

Canadian Community Health Survey (CCHS)

Annual Component - 2011 Questionnaire



Table of Contents - by Questionnaire Order

| | |
|---|-----|
| Proxy interview (GR) | 1 |
| Survey Introduction (INT) | 3 |
| Age of respondent (ANC) | 4 |
| General health (GEN) | 7 |
| Positive Mental Health (PMH) | 10 |
| Voluntary organizations - Participation (ORG) | 15 |
| Sleep (SLP) | 16 |
| Changes made to improve health (CIH) | 18 |
| Oral health 1 (OH1) | 21 |
| Health care system satisfaction (HCS) | 23 |
| Height and weight - Self-reported (HWT) | 25 |
| Chronic conditions (CCC) | 30 |
| Diabetes care (DIA) | 37 |
| Medication use (MED) | 41 |
| Pain and discomfort (HUP) | 47 |
| Health care utilization (HCU) | 48 |
| Contacts with Health Professionals (CHP) | 51 |
| Unmet health care needs (UCN) | 58 |
| Home care services (HMC) | 60 |
| Patient satisfaction - Health care services (PAS) | 65 |
| Patient satisfaction - Community-based care (PSC) | 69 |
| Restriction of activities (RAC) | 71 |
| Activities of Daily Living (ADL) | 74 |
| Flu shots (FLU) | 76 |
| Blood test (BLT) | 79 |
| Blood pressure check (BPC) | 81 |
| PAP smear test (PAP) | 83 |
| Mammography (MAM) | 85 |
| Breast examinations (BRX) | 88 |
| Breast self-examinations (BSX) | 90 |
| Spirometry (SPI) | 92 |
| Hormone replacement therapy (HRT) | 93 |
| Physical check-up (PCU) | 98 |
| Prostate cancer screening (PSA) | 101 |
| Colorectal cancer screening (CCS) | 103 |
| Eye examinations (EYX) | 106 |
| Dental visits (DEN) | 108 |

| | |
|---|-----|
| Oral health 2 (OH2) | 110 |
| Food choices (FDC) | 115 |
| Dietary supplement use - Vitamins and minerals (DSU) | 118 |
| Fruit and vegetable consumption (FVC) | 119 |
| Physical activities (PAC) | 128 |
| Physical activity - Stages of change (SCP) | 132 |
| Sedentary activities (SAC) | 134 |
| Use of protective equipment (UPE) | 136 |
| Sun safety behaviours (SSB) | 141 |
| Injuries (INJ) | 145 |
| Repetitive strain - Sub Block (REP) | 153 |
| Workplace Injury - Sub Block (INW) | 155 |
| Satisfaction with life (SWL) | 157 |
| Stress - Sources (STS) | 160 |
| Stress - Recent life events (RLE) | 162 |
| Stress - Childhood and adult stressors (CST) | 166 |
| Self-esteem (SFE) | 168 |
| Mastery (MAS) | 170 |
| Smoking (SMK) | 172 |
| Smoking - Stages of change (SCH) | 179 |
| Smoking cessation methods (SCA) | 180 |
| Smoking - Physician counselling (SPC) | 183 |
| Smoking - Youth smoking (YSM) | 186 |
| Exposure to second-hand smoke (ETS) | 188 |
| Smoking - Other tobacco products (TAL) | 190 |
| Alcohol use (ALC) | 191 |
| Alcohol use during the past week (ALW) | 193 |
| Driving and safety (DRV) | 198 |
| Maternal experiences - Breastfeeding (MEX) | 204 |
| Maternal experiences - Alcohol use during pregnancy (MXA) | 211 |
| Maternal experiences - Smoking during pregnancy (MXS) | 213 |
| Illicit drugs use (IDG) | 215 |
| Sexual behaviours (SXB) | 225 |
| Social Provisions (SPS) | 229 |
| Social support - Availability (SSA) | 232 |
| Spiritual values (SPR) | 238 |
| Consultations about mental health (CMH) | 241 |
| Distress (DIS) | 244 |
| Depression (DEP) | 249 |

| | |
|---|-----|
| Suicidal thoughts and attempts (SUI) | 257 |
| Access to health care services (ACC) | 259 |
| Waiting times (WTM) | 273 |
| Labour force (LBS) | 290 |
| Loss of Productivity (LOP) | 294 |
| Socio-demographic characteristics (SDC) | 300 |
| Language Lookup (LLU) | 308 |
| Person most knowledgeable about household situation (PMK) | 309 |
| Home safety (HMS) | 314 |
| Insurance coverage (INS) | 316 |
| Food security (FSC) | 319 |
| Neurological Conditions (NEU) | 325 |
| Education (EDU) | 345 |
| Education of the respondent (EDU1) | 347 |
| Education of other household members (EDU2) | 349 |
| Income (INC) | 351 |
| Administration information (ADM) | 358 |
| CAPI Frame Evaluation - Sub-block (FRE) | 363 |

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Table of Contents - Topical Index

| | |
|--|-----|
| Access to health care services (ACC) | 259 |
| Activities of Daily Living (ADL) | 74 |
| Administration information (ADM) | 358 |
| Age of respondent (ANC) | 4 |
| Alcohol use (ALC) | 191 |
| Alcohol use during the past week (ALW) | 193 |
| Blood pressure check (BPC) | 81 |
| Blood test (BLT) | 79 |
| Breast examinations (BRX) | 88 |
| Breast self-examinations (BSX) | 90 |
| CAPI Frame Evaluation - Sub-block (FRE) | 363 |
| Changes made to improve health (CIH) | 18 |
| Chronic conditions (CCC) | 30 |
| Colorectal cancer screening (CCS) | 103 |
| Consultations about mental health (CMH) | 241 |
| Contacts with Health Professionals (CHP) | 51 |
| Dental visits (DEN) | 108 |
| Depression (DEP) | 249 |
| Diabetes care (DIA) | 37 |
| Dietary supplement use - Vitamins and minerals (DSU) | 118 |
| Distress (DIS) | 244 |
| Driving and safety (DRV) | 198 |
| Education (EDU) | 345 |
| Education of other household members (EDU2) | 349 |
| Education of the respondent (EDU1) | 347 |
| Exposure to second-hand smoke (ETS) | 188 |
| Eye examinations (EYX) | 106 |
| Flu shots (FLU) | 76 |
| Food choices (FDC) | 115 |
| Food security (FSC) | 319 |
| Fruit and vegetable consumption (FVC) | 119 |
| General health (GEN) | 7 |
| Health care system satisfaction (HCS) | 23 |
| Health care utilization (HCU) | 48 |
| Height and weight - Self-reported (HWT) | 25 |
| Home care services (HMC) | 60 |
| Home safety (HMS) | 314 |

| | |
|---|-----|
| Hormone replacement therapy (HRT) | 93 |
| Illicit drugs use (IDG) | 215 |
| Income (INC) | 351 |
| Injuries (INJ) | 145 |
| Insurance coverage (INS) | 316 |
| Labour force (LBS) | 290 |
| Language Lookup (LLU) | 308 |
| Loss of Productivity (LOP) | 294 |
| Mammography (MAM) | 85 |
| Mastery (MAS) | 170 |
| Maternal experiences - Alcohol use during pregnancy (MXA) | 211 |
| Maternal experiences - Breastfeeding (MEX) | 204 |
| Maternal experiences - Smoking during pregnancy (MXS) | 213 |
| Medication use (MED) | 41 |
| Neurological Conditions (NEU) | 325 |
| Oral health 1 (OH1) | 21 |
| Oral health 2 (OH2) | 110 |
| Pain and discomfort (HUP) | 47 |
| PAP smear test (PAP) | 83 |
| Patient satisfaction - Community-based care (PSC) | 69 |
| Patient satisfaction - Health care services (PAS) | 65 |
| Person most knowledgeable about household situation (PMK) | 309 |
| Physical activities (PAC) | 128 |
| Physical activity - Stages of change (SCP) | 132 |
| Physical check-up (PCU) | 98 |
| Positive Mental Health (PMH) | 10 |
| Prostate cancer screening (PSA) | 101 |
| Proxy interview (GR) | 1 |
| Repetitive strain - Sub-Block (REP) | 153 |
| Restriction of activities (FAC) | 71 |
| Satisfaction with life (SWL) | 157 |
| Sedentary activities (SAC) | 134 |
| Self-esteem (SFE) | 168 |
| Sexual behaviours (SXB) | 225 |
| Sleep (SLP) | 16 |
| Smoking (SMK) | 172 |
| Smoking - Other tobacco products (TAL) | 190 |
| Smoking - Physician counselling (SPC) | 183 |
| Smoking - Stages of change (SCH) | 179 |

| | |
|---|-----|
| Smoking - Youth smoking (YSM) | 186 |
| Smoking cessation methods (SCA) | 180 |
| Social Provisions (SPS) | 229 |
| Social support - Availability (SSA) | 232 |
| Socio-demographic characteristics (SDC) | 300 |
| Spiritual values (SPR) | 238 |
| Spirometry (SPI) | 92 |
| Stress - Childhood and adult stressors (CST) | 166 |
| Stress - Recent life events (RLE) | 162 |
| Stress - Sources (STS) | 160 |
| Suicidal thoughts and attempts (SUI) | 257 |
| Sun safety behaviours (SSB) | 141 |
| Survey Introduction (INT) | 3 |
| Unmet health care needs (UCN) | 58 |
| Use of protective equipment (UPE) | 136 |
| Voluntary organizations - Participation (ORG) | 15 |
| Waiting times (WTM) | 273 |
| Workplace Injury - Sub Block (INW) | 155 |

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Introduction

1. CCHS content is comprised of three components:
 - a. **Core content** is asked of all respondents, annual core content remains relatively stable over time while other common modules are asked for one or two years and alternate from year to year;
 - b. **Optional content** is chosen by health regions and is usually coordinated at the provincial level.
 - c. **Rapid Response** modules are cost-recovery projects asked of all respondents living in the ten provinces usually for one collection period (2 months).
2. Question text in **bold** font is read to the respondent. Text in normal font is not read to the respondent. Interviewer instructions are prefaced by the word "INTERVIEWER", and are not read aloud.
3. Question text in **bold** font enclosed by brackets () is read to the respondent at the discretion of the interviewer.
4. The options "Don't Know" (DK) and "Refusal" (RF) are allowed on every question unless otherwise stated. However, the response categories are not read aloud.
5. External variable names are displayed in the questionnaire. Those names, highlighted in grey, are used in the microdata files.

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Contact component

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

Contact (CN)

CN_BEG

CN_N01 INTERVIEWER: Record method of interview.

- 1 Telephone
- 2 Personal

(DK, RF are not allowed)

CN_N02 INTERVIEWER: Have you made contact?

- 1 Yes
- 2 No (Go to CN_END)

(DK, RF are not allowed)

CN_END

Interviewer introduction (II)

II_BEG

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

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

II_END

Language of Preference (LP)

LP_BEG

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

ADM_LHH

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

(DK, RF are not allowed)

LP_N02 INTERVIEWER : Select respondent's preferred non-official language.
If necessary, ask: **(What language would you prefer?)**

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

(DK, RF are not allowed)

LP_END

Initial contact (IC)

IC_BEG

IC_R01

I'm calling regarding the Canadian Community Health Survey. This survey asks Canadians from all provinces and territories about their health, the factors that affect their health and their use of health care services. One of the main goals of the survey is to gather information to help improve health programs and services provided in your region. All information collected in this survey will be kept strictly confidential.

INTERVIEWER: Press <Enter> to continue.

IC_END

Household component

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

Roster Introduction (RS)

RS_BEG

RS_R01 **The next few questions will provide important basic information on the people in your household.**

INTERVIEWER: Press <Enter> to continue.

RS_END

Usual Roster (USU)

USU_BEG

USU_Q01 **What are the names of all persons who usually live here?**

(DK, RF and null are not allowed)

USU_END

Other Roster 1 (OTH1)

OTH1_BEG

RS_Q04 **Are there any other persons who usually live here but are now away at school, in hospital, or somewhere else?**

- 1 Yes
2 No (Go to ANDB_Q01)

(DK, RF and null are not allowed)

RS_E1 INTERVIEWER: Press <Enter> to return to roster and enter at least one name.

Note: Trigger hard edit if RS_Q04 = 1.

OTH1_END

Age Without Date of Birth (ANDB)

ANDB_BEG

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

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

ANDB_END

Sex (SEX)

SEX_BEG

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

- 1 Male
- 2 Female

(DK, RF are not allowed)

SEX_END

Marital Status (MSNC)

MSNC_BEG

MSNC_Q01 **What is [respondent name]'s marital status? Is [he/she]:**

INTERVIEWER: Read categories to respondent.

