CANADIAN COMMUNITY HEALTH SURVEY (CCHS)

Questionnaire for CYCLE 2.1

January 2003 to November 2003

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HEALTH CARE SYSTEM SATISFACTION

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

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

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

HCS_Q1   **To start, a few questions about health care services in [province].**
HCSC_1   **Overall, how would you rate the <u>availability</u> of health care services in [province]?**
             Would you say it is:
             <u>INTERVIEWER</u>: Read categories to respondent.

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

HCS_Q2   **Overall, how would you rate the <u>quality</u> of the health care services that are**
HCSC_2   **available in [province]?**
             <u>INTERVIEWER</u>: Read categories to respondent.

             1   **Excellent**
             2   **Good**
             3   **Fair**
             4   **Poor**
                      DK, R

HCS_Q3   **Overall, how would you rate the <u>availability</u> of health care services <u>in your</u>**
HCSC_3   **<u>community</u>?**

             1   Excellent
             2   Good
             3   Fair
             4   Poor
                      DK, R

HCS_Q4
HCSC_4

Overall, how would you rate the <u>quality</u> of the health care services that are available <u>in your community</u>?

1 Excellent
2 Good
3 Fair
4 Poor
   DK, R

HCS_END

GENERAL HEALTH

GEN_C01   If (do GEN = 2), go to GEN_END.
GENCFDO   Otherwise, go to GEN_QINT.

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

GEN_Q01   **I'll start with a few questions concerning [your/FNAME's] health in general. In**
GENC_01   **general, would you say [your/his/her] health is:**
INTERVIEWER: Read categories to respondent.

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

GEN_Q02   **Compared to one year ago, how would you say [your/his/her] health is now?**
GENC_02   **Is it:**
INTERVIEWER: Read categories to respondent.

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

GEN_C02A   If proxy interview, go to GEN_C07.

GEN_Q02A   **How satisfied are you with your life in general?**
GENC_02A   INTERVIEWER: Read categories to respondent.

1   **Very satisfied**
2   **Satisfied**
3   **Neither satisfied nor dissatisfied**
4   **Dissatisfied**
5   **Very dissatisfied**
DK, R

GEN_Q02B   **In general, would you say your mental health is:**
GENC_02B   <u>INTERVIEWER</u>: Read categories to respondent.

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

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

GEN_Q07   **Thinking about the amount of stress in [your/his/her] life, would you say that most**
GENC_07   **days are:**
           <u>INTERVIEWER</u>: Read categories to respondent.

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

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

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

GEN_Q08   **Have you worked at a job or business at any time in the past 12 months?**
GENC_08

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

GEN_Q09   **The next question is about your main job or business in the past 12 months.**
GENC_09   **Would you say that most days at work were:**
           <u>INTERVIEWER</u>: Read categories to respondent.

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

GEN_Q010   **How would you describe your sense of belonging to your local community?**
GENC_10   **Would you say it is:**
           <u>INTERVIEWER</u>: Read categories to respondent.

           1   **… very strong?**
           2   **… somewhat strong?**
           3   **… somewhat weak?**
           4   **… very weak?**
                    DK, R

GEN_END

VOLUNTARY ORGANIZATIONS

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

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

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

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

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

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

ORG_END

CHANGES MADE TO IMPROVE HEALTH

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

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

CIH_Q1   **In the past 12 months, that is, from [date one year ago] to yesterday, did you do**
CIHC_1   **anything to improve your health? (For example, lost weight, quit smoking, increased**
              exercise)

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

CIH_Q2   **What is the single most important change you have made?**
CIHC_2

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

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

CIH_Q2S   <u>INTERVIEWER:</u> Specify.

              _____
              (80 spaces)
              DK, R

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

CIH_Q3   **Do you think there is [anything/anything else] you should do to improve your**
CIHC_3   **physical health?**

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

CIH_Q4 CIHC_4	**What is the most important thing?**

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

CIH_C4S   If CIH_Q4 <> 6, go to CIH_Q5.
               Otherwise, go to CIH_Q4S.

CIH_Q4S   <u>INTERVIEWER</u>: Specify.

               _____
               (80 spaces)
               DK, R

CIH_Q5 CIHC_5	**Is there anything stopping you from making this improvement?**

1   Yes
2   No   (Go to CIH_Q7)
       DK, R   (Go to CIH_Q7)

CIH_Q6   **What is that?**
               <u>INTERVIEWER</u>: Mark all that apply.

CIHC_6A   1   Lack of - will power/self-discipline
CIHC_6B   2   Lack of - time
CIHC_6C   3   Too tired
CIHC_6D   4   Too difficult
CIHC_6E   5   Too costly
CIHC_6F   6   Too stressed
CIHC_6G   7   Disability / health problem
CIHC_6H   8   Other - Specify
               DK, R

CIH_C6S   If CIH_Q6 <> 8, go to CIH_Q7.
               Otherwise, go to CIH_Q6S.

CIH_Q6S   <u>INTERVIEWER</u>: Specify.

               _____
               (80 spaces)
               DK, R

CIH_Q7 CIHC_7	**Is there anything you intend to do to improve your physical health in the next year?**

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

CIH_Q8   **What is that?**
                <u>INTERVIEWER</u> : Mark all that apply.

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

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

CIH_Q8S   <u>INTERVIEWER</u>: Specify.

                _____
                (80 spaces)
                DK, R

CIH_END

ORAL HEALTH 1

OH1_C20A
OH1CFDO

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

OH1_C20B

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

OH1_QINT20

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

OH1_Q20
OH1C_20

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

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

OH1_Q21A
OH1C_21A

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

1   Yes
2   No
        DK, R

OH1_Q21B
OH1C_21B

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

1   Yes
2   No
        DK, R

OH1_Q21C
OH1C_21C

(Can you:)
… chew boiled vegetables?

1   Yes
2   No
        DK, R

OH1_Q22
OH1C_22

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

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

OH1_END

HEIGHT & WEIGHT

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

HWT_Q2   **How tall [are/is] [you/FNAME] without shoes on?**
HWTC_2

0   Less than 1' / 12" (less than 29.2 cm.)
1   1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.)
2   2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.)
3   3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.)   (Go to HWT_Q2C)
4   4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.)   (Go to HWT_Q2D)
5   5'0" to 5'11" (151.1 to 181.5 cm.)   (Go to HWT_Q2E)
6   6'0" to 6'11" (181.6 to 212.0 cm.)   (Go to HWT_Q2F)
7   7'0" and over (212.1 cm. and over)   (Go to HWT_Q3)
DK, R   (Go to HWT_Q3)

HWT_E2   If HWT_Q2 < 3, display this message.

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

HWT_Q2A   <u>INTERVIEWER</u>: Select the exact height.
HWTC_2A

0   1'0" / 12" (29.2 to 31.7 cm.)
1   1'1" / 13" (31.8 to 34.2 cm.)
2   1'2" / 14" (34.3 to 36.7 cm.)
3   1'3" / 15" (36.8 to 39.3 cm.)
4   1'4" / 16" (39.4 to 41.8 cm.)
5   1'5" / 17" (41.9 to 44.4 cm.)
6   1'6" / 18" (44.5 to 46.9 cm.)
7   1'7" / 19" (47.0 to 49.4 cm.)
8   1'8" / 20" (49.5 to 52.0 cm.)
9   1'9" / 21" (52.1 to 54.5 cm.)
10   1'10" / 22" (54.6 to 57.1 cm.)
11   1'11" / 23" (57.2 to 59.6 cm.)
DK, R

HWT_Q2B   <u>INTERVIEWER</u>: Select the exact height.
HWTC_2B

0   2'0" / 24" (59.7 to 62.1 cm.)
1   2'1" / 25" (62.2 to 64.7 cm.)
2   2'2" / 26" (64.8 to 67.2 cm.)
3   2'3" / 27" (67.3 to 69.8 cm.)
4   2'4" / 28" (69.9 to 72.3 cm.)
5   2'5" / 29" (72.4 to 74.8 cm.)
6   2'6" / 30" (74.9 to 77.4 cm.)
7   2'7" / 31" (77.5 to 79.9 cm.)
8   2'8" / 32" (80.0 to 82.5 cm.)
9   2'9" / 33" (82.6 to 85.0 cm.)
10   2'10" / 34" (85.1 to 87.5 cm.)
11   2'11" / 35" (87.6 to 90.1 cm.)
DK, R

HWT_Q2C
HWTC_2C

INTERVIEWER: Select the exact height.

0   3'0" / 36" (90.2 to 92.6 cm.)
1   3'1" / 37" (92.7 to 95.2 cm.)
2   3'2" / 38" (95.3 to 97.7 cm.)
3   3'3" / 39" (97.8 to 100.2 cm.)
4   3'4" / 40" (100.3 to 102.8 cm.)
5   3'5" / 41" (102.9 to 105.3 cm.)
6   3'6" / 42" (105.4 to 107.9 cm.)
7   3'7" / 43" (108.0 to 110.4 cm.)
8   3'8" / 44" (110.5 to 112.9 cm.)
9   3'9" / 45" (113.0 to 115.5 cm.)
10   3'10" / 46" (115.6 to 118.0 cm.)
11   3'11" / 47" (118.1 to 120.6 cm.)
      DK, R

Go to HWT_Q3

HWT_Q2D
HWTC_2D

INTERVIEWER: Select the exact height.

0   4'0" / 48" (120.7 to 123.1 cm.)
1   4'1" / 49" (123.2 to 125.6 cm.)
2   4'2" / 50" (125.7 to 128.2 cm.)
3   4'3" / 51" (128.3 to 130.7 cm.)
4   4'4" / 52" (130.8 to 133.3 cm.)
5   4'5" / 53" (133.4 to 135.8 cm.)
6   4'6" / 54" (135.9 to 138.3 cm.)
7   4'7" / 55" (138.4 to 140.9 cm.)
8   4'8" / 56" (141.0 to 143.4 cm.)
9   4'9" / 57" (143.5 to 146.0 cm.)
10   4'10" / 58" (146.1 to 148.5 cm.)
11   4'11" / 59" (148.6 to 151.0 cm.)
      DK, R

Go to HWT_Q3

HWT_Q2E
HWTC_2E

INTERVIEWER: Select the exact height.

0   5'0" (151.1 to 153.6 cm.)
1   5'1" (153.7 to 156.1 cm.)
2   5'2" (156.2 to 158.7 cm.)
3   5'3" (158.8 to 161.2 cm.)
4   5'4" (161.3 to 163.7 cm.)
5   5'5" (163.8 to 166.3 cm.)
6   5'6" (166.4 to 168.8 cm.)
7   5'7" (168.9 to 171.4 cm.)
8   5'8" (171.5 to 173.9 cm.)
9   5'9" (174.0 to 176.4 cm.)
10   5'10" (176.5 to 179.0 cm.)
11   5'11" (179.1 to 181.5 cm.)
      DK, R

Go to HWT_Q3

HWT_Q2F   INTERVIEWER: Select the exact height.
HWTC_2F

0   6'0" (181.6 to 184.1 cm.)
1   6'1" (184.2 to 186.6 cm.)
2   6'2" (186.7 to 189.1 cm.)
3   6'3" (189.2 to 191.7 cm.)
4   6'4" (191.8 to 194.2 cm.)
5   6'5" (194.3 to 196.8 cm.)
6   6'6" (196.9 to 199.3 cm.)
7   6'7" (199.4 to 201.8 cm.)
8   6'8" (201.9 to 204.4 cm.)
9   6'9" (204.5 to 206.9 cm.)
10   6'10" (207.0 to 209.5 cm.)
11   6'11" (209.6 to 212.0 cm.)
           DK, R

HWT_Q3   **How much [do/does] [you/FNAME] weigh?**
HWTC_3   INTERVIEWER: Enter amount only.

|_|_|_| Weight
(MIN: 1) (MAX: 575; warning before 60 lbs or 27 kg and after 300 lbs or 136 kg)
DK, R   (Go to HWT_END)

HWT_N4   INTERVIEWER: Was that in pounds or kilograms?
HWTC_N4

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

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

HWT_Q4   **Do you consider yourself:**
HWTC_4   INTERVIEWER: Read categories to respondent.

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

HWT_END

CHRONIC CONDITIONS

CCC_BEG   Set HasSkinCancer = No

CCC_C011   If (do CCC block = 2), go to CCC_END.
CCCCFDO   Otherwise, go to CCC_QINT011.

CCC_QINT011 **Now I'd like to ask about certain chronic health conditions which [you/FNAME] may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**
INTERVIEWER: Press <Enter> to continue.

CCC_Q011   **[Do/Does] [you/FNAME] have:**
CCCC_011   **... food allergies?**

            1   Yes
            2   No
                    DK
                    R   (Go to CCC_END)

CCC_Q021   **([Do/Does] [you/FNAME] have:)**
CCCC_021   **... any other allergies?**

            1   Yes
            2   No
                    DK, R

CCC_Q031   **([Do/Does] [you/FNAME] have:)**
CCCC_031   **... asthma?**

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

CCC_Q035   **[Have/Has] [you/FNAME] had any asthma symptoms or asthma attacks in**
CCCC_035   **the past 12 months?**

            1   Yes
            2   No
                    DK, R

CCC_Q036   **In the past 12 months, [have/has] [you/he/she] taken any medicine for**
CCCC_036   **asthma such as inhalers, nebulizers, pills, liquids or injections?**

            1   Yes
            2   No
                    DK, R

CCC_Q041   **[Do/Does] [you/FNAME] have fibromyalgia?**
CCCC_041
            1   Yes
            2   No
                    DK, R

CCC_Q051
CCCC_051
Remember, we're interested in conditions diagnosed by a health professional.

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

1	Yes	
2	No	(Go to CCC_Q061)
	DK, R	(Go to CCC_Q061)

CCC_Q05A
CCCC_05A
What kind of arthritis [do/does] [you/he/she] have?

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

CCC_C05AS
If CCC_Q05A { } 3, go to CCC_Q061.
Otherwise, go to CCC_Q05AS.

CCC_Q05AS
<u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

CCC_Q061
CCCC_061
(Remember, we're interested in conditions diagnosed by a health professional.)

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

1   Yes
2   No
      DK, R

CCC_Q071
CCCC_071
([Do/Does] [you/FNAME] have:)
... high blood pressure?

1   Yes
2   No
      DK, R

CCC_Q081
CCCC_081
(Remember, we're interested in conditions diagnosed by a health professional.)

([Do/Does] [you/FNAME] have:)
... migraine headaches?

1   Yes
2   No
      DK, R

CCC_Q091A
CCCC_91A
(Remember, we're interested in conditions diagnosed by a health professional.)

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

1   Yes
2   No
        DK, R

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

CCC_Q091B
CCCC_91B
([Do/Does] [you/FNAME] have:)
... emphysema or chronic obstructive pulmonary disease (COPD)?

1   Yes
2   No
        DK, R

CCC_Q101
CCCC_101
([Do/Does] [you/FNAME] have:)
... diabetes?

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

CCC_Q102
CCCC_102
How old [were/was] [you/he/she] when this was first diagnosed?
<u>INTERVIEWER</u>: Maximum is [current age].

|_|_|_| Age in years
(MIN: 0) (MAX: current age)
DK, R   (Go to CCC_Q10C)

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

CCC_Q10A
CCCC_10A
[Were/Was] [you/she] pregnant when [you/she] [were/was] first diagnosed with diabetes?

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

CCC_Q10B
CCCC_10B
Other than during pregnancy, has a health professional ever told [you/her] that [you/she] [have/has] diabetes?

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

CCC_Q10C
CCCC_10C
When [you/he/she] [were/was] first diagnosed with diabetes, how long was it before [you/he/she] [were/was] started on insulin?

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

CCC_Q105
CCCC_105
[Do/Does] [you/FNAME] currently take insulin for [your/his/her] diabetes?

1   Yes
2   No
     DK, R

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

CCC_Q111
CCCC_111
[Do/Does] [you/FNAME] have epilepsy?

1   Yes
2   No
     DK, R

CCC_Q121
CCCC_121
([Do/Does] [you/FNAME] have:)
… heart disease?

1   Yes
2   No   (Go to CCC_Q131)
     DK, R   (Go to CCC_Q131)

CCC_Q12A
CCCC_12A
[Have/Has] [you/he/she] ever had a heart attack (damage to the heart muscle)?

1   Yes
2   No
     DK, R

CCC_Q12J
CCCC_12J
[Do/Does] [you/he/she] currently have angina (chest pain, chest tightness)?

1   Yes
2   No
     DK, R

CCC_Q12K
CCCC_12K
[Do/Does] [you/he/she] currently have congestive heart failure (inadequate heart beat, fluid build-up in the lungs or legs)?

1   Yes
2   No
     DK, R

CCC_Q131 **[Do/Does] [you/FNAME] have cancer?**
CCCC_131

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

CCC_C133 If sex = male, go to CCC_Q133B.
Otherwise, go to CCC_Q133A.

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

CCC_Q133A **What type of cancer [do/does] [you/she] have?**
<u>INTERVIEWER</u>: Mark all that apply.

CCCC_13A   1   Breast
CCCC_13C   2   Colorectal
CCCC_13D   3   Skin - Melanoma
CCCC_13E   4   Skin - Non-melanoma
CCCC_13F   5   Other
                  DK, R

        Go to CCC_D133

CCC_Q133B **What type of cancer [do/does] [you/he] have?**
<u>INTERVIEWER</u>: Mark all that apply.

CCCC_13B   1   Prostate
CCCC_13C   2   Colorectal
CCCC_13D   3   Skin - Melanoma
CCCC_13E   4   Skin - Non-melanoma
CCCC_13F   5   Other
                  DK, R

CCC_D133 If CCC_Q133A = 3 or 4 or CCC_Q133B = 3 or 4, then HasSkinCancer = Yes.
Otherwise, HasSkinCancer = No.

CCC_Q141 **(Remember, we're interested in conditions diagnosed by a health**
CCCC_141 **professional.)**

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

    1   Yes
    2   No
          DK, R

CCC_Q151 **[Do/Does] [you/FNAME] suffer from the effects of a stroke?**
CCCC_151

    1   Yes
    2   No
          DK, R

CCC_Q161   **([Do/Does] [you/FNAME] suffer:)**
CCCC_161   **... from urinary incontinence?**

                  1   Yes
                  2   No
                          DK, R

CCC_Q171   **[Do/Does] [you/FNAME] have a bowel disorder such as Crohn's Disease or**
CCCC_171   **colitis?**

                  1   Yes
                  2   No
                          DK, R

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

CCC_Q181   **(Remember, we're interested in conditions diagnosed by a health**
CCCC_181   **professional.)**

                  ([Do/Does] [you/FNAME] have:)
                  ... Alzheimer's Disease or any other dementia?

                  1   Yes
                  2   No
                          DK, R

CCC_Q191   **([Do/Does] [you/FNAME] have:)**
CCCC_191   **... cataracts?**

                  1   Yes
                  2   No
                          DK, R

CCC_Q201   **([Do/Does] [you/FNAME] have:)**
CCCC_201   **... glaucoma?**

                  1   Yes
                  2   No
                          DK, R

CCC_Q211   **([Do/Does] [you/FNAME] have:)**
CCCC_211   **... a thyroid condition?**

                  1   Yes
                  2   No
                          DK, R

CCC_Q251   **Remember, we're interested in conditions diagnosed by a health**
CCCC_251   **professional.**

                  [Do/Does] [you/FNAME] have chronic fatigue syndrome?

                  1   Yes
                  2   No
                          DK, R

CCC_Q261
CCCC_261

[Do/Does] [you/FNAME] suffer from multiple chemical sensitivities?

1   Yes
2   No
     DK, R

CCC_Q271
CCCC_271

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

1   Yes
2   No
     DK, R

CCC_Q280
CCCC_280

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

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

1   Yes
2   No
     DK, R

CCC_Q290
CCCC_290

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

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

1   Yes
2   No
     DK, R

CCC_Q321
CCCC_321

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

1   Yes
2   No
     DK, R

CCC_Q331
CCCC_331

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

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

1   Yes
2   No   (Go to CCC_Q341)
     DK, R   (Go to CCC_Q341)

CCC_Q331A   **What kind of learning disability [do/does] [you/FNAME] have?**
             INTERVIEWER: Mark all that apply.

CCCC_33A   1   Attention Deficit Disorder, no hyperactivity (ADD)
CCCC_33B   2   Attention Deficit Hyperactivity Disorder (ADHD)
CCCC_33C   3   Dyslexia
CCCC_33D   4   Other - Specify
                  DK, R

CCC_C331AS   If CCC_Q331A <> 4, go to CCC_Q341.
             Otherwise, go to CCC_Q331AS.

CCC_Q331AS   INTERVIEWER: Specify.

             _____
             (80 spaces)
             DK, R

CCC_Q341   **[Do/Does] [you/FNAME] have an eating disorder such as anorexia or**
CCCC_341   **bulimia?**

             1   Yes
             2   No
                  DK, R

CCC_Q901   **[Do/Does] [you/FNAME] have any other long-term physical or mental health**
CCCC_901   **condition that has been diagnosed by a health professional?**

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

CCC_Q901S   If CCC_Q901 <> 1, go to CCC_END.
             Otherwise, go to CCC_Q901S.

CCC_Q901S   INTERVIEWER: Specify.

             _____
             (80 spaces)
             DK, R

CCC_END

HEALTH CARE UTILIZATION

HCU_C01
HCUCFDO

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

HCU_QINT1

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

HCU_Q01AA
HCUC_1AA

[Do/Does] [you/FNAME] have a regular medical doctor?

1   Yes   (Go to HCU_Q01AC)
2   No
        DK, R   (Go to HCU_Q01BA)

HCU_Q01AB

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

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

HCU_C01ABS

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

HCU_Q01ABS

INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

Go to HCU_Q01BA

HCU_Q01AC
HCUC_1C

Do [you/FNAME] and this doctor usually speak in English, in French, or in another language?

1	English		13	Portuguese
2	French		14	Punjabi
3	Arabic		15	Spanish
4	Chinese		16	Tagalog (Pilipino)
5	Cree		17	Ukrainian
6	German	18	Vietnamese	
7	Greek		19	Dutch
8	Hungarian		20	Hindi
9	Italian		21	Russian
10	Korean		22	Tamil
11	Persian (Farsi)		23	Other – Specify
12	Polish			DK, R

HCU_C01ACS If HCU_Q01AC <> 23, go to HCU_Q0BA.
Otherwise, go to HCU_Q01ACS.

HCU_Q01ACS <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

HCU_Q01BA
HCUC_01 **In the past 12 months, [have/has] [you/FNAME] been a patient overnight in a hospital, nursing home or convalescent home?**

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

HCU_Q01BB
HCUC_01A **For how many nights in the past 12 months?**

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

HCU_Q02A
HCUC_02A **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] <u>seen</u>, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:**
… a family doctor[, paediatrician] or general practitioner?
(include paediatrician if age < 18)

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

HCU_Q02B
HCUC_02B **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] <u>seen</u>, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**
… an eye specialist (such as an ophthalmologist or optometrist)?

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

HCU_Q02C
HCUC_02C **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] <u>seen</u>, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**
… any other medical doctor (such as a surgeon, allergist, orthopaedist, gynaecologist or psychiatrist)?

|_|_|_| Times
(MIN: 0) (MAX: 300; warning after 7)
DK, R

HCU_Q02D
HCUC_02D
[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] <u>seen</u>, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
… a nurse for care or advice?

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

HCU_Q02E
HCUC_02E
([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] <u>seen</u>, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)
… a dentist or orthodontist?

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

HCU_Q02F
HCUC_02F
([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] <u>seen</u>, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)
… a chiropractor?

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

HCU_Q02G
HCUC_02G
[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] <u>seen</u>, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
… a physiotherapist?

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

HCU_Q02H
HCUC_02H
([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] <u>seen</u>, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)
… a social worker or counsellor?

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

HCU_Q02I
HCUC_02I

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

|_|_|_| Times
(MIN: 0) (MAX: 366; warning after 25)
DK, R

HCU_Q02J
HCUC_02J

[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] <u>seen</u>, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
… a speech, audiology or occupational therapist?

|_|_|_| Times
(MIN: 0) (MAX: 200; warning after 12)
DK, R

HCU_C03

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

HCU_Q03n
HCUC_03A
HCUC_03C
HCUC_03D

Where did the most recent contact take place?
<u>INTERVIEWER</u>: If respondent says "hospital", probe for details.

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

HCU_C03nS

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

HCU_Q03nS

<u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

HCU_Q04A
HCUC_04A

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

1   Yes
2   No
        DK, R

HCU_Q04   **People may also use alternative or complementary medicine. In the past**
HCUC_04   **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 HCU_C06)
                    DK, R   (Go to HCU_C06)

HCU_Q05   **Who did [you/FNAME] see or talk to?**
            INTERVIEWER: Mark all that apply.

HCUC_05A   1   Massage therapist
HCUC_05B   2   Acupuncturist
HCUC_05C   3   Homeopath or naturopath
HCUC_05D   4   Feldenkrais or Alexander teacher
HCUC_05E   5   Relaxation therapist
HCUC_05F   6   Biofeedback teacher
HCUC_05G   7   Rolfer
HCUC_05H   8   Herbalist
HCUC_05I   9   Reflexologist
HCUC_05J   10   Spiritual healer
HCUC_05K   11   Religious healer
HCUC_05L   12   Other - Specify
                    DK, R

HCU_C05S   If HCU_Q05 <> 12, go to HCU_C06.
            Otherwise, go to HCU_Q05S.

HCU_Q05S   INTERVIEWER: Specify.

            _____
            (80 spaces)
            DK, R

HCU_C06   If non-proxy interview, ask "During the past 12 months, was there ever a time when you
            felt that you needed health care but you didn't receive it?" in HCU_Q06.

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

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

HCU_Q06   **During the past 12 months, was there ever a time when [you/FNAME] felt that**
HCUC_06   **[you/FNAME/he/she] needed health care but [you/he/she] didn't receive it?**

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

HCU_Q07	**Thinking of the most recent time, why didn't [you/he/she] get care?**
	<u>INTERVIEWER</u>: Mark all that apply.

HCUC_07A	1	Not available - in the area
HCUC_07B	2	Not available - at time required (e.g. doctor on holidays, inconvenient hours)
HCUC_07C	3	Waiting time too long
HCUC_07D	4	Felt would be inadequate
HCUC_07E	5	Cost
HCUC_07F	6	Too busy
HCUC_07G	7	Didn't get around to it / didn't bother
HCUC_07H	8	Didn't know where to go
HCUC_07I	9	Transportation problems
HCUC_07J	10	Language problems
HCUC_07K	11	Personal or family responsibilities
HCUC_07L	12	Dislikes doctors / afraid
HCUC_07M	13	Decided not to seek care
HCUC_07O	14	Doctor - didn't think it was necessary
HCUC_07P	15	Unable to leave the house because of a health problem
HCUC_07N	16	Other - Specify
	DK, R	

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

HCU_Q07S   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

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

HCUC_08A	1	Treatment of - a physical health problem
HCUC_08B	2	Treatment of - an emotional or mental health problem
HCUC_08C	3	A regular check-up (including regular pre-natal care)
HCUC_08D	4	Care of an injury
HCUC_08E	5	Other - Specify
	DK, R	

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

HCU_Q08S   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

HCU_Q09   **Where did [you/he/she] try to get the service [you/he/she] [were/was] seeking?**
INTERVIEWER: Mark all that apply.

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

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

HCU_Q09S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

HCU_END

HOME CARE SERVICES

HMC_C09A   If (do HMC block = 2), go to HMC_END.
HMCCFDO   Otherwise, go to HMC_C09B.

HMC_C09B   If age < 18, go to HMC_END.
                 Otherwise, go to HMC_QINT1.

HMC_QINT1   **Home care services are <u>health care or homemaker</u> services received at home. Examples are: nursing care, help with bathing or housework, respite care and meal delivery.**
                 <u>INTERVIEWER</u>: Press <Enter> to continue.

HMC_Q09   **[Have/Has] [you/FNAME] received any home care services in the past 12 months,**
HMCC_09   **with the cost being entirely or partially covered by government?**

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

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

HMCC_10A   1   **Nursing care (e.g., dressing changes, VON)**
HMCC_10B   2   **Other health care services (e.g., physiotherapy, nutrition counselling)**
HMCC_10C   3   **Personal care (e.g., bathing, foot care)**
HMCC_10D   4   **Housework (e.g., cleaning, laundry)**
HMCC_10E   5   **Meal preparation or delivery**
HMCC_10F   6   **Shopping**
HMCC_10G   7   **Respite care (i.e., caregiver relief program)**
HMCC_10H   8   Other - Specify
                 DK, R

HMC_C10S   If HMC_Q10 <> 8, go to HMC_C11.
                 Otherwise, go to HMC_Q10S.

HMC_Q10S   INTERVIEWER: Specify.

                 _____
                 (80 spaces)
                 DK, R

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

HMC_Q11   **[Have/Has] [you/FNAME] received any [other] home care services in the past**
HMCC_11   **12 months, with the cost <u>not</u> covered by government (for example: care provided by a spouse or friends)?**
                 <u>INTERVIEWER</u>: Include only homemaker services (e.g. housework) that are provided because of a respondent's health problem or condition.

             1   Yes
             2   No   (Go to HMC_Q14)
                 DK, R   (Go to HMC_Q14)

HMC_C12	If HMC_Q09 = 1, use "other home care services" in HMC_Q12. Otherwise, use "home care services" in HMC_Q12.	

HMC_Q12 **Who provided these [other] home care services?**
<u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

HMCC_12A	1	**Nurse from private agency**
HMCC_12B	2	**Homemaker from private agency**
HMCC_12C	3	**Neighbour or friend**
HMCC_12D	4	**Family member**
HMCC_12E	5	**Volunteer**
HMCC_12F	6	Other - Specify
		DK, R

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

HMC_Q12S INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

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

HMC_Q13n **What type of services [have/has] [you/he/she] received from [person identified in HMC_Q12]?**
<u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

HMCC_3nA	1	**Nursing care (e.g., dressing changes)**
HMCC_3nB	2	**Other health care services (e.g., physiotherapy, nutrition counselling)**
HMCC_3nC	3	**Personal care (e.g., bathing, foot care)**
HMCC_3nD	4	**Housework (e.g., cleaning, laundry)**
HMCC_3nE	5	**Meal preparation or delivery**
HMCC_3nF	6	**Shopping**
HMCC_3nG	7	**Respite care (i.e., caregiver relief program)**
HMCC_3nH	8	Other - Specify
		DK, R

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

HMC_Q13nS INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

HMC_Q14 HMCC_14	**During the past 12 months, was there ever a time when [you/FNAME] felt that [you/he/she] needed home care services but [you/he/she] didn't receive them?**	

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

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

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

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

HMC_Q15S   INTERVIEWER: Specify.

           _____
           (80 spaces)
           DK, R

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

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

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

HMC_Q16S   INTERVIEWER: Specify.

           _____
           (80 spaces)
           DK, R

HMC_END

SATISFACTION WITH AVAILABILITY

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

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

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

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

SWA_Q11   **In the past 12 months, have you received <u>any</u> health care services?**
SWAC_11

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

SWA_Q11A   **Overall, how would you rate the <u>availability</u> of the health care services you**
SWAC_11A   **received when you needed them? Would you say it was:**
            <u>INTERVIEWER</u>: Read categories to respondent.

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

SWA_END

PATIENT SATISFACTION

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

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

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

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

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

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

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

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

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

PAS_Q12   **Overall, how would you rate the quality of the health care you received?**
PASC_12   **Would you say it was:**
<u>INTERVIEWER</u>: Read categories to respondent.

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

PAS_Q13   **Overall, how satisfied were you with <u>the way</u> health care services were provided?**
PASC_13   **Were you:**
<u>INTERVIEWER</u>: Read categories to respondent.

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

PAS_Q21A
PASC_21A
In the past 12 months, have you received any health care services <u>at a hospital</u>, for any diagnostic or day surgery service, overnight stay, or as an emergency room patient?

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

PAS_Q21B
PASC_21B
Thinking of your most recent hospital visit, were you:
<u>INTERVIEWER</u>: Read categories to respondent.

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

PAS_Q22
PASC_22
(Thinking of this most recent hospital visit:)
… how would you rate the quality of the care you received? Would you say it was:
<u>INTERVIEWER</u>: Read categories to respondent.

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

PAS_Q23
PASC_23
(Thinking of this most recent hospital visit:)
… how satisfied were you with the way hospital services were provided? Were you:
<u>INTERVIEWER</u>: Read categories to respondent.

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

PAS_Q31A
PASC_31A
In the past 12 months, not counting hospital visits, have you received any health care services from a family doctor or other physician?

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

PAS_Q31B
PASC_31B
Thinking of the most recent time, was care provided by:
<u>INTERVIEWER</u>: Read categories to respondent.

1 **… a family doctor (general practitioner)?**
2 **… a medical specialist?**
DK, R (Go to PAS_QINT2)

PAS_Q32 PASC_32	**(Thinking of this most recent care from a physician:)** **… how would you rate the quality of the care you received? Would you say it was:** INTERVIEWER: Read categories to respondent.

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

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

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

PAS_QINT2	**The next questions are about community-based health care which includes any health care received outside of a hospital or doctor's office.** **Examples are: home nursing care, home-based counselling or therapy, personal care and community walk-in clinics.** INTERVIEWER: Press <Enter> to continue.

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

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

PAS_Q42 PASC_42	**Overall, how would you rate the quality of the community-based care you received? Would you say it was:** INTERVIEWER: Read categories to respondent.

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

PAS_Q43 PASC_43	**Overall, how satisfied were you with <u>the way</u> community-based care was provided? Were you:** INTERVIEWER: Read categories to respondent.

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

PAS_END

PATIENT SATISFACTION WITH TELEHEALTH SERVICES

PAS2_BEG   Collected starting April 2003.

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

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

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

PAS_Q51   **In the past 12 months, have you used a telephone health line or telehealth service?**
PASC_51

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

PAS_Q52   **Overall, how would you rate the quality of the service you received? Would you**
PASC_52   **say it was:**
                INTERVIEWER: Read categories to respondent.

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

PAS_Q53   **Overall, how satisfied were you with <u>the way</u> the telehealth service was provided?**
PASC_53   **Were you:**
                INTERVIEWER: Read categories to respondent.

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

PAS2_END

RESTRICTION OF ACTIVITIES

RAC_C1
RACCFDO

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

RAC_QINT

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

RAC_Q1
RACC_1

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

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

RAC_Q2A
RACC_2A

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

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

RAC_Q2B_1
RACC_2B1

(Does a long-term physical condition <u>or</u> mental condition <u>or</u> health problem, <u>reduce the amount or the kind of activity</u> [you/he/she] can do:)
… at school?

