

**1998 National Population Health Survey
Content for June, 1998**

January 21, 2000

Table of Contents

	Page
Household Record Variables	4
General Component (Form H05)	7
Two-Week Disability	7
Health Care Utilization	8
Restriction of Activities	11
Chronic Conditions	14
Socio-demographic Characteristics	17
Country of Birth/Year of Immigration	17
Ethnicity	18
Language	18
Race	19
Change of Residence	19
Education	20
Labour Force	22
Income	25
Food Insecurity (HRDC)	27
Administration	28
Health Component for Longitudinal (Selected) Respondents (Form H06)	29
General Health	29
Height/Weight	29
Preventive Health	30
Self-care	33
Insurance	35
Family Medical History	36
Nutrition	40
Health Status	43
Vision	43
Hearing	44
Speech	44
Getting Around	45
Hands and Fingers	46
Feelings	46
Memory	46
Thinking	47
Pain and Discomfort	47
Sense of Coherence	47
Physical Activities	50
Repetitive Strain	52

Injuries	53
Drug Use	55
Smoking	59
Smoking (2)	62
Tobacco Alternatives (HPS)	63
Alcohol	63
Mental Health	65
Social Support (Medical Outcomes Study questions)	72
Health Number and H06 Administration	76
Health Number	76
Agreement to Share	76
Administration	76

Household Record Variables

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

AM38_TEL Type of contact

- 1 Telephone
- 2 Personal

AM38_LP Language preference

- 1 English
- 2 French
- 3 Either

The following information is collected for each household member:

DHC8_MEM Membership Status

DHC8_FN First Name

DHC8_LN Last Name

DHC8_DAT Date of Birth (8 characters)

DHC8_DOB Day of Birth

DHC8_MOB Month of Birth

DHC8_YOB Year of Birth

DHC8_AGE Age (Age is calculated and confirmed with respondent.)

DHC8_SEX Sex

- 1 Male
- 2 Female

DHC8_MAR Marital Status

- 1 Married
- 2 Common-law
- 3 Living with a partner
- 4 Single (never married)
- 5 Widowed
- 6 Separated
- 7 Divorced

Relationships of everyone to everyone else

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

DHC8_FID Family ID code

A to Z (Assigned by the computer.)

Legal household check

The following information is collected once in each household:

DHC8_DWE Type of Dwelling

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

DHC8_OWN Is this dwelling owned by a member of this household (even if being paid for)?

- 1 Yes
- 2 No

DHC8_BED How many bedrooms are there in this dwelling?
(ENTER «0» IF NO SEPARATE, ENCLOSED BEDROOM.)

[_] Number of bedrooms (MIN: 0) (MAX: 30)

Selection criteria applied.

AM38_SRC Information Source (i.e. the household member providing the information for the previous questions)

AM38_LNG Language of interview

1	English	11	Persian (Farsi)
2	French	12	Polish
3	Arabic	13	Portuguese
4	Chinese	14	Punjabi
5	Cree	15	Spanish
6	German	16	Tagalog (Filipino)
7	Greek	17	Ukrainian
8	Hungarian	18	Vietnamese
9	Italian	19	Other (SPECIFY)
10	Korean		

General Component (Form H05)

(To be completed for all members of the household)

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

Two-Week Disability

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

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

TWC8_1

- 1 YES
- 2 NO (Go to TWOWK-Q3)
- DK, R (Go to TWOWK-Q5)

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

TWC8_2

- ___ DAYS (ENTER '0' IF LESS THAN A DAY.) (MIN: 0) (MAX: 14)
- (If = 14 days, go to TWOWK-Q5)
- DK, R (Go to TWOWK-Q5)

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

TWC8_3

- 1 YES
- 2 NO (Go to TWOWK-Q5)
- DK, R (Go to TWOWK-Q5)

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

TWC8_4

- ___ DAYS (MIN: 0) (MAX: 14 - DAYS IN TWOWK-Q2)
- (ENTER '0' IF LESS THAN A DAY.)

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

TWC8_5

- 1 YES
- 2 NO

Health Care Utilization

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

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

HCC8_1

- 1 YES
- 2 NO (Go to UTIL-C2)
- DK (Go to UTIL-C2)
- R (Go to next section)

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

HCC8_1A

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

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

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

			MIN	MAX	WARNING AFTER
HCC8_2A	a)	Family doctor or general practitioner (include pediatrician if age < 18)	0	366	12
HCC8_2B	b)	Eye specialist (such as an ophthalmologist or optometrist)	0	75	3
HCC8_2C	c)	Other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)	0	300	7
HCC8_2D	d)	A nurse for care or advice	0	366	15
HCC8_2E	e)	Dentist or orthodontist	0	99	4
HCC8_2F	f)	Chiropractor	0	366	20
HCC8_2G	g)	Physiotherapist	0	366	30
HCC8_2H	h)	Social worker or counsellor	0	366	20
HCC8_2I	i)	Psychologist	0	366	25
HCC8_2J	j)	Speech, audiology or occupational therapist	0	200	12

For each response > 0 in a), c), or d), ask UTIL-Q3.

UTIL-Q3 Where did the most recent contact take place?

HCC8_3n

(IF RESPONDENT SAYS "HOSPITAL", PROBE FOR DETAILS.)
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 DOCTOR'S OFFICE
- 2 HOSPITAL EMERGENCY ROOM
- 3 HOSPITAL OUTPATIENT CLINIC (E.G. DAY SURGERY, CANCER)
- 4 WALK-IN CLINIC
- 5 APPOINTMENT CLINIC
- 6 COMMUNITY HEALTH CENTRE /CLSC
- 7 AT WORK
- 8 AT SCHOOL
- 9 AT HOME
- 10 TELEPHONE CONSULTATION ONLY
- 11 OTHER (SPECIFY)

UTIL-C4A If age < 12, go to UTIL-Q11.

UTIL-Q4A 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?

HCC8_4A

- 1 YES
- 2 NO

UTIL-Q4 People may also use alternative or complementary medicine. In the past 12 months, %have/has% %you/FNAME% seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about %your/his/her% physical, emotional or mental health?

HCC8_4

- 1 YES
- 2 NO (Go to UTIL-C6)
- DK, R (Go to UTIL-C6)

UTIL-Q5 Who did %you/FNAME% see or talk to?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

HCC8_5A

HCC8_5B

HCC8_5C

HCC8_5D

HCC8_5E

HCC8_5F

HCC8_5G

HCC8_5H

HCC8_5I

HCC8_5J

HCC8_5K

HCC8_5L

- 1 MASSAGE THERAPIST
- 2 ACUPUNCTURIST
- 3 HOMEOPATH OR NATUROPATH
- 4 FELDENKRAIS OR ALEXANDER TEACHER
- 5 RELAXATION THERAPIST
- 6 BIOFEEDBACK TEACHER
- 7 ROLFER
- 8 HERBALIST
- 9 REFLEXOLOGIST
- 10 SPIRITUAL HEALER
- 11 RELIGIOUS HEALER
- 12 OTHER (SPECIFY)

UTIL-C6 If age < 18 or (if age >= 18 and non-proxy), ask the respondent's opinion of whether health care was needed. Otherwise, ask for the respondent's opinion of what FNAME's opinion was regarding the need for health care.

UTIL-Q6 During the past 12 months, was there ever a time when %you/FNAME2% felt that %you/he/she%
HCC8_6 needed health care but %you/he/she% didn't receive it?

- 1 YES
- 2 NO (Go to UTIL-C9)
- DK, R (Go to UTIL-C9)

UTIL-Q7 Thinking of the most recent time, why didn't %you/he/she% get care?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|---------|----|---|
| HCC8_7A | 1 | NOT AVAILABLE - IN THE AREA |
| HCC8_7B | 2 | NOT AVAILABLE - AT TIME REQUIRED (E.G. DOCTOR ON HOLIDAYS,
INCONVENIENT HOURS) |
| HCC8_7C | 3 | WAITING TIME TOO LONG |
| HCC8_7D | 4 | FELT WOULD BE INADEQUATE |
| HCC8_7E | 5 | COST |
| HCC8_7F | 6 | TOO BUSY |
| HCC8_7G | 7 | DIDN'T GET AROUND TO IT/DIDN'T BOTHER |
| HCC8_7H | 8 | DIDN'T KNOW WHERE TO GO |
| HCC8_7I | 9 | TRANSPORTATION PROBLEMS |
| HCC8_7J | 10 | LANGUAGE PROBLEMS |
| HCC8_7K | 11 | PERSONAL OR FAMILY RESPONSIBILITIES |
| HCC8_7L | 12 | DISLIKES DOCTORS/AFRAID |
| HCC8_7M | 13 | DECIDED NOT TO SEEK CARE |
| HCC8_7N | 14 | OTHER (SPECIFY) |

UTIL-Q8 Again, thinking of the most recent time, what was the type of care that was needed?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|---------|---|---|
| HCC8_8A | 1 | TREATMENT OF - A PHYSICAL HEALTH PROBLEM |
| HCC8_8B | 2 | TREATMENT OF - AN EMOTIONAL OR MENTAL HEALTH PROBLEM |
| HCC8_8C | 3 | A REGULAR CHECK-UP (INCLUDING REGULAR PRE-NATAL CARE) |
| HCC8_8D | 4 | CARE OF AN INJURY |
| HCC8_8E | 5 | OTHER (SPECIFY) |

UTIL-C9 If age < 18, go to UTIL-Q11.

UTIL-INT9 Home care services are *health care or homemaker* services received at home, with the cost being entirely or partially covered by government. Examples are: nursing care; help with bathing or housework; respite care; and meal delivery.

UTIL-Q9 %Have/Has% %you/FNAME% received any home care services in the past 12 months?

- | | | |
|--------|---|------------------------|
| HCC8_9 | 1 | YES |
| | 2 | NO (Go to UTIL-Q11) |
| | | DK, R (Go to UTIL-Q11) |

UTIL-Q10 What type of services %have/has% %you/he/she% received?
(INTERVIEWER: COST MUST BE ENTIRELY OR PARTIALLY COVERED BY GOVERNMENT.)
(READ LIST. MARK ALL THAT APPLY.)

- HCC8_10A 1 Nursing care (e.g. dressing changes, VON)
- HCC8_10B 2 Other health care services (e.g. physiotherapy, nutrition counselling)
- HCC8_10C 3 Personal care (e.g. bathing, foot care)
- HCC8_10D 4 Housework (e.g. cleaning, laundry)
- HCC8_10E 5 Meal preparation or delivery
- HCC8_10F 6 Shopping
- HCC8_10G 7 Respite care (i.e. caregiver relief program)
- HCC8_10H 8 Other (SPECIFY)

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

- HCC8_11 1 YES
- 2 NO (Go to next section)
- DK, R (Go to next section)

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

- HCC8_12 1 YES
- 2 NO (Go to next section)
- DK, R (Go to next section)

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

HCC8F13 _____(60 characters)

Restriction of Activities

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

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

- RAC8_1A a) ... at home?
 - 1 YES
 - 2 NO
 - R (Go to next section)

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

- RAC8_1B b) ... at school?
 - 1 YES
 - 2 NO
 - 3 NOT APPLICABLE
 - R (Go to next section)

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

RAC8_IC c) ... at work?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE

R (Go to next section)

RAC8_ID d) ... in other activities such as transportation to or from work or school or leisure time activities?

- 1 YES
- 2 NO

R (Go to next section)

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

RAC8_2

- 1 YES
- 2 NO

R (Go to next section)

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

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

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

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

RESTR-Q2A Is this due to a new activity restriction or disability or to the worsening of an old one?
(DO NOT READ LIST. MARK ONE ONLY.)

RAC8_2A

- 1 NEW SINCE LAST INTERVIEW
- 2 WORSENING SINCE LAST INTERVIEW
- 3 NO CURRENT ACTIVITY RESTRICTION OR DISABILITY (RAC8_1A to RAC8_2=2 were filled during processing.)
- 4 SAME ACTIVITY RESTRICTION OR DISABILITY
- 5 OTHER (SPECIFY)

GO TO RESTR-C5

RESTR-I3 Remember, it's important that we understand reasons for change. During our last interview in %MONTH%, %YYYY%, there were activity restrictions or disabilities reported for %you/FNAME%, BUT this time there were not.

RESTR-Q2B Is this due to the disappearance or improvement of an old activity restriction or disability, to the use of special equipment (e.g. artificial limb), or to something else?
RAC8_2B (DO NOT READ LIST. MARK ONE ONLY)

- 1 DISAPPEARED OR IMPROVED
- 2 CURRENTLY USES SPECIAL EQUIPMENT
- 3 NONE AT LAST INTERVIEW
- 4 NEVER HAD
- 5 CURRENTLY HAVE/HAS ACTIVITY RESTRICTION OR DISABILITY (RAC8_1A to RAC8_2=9, and RAC8F1=1 were filled during processing.)
- 6 OTHER (SPECIFY)

RESTR-C5 If any yes in RESTR-Q1 (a)-(d), ask RESTR-Q3 using the wording “to be limited in his/her activities”.
If yes in RESTR-Q2 only, ask RESTR-Q3 using the wording “to have a long-term disability or handicap”.
Otherwise, go to RESTR-Q6A.

RESTR-Q3 What is the main condition or health problem causing %you/FNAME% (to be limited in %your/his/her% activities/to have a long term-disability or handicap)?
RAC8F3

_____ (25 spaces)

RESTR-Q5 Which one of the following is the best description of the cause of this condition?
RAC8_5 (READ LIST. MARK ONE ONLY.)

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

RESTR-C6A If age < 12, go to next section.

RESTR-Q6A The next few questions may not apply to %you/FNAME%, but we need to ask the same questions of everyone. Because of any condition or health problem, %do/does% %you/FNAME% need the help of another person ... in preparing meals?
RAC8_6A

- 1 YES
- 2 NO

RESTR-Q6B ... in shopping for groceries or other necessities?

RAC8_6B

- 1 YES
- 2 NO

RESTR-Q6C ... in doing normal everyday housework?

