view, ^DT_WAITTIME2:
WTM_24  INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".

1  ...acceptable? (Go to WTM_Q26)
2  ...not acceptable?
3  No view
   DK, RF
In this particular case, what do you think is an acceptable waiting time?

Enter unit of time.

Days
Weeks
Months

An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q25A > 31 and WTM_N25B = 1) or (WTM_Q25A > 12 and WTM_N25B = 2) or (WTM_Q25A > 18 and WTM_N25B=3).

Was your surgery cancelled or postponed at any time?

Was it cancelled or postponed by:

...yourself?
...the surgeon?
...the hospital?
Other - Specify

Do you think that your health, or other aspects of your life, have been affected in any way due to waiting for this surgery?
WTM_Q29 How was your life affected as a result of waiting for surgery?

INTERVIEWER: Mark all that apply.

WTM_29A 01 Worry, anxiety, stress
WTM_29B 02 Worry or stress for family or friends
WTM_29C 03 Pain
WTM_29D 04 Problems with activities of daily living (e.g., dressing, driving)
WTM_29E 05 Loss of work
WTM_29F 06 Loss of income
WTM_29G 07 Increased dependence on relatives/friends
WTM_29H 08 Increased use of over-the-counter drugs
WTM_29I 09 Overall health deteriorated, condition got worse
WTM_29J 10 Health problem improved
WTM_29K 11 Personal relationships suffered
WTM_29L 12 Other - Specify (Go to WTM_S29)

Go to WTM_C30

WTM_S29 INTERVIEWER: Specify.

(80 spaces)
DK, RF

WTM_C30 If ACC_Q30 = (2, DK, RF, BLANK) or ACCS_Q30 = (2, DK, RF, BLANK), go to WTM_END. Otherwise, go to WTM_Q30.

WTM_Q30 Now for MRIs, CAT Scans and angiographies provided in a non emergency situation.

You mentioned that in the past 12 months you required one of these tests.

What type of test did you require?

If you have had more than one in the past 12 months, please answer for the most recent test.

INTERVIEWER: Read categories to respondent.

1 MRI (Magnetic Resonance Imaging)
2 CAT Scan (Computed Axial Tomography)
3 Angiography (Cardiac Test)
DK, RF
WTM_Q31 For what type of condition?

INTERVIEWER: Read categories to respondent.

1 Heart disease or stroke
2 Cancer
3 Joints or fractures
4 Neurological or brain disorders (e.g., for MS, migraine or headaches)
5 Other - Specify (Go to WTM_S31)

DK, RF

Go to WTM_Q32

WTM_S31 INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q32 Did you already have this test?

INTERVIEWER: Read categories to respondent.

1 Yes
2 No (Go to WTM_Q39A)

DK, RF (Go to WTM_Q39A)

WTM_Q33 Where was the test done?

INTERVIEWER: Read categories to respondent.

1 Hospital (Go to WTM_Q35)
2 Public clinic (Go to WTM_Q35)
3 Private clinic (Go to WTM_Q34)
4 Other - Specify (Go to WTM_S33)

DK, RF (Go to WTM_Q36)

WTM_S33 INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to WTM_Q35
WTM_Q34  | **Was the clinic located:**

**WTM_34** | **INTERVIEWER:** Read categories to respondent.

1. ...in your province?
2. ...in another province?
3. Other - Specify  (Go to WTM_S34)
   
   DK, RF

Go to WTM_Q35

**WTM_S34** | **INTERVIEWER:** Specify.

(80 spaces)

DK, RF

**WTM_Q35**  | **Were you a patient in a hospital at the time of the test?**

**WTM_35**

1. Yes
2. No
   
   DK, RF

**WTM_Q36**  | **Did you experience any difficulties getting this test?**

**WTM_36**

1. Yes
2. No  (Go to WTM_Q38A)
   
   DK, RF  (Go to WTM_Q38A)
WTM_Q37  What type of difficulties did you experience?

INTERVIEWER: Mark all that apply. ACC_Q32 asked previously about any difficulties experienced getting the tests you needed. This question (WTM_Q37) refers to difficulties experienced for the most recent diagnostic test.

WTM_37A 01 Difficulty getting a referral
WTM_37B 02 Difficulty getting an appointment
WTM_37C 03 Waited too long - to get an appointment
WTM_37D 04 Waited too long - to get test (i.e. in-office waiting)
WTM_37E 05 Service not available - at time required
WTM_37F 06 Service not available - in the area
WTM_37G 07 Transportation - problems
WTM_37H 08 Language - problem
WTM_37I 09 Cost
WTM_37J 10 General deterioration of health
WTM_37K 11 Did not know where to go (i.e. information problems)
WTM_37L 12 Unable to leave the house because of a health problem
WTM_37M 13 Other - Specify (Go to WTM_S37)

Go to WTM_Q38A

WTM_S37  INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q38A  How long did you have to wait between when you and your doctor decided to go ahead with the test and the day of the test?

INTERVIEWER: Probe to get the most precise answer possible.

|   |

(MIN: 1) (MAX: 365)

DK, RF  (Go to WTM_D40)

Go to WTM_D40

WTM_N38B  INTERVIEWER: Enter unit of time.

1 Days
2 Weeks
3 Months

(DK, RF are not allowed)

Go to WTM_D40
WTM_E38B  An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q38A > 31 and WTM_N38B = 1) or (WTM_Q38A > 12 and WTM_N38B = 2) or (WTM_Q38A > 18 and WTM_N38B= 3).

WTM_Q39A  How long have you been waiting for the test since you and your doctor decided to go ahead with the test?

INTERVIEWER: Probe to get the most precise answer possible.

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(MIN: 1) (MAX: 365)
DK, RF  (Go to WTM_D40)

WTM_N39B  INTERVIEWER: Enter unit of time.

WTM_39B

1 Days
2 Weeks
3 Months

(DK, RF are not allowed)

WTM_E39B  An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q39A > 31 and WTM_N39B = 1) or (WTM_Q39A > 12 and WTM_N39B = 2) or (WTM_Q39A > 18 and WTM_N39B= 3).

WTM_D40  If WTM_Q32 = 1, ^DT_WAITTIME3 = "was the waiting time". Otherwise, "DT_WAITTIME3 = "has the waiting time been".

WTM_Q40  In your view, ^DT_WAITTIME3:

INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don’t Know".

1 ...acceptable?  (Go to WTM_Q42)
2 ...not acceptable?
3 No view
   DK, RF

WTM_Q41A  In this particular case, what do you think is an acceptable waiting time?

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</table>

(MIN: 1) (MAX: 365)
DK, RF  (Go to WTM_Q42)
WTM_N41B

INTERVIEWER: Enter unit of time.

WTM_41B

1  Days
2  Weeks
3  Months

(DK, RF are not allowed)

WTM_E41B

An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q41A > 31 and WTM_N41B = 1) or (WTM_Q41A > 12 and WTM_N41B = 2) or (WTM_Q41A > 18 and WTM_N41B=3).

WTM_Q42

Was your test cancelled or postponed at any time?

WTM_42

1  Yes
2  No  (Go to WTM_Q44)
   DK, RF  (Go to WTM_Q44)

WTM_Q43

Was it cancelled or postponed by:

WTM_43

INTERVIEWER: Read categories to respondent:

1  ...yourself?
2  ...the specialist?
3  ...the hospital?
4  ...the clinic?
5  Other - Specify  (Go to WTM_S43)
   DK, RF

   Go to WTM_Q44

WTM_S43

INTERVIEWER: Specify.

____________________________________________________
(80 spaces)
DK, RF

WTM_Q44

Do you think that your health, or other aspects of your life, have been affected in any way due to waiting for this test?

WTM_44

1  Yes
2  No  (Go to WTM_END)
   DK, RF  (Go to WTM_END)
WTM_Q45 | **How was your life affected as a result of waiting for this test?**

**INTERVIEWER:** Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>01</td>
<td>Worry, anxiety, stress</td>
</tr>
<tr>
<td>02</td>
<td>Worry or stress for family or friends</td>
</tr>
<tr>
<td>03</td>
<td>Pain</td>
</tr>
<tr>
<td>04</td>
<td>Problems with activities of daily living (e.g., dressing, driving)</td>
</tr>
<tr>
<td>05</td>
<td>Loss of work</td>
</tr>
<tr>
<td>06</td>
<td>Loss of income</td>
</tr>
<tr>
<td>07</td>
<td>Increased dependence on relatives/friends</td>
</tr>
<tr>
<td>08</td>
<td>Increased use of over-the-counter drugs</td>
</tr>
<tr>
<td>09</td>
<td>Overall health deteriorated, condition got worse</td>
</tr>
<tr>
<td>10</td>
<td>Health problem improved</td>
</tr>
<tr>
<td>11</td>
<td>Personal relationships suffered</td>
</tr>
<tr>
<td>12</td>
<td>Other - Specify (Go to WTM_S45)</td>
</tr>
</tbody>
</table>

Go to WTM_END

WTM_S45 | **INTERVIEWER:** Specify.

| (80 spaces) |
| DK, RF |

WTM_END
Labour force (LBS)

LF2_BEG  Core content

LF2_C1A  If (do LF2 block = 1), go to LF2_C1B. Otherwise, go to LF2_END.

LF2_C1B  If age < 15 or age > 75, go to LF2_END. Otherwise, go to LF2_R1.

LF2_R1  The next questions concern ^YOUR2 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.

LF2_Q1  Last week, did ^YOU2 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
2  No
3  Permanently unable to work  (Go to LF2_END)
   DK, RF  (Go to LF2_END)

LF2_E1  A response inconsistent with a response to a previous question has been entered. Please confirm.

Note:  Trigger soft edit if GEN_Q08 = 2 (did not work at any time in past 12 months) and LF2_Q1 = 1.

LF2_C2  If LF2_Q1 = 1, go to LF2_Q3. Otherwise, go to LF2_Q2.

LF2_Q2  Last week, did ^YOU2 have a job or business from which ^YOU1 ^WERE absent?

1  Yes  (Go to LF2_Q4)
2  No  (Go to LF2_Q4)
   DK, RF  (Go to LF2_END)
LF2_Q3  Did ^YOU1 have more than one job or business last week?
LBS_03
1  Yes
2  No
   DK, RF

Go to LF2_D5

LF2_Q4  In the past 4 weeks, did ^YOU2 do anything to find work?
LBS_11
1  Yes
2  No
   DK, RF

Go to LF2_END

LF2_D5  (not applicable)

LF2_R5  The next questions are about ^YOUR1 current job or business.

INTERVIEWER: If person currently holds more than one job, report on the job for which the number of hours worked per week is the greatest.

Press <Enter> to continue.

LF2_Q31  ^ARE_C ^YOU1 an employee or self-employed?
LBS_31
1  Employee  (Go to LF2_Q33)
2  Self-employed  (Go to LF2_Q33)
3  Working in a family business without pay  (Go to LF2_Q33)
   DK, RF

LF2_Q32  What is the name of ^YOUR1 business?
LF2_32
(50 spaces)
   DK, RF
Go to LF2_Q34

LF2_Q33  For whom ^DOVERB ^YOU1 currently work? (For example: name of business, government department or agency, or person)
LF2_33
(50 spaces)
   DK, RF
What kind of business, industry or service is this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)

(50 spaces)

DK, RF

What kind of work ^ARE ^YOU1 doing? (For example: babysitting in own home, factory worker, forestry technician)

(50 spaces)

DK, RF

Note: Use trigram search, source file is PrepSOC.tdf

SIC_CODE (4 bytes)

Note: Store SOC Code associated with LF2_Q35

If LF2_D35 = 1 or LF2_D35 = 2 (OtherSpec), go to LF2_S35. Otherwise, go to LF2_Q36.

INTERVIEWER: Specify.

What are ^YOUR1 most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)

(50 spaces)

DK, RF

About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 job or business? If ^YOU2 usually work^S extra hours, paid or unpaid, please include these hours.

| | | | Hours

(MIN: 1) (MAX: 168; warning after 84)

DK, RF
If LF2_Q3 = 1, go to LF2_Q7.
Otherwise, go to LF2_END.

You indicated that ^YOU2 ^HAVE more than one job.

About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 other job(s)? If ^YOU2 usually work^S extra hours, paid or unpaid, please include these hours.

INTERVIEWER: Minimum is 1; maximum is [168 - LF2_Q5].

|___|___| Hours
(MIN: 1) (MAX: 168 - LF2_Q5; warning after 30)
DK, RF

Note: If LF2_Q5 = 168, then maximum = 1.
If LF2_Q5 = DK or RF, then maximum = 168.
Loss of Productivity (LOP)

LOP_BEG  Theme content

External variables required:

- PROXMODE: proxy identifier, from the GR block.
- DOLOP: do block flag, from the sample file.
- GEN_Q08: worked at a job or business in the past 12 months
- Age of respondent

LOP_C010  If (do LOP = 1), go to LOP_C011.
          Otherwise, go to LOP__END.