1   Sometimes
2   Often
3   Never
4   Not applicable
     DK
     R   (Go to RAC_END)

RAC_Q2B_2
RACC_2B2

(Does a long-term physical condition <u>or</u> mental condition <u>or</u> health problem, <u>reduce the amount or the kind of activity</u> [you/he/she] can do:)
… at work?

1   Sometimes
2   Often
3   Never
4   Not applicable
     DK
     R   (Go to RAC_END)

RAC_Q2C
RACC_2C
(Does a long-term physical condition <u>or</u> mental condition <u>or</u> health problem, <u>reduce the amount or the kind of activity</u> [you/he/she] can do:)
… in other activities, for example, transportation or leisure?

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

RAC_C5
If respondent has difficulty or is limited in activities (if RAC_Q1 = 1 or 2 or RAC_Q2(A)-(C) = 1 or 2), go to RAC_Q5.
Otherwise, go to RAC_Q6A.

RAC_Q5
RACC_5
Which one of the following is the best description of the cause of this condition?
<u>INTERVIEWER</u>: Read categories to respondent.

     1   **Accident at home**
     2   **Motor vehicle accident**
     3   **Accident at work**
     4   **Other type of accident**
     5   **Existed from birth or genetic**
     6   **Work conditions**
     7   **Disease or illness**
     8   **Ageing**
     9   **Emotional or mental health problem or condition**
    10   **Use of alcohol or drugs**
    11   Other - Specify
         DK, R

RAC_C5S
If RAC_Q5 <> 11, go to RAC_Q5B_1.
Otherwise, go to RAC_Q5S.

RAC_Q5S
<u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

RAC_Q5B_1
RACC_5B1
Because of [your/his/her] condition or health problem, [have/has] [you/he/she] ever experienced discrimination or unfair treatment?

     1   Yes
     2   No   (Go to RAC_Q6A)
         DK, R   (Go to RAC_Q6A)

RAC_Q5B_2
RACC_5B2
In the past 12 months, how much discrimination or unfair treatment did [you/he/she] experience?

     1   A lot
     2   Some
     3   A little
     4   None at all
         DK, R

RAC_Q6A
RACC_6A

The next few questions may not apply to [you/FNAME], but we need to ask the same questions of everyone.

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

1   Yes
2   No
     DK, R

RAC_Q6B_1
RACC_6B1

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

1   Yes
2   No
     DK, R

RAC_Q6C
RACC_6C

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

1   Yes
2   No
     DK, R

RAC_Q6D
RACC_6D

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

1   Yes
2   No
     DK, R

RAC_Q6E
RACC_6E

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

1   Yes
2   No
     DK, R

RAC_Q6F
RACC_6F

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

1   Yes
2   No
     DK, R

RAC_Q6G
RACC_6G

(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)
... with looking after [your/his/her] personal finances such as making bank transactions or paying bills?

1   Yes
2   No
      DK, R

RAC_Q7A
RACC_7A

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

1   Yes
2   No
      DK, R

RAC_Q7B
RACC_7B

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

1   Yes
2   No
      DK, R

RAC_Q7C
RACC_7C

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

1   Yes
2   No
      DK, R

RAC_C8

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

RAC_Q8

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

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

RAC_C8S

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

RAC_Q8S

<u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

RAC_END

TWO-WEEK DISABILITY

TWD_C1
TWDCFDO

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

TWD_QINT

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

TWD_Q1
TWDC_1

During that period, did [you/FNAME] stay in bed at all because of illness or injury, including any nights spent as a patient in a hospital?

1   Yes
2   No   (Go to TWD_Q3)
     DK, R   (Go to TWD_END)

TWD_Q2
TWDC_2

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

|_|_| Days
(MIN: 0) (MAX: 14)

DK, R   (Go to TWD_END)

TWD_C2A

If TWD_Q2 > 1, go to TWD_Q2B.

TWD_Q2A
TWDC_2A

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

1   Yes
2   No
     DK, R

Go to TWD_Q3

Note:

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

TWD_Q2B
TWDC_2B

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

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

DK, R

TWD_C3

If TWD_Q2 = 14 days, go to TWD_END.

TWD_C3A

If TWD_Q3 = 2, use "During those 14 days, were…" in TWD_Q3.
Otherwise, use "Not counting days spent in …" in TWD_Q3.

TWD_Q3 TWDC_3	**[Not counting days spent in bed] During those 14 days, were there any days that [you/FNAME] cut down on things [you/he/she] normally [do/does] because of illness or injury?**

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

TWD_Q4 TWDC_4	**How many days did [you/FNAME] cut down on things for all or most of the day?** <u>INTERVIEWER</u>: Enter 0 if less than a day. Maximum is [14 - TWD_Q2].

|_|_| Days
(MIN: 0) (MAX: 14 - days in TWD_Q2)

DK, R   (Go to TWD_Q5)

TWD_C4A	If TWD_Q4 > 1, go to TWD_Q4B.

TWD_Q4A TWDC_4A	**Was that due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**

1   Yes
2   No
      DK, R

Go to TWD_Q5

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

TWD_Q4B TWDC_4B	**How many of these [TWD_Q4] days were due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?** <u>INTERVIEWER</u>: Minimum is 0; maximum is [TWD_Q4].

|_|_| Days
(MIN: 0) (MAX: days in TWD_Q4)

DK, R

TWD_Q5 TWDC_5A	**[Not counting days spent in bed] During those 14 days, were there any days when it took extra effort to perform up to [your/his/her] usual level at work or at [your/his/her] other daily activities, because of illness or injury?**

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

TWD_Q6 TWDC_6	**How many days required extra effort?** <u>INTERVIEWER</u>: Enter 0 if less than a day. Maximum is [14 - TWD_Q2].

|_|_| Days
(MIN: 0) (MAX: 14 - days in TWD_Q2)

DK, R   (Go to TWD_END)

TWD_C6A   If TWD_Q6 > 1, go to TWD_Q6B.

TWD_Q6A   **Was that due to [your/his/her] emotional or mental health or [your/his/her] use of**
TWDC_6A   **alcohol or drugs?**

1   Yes
2   No
DK, R

Go to TWD_END

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

TWD_Q6B   **How many of these [TWD_Q6] days were due to [your/his/her] emotional or mental**
TWDC_6B   **health or [your/his/her] use of alcohol or drugs?**
INTERVIEWER: Minimum is 0; maximum is [TWD_Q6].

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

DK, R

TWD_END

INSURANCE COVERAGE

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

INS_QINT   **Now, turning to [your/FNAME's] insurance coverage. Please include any private, government or employer-paid plans.**
               INTERVIEWER: Press <Enter> to continue.

INS_Q1   **[Do/Does] [you/FNAME] have insurance that covers all or part of:**
INSC_1

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

               1   Yes
               2   No
                      DK
                      R   (Go to INS_END)

INS_Q2   **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**
INSC_2

               … [your/his/her] dental expenses?

               1   Yes
               2   No
                      DK, R

INS_Q3   **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**
INSC_3

               … the costs of eye glasses or contact lenses?

               1   Yes
               2   No
                      DK, R

INS_Q4   **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**
INSC_4

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

               1   Yes
               2   No
                      DK, R

INS_END

FLU SHOTS

FLU_C1 If (do FLU block = 2), then go to FLU_END.
FLUCFDO Otherwise, go to FLU_C160.

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

FLU_Q160 **Now a few questions about your use of various health care services.**
FLUC_160

Have you ever had a flu shot?

1 Yes
2 No (Go to FLU_C166)
DK, R (Go to FLU_END)

FLU_Q162 **When did you have your last flu shot?**
FLUC_162 INTERVIEWER: Read categories to respondent.

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

FLU_C166 If age < 50, go to FLU_END.

FLU_Q166 **What are the reasons that you have not had a flu shot in the past year?**
INTERVIEWER: Mark all that apply.

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

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

FLU_Q166S INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

FLU_END

BLOOD PRESSURE CHECK

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

BPC_Q010   **(Now blood pressure)**
BPCC_010   **Have you ever had your blood pressure taken?**

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

BPC_Q012   **When was the last time?**
BPCC_012   <u>INTERVIEWER</u>: Read categories to respondent.

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

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

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

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

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

BPC_Q016S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

BPC_END

PAP SMEAR TEST

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

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

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

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

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

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

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

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

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

PAP_Q026S   INTERVIEWER: Specify.

                _____
                (80 spaces)
                DK, R

PAP_END

MAMMOGRAPHY

MAM_C1 MAMCFDO	If (do MAM block = 2), go to MAM_END. Otherwise, go to MAM_C030.

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

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

MAM_Q030   **(Now Mammography)**
MAMC_030   **Have you ever had a mammogram, that is, a breast x-ray?**

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

MAM_Q031   **Why did you have it?**
          <u>INTERVIEWER</u>: Mark all that apply.
          If respondent says "doctor recommended it", probe for reason.

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

MAM_C031S   If MAM_Q031 <> 8, go to MAM_Q032.
Otherwise, go to MAM_Q031S.

MAM_Q031S   <u>INTERVIEWER</u>: Specify.

          _____
          (80 spaces)
          DK, R

MAM_Q032   **When was the last time?**
MAMC_032   <u>INTERVIEWER</u>: Read categories to respondent.

    1   **Less than 6 months ago**   (Go to MAM_C037)
    2   **6 months to less than 1 year ago**   (Go to MAM_C037)
    3   **1 year to less than 2 years ago**   (Go to MAM_C037)
    4   **2 years to less than 5 years ago**
    5   **5 or more years ago**
          DK, R   (Go to MAM_C037)

MAM_C036	If age < 50 or age > 69, go to MAM_C037.	
	Otherwise, go to MAM_Q036.	

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

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

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

MAM_Q036S INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

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

MAM_Q037 **It is important to know when analyzing health whether or not the person is**
MAMC_037 **pregnant. Are you pregnant?**

1	Yes	(Go to MAM_END)	(MAM_Q038 will be filled with "No" during processing)
2	No		
	DK, R		

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

MAM_Q038 **Have you had a hysterectomy? (in other words, has your uterus been removed)?**
MAMC_038

1 Yes
2 No
DK, R

MAM_END

BREAST EXAMINATIONS

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

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

BRX_Q110   **(Now breast examinations)**
BRXC_110   **Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?**

              1   Yes
              2   No   (Go to BRX_Q116)
                      DK, R   (Go to BRX_END)

BRX_Q112   **When was the last time?**
BRXC_112   INTERVIEWER: Read categories to respondent.

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

BRX_Q116   **What are the reasons that you have not had a breast exam in the past 2 years?**
              INTERVIEWER: Mark all that apply.

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

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

BRX_Q116S   INTERVIEWER: Specify.

              _____
              (80 spaces)
              DK, R

BRX_END

BREAST SELF EXAMINATIONS

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

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

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

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

BSX_Q121   **How often?**
BSXC_121   <u>INTERVIEWER</u>: Read categories to respondent.

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

BSX_Q122   **How did you learn to do this?**
                <u>INTERVIEWER</u>: Mark all that apply.

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

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

BSX_Q122S   <u>INTERVIEWER</u>: Specify.

                _____
                (80 spaces)
                DK, R

BSX_END

PHYSICAL CHECK-UP

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

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

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

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

PCU_Q151   **Have you ever had one during a visit for a health problem?**
PCUC_151

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

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

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

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

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

PCU_C156S   If PCU_Q156 <> 14, go to PCU_END.
             Otherwise, go to PCU_Q156S.

PCU_Q156S   <u>INTERVIEWER</u>: Specify.

             _____
             (80 spaces)
             DK, R

PROSTATE CANCER SCREENING

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

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

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

PSA_Q170   **(Now Prostate tests)**
PSAC_170   **Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?**

                1   Yes
                2   No   (Go to PSA_Q174)
                        DK   (Go to PSA_Q174)
                        R   (Go to PSA_END)

PSA_Q172   **When was the last time?**
PSAC_172   INTERVIEWER: Read categories to respondent.

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

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

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

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

PSA_Q173S   INTERVIEWER: Specify.

                _____
                (80 spaces)
                DK, R

PSA_Q174
PSAC_174
A Digital Rectal Exam is an exam in which a gloved finger is inserted into the rectum in order to feel the prostate gland.
Have you ever had this exam?

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

PSA_Q175
PSAC_175
When was the last time?
<u>INTERVIEWER</u>: Read categories to respondent.

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

PSA_END

COLORECTAL CANCER SCREENING

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

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

CCS_Q180   **Now a few questions about various Colorectal exams.**
CCSC_180

                **An FOBT is a test to check for blood in your stool, where you have a bowel
                movement and use a stick to smear a small sample on a special card.
                Have you ever had this test?**

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

CCS_Q182   **When was the last time?**
CCSC_182   <u>INTERVIEWER</u>: Read categories to respondent.

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

CCS_Q183   **Why did you have it?**
                <u>INTERVIEWER</u>: Mark all that apply.
                If respondent says 'Doctor recommended it' or 'I requested it', probe for reason.

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

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

CCS_Q183S   <u>INTERVIEWER</u>: Specify.

                _____
                (80 spaces)
                DK, R

CCS_Q184
CCSC_184
A colonoscopy or sigmoidoscopy is when a tube is inserted into the rectum to view the bowel for early signs of cancer and other health problems. Have you ever had either of these exams?

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

CCS_Q185
CCSC_185
When was the last time?
INTERVIEWER: Read categories to respondent.

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

CCS_Q186
Why did you have it?
INTERVIEWER: Mark all that apply.
If respondent says "Doctor recommended it" or "I requested it", probe for reason.

CCSC_86A   1   Family history of colorectal cancer
CCSC_86B   2   Part of regular check-up / routine screening
CCSC_86C   3   Age
CCSC_86G   4   Race
CCSC_86D   5   Follow-up of problem
CCSC_86E   6   Follow-up of colorectal cancer treatment
CCSC_86F   7   Other - Specify
                  DK, R

CCS_C186S   If CCS_Q186 <> 7, go to CCS_C187.
             Otherwise, go to CCS_Q186S.

CCS_Q186S   INTERVIEWER: Specify.

             _____
             (80 spaces)
             DK, R

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

CCS_Q187
CCSC_187
Was the colonoscopy or sigmoidoscopy a follow-up of the results of an FOBT?

1   Yes
2   No
      DK, R

CCS_END

DENTAL VISITS

DEN_BEG   Set WearsDentures = No

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

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

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

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

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

DEN_Q132   **When was the last time that you went to a dentist?**
DENC_132   <u>INTERVIEWER</u>: Read categories to respondent.

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

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

                 Inconsistent answers have been entered. The respondent went to a dentist less
                 than 1 year ago but previously reported that he/she had not "seen" or "talked" to a
                 dentist in the past 12 months. Please confirm.

DEN_Q136   **What are the reasons that you have not been to a dentist in the past 3 years?**
            INTERVIEWER: Mark all that apply.

DENC_36A	1	Have not gotten around to it
DENC_36B	2	Respondent - did not think it was necessary
DENC_36C	3	Dentist - did not think it was necessary
DENC_36D	4	Personal or family responsibilities
DENC_36E	5	Not available - at time required
DENC_36F	6	Not available - at all in the area
DENC_36G	7	Waiting time was too long
DENC_36H	8	Transportation - problems
DENC_36I	9	Language - problem
DENC_36J	10	Cost
DENC_36K	11	Did not know where to go / uninformed
DENC_36L	12	Fear (e.g., painful, embarrassing, find something wrong)
DENC_36M	13	Wears dentures
DENC_36O	14	Unable to leave the house because of a health problem
DENC_36N	15	Other – Specify
		DK, R

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

DEN_C136S   If DEN_Q136 {} 15, go to DEN_END.
            Otherwise, go to DEN_Q136S.

DEN_Q136S   INTERVIEWER: Specify.

            _____
            (80 spaces)
            DK, R

DEN_END

ORAL HEALTH 2

OH2_C10A OH2CFDO	If (do OH2 block = 2), go to OH2_END. Otherwise, go to OH2_C10B.

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

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

OH2_Q10   **Do you usually visit the dentist:**
OH2C_10   <u>INTERVIEWER</u>: Read categories to respondent.

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

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

Note: Set OH2_Q11 = INS_Q2.

OH2_Q11   **Do you have insurance that covers all or part of your dental expenses?**
OH2C_11   **Please include any private, government or employer-paid plans.**

1   Yes
2   No
         DK, R

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

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

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

OH2_Q13   **(In the past 12 months,) were any teeth removed because of decay or gum**
OH2C_13   **disease?**

1   Yes
2   No
         DK, R

OH2_Q20   **Do you have one or more of your own teeth?**
OH2C_20

1   Yes
2   No
         DK, R

OH2_C21   If DEN_Q136M = 1 (wears dentures) then WearsDentures = 1, go to OH2_C22.
               Otherwise, go to OH2_Q21.

Note: If DEN_Q136M = 1, OH2_Q21 will be set to 1 (yes) in processing.

OH2_Q21   **Do you wear dentures or false teeth?**
OH2C_21

               1   Yes
               2   No
                      DK, R

OH2_C22   If OH2_Q21=1 or DEN_Q136 = 13, use [teeth, mouth or dentures] in [teeth, mouth or
               dentures/teeth or mouth].
               Otherwise, use [teeth or mouth] in [teeth, mouth or dentures/teeth or mouth].

OH2_QINT22   **Now we have some additional questions about oral health, that is the health of your
               teeth and mouth.**
               INTERVIEWER: Press <Enter> to continue.

OH2_Q22   **Because of the condition of your [teeth, mouth or dentures/teeth or mouth],
OH2C_22   do you have difficulty pronouncing any words or speaking clearly?**

               1   Yes
               2   No
                      DK, R

OH2_Q23   **In the past 12 months, how often have you avoided conversation or contact
OH2C_23   with other people, because of the condition of your [teeth, mouth or dentures/teeth
               or mouth]?**
               INTERVIEWER: Read categories to respondent.

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

OH2_Q24   **In the past 12 months, how often have you avoided laughing or smiling,
OH2C_24   because of the condition of your [teeth, mouth or dentures/teeth or mouth]?**

               1   Often
               2   Sometimes
               3   Rarely
               4   Never
                      DK, R

OH2_QINT25   **Now some questions about the health of your teeth and mouth during the past
               month.**
               INTERVIEWER: Press <Enter> to continue.

OH2_Q25A   **In the past month, have you had:**
OH2C_25A   **… a toothache?**

               1   Yes
               2   No
                      DK, R

OH2_Q25B
OH2C_25B
In the past month, were your teeth:
… sensitive to hot or cold food or drinks?

1   Yes
2   No
      DK, R

OH2_Q25C
OH2C_25C
In the past month, have you had:
… pain in or around the jaw joints?

1   Yes
2   No
      DK, R

OH2_Q25D
OH2C_25D
(In the past month, have you had:)
… other pain in the mouth or face?

1   Yes
2   No
      DK, R

OH2_Q25E
OH2C_25E
(In the past month, have you had:)
... bleeding gums?

1   Yes
2   No
      DK, R

OH2_Q25F
OH2C_25F
(In the past month, have you had:)
... dry mouth?
<u>INTERVIEWER</u>: Do not include thirst caused by exercise.

1   Yes
2   No
      DK, R

OH2_Q25G
OH2C_25G
(In the past month, have you had:)
… bad breath?

1   Yes
2   No
      DK, R

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

OH2_Q30
OH2C_30

How often do you brush your teeth?

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

OH2_END

FOOD CHOICES

FDC_C1A   If (do FDC block = 2), then go to FDC_END.
FDCCFDO   Otherwise, go to FDC_C1B.

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

FDC_QINT   **Now, some questions about the foods you eat.**
             INTERVIEWER: Press <Enter> to continue.

FDC_Q1A   **Do you choose certain foods or avoid others :**
FDCC_1A   **… because you are concerned about your body weight?**

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

FDC_Q1B   **… because you are concerned about heart disease?**
FDCC_1B

             1   Yes (or sometimes)
             2   No
             DK, R

FDC_Q1C   **… because you are concerned about cancer?**
FDCC_1C

             1   Yes (or sometimes)
             2   No
             DK, R

FDC_Q1D   **… because you are concerned about osteoporosis (brittle bones)?**
FDCC_1D

             1   Yes (or sometimes)
             2   No
             DK, R

FDC_Q2A   **Do you choose certain foods because of :**
FDCC_2A   **… the lower fat content?**

             1   Yes (or sometimes)
             2   No
             DK, R

FDC_Q2B   **… the fibre content?**
FDCC_2B

             1   Yes (or sometimes)
             2   No
             DK, R

FDC_Q2C   **… the calcium content?**
FDCC_2C

             1   Yes (or sometimes)
             2   No
             DK, R

FDC_Q3A **Do you avoid certain foods because of :**
FDCC_3A **… the fat content?**

1   Yes (or sometimes)
2   No
         DK, R

FDC_Q3B **… the type of fat they contain?**
FDCC_3B

1   Yes (or sometimes)
2   No
         DK, R

FDC_Q3C **… the salt content?**
FDCC_3C

1   Yes (or sometimes)
2   No
         DK, R

FDC_Q3D **… the cholesterol content?**
FDCC_3D

1   Yes (or sometimes)
2   No
         DK, R

FDC_Q3E **… the calorie content?**
FDCC_3E

1   Yes (or sometimes)
2   No
         DK, R

FDC_END

DIETARY SUPPLEMENT USE

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

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

DSU_Q1A   **In the past 4 weeks, did you take any vitamin or mineral supplements?**
DSUC_1A

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

DSU_Q1B   **Did you take them at least once a week?**
DSUC_1B

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

DSU_Q1C   **Last week, on how many days did you take them?**
DSUC_1C

                 |_| Days
                 (MIN: 1) (MAX: 7)
                 DK, R

                 Go to DSU_END.

DSU_Q1D   **In the past 4 weeks, on how many days did you take them?**
DSUC_1D

                 |_|_| Days
                 (MIN: 1) (MAX: 21)
                 DK, R

DSU_END

FRUIT AND VEGETABLE CONSUMPTION

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

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

FVC_Q1A   **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**
FVCC_1A   **(For example: once a day, three times a week, twice a month)**
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

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

FVC_N1B   INTERVIEWER: Enter number of times per day.
FVCC_1B

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

       Go to FVC_Q2A

FVC_N1C   INTERVIEWER: Enter number of times per week.
FVCC_1C

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

       Go to FVC_Q2A

FVC_N1D   INTERVIEWER: Enter number of times per month.
FVCC_1D

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

       Go to FVC_Q2A

FVC_N1E   INTERVIEWER: Enter number of times per year.
FVCC_1E

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

FVC_Q2A FVCC_2A	**Not counting juice, how often do you usually eat fruit?** INTERVIEWER: Select the reporting period here and enter the number in the next screen. 1 Per day 2 Per week (Go to FVC_N2C) 3 Per month (Go to FVC_N2D) 4 Per year (Go to FVC_N2E) 5 Never (Go to FVC_Q3A) DK, R (Go to FVC_Q3A)
FVC_N2B FVCC_2B	INTERVIEWER: Enter number of times per day. I_I_I Times (MIN: 1) (MAX: 20) DK, R Go to FVC_Q3A
FVC_N2C FVCC_2C	INTERVIEWER: Enter number of times per week. I_I_I Times (MIN: 1) (MAX: 90) DK, R Go to FVC_Q3A
FVC_N2D FVCC_2D	INTERVIEWER: Enter number of times per month. I_I_I_I Times (MIN: 1) (MAX: 200) DK, R Go to FVC_Q3A
FVC_N2E FVCC_2E	INTERVIEWER: Enter number of times per year. I_I_I_I Times (MIN: 1) (MAX: 500) DK, R
FVC_Q3A FVCC_3A	**How often do you (usually) eat green salad?** INTERVIEWER: Select the reporting period here and enter the number in the next screen. 1 Per day 2 Per week (Go to FVC_N3C) 3 Per month (Go to FVC_N3D) 4 Per year (Go to FVC_N3E) 5 Never (Go to FVC_Q4A) DK, R (Go to FVC_Q4A)

FVC_N3B
FVCC_3B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q4A

FVC_N3C
FVCC_3C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q4A

FVC_N3D
FVCC_3D

INTERVIEWER: Enter number of times per month.

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

Go to FVC_Q4A

FVC_N3E
FVCC_3E

INTERVIEWER: Enter number of times per year.

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

FVC_Q4A
FVCC_4A

How often do you usually eat potatoes, not including french fries, fried potatoes, or potato chips?
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

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

FVC_N4B
FVCC_4B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q5A

FVC_N4C
FVCC_4C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q5A

FVC_N4D
FVCC_4D

INTERVIEWER: Enter number of times per month.

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

Go to FVC_Q5A

FVC_N4E
FVCC_4E

INTERVIEWER: Enter number of times per year.

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

FVC_Q5A
FVCC_5A

How often do you (usually) eat carrots?
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

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

FVC_N5B
FVCC_5B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q6A

FVC_N5C
FVCC_5C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q6A

FVC_N5D
FVCC_5D

INTERVIEWER: Enter number of times per month

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

Go to FVC_Q6A

FVC_N5E

INTERVIEWER: Enter number of times per year.

FVCC_5E

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

FVC_Q6A
FVCC_6A
        Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?
        <u>INTERVIEWER</u>: Select the reporting period here and enter the number in the next screen.

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

FVC_N6B
FVCC_6B
        <u>INTERVIEWER</u>: Enter number of servings per day.

        I_I_I   Servings
        (MIN: 1) (MAX: 20)
        DK, R

        Go to FVC_END

FVC_N6C
FVCC_6C
        <u>INTERVIEWER</u>: Enter number of servings per week.

        I_I_I   Servings
        (MIN: 1) (MAX: 90)
        DK, R

        Go to FVC_END

FVC_N6D
FVCC_6D
        <u>INTERVIEWER</u>: Enter number of servings per month.

        I_I_I_I   Servings
        (MIN: 1) (MAX: 200)
        DK, R

        Go to FVC_END

FVC_N6E
FVCC_6E
        <u>INTERVIEWER</u>: Enter number of servings per year.

        I_I_I_I   Servings
        (MIN: 1) (MAX: 500)
        DK, R

FVC_END

PHYSICAL ACTIVITIES

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

PACC_1A	1	**Walking for exercise**	PACC_1M	13	**Downhill skiing or snowboarding**
PACC_1B	2	**Gardening or yard work**	PACC_1N	14	**Bowling**
PACC_1C	3	**Swimming**	PACC_1O	15	**Baseball or softball**
PACC_1D	4	**Bicycling**	PACC_1P	16	**Tennis**
PACC_1E	5	**Popular or social dance**	PACC_1Q	17	**Weight-training**
PACC_1F	6	**Home exercises**	PACC_1R	18	**Fishing**
PACC_1G	7	**Ice hockey**	PACC_1S	19	**Volleyball**
PACC_1H	8	**Ice skating**	PACC_1T	20	**Basketball**
PACC_1I	9	**In-line skating or rollerblading**	PACC_1Z	21	**Soccer**
PACC_1J	10	**Jogging or running**	PACC_1U	22	**Any other**
PACC_1K	11	**Golfing**	PACC_1V	23	No physical activity
PACC_1L	12	**Exercise class or aerobics**			(Go to PAC_QINT2)

DK, R (Go to PAC_END)

If "Any other" is chosen as a response, go to PAC_Q1VS.
Otherwise, go to PAC_Q2.

PAC_Q1VS	**What was this activity?** <u>INTERVIEWER</u>: Enter one activity only. _____ (80 spaces) DK, R
PAC_Q1X PACC_1W	**In the past 3 months, did you do any other physical activity for leisure?** 1 Yes 2 No (Go to PAC_Q2) DK, R (Go to PAC_Q2)

PAC_Q1XS   **What was this activity?**
               <u>INTERVIEWER</u>: Enter one activity only.

               _____
               (80 spaces)
               DK, R

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

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

PAC_Q1YS   **What was this activity?**
               <u>INTERVIEWER</u>: Enter one activity only.

               _____
               (80 spaces)
               DK, R

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

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

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

PAC_Q2n   **In the past 3 months, how many times did you [participate in identified**
PACC_2n   **activity]?**

               |_|_|_| 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)

PAC_Q3n   **About how much time did you spend on each occasion?**
PACC_3n

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

PAC_QINT2   **Next, some questions about the amount of time you spent in the past 3 months on**
               physical activity at work or while doing daily chores around the house, but <u>not</u>
               leisure time activity.
               <u>INTERVIEWER</u>: Press <Enter> to continue.

PAC_Q4A
PACC_4A

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

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

PAC_Q4B
PACC_4B

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

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

PAC_Q6
PACC_6

Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?
INTERVIEWER: Read categories to respondent.

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

PAC_END

SEDENTARY ACTIVITIES

SAC_C1   If (do SAC block = 2), go to SAC_END.
SACCFDO   Otherwise, go to SAC_CINT.

SAC_CINT   If proxy interview, go to SAC_END.
                Otherwise, go to SAC_QINT.

SAC_QINT   **Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.**
                INTERVIEWER: Press <Enter> to continue.

SAC_Q1   **In a typical week in the past 3 months, how much time did you usually spend on a**
SACC_1   **computer, including playing computer games and using the Internet or World Wide Web?**
                INTERVIEWER: Do not include time spent at work or at school.

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

SAC_C2   If age > 19, go to SAC_Q3.

SAC_Q2   **In a typical week, how much time did you usually spend playing video games,**
SACC_2   **such as SEGA, Nintendo and Playstation?**

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

SAC_Q3   **In a typical week in the past 3 months, how much time did you usually spend**
SACC_3   **watching television or videos?**

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

SAC_Q4
SACC_4   **In a typical week, how much time did you usually spend reading, not counting at work or at school?**
INTERVIEWER : Include books, magazines, newspapers, homework.

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

SAC_END

LEISURE ACTIVITIES

LEI_C1
LEICFDO

If (do LEI block = 2), go to LEI_END.
Otherwise, go to LEI_C2.

LEI_C2

If proxy interview, go to LEI_END.
Otherwise, go to LEI_C3.

LEI_C3

If (do SAC block = 1), go to LEI_Q01.
Otherwise, go to LEI_QINT.

LEI_QINT

Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.
<u>INTERVIEWER</u>: Press <Enter> to continue.

LEI_Q01
LEIC_01

In a typical week in the past 3 months, how much time did you usually spend playing cards or other games?

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

LEI_Q02
LEIC_02

(In a typical week in the past 3 months), how much time did you usually spend listening to radio, CD's or other recorded music?

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

LEI_Q03
LEIC_03

(In a typical week in the past 3 months), how much time did you usually spend doing crafts or other hobbies such as painting, knitting, collecting or woodworking?

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

LEI_Q04
LEIC_04

(In a typical week in the past 3 months), how much time did you usually spend visiting with family or friends?

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

LEI_Q05
LEIC_05

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

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

LEI_END

USE OF PROTECTIVE EQUIPMENT

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

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

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

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

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

UPE_Q1
UPEC_01
When riding a bicycle, how often do you wear a helmet?
INTERVIEWER: Read categories to respondent.

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

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

UPE_Q2A
UPEC_02A
When in-line skating or rollerblading, how often do you wear a helmet?

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

UPE_Q2B
UPEC_02B
How often do you wear wrist guards or wrist protectors?

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

UPE_Q2C
UPEC_02C

How often do you wear elbow pads?

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

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

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

UPEC_03A   **Was that :**
           INTERVIEWER: Read categories to respondent.

1   **… downhill skiing only?**   (Go to UPE_Q4A)
2   **… snowboarding only?**   (Go to UPE_C5A)
3   **… both ?**   (Go to UPE_Q4A)
     DK, R   (Go to UPE_C6)

UPE_Q3B   **In the past 12 months, did you do any downhill skiing or snowboarding?**
UPEC_03B   INTERVIEWER: Read categories to respondent.

1   **Downhill skiing only**   (Go to UPE_Q4A)
2   **Snowboarding only**   (Go to UPE_C5A)
3   **Both**   (Go to UPE_Q4A)
4   **Neither**   (Go to UPE_C6)
     DK, R   (Go to UPE_C6)

UPE_Q4A   **When downhill skiing, how often do you wear a helmet?**
UPEC_04A   INTERVIEWER: Read categories to respondent.

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

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

UPE_Q5A   **When snowboarding, how often do you wear a helmet?**
UPEC_05A
1   Always
2   Most of the time
3   Rarely
4   Never
     DK, R

UPE_Q5B UPEC_05B	**How often do you wear wrist guards or wrist protectors?**

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

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

UPE_Q6   **In the past 12 months, have you done any skateboarding?**
UPEC_06

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

UPE_Q6A   **How often do you wear a helmet?**
UPEC_06A <u>INTERVIEWER</u>: Read categories to respondent.

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

UPE_Q6B   **How often do you wear wrist guards or wrist protectors?**
UPEC_06B

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

UPE_Q6C   **How often do you wear elbow pads?**
UPEC_06C

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

UPE_END

INJURIES

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

<u>Repetitive strain</u>

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

REP_Q1   **In the past 12 months, that is, from [date one year ago] to yesterday, did [you/FNAME]**
REPC_1   **have any injuries due to repetitive strain which were serious enough to limit [your/his/her] normal activities?**

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

REP_Q3   **Thinking about the most serious repetitive strain, what part of the body was**
REPC_3   **affected?**

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

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

REPC_4A   1   Sports or physical exercise (include school activities)
REPC_4B   2   Leisure or hobby (include volunteering)
REPC_4C   3   Working at a job or business (exclude travel to or from work)
REPC_4G   4   Travel to or from work
REPC_4D   5   Household chores, other unpaid work or education
REPC_4E   6   Sleeping, eating, personal care
REPC_4F   7   Other - Specify
                   DK, R

REP_C4S   If REP_Q4 <> 7, go to INJ_CINT.
               Otherwise, go to REP_Q4S.

REP_Q4S   <u>INTERVIEWER</u>: Specify.

               _____
               (80 spaces)
               DK, R

<u>Number of injuries and details of most serious injury</u>

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

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

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

INJ_Q01   **[Not counting repetitive strain injuries, in the past 12 months, / In the past 12**
INJC_01   **months,] that is, from [date one year ago] to yesterday, [were/was] [you/FNAME]**
               injured?

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

INJ_Q02   **How many times [were/was] [you/he/she] injured?**
INJC_02

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

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

INJ_Q03   **[Thinking about the most serious injury, in which month / In which month] did**
INJC_03   **it happen?**

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

               DK, R   (Go to INJ_Q05)

INJ_C04   If INJ_Q03 = "current month", go to INJ_Q04.
               Otherwise, go to INJ_Q05.

INJ_Q04 INJC_04	**Was that this year or last year?**
	1 This year 2 Last year DK, R

INJ_Q05
INJC_05

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

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

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

INJ_Q05S   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

INJ_Q06
INJC_06

What part of the body was injured?

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

Go to INJ_Q08

INJ_Q07 INJC_07	**What part of the body was injured?**

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

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

INJ_Q07S   <u>INTERVIEWER</u>: Specify.

