National Population Health Survey

Household Component
Cycle 3 (1998-1999)

Questionnaire

Statistics Canada

January 2000
For information only
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Record Variables</td>
<td>1</td>
</tr>
<tr>
<td>General Component</td>
<td>4</td>
</tr>
<tr>
<td>Two-Week Disability</td>
<td>4</td>
</tr>
<tr>
<td>Health Care Utilization</td>
<td>5</td>
</tr>
<tr>
<td>Restriction of Activities</td>
<td>8</td>
</tr>
<tr>
<td>Chronic Conditions</td>
<td>11</td>
</tr>
<tr>
<td>Socio-demographic Characteristics</td>
<td>14</td>
</tr>
<tr>
<td>Country of Birth/Year of Immigration</td>
<td>15</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>15</td>
</tr>
<tr>
<td>Language</td>
<td>16</td>
</tr>
<tr>
<td>Race</td>
<td>16</td>
</tr>
<tr>
<td>Change of Residence</td>
<td>17</td>
</tr>
<tr>
<td>Education</td>
<td>18</td>
</tr>
<tr>
<td>Labour Force</td>
<td>19</td>
</tr>
<tr>
<td>Income</td>
<td>23</td>
</tr>
<tr>
<td>Food Insecurity (HRDC)</td>
<td>25</td>
</tr>
<tr>
<td>Administration</td>
<td>26</td>
</tr>
<tr>
<td>Health Component for Longitudinal (Selected) Respondents</td>
<td>27</td>
</tr>
<tr>
<td>General Health</td>
<td>27</td>
</tr>
<tr>
<td>Height/Weight</td>
<td>27</td>
</tr>
<tr>
<td>Preventive Health</td>
<td>28</td>
</tr>
<tr>
<td>Self-care</td>
<td>31</td>
</tr>
<tr>
<td>Insurance</td>
<td>34</td>
</tr>
<tr>
<td>Family Medical History</td>
<td>34</td>
</tr>
<tr>
<td>Nutrition</td>
<td>39</td>
</tr>
<tr>
<td>Health Status</td>
<td>42</td>
</tr>
<tr>
<td>Vision</td>
<td>42</td>
</tr>
<tr>
<td>Hearing</td>
<td>43</td>
</tr>
<tr>
<td>Speech</td>
<td>44</td>
</tr>
<tr>
<td>Getting Around</td>
<td>44</td>
</tr>
<tr>
<td>Hands and Fingers</td>
<td>45</td>
</tr>
<tr>
<td>Feelings</td>
<td>46</td>
</tr>
<tr>
<td>Memory</td>
<td>46</td>
</tr>
<tr>
<td>Thinking</td>
<td>46</td>
</tr>
<tr>
<td>Pain and Discomfort</td>
<td>47</td>
</tr>
<tr>
<td>Sense of Coherence</td>
<td>47</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Physical Activities</td>
<td>51</td>
</tr>
<tr>
<td>Repetitive Strain</td>
<td>53</td>
</tr>
<tr>
<td>Injuries</td>
<td>54</td>
</tr>
<tr>
<td>Drug Use</td>
<td>56</td>
</tr>
<tr>
<td>Smoking</td>
<td>59</td>
</tr>
<tr>
<td>Smoking (2)</td>
<td>63</td>
</tr>
<tr>
<td>Tobacco Alternatives (HPS)</td>
<td>64</td>
</tr>
<tr>
<td>Alcohol</td>
<td>65</td>
</tr>
<tr>
<td>Mental Health</td>
<td>67</td>
</tr>
<tr>
<td>Social Support (Medical Outcomes Study questions)</td>
<td>73</td>
</tr>
<tr>
<td>Health Number and H06 Administration</td>
<td>78</td>
</tr>
<tr>
<td>Health Number</td>
<td>78</td>
</tr>
<tr>
<td>Agreement to Share</td>
<td>78</td>
</tr>
<tr>
<td>Administration</td>
<td>79</td>
</tr>
</tbody>
</table>
Household Record Variables

(To be collected at initial contact from a knowledgeable household member.)

**Type of contact**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Telephone</td>
</tr>
<tr>
<td>2</td>
<td>Personal</td>
</tr>
</tbody>
</table>

**Language preference**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>English</td>
</tr>
<tr>
<td>2</td>
<td>French</td>
</tr>
<tr>
<td>3</td>
<td>Either</td>
</tr>
</tbody>
</table>

The following information is collected for each household member:

**Membership Status**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Date of Birth (8 characters)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
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</tbody>
</table>

**Day of Birth**

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Month of Birth**

<table>
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<tr>
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<th>Description</th>
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<tbody>
<tr>
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<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
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</tbody>
</table>

**Year of Birth**

<table>
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<th>Code</th>
<th>Description</th>
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<tbody>
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<table>
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<th>Description</th>
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<tbody>
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</table>

**Age (Age is calculated and confirmed with respondent.)**

<table>
<thead>
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<th>Code</th>
<th>Description</th>
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<tbody>
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<table>
<thead>
<tr>
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<th>Description</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**Sex**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
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</tbody>
</table>

**Marital Status**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Married</td>
</tr>
<tr>
<td>2</td>
<td>Common-law</td>
</tr>
<tr>
<td>3</td>
<td>Living with a partner</td>
</tr>
<tr>
<td>4</td>
<td>Single (never married)</td>
</tr>
<tr>
<td>5</td>
<td>Widowed</td>
</tr>
<tr>
<td>6</td>
<td>Separated</td>
</tr>
<tr>
<td>7</td>
<td>Divorced</td>
</tr>
</tbody>
</table>
Relationships of everyone to everyone else

- Husband / Wife
- Foster Parent
- Common-law partner
- Foster Child
- Same-sex partner
- Grandparent
- Father / Mother
- Grandchild
- Birth
- In-laws
- Step
- Other related
- Adoptive
- Unrelated
- Child
- Sister / Brother
- Birth
- Full
- Step
- Half
- Adopted
- Step
- Foster

**Family ID code**

A to Z (Assigned by the computer.)

**Legal household check.**

The following information is collected once in each household:

**Type of Dwelling**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Single Detached House</td>
</tr>
<tr>
<td>2</td>
<td>Semi-detached or Double (side-by-side)</td>
</tr>
<tr>
<td>3</td>
<td>Garden House, Town House or Row House</td>
</tr>
<tr>
<td>4</td>
<td>Duplex (one above the other)</td>
</tr>
<tr>
<td>5</td>
<td>Low-rise Apartment (less than 5 stories)</td>
</tr>
<tr>
<td>6</td>
<td>High-rise Apartment (5 or more stories)</td>
</tr>
<tr>
<td>7</td>
<td>Institution</td>
</tr>
<tr>
<td>8</td>
<td>Collective Dwelling (such as a Hotel/Motel, Rooming or Boarding House, Hutterite Colony)</td>
</tr>
<tr>
<td>9</td>
<td>Mobile Home</td>
</tr>
<tr>
<td>10</td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

**Is this dwelling owned by a member of this household (even if being paid for)?**

<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>

**How many bedrooms are there in this dwelling?**

(Enter «0» if no separate, enclosed bedroom.)

<table>
<thead>
<tr>
<th>Number of bedrooms (MIN: 0) (MAX: 30)</th>
<th></th>
</tr>
</thead>
</table>
**Selection criteria applied.**

<table>
<thead>
<tr>
<th>AM38_SRC</th>
<th>Information Source (i.e. the household member providing the information for the previous questions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM38_LNG</td>
<td>Language of interview</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Language</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>English</td>
<td>11</td>
</tr>
<tr>
<td>2</td>
<td>French</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>Arabic</td>
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<td>4</td>
<td>Chinese</td>
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<td>5</td>
<td>Cree</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
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<tr>
<td>9</td>
<td>Italian</td>
<td>19</td>
</tr>
<tr>
<td>10</td>
<td>Korean</td>
<td></td>
</tr>
</tbody>
</table>

For information only
General Component
(Form H05)
(To be completed for all members of the household.)

Note: In computer-assisted interviewing, the options Don’t Know (DK) and Refusal (R) are allowed on every question. However, the response categories, DK and R, are shown in this document only when the flow from these responses is not to the next question.

Two-Week Disability

TWOWK-INT The first few questions ask about %your/FNAME’s% health during the past 14 days. It is important for you to refer to the 14-day period from %2WKSAGO% to %YESTERDAY%.

TWOWK-Q1 During that period, did %you/FNAME% stay in bed all because of illness or injury, including any nights spent as a patient in a hospital?

1   Yes
2   No  (Go to TWOWK-Q3)
DK, R  (Go to TWOWK-Q5)

TWOWK-Q2 How many days did %you/FNAME% stay in bed for all or most of the day?

___ Days  (MIN: 0)  (MAX: 14)
(If = 14 days, go to TWOWK-Q5)
DK, R  (Go to TWOWK-Q5)

TWOWK-Q3 (Not counting days spent in bed) During those 14 days, were there any days that %you/FNAME% cut down on things %you/he/she% normally %do/does% because of illness or injury?

1   Yes
2   No  (Go to TWOWK-Q5)
DK, R  (Go to TWOWK-Q5)

TWOWK-Q4 How many days did %you/FNAME% cut down on things for all or most of the day?

___ Days  (MIN: 0)  (MAX: 14 – Days IN TWOWK-Q2)
((Enter ‘0’ if less than a day.)

TWOWK-Q5 %Do/Does% %you/FNAME% have a regular medical doctor?

1   Yes
2   No
Health Care Utilization

UTIL-INT  Now I’d like to ask about %your/FNAME’s% contacts with health professionals during the past 12 months, that is, from %12MOSAGO% to yesterday.

UTIL-Q1   In the past 12 months, %have/has% %you/FNAME% been a patient overnight in a hospital, nursing home or convalescent home?

   1  Yes
   2  No   (Go to UTIL-C2)
   DK (Go to UTIL-C2)
   R    (Go to next section)

UTIL-Q1A  For how many nights in the past 12 months?

   ___ Nights  (MIN: 1)  (MAX: 366; warning after 100)

UTIL-C2   If age < 12, then the wording in UTIL-Q2 is adapted to “have you seen or...about %FNAME’s% physical...”.

UTIL-Q2   (Not counting when %you/FNAME% %were/was% an overnight patient) In the past 12 months, how many times %have/has% %you/FNAME% seen or talked on the telephone with (a/an/any) [fill category] about %your/his/her% physical, emotional or mental health?

For each response > 0 in a), c), or d), ask UTIL-Q3.
Where did the most recent contact take place? (If respondent says “Hospital”, probe for details.)
(Do not read list. Mark ONE only.)

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

If age < 12, go to UTIL-Q11.

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

1. Yes
2. No

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

1. Yes
2. No (Go to UTIL-C6)
   DK, R (Go to UTIL-C6)

Who did %you/FNAME% see or talk to?
(Do not read list. Mark ALL that apply.)

1. Massage therapist
2. Acupuncturist
3. Homeopath or naturopath
4. Feldenkrais or Alexander teacher
5. Relaxation therapist
6. Biofeedback teacher
7. Rolf er
8. Herbalist
9. Reflexologist
10. Spiritual healer
11. Religious healer
12. Other (Specify)

If age < 18 or (if age >= 18 and non-proxy), ask the respondent’s opinion of whether health care was needed. Otherwise, ask for the respondent’s opinion of what FNAME’s opinion was regarding the need for health care.
During the past 12 months, was there ever a time when %you/FNAME2% felt that %you/he/she% needed health care but %you/he/she% didn’t receive it?

1  Yes
2  No  (Go to UTIL-C9)
   DK, R (Go to UTIL-C9)

Thinking of the most recent time, why didn’t %you/he/she% get care?
(Do not read list. Mark ALL that apply.)

1  Not available - in the area
2  Not available – at time required (e.g. doctor on holidays, inconvenient hours)
3  Waiting time too long
4  Felt would be inadequate
5  Cost
6  Too busy
7  Didn’t get around to it/didn’t bother
8  Didn’t know where to go
9  Transportation problems
10 Language problems
11 Personal or family responsibilities
12 Dislikes doctors/afraid
13 Decided not to seek care
14 Other (Specify)

Again, thinking of the most recent time, what was the type of care that was needed?
(Do not read list. Mark ALL that apply.)

1  Treatment of – a physical health problem
2  Treatment of – an emotional or mental health problem
3  A regular check-up (including regular pre-natal care)
4  Care of an injury
5  Other (Specify)

If age < 18, go to UTIL-Q11.

Home care services are health care or homemaker services received at home, with the cost being entirely or partially covered by government. Examples are: nursing care; help with bathing or housework; respite care; and meal delivery.

%Have/Has% %you/FNAME% received any home care services in the past 12 months?

1  Yes
2  No  (Go to UTIL-Q11)
   DK, R (Go to UTIL-Q11)
UTIL-Q10  What type of services have/has %you/he/she% received?  
(INTERVIEWER: Cost must be entirely or partially covered by government.)  
(Read list. Mark ALL that apply.)

1  Nursing care (e.g. dressing changes, VON)
2  Other health care services (e.g. physiotherapy, nutrition counselling)
3  Personal care (e.g. bathing, foot care)
4  Housework (e.g. cleaning, laundry)
5  Meal preparation or delivery
6  Shopping
7  Respite care (i.e. caregiver relief program)
8  Other (Specify)

UTIL-Q11  In the past 12 months, did %you/FNAME% receive any health care services in the United States?

1  Yes
2  No (Go to next section)
   DK, R (Go to next section)

UTIL-Q12  Thinking about the most recent time, was the main purpose of %your/his/her% trip to the United States to get health care?

1  Yes
2  No (Go to next section)
   DK, R (Go to next section)

UTIL-Q13  Why did %you/FNAME% seek care in the United States?

________________________________ (60 characters)

Restriction of Activities

RESTR-INT  The next few questions deal with any health limitations which affect %your/FNAME's% daily activities. In these questions, “long-term conditions” refer to conditions that have lasted or are expected to last 6 months or more.

RESTR-Q1  Because of a long-term physical or mental condition or a health problem, %are/is% %you/FNAME% limited in the kind or amount of activity %you/he/she% can do:

a)  ... at home?