- RAC8_6C**
- 1 YES
 - 2 NO

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

- RAC8_6D**
- 1 YES
 - 2 NO

RESTR-Q6E ... in personal care such as washing, dressing or eating?

- RAC8_6E**
- 1 YES
 - 2 NO

RESTR-Q6F ... in moving about inside the house?

- RAC8_6F**
- 1 YES
 - 2 NO

Chronic Conditions

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

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

CHR-QK1A How often does %FNAME% have nose or throat infections?
(READ LIST. MARK ONE ONLY.)

- CCK8_1**
- 1 Almost all the time
 - 2 Often
 - 3 From time to time
 - 4 Rarely
 - 5 Never
- DK, R (Go to CHR-INT)

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

- CCK8_2**
- 1 YES
 - 2 NO (Go to CHR-INT)
- DK, R (Go to CHR-INT)

CHR-QK1C How many times since birth?
(DO NOT READ LIST. MARK ONE ONLY.)

- CCK8_3**
- 1 ONCE
 - 2 2 TIMES
 - 3 3 TIMES
 - 4 4 OR MORE TIMES

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

CHR-INTA For longitudinal respondent only:
We also want to ask a few questions to help us understand any changes in these conditions.

CHR-Q1 %Do/Does% %you/FNAME% have [fill category]?

- | | | |
|---------|----|--|
| CCC8_1A | A. | Food allergies (If CHR-Q1A=R, go to next section) |
| CCC8_1B | B. | Any other allergies |
| CCC8_1C | C. | Asthma |
| CCC8_1D | D. | Arthritis or rheumatism (not asked if age < 12) |
| CCC8_1E | E. | Back problems, excluding arthritis (not asked if age < 12) |
| CCC8_1F | F. | High blood pressure (not asked if age < 12) |
| CCC8_1G | G. | Migraine headaches (not asked if age < 12) |
| CCC8_1H | H. | Chronic bronchitis or emphysema |
| CCC8_1I | I. | Sinusitis (not asked if age < 12) |
| CCC8_1J | J. | Diabetes (not asked if age < 12) |
| CCC8_1K | K. | Epilepsy |
| CCC8_1L | L. | Heart disease |
| CCC8_1M | M. | Cancer (not asked if age < 12) |
| CCC8_1N | N. | Stomach or intestinal ulcers (not asked if age < 12) |
| CCC8_1O | O. | Effects of a stroke (not asked if age < 12) |
| CCC8_1P | P. | Urinary incontinence (not asked if age < 12) |
| CCC8_1Q | Q. | A bowel disorder such as Crohn's Disease or colitis (not asked if age < 12) |
| CCC8_1R | R. | Alzheimer's disease or any other dementia (not asked if age < 18) |
| CCC8_1S | S. | Cataracts (not asked if age < 18) |
| CCC8_1T | T. | Glaucoma (not asked if age < 18) |
| CCC8_1U | U. | A thyroid condition (not asked if age < 12) |
| CCC8_1V | V. | Any other long-term condition that has been diagnosed by a health professional (SPECIFY) |

FOR LONGITUDINAL RESPONDENTS 12+, AND NON-PROXY INTERVIEWS :
FOR EACH ' NO' IN CHR-Q1C, Q1D, Q1F, Q1G, Q1J, Q1K , Q1N AND Q1O, IF LONGITUDINAL
RESPONDENT DID HAVE CONDITION IN 1996, ASK:

CHR-Q1n1 During our last interview in %MONTH%, %YYYY%, it was reported that %you/FNAME% had
CCC8_n1 [fill condition], but this time it was not. Has the condition disappeared since then?

- | | | |
|---|----------------------------|--|
| 1 | YES | |
| 2 | NO | (Go to next condition) (CHR-Q1n=1 was filled during processing.) |
| 3 | NEVER HAD [fill CONDITION] | (Go to next condition) |
| | DK, R | (Go to next condition) |

CHR-Q1n2 When did it disappear?
 CCC8_n2M MONTH
 CCC8_n2Y YEAR (MIN: %MM/YYYY% of last interview) (MAX: current month and year)

ALL RESPONDENTS (12+) WHO WERE IN THE PREVIOUS SURVEY:
 FOR EACH 'YES' IN CHR-Q1C, Q1D, Q1F, Q1G, Q1J, Q1K, Q1N AND Q1O, IF RESPONDENT DID NOT HAVE CONDITION IN 1996, ASK:

CHR-Q1n3 When % were/was% %you/FNAME% diagnosed with this?

CCC8_n3M MONTH
 CCC8_n3Y YEAR (MIN: %YOB%) (MAX: current year)
 DK, R (Go to CHR-Q1n5)

CHR-C1n4 If CHR-Q1n3 is after %MM/YYYY% (date of last interview), go to CHR-Q1n5 or if no CHR-Q1n5 follow-up, go to next chronic condition.

CHR-Q1n4 So %you/he/she% had [fill condition] prior to our last interview in %MONTH%, %YYYY%?

CCC8_n4
 1 YES
 2 NO

ALL RESPONDENTS:
 IF CHR-Q1C= YES (HAS ASTHMA), ASK:

CHR-Q1C5 %Have/Has% %you/he/she% had any asthma symptoms or asthma attacks in the past 12 months?

CCC8_C5
 1 YES
 2 NO

CHR-Q1C6 In the past 12 months, %have/has% %you/he/she% taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?

CCC8_C6
 1 YES
 2 NO

ALL RESPONDENTS:
 IF CHR-Q1J= YES (HAS DIABETES), ASK:

CHR-Q1J5 %Do/Does% %you/he/she% take insulin for this?

CCC8_J5
 1 YES
 2 NO

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

CCC8_J6
 1 YES
 2 NO (Go to next condition)
 DK, R (Go to next condition)

CHR-Q1J7 What kind of treatment or medication?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|----------|---|--------------------------|
| CCC8_J7A | 1 | DRUG |
| CCC8_J7B | 2 | DIET |
| CCC8_J7D | 3 | EXERCISE / PHYSIOTHERAPY |
| CCC8_J7C | 4 | OTHER (SPECIFY) |

ALL RESPONDENTS:
FOR EACH 'YES' IN CHR-Q1D, Q1F, Q1G (ARTHRITIS OR RHEUMATISM, HIGH BLOOD PRESSURE, MIGRAINE HEADACHES), ASK:

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

- | | | |
|---------|---|------------------------------|
| CCC8_n5 | 1 | YES |
| | 2 | NO (Go to next condition) |
| | | DK, R (Go to next condition) |

CHR-Q1n6 What kind of treatment or medication?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|----------|---|--------------------------|
| CCC8_n6A | 1 | DRUG |
| CCC8_n6B | 2 | DIET |
| CCC8_n6D | 3 | EXERCISE / PHYSIOTHERAPY |
| CCC8_n6C | 4 | OTHER (SPECIFY) |

Socio-demographic Characteristics

SOCIO-INT Now some general background questions.

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

Country of Birth/Year of Immigration

SOCIO-Q1 In what country %were/was% %you/FNAME% born?
SDC8_I (DO NOT READ LIST. MARK ONE ONLY.)

- | | | | |
|----|-------------------------|----|------------------------|
| 1 | CANADA (Go to SOCIO-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 | OTHER (SPECIFY) |
| 10 | ITALY | | DK, R (Go to SOCIO-Q4) |

SOCIO-Q3 In what year did %you/FNAME% first come to Canada to live?

SDC8_3

____ YEAR (4 digits) (MIN: Year of birth) (MAX: 2000)
(ENTER '2000' IF CANADIAN CITIZEN BY BIRTH. NOTE: DURING PROCESSING '2000'
WAS RECODED TO '9995'.)

Ethnicity

SOCIO-Q4 To which ethnic or cultural group(s) did %your/FNAME's% *ancestors* belong? (For example: French, Scottish, Chinese)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

SDC8_4A	1	CANADIAN	SDC8_4L	12	POLISH
SDC8_4B	2	FRENCH	SDC8_4M	13	PORTUGUESE
SDC8_4C	3	ENGLISH	SDC8_4N	14	SOUTH ASIAN (E.G. EAST INDIAN, PAKISTANI, PUNJABI, SRI LANKAN)
SDC8_4D	4	GERMAN			
SDC8_4E	5	SCOTTISH			
SDC8_4F	6	IRISH	SDC8_4O	15	BLACK
SDC8_4G	7	ITALIAN	SDC8_4P	16	NORTH AMERICAN INDIAN
SDC8_4H	8	UKRAINIAN	SDC8_4Q	17	MÉTIS
SDC8_4I	9	DUTCH (NETHERLANDS)	SDC8_4R	18	INUIT/ESKIMO
SDC8_4J	10	CHINESE	SDC8_4S	19	OTHER (SPECIFY)
SDC8_4K	11	JEWISH			

Language

SOCIO-Q5 In what languages can %you/FNAME% conduct a conversation?
(INTERVIEWER: IF BABY, MARK THE LANGUAGE(S) BEING LEARNED.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

SDC8_5A	1	ENGLISH	SDC8_5K	11	PERSIAN (FARSI)
SDC8_5B	2	FRENCH	SDC8_5L	12	POLISH
SDC8_5C	3	ARABIC	SDC8_5M	13	PORTUGUESE
SDC8_5D	4	CHINESE	SDC8_5N	14	PUNJABI
SDC8_5E	5	CREE	SDC8_5O	15	SPANISH
SDC8_5F	6	GERMAN	SDC8_5P	16	TAGALOG (FILIPINO)
SDC8_5G	7	GREEK	SDC8_5Q	17	UKRAINIAN
SDC8_5H	8	HUNGARIAN	SDC8_5R	18	VIETNAMESE
SDC8_5I	9	ITALIAN	SDC8_5S	19	OTHER (SPECIFY)
SDC8_5J	10	KOREAN			

SOCIO-Q6 What is the language that %you/FNAME% first learned at home in childhood and can still understand?
(INTERVIEWER: IF PERSON CAN NO LONGER UNDERSTAND THE FIRST LANGUAGE LEARNED, MARK THE SECOND. IF BABY, MARK THE LANGUAGE(S) OF PARENT.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

<i>SDC8_6A</i>	1	ENGLISH	<i>SDC8_6K</i>	11	PERSIAN (FARSI)
<i>SDC8_6B</i>	2	FRENCH	<i>SDC8_6L</i>	12	POLISH
<i>SDC8_6C</i>	3	ARABIC	<i>SDC8_6M</i>	13	PORTUGUESE
<i>SDC8_6D</i>	4	CHINESE	<i>SDC8_6N</i>	14	PUNJABI
<i>SDC8_6E</i>	5	CREE	<i>SDC8_6O</i>	15	SPANISH
<i>SDC8_6F</i>	6	GERMAN	<i>SDC8_6P</i>	16	TAGALOG (FILIPINO)
<i>SDC8_6G</i>	7	GREEK	<i>SDC8_6Q</i>	17	UKRAINIAN
<i>SDC8_6H</i>	8	HUNGARIAN	<i>SDC8_6R</i>	18	VIETNAMESE
<i>SDC8_6I</i>	9	ITALIAN	<i>SDC8_6S</i>	19	OTHER (SPECIFY)
<i>SDC8_6J</i>	10	KOREAN			

Race

SOCIO-Q7 How would you best describe %your/FNAME's% race or colour?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

<i>SDC8_7A</i>	1	WHITE
<i>SDC8_7B</i>	2	CHINESE
<i>SDC8_7C</i>	3	SOUTH ASIAN (E.G. EAST INDIAN, PAKISTANI, PUNJABI, SRI LANKAN)
<i>SDC8_7D</i>	4	BLACK
<i>SDC8_7E</i>	5	NATIVE/ABORIGINAL PEOPLES OF NORTH AMERICA (NORTH AMERICAN INDIAN, MÉTIS, INUIT/ESKIMO)
<i>SDC8_7F</i>	6	ARAB/WEST ASIAN (E.G. ARMENIAN, EGYPTIAN, IRANIAN, LEBANESE, MOROCCAN)
<i>SDC8_7G</i>	7	FILIPINO
<i>SDC8_7H</i>	8	SOUTH EAST ASIAN (E.G. CAMBODIAN, INDONESIAN, LAOTIAN, VIETNAMESE)
<i>SDC8_7I</i>	9	LATIN AMERICAN
<i>SDC8_7J</i>	10	JAPANESE
<i>SDC8_7K</i>	11	KOREAN
<i>SDC8_7L</i>	12	OTHER (SPECIFY)

Change of Residence

MOV-C1 If (memcycle=1 or date of birth is on or after October 1, 1994 or sample is RDD), skip to next section.

/* i.e. questions are asked only of new members born before Oct., 1994 in longitudinal households */

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

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

<i>AMC8_MV1</i>	1	YES
	2	NO (Go to MOV-Q3)
		DK, R (Go to next section)

MOV-Q2 In what province or territory?
(DO NOT READ LIST. MARK ONE ONLY.)
AMC8_MV2

- 1 NEWFOUNDLAND
- 2 PRINCE EDWARD ISLAND
- 3 NOVA SCOTIA
- 4 NEW BRUNSWICK
- 5 QUEBEC
- 6 ONTARIO
- 7 MANITOBA
- 8 SASKATCHEWAN
- 9 ALBERTA
- 10 BRITISH COLUMBIA
- 11 YUKON
- 12 NORTHWEST TERRITORIES

GO TO NEXT SECTION

MOV-Q3 In what country was it?
(DO NOT READ LIST. MARK ONE ONLY.)
AMC8_MV3

- | | | | |
|---|-----------|----|---------------------|
| 1 | CHINA | 10 | JAMAICA |
| 2 | FRANCE | 11 | NETHERLANDS/HOLLAND |
| 3 | GERMANY | 12 | PHILIPPINES |
| 4 | GREECE | 13 | POLAND |
| 5 | GUYANA | 14 | PORTUGAL |
| 6 | HONG KONG | 15 | UNITED KINGDOM |
| 7 | HUNGARY | 16 | UNITED STATES |
| 8 | INDIA | 17 | VIET NAM |
| 9 | ITALY | 18 | OTHER (SPECIFY) |

Education

(Age >= 12)

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

EDC8_1

- 1 YES
- 2 NO (Go to EDUC-C2)
DK, R (Go to next section)

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

EDC8_2

- 1 FULL-TIME
- 2 PART-TIME

GO TO EDUC-C4A

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

EDUC-Q3 %Have/Has% %you/FNAME% attended a school, college or university since our last interview in
EDC8_3 %MONTH%, %YYYY %?