                    _____
                    (80 spaces)
                    DK, R

INJ_Q08 INJC_08	**Where did the injury happen?** <u>INTERVIEWER</u>: If respondent says 'At work', probe for type of workplace.

        1   In a home or its surrounding area
        2   Residential institution
        3   School, college, university (exclude sports areas)
        4   Sports or athletics area of school, college, university
        5   Other sports or athletics area (exclude school sports areas)
        6   Other institution (e.g., church, hospital, theatre, civic building)
        7   Street, highway, sidewalk
        8   Commercial area (e.g., store, restaurant, office building, transport terminal)
        9   Industrial or construction area
        10   Farm (exclude farmhouse and its surrounding area)
        11   Countryside, forest, lake, ocean, mountains, prairie, etc.
        12   Other - Specify
               DK, R

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

INJ_Q08S   <u>INTERVIEWER</u>: Specify.

                    _____
                    (80 spaces)
                    DK, R

INJ_Q09 INJC_09	**What type of activity [were/was] [you/he/she] doing when [you/he/she] [were/was] injured?**

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

INJ_C09S   If INJ_Q09 <> 7, go to INJ_Q10.
                  Otherwise, go to INJ_Q09S.

INJ_Q09S   <u>INTERVIEWER</u>: Specify.

                  _____
                  (80 spaces)
                  DK, R

INJ_Q10   **Was the injury the result of a fall?**
INJC_10   <u>INTERVIEWER</u>: Select "No" for transportation accidents.

                  1   Yes
                  2   No   (Go to INJ_Q12)
                        DK, R   (Go to INJ_Q12)

INJ_Q11   **How did [you/he/she] fall?**
INJC_11

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

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

INJ_Q11S   <u>INTERVIEWER</u>: Specify.

                  _____
                  (80 spaces)
                  DK, R

                  Go to INJ_Q13

INJ_Q12   **What caused the injury?**
INJC_12

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

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

INJ_Q12S   <u>INTERVIEWER</u>: Specify.

                _____
                (80 spaces)
                DK, R

INJ_Q13   **Did [you/FNAME] receive any medical attention for the injury from a health**
INJC_13   **professional in the 48 hours following the injury?**

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

INJ_Q14   **Where did [you/he/she] receive treatment?**
                <u>INTERVIEWER</u>: Mark all that apply.

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

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

INJ_Q14S   <u>INTERVIEWER</u>: Specify.

                _____
                (80 spaces)
                DK, R

INJ_Q15   **[Were/Was] [you/he/she] <u>admitted</u> to a hospital overnight?**
INJC_15
                1   Yes
                2   No
                        DK, R

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

                Inconsistent answers have been entered. Please confirm.

INJ_Q16
INJC_16

Did [you/FNAME] have any other injuries in the past 12 months that were treated by a health professional, but did <u>not</u> limit [your/his/her] normal activities?

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

INJ_Q17
INJC_17

How many injuries?

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

INJ_END

HEALTH UTILITY INDEX (HUI)

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

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

<u>Vision</u>

HUI_Q01   **[Are/Is] [you/he/she] <u>usually</u> able to see well enough to read ordinary newsprint**
HUIC_01   **<u>without</u> glasses or contact lenses?**

1   Yes   (Go to HUI_Q04)
2   No
DK, R   (Go to HUI_END)

HUI_Q02   **[Are/Is] [you/he/she] <u>usually</u> able to see well enough to read ordinary newsprint**
HUIC_02   **<u>with</u> glasses or contact lenses?**

1   Yes   (Go to HUI_Q04)
2   No
DK, R

HUI_Q03   **[Are/Is] [you/he/she] able to see at all?**
HUIC_03

1   Yes
2   No   (Go to HUI_Q06)
DK, R   (Go to HUI_Q06)

HUI_Q04   **[Are/Is] [you/he/she] able to see well enough to recognize a friend on the other side**
HUIC_04   **of the street <u>without</u> glasses or contact lenses?**

1   Yes   (Go to HUI_Q06)
2   No
DK, R   (Go to HUI_Q06)

HUI_Q05   **[Are/Is] [you/he/she] <u>usually</u> able to see well enough to recognize a friend on the**
HUIC_05   **other side of the street <u>with</u> glasses or contact lenses?**

1   Yes
2   No
DK, R

Hearing

| HUI_Q06 | **[Are/Is] [you/FNAME] <u>usually</u> able to hear what is said in a group conversation with** |
| HUIC_06 | **at least 3 other people <u>without</u> a hearing aid?** |

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

| HUI_Q07 | **[Are/Is] [you/he/she] <u>usually</u> able to hear what is said in a group conversation with** |
| HUIC_07 | **at least 3 other people <u>with</u> a hearing aid?** |

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

| HUI_Q07A | **[Are/Is] [you/he/she] able to hear at all?** |
| HUIC_07A | |

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

| HUI_Q08 | **[Are/Is] [you/he/she] <u>usually</u> able to hear what is said in a conversation with one** |
| HUIC_08 | **other person in a quiet room <u>without</u> a hearing aid ?** |

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

| HUI_Q09 | **[Are/Is] [you/he/she] <u>usually</u> able to hear what is said in a conversation with one** |
| HUIC_09 | **other person in a quiet room <u>with</u> a hearing aid?** |

1	Yes	
2	No	
	DK, R	

Speech

| HUI_Q10 | **[Are/Is] [you/FNAME] <u>usually</u> able to be understood <u>completely</u> when speaking with** |
| HUIC_10 | **strangers in [your/his/her] own language?** |

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

| HUI_Q11 | **[Are/Is] [you/he/she] able to be understood <u>partially</u> when speaking with strangers?** |
| HUIC_11 | |

1	Yes	
2	No	
	DK, R	

HUI_Q12
HUIC_12 **[Are/Is] [you/he/she] able to be understood <u>completely</u> when speaking with those who know [you/him/her] well?**

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

HUI_Q13
HUIC_13 **[Are/Is] [you/he/she] able to be understood <u>partially</u> when speaking with those who know [you/him/her] well?**

    1   Yes
    2   No
         DK, R

<u>Getting Around</u>

HUI_Q14
HUIC_14 **[Are/Is] [you/FNAME] <u>usually</u> able to walk around the neighbourhood <u>without</u> difficulty and <u>without</u> mechanical support such as braces, a cane or crutches?**

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

HUI_Q15
HUIC_15 **[Are/Is] [you/he/she] able to walk at all?**

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

HUI_Q16
HUIC_16 **[Do/Does] [you/he/she] require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?**

    1   Yes
    2   No
         DK, R

HUI_Q17
HUIC_17 **[Do/Does] [you/he/she] require the help of another person to be able to walk?**

    1   Yes
    2   No
         DK, R

HUI_Q18
HUIC_18 **[Do/Does] [you/he/she] require a wheelchair to get around?**

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

HUI_Q19	**How often [do/does] [you/he/she] use a wheelchair?**
HUIC_19	INTERVIEWER: Read categories to respondent.

1 **Always**
2 **Often**
3 **Sometimes**
4 **Never**
DK R

HUI_Q20	**[Do/Does] [you/he/she] need the help of another person to get around in the**
HUIC_20	**wheelchair?**

1 Yes
2 No
DK, R

Hands and Fingers

HUI_Q21	**[Are/Is] [you/FNAME] <u>usually</u> able to grasp and handle small objects such as a**
HUIC_21	**pencil or scissors?**

1 Yes (Go to HUI_Q25)
2 No
DK, R (Go to HUI_Q25)

HUI_Q22	**[Do/Does] [you/he/she] require the help of another person because of limitations in**
HUIC_22	**the use of hands or fingers?**

1 Yes
2 No (Go to HUI_Q24)
DK, R (Go to HUI_Q24)

HUI_Q23	**[Do/Does] [you/he/she] require the help of another person with:**
HUIC_23	INTERVIEWER: Read categories to respondent.

1 **… some tasks?**
2 **… most tasks?**
3 **… almost all tasks?**
4 **… all tasks?**
DK, R

HUI_Q24	**[Do/Does] [you/he/she] require special equipment, for example, devices to assist in**
HUIC_24	**dressing, because of limitations in the use of hands or fingers?**

1 Yes
2 No
DK, R

Feelings

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

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

Memory

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

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

Thinking

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

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

Pain and Discomfort

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

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

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

1   **Mild**
2   **Moderate**
3   **Severe**
          DK, R

HUI_Q30   **How many activities does [your/his/her] pain or discomfort prevent?**
HUIC_30   <u>INTERVIEWER</u>: Read categories to respondent.

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

HUI_END

SATISFACTION WITH LIFE

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

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

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

SWL_Q02   **How satisfied are you with your job or main activity?**
SWLC_02

            1   Very satisfied
            2   Satisfied
            3   Neither satisfied nor dissatisfied
            4   Dissatisfied
            5   Very dissatisfied
                    DK
                    R   (Go to SWL_END)

SWL_Q03   **How satisfied are you with your leisure activities?**
SWLC_03

            1   Very satisfied
            2   Satisfied
            3   Neither satisfied nor dissatisfied
            4   Dissatisfied
            5   Very dissatisfied
                    DK, R

SWL_Q04   **(How satisfied are you) with your financial situation?**
SWLC_04

            1   Very satisfied
            2   Satisfied
            3   Neither satisfied nor dissatisfied
            4   Dissatisfied
            5   Very dissatisfied
                    DK, R

SWL_Q05   **How satisfied are you with yourself?**
SWLC_05

            1   Very satisfied
            2   Satisfied
            3   Neither satisfied nor dissatisfied
            4   Dissatisfied
            5   Very dissatisfied
                    DK, R

SWL_Q06
SWLC_06

How satisfied are you with the way your body looks?

1   Very satisfied
2   Satisfied
3   Neither satisfied nor dissatisfied
4   Dissatisfied
5   Very dissatisfied
    DK, R

SWL_Q07
SWLC_07

How satisfied are you with your relationships with other family members?

1   Very satisfied
2   Satisfied
3   Neither satisfied nor dissatisfied
4   Dissatisfied
5   Very dissatisfied
    DK, R

SWL_Q08
SWLC_08

(How satisfied are you) with your relationships with friends?

1   Very satisfied
2   Satisfied
3   Neither satisfied nor dissatisfied
4   Dissatisfied
5   Very dissatisfied
    DK, R

SWL_Q09
SWLC_09

(How satisfied are you) with your housing?

1   Very satisfied
2   Satisfied
3   Neither satisfied nor dissatisfied
4   Dissatisfied
5   Very dissatisfied
    DK, R

SWL_Q10
SWLC_10

(How satisfied are you) with your neighbourhood?

1   Very satisfied
2   Satisfied
3   Neither satisfied nor dissatisfied
4   Dissatisfied
5   Very dissatisfied
    DK, R

SWL_END

STRESS

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

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

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

STR_Q1   **In general, how would you rate your ability to handle unexpected and difficult**
STRC_1   **problems, for example, a family or personal crisis? Would you say your ability is:**
              <u>INTERVIEWER</u>: Read categories to respondent.

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

STR_Q2   **In general, how would you rate your ability to handle the day-to-day demands**
STRC_2   **in your life, for example, handling work, family and volunteer responsibilities?**
              Would you say your ability is:
              <u>INTERVIEWER</u>: Read categories to respondent.

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

STR_Q3   **Thinking about stress in your day-to-day life, what would you say is the <u>most</u>**
STRC_3   **<u>important</u> thing contributing to feelings of stress you may have?**
              <u>INTERVIEWER</u>: Do not probe.

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

STR_C3S   If STR_Q3 <> 16, go to STR_Q6_1.
            Otherwise, go to STR_Q3S.

STR_Q3S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

STR_Q6_1   **People have different ways of dealing with stress. Thinking about the ways**
STRC_61   **you deal with stress, please tell me how often you do each of the following.**

            How often do you try to solve the problem?
            <u>INTERVIEWER</u>: Read categories to respondent.

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

STR_Q6_2   **To deal with stress, how often do you talk to others?**
STRC_62
            1   Often
            2   Sometimes
            3   Rarely
            4   Never
                    DK, R

STR_Q6_3   **When dealing with stress, how often do you avoid being with people?**
STRC_63
            1   Often
            2   Sometimes
            3   Rarely
            4   Never
                    DK, R

STR_Q6_4   **How often do you sleep more than usual to deal with stress?**
STRC_64
            1   Often
            2   Sometimes
            3   Rarely
            4   Never
                    DK, R

STR_Q6_5A   **When dealing with stress, how often do you try to feel better by eating more, or**
STRC_65A   **less, than usual?**

            1   Often
            2   Sometimes
            3   Rarely
            4   Never
                    DK, R

STR_Q6_5B
STRC_65B
When dealing with stress, how often do you try to feel better by smoking more cigarettes than usual?

1   Often
2   Sometimes
3   Rarely
4   Never
5   Do not smoke
      DK, R

STR_Q6_5C
STRC_65C
When dealing with stress, how often do you try to feel better by drinking alcohol?

1   Often
2   Sometimes
3   Rarely
4   Never
      DK, R

STR_Q6_5D
STRC_65D
When dealing with stress, how often do you try to feel better by using drugs or medication?

1   Often
2   Sometimes
3   Rarely
4   Never
      DK, R

STR_Q6_6
STRC_66
How often do you jog or do other exercise to deal with stress?

1   Often
2   Sometimes
3   Rarely
4   Never
      DK, R

STR_Q6_7
STRC_67
How often do you pray or seek spiritual help to deal with stress?

1   Often
2   Sometimes
3   Rarely
4   Never
      DK, R

STR_Q6_8
STRC_68
To deal with stress, how often do you try to relax by doing something enjoyable?

1   Often
2   Sometimes
3   Rarely
4   Never
      DK, R

STR_Q6_9
STRC_69

To deal with stress, how often do you try to look on the bright side of things?

1   Often
2   Sometimes
3   Rarely
4   Never
         DK, R

STR_Q6_10
STRC_610

How often do you blame yourself?

1   Often
2   Sometimes
3   Rarely
4   Never
         DK, R

STR_Q6_11
STRC_611

To deal with stress, how often do you wish the situation would go away or somehow be finished?

1   Often
2   Sometimes
3   Rarely
4   Never
         DK, R

STR_END

WORK STRESS

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

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

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

WST_Q401
WSTC_401
Your job required that you learn new things.

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

WST_Q402
WSTC_402
Your job required a high level of skill.

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

WST_Q403
WSTC_403
Your job allowed you freedom to decide how you did your job.

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

WST_Q404
WSTC_404
Your job required that you do things over and over.

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

WST_Q405
WSTC_405

Your job was very hectic.

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

WST_Q406
WSTC_406

You were free from conflicting demands that others made.

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

WST_Q407
WSTC_407

Your job security was good.

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

WST_Q408
WSTC_408

Your job required a lot of physical effort.

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

WST_Q409
WSTC_409

You had a lot to say about what happened in your job.

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

WST_Q410
WSTC_410

You were exposed to hostility or conflict from the people you worked with.

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

WST_Q411
WSTC_411

Your supervisor was helpful in getting the job done.

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

WST_Q412
WSTC_412

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

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

WST_Q413
WSTC_413

How satisfied were you with your job?
<u>INTERVIEWER</u>: Read categories to respondent.

1   **Very satisfied**
2   **Somewhat satisfied**
3   **Not too satisfied**
4   **Not at all satisfied**
     DK, R

WST_END

SELF-ESTEEM

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

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

SFE_QINT5   **Now I am going to read you a series of statements that people might use to describe themselves.**
            Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.
            INTERVIEWER: Press <Enter> to continue.

SFE_Q501   **You feel that you have a number of good qualities.**
SFEC_501

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

SFE_Q502   **You feel that you're a person of worth at least equal to others.**
SFEC_502

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

SFE_Q503   **You are able to do things as well as most other people.**
SFEC_503

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

SFE_Q504   **You take a positive attitude toward yourself.**
SFEC_504

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

SFE_Q505
SFEC_505

On the whole you are satisfied with yourself.

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

SFE_Q506
SFEC_506

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

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

SFE_END

MASTERY

MAS_C600A If (do MAS block = 2), go to MAS_END.
MASCFDO Otherwise, go to MAS_C600B.

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

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

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

MAS_Q601 **You have little control over the things that happen to you.**
MASC_601

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

MAS_Q602 **There is really no way you can solve some of the problems you have.**
MASC_602

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

MAS_Q603 **There is little you can do to change many of the important things in your life.**
MASC_603

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

MAS_Q604 **You often feel helpless in dealing with problems of life.**
MASC_604

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

MAS_Q605
MASC_605

Sometimes you feel that you are being pushed around in life.

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

MAS_Q606
MASC_606

What happens to you in the future mostly depends on you.

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

MAS_Q607
MASC_607

You can do just about anything you really set your mind to.

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

MAS_END

SMOKING

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

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

SMK_Q201A   **In [your/his/her] lifetime, [have/has] [you/FNAME] smoked a total of 100 or more**
SMKC_01A   **cigarettes (about 4 packs)?**

                1   Yes   (Go to SMK_Q201C)
                2   No
                        DK, R

SMK_Q201B   **[Have/Has] [you/he/she] ever smoked a whole cigarette?**
SMKC_01B

                1   Yes   (Go to SMK_Q201C)
                2   No   (Go to SMK_Q202)
                        DK   (Go to SMK_Q202)
                        R

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

SMK_Q201C   **At what age did [you/he/she] smoke [your/his/her] first whole cigarette?**
SMKC_01C   INTERVIEWER: Minimum is 5; maximum is [current age].

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

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

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

SMK_Q202   **At the present time, [do/does] [you/FNAME] smoke cigarettes daily, occasionally**
SMKC_202   **or not at all?**

                1   Daily
                2   Occasionally   (Go to SMK_Q205B)
                3   Not at all   (Go to SMK_C205D)
                        DK, R   (Go to SMK_END)

Daily smoker (current)

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

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

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

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

SMK_Q204 **How many cigarettes [do/does] [you/he/she] smoke each day now?**
SMKC_204

|_|_| Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

Go to SMK_END

Occasional smoker (current)

SMK_Q205B **On the days that [you/FNAME] [do/does] smoke, how many cigarettes**
SMKC_05B **[do/does] [you/he/she] usually smoke?**

|_|_| Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

SMK_Q205C **In the past month, on how many days [have/has] [you/he/she] smoked 1 or**
SMKC_05C **more cigarettes?**

|_|_| Days
(MIN: 0) (MAX: 30)
DK, R

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

Occasional smoker or non-smoker (current)

SMK_Q205D **[Have/Has] [you/he/she] ever smoked cigarettes daily?**
SMKC_05D

1   Yes   (Go to SMK_Q207)
2   No
       DK, R   (Go to SMK_END)

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

<u>Non-smoker (current)</u>

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

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

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

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

Go to SMK_END

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

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

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

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

<u>Occasional smoker or non-smoker (current) – Daily smoker (previously)</u>

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

|_|_|_| Age in years
(MIN: 5) (MAX: current age)

DK, R   (Go to SMK_Q208)

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

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

SMK_Q208
SMKC_208

How many cigarettes did [you/he/she] usually smoke each day?

|_|_| Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

SMK_Q209A
SMKC_09A

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

1   **… less than one year ago?**
2   **… 1 year to less than 2 years ago?**   (Go to SMK_C210)
3   **… 2 years to less than 3 years ago?**   (Go to SMK_C210)
4   **… 3 or more years ago?**   (Go to SMK_Q209C)
         DK, R   (Go to SMK_END)

SMK_Q209B
SMKC_09B

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

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

Go to SMK_C210

SMK_Q209C
SMKC_09C

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

|_|_|_| Years
(MIN: 3) (MAX: current age-5)
DK, R   (Go to SMK_C210)

SMK_E209C

If SMK_Q209C >= 3 and SMK_Q209C <= current age-5, go to SMK_C210.
Otherwise, show pop-up edit as follows.

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

SMK_C210

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

Non-smoker (current)

SMK_Q210
SMKC_10

Was that when [you/he/she] <u>completely</u> quit smoking?

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

SMK_Q210A **When did [you/he/she] stop smoking completely? Was it:**
SMKC_10A INTERVIEWER: Read categories to respondent.

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

SMK_Q210B **In what month did [you/he/she] stop?**
SMKC_10B

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

Go to SMK_END

SMK_Q210C **How many years ago was it?**
SMKC_10C INTERVIEWER: Minimum is 3; maximum is [current age-5].

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

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

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

SMK_END

SMOKING - STAGES OF CHANGE

SCH_C1   If (do SCH block = 2), go to SCH_END.
SCHCFDO   Otherwise, go to SCH_C2.

SCH_C2   If SMK_Q202 = 1 or 2 (current daily or occasional smokers), go to SCH_C3.
             Otherwise, go to SCH_END.

SCH_C3   If proxy interview, go to SCH_END.
             Otherwise, go to SCH_Q1.

SCH_Q1   **Are you seriously considering quitting smoking within the next 6 months?**
SCHC_1

             1   Yes
             2   No   (Go to SCH_Q3)
                    DK, R   (Go to SCH_Q3)

SCH_Q2   **Are you seriously considering quitting within the next 30 days?**
SCHC_2

             1   Yes
             2   No
                    DK, R

SCH_Q3   **In the past 12 months, did you stop smoking for at least 24 hours because you**
SCHC_3   **were trying to quit?**

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

SCH_Q4   **How many times? (in the past 12 months, did you stop smoking for at least**
SCHC_4   **24 hours because you were trying to quit)**

             |_|_| Times
             (MIN: 1) (MAX: 95; warning after 48)
             DK, R

SCH_END

NICOTINE DEPENDENCE

NDE_C1   If (do NDE block = 2), go to NDE_END.
NDECFDO   Otherwise, go to NDE_C2.

NDE_C2   If SMK_Q202 = 1 (current daily smokers), go to NDE_C3.
            Otherwise, go to NDE_END.

NDE_C3   If proxy interview, go to NDE_END.
            Otherwise, go to NDE_Q1.

NDE_Q1   **How soon after you wake up do you smoke your first cigarette?**
NDEC_1

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

NDE_Q2   **Do you find it difficult to refrain from smoking in places where it is forbidden?**
NDEC_2

            1   Yes
            2   No
                    DK, R

NDE_Q3   **Which cigarette would you most hate to give up?**
NDEC_3   <u>INTERVIEWER</u>: Read categories to respondent.

            1   **The first one of the day**
            2   **Another one**
                    DK, R

NDE_Q4   **Do you smoke more frequently during the first hours after waking, compared**
NDEC_4   **with the rest of the day?**

            1   Yes
            2   No
                    DK, R

NDE_Q5   **Do you smoke even if you are so ill that you are in bed most of the day?**
NDEC_5

            1   Yes
            2   No
                    DK, R

NDE_END

SMOKING CESSATION AIDS

SCA_C1   If (do SCA block = 2), go to SCA_END.
SCACFDO   Otherwise, go to SCA_C10A.

SCA_C10A   If proxy interview, go to SCA_END.
                Otherwise, go to SCA_C10B.

SCA_C10B   If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA_C50.
                If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), go
                to SCA_Q10.
                Otherwise, go to SCA_END.

Note: If SMK_Q202 = 3 and (SMK_Q201A = 2) or (SMK_Q206 = 2, 3 or 4) or (SMK_Q209 = 2,
                3 or 4) then SCA_Q10 to SCA_Q62 is set to NA.

SCA_Q10   **In the past 12 months, did you try a nicotine patch to quit smoking?**
SCAC_10

                1   Yes
                2   No   (Go to SCA_Q11)
                        DK, R   (Go to SCA_END)

SCA_Q10A   **How useful was that in helping you quit?**
SCAC_10A

                1   Very useful
                2   Somewhat useful
                3   Not very useful
                4   Not useful at all
                        DK, R

SCA_Q11   **Did you try Nicorettes or other nicotine gum or candy to quit smoking? (in the past**
SCAC_11   **12 months)**

                1   Yes
                2   No   (Go to SCA_Q12)
                        DK, R   (Go to SCA_Q12)

SCA_Q11A   **How useful was that in helping you quit?**
SCAC_11A

                1   Very useful
                2   Somewhat useful
                3   Not very useful
                4   Not useful at all
                        DK, R

SCA_Q12   **In the past 12 months, did you try medication such as Zyban to quit smoking?**
SCAC_12

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

SCA_Q12A SCAC_12A	**How useful was that in helping you quit?**

1 Very useful
2 Somewhat useful
3 Not very useful
4 Not useful at all
DK, R

Go to SCA_END

SCA_C50	If (do SCH block = 2), go to SCA_Q50. Otherwise, go to SCA_C50A.

SCA_C50A	If SCH_Q3 = 1, go to SCA_Q60. Otherwise, go to SCA_END.

Note:	In processing, SCA_Q50 = SCH_Q3. If SMK_Q202 = 3 then SCA_Q50 to SCA_Q62 set to NA.

SCA_Q50 SCAC_50	**In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?**

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

SCA_Q60 SCAC_60	**In the past 12 months, did you try any of the following to quit smoking:** **… a nicotine patch?**

1 Yes
2 No
DK, R

SCA_Q61 SCAC_61	**(In the past 12 months, did you try any of the following to quit smoking:)** **… Nicorettes or other nicotine gum or candy?**

1 Yes
2 No
DK, R

SCA_Q62 SCAC_62	**(In the past 12 months, did you try any of the following to quit smoking:)** **… medication such as Zyban?**

1 Yes
2 No
DK,
R

SCA_END

SMOKING - PHYSICIAN COUNSELLING

SPC_C1   If (do SPC block = 2), go to SPC_END.
SPCCFDO   Otherwise, go to SPC_C2.

SPC_C2   If proxy interview, go to SPC_END.
              Otherwise, go to SPC_C3A.

SPC_C3A   If SMK_Q202 = 1 or 2 (current daily or occasional smoker), use [smoke] in
              [smoke/smoked].
              If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago),
              use [smoked] in[smoke/smoked].

SPC_C3   If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SPC_C4.
              If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), go
              to SPC_C4.
              Otherwise, go to SPC_END.

SPC_C4   If (do HCU block = 1) and (HCU_Q01AA = 1) (i.e. has a regular medical doctor), go to
              SPC_Q10.
              Otherwise, go to SPC_C20A.

SPC_Q10   **Earlier, you mentioned having a regular medical doctor. In the past 12 months,**
SPCC_10   **did you go see this doctor?**

              1   Yes
              2   No   (Go to SPC_C20A)
                     DK, R   (Go to SPC_C20A)

SPC_Q11   **Does your doctor know that you [smoke/smoked] cigarettes?**
SPCC_11

              1   Yes
              2   No   (Go to SPC_C20A)
                     DK, R   (Go to SPC_C20A)

SPC_Q12   **In the past 12 months, did your doctor advise you to quit smoking?**
SPCC_12

              1   Yes
              2   No
                     DK, R   (Go to SPC_C20A)

SPC_Q13   **(In the past 12 months,) did your doctor give you any specific help or information**
SPCC_13   **to quit smoking?**

              1   Yes
              2   No   (Go to SPC_C20A)
                     DK, R   (Go to SPC_C20A)

SPC_Q14   **What type of help did the doctor give?**
           <u>INTERVIEWER</u>: Mark all that apply.

SPCC_14A   1   Referral to a one-on-one cessation program
SPCC_14B   2   Referral to a group cessation program
SPCC_14C   3   Recommended use of nicotine patch or nicotine gum
SPCC_14D   4   Recommended Zyban or other medication
SPCC_14E   5   Provided self-help information (e.g., pamphlet, referral to website)
SPCC_14F   6   Own doctor offered counselling
SPCC_14G   7   Other
                 DK, R

SPC_C20A   If (do DEN block = 1) and (DEN_Q130 = 1 or DEN_Q132 = 1) (visited dentist in past 12 months), go to SPC_Q21.
            If (do DEN block = 1) and (DEN_Q130 = 2, DK or R) (did not visit dentist in past 12 months), go to SPC_END.
            Otherwise, go to SPC_C20.

SPC_C20   If (do HCU block = 1) and (HCU_Q02E > 0 and HCU_Q02E < 998) (saw or talked to dentist in past 12 months), go to SPC_Q20.
            Otherwise, go to SPC_END.

SPC_Q20   **Earlier, you mentioned having "seen or talked to" a dentist in the past 12 months.**
SPCC_20   **Did you actually go to the dentist?**

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

SPC_Q21   **Does your dentist or dental hygienist know that you [smoke/smoked] cigarettes?**
SPCC_21
            1   Yes
            2   No   (Go to SPC_END)
                 DK, R   (Go to SPC_END)

SPC_Q22   **In the past 12 months, did the dentist or hygienist advise you to quit smoking?**
SPCC_22
            1   Yes
            2   No
                 DK, R

SPC_END

YOUTH SMOKING

YSM_C1
YSMCFDO   If (do YSM block = 2), go to YSM_END.
             Otherwise, go to YSM_C1A.

YSM_C1A   If proxy interview or age greater than 19, go to YSM_END.
             Otherwise, go to YSM_C1B.

YSM_C1B   If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to YSM_Q1.
             Otherwise, go to YSM_END.

YSM_Q1   **Where do you usually get your cigarettes?**
YSMC_1

             1   Buy from - Vending machine
             2   Buy from - Small grocery / corner store
             3   Buy from - Supermarket
             4   Buy from - Drug store
             5   Buy from - Gas station
             6   Buy from - Other store
             7   Buy from - Friend or someone else
             8   Given them by - Brother or sister
             9   Given them by - Mother or father
             10   Given them by - Friend or someone else
             11   Take them from - Mother, father or sibling
             12   Other - Specify
                     DK, R   (Go to YSM_END)

YSM_C1S   If YSM_Q1 <> 12, go to YSM_C2.
             Otherwise, go to YSM_Q1S.

YSM_Q1S   INTERVIEWER: Specify.

             _____
             (80 spaces)
             DK, R

YSM_C2   If YSM_Q1 = 1, 2, 3, 4, 5, 6 or 7, go to YSM_Q3.
             Otherwise, go to YSM_Q2.

YSM_Q2   **In the past 12 months, have you bought cigarettes for yourself or for someone**
YSMC_2   **else?**

             1   Yes
             2   No   (Go to YSM_Q5)
                     DK, R   (Go to YSM_Q5)

YSM_Q3   **In the past 12 months, have you been asked your age when buying cigarettes**
YSMC_3   **in a store?**

             1   Yes
             2   No
                     DK, R

YSM_Q4
YSMC_4

In the past 12 months, has anyone in a store refused to sell you cigarettes?

1   Yes
2   No
     DK, R

YSM_Q5
YSMC_5

In the past 12 months, have you asked a stranger to buy you cigarettes?

1   Yes
2   No
     DK, R

YSM_END

EXPOSURE TO SECOND-HAND SMOKE

ETS_C1   If (do ETS block = 2), go to ETS_END.
ETSCFDO   Otherwise, go to ETS_QINT.

ETS_QINT   **The next questions are about exposure to second-hand smoke.**
                INTERVIEWER: Press <Enter> to continue.

ETS_C10   If the number of household members = 1 and (SMK_Q202 = 1 or 2), go to ETS_Q30.
                Otherwise, go to ETS_Q10.

ETS_Q10   **Including both household members and regular visitors, does anyone smoke**
ETSC_10   **inside your home, every day or almost every day?**
                INTERVIEWER: Include cigarettes, cigars and pipes.

                1   Yes
                2   No   (Go to ETS_C20)
                        DK, R   (Go to ETS_END)

ETS_Q11   **How many people smoke inside your home every day or almost every day?**
ETSC_11   INTERVIEWER: Include household members and regular visitors.

                I_I_I   Number of people
                (MIN:1) (MAX:15)
                DK, R

ETS_C20   If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS_Q30.
                Otherwise, go to ETS_Q20.

ETS_Q20   **In the past month, [were/was] [you/FNAME] exposed to second-hand smoke,**
ETSC_20   **every day or almost every day, in a car or other private vehicle?**

                1   Yes
                2   No
                        DK, R

ETS_Q20B   **(In the past month,) [were/was] [you/he/she] exposed to second-hand smoke,**
ETSC_20B   **every day or almost every day, in public places (such as bars, restaurants,**
                shopping malls, arenas, bingo halls, bowling alleys)?

                1   Yes
                2   No
                        DK, R

ETS_Q30   **Are there any restrictions against smoking cigarettes in your home?**
ETSC_5
                1   Yes
                2   No
                        DK, R   (Go to ETS_END)

ETS_Q31   **How is smoking restricted in your home?**
            <u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

ETSC_6A   1   **Smokers are asked to refrain from smoking in the house**
ETSC_6B   2   **Smoking is allowed in certain rooms only**
ETSC_6C   3   **Smoking is restricted in the presence of young children**
ETSC_6D   4   **Other restriction**
                  DK, R

ETS_END

TOBACCO ALTERNATIVES

TAL_C1   If (do TAL block = 2), go to TAL_END.
TALCFDO   Otherwise, go to TAL_Q1.

TAL_Q1   **Now I'd like to ask about [your/his/her] use of tobacco other than cigarettes.**
TALC_1   **In the past month, [have/has] [you/he/she] smoked cigars?**

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

TAL_Q2   **In the past month, [have/has] [you/he/she] smoked a pipe?**
TALC_2

        1   Yes
        2   No
              DK, R

TAL_Q3   **In the past month, [have/has] [you/he/she] used snuff?**
TALC_3

        1   Yes
        2   No
              DK, R

TAL_Q4   **In the past month, [have/has] [you/he/she] used chewing tobacco?**
TALC_4

        1   Yes
        2   No
              DK, R

TAL_END

ALCOHOL USE

ALC_C1A   If (do ALC block = 2), go to ALC_END.
ALCCFDO   Otherwise, go to ALC_QINT.

ALC_QINT   **Now, some questions about [your/FNAME's] alcohol consumption.**
                 When we use the word 'drink' it means:
                        - one bottle or can of beer or a glass of draft
                        - one glass of wine or a wine cooler
                        - one drink or cocktail with 1 and a 1/2 ounces of liquor.
                 <u>INTERVIEWER</u>: Press <Enter> to continue.

ALC_Q1   **During the past 12 months, that is, from [date one year ago] to yesterday,**
ALCC_1   **[have/has] [you/FNAME] had a drink of beer, wine, liquor or any other alcoholic**
                 beverage?

                 1   Yes
                 2   No   (Go to ALC_Q5B)
                       DK, R   (Go to ALC_END)

ALC_Q2   **During the past 12 months, how often did [you/he/she] drink alcoholic**
ALCC_2   **beverages?**

                 1   Less than once a month
                 2   Once a month
                 3   2 to 3 times a month
                 4   Once a week
                 5   2 to 3 times a week
                 6   4 to 6 times a week
                 7   Every day
                       DK, R

ALC_Q3   **How often in the past 12 months [have/has] [you/he/she] had 5 or more**
ALCC_3   **drinks on one occasion?**

                 1   Never
                 2   Less than once a month
                 3   Once a month
                 4   2 to 3 times a month
                 5   Once a week
                 6   More than once a week
                       DK, R

ALC-E3   If ALC_Q3 = 1 and ALC_Q5A =>5 display message.