1  Yes
2  No
   R (Go to next section)

RESTR-CQ1B  If age < 4, go to RESTR-CQ1C.

**RESTR-CQ1C**  If age < 12, go to RESTR-Q1D.

**RESTR-C1**  If not longitudinal respondent aged 12+, go to RESTR-C5.

**RESTR-C2**  If any one of RESTR-Q1A,B,C,D or RESTR-Q2 = 1 (yes) then Restricted in '98.
If all of RESTR-Q1A,B,C,D and RESTR-Q2 = 2 (no) or 3 (not applicable) or valid skip (not asked) then Not Restricted in '98.
Else restriction is not known.

**RESTR-C4**  If restricted in ’95 but not in ’98, go to RESTR-I3.
If restricted in ’98 but not in ’96, go to RESTR-I1.
Otherwise, go to RESTR-C5.

**RESTR-I1**  Remember, it’s important that we understand reasons for change. During our last interview in %MONTH%, %YYYY%, there were no activity restrictions or disabilities reported for %you/FNAME%, BUT this time there were.

**RESTR-Q2A**  Is this due to a new activity restriction or disability or to the worsening of an old one?
(Do not read list. Mark ONE only.)

1. New since last interview
2. Worsening since last interview
3. No current activity restriction or disability (RAC8_1A to RAC8_2=2 were filled during processing.)
4. Same activity restriction or disability
5. Other (Specify)

---

**RAC8_1B**  b) ... at school?

<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>3</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
R (Go to next section)

**RAC8_1C**  c) ... at work?

<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>3</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
R (Go to next section)

**RAC8_1D**  d) ... in other activities such as transportation to or from work or school or leisure time activities?

<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>
R (Go to next section)

**RESTR-Q2**  %Do/Does% %you/FNAME% have any long-term disabilities or handicaps?

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>
R (Go to next section)

---

**RAC8_2A**  Is this due to a new activity restriction or disability or to the worsening of an old one?
(Do not read list. Mark ONE only.)

<p>| | |</p>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New since last interview</td>
</tr>
<tr>
<td>2</td>
<td>Worsening since last interview</td>
</tr>
<tr>
<td>3</td>
<td>No current activity restriction or disability (RAC8_1A to RAC8_2=2 were filled during processing.)</td>
</tr>
<tr>
<td>4</td>
<td>Same activity restriction or disability</td>
</tr>
<tr>
<td>5</td>
<td>Other (Specify)</td>
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Go to RESTR-C5
Remember, it's important that we understand reasons for change. During our last interview in %MONTH%, %YYYY%, there were activity restrictions or disabilities reported for %you/FNAME%, BUT this time there were not.

Is this due to the disappearance or improvement of an old activity restriction or disability, to the use of special equipment (e.g. artificial limb), or to something else? (Do not read list. Mark ONE only.)

1. Disappeared or improved
2. Currently uses special equipment
3. None at last interview
4. Never had
5. Currently have/has activity restriction or disability (RAC8_1A to RAC8_2=9, and RAC8F1=1 were filled during processing.)
6. Other (Specify)

If any yes in RESTR-Q1 (a)-(d), ask RESTR-Q3 using the wording "to be limited in his/her activities".
If yes in RESTR-Q2 only, ask RESTR-Q3 using the wording "to have a long-term disability or handicap".
Otherwise, go to RESTR-Q6A.

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

___________________ (25 spaces)

Which one of the following is the best description of the cause of this condition? (Read list. Mark ONE only.)

1. Injury - at home
2. Injury - sports or recreation
3. Injury - motor vehicle
4. Injury - work-related
5. Existed at birth
6. Work environment
7. Disease or illness
8. Natural aging process
9. Psychological or physical abuse
10. Other (Specify)

If age < 12, go to next section.

The next few questions may not apply to %you/FNAME%, but we need to ask the same questions of everyone. Because of any condition or health problem, %do/does% %you/FNAME% need the help of another person in preparing meals?

1. Yes
2. No
RESTR-Q6B... in shopping for groceries or other necessities?

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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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RESTR-Q6C... in doing normal everyday housework?

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

RESTR-Q6D... in doing heavy household chores such as washing walls or yard work?

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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
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RESTR-Q6E... in personal care such as washing, dressing or eating?

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<td>Yes</td>
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RESTR-Q6F... in moving about inside the house?

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<td>Yes</td>
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<td>2</td>
<td>No</td>
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**Chronic Conditions**

CHR-CK1 If age > 3, go to CHR-INT.

CHR-INTK Now, a few questions about certain illnesses %FNAME% may have had.

CHR-QK1A How often does %FNAME% have nose or throat infections?  
(Read list. Mark ONE only.)

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<td>1</td>
<td>Almost all the time</td>
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<tr>
<td>2</td>
<td>Often</td>
</tr>
<tr>
<td>3</td>
<td>From time to time</td>
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<td>4</td>
<td>Rarely</td>
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<tr>
<td>5</td>
<td>Never</td>
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DK, R (Go to CHR-INT)

CHR-QK1B Has %he/she% ever had otitis (an inner ear infection)?

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

DK, R (Go to CHR-INT)
How many times since birth?
(Do not read list. Mark ONE only.)

1. Once
2. 2 times
3. 3 times
4. 4 or more times

Now I'd like to ask about certain chronic health conditions which %you/FNAME% may have. We are interested in "long-term conditions" that have lasted or are expected to last 6 months or more and that have been diagnosed by a health professional.

For longitudinal respondent only:

We also want to ask a few questions to help us understand any changes in these conditions.

%Do/Does% %you/FNAME% have [fill category]?

A. Food allergies (If CHR-Q1A=R, go to next section.)
B. Any other allergies
C. Asthma
D. Arthritis or rheumatism (Not asked if age < 12.)
E. Back problems, excluding arthritis (Not asked if age < 12.)
F. High blood pressure (Not asked if age < 12.)
G. Migraine headaches (Not asked if age < 12.)
H. Chronic bronchitis or emphysema
I. Sinusitis (Not asked if age < 12.)
J. Diabetes (Not asked if age < 12.)
K. Epilepsy
L. Heart disease
M. Cancer (Not asked if age < 12.)
N. Stomach or intestinal ulcers (Not asked if age < 12.)
O. Effects of a stroke (Not asked if age < 12.)
P. Urinary incontinence (Not asked if age < 12.)
Q. A bowel disorder such as Crohn’s Disease or colitis (Not asked if age < 12.)
R. Alzheimer’s disease or any other dementia (Not asked if age < 18.)
S. Cataracts (Not asked if age < 18.)
T. Glaucoma (Not asked if age < 18.)
U. A thyroid condition (Not asked if age < 12.)
V. Any other long-term condition that has been diagnosed by a health professional (Specify) _____________________

For longitudinal respondents 12+, and non-proxy interviews:
For each 'No' in CHR-Q1C, Q1D, Q1F, Q1G, Q1J, Q1K, Q1N and Q1O, if longitudinal respondent did have condition in 1996, ask:
During our last interview in %MONTH%, %YYYY%, it was reported that %you/FNAME% had [fill condition], but this time it was not. Has the condition disappeared since then?

1. Yes
2. No (Go to next condition) (CHR-Q1n=1 was filled during processing.)
3. Never had [fill condition] (Go to next condition)

When did it disappear?

CHR-Q1n2

CHR-Q1n3

When %were/was% %you/FNAME% diagnosed with this?

CHR-Q1n4

So %you/he/she% had [fill condition] prior to our last interview in %MONTH%, %YYYY%?

CHR-Q1C5

%Have/Has% %you/he/she% had any asthma symptoms or asthma attacks in the past 12 months?

CHR-Q1C6

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

All respondents:
If CHR-Q1C= Yes (has asthma), ask:

All respondents:
If CHR-Q1J= Yes (has diabetes), ask:
CHR-Q1J5  %Do/Does% %you/he/she% take insulin for this?

1  Yes
2  No

CHR-Q1J6  %Do/Does% %you/he/she% take any other treatment or medication for this?

1  Yes
2  No (Go to next condition)
   DK, R (Go to next condition)

CHR-Q1J7  What kind of treatment or medication?
(Do not read list. Mark ALL that apply.)

1  Drug
2  Diet
3  Exercise/physiotherapy
4  Other (Specify)

All respondents:
For each 'Yes' in CHR-Q1D, Q1F, Q1G (arthritis or rheumatism, high blood pressure, migraine headaches), ask:

CHR-Q1n5  %Do/Does% %you/he/she% receive any treatment or medication for it?

1  Yes
2  No (Go to next condition)
   DK, R (Go to next condition)

CHR-Q1n6  What kind of treatment or medication?
(Do not read list. Mark ALL that apply.)

1  Drug
2  Diet
3  Exercise/physiotherapy
4  Other (Specify)

Socio-demographic Characteristics

SOCIO-INT  Now some general background questions.

SOCIO-C1  If SOCIO-Q196 = 1, go to SOCIO-Q4. (SOCIO-Q1 to SOCIO-Q3 were filled with data from Cycle 1 during processing.)
/*'Was collected in a previous cycle'*/
Country of Birth/Year of Immigration

SOCIO-Q1  In what country %were/was% %you/FNAME% born?  
(Do not read list. Mark ONE only.)

1  Canada (Go to SOCIO-Q4)  
2  China  
3  France  
4  Germany  
5  Greece  
6  Guyana  
7  Hong Kong  
8  Hungary  
9  India  
10  Italy  
11  Jamaica  
12  Netherlands/Holland  
13  Philippines  
14  Poland  
15  Portugal  
16  United Kingdom  
17  United States  
18  Viet Nam  
19  Other (Specify)  
DK, R  (Go to SOCIO-Q4)

SOCIO-Q3  In what year did %you/FNAME% first come to Canada to live?  
____ Year (4 digits) (MIN: Year of birth) (MAX: 2000) 
(Enter ‘2000’ if Canadian citizen by birth. Note: during processing ‘2000’ was recoded to ‘9995’.)

Ethnicity

SOCIO-Q4  To which ethnic or cultural group(s) did %your/FNAME’s% ancestors belong? (For example: French, Scottish, Chinese)  
(Do not read list. Mark ALL that apply.)

1  Canadian  
2  French  
3  English  
4  German  
5  Scottish  
6  Irish  
7  Italian  
8  Ukrainian  
9  Dutch (Netherlands)  
10  Chinese  
11  Jewish  
12  Polish  
13  Portuguese  
14  South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)  
15  Black  
16  North American Indian  
17  Métis  
18  Inuit/Eskimo  
19  Other (Specify)
### Language

**SOCIO-Q5**

*In what languages can %you/FNAME% conduct a conversation?*

*(INTERVIEWER: If baby, mark the language(s) being learned.)*

*(Do not read list. Mark ALL that apply.)*

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<th>Language</th>
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<th>Language</th>
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<tbody>
<tr>
<td>1</td>
<td>English</td>
<td>11</td>
<td>Persian (Farsi)</td>
</tr>
<tr>
<td>2</td>
<td>French</td>
<td>12</td>
<td>Polish</td>
</tr>
<tr>
<td>3</td>
<td>Arabic</td>
<td>13</td>
<td>Portuguese</td>
</tr>
<tr>
<td>4</td>
<td>Chinese</td>
<td>14</td>
<td>Punjabi</td>
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<tr>
<td>5</td>
<td>Cree</td>
<td>15</td>
<td>Spanish</td>
</tr>
<tr>
<td>6</td>
<td>German</td>
<td>16</td>
<td>Tagalog (Filipino)</td>
</tr>
<tr>
<td>7</td>
<td>Greek</td>
<td>17</td>
<td>Ukrainian</td>
</tr>
<tr>
<td>8</td>
<td>Hungarian</td>
<td>18</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>9</td>
<td>Italian</td>
<td>19</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>10</td>
<td>Korean</td>
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**SOCIO-Q6**

*What is the language that %you/FNAME% first learned at home in childhood and can still understand?*

*(INTERVIEWER: If person can no longer understand the first language learned, mark the second. If baby, mark the language(s) of the parent.)*

*(Do not read list. Mark ALL that apply.)*

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<td>9</td>
<td>Italian</td>
<td>19</td>
<td>Other (Specify)</td>
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<td>10</td>
<td>Korean</td>
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### Race

**SOCIO-Q7**

*How would you best describe %your/FNAME’s% race or colour?*

*(Do not read list. Mark ALL that apply.)*

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<th>Race</th>
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<tbody>
<tr>
<td>1</td>
<td>White</td>
</tr>
<tr>
<td>2</td>
<td>Chinese</td>
</tr>
<tr>
<td>3</td>
<td>South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)</td>
</tr>
<tr>
<td>4</td>
<td>Black</td>
</tr>
<tr>
<td>5</td>
<td>Native Aboriginal Peoples of North America (North American Indian, Métis, Inuit/Eskimo)</td>
</tr>
<tr>
<td>6</td>
<td>Arab/West Asian (e.g. Armenian, Egyptian, Iranian, Lebanese)</td>
</tr>
<tr>
<td>7</td>
<td>Filipino</td>
</tr>
<tr>
<td>8</td>
<td>South East Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese)</td>
</tr>
<tr>
<td>9</td>
<td>Latin American</td>
</tr>
<tr>
<td>10</td>
<td>Japanese</td>
</tr>
<tr>
<td>11</td>
<td>Korean</td>
</tr>
<tr>
<td>12</td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>
Change of Residence

MOV-C1 If (memcycle=1 or date of birth is on or after October 1, 1994 or sample is RDD), skip to next section. /* i.e. questions are asked only of new members born before Oct., 1994 in longitudinal households */

MOV-INT Now, a few questions about where %you/FNAME% lived in 1994, the year the survey started.

MOV-Q1 Thinking back to October 1994, was %your/his/her% usual place of residence in Canada?

AMC8_MV1

1 Yes
2 No (Go to MOV-Q3)
DK, R (Go to next section)

MOV-Q2 In what province or territory? (Do not read list. Mark ONE only.)