LOP_C011  If proxy interview, go to LOP_END.
          Otherwise, go to LOP_C011A.

LOP_C011A If age < 15 or age > 75, go to LOP_END.
           Otherwise, go to LOP_C012.

LOP_C012  If GEN_Q08 = 2 (did not work in the past 12 months), go to LOP_Q020.
           Otherwise, go to LOP_Q015.

LOP_Q015  Did you work at a job or a business at any time in the past three months?

INTERVIEWER: Include only paid job or business.

1  Yes  (Go to LOP_R030)
2  No   (Go to LOP__END)
What is the main reason that you have not worked at a job or business in the past three months?

INTERVIEWER: If respondent wants to report more that one reason, ask for the main one.

01 Chronic physical or mental health condition diagnosed by a health professional
02 Own injury such as broken bone, bad cut, burn or sprain
03 Own infectious disease such as a cold, flu or stomach flu
04 Other reason related to physical or mental health
05 Caring for own children
06 Caring for elderly relative(s)
07 Maternity, paternity or parental leave
08 Education, training or school
09 Temporary lay-off
10 Strike or lockout
11 Retired
12 Other
   DK, RF

If LOP_Q020 = 01, go to LOP_Q050. Otherwise, go to LOP_END.

The next questions are about absence from work because of your OWN health.
Please include consultations with health professionals, but exclude absences because of the health of another person.

INTERVIEWER: Press <1> to continue.

In the past three months, that is from [date three months ago] to yesterday, have you missed any days at work because of a chronic health condition?

By chronic condition, we mean a long-term physical or mental condition that is expected to last or have already lasted 6 months or more and that has been diagnosed by a health professional.

1 Yes (Go to LOP_Q060)
2 No (Go to LOP_Q060)
   DK, RF (Go to LOP_Q060)
How many days of work have you missed because of a chronic condition?

INTERVIEWER: Don’t enter days for which time has been made up. Enter 1 day if respondent reports less than one day.

___
(MIN: 1) (MAX: 90)

DK, RF

Which chronic condition is this?

INTERVIEWER: If the respondent wants to report more than one condition, probe for the main reason or the one that has required the highest number of days of absence.

01 Arthritis (such as rheumatoid arthritis, osteoarthritis, lupus or gout)
02 Osteoporosis
03 Cardiovascular disease (including stroke and hypertension)
04 Kidney disease
05 Asthma
06 Chronic bronchitis, emphysema or chronic obstructive pulmonary disease (COPD)
07 Diabetes
08 Migraine
09 Back problems
10 Cancer
11 Mental illnesses (such as depression bipolar disorder, mania or schizophrenia)
12 Neurological diseases (such as alzheimer, dementia, parkinson’s disease, multiple sclerosis, spina bifida)
13 Digestive diseases (such as celiac disease, irritable bowel syndrome, stomach ulcers)
14 Fibromyalgia, chronic fatigue syndrome or multiple chemical sensitivities
15 Other - Specify (Go to LOP_S050)

DK, RF

Specify.

(80 spaces)

DK, RF

Go to LOP_C060

If LOP_Q020 = 1, go to LOP_END. Otherwise, go to LOP_Q060.
In the past three months, have you missed any days at work because of an injury such as a broken bone, a bad cut, a burn or a sprain?

1  Yes
2  No (Go to LOP_Q080)
   DK, RF (Go to LOP_Q080)

How many days of work have you missed (because of an injury)?

INTERVIEWER: Don't enter days for which time has been made up. Enter 1 day if respondent reports less than one day.

|_|_|
(MIN: 1) (MAX: 90)
DK, RF

In the past three months, have you missed any days at work because of an infectious disease such as a cold, a stomach flu or a respiratory infection?

1  Yes
2  No (Go to LOP_Q090)
   DK, RF (Go to LOP_Q090)

Which infectious disease was this?

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

1  Cold
2  Flu or influenza
3  Stomach flu
4  Respiratory infection
5  Other
   DK, RF (Go to LOP_Q090)

Go to LOP_C082

If LOP_Q081 = 1, go to LOP_Q082. Otherwise, go to LOP_C083.

How many days of work have you missed because of a cold?

INTERVIEWER: Symptoms of a cold include a runny nose, congestion and a cough. Don't enter days for which time has been made up.

|_|_|
(MIN: 1) (MAX: 90)
DK, RF
If LOP_Q081=2, go to LOP_Q083.
Otherwise, go to LOP_C084.

**LOP_Q083**
How many days of work have you missed because of a flu or influenza?

**INTERVIEWER:** Symptoms of influenza include fever, headache and body aches. Don't enter days for which time has been made up.

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(MIN: 1) (MAX: 90)
DK, RF

If LOP_Q081=3, go to LOP_Q084.
Otherwise, go to LOP_C085.

**LOP_Q084**
How many days of work have you missed because of a stomach flu?

**INTERVIEWER:** Symptoms of stomach flu include nausea, vomiting, stomach cramps and diarrhea. Don't enter days for which time has been made up.

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(MIN: 1) (MAX: 90)
DK, RF

If LOP_Q081=4, go to LOP_Q085.
Otherwise, go to LOP_C086.

**LOP_Q085**
How many days of work have you missed because of another respiratory infection such as pneumonia or bronchitis?

**INTERVIEWER:** Don't enter days for which time has been made up.

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(MIN: 1) (MAX: 90)
DK, RF

If LOP_Q081=5, go to LOP_Q086.
Otherwise, go to LOP_Q090.

**LOP_Q086**
How many days of work have you missed because of any other infectious disease?

INTERVIEWER: Don't enter days for which time has been made up.

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In the past three months, have you been absent from work because of any other reason related to your physical or mental health?

1. Yes (Go to LOP_Q100)
2. No (Go to LOP_END)
   DK, RF (Go to LOP_END)

How many days of work have you missed because of another reason related to your own physical or mental health?

INTERVIEWER: Don't enter days for which time has been made up. Enter 1 day if respondent reports less than one day.

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</table>
Socio-demographic characteristics (SDC)

SDC_BEG Core content

SDC_C1 If (do SDC block = 1), go to SDC_R1. Otherwise, go to SDC_END.

SDC_D1 Create fields DV_CNTRYTEXT (String 80) = SDC_Q1 and DV_CNTRYCODE (0..9990) = SDC_Q1

SDC_R1 Now some general background questions which will help us compare the health of people in Canada.

INTERVIEWER: Press <1> to continue.

SDC_Q1 In what country ^WERE ^YOU2 born?

INTERVIEWER: Ask the respondent to specify country of birth according to current boundaries. Start typing the name of the country of birth to activate function. Enter (CAN) to select Canada.

Note: Call Trigram Search. Null is not allowed. Don’t know and Refusal are allowed. The Search File to be used corresponds to the Excel file "Country_Pays_Look_up_list_Concordance_3_digit_CCHS_all_alphabetical_order.xlsx"

The DV_CNTRYCODE and the DV_CNTRYTEXT are the two fields that should be displayed on the popup screen when the Search File is called. However, the corresponding DV_CNTRYCODE also needs to be saved and used as the key to indicate exactly which unique entry in the Search File was selected (i.e., it is the code that differentiates between the English, French and other spelling variations of country names).

SDC_C02A If DV_CNTRYCODE = 124 (Canada) or DK or R, go to SDC_D4. Otherwise, go to SDC_C02B.

SDC_C02B If DV_CNTRYCODE = 1 (Other-Specify), go to SDC_S1. Otherwise, go to SDC_Q2.
SDC_S1  In what country ^WERE ^YOU1 born?

**INTERVIEWER:** Specify.

(80 spaces)
DK, RF

SDC_Q2  ^WERE_C ^YOU1 born a Canadian citizen?

**SDC_2**

1  Yes  (Go to SDC_D4)
2  No  (Go to SDC_D4)

SDC_Q3  In what year did ^YOU1 first come to Canada to live?

**INTERVIEWER:** The respondent may have first come to live in Canada on a work or study permit or by claiming refugee status. If the respondent moved to Canada more than once, enter the first year they arrived in Canada (excluding holiday time spent in Canada).

If the respondent cannot give the exact year of arrival in Canada, ask for a best estimate of the year. Minimum is [*Info.YearofBirth*]; maximum is [*Info.CurrentYear*].

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
</tr>
</thead>
</table>
DK, RF

SDC_E3  Year must be between ^Info.YearofBirth and ^Info.CurrentYear. Please return and correct.

**Note:** Trigger hard edit if SDC_Q3 < [*Info.YearofBirth*] or SDC_Q3 > [*Info.CurrentYear*].

SDC_D4  (not applicable)
To which ethnic or cultural groups did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese, East Indian)

**INTERVIEWER:** Mark all that apply. An ancestor is usually more distant than a grandparent. If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian. If the respondent answers "Eskimo", enter "20".

<table>
<thead>
<tr>
<th>Code</th>
<th>Ethnicity or Cultural Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Canadian</td>
</tr>
<tr>
<td>02</td>
<td>French</td>
</tr>
<tr>
<td>03</td>
<td>English</td>
</tr>
<tr>
<td>04</td>
<td>German</td>
</tr>
<tr>
<td>05</td>
<td>Scottish</td>
</tr>
<tr>
<td>06</td>
<td>Irish</td>
</tr>
<tr>
<td>07</td>
<td>Italian</td>
</tr>
<tr>
<td>08</td>
<td>Ukrainian</td>
</tr>
<tr>
<td>09</td>
<td>Dutch (Netherlands)</td>
</tr>
<tr>
<td>10</td>
<td>Chinese</td>
</tr>
<tr>
<td>11</td>
<td>Jewish</td>
</tr>
<tr>
<td>12</td>
<td>Polish</td>
</tr>
<tr>
<td>13</td>
<td>Portuguese</td>
</tr>
<tr>
<td>14</td>
<td>South Asian (e.g. East Indian, Pakistani, Sri Lankan)</td>
</tr>
<tr>
<td>15</td>
<td>Norwegian</td>
</tr>
<tr>
<td>16</td>
<td>Welsh</td>
</tr>
<tr>
<td>17</td>
<td>Swedish</td>
</tr>
<tr>
<td>18</td>
<td>North American Indian</td>
</tr>
<tr>
<td>19</td>
<td>Métis</td>
</tr>
<tr>
<td>20</td>
<td>Inuit</td>
</tr>
<tr>
<td>21</td>
<td>Other - Specify (Go to SDC_S4A)</td>
</tr>
</tbody>
</table>

Go to SDC_C04B

**SDC_S4A**

To which ethnic or cultural groups did ^YOUR2 ancestors belong?

**INTERVIEWER:** Specify.

(80 spaces)

DK, RF

**SDC_C04B**

If SDC_Q1 or DV_CNTRYCODE = Canada, United States, Germany or Greenland, go to SDC_Q4B_1. Otherwise, go to SDC_D4C.
The terms "First Nations" and "North American Indian" can be interchanged. Some respondents may prefer one term over the other. "Inuit" is the plural form of "Inuk".

INTERVIEWER: If the respondent has already specified the Aboriginal group(s), select the group(s) from the list below; if not, ask:

|^ARE_C|^YOU1 First Nations, Métis or Inuk/Inuit?

1  Yes  (Go to SDC_D4C)
2  No    (Go to SDC_D4C)
     DK, RF (Go to SDC_D5A)

INTERVIEWER: Mark all that apply. First Nations (North American Indian) includes Status and Non-Status Indians.
The terms "First Nations" and "North American Indian" can be interchanged. Some respondents may prefer one term over the other. "Inuit" is the plural form of "Inuk".

SDC_42A  1  First Nations (North American Indian)
SDC_42B  2  Métis
SDC_42C  3  Inuk/Inuit

DK, RF

Go to SDC_D5A

SDC_D4C If Proxmode=1, YOU2_C = "FNAME".
### SDC_Q4C

^YOU2_C may belong to one or more racial or cultural groups on the following list.

^ARE_C ^YOU1...?

**INTERVIEWER:** Read categories to respondent and mark up to 4 responses that apply.

If respondent answers "mixed" or "bi-racial", probe for specific groups and mark each one separately (e.g. White, Black, Chinese)

<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>White</td>
</tr>
<tr>
<td>02</td>
<td>South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)</td>
</tr>
<tr>
<td>03</td>
<td>Chinese</td>
</tr>
<tr>
<td>04</td>
<td>Black</td>
</tr>
<tr>
<td>05</td>
<td>Filipino</td>
</tr>
<tr>
<td>06</td>
<td>Latin American</td>
</tr>
<tr>
<td>07</td>
<td>Arab</td>
</tr>
<tr>
<td>08</td>
<td>Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)</td>
</tr>
<tr>
<td>09</td>
<td>West Asian (e.g., Iranian, Afghan, etc.)</td>
</tr>
<tr>
<td>10</td>
<td>Korean</td>
</tr>
<tr>
<td>11</td>
<td>Japanese</td>
</tr>
<tr>
<td>12</td>
<td>Other - Specify (Go to SDC_S4C)</td>
</tr>
</tbody>
</table>

**Note:** (Help text) All response categories and examples must be read aloud, even if the respondent has already given the interviewer one response.