                 Inconsistent answers have been entered. The respondent has not had 5 or more
                 drinks on one occasion in the past 12 months but had 5 drinks on [day name].

ALC_Q5   **Thinking back over the past week, that is, from [date last week] to yesterday,**
ALCC_5   **did [you/FNAME] have a drink of beer, wine, liquor or any other alcoholic beverage?**

                 1   Yes
                 2   No   (Go to ALC_C8)
                       DK, R   (Go to ALC_C8)

ALC_Q5A   **Starting with yesterday, that is [day name], how many drinks did [you/FNAME] have:**

(If R on first day, go to ALC_C8)
(MIN: 0 MAX: 99 for each day; warning after 12 for each day)

ALCC_5A1   1   Sunday?
ALCC_5A2   2   Monday?
ALCC_5A3   3   Tuesday?
ALCC_5A4   4   Wednesday?
ALCC_5A5   5   Thursday?
ALCC_5A6   6   Friday?
ALCC_5A7   7   Saturday?
                DK, R

Go to ALC_C8

ALC_E5A   If ALC_Q3 = 1 and ALC_Q5A =>5 display message.

Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on [day name].

ALC_Q5B   **[Have/Has] [you/FNAME] ever had a drink?**
ALCC_5B

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

ALC_Q6   **Did [you/he/she] ever regularly drink more than 12 drinks a week?**
ALCC_6

           1   Yes
           2   No   (Go to ALC_C8)
                DK, R   (Go to ALC_C8)

ALC_Q7   **Why did [you/he/she] reduce or quit drinking altogether?**
           <u>INTERVIEWER</u>: Mark all that apply.

ALCC_7A   1   Dieting
ALCC_7B   2   Athletic training
ALCC_7C   3   Pregnancy
ALCC_7D   4   Getting older
ALCC_7E   5   Drinking too much / drinking problem
ALCC_7F   6   Affected - work, studies, employment opportunities
ALCC_7G   7   Interfered with family or home life
ALCC_7H   8   Affected - physical health
ALCC_7I   9`   Affected - friendships or social relationships
ALCC_7J   10   Affected - financial position
ALCC_7K   11   Affected - outlook on life, happiness
ALCC_7L   12   Influence of family or friends
ALCC_7M   13   Other - Specify
                DK, R

ALC_C7S   If ALC_Q7 <> 13, go to ALC_C8.
            Otherwise, go to ALC_Q7S.

ALC_Q7S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

ALC_C8   If age > 19, go to ALC_END.

ALC_Q8   **Not counting small sips, how old [were/was] [you/he/she] when**
ALCC_8   **[you/he/she] started drinking alcoholic beverages?**
            <u>INTERVIEWER</u>: Drinking does not include having a few sips of wine for religious
            purposes**.** Minimum is 5; maximum is [current age].

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

ALC_E8   If AL_Q8 >= 5 and AL_Q8 <= Current Age, go to ALC_END.
            Otherwise, show pop-up edit as follows.

            Age must be between 5 and Current Age.
            Please return and correct.

ALC_END

DRIVING AND SAFETY

DRV_C01A　　If (do DRV block = 2), go to DRV_END.
DRVCFDO　　Otherwise, go to DRV_C01B.

DRV_C01B　　If proxy interview, go to DRV_END.
　　　　　　　Otherwise, go to DRV_QINT.

DRV_QINT　　**The next questions are about driving a motor vehicle. By motor vehicle, we mean a car, truck or van.**
　　　　　　　INTERVIEWER:　Press <Enter> to continue.

DRV_Q01A　　**In the past 12 months, have you driven a motor vehicle?**
DRVC_01A　　INTERVIEWER: Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

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

DRV_Q01B　　**In the past 12 months, have you driven a motorcycle?**
DRVC_01B
　　　　　　　1　　　Yes
　　　　　　　2　　　No
　　　　　　　　　　　DK, R

DRV_C02　　　If DRV_Q01A = 2 and DRV_Q01B = 2 or DK or R, go to DRV_QINT2.
　　　　　　　Otherwise, go to DRV_C02A.

DRV_C02A　　If DRV_Q01A = 1, go to DRV_Q02.
　　　　　　　Otherwise, go to DRV_Q04.

DRV_Q02　　　**How often do you fasten your seat belt when you drive a motor vehicle?**
DRVC_02　　　INTERVIEWER: Read categories to respondent.

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

DRV_Q03　　　**Counting hands-free use, how often do you use a cell phone while you are driving a motor vehicle?**
DRVC_03　　　INTERVIEWER: Read categories to respondent.

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

DRV_Q04   **How often do you drive when you are feeling tired?**
DRVC_04

1   Often
2   Sometimes
3   Rarely
4   Never
       DK, R

DRV_Q05   **Compared to other drivers, would you say you usually drive:**
DRVC_05   <u>INTERVIEWER</u>: Read categories to respondent.

1   **… much faster?**
2   **… a little faster?**
3   **… about the same speed?**
4   **… a little slower?**
5   **… much slower?**
       DK, R

DRV_Q06   **(Compared to other drivers,) would you say you usually drive:**
DRVC_06   <u>INTERVIEWER</u>: Read categories to respondent.

1   **… much more aggressively?**
2   **… a little more aggressively?**
3   **… about the same?**
4   **… a little less aggressively?**
5   **… much less aggressively?**
       DK, R

DRV_C07   If ALC_Q1 = 1 (drank alcohol in past 12 months) and DRV_Q01A = 1 (drove a motor
             vehicle) or DRV_Q01B = 1 (Drove a motorcycle), go to DRV_Q07.
             Otherwise, go to DRV_QINT2.

DRV_Q07   **In the past 12 months, have you driven a motor vehicle after having 2 or more**
DRVC_07   **drinks in the hour before you drove?**
             <u>INTERVIEWER</u>: Include cars, trucks, vans and motorcycles. Exclude off-road vehicles.

1   Yes
2   No   (Go to DRV_QINT2)
       DK, R   (Go to DRV_QINT2)

DRV_Q07A   **How many times?**
DRVC_07A

|__|__| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_QINT2   **Now some questions about being a passenger in a motor vehicle.**
             <u>INTERVIEWER</u>: Press <Enter> to continue.

DRV_Q08A
DRVC_08A

When you are a <u>front seat</u> passenger, how often do you fasten your seat belt?
<u>INTERVIEWER</u>: Read categories to respondent.

1   **Always**
2   **Most of the time**
3   **Rarely**
4   **Never**
5   Do not ride in front seat
     DK, R

DRV_Q08B
DRVC_08B

When you are a <u>back seat</u> passenger, how often do you fasten your seat belt?

1   Always
2   Most of the time
3   Rarely
4   Never
5   Do not ride in back seat
     DK, R

DRV_Q09
DRVC_09

When you are a passenger in a <u>taxi</u>, how often do you fasten your seat belt?

1   Always
2   Most of the time
3   Rarely
4   Never
5   Do not take taxis
     DK, R

DRV_Q10
DRVC_10

In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?

1   Yes
2   No   (Go to DRV_Q11A)
     DK, R   (Go to DRV_Q11A)

DRV_Q10A
DRVC_10A

How many times (in the past 12 months)?

|__|__| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_Q11A
DRVC_11A

In the past 12 months, have you been the driver of, or a passenger in, a snowmobile, motor boat or seadoo?

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

DRV_Q11B
DRVC_11B

In the past 12 months, have you been the driver of, or a passenger in, an ATV (all terrain vehicle)?

1   Yes
2   No   (Go to DRV_C13)
     DK, R   (Go to DRV_END)

DRV_Q12
DRVC_12

How often do you wear a helmet when on an ATV?
INTERVIEWER: Read categories to respondent.

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

DRV_C13

If DRV_Q11A = 2 (not driven/passenger - snowmobile, motor boat or seadoo) and
DRV_Q11B = 2 (not driven/passenger - ATV), go to DRV_END.
Otherwise, go to DRV_C13A.

DRV_C13A

If DRV_Q11A = 1 and DRV_Q11B = 1, use "a snowmobile, motor boat, seadoo or ATV" in
DRV_Q13 and DRV_Q14.

If DRV_Q11A = 1 and DRV_Q11B = 2, use "a snowmobile, motor boat or seadoo" in
DRV_Q13 and DRV_Q14.

If DRV_Q11A = 2 and DRV_Q11B = 1, use "an ATV" in DRV_Q13 and DRV_Q14.

DRV_Q13
DRVC_13

**In the past 12 months, have you been a <u>passenger</u> on [a snowmobile, motor boat,
seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] with a driver who had
2 or more drinks in the hour before driving?**

1   Yes
2   No   (Go to DRV_C14)
     DK, R   (Go to DRV_C14)

DRV_Q13A
DRVC_13A

How many times?

|__|__| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_C14

If ALC_Q1 = 1 (drank alcohol in the past 12 months), go to DRV_Q14.
Otherwise, go to DRV_END.

DRV_Q14
DRVC_14

**In the past 12 months, have you <u>driven</u> [a snowmobile, motor boat, seadoo
or ATV/a snowmobile, motor boat or seadoo/an ATV] after having 2 or more drinks
in the hour before you drove?**

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

DRV_Q14A
DRVC_14A

How many times?

|__|__| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_END

ALCOHOL DEPENDENCE

ALD_C01A   If (do ALD block = 2) or proxy interview, go to ALD_END.
ALDCFDO   Otherwise, go to ALD_C01B.

ALD_C01B   If ALC_Q3 > 2 (has had at least 5 drinks at least once a month), go to ALD_QINT1.
              Otherwise, go to ALD_END.

ALD_QINT1   **The next questions are about how drinking can affect people in their activities.
              We will be referring to the past 12 months, that is, from [date one year ago] to
              yesterday.**
              INTERVIEWER: Press <Enter> to continue.

ALD_Q01   **In the past 12 months, have you ever been drunk or hung-over while at work,
ALDC_01   school or while taking care of children?**

              1   Yes
              2   No   (Go to ALD_Q03)
                     DK, R   (Go to ALD_END)

ALD_Q02   **How many times? Was it:**
ALDC_02   INTERVIEWER: Read categories to respondent.

              1   **… Once or twice?**
              2   **… 3 to 5 times?**
              3   **… 6 to 10 times?**
              4   **… 11 to 20 times?**
              5   **… More than 20 times?**
                     DK, R

ALD_Q03   **In the past 12 months, were you ever in a situation while drunk or hung-over which
ALDC_03   increased your chances of getting hurt? (For example, driving a boat, using guns,
              crossing against traffic, or during sports.)**

              1   Yes
              2   No
                     DK, R

ALD_Q04   **In the past 12 months, have you had any emotional or psychological problems
ALDC_04   because of alcohol use, such as feeling uninterested in things, depressed or
              suspicious of people?**

              1   Yes
              2   No
                     DK, R

ALD_Q05   **In the past 12 months, have you had such a strong desire or urge to drink alcohol
ALDC_05   that you could not resist it or could not think of anything else?**

              1   Yes
              2   No
                     DK, R

ALD_Q06
ALDC_06 **In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?**

1   Yes
2   No
      DK, R

ALD_Q07
ALDC_07 **In the past 12 months, did you ever drink much more or for a longer period of time than you intended?**

1   Yes
2   No   (Go to ALD_Q09)
      DK, R   (Go to ALD_Q09)

ALD_Q08
ALDC_08 **How many times? Was it:**
<u>INTERVIEWER</u>: Read categories to respondent.

1   **… Once or twice?**
2   **… 3 to 5 times?**
3   **… 6 to 10 times?**
4   **… 11 to 20 times?**
5   **… More than 20 times?**
      DK, R

ALD_Q09
ALDC_09 **In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?**

1   Yes
2   No
      DK, R

ALD_QINT10 **People who cut down their alcohol use or stop drinking altogether may not feel well if they have been drinking steadily for some time. These feelings are more intense and can last longer than the usual hangover.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

ALD_Q10
ALDC_10 **In the past 12 months, did you ever have a period when you stopped, cut down, or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?**

1   Yes
2   No
      DK, R

ALD_Q11
ALDC_11 **In the past 12 months, did you ever have a period when you drank alcohol even though you <u>promised</u> yourself you wouldn't, or when you drank a lot more than you intended?**

1   Yes
2   No
      DK, R

ALD_Q12
ALDC_12

In the past 12 months, did you ever have a period of several days or more when you spent so much time drinking alcohol or recovering from the effects that you had little time for anything else?

1   Yes
2   No
          DK, R

ALD_Q13
ALDC_13

In the past 12 months, did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of alcohol?

1   Yes
2   No
          DK, R

ALD_Q14
ALDC_14

In the past 12 months, did you ever continue to drink alcohol when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your alcohol use?

1   Yes
2   No
          DK, R

ALD_C15

If count of "Yes" responses (1) in (ALD_Q01, ALD_Q03, ALD_Q04, ALD_Q05, ALD_Q06, ALD_Q07, ALD_Q09, ALD_Q10, ALD_Q11, ALD_Q12, ALD_Q13, and ALD_Q14) = 0, go to ALD_END.

ALD_QINT15

Please tell me what number best describes how much your use of alcohol interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "<u>no</u> interference", while 10 means "<u>very severe</u> interference".
<u>INTERVIEWER</u>: Press <Enter> to continue.

ALD_Q15A
ALDC_15A

In the past 12 months, how much did your alcohol use interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

0   **No interference**
1   I
2   I
3   I
4   I
5   I
6   I
7   I
8   I
9   V
10   **Very severe interference**

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

ALD_Q15B_1 **How much did it interfere with your ability to attend school?**
ALDC_5B1 <u>INTERVIEWER</u>: If necessary, enter "11" to indicate "Not applicable".

0 **No interference**
1 **|**
2 **|**
3 **|**
4 **|**
5 **|**
6 **|**
7 **|**
8 **|**
9 **V**
10 **Very severe interference**

|_|_| Number
(MIN: 0) (MAX: 11)
DK, R

ALD_Q15B_2 **How much did it interfere with your ability to work at a job?**
ALDC_5B2 <u>INTERVIEWER</u>: If necessary, enter "11" to indicate "Not applicable".

0 **No interference**
1 **|**
2 **|**
3 **|**
4 **|**
5 **|**
6 **|**
7 **|**
8 **|**
9 **V**
10 **Very severe interference**

|_|_| Number
(MIN: 0) (MAX: 11)
DK, R

ALD_Q15C
ALDC_15C

(In the past 12 months,) how much did your alcohol use interfere with your ability to form and maintain <u>close</u> relationships with other people? (Remember that 0 means "<u>no</u> interference" and 10 means "<u>very severe</u> interference".)

0   No interference
1   I
2   I
3   I
4   I
5   I
6   I
7   I
8   I
9   V
10   Very severe interference

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

ALD_Q15D
ALDC_15D

How much did it interfere with your social life?

0   No interference
1   I
2   I
3   I
4   I
5   I
6   I
7   I
8   I
9   V
10   Very severe interference

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

ALD_END

ILLICIT DRUGS

DRG_C1   If (do DRG block = 2), go to DRG_END.
IDGCFDO   Otherwise, go to DRG_C2.

DRG_C2   If proxy interview, go to DRG_END.
            Otherwise, go to DRG_QINT1.

DRG_QINT1   **Now I am going to ask some questions about drug use. Again, I would like to remind you that everything you say will remain strictly confidential.**
            INTERVIEWER: Press <Enter> to continue.

DRG_Q01   **Have you ever used or tried marijuana, cannabis or hashish?**
IDGC_01   INTERVIEWER: Read categories to respondent.

            1   **Yes, just once**
            2   **Yes, more than once**
            3   **No**   (Go to DRG_Q04)
                    DK, R   (Go to DRG_END)

DRG_Q02   **Have you used it in the past 12 months?**
IDGC_02
            1   Yes
            2   No   (Go to DRG_Q04)
                    DK, R   (Go to DRG_Q04)

DRG_C03   If DRG_Q01 = 1, go to DRG_Q04.

DRG_Q03   **How often (did you use marijuana, cannabis or hashish in the past 12 months)?**
IDGC_03   INTERVIEWER: Read categories to respondent.

            1   **Less than once a month**
            2   **1 to 3 times a month**
            3   **Once a week**
            4   **More than once a week**
            5   **Every day**
                    DK, R

DRG_Q04   **Have you ever used or tried cocaine or crack?**
IDGC_04
            1   Yes, just once
            2   Yes, more than once
            3   No   (Go to DRG_Q07)
                    DK, R   (Go to DRG_Q07)

DRG_Q05   **Have you used it in the past 12 months?**
IDGC_05
            1   Yes
            2   No   (Go to DRG_Q07)
                    DK, R   (Go to DRG_Q07)

DRG_C06   If DRG_Q04 = 1, go to DRG_Q07.

DRG_Q06
IDGC_06

How often (did you use cocaine or crack in the past 12 months)?
<u>INTERVIEWER</u>: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
        DK, R

DRG_Q07
IDGC_07

Have you ever used or tried speed (amphetamines)?

1   Yes, just once
2   Yes, more than once
3   No   (Go to DRG_Q10)
        DK, R   (Go to DRG_Q10)

DRG_Q08
IDGC_08

Have you used it in the past 12 months?

1   Yes
2   No   (Go to DRG_Q10)
        DK, R   (Go to DRG_Q10)

DRG_C09   If DRG_Q07 = 1, go to DRG_Q10.

DRG_Q09
IDGC_09

How often (did you use speed (amphetamines) in the past 12 months)?
<u>INTERVIEWER</u>: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
        DK, R

DRG_Q10
IDGC_10

Have you ever used or tried ecstasy (MDMA) or other similar drugs?

1   Yes, just once
2   Yes, more than once
3   No   (Go to DRG_Q13)
        DK, R   (Go to DRG_Q13)

DRG_Q11
IDGC_11

Have you used it in the past 12 months?

1   Yes
2   No   (Go to DRG_Q13)
        DK, R   (Go to DRG_Q13)

DRG_C12   If DRG_Q10 = 1, go to DRG_Q13.

DRG_Q12
IDGC_12

How often (did you use ecstasy or other similar drugs in the past 12 months)?

<u>INTERVIEWER</u>: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
     DK, R

DRG_Q13
IDGC_13

Have you ever used or tried hallucinogens, PCP or LSD (acid)?

1   Yes, just once
2   Yes, more than once
3   No   (Go to DRG_Q16)
     DK, R   (Go to DRG_Q16)

DRG_Q14
IDGC_14

Have you used it in the past 12 months?

1   Yes
2   No   (Go to DRG_Q16)
     DK, R   (Go to DRG_Q16)

DRG_C15   If DRG_Q13 = 1, go to DRG_Q16.

DRG_Q15
IDGC_15

How often (did you use hallucinogens, PCP or LSD in the past 12 months)?

<u>INTERVIEWER</u>: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
     DK, R

DRG_Q16
IDGC_16

Did you ever sniff glue, gasoline or other solvents?

1   Yes, just once
2   Yes, more than once
3   No   (Go to DRG_Q19)
     DK, R   (Go to DRG_Q19)

DRG_Q17
IDGC_17

Did you sniff some in the past 12 months?

1   Yes
2   No   (Go to DRG_Q19)
     DK, R   (Go to DRG_Q19)

DRG_C18   If DRG_Q16 = 1, go to DRG_Q19.

DRG_Q18
IDGC_18

How often (did you sniff glue, gasoline or other solvents in the past 12 months)?
<u>INTERVIEWER</u>: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
     DK, R

DRG_Q19
IDGC_19

Have you ever used or tried heroin?

1   Yes, just once
2   Yes, more than once
3   No   (Go to DRG_Q22)
     DK, R   (Go to DRG_Q22)

DRG_Q20
IDGC_20

Have you used it in the past 12 months?

1   Yes
2   No   (Go to DRG_Q22)
     DK, R   (Go to DRG_Q22)

DRG_C21   If DRG_Q19 = 1, go to DRG_Q22.

DRG_Q21
IDGC_21

How often (did you use heroin in the past 12 months)?
<u>INTERVIEWER</u>: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
     DK, R

DRG_Q22
IDGC_22

Have you ever used or tried steroids, such as testosterone, dianabol or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?

1   Yes, just once
2   Yes, more than once
3   No   (Go to DRG_C25A1)
     DK, R   (Go to DRG_C25A1)

DRG_Q23
IDGC_23

Have you used it in the past 12 months?

1   Yes
2   No   (Go to DRG_C25A1)
     DK, R   (Go to DRG_C25A1)

DRG_C24   If DRG_Q22 = 1, go to DRG_C25A1.

DRG_Q24   **How often (did you use steroids in the past 12 months)?**
IDGC_24   <u>INTERVIEWER</u>: Read categories to respondent.

            1   **Less than once a month**
            2   **1 to 3 times a month**
            3   **Once a week**
            4   **More than once a week**
            5   **Every day**
                    DK, R

DRG_C25A_1 DRG_C25A1 = Count of instances where DRG_Q01, DRG_Q04, DRG_Q07, DRG_Q10, DRG_Q13, DRG_Q16 and DRG_Q19 = 3, DK or R.

            If DRG_C25A1 = 7, go to DRG_END.

DRG_C25A_2 DRG_C25A2 = Count of instances where DRG_Q03, DRG_Q06, DRG_Q09, DRG_Q12, DRG_Q15, DRG_Q18 and DRG_Q21 >= 2.

            If DRG_C25A_2 >= 1, go to DRG_Q25A.
            Otherwise, go to DRG_END.

DRG_Q25A   **(During the past 12 months,) did you ever need to use more drugs than usual in**
IDGC_25A   **order to get high, or did you ever find that you could no longer get high on the**
            amount you usually took?

            1   Yes
            2   No
                    DK, R

DRG_QINT25B **People who cut down their substance use or stop using drugs altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover.**
            <u>INTERVIEWER</u>: Press <Enter> to continue.

DRG_Q25B   **(During the past 12 months,) did you ever have times when you stopped, cut down**
IDGC_25B   **or went without drugs and then experienced symptoms like fatigue, headaches,**
            diarrhoea, the shakes or emotional problems?

            1   Yes
            2   No
                    DK, R

DRG_Q25C   **(During the past 12 months,) did you ever have times when you used drugs to <u>keep</u>**
IDGC_25C   **from having such symptoms?**

            1   Yes
            2   No
                    DK, R

DRG_Q25D   **(During the past 12 months,) did you ever have times when you used drugs even**
IDGC_25D   **though you <u>promised</u> yourself you wouldn't, or times when you used a lot more**
            drugs than you intended?

            1   Yes   (Go to DRG_Q25G)
            2   No
                    DK, R

DRG_Q25E
IDGC_25E

(During the past 12 months,) were there ever times when you used drugs more frequently, or for <u>more days in a row</u> than you intended?

1   Yes
2   No
      DK, R

DRG_Q25F
IDGC_25F

(During the past 12 months,) did you ever have periods of several days or more when you spent so much time using drugs or recovering from the effects of using drugs that you had little time for anything else?

1   Yes
2   No
      DK, R

DRG_Q25G
IDGC_25G

(During the past 12 months,) did you ever have periods of a month or longer when you gave up or greatly reduced important activities because of your use of drugs?

1   Yes
2   No
      DK, R

DRG_Q25H
IDGC_25H

During the past 12 months, did you ever continue to use drugs when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your use?

1   Yes
2   No
      DK, R

DRG_QINT26

Please tell me what number best describes how much your use of drugs interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "<u>no</u> interference", while 10 means "<u>very severe</u> interference".
<u>INTERVIEWER</u>: Press <Enter> to continue.

DRG_Q26A
IDGC_26A

How much did your use of drugs interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

0   No interference
1   I
2   I
3   I
4   I
5   I
6   I
7   I
8   I
9   V
10   Very severe interference

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_Q26B_1   **How much did your use interfere with your ability to attend school?**
IDGC_6B1   INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

0   **No interference**
1   **I**
2   **I**
3   **I**
4   **I**
5   **I**
6   **I**
7   **I**
8   **I**
9   **V**
10   **Very severe interference**

|_|_| Number
(MIN: 0) (MAX: 11)
DK, R

DRG_Q26B_2   **How much did your use interfere with your ability to work at a regular job?**
IDGC_6B2   INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

0   **No interference**
1   **I**
2   **I**
3   **I**
4   **I**
5   **I**
6   **I**
7   **I**
8   **I**
9   **V**
10   **Very severe interference**

|_|_| Number
(MIN: 0) (MAX: 11)
DK, R

DRG_Q26C
IDGC_26C

(During the past 12 months,) how much did your use of drugs interfere with your ability to form and maintain close relationships with other people? Remember that 0 means "no interference" and 10 means "very severe interference".

0   **No interference**
1   **I**
2   **I**
3   **I**
4   **I**
5   **I**
6   **I**
7   **I**
8   **I**
9   **V**
10   **Very severe interference**

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_Q26D
IDGC_26D

How much did your use of drugs interfere with your social life?

0   **No interference**
1   **I**
2   **I**
3   **I**
4   **I**
5   **I**
6   **I**
7   **I**
8   **I**
9   **V**
10   **Very severe interference**

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_END

PROBLEM GAMBLING

CPG_C01   If (do CPG block = 2), go to CPG_END.
CPGCFDO   Otherwise, go to CPG_C2.

CPG_C02   If proxy interview, go to CPG_END.
             Otherwise, go to CPG_C3.

CPG_C03   CPG_C03 = Count instances where CPG_Q01B to CPG_Q01M = 7, 8, DK or R.

CPG_QINT1   **People have different definitions of gambling. They may bet money and gamble on many different things, including buying lottery tickets, playing bingo or playing card games with their family or friends.**

             The next questions are about gambling activities and experiences. Some of these questions may not apply to you; however, they need to be asked of all respondents.
             INTERVIEWER: Press <Enter> to continue.

CPG_Q01A   **In the past 12 months, how often have you bet or spent money on <u>instant</u>**
CPGC_01A   **win/scratch tickets or <u>daily</u> lottery tickets (Keno, Pick 2, Encore, Banco, Extra)?**
             INTERVIEWER: Read categories to respondent.
             Exclude all other kinds of lottery tickets such as 6/49, Super 7, sports lotteries and fund raising tickets.

             1   **Daily**
             2   **Between 2 to 6 times a week**
             3   **About once a week**
             4   **Between 2 to 3 times a month**
             5   **About once a month**
             6   **Between 6 to 11 times a year**
             7   **Between 1 to 5 times a year**
             8   Never
                    DK, R

CPG_C01A   If CPG_Q01A = R, go to CPG_END
             Otherwise, go to CPG_Q01B.

CPG_Q01B   **(In the past 12 months,) how often have you bet or spent money on lottery tickets**
CPGC_01B   **such as 6/49 and Super 7, raffles or fund-raising tickets?**

             1   Daily
             2   Between 2 to 6 times a week
             3   About once a week
             4   Between 2 to 3 times a month
             5   About once a month
             6   Between 6 to 11 times a year
             7   Between 1 to 5 times a year
             8   Never
                    DK, R

CPG_Q01C
CPGC_01C

(In the past 12 months,) how often have you bet or spent money on Bingo?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
         DK, R

CPG_Q01D
CPGC_01D

(In the past 12 months,) how often have you bet or spent money playing cards or board games with family or friends?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
         DK, R

CPG_Q01E
CPGC_01E

(In the past 12 months,) how often have you bet or spent money on video lottery terminals (VLTs) outside of casinos?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
         DK, R

CPG_Q01F
CPGC_01F

(In the past 12 months,) how often have you bet or spent money on coin slots or VLTs at a casino?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
         DK, R

CPG_Q01G
CPGC_01G

(In the past 12 months,) how often have you bet or spent money on casino games <u>other</u> than coin slots or VLTs (for example, poker, roulette, blackjack, Keno)?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
      DK, R

CPG_Q01H
CPGC_01H

(In the past 12 months,) how often have you bet or spent money on Internet or arcade gambling?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
      DK, R

CPG_Q01I
CPGC_01I

In the past 12 months, how often have you bet or spent money on live horse racing at the track or off track?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
      DK, R

CPG_Q01J
CPGC_01J

(In the past 12 months,) how often have you bet or spent money on sports such as sports lotteries (Sport Select, Pro-Line, Mise-au-jeu, Total), sports pool or sporting events?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
      DK, R

CPG_Q01K
CPGC_01K **(In the past 12 months,) how often have you bet or spent money on speculative investments such as stocks, options or commodities?**
INTERVIEWER: Speculative investments refers to buying high-risk stocks, but does not include low-risk bonds, RRSPs and/or mutual funds.

1 Daily
2 Between 2 to 6 times a week
3 About once a week
4 Between 2 to 3 times a month
5 About once a month
6 Between 6 to 11 times a year
7 Between 1 to 5 times a year
8 Never
DK, R

CPG_Q01L
CPGC_01L **In the past 12 months, how often have you bet or spent money on games of skill such as pool, golf, bowling or darts?**

1 Daily
2 Between 2 to 6 times a week
3 About once a week
4 Between 2 to 3 times a month
5 About once a month
6 Between 6 to 11 times a year
7 Between 1 to 5 times a year
8 Never
DK, R

CPG_Q01M
CPGC_01M **(In the past 12 months,) how often have you bet or spent money on any other forms of gambling such as dog races, gambling at casino nights/country fairs, bet on sports with a bookie or gambling pools at work?**

1 Daily
2 Between 2 to 6 times a week
3 About once a week
4 Between 2 to 3 times a month
5 About once a month
6 Between 6 to 11 times a year
7 Between 1 to 5 times a year
8 Never
DK, R

CPG_Q01N If CPG_C03 = 12 and CPG_Q01A = 7, 8 or DK, go to CPG_END.
Otherwise, go to CPG_Q01N.

CPG_Q01N
CPGC_01N **In the past 12 months, how much money, not including winnings, did you spend on all of your gambling activities?**
INTERVIEWER: Read categories to respondent.

1 **Between 1 dollar and 50 dollars**
2 **Between 51 dollars and 100 dollars**
3 **Between 101 dollars and 250 dollars**
4 **Between 251 dollars and 500 dollars**
5 **Between 501 dollars and 1000 dollars**
6 **More than 1000 dollars**
DK, R

CPG_QINT2 **The next questions are about gambling <u>attitudes and experiences</u>. Again, all the questions will refer to the past 12 months.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

CPG_Q02
CPGC_02
In the past 12 months, how often have you bet or spent more money than you wanted to on gambling?
<u>INTERVIEWER</u>: Read categories to respondent.

1   **Never**
2   **Sometimes**
3   **Most of the time**
4   **Almost always**
5   I am not a gambler   (Go to CPG_END)
     DK
     R   (Go to CPG_END)

CPG_Q03
CPGC_03
(In the past 12 months,) how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
     DK, R

CPG_Q04
CPGC_04
(In the past 12 months,) when you gambled, how often did you go back another day to try to win back the money you lost?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
     DK, R

CPG_Q05
CPGC_05
In the past 12 months, how often have you borrowed money or sold anything to get money to gamble?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
     DK, R

CPG_Q06
CPGC_06
(In the past 12 months,) how often have you felt that you might have a problem with gambling?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
     DK, R

CPG_Q07
CPGC_07

(In the past 12 months,) how often has gambling caused you any health problems, including stress or anxiety?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
     DK, R

CPG_Q08
CPGC_08

(In the past 12 months,) how often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
     DK, R

CPG_Q09
CPGC_09

(In the past 12 months,) how often has your gambling caused financial problems for you or your family?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
     DK, R

CPG_Q10
CPGC_10

In the past 12 months, how often have you felt guilty about the way you gamble or what happens when you gamble?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
     DK, R

CPG_Q11
CPGC_11

(In the past 12 months,) how often have you lied to family members or others to hide your gambling?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
     DK, R

CPG_Q12
CPGC_12

(In the past 12 months,) how often have you wanted to stop betting money or gambling, but didn't think you could?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
     DK, R

CPG_Q13
CPGC_13

In the past 12 months, how often have you bet more than you could really afford to lose?

1 Never
2 Sometimes
3 Most of the time
4 Almost always
DK, R

CPG_Q14
CPGC_14

(In the past 12 months,) have you tried to quit or cut down on your gambling but were unable to do it?

1 Never
2 Sometimes
3 Most of the time
4 Almost always
DK, R

CPG_Q15
CPGC_15

(In the past 12 months,) have you gambled as a way of forgetting problems or to feel better when you were depressed?

1 Never
2 Sometimes
3 Most of the time
4 Almost always
DK, R

CPG_Q16
CPGC_16

(In the past 12 months,) has your gambling caused any problems with your relationship with any of your family members or friends?

1 Never
2 Sometimes
3 Most of the time
4 Almost always
DK, R

CPG_C17

For CPG_Q03 through CPG_Q10 and CPG_Q13, recode 1=0, 2=1, 3=2 and 4=3 into CPG_C17A through CPG_C17I.
CPG_C17J = Sum CPG_C17A through CPG_C17I.
If CPG_C17J <= 2, go to CPG_END.
Otherwise, go to CPG_Q17.

CPG_Q17
CPGC_17

Has anyone in your family _ever_ had a gambling problem?

1 Yes
2 No
DK, R

CPG_Q18
CPGC_18

In the _past 12 months_, have you used alcohol or drugs while gambling?

1 Yes
2 No
DK, R

CPG_QINT19 **Please tell me what number best describes how much your gambling activities interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "<u>no</u> interference", while 10 means "<u>very severe</u> interference".**
INTERVIEWER: Press <Enter> to continue.

CPG_Q19A
CPGC_19A **During the past 12 months, how much did your gambling activities interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**

0	**No interference**
1	I
2	I
3	I
4	I
5	I
6	I
7	I
8	I
9	V
10	**Very severe interference**

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

CPG_Q19B_1 **How much did these activities interfere with your ability to attend school?**
CPGC_9B1 INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

0	**No interference**
1	I
2	I
3	I
4	I
5	I
6	I
7	I
8	I
9	V
10	**Very severe interference**

|_|_| Number
(MIN: 0) (MAX: 11)
DK, R

CPG_Q19B_2 **How much did they interfere with your ability to work at a job?**
CPGC_9B2   INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

0   No interference
1   I
2   I
3   I
4   I
5   I
6   I
7   I
8   I
9   V
10   Very severe interference

|_|_| Number
(MIN: 0) (MAX: 11)
DK, R

CPG_Q19C **(During the past 12 months,) how much did your gambling activities interfere with**
CPGC_19C **your ability to form and maintain <u>close</u> relationships with other people? (Remember**
          that 0 means "<u>no</u> interference" and 10 means "<u>very severe</u> interference".)