AMC8_MV2

1 Newfoundland
2 Prince Edward Island
3 Nova Scotia
4 New Brunswick
5 Quebec
6 Ontario
7 Manitoba
8 Saskatchewan
9 Alberta
10 British Columbia
11 Yukon
12 Northwest Territories

Go to next section

MOV-Q3 In what country was it? (Do not read list. Mark ONE only.)

AMC8_MV3

1 China 10 Jamaica
2 France 11 Netherlands/Holland
3 Germany 12 Philippines
4 Greece 13 Poland
5 Guyana 14 Portugal
6 Hong Kong 15 United Kingdom
7 Hungary 16 United States
8 India 17 Viet Nam
9 Italy 18 Other (Specify)
Education

(Age >= 12.)

EDUC-Q1  %Are/Is% %you/FNAME% currently attending a school, college or university?

1  Yes
2  No  (Go to EDUC-C2)
        DK, R  (Go to next section)

EDUC-Q2  %Are/Is% %you/he/she% enrolled as a full-time student or a part-time student?

1  Full-time
2  Part-time

Go to EDUC-C4A.

EDUC-C2  If DVEDC396 = 1 or 2 or 3 or 4 and valid previous interview date, go to EDUC-Q3.
/*Was collected in previous cycle*/
Otherwise, go to EDUC-Q4.

EDUC-Q3  %Have/Has% %you/FNAME% attended a school, college or university since our
last interview in %MONTH%, %YYYY %?

1  Yes
2  No  (Go to next section)
        DK, R  (Go to next section)

EDUC-C4A  If DVEDC396=3 or 4 (i.e. 1996 highest level is above high school), go to EDUC-Q7.
(EDUC-Q4 to EDUC-Q6 were filled with data from Cycle 1 during processing.)
If DVEDC396=2 (i.e. 1996 highest level is secondary graduation), go to EDUC-Q6. (EDUC-
Q4 and EDUC-Q5 were filled with data from Cycle 1 during processing.)
Otherwise, go to EDUC-Q4.

EDUC-Q4  Excluding kindergarten, how many years of elementary and high school
%have/has% %you/FNAME% successfully completed?
(Do not read list. Mark ONE only.)

1  No schooling (Go to next section)
2  1 TO 5 years   7  10 years
3  6 years       8  11 years
4  7 years       9  12 years
5  8 years      10  13 years
6  9 years     DK, R (Go to next section)

EDUC-C4  If age < 15, go to next section.

EDUC-Q5  %Have/Has% %you/FNAME% graduated from high school?

1  Yes
2  No
EDUC-Q6  %Have/Has% %you/FNAME% ever attended any other kind of school such as a university, community college, business school, trade or vocational school, CEGEP or other post-secondary institution?

1  Yes
2  No  (Go to next section)
   DK, R  (Go to next section)

EDUC-Q7  What is the highest level of education that %you/FNAME% %have/has% EVER attained?

(Do not read list. Mark ONE only.)

1  Some - trade, technical or vocational school, or business college
2  Some - community college, CEGEP or nursing school
3  Some - university
4  Diploma or certificate from - trade, technical or vocational school, or business college
5  Diploma or certificate from - community college, CEGEP or nursing school
6  Bachelor’s or undergraduate degree, or teacher’s college (e.g. B.A., B.SC., LL.B.)
7  Master’s degree (e.g. M.A., M. SC., M.ED.)
8  Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
9  Earned doctorate (e.g. PH.D., D.SC., D.ED.)
10 Other (Specify)

Labour Force
(Ages 15 to 75.)

LFS-I2  The next section contains questions about jobs or employment which %you/FNAME% %have/has% had during the past 12 months, that is, from %12MOSAGO% to yesterday.

LFS-Q2  %Have/Has% %you/he/she% worked for pay or profit at any time in the past 12 months?
Please include part-time jobs, seasonal work, contract work, self-employment, baby sitting and any other paid work.

1  Yes
2  No  (Go to LFS-Q17B)
   DK, R  (Go to next section)

LFS-C2  If LFS96 = 1 (i.e. have LFS data in 96), go to LFS-Q2B.
Otherwise, go to LFS-Q3.1.

LFS-Q2B  Based on our last interview, %you/FNAME% had a job with %LFS-Q396%. %Have/Has% %you/he/she% worked for this employer in the past 12 months?

1  Yes  (Go to LFS-Q4.1) (LFS-Q3.1 was filled with LFS-Q396 during processing.)
2  No
   DK
   R  (Go to next section)

Note: Questions LFS-Q3 to LFS-Q11 are done as a roster, allowing up to 3 jobs to be entered.
If LFS-Q2B = 1 (i.e. confirms working for 96 employer), then 2 additional jobs are allowed.
Otherwise (i.e. did not have 96 data or did not confirm), up to 3 jobs are allowed.
LFS-Q3.n  For %whom/whom else% %have/has% %you/he/she% worked for pay or profit in the past 12 months?

LFS-Q4.n  Did %you/he/she% have that job 1 year ago, that is, on %12MOSAGO%, without a break in employment since then?

1  Yes (Go to LFS-Q6.n) (LFS-Q5.n was filled with current date minus 1 year during processing.)
2  No
   DK, R (Go to next section)

LFS-Q5.n  When, in the past year, did %you/he/she% start working at this job or business?

LFS-Q6.n  %Do/Does% %you/he/she% have that job now?

1  Yes (Go to LFS-Q8.n) (LFS-Q7.n was filled with current date during processing.)
2  No
   DK, R (Go to next section)

LFS-Q7.n  When did %you/he/she% stop working at this job or business?

LFS-Q8.n  About how many hours per week %do/does/did% %you/he/she% usually work at this job?

LFS-Q9.n  Which of the following best describes the hours %you/he/she% usually %work/works/worked% at this job? (Read list. Mark ONE only.)

1  Regular - daytime schedule or shift
2  Regular - evening shift
3  Regular - night shift
4  Rotating shift (change from days to evenings to nights)
5  Split shift
6  On call
7  Irregular schedule
8  Other (Specify)

LFS-Q10.n  %Do/Does/Did% %you/he/she% usually work on weekends at this job?

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<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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</table>
LFS-Q11. Did %you/he/she% do any other work for pay or profit in the past 12 months?

1  Yes
2  No

NOTE: End of roster - if Q11.1 or Q11.2 = Yes then start roster again at Q3.2 or Q3.3. Else, exit roster i.e. roster finishes and go to LFS-C12.

LFS-C12 Computer item to determine the main job.
- Main job is the current job. If more than one current job, then the main job is the job with the most number of hours.
- If no current job, then main job is the last job. If more than one job at the same time, then the main job is the job with the most number of hours.

LFS-C12A If LFS-Q2B is not equal to 1, go to LFS-I3.

LFS-C13A If LFS-Q11.1 = 2 (only 1 job), go to LFS-Q13.

LFS-I3 Now, I would like to ask you a few questions about %your/FNAME’s% job with %MainEmp%.

LFS-Q13 Confirm or ask if necessary:
Thinking about this job, what kind of business, service or industry is this? (For example, wheat farm, road maintenance, retail shoe store, secondary school, trapping.)

%MainInd%______________________ (50 chars)

LFS-Q14 Confirm or ask if necessary:
Again, thinking about this job what kind of work %was/were% %you/FNAME% doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit, food processing labourer.)

%MainOcc%_______________________ (50 chars)

LFS-Q15 Confirm or ask if necessary:
In this work, what were %your/his/her% most important duties or activities? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

%MainDut%_______________________ (50 chars)

LFS-Q16 Did %you/he/she% work mainly for others for wages, salary or commission, or in %your/his/her% own business, farm or professional practice? (Do not read list. Mark ONE only.)

1  For others for wages, salary or commission
2  In own business, farm or professional practice
3  Unpaid family worker

LFS-C17 Check the calendar for gaps > 28 days (calendar for last 12 months only). If # gaps = 0, go to LFS-C18.
LFS-C17A  If any of LFS-Q6.1 to LFS-Q6.3 = 1 (currently employed), go to LFS-Q17A. Otherwise, go to LFS-Q17B.

LFS-Q17A  What was the main reason that %you/FNAME% %were/was% not working for pay or profit during the most recent period away from work in the past 12 months? (Do not read list. Mark ONE only.)

1  Own illness or disability
2  Pregnancy
3  Caring for – own children
4  Caring f- elder relatives
5  Other personal or family responsibilities
6  School or education leave
7  Labour dispute
8  Temporary layoff – due to seasonal conditions
9  Temporary layoff – non-seasonal
10  Permanent layoff
11  Retired
12  Unpaid or partially paid leave
13  Looking for work
14  Disabled/recovering from illness
15  Resigned
16  Other (Specify)
17  No period not working for pay or profit in the past year

Go to LFS-C18

LFS-Q17B  What is the main reason that %you/FNAME% %are/is% currently not working for pay or profit? (Do not read list. Mark ONE only.)

1  Own illness or disability
2  Pregnancy
3  Caring for – own children
4  Caring f- elder relatives
5  Other personal or family responsibilities
6  School or education leave
7  Labour dispute
8  Temporary layoff – due to seasonal conditions
9  Temporary layoff – non-seasonal
10  Permanent layoff
11  Retired
12  Unpaid or partially paid leave
13  Looking for work
14  Disabled/recovering from illness
15  Resigned
16  Other (Specify)
17  No period not working for pay or profit in the past year

LFS-C18  If any of LFS-Q6.1 to LFS-Q6.3 = 1 (currently employed), then LFS-WORK =1. Otherwise, LFS-WORK =0.
### Income

**HHLD-C1** If INCOM-FLAG = 1 (i.e. at least one H05 has already been done for the household), go to INCOM-C4.

**INCOM-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? (Read list. Mark ALL that apply.)

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<tbody>
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<td>Wages and salaries</td>
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<td>Income from self-employment</td>
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<td>3</td>
<td>Dividends and interest (e.g. on bonds, savings)</td>
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<td>5</td>
<td>Worker's compensation</td>
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<td>6</td>
<td>Benefits from Canada or Quebec Pension Plan</td>
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<td>7</td>
<td>Retirement pensions, superannuation and annuities</td>
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<td>8</td>
<td>Old Age Security and Guaranteed Income Supplement</td>
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<td>Child Tax Benefit</td>
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<td>Provincial or municipal social assistance or welfare</td>
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<td>Child Support</td>
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<td>13</td>
<td>Other (e.g. rental income, scholarships)</td>
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<td>14</td>
<td>None (Go to INCOM-Q3)</td>
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</table>

**INCOM-C2** If more than one source of income is indicated, ask INCOM-Q2. Otherwise, ask INCOM-Q3. (INCOM-Q2 was filled with INCOM-Q1 during processing.)

**INCOM-Q2** What was the main source of income? (Do not read list. Mark ONE only.)

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<td>1</td>
<td>Wages and salaries</td>
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<td>14</td>
<td>None (category created during processing)</td>
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**INCOM-Q3** What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

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</table>

(MIN: 1) (MAX: 500,000; warning after 150,000) 0 (Go to next section) DK, R (Go to INCOM-Q3A)

Go to INCOM-C4.
**INCOM-Q3n** Can you estimate in which of the following groups your household income falls? Was the total household income...

<table>
<thead>
<tr>
<th>INC8_3A</th>
<th>___</th>
<th>less than $20,000?</th>
</tr>
</thead>
<tbody>
<tr>
<td>INC8_3B</td>
<td>___</td>
<td>less than $10,000?</td>
</tr>
<tr>
<td>INC8_3C</td>
<td>___</td>
<td>less than $5,000?</td>
</tr>
<tr>
<td>INC8_3C</td>
<td>___</td>
<td>$5,000 or more?</td>
</tr>
<tr>
<td>INC8_3B</td>
<td>___</td>
<td>$10,000 or more?</td>
</tr>
<tr>
<td>INC8_3D</td>
<td>___</td>
<td>less than $15,000?</td>
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<tr>
<td>INC8_3D</td>
<td>___</td>
<td>$15,000 or more?</td>
</tr>
<tr>
<td>INC8_3D</td>
<td>DK,R</td>
<td>$20,000 or more?</td>
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<tr>
<td>INC8_3A</td>
<td>___</td>
<td>less than $40,000?</td>
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<tr>
<td>INC8_3E</td>
<td>___</td>
<td>less than $30,000?</td>
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<td>INC8_3F</td>
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<td>$30,000 or more?</td>
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<td>INC8_3E</td>
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<td>$40,000 or more?</td>
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<tr>
<td>INC8_3G</td>
<td>___</td>
<td>less than $50,000</td>
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<tr>
<td>INC8_3G</td>
<td>___</td>
<td>$50,000 to less than $60,000</td>
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<tr>
<td>INC8_3G</td>
<td>___</td>
<td>$60,000 to less than $80,000</td>
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<tr>
<td>INC8_3G</td>
<td>___</td>
<td>$80,000 or more?</td>
</tr>
<tr>
<td>INC8_3G</td>
<td>DK,R</td>
<td>NO INCOME</td>
</tr>
<tr>
<td>INC8_3A</td>
<td>___</td>
<td>DK, R</td>
</tr>
</tbody>
</table>

**INCOM-C4** If selected respondent and age \( \geq 15 \), ask INCOM-Q4. Otherwise, go to next section.

**INCOM-Q4** What is your best estimate of %your/FNAME's% total personal income, before taxes and deductions, from all sources in the past 12 months?

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<tr>
<th>INC8_4</th>
<th>[ ] [ ] [ ] [ ] [ ] [ ]</th>
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<tbody>
<tr>
<td></td>
<td>DK, R</td>
<td>(Go to INCOM-Q4A)</td>
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</tbody>
</table>

Go to next section.
INCOM-Q4n Can you estimate in which of the following groups %your/FNAME's% personal income falls? Was %your/FNAME's% total personal income...