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

MSNC_END

Canadian forces (CAF)

CAF_BEG

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

- 1 Yes
- 2 No

(DK, RF are not allowed)

CAF_END

Relationship Without Confirmation (RNC)

RNC_BEG

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

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

RNC_Q2A **What is the relationship of: [respondent name] [(Text sex, age)] to: [respondent name]? [(Text sex, age)]****Is that a(n):**

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

RNC_Q2B **What is the relationship of: [respondent name] [(Text sex, age)] to: [respondent name]? [(Text sex, age)]****Is that a(n):**

- 1 ... birth son/daughter?
- 2 ... step son/daughter?
- 3 ... adopted son/daughter?

RNC_Q2C **What is the relationship of: [respondent name] [(Text sex, age)]
to: [respondent name]? [(Text sex, age)]**

Is that a(n):

- 1 ... full brother/sister?
- 2 ... half brother/sister?
- 3 ... step brother/sister?
- 4 ... adopted brother/sister?
- 5 ... foster brother/sister?

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

Is that a(n):

- 1 ... father/mother-in-law?
- 2 ... son/daughter-in-law?
- 3 ... brother/sister-in-law?
- 4 ... other in-law?

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

Is that a(n):

- 1 ... uncle/aunt?
- 2 ... cousin?
- 3 ... nephew/niece?
- 4 ... other relative?

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

Is that a(n):

- 1 ... boyfriend/girlfriend?
- 2 ... room-mate?
- 3 ... other?

RNC_END

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Proxy interview (GR)

GR_BEG Content block

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOGR: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

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

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

Note: 1

GR_C01 If selected respondent, go to GR_END.
Otherwise, go to GR_N01A.GR_N01A INTERVIEWER: Do you want to complete this component by proxy?

- 1 Yes (Go to GR_N02)
- 2 No

(DK, RF are not allowed)

Go to GR_E01A

GR_E01A You may not proceed with the rest of this questionnaire. Please press <F10> to exit, or return and update GR_N01 or GR_N01A.

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

GR_N02 INTERVIEWER: Record the reason why this component is being completed by proxy. Proxy interviews are to occur only if the mental or physical health of the selected member makes it impossible to complete the interview during the collection period. If the reason for the proxy interview is neither of these choices, please press <F10> to exit the application and assign an appropriate outcome code.

- 1 Physical health condition
- 2 Mental health condition

(DK, RF are not allowed)

GR_N03 INTERVIEWER: Enter the condition.

(80 spaces)

(DK, RF are not allowed)

GR_END

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Survey Introduction (INT)

INT_BEG

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

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

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

INT_END

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Age of respondent (ANC)

ANC_BEG Core content

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

ANC_D01 (not applicable)

ANC_R01 **For some of the questions I'll be asking, I need to know ^YOU^2 exact date of birth.**

INTERVIEWER: Press <Enter> to continue.

Note: Date Block

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

|||
(MIN: 1) (MAX: 31)
DK, RF

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

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

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

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

- ANC_N01C **INTERVIEWER:** Enter a four-digit year.
If necessary, ask (What is the year?)
- |_|_|_|
 DK, RF
- ANC_C02 If ANC_N01C (Year) = DK, RF, go to ANC_Q03.
Otherwise, go to ANC_D02.
- ANC_E2 An impossible day/month/year combination has been entered. Please return and correct.
- Note: Trigger hard edit if a year is entered that is invalid in combination with the previously
entered month and day.
- ANC_D02 Calculate age based on the entered date of birth.
- ANC_Q02 **So ^YOUR1 age is [calculated age].
Is that correct?**
- 1 Yes (Go to ANC_C03)
- 2 No, return and correct date of birth
- 3 No, collect age (Go to ANC_Q03)
- (DK, RF are not allowed)
- ANC_E02 Return to ANC_N01A and correct the date of birth.
- Note: Trigger hard edit if ANC_Q02 = 2.
- ANC_C03 If [calculated age] < 12 years, go to ANC_R04.
Otherwise, go to ANC_END.
- ANC_Q03 **What is ^YOUR1 age?**
- |_|_| Age in years
 (MIN: 0) (MAX: 130)
 (DK, RF are not allowed)
- ANC_C04 If age < 12 years, go to ANC_R04.
Otherwise, go to ANC_END.

ANC_D04 (not applicable)

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

INTERVIEWER: Press <Enter> to continue.

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

ANC_END

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General health (GEN)

GEN_BEG Core content

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

GEN_D01 (not applicable)

GEN_R01 **This survey deals with various aspects of ^YOUR2 health. The following questions ask about physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**

INTERVIEWER: Press <1> to continue.

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

GEN_01

INTERVIEWER: Read categories to respondent.

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

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

GEN_02

INTERVIEWER: Read categories to respondent.

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

GEN_C02B If proxy interview, go to GEN_Q07.
Otherwise, go to GEN_Q02.

GEN_Q02B Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how ^DOVERB ^YOU1 feel about ^YOUR1 life as a whole right now?
 GEN_02A2

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

GEN_Q02C In general, would you say your mental health is...?
 GEN_02B

INTERVIEWER: Read categories to respondent.

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

GEN_Q07 Thinking about the amount of stress in ^YOUR1 life, would you say that most days
 GEN_07 are...?

INTERVIEWER: Read categories to respondent.

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

GEN_C08A If proxy interview, go to GEN_END.
 Otherwise, go to GEN_C08B.

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

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

GEN_08

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

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

INTERVIEWER: Press <1> to continue.

GEN_Q09 **Would you say that most days at work were...?**

GEN_09

INTERVIEWER: Read categories to respondent.

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

GEN_Q10 **How would you describe your sense of belonging to your local community? Would you say it is...?**

GEN_10

INTERVIEWER: Read categories to respondent.

- 1 **Very strong**
 - 2 **Somewhat strong**
 - 3 **Somewhat weak**
 - 4 **Very weak**
- DK, RF

GEN_END

Positive Mental Health (PMH)

PMH_BEG Theme Content block

External variables required:

PROXMODE: Proxy interview

SEX_Q01: sex of specific respondent (1 = male, 2 = female) from Sex block.

FNAME : prénom du répondant sélectionné

DOPMH: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

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

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

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

INTERVIEWER: Press < I > to continue.

PMH_Q01 **In the past month, how often did you feel**
PMH_01 **...happy?**

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
 - 2 **Almost every day**
 - 3 **About 2 or 3 times a week**
 - 4 **About once a week**
 - 5 **Once or twice**
 - 6 **Never**
- DK, RF (Go to PMH_END)

PMH_Q02 (In the past month, how often did you feel:)

PMH_02

...interested in life?

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

PMH_Q03 (In the past month, how often did you feel:)

PMH_03

...satisfied with your life?

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

PMH_Q04 In the past month, how often did you feel

PMH_04

...that you had something important to contribute to society?

INTERVIEWER: Read categories to respondent.

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

PMH_Q05 (In the past month, how often did you feel:)

PMH_05

...that you belonged to a community (like a social group, your neighborhood, your city, your school)?

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

PMH_Q06 (In the past month, how often did you feel:)

PMH_06

...that our society is becoming a better place for people like you?

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

PMH_Q07 In the past month, how often did you feel

PMH_07

...that people are basically good?

INTERVIEWER: Read categories to respondent.

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

PMH_Q08

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

PMH_08

...that the way our society works makes sense to you?

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

PMH_Q09

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

PMH_09

...that you liked most parts of your personality?

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

PMH_Q10

In the past month, how often did you feel

PMH_10

...good at managing the responsibilities of your daily life?

INTERVIEWER: Read categories to respondent.

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

PMH_Q11

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

PMH_11

...that you had warm and trusting relationships with others?

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

PMH_Q12 (In the past month, how often did you feel:)

PMH_12

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

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

PMH_Q13 In the past month, how often did you feel

PMH_13

...confident to think or express your own ideas and opinions?

INTERVIEWER: Read categories to respondent.

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

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

PMH_14

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

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

PMH_END

Voluntary organizations - Participation (ORG)

ORG_BEG Optional Content (See Appendix 2)

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

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

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

ORG_1

- 1 Yes
- 2 No (Go to ORG_END)
- DK, RF (Go to ORG_END)

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

ORG_2

INTERVIEWER: Read categories to respondent.

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

ORG_END

Sleep (SLP)

SLP_BEG Optional Content (See Appendix 2)

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

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

SLP_Q01 **Now a few questions about sleep.**

SLP_01 **How long do you usually spend sleeping each night?**

INTERVIEWER: Do not include time spent resting.

- 01 Under 2 hours
- 02 2 hours to less than 3 hours
- 03 3 hours to less than 4 hours
- 04 4 hours to less than 5 hours
- 05 5 hours to less than 6 hours
- 06 6 hours to less than 7 hours
- 07 7 hours to less than 8 hours
- 08 8 hours to less than 9 hours
- 09 9 hours to less than 10 hours
- 10 10 hours to less than 11 hours
- 11 11 hours to less than 12 hours
- 12 12 hours or more
- DK
- RF (Go to SLP_END)

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

SLP_02

INTERVIEWER: Read categories to respondent.

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

SLP_Q03 **How often do you find your sleep refreshing?**

SLP_03

INTERVIEWER: Read categories to respondent.

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

SLP_Q04 **How often do you find it difficult to stay awake when you want to?**

SLP_04

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

SLP_END

FOR INFORMATION ONLY

Changes made to improve health (CIH)

CIH_BEG Optional Content (See Appendix 2)

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

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

CIH_Q1 **Next, some questions about changes made to improve health.**
CIH_1 **In the past 12 months, did you do anything to improve your health? (For example, lost weight, quit smoking, increased exercise)**

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

CIH_Q2 **What is the single most important change you have made?**
CIH_2

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

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

CIH_Q3 **Do you think there is ^DT_ANYTHING you should do to improve your physical health?**
CIH_3

- 1 Yes
- 2 No (Go to CIH_END)
DK, RF (Go to CIH_END)

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

CIH_4

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

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

CIH_5

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

CIH_Q6 **What is that?**

INTERVIEWER: Mark all that apply.

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

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

CIH_7

- 1 Yes
 - 2 No (Go to CIH_END)
- DK, RF (Go to CIH_END)

CIH_Q8

What is that?INTERVIEWER: Mark all that apply.

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

CIH_END

FOR INFORMATION ONLY

Oral health 1 (OH1)

OH1_BEG Optional Content (See Appendix 2)

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

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

OH1_R20 **Next, some questions about the health of your teeth and mouth.**

INTERVIEWER: Press <Enter> to continue.

OH1_Q20 **In general, would you say the health of your teeth and mouth is:**

OH1_20

INTERVIEWER: Read categories to respondent.

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

OH1_Q21A **Now a few questions about your ability to chew different foods, whether you eat**
OH1_21A **them or not. Can you:**

...chew firm foods (e.g., meat)?

- 1 Yes
 - 2 No
- DK, RF

OH1_Q21B **(Can you:)**

OH1_21B

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

- 1 Yes
 - 2 No
- DK, RF

OH1_C21C If OH1_Q21A = 1 or OH1_Q21B = 1, go to OH1_Q22.
Otherwise, go to OH1_Q21C.

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

OH1_Q21C **(Can you:)**

OH1_21C

...chew boiled vegetables?

- 1 Yes
- 2 No
 DK, RF

OH1_Q22 **In the past month, how often have you had any pain or discomfort in your teeth or**
OH1_22 **gums?**

INTERVIEWER: Read categories to respondent.

- 1 **Often**
- 2 **Sometimes**
- 3 **Rarely**
- 4 **Never**
 DK, RF

OH1_END

FOR INFORMATION ONLY

Health care system satisfaction (HCS)

HCS_BEG Optional Content (See Appendix 2)

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

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

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

HCS_Q1 **Now, a few questions about health care services in ^DT_ProvinceE. Overall, how**
HCS_1 **would you rate the availability of health care services in ^DT_ProvinceE?**
Would you say it is:

INTERVIEWER: Read categories to respondent.

1 ...excellent?

2 ...good?

3 ...fair?

4 ...poor?

DK, RF (Go to HCS_END)

HCS_D2 (not applicable)

HCS_Q2 Overall, how would you rate the quality of the health care services that are available
HCS_2 in ^DT_ProvinceE?

INTERVIEWER: Read categories to respondent.

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

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

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

HCS_Q4 Overall, how would you rate the quality of the health care services that are available
HCS_4 in your community?

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

HCS_END

FOR INFORMATION ONLY

Height and weight - Self-reported (HWT)

HWT_BEG Core content

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

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

HWT_Q1 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**
MAM_037

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

HWT_Q2 **The next questions are about height and weight. How tall ^ARE ^YOU2 without shoes on?**
HWT_2

- 0 Less than 1' / 12" (less than 29.2 cm.)
- 1 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.)
- 2 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.)
- 3 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.) (Go to HWT_N2C)
- 4 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) (Go to HWT_N2D)
- 5 5'0" to 5'11" (151.1 to 181.5 cm.) (Go to HWT_N2E)
- 6 6'0" to 6'11" (181.6 to 212.0 cm.) (Go to HWT_N2F)
- 7 7'0" and over (212.1 cm. and over) (Go to HWT_Q3)
DK, RF (Go to HWT_Q3)

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

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

HWT_N2A INTERVIEWER: Select the exact height.