0   No interference
1   I
2   I
3   I
4   I
5   I
6   I
7   I
8   I
9   V
10   Very severe interference

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

CPG_Q19D   **How much did they interfere with your social life?**

CPGC_19D

     0   **No interference**
     1   **I**
     2   **I**
     3   **I**
     4   **I**
     5   **I**
     6   **I**
     7   **I**
     8   **I**
     9   **V**
     10   **Very severe interference**

     |_|_| Number
     (MIN: 0) (MAX: 10)
     DK, R

CPG_END

EATING TROUBLES ASSESSMENT

ETA_C1   If (do ETA block = 2), go to ETA_END.
ETACFDO   Otherwise, go to ETA_C2.

ETA_C2   If proxy interview, go to ETA_END.
          Otherwise, go to ETA_Q01A.

ETA_Q01A **This part of the interview is about problems people may have with their**
ETAC_01A **weight or with eating.**
          Was there ever a time in your life when you had a strong fear or a great deal of
          concern about being too fat or overweight?

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

ETA_Q01B **During the <u>past 12 months</u>, did you have a strong fear or a great deal of concern**
ETAC_01B **about being too fat or overweight?**

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

ETA_QINT2 **Now I am going to read you a series of statements about food and eating habits**
          that describe feelings and experiences that you may have had during the <u>past</u>
          <u>12 months</u>. Please tell me whether the statements are <u>true for you</u> by answering,
          "always", "usually", "often", "sometimes", "rarely", or "never".
          <u>INTERVIEWER</u>: Press <Enter> to continue.

ETA_Q02   **You are terrified about being overweight.**
ETAC_02
          1   Always
          2   Usually
          3   Often
          4   Sometimes
          5   Rarely
          6   Never
                 DK, R

ETA_Q03   **You avoid eating when you are hungry.**
ETAC_03
          1   Always
          2   Usually
          3   Often
          4   Sometimes
          5   Rarely
          6   Never
                 DK, R

ETA_Q04
ETAC_04

You find yourself preoccupied with food.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
      DK, R

ETA_Q05
ETAC_05

You go on eating binges where you feel you may not be able to stop.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
      DK, R

ETA_Q06
ETAC_06

You cut your food into small pieces.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
      DK, R

ETA_Q07
ETAC_07

You are aware of the calorie content of the foods you eat.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
      DK, R

ETA_Q08
ETAC_08

You particularly avoid food with a high carbohydrate content such as bread, rice or potatoes.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
      DK, R

ETA_Q09
ETAC_09

(Again, in the <u>past 12 months</u>, please tell me how true the following statements are for you.)

You feel that others would prefer if you ate more.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
     DK, R

ETA_Q10
ETAC_10

You vomit after you eat.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
     DK, R

ETA_Q11
ETAC_11

You feel extremely guilty after eating.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
     DK, R

ETA_Q12
ETAC_12

You are preoccupied with a desire to be thinner.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
     DK, R

ETA_Q13
ETAC_13

You think about burning up calories when you exercise.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
     DK, R

ETA_Q14
ETAC_14

Other people think you are too thin.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
       DK, R

ETA_Q15
ETAC_15

You are preoccupied with the thought of having fat on your body.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
       DK, R

ETA_Q16
ETAC_16

You take longer than others to eat your meals.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
       DK, R

ETA_Q17
ETAC_17

You avoid foods with sugar in them.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
       DK, R

ETA_Q18
ETAC_18

Again, in the <u>past 12 months</u>, please tell me how true the following statements are for you.

You eat diet foods.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
       DK, R

ETA_Q19
ETAC_19

You feel that food controls your life.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
     DK, R

ETA_Q20
ETAC_20

You display self-control around food.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
     DK, R

ETA_Q21
ETAC_21

You feel that others pressure you to eat.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
     DK, R

ETA_Q22
ETAC_22

You give too much time and thought to food.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
     DK, R

ETA_Q23
ETAC_23

You feel uncomfortable after eating sweets.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
     DK, R

ETA_Q24
ETAC_24

You engage in dieting behaviour.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
        DK, R

ETA_Q25
ETAC_25

You like your stomach to be empty.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
        DK, R

ETA_Q26
ETAC_26

You have the impulse to vomit after meals.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
        DK, R

ETA_Q27
ETAC_27

You enjoy trying new rich foods.

1   Always
2   Usually
3   Often
4   Sometimes
5   Rarely
6   Never
        DK, R

ETA_END

MATERNAL EXPERIENCES

MEX_C01A   If (do MEX block = 2), go to MEX_END.
MEXCFDO   Otherwise, go to MEX_C01B.

MEX_C01B   If proxy interview or sex = male or age < 15 or > 55, go to MEX_END.
    Otherwise, go to MEX_Q01.

MEX_Q01   **Now a few questions for recent mothers.**
MEXC_01   **Have you given birth in the past 5 years?**
    INTERVIEWER: Do not include stillbirths.

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

MEX_Q01A   **In what year?**
MEXC_01A   INTERVIEWER: Enter year of birth of last baby.
    Minimum is [current year - 5]; maximum is [current year].

    I_I_I_I_I Year
    (MIN: Current year - 5) (MAX: Current year)
    DK, R

MEX_Q02   **Did you take a vitamin supplement containing folic acid before your (last)**
MEXC_02   **pregnancy, that is, before you found out that you were pregnant?**

    1   Yes
    2   No
          DK, R

MEX_Q03   **(For your last baby,) did you breastfeed or try to breastfeed your baby, even if**
MEXC_03   **only for a short time?**

    1   Yes   (Go to MEX_Q05)
    2   No
          DK, R (Go to MEX_C20)

MEX_Q04   **What is the main reason that you did not breastfeed?**
MEXC_04

    1   Bottle feeding easier
    2   Formula as good as breast milk
    3   Breastfeeding is unappealing / disgusting
    4   Father / partner didn't want me to
    5   Returned to work / school early
    6   C-Section
    7   Medical condition - mother
    8   Medical condition - baby
    9   Premature birth
    10   Multiple births (e.g. twins)
    11   Wanted to drink alcohol
    12   Other - Specify
          DK, R

MEX_C04S   If MEX_Q04 <> 12, go to MEX_C20.
             Otherwise, go to MEX_Q04S.

MEX_Q04S   INTERVIEWER: Specify.

             _____
             (80 spaces)
             DK, R

             Go to MEX_C20

MEX_Q05   **Are you still breastfeeding?**
MEXC_05

             1   Yes   (Go to MEX_Q07)
             2   No
                    DK, R   (Go to MEX_C20)

MEX_Q06   **How long did you breastfeed (your last baby)?**
MEXC_06

             1   Less than 1 week
             2   1 to 2 weeks
             3   3 to 4 weeks
             4   5 to 8 weeks
             5   9 weeks to less than 12 weeks
             6   3 months (12 weeks to less than 16 weeks)
             7   4 months (16 weeks to less than 20 weeks)
             8   5 months (20 weeks to less than 24 weeks)
             9   6 months (24 weeks to less than 28 weeks)
             10   7 to 9 months
             11   10 to 12 months
             12   More than 1 year
                    DK, R   (Go to MEX_C20)

MEX_Q07   **How old was your (last) baby when you first added any other liquids (e.g. milk,**
MEXC_07   **formula, water, teas, herbal mixtures) or solid foods to the baby's feeds?**
             INTERVIEWER: If exact age not known, obtain best estimate.

             1   Less than 1 week
             2   1 to 2 weeks
             3   3 to 4 weeks
             4   5 to 8 weeks
             5   9 weeks to less than 12 weeks
             6   3 months (12 weeks to less than 16 weeks)
             7   4 months (16 weeks to less than 20 weeks)
             8   5 months (20 weeks to less than 24 weeks)
             9   6 months (24 weeks to less than 28 weeks)
             10   7 to 9 months
             11   10 to 12 months
             12   More than 1 year
             13   Have not added liquids or solids   (Go to MEX_Q09)
                    DK, R   (Go to MEX_C20)

MEX_Q08   **What is the main reason that you first added other liquids or solid foods**?
MEXC_08

    1   Not enough breast milk
    2   Inconvenience / fatigue due to breastfeeding
    3   Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
    4   Medical condition - mother
    5   Medical condition - baby
    6   Advice of doctor / health professional
    7   Returned to work / school
    8   Advice of partner / family / friends
    9   Formula equally healthy for baby
    10   Wanted to drink alcohol
    11   Other - Specify
             DK, R

MEX_C08S   If MEX_Q08 <> 11, go to MEX_C09.
             Otherwise, go to MEX_Q08S.

MEX_Q08S   INTERVIEWER: Specify.

             _____
             (80 spaces)
             DK, R

MEX_C09   If MEX_Q07 = 1 (first added other liquid or solids when baby was less than 1 week), go to MEX_C10.
             Otherwise, go to MEX_Q09.

MEX_Q09   **During the time when your (last) baby was only fed breast milk, did you give the**
MEXC_09   **baby a vitamin supplement containing Vitamin D**?

    1   Yes
    2   No
             DK, R

MEX_C10   If MEX_Q05 = 1 (still breastfeeding), go to MEX_C20.
             Otherwise, go to MEX_Q10.

MEX_Q10   **What is the main reason that you stopped breastfeeding?**
MEXC_10

    1   Not enough breast milk
    2   Inconvenience / fatigue due to breastfeeding
    3   Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
    4   Medical condition - mother
    5   Medical condition - baby
    6   Planned to stop at this time
    7   Child weaned him / herself (e.g., baby biting, refusing breast)
    8   Advice of doctor / health professional
    9   Returned to work / school
    10   Advice of partner
    11   Formula equally healthy for baby
    12   Wanted to drink alcohol
    13   Other - Specify
             DK, R

MEX_C10S   If MEX_Q10 <> 13, go to MEX_C20.
              Otherwise, go to MEX_Q10S.

MEX_Q10S   INTERVIEWER: Specify.

              _____
              (80 spaces)
              DK, R

MEX_C20   If SMK_Q202 = 1 or SMK_Q202 = 2 or SMK_Q201A = 1 or SMK_Q201B = 1 (current or
              former smoker), go to MEX_Q20.
              Otherwise, go to MEX_Q26.

MEX_Q20   **During your last pregnancy, did you smoke daily, occasionally or not at all?**
MEXC_20

              1   Daily
              2   Occasionally   (Go to MEX_Q22)
              3   Not at all   (Go to MEX_C23)
                       DK, R   (Go to MEX_Q26)

Daily Smokers only

MEX_Q21   **How many cigarettes did you usually smoke each day?**
MEXC_21

              I_I_I   Number of cigarettes
              (MIN: 1) (MAX: 99; warning after 60)
              DK, R

              Go to MEX_C23

Occasional Smokers only

MEX_Q22   **On the days that you smoked, how many cigarettes did you usually smoke?**
MEXC_22

              I_I_I   Number of cigarettes
              (MIN: 1) (MAX: 99; warning after 60)
              DK, R

MEX_C23   If MEX_Q03 <> 1 (didn't breastfeed last baby), go to MEX_Q26.
              Otherwise, go to MEX_Q23.

MEX_Q23   **When you were breastfeeding (your last baby), did you smoke daily, occasionally**
MEXC_23   **or not at all?**

              1   Daily
              2   Occasionally   (Go to MEX_Q25)
              3   Not at all   (Go to MEX_Q26)
                       DK, R   (Go to MEX_Q26)

<u>Daily smokers only</u>

MEX_Q24   **How many cigarettes did you usually smoke each day?**
MEXC_24

I_I_I   Number of cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

Go to MEX_Q26

<u>Occasional smokers only</u>

MEX_Q25   **On the days that you smoked, how many cigarettes did you usually smoke?**
MEXC_25

I_I_I   Number of cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

MEX_Q26   **Did anyone regularly smoke in your presence during or after the pregnancy**
MEXC_26   **(about 6 months after)?**

1   Yes
2   No
DK, R

MEX_C30   If ALC_Q1 = 1 or ALC_Q5B = 1 (drank in past 12 months or ever drank), go to MEX_Q30.
Otherwise, go to MEX_END.

MEX_Q30   **Did you drink any alcohol during your last pregnancy?**
MEXC_30

1   Yes
2   No   (Go to MEX_C32)
DK, R   (Go to MEX_END)

MEX_Q31   **How often did you drink?**
MEXC_31

1   Less than once a month
2   Once a month
3   2 to 3 times a month
4   Once a week
5   2 to 3 times a week
6   4 to 6 times a week
7   Every day
DK, R

MEX_C32   If MEX_Q03 <> 1 (did not breastfeed last baby), go to MEX_END.
Otherwise, go to MEX_Q32.

MEX_Q32   **Did you drink any alcohol while you were breastfeeding (your last baby)?**
MEXC_32

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

MEX_Q33   **How often did you drink?**
MEXC_33

1   Less than once a month
2   Once a month
3   2 to 3 times a month
4   Once a week
5   2 to 3 times a week
6   4 to 6 times a week
7   Every day
     DK, R

MEX_END

SEXUAL BEHAVIOUR

SXB_C01A   If (do SXB block = 2), go to SXB_END.
SXBCFDO   Otherwise, go to SXB_C01B.

SXB_C01B   If proxy interview or age < 15 or > 49, go to SXB_END.
             Otherwise, go to SXB_QINT01.

SXB_QINT01   **I would like to ask you a few questions about sexual behaviour. We ask these questions because sexual behaviours can have very important and long-lasting effects on personal health. You can be assured that anything you say will remain confidential.**
             INTERVIEWER: Press <Enter> to continue.

SXB_Q01   **Have you ever had sexual intercourse?**
SXBC_1

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

SXB_Q02   **How old were you the first time?**
SXBC_2   INTERVIEWER: Maximum is [current age].

             |_|_| Age in years
             (MIN: 1; warning below 12) (MAX: current age)

             DK, R   (Go to SXB_END)

SXB_E02   If (SXB_Q02 >= 1) and (SXB_Q02 <= current age), go to SXB_Q03.
             Otherwise, show pop-up edit as follows.

             The entered age at which the respondent first had sexual intercourse is invalid.
             Please return and correct.

SXB_Q03   **In the past 12 months, have you had sexual intercourse?**
SXBC_3

             1   Yes
             2   No   (Go to SXB_Q07)
                    DK, R   (Go to SXB_END)

SXB_Q04   **With how many different partners?**
SXBC_4

             1   1 partner
             2   2 partners
             3   3 partners
             4   4 or more partners
                    DK
                    R   (Go to SXB_END)

SXB_Q07 SXBC_07	**Have you ever been diagnosed with a sexually transmitted disease?**

1 Yes
2 No
DK, R

SXB_C08A	If SXB_Q03 = 1 (had intercourse in last 12 months), go to SXB_C08C. Otherwise, go to SXB_END.

SXB_C08C	If marital status = 1 (married) or 2 (common-law) and SXB_Q04 = 1 (one partner), go to SXB_C09B. Otherwise, go to SXB_Q08.

SXB_Q08 SXBC_7A	**Did you use a condom the last time you had sexual intercourse?**

1 Yes
2 No
DK, R

SXB_C09B	If age > 24, go to SXB_END. Otherwise, go to SXB_QINT9A.

SXB_QINT9A	**Now a few questions about birth control.** INTERVIEWER: Press <Enter> to continue.

SXB_C09C	If sex = female, go to SXB_C09D. Otherwise, go to SXB_QINT10.

SXB_C09D	If MAM_Q037 = 1 (currently pregnant), go to SXB_Q11. Otherwise, go to SXB_QINT9B.

SXB_QINT9B	**I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.** INTERVIEWER: Press <Enter> to continue.

SXB_Q09 SXBC_09	**It is important to me to avoid getting pregnant right now.**

1 Strongly agree (Go to SXB_Q11)
2 Agree (Go to SXB_Q11)
3 Neither agree nor disagree (Go to SXB_Q11)
4 Disagree (Go to SXB_Q11)
5 Strongly disagree (Go to SXB_Q11)
DK (Go to SXB_Q11)
R (Go to SXB_END)

SXB_QINT10	**I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.** INTERVIEWER: Press <Enter> to continue.

SXB_Q10   **It is important to me to avoid getting my partner pregnant right now.**
SXBC_10

                1   Strongly agree
                2   Agree
                3   Neither agree nor disagree
                4   Disagree
                5   Strongly disagree
                6   Doesn't have a partner right now
                DK
                R   (Go to SXB_END)

SXB_Q11   **In the past 12 months, did you and your partner usually use birth control?**
SXBC_11

                1   Yes   (Go to SXB_Q12)
                2   No   (Go to SXB_END)
                DK, R   (Go to SXB_END)

SXB_Q12   **What kind of birth control did you and your partner usually use?**
                <u>INTERVIEWER</u>: Mark all that apply.

SXBC_12A   1   Condom (male or female condom)
SXBC_12B   2   Birth control pill
SXBC_12C   3   Diaphragm
SXBC_12D   4   Spermicide (e.g., foam, jelly, film)
SXBC_12E   5   Other - Specify
SXBC_12F   6   Birth control injection (Deprovera)
                DK, R   (Go to SXB_END)

SXB_C12S   If SXB_Q12 { } 5, go to SXB_C13.
                Otherwise, go to SXB_Q12S

SXB_Q12S   <u>INTERVIEWER</u>: Specify.

                _____
                (80 spaces)
                DK, R

SXB_C13   If MAM_Q037 = 1 (currently pregnant), go to SXB_END.
                Otherwise, go to SXB_Q13.

SXB_Q13   **What kind of birth control did you and your partner use the last time you had sex?**
                <u>INTERVIEWER</u>: Mark all that apply.

SXBC_13A   1   Condom (male or female condom)
SXBC_13B   2   Birth control pill
SXBC_13C   3   Diaphragm
SXBC_13D   4   Spermicide (e.g., foam, jelly, film)
SXBC_13E   5   Other - Specify
SXBC_13F   6   Birth control injection (Deprovera)
                DK, R

SXB_C13S   If SXB_Q13 { } 5, go to SXB_END.
                Otherwise, go to SXB_Q13S.

SXB_Q13S   <u>INTERVIEWER</u>: Specify.

                _____
                (80 spaces)
                DK, R

SXB_END

MEDICATION USE

MED_C1 If (do MED block = 2), go to MED_END.
MEDCFDO Otherwise, go to MED_QINT.

MED_QINT **Now I'd like to ask a few questions about [your/FNAME's] use of medications, both prescription and over-the-counter.**
INTERVIEWER: Press <Enter> to continue.

MED_Q1A **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**
MEDC_1A **... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?**

1 Yes
2 No
DK
R (Go to MED_END)

MED_Q1B **... tranquilizers such as Valium or Ativan?**
MEDC_1B

1 Yes
2 No
DK, R

MED_Q1C **... diet pills such Dexatrim, Ponderal or Fastin?**
MEDC_1C

1 Yes
2 No
DK, R

MED_Q1D ... **anti-depressants such as Prozac, Paxil or Effexor?**
MEDC_1D

1 Yes
2 No
DK, R

MED_Q1E **... codeine, Demerol or morphine?**
MEDC_1E

1 Yes
2 No
DK, R

MED_Q1F ... **allergy medicine such as Reactine or Allegra?**
MEDC_1F

1 Yes
2 No
DK, R

MED_Q1G **... asthma medications such as inhalers or nebulizers?**
MEDC_1G

1 Yes
2 No
DK, R

MED_E1G   If MED_Q1G = 1 and CCC_Q036 = 2 (not taking medication for asthma) show pop-up edit as follows:

Inconsistent answers have been entered. The respondent has taken medicine for asthma in the past month but previously reported that he/she did not. Please confirm.

MED_Q1H
MEDC_1H   ... **cough or cold remedies?**

1   Yes
2   No
         DK, R

MED_Q1I
MEDC_1I   **... penicillin or other antibiotics?**

1   Yes
2   No
         DK, R

MED_Q1J
MEDC_1J   **... medicine for the heart?**

1   Yes
2   No
         DK, R

MED_Q1K
MEDC_1K   **... medicine for blood pressure?**

1   Yes
2   No
         DK, R

MED_Q1L
MEDC_1L   **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**
           ... diuretics or water pills?

1   Yes
2   No
         DK, R

MED_Q1M
MEDC_1M   **... steroids?**

1   Yes
2   No
         DK, R

MED_Q1N
MEDC_1N   **... insulin?**

1   Yes
2   No
         DK, R

MED_E1N   If MED_Q1N = 1 and CCC_Q105 = 2 (not currently taking insulin), show pop-up edit as follows:

Inconsistent answers have been entered. The respondent has taken insulin in the past month but previously reported that he/she did not. Please confirm.

MED_Q1O
MEDC_1O
... pills to control diabetes?

1   Yes
2   No
     DK, R

MED_E1O   If MED_Q1O = 1 and CCC_Q101 = 2 (not having diabetes) show pop-up edit as follows:

Inconsistent answers have been entered. The respondent has taken pills to control diabetes in the last month but previously reported that he/she did not have diabetes. Please confirm.

MED_Q1P
MEDC_1P
... sleeping pills such as Imovane, Nytol or Starnoc?

1   Yes
2   No
     DK, R

MED_Q1Q
MEDC_1Q
... stomach remedies?

1   Yes
2   No
     DK, R

MED_Q1R
MEDC_1R
... laxatives?

1   Yes
2   No
     DK, R

MED_C1S   If sex = female and age <= 49, go to MED_Q1S.
Otherwise, go to MED_C1T.

MED_Q1S
MEDC_1S
... birth control pills?

1   Yes
2   No
     DK, R

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

MED_Q1T
MEDC_1T
... **hormones for menopause or ageing symptoms?**

1   Yes
2   No   (Go to MED_Q1U)
     DK, R   (Go to MED_Q1U)

MED_Q1T1
MEDC_1T1
What type of hormones [are/is] [you/she] taking?
INTERVIEWER: Read categories to respondent.

1   **Estrogen only**
2   **Progesterone only**
3   **Both**

4   **Neither**
        DK, R

MED_Q1T2   **When did [you/she] start this hormone therapy?**
MEDC_1T2   <u>INTERVIEWER</u>: Enter the year (minimum is [year of birth + 30]; maximum is [current year]).

            |_|_|_|_| Year
            (MIN: year of birth + 30) (MAX: current year)
            DK, R

MED_E1T2   If outside these ranges, show pop-up edit as follows:

            Year must be between [year of birth + 30] and [current year]. Please return and correct.

MED_Q1U   **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME]**
MEDC_1U   **take:**
            ... thyroid medication such as Synthroid or levothyroxine?

            1   Yes
            2   No
                    DK, R

MED_Q1V   **... any other medication?**
MEDC_1V

            1   Yes
            2   No
                    DK, R

MED_C1V   If MED_Q1V <> 1, go to MED_END.
            Otherwise, go to MED_Q1VS.

MED_Q1VS   INTERVIEWER: Specify.

            _____
            (80 spaces)
            DK, R

MED_END

MEDICATION USE (Quebec)

QMD_C1   If (do QMD block = 2), go to QMD_END.
QMDCFDO   Otherwise, go to QMD_QINT.

QMD_QINT   **Now some additional questions on medication use from your province.**
              The questions refer to medications [you/FNAME] took yesterday or the day before
              (tablets, ointments, syrup).
              <u>INTERVIEWER</u>: Press <Enter> to continue.

QMD_Q01   **Yesterday or the day before, did [you/FNAME] take any of the following**
QMDC_01   **products:**
              ... pain relievers?

              1   Yes
              2   No
                       DK
                       R   (Go to MED_END)

QMD_Q02   **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
QMDC_02   **... tranquilizers, sedatives or sleeping pills?**

              1   Yes
              2   No
                       DK, R

QMD_Q03A   **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
QMDC_03A   **... heart medication?**

              1   Yes
              2   No
                       DK, R

QMD_Q03B   **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
QMDC_03B   **... blood pressure medication?**

              1   Yes
              2   No
                       DK, R

QMD_Q04   **Yesterday or the day before, did [you/FNAME] take any of the following products:**
QMDC_04   **… antibiotics?**

              1   Yes
              2   No
                       DK, R

QMD_Q05   **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
QMDC_05   **… stomach remedies or medication?**

              1   Yes
              2   No
                       DK, R

QMD_Q06
QMDC_06

(Yesterday or the day before, did [you/FNAME] take any of the following products:)
… laxatives?

1   Yes
2   No
       DK, R

QMD_Q07
QMDC_07

(Yesterday or the day before, did [you/FNAME] take any of the following products:)
… cough or cold remedies?

1   Yes
2   No
       DK, R

QMD_Q08
QMDC_08

(Yesterday or the day before, did [you/FNAME] take any of the following products:)
… skin ointments?

1   Yes
2   No
       DK, R

QMD_Q09
QMDC_09

(Yesterday or the day before, did [you/FNAME] take any of the following products:)
… vitamins or minerals?

1   Yes
2   No
       DK, R

QMD_Q10
QMDC_10

Yesterday or the day before, did [you/FNAME] take any of the following products:
… dietary supplements such as brewer's yeast, algea, bone-meal, etc.?

1   Yes
2   No
       DK, R

QMD_Q11
QMDC_11

(Yesterday or the day before, did [you/FNAME] take any of the following products:)
… energy or mood improving stimulants?

1   Yes
2   No
       DK, R

QMD_C12

If sex = female, go to QMD_Q12.
Otherwise, go to QMD_Q13.

QMD_Q12
QMDC_12

(Yesterday or the day before, did [you/FNAME] take any of the following products:)
… oral contraceptive?

1   Yes
2   No
       DK, R

QMD_Q13   **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
QMDC_13   **… diet pills?**

    1   Yes
    2   No
           DK, R

QMD_Q14   **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
QMDC_14   **… anti-depressants?**

    1   Yes
    2   No
           DK, R

QMD_Q15   **Yesterday or the day before, did [you/FNAME] take any of the following products**:
QMDC_15   **… allergy medecine?**

    1   Yes
    2   No
           DK, R

QMD_Q16   **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
QMDC_16   **… asthma medications such as inhalers, nebulizers or pills?**

    1   Yes
    2   No
           DK, R

QMD_Q17A   **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
QMDC_17A   **… insulin?**

    1   Yes
    2   No
           DK, R

QMD_Q17B   **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
QMDC_17B   **… pills to control diabetes?**

    1   Yes
    2   No
           DK, R

QMD_Q18   **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
QMDC_18   **… cholesterol medication?**

    1   Yes
    2   No
           DK, R

QMD_C19A   If sex = female and age >= 30, go to QMD_Q19A.
           Otherwise, go to QMD_Q20.

QMD_Q19A
QMDC_19A **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
… hormones to prevent or treat menopausal symptoms?

    1   Yes
    2   No   (Go to QMD_Q20)
          DK, R   (Go to QMD_Q20)

QMD_Q19B
QMDC_19B **What type of medication [are/is] [you/FNAME] taking?**

    1   Estrogen only
    2   Estrogen and progesterone
    3   Other - Specify
          DK, R

QMD_C19S   If QMD_Q19 <> 3, go to QMD_Q20.
              Otherwise, go to QMD_Q19S.

QMD_Q19S   <u>INTERVIEWER</u>: Specify.

              _____
              (80 spaces)
              DK, R

QMD_Q20
QMDC_20 **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
… thyroid medication?

    1   Yes
    2   No
          DK, R

QMD_Q21
QMDC_21 **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
… any other medication?

    1   Yes
    2   No
          DK, R

QMD_C22   If all of QMD_Q01 to QMD_Q21 <> 1, go to QMD_END.
              Otherwise, go to QMD_Q22.

QMD_Q22
QMDC_22 **Yesterday and the day before, how many different medications did [you/FNAME]**
take?

    I_I_I   Medications
    (MIN: 1; MAX: 99; warning after 12)
    DK, R   (Go to QMD_END)

QMD_B23   Call ExactMedication arrayed block QMD_Q22 times, to a maximum of 20.

QMD_END

EXACT MEDICATION

EXM_C1   For each medication identified in EXM_Q01n, ask EXM_Q02n and EMX_Q03n up to 20
              times, where n = A, B, …, T.

EXM_Q01   **What is the exact name of the medication that [you/FNAME] took?**
EXMC_01n   INTERVIEWER: Ask respondent to look at the bottle, tube or box.

              _____
              (80 spaces)
              DK, R   (Go to EXM_END)

EXM_Q02   **[Are/Is] [you/FNAME] currently taking this medication on a regular basis, that is**
EXMC_02n   **every day or several times a week?**

              1   Yes
              2   No
                     DK, R

EXM_C03   If EXM_Q02 <> 1, go to EXM_END.
              Otherwise, go to EXM_Q03.

EXM_Q03   **For how long [have/has] [you/FNAME] been taking this medication every day or**
EXMC_03n   **several times a week?**
              INTERVIEWER : Read categories to respondent.

              1   **Less than 1 month**
              2   **1 month to less than 6 months**
              3   **6 months to less than 1 year**
              4   **1 year or more**
                     DK, R

EXM_END

PSYCHOLOGICAL WELL-BEING MANIFESTATION SCALE

PWB_C1   If (do PWB block = 2), go to PWB_END.
PWBCFDO   Otherwise, go to PWB_C2.

PWB_C2   If proxy interview, go to PWB_END.
                 Otherwise, go to PWB_QINT.

PWB_QINT   **Now I'm going to read you a series of statements that people might use to describe themselves. Please tell me if you had these feelings almost always, frequently, half the time, rarely or never.**
                 INTERVIEWER: Press <Enter> to continue.

PWB_Q01   **During the past month, you felt self-confident.**
PWBC_01   INTERVIEWER: Read categories to respondent.

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

PWB_Q02   **During the past month, you felt satisfied with what you were able to accomplish,**
PWBC_02   **you felt proud of yourself.**
                 INTERVIEWER: Read categories to respondent.

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

PWB_Q03   **(During the past month,) you were a "go-getter", you took on lots of projects.**
PWBC_03

                 1   Almost always   (Go to PWB_Q04)
                 2   Frequently   (Go to PWB_Q04)
                 3   Half the time   (Go to PWB_Q04)
                 4   Rarely   (Go to PWB_Q04)
                 5   Never   (Go to PWB_Q04)
                       DK, R

PWB_C04   If (PWB_Q01 = DK or R and PWB_Q02 = DK or R), go to PWB_END.
                 Otherwise, go to PWB_Q04.

PWB_Q04   **(During the past month,) you felt emotionally balanced.**
PWBC_04

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

PWB_Q05
PWBC_05

(During the past month,) you felt loved and appreciated.

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

PWB_Q06
PWBC_06

(**During the past month,) you had goals and ambitions.**

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

PWB_Q07
PWBC_07

(During the past month,) you felt like having fun, participating in sports and all your favourite activities and hobbies.

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

PWB_Q08
PWBC_08

During the past month, you felt useful.
<u>INTERVIEWER</u>: Read categories to respondent.

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

PWB_Q09
PWBC_09

(During the past month,) you smiled easily.

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

PWB_Q10
PWBC_10

(During the past month,) you were true to yourself, being natural at all times.

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

PWB_Q11
PWBC_11

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

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

PWB_Q12
PWBC_12

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

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

PWB_Q13
PWBC_13

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

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

PWB_Q14
PWBC_14

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

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

PWB_Q15
PWBC_15

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

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

PWB_Q16
PWBC_16
During the past month, you were quite calm and level-headed.
<u>INTERVIEWER</u>: Read categories to respondent.

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

PWB_Q17
PWBC_17
(During the past month,) you were able to easily find answers to your problems.

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

PWB_Q18
PWBC_18
(During the past month,) you got along well with everyone around you.

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

PWB_Q19
PWBC_19
(During the past month,) you lived at a normal pace, not doing anything excessively.

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

PWB_Q20
PWBC_20
(During the past month,) you had the impression of really enjoying life.

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

| PWB_Q21 | **(During the past month,) you had a good sense of humour, easily making your** |
| PWBC_21 | **friends laugh.** |

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

| PWB_Q22 | **(During the past month,) you felt good, at peace with yourself.** |
| PWBC_22 | |

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

| PWB_Q23 | **(During the past month,) you felt healthy and in good shape.** |
| PWBC_23 | |

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

| PWB_Q24 | **(During the past month,) you were able to face difficult situations in a positive way.** |
| PWBC_24 | |

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

| PWB_Q25 | **(During the past month,) your morale was good.** |
| PWBC_25 | |

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

PWB_END

SOCIAL SUPPORT

SSM_C1   If (do SSM block = 2), go to SSM_END.
SSMCFDO   Otherwise, go to SSM_C2.

SSM_C2   If proxy interview, go to SSM_END.
                Otherwise, go to SSM_QINT.

SSM_QINT   **Next are some questions about the support that is available to you.**
                INTERVIEWER: Press <Enter> to continue.

SSM_Q01   **Starting with a question on friendship, about how many close friends and close**
SSMC_01   **relatives do you have, that is, people you feel at ease with and can talk to about**
                what is on your mind?

                |_|_| Close friends
                (MIN: 0) (MAX: 99; warning after 20)
                DK, R   (Go to SSM_END)

SSM_QINT2   **People sometimes look to others for companionship, assistance or other types of**
                support.
                INTERVIEWER: Press <Enter> to continue.

SSM_Q02   **How often is each of the following kinds of support available to you if you need it:**
SSMC_02   **… someone to help you if you were confined to bed?**
                INTERVIEWER: Read categories to respondent.

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

SSM_C02   If SSM_Q02 = 2,3,4 or 5 then KEY_PHRASE = [to help you if you were confined to bed]

SSM_Q03   **… someone you can count on to listen to you when you need to talk?**
SSMC_03
                1   None of the time
                2   A little of the time
                3   Some of the time
                4   Most of the time
                5   All of the time
                        DK, R

SSM_C03   If SSM_Q03 = 2,3,4 or 5 then KEY_PHRASE = [to listen to you]

SSM_Q04
SSMC_04

… someone to give you advice about a crisis?

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

SSM_C04   If SSM_Q04 = 2,3,4 or 5 then KEY_PHRASE = [to give you advice]

SSM_Q05
SSMC_05

… someone to take you to the doctor if you needed it?

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

SSM_C05   If SSM_Q05 = 2,3,4 or 5 then KEY_PHRASE = [to take you to the doctor]

SSM_Q06
SSMC_06

… someone who shows you love and affection?

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

SSM_C06   If SSM_Q06 = 2,3,4 or 5 then KEY_PHRASE = [to show you affection]

SSM_Q07
SSMC_07

Again, how often is each of the following kinds of support available to you if you need it:
… someone to have a good time with?

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

SSM_C07   If SSM_Q07 = 2,3,4 or 5 then KEY_PHRASE = [to have a good time with]

SSM_Q08
SSMC_08

… someone to give you information in order to help you understand a situation?