<table>
<thead>
<tr>
<th>INCOM_4A</th>
<th>___ less than $20,000?</th>
</tr>
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<tbody>
<tr>
<td>INCOM_4B</td>
<td>___ less than $10,000?</td>
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<tr>
<td>INCOM_4C</td>
<td>___ less than $5,000?</td>
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<td>(Go to next section)</td>
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<tr>
<td>INCOM_4C</td>
<td>___ $5,000 or more?</td>
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<td>(Go to next section)</td>
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<tr>
<td>INCOM_4B</td>
<td>___ $10,000 or more?</td>
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<tr>
<td>INCOM_4D</td>
<td>___ less than $15,000?</td>
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<tr>
<td>INCOM_4D</td>
<td>___ $15,000 or more?</td>
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<td>(Go to next section)</td>
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<tr>
<td>INCOM_4A</td>
<td>___ $20,000 or more?</td>
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<tr>
<td>INCOM_4E</td>
<td>___ less than $40,000?</td>
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<td></td>
<td>(Go to next section)</td>
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<tr>
<td>INCOM_4F</td>
<td>___ less than $30,000?</td>
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<td>(Go to next section)</td>
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<tr>
<td>INCOM_4F</td>
<td>___ $30,000 or more?</td>
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<td>(Go to next section)</td>
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<tr>
<td>INCOM_4E</td>
<td>___ $40,000 or more?</td>
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<tr>
<td>INCOM_4G</td>
<td>___ less than $50,000</td>
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<tr>
<td>INCOM_4G</td>
<td>___ $50,000 to less than $60,000?</td>
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<tr>
<td>INCOM_4G</td>
<td>___ $60,000 to less than $80,000?</td>
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<td>(Go to next section)</td>
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<tr>
<td>INCOM_4G</td>
<td>___ $80,000 or more?</td>
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<td></td>
<td>(Go to next section)</td>
</tr>
<tr>
<td>INCOM_4A</td>
<td>___ No income</td>
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<tr>
<td>DK, R</td>
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<td>(Go to next section)</td>
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**Food Insecurity (HRDC)**

(Ask only in the first general component completed for the household.)

FI-C1 If INCOM-FLAG =1 (i.e. at least one H05 has already been done for the household), go to next section.

FI-Q1 In the past 12 months, did you or anyone else in your household:

**FIS8_1**

… worry that there would not be enough to eat because of a lack of money?

1  Yes
2  No
DK, R  (Go to next section)

FI-Q2 (In the past 12 months, did you or anyone else in your household:)

**FIS8_2**

… not have enough food to eat because of a lack of money?

1  Yes
2  No

FI-Q3 (In the past 12 months, did you or anyone else in your household:)

**FIS8_3**

… not eat the quality or variety of foods that you wanted to eat because of a lack of money?

1  Yes
2  No

FI-CFOL If any one of FI-Q1 to FI-Q3=1 go to FI-FOL. Otherwise, go to next section.
Human Resources Development Canada is looking at why people may have inadequate food and how they may be helped. We may be contacting your household to ask some follow-up questions.

**Administration**

<table>
<thead>
<tr>
<th>H05-TEL</th>
<th>Was this interview conducted on the telephone or in person?</th>
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<tbody>
<tr>
<td>1</td>
<td>On telephone</td>
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<td>2</td>
<td>In person</td>
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<td>3</td>
<td>Both</td>
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<table>
<thead>
<tr>
<th>H05-LANG</th>
<th>Record language of interview</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>English</td>
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<tr>
<td>2</td>
<td>French</td>
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<tr>
<td>3</td>
<td>Arabic</td>
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<td>Chinese</td>
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<td>Persian (Farsi)</td>
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<td>Polish</td>
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<td>Portuguese</td>
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<td>Punjabi</td>
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<td>Spanish</td>
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<td>Tagalog (Filipino)</td>
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<td>Ukrainian</td>
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<td>18</td>
<td>Vietnamese</td>
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<td>19</td>
<td>Other (Specify)</td>
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</table>
Health Component for Longitudinal (Selected) Respondents
(Form H06)
(To be completed for selected respondent only.)
(Proxy for those under 12 years old or unable to answer due to special circumstances.)

PICKRESP  Who is providing the information for this person’s form?

If age < 12 or non-proxy, go to H06-INT1.

P-REASON  Record the reason for this form being completed by proxy.

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

General Health

GH-Q1  I’ll start with a few questions concerning %your/FNAME’s% health in general. In general, would you say %your/FNAME’s% health is:

(Read list. Mark ONE only.)

1 Excellent?
2 Very good?
3 Good?
4 Fair?
5 Poor?

Height/Weight

HTWT-Q2  How tall %are/is% %you/FNAME% without shoes on?

Feet ___ Inches OR ___ Centimetres

HTWT-Q3  How much %do/does% %you/FNAME% weigh?

_____ Enter amount only (MIN: 1) (MAX: 575) DK, R (Go to next section)

INTERVIEWER: Was that in pounds or in kilograms?

1 Pounds
2 Kilograms

HTWT-C5  If age >= 12 or if memcycle < 03, go to next section. (Ask only of top-up sample or buy-ins.)
HTWT-Q5  How much did %he/she% weigh at birth?  
(Do not read list. Mark ONE only.)

1  Less than 1500g (less than 3 lbs. 5 oz.)
2  1500 g to 1749 g (3 lbs. 5 oz. to 3 lbs. 13 oz.)
3  1750 g to 1999 g (3 lbs. 14 oz. to 4 lbs. 5 oz.)
4  2000 g to 2249 g (4 lbs. 6 oz. to 4 lbs. 15 oz.)
5  2250 g to 2499 g (5 lbs. 0 oz. to 5 lbs. 7 oz.)
6  2500 g to 2749 g (5 lbs. 8 oz. to 6 lbs. 0 oz.)
7  2750 g to 2999 g (6 lbs. 1 oz. to 6 lbs. 9 oz.)
8  3000 g to 3249 g (6 lbs. 10 oz. to 7 lbs. 2 oz.)
9  3250 g to 3499 g (7 lbs. 3 oz. to 7 lbs. 11 oz.)
10 3500 g to 3749 g (7 lbs. 12 oz. to 8 lbs. 4 oz.)
11 3750 g to 3999 g (8 lbs. 5 oz. to 8 lbs. 13 oz.)
12 4000 g to 4249 g (8 lbs. 14 oz. to 9 lbs. 5 oz.)
13 4250 g to 4499 g (9 lbs. 6 oz. to 9 lbs. 15 oz.)
14 4500 g or over (greater than 9 lbs. 15 oz.)

NOTE:  Weight at birth was filled with data from previous cycle for longitudinal sample.

Preventive Health

(Non-proxy only & age >= 12.)

PH-Q1  Have you ever had your blood pressure taken?  

1  Yes  (Go to PH-Q1B)
2  No  (Go to next section)

PH-C1A  If reported ever had blood pressure taken in 1996 (%BP96%=1), ask probe.  
Otherwise, go to PH-C2.

PH-Q1A  (Remember, it’s important to understand change.) During our last interview in %MONTH% %YYYY%, we recorded that you had previously had your blood pressure taken BUT this time we did not. In fact, have you EVER had your blood pressure taken?  

1  Yes  (PH-Q1=1 was filled during processing.)
2  No  (Go to PH-C2)
   DK, R  (Go to PH-C2)

PH-Q1B  When was the last time?  
(Read list. Mark ONE only.)

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

PH-C2  If female and age >= 18, go to PH-Q2.  
Otherwise, go to PH-C3.
PH-Q2 Have you ever had a PAP smear test?
1 Yes (Go to PH-Q2B)
2 No (Go to next section)

PH-C2A If reported ever had a pap smear in 1996 (%PAP96%=1), ask probe. Otherwise, go to PH-C3.

PH-Q2A (Remember, it’s important to understand change.) During our last interview in %MONTH% %YYYY%, we recorded that you had previously had a PAP smear BUT this time we did not. In fact, have you EVER had a PAP smear?
1 Yes (PH-Q2=1 was filled during processing.)
2 No (Go to PH-C3)
DK, R (Go to PH-C3)

PH-Q2B When was the last time?
(Read list. Mark ONE only.)
1 Less than 6 months ago
2 6 months to less than 1 year ago
3 1 year to less than 3 years ago
4 3 years to less than 5 years ago
5 5 or more years ago

PH-C3 If female and age >= 35, go to PH-Q3. Otherwise, go to PH-C4.

PH-Q3 Have you ever had a mammogram, that is, a breast x-ray?
1 Yes (Go to PH-Q3B)
2 No (Go to PH-C3)
DK, R (Go to next section)

PH-C3A If reported ever had a mammogram in 1996 (%MAM96%=1), ask probe. Otherwise, go to PH-C4.

PH-Q3A (Remember, it’s important to understand change.) During our last interview in %MONTH% %YYYY%, we recorded that you had previously had a mammogram BUT this time we did not. In fact, have you EVER had a mammogram?
1 Yes (PH-Q3=1 was filled during processing.)
2 No (Go to PH-C4)
DK, R (Go to PH-C4)

PH-Q3B When was the last time?
(Read list. Mark ONE only.)
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
PH-C4 If female and (age >= 15 and age <= 49), go to PH-Q4. Otherwise, go to PH-C5.

PH-Q4 Now, a few questions for recent mothers. Since %2YEARSAGO/our interview% in %MONTH% %YYYY%, have you given birth? (INTERVIEWER: Do not include stillbirths.)

1 Yes
2 No (Go to PH-Q4B)
   DK, R (Go to next section)

PH-Q4A (For your last baby), did you use the services of a doctor, a midwife or both? (Read list. Mark ONE only.)

1 Doctor only
2 Midwife only
3 Both Doctor and Midwife
4 Neither

NOTE: This is the same question as SGH2-Q3 (GHS6_23) in 1996.

PH-Q4B It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?

1 Yes (Go to next section) (PH-Q5=2 was filled during processing.)
2 No
   DK, R (Go to next section)

PH-C5 If female and (age >= 18), go to PH-Q5. Otherwise, go to next section.

PH-Q5 Have you had a hysterectomy? (uterus removed)

1 Yes
2 No (Go to next section)
   DK, R (Go to next section)

PH-Q5A At what age?

WHC8_5 Age (MIN: 18) (MAX: current age)

PH-Q5B Why did you have it? (Do not read list. Mark ONE only.)

1 Cancer treatment
2 Cancer prevention
3 Endometriosis
4 Tubal pregnancy
5 Benign tumors (e.g. fibroids)
6 Menstrual problems/abnormal bleeding
7 Other (Specify)
### Self-care

(Non-proxy only & age >= 18.)

**SC-Q1**

*In the past month, have you had a sore throat, cold or a flu?*

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No (Go to SC-INT12)</td>
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</table>

**SC-Q2**

*What did you do first about the problem?*

(Read list. Mark ONE only.)

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<tbody>
<tr>
<td>1</td>
<td>Ignored it</td>
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<tr>
<td>2</td>
<td>Treated it myself</td>
</tr>
<tr>
<td>3</td>
<td>Went to a clinic</td>
</tr>
<tr>
<td>4</td>
<td>Went to a community health centre or a CLSC</td>
</tr>
<tr>
<td>5</td>
<td>Went to an emergency room at a hospital</td>
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<tr>
<td>6</td>
<td>Went to a doctor’s office</td>
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<tr>
<td>7</td>
<td>Other (Specify)</td>
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**SC-Q3**

*Did you do anything else after that?*

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<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No (Go to SC-C7)</td>
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</table>

**SC-Q4**

*What was that?*

(Do not read list. Mark ONE only.)

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<td>Went to an emergency room at a hospital</td>
</tr>
<tr>
<td>6</td>
<td>Went to a doctor’s office</td>
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<tr>
<td>7</td>
<td>Other (Specify)</td>
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**SC-Q5**

*Finally, did you do anything else after that?*

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No (Go to SC-C7)</td>
</tr>
</tbody>
</table>

DK, R (Go to next section)
What was that?
(Do not read list. Mark ONE only.)
1. Ignored it
2. Treated it myself
3. Went to a clinic
4. Went to a community health centre or a CLSC
5. Went to an emergency room at a hospital
6. Went to a doctor’s office
7. Other (Specify)

If SC-Q2=2 or SC-Q4=2 or SC-Q6=2 then go to SC-Q7
Otherwise, go to SC-INT12.

You mentioned that you had treated it yourself. In treating it yourself, did you do any of the following:

... take over-the-counter medication?
1. Yes
2. No

... use herbal or vitamin supplements?
1. Yes
2. No

... use medication left over from an old prescription or use someone else’s prescription?
1. Yes
2. No

... use home remedies?
1. Yes
2. No

... cut down on activities and get more rest?
1. Yes
2. No

Now, I'd like your opinion on some statements about health care. Please tell me whether you strongly agree, agree, disagree or strongly disagree with the following statements.
SC-Q12  I prefer doctors who give me choices or options and let me decide for myself what to do.  
(Do not read list. Mark ONE only.)
1  Strongly agree  
2  Agree  
3  Neither agree nor disagree  
4  Disagree  
5  Strongly disagree  

SC-Q13  Patients should never challenge the authority of the doctor.  
(Do not read list. Mark ONE only.)
1  Strongly agree  
2  Agree  
3  Neither agree nor disagree  
4  Disagree  
5  Strongly disagree  

SC-Q14  I prefer that the doctor assume all of the responsibility for my medical care.  
(Do not read list. Mark ONE only.)
1  Strongly agree  
2  Agree  
3  Neither agree nor disagree  
4  Disagree  
5  Strongly disagree  

SC-Q15  Except for serious illness, it is generally better to take care of your own health than go to a doctor.  
(Do not read list. Mark ONE only.)
1  Strongly agree  
2  Agree  
3  Neither agree nor disagree  
4  Disagree  
5  Strongly disagree  

SC-Q16  It is almost always better to go to a doctor than to try to treat yourself.  
(Do not read list. Mark ONE only.)
1  Strongly agree  
2  Agree  
3  Neither agree nor disagree  
4  Disagree  
5  Strongly disagree
**Insurance**

**INS-INT**

Now, turning to %your/FNAME’s% insurance coverage. Please include any private, government or employer-paid plans.

**INS-Q1**

%Do/does% %you/FNAME% have insurance that covers all or part of the cost of %your/his/her% prescription medications?