- 1 YES
- 2 NO (Go to next section)
- DK, R (Go to next section)

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

EDUC-Q4 Excluding kindergarten, how many years of elementary and high school %have/has%
EDC8_4 %you/FNAME% successfully completed?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 NO SCHOOLING (Go to next section)
- 2 1 TO 5 YEARS
- 3 6 YEARS
- 4 7 YEARS
- 5 8 YEARS
- 6 9 YEARS
- 7 10 YEARS
- 8 11 YEARS
- 9 12 YEARS
- 10 13 YEARS
- DK, R (Go to next section)

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

EDUC-Q5 %Have/Has% %you/FNAME% graduated from high school?
EDC8_5

- 1 YES
- 2 NO

EDUC-Q6 %Have/Has% %you/FNAME% ever attended any other kind of school such as a university,
EDC8_6 community college, business school, trade or vocational school, CEGEP or other post-secondary institution?

- 1 YES
- 2 NO (Go to next section)
- DK, R (Go to next section)

EDUC-Q7 What is the highest level of education that %you/FNAME% %have/has% EVER attained?
EDC8_7 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 SOME - TRADE, TECHNICAL OR VOCATIONAL SCHOOL, OR BUSINESS COLLEGE
- 2 SOME - COMMUNITY COLLEGE, CEGEP OR NURSING SCHOOL
- 3 SOME - UNIVERSITY
- 4 DIPLOMA OR CERTIFICATE FROM - TRADE, TECHNICAL OR VOCATIONAL SCHOOL, OR BUSINESS COLLEGE
- 5 DIPLOMA OR CERTIFICATE FROM - COMMUNITY COLLEGE, CEGEP OR NURSING SCHOOL
- 6 BACHELOR'S OR UNDERGRADUATE DEGREE, OR TEACHER'S COLLEGE (E.G. B.A., B.SC., LL.B.)
- 7 MASTER'S DEGREE (E.G. M.A., M. SC., M.ED.)
- 8 DEGREE IN MEDICINE, DENTISTRY, VETERINARY MEDICINE OR OPTOMETRY (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- 9 EARNED DOCTORATE (E.G. PH.D., D.SC., D.ED.)
- 10 OTHER (SPECIFY)

Labour Force

(Ages 15 to 75)

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

LFS-Q2 %Have/Has% %you/he/she% worked for pay or profit at any time in the past 12 months?
LFC8_2 Please include part-time jobs, seasonal work, contract work, self-employment, baby sitting and any other paid work.

- 1 YES
- 2 NO (Go to LFS-Q17B)
DK, R (Go to next section)

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

LFS-Q2B Based on our last interview, %you/FNAME% had a job with %LFS-Q396%. %Have/Has%
LFC8_2B %you/he/she% worked for this employer in the past 12 months?

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

Note: Questions LFS-Q3 to LFS-Q11 are done as a roster, allowing up to 3 jobs to be entered.
If LFS-Q2B = 1 (i.e. confirms working for 96 employer), then 2 additional jobs are allowed.
Otherwise (i.e. did not have 96 data or did not confirm), up to 3 jobs are allowed.

LFS-Q3.n For %whom/whom else% %have/has% %you/he/she% worked for pay or profit in the past 12
LFC8FEn months?
_____ (50 chars)

LFS-Q4.n Did %you/he/she% have that job 1 year ago, that is, on %12MOSAGO%, without a break in
LFC8_4n employment since then?

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

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

LFC8_5nM MM/DD/YY (MIN: Curdate - 1 year + 1 day) (MAX: Curdate)
LFC8_5nD DK, R to any part of the date (Go to next section)
LFC8_5nY

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

LFC8_6n
1 YES (Go to LFS-Q8.n) (LFS-Q7.n was filled with current date during processing.)
2 NO
DK, R (Go to next section)

LFS-Q7.n When did %you/he/she% stop working at this job or business?
 LFC8_7nM MM/DD/YY (MIN: Startdate - 1 day) (MAX: Curdate - 1 day)
 LFC8_7nD DK, R to any part of the date (Go to next section)
 LFC8_7nY

LFS-Q8.n About how many hours per week %do/does/did% %you/he/she% usually work at this job?
 LFC8_8n HOURS (MIN: 1) (MAX: 99)

LFS-Q9.n Which of the following best describes the hours %you/he/she% usually %work/works/worked% at this job?
 LFC8_9n (READ LIST. MARK ONE ONLY.)

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

LFS-Q10.n %Do/Does/Did% %you/he/she% usually work on weekends at this job?
 LFC8_10n

- 1 YES
- 2 NO

LFS-Q11.n Did %you/he/she% do any other work for pay or profit in the past 12 months?
 LFC8_11n

- 1 YES
- 2 NO

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

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

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

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

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

LFS-Q13 CONFIRM OR ASK IF NECESSARY:
 LFC8F13 Thinking about this job, what kind of business, service or industry is this? (For example, wheat farm, road maintenance, retail shoe store, secondary school, trapping.)

%MainInd% _____ (50 chars)

LFS-Q14
LFC8F14 CONFIRM OR ASK IF NECESSARY:
Again, thinking about this job what kind of work %was/were% %you/FNAME% doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit, food processing labourer.)
%MainOcc%_____ (50 chars)

LFS-Q15
LFC8F15 CONFIRM OR ASK IF NECESSARY:
In this work, what were %your/his/her% most important duties or activities? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)
%MainDut%_____ (50 chars)

LFS-Q16
LFC8_16 Did %you/he/she% work mainly for others for wages, salary or commission, or in %your/his/her% own business, farm or professional practice?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 FOR OTHERS FOR WAGES, SALARY OR COMMISSION
- 2 IN OWN BUSINESS, FARM OR PROFESSIONAL PRACTICE
- 3 UNPAID FAMILY WORKER

LFS-C17 Check the calendar for gaps > 28 days (calendar for last 12 months only).
If # gaps = 0, go to LFS-C18.

LFS-C17A If any of LFS-Q6.1 to LFS-Q6.3 = 1 (currently employed), go to LFS-Q17A.
Otherwise, go to LFS-Q17B.

LFS-Q17A
LFC8_17A What was the main reason that %you/FNAME% %were/was% not working for pay or profit during the most recent period away from work in the past 12 months?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 OWN ILLNESS OR DISABILITY
- 2 PREGNANCY
- 3 CARING FOR - OWN CHILDREN
- 4 CARING FOR - ELDER RELATIVES
- 5 OTHER PERSONAL OR FAMILY RESPONSIBILITIES
- 6 SCHOOL OR EDUCATIONAL LEAVE
- 7 LABOUR DISPUTE
- 8 TEMPORARY LAYOFF - DUE TO SEASONAL CONDITIONS
- 9 TEMPORARY LAYOFF - NON-SEASONAL
- 10 PERMANENT LAYOFF
- 11 RETIRED
- 12 UNPAID OR PARTIALLY PAID LEAVE
- 13 LOOKING FOR WORK
- 14 DISABLED/RECOVERING FROM ILLNESS
- 15 RESIGNED
- 16 OTHER (SPECIFY)
- 17 NO PERIOD NOT WORKING FOR PAY OR PROFIT IN THE PAST YEAR

GO TO LFS-C18

LFS-Q17B What is the main reason that %you/FNAME% %are/is% currently not working for pay or profit?
LFC8_17B (DO NOT READ LIST. MARK ONE ONLY.)

- 1 OWN ILLNESS OR DISABILITY
- 2 PREGNANCY
- 3 CARING FOR - OWN CHILDREN
- 4 CARING FOR - ELDER RELATIVES
- 5 OTHER PERSONAL OR FAMILY RESPONSIBILITIES
- 6 SCHOOL OR EDUCATIONAL LEAVE
- 7 LABOUR DISPUTE
- 8 TEMPORARY LAYOFF - DUE TO SEASONAL CONDITIONS
- 9 TEMPORARY LAYOFF - NON-SEASONAL
- 10 PERMANENT LAYOFF
- 11 RETIRED
- 12 UNPAID OR PARTIALLY PAID LEAVE
- 13 LOOKING FOR WORK
- 14 DISABLED/RECOVERING FROM ILLNESS
- 15 RESIGNED
- 16 OTHER (SPECIFY)
- 17 NO PERIOD NOT WORKING FOR PAY OR PROFIT IN THE PAST YEAR

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

Income

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

INCOM-Q1 Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?
(READ LIST. MARK ALL THAT APPLY.)

- | | | |
|---------|----|--|
| INC8_1A | 1 | Wages and salaries |
| INC8_1B | 2 | Income from self-employment |
| INC8_1C | 3 | Dividends and interest (e.g. on bonds, savings) |
| INC8_1D | 4 | Employment insurance |
| INC8_1E | 5 | Worker's compensation |
| INC8_1F | 6 | Benefits from Canada or Quebec Pension Plan |
| INC8_1G | 7 | Retirement pensions, superannuation and annuities |
| INC8_1H | 8 | Old Age Security and Guaranteed Income Supplement |
| INC8_1I | 9 | Child Tax Benefit |
| INC8_1J | 10 | Provincial or municipal social assistance or welfare |
| INC8_1K | 11 | Child Support |
| INC8_1L | 12 | Alimony |
| INC8_1M | 13 | Other (e.g. rental income, scholarships) |
| INC8_1N | 14 | NONE (Go to INCOM-Q3)
DK, R (Go to next section) |

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

INCOM-Q2
INC8_2

What was the main source of income?
(DO NOT READ LIST. MARK ONE ONLY.)

- 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)

INCOM-Q3
INC8_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?

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

GO TO INCOM-C4

INCOM-Q3n

Can you estimate in which of the following groups your household income falls?
Was the total household income ...

INC8_3A
INC8_3B
INC8_3C
INC8_3C
INC8_3B
INC8_3D
INC8_3D
INC8_3D
INC8_3A
INC8_3E
INC8_3F
INC8_3F
INC8_3E
INC8_3G
INC8_3G
INC8_3G
INC8_3G
INC8_3G
INC8_3A
INC8_3A

- ___ Less than \$20,000?
___ Less than \$10,000?
___ Less than \$5,000? (Go to INCOM-C4)
___ \$5,000 or more? (Go to INCOM-C4)
___ \$10,000 or more?
___ Less than \$15,000? (Go to INCOM-C4)
___ \$15,000 or more? (Go to INCOM-C4)
___ DK,R (Go to INCOM-C4)
___ \$20,000 or more?
___ Less than \$40,000?
___ Less than \$30,000? (Go to INCOM-C4)
___ \$30,000 or more? (Go to INCOM-C4)
___ \$40,000 or more?
___ Less than \$50,000 (Go to INCOM-C4)
___ \$50,000 to less than \$60,000? (Go to INCOM-C4)
___ \$60,000 to less than \$80,000? (Go to INCOM-C4)
___ \$80,000 or more? (Go to INCOM-C4)
___ DK,R (Go to INCOM-C4)
___ NO INCOME (Go to next section)
___ DK, R (Go to next section)

INCOM-C4

If selected respondent and age >= 15, ask INCOM-Q4.
Otherwise, go to next section.

INCOM-Q4 What is your best estimate of %your/FNAME's% total personal income, before taxes and deductions, from all sources in the past 12 months?
 INC8_4
 [][][][][][] (MIN: 0) (MAX: 500,000; warning after 150,000)
 DK, R (Go to INCOM-Q4A)

GO TO NEXT SECTION.

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

INC8_4A	___	Less than \$20,000?	
INC8_4B	___	Less than \$10,000?	
INC8_4C	___	Less than \$5,000?	(Go to next section)
INC8_4C	___	\$5,000 or more?	(Go to next section)
INC8_4B	___	\$10,000 or more?	
INC8_4D	___	Less than \$15,000?	(Go to next section)
INC8_4D	___	\$15,000 or more?	(Go to next section)
INC8_4A	___	\$20,000 or more?	
INC8_4E	___	Less than \$40,000?	
INC8_4F	___	Less than \$30,000?	(Go to next section)
INC8_4F	___	\$30,000 or more?	(Go to next section)
INC8_4E	___	\$40,000 or more?	
INC8_4G	___	Less than \$50,000	(Go to next section)
INC8_4G	___	\$50,000 to less than \$60,000?	(Go to next section)
INC8_4G	___	\$60,000 to less than \$80,000?	(Go to next section)
INC8_4G	___	\$80,000 or more?	(Go to next section)
INC8_4A	___	NO INCOME	(Go to next section)
		DK, R	(Go to next section)

Food Insecurity (HRDC)

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

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

FI-Q1 In the past 12 months, did you or anyone else in your household:
 FIS8_1 ... worry that there would not be enough to eat because of a lack of money?

- 1 YES
 - 2 NO
- DK, R (Go to next section)

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

FIS8_2 ... not have enough food to eat because of a lack of money?

- 1 YES
- 2 NO

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

FIS8_3

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

- 1 YES
- 2 No

FI-CFOL If any one of FI-Q1 to FI-Q3=1 go to FI-FOL.
Otherwise, go to next section.

FI-FOL Human Resources Development Canada is looking at why people may have inadequate food and how they may be helped. We may be contacting your household to ask some follow-up questions.

Administration

H05-TEL WAS THIS INTERVIEW CONDUCTED ON THE TELEPHONE OR IN PERSON?