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

SSM_C08   If SSM_Q08 = 2,3,4 or 5 then KEY_PHRASE = [to give you information]

SSM_Q09   **… someone to confide in or talk to about yourself or your problems?**
SSMC_09

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

SSM_C09   If SSM_Q09 = 2,3,4 or 5 then KEY_PHRASE = [to confide in]

SSM_Q10   **… someone who hugs you?**
SSMC_10

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

SSM_C10   If SSM_Q10 = 2,3,4 or 5 then KEY_PHRASE = [to hug you]

SSM_Q11   **… someone to get together with for relaxation?**
SSMC_11

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

SSM_C11   If SSM_Q11= 2,3,4 or 5 then KEY_PHRASE = [to relax with]

SSM_Q12   **… someone to prepare your meals if you were unable to do it yourself?**
SSMC_12

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

SSM_C12   If SSM_Q12 = 2,3,4 or 5 then KEY_PHRASE = [to prepare your meals]

SSM_Q13   **… someone whose advice you really want?**
SSMC_13

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

SSM_C13   If SSM_Q13 = 2,3,4 or 5 then KEY_PHRASE = [to advise you]

SSM_Q14 SSMC_14	**Again, how often is each of the following kinds of support available to you if you need it:** **… someone to do things with to help you get your mind off things?**
	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time DK, R
SSM_C14	If SSM_Q14 = 2,3,4 or 5 then KEY_PHRASE = [to do things with]
SSM_Q15 SSMC_15	**… someone to help with daily chores if you were sick?**
	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time DK, R
SSM_C15	If SSM_Q15 = 2,3,4 or 5 then KEY_PHRASE = [to help with daily chores]
SSM_Q16 SSMC_16	**… someone to share your most private worries and fears with?**
	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time DK, R
SSM_C16	If SSM_Q16 = 2,3,4 or 5 then KEY_PHRASE = [to share your worries and fears with]
SSM_Q17 SSMC_17	**… someone to turn to for suggestions about how to deal with a personal problem?**
	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time DK, R
SSM_C17	If SSM_Q17 = 2,3,4 or 5 then KEY_PHRASE = [to turn to for suggestions]
SSM_Q18 SSMC_18	**… someone to do something enjoyable with?**
	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time DK, R
SSM_C18	If SSM_Q18 = 2,3,4 or 5 then KEY_PHRASE = [to do something enjoyable with]

SSM_Q19
SSMC_19   **… someone who understands your problems?**

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

SSM_C19   If SSM_Q19 = 2,3,4 or 5 then KEY_PHRASE = [to understand your problems]

SSM_Q20
SSMC_20   **… someone to love you and make you feel wanted?**

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

SSM_C20   If SSM_Q20 = 2,3,4 or 5 then KEY_PHRASE = [to love you and make you feel wanted]

SSM_C21A   If any responses of 2 3,4 or 5 in SSM_Q02 to SSM_Q20, go to SSM_QINT21_A.
                 Otherwise, go to SSM_END.

SSM_QINT21_A
                 **You have just mentioned that if you needed support, someone would be available
                 for you. The next questions are about the support or help you actually received in
                 the past 12 months.**
                 INTERVIEWER: Press <Enter> to continue.

SSM_C21   If any responses of 2,3,4 or 5 in SSM_Q02 or SSM_Q05 or SSM_Q12 or SSM_Q15, then
                 SSM_C21 = 1 (Yes) and go to SSM_Q21A.
                 Otherwise, SSM_C21 = 2 (No) and go to SSM_C22.

SSM_Q21A   **In the past 12 months, did you receive the following support:**
SSMC_21A   **someone ^KEY_PHRASES?**

                 1   Yes
                 2   No   (Go to SSM_C22)
                          DK, R   (Go to SSM_C22)

SM_Q21B   **When you needed it, how often did you receive this kind of support (in the past**
SSMC_21B   **12 months)?**
                 INTERVIEWER: Read categories to respondent.

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

SSM_C22   If any responses of 2,3,4 or 5 in SSM_Q06 or SSM_Q10 or SSM_Q20
                 then make SSM_C22 = 1 (YES) and go to SSM_Q22A.
                 Otherwise, make SSM_C22 = 2 (NO) and go to SSM_C23.

SSM_Q22A
SSMC_22A
(In the past 12 months, did you receive the following support:) someone ^KEY_PHRASES?

1 Yes
2 No (Go to SSM_C23)
DK, R (Go to SSM_C23)

SSM_Q22B
SSMC_22B
When you needed it, how often did you receive this kind of support (in the past 12 months)?
INTERVIEWER: Read categories to respondent.

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

SSM_C23
If any responses of 2,3,4 or 5 in SSM_Q07 or SSM_Q11 or SSM_Q14 or SSM_Q18, then make SSM_C23 = 1 (Yes) and go to SSM_Q23A.
Otherwise, make SSM_C23 = 2 (No) and go to SSM_C24.

SSM_Q23A
SSMC_23A
(In the past 12 months, did you receive the following support:) someone ^KEY_PHRASES?

1 Yes
2 No (Go to SSM_C24)
DK, R (Go to SSM_C24)

SSM_Q23B
SSMC_23B
When you needed it, how often did you receive this kind of support (in the past 12 months)?
INTERVIEWER: Read categories to respondent.

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

SSM_C24
If any responses of 2,3,4 or 5 in SSM_Q03 or SSM_Q04 or SSM_Q08 or SSM_ Q09 or SSM_Q13 or SSM_Q16 or SSM_ Q17 or SSM_Q19, then make SSM_C24 = 1 and go to SSM_Q24A.
Otherwise, make SSM_C24 = 2 and go to SSM_END.

SSM_Q24A
SSMC_24A
(In the past 12 months, did you receive the following support:) someone ^KEY_PHRASES?

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

SSM_Q24B **When you needed it, how often did you receive this kind of support (in the past**
SSMC_24B **12 months)?**
INTERVIEWER: Read categories to respondent.

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

SSM_END

SPIRITUAL VALUES

SPR_C1   If (do SPR block = 2), go to SPR_END.
SPVCFDO   Otherwise, go to SPR_C2.

SPR_C2   If proxy interview, go to SPR_END.
                Otherwise, go to SPR_QINT.

SPR_QINT   **I now have a few questions about spiritual values in your life.**
                INTERVIEWER: Press <Enter> to continue.

SPR_Q1   **Do spiritual values play an important role in your life?**
SPVC_1

                1   Yes
                2   No   (Go to SPR_Q5)
                        DK, R   (Go to SPR_END)

SPR_Q2   **To what extent do your spiritual values help you to find meaning in your life?**
SPVC_2   INTERVIEWER: Read categories to respondent.

                1   **A lot**
                2   **Some**
                3   **A little**
                4   **Not at all**
                        DK, R

SPR_Q3   **To what extent do your spiritual values give you the strength to face everyday**
SPVC_3   **difficulties?**

                1   A lot
                2   Some
                3   A little
                4   Not at all
                        DK, R

SPR_Q4   **To what extent do your spiritual values help you to understand the difficulties**
SPVC_4   **of life?**

                1   A lot
                2   Some
                3   A little
                4   Not at all
                        DK, R

SPR_Q5	**What, if any, is your religion?**	
SPVC_5		

	1	No religion (Agnostic, Atheist)	(Go to SPR_END)
	2	Roman Catholic	
	3	Ukrainian Catholic	
	4	United Church	
	5	Anglican (Church of England, Episcopalian)	
	6	Presbyterian	
	7	Lutheran	
	8	Baptist	
	9	Pentecostal	
	10	Eastern Orthodox	
	11	Jewish	
	12	Islam (Muslim)	
	13	Hindu	
	14	Buddhist	
	15	Sikh	
	16	Jehovah's Witness	
	17	Other - Specify	
		DK, R	(Go to SPR_END)

SPR_C5   If SPR_Q5 <> 17, go to SPR_Q6.

SPR_Q5S   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

SPR_Q6
SPVC_6   **Not counting events such as weddings or funerals, during the past 12 months, how often did you participate in religious activities or attend religious services or meetings?**
<u>INTERVIEWER</u>: Read categories to respondent.
Do not include special events such as weddings, funerals, baptisms, bar mitzvahs, etc.

1   **Once a week or more**
2   **Once a month**
3   **3 or 4 times a year**
4   **Once a year**
5   **Not at all**
    DK, R

SPR_Q7   **In general, would you say that you are:**
SPVC_7   <u>INTERVIEWER</u>: Read categories to respondent.

1   **… very religious?**
2   **… religious?**
3   **… not very religious?**
4   **… not religious at all?**
    DK, R

SPR_END

CONTACTS WITH MENTAL HEALTH PROFESSIONALS

CMH_C01A   If (CMH block = 2), go to CMH_END.
CMHCFDO   Otherwise, go to CMH_C01B.

CMH_C01B   If proxy interview, go to CMH_END.
              Otherwise, go to CMH_QINT.

CMH_QINT   **Now some questions about mental and emotional well-being**.
              <u>INTERVIEWER</u>: Press <Enter> to continue.

CMH_Q01K   **In the past 12 months, that is, from [date one year ago] to yesterday, have you**
CHMC_01K   **<u>seen</u>, or talked on the telephone, to a health professional about your emotional or**
              mental health?

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

CMH_Q01L   **How many times (in the past 12 months)?**
CHMC_01L

              I_I_I_I   Times
              (MIN: 1) (MAX: 366; warning after 25)
              DK, R

CMH_Q01M   **Whom did you see or talk to?**
              <u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

CHMC_1MA   1   **Family doctor or general practitioner**
CHMC_1MB   2   **Psychiatrist**
CHMC_1MC   3   **Psychologist**
CHMC_1MD   4   **Nurse**
CHMC_1ME   5   **Social worker or counsellor**
CHMC_1MF   6   Other – Specify
                       DK, R

CMH_C01MS   If CMH_Q01M <> 6, go to CMH_END.
              Otherwise, go to CMH_Q01S.

CMH_Q01MS   <u>INTERVIEWER</u>: Specify.

              _____
              (80 spaces)
              DK, R

CMH_E01M[1]   If CMH_Q01M = 1 (saw a family doctor) and HCU_Q02A = 0, display edit message as
              follows:

              Inconsistent answers have been entered. The respondent has saw or talked with a
              family doctor or general practitioner in the past 12 months but previously reported
              that he/she did not. Please confirm.

CMH_E01M[2] If CMH_Q01M = 2 (saw a psychiatrist) and HCU_Q02C = 0, display edit message.

Inconsistent answers have been entered. The respondent has saw or talked with a psychiatrist in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[3] If CMH_Q01M = 3 (saw a psychologist) and HCU_Q02I = 0, display edit message.

Inconsistent answers have been entered. The respondent has saw or talked with a psychologist in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[4] If CMH_Q01M = 4 (saw a nurse) and HCU_Q02D = 0, display edit message.

Inconsistent answers have been entered. The respondent has saw or talked with a nurse in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[5] If CMH_Q01M = 5 (saw a social worker or counsellor) and HCU_Q02H = 0, display edit message.

Inconsistent answers have been entered. The respondent has saw or talked with a social worker or counsellor in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_END

DISTRESS

DIS_C1 DISCFDO	If (do DIS block = 2), go to DIS_END. Otherwise, go to DIS_C2.
DIS_C2	If proxy interview, go to DIS_END. Otherwise, go to DIS_QINT.

DIS_QINT **The following questions deal with feelings you may have had during the past month.**
INTERVIEWER: Press <Enter> to continue.

DIS_Q01A **During the past month, that is, from [date one month ago] to yesterday, about**
DISC_10A **how often did you feel:**
...tired out for no good reason?
INTERVIEWER: Read categories to respondent.

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

DIS_Q01B **… nervous?**
DISC_10B

    1   All of the time
    2   Most of the time
    3   Some of the time
    4   A little of the time
    5   None of the time   (Go to DIS_Q01D)
         DK, R   (Go to DIS_Q01D)

DIS_C01B If DIS_Q01B = 5, then DIS_Q01C will be set to 5 (None of the time) during processing.

DIS_Q01C **... so nervous that nothing could calm you down?**
DISC_10C

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

DIS_Q01D **... hopeless?**
DISC_10D

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

DIS_Q01E
DISC_10E

... restless or fidgety?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time   (Go to DIS_Q01G)
       DK, R   (Go to DIS_Q01G)

DIS_C01E   If DIS_Q01E = 5, then DIS_Q01F will be set to 5 (None of the time) during processing.

DIS_Q01F
DISC_10F

… so restless you could not sit still?

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

DIS_Q01G
DISC_10G

During the past month, about how often did you feel:
…sad or depressed?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time   (Go to DIS_Q01I)
       DK, R   (Go to DIS_Q01I)

DIS_C01G   If DIS_Q01G = 5, then DIS_Q01H will be set to 5 (None of the time) during processing.

DIS_Q01H
DISC_10H

…so depressed that nothing could cheer you up?

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

DIS_Q01I
DISC_10I

…that everything was an effort?

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

DIS_Q01J	**…worthless?**
DISC_10J	

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

DIS_C01K   If DIS_Q01B to DIS_Q01J are DK or R, go to DIS_END.

DIS_Q01K	**We just talked about feelings that occurred to different degrees during the past month.**
DISC_10K	**Taking them altogether, did these feelings occur <u>more often</u> in the past month than is usual for you, <u>less often</u> than usual or <u>about the same</u> as usual?**

1 More often
2 Less often   (Go to DIS_Q01M)
3 About the same   (Go to DIS_Q01N)
4 Never have had any   (Go to DIS_END)
DK, R   (Go to DIS_END)

DIS_Q01L	**Is that a <u>lot</u> more, <u>somewhat</u> more or only a <u>little</u> more often than usual?**
DISC_10L	

1 A lot
2 Somewhat
3 A little
DK, R

Go to DIS_Q01N

DIS_Q01M	**Is that a <u>lot</u> less, <u>somewhat</u> less or only a <u>little</u> less often than usual?**
DISC_10M	

1 A lot
2 Somewhat
3 A little
DK, R

DIS_Q01N	**During the past month, how much did these feelings usually interfere with your life or activities?**
DISC_10N	INTERVIEWER: Read categories to respondent.

1 **A lot**
2 **Some**
3 **A little**
4 **Not at all**
DK, R

DIS_END

DISTRESS AND MENTAL HEALTH (Quebec)

DIQ_C01
DIQCFDO

If (do DIQ = 2), go to DIQ_END.
Otherwise, go to DIQ_C02.

DIQ_C02

If proxy interview, go to DIQ_END.
Otherwise, go to DIQ_QINT.

DIQ_QINT

(Now some additional questions from your province.)
The following questions are about various aspects of your health. How you felt last week could be different from how you felt during the past year.
INTERVIEWER: Press <Enter> to continue.

DIQ_Q01
DIQC_01

During the past week, that is, from [date one week ago] to yesterday, how often did you:
... feel hopeless about the future?
INTERVIEWER: Read categories to respondent.

1   **Never**
2   **Once in a while**
3   **Fairly often**
4   **Very often**
        DK, R   (Go to DIQ_END)

DIQ_Q02
DIQC_02

During the past week, that is, from [date one week ago] to yesterday, how often did you:
… feel lonely?

1   Never
2   Once in a while
3   Fairly often
4   Very often
        DK, R

DIQ_Q03
DIQC_03

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)
... have your mind go blank?

1   Never
2   Once in a while
3   Fairly often
4   Very often
        DK, R

DIQ_Q04
DIQC_04

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)
... feel discouraged or down?

1   Never
2   Once in a while
3   Fairly often
4   Very often
        DK, R

DIQ_Q05
DIQC_05

During the past week, that is, from [date one week ago] to yesterday, about how often did you:
... feel tense or under pressure?

1   Never
2   Once in a while
3   Fairly often
4   Very often
         DK, R

DIQ_Q06
DIQC_06

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)
… lose your temper?

1   Never
2   Once in a while
3   Fairly often
4   Very often
         DK, R

DIQ_Q07
DIQC_07

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)
… feel bored or have little interest in things?

1   Never
2   Once in a while
3   Fairly often
4   Very often
         DK, R

DIQ_Q08
DIQC_08

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)
… feel fearful or afraid?

1   Never
2   Once in a while
3   Fairly often
4   Very often
         DK, R

DIQ_Q09
DIQC_09

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)
… have trouble remembering things?

1   Never
2   Once in a while
3   Fairly often
4   Very often
         DK, R

DIQ_Q10
DIQC_10

During the past week, that is, from [date one week ago] to yesterday, about how often did you:
… cry easily or feel like crying?

1   Never
2   Once in a while
3   Fairly often
4   Very often
        DK, R

DIQ_Q11
DIQC_11

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)
… feel nervous or shaky inside?

1   Never
2   Once in a while
3   Fairly often
4   Very often
        DK, R

DIQ_Q12
DIQC_12

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)
… feel critical of others?

1   Never
2   Once in a while
3   Fairly often
4   Very often
        DK, R

DIQ_Q13
DIQC_13

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)
… feel easily annoyed or irritated?

1   Never
2   Once in a while
3   Fairly often
4   Very often
        DK, R

DIQ_Q14
DIQC_14

(During the past week, that is, from [date one week ago] to yesterday, about how often did you:)
… get angry over things that are not too important?

1   Never
2   Once in a while
3   Fairly often
4   Very often
        DK, R

DIQ_Q15
DIQC_15 **In general, compared with other people your age, would you say your mental health is**:
INTERVIEWER: Read categories to respondent.

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

DIQ_END

DEPRESSION

DEP_C01   If (do block) = 2, go to DEP_END.
DPSCFDO   Otherwise, go to DEP_C02.

DEP_C02   If proxy interview, go to DEP_END.
           Otherwise, go to DEP_Q02.

DEP_Q02   **During the past 12 months, was there ever a time when you felt sad, blue, or**
DPSC_02   **depressed for 2 weeks or more in a row?**

           1   Yes
           2   No   (Go to DEP_Q16)
                DK, R   (Go to DEP_END)

DEP_Q03   **For the next few questions, please think of the 2-week period during the past**
DPSC_03   **12 months when these feelings were the worst. During that time, how long did**
           these feelings usually last?
           <u>INTERVIEWER</u>: Read categories to respondent.

           1   **All day long**
           2   **Most of the day**
           3   **About half of the day**   (Go to DEP_Q16)
           4   **Less than half of a day**   (Go to DEP_Q16)
                DK, R   (Go to DEP_END)

DEP_Q04   **How often did you feel this way during those 2 weeks?**
DPSC_04   <u>INTERVIEWER</u>: Read categories to respondent.

           1   **Every day**
           2   **Almost every day**
           3   **Less often**   (Go to DEP_Q16)
                DK, R   (Go to DEP_END)

DEP_Q05   **During those 2 weeks did you lose interest in most things?**
DPSC_05

           1   Yes   (KEY PHRASE = Losing interest)
           2   No
                DK, R   (Go to DEP_END)

DEP_Q06   **Did you feel tired out or low on energy all of the time?**
DPSC_06

           1   Yes   (KEY PHRASE = Feeling tired)
           2   No
                DK, R   (Go to DEP_END)

DEP_Q07   **Did you gain weight, lose weight or stay about the same?**
DPSC_07

           1   Gained weight   (KEY PHRASE = Gaining weight)
           2   Lost weight   (KEY PHRASE = Losing weight)
           3   Stayed about the same   (Go to DEP_Q09)
           4   Was on a diet   (Go to DEP_Q09)
                DK, R   (Go to DEP_END)

DEP_Q08A DPSC_08A	**About how much did you [gain/lose]?** INTERVIEWER: Enter amount only. |_|_| Weight (MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms) DK, R (Go to DEP_Q09)
DEP_Q08B DPSC_08B	INTERVIEWER: Was that in pounds or in kilograms? 1 Pounds 2 Kilograms (DK, R are not allowed)
DEP_Q09 DPSC_09	**Did you have more trouble falling asleep than you usually do?** 1 Yes (KEY PHRASE = Trouble falling asleep) 2 No (Go to DEP_Q11) DK, R (Go to DEP_END)
DEP_Q10 DPSC_10	**How often did that happen?** INTERVIEWER: Read categories to respondent. 1 **Every night** 2 **Nearly every night** 3 **Less often** DK, R (Go to DEP_END)
DEP_Q11 DPSC_11	**Did you have a lot more trouble concentrating than usual?** 1 Yes (KEY PHRASE = Trouble concentrating) 2 No DK, R (Go to DEP_END)
DEP_Q12 DPSC_12	**At these times, people sometimes feel down on themselves, no good or worthless.** **Did you feel this way?** 1 Yes (KEY PHRASE = Feeling down on yourself) 2 No DK, R (Go to DEP_END)
DEP_Q13 DPSC_13	**Did you think a lot about death - either your own, someone else's or death in** **general?** 1 Yes (KEY PHRASE =Thoughts about death) 2 No DK, R (Go to DEP_END)
DEP_C14	If "Yes" in DEP_Q5, DEP_Q6, DEP_Q9, DEP_Q11, DEP_Q12 or DEP_Q13, or DEP_Q7 is "gain" or "lose", go to DEP_Q14C. Otherwise, go to DEP_END.
DEP_Q14C	**Reviewing what you just told me, you had 2 weeks in a row during the past 12** **months when you were sad, blue or depressed and also had some other things like** **(KEY PHRASES).** INTERVIEWER: Press <Enter> to continue.

DEP_Q14
DPSC_14
About how many weeks altogether did you feel this way during the past 12 months?

|_|_| Weeks
(MIN: 2 MAX: 53)
(If > 51 weeks, go to DEP_END)
DK, R   (Go to DEP_END)

DEP_Q15
DPSC_15
Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

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

DK, R

Go to DEP_END

DEP_Q16
DPSC_16
During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure?

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

DEP_Q17
DPSC_17
For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?
INTERVIEWER: Read categories to respondent.

1   **All day long**
2   **Most of the day**
3   **About half of the day**   (Go to DEP_END)
4   **Less than half of a day**   (Go to DEP_END)
      DK, R   (Go to DEP_END)

DEP_Q18
DPSC_18
How often did you feel this way during those 2 weeks?
INTERVIEWER: Read categories to respondent.

1   **Every day**
2   **Almost every day**
3   **Less often**   (Go to DEP_END)
      DK, R   (Go to DEP_END)

DEP_Q19
DPSC_19
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 DEP_END)

DEP_Q20	**Did you gain weight, lose weight, or stay about the same?**	
DPSC_20		

	1	Gained weight	(KEY PHRASE = Gaining weight)
	2	Lost weight	(KEY PHRASE = Losing weight)
	3	Stayed about the same	(Go to DEP_Q22)
	4	Was on a diet	(Go to DEP_Q22)
		DK, R	(Go to DEP_END)

DEP_Q21A	**About how much did you [gain/lose]?**
DPSC_21A	INTERVIEWER: Enter amount only.

|_|_| Weight
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)
DK, R   (Go to DEP_Q22)

DEP_Q21B	INTERVIEWER: Was that in pounds or in kilograms?
DPSC_21B	

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

DEP_Q22	**Did you have more trouble falling asleep than you usually do?**
DPSC_22	

	1	Yes	(KEY PHRASE = Trouble falling asleep)
	2	No	(Go to DEP_Q24)
		DK, R	(Go to DEP_END)

DEP_Q23	**How often did that happen?**
DPSC_23	INTERVIEWER: Read categories to respondent.

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

DEP_Q24	**Did you have a lot more trouble concentrating than usual?**
DPSC_24	

	1	Yes	(KEY PHRASE = Trouble concentrating)
	2	No	
		DK, R	(Go to DEP_END)

DEP_Q25	**At these times, people sometimes feel down on themselves, no good, or worthless.**
DPSC_25	**Did you feel this way?**

	1	Yes	(KEY PHRASE = Feeling down on yourself)
	2	No	
		DK, R	(Go to DEP_END)

DEP_Q26	**Did you think a lot about death - either your own, someone else's, or death in**
DPSC_26	**general?**

	1	Yes	(KEY PHRASE =Thoughts about death)
	2	No	
		DK, R	(Go to DEP_END)

DEP_C27   If any "Yes" in DEP_Q19, DEP_Q22, DEP_Q24, DEP_Q25 or DEP_Q26, or DEP_Q20 is "gain" or "lose", go to DEP_Q27C.
Otherwise, go to DEP_END.

DEP_Q27C   **Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES).**
INTERVIEWER: Press <Enter> to continue.

DEP_Q27   **About how many weeks did you feel this way during the past 12 months?**
DPSC_27

|_|_| Weeks
(MIN: 2 MAX: 53)
(If > 51 weeks, go to DEP_END)
DK, R   (Go to DEP_END)

DEP_Q28   **Think about the last time you had 2 weeks in a row when you felt this way. In what**
DPSC_28   **month was that?**

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

DEP_END

SUICIDAL THOUGHTS AND ATTEMPTS

SUI_C1A   If (do SUI block = 2), go to SUI_END.
SUICFDO   Otherwise, go to SUI_C1B.

SUI_C1B   If proxy interview or if age < 15, go to SUI_END.
                 Otherwise, go to SUI_QINT.

SUI_QINT   **The following questions relate to the sensitive issue of suicide.**
                 <u>INTERVIEWER</u>: Press <Enter> to continue.

SUI_Q1   **Have you ever seriously considered committing suicide or taking your own life?**
SUIC_1
                 1   Yes
                 2   No   (Go to SUI_END)
                         DK, R   (Go to SUI_END)

SUI_Q2   **Has this happened in the past 12 months?**
SUIC_2
                 1   Yes
                 2   No   (Go to SUI_END)
                         DK, R   (Go to SUI_END)

SUI_Q3   **Have you ever attempted to commit suicide or tried taking your own life?**
SUIC_3
                 1   Yes
                 2   No   (Go to SUI_END)
                         DK, R   (Go to SUI_END)

SUI_Q4   **Did this happen in the past 12 months?**
SUIC_4
                 1   Yes
                 2   No   (Go to SUI_END)
                         DK, R   (Go to SUI_END)

SUI_Q5   **Did you see, or talk on the telephone, to a health professional following your**
SUIC_5   **attempt to commit suicide?**

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

SUI_Q6 **Whom did you see or talk to?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

SUIC_6A 1 **Family doctor or general practitioner**
SUIC_6B 2 **Psychiatrist**
SUIC_6C 3 **Psychologist**
SUIC_6D 4 **Nurse**
SUIC_6E 5 **Social worker or counsellor**
SUIC_6G 6 **Religious or spiritual advisor such as a priest, chaplain or rabbi**
SUIC_6H 7 **Teacher or guidance counsellor**
SUIC_6F 8 **Other**
DK, R

SUI_END

HEALTH STATUS – SF-36

SFR_C03 If (do SFR block = 2), go to SFR_END.
SFRCFDO Otherwise, go to SFR_QINTA.

SFR_QINTA **Although some of the following questions may seem repetitive, the next section deals with another way of measuring health status**.
INTERVIEWER: Press <Enter> to continue.

SFR_QINTB **The questions are about how [you/FNAME] [feel/feels] and how well [you/he/she] [are/is] able to do [your/his/her] usual activities**.
INTERVIEWER: Press <Enter> to continue.

SFR_Q03 **I'll start with a few questions concerning activities [you/FNAME] might do during**
SFRC_03 **a typical day. Does [your/his/her] health limit [you/him/her] in any of the following activities:**
… in <u>vigorous activities</u>, such as running, lifting heavy objects, or participating in strenuous sports?
INTERVIEWER: Read categories to respondent.

    1   **Limited a lot**
    2   **Limited a little**
    3   **Not at all limited**
        DK, R   (Go to SFR_END)

SFR_Q04 **(Does [your/his/her] health limit [you/him/her]:)**
SFRC_04 **… in <u>moderate activities</u>, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?**
INTERVIEWER: Read categories to respondent.

    1   **Limited a lot**
    2   **Limited a little**
    3   **Not at all limited**
        DK, R

SFR_Q05 **(Does [your/his/her] health limit [you/him/her]:)**
SFRC_05 **… in lifting or carrying groceries?**

    1   Limited a lot
    2   Limited a little
    3   Not at all limited
        DK, R

SFR_Q06 **(Does [your/his/her] health limit [you/him/her]:)**
SFRC_06 **… in climbing <u>several</u> flights of stairs?**

    1   Limited a lot
    2   Limited a little
    3   Not at all limited
        DK, R

SFR_Q07
SFRC_07

(Does [your/his/her]health limit [you/him/her]:)
… in climbing <u>one</u> flight of stairs?

1   Limited a lot
2   Limited a little
3   Not at all limited
     DK, R

SFR_Q08
SFRC_08

(Does [your/his/her] health limit [you/him/her]:)
… in bending, kneeling, or stooping?

1   Limited a lot
2   Limited a little
3   Not at all limited
     DK, R

SFR_Q09
SFRC_09

(Does [your/his/her] health limit [you/him/her]:)
… in walking more than one kilometre?

1   Limited a lot
2   Limited a little
3   Not at all limited
     DK, R

SFR_Q10
SFRC_10

(Does [your/his/her] health limit [you/him/her]:)
… in walking <u>several blocks</u>?

1   Limited a lot
2   Limited a little
3   Not at all limited
     DK, R

SFR_Q11
SFRC_11

(Does [your/his/her] health limit [you/him/her]:)
… in walking <u>one block</u>?

1   Limited a lot
2   Limited a little
3   Not at all limited
     DK, R

SFR_Q12
SFRC_12

(Does [your/his/her] health limit [you/him/her]:)
… in bathing and dressing [yourself/himself/herself]?

1   Limited a lot
2   Limited a little
3   Not at all limited
     DK, R

SFR_Q13
SFRC_13

Now a few questions about problems with [your/FNAME's] work or with other regular daily activities. Because of [your/his/her] <u>physical health</u>, during the past 4 weeks, did [you/FNAME]:
… cut down on the amount of time [you/he/she] spent on work or other activities?

1 Yes
2 No
DK, R

SFR_Q14
SFRC_14

Because of [your/his/her] <u>physical health</u>, during the past 4 weeks, did [you/FNAME]:
… accomplish less than [you/he/she] would like?

1 Yes
2 No
DK, R

SFR_Q15
SFRC_15

(Because of [your/his/her] <u>physical health</u>, during the past 4 weeks,) [were/was] [you/FNAME]:
… limited in the <u>kind</u> of work or other activities?

1 Yes
2 No
DK, R

SFR_Q16
SFRC_16

(Because of [your/his/her] <u>physical health</u>, during the past 4 weeks,) did [you/FNAME]:
… have <u>difficulty</u> performing the work or other activities (for example, it took extra effort)?

1 Yes
2 No
DK, R

SFR_Q17
SFRC_17

Next a few questions about problems with [your/FNAME's] work or with other regular daily activities due to emotional problems (such as feeling depressed or anxious). Because of <u>emotional problems</u>, during the past 4 weeks, did [you/FNAME]:
… cut down on the amount of time [you/he/she] spent on work or other activities?

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

SFR_Q18
SFRC_18

Because of <u>emotional problems</u>, during the past 4 weeks, did [you/FNAME]:
… accomplish less than [you/he/she] would like?

1 Yes
2 No
DK, R

SFR_Q19	**(Because of <u>emotional problems</u>, during the past 4 weeks,)**
SFRC_19	**did [you/FNAME] :**
	… not do work or other activities as carefully as usual?

1   Yes
2   No
      DK, R

SFR_Q20	**During the past 4 weeks, how much has [your/his/her] physical health or**
SFRC_20	**emotional problems interfered with [your/his/her] normal social activities with**
	family, friends, neighbours, or groups?

<u>INTERVIEWER</u>: Read categories to respondent.

1   **Not at all**
2   **A little bit**
3   **Moderately**
4   **Quite a bit**
5   **Extremely**
      DK, R

SFR_Q21	**During the past 4 weeks, how much bodily pain [have/has] [you/he/she] had**?
SFRC_21	<u>INTERVIEWER</u>: Read categories to respondent

1   **None**
2   **Very mild**
3   **Mild**
4   **Moderate**
5   **Severe**
6   **Very severe**
      DK, R

SFR_Q22	**During the past 4 weeks, how much did pain interfere with [your/his/her]**
SFRC_22	**normal work (including work both outside the home and housework)?**
	<u>INTERVIEWER</u>: Read categories to respondent.

1   **Not at all**
2   **A little bit**
3   **Moderately**
4   **Quite a bit**
5   **Extremely**
      DK, R

SFR_QINT23	**The next questions are about how [you/FNAME] felt and how things have been with**
	[you/him/her] during the past 4 weeks. For each question, please indicate the
	answer that comes closest to the way [you/FNAME] [have/has] been feeling.
	<u>INTERVIEWER</u>: Press <Enter> to continue.

SFR_Q23
SFRC_23

During the past 4 weeks, how much of the time:
… did [you/FNAME] feel full of pep?
INTERVIEWER: Read categories to respondent.

1   **All of the time**
2   **Most of the time**
3   **A good bit of the time**
4   **Some of the time**
5   **A little of the time**
6   **None of the time**
     DK, R

SFR_Q24
SFRC_24

(During the past 4 weeks, how much of the time:)
… [have/has] [you/FNAME] been a very nervous person?
INTERVIEWER: Read categories to respondent.

1   **All of the time**
2   **Most of the time**
3   **A good bit of the time**
4   **Some of the time**
5   **A little of the time**
6   **None of the time**
     DK, R

SFR_Q25
SFRC_25

(During the past 4 weeks, how much of the time:)
… [have/has] [you/he/she] felt so down in the dumps that nothing could cheer [you/him/her] up?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
     DK, R

SFR_Q26
SFRC_26

(During the past 4 weeks, how much of the time:)
… [have/has] [you/he/she] felt calm and peaceful?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
     DK, R

SFR_Q27
SFRC_27

(During the past 4 weeks, how much of the time:)
… did [you/he/she] have a lot of energy?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
     DK, R

SFR_Q28
SFRC_28

During the past 4 weeks, how much of the time:
… [have/has] [you/he/she] felt downhearted and blue?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
     DK, R

SFR_Q29
SFRC_29

(During the past 4 weeks, how much of the time:)
… did [you/he/she] feel worn out?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
     DK, R

SFR_Q30
SFRC_30

(During the past 4 weeks, how much of the time:)
… [have/has] [you/he/she] been a happy person?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
     DK, R

SFR_Q31
SFRC_31

(During the past 4 weeks, how much of the time:)
… did [you/he/she] feel tired?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
     DK, R

SFR_Q32
SFRC_32 **During the past 4 weeks, how much of the time has [your/his/her] health limited [your/his/her] social activities (such as visiting with friends or close relatives)?**
<u>INTERVIEWER</u>: Read categories to respondent.

    1   **All of the time**
    2   **Most of the time**
    3   **A good bit of the time**
    4   **Some of the time**
    5   **A little of the time**
    6   **None of the time**
           DK, R

SFR_Q33
SFRC_33 **Now please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].**

[I/FNAME] [seem/seems] to get sick a little easier than other people.
<u>INTERVIEWER</u>: Read categories to respondent.

    1   **Definitely true**
    2   **Mostly true**
    3   **Not sure**
    4   **Mostly false**
    5   **Definitely false**
           DK, R

SFR_Q34
SFRC_34 **(Please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].)**

[I/FNAME] [am/is] as healthy as anybody [I/he/she] [know/knows].
<u>INTERVIEWER</u>: Read categories to respondent.