1  Yes
2  No
R  (Go to next section)

NOTE: This is the same question as DRG-Q6 (DGC6_6) in 1996.

**INS-Q2**

%Do/does% %you/FNAME% have insurance that covers all or part of %your/his/her% dental expenses?

1  Yes
2  No

NOTE: This is the same question as ACC-Q66 (DV_6_66) in 1996.

**INS-Q3**

%Do/does% %you/he/she% have insurance that covers all or part of the costs of eye glasses or contact lenses?

1  Yes
2  No

NOTE: This is the same question as ACC-Q77 (EX_6_77) in 1996.

**INS-Q4**

%Do/does% %you/he/she% have insurance that covers all or part of hospital charges for a private or semi-private room?

1  Yes
2  No

NOTE: This is the same question as ACC-Q82 (ES_6_82) in 1996.

**Family Medical History**

(Non-proxy only & age >= 18.)

**FH-INT**

The next set of questions asks about your immediate family’s medical history. This is an important factor in assessing health risks.

**FH-Q10**

By immediate family, we mean birth parents and birth siblings - alive or deceased. Do you have some knowledge of the health history of your birth family?

1  Yes
2  No  (Go to next section)
DK, R  (Go to next section)
I’ll start with your birth mother. Did she ever have heart disease?

1  Yes
2  No

Did she ever have high blood pressure (excluding during pregnancy)?

1  Yes
2  No

Did she ever have a stroke?

1  Yes
2  No

Did she ever have diabetes (excluding during pregnancy)?

1  Yes
2  No

Did she ever have cancer?

1  Yes
2  No  (Go to FH-Q17)
DK, R  (Go to FH-Q17)

What type of cancer?
(Do not read list. Mark ALL that apply)

1  Breast
2  Ovarian
3  Cervical
4  Colorectal
5  Skin (Melanoma)
6  Stomach
7  Uterus (category created during processing)
8  Kidney (category created during processing)
9  Leukemia/Lymphoma (category created during processing)
10  Lung (category created during processing)
11  Bladder (category created during processing)
12  Other (Specify)

DK, R  (Go to FH-Q17)

For each type of cancer that is reported follow up with:

At what age did she first have %type of cancer%?

MIN  MAX

a) Breast cancer  20 135
b) Ovarian cancer  0 135
c) Cervical cancer  15 135
d) Colorectal cancer  25 135
e) Melanoma cancer  15 135
f) Stomach cancer  25 135
FH-Q17  Is your birth mother now living?

1  Yes  (Go to FH-Q21)
2  No
   DK, R  (Go to FH-Q21)

FH-Q18  At what age did she die?

|__|__|__| Age  (MIN: 15) (MAX: %AGE% of selected respondent + 49)

FH-Q19  What was the cause of death?
(Do not read list. Mark ONE only.)

1  Heart disease  10  Accident
2  Stroke  11  Liver disease
3  Cancer – breast  12  Colitis
4  Cancer – ovarian  13  Diabetes
5  Cancer – cervical  14  Alzheimer’s disease
6  Cancer – colorectal  15  Parkinson’s disease
7  Cancer – stomach  16  Old age (category created during processing)
8  Cancer – other  17  Other (specify)
9  Pneumonia/Influenza

FH-Q21  Now, your birth father. Did he ever have heart disease?

1  Yes
2  No

FH-Q22  Did he ever have high blood pressure?

1  Yes
2  No

FH-Q23  Did he ever have a stroke?

1  Yes
2  No

FH-Q24  Did he ever have diabetes?

1  Yes
2  No

FH-Q25  Did he ever have cancer?

1  Yes  (Go to FH-Q27)
2  No  (Go to FH-Q27)
   DK, R  (Go to FH-Q27)
What type of cancer?
(Do not read list. Mark ALL that apply.)

1. Prostate
2. Colorectal
3. Stomach
4. Kidney (category created during processing)
5. Leukemia/Lymphoma (category created during processing)
6. Lung (category created during processing)
7. Bladder (category created during processing)
8. Other (Specify)
   DK, R (Go to FH-Q27)

At what age did he first have %type of cancer%?

<table>
<thead>
<tr>
<th></th>
<th>Age (MIN: 15) (MAX: 135)</th>
</tr>
</thead>
</table>
a) Prostate cancer | 40 135 |
b) Colorectal cancer | 25 135 |
c) Stomach cancer | 25 135 |

Is your birth father now living?

1. Yes (Go to FH-Q30)
2. No (Go to FH-Q30)

At what age did he die?

| | Age (MIN: 15) (MAX: 135) |

What was the cause of death?
(Do not read list. Mark ONE only.)

1. Heart disease
2. Stroke
3. Cancer - prostrate
4. Cancer - colorectal
5. Cancer - stomach
6. Cancer - Other
7. Pneumonia/Influenza
8. Accident
9. Liver disease
10. Colitis
11. Diabetes
12. Alzheimer's disease
13. Parkinson's disease
14. Old age (category created during processing)
15. Other (Specify)
Now, your biological brothers and sisters. Do you or did you have any...
(Read list. Mark ONE only.)

1. Biological brothers only?
2. Biological sisters only?
3. Both biological brothers and sisters?
4. Neither biological brothers nor sisters?  (Go to next section)
   DK, R  (Go to next section)

Did any one of them ever have heart disease?

1. Yes
2. No

Did any one of them ever have high blood pressure (excluding during pregnancy)?

1. Yes
2. No

Did any one of them ever have a stroke?

1. Yes
2. No

Did any one of them ever have diabetes (excluding during pregnancy)?

1. Yes
2. No

If FH-Q30=2 or 3, go to FH-Q35. Otherwise, go to FH-C37.

Did any one of your biological sisters ever have cancer?

1. Yes
2. No  (Go to FH-C37)
   DK, R  (Go to FH-C37)
FH-Q36  **What type of cancer?**  
(Do not read list. Mark ALL that apply.)

1  Breast  
2  Ovarian  
3  Cervical  
4  Colorectal  
5  Skin (Melanoma)  
6  Stomach  
7  Uterus (category created during processing)  
8  Kidney (category created during processing)  
9  Leukemia/Lymphoma (category created during processing)  
10  Lung (category created during processing)  
11  Bladder (category created during processing)  
12  Other (Specify)

FH-C37  If FH-Q30=1 or 3, go to FH-Q37.  
Otherwise, go to next section.

FH-Q37  **Did any one of your biological brothers ever have cancer?**

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

FH-Q38  **What type of cancer?**  
(Do not read list. Mark ALL that apply.)

1  Prostate  
2  Colorectal  
3  Stomach  
4  Kidney (category created during processing)  
5  Leukemia/Lymphoma (category created during processing)  
6  Lung (category created during processing)  
7  Bladder (category created during processing)  
8  Other (Specify)

**Nutrition**

(Non-proxy only & age >= 15.)

NU-INT  Now, some questions about the foods you eat.

NU-Q1A  **Do you choose certain foods or avoid others:**  
... *because you are concerned about your body weight?*

1  Yes (or sometimes)  
2  No  
... (Go to next section)
NU-Q1B  … because you are concerned about maintaining or improving your health?
  1  Yes (or sometimes)
  2  No

NU-Q1C  … because you are concerned about heart disease?
  1  Yes (or sometimes)
  2  No

NU-Q1D  Do you choose certain foods or avoid others:
  … because you are concerned about cancer?
  1  Yes (or sometimes)
  2  No

NU-Q1E  … because you are concerned about osteoporosis (brittle bones)?
  1  Yes (or sometimes)
  2  No

NU-Q1F  … because you are concerned about high blood pressure?
  1  Yes (or sometimes)
  2  No

NU-Q1G  … because you are concerned about diabetes?
  1  Yes (or sometimes)
  2  No

NU-Q2A  Do you choose certain foods because of:
  … the lower fat content?
  1  Yes (or sometimes)
  2  No

NU-Q2B  … the fibre content?
  1  Yes (or sometimes)
  2  No

NU-Q2C  … the calcium content?
  1  Yes (or sometimes)
  2  No
Do you choose certain foods because of:

... the iron content?
1  Yes (or sometimes)
2  No

... the other vitamins or minerals they contain?
1  Yes (or sometimes)
2  No

Do you avoid certain foods because of:

... the fat content?
1  Yes (or sometimes)
2  No

... the type of fat they contain?
1  Yes (or sometimes)
2  No

... the salt content?
1  Yes (or sometimes)
2  No

Do you avoid certain foods because of:

... the cholesterol content?
1  Yes (or sometimes)
2  No

... the sugar content?
1  Yes (or sometimes)
2  No

... the iron content?
1  Yes (or sometimes)
2  No

... the calorie content?
1  Yes (or sometimes)
2  No
NU-Q4A In the past 4 weeks, did you take any vitamin or mineral supplements?
   1  Yes
   2  No       (Go to next section)
          DK, R       (Go to next section)

NU-Q4B Did you take them at least once a week?
   1  Yes
   2  No       (Go to NU-Q4D)
          DK, R       (Go to next section)

NU-Q4C Last week on how many days did you take them?
   ___ Days     (MIN: 1)     (MAX: 7)

          Go to next section.

NU-Q4D In the past 4 weeks, on how many days did you take them?
   ___ ___ Days     (MIN: 1)     (MAX: 21)

Health Status
(Age >= 4.)

HS-INTA The next set of questions asks about %your/FNAME’s% day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person’s usual abilities.

HS-INTB You may feel that some of these questions do not apply to %you/him/her%, but it is important that we ask the same questions of everyone.

Vision
For children < 12 years old replace the phrase “ordinary newsprint” with “the words in a book”.

HS-Q1 %Are/Is% %you/he/she% usually able to see well enough to read ordinary newsprint without glasses or contact lenses?
   1  Yes       (Go to HS-Q4)
   2  No       DK, R       (Go to next section)

HS-Q2 %Are/Is% %you/he/she% usually able to see well enough to read ordinary newsprint with glasses or contact lenses?
   1  Yes       (Go to HS-Q4)
   2  No
HS-Q3 %Are/Is %you/he/she able to see at all? 
1  Yes  
2  No (Go to HS-Q6)  
DK, R (Go to HS-Q6) 

HS-Q4 %Are/Is %you/he/she able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses? 
1  Yes (Go to HS-Q6)  
2  No  
DK, R (Go to HS-Q6) 

HS-Q5 %Are/Is %you/he/she usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses? 
1  Yes  
2  No 

Hearing 

HS-Q6 %Are/Is %you/FNAME% usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid? 
1  Yes (Go to HS-Q10)  
2  No  
DK, R (Go to HS-Q10) 

HS-Q7 %Are/Is %you/he/she% usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid? 
1  Yes (Go to HS-Q8)  
2  No 

HS-Q7A %Are/Is %you/he/she% able to hear at all? 
1  Yes  
2  No (Go to HS-Q10)  
DK, R (Go to HS-Q10) 

HS-Q8 %Are/Is %you/he/she% usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid? 
1  Yes (Go to HS-Q10)  
2  No  
R (Go to HS-Q10) 

HS-Q9 %Are/Is %you/he/she% usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid? 
1  Yes  
2  No
Speech

If age >= 12 then go to HS-Q10.

HS-INT3 The next few questions on day-to-day health are concerned with %FNAME's% abilities relative to other children the same age.

HS-Q10 %Are/Is% %you/FNAME% usually able to be understood completely when speaking with strangers in %your/his/her% own language?

1 Yes (Go to HS-Q14)
2 No
   R (Go to HS-Q14)

HS-Q11 %Are/Is% %you/he/she% able to be understood partially when speaking with strangers?

1 Yes
2 No

HS-Q12 %Are/Is% %you/he/she% able to be understood completely when speaking with those who know %you/him/her% well?

1 Yes (Go to HS-Q14)
2 No
   R (Go to HS-Q14)

HS-Q13 %Are/Is% %you/he/she% able to be understood partially when speaking with those who know %you/him/her% well?

1 Yes
2 No

Getting Around

HS-Q14 %Are/Is% %you/FNAME% usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?

1 Yes (Go to HS-Q21)
2 No
   DK, R (Go to HS-Q21)

HS-Q15 %Are/Is% %you/he/she% able to walk at all?

1 Yes
2 No (Go to HS-Q18)
   DK, R (Go to HS-Q18)
HS-Q16  %Do/Does% %you/he/she% require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?
   1  Yes
   2  No

HS-Q17  %Do/Does% %you/he/she% require the help of another person to be able to walk?
   1  Yes
   2  No

HS-Q18  %Do/Does% %you/he/she% require a wheelchair to get around?
   1  Yes
   2  No (Go to HS-Q21)
       DK, R (Go to HS-Q21)

HS-Q19  How often %do/does% %you/he/she% use a wheelchair?
(Read list. Mark ONE only.)
   1  Always
   2  Often
   3  Sometimes
   4  Never

HS-Q20  %Do/Does% %you/he/she% need the help of another person to get around in the wheelchair?
   1  Yes
   2  No

Hands and Fingers

HS-Q21  %Are/Is% %you/FNAME% usually able to grasp and handle small objects such as a pencil or scissors?
   1  Yes (Go to HS-Q25)
   2  No (Go to HS-Q25)
       DK, R (Go to HS-Q25)

HS-Q22  %Do/Does% %you/he/she% require the help of another person because of limitations in the use of hands or fingers?
   1  Yes
   2  No (Go to HS-Q24)
       DK, R (Go to HS-Q24)
HS-Q23

Do/Does %you/he/she% require the help of another person with:
(Read list. Mark ONE only.)

1  Some tasks?
2  Most tasks?
3  Almost all tasks?
4  All tasks?

HS-Q24

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

1  Yes
2  No

Feelings

HS-Q25

Would you describe %yourself/FNAME% as being usually:
(Read list. Mark ONE only.)

1  Happy and interested in life?
2  Somewhat happy?
3  Somewhat unhappy?
4  Unhappy with little interest in life?
5  So unhappy that life is not worthwhile?

Memory

HS-Q26

How would you describe %your/his/her% usual ability to remember things?
(Read list. Mark ONE only.)