DO NOT code responses that do not appear on the list of response categories. For example, do not mark "White", if the respondent says "Caucasian". Record "Caucasian" in the "Other group - Specify category".

Go to SCD_Q5AA

### SDC_S4C

YOU2_C may belong to one or more racial or cultural groups on the following list.

^ARE_C ^YOU1...?

**INTERVIEWER:** Specify.

(80 spaces)

DK, RF

### SDC_D5A_1

Not applicable
Of English or French, which language(s) do you speak well enough to conduct a conversation? Is it...?

1. English only
2. French only
3. Both English and French
4. Neither English nor French

Note: the answer category "XYZ - No more response" cannot be selected as the first response for this question. If the respondent cannot provide an answer to this question, please select DK or RF.

Note: trigger hard edit if at the first iteration of the question, the interviewer selects "XYZ - No more response" DV_LANGCODE = 995.

Note: the same language has been selected a second time. Please return and correct.

Note: trigger hard edit if any two language codes (SDC_B5A.LangCode) are equal. DV_LANGCODE = 1 is an exception to this edit: multiple other-specify responses are acceptable.

Call LanguageLookUp block (LLU) a maximum of three times. Always call it the first time; call subsequent items if the previous instances SDC_B5A.LangCode is a response other than 9995.

Call LanguageLookUp block (LLU) a maximum of three times. Always call it the first time; call subsequent items if the previous instances SDC_B6.LangCode is a response other than 9995.

Pass via parameter (question text, interviewer instruction, help text, instance number):
SDC_E6B  The same language has been selected a second time. Please return and correct.

Note:  Trigger hard edit if any two language codes (SDC_B6.LangCode) are equal. DV_LANGCODE = 1 is an exception to this edit: multiple other-specify responses are acceptable.

SDC_R7  Now a question about the dwelling in which you live.

INTERVIEWER:  Press <1> to continue.

SDC_Q7  Is the dwelling ...?

DHH_OWN  INTERVIEWER:  Read categories to respondent. If the respondent’s household contains both owners and renters, such as a boarder, the dwelling should be considered owned.

1  Owned by you or a member of this household, even if it is still being paid for
2  Rented, even if no cash rent is paid
DK, RF

Note:  (Help text) Choose ‘Owned’ if the respondent and/or another member of this household own the dwelling in which they live, even if the dwelling is on rented or leased land, or if it is part of a condominium, or if it is still being paid for by the respondent or another member of your household.

Choose ‘Rented’ in all other cases, even if the dwelling occupied by the respondent is provided without cash rent or at a reduced rent (for example, a clergy’s residence or a superintendent’s dwelling in an apartment building), or the dwelling is part of a co-operative.

SDC_C7A  If proxy interview or age < 18 or age > 59, go to SDC_END. Otherwise, go to SDC_R7A.

SDC_R7A  Now one additional background question which will help us compare the health of people in Canada.

INTERVIEWER:  Press <1> to continue.

SDC_Q7A  Do you consider yourself to be...?

SDC_7AA  INTERVIEWER:  Read categories to respondent.

1  heterosexual (sexual relations with people of the opposite sex)
2  homosexual, that is lesbian or gay (sexual relations with people of your own sex)
3  bisexual (sexual relations with people of both sexes)
DK, RF
Language Lookup (LLU)

LLU_BEG  

Content block

External variables required:

PROXMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOLLU: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

Screen display:
Display on header bar PE_Q01 and PE_Q02 separated by a space

LLU_Q01

What language ^DOVERB ^YOU1 speak most often at home?

INTERVIEWER: Mark up to three responses. Multiple responses are accepted only if languages are spoken equally often at home. Start typing name of language to activate the search function. Enter "Other-Specify" if the language is not part of the list. Enter "xyz" to select the item which indicates no (more) languages.

Note: Help text: For a person who lives alone, report the language in which the respondent feels most comfortable (this can be the language the respondent would use for talking on the telephone, visiting at home with friends, etc.).

Some languages like Chinese (Cantonese, Mandarin or other Chinese language) and those used by Jewish communities (such as Hebrew or Yiddish) have regional dialects which should be reported as separate response options. Probe the respondent for the correct language.

LLU_END
Person most knowledgeable about household situation (PMK)

PMK_BEG  Core module

External variables required:
PROXMODE
Age of Proxy respondent
Do PMK
HHLD Size
Province
Respondent’s name
GR_N01
PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

Screen display:
Display on header bar PE_Q01 and PE_Q02 separated by a space

PMK_C010  If DOPMK = 1, go to PMK_C015A.
Otherwise, go to PMK_END.

PMK_C015A  If PROXMODE = 1 and age of proxy respondent > 15, go to PMK_END.
Otherwise, go to PMK_C015AB.

PMK_C015B  If HHLD size = 1 (respondent lives alone) or if AGE > 15, go to PMK_END.
Otherwise, go to PMK_C15C.

PMK_C015C  If Age<14, go to PMK_R020.
Otherwise, go to PMK_C16A.

PMK_C16A  If province = 24 (Quebec), go to PMK_R16AC.
Otherwise, go to PMK_C16B.

PMK_C16B  If province = 60, 61 or 62 (Yukon, N.W.T. or Nunavut), go to PMK_R16AB.
Otherwise, go to PMK_R16AA.
Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.

Provincial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses, telephone numbers or health numbers will be provided.

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.

Press <1> to continue.

Go to PMK_Q016

Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.

Territorial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses, telephone numbers or health numbers will be provided.

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.

Press <1> to continue.

Go to PMK_Q016

Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the "Institut de la Statistique du Québec", Health Canada and the Public Health Agency of Canada.

The "Institut de la Statistique du Québec" and provincial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses, telephone numbers or health numbers will be provided.

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.

Press <1> to continue.
All information will be kept strictly confidential and used only for statistical purposes.

Do you agree to share the information provided?

1  Yes
2  No
   DK, R

For the last few questions, I would like to speak with someone who would be best able to answer questions about the entire household such as household income, food purchases and insurance coverage.

INTERVIEWER: Press <1> to continue.

Who would this person be?

INTERVIEWER: Select most knowledgeable person from the household roster. Allow the respondent to say myself.

01 MEMBER1
02 MEMBER2
03 MEMBER3
04 MEMBER4
05 MEMBER5
06 MEMBER6
07 MEMBER7
08 MEMBER8
09 MEMBER9
10 MEMBER10
11 MEMBER11
12 MEMBER12
13 MEMBER13
14 MEMBER14
15 MEMBER15
16 MEMBER16
17 MEMBER17
18 MEMBER18
19 MEMBER19
20 MEMBER20

(DK, RF are not allowed)

Note: Programmer: Display household members by personID in ascending order so as to ensure that category values match the personID variable.

An invalid answer has been selected. Please return and correct.

Note: Trigger hard edit if a blank answer is selected.
PMK_D030A  If PMK_Q020 is the respondent then PMKFLAG (Person most knowledgeable) = 2. Else, PMKFLAG = 1.

PMK_C030A  If PMKFLAG=2, go to PMK_D030C. Otherwise, go to PMK_D030B.

PMK_D030B  If PMK_Q020 = 1, MEMBERNAME = "MEMBER1".
If PMK_Q020 = 2, MEMBERNAME = "MEMBER2".
If PMK_Q020 = 3, MEMBERNAME = "MEMBER3".
If PMK_Q020 = 4, MEMBERNAME = "MEMBER4".
If PMK_Q020 = 5, MEMBERNAME = "MEMBER5".
If PMK_Q020 = 6, MEMBERNAME = "MEMBER6".
If PMK_Q020 = 7, MEMBERNAME = "MEMBER7".
If PMK_Q020 = 8, MEMBERNAME = "MEMBER8".
If PMK_Q020 = 9, MEMBERNAME = "MEMBER9".
If PMK_Q020 = 10, MEMBERNAME = "MEMBER10".
If PMK_Q020 = 11, MEMBERNAME = "MEMBER11".
If PMK_Q020 = 12, MEMBERNAME = "MEMBER12".
If PMK_Q020 = 13, MEMBERNAME = "MEMBER13".
If PMK_Q020 = 14, MEMBERNAME = "MEMBER14".
If PMK_Q020 = 15, MEMBERNAME = "MEMBER15".
If PMK_Q020 = 16, MEMBERNAME = "MEMBER16".
If PMK_Q020 = 17, MEMBERNAME = "MEMBER17".
If PMK_Q020 = 18, MEMBERNAME = "MEMBER18".
If PMK_Q020 = 19, MEMBERNAME = "MEMBER19".
If PMK_Q020 = 20, MEMBERNAME = "MEMBER20".

PMK_Q030B  Is MEMBERNAME available?

PMK_030B

1    Yes
2    No

(DK, RF are not allowed)

Note: Do not retain data for this variable.

PMK_D030C  PMKFLAG=1 and PMK_Q030B=1 then PMKProxy = 1
Otherwise, PMKProxy = 2

PMK_C040  If PMKProxy=1, go to PMK_R050.
Otherwise, go to PMK_C045.
PMK_C045  If PMKFLAG=2, go to PMK_R040.  Otherwise, go to PMK_R045.

PMK_R040  This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time.

INTERVIEWER: Press <1> to continue.

Go to PMK_END

PMK_R045  This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to try and find the best time to speak with ^MEMBERNAME.

INTERVIEWER: Press <1> to continue.

Go to PMK_END

PMK_R050  This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to speak with ^MEMERNAME.

INTERVIEWER: You should continue with the most knowledgeable person about household. Press <1> to continue.

PMK_R060  Hello, My name is ... I've just completed the main portion of the interview with <Respondent's name>. At this point I need to finish the interview with a few general questions on your household's situation. <Respondent's name> said you would be the best person to answer these types of questions.

INTERVIEWER: Press <1> to continue.

PMK_END
Home safety (HMS)
HMS_BEG Optional Content (See Appendix 2)

HMS_C1A If (do HMS block = 2), go to HMS_END.
Otherwise, go to HMS_C1B.

HMS_C1B If PMKProxy = 2, go to HMS_END.
Otherwise, go to HMS_R1.

HMS_R1 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?
HMS_1
1 Yes
2 No (Go to HMS_Q5)
   DK, RF (Go to HMS_END)

HMS_Q2 Are there smoke detectors installed on every level of your home, including the basement?
HMS_2
1 Yes
2 No
   DK, RF

HMS_Q3 Are the smoke detectors tested each month?
HMS_3
1 Yes
2 No
   DK, RF

HMS_Q4 How often are the batteries changed in your smoke detectors?
HMS_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, RF
HMS_Q5  Is there an escape plan for getting out of your home in case of a fire?

HMS_5

1  Yes
2  No  (Go to HMS_END)

DK, RF  (Go to HMS_END)

HMS_C6  If household size > 1, go to HMS_Q6.
Otherwise, go to HMS_END.

HMS_Q6  Have the members of your household ever discussed this plan?

HMS_6

1  Yes
2  No

DK, RF
Insurance coverage (INS)

INS_BEG Optional Content (See Appendix 2)

INS_C1A If (do INS block = 1), go to INS_C1B. Otherwise, go to INS_END.

INS_C1B If PMKProxy=2, go to INS_END. Otherwise, go to INS_R1.

INS_R1 Now, turning to ^YOUR2 insurance coverage. Please include any private, government or employer-paid plans.

INTERVIEWER: Press <1> to continue.

INS_D1 (not applicable)

INS_Q1 ^DOVERB_C ^YOU2 have insurance that covers all or part of the cost of ^YOUR1 prescription medications?

INS_1

1 Yes
2 No (Go to INS_C2)
   DK (Go to INS_C2)
   RF (Go to INS_END)

INS_Q1A Is it...?

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

INS_1A 1 A government-sponsored plan
INS_1B 2 An employer-sponsored plan
INS_1C 3 A private plan
DK, RF

INS_C2 If (do OH2 block = 1) and not a proxy interview, go to INS_Q3. Otherwise, go to INS_Q2.
INS_Q2  (^DOVERB_C ^YOU2 have insurance that covers all or part of:)  
INS_2  ...^YOUR1 dental expenses?  

1  Yes  
2  No  (Go to INS_Q3)  
    DK, RF  (Go to INS_Q3)

INS_Q2A  Is it...?  

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

INS_2A  1  A government-sponsored plan  
INS_2B  2  An employer-sponsored plan  
INS_2C  3  A private plan  
    DK, RF

INS_Q3  (^DOVERB_C ^YOU2 have insurance that covers all or part of:)  
INS_3  ...the costs of eye glasses or contact lenses?  

1  Yes  
2  No  (Go to INS_Q4)  
    DK, RF  (Go to INS_Q4)

INS_Q3A  Is it...?  