AM58_TEL

- 1 ON TELEPHONE
- 2 IN PERSON
- 3 BOTH

H05-LANG RECORD LANGUAGE OF INTERVIEW

AM58_LNG

- | | | | |
|----|-----------|----|--------------------|
| 1 | ENGLISH | 11 | PERSIAN (FARSI) |
| 2 | FRENCH | 12 | POLISH |
| 3 | ARABIC | 13 | PORTUGUESE |
| 4 | CHINESE | 14 | PUNJABI |
| 5 | CREE | 15 | SPANISH |
| 6 | GERMAN | 16 | TAGALOG (FILIPINO) |
| 7 | GREEK | 17 | UKRAINIAN |
| 8 | HUNGARIAN | 18 | VIETNAMESE |
| 9 | ITALIAN | 19 | OTHER (SPECIFY) |
| 10 | KOREAN | | |

Health Component for Longitudinal (Selected) Respondents (Form H06)

(To be completed for selected respondent only)

(Proxy for those under 12 years old or unable to answer due to special circumstances)

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

IF AGE < 12 OR NON-PROXY, GO TO H06-INT1.

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

AM68FR _____

H06-INT1 This part of the survey deals with various aspects of %your/FNAME's% health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

General Health

GH-Q1 I'll start with a few questions concerning %your/FNAME's% health in general. In general, would you say %your/FNAME's% health is:
GHC8_1 (READ LIST. MARK ONE ONLY.)

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

Height/Weight

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

HWC8_HT _____ FEET _____ INCHES OR _____ CENTIMETRES

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

HWC8_3 _____ ENTER AMOUNT ONLY.) (MIN: 1) (MAX: 575)
DK, R (Go to next section)

HTWT-Q4 INTERVIEWER: WAS THAT IN POUNDS OR IN KILOGRAMS?

HWC8_4
1 POUNDS HWC8_3LB
2 KILOGRAMS HWC8_3KG

HTWT-C5 If age >= 12 or if memcycle < 03, go to next section. (Ask only of top-up sample or buy-ins)

HTWT-Q5 How much did %he/she% weigh at birth?
GHK8_6 (DO NOT READ LIST. MARK ONE ONLY.)

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

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

Preventive Health

(Non-proxy only & age >= 12)

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

BPC8_10

- 1 YES (Go to PH-Q1B)
- 2 NO
DK, R (Go to next section)

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

PH-Q1A (Remember, it's important to understand change.) During our last interview in %MONTH%
BPC8_10A %YYYY%, we recorded that you had previously had your blood pressure taken BUT this time we did not.

In fact, have you EVER had your blood pressure taken?

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

PH-Q1B When was the last time?

BPC8_12 (READ LIST. MARK ONE ONLY.)

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

PH-C2 If female and age >= 18, go to PH-Q2.
Otherwise, go to PH-C3.

PH-Q2 Have you ever had a PAP smear test?

WHC8_20

- 1 YES (Go to PH-Q2B)
- 2 NO
DK, R (Go to next section)

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

PH-Q2A (Remember, it's important to understand change.) During our last interview in %MONTH%
WHC8_20A %YYYY%, we recorded that you had previously had a PAP smear BUT this time we did not.
In fact, have you EVER had a PAP smear?

- 1 YES (PH-Q2=1 was filled during processing.)
- 2 NO (Go to PH-C3)
DK, R (Go to PH-C3)

PH-Q2B When was the last time?
(READ LIST. MARK ONE ONLY.)

WHC8_22

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

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

PH-Q3 Have you ever had a mammogram, that is, a breast x-ray?

WHC8_30

- 1 YES (Go to PH-Q3B)
- 2 NO
DK, R (Go to next section)

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

PH-Q3A (Remember, it's important to understand change.) During our last interview in %MONTH%
WHC8_30A %YYYY%, we recorded that you had previously had a mammogram BUT this time we did not.
In fact, have you EVER had a mammogram?

- 1 YES (PH-Q3=1 was filled during processing.)
- 2 NO (Go to PH-C4)
DK, R (Go to PH-C4)

PH-Q3B
WHC8_32

When was the last time?
(READ LIST. MARK ONE ONLY.)

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

PH-C4
If female and (age >= 15 and age <= 49), go to PH-Q4.
Otherwise, go to PH-C5.

PH-Q4
GHC8_21

Now, a few questions for recent mothers. Since %2YEARSAGO/our interview% in %MONTH%
%YYYY%, have you given birth?
(INTERVIEWER: DO NOT INCLUDE STILLBIRTHS.)

- 1 YES
- 2 NO (Go to PH-Q4B)
DK, R (Go to next section)

PH-Q4A
GHC8_23

(For your last baby), did you use the services of a doctor, a midwife or both?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 DOCTOR ONLY
- 2 MIDWIFE ONLY
- 3 BOTH DOCTOR AND MIDWIFE
- 4 NEITHER

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

PH-Q4B
HWC8_1

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

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

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

PH-Q5
WHC8_5

Have you had a hysterectomy? (uterus removed)

- 1 YES
- 2 NO (Go to next section)
DK, R (Go to next section)

PH-Q5A
At what age?

WHC8_5A
___ AGE (MIN: 18) (MAX: current age)

PH-Q5B

WHC8_5B

Why did you have it?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 CANCER TREATMENT
- 2 CANCER PREVENTION
- 3 ENDOMETRIOSIS
- 4 TUBAL PREGNANCY
- 5 BENIGN TUMORS (E.G. FIBROIDS)
- 6 MENSTRUAL PROBLEMS/ABNORMAL BLEEDING
- 7 OTHER (SPECIFY)

Self-care

(Non-proxy only & age >= 18)

SC-Q1

SC_8_1

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

- 1 YES
- 2 NO (Go to SC-INT12)
- DK, R (Go to next section)

SC-Q2

SC_8_2

What did you do first about the problem?
(READ LIST. MARK ONE ONLY.)

- 1 Ignored it
- 2 Treated it myself
- 3 Went to a clinic
- 4 Went to a community health centre or a CLSC
- 5 Went to an emergency room at a hospital
- 6 Went to a doctor's office
- 7 Other (SPECIFY)
- DK, R (Go to SC-INT12)

SC-Q3

SC_8_3

Did you do anything else after that?

- 1 YES
- 2 NO (Go to SC-C7)
- DK, R (Go to SC-C7)

SC-Q4

SC_8_4

What was that?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 IGNORED IT
- 2 TREATED IT MYSELF
- 3 WENT TO A CLINIC
- 4 WENT TO A COMMUNITY HEALTH CENTRE/CLSC
- 5 WENT TO AN EMERGENCY ROOM AT A HOSPITAL
- 6 WENT TO A DOCTOR'S OFFICE
- 7 OTHER (SPECIFY)
- DK, R (Go to SC-C7)

SC-Q5

SC_8_5

Finally, did you do anything else after that?

- 1 YES
- 2 NO (Go to SC-C7)
- DK, R (Go to SC-C7)

SC-Q6

SC_8_6

What was that?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 IGNORED IT
- 2 TREATED IT MYSELF
- 3 WENT TO A CLINIC
- 4 WENT TO A COMMUNITY HEALTH CENTRE/CLSC
- 5 WENT TO AN EMERGENCY ROOM AT A HOSPITAL
- 6 WENT TO A DOCTOR'S OFFICE
- 7 OTHER (SPECIFY)

SC-C7

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

SC-Q7

SC_8_7

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

... take over-the-counter medication?

- 1 YES
- 2 NO

SC-Q8

SC_8_8

... use herbal or vitamin supplements?

- 1 YES
- 2 NO

SC-Q9

SC_8_9

... use medication left over from an old prescription or use someone else's prescription?

- 1 YES
- 2 NO

SC-Q10

SC_8_10

... use home remedies?

- 1 YES
- 2 NO

SC-Q11

SC_8_11

... cut down on activities and get more rest?

- 1 YES
- 2 NO

SC-INT12

Now, I'd like your opinion on some statements about health care. Please tell me whether you strongly agree, agree, disagree or strongly disagree with the following statements.

SC-Q12

SC_8_12

I prefer doctors who give me choices or options and let me decide for myself what to do.
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 STRONGLY AGREE
- 2 AGREE
- 3 NEITHER AGREE NOR DISAGREE
- 4 DISAGREE
- 5 STRONGLY DISAGREE

SC-Q13 Patients should never challenge the authority of the doctor.
SC_8_13 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 STRONGLY AGREE
- 2 AGREE
- 3 NEITHER AGREE NOR DISAGREE
- 4 DISAGREE
- 5 STRONGLY DISAGREE

SC-Q14 I prefer that the doctor assume all of the responsibility for my medical care.
SC_8_14 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 STRONGLY AGREE
- 2 AGREE
- 3 NEITHER AGREE NOR DISAGREE
- 4 DISAGREE
- 5 STRONGLY DISAGREE

SC-Q15 Except for serious illness, it is generally better to take care of your own health than go to a doctor.
SC_8_15 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 STRONGLY AGREE
- 2 AGREE
- 3 NEITHER AGREE NOR DISAGREE
- 4 DISAGREE
- 5 STRONGLY DISAGREE

SC-Q16 It is almost always better to go to a doctor than to try to treat yourself.
SC_8_16 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 STRONGLY AGREE
- 2 AGREE
- 3 NEITHER AGREE NOR DISAGREE
- 4 DISAGREE
- 5 STRONGLY DISAGREE

Insurance

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

INS-Q1 %Do/Does% %you/FNAME% have insurance that covers all or part of the cost of %your/his/her%
ISC8_1 prescription medications?

- 1 YES
 - 2 NO
- R (Go to next section)

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

INS-Q2 %Do/does% %you/FNAME% have insurance that covers all or part of %your/his/her% dental
ISC8_2 expenses?

- 1 YES
- 2 NO

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

INS-Q3 %Do/does% %you/he/she% have insurance that covers all or part of the costs of eye glasses or contact lenses?
ISC8_3

- 1 YES
- 2 NO

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

INS-Q4 %Do/does% %you/he/she% have insurance that covers all or part of hospital charges for a private or semi-private room?
ISC8_4

- 1 YES
- 2 NO

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

Family Medical History

(Non-proxy only & age >= 18)

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

FH-Q10 By immediate family, we mean birth parents and birth siblings - alive or deceased. Do you have some knowledge of the health history of your birth family?
FH_8_10

- 1 YES
- 2 NO (Go to next section)
- DK, R (Go to next section)

FH-Q11 I'll start with your birth mother. Did she ever have heart disease?

FH_8_11

- 1 YES
- 2 NO

FH-Q12 Did she ever have high blood pressure (excluding during pregnancy)?

FH_8_12

- 1 YES
- 2 NO

FH-Q13 Did she ever have a stroke?

FH_8_13

- 1 YES
- 2 NO

FH-Q14 Did she ever have diabetes (excluding during pregnancy)?

FH_8_14

- 1 YES
- 2 NO

FH-Q15 Did she ever have cancer?

FH_8_15

- 1 YES
- 2 NO (Go to FH-Q17)
- DK, R (Go to FH-Q17)

FH-Q16 What type of cancer?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|----|--|
| <i>FH_8_16A</i> | 1 | BREAST |
| <i>FH_8_16B</i> | 2 | OVARIAN |
| <i>FH_8_16C</i> | 3 | CERVICAL |
| <i>FH_8_16D</i> | 4 | COLORECTAL |
| <i>FH_8_16E</i> | 5 | SKIN (MELANOMA) |
| <i>FH_8_16F</i> | 6 | STOMACH |
| <i>FH_8_16G</i> | 7 | UTERUS (category created during processing) |
| <i>FH_8_16H</i> | 8 | KIDNEY (category created during processing) |
| <i>FH_8_16I</i> | 9 | LEUKEMIA/LYMPHOMA (category created during processing) |
| <i>FH_8_16J</i> | 10 | LUNG (category created during processing) |
| <i>FH_8_16K</i> | 11 | BLADDER (category created during processing) |
| <i>FH_8_16L</i> | 12 | OTHER (SPECIFY) |
| | | DK, R (Go to FH-Q17) |

FH-C16n For each type of cancer that is reported follow up with:

FH-Q16n At what age did she first have %type of cancer%?

		MIN	MAX
<i>FH_8_161</i>	a) Breast cancer	20	135
<i>FH_8_162</i>	b) Ovarian cancer	0	135
<i>FH_8_163</i>	c) Cervical cancer	15	135
<i>FH_8_164</i>	d) Colorectal cancer	25	135
<i>FH_8_165</i>	e) Melanoma cancer	15	135
<i>FH_8_166</i>	f) Stomach cancer	25	135

FH-Q17 Is your birth mother now living?

- | | | |
|----------------|---|----------------------|
| <i>FH_8_17</i> | 1 | YES (Go to FH-Q21) |
| | 2 | NO |
| | | DK, R (Go to FH-Q21) |

FH-Q18 At what age did she die?

FH_8_18 AGE (MIN: 15) (MAX: %AGE% of selected respondent + 49)

FH-Q19 What was the cause of death?
(DO NOT READ LIST. MARK ONE ONLY.)

- | | | | | |
|----------------|---|-----------------------|----|--|
| <i>FH_8_19</i> | 1 | HEART DISEASE | 10 | ACCIDENT |
| | 2 | STROKE | 11 | LIVER DISEASE |
| | 3 | CANCER – BREAST | 12 | COLITIS |
| | 4 | CANCER – OVARIAN | 13 | DIABETES |
| | 5 | CANCER – CERVICAL | 14 | ALZHEIMER'S DISEASE |
| | 6 | CANCER – COLORECTAL | 15 | PARKINSON'S DISEASE |
| | 7 | CANCER – STOMACH | 16 | OLD AGE (category created during processing) |
| | 8 | CANCER – OTHER | | |
| | 9 | PNEUMONIA / INFLUENZA | 17 | OTHER (SPECIFY) |

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

FH_8_21

- 1 YES
- 2 NO

FH-Q22 Did he ever have high blood pressure?

FH_8_22

- 1 YES
- 2 NO

FH-Q23 Did he ever have a stroke?

FH_8_23

- 1 YES
- 2 NO

FH-Q24 Did he ever have diabetes?

FH_8_24

- 1 YES
- 2 NO

FH-Q25 Did he ever have cancer?