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

Thinking

HS-Q27

How would you describe %your/his/her% usual ability to think and solve day-to-day problems?
(Read list. Mark ONE only.)

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

HS-Q28 %Are/Is %you/FNAME% usually free of pain or discomfort?

1 Yes (Go to next section)
2 No (Go to next section)

HS-Q29 How would you describe the usual intensity of %your/his/her% pain or discomfort?
(Read list. Mark ONE only.)

1 Mild
2 Moderate
3 Severe

HS-Q30 How many activities does %your/his/her% pain or discomfort prevent?
(Read list. Mark ONE only.)

1 None
2 A few
3 Some
4 Most

Sense of Coherence
(Non-proxy only and age >= 18.)

SCOH-INT Next is a series of questions relating to various aspects of people's lives. For each question please answer with a number between 1 and 7. Take your time to think about each question before answering.

SCOH-Q1 How often do you have the feeling that you don't really care about what goes on around you? (1 means very seldom or never and 7 means very often.)

1 Very seldom or never
2
3
4
5
6
7 Very often
DK, R (Go to next section)
### SCOH-Q2
How often in the past were you surprised by the behaviour of people whom you thought you knew well? (1 means it has never happened and 7 means it has always happened.)

<table>
<thead>
<tr>
<th></th>
<th>1 Never happened</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 Always happened</th>
</tr>
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</table>

### SCOH-Q3
How often have people you counted on disappointed you? (1 means it never happened and 7 means it always happened.)

<table>
<thead>
<tr>
<th></th>
<th>1 Never happened</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 Always happened</th>
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</table>

### SCOH-Q4
How often do you have the feeling you're being treated unfairly? (1 means very often and 7 means very seldom or never.)

<table>
<thead>
<tr>
<th></th>
<th>1 Very often</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 Very seldom or never</th>
</tr>
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</tbody>
</table>

### SCOH-Q5
How often do you have the feeling you are in an unfamiliar situation and don't know what to do? (1 means very often and 7 means very seldom or never.)

<table>
<thead>
<tr>
<th></th>
<th>1 Very often</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 Very seldom or never</th>
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</tbody>
</table>

### SCOH-Q6
How often do you have very mixed-up feelings and ideas? (1 means very often and 7 means very seldom or never.)

<table>
<thead>
<tr>
<th></th>
<th>1 Very often</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 Very seldom or never</th>
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</tr>
<tr>
<td>Question</td>
<td>Description</td>
<td>Response Options</td>
<td></td>
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</tr>
<tr>
<td>SCOH-Q7</td>
<td>How often do you have feelings inside that you would rather not feel?</td>
<td>1 Very often, 2, 3, 4, 5, 6, 7 Very seldom or never</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>SCOH-Q8</td>
<td>Many people -- even those with a strong character -- sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?</td>
<td>1 Very seldom or never, 2, 3, 4, 5, 6, 7 Very often</td>
<td></td>
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</tr>
<tr>
<td>SCOH-Q9</td>
<td>How often do you have the feeling that there's little meaning in the things you do in your daily life?</td>
<td>1 Very often, 2, 3, 4, 5, 6, 7 Very seldom or never</td>
<td></td>
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</tr>
<tr>
<td>SCOH-Q10</td>
<td>How often do you have feelings that you're not sure you can keep under control?</td>
<td>1 Very often, 2, 3, 4, 5, 6, 7 Very seldom or never</td>
<td></td>
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</tbody>
</table>
SCOH-Q11  Until now has your life had no clear goals or purpose or has it had very clear goals and purpose? (1 means no clear goals or purpose and 7 means very clear goals and purpose.)

1  No clear goals or no purpose at all
2  
3  
4  
5  
6  D
7  Very clear goals and purpose

SCOH-Q12  When something happens, do you generally find that you overestimate or underestimate its importance or you see things in the right proportion? (1 means you overestimate or underestimate importance and 7 means you see things in the right proportion.)

1  Overestimate or underestimate its importance
2  D
3  
4  
5  D
6  
7  See things in the right proportion

SCOH-Q13  Is doing the things you do every day a source of great pleasure and satisfaction or a source of pain and boredom? (1 means a source of great pleasure and satisfaction and 7 means a source of pain and boredom.)

1  A great deal of pleasure and satisfaction
2  D
3  
4  
5  D
6  
7  A source of pain and boredom
Physical Activities

(Non-proxy only and age >= 12.)

PA-INTA  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.

PA-Q1  Have you done any of the following in the past 3 months, that is, from %3MOSAGO% to yesterday?
(Read list. Mark ALL that apply.)

| PAC8_1A  | Walking for exercise | PAC8_1B  | Gardening or yard work | PAC8_1C  | Swimming |
| PAC8_1D  | Bicycling | PAC8_1E  | Popular or social dance | PAC8_1F  | Home exercises |
| PAC8_1G  | Ice hockey | PAC8_1H  | Ice skating | PAC8_1I  | In-line skating or rollerblading |
| PAC8_1J  | Jogging or running | PAC8_1K  | Golfing | PAC8_1L  | Exercise class or aerobics |
| PAC8_1N  | Downhill skiing | PAC8_IN  | Bowling | PAC8_IO  | Baseball or softball |
| PAC8_IP  | Tennis | PAC8_1Q  | Weight-training | PAC8_IR  | Fishing |
| PAC8_IU  | Weight-training | PAC8_IV  | Basketball |
| PAC8_IW  | Any other (Go to PA-Q1Ui) |

If “other” is chosen as a response, ask what type of activity it was.

PA-Q1Ui  What was this activity? (Enter ONE activity only.)

PA-Q1W  In the past 3 months, did you do any other activity for leisure?

| PAC8_IW  | Yes |
| PAC8_1W  | No (Go to PA-Q2) |
| PKD, R  | (Go to PA-Q2) |

PA-Q1Wi  What was this activity? (Enter ONE activity only.)

PA-Q1X  In the past 3 months, did you do any other activity for leisure?

| PAC8_XN  | Yes |
| PAC8_XK  | No (Go to PA-Q2) |
| PKD, R  | (Go to PA-Q2) |

PA-Q1Xi  What was this activity? (Enter ONE activity only.)

For each activity in PA-Q1, ask PA-Q2 and PA-Q3.
PA-Q2  In the past 3 months, how many times did you participate in %ACTIVITY%?

___ Number of times (MIN: 1 MAX: 99) for each activity except the following:
(Walking MAX: 270 Bicycling MAX: 200 Other activities MAX: 200)
DK, R (Go to next activity)

PA-Q3  About how much time did you spend on each occasion?
(Do not read list. Mark ONE only.)

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

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

PA-Q4A  In a typical week in the past 3 months, how many hours did you usually spend
walking to work or to school or while doing errands?
(Do not read list. Mark ONE only.)

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

PA-Q4B  In a typical week, how much time did you usually spend bicycling to work or to
school or while doing errands?
(Do not read list. Mark ONE only.)

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

PA-C1  If bicycling was indicated as an activity in PA-Q1 or > "None" in PA-Q4B, ask PA-Q5.
Otherwise, go to PA-Q6.

PA-Q5  When riding a bicycle how often did you wear a helmet?
(Read list. Mark ONE only.)

1  Always
2  Most of the time
3  Rarely
4  Never
PA-Q6

Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?
(Read list. Mark ONE only.)

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

Repetitive Strain
(Age >= 12)

RS-I1

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

RS-Q1

In the past 12 months, that is, from %12MOSAGO% to yesterday, did %you/FNAME% have any injuries due to repetitive strain which were serious enough to limit %your/his/her% normal activities?

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

RS-Q2

How many injuries?

<table>
<thead>
<tr>
<th></th>
<th>Injuries (MIN: 1) (MAX: 20; warning after 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DK, R (Go to next section)</td>
</tr>
</tbody>
</table>

RS-C3

If # of injuries=1, then use second part of phrase only in RS-Q3.

RS-Q3

(Thinking about the most serious injury), what part of the body was affected?
(Do not read list. Mark ONE only.)

1. Neck
2. Shoulder
3. Elbow
4. Wrist/hand/finger
5. Knee
6. Ankle/foot/toe
7. Back or spine
8. Hip
9. Other (Specify)
Was this injury the result of doing something:
(Read list. Mark ALL that apply.)

1 at home?
2 at work or school?
3 in leisure activities such as sports or hobbies?
4 Other (Specify)?

Injuries

IN-CINT If age < 12, do not use the phrase “Other” in IN-INT.

IN-INT Now some questions about %Other injuries which occurred in the past 12 months, and were serious enough to limit %your/FNAME’s% normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning.

IN-C1 If RS-Q1=1 then use second part of phrase only in IN-Q1.

IN-Q1 (Not counting repetitive strain injuries), in the past 12 months, that is, from %12MOSAGO% to yesterday, %were/was% %you/FNAME% injured?

1 Yes
2 No (Go to next section)
   DK, R (Go to next section)

IN-Q2 How many times %were/was% %you/he/she% injured?

___ Times (MIN: 1) (MAX: 30)
   DK, R (Go to next section)

IN-C3 If # of injuries = 1 then use second part of phrase only in IN-Q3.

IN-Q3 (Thinking about the most serious injury), what type of injury did %you/he/she% have? For example, a broken bone or burn.
(Do not read list. Mark ONE only.)

1 Multiple injuries
2 Broken or fractured bones
3 Burn or scald
4 Dislocation
5 Sprain or strain
6 Cut or scrape
7 Bruise or abrasion
8 Concussion (Go to IN-Q5) (IN-Q4=3 was filled during processing.)
9 Poisoning by substance or by liquid (Go to IN-Q5) (IN-Q4=11 was filled during processing.)
10 Internal injury (Go to IN-Q5) (IN-Q4=11 was filled during processing.)
11 Other (Specify)
IN-Q4  What part of %your/his/her% body was injured?  
(Do not read list. Mark ONE only.)

1. Multiple sites  
2. Eyes  
3. Head (excluding eyes)  
4. Neck  
5. Shoulder  
6. Arms or hands  
7. Hip  
8. Legs or feet  
9. Back or spine  
10. Trunk (excluding back and spine) (including chest, internal organs)

IN-Q5  Where did the injury happen?  
(Do not read list. Mark ONE only.)

1. In a home or its surrounding area  
2. Farm  
3. Place for recreation or sport (e.g. golf course, basketball court, playground (including school))  
4. Street or highway  
5. Building used by general public (e.g. hotel, shopping plaza, restaurant, office building, school)  
6. Residential institution (e.g. hospital, jail)  
7. Mine  
8. Industrial place or premise (e.g. dockyard)  
9. Other (Specify)

IN-Q6  What happened? For example, was the injury the result of a fall, a traffic accident or a physical assault, etc.?  
(Do not read list. Mark ONE only.)

1. Motor vehicle accident  
2. Accidental fall  
3. Fire, flame or resulting fumes  
4. Accidentally struck by an object/person  
5. Physical assault  
6. Suicide attempt  
7. Accidental injury caused by explosion  
8. Accidental injury caused by natural/environmental factors (e.g. weather conditions, poison ivy, animal bites, stings)  
9. Accidental near drowning or submersion  
10. Accidental suffocation  
11. Hot or corrosive liquids, foods or substances  
12. Accident caused by machinery (e.g. farm machinery, forklift, woodworking machinery)  
13. Accident caused by cutting and piercing instruments or objects (e.g. lawnmower, knife, stapler)  
14. Accidental poisoning  
15. Other (Specify)

IN-C1  If age < 15, go to IN-Q8.
IN-Q7  Was this a work-related injury?

1  Yes
2  No

IN-Q8  What precautions are being taken, if any, to prevent this kind of injury from happening again?
(Do not read list. Mark ALL that apply.)

1  Gave up the activity
2  Being more careful
3  Took safety training
4  Using protective gear/safety equipment
5  Changing physical situation
6  Other (Specify)
7  No precautions

**Drug Use**

(Age >= 12.)

DRG-INT  Now, I'd like to ask a few questions about %your/FNAME's% use of medications, both prescription and over-the-counter, as well as other health products.

DRG-Q1A  In the past month, that is, from %1MOAGO% to yesterday, did %you/FNAME% take any of the following medications:

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

1  Yes
2  No
R  (Go to next section)

DRG-Q1B  ... tranquilizers such as Valium?

1  Yes
2  No

DRG-Q1C  ... diet pills?

1  Yes
2  No

DRG-Q1D  ... anti-depressants?

1  Yes
2  No

DRG-Q1E  ... codeine, Demerol or morphine?

1  Yes
2  No
DRG-Q1F  ... allergy medicine such as Seldane or Chlor-tripolon?

1  Yes
2  No

DRG-Q1G  ... asthma medications such as inhalers or nebulizers?

1  Yes
2  No

DRG-Q1H  ... cough or cold remedies?

1  Yes
2  No

DRG-Q1I  ... penicillin or other antibiotics?

1  Yes
2  No

DRG-Q1J  ... medicine for the heart?

1  Yes
2  No

DRG-Q1K  ... medicine for blood pressure?

1  Yes
2  No

DRG-Q1L  In the past month, that is, from %1MOAGO% to yesterday, did %you/FNAME% take any of the following medications:

1  Yes
2  No

DRG-Q1M  ... diuretics or water pills?

1  Yes
2  No

DRG-Q1N  ... steroids?

1  Yes
2  No

DRG-Q1O  ... insulin?

1  Yes
2  No

DRG-Q1P  ... pills to control diabetes?