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

INS_3A  1  A government-sponsored plan  
INS_3B  2  An employer-sponsored plan  
INS_3C  3  A private plan  
    DK, RF

INS_Q4  (^DOVERB_C ^YOU2 have insurance that covers all or part of:)  
INS_4  ...hospital charges for a private or semi-private room?  

1  Yes  
2  No  (Go to INS_END)  
    DK, RF  (Go to INS_END)
**INS_Q4A**

*Is it...?*

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

<table>
<thead>
<tr>
<th>INS_4A</th>
<th>1</th>
<th>A government-sponsored plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>INS_4B</td>
<td>2</td>
<td>An employer-sponsored plan</td>
</tr>
<tr>
<td>INS_4C</td>
<td>3</td>
<td>A private plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

**INS_END**
Food security (FSC)

FSC_BEG  Theme content

FSC_C01A  If (do FSC block = 1), go to FSC_C01AB.
Otherwise, go to FSC_END.

FSC_C01AB  If PMKProxy = 2, go to FSC_END.
Otherwise, go to FSC_D010.

FSC_D010  If HhldSize = 1, ^DT_YouAndOthers = "you".
If HhldSize = 1, ^DT_YouAndOthers_C = "You".
If HhldSize ne 1, ^DT_YouAndOthers = "you and other household members".
If HhldSize ne 1, ^DT_YouAndOthers_C = "You and other household members".
If OlderKids + YoungKids = 1, ^DT_ChildFName = "^ChildFName".
If OlderKids + YoungKids = 1, ^DT_ChildWas = "^ChildFName + was".
If OlderKids + YoungKids = 1, ^DT_AnyChild = "^ChildFName".
If OlderKids + YoungKids = 1, ^DT_AnyChilds = "^ChildFName + 's".
If OlderKids + YoungKids = 1, DT_WasAnyChild = "was + ^ChildFName".
If OlderKids + YoungKids ne 1, ^DT_ChildFName = "the children".
If OlderKids + YoungKids ne 1, ^DT_ChildWas = "The children were".
If OlderKids + YoungKids ne 1, ^DT_AnyChild = "any of the children".
If OlderKids + YoungKids ne 1, ^DT_AnyChilds = "any of the children's".
If OlderKids + YoungKids ne 1, DT_WasAnyChild = " were any of the children".
If (Adults + YoungAdults) = 1, ^DT_YouOtherAdults = "you".
If (Adults + YoungAdults) = 1, ^DT_YouOtherAdults_C = "You".
If (Adults + YoungAdults) ne 1, ^DT_YouOtherAdults = "you or other adults in your household".
If (Adults + YoungAdults) ne 1, ^DT_YouOtherAdults_C = "You or other adults in your household".

FSC_R010  The following questions are about the food situation for your household in the past 12 months.

INTERVIEWER:  Press <Enter> to continue.
Which of the following statements best describes the food eaten in your household in the past 12 months, that is, since [current month] of last year?

INTERVIEWER: Read categories to respondent.

1. ^DT_YouAndOthers_C always had enough of the kinds of food you wanted to eat.
2. ^DT_YouAndOthers_C had enough to eat, but not always the kinds of food you wanted.
3. Sometimes ^DT_YouAndOthers did not have enough to eat.
4. Often ^DT_YouAndOthers didn't have enough to eat.

(FGo to FSC END)

Now I'm going to read you several statements that may be used to describe the food situation for a household. Please tell me if the statement was often true, sometimes true, or never true for ^DT_YouAndOthers in the past 12 months.

INTERVIEWER: Press <Enter> to continue.

The first statement is: ...^DT_YouAndOthers_C worried that food would run out before you got money to buy more. Was that often true, sometimes true, or never true in the past 12 months?

1. Often true
2. Sometimes true
3. Never true
(DK, RF)

The food that ^DT_YouAndOthers bought just didn't last, and there wasn't any money to get more. Was that often true, sometimes true, or never true in the past 12 months?

1. Often true
2. Sometimes true
3. Never true
(DK, RF)

^DT_YouAndOthers_C couldn't afford to eat balanced meals. In the past 12 months was that often true, sometimes true, or never true?

1. Often true
2. Sometimes true
3. Never true
(DK, RF)

If (OlderKids + YoungKids > 0), go to FSC_R050. Otherwise, go to FSC_C070.
Now I’m going to read a few statements that may describe the food situation for households with children.

INTERVIEWER: Press <Enter> to continue.

^DT_YouOtherAdults_C relied on only a few kinds of low-cost food to feed ^DT_ChildFName because you were running out of money to buy food. Was that often true, sometimes true, or never true in the past 12 months?

1. Often true
2. Sometimes true
3. Never true

DK, RF

Note: If (OlderKids + YoungKids) = 0 and some members have age = blank, then FSC_Q050 = Valid Skip.

^DT_YouOtherAdults_C couldn’t feed ^DT_ChildFName a balanced meal, because you couldn’t afford it. Was that often true, sometimes true, or never true in the past 12 months?

1. Often true
2. Sometimes true
3. Never true

DK, RF

^DT_ChildWas not eating enough because ^DT_YouOtherAdults just couldn’t afford enough food. Was that often, sometimes, or never true in the past 12 months?

1. Often true
2. Sometimes true
3. Never true

DK, RF

The following few questions are about the food situation in the past 12 months for you or any other adults in your household.

INTERVIEWER: Press <Enter> to continue.
FSC_Q080
In the past 12 months, since last [current month] did DT_YouOtherAdults ever cut the size of your meals or skip meals because there wasn’t enough money for food?

1  Yes 
2  No  (Go to FSC_Q090) 
   DK, RF  (Go to FSC_Q090)

FSC_Q081
How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

1  Almost every month 
2  Some months but not every month 
3  Only 1 or 2 months 
   DK, RF

FSC_Q090
In the past 12 months, did you Personally ever eat less than you felt you should because there wasn’t enough money to buy food?

1  Yes 
2  No  
   DK, RF

FSC_Q100
In the past 12 months, were you Personally ever hungry but didn’t eat because you couldn’t afford enough food?

1  Yes 
2  No  
   DK, RF

FSC_Q110
In the past 12 months, did you Personally lose weight because you didn’t have enough money for food?

1  Yes 
2  No  
   DK, RF

FSC_C120
If (FSC_Q070 = 1 or 2) or (FSC_Q080 or FSC_Q090 or FSC_Q100 or FSC_Q110 = 1), go to FSC_Q120. Otherwise, go to FSC_END.

FSC_Q120
In the past 12 months, did DT_YouOtherAdults ever not eat for a whole day because there wasn’t enough money for food?

1  Yes 
2  No  (Go to FSC_C130) 
   DK, RF  (Go to FSC_C130)
FSC_Q121  How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

1  Almost every month
2  Some months but not every month
3  Only 1 or 2 months
   DK, RF

FSC_C130  If OlderKids + YoungKids <> 0, go to FSC_R130. Otherwise, go to FSC_END.

FSC_R130  Now, a few questions on the food experiences for children in your household.

INTERVIEWER:  Press <Enter> to continue.

FSC_Q130  In the past 12 months, did ^DT_YouOtherAdults ever cut the size of ^DT_AnyChilds meals because there wasn't enough money for food?

1  Yes
2  No
   DK, RF

FSC_Q140  In the past 12 months, did ^DT_AnyChild ever skip meals because there wasn't enough money for food?

1  Yes
2  No  (Go to FSC_Q150)
   DK, RF  (Go to FSC_Q150)

FSC_Q141  How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

1  Almost every month
2  Some months but not every month
3  Only 1 or 2 months
   DK, RF

FSC_Q150  In the past 12 months, ^DT_WasAnyChild ever hungry but you just couldn't afford more food?

1  Yes
2  No
   DK, RF
<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, RF</td>
</tr>
</tbody>
</table>
Neurological Conditions (NEU)

NEU_BEG  Theme content

External variables required:

Household size
From roster: MEMBERNAME, Sex and Age

PROXMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DONEU: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

Screen display:
Display on header bar PE_Q01 and PE_Q02 separated by a space

NEU_C01  If DONEU = 1, go to NEU_C02.
Otherwise, go to NEU_END.

NEU_C02  If PMKProxy = 2, go to NEU_END.
Otherwise, go to NEU_D010.

NEU_D010  If household size > 1, "^DT_PHRASENEUE = "Now, I’d like you to think about everyone in your household."

Otherwise, "^DT_NOW = "Now,“. 

NEU_R010  "^DT_PHRASENEUE.

"^DT_NOW I’d like to ask about neurological conditions, which are conditions that affect the brain, spinal cord, nerves or muscles. Please do not include mental health conditions such as depression, anxiety disorder or schizophrenia.

We are interested in conditions which are expected to last or have already lasted 6 months or more and have been diagnosed by a doctor or other health professional.

INTERVIEWER: Press <1> to continue.
NEU_D015  If one person household, DT_YOU = "you".
 If one person household, DT_DOES_C = "Do you".
 If one person household, DT_DOES = "do you".
 If one person household, DT_HAS = "Have you".
 If Else, DT_YOU = "you or anyone in your household".
 If Else, DT_DOES_C = "Does MEMBERNAME".
 If Else, DT_DOES = "does MEMBERNAME".
 If Else, DT_HAS = "Has MEMBERNAME".

NEU_C015  If household size = 1, go to NEU_Q020.
 Otherwise, go to NEU_Q015.

NEU_Q015  Do ^DT_YOU have migraine headaches?

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No  (Go to NEU_Q020)</td>
</tr>
<tr>
<td>98</td>
<td>RF  (Go to NEU_END)</td>
</tr>
<tr>
<td>99</td>
<td>DK  (Go to NEU_Q020)</td>
</tr>
</tbody>
</table>

Note: If hhld of 1, this question was asked of the respondent in CCC.

NEU_C016  If one person household, go to NEU_Q020.
 Otherwise, go to NEU_Q016.
Who has this condition?

INTERVIEWER: Mark all that apply.

| NEU_016A | 01 | MEMBER1 |
| NEU_016B | 02 | MEMBER2 |
| NEU_016C | 03 | MEMBER3 |
| NEU_016D | 04 | MEMBER4 |
| NEU_016E | 05 | MEMBER5 |
| NEU_016F | 06 | MEMBER6 |
| NEU_016G | 07 | MEMBER7 |
| NEU_016H | 08 | MEMBER8 |
| NEU_016I | 09 | MEMBER9 |
| NEU_016J | 10 | MEMBER10 |
| NEU_016K | 11 | MEMBER11 |
| NEU_016L | 12 | MEMBER12 |
| NEU_016M | 13 | MEMBER13 |
| NEU_016N | 14 | MEMBER14 |
| NEU_016O | 15 | MEMBER15 |
| NEU_016P | 16 | MEMBER16 |
| NEU_016Q | 17 | MEMBER17 |
| NEU_016R | 18 | MEMBER18 |
| NEU_016S | 19 | MEMBER19 |
| NEU_016T | 20 | MEMBER20 |

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.

An invalid answer has been selected. Please return and correct.

If a blank answer is selected, call NEU_E016.

Do **YOU** have multiple sclerosis?

| NEU_020 | 1 | Yes |
| NEU_020 | 2 | No (Go to NEU_Q030) |
| NEU_020 | DK, RF (Go to NEU_Q030) |

Note: In processing, if this is a one-person household and NEU_Q020 = 1, then NEU_Q021A = 1 and NEU_Q021(B - T) = 2.

If one person household, go to NEU_Q030. Otherwise, go to NEU_Q021.
NEU_Q021  Who has this condition?

INTERVIEWER: Mark all that apply.

| NEU_021A | 01 MEMBER1 |
| NEU_021B | 02 MEMBER2 |
| NEU_021C | 03 MEMBER3 |
| NEU_021D | 04 MEMBER4 |
| NEU_021E | 05 MEMBER5 |
| NEU_021F | 06 MEMBER6 |
| NEU_021G | 07 MEMBER7 |
| NEU_021H | 08 MEMBER8 |
| NEU_021I | 09 MEMBER9 |
| NEU_021J | 10 MEMBER10 |
| NEU_021K | 11 MEMBER11 |
| NEU_021L | 12 MEMBER12 |
| NEU_021M | 13 MEMBER13 |
| NEU_021N | 14 MEMBER14 |
| NEU_021O | 15 MEMBER15 |
| NEU_021P | 16 MEMBER16 |
| NEU_021Q | 17 MEMBER17 |
| NEU_021R | 18 MEMBER18 |
| NEU_021S | 19 MEMBER19 |
|       | 20 MEMBER20 |

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.

NEU_E021  An invalid answer has been selected. Please return and correct.

Note: If a blank answer is selected, call NEU_E021.

NEU_Q030  Do ^DT_YOU have epilepsy?