FH_8_25

- 1 YES
- 2 NO (Go to FH-Q27)
- DK, R (Go to FH-Q27)

FH-Q26 What type of cancer?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

FH_8_26A

FH_8_26B

FH_8_26C

FH_8_26D

FH_8_26E

FH_8_26F

FH_8_26G

FH_8_26H

- 1 PROSTATE
- 2 COLORECTAL
- 5 STOMACH
- 6 KIDNEY (category created during processing)
- 7 LEUKEMIA/LYMPHOMA (category created during processing)
- 8 LUNG (category created during processing)
- 9 BLADDER (category created during processing)
- 8 OTHER (SPECIFY)
- DK, R (Go to FH-Q27)

FH-C26n For each type of cancer that is reported follow up with:

FH-Q26n At what age did he first have %type of cancer%?

MIN MAX

FH_8_261

FH_8_262

FH_8_263

- | | | | |
|----|-------------------|----|-----|
| a) | Prostate cancer | 40 | 135 |
| b) | Colorectal cancer | 25 | 135 |
| c) | Stomach cancer | 25 | 135 |

FH-Q27 Is your birth father now living?

FH_8_27

- 1 YES (Go to FH-Q30)
- 2 NO
- DK, R (Go to FH-Q30)

FH-Q28

FH_8_28

At what age did he die?

□□□ AGE (MIN: 15) (MAX:135)

FH-Q29

FH_8_29

What was the cause of death?

(DO NOT READ LIST. MARK ONE ONLY.)

- 1 HEART DISEASE
- 2 STROKE
- 3 CANCER - PROSTATE
- 4 CANCER - COLORECTAL
- 5 CANCER - STOMACH
- 6 CANCER - OTHER
- 7 PNEUMONIA / INFLUENZA
- 8 ACCIDENT
- 9 LIVER DISEASE
- 10 COLITIS
- 11 DIABETES
- 12 ALZHEIMER'S DISEASE
- 13 PARKINSON'S DISEASE
- 14 OLD AGE (category created during processing)
- 15 OTHER (SPECIFY)

FH-Q30

FH_8_30

Now, your biological brothers and sisters. Do you or did you have any ...

(READ LIST. MARK ONE ONLY.)

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

FH-Q31

FH_8_31

Did any one of them ever have heart disease?

- 1 YES
- 2 NO

FH-C32

If brothers only exclude the phrase "(excluding during pregnancy)".

FH-Q32

FH_8_32

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

- 1 YES
- 2 NO

FH-Q33

FH_8_33

Did any one of them ever have a stroke?

- 1 YES
- 2 NO

FH-C34

If brothers only exclude the phrase "(excluding during pregnancy)".

FH-Q34

FH_8_34

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

- 1 YES
- 2 NO

FH-C35 If FH-Q30=2 or 3, go to FH-Q35. Otherwise, go to FH-C37.
FH-Q35 Did any one of your biological sisters ever have cancer?

FH_8_35

- 1 YES
- 2 NO (Go to FH-C37)
DK, R (Go to FH-C37)

FH-Q36 What type of cancer?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|----|--|
| <i>FH_8_36A</i> | 1 | BREAST |
| <i>FH_8_36B</i> | 2 | OVARIAN |
| <i>FH_8_36C</i> | 3 | CERVICAL |
| <i>FH_8_36D</i> | 4 | COLORECTAL |
| <i>FH_8_36E</i> | 5 | SKIN (MELANOMA) |
| <i>FH_8_36F</i> | 6 | STOMACH |
| <i>FH_8_36G</i> | 7 | UTERUS (category created during processing) |
| <i>FH_8_36H</i> | 8 | KIDNEY (category created during processing) |
| <i>FH_8_36I</i> | 9 | LEUKEMIA/LYMPHOMA (category created during processing) |
| <i>FH_8_36J</i> | 10 | LUNG (category created during processing) |
| <i>FH_8_36K</i> | 11 | BLADDER (category created during processing) |
| <i>FH_8_36L</i> | 12 | OTHER (SPECIFY) |

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

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

FH_8_37

- 1 YES
- 2 NO (Go to next section)
R, DK (Go to next section)

FH-Q38 What type of cancer?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|---|--|
| <i>FH_8_38A</i> | 1 | PROSTATE |
| <i>FH_8_38B</i> | 2 | COLORECTAL |
| <i>FH_8_38C</i> | 3 | STOMACH |
| <i>FH_8_38D</i> | 4 | KIDNEY (category created during processing) |
| <i>FH_8_38E</i> | 5 | LEUKEMIA/LYMPHOMA (category created during processing) |
| <i>FH_8_38F</i> | 6 | LUNG (category created during processing) |
| <i>FH_8_38G</i> | 7 | BLADDER (category created during processing) |
| <i>FH_8_38H</i> | 8 | OTHER (SPECIFY) |

Nutrition

(Non-proxy only & age >= 15)

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

NU-Q1A Do you choose certain foods or avoid others:

NU_8_1A

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

- 1 YES (OR SOMETIMES)
- 2 NO
DK, R (Go to next section)

NU-Q1B ... because you are concerned about maintaining or improving your health?

NU_8_1B

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q1C... because you are concerned about heart disease?

NU_8_1C

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q1D Do you choose certain foods or avoid others:

NU_8_1D

... because you are concerned about cancer?

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q1E ... because you are concerned about osteoporosis (brittle bones)?

NU_8_1E

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q1F ... because you are concerned about high blood pressure?

NU_8_1F

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q1G ... because you are concerned about diabetes?

NU_8_1G

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q2A Do you choose certain foods because of:

NU_8_2A

... the lower fat content?

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q2B ... the fibre content?

NU_8_2B

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q2C... the calcium content?

NU_8_2C

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q2D Do you choose certain foods because of:

NU_8_2D

... the iron content?

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q2E ... the other vitamins or minerals they contain?

NU_8_2E

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q3A Do you avoid certain foods because of:

NU_8_3A

... the fat content?

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q3B ... the type of fat they contain?

NU_8_3B

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q3C... the salt content?

NU_8_3C

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q3D Do you avoid certain foods because of:

NU_8_3D

... the cholesterol content?

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q3E ... the sugar content?

NU_8_3E

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q3F ... the iron content?

NU_8_3F

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q3G ... the calorie content?

NU_8_3G

- 1 YES (OR SOMETIMES)
- 2 NO

NU-Q4A In the past 4 weeks, did you take any vitamin or mineral supplements?

NU_8_4A

- 1 YES
- 2 NO (Go to next section)
- DK, R (Go to next section)

NU-Q4B Did you take them at least once a week?

NU_8_4B

- 1 YES
- 2 NO (Go to NU-Q4D)
- DK, R (Go to next section)

NU-Q4C Last week on how many days did you take them?

NU_8_4C

DAYS (MIN: 1) (MAX: 7)

GO TO NEXT SECTION

NU-Q4D In the past 4 weeks, on how many days did you take them?

NU_8_4D

DAYS (MIN: 1) (MAX: 21)

Health Status

(Age >= 4)

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

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

Vision

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

HS-Q1 %Are/Is% %you/he/she% *usually* able to see well enough to read ordinary newsprint *without* glasses or contact lenses?
HSC8_1

- 1 YES (Go to HS-Q4)
- 2 NO
DK, R (Go to next section)

HS-Q2 %Are/Is% %you/he/she% *usually* able to see well enough to read ordinary newsprint *with* glasses or contact lenses?
HSC8_2

- 1 YES (Go to HS-Q4)
- 2 NO

HS-Q3 %Are/Is% %you/he/she% able to see at all?

HSC8_3

- 1 YES
- 2 NO (Go to HS-Q6)
DK, R (Go to HS-Q6)

HS-Q4 %Are/Is% %you/he/she% able to see well enough to recognize a friend on the other side of the street *without* glasses or contact lenses?

HSC8_4

- 1 YES (Go to HS-Q6)
- 2 NO
DK, R (Go to HS-Q6)

HS-Q5 %Are/Is% %you/he/she% *usually* able to see well enough to recognize a friend on the other side of the street *with* glasses or contact lenses?

HSC8_5

- 1 YES
- 2 NO

Hearing

HS-Q6
HSC8_6 %Are/Is% %you/FNAME% *usually* able to hear what is said in a group conversation with at least 3 other people *without* a hearing aid?

- 1 YES (Go to HS-Q10)
- 2 NO
DK, R (Go to HS-Q10)

HS-Q7
HSC8_7 %Are/Is% %you/he/she% *usually* able to hear what is said in a group conversation with at least 3 other people *with* a hearing aid?

- 1 YES (Go to HS-Q8)
- 2 NO

HS-Q7A
HSC8_7A %Are/Is% %you/he/she% able to hear at all?

- 1 YES
- 2 NO (Go to HS-Q10)
DK, R (Go to HS-Q10)

HS-Q8
HSC8_8 %Are/Is% %you/he/she% usually able to hear what is said in a conversation with one other person in a quiet room *without* a hearing aid ?

- 1 YES (Go to HS-Q10)
- 2 NO
R (Go to HS-Q10)

HS-Q9
HSC8_9 %Are/Is% %you/he/she% usually able to hear what is said in a conversation with one other person in a quiet room *with* a hearing aid?

- 1 YES
- 2 NO

Speech

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

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

HS-Q10
HSC8_10 %Are/Is% %you/FNAME% *usually* able to be understood *completely* when speaking with strangers in %your/his/her% own language?

- 1 YES (Go to HS-Q14)
- 2 NO
R (Go to HS-Q14)

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

HSC8_11

- 1 YES
- 2 NO

HS-Q12 %Are/Is% %you/he/she% able to be understood *completely* when speaking with those who know
HSC8_12 %you/him/her% well?

- 1 YES (Go to HS-Q14)
- 2 NO
- R (Go to HS-Q14)

HS-Q13 %Are/Is% %you/he/she% able to be understood *partially* when speaking with those who know
HSC8_13 %you/him/her% well?

- 1 YES
- 2 NO

Getting Around

HS-Q14 %Are/Is% %you/FNAME% *usually* able to walk around the neighbourhood *without* difficulty and
HSC8_14 *without* mechanical support such as braces, a cane or crutches?

- 1 YES (Go to HS-Q21)
- 2 NO
- DK, R (Go to HS-Q21)

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

HSC8_15

- 1 YES
- 2 NO (Go to HS-Q18)
- DK, R (Go to HS-Q18)

HS-Q16 %Do/Does% %you/he/she% require mechanical support such as braces, a cane or crutches to be able
HSC8_16 to walk around the neighbourhood?

- 1 YES
- 2 NO

HS-Q17 %Do/Does% %you/he/she% require the help of another person to be able to walk?

HSC8_17

- 1 YES
- 2 NO

HS-Q18 %Do/Does% %you/he/she% require a wheelchair to get around?

HSC8_18

- 1 YES
- 2 NO (Go to HS-Q21)
- DK, R (Go to HS-Q21)

HS-Q19 How often %do/does% %you/he/she% use a wheelchair?

HSC8_19 (READ LIST. MARK ONE ONLY.)

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

HS-Q20 %Do/Does% %you/he/she% need the help of another person to get around in the wheelchair?

HSC8_20

- 1 YES
- 2 NO

Hands and Fingers

HS-Q21 %Are/Is% %you/FNAME% usually able to grasp and handle small objects such as a pencil or scissors?

HSC8_21

- 1 YES (Go to HS-Q25)
- 2 NO
DK, R (Go to HS-Q25)

HS-Q22 %Do/Does% %you/he/she% require the help of another person because of limitations in the use of hands or fingers?

HSC8_22

- 1 YES
- 2 NO (Go to HS-Q24)
DK, R (Go to HS-Q24)

HS-Q23 %Do/Does% %you/he/she% require the help of another person with:
(READ LIST. MARK ONE ONLY.)

HSC8_23

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

HS-Q24 %Do/Does% %you/he/she% require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?

HSC8_24

- 1 YES
- 2 NO

Feelings

HS-Q25 Would you describe %yourself/FNAME% as being *usually*:
(READ LIST. MARK ONE ONLY.)

HSC8_25

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

Memory

HS-Q26 How would you describe %your/his/her% *usual* ability to remember things?
(READ LIST. MARK ONE ONLY.)

HSC8_26

- 1 Able to remember most things
- 2 Somewhat forgetful
- 3 Very forgetful
- 4 UNABLE TO REMEMBER ANYTHING AT ALL

Thinking

HS-Q27 How would you describe %your/his/her% *usual* ability to think and solve day-to-day problems?
HSC8_27 (READ LIST. MARK ONE ONLY.)

- 1 Able to think clearly and solve problems
- 2 Having a little difficulty
- 3 Having some difficulty
- 4 Having a great deal of difficulty
- 5 UNABLE TO THINK OR SOLVE PROBLEMS

Pain and Discomfort

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

HSC8_28

- 1 YES (Go to next section)
- 2 NO
 DK, R (Go to next section)

HS-Q29 How would you describe the *usual* intensity of %your/his/her% pain or discomfort?
HSC8_29 (READ LIST. MARK ONE ONLY.)

- 1 Mild
- 2 Moderate
- 3 Severe

HS-Q30 How many activities does %your/his/her% pain or discomfort prevent?
HSC8_30 (READ LIST. MARK ONE ONLY.)

- 1 None
- 2 A few
- 3 Some
- 4 Most

Sense of Coherence

(Non-proxy only and age >= 18)

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

SCOH-Q1 How often do you have the feeling that you don't really care about what goes on around you?
PY_8_HI 1 means very seldom or never and 7 means very often.

- 1 Very seldom or never
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Very often
- DK, R (Go to next section)

SCOH-Q2

PY_8_H2

How often in the past were you surprised by the behaviour of people whom you thought you knew well?

1 means it has never happened and 7 means it has always happened.

- 1 Never happened
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Always happened

SCOH-Q3

PY_8_H3

How often have people you counted on disappointed you?

1 means it never happened and 7 means it always happened.

- 1 Never happened
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Always happened

SCOH-Q4

PY_8_H4

How often do you have the feeling you're being treated unfairly?

1 means very often and 7 means very seldom or never.

- 1 Very often
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Very seldom or never

SCOH-Q5

PY_8_H5

How often do you have the feeling you are in an unfamiliar situation and don't know what to do?

1 means very often and 7 means very seldom or never.

- 1 Very often
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Very seldom or never

SCOH-Q6

PY_8_H6

How often do you have very mixed-up feelings and ideas?