    1   **Definitely true**
    2   **Mostly true**
    3   **Not sure**
    4   **Mostly false**
    5   **Definitely false**
           DK, R

SFR_Q35
SFRC_35 **(Please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].)**

[I/FNAME] [expect/expects] [my/his/her] health to get worse.

    1   Definitely true
    2   Mostly true
    3   Not sure
    4   Mostly false
    5   Definitely false
           DK, R

SFR_Q36
SFRC_36

(Please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].)

[My/FNAME's] health is excellent.

1   Definitely true
2   Mostly true
3   Not sure
4   Mostly false
5   Definitely false
     DK, R

SFR_END

ACCESS TO HEALTH CARE SERVICES

ACC_BEG   Collected starting in April 2003.

ACC_C1   If (do ACC block = 2), go to ACC_END.
ACCCFDO   Otherwise, go to ACC_C2.

ACC_C2   If proxy interview or if age < 15, go to ACC_END.
                 Otherwise, go to ACC_QINT10.

ACC_QINT10   **The next questions are about the use of various health care services.**
                 I will start by asking about your experiences getting health care from a medical
                 specialist such as a cardiologist, allergist, gynaecologist or psychiatrist (excluding
                 an optometrist).
                 INTERVIEWER: Press <Enter> to continue.

ACC_Q10   **In the past 12 months, did you require a visit to a medical specialist for a diagnosis**
ACCC_10   **or a consultation?**

                 1   Yes
                 2   No   (Go to ACC_QINT20)
                         DK, R   (Go to ACC_QINT20)

ACC_Q11   **In the past 12 months, did you ever experience any difficulties getting the**
ACCC_11   **specialist care you needed for a diagnosis or consultation?**

                 1   Yes
                 2   No   (Go to ACC_QINT20)
                         DK, R   (Go to ACC_QINT20)

ACC_Q12   **What type of difficulties did you experience?**
                 INTERVIEWER: Mark all that apply.

ACCC_12A   1   Difficulty getting a referral
ACCC_12B   2   Difficulty getting an appointment
ACCC_12C   3   No specialists in the area
ACCC_12D   4   Waited too long - between booking appointment and visit
ACCC_12E   5   Waited too long - to see the doctor (i.e. in-office waiting)
ACCC_12F   6   Transportation - problems
ACCC_12G   7   Language - problem
ACCC_12H   8   Cost
ACCC_12I   9   Personal or family responsibilities
ACCC_12J   10   General deterioration of health
ACCC_12K   11   Appointment cancelled or deferred by specialist
ACCC_12L   12   Still waiting for visit
ACCC_12M   13   Unable to leave the house because of a health problem
ACCC_12N   14   Other - Specify
                         DK, R

ACC_C12S   If ACC_Q12 <> 14, go to ACC_QINT20.
            Otherwise, go to ACC_Q12S.

ACC_Q12S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

ACC_QINT20 **The following questions are about any surgery not provided in an emergency that you may have required, such as cardiac surgery, joint surgery, caesarean sections and cataract surgery, excluding laser eye surgery.**
            <u>INTERVIEWER</u>: Press <Enter> to continue.

ACC_Q20   **In the past 12 months, did you require any non-emergency surgery?**
ACCC_20

            1   Yes
            2   No   (Go to ACC_QINT30)
                  DK, R   (Go to ACC_QINT30)

ACC_Q21   **In the past 12 months, did you ever experience any difficulties getting the surgery you needed?**
ACCC_21

            1   Yes
            2   No   (Go to ACC_QINT30)
                  DK, R   (Go to ACC_QINT30)

ACC_Q22   **What type of difficulties did you experience?**
            <u>INTERVIEWER</u>: Mark all that apply.

ACCC_22A   1   Difficulty getting an appointment with a surgeon
ACCC_22B   2   Difficulty getting a diagnosis
ACCC_22C   3   Waited too long - for a diagnostic test
ACCC_22D   4   Waited too long - for a hospital bed to become available
ACCC_22E   5   Waited too long - for surgery
ACCC_22F   6   Service not available - in the area
ACCC_22G   7   Transportation - problems
ACCC_22H   8   Language - problem
ACCC_22I   9   Cost
ACCC_22J   10   Personal or family responsibilities
ACCC_22K   11   General deterioration of health
ACCC_22L   12   Appointment cancelled or deferred by surgeon or hospital
ACCC_22M   13   Still waiting for surgery
ACCC_22N   14   Unable to leave the house because of a health problem
ACCC_22O   15   Other - Specify
                  DK, R

ACC_C22S   If ACC_Q22 <> 15, go to ACC_QINT30.
            Otherwise, go to ACC_Q22S.

ACC_Q22S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

ACC_QINT30   **Now some questions about MRIs, CAT Scans and angiographies provided in a non-emergency situation.**
INTERVIEWER: Press <Enter> to continue.

ACC_Q30   **In the past 12 months, did you require one of these tests?**
ACCC_30

1   Yes
2   No   (Go to ACC_QINT40)
DK, R   (Go to ACC_QINT40)

ACC_Q31   **In the past 12 months, did you ever experience any difficulties getting the**
ACCC_31   **tests you needed?**

1   Yes
2   No   (Go to ACC_QINT40)
DK, R   (Go to ACC_ QINT40)

ACC_Q32   **What type of difficulties did you experience?**
INTERVIEWER: Mark all that apply.

ACCC_32A   1   Difficulty getting a referral
ACCC_32B   2   Difficulty getting an appointment
ACCC_32C   3   Waited too long - to get an appointment
ACCC_32D   4   Waited too long - to get test (i.e. in-office waiting)
ACCC_32E   5   Service not available - at time required
ACCC_32F   6   Service not available - in the area
ACCC_32G   7   Transportation - problems
ACCC_32H   8   Language - problem
ACCC_32I   9   Cost
ACCC_32J   10   General deterioration of health
ACCC_32K   11   Did not know where to go (i.e. information problems)
ACCC_32L   12   Still waiting for test
ACCC_32M   13   Unable to leave the house because of a health problem
ACCC_32N   14   Other - Specify
DK, R

ACC_C32S   If ACC_Q32 <> 14, go to ACC_ QINT40.
Otherwise, go to ACC_Q32S.

ACC_Q32S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

ACC_QINT40   **Now I'd like you to think about yourself <u>and family members living in your dwelling</u>. The next questions are about your experiences getting health information or advice when you needed them for yourself or a family member living in your dwelling.**
INTERVIEWER: Press <Enter> to continue.

ACC_Q40
ACCC_40

In the past 12 months, have you required health information or advice for yourself or a family member?

1   Yes
2   No   (Go to ACC_QINT50)
    DK, R   (Go to ACC_QINT50)

ACC_Q40A

Who did you contact when you needed health information or advice for yourself or a family member?
INTERVIEWER: Read categories to respondent. Mark all that apply.

ACCC_40A   1   **Doctor's office**
ACCC_40B   2   **Community health centre / CLSC**
ACCC_40C   3   **Walk-in clinic**
ACCC_40D   4   **Telephone health line (e.g., HealthLinks, Telehealth Ontario, HealthLink, Health-Line, TeleCare, Info-Santé)**
ACCC_40E   5   **Hospital emergency room**
ACCC_40F   6   **Other hospital service**
ACCC_40G   7   Other - Specify

ACC_C40AS   If ACC_Q40A <> 7, go to ACC_ Q41.
    Otherwise, go to ACC_Q40AS.

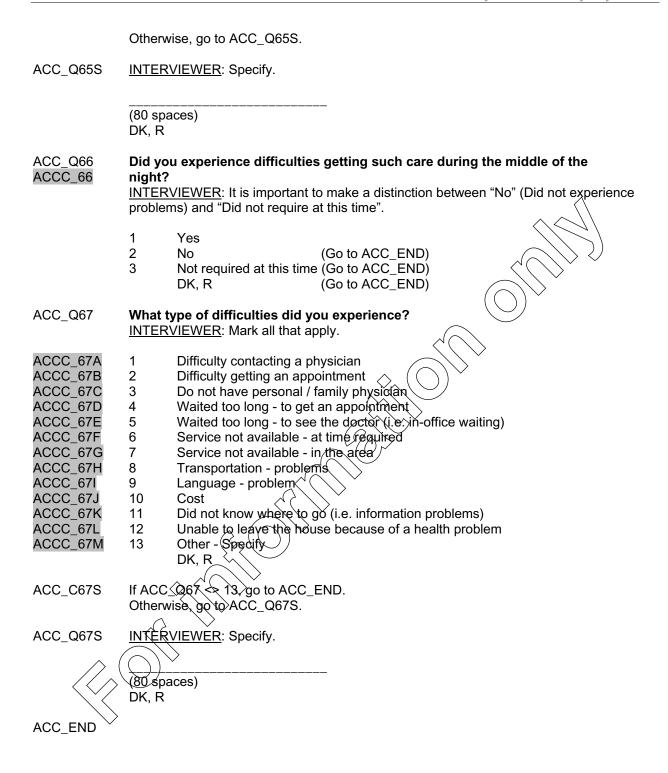ACC_Q40AS   INTERVIEWER: Specify.

    _____
    (80 spaces)
    DK, R

ACC_Q41
ACCC_41

In the past 12 months, did you ever experience any difficulties getting the health information or advice you needed for yourself or a family member?

1   Yes
2   No   (Go to ACC_QINT50)
    DK, R   (Go to ACC_QINT50)

ACC_Q42
ACCC_42

Did you experience difficulties during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1   Yes
2   No   (Go to ACC_Q44)
3   Not required at this time   (Go to ACC_Q44)
    DK, R   (Go to ACC_Q44)

ACC_Q43		**What type of difficulties did you experience?**
		INTERVIEWER: Mark all that apply.

ACCC_43A	1	Difficulty contacting a physician or nurse
ACCC_43B	2	Did not have a phone number
ACCC_43C	3	Could not get through (i.e. no answer)
ACCC_43D	4	Waited too long to speak to someone
ACCC_43E	5	Did not get adequate info or advice
ACCC_43F	6	Language - problem
ACCC_43G	7	Did not know where to go / call / uninformed
ACCC_43H	8	Unable to leave the house because of a health problem
ACCC_43I	9	Other - Specify
		DK, R

ACC_C43S   If ACC_Q43 <> 9, go to ACC_Q44.
Otherwise, go to ACC_Q43S.

ACC_Q43S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

ACC_Q44   **Did you experience difficulties getting health information or advice during**
ACCC_44   **evenings and weekends (that is, 5:00 to 9:00 pm Monday to Friday, or 9:00 am to**
5:00 pm, Saturdays and Sundays)?
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1	Yes	
2	No	(Go to ACC_Q46)
3	Not required at this time	(Go to ACC_Q46)
	DK, R	(Go to ACC_Q46)

ACC_Q45   **What type of difficulties did you experience?**
INTERVIEWER: Mark all that apply.

ACCC_45A	1	Difficulty contacting a physician or nurse
ACCC_45B	2	Did not have a phone number
ACCC_45C	3	Could not get through (i.e. no answer)
ACCC_45D	4	Waited too long to speak to someone
ACCC_45E	5	Did not get adequate info or advice
ACCC_45F	6	Language - problem
ACCC_45G	7	Did not know where to go / call / uninformed
ACCC_45H	8	Unable to leave the house because of a health problem
ACCC_45I	9	Other - Specify
		DK, R

ACC_C45S   If ACC_Q45 <> 9, go to ACC_Q46.
Otherwise, go to ACC_Q45S.

ACC_Q45S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

ACC_Q46
ACCC_46
Did you experience difficulties getting health information or advice during the middle of the night?
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1   Yes
2   No   (Go to ACC_QINT50)
3   Not required at this time (Go to ACC_QINT50)
       DK, R   (Go to ACC_QINT50)

ACC_Q47
What type of difficulties did you experience?
INTERVIEWER: Mark all that apply.

ACCC_47A   1   Difficulty contacting a physician or nurse
ACCC_47B   2   Did not have a phone number
ACCC_47C   3   Could not get through (i.e. no answer)
ACCC_47D   4   Waited too long to speak to someone
ACCC_47E   5   Did not get adequate info or advice
ACCC_47F   6   Language - problem
ACCC_47G   7   Did not know where to go / call / uninformed
ACCC_47H   8   Unable to leave the house because of a health problem
ACCC_47I   9   Other - Specify
                    DK, R

ACC_C47S
If ACC_Q47 <> 9, go to ACC_QINT50.
Otherwise, go to ACC_Q47S.

ACC_Q47S
INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

ACC_QINT50
Now some questions about your experiences when you needed health care services for routine or on-going care such as a medical exam or follow-up for yourself or a family member living in your dwelling.
INTERVIEWER: Press <Enter> to continue.

ACC_Q50A
ACCC_50A
Do you have a regular family doctor?

1   Yes
2   No
       DK, R

ACC_Q50
ACCC_50
In the past 12 months, did you require any routine or on-going care for yourself or a family member?

1   Yes
2   No   (Go to ACC_QINT60)
       DK, R   (Go to ACC_QINT60)

ACC_Q51
ACCC_51

In the past 12 months, did you ever experience any difficulties getting the routine or on-going care you or a family member needed?

1   Yes
2   No   (Go to ACC_QINT60)
        DK, R   (Go to ACC_QINT60)

ACC_Q52
ACCC_52

Did you experience difficulties getting such care during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1   Yes
2   No   (Go to ACC_Q54)
3   Not required at this time (Go to ACC_Q54)
        DK, R   (Go to ACC_Q54)

ACC_Q53

What type of difficulties did you experience?
INTERVIEWER: Mark all that apply.

ACCC_53A   1   Difficulty contacting a physician
ACCC_53B   2   Difficulty getting an appointment
ACCC_53C   3   Do not have personal / family physician
ACCC_53D   4   Waited too long - to get an appointment
ACCC_53E   5   Waited too long - to see the doctor (i.e. in-office waiting)
ACCC_53F   6   Service not available - at time required
ACCC_53G   7   Service not available - in the area
ACCC_53H   8   Transportation - problems
ACCC_53I   9   Language - problem
ACCC_53J   10   Cost
ACCC_53K   11   Did not know where to go (i.e. information problems)
ACCC_53L   12   Unable to leave the house because of a health problem
ACCC_53M   13   Other - Specify
                 DK, R

ACC_C53S   If ACC_Q53 <> 13, go to ACC_Q54.
            Otherwise, go to ACC_Q53S.

ACC_Q53S   INTERVIEWER: Specify.

            _____
            (80) spaces)
            DK, R

ACC_Q54
ACCC_54

Did you experience difficulties getting such care during evenings and weekends that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1   Yes
2   No   (Go to ACC_QINT60)
3   Not required at this time (Go to ACC_QINT60)
        DK, R   (Go to ACC_QINT60)

ACC_Q55	**What type of difficulties did you experience?**
	INTERVIEWER: Mark all that apply.

ACCC_55A	1	Difficulty contacting a physician
ACCC_55B	2	Difficulty getting an appointment
ACCC_55C	3	Do not have personal / family physician
ACCC_55D	4	Waited too long - to get an appointment
ACCC_55E	5	Waited too long - to see the doctor (i.e. in-office waiting)
ACCC_55F	6	Service not available - at time required
ACCC_55G	7	Service not available - in the area
ACCC_55H	8	Transportation - problems
ACCC_55I	9	Language - problem
ACCC_55J	10	Cost
ACCC_55K	11	Did not know where to go (i.e. information problems)
ACCC_55L	12	Unable to leave the house because of a health problem
ACCC_55M	13	Other - Specify
		DK, R

ACC_C55S	If ACC_Q55 <> 13, go to ACC_QINT60.
	Otherwise, go to ACC_Q55S.

ACC_Q55S	INTERVIEWER: Specify.
	_____
	(80 spaces)
	DK, R

ACC_QINT60	**The next questions are about situations when you or a family member have needed immediate care for a minor health problem such as fever, headache, a sprained ankle, vomiting or an unexplained rash.**
	INTERVIEWER: Press <Enter> to continue.

ACC_Q60	**In the past 12 months, have you or a family member required immediate health**
ACCC_60	**care services for a minor health problem?**
	1 Yes
	2 No (Go to ACC_END)
	DK, R (Go to ACC_END)

ACC_Q61	**In the past 12 months, did you ever experience any difficulties getting the**
ACCC_61	**immediate care needed for a minor health problem for yourself or a family member?**
	1 Yes
	2 No (Go to ACC_END)
	DK, R (Go to ACC_END)

ACC_Q62	**Did you experience difficulties getting such care during "regular" office hours**
ACCC_62	**(that is, 9:00 am to 5:00 pm, Monday to Friday)?**
	INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".
	1 Yes
	2 No (Go to ACC_Q64)
	3 Not required at this time (Go to ACC_Q64)
	DK, R (Go to ACC_Q64)

ACC_Q63	**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

ACCC_63A	1	Difficulty contacting a physician
ACCC_63B	2	Difficulty getting an appointment
ACCC_63C	3	Do not have personal / family physician
ACCC_63D	4	Waited too long - to get an appointment
ACCC_63E	5	Waited too long - to see the doctor (i.e. in-office waiting)
ACCC_63F	6	Service not available - at time required
ACCC_63G	7	Service not available - in the area
ACCC_63H	8	Transportation - problems
ACCC_63I	9	Language - problem
ACCC_63J	10	Cost
ACCC_63K	11	Did not know where to go (i.e. information problems)
ACCC_63L	12	Unable to leave the house because of a health problem
ACCC_63M	13	Other - Specify
		DK, R

ACC_C63S   If ACC_Q63 <> 13, go to ACC_Q64.
Otherwise, go to ACC_Q63S.

ACC_Q63S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

ACC_Q64   **Did you experience difficulties getting such care during evenings and weekends**
ACCC_64   **(that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturda**ys **and**
Sundays)?
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1	Yes	
2	No	(Go to ACC_Q66)
3	Not required at this time	(Go to ACC_Q66)
	DK, R	(Go to ACC_Q66)

ACC_Q65   **What type of difficulties did you experience?**
INTERVIEWER: Mark all that apply.

ACCC_65A	1	Difficulty contacting a physician
ACCC_65B	2	Difficulty getting an appointment
ACCC_65C	3	Do not have personal / family physician
ACCC_65D	4	Waited too long - to get an appointment
ACCC_65E	5	Waited too long - to see the doctor (i.e. in-office waiting)
ACCC_65F	6	Service not available - at time required
ACCC_65G	7	Service not available - in the area
ACCC_65H	8	Transportation - problems
ACCC_65I	9	Language - problem
ACCC_65J	10	Cost
ACCC_65K	11	Did not know where to go (i.e. information problems)
ACCC_65L	12	Unable to leave the house because of a health problem
ACCC_65M	13	Other - Specify
		DK, R

ACC_C65S   If ACC_Q65 <> 13, go to ACC_Q66.

Otherwise, go to ACC_Q65S.

ACC_Q65S   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

ACC_Q66   **Did you experience difficulties getting such care during the middle of the**
ACCC_66   **night?**
<u>INTERVIEWER</u>: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

    1   Yes
    2   No   (Go to ACC_END)
    3   Not required at this time (Go to ACC_END)
          DK, R   (Go to ACC_END)

ACC_Q67   **What type of difficulties did you experience?**
<u>INTERVIEWER</u>: Mark all that apply.

ACCC_67A   1   Difficulty contacting a physician
ACCC_67B   2   Difficulty getting an appointment
ACCC_67C   3   Do not have personal / family physician
ACCC_67D   4   Waited too long - to get an appointment
ACCC_67E   5   Waited too long - to see the doctor (i.e. in-office waiting)
ACCC_67F   6   Service not available - at time required
ACCC_67G   7   Service not available - in the area
ACCC_67H   8   Transportation - problems
ACCC_67I   9   Language - problem
ACCC_67J   10   Cost
ACCC_67K   11   Did not know where to go (i.e. information problems)
ACCC_67L   12   Unable to leave the house because of a health problem
ACCC_67M   13   Other - Specify
          DK, R

ACC_C67S   If ACC_Q67 <> 13, go to ACC_END.
Otherwise, go to ACC_Q67S.

ACC_Q67S   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

ACC_END

SOCIO-DEMOGRAPHIC CHARACTERISTICS

SDE_C1   If (do SDE block = 2), go to SDE_END.
SDCCFDO   Otherwise, go to SDE_QINT.

SDE_QINT   **Now some general background questions which will help us compare the health of
               people in Canada.**
               INTERVIEWER: Press <Enter> to continue.

SDE_Q1   **In what country [were/was] [you/he/she] born?**
SDCC_1

               1   Canada   (Go to SDE_Q4)   11   Jamaica
               2   China   12   Netherlands / Holland
               3   France   13   Philippines
               4   Germany   14   Poland
               5   Greece   15   Portugal
               6   Guyana   16   United Kingdom
               7   Hong Kong   17   United States
               8   Hungary   18   Viet Nam
               9   India   19   Sri Lanka
               10   Italy   20   Other - Specify
                    DK, R   (Go to SDE_Q4)

SDE_C1S   If SDE_Q1 <> 20, go to SDE_Q2.
               Otherwise, go to SDE_Q1S.

SDE_Q1S   INTERVIEWER: Specify.

               _____
               (80 spaces)
               DK, R

SDE_Q2   **[Were/Was] [you/he/she] born a Canadian citizen?**
SDCC_2

               1   Yes   (Go to SDE_Q4)
               2   No
                    DK, R   (Go to SDE_Q4)

SDE_Q3   **In what year did [you/he/she] first come to Canada to live?**
SDCC_3   INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

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

SDE_E3   If SDE_Q3 >= year of birth or SDE_Q3 <= current year, go to SDE_Q4.
               Otherwise, show pop-up edit as follows.

               Year must be between Year of Birth and Current Year.

SDE_Q4 **To which ethnic or cultural group(s) did [your/FNAME's] <u>ancestors</u> belong? (For example: French, Scottish, Chinese, East Indian)**
<u>INTERVIEWER</u>: Mark all that apply.
If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian.

SDCC_4A	1	Canadian	SDCC_4L	12	Polish
SDCC_4B	2	French	SDCC_4M	13	Portuguese
SDCC_4C	3	English	SDCC_4N	14	South Asian (e.g., East Indian,
SDCC_4D	4	German			Pakistani, Sri Lankan)
SDCC_4E	5	Scottish	SDCC_4T	15	Norwegian
SDCC_4F	6	Irish	SDCC_4U	16	Welsh
SDCC_4G	7	Italian	SDCC_4V	17	Swedish
SDCC_4H	8	Ukrainian	SDCC_4W	18	Aboriginal (North
					American Indian, Métis, Inuit)
SDCC_4I	9	Dutch (Netherlands)			
SDCC_4J	10	Chinese	SDCC_4S	19	Other – Specify
SDCC_4K	11	Jewish			DK, R

SDE_C4S If SDE_Q4 <> 19, go to SDE_Q5.
Otherwise, go to SDE_Q4S.

SDE_Q4S <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

SDE_Q5 **In what languages can [you/he/she] conduct a conversation?**
<u>INTERVIEWER</u>: Mark all that apply.

SDCC_5A	1	English	SDCC_5M	13	Portuguese
SDCC_5B	2	French	SDCC_5N	14	Punjabi
SDCC_5C	3	Arabic	SDCC_5O	15	Spanish
SDCC_5D	4	Chinese	SDCC_5P	16	Tagalog (Pilipino)
SDCC_5E	5	Cree	SDCC_5Q	17	Ukrainian
SDCC_5F	6	German	SDCC_5R	18	Vietnamese
SDCC_5G	7	Greek	SDCC_5T	19	Dutch
SDCC_5H	8	Hungarian	SDCC_5U	20	Hindi
SDCC_5I	9	Italian	SDCC_5V	21	Russian
SDCC_5J	10	Korean	SDCC_5W	22	Tamil
SDCC_5K	11	Persian (Farsi)	SDCC_5S	23	Other – Specify
SDCC_5L	12	Polish			DK, R

SDE_C5S   If SDE_Q5 <> 23, go to SDE_Q5A.
Otherwise, go to SDE_Q5S.

SDE_Q5S   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

SDE_Q5A **What language [do/does] [you/he/she] speak most often at home?**
SDCC_5AA

1	English	13	Portuguese
2	French	14	Punjabi
3	Arabic	15	Spanish
4	Chinese	16	Tagalog (Pilipino)
5	Cree	17	Ukrainian
6	German	18	Vietnamese
7	Greek	19	Dutch
8	Hungarian	20	Hindi
9	Italian	21	Russian
10	Korean	22	Tamil
11	Persian (Farsi)	23	Other - Specify
12	Polish		DK, R

SDE_C5AS   If SDE_Q5A <> 23, go to SDE_Q6.
Otherwise, go to SDE_Q5AS.

SDE_Q5AS   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

SDE_Q6 **What is the language that [you/FNAME] first learned at home in childhood and can still understand?**
<u>INTERVIEWER</u>: Mark all that apply.
If person can no longer understand the first language learned, mark the second.

SDCC_6A	1	English	SDCC_6M	13	Portuguese
SDCC_6B	2	French	SDCC_6N	14	Punjabi
SDCC_6C	3	Arabic	SDCC_6O	15	Spanish
SDCC_6D	4	Chinese	SDCC_6P	16	Tagalog (Pilipino)
SDCC_6E	5	Cree	SDCC_6Q	17	Ukrainian
SDCC_6F	6	German	SDCC_6R	18	Vietnamese
SDCC_6G	7	Greek	SDCC_6T	19	Dutch
SDCC_6H	8	Hungarian	SDCC_6U	20	Hindi
SDCC_6I	9	Italian	SDCC_6V	21	Russian
SDCC_6J	10	Korean	SDCC_6W	22	Tamil
SDCC_6K	11	Persian (Farsi)	SDCC_6S	23	Other – Specify
SDCC_6L	12	Polish			DK, R

SDE_C6S	If SDE_Q6 <> 23, go to SDE_Q7. Otherwise, go to SDE_Q6S.	

SDE_Q6S	<u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

SDE_Q7 **People living in Canada come from many different cultural and racial backgrounds. [Are/Is] [you/he/she]:**
<u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

SDCC_7A	1	**…White?**
SDCC_7B	2	**…Chinese?**
SDCC_7C	3	**…South Asian (e.g., East Indian, Pakistani, Sri Lankan)?**
SDCC_7D	4	**…Black?**
SDCC_7E	5	**…Filipino?**
SDCC_7F	6	**…Latin American?**
SDCC_7G	7	**…Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)?**
SDCC_7H	8	**…Arab?**
SDCC_7I	9	**…West Asian (e.g., Afghan, Iranian)?**
SDCC_7J	10	**…Japanese?**
SDCC_7K	11	**…Korean?**
SDCC_7L	12	**…Aboriginal (North American Indian, Métis or Inuit)?**
SDCC_7M	13	Other - Specify
		DK, R

SDE_C7S If SDE_Q7 <> 13, go to SDE_C7A.
Otherwise, go to SDE_Q7S.

SDE_Q7S <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

SDE_C7A If proxy interview or age < 18, go to SDE_Q8.
Otherwise, go to SDE_Q7A.

SDE_Q7A **Do you consider yourself to be:**
SDCC_7AA <u>INTERVIEWER</u>: Read categories to respondent.

1	**… heterosexual? (sexual relations with people of the opposite sex)**
2	**… homosexual, that is lesbian or gay? (sexual relations with people of your own sex)**
3	**… bisexual? (sexual relations with people of both sexes)**
	DK, R

SDE_Q8 **[Are/Is] [you/he/she] currently attending a school, college or university?**
SDCC_8

1	Yes	
2	No	(Go to SDE_C10)
	DK, R	(Go to SDE_C10)

SDE_Q9 **[Are/Is] [you/he/she] enrolled as a full-time student or a part-time student?**

SDCC_9

	1	Full-time
	2	Part-time
		DK, R

SDE_C10   If age < 65, go to SDE_C13.
           Otherwise, go to SDE_Q10.

SDE_Q10   **[Have/Has] [you/he/she] ever had any wartime service (WWI, WWII, Korea) in the**
SDCC_10   **military forces of Canada or its allies?**
           INTERVIEWER: Exclude civilian service such as the merchant marine and the Red
           Cross. Include military service in the forces of Newfoundland before 1949.

           1   Yes
           2   No   (Go to SDE_C13)
                DK, R   (Go to SDE_END)

SDE_Q11   **Was this service for:**
           INTERVIEWER: Read categories to respondent. Mark all that apply.

SDCC_11A   1   **… Canada?**
SDCC_11B   2   **… its allies?**
                DK, R   (Go to SDE_C13)

SDE_Q12   **Did [you/he/she] serve in Canada or overseas?**
           INTERVIEWER: Mark all that apply.

SDCC_12A   1   Canada
SDCC_12B   2   Overseas
                DK, R

SDE_C13   If age < 18 or SDE_Q10 = 1, go to SDE_END.
           Otherwise, go to SDE_Q13.

SDE_Q13   **Not counting current service, [have/has] [you/he/she] ever had any peacetime**
SDCC_13   **service in the military forces of Canada?**
           INTERVIEWER: Include past service in the regular and primary reserve forces and in the
           forces of Newfoundland before 1949.

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

SDE_Q14   **Was this service in the:**
           INTERVIEWER: Read categories to respondent. Mark all that apply.

SDCC_14A   1   **… regular forces?**
SDCC_14B   2   **… primary reserves?**
SDCC_14C   3   **… special duty area (e.g., Persian Gulf, Cyprus, Balkans)?**
                DK, R

SDE_END

LABOUR FORCE

LBF_C01   If (do LBF block) = 2, go to LBF_END.
LBFCFDO   Otherwise, go to LBF_C02.

LBF_C02   If age < 15 or age > 75, go to LBF_END.
               Otherwise, go to LBF_QINT.

LBF_QINT   **The next few questions concern [your/FNAME's] activities in the last 7 days. By the
               last 7 days, I mean beginning [date one week ago], and ending [date yesterday].**
               <u>INTERVIEWER</u>: Press <Enter> to continue.

<u>Job Attachment</u>

LBF_Q01   **Last week, did [you/FNAME] work at a job or a business? Please include part-time
LBFC_01   jobs, seasonal work, contract work, self-employment, baby-sitting and any other
               paid work, regardless of the number of hours worked**.

               1   Yes   (Go to LBF_Q03)
               2   No
               3   Permanently unable to work   (Go to LBF_QINT2)
                       DK, R   (Go to LBF_END)

LBF_E01   If GEN_Q08 = 2 (didn't work any time in past 12 months) and LBF_Q01 = 1, show pop-up
               edit as follows:

               **A response inconsistent with a response to a previous question has been entered.
               Please confirm.**

LBF_Q02   **Last week, did [you/FNAME] have a job or business from which [you/he/she]
LBFC_02   [were/was] absent?**

               1   Yes
               2   No   (Go to LBF_Q11)
                       DK, R   (Go to LBF_END)

LBF_Q03   **Did [you/he/she] have more than one job or business last week?**
LBFC_03
               1   Yes
               2   No
                       DK, R

               Go to LBF_C31

Job Search – Last 4 Weeks

LBF_Q11 LBFC_11	**In the past 4 weeks, did [you/FNAME] do anything to find work?**

	1	Yes	(Go to LBF_QINT2)
	2	No	
		DK, R	(Go to LBF_QINT2)

LBF_Q13 LBFC_13	**What is the main reason that [you/he/she] [are/is] not currently working at a job or business?**

	1	Own illness or disability
	2	Caring for - own children
	3	Caring for - elder relatives
	4	Pregnancy (Females only)
	5	Other personal or family responsibilities
	6	Vacation
	7	School or educational leave
	8	Retired
	9	Believes no work available (in area or suited to skills)
	10	Other - Specify
		DK, R

LBF_C13S   If LBF_Q13 <> 10, go to LBF_C13.
            Otherwise, go to LBF_Q13S.

LBF_Q13S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

LBF_C13   If LBF_Q13 = 4, go to LBF_E13.
            Otherwise, go to LBF_C13A.

LBF_E13   If Sex = male and LBF_Q13 = 4 (Pregnancy), show pop-up edit as follows.

            A response of "Pregnancy" is invalid for a male respondent. Please return and correct.

LBF_C13A   If LBF_Q13 = 1 (Own illness or disability), go to LBF_Q13A.
            Otherwise, go to LBF_QINT2.

LBF_Q13A LBFC_13A	**Is this due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason?**

	1	Physical health
	2	Emotional or mental health (including stress)
	3	Use of alcohol or drugs
	4	Another reason
		DK, R

<u>Past Job Attachment</u>

LBF_QINT2   **Now some questions about jobs or employment which [you/FNAME] [have/has] had during the past 12 months, that is, from [date one year ago] to yesterday**.
<u>INTERVIEWER</u>: Press <Enter> to continue.

LBF_Q21   **Did [you/he/she] work at a job or a business at any time in the past 12 months?**
LBFC_21   **Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked**.

           1   Yes   (Go to LBF_Q23)
           2   No
                DK, R

LBF_E21   If GEN_Q08 = 2 (didn't work any time in past 12 months) and LBF_Q21 = 1 or GEN_Q08 = 1 (worked in past 12 months) and LBF_Q21 = 2, show pop-up edit as follows:

                A response inconsistent with a response to a previous question has been entered. Please confirm.

LBF_C22   If LBF_Q11 = 1, go to LBF_Q71.
                Otherwise, go to LBF_Q22.

LBF_Q22   **During the past 12 months, did [you/he/she] do anything to find work?**
LBFC_22

           1   Yes   (Go to LBF_Q71)
           2   No   (Go to LBF_END)
                DK, R   (Go to LBF_END)

LBF_Q23   **During that 12 months, did [you/he/she] work at more than one job or business**
LBFC_23   **at the same time?**

           1   Yes
           2   No
                 DK, R

<u>Occupation, Smoking Restrictions at Work</u>

LBF_C31   If LBF_Q01 = 1 or LBF_Q02 = 1, then the following questions will be asked about the current job. Otherwise, they will be asked about the most recent job.

LBF_QINT3   **The next questions are about [your/FNAME's] [current/most recent] job or business**.

                (If person currently holds more than one job or if the last time he/she worked it was at more than one job:
                [INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.])
                <u>INTERVIEWER</u>: Press <Enter> to continue.

LBF_Q31 LBFC_31	**[Are/Is/Were/Was] [you/he/she] an employee or self-employed**?

1   Employee   (Go to LBF_Q33)
2   Self-employed
3   Working in a family business without pay (Go to LBF_Q33)
       DK, R   (Go to LBF_Q33)

LBF_Q32 LBFCF32	**What [is/was] the name of [your/his/her] business**?