<table>
<thead>
<tr>
<th>NEU_030</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>(Go to NEU_Q040)</td>
</tr>
<tr>
<td></td>
<td>DK, RF</td>
</tr>
<tr>
<td></td>
<td>(Go to NEU_Q040)</td>
</tr>
</tbody>
</table>

Note: In processing, if this is a one-person household and NEU_Q030 = 1, then NEU_Q031A = 1 and NEU_Q031(B - T) = 2.

NEU_C031  If one person household, go to NEU_Q032.
          Otherwise, go to NEU_Q031.
NEU_Q031  Who has this condition?
NEU_031

INTERVIEWER: Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEU_031A</td>
<td>01 MEMBER1</td>
</tr>
<tr>
<td>NEU_031B</td>
<td>02 MEMBER2</td>
</tr>
<tr>
<td>NEU_031C</td>
<td>03 MEMBER3</td>
</tr>
<tr>
<td>NEU_031D</td>
<td>04 MEMBER4</td>
</tr>
<tr>
<td>NEU_031E</td>
<td>05 MEMBER5</td>
</tr>
<tr>
<td>NEU_031F</td>
<td>06 MEMBER6</td>
</tr>
<tr>
<td>NEU_031G</td>
<td>07 MEMBER7</td>
</tr>
<tr>
<td>NEU_031H</td>
<td>08 MEMBER8</td>
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<tr>
<td>NEU_031I</td>
<td>09 MEMBER9</td>
</tr>
<tr>
<td>NEU_031J</td>
<td>10 MEMBER10</td>
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<tr>
<td>NEU_031K</td>
<td>11 MEMBER11</td>
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<tr>
<td>NEU_031L</td>
<td>12 MEMBER12</td>
</tr>
<tr>
<td>NEU_031M</td>
<td>13 MEMBER13</td>
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<tr>
<td>NEU_031N</td>
<td>14 MEMBER14</td>
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<td>NEU_031O</td>
<td>15 MEMBER15</td>
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<td>NEU_031P</td>
<td>16 MEMBER16</td>
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<tr>
<td>NEU_031Q</td>
<td>17 MEMBER17</td>
</tr>
<tr>
<td>NEU_031R</td>
<td>18 MEMBER18</td>
</tr>
<tr>
<td>NEU_031S</td>
<td>19 MEMBER19</td>
</tr>
<tr>
<td></td>
<td>20 MEMBER20</td>
</tr>
</tbody>
</table>

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.

For each valid response ask:

NEU_E031  An invalid answer has been selected. Please return and correct.

Note: If a blank answer is selected for NEU_E031.

NEU_C032  If NEU_C030 = 1, go to NEU_Q032. Otherwise, go to NEU_Q033.

NEU_Q032  ^DT_DOES_C currently take medication for epilepsy?
NEU_032

<table>
<thead>
<tr>
<th>Code</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>99</td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

Note: Call NEU_Q032 and NEU_Q033 for each member of the household when NEU_Q030 = 1 (yes)
**NEU_Q033**  \(^{\text{DT}}\) **HAS had a seizure in the past 5 years?**

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>99</td>
<td>DK, RF</td>
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</tbody>
</table>

**NEU_Q040**  \(^{\text{DT}}\) **YOU have cerebral palsy?**

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No  (Go to NEU_Q050)</td>
</tr>
<tr>
<td>99</td>
<td>DK, RF (Go to NEU_Q050)</td>
</tr>
</tbody>
</table>

Note: In processing, if this is a one-person household and NEU_Q040 = 1, then NEU_Q041A = 1 and NEU_Q041(B - T) = 2.

**NEU_C041** If one person household, go to NEU_Q050. Otherwise, go to NEU_Q041.

**NEU_Q041** **Who has this condition?**

INTERVIEWER: Mark all that apply.

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<tbody>
<tr>
<td>NEU_041A</td>
<td>01 MEMBER1</td>
</tr>
<tr>
<td>NEU_041B</td>
<td>02 MEMBER2</td>
</tr>
<tr>
<td>NEU_041C</td>
<td>03 MEMBER3</td>
</tr>
<tr>
<td>NEU_041D</td>
<td>04 MEMBER4</td>
</tr>
<tr>
<td>NEU_041E</td>
<td>05 MEMBER5</td>
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<tr>
<td>NEU_041F</td>
<td>06 MEMBER6</td>
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<tr>
<td>NEU_041G</td>
<td>07 MEMBER7</td>
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<tr>
<td>NEU_041H</td>
<td>08 MEMBER8</td>
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<tr>
<td>NEU_041I</td>
<td>09 MEMBER9</td>
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<tr>
<td>NEU_041J</td>
<td>10 MEMBER10</td>
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<td>NEU_041K</td>
<td>11 MEMBER11</td>
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<td>NEU_041L</td>
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<td>NEU_041O</td>
<td>15 MEMBER15</td>
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<td>NEU_041P</td>
<td>16 MEMBER16</td>
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<tr>
<td>NEU_041Q</td>
<td>17 MEMBER17</td>
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<tr>
<td>NEU_041R</td>
<td>18 MEMBER18</td>
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<tr>
<td>NEU_041S</td>
<td>19 MEMBER19</td>
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<tr>
<td></td>
<td>20 MEMBER20</td>
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</tbody>
</table>

Note: If a blank answer is selected, call NEU_E041.
NEU_E041  An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q050  (Do ^DT_YOU have) spina bifida?
NEU_050

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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, RF</td>
</tr>
</tbody>
</table>

Note: In processing, if this is a one-person household and NEU_Q050 = 1, then NEU_Q051A = 1 and NEU_Q051(B - T) = 2.

NEU_C051  If one person household, go to NEU_Q060. Otherwise, go to NEU_Q051.

NEU_Q051  Who has this condition?
NEU_051

INTERVIEWER: Mark all that apply.

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<tr>
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<tbody>
<tr>
<td>NEU_051A</td>
<td>01 MEMBER1</td>
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<tr>
<td>NEU_051B</td>
<td>02 MEMBER2</td>
</tr>
<tr>
<td>NEU_051C</td>
<td>03 MEMBER3</td>
</tr>
<tr>
<td>NEU_051D</td>
<td>04 MEMBER4</td>
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<tr>
<td>NEU_051E</td>
<td>05 MEMBER5</td>
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<td>NEU_051F</td>
<td>06 MEMBER6</td>
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<td>NEU_051G</td>
<td>07 MEMBER7</td>
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<td>NEU_051H</td>
<td>08 MEMBER8</td>
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<td>NEU_051I</td>
<td>09 MEMBRF9</td>
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<td>NEU_051J</td>
<td>10 MEMBER10</td>
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<td>NEU_051K</td>
<td>11 MEMBER11</td>
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<td>NEU_051L</td>
<td>12 MEMBER12</td>
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<td>NEU_051M</td>
<td>13 MEMBER13</td>
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<td>NEU_051N</td>
<td>14 MEMBER14</td>
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<td>NEU_051O</td>
<td>15 MEMBER15</td>
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<tr>
<td>NEU_051P</td>
<td>16 MEMBER16</td>
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<tr>
<td>NEU_051Q</td>
<td>17 MEMBER17</td>
</tr>
<tr>
<td>NEU_051R</td>
<td>18 MEMBER18</td>
</tr>
<tr>
<td>NEU_051S</td>
<td>19 MEMBER19</td>
</tr>
<tr>
<td></td>
<td>20 MEMBER20</td>
</tr>
</tbody>
</table>

Note: If a blank answer is selected, call NEU_E051.

NEU_E051  An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.
NEU_Q060 (Do ^DT_YOU have) hydrocephalus?

NEU_060

1  Yes
2  No (Go to NEU_Q070)
99  DK, RF (Go to NEU_Q070)

Note: In processing, if this is a one-person household and NEU_Q060 = 1, then NEU_Q061A = 1 and NEU_Q061B - T = 2.

NEU_C061 If one person household, go to NEU_Q070.
Otherwise, go to NEU_Q061.

NEU_Q061 Who has this condition?

NEU_061 INTERVIEWER: Mark all that apply.

NEU_061A 01 MEMBER1
NEU_061B 02 MEMBER2
NEU_061C 03 MEMBER3
NEU_061D 04 MEMBER4
NEU_061E 05 MEMBER5
NEU_061F 06 MEMBER6
NEU_061G 07 MEMBER7
NEU_061H 08 MEMBER8
NEU_061I 09 MEMBER9
NEU_061J 10 MEMBER10
NEU_061K 11 MEMBER11
NEU_061L 12 MEMBER12
NEU_061M 13 MEMBER13
NEU_061N 14 MEMBER14
NEU_061O 15 MEMBER15
NEU_061P 16 MEMBER16
NEU_061Q 17 MEMBER17
NEU_061R 18 MEMBER18
NEU_061S 19 MEMBER19
20 MEMBER20

Note: If a blank answer is selected, call NEU_E061.

NEU_E061 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.
NEU_Q070 (Do ^DT_YOU have) muscular dystrophy?

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>99</td>
<td>DK, RF</td>
</tr>
</tbody>
</table>

Note: If this is a one-person household and NEU_Q070 = 1, then NEU_Q071A = 1 and NEU_Q071(B - T) = 2.

NEU_C071 If one person household, go to NEU_Q080. Otherwise, go to NEU_Q071.

NEU_Q071 Who has this condition?

INTERVIEWER: Mark all that apply.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NEU_071A</td>
<td>01</td>
<td>MEMBER1</td>
</tr>
<tr>
<td>NEU_071B</td>
<td>02</td>
<td>MEMBER2</td>
</tr>
<tr>
<td>NEU_071C</td>
<td>03</td>
<td>MEMBER3</td>
</tr>
<tr>
<td>NEU_071D</td>
<td>04</td>
<td>MEMBER4</td>
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<tr>
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</tr>
<tr>
<td>NEU_071F</td>
<td>06</td>
<td>MEMBER6</td>
</tr>
<tr>
<td>NEU_071G</td>
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<tr>
<td>NEU_071T</td>
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<td>MEMBER20</td>
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</tbody>
</table>

Note: If a blank answer is selected, call NEU_E071.

NEU_E071 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.
NEU_Q080  (Do ^DT_YOU have) dystonia?

NEU_080

1  Yes
2  No  (Go to NEU_Q090)
99  DK, RF  (Go to NEU_Q090)

Note:  In processing, if this is a one-person household and NEU_Q080 = 1, then
NEU_Q081A = 1 and NEU_Q081(B - T) = 2.

NEU_C081  If one person household, go to NEU_Q090.
Otherwise, go to NEU_Q081.

NEU_Q081  Who has this condition?

NEU_081

INTERVIEWER:  Mark all that apply.

| NEU_081A | 01 | MEMBER1 |
| NEU_081B | 02 | MEMBER2 |
| NEU_081C | 03 | MEMBER3 |
| NEU_081D | 04 | MEMBER4 |
| NEU_081E | 05 | MEMBER5 |
| NEU_081F | 06 | MEMBER6 |
| NEU_081G | 07 | MEMBER7 |
| NEU_081H | 08 | MEMBER8 |
| NEU_081I | 09 | MEMBER9 |
| NEU_081J | 10 | MEMBER10 |
| NEU_081K | 11 | MEMBER11 |
| NEU_081L | 12 | MEMBER12 |
| NEU_081M | 13 | MEMBER13 |
| NEU_081N | 14 | MEMBER14 |
| NEU_081O | 15 | MEMBER15 |
| NEU_081P | 16 | MEMBER16 |
| NEU_081Q | 17 | MEMBER17 |
| NEU_081R | 18 | MEMBER18 |
| NEU_081S | 19 | MEMBER19 |
| NEU_081T | 20 | MEMBER20 |

Note:  If a blank answer is selected, call NEU_E081.

NEU_E081  An invalid answer has been selected. Please return and correct.

Note:  Programmer displays all household member names, genders, and ages from
Household Roster. Show household members in ascending order by personID.
NEU_Q090 (Do ^DT_YOU have) Tourette’s syndrome?

NEU_090

1 Yes
2 No (Go to NEU_Q100)
99 DK, RF (Go to NEU_Q100)

Note: In processing, if this is a one-person household and NEU_Q090 = 1, then NEU_Q091A = 1 and NEU_Q091(B - T) = 2.

NEU_C091 If one person household, go to NEU_Q100. Otherwise, go to NEU_Q091.

NEU_Q091 Who has this condition?

NEU_091 INTERVIEWER: Mark all that apply.

NEU_091A 01 MEMBER1
NEU_091B 02 MEMBER2
NEU_091C 03 MEMBER3
NEU_091D 04 MEMBER4
NEU_091E 05 MEMBER5
NEU_091F 06 MEMBER6
NEU_091G 07 MEMBER7
NEU_091H 08 MEMBER8
NEU_091I 09 MEMBER9
NEU_091J 10 MEMBER10
NEU_091K 11 MEMBER11
NEU_091L 12 MEMBER12
NEU_091M 13 MEMBER13
NEU_091N 14 MEMBER14
NEU_091O 15 MEMBER15
NEU_091P 16 MEMBER16
NEU_091Q 17 MEMBER17
NEU_091R 18 MEMBER18
NEU_091S 19 MEMBER19
00 MEMBER20

Note: If a blank answer is selected, call NEU_E091.