1 means very often and 7 means very seldom or never.

- 1 Very often
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Very seldom or never

SCOH-Q7
PY_8_H7

How often do you have feelings inside that you would rather not feel?
1 means very often and 7 means very seldom or never.

- 1 Very often
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Very seldom or never

SCOH-Q8
PY_8_H8

Many people -- even those with a strong character -- sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?
1 means very seldom or never and 7 means very often.

- 1 Very seldom or never
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Very often

SCOH-Q9
PY_8_H9

How often do you have the feeling that there's little meaning in the things you do in your daily life?
1 means very often and 7 means very seldom or never.

- 1 Very often
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Very seldom or never

SCOH-Q10
PY_8_H10

How often do you have feelings that you're not sure you can keep under control?
1 means very often and 7 means very seldom or never.

- 1 Very often
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Very seldom or never

SCOH-Q11
PY_8_H11

Until now has your life had no clear goals or purpose or has it had very clear goals and purpose?
1 means no clear goals or purpose and 7 means very clear goals and purpose.

- 1 No clear goals or no purpose at all
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Very clear goals and purpose

SCOH-Q12
 PY_8_H12 When something happens, do you generally find that you overestimate or underestimate its importance or you see things in the right proportion?
 1 means you overestimate or underestimate importance and 7 means you see things in the right proportion.

- 1 Overestimate or underestimate its importance
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 See things in the right proportion

SCOH-Q13
 PY_8_H13 Is doing the things you do every day a source of great pleasure and satisfaction or a source of pain and boredom?
 1 means a source of great pleasure and satisfaction and 7 means a source of pain and boredom.

- 1 A great deal of pleasure and satisfaction
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 A source of pain and boredom

Physical Activities

(Non-proxy only and age >= 12)

PA-INTA Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.

PA-Q1 Have you done any of the following in the past 3 months, that is, from %3MOSAGO% to yesterday?
 (READ LIST. MARK ALL THAT APPLY.)

- | | | | | | |
|---------|----|----------------------------------|---------|-------|---------------------------|
| PAC8_1A | 1 | Walking for exercise | PAC8_1I | 13 | Downhill skiing |
| PAC8_1B | 2 | Gardening or yard work | PAC8_1N | 14 | Bowling |
| PAC8_1C | 3 | Swimming | PAC8_1O | 15 | Baseball or softball |
| PAC8_1D | 4 | Bicycling | PAC8_1P | 16 | Tennis |
| PAC8_1E | 5 | Popular or social dance | PAC8_1Q | 17 | Weight-training |
| PAC8_1F | 6 | Home exercises | PAC8_1R | 18 | Fishing |
| PAC8_1G | 7 | Ice hockey | PAC8_1S | 19 | Volleyball |
| PAC8_1H | 8 | Ice skating | PAC8_1T | 20 | Basketball |
| PAC8_1Y | 9 | In-line skating or rollerblading | PAC8_1U | 21 | Any other (Go to PA-Q1Ui) |
| PAC8_1J | 10 | Jogging or running | PAC8_1V | 22 | NO PHYSICAL ACTIVITY |
| PAC8_1K | 11 | Golfing | | | (Go to PA-INTB) |
| PAC8_1L | 12 | Exercise class or aerobics | | DK, R | (Go to next section) |

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

PA-Q1Ui What was this activity? (ENTER ONE ACTIVITY ONLY.)

PAC8FC1 _____

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

PAC8_1W

- 1 YES
- 2 NO (Go to PA-Q2)
DK, R (Go to PA-Q2)

PA-Q1Wi What was this activity? (ENTER ONE ACTIVITY ONLY.)

PAC8FC2

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

PAC8_1X

- 1 YES
- 2 NO (Go to PA-Q2)
DK, R (Go to PA-Q2)

PA-Q1Xi What was this activity? (ENTER ONE ACTIVITY ONLY.)

PAC8FC3

For each activity in PA-Q1, ask PA-Q2 and PA-Q3.

PA-Q2 In the past 3 months, how many times did you participate in %ACTIVITY%?

PAC8_2n

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

PA-Q3 About how much time did you spend on each occasion?

PAC8_3n

(DO NOT READ LIST. MARK ONE ONLY.)

- 1 1 TO 15 MINUTES
- 2 16 TO 30 MINUTES
- 3 31 TO 60 MINUTES
- 4 MORE THAN ONE HOUR

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

PA-Q4A In a typical week in the past 3 months, how many hours did you usually spend walking to work or to school or while doing errands?

PAC8_4A

(DO NOT READ LIST. MARK ONE ONLY.)

- 1 NONE
- 2 LESS THAN 1 HOUR
- 3 FROM 1 TO 5 HOURS
- 4 FROM 6 TO 10 HOURS
- 5 FROM 11 TO 20 HOURS
- 6 MORE THAN 20 HOURS

PA-Q4B
PAC8_4B

In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 NONE
- 2 LESS THAN 1 HOUR
- 3 FROM 1 TO 5 HOURS
- 4 FROM 6 TO 10 HOURS
- 5 FROM 11 TO 20 HOURS
- 6 MORE THAN 20 HOURS

PA-C1

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

PA-Q5
PAC8_5

When riding a bicycle how often did you wear a helmet?
(READ LIST. MARK ONE ONLY.)

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

PA-Q6
PAC8_6

Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?
(READ LIST. MARK ONE ONLY.)

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

Repetitive Strain

(Age >= 12)

RS-I1

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

RS-Q1
RPC8_1

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

- 1 YES
- 2 NO (Go to next section)
- DK, R (Go to next section)

RS-Q2
RPC8_2

How many injuries?

- INJURIES (MIN: 1) (MAX: 20; warning after 6)
DK, R (Go to next section)

RS-C3

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

RS-Q3

RPC8_3

(Thinking about the most serious injury), what part of the body was affected?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 NECK
- 2 SHOULDER
- 3 ELBOW
- 4 WRIST/HAND/FINGER
- 5 KNEE
- 6 ANKLE/FOOT/TOE
- 7 BACK OR SPINE
- 8 HIP
- 9 OTHER (SPECIFY)

RS-Q4

Was this injury the result of doing something:
(READ LIST. MARK ALL THAT APPLY.)

RPC8_4A

RPC8_4B

RPC8_4C

RPC8_4D

- 1 At home?
- 2 At work or school?
- 3 In leisure activities such as sports or hobbies?
- 4 Other (SPECIFY)?

Injuries

IN-CINT

If age < 12, do not use the phrase "OTHER" in IN-INT.

IN-INT

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

IN-C1

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

IN-Q1

IJC8_1

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

- 1 YES
- 2 NO (Go to next section)
- DK, R (Go to next section)

IN-Q2

IJC8_2

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

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

IN-C3

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

IN-Q3

IJC8_3

(Thinking about the most serious injury), what type of injury did %you/he/she% have? For example, a broken bone or burn.

(DO NOT READ LIST. MARK ONE ONLY.)

- 1 MULTIPLE INJURIES
- 2 BROKEN OR FRACTURED BONES
- 3 BURN OR SCALD
- 4 DISLOCATION
- 5 SPRAIN OR STRAIN
- 6 CUT OR SCRAPE
- 7 BRUISE OR ABRASION
- 8 CONCUSSION (Go to IN-Q5) (IN-Q4=3 was filled during processing.)
- 9 POISONING BY SUBSTANCE OR
BY LIQUID (Go to IN-Q5) (IN-Q4=11 was filled during processing.)
- 10 INTERNAL INJURY (Go to IN-Q5) (IN-Q4=11 was filled during processing.)
- 11 OTHER (SPECIFY)

IN-Q4

IJC8_4

What part of %your/his/her% body was injured?

(DO NOT READ LIST. MARK ONE ONLY.)

- 1 MULTIPLE SITES
- 2 EYES
- 3 HEAD (EXCLUDING EYES)
- 4 NECK
- 5 SHOULDER
- 6 ARMS OR HANDS
- 7 HIP
- 8 LEGS OR FEET
- 9 BACK OR SPINE
- 10 TRUNK (EXCLUDING BACK AND SPINE) (INCLUDING CHEST, INTERNAL
ORGANS)

IN-Q5

IJC8_5

Where did the injury happen?

(DO NOT READ LIST. MARK ONE ONLY.)

- 1 IN A HOME OR ITS SURROUNDING AREA
- 2 FARM
- 3 PLACE FOR RECREATION OR SPORT
(E.G. GOLF COURSE, BASKETBALL COURT, PLAYGROUND (INCLUDING
SCHOOL))
- 4 STREET OR HIGHWAY
- 5 BUILDING USED BY GENERAL PUBLIC (E.G. HOTEL, SHOPPING PLAZA,
RESTAURANT, OFFICE BUILDING, SCHOOL)
- 6 RESIDENTIAL INSTITUTION (E.G. HOSPITAL, JAIL)
- 7 MINE
- 8 INDUSTRIAL PLACE OR PREMISE (E.G. DOCKYARD)
- 9 OTHER (SPECIFY)

IN-Q6 What happened? For example, was the injury the result of a fall, a traffic accident or a physical assault, etc.?
IJC8_6 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 MOTOR VEHICLE ACCIDENT
- 2 ACCIDENTAL FALL
- 3 FIRE, FLAMES OR RESULTING FUMES
- 4 ACCIDENTALLY STRUCK BY AN OBJECT/PERSON
- 5 PHYSICAL ASSAULT
- 6 SUICIDE ATTEMPT
- 7 ACCIDENTAL INJURY CAUSED BY EXPLOSION
- 8 ACCIDENTAL INJURY CAUSED BY NATURAL/ENVIRONMENTAL FACTORS (E.G. WEATHER CONDITIONS, POISON IVY, ANIMAL BITES, STINGS)
- 9 ACCIDENTAL NEAR DROWNING OR SUBMERSION
- 10 ACCIDENTAL SUFFOCATION
- 11 HOT OR CORROSIVE LIQUIDS, FOODS OR SUBSTANCES
- 12 ACCIDENT CAUSED BY MACHINERY (E.G. FARM MACHINERY, FORKLIFT, WOODWORKING MACHINERY)
- 13 ACCIDENT CAUSED BY CUTTING AND PIERCING INSTRUMENTS OR OBJECTS (E.G. LAWNMOWER, KNIFE, STAPLER)
- 14 ACCIDENTAL POISONING
- 15 OTHER (SPECIFY)

IN-C1 If age < 15, go to IN-Q8.

IN-Q7 Was this a work-related injury?

- IJC8_7*
- 1 YES
 - 2 NO

IN-Q8 What precautions are being taken, if any, to prevent this kind of injury from happening again?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- IJC8_8A*
IJC8_8B
IJC8_8C
IJC8_8D
IJC8_8E
IJC8_8F
IJC8_8G
- 1 GAVE UP THE ACTIVITY
 - 2 BEING MORE CAREFUL
 - 3 TOOK SAFETY TRAINING
 - 4 USING PROTECTIVE GEAR/SAFETY EQUIPMENT
 - 5 CHANGING PHYSICAL SITUATION
 - 6 OTHER (SPECIFY)
 - 7 NO PRECAUTIONS

Drug Use

(Age >= 12)

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

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

DGC8_1A

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

- 1 YES
 - 2 NO
- R (Go to next section)

DRG-Q1B ... tranquilizers such as Valium?

<i>DGC8_1B</i>	1	YES
	2	NO
DRG-Q1C	... diet pills?	
<i>DGC8_1C</i>	1	YES
	2	NO
DRG-Q1D	... anti-depressants?	
<i>DGC8_1D</i>	1	YES
	2	NO
DRG-Q1E	... codeine, Demerol or morphine?	
<i>DGC8_1E</i>	1	YES
	2	NO
DRG-Q1F	... allergy medicine such as Seldane or Chlor-Tripolon?	
<i>DGC8_1F</i>	1	YES
	2	NO
DRG-Q1G	... asthma medications such as inhalers or nebulizers?	
<i>DGC8_1G</i>	1	YES
	2	NO
DRG-Q1H	... cough or cold remedies?	
<i>DGC8_1H</i>	1	YES
	2	NO
DRG-Q1I	... penicillin or other antibiotics?	
<i>DGC8_1I</i>	1	YES
	2	NO
DRG-Q1J	... medicine for the heart?	
<i>DGC8_1J</i>	1	YES
	2	NO
DRG-Q1K	... medicine for blood pressure?	
<i>DGC8_1K</i>	1	YES
	2	NO

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

DGC8_1L ... diuretics or water pills?

1 YES
2 NO

DRG-Q1M ... steroids?

DGC8_1M 1 YES
2 NO

DRG-Q1N ... insulin?

DGC8_1N 1 YES
2 NO

DRG-Q1O ... pills to control diabetes?

DGC8_1O 1 YES
2 NO

DRG-Q1P ... sleeping pills?

DGC8_1P 1 YES
2 NO

DRG-Q1Q ... stomach remedies?

DGC8_1Q 1 YES
2 NO

DRG-Q1R ... laxatives?

DGC8_1R 1 YES
2 NO

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

DRG-Q1S ... birth control pills?

DGC8_1S 1 YES
2 NO

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

DRG-Q1T ... hormones for menopause or aging symptoms?

DGC8_1T 1 YES
2 NO (Go to DRG-Q1U)
DK, R (Go to DRG-Q1U)

DRG-Q1T1 What type of hormones %are/is% %you/FNAME% taking?
(READ LIST. MARK ONE ONLY.)
DGC8_1T1

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

DRG-Q1T2 When did %you/FNAME% start this hormone therapy?
(ENTER YEAR.)
DGC8_1T2

____ (MIN: YOB+30) (MAX: current year)

DRG-Q1U ... thyroid medication such as Synthroid or Levothyroxine?
DGC8_1U

- 1 YES
- 2 NO

DRG-Q1V ... any other medication?

DGC8_1V

- 1 YES (SPECIFY)
- 2 NO

DRG-C1 If any drug(s) specified in DRG-Q1A to DRG-Q1V, go to DRG-Q2. Otherwise, go to DRG-Q4.