_____
(50 spaces)
DK, R

Go to LBF_Q34

LBF_Q33 LBFCF33	**For whom [do/does/did] [you/he/she] [currently/last] work? (For example: name of business, government department or agency, or person)**

_____
(50 spaces)
DK, R

LBF_Q34 LBFCF34	**What kind of business, industry or service [is/was] this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)**

_____
(50 spaces)
DK, R

LBF_Q35 LBFCF35 LBFCF35S	**What kind of work [are/is/were/was] [you/he/she] doing? (For example: babysitting in own home, factory worker, forestry technician)**

_____
(50 spaces)
DK, R

Note:	Use trigram search.

LBF_D35 LBFCCNIC LBFCCSOC	SIC CODE (4 bytes)

Note:	Store SOC Code associated with LBF_Q35

LBF_C35	If LBF_D35 = 1 OR LBF_D35 = 2 (OtherSpec), go to LBF_S35. Otherwise, go to LBF_Q36.

LBF_S35	<u>INTERVIEWER</u>: Specify (kind of work)

_____
(50 spaces)
DK, R

LBF_Q36
LBFCF36
What [are/were] [your/his/her] most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)

_____
(50 spaces)
DK, R

LBF_Q37
ETSC_7
At [your/his/her] place of work, what [are/were] the restrictions on smoking?
INTERVIEWER: Read categories to respondent.

1 **Restricted completely**
2 **Allowed in designated areas**
3 **Restricted only in certain places**
4 **Not restricted at all**
   DK, R

Absence / Hours

LBF_C41   If LBF_Q02 = 1, go to LBF_Q41.
              Otherwise, go to LBF_Q42.

LBF_Q41
LBFC_41
What was the main reason [you/FNAME] [were/was] absent from work last week?

1 Own illness or disability
2 Caring for - own children
3 Caring for - elder relatives
4 Maternity leave (Females only)
5 Other personal or family responsibilities
6 Vacation
7 Labour dispute (strike or lockout)
8 Temporary layoff due to business conditions (Employees only)
9 Seasonal layoff (Employees only)
10 Casual job, no work available (Employees only)
11 Work schedule (e.g., shift work) (Employees only)
12 Self-employed, no work available (Self-employed only)
13 Seasonal business (Excluding employees)
14 School or educational leave
15 Other - Specify
   DK, R

LBF_C41S   If LBF_Q41 <> 15, go to LBF_C41A.
              Otherwise, go to LBF_Q41S.

LBF_Q41S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

LBF_C41A   If LBF_Q41 = 4, go to LBF_E41A.
              Otherwise, go to LBF_E41B.

LBF_E41A   If Sex = male and LBF_Q13 = 4 (Maternity Leave), show pop-up edit as follows.

A response of "Maternity Leave" is invalid for a male respondent. Please return and correct.

Go to LBF_C41A_1

LBF_E41B   If LBF_Q31 = 1 (employee) and LBF_Q41 = 12 or 13, show pop-up edit as follows.
Otherwise, go to LBF_E41C.

A response of "Self-employed, no work available" or "Seasonal Business" is invalid for an employee. Please return and correct.

Go to LBF_C41A_1

LBF_E41C   If LBF_Q31 = 2 (self-employed) and LBF_Q41 = 8, 9, 10 or 11, show pop-up edit as follows.
Otherwise, go to LBF_E41D.

A response of "Temporary layoff due to business conditions", "Seasonal layoff", "Casual job, no work available" or "Work schedule" is invalid for a self-employed person. Please return and correct.

Go to LBF_C41A_1

LBF_E41D   If LBF_Q31 = 3 (family business) and LBF_Q41 = 8, 9, 10, 11 or 12, show pop-up edit as follows.
Otherwise, go to LBF_C41A_1.

A response of "Temporary layoff due to business conditions", "Seasonal layoff", "Casual job, no work available", "Work schedule" or "Self-employed, no work available" is invalid for a person working in a family business without pay. Please return and correct.

LBF_C41A_1 If LBF_Q41 = 1 (Own illness or disability), ask LBF_Q41A.
Otherwise, go to LBF_Q42.

LBF_Q41A   **Was that due to [your/his/her] physical health, to [your/his/her] emotional or mental**
LBFC_41A   **health, to [your/his/her] use of alcohol or drugs, or to another reason?**

1   Physical health
2   Emotional or mental health (including stress)
3   Use of alcohol or drugs
4   Another reason
           DK, R

LBF_Q42   **About how many hours a week [do/does/did] [you/FNAME] usually work at**
LBFC_42   **[your/his/her] [job/business]? If [you/FNAME] usually [work/works/worked] extra**
            hours, paid or unpaid, please include these hours.

|_|_|_| Hours
(MIN: 1) (MAX: 168; warning after 84)
DK, R

LBF_Q44 LBFC_44	**Which of the following best describes the hours [you/FNAME] usually [work/works/ worked] at [your/his/her] [job/business]?** INTERVIEWER: Read categories to respondent.

	1	**Regular - daytime schedule or shift**	(Go to LBF_Q46)
	2	**Regular - evening shift**	
	3	**Regular - night shift**	
	4	**Rotating shift (change from days to evenings to nights)**	
	5	**Split shift**	
	6	**On call**	
	7	**Irregular schedule**	
	8	Other **-** Specify	
		DK, R	(Go to LBF_Q46)

LBF_C44S	If LBF_Q44 <> 8, go to LBF_Q45. Otherwise, go to LBF_Q44S.

LBF_Q44S	INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

LBF_Q45 LBFC_45	**What is the main reason that [you/he/she] [work/works/worked] this schedule?**

	1	Requirement of job / no choice
	2	Going to school
	3	Caring for - own children
	4	Caring for - other relatives
	5	To earn more money
	6	Likes to work this schedule
	7	Other - Specify
		DK, R

LBF_C45S	If LBF_Q45 <> 7, go to LBF_Q46. Otherwise, go to LBF_Q45S.

LBF_Q45S	INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

LBF_Q46 LBFC_46	**[Do/Does/Did] [you/he/she] usually work on weekends at this [job/business]?**

	1	Yes
	2	No
		DK, R

Other Job

LBF_C51   If LBF_Q03=1 or LBF_Q23=1, go to LBF_Q51.
           Otherwise, go to LBF_Q61.

LBF_Q51   **You indicated that [you/FNAME] [have/has/had] more than one job. For how many**
LBFC_51   **weeks in a row [have/has/did] [you/he/she] [worked/work] at more than one job [([in**
           the past 12 months])]?
           INTERVIEWER: Obtain best estimate.

           |_|_| Weeks
           (MIN: 1) (MAX: 52)
           DK, R

LBF_Q52   **What is the main reason that [you/he/she] [work/works/worked] at more than one**
LBFC_52   **job?**

           1   To meet regular household expenses
           2   To pay off debts
           3   To buy something special
           4   To save for the future
           5   To gain experience
           6   To build up a business
           7   Enjoys the work of the second job
           8   Other - Specify
                   DK, R

LBF_C52S   If LBF_Q52 <> 8, go to LBF_Q53.
           Otherwise, go to LBF_Q52S.

LBF_Q52S   INTERVIEWER: Specify.

           _____
           (80 spaces)
           DK, R

LBF_Q53   **About how many hours a week [do/does/did] [you/he/she] usually work at [your/**
LBFC_53   **his/her] other job(s)? If [you/he/she] usually [work/works/worked] extra hours, paid**
           or unpaid, please include these hours.
           INTERVIEWER: Minimum is 1; maximum is [168 - LBF_Q42].

           |_|_|_| Hours
           (MIN: 1) (MAX: 168 - LBF_Q42; warning after 30)
           DK, R

Note: If LBF_Q42 = 168, then maximum = 1. If LBF_Q42 = DK or R, then maximum = 168.

LBF_Q54   **[Do/Does/Did] [you/he/she] usually work on weekends at [your/his/her] other**
LBFC_54   **job(s)?**

           1   Yes
           2   No
                   DK, R

<u>Weeks Worked</u>

LBF_Q61	**During the past 52 weeks, how many weeks did [you/FNAME] do any work at a job**
LBFC_61	**or a business? (Include paid vacation leave, paid maternity leave, and paid sick leave.)**

|_|_| Weeks
(MIN: 1) (MAX: 52)
DK, R

<u>Looking For Work</u>

LBF_C71   If LBF_Q61 = 52, go to LBF_END.
If LBF_Q61 = 51, go to LBF_Q71A.
If LBF_Q61 was answered, use the second wording.
Otherwise, use the first wording.

LBF_Q71	**During the past 52 weeks, how many weeks [were/was] [you/he/she] looking for**
LBFC_71	**work?**

That leaves [52 - LBF_Q61] weeks. During those [52 - LBF_Q61] weeks, how many weeks [were/was] [you/he/she] looking for work?
<u>INTERVIEWER</u>: Minimum is 0; maximum is [52 - LBF_Q61].

|_|_| Weeks
(MIN: 0) (MAX: 52 - LBF_Q61)
DK, R

Go to LBF_C72

Note: If LBF_Q61 = DK or R, max of LBF_Q71 = 52.

LBF_Q71A	**That leaves 1 week. During that week, did [you/he/she] look for work?**
LBFC_71A	

1   Yes   (make LBF_Q71 = 1)
2   No   (make LBF_Q71 = 0)
DK, R

LBF_C72   If either LBF_Q61 or LBF_Q71 are non-response, go to LBF_END.
If the total number of weeks reported in LBF_Q61 and LBF_Q71 = 52, go to LBF_END.
If LBF_Q61 and LBF_Q71 were answered, [WEEKS] = [52 - (LBF_Q61 + LBF_Q71)].
If LBF_Q61 was not answered, [WEEKS] = (52 - LBF_Q71).

LBF_Q72	**That leaves [WEEKS] week[s] during which [you/he/she] [were/was] neither**
LBFC_72	**working nor looking for work. Is that correct?**

1   Yes   (Go to LBF_C73)
2   No
DK, R   (Go to LBF_C73)

LBF_E72   **You have indicated that [you/he/she] worked for [LBF_Q61] week[s] and that [you/he/she] [were/was] looking for work for [LBF_Q71] week[s], leaving [WEEKS] week[s] during which [you/he/she] [were/was] neither working nor looking for work. The total number of weeks must add to 52. Please return and correct.**

LBF_C73   If (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q11 = 1), go to LBF_Q73.
                       Otherwise, go to LBF_END.

LBF_Q73   **What is the main reason that [you/he/she] [were/was] not looking for work?**
LBFC_73   <u>INTERVIEWER</u>: If more than one reason, choose the one that explains the most number of weeks.

                1   Own illness or disability
                2   Caring for - own children
                3   Caring for - elder relatives
                4   Pregnancy (Females only)
                5   Other personal or family responsibilities
                6   Vacation
                7   Labour dispute (strike or lockout)
                8   Temporary layoff due to business conditions
                9   Seasonal layoff
                10   Casual job, no work available
                11   Work schedule (e.g., shift work)
                12   School or educational leave
                13   Retired
                14   Believes no work available (in area or suited to skills)
                15   Other – Specify
                        DK, R

LBF_C73S   If LBF_Q73 <> 15, go to LBF_C73A.
                       Otherwise, go to LBF_Q73S.

LBF_Q73S   <u>INTERVIEWER</u>: Specify.

                _____
                (80 spaces)
                DK, R

LBF_C73A   If LBF_Q73 = 4, go to LBF_E73.
                       Otherwise, go to LBF_C73B.

LBF_E73   If Sex = male and LBF_Q13 = 4 (Pregnancy), show pop-up edit as follows.

                A response of "Pregnancy" is invalid for a male respondent. Please return and correct.

LBF_C73B   If LBF_Q73 = 1 (Own illness or disability), ask LBF_Q73A.
                       Otherwise, go to LBF_END.

LBF_Q73A   **Was that due to [your/his/her] physical health, to [your/his/her] emotional or mental**
LBFC_73A   **health, to [your/his/her] use of alcohol or drugs, or to another reason?**

                1   Physical health
                2   Emotional or mental health (including stress)
                3   Use of alcohol or drugs
                4   Another reason
                        DK, R

LBF_END

HOME SAFETY

HMS_C1A
HMSCFDO
If (do HMS block = 2), go to HMS_END.
Otherwise, go to HMS_C1B.

HMS_C1B
If proxy interview, go to HMS_END.
Otherwise, go to HMS_QINT.

HMS_QINT
Now, a few questions about things some people do to make their homes safe.
INTERVIEWER: Press <Enter> to continue.

HMS_Q1
HMSC_1
Is there at least 1 working smoke detector installed in your home?

1   Yes
2   No   (Go to HMS_Q5)
       DK, R   (Go to HMS_END)

HMS_Q2
HMSC_2
Are there smoke detectors installed <u>on every level</u> of your home, including the basement?

1   Yes
2   No
       DK, R

HMS_Q3
HMSC_3
Are the smoke detectors tested each month?

1   Yes
2   No
       DK, R

HMS_Q4
HMSC_4
How often are the batteries changed in your smoke detectors?
INTERVIEWER: Read categories to respondent.

1   **At least every 6 months**
2   **At least every year**
3   **As needed when the low battery warning chirps**
4   **Never**
5   Not applicable (Hard wired)
       DK, R

HMS_Q5
HMSC_5
Is there an escape plan for getting out of your home in case of a fire?

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

HMS_C6
If household size > 1, go to HMS_Q6.
Otherwise, go to HMS_END.

HMS_Q6
HMSC_6

Have the members of your household ever discussed this plan?

1   Yes
2   No
        DK, R

HMS_END

INCOME

INC_C1	If (do INC block = 2), go to INC_END.	
INCCFDO	Otherwise, go to INC_QINT.	

INC_QINT   **Although many health expenses are covered by health insurance, there is still a relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.**
INTERVIEWER: Press <Enter> to continue.

INC_Q1   **Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

INCC_1A	1	**Wages and salaries**
INCC_1B	2	**Income from self-employment**
INCC_1C	3	**Dividends and interest (e.g., on bonds, savings)**
INCC_1D	4	**Employment insurance**
INCC_1E	5	**Worker's compensation**
INCC_1F	6	**Benefits from Canada or Quebec Pension Plan**
INCC_1G	7	**Retirement pensions, superannuation and annuities**
INCC_1H	8	**Old Age Security and Guaranteed Income Supplement**
INCC_1I	9	**Child Tax Benefit**
INCC_1J	10	**Provincial or municipal social assistance or welfare**
INCC_1K	11	**Child support**
INCC_1L	12	**Alimony**
INCC_1M	13	**Other (e.g., rental income, scholarships)**
INCC_1N	14	None (Go to INC_Q3)
		DK, R (Go to INC_END)

INC_E1   If INC_Q1 = 14 (None) and any other response selected in INC_Q1, show pop-up edit as follows.

     You cannot select "None" and another category. Please return and correct.

INC_E2   If (INC_Q1 <> 1 or 2) and (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q21 = 1), show pop-up edit as follows.

     Inconsistent answers have been entered. Please confirm.

INC_C2   If more than one source of income is indicated, go to INC_Q2.
Otherwise, go to INC_Q3. (INC_Q2 will be filled with INC_Q1 during processing.)

INC_Q2 INCC_2	**What was the main source of income?**

1	Wages and salaries
2	Income from self-employment
3	Dividends and interest (e.g., on bonds, savings)
4	Employment insurance
5	Worker's compensation
6	Benefits from Canada or Quebec Pension
7	Retirement pensions, superannuation and annuities
8	Old Age Security and Guaranteed Income Supplement
9	Child Tax Benefit
10	Provincial or municipal social assistance or welfare
11	Child support
12	Alimony
13	Other (e.g., rental income, scholarships)
14	None (category created during processing)
	DK, R

INC_E3   If the response in INC_Q2 was not selected in INC_Q1, show pop-up edit as follows.

The main source of income is not selected as one of the sources of income for all household members. Please return and correct.

INC_Q3
INCC_3   **What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?**

|_|_|_|_|_|_| Income   (Go to INC_C4)
(MIN: 0) (MAX: 500,000; warning after 150,000)
                 0   (Go to INC_END)
                 DK, R   (Go to INC_Q3A)

INC_Q3A
INCC_3A   **Can you estimate in which of the following groups your <u>household</u> income falls? Was the total <u>household</u> income less than $20,000 or $20,000 or more?**

1	Less than $20,000	
2	$20,000 or more	(Go to INC_Q3E)
3	No income	(Go to INC_END)
	DK, R	(Go to INC_END)

INC_Q3B
INCC_3B   **Was the total <u>household</u> income from all sources less than $10,000 or $10,000 or more?**

1	Less than $10,000	
2	$10,000 or more	(Go to INC_Q3D)
	DK, R	(Go to INC_C4)

INC_Q3C
INCC_3C   **Was the total <u>household</u> income from all sources less than $5,000 or $5,000 or more?**

1	Less than $5,000
2	$5,000 or more
	DK, R

Go to INC_C4

INC_Q3D
INCC_3D **Was the total <u>household</u> income from all sources less than $15,000 or $15,000 or more?**

1   Less than $15,000
2      $15,000 or more
      DK, R

Go to INC_C4

INC_Q3E
INCC_3E **Was the total <u>household</u> income from all sources less than $40,000 or $40,000 or more?**

1   Less than $40,000
2      $40,000 or more   (Go to INC_Q3G)
      DK, R   (Go to INC_C4)

INC_Q3F
INCC_3F **Was the total <u>household</u> income from all sources less than $30,000 or $30,000 or more?**

1   Less than $30,000
2      $30,000 or more
      DK, R

Go to INC_C4

INC_Q3G
INCC_3G **Was the total <u>household</u> income from all sources:**
<u>INTERVIEWER</u>: Read categories to respondent.

1   **… less than $50,000?**
2   **… $50,000 to less than $60,000?**
3   **… $60,000 to less than $80,000?**
4   **… $80,000 or more?**
      DK, R

INC_C4 If age >= 15, go to INC_Q4.
Otherwise, go to INC_END.

INC_Q4
INCC_4 **What is your best estimate of [your/FNAME's] total personal income, before taxes and other deductions, from all sources in the past 12 months?**

|_|_|_|_|_| Income   (Go to INC_END)
(MIN: 0) (MAX: 500,000; warning after 150,000)
            0   (Go to INC_END)
            DK, R   (Go to INC_Q4A)

INC_Q4A
INCC_4A **Can you estimate in which of the following groups [your/FNAME's] <u>personal</u> income falls? Was [your/his/her] total <u>personal</u> income less than $20,000 or $20,000 or more?**

1   Less than $20,000
2      $20,000 or more   (Go to INC_Q4E)
3   No income   (Go to INC_END)
      DK, R   (Go to INC_END)

INC_Q4B
INCC_4B

Was [your/his/her] total <u>personal</u> income less than $10,000 or $10,000 or more?

1 Less than $10,000
2 $10,000 or more (Go to INC_Q4D)
 DK, R (Go to INC_END)

INC_Q4C
INCC_4C

Was [your/his/her] total <u>personal</u> income less than $5,000 or $5,000 or more?

1 Less than $5,000
2 $5,000 or more
 DK, R

Go to INC_END

INC_Q4D
INCC_4D

Was [your/his/her] total <u>personal</u> income less than $15,000 or $15,000 or more?

1 Less than $15,000
2 $15,000 or more
 DK, R

Go to INC_END

INC_Q4E
INCC_4E

Was [your/his/her] total <u>personal</u> income less than $40,000 or $40,000 or more?

1 Less than $40,000
2 $40,000 or more (Go to INC_Q4G)
 DK, R (Go to INC_END)

INC_Q4F
INCC_4F

Was [your/his/her] total <u>personal</u> income less than $30,000 or $30,000 or more?

1 Less than $30,000
2 $30,000 or more
 DK, R

Go to INC_END

INC_Q4G
INCC_4G

Was [your/his/her] total personal income:
<u>INTERVIEWER:</u> Read categories to respondent.

1 … **less than $50,000?**
2 … **$50,000 to less than $60,000?**
3 … **$60,000 to less than $80,000?**
4 … **$80,000 or more?**
 DK, R

INC_END

FOOD INSECURITY

FIN_C1   If (do FIN block = 2) go to FIN_END.
FINCFDO   Otherwise, go to FIN_Q1.

FIN_Q1   **In the past 12 months, how often did you or anyone else in your household:**
FINC_1   … **worry that there would not be enough to eat because of a lack of money**?
                <u>INTERVIEWER</u>: Read categories to respondent.

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

FIN_Q2   … **not have enough food to eat because of a lack of money?**
FINC_2

      1   Often
      2   Sometimes
      3   Never
             DK, R

FIN_Q3   … **not eat the quality or variety of foods that you wanted to eat because of a lack**
FINC_3   **of money?**

      1   Often
      2   Sometimes
      3   Never
             DK, R

FIN_END

NURSES' SUPPLEMENT

NUS_C1   If (do NUS block = 2), go to NUS_END.
NUSCFDO   Otherwise, go to NUS_C2.

NUS_C2   If LBF_D35 = A321, D111, D112, D233 or E121, go to NUS_C3.
                Otherwise, go to NUS_END.

NUS_C3   If proxy interview, go to NUS_END.
                Otherwise, go to NUS_Q1.

NUS_Q1   **Are you registered or licensed as a**:
NUSC_1   INTERVIEWER: Read categories to respondent.

                1   **… registered nurse? (RN, BScN, nurse practioner)**
                2   **… registered psychiatric nurse? (RPN)**
                3   **… licensed practical nurse? (registered practical nurse, registered nurses assistant)**
                4   … Other   (Go to NUS_END)
                        DK, R   (Go to NUS_END)

NUS_QINT   **Now some additional questions on the working conditions of nurses**.
                INTERVIEWER: Press <Enter> to continue.

NUS_Q2   **What type of facility do you work in?**
NUSC_2   INTERVIEWER: Read categories to respondent. If respondent works in more than one facility, ask him/her to refer to his/her main job.

                1   **Hospital**   (Go to NUS_Q3)
                2   **Home care**   (Go to NUS_Q4)
                3   **Long term care facility**   (Go to NUS_Q4)
                4   **Community Health Centre**   (Go to NUS_Q4)
                5   **Nursing education**   (Go to NUS_Q4)
                6   Other - Specify
                        DK, R   (Go to NUS_END)

NUS_C2S   INTERVIEWER: Specify

                _____
                (80 spaces)
                DK, R

                Go to NUS_Q4

NUS_Q3   **In the past 2 weeks, how often did you change shifts (e.g., from days to evenings, evenings to nights)?**
NUSC_3   INTERVIEWER: Do not include overtime shifts.

                I_I_I   Times
                (MIN: 0) (MAX: 14)
                DK, R

NUS_Q4 NUSC_4	**On the whole, how satisfied are you with your present job?** INTERVIEWER: Read categories to respondent.

    1   **Very satisfied**
    2   **Somewhat satisfied**
    3   **Somewhat dissatisfied**
    4   **Very dissatisfied**
        DK, R

NUS_Q5 NUSC_5	**In the next 12 months, do you plan to leave this nursing position?** INTERVIEWER: Read categories to respondent.

    1   **Yes, within the next 6 months**
    2   **Yes, within the next 12 months**
    3   **No plans within the next 12 months**
        DK, R

NUS_Q6 NUSC_6	**Independent of your present job, how satisfied are you with being a nurse?** INTERVIEWER: Read categories to respondent.

    1   **Very satisfied**
    2   **Somewhat satisfied**
    3   **Somewhat dissatisfied**
    4   Very dissatisfied
        DK, R

NUS_C7	If NUS_Q2 = 5, go to NUS_Q8A. Otherwise, go to NUS_Q7.

NUS_Q7 NUSC_7	**In general, how would you describe the quality of nursing care delivered to patients on your unit?** INTERVIEWER: Read categories to respondent.

    1   **Excellent**
    2   **Good**
    3   **Fair**
    4   **Poor**
        DK, R

NUS_Q8A NUSC_8A	**Have you ever been stuck with a needle or sharp object that has been used on a patient?**

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

NUS_Q8B NUSC_8B	**How many times, in total, has this occurred in your nursing career**?

    I_I_I   Times
    (MIN: 1) (MAX: 15; warning after 10)
    DK
    R (Go to NUS_END)

NUS_Q8C   **How many of these incidents occurred in the past 12 months**?
NUSC_8C   <u>INTERVIEWER</u>: Minimum is 0; maximum is [value in NUS_Q8B].

           I_I_I   Times
           (MIN: 0) (MAX: [value in NUS_Q8B]
           DK, R (go to NUS_END)

Note: If NUS_Q8B = DK , the maximum value of NUS_Q8C is 15.)

NUS_C8D   If NUS_Q8C = 0, go to NUS_END.

NUS_Q8D   **How many of these incidents occurred in the past month?**
NUSC_8D   <u>INTERVIEWER</u>: Minimum is 0; maximum is [value in NUS_Q8C].

           I_I_I   Times
           (MIN: 0) (MAX: is [value in NUS_Q8C])
           DK, R

NUS_END

PROBLEMS IN THE COMMUNITY

PIC_C1   If (do PIC block = 2), go to PIC_END.
PICCFDO   Otherwise, go to PIC_C1A.

PIC_C1A   If proxy interview, go to PIC_END.
                Otherwise, go to PIC_QINT.

PIC_QINT   **Now I would like to ask some questions about your community. For each one, please tell me if you think it is not at all a serious problem, not too serious a problem, a somewhat serious problem, or a very serious problem <u>in your community</u> today.**
                <u>INTERVIEWER</u>: Press <Enter> to continue.

PIC_Q01   **Physical or verbal violence between husband and wife? Would you say that it is:**
PICC_1   <u>INTERVIEWER</u> : Read categories to respondent.

                1   … not at all a serious problem?
                2   … not too serious a problem?
                3   … a somewhat serious problem?
                4   … a very serious problem?
                        DK
                        R   (Go to PIC_END)

PIC_Q02   **Public fights and disturbances? Would you say that they are:**
PICC_2   <u>INTERVIEWER</u> : Read categories to respondent.

                1   **… not at all a serious problem?**
                2   **… not too serious a problem?**
                3   **… a somewhat serious problem?**
                4   **… a very serious problem?**
                        DK, R

PIC_Q03   **Illegal drug use?**
PICC_3
                1   Not at all a serious problem
                2   Not too serious a problem
                3   A somewhat serious problem
                4   A very serious problem
                        DK, R

PIC_Q04   **Alcohol abuse?**
PICC_4
                1   Not at all a serious problem
                2   Not too serious a problem
                3   A somewhat serious problem
                4   A very serious problem
                        DK, R

PIC_Q05
PICC_5

Negligence of children by their parents?

1   Not at all a serious problem
2   Not too serious a problem
3   A somewhat serious problem
4   A very serious problem
      DK, R

PIC_Q06
PICC_6

Loss of respect by young people towards the elders?
In your community, would you say that it is:
<u>INTERVIEWER</u>: Read categories to respondents.

1   **… not at all a serious problem?**
2   **… not too serious a problem?**
3   **… a somewhat serious problem?**
4   **… a very serious problem?**
      DK, R

PIC_Q07
PICC_7

Suicide among young people?

1   Not at all a serious problem
2   Not too serious a problem
3   A somewhat serious problem
4   A very serious problem
      DK, R

PIC_Q08
PICC_8

Young people getting in trouble with the law because of vandalism or theft?

1   Not at all a serious problem
2   Not too serious a problem
3   A somewhat serious problem
4   A very serious problem
      DK, R

PIC_Q09
PICC_9

Sexual abuse of children?

1   Not at all a serious problem
2   Not too serious a problem
3   A somewhat serious problem
4   A very serious problem
      DK, R

PIC_END

ADMINISTRATION

ADM_C01   If (do ADM block) = 2, go to ADM_END.
ADMCFDO   Otherwise, go to ADM_Q01A.

<u>Health Number</u>

ADM_Q01A   **Statistics Canada and your [provincial/territorial] ministry of health would like your permission to link information collected during this interview. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

ADM_Q01B   **This linked information will be kept confidential and used only for**
SAMCDLNK   **statistical purposes. Do we have your permission?**

1   Yes
2   No   (Go to ADM_Q04A)
DK, R   (Go to ADM_Q04A)

ADM_C3A   If province = 10, [province] = [Newfoundland and Labrador]
If province = 11, [province] = [Prince Edward Island]
If province = 12, [province] = [Nova Scotia]
If province = 13, [province] = [New Brunswick]
If province = 24, [province] = [Quebec]
If province = 35, [province] = [Ontario]
If province = 46, [province] = [Manitoba]
If province = 47, [province] = [Saskatchewan]
If province = 48, [province] = [Alberta]
If province = 59, [province] = [British Columbia]
If province = 60, [province] = [Yukon]
If province = 61, [province] = [Northwest Territories]
If province = 62, [province] = [Nunavut]

ADM_Q03A   **(Having a [provincial/territorial] health number will assist us in linking to this other information.)**

[Do/Does] [you/she/he] have a(n) [province] health number?

1   Yes   (Go to HN)
2   No
DK, R   (Go to ADM_Q04A)

ADM_Q03B   **For which [province/territory] is [your/FNAME's] health number?**

         10   Newfoundland and Labrador
         11   Prince Edward Island
         12   Nova Scotia
         13   New Brunswick
         24   Quebec
         35   Ontario
         46   Manitoba
         47   Saskatchewan
         48   Alberta
         59   British Columbia
         60   Yukon
         61   Northwest Territories
         62   Nunavut
         88   Do not have a [provincial/territorial] health number (Go to ADM_Q04A)
                  DK, R (Go to ADM_Q04A)

HN   **What is [your/FNAME's] health number?**
           <u>INTERVIEWER</u>: Enter a health number for [province]. Do not insert blanks, hyphens or commas between the numbers.

           _____
           (8 - 12 spaces)
           DK, R

<u>Data Sharing – All Provinces (excluding Québec and the territories)</u>

ADM_Q04A   **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health and Health Canada.**

           Your provincial ministry of health may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.
           <u>INTERVIEWER</u>: Press <Enter> to continue.

ADM_Q04B   **All information will be kept confidential and used only for statistical purposes.**
SAMCDSHR

           Do you agree to share the information provided?

           1   Yes
           2   No
                DK, R

<u>Data Sharing – NWT, Yukon, Nunavut</u>

ADM_Q04A   **Statistics Canada would like your permission to share the information collected in this survey with Health Canada and provincial and territorial ministries of health.**
           <u>INTERVIEWER</u>: Press <Enter> to continue.

ADM_Q04B   **All information will be kept confidential and used only for statistical purposes.**
SAMCDSHR

            Do you agree to share the information provided?

            1   Yes
            2   No
                 DK, R

<u>Data Sharing – Québec</u>

ADM_Q04A   **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « l'Institut de la Statistique du Québec » and Health Canada.**

            The « l'Institut de la Statistique du Québec » may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.
            <u>INTERVIEWER</u>: Press <Enter> to continue.

ADM_Q04B   **All information will be kept confidential and used only for statistical purposes.**
SAMCDSHR
SAMCDSJB   **Do you agree to share the information provided?**

            1   Yes
            2   No
                 DK, R

<u>Frame Evaluation</u>

FRE_C1   If RDD or if FREFLAG = 1 (i.e. the frame evaluation questions have been done for the household), go to ADM_N05.

FRE_QINT   **And finally, a few questions to evaluate the way households were selected for this survey.**
            <u>INTERVIEWER</u>: Press <Enter> to continue.

FRE_Q1   **How many different telephone numbers are there for your household, not counting cellular phone numbers and phone numbers used strictly for business purposes?**

            1   1
            2   2
            3   3 or more
            4   None   (Go to FRE_Q4)
                 DK, R   (Go to ADM_N05)

FRE_Q2   **What is [your/your main] phone number, including the area code?**
            <u>INTERVIEWER</u>: Do not include cellular or business phone numbers.
            Telephone number: [telnum].

            Code   <u>INTERVIEWER</u>: Enter the area code.
            Tel   <u>INTERVIEWER</u>: Enter the telephone number.

            Go to FRE_C3

            DK   (Go to ADM_N05)
            R   (Go to FRE_Q2A)

FRE_Q2A   **Could you tell me the area code and the first 5 digits of your phone number? Even that will help evaluate the way households were selected.**

I_I_I_I_I_I_I_I_I
DK, R   (Go to ADM_N05)

FRE_C3   If FRE_Q1 = 1 (1 phone), go to ADM_N05.

FRE_Q3   **What is [your other phone number/another of your phone numbers], including the area code?**
INTERVIEWER: Do not include cellular or business phone numbers.

CODE2   INTERVIEWER: Enter the area code.
TEL2   INTERVIEWER: Enter the telephone number.

Go to ADM_N05

DK   (Go to ADM_N05)
R   (Go to FRE_Q3A)

FRE_Q3A   **Could you tell me the area code and the first 5 digits of [your other phone number/another of your phone numbers]? (Even that will help evaluate the way households were selected.)**

I_I_I_I_I_I_I_I_I
DK, R
Go to ADM_N05

FRE_Q4   **[Do/Does] [you/FNAME] have a working cellular phone that can place and receive calls?**

1   Yes
2   No
       DK, R

<u>Administration</u>

ADM_N05   INTERVIEWER: Is this a fictitious name for the respondent?

1   Yes
2   No   (Go to ADM_C09)
       DK, R   (Go to ADM_C09)

ADM_N06   INTERVIEWER: Remind respondent about the importance of getting correct names.
Do you want to make corrections to:

1   … first name only?
2   … last name only?   (Go to ADM_N08)
3   … both names?
4   … no corrections?   (Go to ADM_C09)
       DK, R   (Go to ADM_C09)

ADM_N07   INTERVIEWER: Enter the first name only.

_____
(25 spaces)
DK, R

ADM_C08   If ADM_N06 <> "both names", go to ADM_C09.

ADM_N08   INTERVIEWER: Enter the last name only.

_____
(25 spaces)
DK, R

ADM_C09   If RDD, go to ADM_N10.

ADM_N09   INTERVIEWER: Was this interview conducted on the telephone or in person?
ADMC_N09

1   On telephone
2   In person
3   Both
     DK, R

ADM_N10   INTERVIEWER: Was the respondent alone when you asked this health questionnaire?
ADMC_N10

1   Yes   (Go to ADM_N12)
2   No
     DK, R   (Go to ADM_N12)

ADM_N11   INTERVIEWER: Do you think that the answers of the respondent were affected by
ADMC_N11   someone else being there?

1   Yes
2   No
     DK, R

ADM_N12   INTERVIEWER: Record language of interview
ADMC_N12

1	English		14	Tamil
2	French		15	Cree
3	Chinese		16	Afghan
4	Italian		17	Cantonese
5	Punjabi		18	Hindi
6	Spanish		19	Mandarin
7	Portuguese		20	Persian
8	Polish		21	Russian
9	German	22	Ukrainian	
10	Vietnamese		23	Urdu
11	Arabic		24	Inuktitut
12	Tagalog	90	Other – Specify	
13	Greek			DK, R

ADM_C12S   If ADM_N12 <> 90, go to ADM_END.
            Otherwise, go to ADM_N12S.

ADM_N12S   <u>INTERVIEWER</u>: Specify

            _____
            (80 spaces)
            DK, R

ADM_END