HWT_2A

Select the exact height.

INTERVIEWER: Select the exact height.

- 00 1'0" / 12" (29.2 to 31.7 cm.)
 - 01 1'1" / 13" (31.8 to 34.2 cm.)
 - 02 1'2" / 14" (34.3 to 36.7 cm.)
 - 03 1'3" / 15" (36.8 to 39.3 cm.)
 - 04 1'4" / 16" (39.4 to 41.8 cm.)
 - 05 1'5" / 17" (41.9 to 44.4 cm.)
 - 06 1'6" / 18" (44.5 to 46.9 cm.)
 - 07 1'7" / 19" (47.0 to 49.4 cm.)
 - 08 1'8" / 20" (49.5 to 52.0 cm.)
 - 09 1'9" / 21" (52.1 to 54.5 cm.)
 - 10 1'10" / 22" (54.6 to 57.1 cm.)
 - 11 1'11" / 23" (57.2 to 59.6 cm.)
- DK, RF

HWT_N2B INTERVIEWER: Select the exact height.

HWT_2B

Select the exact height.

INTERVIEWER: Select the exact height.

- 00 2'0" / 24" (59.7 to 62.1 cm.)
 - 01 2'1" / 25" (62.2 to 64.7 cm.)
 - 02 2'2" / 26" (64.8 to 67.2 cm.)
 - 03 2'3" / 27" (67.3 to 69.8 cm.)
 - 04 2'4" / 28" (69.9 to 72.3 cm.)
 - 05 2'5" / 29" (72.4 to 74.8 cm.)
 - 06 2'6" / 30" (74.9 to 77.4 cm.)
 - 07 2'7" / 31" (77.5 to 79.9 cm.)
 - 08 2'8" / 32" (80.0 to 82.5 cm.)
 - 09 2'9" / 33" (82.6 to 85.0 cm.)
 - 10 2'10" / 34" (85.1 to 87.5 cm.)
 - 11 2'11" / 35" (87.6 to 90.1 cm.)
- DK, RF

HWT_N2C INTERVIEWER: Select the exact height.
HWT_2C

Select the exact height.

INTERVIEWER: Select the exact height.

- 00 3'0" / 36" (90.2 to 92.6 cm.)
 - 01 3'1" / 37" (92.7 to 95.2 cm.)
 - 02 3'2" / 38" (95.3 to 97.7 cm.)
 - 03 3'3" / 39" (97.8 to 100.2 cm.)
 - 04 3'4" / 40" (100.3 to 102.8 cm.)
 - 05 3'5" / 41" (102.9 to 105.3 cm.)
 - 06 3'6" / 42" (105.4 to 107.9 cm.)
 - 07 3'7" / 43" (108.0 to 110.4 cm.)
 - 08 3'8" / 44" (110.5 to 112.9 cm.)
 - 09 3'9" / 45" (113.0 to 115.5 cm.)
 - 10 3'10" / 46" (115.6 to 118.0 cm.)
 - 11 3'11" / 47" (118.1 to 120.6 cm.)
- DK, RF

Go to HWT_Q3

HWT_N2D INTERVIEWER: Select the exact height.
HWT_2D

Select the exact height.

INTERVIEWER: Select the exact height.

- 00 4'0" / 48" (120.7 to 123.1 cm.)
 - 01 4'1" / 49" (123.2 to 125.6 cm.)
 - 02 4'2" / 50" (125.7 to 128.2 cm.)
 - 03 4'3" / 51" (128.3 to 130.7 cm.)
 - 04 4'4" / 52" (130.8 to 133.3 cm.)
 - 05 4'5" / 53" (133.4 to 135.8 cm.)
 - 06 4'6" / 54" (135.9 to 138.3 cm.)
 - 07 4'7" / 55" (138.4 to 140.9 cm.)
 - 08 4'8" / 56" (141.0 to 143.4 cm.)
 - 09 4'9" / 57" (143.5 to 146.0 cm.)
 - 10 4'10" / 58" (146.1 to 148.5 cm.)
 - 11 4'11" / 59" (148.6 to 151.0 cm.)
- DK, RF

Go to HWT_Q3

HWT_N2E INTERVIEWER: Select the exact height.

HWT_2E

Select the exact height.

INTERVIEWER: Select the exact height.

- 00 5'0" (151.1 to 153.6 cm.)
 - 01 5'1" (153.7 to 156.1 cm.)
 - 02 5'2" (156.2 to 158.7 cm.)
 - 03 5'3" (158.8 to 161.2 cm.)
 - 04 5'4" (161.3 to 163.7 cm.)
 - 05 5'5" (163.8 to 166.3 cm.)
 - 06 5'6" (166.4 to 168.8 cm.)
 - 07 5'7" (168.9 to 171.4 cm.)
 - 08 5'8" (171.5 to 173.9 cm.)
 - 09 5'9" (174.0 to 176.4 cm.)
 - 10 5'10" (176.5 to 179.0 cm.)
 - 11 5'11" (179.1 to 181.5 cm.)
- DK, RF

Go to HWT_Q3

HWT_N2F INTERVIEWER: Select the exact height.

HWT_2F

Select the exact height.

INTERVIEWER: Select the exact height.

- 00 6'0" (181.6 to 184.1 cm.)
 - 01 6'1" (184.2 to 186.6 cm.)
 - 02 6'2" (186.7 to 189.1 cm.)
 - 03 6'3" (189.2 to 191.7 cm.)
 - 04 6'4" (191.8 to 194.2 cm.)
 - 05 6'5" (194.3 to 196.8 cm.)
 - 06 6'6" (196.9 to 199.3 cm.)
 - 07 6'7" (199.4 to 201.8 cm.)
 - 08 6'8" (201.9 to 204.4 cm.)
 - 09 6'9" (204.5 to 206.9 cm.)
 - 10 6'10" (207.0 to 209.5 cm.)
 - 11 6'11" (209.6 to 212.0 cm.)
- DK, RF

HWT_Q3 **How much ^DOVERB ^YOU2 weigh?**

HWT_3

INTERVIEWER: Enter amount only.

[_][_] Weight

(MIN: 1) (MAX: 575)

DK, RF (Go to HWT_END)

HWT_N4 INTERVIEWER: Was that in pounds or kilograms?

HWT_N4

Was that in pounds or kilograms?

INTERVIEWER: Was that in pounds or kilograms?

1 Pounds

2 Kilograms

(DK, RF are not allowed)

HWT_E4 An unusual value has been entered. Please confirm.

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

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

HWT_Q4 **Do you consider yourself:**

HWT_4

INTERVIEWER: Read categories to respondent.

1 ...overweight?

2 ...underweight?

3 ...just about right?

DK, RF

HWT_END

Chronic conditions (CCC)

CCC_BEG Core content

CCC_C011 If (do CCC block = 1), go to CCC_R011.
Otherwise, go to CCC_END.

CCC_R011 **Now I'd like to ask about certain long-term health conditions which ^YOU2 may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**

INTERVIEWER: Press <1> to continue.

CCC_Q031 **^DOVERB_C ^YOU2 have asthma?**

CCC_031

- 1 Yes
- 2 No (Go to CCC_C051)
- DK (Go to CCC_C051)
- RF (Go to CCC_END)

CCC_Q035 **^HAVE_C ^YOU1 had any asthma symptoms or asthma attacks in the past 12 months?**

CCC_035

- 1 Yes
- 2 No
- DK, RF

CCC_Q036 **In the past 12 months, ^HAVE ^YOU1 taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**

CCC_036

- 1 Yes
- 2 No
- DK, RF

CCC_C051 If age < 14, go to CCC_Q061.
Otherwise, go to CCC_Q051.

CCC_D051 Not applicable

CCC_Q051 ^DOVERB_C ^YOU1 have arthritis, excluding fibromyalgia?

CCC_051

- 1 Yes
- 2 No
DK, RF

CCC_Q061 ^DOVERB_C ^YOU2 have back problems, excluding fibromyalgia and arthritis?

CCC_061

- 1 Yes
- 2 No
DK, RF

CCC_Q071 Remember, we're interested in conditions diagnosed by a health professional and are expected to last or have already lasted 6 months or more. ^DOVERB_C ^YOU2 have high blood pressure?

CCC_071

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

CCC_Q072 ^HAVE_C ^YOU1 ever been diagnosed with high blood pressure?

CCC_072

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

CCC_Q073 In the past month, ^HAVE_C ^YOU1 taken any medicine for high blood pressure?

CCC_073

- 1 Yes
- 2 No
DK, RF

CCC_C073A If sex = female and age > 15 and (CCC_Q071 = 1 or [CCC_Q072 = 1 and CCC_Q073 = 1]), go to CCC_Q073A.
Otherwise, go to CCC_Q081.

CCC_Q073A ^WERE_C ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with high blood pressure?

CCC_073A

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

CCC_Q073B **Other than during pregnancy, has a health professional ever told ^YOU2 that**
 CCC_073B **^YOU1 ^HAVE high blood pressure?**

- 1 Yes
- 2 No
- DK, RF

CCC_Q081 **Remember, we're interested in conditions diagnosed by a health professional and**
 CCC_081 **are expected to last or have already lasted 6 months or more.**
^DOVERB_C ^YOU1 have migraine headaches?

- 1 Yes
- 2 No
- DK, RF

CCC_C091 If age < 35, go to CCC_Q101.
 Otherwise, go to CCC_Q091.

CCC_Q091 **^DOVERB_C ^YOU2 have chronic bronchitis, emphysema or chronic obstructive**
 CCC_091 **pulmonary disease or COPD?**

- 1 Yes
- 2 No
- DK, RF

CCC_Q101 **(Remember, we're interested in conditions diagnosed by a health professional and**
 CCC_101 **are expected to last or have already lasted 6 months or more.)**

^DOVERB_C ^YOU2 have diabetes?

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

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

CCC_Q102 **How old ^WERE ^YOU1 when this was first diagnosed?**
 CCC_102

INTERVIEWER: Maximum is [current age].

[_][_][_] Age in years
 (MIN: 0) (MAX: current age)
 DK, RF

CCC_C10A If age < 15 or sex = male or CCC_Q102 < 15 or CCC_Q102 > 49, go to CCC_Q10C.
Otherwise, go to CCC_Q10A.

CCC_Q10A **^WERE ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?**

CCC_10A

- 1 Yes
- 2 No (Go to CCC_Q10C)
- DK, RF (Go to CCC_Q10C)

CCC_Q10B **Other than during pregnancy, has a health professional ever told ^YOU2 that ^YOU1 ^HAVE diabetes?**

CCC_10B

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

CCC_Q10C **When ^YOU1 ^WERE first diagnosed with diabetes, how long was it before ^YOU1 ^WERE started on insulin?**

CCC_10C

- 1 Less than 1 month
- 2 1 month to less than 2 months
- 3 2 months to less than 6 months
- 4 6 months to less than 1 year
- 5 1 year or more
- 6 Never (Go to CCC_Q106)
- DK, RF

CCC_Q105 **^DOVERB_C ^YOU2 currently take insulin for ^YOUR1 diabetes?**

CCC_105

- 1 Yes
- 2 No
- DK, RF

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

CCC_Q106 **In the past month, did ^YOU2 take pills to control ^YOUR1 blood sugar?**

CCC_106

- 1 Yes
- 2 No
- DK, RF

CCC_Q121 **^DOVERB_C ^YOU1 have heart disease?**

CCC_121

- 1 Yes
- 2 No
- DK, RF

CCC_Q131 (^DOVERB_C ^YOU1 have:)

CCC_131

... cancer?

- 1 Yes (Go to CCC_Q141)
- 2 No
DK
RF (Go to CCC_Q141)

CCC_Q132

^HAVE ^YOU1 ever been diagnosed with cancer?

CCC_31A

- 1 Yes
- 2 No
DK, RF

CCC_Q141

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

CCC_141

^DOVERB ^YOU1 have intestinal or stomach ulcers?

- 1 Yes
- 2 No
DK, RF

CCC_Q151

^DOVERB ^YOU2 suffer from the effects of a stroke?

CCC_151

- 1 Yes
- 2 No
DK, RF

CCC_C161

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

CCC_Q161

(^DOVERB_C ^YOU2 suffer:)

CCC_161

...Urinary incontinence?