NEU_E091 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.
**NEU_Q100**  
(Do ^DT YOU have) Parkinson’s disease?

**NEU_100**

<p>| | |</p>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>99</td>
<td>DK, RF</td>
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</tbody>
</table>

*Note: In processing, if this is a one-person household and NEU_Q100 = 1, then NEU_Q101A = 1 and NEU_Q101(B - T) = 2.*

**NEU_C101**

If one person household, go to NEU_Q110. Otherwise, go to NEU_Q101.

**NEU_Q101**  
Who has this condition?

**NEU_101**

<p>| | |</p>
<table>
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<tbody>
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<td>NEU_101A</td>
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<td>NEU_101R</td>
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<tr>
<td>NEU_101S</td>
<td>19</td>
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<td>20</td>
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</tbody>
</table>

*Note: If a blank answer is selected, call NEU_E101.*

**NEU_E101**

An invalid answer has been selected. Please return and correct.

*Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.
NEU_Q110  (Do ^DT_YOU have) ALS (Lou Gehrig’s disease/ amyotrophic lateral sclerosis)?

NEU_110

1  Yes  
2  No  (Go to NEU_Q120)  
99  DK, RF  (Go to NEU_Q120)  

Note:  In processing, if this is a one-person household and NEU_Q110 = 1, then  
NEU_Q111A = 1 and NEU_Q111(B - T) = 2.

NEU_C111  If one person household, go to NEU_Q120.  
Otherwise, go to NEU_Q111.

NEU_Q111  Who has this condition?  

NEU_111  INTERVIEWER:  Mark all that apply.

NEU_111A  01  MEMBER1  
NEU_111B  02  MEMBER2  
NEU_111C  03  MEMBER3  
NEU_111D  04  MEMBER4  
NEU_111E  05  MEMBER5  
NEU_111F  06  MEMBER6  
NEU_111G  07  MEMBER7  
NEU_111H  08  MEMBER8  
NEU_111I  09  MEMBER9  
NEU_111J  10  MEMBER10  
NEU_111K  11  MEMBER11  
NEU_111L  12  MEMBER12  
NEU_111M  13  MEMBER13  
NEU_111N  14  MEMBER14  
NEU_111O  15  MEMBER15  
NEU_111P  16  MEMBER16  
NEU_111Q  17  MEMBER17  
NEU_111R  18  MEMBER18  
NEU_111S  19  MEMBER19  
20  MEMBER20  

Note:  If a blank answer is selected, call NEU_E111.

NEU_E111  An invalid answer has been selected. Please return and correct.

Note:  Programmer displays all household member names, genders, and ages from  
Household Roster. Show household members in ascending order by personID.
NEU_Q120  (Do ^DT_YOU have) Huntington’s disease?
NEU_120

1  Yes
2  No  (Go to NEU_C130)
99  DK, RF  (Go to NEU_C130)

Note:  In processing, if this is a one-person household and NEU_Q120 = 1, then
NEU_Q121A = 1 and NEU_Q121(B - T) = 2.

NEU_C121  If one person household, go to NEU_C130.
Otherwise, go to NEU_Q121.

NEU_Q121  Who has this condition?
NEU_121

INTERVIEWER:  Mark all that apply.

NEU_121A  01  MEMBER1
NEU_121B  02  MEMBER2
NEU_121C  03  MEMBER3
NEU_121D  04  MEMBER4
NEU_121E  05  MEMBER5
NEU_121F  06  MEMBER6
NEU_121G  07  MEMBER7
NEU_121H  08  MEMBER8
NEU_121I  09  MEMBER9
NEU_121J  10  MEMBER10
NEU_121K  11  MEMBER11
NEU_121L  12  MEMBER12
NEU_121M  13  MEMBER13
NEU_121N  14  MEMBER14
NEU_121O  15  MEMBER15
NEU_121P  16  MEMBER16
NEU_121Q  17  MEMBER17
NEU_121R  18  MEMBER18
NEU_121S  19  MEMBER19
20  MEMBER20

Note:  If a blank answer is selected, call NEU_E121.

NEU_E121  An invalid answer has been selected. Please return and correct.

Note:  Programmer displays all household member names, genders, and ages from
Household Roster. Show household members in ascending order by personID

NEU_C130  If household size = 1, go to NEU_C140.
Otherwise, go to NEU_Q130.
NEU_Q130

Do ^DT_YOU suffer from the effects of a stroke?

NEU_130

1  Yes
2  No  (Go to NEU_Q140)
99  DK, RF  (Go to NEU_Q140)

Note: In processing, if this is a one-person household and NEU_Q130 = 1, then
NEU_Q131A = 1 and NEU_Q131(B - T) = 2.

NEU_C131

If one person household, go to NEU_Q140.
Otherwise, go to NEU_Q131.

NEU_Q131

Who has this condition?

NEU_131

INTERVIEWER: Mark all that apply.

NEU_131A  01  MEMBER1
NEU_131B  02  MEMBER2
NEU_131C  03  MEMBER3
NEU_131D  04  MEMBER4
NEU_131E  05  MEMBER5
NEU_131F  06  MEMBER6
NEU_131G  07  MEMBER7
NEU_131H  08  MEMBER8
NEU_131I  09  MEMBER9
NEU_131J  10  MEMBER10
NEU_131K  11  MEMBER11
NEU_131L  12  MEMBER12
NEU_131M  13  MEMBER13
NEU_131N  14  MEMBER14
NEU_131O  15  MEMBER15
NEU_131P  16  MEMBER16
NEU_131Q  17  MEMBER17
NEU_131R  18  MEMBER18
NEU_131S  19  MEMBER19
20  MEMBER20

Note: If a blank answer is selected, call NEU_E131.

NEU_E131

An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from
Household Roster. Show household members in ascending order by personID.
NEU_Q140 Do ^DT_YOU have a neurological condition caused by a brain injury?

1 Yes
2 No (Go to NEU_Q150)
99 DK, RF (Go to NEU_Q150)

Note: In processing, if this is a one-person household and NEU_Q140 = 1, then NEU_Q141A = 1 and NEU_Q141(B - T) = 2.

NEU_C141 If one person household, go to NEU_Q150. Otherwise, go to NEU_Q141.

NEU_Q141 Who has this condition?

NEU_141 INTERVIEWER: Mark all that apply.

NEU_141A 01 MEMBER1
NEU_141B 02 MEMBER2
NEU_141C 03 MEMBER3
NEU_141D 04 MEMBER4
NEU_141E 05 MEMBER5
NEU_141F 06 MEMBER6
NEU_141G 07 MEMBER7
NEU_141H 08 MEMBER8
NEU_141I 09 MEMBER9
NEU_141J 10 MEMBER10
NEU_141K 11 MEMBER11
NEU_141L 12 MEMBER12
NEU_141M 13 MEMBER13
NEU_141N 14 MEMBER14
NEU_141O 15 MEMBER15
NEU_141P 16 MEMBER16
NEU_141Q 17 MEMBER17
NEU_141R 18 MEMBER18
NEU_141S 19 MEMBER19
20 MEMBER20

Note: If a blank answer is selected, call NEU_E141.

NEU_E141 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.
NEU_Q150  (Do ^DT_YOU have) a neurological condition caused by a brain tumour?

NEU_150

INTERVIEWER: Include both malignant and benign tumours. Include tumours that start in the brain and cancer from elsewhere in the body that has spread to the brain.

1  Yes
2  No  (Go to NEU_Q160)
99  DK, RF  (Go to NEU_Q160)

Note: In processing, if this is a one-person household and NEU_Q150 = 1, then NEU_Q151A = 1 and NEU_Q151(B - T) = 2.

NEU_C151 If one person household, go to NEU_Q160. Otherwise, go to NEU_Q151.

NEU_Q151  Who has this condition?

NEU_151

INTERVIEWER: Mark all that apply.

NEU_151A  01  MEMBER1
NEU_151B  02  MEMBER2
NEU_151C  03  MEMBER3
NEU_151D  04  MEMBER4
NEU_151E  05  MEMBER5
NEU_151F  06  MEMBER6
NEU_151G  07  MEMBER7
NEU_151H  08  MEMBER8
NEU_151I  09  MEMBER9
NEU_151J  10  MEMBER10
NEU_151K  11  MEMBER11
NEU_151L  12  MEMBER12
NEU_151M  13  MEMBER13
NEU_151N  14  MEMBER14
NEU_151O  15  MEMBER15
NEU_151P  16  MEMBER16
NEU_151Q  17  MEMBER17
NEU_151R  18  MEMBER18
NEU_151S  19  MEMBER19
20  MEMBER20

Note: If a blank answer is selected, call NEU_E151.

NEU_E151 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.
NEU_Q160  (Do ^DT_YOU have) a neurological condition caused by a spinal cord injury?

NEU_160

1  Yes  
2  No  (Go to NEU_Q170)
99  DK, RF  (Go to NEU_Q170)

Note:  In processing, if this is a one-person household and NEU_Q160 = 1, then NEU_Q161A = 1 and NEU_Q161(B - T) = 2.

NEU_C161  If one person household, go to NEU_Q170.
Otherwise, go to NEU_Q161.

NEU_Q161  Who has this condition?

NEU_161  INTERVIEWER:  Mark all that apply.

NEU_161A  01  MEMBER1
NEU_161B  02  MEMBER2
NEU_161C  03  MEMBER3
NEU_161D  04  MEMBER4
NEU_161E  05  MEMBER5
NEU_161F  06  MEMBER6
NEU_161G  07  MEMBER7
NEU_161H  08  MEMBER8
NEU_161I  09  MEMBER9
NEU_161J  10  MEMBER10
NEU_161K  11  MEMBER11
NEU_161L  12  MEMBER12
NEU_161M  13  MEMBER13
NEU_161N  14  MEMBER14
NEU_161O  15  MEMBER15
NEU_161P  16  MEMBER16
NEU_161Q  17  MEMBER17
NEU_161R  18  MEMBER18
NEU_161S  19  MEMBER19
99  MEMBER20

Note:  If a blank answer is selected, call NEU_E161.

NEU_E161  An invalid answer has been selected. Please return and correct.

Note:  Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID
**NEU_Q170** (Do ^DT_YOU have) a neurological condition caused by a spinal cord tumour?

**INTERVIEWER:** Include both malignant and benign tumours.

Include tumours that start in the spinal cord and cancer from elsewhere in the body that has spread to the spinal cord.

1 Yes
2 No (Go to NEU_C180)
99 DK, RF (Go to NEU_C180)

*Note:* In processing, if this is a one-person household and NEU_Q170 = 1, then NEU_Q171A = 1 and NEU_Q171(B - T) = 2.

**NEU_C171** If one person household, go to NEU_END.
Otherwise, go to NEU_Q171.

**NEU_Q171** Who has this condition?

**INTERVIEWER:** Mark all that apply.

<table>
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<tr>
<th>Code</th>
<th>Member</th>
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</thead>
<tbody>
<tr>
<td>01</td>
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<td>19</td>
<td>MEMBER19</td>
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<tr>
<td>20</td>
<td>MEMBER20</td>
</tr>
</tbody>
</table>

*Note:* If a blank answer is selected, call NEU_E171.

**NEU_E171** An invalid answer has been selected. Please return and correct.

*Note:* Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.
NEU_C180  If household size = 1, go to NEU_END. Otherwise, go to NEU_Q180.

NEU_Q180  (Do ^DT_YOU have) Alzheimer’s Disease or any other dementia?

NEU_180

1   Yes
2   No    (Go to NEU_END)
99  DK, RF    (Go to NEU_END)

Note: In processing, if this is a one-person household and NEU_Q180 = 1, then NEU_Q181A = 1 and NEU_Q181(B - T) = 2.

NEU_Q181  Who has this condition?

NEU_181

INTERVIEWER: Mark all that apply.

NEU_181A  01 MEMBER1
NEU_181B  02 MEMBER2
NEU_181C  03 MEMBER3
NEU_181D  04 MEMBER4
NEU_181E  05 MEMBER5
NEU_181F  06 MEMBER6
NEU_181G  07 MEMBER7
NEU_181H  08 MEMBER8
NEU_181I  09 MEMBER9
NEU_181J  10 MEMBER10
NEU_181K  11 MEMBER11
NEU_181L  12 MEMBER12
NEU_181M  13 MEMBER13
NEU_181N  14 MEMBER14
NEU_181O  15 MEMBER15
NEU_181P  16 MEMBER16
NEU_181Q  17 MEMBER17
NEU_181R  18 MEMBER18
NEU_181S  19 MEMBER19
20 MEMBER20

Note: If a blank answer is selected, call NEU_E181.

NEU_E181  An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_END
Education (EDU)

EDU_BEG  Core content

EDU_C01A  If (do EDU block = 1), go to EDU1_C01B.
Otherwise, go to EDU_END.