1  Yes
2  No
### NPHS, Household Component, Cycle 3 (1998-1999)

<table>
<thead>
<tr>
<th>DRG-Q1P</th>
<th>... sleeping pills?</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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<tr>
<th>DRG-Q1Q</th>
<th>... stomach remedies?</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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<table>
<thead>
<tr>
<th>DRG-Q1R</th>
<th>... laxatives?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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</table>

| DRG-C1S | If female & age <= 49, go to DRG-Q1S. Otherwise, go to DRG-C1T. |

<table>
<thead>
<tr>
<th>DRG-Q1S</th>
<th>... birth control pills?</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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</table>

| DRG-C1T | If female & age >= 30, go to DRG-Q1T. Otherwise, go to DRG-Q1U. |

<table>
<thead>
<tr>
<th>DRG-Q1T</th>
<th>... hormones for menopause or aging symptoms?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes (Go to DRG-Q1U)</td>
</tr>
<tr>
<td>2</td>
<td>No (Go to DRG-Q1U)</td>
</tr>
<tr>
<td></td>
<td>DK, R (Go to DRG-Q1U)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRG-Q1T1</th>
<th>What type of hormones %are/is% %you/FNAME% taking?</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Estrogen only</td>
</tr>
<tr>
<td>2</td>
<td>Progesterone only</td>
</tr>
<tr>
<td>3</td>
<td>Both</td>
</tr>
<tr>
<td>4</td>
<td>Neither</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRG-Q1T2</th>
<th>When did %you/FNAME% start this hormone therapy? (Enter year.)</th>
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<tr>
<th>DRG-Q1U</th>
<th>... thyroid medication such as Synthroid or Levothyroxine?</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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</tbody>
</table>

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<thead>
<tr>
<th>DRG-Q1V</th>
<th>... any other medication?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes (Specify)</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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</tbody>
</table>
DRG-C1 If any drug(s) specified in DRG-Q1A to DRG-Q1V, go to DRG-Q2. Otherwise, go to DRG-Q4.

DRG-Q2 Now, I am referring to the last 2 days, that is, yesterday and the day before yesterday. During those 2 days, how many different medications did %you/he/she% take?

___ Number of different medications (MIN: 0 MAX: 99)
DK, R (Go to DRG-Q4.)

If number = 0, then go to DRG-Q4.
For each number > 0 ask DRG-Q3 and DRG-Q3A ... up to a maximum of 12.

DRG-Q3 What is the exact name of the medication that %you/FNAME% took? (Ask the person to look at the bottle, tube or box.)

DRG-Q3A Was this a prescription from a medical doctor or dentist?
1 Yes
2 No

DRG-Q4 There are many other health products such as ointments, vitamins, herbs, minerals or protein drinks which people use to prevent illness or to improve or maintain their health. %Do/Does% %you/FNAME% use any of these or other health products?

1 Yes
2 No (Go to next section)
DK, R (Go to next section)

DRG-Q5 What is the exact name of the health product that %you/FNAME% %use/s%? (Ask the person to look at the bottle, tube or box.) (Up to 12 products)

(If DK, R to using any product, go to next section.)

Smoking
(Age >= 12.)

SMK-INT The next questions are about smoking.

SMK-Q1 Does anyone in this household smoke regularly inside the house?
1 Yes
2 No

SMK-Q2 At the present time %do/does% %you/FNAME% smoke cigarettes daily, occasionally or not at all?
(Do not read list. Mark ONE only.)
1 Daily
2 Occasionally (Go to SMK-Q5B)
3 Not at all (Go to SMK-Q4A)
DK, R (Go to next section)
SMK-Q3  At what age did %you/he/she% begin to smoke cigarettes daily?

__ Age (MIN: 5) (MAX: current age)

SMK-Q4  How many cigarettes %do/does% %you/he/she% smoke each day now?

__ Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)

Go to SMK-C9A.

SMK-Q4A %Have/Has% %you/he/she% ever smoked cigarettes at all?

1  Yes (Go to SMK-Q5A)
2  No (Go to next section)

SMK-C4B If reported ever smoked in 1996 (%SMKQ496%=1) and non-proxy, ask probe. Otherwise, go to next section.

SMK-Q4B (Remember, it's important to understand change.) During our last interview in %MONTH% %YYYY%, we recorded that you had previously smoked BUT this time we did not. In fact, have you EVER smoked cigarettes?

1  Yes (SMK-Q4A=1 was filled during processing.)
2  No (Go to next section)

SMK-Q5A In %your/his% lifetime, %have/has% %you/FNAME% smoked a total of 100 or more cigarettes? (about 4 packs)

1  Yes
2  No

Go to SMK-Q5.

SMK-Q5B On the days that %you/FNAME% %do/does% smoke, about how many cigarettes %do/does% %you/he/she% usually have?

__ Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)

SMK-Q5C In the past month, on how many days %have/has% %you/he/she% smoked 1 or more cigarettes?

__ Number of days (MIN: 0) (MAX: 30)

SMK-Q5 %Have/Has% %you/he/she% ever smoked cigarettes daily?

1  Yes
2  No (Go to SMK-C9A)

DK, R (Go to next section)
SMK-Q6  At what age did %you/he/she% begin to smoke (cigarettes) daily?
__ Age  (MIN: 5)  (MAX: current age)

SMK-Q7  How many cigarettes did %you/he/she% usually smoke each day?
__ Number of cigarettes  (MIN: 1)  (MAX: 99; warning after 60)

SMK-Q8  At what age did %you/he/she% stop smoking (cigarettes) daily?
__ Age  (MIN: 5)  (MAX: current age)

SMC8_6  SMOK96  SMOK98  Go to
Non-proxy only Daily Occasional Not at all SMK-Q9
Non-proxy only Not at all Daily Occasional SMK-Q10
Non-proxy only Daily Occasional SMK-Q11
Non-proxy only Occasional Daily SMK-Q12
Otherwise - - Next section

NOTE: If respondent says he/she “never smoked” even after probing in SMK-Q4B, and there is a change from 1996 to 1998, no further probing is done.

If SMK-Q4B=2, then SMK-Q9, 10, 11 and 12 are set to valid skips.

SMK-Q9  Compared to our interview in %MONTH%-%YYYY%, you are reporting that you no longer smoke. Why did you quit?
(Do not read list. Mark ONE only.)

1. Never smoked
2. Didn’t smoke at last interview
3. Affected physical health
4. Cost
5. Social/family pressures
6. Athletic activities
7. Pregnancy
8. Smoking restrictions
9. Doctor’s advice
10. Effect of second-hand smoke on others
11. Other (Specify)

Go to next section.
SMK-Q10  Compared to our interview in %MONTH% %YYYY%, you are reporting that you currently smoke. Why did you start smoking?
(Do not read list. Mark ONE only.)

1. Smoked at last interview
2. Family/friends smoke
3. Everyone around me smokes
4. To be "cool"
5. Curiosity
6. Stress
7. Started again after trying to quit
8. Cost
9. To control weight
10. Other (Specify)

Go to next section.

SMK-Q11  Compared to our interview in %MONTH% %YYYY%, you are reporting that you smoke less. Why did you cut down?
(Do not read list. Mark ONE only.)

1. Didn’t cut down
2. Didn’t smoke at last interview
3. Trying to quit
4. Affected physical health
5. Cost
6. Social/family pressures
7. Athletic activities
8. Pregnancy
9. Smoking restrictions
10. Doctor's advice
11. Effect of second-hand smoke on others
12. Other (Specify)

Go to next section.

SMK-Q12  Compared to our interview in %MONTH% %YYYY%, you are reporting that you smoke more. Why have you increased smoking?
(Do not read list. Mark ONE only.)

1. Haven’t increased
2. Family/friends smoke
3. Everyone around me smokes
4. To be “cool”
5. Curiosity
6. Stress
7. Increased after trying to quit/reduce
8. Cost
9. To control weight
10. Other (Specify)
Smoking (2)

(Non-proxy only, ages 12+ and valid answer in SMK-Q2.)

SMK2-C1 If SMK-Q2 =1(Daily smoker), go to SMK2-Q1. Otherwise, go to SMK2-C2.

SMK2-Q1 How soon after you wake up do you smoke your first cigarette?
(Do not read list. Mark ONE only.)

1. Within 5 minutes
2. 6 to 30 minutes after waking
3. 31 to 60 minutes after waking
4. More than 60 minutes after waking
   DK, R (Go to next section)

NOTE: This is the same question as SSMK-Q8 (SMS6_8) in 1996. It is now core content.

SMK2-C2 If SMK-Q2 = 1(Daily smoker) or SMK-Q2 = 2(Occasional smoker), go to SMK2-Q2. Otherwise, go to SMK2-C6.

SMK2-Q2 Have you tried quitting in the past 6 months?

1. Yes 
2. No (Go to SMK2-C6)
   DK, R (Go to SMK2-C6)

SMK2-Q3 How many times have you tried quitting (in the past 6 months)?

|   | Times
MIN: 1) (MAX: 25)

SMK2-Q4 Are you seriously considering quitting within the next 30 days?

1. Yes 
2. No

SMK2-Q5 Are you seriously considering quitting within the next 6 months?

1. Yes 
2. No

NOTE: This is the same question as SSMK-Q9 (SMS6_9) in 1996. It is now core content.

SMK2-C6 If LFS-WORK = 1(Currently working), go to SMK2-Q6. Otherwise, go to next section.
**SMK2-Q6**

*At your place of work what are the restrictions on smoking?*

(Read list. Mark ONE only.)

1. Restricted completely
2. Allowed in designated areas
3. Restricted only in certain places
4. Not restricted at all

**NOTE:** This is the same question as SSMK-Q12 (SMS6_12) in 1996. It is now core content.

---

**Tobacco Alternatives (HPS)**

(Non-proxy only and age >= 12.)

**STOB-INT**

*Now, I'd like to ask about your use of tobacco other than cigarettes.*

**STOB-Q1**

*In the past month, have you smoked cigars?*

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

**STOB-Q2**

*In the past month, have you smoked a pipe?*

1. Yes
2. No

**STOB-Q3**

*In the past month, have you used snuff?*

1. Yes
2. No

**STOB-Q4**

*In the past month, have you used chewing tobacco?*

1. Yes
2. No
Alcohol

(Age >=12.)

ALC-INT1 Now, some questions about %your/FNAME’s% alcohol consumption.

ALC-INT2 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.

ALC-Q1 During the past 12 months, that is, from %12MOSAGO% to yesterday, %have/has% %you/FNAME% had a drink of beer, wine, liquor or any other alcoholic beverage?

1  Yes
2  No  (Go to ALC-Q5B)
   DK, R  (Go to next section)

ALC-Q2 During the past 12 months, how often did %you/he/she% drink alcoholic beverages? (Do not read list. Mark ONE only.)

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  Everyday

ALC-Q3 How often in the past 12 months %have/has% %you/he/she% had 5 or more drinks on one occasion? (Do not read list. Mark ONE only.)

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

ALC-Q5 Thinking back over the past week, that is, from %1WKAGO% to yesterday, did %you/FNAME% have a drink of beer, wine, liquor or any other alcoholic beverage?

1  Yes
2  No  (Go to next section)
   DK, R  (Go to next section)
Starting with yesterday, that is %D1E%, how many drinks did %you/FNAME% have:

1 Monday? (If R on first day, then go to next section)
2 Tuesday? (MIN: 0  MAX: 99 for each day)
3 Wednesday?
4 Thursday?
5 Friday?
6 Saturday?
7 Sunday?

Go to next section.

Have %you/he/she% ever had a drink?

1 Yes
2 No (Go to next section)
   DK, R (Go to next section)

Did %you/he/she% ever regularly drink more than 12 drinks a week?

1 Yes
2 No (Go to next section)
   DK, R (Go to next section)

Why did %you/he/she% reduce or quit drinking altogether?
(Do not read list. Mark ALL that apply)

1 Dieting
2 Athletic training
3 Pregnancy
4 Getting older
5 Drinking too much/drinking problem
6 Affected work, studies, employment opportunities
7 Interfered with family or home life
8 Affected – physical health
9 Affected – friendships or social relationships
10 Affected – financial position
11 Affected – outlook on life, happiness
12 Influence of family or friends
13 Other (Specify)
Mental Health

(Non-proxy only & age >= 12.)

MH-Q1A  Now some questions about mental and emotional well-being. During the past month, that is, from %1MOAGO% to yesterday, about how often did you feel ... so sad that nothing could cheer you up?
(Read list. Mark ONE only.)

1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
DK, R  (Go to MH-Q1K)

MH-Q1B  During the past month, about how often did you feel ... nervous?
(Read list. Mark ONE only.)

1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
DK, R  (Go to MH-Q1K)

MH-Q1C  ... restless or fidgety?
(Read list. Mark ONE only.)

1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
DK, R  (Go to MH-Q1K)

MH-Q1D  ... hopeless?
(Read list. Mark ONE only.)

1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
DK, R  (Go to MH-Q1K)

MH-Q1E  ... worthless?
(Read list. Mark ONE only.)

1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
DK, R  (Go to MH-Q1K)
During the past month, about how often did you feel that everything was an effort?  
(Read list. Mark ONE only.)

1. All of the time  
2. Most of the time  
3. Some of the time  
4. A little of the time  
5. None of the time  
   DK, R (Go to MH-Q1K)

If MH-Q1A to MH-Q1F are all “None”, go to MH-Q1K.

We have just been talking about feelings and experiences 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?  
(Do not read list. Mark ONE only.)

1. More often  
2. Less often  
3. About the same  
4. Never have had any  
   DK, R (Go to MH-Q1K)

Is that a lot more, somewhat more or only a little more often than usual?  
(Do not read list. Mark ONE only.)

1. A lot  
2. Somewhat  
3. A little  
   DK, R (Go to MH-Q1K)

Go to MH-Q1J.

Is that a lot less, somewhat less or only a little less often than usual?  
(Do not read list. Mark ONE only.)

1. A lot  
2. Somewhat  
3. A little  
   DK, R (Go to MH-Q1K)

How much do these experiences usually interfere with your life or activities?  
(Read list. Mark ONE only.)

1. A lot  
2. Some  
3. A little  
4. Not at all
In the past 12 months, that is, from %12MOSAGO% to yesterday, have you seen or talked on the telephone to a health professional about your emotional or mental health?

1  Yes
2  No  (Go to MH-Q2)
    DK, R  (Go to MH-Q2)

How many times (in the past 12 months)?

___ # of times (MIN: 1) (MAX: 366)

Whom did you see or talk to?

(Read list. Mark ALL that apply.)

1  Family doctor or general practitioner
2  Psychiatrist
3  Psychologist
4  Nurse
5  Social worker or counsellor
6  Other (Specify)

During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

1  Yes
2  No  (Go to MH-Q16)
    DK, R  (Go to next section)

For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst. During that time, how long did these feelings usually last?