- 1 Yes
- 2 No
DK, RF

CCC_Q171 **^DOVERB_C ^YOU2 have a bowel disorder such as Crohn's Disease, ulcerative
colitis, Irritable Bowel Syndrome or bowel incontinence?**
CCC_171

- 1 Yes
- 2 No (Go to CCC_C181)
 DK, RF (Go to CCC_C181)

CCC_Q171A **What kind of bowel disease ^DOVERB ^YOU1 have?**
CCC_17A

- 1 Crohn's Disease
- 2 Ulcerative colitis
- 3 Irritable Bowel Syndrome
- 4 Bowel incontinence
- 5 Other
 DK, RF

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

CCC_Q181 **^DOVERB_C ^YOU2 have:**
CCC_181 **... Alzheimer's Disease or any other dementia?**

- 1 Yes
- 2 No
 DK, RF

CCC_Q280 **Remember, we're interested in conditions diagnosed by a health professional and
are expected to last, or have already lasted 6 months or more.**
CCC_280

**^DOVERB_C ^YOU2 have a mood disorder such as depression, bipolar disorder,
mania or dysthymia?**

INTERVIEWER: Include manic depression.

- 1 Yes
- 2 No
 DK, RF

CCC_Q290 **^DOVERB_C ^YOU2 have an anxiety disorder such as a phobia, obsessive-
compulsive disorder or a panic disorder?**
CCC_290

- 1 Yes
- 2 No
 DK, RF

CCC_END

FOR INFORMATION ONLY

Diabetes care (DIA)

DIA_BEG Optional Content (See Appendix 2)

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

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

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

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

INTERVIEWER: Press <Enter> to continue.

DIA_Q01 **In the past 12 months, has a health care professional tested ^YOU2 for**
DIA_01 **haemoglobin "A-one-C"? (An "A-one-C" haemoglobin test measures the average level of blood sugar over a 3-month period.)**

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

DIA_Q02 **How many times? (In the past 12 months, has a health care professional tested**
DIA_02 **^YOU2 for haemoglobin "A-one-C"?)**

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

DIA_Q03 **In the past 12 months, has a health care professional checked ^YOUR1 feet for any**
DIA_03 **sores or irritations?**

- 1 Yes
- 2 No (Go to DIA_Q05)
- 3 No feet (Go to DIA_Q05)
- DK, RF (Go to DIA_Q05)

DIA_Q04 **How many times? (In the past 12 months, has a health care professional checked
DIA_04 ^YOUR1 feet for any sores or irritations?)**

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

DIA_Q05 **In the past 12 months, has a health care professional tested ^YOUR1 urine for
DIA_05 protein (i.e., Microalbumin)?**

1 Yes
2 No
 DK, RF

DIA_Q06 **^HAVE_C ^YOU2 ever had an eye exam where the pupils of ^YOU1 eyes were
DIA_06 dilated? (This procedure would have made ^HIMHER temporarily sensitive to light.)**

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

DIA_Q07 **When was the last time?**

DIA_07

INTERVIEWER: Read categories to respondent.

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

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

INTERVIEWER: Press <Enter> to continue.

DIA_Q08 **How often ^DOVERB ^YOU2 usually have ^YOUR1 blood checked for glucose or
DIA_08 sugar by ^YOURSELF or by a family member or friend?**

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

1 Per day
2 Per week (Go to DIA_N08C)
3 Per month (Go to DIA_N08D)
4 Per year (Go to DIA_N08E)
5 Never (Go to DIA_C09)
 DK, RF (Go to DIA_C09)

DIA_N08B INTERVIEWER: Enter number of times per day.

DIA_N8B

||| Times

(MIN: 1) (MAX: 99)

DK, RF

Go to DIA_C09

DIA_N08C INTERVIEWER: Enter number of times per week.

DIA_N8C

||| Times

(MIN: 1) (MAX: 99)

DK, RF

Go to DIA_C09

DIA_N08D INTERVIEWER: Enter number of times per month.

DIA_N8D

||| Times

(MIN: 1) (MAX: 99)

DK, RF

Go to DIA_C09

DIA_N08E INTERVIEWER: Enter number of times per year.

DIA_N8E

||| Times

(MIN: 1) (MAX: 99)

DK, RF

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

Otherwise, go to DIA_Q09.

DIA_Q09 **How often, ^DOVERB ^YOU2 usually have ^YOUR1 feet checked for any sores or**
 DIA_09 **irritations by ^YOURSELF or by a family member or friend?**

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

- | | | |
|---|-----------|------------------|
| 1 | Per day | |
| 2 | Per week | (Go to DIA_N09C) |
| 3 | Per month | (Go to DIA_N09D) |
| 4 | Per year | (Go to DIA_N09E) |
| 5 | Never | (Go to DIA_C10) |
| | DK, RF | (Go to DIA_C10) |

DIA_N09B INTERVIEWER: Enter number of times per day.

DIA_N9B

||| Times

(MIN: 1) (MAX: 99)

DK, RF

Go to DIA_C10

DIA_N09C INTERVIEWER: Enter number of times per week.

DIA_N9C

||| Times
(MIN: 1) (MAX: 99)

DK, RF

Go to DIA_C10

DIA_N09D INTERVIEWER: Enter number of times per month.

DIA_N9D

||| Times
(MIN: 1) (MAX: 99)

DK, RF

Go to DIA_C10

DIA_N09E INTERVIEWER: Enter number of times per year.

DIA_N9E

||| Times
(MIN: 1) (MAX: 99)

DK, RF

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

DIA_R10 **Now a few questions about medication.**

INTERVIEWER: Press <Enter> to continue.

DIA_Q10 **In the past month, did ^YOU2 take aspirin or other ASA (acetylsalicylic acid)**
DIA_10 **medication every day or every second day?**

- 1 Yes
 - 2 No
- DK, RF

DIA_Q11 **In the past month, did ^YOU1 take prescription medications such as Lipitor or**
DIA_11 **Zocor to control ^YOUR1 blood cholesterol levels?**

- 1 Yes
 - 2 No
- DK, RF

DIA_END

Medication use (MED)

MED_BEG Optional Content (See Appendix 2)

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

MED_R1 **Now I'd like to ask a few questions about ^YOU2 use of medications, both prescription and over-the-counter.**

INTERVIEWER: Press <Enter> to continue.

MED_Q1A **In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:**
MED_1A **... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?**

- 1 Yes
- 2 No
- DK
- RF (Go to MED_END)

MED_Q1B **In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:**
MED_1B **... tranquilizers such as Valium or Ativan?**

- 1 Yes
- 2 No
- DK, RF

MED_Q1C **(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)**
MED_1C **... diet pills such as Dexatrim, Ponderal or Fastin?**

- 1 Yes
- 2 No
- DK, RF

MED_Q1D **(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)**
MED_1D **... anti-depressants such as Prozac, Paxil or Effexor?**

- 1 Yes
- 2 No
- DK, RF

MED_Q1E (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1E take:)

... codeine, Demerol or morphine?

- 1 Yes
- 2 No
DK, RF

MED_Q1F (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1F take:)

... allergy medicine such as Reactine or Allegra?

- 1 Yes
- 2 No
DK, RF

MED_Q1G (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1G take:)

... asthma medications such as inhalers or nebulizers?

- 1 Yes
- 2 No
DK, RF

MED_E1G Inconsistent answers have been entered. The respondent has taken medicine for asthma in the past month but previously reported that he/she did not. Please confirm.

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

MED_Q1H (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1H take:)

... cough or cold remedies?

- 1 Yes
- 2 No
DK, RF

MED_Q1I (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1I take:)

... penicillin or other antibiotics?

- 1 Yes
 - 2 No
- DK, RF

MED_Q1J (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1J take:)

... medicine for the heart?

- 1 Yes
 - 2 No
- DK, RF

MED_Q1L In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:
MED_1L

... diuretics or water pills?

- 1 Yes
 - 2 No
- DK, RF

MED_Q1M (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1M take:)

... steroids?

- 1 Yes
 - 2 No
- DK, RF

MED_Q1P (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1P take:)

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

- 1 Yes
 - 2 No
- DK, RF

MED_Q1Q (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1Q take:)

... stomach remedies?

- 1 Yes
 - 2 No
- DK, RF

MED_Q1R (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1R take:)

... laxatives?

- 1 Yes
 - 2 No
- DK, RF

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

MED_Q1S (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1S take:)

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

- 1 Yes
 - 2 No
- DK, RF

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

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

MED_Q1T (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2
MED_1T take:)

... hormones for menopause or ageing symptoms?

- 1 Yes
 - 2 No (Go to MED_Q1U)
- DK, RF (Go to MED_Q1U)

MED_Q1T1 **What type of hormones ^ARE ^YOU1 taking?**

MED_1T1

INTERVIEWER: Read categories to respondent.

- 1 **Estrogen only**
 - 2 **Progesterone only**
 - 3 **Both**
 - 4 **Neither**
- DK, RF

MED_D1T2 \wedge MinYear = \wedge Info.YearofBirth + 30;

MED_Q1T2 **When did ^YOU1 start this hormone therapy?**

MED_1T2

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

||_|_| Year
(MIN: \wedge MinYear) (MAX: \wedge Info.CurrentYear)
DK, RF

MED_E1T2 Year must be between \wedge MinYear and \wedge Info.CurrentYear. Please return and correct.

Note: Trigger hard edit if outside these ranges.

MED_Q1U **In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:**

MED_1U

... thyroid medication such as Synthroid or Levothyroxine?

- 1 Yes
 - 2 No
- DK, RF

MED_Q1V **(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)**

MED_1V

... any other medication?

- 1 Yes - Specify (Go to MED_S1V)
 - 2 No
- DK, RF

Go to MED_END

MED_S1V INTERVIEWER: Specify.

(80 spaces)
DK, RF

MED_END

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Pain and discomfort (HUP)

HUP_BEG Core content

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

HUP_D1 (not applicable)

HUP_R1 **The next set of questions asks about the level of pain or discomfort ^YOU2 usually experience. They are not about illnesses like colds that affect people for short periods of time.**INTERVIEWER: Press <Enter> to continue.HUP_Q28 **^ARE_C ^YOU2 usually free of pain or discomfort?**

HUP_01

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

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

HUP_02

INTERVIEWER: Read categories to respondent.

- 1 **Mild**
- 2 **Moderate**
- 3 **Severe**
- DK, RF

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

HUP_03

INTERVIEWER: Read categories to respondent.

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

HUP_END

Health care utilization (HCU)

HCU_BEG Core content

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

HCU_D01 (not applicable)

HCU_Q01AA **^DOVERB_C ^YOU2 have a regular medical doctor?**

HCU_1AA

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

HCU_Q01AB **Why ^DOVERB ^YOU2 not have a regular medical doctor?**INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|---|
| HCU_1BA | 1 | No medical doctors available in the area |
| HCU_1BB | 2 | Medical doctors in the area are not taking new patients |
| HCU_1BC | 3 | Have not tried to contact one |
| HCU_1BD | 4 | Had a medical doctor who left or retired |
| HCU_1BE | 5 | Other - Specify (Go to HCU_S01AB) DK, RF |

Go to HCU_D01A1

HCU_S01AB INTERVIEWER: Specify.

(80 spaces)

DK, RF

HCU_D01A1 If proxy interview, ^DT_GOVERB = "goes".
Otherwise, ^DT_GOVERB = "go".HCU_Q01A1 **Is there a place that ^YOU2 usually ^DT_GOVERB to when ^YOU1 ^ARE sick or
HCU_1A1 need^S advice about ^YOUR1 health?**

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

HCU_Q01A2 **What kind of place is it?**

HCU_1A2

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

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

Go to HCU_END

HCU_S01A2 INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to HCU_END

HCU_D01AC (not applicable)

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HCU_Q01AC ^DOVERB_C ^YOU2 and this doctor usually speak in English, in French, or in
 HCU_1AC another language?

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

Go to HCU_END

HCU_S01AC INTERVIEWER: Specify.

(80 spaces)
 DK, RF

HCU_END

FOR INFORMATION ONLY

Contacts with Health Professionals (CHP)

| | |
|-------------------|---|
| CHP_BEG | Theme content |
| CHP_C01 | If (do CHP block = 1), go to CHP_D01. Otherwise, go to CHP_END. |
| CHP_D01 | (not applicable) |
| CHP_R01 | Now I'd like to ask about ^YOUR2 contacts with various health professionals during the past 12 months, that is, from [date one year ago] to yesterday. |
| CHP_Q01 CHP_01 | In the past 12 months, ^HAVE ^YOU2 been a patient overnight in a hospital, nursing home or convalescent home? 1 Yes 2 No (Go to CHP_D03) DK (Go to CHP_D03) RF (Go to CHP_END) |
| CHP_Q02 CHP_02 | For how many nights in the past 12 months? _ _ Nights (MIN: 1) (MAX: 366; warning after 100) DK, RF |
| Note: | In processing, if a respondent answered CHP_Q01 = 2, the variable CHP_Q02 is given the value of "0". |
| CHP_D03 | If CHP_Q01 = 1, ^DT_COUNT = "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, ^DT_COUNT = "In the past 12 months". |
| CHP_D03A | If age < 18, ^DT_PED = "pediatrician". Otherwise, ^DT_PED = "null". |

CHP_Q03 **^DT_COUNT, ^HAVE ^YOU2 seen, or talked to any of the following health
CHP_03 professionals about ^YOUR1 physical, emotional or mental health:**

...a family doctor, ^DT_PED or general practitioner?