EDU_C01B  If PMKProxy =2, go to EDU_END.
Otherwise, go to EDU_C01C.

EDU_C01C  If age of selected respondent < 14, go to EDU_C07A.
Otherwise, go to EDU_B01.

EDU_B01  Call Education Sub Block 1 (EDU1)

EDU_C07A  If there is at least one household member who is >= 14 years of age other than the
selected respondent, go to EDU_C07B.
Otherwise, go to EDU_END.

EDU_C07B  If if age of selected respondent < 14, go to EDU_R07B,
Otherwise go to EDU_R07A, go to EDU_R07B.
Otherwise, go to EDU_R07A.

EDU_R07A  Now, I would like you to think about the rest of your household.

INTERVIEWER: Press <1> to continue.
Go to EDU_B02

EDU_R07B  The following questions are about education.

INTERVIEWER: Press <1> to continue.
EDU_B02  Call Education Sub Block 2 (EDU2)

Note:  Ask this block for each household member aged 14 and older other than selected respondent. Maximum of 19 times.

If it is a proxy or PMKproxy interview, begin with the person providing the information and use proxy sex verbs set to non-proxy. Otherwise begin with the first persons rostered and continue in the order the household was rostered.

Otherwise, begin with first person rostered. Continue with household members in the order in which they were rostered.

EDU_END
Education of the respondent (EDU1)

EDU1_BEG  Core content

EDU_R01  The following questions are about education.

INTERVIEWER: Press <1> to continue.

EDU_Q01  What is the highest grade of elementary or high school ^YOU2 ^HAVE ever completed?

1  Grade 8 or lower (Québec: Secondary II or lower)  (Go to EDU_Q03)
2  Grade 9 - 10 (Québec: Secondary III or IV, Newfoundland and Labrador: 1st year of secondary)  (Go to EDU_Q03)
3  Grade 11 - 13 (Québec: Secondary V, Newfoundland and Labrador: 2nd to 4th year of secondary)  (Go to EDU_Q03)
4  DK, RF

Note: In processing, if ANC_AGE < 14 (age of respondent), the variable EDU_Q01 is given the value of "1" and the variable EDU_Q03 is given the value of "2".

EDU_Q02  Did ^YOU1 complete a high school diploma or its equivalent?

1  Yes
2  No
3  DK, RF

EDU_Q03  ^HAVE_C ^YOU1 received any other education that could be counted towards a degree, certificate, diploma or degree from an educational institution?

1  Yes  (Go to EDU_Q05)
2  No  (Go to EDU_Q05)
3  DK, RF  (Go to EDU_Q05)

Note: In processing, if ANC_AGE < 14 (age of respondent), the variable EDU_Q01 is given the value of "1" and the variable EDU_Q03 is given the value of "2".

EDU_Q04A  What is the highest certificate, diploma or degree that ^YOU1 ^HAVE completed?

1  Less than high school diploma or its equivalent
2  High school diploma or a high school equivalency certificate
3  Trade Certificate or Diploma
4  College, cegep or other non-university certificate or diploma (other than trades certificates or diplomas)
5  University certificate or diploma below the bachelor’s level
6  Bachelor’s degree (eg. B.A., B.Sc., LL.B.)
7  University certificate, diploma or degree above the bachelor’s level
8  DK, RF
EDU_Q05
SDC_8

^ARE_C ^YOU1 currently attending a school, college, cegep or university?

INTERVIEWER: Ask respondent to include attendance only for courses that can be used as credit towards a certificate, diploma or degree.

1 Yes
2 No (Go to EDU1_END)
   DK, RF (Go to EDU1_END)

EDU_Q06
SDC_9

^ARE_C ^YOU1 enrolled as…?

INTERVIEWER: Read categories to respondent.

1 A full-time student
2 A part-time student
3 Both full-time and part-time student
   DK, RF

EDU1_END
Education of other household members (EDU2)

EDU2_BEG Core content

EDU2_D07 If proxymode = NonProxy, YOU7 = "you".
If proxymode = NonProxy, YOU8 = "you".
If proxymode = NonProxy, HAVE9_C = "Have".
If proxymode = NonProxy, HAVE10 = "have".
Otherwise, YOU7 = "FNAME".
Otherwise, YOU8 = "he/she".
Otherwise, HAVE9_C = "Has".
Otherwise, HAVE10 = "has".

EDU_Q07 What is the highest grade of elementary or high school ^YOU2 ever completed?

EDU_01
1 Grade 8 or lower (Québec: Secondary II or lower) (Go to EDU2_Q03)
2 Grade 9 - 10 (Québec: Secondary III or IV, Newfoundland and Labrador: 1st year of secondary) (Go to EDU2_Q03)
3 Grade 11 - 13 (Québec: Secondary V, Newfoundland and Labrador: 2nd to 4th year of secondary)
   DK, RF (Go to EDU2_Q03)

EDU_Q08 Did ^YOU1 complete high school or its equivalent?

EDU_02
1 Yes
2 No
   DK, RF

EDU_Q09 ^HAVE_C ^YOU1 received any other education that could be counted towards a degree, certificate, diploma or degree from an educational institution?

EDU_03
1 Yes
2 No (Go to EDU2_END)
3 DK, RF (Go to EDU2_END)

EDU_Q10A What is the highest degree, certificate or diploma ^YOU1 ^HAVE completed?

EDU_04A
1 Less than high school diploma or its equivalent
2 High school diploma or a high school equivalency certificate
3 Trade Certificate or Diploma
4 College, cegep or other non-university certificate or diploma (other than trades certificates or diplomas)
5 University certificate or diploma below the bachelor’s level
6 Bachelor’s Degree (e.g. B.A., B.Sc., LL.B.)
7 University certificate, diploma or degree above the bachelor’s level
   DK, RF

EDU2_END
Income (INC)

INC_BEG Core content

INC_C1A If do INC block = 1, go to INC_C1B. Otherwise, go to INC_END.

INC_C1B If PMKProxy = 2, go to INC_END. Otherwise, go to INC_R1.

INC_R1 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 <1> 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.

INC_1A 01 Wages and salaries
INC_1B 02 Income from self-employment
INC_1C 03 Dividends and interest (e.g., on bonds, savings)
INC_1D 04 Employment insurance
INC_1E 05 Worker’s compensation
INC_1F 06 Benefits from Canada or Quebec Pension Plan
INC_1G 07 Job related retirement pensions, superannuation and annuities
INC_1H 08 RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
INC_1I 09 Old Age Security and Guaranteed Income Supplement
INC_1J 10 Provincial or municipal social assistance or welfare
INC_1K 11 Child Tax Benefit
INC_1L 12 Child support
INC_1M 13 Alimony
INC_1N 14 Other (e.g., rental income, scholarships)
INC_1O 15 None

INC_E1A You cannot select “None” and another category. Please return and correct.

Note: Trigger hard edit if INC_Q1 = 15 and any other response selected in INC_Q1.
INC_E1B  Inconsistent answers have been entered. Please confirm.

Note:  Trigger soft edit if (INC_Q1 <> 1 or 2) and (LF2_Q1 = 1 or LF2_Q2 = 1).

INC_C2  If more than one source of income is indicated in INC_Q1, go to INC_Q2. Otherwise, go to INC_Q3.

INC_Q2  What was the main source of household income?

INC_2

01  Wages and salaries
02  Income from self-employment
03  Dividends and interest (e.g., on bonds, savings)
04  Employment insurance
05  Worker's compensation
06  Benefits from Canada or Quebec Pension Plan
07  Job related retirement pensions, superannuation and annuities
08  RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
09  Old Age Security and Guaranteed Income Supplement
10  Provincial or municipal social assistance or welfare
11  Child Tax Benefit
12  Child support
13  Alimony
14  Other (e.g., rental income, scholarships)
15  None
   DK, RF

Note:  At the time of the data processing, if the respondent reported only one source of income in INC_Q1, the variable INC_Q2 will be given its value.

INC_E2  A blank answer item has been selected. Please return and correct.

Note:  Trigger hard edit if the response in INC_Q2 was not selected in INC_Q1.
What is your best estimate of the total income received by all household members, from all sources, before taxes and deductions, in the past 12 months?

INTERVIEWER: Capital gains should not be included in the household income. Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income.

Income
(MIN: -9 000 000) (MAX: 9, 000,000)
DK, RF (Go to INC_Q5A)

Note: At the time of the data processing, responses reported in INC_Q3 will also be recoded into the cascade categories of INC_Q5A to INC_Q5C.

An unusual value has been entered. Please confirm.

Trigger soft edit if INC_Q3 > 150,000.

If INC_Q3 = 0, go to INC_END. Otherwise, go to INC_C6A.

Can you estimate in which of the following groups your household income falls?
Was the total household income in the past 12 months...?

INTERVIEWER: Read categories to respondent.

1 Less than $50,000 include income loss
2 $50,000 and more (Go to INC_Q5C)
   DK, RF (Go to INC_END)

Please stop me when I have read the category which applies to ^YOUR1 household. Was it...?

INTERVIEWER: Read categories to respondent.

1 Less than $5,000
2 $5,000 to less than $10,000
3 $10,000 to less than $15,000
4 $15,000 to less than $20,000
5 $20,000 to less than $30,000
6 $30,000 to less than $40,000
7 $40,000 to less than $50,000
   DK, RF

Go to INC_C6A
INC Q5C

Please stop me when I have read the category which applies to YOUR1 household. Was it...?

INTERVIEWER: Read categories to respondent.

1  $50,000 to less than $60,000
2  $60,000 to less than $70,000
3  $70,000 to less than $80,000
4  $80,000 to less than $90,000
5  $90,000 to less than $100,000
6  $100,000 to less than $150,000
7  $150,000 and over

DK, RF

INC C6A

If HHLDSZ > 1, go to INC C6B. Otherwise, go to INC END.

INC C6B

If age of respondent > 15, go to INC D6. Otherwise, go to INC END.

INC D6

(not applicable)
INC_Q6 Thinking about ^YOUR2 total personal income, from which of the following sources did ^YOU1 receive any income in the past 12 months?

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Wages and salaries</td>
</tr>
<tr>
<td>02</td>
<td>Income from self-employment</td>
</tr>
<tr>
<td>03</td>
<td>Dividends and interest (e.g., on bonds, savings)</td>
</tr>
<tr>
<td>04</td>
<td>Employment insurance</td>
</tr>
<tr>
<td>05</td>
<td>Worker’s compensation</td>
</tr>
<tr>
<td>06</td>
<td>Benefits from Canada or Quebec Pension Plan</td>
</tr>
<tr>
<td>07</td>
<td>Job related retirement pensions, superannuation and annuities</td>
</tr>
<tr>
<td>08</td>
<td>RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)</td>
</tr>
<tr>
<td>09</td>
<td>Old Age Security and Guaranteed Income Supplement</td>
</tr>
<tr>
<td>10</td>
<td>Provincial or municipal social assistance or welfare</td>
</tr>
<tr>
<td>11</td>
<td>Child Tax Benefit</td>
</tr>
<tr>
<td>12</td>
<td>Child support</td>
</tr>
<tr>
<td>13</td>
<td>Alimony</td>
</tr>
<tr>
<td>14</td>
<td>Other (e.g., rental income, scholarships)</td>
</tr>
<tr>
<td>15</td>
<td>None</td>
</tr>
</tbody>
</table>

DK, RF (Go to INC_END)

INC_E6A A selected source of personal income is not selected as one of the sources of income for all household members. Please return and correct.

**Note:** Trigger hard edit if any response other than 15 is selected in INC_Q6 and is not selected in INC_Q1.

INC_E6B You cannot select "None" and another category. Please return and correct.

**Note:** Trigger hard edit if INC_Q6 = 15 (None) and any other response selected in INC_Q6.

INC_C7 If more than one source of income is indicated in INC_Q6, go to INC_Q7. Otherwise, go to INC_Q8A.
What was the main source of YOUR1 personal income?

01 Wages and salaries
02 Income from self-employment
03 Dividends and interest (e.g., on bonds, savings)
04 Employment insurance
05 Worker’s compensation
06 Benefits from Canada or Quebec Pension Plan
07 Job related retirement pensions, superannuation and annuities
08 RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
09 Old Age Security and Guaranteed Income Supplement
10 Provincial or municipal social assistance or welfare
11 Child Tax Benefit
12 Child support
13 Alimony
14 Other (e.g., rental income, scholarships)
15 None

Note: At the time of the data processing, if the respondent reported only one source of income in INC_Q6, the variable INC_Q7 will be given its value.

A blank answer item has been selected. Please return and correct.

What is your best estimate of YOUR1 total personal income, before taxes and deductions, from all sources in the past 12 months?

INTERVIEWER: Capital gains should not be included in the personal income. Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income.

Income

([MIN: -9,000,000] [MAX: 9,000,000])

Note: At the time of the data processing, responses reported in INC_Q8A will also be coded into the cascade categories of INC_Q8B to INC_Q8D.