(Read list. Mark ONE only.)

1  All day long
2  Most of the day
3  About half of the day  (Go to MH-Q16)
4  Less than half of a day  (Go to MH-Q16)
    DK, R  (Go to next section)

How often did you feel this way during those 2 weeks?

(Read list. Mark ONE only.)

1  Every day
2  Almost every day
3  Less often  (Go to MH-Q16)
    DK, R  (Go to next section)

During those 2 weeks did you lose interest in most things?

1  Yes  (KEY PHRASE = losing interest)
2  No  (Go to next section)
MH-Q6

Did you feel tired out or low on energy all of the time?

1 Yes (KEY PHRASE = feeling tired)
2 No
   DK, R (Go to next section)

MH-Q7

Did you gain weight, lose weight or stay about the same?
(Do not read list. Mark ONE only.)

1 Gained weight (KEY PHRASE = gaining weight)
2 Lost weight (KEY PHRASE = losing weight)
3 Stayed about the same (Go to MH-Q9)
4 Was on a diet (Go to MH-Q9)
   DK, R (Go to next section)

MH-Q8A

About how much did you %gain/lose%?

___ (Enter amount only.) (MIN: 1) (MAX: 99)
   DK, R (Go to MH-Q9)

MH-Q8B

INTERVIEWER: Was that in pounds or kilograms?

1 Pounds
2 Kilograms

MH-Q9

Did you have more trouble falling asleep than you usually do?

1 Yes (KEY PHRASE = trouble falling asleep)
2 No (Go to MH-Q11)
   DK, R (Go to next section)

MH-Q10

How often did that happen?
(Read list. Mark ONE only.)

1 Every night
2 Nearly every night
3 Less often
   DK, R (Go to next section)

MH-Q11

Did you have a lot more trouble concentrating than usual?

1 Yes (KEY PHRASE = trouble concentrating)
2 No
   DK, R (Go to next section)

MH-Q12

At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?

1 Yes (KEY PHRASE = feeling down on yourself)
2 No
   DK, R (Go to next section)
MH-Q13  Did you think a lot about death - either your own, someone else’s or death in general?

MH8_13

1  Yes  (KEY PHRASE = thoughts about death)
2  No  (Go to next section)

MH-C14  If any “Yes” in MH-Q5, Q6, Q9, Q11, Q12 or Q13, or Q7 is “gain” or “lose”, go to MH-Q14. Otherwise, go to next section.

MH-X11C  Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue or depressed and also had some other things like (KEY PHRASES).

MH-Q14  About how many weeks altogether did you feel this way during the past 12 months?

MH8_14

___ # of weeks  (MIN: 2 MAX: 53)
(If > 51 weeks, go to next section.)
DK, R  (Go to next section)

MH-Q15  Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

MH8_15

(Read list. Mark ONE only.)

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

Go to next section.

MH-Q16  During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

MH8_16

1  Yes  
2  No  (Go to next section)
DK, R  (Go to next section)

MH-Q17  For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?

MH8_17

(Read list. Mark ONE only.)

1  All day long  
2  Most of the day  
3  About half of the day  (Go to next section)
4  Less than half of a day  (Go to next section)
DK, R  (Go to next section)
MH-Q18  How often did you feel this way during those 2 weeks?  
(Read list. Mark ONE only.)
1  Every day
2  Almost every day
3  Less often  (Go to next section)
   DK, R  (Go to next section)

MH-Q19  During those 2 weeks did you feel tired out or low on energy all the time?  
1  Yes  (KEY PHRASE = feeling tired)
2  No
   DK, R  (Go to next section)

MH-Q20  Did you gain weight, lose weight, or stay about the same?  
(Do not read list. Mark ONE only.)
1  Gained weight  (KEY PHRASE = Gaining weight)
2  Lost weight  (KEY PHRASE = Losing weight)
3  Stayed about the same  (Go to MH-Q22)
4  Was on a diet  (Go to MH-Q22)
   DK, R  (Go to next section)

MH-Q21A  About how much did you %gain/lose%?  
   ___  (Enter amount only.)  (MIN: 1)  (MAX: 99)
   DK, R  (Go to MH-Q22)

MH-Q21B  INTERVIEWER: Was that in pounds or kilograms?
1  Pounds  
2  Kilograms
   MHC8_21L  MHC8_21K

MH-Q22  Did you have more trouble falling asleep than you usually do?  
1  Yes  (KEY PHRASE = trouble falling asleep)
2  No  (Go to MH-Q24)
   DK, R  (Go to next section)

MH-Q23  How often did that happen?  
(Read list. Mark ONE only.)
1  Every night
2  Nearly every night
3  Less often
   DK, R  (Go to next section)

MH-Q24  Did you have a lot more trouble concentrating than usual?  
1  Yes  (KEY PHRASE = trouble concentrating)
2  No
   DK, R  (Go to next section)
MH-Q25  
**MHC8_25**

At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

1. Yes  (KEY PHRASE = feeling down on yourself)
2. No
   - DK, R  (Go to next section)

MH-Q26  
**MHC8_26**

Did you think a lot about death - either your own, someone else's, or death in general?

1. Yes  (KEY PHRASE = thoughts about death)
2. No
   - DK, R  (Go to next section)

MH-C27

If any “Yes” in MH-Q19, Q22, Q24, Q25 or Q26, or Q20 is “gain” or “lose”, go to MH-Q27. Otherwise, go to next section.

MX-Y11C

Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES).

MH-Q27  
**MHC8_27**

About how many weeks did you feel this way during the past 12 months?

___ # of weeks (MIN: 2  MAX: 53)

   - (If > 51 weeks, go to next section.)
   - DK, R  (Go to next section)

MH-Q28  
**MHC8_28**

Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?

(Do not read list. Mark ONE only.)

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

**Social Support (Medical Outcomes Study questions)**

(Non-proxy only & age >= 12.)

MOS-INT

Next are some questions about the support that is available to you.

MOS-Q1  
**SSC8_101**

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?

| | | (MIN: 0) (MAX: 99)
   - DK, R  (Go to next section)
People sometimes look to others for companionship, assistance, or other types of support.

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?
(Read list. Mark ONE only.)

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

... someone you can count on to listen to you when you need to talk?
(Read list. Mark ONE only.)

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

... someone to give you advice about a crisis?
(Read list. Mark ONE only.)

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

... someone to take you to the doctor if you needed it?
(Read list. Mark ONE only.)

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

... someone who shows you love and affection?
(Read list. Mark ONE only.)

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
MOS-Q7  How often is each of the following kinds of support available to you if you need it:

... someone to have a good time with?
(Read list. Mark ONE only.)

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

MOS-Q8  ... someone to give you information in order to help you understand a situation?
(Read list. Mark ONE only.)

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

MOS-Q9  ... someone to confide in or talk to about yourself or your problems?
(Read list. Mark ONE only.)

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

MOS-Q10 ... someone who hugs you?
(Read list. Mark ONE only.)

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

MOS-Q11 ... someone to get together with for relaxation?
(Read list. Mark ONE only.)

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
<table>
<thead>
<tr>
<th>MOS-Q12</th>
<th>... someone to prepare your meals if you were unable to do it yourself?</th>
<th><strong>(Read list. Mark ONE only.)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None of the time</td>
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<tr>
<td>2</td>
<td>A little of the time</td>
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</tr>
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<tr>
<td>4</td>
<td>Most of the time</td>
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<tr>
<td>5</td>
<td>All of the time</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>MOS-Q13</th>
<th>... someone whose advice you really want?</th>
<th><strong>(Read list. Mark ONE only.)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None of the time</td>
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<tr>
<th>MOS-Q14</th>
<th>How often is each of the following kinds of support available to you if you need it:</th>
<th><strong>(Read list. Mark ONE only.)</strong></th>
</tr>
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</table>

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<thead>
<tr>
<th>MOS-Q15</th>
<th>... someone to do things with to help you get your mind off things?</th>
<th><strong>(Read list. Mark ONE only.)</strong></th>
</tr>
</thead>
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<tr>
<td>1</td>
<td>None of the time</td>
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</tr>
<tr>
<td>2</td>
<td>A little of the time</td>
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<tr>
<td>3</td>
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</tr>
<tr>
<td>4</td>
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<tr>
<td>5</td>
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</tbody>
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<table>
<thead>
<tr>
<th>MOS-Q16</th>
<th>... someone to help with daily chores if you were sick?</th>
<th><strong>(Read list. Mark ONE only.)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None of the time</td>
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</tr>
<tr>
<td>2</td>
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<tr>
<th>MOS-Q17</th>
<th>... someone to share your most private worries and fears with?</th>
<th><strong>(Read list. Mark ONE only.)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None of the time</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A little of the time</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Some of the time</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Most of the time</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>All of the time</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MOS-Q17</th>
<th>... someone to turn to for suggestions about how to deal with a personal problem?</th>
<th><strong>(Read list. Mark ONE only.)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None of the time</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A little of the time</td>
<td></td>
</tr>
<tr>
<td>3</td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>Most of the time</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>All of the time</td>
<td></td>
</tr>
</tbody>
</table>
MOS-Q18  ... someone to do something enjoyable with?
(Read list. Mark ONE only.)
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

MOS-Q19  ... someone who understands your problems?
(Read list. Mark ONE only.)
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

MOS-Q20  ... someone to love you and make you feel wanted?
(Read list. Mark ONE only.)
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
Health Number and H06 Administration

Health Number

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

This information will be used for statistical purposes only. Do we have your permission?

1  Yes
2  No  (Go to next section)
    DK, R  (Go to next section)

If longitudinal respondent & we have a valid health number (%HNFLG%=1), go to LINK-CHG.

Otherwise, go to LINK-INTPERM.

Has %your/FNAME’s% health number changed since our interview in %MONTH%, YYYY%?

1  Yes  (Go to LINK-PROV)
2  No  (Go to next section)  (LINK-PROV was filled with health number from Cycle 1 during processing)
    DK, R  (Go to next section)

Having a provincial health number will assist us in linking to this other information.

What is %your/FNAME’s% provincial health number?

Agreement to Share

To avoid duplication, Statistics Canada intends to share the information from all interviews conducted as part of this survey with provincial ministries of health, Health Canada and Human Resources Development Canada.

These organizations have undertaken to keep this information confidential and use it only for statistical purposes.

Do you agree to share the information provided?

1  Yes
2  No
This survey is part of a longer term study to look at the health of Canadians. We will need to recontact %you/FNAME% two years from now.

Could we have the name, address and phone number of a friend or relative that we could call in case there are difficulties in reaching %you/FNAME%? This would only be used to help us contact %you/him/her%.

1  Yes
2  No  (Go to H06-Q10)
   DK, R  (Go to H06-Q10)

INTERVIEWER: Enter first and last name of contact.
______________________________ (50 chars)

INTERVIEWER: Enter the street address.
(Without the apartment number.)
______________________________ (50 chars)

INTERVIEWER: Is there an apartment number?
1  Yes
2  No  (Go to H06-Q4)
   DK, R  (Go to H06-Q4)

INTERVIEWER: Enter apartment number.
______________________________ (15 chars)

INTERVIEWER: Enter the city.
______________________________ (25 chars)

INTERVIEWER: Enter the postal code e.g. A1A1A1.
(Do not insert blanks or dashes.)
______ (6 chars)
H06-Q5A  INTERVIEWER: Choose the province or territory.

1  Newfoundland
2  Prince Edward Island
3  Nova Scotia
4  New Brunswick
5  Quebec
6  Ontario
7  Manitoba
8  Saskatchewan
9  Alberta
10  British Columbia
11  Yukon
12  Northwest Territories

H06-Q6  What is the telephone number, starting with the area code?
(INTERVIEWER: Do not enter dashes and brackets.)

__________ (10 chars)

H06-Q7  How is this person related to %you/FNAME%?
(Do not read list. Mark ONE only.)

1  Parent/parent-in-law
2  Grandparent
3  Daughter/daughter-in-law
4  Son/son-in-law
5  Brother/sister
6  Other relative
7  Friend
8  Neighbour
9  Other (Specify)

H06-C8  If LFS-WORK is not equal to 1 (i.e. not currently employed), go to H06-Q10.

H06-Q8  Could I please have %your/FNAME's% telephone number at work? This will only be used to help contact %you/him/her% 2 years from now.

1  Yes
2  No (Go to H06-Q10)

H06-Q9  What is the telephone number, starting with the area code?
(INTERVIEWER: Do not enter dashes and brackets.)

__________ (10 chars)

H06-Q10  INTERVIEWER: Is this a fictitious name for the respondent?

1  Yes
2  No (Go to H06-CTEL)
3  DK, R (Go to H06-CTEL)
H06-Q11 INTERVIEWER: Remind respondent about the importance of getting correct names for longitudinal reasons.

Do you want to make corrections to...?

1  First name only
2  Last name only  (Go to H06-Q13)
3  Both names
4  No corrections  (Go to H06-CTEL)
5  DK, R  (Go to H06-CTEL)

H06-Q12 INTERVIEWER: Enter first name only.

_____________________________ (25 chars)

H06-C13 If H06-Q11 is not equal to 3, go to H06-CTEL.

H06-Q13 INTERVIEWER: Enter last name only.

_______________________________ (25 chars)

H06-CTEL IF RDD, go to H06-LANG.

H06-TEL Was this interview conducted on the telephone or in person?

1  On telephone
2  In person
3  Both

H06-CTX1 Was the respondent alone when you asked this health questionnaire?

1  Yes  (Go to H06-LANG)
2  No  (Go to H06-LANG)

H06-CTX2 Do you think that the answers of the respondent were affected by someone else being there?

1  Yes
2  No

H06-LANG Record language of interview

1  English
2  French
3  Arabic
4  Chinese
5  Cree
6  German
7  Greek
8  Hungarian
9  Italian
10 Korean

11 Persian (Farsi)
12 Polish
13 Portuguese
14 Punjabi
15 Spanish
16 Tagalog (Filipino)
17 Ukrainian
18 Vietnamese
19 Other (Specify)