INTERVIEWER: Include both face to face and telephone contacts.

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

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

CHP_04

[_|_|_] Times
(MIN: 1) (MAX: 366; warning after 12)
DK, RF

Note: In processing, if a respondent answered CHP_Q03 = 2, the variable CHP_Q04 is given the value of "0".

CHP_Q05 **Where did the most recent contact take place?**

CHP_05

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

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

Go to CHP_Q06

CHP_S05 INTERVIEWER: Specify.

(80 spaces)
DK, RF

CHP_Q06 (^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)

CHP_06

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

INTERVIEWER: Include both face to face and telephone contacts.

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

CHP_Q07 (How many times (in the past 12 months)?

CHP_07

||| Times

(MIN: 1) (MAX: 75; warning after 3)

DK, RF

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

CHP_D08 If respondent is male, ^DT_DOCTOR = "urologist".
Otherwise, ^DT_DOCTOR = "gynaecologist".

CHP_Q08 (^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)

CHP_08

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

INTERVIEWER: Include both face to face and telephone contacts.

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

CHP_Q09 How many times (in the past 12 months)?

CHP_09

||| Times

(MIN: 1) (MAX: 300; warning after 7)

DK, RF

Note: In processing, if a respondent answered CHP_Q08 = 2, the variable CHP_Q09 is given the value of "0".

CHP_Q10 **Where did the most recent contact take place?**

CHP_10

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

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

Go to CHP_Q11

CHP_S10 INTERVIEWER: Specify.

(80 spaces)

DK, RF

CHP_Q11 **^DT_COUNT, ^HAVE ^YOU? seen, or talked to:**

CHP_11

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

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to CHP_Q14)
DK, RF (Go to CHP_Q14)

CHP_Q12 **How many times (in the past 12 months)?**

CHP_12

|_|_| Times

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

DK, RF

Note: In processing, if a respondent answered CHP_Q11 = 2, the variable CHP_Q12 is given the value of "0".

CHP_Q13 **Where did the most recent contact take place?**

CHP_13

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

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

Go to CHP_Q14

CHP_S13 INTERVIEWER: Specify.

(80 spaces)

DK, RF

CHP_Q14 (**^DT_COUNT, ^HAVE ^YOU1? seen, or talked to:**)

CHP_14

...a dentist, dental hygienist or orthodontist (about ^YOUR1 physical, emotional or mental health)?

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to CHP_Q16)
- DK, RF (Go to CHP_Q16)

CHP_Q15 **How many times (in the past 12 months)?**

CHP_15

[] Times

(MIN: 1) (MAX: 99; warning after 4)

DK, RF

Note: In processing, if a respondent answered CHP_Q14 = 2, the variable CHP_Q15 is given the value of "0".

CHP_Q16 (^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)

CHP_16

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

INTERVIEWER: Include both face to face and telephone contacts.

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

CHP_Q17 How many times (in the past 12 months)?

CHP_17

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

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

CHP_Q18 (^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)

CHP_18

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

INTERVIEWER: Include both face to face and telephone contacts.

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

CHP_Q19 How many times (in the past 12 months)?

CHP_19

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

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

CHP_Q20 (^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)

CHP_20

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

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to CHP_Q22)
DK, RF (Go to CHP_Q22)

CHP_Q21 **How many times (in the past 12 months)?**

CHP_21

||| Times

(MIN: 1) (MAX: 366; warning after 25)

DK, RF

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

CHP_Q22 **(^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)**

CHP_22

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

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes

2 No (Go to CHP_Q24)

DK, RF (Go to CHP_Q24)

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

CHP_23

||| Times

(MIN: 1) (MAX: 366; warning after 20)

DK, RF

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

CHP_Q24 **^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:**

CHP_24

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

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes

2 No (Go to CHP_END)

DK, RF (Go to CHP_END)

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

CHP_25

||| Times

(MIN: 1) (MAX: 200; warning after 12)

DK, RF

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

CHP_END

Unmet health care needs (UCN)

UCN_BEG Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

AGE: Respondent's age

HCU_Q06: Unmet health care needs

DOUCN: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

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

UCN_D010

UCN_Q010 **^PHRASE_E**

UCN_010

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

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

UCN_020

INTERVIEWER: Mark all that apply.

UCN_020A 01 Not available - in the area

UCN_020B 02 Not available - at time required (e.g. doctor on holidays, inconvenient hours)

UCN_020C 03 Waiting time too long

UCN_020D 04 Felt would be inadequate

UCN_020E 05 Cost

UCN_020F 06 Too busy

UCN_020G 07 Didn't get around to it / didn't bother

UCN_020H 08 Decided not to seek care

UCN_020I 09 Doctor - didn't think it was necessary

UCN_020J 10 Other - Specify (Go to UCN_S020)

DK, RF

UCN_S020 INTERVIEWER: Specify.

(80 spaces)

DK, RF

UCN_Q030 **Again, thinking of the most recent time, what was the type of care that was needed?**

UCN_030

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|---|
| UCN_030A | 1 | Treatment of - a physical health problem |
| UCN_030B | 2 | Treatment of - an emotional or mental health problem |
| UCN_030C | 3 | A regular check-up (including regular pre-natal care) |
| UCN_030D | 4 | Care of an injury |
| UCN_030E | 5 | Other - Specify (Go to UCN_S030) |
- DK, RF

UCN_S030 INTERVIEWER: Specify.

(80 spaces)

DK, RF

UCN_Q040 **Where did ^YOU1 try to get the service ^YOU1 ^WERE seeking?**

UCN_040

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|----------------------------------|
| UCN_040A | 1 | Doctor's office |
| UCN_040B | 2 | Community health centre / CLSC |
| UCN_040C | 3 | Walk-in clinic |
| UCN_040D | 4 | Appointment clinic |
| UCN_040E | 5 | Hospital - emergency room |
| UCN_040F | 6 | Hospital / outpatient clinic |
| UCN_040G | 7 | Other - Specify (Go to UCN_S040) |
- DK, RF

UCN_S040 INTERVIEWER: Specify.

(80 spaces)

DK, RF

UCN_END

Home care services (HMC)

HMC_BEG Optional Content (See Appendix 2)

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

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

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

INTERVIEWER: Press <Enter> to continue.

HMC_Q09 **^HAVE_C ^YOU2 received any home care services in the past 12 months, with the**
HMC_09 **cost being entirely or partially covered by government?**

- 1 Yes
- 2 No (Go to HMC_D11)
- DK (Go to HMC_D11)
- RF (Go to HMC_END)

HMC_Q10 **What type of services ^HAVE ^YOU1 received?**

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

HMC_10A 1 **Nursing care (e.g., dressing changes, preparing medications, /O.N. visits)**

HMC_10B 2 **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**

HMC_10I 3 **Medical equipment or supplies**

HMC_10C 4 **Personal care (e.g., bathing, foot care)**

HMC_10D 5 **Housework (e.g., cleaning, laundry)**

HMC_10E 6 **Meal preparation or delivery**

HMC_10F 7 **Shopping**

HMC_10G 8 **Respite care (i.e., caregiver relief)**

HMC_10H 9 Other - Specify (Go to HMC_S10)
DK, RF

Go to HMC_D11

HMC_S10 **INTERVIEWER:** Specify.

(80 spaces)

DK, RF

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

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

INTERVIEWER: Include only health care, homemaker or other support services (e.g., housework) that are provided because of a respondent's health problem or condition.

- 1 Yes
- 2 No (Go to HMC_Q14)
- DK, RF (Go to HMC_Q14)

HMC_D12 (not applicable)

HMC_Q12 **Who provided these ^DT_OTHER home care services?**

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

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

Go to HMC_Q13

HMC_S12 **INTERVIEWER:** Specify.

(80 spaces)

DK, RF

HMC_Q13 **What type of home care services ^HAVE ^YOU1 received?**

HMC_13

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

HMC_13A

1 **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**

HMC_13B

2 **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**

HMC_13I

3 **Medical equipment or supplies**

HMC_13C

4 **Personal care (e.g., bathing, foot care)**

HMC_13D

5 **Housework (e.g., cleaning, laundry)**

HMC_13E

6 **Meal preparation or delivery**

HMC_13F

7 **Shopping**

HMC_13G

8 **Respite care (i.e., caregiver relief)**

HMC_13H

9 Other - Specify (Go to HMC_S13)
DK, RF

Go to HMC_Q14

HMC_S13

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HMC_Q14

During the past 12 months, was there ever a time when ^YOU2 felt that ^YOU1 needed home care services but ^YOU1 didn't receive them?

HMC_14

1 Yes

2 No (Go to HMC_END)

DK, RF (Go to HMC_END)

HMC_Q15 **Thinking of the most recent time, why didn't ^YOU1 get these services?**INTERVIEWER: Mark all that apply.

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

Go to HMC_Q16

HMC_S15 INTERVIEWER: Specify._____
(80 spaces)

DK, RF

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

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

Go to HMC_Q17

HMC_S16 INTERVIEWER: Specify.

(80 spaces)

DK, RF

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

INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|--------------------------------------|
| HMC_17A | 1 | A government sponsored program |
| HMC_17B | 2 | A private agency |
| HMC_17C | 3 | A family member, friend or neighbour |
| HMC_17D | 4 | A volunteer organization |
| HMC_17E | 5 | Other |
- DK, RF

HMC_END

FOR INFORMATION ONLY

Patient satisfaction - Health care services (PAS)

PAS_BEG Optional Content (See Appendix 2)

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

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

PAS_R1 **Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the quality of the care you received.**

INTERVIEWER: Press <Enter> to continue.

PAS_C11D If CHP_Q01 = 1 or at least one of CHP_Q03 to CHP_Q24 = 1 (Yes), go to PAS_Q12.
Otherwise, go to PAS_Q11.

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

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

PAS_11

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

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

PAS_12 **Would you say it was:**

INTERVIEWER: Read categories to respondent.

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

PAS_Q13 Overall, how satisfied were you with the way health care services were provided?
PAS_13 Were you:

INTERVIEWER: Read categories to respondent.

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

PAS_Q21A In the past 12 months, have you received any health care services at a hospital, for
PAS_21A any diagnostic or day surgery service, overnight stay, or as an emergency room patient?

- 1 Yes
 - 2 No (Go to PAS_Q31A)
- DK, RF (Go to PAS_Q31A)

PAS_Q21B Thinking of your most recent hospital visit, were you:
PAS_21B

INTERVIEWER: Read categories to respondent.

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

PAS_Q22 (Thinking of this most recent hospital visit:)
PAS_22

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

INTERVIEWER: Read categories to respondent.

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

PAS_Q23 (Thinking of this most recent hospital visit:)

PAS_23

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

INTERVIEWER: Read categories to respondent.

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

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

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

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

PAS_31B

INTERVIEWER: Read categories to respondent.

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

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

PAS_32

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

INTERVIEWER: Read categories to respondent.

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

PAS_Q33

(Thinking of this most recent care from a physician:)

PAS_33

...how satisfied were you with the way physician care was provided?**Were you:**INTERVIEWER: Read categories to respondent.

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

PAS_END

FOR INFORMATION ONLY

Patient satisfaction - Community-based care (PSC)

PSC_BEG Optional Content (See Appendix 2)

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

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

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

PSC_R1 **The next questions are about community-based health care which includes any health care received outside of a hospital or doctor's office.**

Examples are: home nursing care, home-based counselling or therapy, personal care and community walk-in clinics.

INTERVIEWER: Press <Enter> to continue.

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

PSC_1

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

PSC_Q42 **Overall, how would you rate the quality of the community-based care you received?**
PSC_2 **Would you say it was:**

INTERVIEWER: Read categories to respondent.

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

PSC_Q43

Overall, how satisfied were you with the way community-based care was provided?

PSC_3

Were you:INTERVIEWER: Read categories to respondent.

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

PSC_END

FOR INFORMATION ONLY

Restriction of activities (RAC)

RAC_BEG Optional Content - 2011 only (See Appendix 2)

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

RAC_R1 **The next few questions deal with any current limitations in ^YOUR2 daily activities caused by a long-term health condition or problem. In these questions, a "long-term condition" refers to a condition that is expected to last or has already lasted 6 months or more.**

INTERVIEWER: Press <Enter> to continue.

RAC_Q1 **^DOVERB ^YOU1 have any difficulty hearing, seeing, communicating, walking,**
RAC_1 **climbing stairs, bending, learning or doing any similar activities?**

INTERVIEWER: Read categories to respondent

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

RAC_Q2A **Does a long-term physical condition or mental condition or health problem, reduce**
RAC_2A **the amount or the kind of activity ^YOU1 can do:**

... at home?

INTERVIEWER: Read categories to respondent.