DRG-Q2Now, I am referring to the last 2 days, that is, yesterday and the day before yesterday. During those 2 days, how many different medications did %you/he/she% take?
DGC8_2

_____ NUMBER OF DIFFERENT MEDICATIONS (MIN: 0 MAX: 99)
DK, R (Go to DRG-Q4.)

If number = 0, then go to DRG-Q4.

For each number > 0 ask DRG-Q3 and DRG-Q3A ... up to a maximum of 12.

DRG-Q3What is the exact name of the medication that %you/FNAME% took? (ASK THE PERSON TO LOOK AT THE BOTTLE, TUBE OR BOX.)
DGC8F3n

DRG-Q3A Was this a prescription from a medical doctor or dentist?

DGC8_3nA

- 1 YES
- 2 NO

DRG-Q4There are many other health products such as ointments, vitamins, herbs, minerals or protein drinks which people use to prevent illness or to improve or maintain their health. %Do/Does% %you/FNAME% use any of these or other health products?
DGC8_4

- 1 YES
- 2 NO (Go to next section)
DK, R (Go to next section)

DRG-Q5What is the exact name of the health product that %you/FNAME% %use/s%? (ASK THE PERSON TO LOOK AT THE BOTTLE, TUBE OR BOX.) (UP TO 12 PRODUCTS)
DGC8F5n

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

Smoking

(Age >= 12)

SMK-INT The next questions are about smoking.

SMK-Q1 Does anyone in this household smoke regularly inside the house?

SMC8_1

- 1 YES
- 2 NO

SMK-Q2 At the present time %do/does% %you/FNAME% smoke cigarettes daily, occasionally or not at all?
(DO NOT READ LIST. MARK ONE ONLY.)

SMC8_2

- 1 DAILY
- 2 OCCASIONALLY (Go to SMK-Q5B)
- 3 NOT AT ALL (Go to SMK-Q4A)
- DK, R (Go to next section)

SMK-Q3 At what age did %you/he/she% begin to smoke cigarettes daily?

SMC8_3

___ AGE (MIN: 5) (MAX: current age)

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

SMC8_4

___ NUMBER OF CIGARETTES (MIN: 1) (MAX: 99; warning after 60)

GO TO SMK-C9A

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

SMC8_4A

- 1 YES (Go to SMK-Q5A)
- 2 NO
- DK, R (Go to next section)

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

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

SMC8_4B

In fact, have you EVER smoked cigarettes?

- 1 YES (SMK-Q4A=1 was filled during processing.)
- 2 NO (Go to next section)
- DK, R (Go to next section)

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

SMC8_5A

- 1 YES
- 2 NO

GO TO SMK-Q5

SMK-Q5B On the days that %you/FNAME% %do/does% smoke, about how many cigarettes %do/does%
SMC8_5B %you/he/she% usually have?

___ NUMBER OF CIGARETTES (MIN: 1) (MAX: 99; warning after 60)

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

SMC8_5C

___ NUMBER OF DAYS (MIN: 0) (MAX: 30)

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

SMC8_5

- 1 YES
- 2 NO (Go to SMK-C9A)
DK, R (Go to next section)

SMK-Q6 At what age did %you/he/she% begin to smoke (cigarettes) daily?

SMC8_6

___ AGE (MIN: 5) (MAX: current age)

SMK-Q7 How many cigarettes did %you/he/she% usually smoke each day?

SMC8_7

___ NUMBER OF CIGARETTES (MIN: 1) (MAX: 99; warning after 60)

SMK-Q8 At what age did %you/he/she% stop smoking (cigarettes) daily?

SMC8_8

___ AGE (MIN: 5) (MAX: current age)

SMK-C9A

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

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

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

SMK-Q9
SMC8_9

Compared to our interview in %MONTH%%YYYY%, you are reporting that you no longer smoke.
Why did you quit?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 NEVER SMOKED
- 2 DIDN'T SMOKE AT LAST INTERVIEW
- 3 AFFECTED PHYSICAL HEALTH
- 4 COST
- 5 SOCIAL/FAMILY PRESSURES
- 6 ATHLETIC ACTIVITIES
- 7 PREGNANCY
- 8 SMOKING RESTRICTIONS
- 9 DOCTOR'S ADVICE
- 10 EFFECT OF SECOND-HAND SMOKE ON OTHERS
- 11 OTHER (SPECIFY)

GO TO NEXT SECTION

SMK-Q10
SMC8_10

Compared to our interview in %MONTH%%YYYY%, you are reporting that you currently smoke.
Why did you start smoking?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 SMOKED AT LAST INTERVIEW
- 2 FAMILY/FRIENDS SMOKE
- 3 EVERYONE AROUND ME SMOKES
- 4 TO BE "COOL"
- 5 CURIOSITY
- 6 STRESS
- 7 STARTED AGAIN AFTER TRYING TO QUIT
- 8 COST
- 9 TO CONTROL WEIGHT
- 10 OTHER (SPECIFY)

GO TO NEXT SECTION

SMK-Q11
SMC8_11

Compared to our interview in %MONTH% %YYYY%, you are reporting that you smoke less. Why did you cut down?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 DIDN'T CUT DOWN
- 2 DIDN'T SMOKE AT LAST INTERVIEW
- 3 TRYING TO QUIT
- 4 AFFECTED PHYSICAL HEALTH
- 5 COST
- 6 SOCIAL/FAMILY PRESSURES
- 7 ATHLETIC ACTIVITIES
- 8 PREGNANCY
- 9 SMOKING RESTRICTIONS
- 10 DOCTOR'S ADVICE
- 11 EFFECT OF SECOND-HAND SMOKE ON OTHERS
- 12 OTHER (SPECIFY)

GO TO NEXT SECTION

SMK-Q12 Compared to our interview in %MONTH% %YYYY%, you are reporting that you smoke more. Why
SMC8_12 have you increased smoking?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 HAVEN'T INCREASED
- 2 FAMILY/FRIENDS SMOKE
- 3 EVERYONE AROUND ME SMOKES
- 4 TO BE "COOL"
- 5 CURIOSITY
- 6 STRESS
- 7 INCREASED AFTER TRYING TO QUIT/REDUCE
- 8 COST
- 9 TO CONTROL WEIGHT
- 10 OTHER (SPECIFY)

Smoking (2)

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

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

SMK2-Q1 How soon after you wake up do you smoke your first cigarette?
SMC8_2_1 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 WITHIN 5 MINUTES
 - 2 6 TO 30 MINUTES AFTER WAKING
 - 3 31 TO 60 MINUTES AFTER WAKING
 - 4 MORE THAN 60 MINUTES AFTER WAKING
- DK, R (Go to next section)

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

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

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

SMC8_2_2

- 1 YES
 - 2 NO (Go to SMK2-C6)
- DK, R (Go to SMK2-C6)

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

SMC8_2_3

□□ times (MIN:1) (MAX: 25)

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

SMC8_2_4

- 1 YES (Go to SMK2-C6)
- 2 NO

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

SMC8_2_5

- 1 YES
- 2 NO

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

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

SMK2-Q6 At your place of work what are the restrictions on smoking?
SMC8_2_6 (READ LIST. MARK ONE ONLY.)

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

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

Tobacco Alternatives (HPS)

(Non-proxy only and age >= 12)

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

STOB-Q1 In the past month, have you smoked cigars?

TAS8_1

- 1 YES
- 2 NO
DK, R (Go to next section)

STOB-Q2 In the past month, have you smoked a pipe?

TAS8_2

- 1 YES
- 2 NO

STOB-Q3 In the past month, have you used snuff?

TAS8_3

- 1 YES
- 2 NO

STOB-Q4 In the past month, have you used chewing tobacco?

TAS8_4

- 1 YES
- 2 NO

Alcohol

(Age >=12)

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

ALC-INT2 When we use the word drink it means:

- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one drink or cocktail with 1 and a 1/2 ounces of liquor.

ALC-Q1 During the past 12 months, that is, from %12MOSAGO% to yesterday, %have/has%
ALC8_1 %you/FNAME% had a drink of beer, wine, liquor or any other alcoholic beverage?

- 1 YES
- 2 NO (Go to ALC-Q5B)
DK, R (Go to next section)

ALC-Q2 During the past 12 months, how often did %you/he/she% drink alcoholic beverages?
ALC8_2 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 LESS THAN ONCE A MONTH
- 2 ONCE A MONTH
- 3 2 TO 3 TIMES A MONTH
- 4 ONCE A WEEK
- 5 2 TO 3 TIMES A WEEK
- 6 4 TO 6 TIMES A WEEK
- 7 EVERY DAY

ALC-Q3 How often in the past 12 months %have/has% %you/he/she% had 5 or more drinks on one occasion?
ALC8_3 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 NEVER
- 2 LESS THAN ONCE A MONTH
- 3 ONCE A MONTH
- 4 2 TO 3 TIMES A MONTH
- 5 ONCE A WEEK
- 6 MORE THAN ONCE A WEEK

ALC-Q5 Thinking back over the past week, that is, from %1WKAGO% to yesterday, did %you/FNAME%
ALC8_5 have a drink of beer, wine, liquor or any other alcoholic beverage?

- 1 YES
- 2 NO (Go to next section)
DK, R (Go to next section)

ALC-Q51 Starting with yesterday, that is %D1E%, how many drinks did %you/FNAME% have:

- | | | | |
|----------|---|------------|--|
| ALC8_5A1 | 1 | Monday? | (If R on first day, then go to next section) |
| ALC8_5A2 | 2 | Tuesday? | (MIN: 0 MAX: 99 for each day) |
| ALC8_5A3 | 3 | Wednesday? | |
| ALC8_5A4 | 4 | Thursday? | |
| ALC8_5A5 | 5 | Friday? | |
| ALC8_5A6 | 6 | Saturday? | |
| ALC8_5A7 | 7 | Sunday? | |

GO TO NEXT SECTION

ALC-Q5B Have %you/he/she% ever had a drink?

- ALC8_5B
- 1 YES
 - 2 NO (Go to next section)
DK, R (Go to next section)

ALC-Q6 Did %you/he/she% ever regularly drink more than 12 drinks a week?

- ALC8_6
- 1 YES
 - 2 NO (Go to next section)
DK, R (Go to next section)

ALC-Q7 Why did %you/he/she% reduce or quit drinking altogether?
(DO NOT READ LIST. MARK ALL THAT APPLY)

- | | | |
|---------|----|--|
| ALC8_7A | 1 | DIETING |
| ALC8_7B | 2 | ATHLETIC TRAINING |
| ALC8_7C | 3 | PREGNANCY |
| ALC8_7D | 4 | GETTING OLDER |
| ALC8_7E | 5 | DRINKING TOO MUCH/DRINKING PROBLEM |
| ALC8_7F | 6 | AFFECTED WORK, STUDIES, EMPLOYMENT OPPORTUNITIES |
| ALC8_7G | 7 | INTERFERED WITH FAMILY OR HOME LIFE |
| ALC8_7H | 8 | AFFECTED - PHYSICAL HEALTH |
| ALC8_7I | 9 | AFFECTED - FRIENDSHIPS OR SOCIAL RELATIONSHIPS |
| ALC8_7J | 10 | AFFECTED - FINANCIAL POSITION |
| ALC8_7K | 11 | AFFECTED - OUTLOOK ON LIFE, HAPPINESS |
| ALC8_7L | 12 | INFLUENCE OF FAMILY OR FRIENDS |
| ALC8_7M | 13 | OTHER (SPECIFY) |

Mental Health

(Non-proxy only & age >= 12)

MH-Q1A Now some questions about mental and emotional well-being. During the past month, that is, from
MHC8_1A %IMOAGO% to yesterday, about how often did you feel ... so sad that nothing could cheer you up?
(READ LIST. MARK ONE ONLY.)

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

MH-Q1B During the past month, about how often did you feel nervous?
MHC8_1B (READ LIST. MARK ONE ONLY.)

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

MH-Q1C ... restless or fidgety?
MHC8_1C (READ LIST. MARK ONE ONLY.)

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

MH-Q1D ... hopeless?
MHC8_1D (READ LIST. MARK ONE ONLY.)

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

MH-Q1E ... worthless?
MHC8_1E (READ LIST. MARK ONE ONLY.)

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

MH-Q1F During the past month, about how often did you feel that everything was an effort?
MHC8_1F (READ LIST. MARK ONE ONLY.)

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

MH-C1G If MH-Q1A to MH-Q1F are all "None", go to MH-Q1K.

MH-I1G We have just been talking about feelings and experiences that occurred to different degrees during the past month.

MH-Q1G Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual or about the same as usual?
MHC8_1G (DO NOT READ LIST. MARK ONE ONLY.)

- 1 MORE OFTEN
 - 2 LESS OFTEN (Go to MH-Q1I)
 - 3 ABOUT THE SAME (Go to MH-Q1J)
 - 4 NEVER HAVE HAD ANY (Go to MH-Q1K)
- DK, R (Go to MH-Q1K)

MH-Q1H Is that a lot more, somewhat more or only a little more often than usual?
MHC8_1H (DO NOT READ LIST. MARK ONE ONLY.)

- 1 A LOT
 - 2 SOMEWHAT
 - 3 A LITTLE
- DK, R (Go to MH-Q1K)

GO TO MH-Q1J

MH-Q1I Is that a lot less, somewhat less or only a little less often than usual?
(DO NOT READ LIST. MARK ONE ONLY.)

MHC8_1I

- 1 A LOT
- 2 SOMEWHAT
- 3 A LITTLE
- DK, R (Go to MH-Q1K)

MH-Q1J How much do these experiences usually interfere with your life or activities?
(READ LIST. MARK ONE ONLY.)

MHC8_1J

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all

MH-Q1K In the past 12 months, that is, from %12MOSAGO% to yesterday, have you seen or talked on the telephone to a health professional about your emotional or mental health?

MHC8_1K

- 1 YES
- 2 NO (Go to MH-Q2)
- DK, R (Go to MH-Q2)

MH-Q1L How many times (in the past 12 months)?

MHC8_1L

___ # OF TIMES (MIN: 1) (MAX: 366)

MH-Q1M Whom did you see or talk to?
(READ LIST. MARK ALL THAT APPLY.)