An unusual value has been entered. Please confirm.

Note: Trigger soft edit if INC_Q8A > $150,000.
Can you estimate in which of the following groups YOUR1 personal income falls? Was YOUR1 total personal income in the past 12 months...?

INTERVIEWER: Read categories to respondent.

1 Less than $30,000 including income loss
2 $30,000 and more (Go to INC_Q8D)
   DK, RF (Go to INC_END)

Please stop me when I have read the category which applies to YOU2. Was it...

INTERVIEWER: Read categories to respondent.

1 Less than $5,000
2 $5,000 to less than $10,000
3 $10,000 to less than $15,000
4 $15,000 to less than $20,000
5 $20,000 to less than $25,000
6 $25,000 to less than $30,000
   DK, RF

Go to INC_END

Please stop me when I have read the category which applies to YOU2. Was it...

INTERVIEWER: Read categories to respondent.

1 $30,000 to less than $40,000
2 $40,000 to less than $50,000
3 $50,000 to less than $60,000
4 $60,000 to less than $70,000
5 $70,000 to less than $80,000
6 $80,000 to less than $90,000
7 $90,000 to less than $100,000
8 $100,000 and over
   DK, RF

INC_END
Administration information (ADM)

ADM_BEG  Core content

ADM_C01  If (do ADM block = 1), go to ADM_D01A. Otherwise, go to ADM_END.

Note: Health Number

ADM_C01A  If if PMKProxy=2, go to ADM_END. Otherwise, go to ADM_D01A.

ADM_D01A  If province = 60, 61 or 62, DT_PROVTERRE = "territorial". Otherwise, DT_PROVTERRE = "provincial".

ADM_D01B  If province = 24, DT_STAT = "Statistics Canada, your "DT_PROVTERR ministry of health and the « Institut de la Statistique du Québec» " Otherwise, DT_STAT = "Statistics Canada and your "DT_PROVTERR ministry of health".

ADM_D01C  (not applicable)

ADM_R01  ^DT_STAT would like your permission to link information collected during this interview. This includes linking ^YOUR2 survey information to ^YOUR1 past and continuing use of health services such as visits to hospitals, clinics and doctor’s offices.

INTERVIEWER: Press <1> 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_D04A)
   DK, RF  (Go to ADM_D04A)
ADM_D3A

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

ADM_D3B

(not applicable)

ADM_Q03A

Having a provincial or territorial health number will assist us in linking to this other information.

^DOVERB_C ^YOU2 have ^DT_PROVINCEE health number?

1 Yes (Go to ADM_B03C)
2 No
   DK, RF (Go to ADM_D04A)

ADM_Q03B

For which province or territory is ^YOUR1 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
49 British Columbia
60 Yukon
61 Northwest Territories
62 Nunavut
88 Does not have a Canadian health number (Go to ADM_D04A)
   DK, R (Go to ADM_D04A)
HN

What is ^YOUR1 health number?

INTERVIEWER: Enter a health number for ^DT_PROVINCEE. Do not insert blanks, hyphens or commas between the numbers.

(12 spaces)
DK, RF

ADM_D04A

If ADM_Q01B = 1, ^DT_SHARE1 = "names, addresses, telephone numbers and health numbers will not be provided". Otherwise, ^DT_SHARE1 = "names, addresses and telephone numbers will not be provided".

ADM_C04A

If province = 24 (Quebec), go to ADM_R04AB. Otherwise, go to ADM_R04AA.

ADM_R04AA

Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.

Provincial ministries of health may make this information available to local health authorities, but ^DTSHARE1.

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. Provincial ministries of health includes the territorial ministries of health.

Press <1> to continue.

Go to ADM_Q04B

ADM_R04AB

Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « Institut de la Statistique du Québec », Health Canada and the Public Health Agency of Canada.

The « Institut de la Statistique du Québec » and provincial ministries of health may make this information available to local health authorities, but ^DTSHARE1.

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. Provincial ministries of health includes the territorial ministries of health.

Press <1> to continue.
All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

1 Yes
2 No
   DK, RF

Note: Frame Evaluation

Call sub-bloc “Frame Evaluation” (FRE)

If CATI (Casetype = 1), go to ADM_N10.
Otherwise, go to ADM_N09.

INTERVIEWER: Was this interview conducted on the telephone or in person?

1 On telephone
2 In person
3 Both
   (DK, RF are not allowed)

INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

1 Yes (Go to ADM_N12)
2 No
   DK, RF (Go to ADM_N12)

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

1 Yes
2 No
   DK, RF
ADM_N12  INTERVIEWER: Record language of interview

01  English
02  French
03  Chinese
04  Italian
05  Punjabi
06  Spanish
07  Portuguese
08  Polish
09  German
10  Vietnamese
11  Arabic
12  Tagalog (Filipino)
13  Greek
14  Tamil
15  Cree
16  Afghan
17  Cantonese
18  Hindi
19  Mandarin
20  Persian
21  Russian
22  Ukrainian
23  Urdu
24  Inuktitut
90  Other - Specify  (Go to ADM_S12)
   DK, RF

Go to ADM_END

ADM_S12  INTERVIEWER: Specify.

______________________________________________________________

(80 Spaces)
DK, RF

ADM_END
CAPI Frame Evaluation - Sub-block (FRE)

FRE_BEG  Content block

External variables required:

PROXMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOFRE: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

Screen display:
Display on header bar PE_Q01 and PE_Q02 separated by a space

FRE_C1B  If CAPI (Casetype = 0) and FREFLAG = 2 (i.e. the frame evaluation questions have not been done for the household), go to FRE_R1.
Otherwise, go to FRE_END.

FRE_R1  And finally, a few questions to evaluate the way households were selected for this survey, and to prevent households from being selected more than once for this survey.

INTERVIEWER: Press <1> to continue.

FRE_Q1  Excluding cellular phone numbers and phone numbers used strictly for business purposes, or fax machines, how many telephone numbers are there for your household?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3 or more</td>
</tr>
<tr>
<td>4</td>
<td>None</td>
</tr>
</tbody>
</table>

*DK, RF* (Go to FRE_Q5)

FRE_E1  Please confirm with the respondent that, in order to make a telephone call from his/her home the respondent exclusively uses a cellular telephone or if he/she has to leave his/her home to access a telephone.

Note:  Trigger soft edit if (FRE_Q1 = 4).

FRE_C2  If FRE_Q1 = 4, go to FRE_Q4.
Otherwise, go to FRE_D2.

FRE_D2  If FRE_Q1 = 1, ^DT_MAIN = "your".
Otherwise, ^DT_MAIN = "your main".
FRE_Q2  What is ^DT_MAIN phone number, including the area code?

FRE_2

INTERVIEWER: Do not include cellular phone numbers, or those used strictly for business or fax machines.
Telephone number: [telnum].

Note: Telephone Block
Code :  INTERVIEWER: Enter the area code.

                                    |
Tel :  INTERVIEWER: Enter the telephone number.

                                    |

FRE_E2  A non-Canadian area code has been entered. Please return and correct.

Note: Trigger hard edit if a non-canadian area code is entered.

FRE_C3A  If Code or Tel = DK, RF, go to FRE_Q5.
Otherwise, go to FRE_C3B.

FRE_C3B  If FRE_Q1 = 1 (1 phone), go to FRE_Q5.
Otherwise, go to FRE_D3.

FRE_D3  If FRE_Q1 = 2, ^DT_PHONE = "your other phone number".
Otherwise, ^DT_PHONE = "another of your phone numbers".

FRE_Q3  What is ^DT_PHONE, including the area code?

FRE_3

INTERVIEWER: Do not include cellular phone numbers, or those used strictly for business or fax machines
Telephone number: [telnum].

Note: Telephone Block
Code :  INTERVIEWER: Enter the area code.

                                    |
Tel :  INTERVIEWER: Enter the telephone number.

                                    |

Go to FRE_Q5
A non-Canadian area code has been entered. Please return and correct.

Note: Trigger hard edit if a non-canadian area code is entered.

Go to FRE_END
Exit

The following module only includes part of the questions asked during the CCHS interview. It includes what we believe may be of interest for data users.

Possible future contact (PFC)
PFC_BEG

PFC_R01 As part of this study, we may need to get in touch in the future.

INTERVIEWER: Press <1> to continue.

1 Continue

(DK, RF are not allowed)

PFC_END

Administration - Fictitious Name (ADF)

ADF_BEG

ADF_N05 INTERVIEWER: Is this a fictitious name for the respondent?

1 Yes
2 No (Go to CON1_RINT)

(DK, RF) (Go to CON1_RINT)

ADF_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 ADF_N08)
3 ... both names?
4 ... no corrections? (Go to CON1_RINT)

(DK, RF) (Go to CON1_RINT)

ADF_N07 INTERVIEWER: Enter the first name only.

____________________________________________________ (25 spaces)

(DK, RF)

ADF_C08 If ADF_N06 = 3, go to ADF_N08.

Otherwise, go to CON1_RINT.
INTERVIEWER: Enter the last name only.

DK, RF

Exit Introduction (EI)

Before we finish, I would like to ask you a few other questions.

INTERVIEWER: Press <Enter> to continue.

Permission to share (PS)

Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of 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.

Data Sharing - All Provinces (excluding Quebec and the territories)

Go to PS_Q01

Data Sharing - NWT, Yukon, Nunavut

Go to PS_Q01
Data Sharing - Quebec

PS_R01  
Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « Institut de la Statistique du Québec », Health Canada and the Public Health Agency of Canada. The « 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.

PS_Q01  
All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

1 Yes
2 No
   DK, RF

PS_END

Thank You 1 (TY1)

TY1_BEG

TY1_R01  
Thank you for your time.

INTERVIEWER: Press <Enter> to continue.

(DK, RF are not allowed)

TY1_END
Appendix A – Canadian community health survey content overview (2011-2012)
### Appendix A – Canadian community health survey content overview (2011 - 2012)

#### Annual common content (all health regions)

- Age of respondent (ANC)
- Alcohol use (ALC)
- Chronic conditions (CCC)
- Contact with health professionals (CHP)
- Exposure to second-hand smoke (ETS)
- Fruit and vegetable consumption (FVC)
- Flu shots (FLU)
- General health (GEN)
- Health care utilization (HCU)
- Height and weight – Self – reported (HWT)
- Pain and discomfort (HUP)
- Physical activities (PAC)
- Smoking (SMK)

#### Administration and Socio-demographics

- Administration information (ADM)
- Education (EDU)
- Income (INC)
- Labour force (LBS)
- Person most knowledgeable about the household situation (PMK)
- Socio-demographic characteristics (SDC)

#### Two-year biennial common content (all health regions) 2011-2012

1) **Healthy Living**

- Sedentary activities (SAC)
- Food security (FSC)
- Maternal experiences - breastfeeding (MLE)

2) **Mental well-being**

- Consultation about mental health (CMH)
- Positive mental health (PMH)
### One-year biennial/quadrennial common content (all health regions)

<table>
<thead>
<tr>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1) Health Services Access Survey</strong></td>
<td><strong>1) Chronic Disease Screening</strong></td>
</tr>
<tr>
<td>• Access to health care services (ACC)</td>
<td>• PAP smear test (PAP)</td>
</tr>
<tr>
<td>• Waiting times (WTM)</td>
<td>• Mammography (MAM)</td>
</tr>
<tr>
<td>2) Neurological Conditions (NEU)</td>
<td>• Colorectal cancer screening (CCS)</td>
</tr>
<tr>
<td></td>
<td>• Spirometry (SPI)</td>
</tr>
<tr>
<td></td>
<td>• Blood test (BLT)</td>
</tr>
<tr>
<td></td>
<td>• Physical check-up (PCU)</td>
</tr>
</tbody>
</table>

### Rapid Response (national estimates only)

<table>
<thead>
<tr>
<th>2011</th>
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<tr>
<td>• Neighbourhood environment (NBE) (July – August)</td>
<td>• Canada’s food guide (CFG) (May – June)</td>
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i RAC has been a core module throughout the years, with the exception of 2011 when it was asked only in the territories.

ii Asked of a sub-sample of respondents. These theme modules were not asked of respondents in the territories.

iii In 2011, CHP changed from being a common content module to an optional module. In 2012, CHP returned to being a common content module but was divided into two modules (CHP and CP2). CP2 is an optional module.
### Appendix B – Optional content selection by health regions (grouped by province) (2011)

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<td>CST  Stress - Childhood and adult stressors</td>
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<td>RLE  Stress - Recent life events</td>
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<td>STS  Stress - Sources</td>
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<td>SUI  Suicidal thoughts and attempts</td>
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<td>SSB  Sun safety behaviours</td>
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<td>UCN  Unmet health care needs</td>
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<td>UPE  Use of protective equipment</td>
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<td>ORG  Voluntary organizations - Participation</td>
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<td>INW  Workplace Injury - Sub Block</td>
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