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

RAC_Q2B_1 **(Does a long-term physical condition or mental condition or health problem, reduce**
 RAC_2B1 **the amount or the kind of activity ^YOU1 can do:)**

... at school?

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

RAC_Q2B_2 **(Does a long-term physical condition or mental condition or health problem, reduce**
 RAC_2B2 **the amount or the kind of activity ^YOU1 can do:)**

... at work?

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

RAC_Q2C **(Does a long-term physical condition or mental condition or health problem, reduce**
 RAC_2C **the amount or the kind of activity ^YOU1 can do:)**

... in other activities, for example, transportation or leisure?

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

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

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

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

RAC_Q5 **Which one of the following is the best description of the cause of this condition?**
RAC_5

INTERVIEWER: Read categories to respondent.

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

RAC_S5 INTERVIEWER: Specify.

(80 spaces)
DK, RF

RAC_END

FOR INFORMATION ONLY

Activities of Daily Living (ADL)

ADL_BEG Optional Content (See Appendix 2)

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

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

INTERVIEWER: Press <1> to continue.

ADL_Q01 **Because of any physical condition or mental condition or health problem,**
ADL_01 **^DOVERB ^YOU1 need the help of another person:**

... with preparing meals?

- 1 Yes
- 2 No
- DK, RF

ADL_Q02 **Because of any physical condition or mental condition or health problem,**
ADL_02 **^DOVERB ^YOU1 need the help of another person:**

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

- 1 Yes
- 2 No
- DK, RF

ADL_Q03 **Because of any physical condition or mental condition or health problem,**
ADL_03 **^DOVERB ^YOU1 need the help of another person:**

... with doing everyday housework?

- 1 Yes
- 2 No
- DK, RF

ADL_Q04 **Because of any physical condition or mental condition or health problem,**
ADL_04 **^DOVERB ^YOU1 need the help of another person:**

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

- 1 Yes
- 2 No
- DK, RF

ADL_Q05 **Because of any physical condition or mental condition or health problem,**
ADL_05 **^DOVERB ^YOU1 need the help of another person:**

... with moving about inside the house?

- 1 Yes
- 2 No
- DK, RF

ADL_Q06 **Because of any physical condition or mental condition or health problem,**
ADL_06 **^DOVERB ^YOU1 need the help of another person:**

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

- 1 Yes
- 2 No
- DK, RF

ADL_END

FOR INFORMATION ONLY

Flu shots (FLU)

FLU_BEG Core content

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

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

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

INTERVIEWER: Press <1> to continue.

FLU_Q160 **Have you ever had a seasonal flu shot?**

FLU_160

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

FLU_Q162 **When did you have your last seasonal flu shot?**

FLU_162

INTERVIEWER: Read categories to respondent.

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

FLU_C164 If FLU_Q162 = 2 or 3, go to FLU_Q166.
Otherwise, go to FLU_Q164.

FLU_Q164 **In which month did you have your last seasonal flu shot?**

FLU_164

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

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

FLU_Q165 **Was that this year or last year?**

FLU_165

- 1 This year
- 2 Last year
- DK, RF

Go to FLU_END

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

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| FLU_66A | 01 | Have not gotten around to it |
| FLU_66B | 02 | Respondent - did not think it was necessary |
| FLU_66C | 03 | Doctor - did not think it was necessary |
| FLU_66D | 04 | Personal or family responsibilities |
| FLU_66E | 05 | Not available - at time required |
| FLU_66F | 06 | Not available - at all in the area |
| FLU_66G | 07 | Waiting time was too long |
| FLU_66H | 08 | Transportation - problems |
| FLU_66I | 09 | Language - problem |
| FLU_66J | 10 | Cost |
| FLU_66K | 11 | Did not know where to go / uninformed |
| FLU_66L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| FLU_66M | 13 | Bad reaction to previous shot |
| FLU_66O | 14 | Unable to leave the house because of a health problem |
| FLU_66N | 15 | Other - Specify (Go to FLU_S166) DK, RF |

Go to FLU_END

FLU_S166 INTERVIEWER: Specify.

(80 spaces)
DK, RF

FLU_END

FOR INFORMATION ONLY

Blood test (BLT)

BLT_BEG Optional Content (See Appendix 2)

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

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

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

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

BLT_01

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

BLT_Q02 **Why was your most recent blood test ordered?**

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

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

Go to BLT_C02B

BLT_S02 INTERVIEWER: Specify.

(80 spaces)

DK, RF

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

BLT_Q03 **For which health conditions was your last blood test ordered?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|--|
| BLT_03A | 1 | High cholesterol or other heart-related conditions |
| BLT_03B | 2 | Diabetes |
| BLT_03C | 3 | Thyroid |
| BLT_03D | 4 | Prostate |
| BLT_03E | 5 | Infectious disease |
| BLT_03F | 6 | Liver function |
| BLT_03G | 7 | Hormone-related |
| BLT_03H | 8 | Other - Specify (Go to BLT_S03) DK, RF |

Go to BLT_END

BLT_S03 INTERVIEWER: Specify.

(80 spaces)
DK, RF

BLT_END

FOR INFORMATION ONLY

Blood pressure check (BPC)

BPC_BEG Optional Content (See Appendix 2)

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

BPC_Q010 **(Now blood pressure)**

BPC_010 **Have you ever had your blood pressure taken?**

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

BPC_Q012 **When was the last time?**

BPC_012

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

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

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

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

BPC_013

- 1 Yes
- 2 No
- DK, RF

Go to BPC_END

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

BPC_Q016

What are the reasons that you have not had your blood pressure taken in the past 2 years?

INTERVIEWER: Mark all that apply.

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

BPC_END

FOR INFORMATION ONLY

PAP smear test (PAP)

PAP_BEG Optional Content (See Appendix 2)

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

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

PAP_Q020 **(Now PAP tests)**

PAP_020 **Have you ever had a PAP smear test?**

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

PAP_Q022 **When was the last time?**

PAP_022

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

FOR INFORMATION ONLY

PAP_Q026 **What are the reasons that you have not had a PAP smear test in the past 3 years?**

INTERVIEWER: Mark all that apply.

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

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

PAP_END

FOR INFORMATION ONLY

Mammography (MAM)

- MAM_BEG Optional Content (See Appendix 2)
- MAM_C1 If (do MAM block = 1), go to MAM_C030.
Otherwise, go to MAM_END.
- MAM_C030 If proxy interview or male, go to MAM_END.
Otherwise, go to MAM_C030A.
- MAM_C030A If female and age < 35, go to MAM_C038.
Otherwise, go to MAM_Q030.

MAM_Q030 **(Now Mammography)**
MAM_030 **Have you ever had a mammogram, that is, a breast x-ray?**

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

MAM_Q031 **Why did you have it?**

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

- | | | |
|---------|---|--|
| MAM_31A | 1 | Family history of breast cancer |
| MAM_31B | 2 | Part of regular check-up / routine screening |
| MAM_31C | 3 | Age |
| MAM_31D | 4 | Previously detected lump |
| MAM_31E | 5 | Follow-up of breast cancer treatment |
| MAM_31F | 6 | Or hormone replacement therapy |
| MAM_31G | 7 | Breast problem |
| MAM_31H | 8 | Other |
| | | DK, RF |

MAM_Q032 **When was the last time?**

- | | | | |
|---------|---|----------------------------------|------------------|
| MAM_032 | 1 | Less than 6 months ago | (Go to MAM_C038) |
| | 2 | 6 months to less than 1 year ago | (Go to MAM_C038) |
| | 3 | 1 year to less than 2 years ago | (Go to MAM_C038) |
| | 4 | 2 years to less than 5 years ago | |
| | 5 | 5 or more years ago | |
| | | DK, RF | (Go to MAM_C038) |

MAM_C036 If age < 50 or age > 69, go to MAM_C038.
Otherwise, go to MAM_Q036.

MAM_Q036 **What are the reasons you have not had one in the past 2 years?**

INTERVIEWER: Mark all that apply.

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

Go to MAM_C038

MAM_S036 INTERVIEWER: Specify.

(80 spaces)

DK, RF

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

MAM_C038A If PAP_Q026 = 13 or if HWT_Q1 = 1, go to MAM_END.
Otherwise, go to MAM_Q038.

MAM_Q038 **Have you had a hysterectomy? (in other words, has your uterus been removed)?**
MAM_038

- 1 Yes
- 2 No

DK, RF

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

MAM_END

FOR INFORMATION ONLY

Breast examinations (BRX)

BRX_BEG Optional Content (See Appendix 2)

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

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

BRX_Q110 **(Now breast examinations)**

BRX_110 **Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?**

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

BRX_Q112

When was the last time?

BRX_112

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

BRX_Q116

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

- | | | |
|---------|----|--|
| BRX_16A | 01 | Have not gotten around to it |
| BRX_16B | 02 | Respondent - did not think it was necessary |
| BRX_16C | 03 | Doctor - did not think it was necessary |
| BRX_16D | 04 | Personal or family responsibilities |
| BRX_16E | 05 | Not available - at time required |
| BRX_16F | 06 | Not available - at all in the area |
| BRX_16G | 07 | Waiting time was too long |
| BRX_16H | 08 | Transportation - problems |
| BRX_16I | 09 | Language - problem |
| BRX_16J | 10 | Cost |
| BRX_16K | 11 | Did not know where to go / uninformed |
| BRX_16L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| BRX_16N | 13 | Unable to leave the house because of a health problem |
| BRX_16O | 14 | Breasts removed / Mastectomy |
| BRX_16M | 15 | Other |
| | | DK, RF |

BRX_END

FOR INFORMATION ONLY

Breast self-examinations (BSX)

BSX_BEG Optional Content (See Appendix 2)

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

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

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

BSX_Q120 **(Now breast self examinations)**

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

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

BSX_Q121 **How often?**

BSX_121

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

BSX_Q122 **How did you learn to do this?**

INTERVIEWER: Mark all that apply.

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

Go to BSX_END

BSX_S122 INTERVIEWER: Specify.

(80 spaces)

DK, RF

BSX_END

FOR INFORMATION ONLY

Spirometry (SPI)

SPI_BEG Optional Content (See Appendix 2)

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

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

SPI_Q01 **Spirometry is a common lung function test that consists of blowing into a small tube attached to a machine.**
SPI_01

Have you ever had this test?

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

SPI_Q02 **When was the last time?**
SPI_02

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

SPI_END

FOR INFORMATION ONLY

Hormone replacement therapy (HRT)

HRT_BEG Optional Content (See Appendix 2)

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

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

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

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

INTERVIEWER: Press <Enter> to continue.

HRT_Q01 **In the past 12 months, have you experienced any symptoms of menopause or**
HRT_01 **ageing. These symptoms may include hot flashes, night sweats, or an irregularity**
or the stopping of your periods?

- 1 Yes
- 2 No
- DK
- RF (Go to HRT_END)

HRT_Q02 **In the past 12 months, did you take any form of Hormone Replacement Therapy for**
HRT_02 **menopause symptoms or for conditions due to ageing?**

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

HRT_Q03 **Are you currently taking hormones?**

HRT_03

- 1 Yes
- 2 No
- DK, RF

HRT_D04 If HRT_Q03 = 1, ^DT_DODID = "do".
Otherwise, ^DT_DODID = "did".

HRT_Q04 **What type of hormones ^DT_DODID you take?**

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

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

Go to HRT_D05

HRT_S04 INTERVIEWER: Specify.

(80 spaces)
DK, RF

HRT_D05 ^MinYear = ^Info.YearofBirth + 30;

HRT_Q05 **When did you start this hormone therapy?**

HRT_05

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

||_|_| Year
(MIN: ^MinYear) (MAX: ^Info.CurrentYear)
DK, RF

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

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

HRT_D06 if HRT_Q03 = 1, ^DT_TAKE = "take".
Otherwise, ^DT_TAKE = "took".

HRT_Q06 **What are the reasons that you ^DT_TAKE these hormones?**

INTERVIEWER: Mark all that apply.

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

Go to HRT_C07

HRT_S06 INTERVIEWER: Specify.

(80 spaces)
DK, RF

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

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

HRT_07

- | | |
|---|------------------------|
| 1 | Yes |
| 2 | No (Go to HRT_C10) |
| | DK, RF (Go to HRT_C10) |

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

INTERVIEWER: Mark all that apply.

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

Go to HRT_Q09

HRT_S08 **INTERVIEWER:** Specify.

(80 spaces)

DK, RF

HRT_Q09 **What are the reasons that you stopped taking hormones?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|--|
| HRT_09A | 1 | Worried / read about possible health risks |
| HRT_09B | 2 | Doctor recommended |
| HRT_09C | 3 | Menopausal symptoms improved |
| HRT_09D | 4 | Learned about alternative health products |
| HRT_09E | 5 | Diagnosed with health problem / condition |
| HRT_09F | 6 | Adverse reaction to medication |
| HRT_09G | 7 | Other - Specify (Go to HRT_S09) DK, RF |

Go to HRT_C10

HRT_S09 **INTERVIEWER:** Specify.