MHC8_1MA

MHC8_1MB

MHC8_1MC

MHC8_1MD

MHC8_1ME

MHC8_1MF

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

MH-Q2 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

MHC8_2

- 1 YES
- 2 NO (Go to MH-Q16)
- DK, R (Go to next section)

MH-Q3 For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst. During that time, how long did these feelings usually last?
(READ LIST. MARK ONE ONLY.)

MHC8_3

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

MH-Q4 How often did you feel this way during those 2 weeks?
MHC8_4 (READ LIST. MARK ONE ONLY.)

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

MH-Q5 During those 2 weeks did you lose interest in most things?

MHC8_5

- 1 YES (KEY PHRASE = LOSING INTEREST)
- 2 NO
DK, R (Go to next section)

MH-Q6 Did you feel tired out or low on energy all of the time?

MHC8_6

- 1 YES (KEY PHRASE = FEELING TIRED)
- 2 NO
DK, R (Go to next section)

MH-Q7 Did you gain weight, lose weight or stay about the same?
MHC8_7 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 GAINED WEIGHT (KEY PHRASE = GAINING WEIGHT)
- 2 LOST WEIGHT (KEY PHRASE = LOSING WEIGHT)
- 3 STAYED ABOUT THE SAME (Go to MH-Q9)
- 4 WAS ON A DIET (Go to MH-Q9)
DK, R (Go to next section)

MH-Q8A About how much did you %gain/lose%?

MHC8_8A

___ (ENTER AMOUNT ONLY.) (MIN: 1) (MAX: 99)
DK, R (Go to MH-Q9)

MH-Q8B INTERVIEWER: WAS THAT IN POUNDS OR IN KILOGRAMS?

MHC8_8B

- 1 POUNDS *MHC8_8LB*
- 2 KILOGRAMS *MHC8_8KG*

MH-Q9 Did you have more trouble falling asleep than you usually do?

MHC8_9

- 1 YES (KEY PHRASE = TROUBLE FALLING ASLEEP)
- 2 NO (Go to MH-Q11)
DK, R (Go to next section)

MH-Q10 How often did that happen?
MHC8_10 (READ LIST. MARK ONE ONLY.)

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

MH-Q11

MHC8_11

Did you have a lot more trouble concentrating than usual?

- 1 YES (KEY PHRASE = TROUBLE CONCENTRATING)
- 2 NO
- DK, R (Go to next section)

MH-Q12

MHC8_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 next section)

MH-Q13

MHC8_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 next section)

MH-C14

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

MH-X11C

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

MH-Q14

MHC8_14

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

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

MH-Q15

MHC8_15

Think about the last time you felt this way for 2 weeks or more in a row. In what month was that? (DO NOT READ LIST. MARK ONE ONLY.)

- | | | | |
|---|----------|----|-----------|
| 1 | JANUARY | 7 | JULY |
| 2 | FEBRUARY | 8 | AUGUST |
| 3 | MARCH9 | | SEPTEMBER |
| 4 | APRIL | 10 | OCTOBER |
| 5 | MAY | 11 | NOVEMBER |
| 6 | JUNE | 12 | DECEMBER |

GO TO NEXT SECTION.

MH-Q16

MHC8_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 next section)
- DK, R (Go to next section)

MH-Q17
MHC8_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?
(READ LIST. MARK ONE ONLY.)

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

MH-Q18
MHC8_18

How often did you feel this way during those 2 weeks?
(READ LIST. MARK ONE ONLY.)

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

MH-Q19
MHC8_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 next section)

MH-Q20
MHC8_20

Did you gain weight, lose weight, or stay about the same?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 GAINED WEIGHT (KEY PHRASE = GAINING WEIGHT)
- 2 LOST WEIGHT (KEY PHRASE = LOSING WEIGHT)
- 3 STAYED ABOUT THE SAME (Go to MH-Q22)
- 4 WAS ON A DIET (Go to MH-Q22)
- DK, R (Go to next section)

MH-Q21A
MHC8_21A

About how much did you %gain/lose%?

- ___ (ENTER AMOUNT ONLY.) (MIN: 1) (MAX: 99)
- DK, R (Go to MH-Q22)

MH-Q21B
MHC8_21B

INTERVIEWER: WAS THAT IN POUNDS OR IN KILOGRAMS?

- 1 POUNDS MHC8_21L
- 2 KILOGRAMS MHC8_21K

MH-Q22
MHC8_22

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

- 1 YES (KEY PHRASE = TROUBLE FALLING ASLEEP)
- 2 NO (Go to MH-Q24)
- DK, R (Go to next section)

MH-Q23 How often did that happen?
MHC8_23 (READ LIST. MARK ONE ONLY.)

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

MH-Q24 Did you have a lot more trouble concentrating than usual?

MHC8_24

- 1 YES (KEY PHRASE = TROUBLE CONCENTRATING)
- 2 NO
- DK, R (Go to next section)

MH-Q25 At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

MHC8_25

- 1 YES (KEY PHRASE = FEELING DOWN ON YOURSELF)
- 2 NO
- DK, R (Go to next section)

MH-Q26 Did you think a lot about death - either your own, someone else's, or death in general?

MHC8_26

- 1 YES (KEY PHRASE =THOUGHTS ABOUT DEATH)
- 2 NO
- DK, R (Go to next section)

MH-C27 If any "YES" in MH-Q19, Q22, Q24, Q25 or Q26, or Q20 is "gain" or "lose", go to MH-Q27. Otherwise, go to next section.

MX-Y11C Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES).

MH-Q27 About how many weeks did you feel this way during the past 12 months?

MHC8_27

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

MH-Q28 Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?
(DO NOT READ LIST. MARK ONE ONLY.)

MHC8_28

- | | | | |
|---|----------|----|-----------|
| 1 | JANUARY | 7 | JULY |
| 2 | FEBRUARY | 8 | AUGUST |
| 3 | MARCH9 | | SEPTEMBER |
| 4 | APRIL | 10 | OCTOBER |
| 5 | MAY | 11 | NOVEMBER |
| 6 | JUNE | 12 | DECEMBER |

Social Support (Medical Outcomes Study questions)

(Non-proxy only & age >= 12)

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

MOS-Q1 About how many close friends and close relatives do you have, that is, people you feel at ease with
SSC8_101 and can talk to about what is on your mind?

[_|_] (MIN: 0) (MAX: 99)
DK, R (Go to next section)

MOS-INTA People sometimes look to others for companionship, assistance, or other types of support.

MOS-Q2 How often is each of the following kinds of support available to you if you need it :
SSC8_102 ... someone to help you if you were confined to bed?
(READ LIST. MARK ONE ONLY.)

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

MOS-Q3 ... someone you can count on to listen to you when you need to talk?
SSC8_103 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q4 ... someone to give you advice about a crisis?
SSC8_104 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q5 ... someone to take you to the doctor if you needed it?
SSC8_105 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q6 ... someone who shows you love and affection?
SSC8_106 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q7 How often is each of the following kinds of support available to you if you need it :
SSC8_107 ... someone to have a good time with?
(READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q8 ... someone to give you information in order to help you understand a situation?
SSC8_108 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q9 ... someone to confide in or talk to about yourself or your problems?
SSC8_109 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q10 ... someone who hugs you?
SSC8_110 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q11 ... someone to get together with for relaxation?
SSC8_111 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q12 ... someone to prepare your meals if you were unable to do it yourself?
SSC8_112 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q13 ... someone whose advice you really want?
SSC8_113 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q14 How often is each of the following kinds of support available to you if you need it :
SSC8_114 ... someone to do things with to help you get your mind off things?
(READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q15 ... someone to help with daily chores if you were sick?
SSC8_115 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q16 ... someone to share your most private worries and fears with?
SSC8_116 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q17 ... someone to turn to for suggestions about how to deal with a personal problem?
SSC8_117 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q18 ... someone to do something enjoyable with?
SSC8_118 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q19 ... someone who understands your problems?
SSC8_119 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

MOS-Q20 ... someone to love you and make you feel wanted?
SSC8_120 (READ LIST. MARK ONE ONLY.)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

Health Number and H06 Administration

Health Number

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

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

AM68_LNK

- 1 YES
- 2 NO (Go to next section)
DK, R (Go to next section)

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

LINK-CHG Has %your/FNAME's% health number changed since our interview in %MONTH%, YYYY%?

AM68_HN

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

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

LINK-PROV What is %your/FNAME's% provincial health number?

HNC8_nn

Agreement to Share

H06-SHARE1 To avoid duplication, Statistics Canada intends to share the information from all interviews conducted as part of this survey with provincial ministries of health, Health Canada and Human Resources Development Canada.

H06-SHARE2 These organizations have undertaken to keep this information confidential and use it only for statistical purposes.

AM68_SHA

Do you agree to share the information provided?

- 1 YES
- 2 NO

Administration

H06-I1 This survey is part of a longer term study to look at the health of Canadians. We will need to recontact %you/FNAME% two years from now.

H06-Q1
AM68_5 Could we have the name, address and phone number of a friend or relative that we could call in case there are difficulties in reaching %you/FNAME%? This would only be used to help us contact %you/him/her%.

- 1 YES
- 2 NO (Go to H06-Q10)
- DK, R (Go to H06-Q10)

H06-Q2
AM68_6 INTERVIEWER: ENTER FIRST AND LAST NAME OF CONTACT.
_____ (50 CHARS)

H06-Q3
AM68_7 INTERVIEWER: ENTER THE STREET ADDRESS.
(WITHOUT THE APARTMENT NUMBER)
_____ (50 CHARS)

H06-Q3A
AM68_7A INTERVIEWER: IS THERE AN APARTMENT NUMBER?
1 YES
2 NO (Go to H06-Q4)
DK, R (Go to H06-Q4)

H06-Q3B
AM68_7B INTERVIEWER: ENTER APARTMENT NUMBER.
_____ (15 CHARS)

H06-Q4
AM68_8 INTERVIEWER: ENTER THE CITY.
_____ (25 CHARS)

H06-Q5
AM68_9 INTERVIEWER: ENTER THE POSTAL CODE e.g. A1A1A1.
(DO NOT INSERT BLANKS OR DASHES)
_____ (6 CHARS)

H06-Q5A
AM68_9A INTERVIEWER: CHOOSE THE PROVINCE OR TERRITORY.
1 NEWFOUNDLAND
2 PRINCE EDWARD ISLAND
3 NOVA SCOTIA
4 NEW BRUNSWICK
5 QUEBEC
6 ONTARIO
7 MANITOBA
8 SASKATCHEWAN
9 ALBERTA
10 BRITISH COLUMBIA
11 YUKON
12 NORTHWEST TERRITORIES

H06-Q6
AM68_10 What is the telephone number, starting with the area code?
(INTERVIEWER: DO NOT ENTER DASHES AND BRACKETS)
_____ (10 CHARS)

H06-Q7
AM68_11 How is this person related to %you/FNAME%?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 PARENT/PARENT-IN-LAW
- 2 GRANDPARENT
- 3 DAUGHTER/DAUGHTER-IN-LAW
- 4 SON/SON-IN-LAW
- 5 BROTHER/SISTER
- 6 OTHER RELATIVE
- 7 FRIEND
- 8 NEIGHBOUR
- 9 OTHER (SPECIFY)

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

H06-Q8
AM68_12 Could I please have %your/FNAME's% telephone number at work? This will only be used to help contact %you/him/her% 2 years from now.

- 1 YES
- 2 NO (Go to H06-Q10)

H06-Q9
AM68_13 What is the telephone number, starting with the area code?
(INTERVIEWER: DO NOT ENTER DASHES AND BRACKETS)

_____ (10 CHARS)

H06-Q10
AM68_14 INTERVIEWER: IS THIS A FICTITIOUS NAME FOR THE RESPONDENT?

- 1 YES
- 2 NO (Go to H06-CTEL)
- 3 DK, R (Go to H06-CTEL)

H06-Q11
AM68_15 INTERVIEWER: REMIND RESPONDENT ABOUT THE IMPORTANCE OF GETTING CORRECT NAMES FOR LONGITUDINAL REASONS.

DO YOU WANT TO MAKE CORRECTIONS TO ...?

- 1 FIRST NAME ONLY
- 2 LAST NAME ONLY (Go to H06-Q13)
- 3 BOTH NAMES
- 4 NO CORRECTIONS (Go to H06-CTEL)
- 5 DK, R (Go to H06-CTEL)

H06-Q12
AM68_16 INTERVIEWER: ENTER FIRST NAME ONLY.
_____ (25 CHARS)

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

H06-Q13
AM68_17 INTERVIEWER: ENTER LAST NAME ONLY.
_____ (25 CHARS)

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

H06-TEL WAS THIS INTERVIEW CONDUCTED ON THE TELEPHONE OR IN PERSON?

AM68_TEL

- 1 ON TELEPHONE
- 2 IN PERSON
- 3 BOTH

H06-CTXT WAS THE RESPONDENT ALONE WHEN YOU ASKED THIS HEALTH QUESTIONNAIRE?

AM68_ALO

- 1 YES (Go to H06-LANG)
- 2 NO
DK, R (Go to H06-LANG)

H06-CTXT1 DO YOU THINK THAT THE ANSWERS OF THE RESPONDENT WERE AFFECTED BY SOMEONE ELSE BEING THERE?

AM68_AFF

- 1 YES
- 2 NO

H06-LANG RECORD LANGUAGE OF INTERVIEW

AM68_LNG

- | | | | |
|----|-----------|----|--------------------|
| 1 | ENGLISH | 11 | PERSIAN (FARSI) |
| 2 | FRENCH | 12 | POLISH |
| 3 | ARABIC | 13 | PORTUGUESE |
| 4 | CHINESE | 14 | PUNJABI |
| 5 | CREE | 15 | SPANISH |
| 6 | GERMAN | 16 | TAGALOG (FILIPINO) |
| 7 | GREEK | 17 | UKRAINIAN |
| 8 | HUNGARIAN | 18 | VIETNAMESE |
| 9 | ITALIAN | 19 | OTHER (SPECIFY) |
| 10 | KOREAN | | |