(80 spaces)

DK, RF

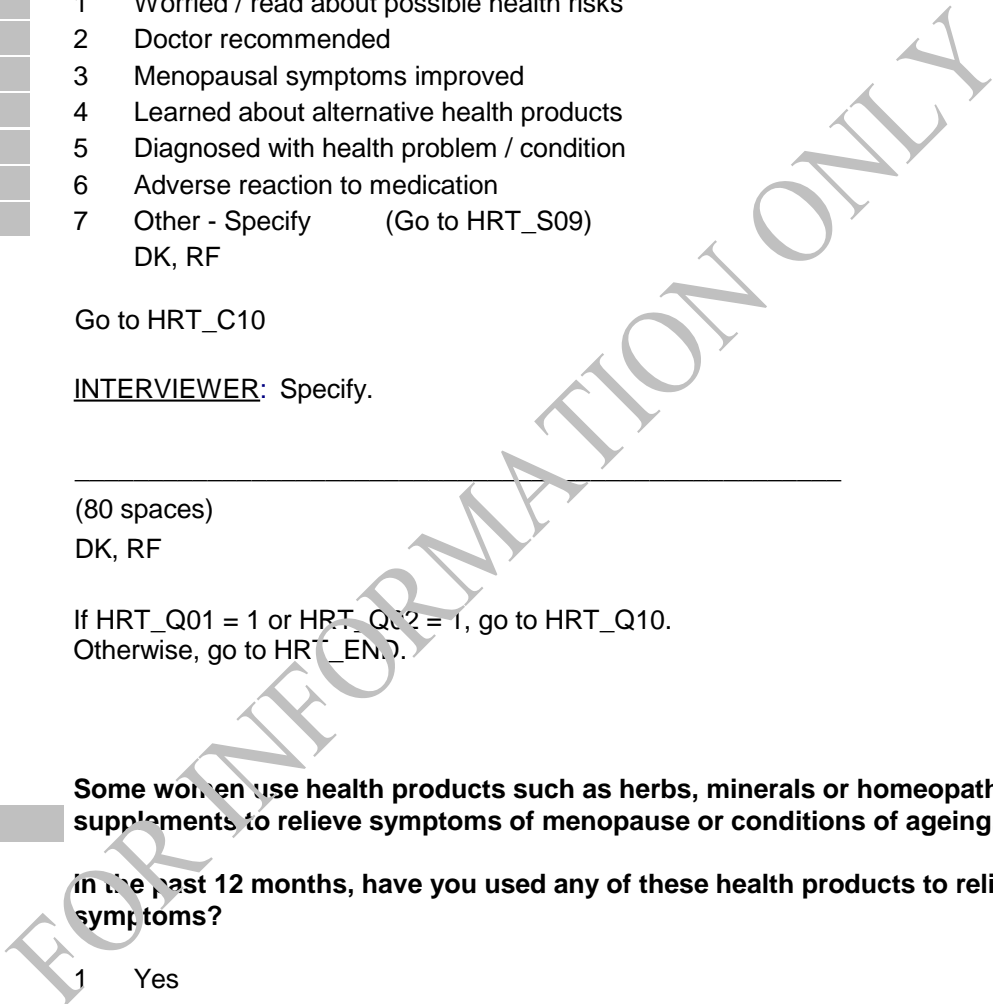
HRT_C10 If HRT_Q01 = 1 or HRT_Q02 = 1, go to HRT_Q10.
Otherwise, go to HRT_END.

HRT_Q10 **Some women use health products such as herbs, minerals or homeopathic supplements to relieve symptoms of menopause or conditions of ageing.**

HRT_10

in the past 12 months, have you used any of these health products to relieve your symptoms?

- 1 Yes
- 2 No (Go to HRT_Q12)
DK, RF (Go to HRT_Q12)



HRT_Q11 **What have you used?**

INTERVIEWER: Mark all that apply.

- HRT_11A 1 Vitamins or other dietary supplements (e.g., Melatonin, Calcium)
- HRT_11B 2 Herbs (e.g., Black Cohosh, Oil of Evening Primrose)
- HRT_11C 3 Herbal teas
- HRT_11D 4 Other - Specify (Go to HRT_S11)
DK, RF

Go to HRT_Q12

HRT_S11 INTERVIEWER: Specify.

(80 spaces)
DK, RF

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

HRT_12

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

HRT_Q13 **What did you do?**

INTERVIEWER: Mark all that apply.

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

Go to HRT_END

HRT_S13 INTERVIEWER: Specify.

(80 spaces)
DK, RF

HRT_END

Physical check-up (PCU)

PCU_BEG Optional Content (See Appendix 2)

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

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

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

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

INTERVIEWER: Press <Enter> to continue.

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

PCU_150

- 1 Yes
- 2 No (Go to PCU_Q154)
- DK, RF (Go to PCU_END)

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

PCU_153

- 1 More than once a year
- 2 Once a year
- 3 Once every 2 years
- 4 Once every 3 years
- 5 Less than once every 3 years
- 6 No regular pattern
- DK, RF

PCU_Q153

When was the last time?

PCU_152

- 1 Less than 1 year ago
 - 2 1 year to less than 2 years ago
 - 3 2 years to less than 3 years ago
 - 4 3 years to less than 4 years ago
 - 5 4 years to less than 5 years ago
 - 6 5 or more years ago
- DK, RF (Go to PCU_Q155)

PCU_C153

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

PCU_Q154

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

INTERVIEWER: Mark all that apply.

PCU_154A

01 Have not gotten around to it

PCU_154B

02 Respondent - did not think it was necessary

PCU_154C

03 Doctor - did not think it was necessary

PCU_154D

04 Personal or family responsibilities

PCU_154E

05 Not available - at time required

PCU_154F

06 Not available - at all in the area

PCU_154G

07 Waiting time was too long

PCU_154H

08 Transportation - problems

PCU_154I

09 Language - problem

PCU_154J

10 Cost

PCU_154K

11 Did not know where to go / uninformed

PCU_154L

12 Fear (e.g., painful, embarrassing, find something wrong)

PCU_154M

13 Unable to leave the house because of a health problem

PCU_154N

14 Other - Specify (Go to PCU_S154)

DK, RF

Go to PCU_END

PCU_S154

INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to PCU_END

PCU_Q155 **During your last general physical check-up, did a health professional weigh you?**
PCU_155

- 1 Yes
- 2 No

DK, RF

PCU_Q156 **(During your last general physical check-up,)**
PCU_156 **...did a health professional measure your height?**

- 1 Yes
- 2 No

DK, RF

PCU_Q157 **During your last general physical check-up, did a health professional check your**
PCU_157 **blood pressure?**

- 1 Yes
- 2 No

DK, RF

PCU_Q158 **(During your last general physical check-up,)**
PCU_158 **...did a health professional discuss with you any risks that your weight might pose**
to your health?

- 1 Yes
- 2 No

DK, RF

PCU_END

FOR INFORMATION ONLY

Prostate cancer screening (PSA)

PSA_BEG Optional Content (See Appendix 2)

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

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

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

PSA_Q170 **(Now Prostate tests)**

PSA_170 **Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?**

- 1 Yes
- 2 No (Go to PSA_Q174)
- DK (Go to PSA_Q174)
- RF (Go to PSA_END)

PSA_Q172 **When was the last time?**

- PSA_172
- 1 Less than 1 year ago
 - 2 1 year to less than 2 years ago
 - 3 2 years to less than 3 years ago
 - 4 3 years to less than 5 years ago
 - 5 5 or more years ago
 - DK, RF

PSA_Q173 **Why did you have it?**

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

- PSA_73A 1 Family history of prostate cancer
- PSA_73B 2 Part of regular check-up / routine screening
- PSA_73C 3 Age
- PSA_73G 4 Race
- PSA_73D 5 Follow-up of problem
- PSA_73E 6 Follow-up of prostate cancer treatment
- PSA_73F 7 Other - Specify (Go to PSA_S173)
DK, RF

Go to PSA_Q174

PSA_S173 **INTERVIEWER:** Specify.

(80 spaces)
DK, RF

PSA_Q174 **A Digital Rectal Exam is an exam in which a gloved finger is inserted into the rectum in order to feel the prostate gland.**
PSA_174 **Have you ever had this exam?**

- 1 Yes
- 2 No (Go to PSA_END)
- DK, RF (Go to PSA_END)

PSA_Q175 **When was the last time?**

- PSA_175
- 1 Less than 1 year ago
 - 2 1 year to less than 2 years ago
 - 3 2 years to less than 3 years ago
 - 4 3 years to less than 5 years ago
 - 5 5 or more years ago
 - DK, RF

PSA_END

Colorectal cancer screening (CCS)

CCS_BEG Optional Content (See Appendix 2)

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

CCS_C180B If proxy interview or age < 35, go to CCS_END.
Otherwise, go to CCS_Q180.

CCS_Q180 **Now a few questions about various colorectal exams.**

CCS_180

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

Have you ever had this test?

- 1 Yes
- 2 No (Go to CCS_Q184)
- DK (Go to CCS_Q184)
- RF (Go to CCS_END)

CCS_Q182

When was the last time?

CCS_182

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

CCS_Q183 **Why did you have it?****INTERVIEWER:** Mark all that apply.

If respondent says "Doctor recommended it" or "I requested it", probe for reason.

- | | | |
|---------|---|--|
| CCS_83A | 1 | Family history of colorectal cancer |
| CCS_83B | 2 | Part of regular check-up / routine screening |
| CCS_83C | 3 | Age |
| CCS_83G | 4 | Race |
| CCS_83D | 5 | Follow-up of problem |
| CCS_83E | 6 | Follow-up of colorectal cancer treatment |
| CCS_83F | 7 | Other - Specify (Go to CCS_S183) DK, RF |

Go to CCS_Q184

CCS_S183 **INTERVIEWER:** Specify._____
(80 spaces)

DK, RF

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

CCS_184

- | | | |
|---|--------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to CCS_END) |
| | DK, RF | (Go to CCS_END) |

CCS_Q185 **When was the last time?**

CCS_185

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

CCS_Q186 **Why did you have it?**

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

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

Go to CCS_C187

CCS_S186 **INTERVIEWER:** Specify.

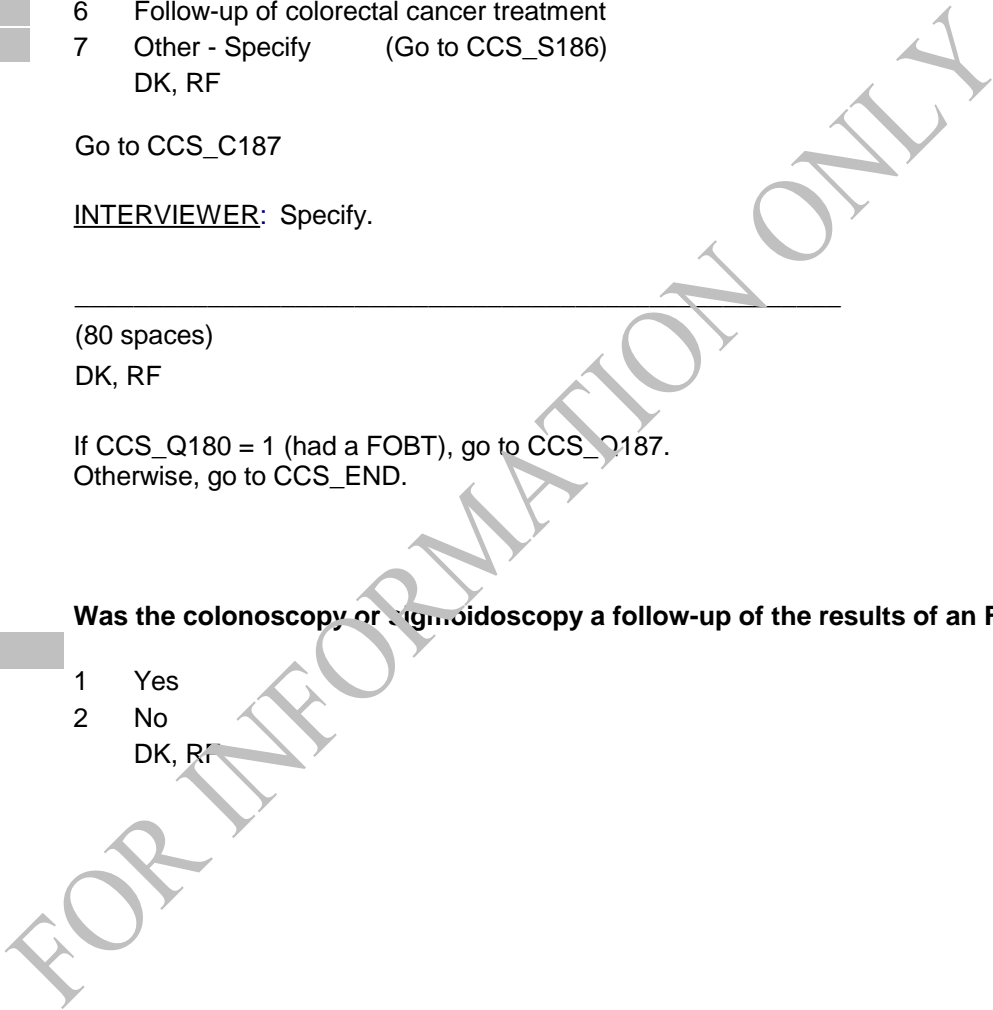
(80 spaces)
DK, RF

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

CCS_Q187 **Was the colonoscopy or sigmoidoscopy a follow-up of the results of an FOBT?**
CCS_187

- 1 Yes
- 2 No
- DK, RF

CCS_END



Eye examinations (EYX)

EYX_BEG Optional Content (See Appendix 2)

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

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

EYX_Q140 **(Now eye examinations)**
EYX_140 **It was reported earlier that you have "seen" or "talked to" an optometrist or ophthalmologist in the past 12 months. Did you actually visit one?**

- 1 Yes (Go to EYX_END)
- 2 No
DK, RF (Go to EYX_END)

EYX_Q142 **(Now eye examinations)**
EYX_142 **When did you last have an eye examination?**

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

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

EYX_Q146

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

- | | | |
|---------|----|--|
| EYX_46A | 01 | Have not gotten around to it |
| EYX_46B | 02 | Respondent - did not think it was necessary |
| EYX_46C | 03 | Doctor - did not think it was necessary |
| EYX_46D | 04 | Personal or family responsibilities |
| EYX_46E | 05 | Not available - at time required |
| EYX_46F | 06 | Not available - at all in the area |
| EYX_46G | 07 | Waiting time was too long |
| EYX_46H | 08 | Transportation - problems |
| EYX_46I | 09 | Language - problem |
| EYX_46J | 10 | Cost |
| EYX_46K | 11 | Did not know where to go / uninformed |
| EYX_46L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| EYX_46N | 13 | Unable to leave the house because of a health problem |
| EYX_46M | 14 | Other |
- DK, RF

EYX_END

FOR INFORMATION ONLY

Dental visits (DEN)

DEN_BEG Optional Content (See Appendix 2)

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

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

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

DEN_Q130 **(Now dental visits)**

DEN_130 It was reported earlier that you have "seen" or "talked to" a dentist in the past 12 months. Did you actually visit one?

- 1 Yes (Go to DEN_END)
- 2 No
DK, RF (Go to DEN_END)

DEN_Q132 **(Now dental visits)**

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

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

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

DEN_E132 Inconsistent answers have been entered. The respondent went to a dentist less than 1 year ago but previously reported that he/she had not "seen" or "talked" to a dentist in the past 12 months. Please confirm.

Note: Trigger soft edit if DEN_Q132 = 1 and CHP_Q14 = 2.

DEN_C133 If DEN_Q132 = 1, go to DEN_END.
Otherwise, go to DEN_Q136.

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

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| DEN_36A | 01 | Have not gotten around to it |
| DEN_36B | 02 | Respondent - did not think it was necessary |
| DEN_36C | 03 | Doctor - did not think it was necessary |
| DEN_36D | 04 | Personal or family responsibilities |
| DEN_36E | 05 | Not available - at time required |
| DEN_36F | 06 | Not available - at all in the area |
| DEN_36G | 07 | Waiting time was too long |
| DEN_36H | 08 | Transportation - problems |
| DEN_36I | 09 | Language - problem |
| DEN_36J | 10 | Cost |
| DEN_36K | 11 | Did not know where to go / uninformed |
| DEN_36L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| DEN_36M | 13 | Wears dentures |
| DEN_36O | 14 | Unable to leave the house because of a health problem |
| DEN_36N | 15 | Other DK, RF |

DEN_END

FOR INFORMATION ONLY

Oral health 2 (OH2)

OH2_BEG Optional Content (See Appendix 2)

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

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

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

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

OH2_10

INTERVIEWER: Read categories to respondent.

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

OH2_Q11

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

OH2_11

- 1 Yes
- 2 No (Go to OH2_C12)
- DK, RF (Go to OH2_C12)

OH2_Q11A

Is it:

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

OH2_11A 1 ...a government-sponsored plan?

OH2_11B 2 ...an employer-sponsored plan?

OH2_11C 3 ...a private plan?

DK, RF

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

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

OH2_12

- 1 Yes
- 2 No (Go to OH2_Q20)
- DK, RF (Go to OH2_Q20)

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

OH2_13

- 1 Yes
- 2 No
- DK, RF

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

OH2_20

- 1 Yes
- 2 No
- DK, RF

OH2_C21 If DEN_Q136 = 13, go to OH2_D22.
Otherwise, go to OH2_Q21.

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

OH2_21

- 1 Yes
- 2 No
- DK, RF

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

OH2_R22 **Now we have some additional questions about oral health, that is the health of your teeth and mouth.**

INTERVIEWER: Press <Enter> to continue.

OH2_D22 If OH2_Q21= 1 or DEN_Q136 = 13, ^DT_TEETH = "teeth, mouth or dentures".
Otherwise, ^DT_TEETH = "teeth or mouth".

OH2_Q22 **Because of the condition of your ^DT_TEETH, do you have difficulty pronouncing any words or speaking clearly?**

OH2_22

- 1 Yes
- 2 No
- DK, RF

OH2_Q23

OH2_23

In the past 12 months, how often have you avoided:**...conversation or contact with other people, because of the condition of your
^DT_TEETH?**INTERVIEWER: Read categories to respondent.

- 1 **Often**
 - 2 **Sometimes**
 - 3 **Rarely**
 - 4 **Never**
- DK, RF

OH2_Q24

OH2_24

(In the past 12 months, how often have you avoided:)**...laughing or smiling, because of the condition of your ^DT_TEETH?**

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK, RF

OH2_D25

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

OH2_R25

Now some questions about the health of your ^DT_MOUTH during the past month.INTERVIEWER: Press <1> to continue.

OH2_C25

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

OH2_Q25A

OH2_25A

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

- 1 Yes
 - 2 No
- DK, RF

OH2_Q25B **In the past month, were your teeth:**

OH2_25B

...sensitive to hot or cold food or drinks?

- 1 Yes
 - 2 No
- DK, RF

OH2_Q25C **In the past month, have you had:**

OH2_25C

...pain in or around the jaw joints?

- 1 Yes
 - 2 No
- DK, RF

OH2_Q25D **(In the past month, have you had:)**

OH2_25D

...other pain in the mouth or face?

- 1 Yes
 - 2 No
- DK, RF

OH2_Q25E **(In the past month, have you had:)**

OH2_25E

...bleeding gums?

- 1 Yes
 - 2 No
- DK, RF

OH2_Q25F **(In the past month, have you had:)**

OH2_25F

...dry mouth?

INTERVIEWER: Do not include thirst caused by exercise.

- 1 Yes
 - 2 No
- DK, RF

OH2_Q25G **(In the past month, have you had:)**

OH2_25G

...bad breath?

- 1 Yes
 - 2 No
- DK, RF

OH2_C30 If OH2_Q20 = 1, go to OH2_Q30.
Otherwise, go to OH2_END.

OH2_Q30 **How often do you brush your teeth?**

OH2_30

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

OH2_END

FOR INFORMATION ONLY

Food choices (FDC)

FDC_BEG Optional Content (See Appendix 2)

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

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

FDC_R1 **Now, some questions about the foods you eat.**

INTERVIEWER: Press <Enter> to continue.

FDC_Q1A **Do you choose certain foods or avoid others:**
FDC_1A **...because you are concerned about your body weight?**

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

FDC_Q1B **(Do you choose certain foods or avoid others:)**
FDC_1B **...because you are concerned about heart disease?**

- 1 Yes (or sometimes)
- 2 No
DK, RF

FDC_Q1C **(Do you choose certain foods or avoid others:)**
FDC_1C **...because you are concerned about cancer?**

- 1 Yes (or sometimes)
- 2 No
DK, RF

FDC_Q1D **(Do you choose certain foods or avoid others:)**
FDC_1D **...because you are concerned about osteoporosis (brittle bones)?**

- 1 Yes (or sometimes)
- 2 No
DK, RF

FDC_Q2A **Do you choose certain foods because of:**

FDC_2A

...the lower fat content?

- 1 Yes (or sometimes)
- 2 No
DK, RF

FDC_Q2B **(Do you choose certain foods because of:)**

FDC_2B

...the fibre content?

- 1 Yes (or sometimes)
- 2 No
DK, RF

FDC_Q2C **(Do you choose certain foods because of:)**

FDC_2C

...the calcium content?

- 1 Yes (or sometimes)
- 2 No
DK, RF

FDC_Q3A **Do you avoid certain foods because of:**

FDC_3A

...the fat content?

- 1 Yes (or sometimes)
- 2 No
DK, RF

FDC_Q3B **(Do you avoid certain foods because of:)**

FDC_3B

...the type of fat they contain?

- 1 Yes (or sometimes)
- 2 No
DK, RF

FDC_Q3C **(Do you avoid certain foods because of:)**

FDC_3C

...the salt content?

- 1 Yes (or sometimes)
- 2 No
DK, RF

FDC_Q3D (Do you avoid certain foods because of:)
FDC_3D ...the cholesterol content?

- 1 Yes (or sometimes)
- 2 No
DK, RF

FDC_Q3E (Do you avoid certain foods because of:)
FDC_3E ...the calorie content?

- 1 Yes (or sometimes)
- 2 No
DK, RF

FDC_END

FOR INFORMATION ONLY

Dietary supplement use - Vitamins and minerals (DSU)

DSU_BEG Optional Content (See Appendix 2)

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

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

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

DSU_1A

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

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

DSU_Q1B

Did you take them at least once a week?

DSU_1B

- 1 Yes
- 2 No (Go to DSU_Q1C)
DK, RF (Go to DSU_END)

DSU_Q1C

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

DSU_1C

Days
(MIN: 1) (MAX: 7)
DK, RF
Go to DSU_END

DSU_Q1D

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

DSU_1D

Days
(MIN: 1) (MAX: 21)
DK, RF

DSU_END

Fruit and vegetable consumption (FVC)

FVC_BEG Core content

FVC_C1A If (do FVC block = 2) or proxy interview, go to FVC_END.
Otherwise, go to FVC_R1.FVC_R1 **The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home.**INTERVIEWER: Press <Enter> to continue.FVC_Q1A **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**
FVC_1A **(For example: once a day, three times a week, twice a month.)**INTERVIEWER: Select the reporting period here and enter the number in the next screen.

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

FVC_N1B INTERVIEWER: Enter number of times per day.

FVC_1B

Enter number of times per day.

INTERVIEWER: Enter number of times per day.

Times
 (MIN: 1) (MAX: 20)
 DK, RF
 Go to FVC_Q2A

FVC_N1C INTERVIEWER: Enter number of times per week.

FVC_1C

Enter number of times per week.

INTERVIEWER: Enter number of times per week.

||| Times

(MIN: 1) (MAX: 90)

DK, RF

Go to FVC_Q2A

FVC_N1D INTERVIEWER: Enter number of times per month.

FVC_1D

Enter number of times per month.

INTERVIEWER: Enter number of times per month.

|||| Times

(MIN: 1) (MAX: 200)

DK, RF

Go to FVC_Q2A

FVC_N1E INTERVIEWER: Enter number of times per year.

FVC_1E

Enter number of times per year.

INTERVIEWER: Enter number of times per year.

||||| Times

(MIN: 1) (MAX: 500)

DK, RF

FVC_Q2A **Not counting juice, how often do you usually eat fruit?**

FVC_2A

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

- 1 Per day
 - 2 Per week (Go to FVC_N2C)
 - 3 Per month (Go to FVC_N2D)
 - 4 Per year (Go to FVC_N2E)
 - 5 Never (Go to FVC_Q3A)
- DK, RF (Go to FVC_Q3A)

FVC_N2B INTERVIEWER: Enter number of times per day.

FVC_2B

Enter number of times per day.

INTERVIEWER: Enter number of times per day.

||| Times

(MIN: 1) (MAX: 20)

DK, RF

Go to FVC_Q3A

FVC_N2C INTERVIEWER: Enter number of times per week.

FVC_2C

Enter number of times per week.

INTERVIEWER: Enter number of times per week.

||| Times

(MIN: 1) (MAX: 90)

DK, RF

Go to FVC_Q3A

FVC_N2D INTERVIEWER: Enter number of times per month.

FVC_2D

Enter number of times per month.

INTERVIEWER: Enter number of times per month.

|||| Times

(MIN: 1) (MAX: 200)

DK, RF

Go to FVC_Q3A

FVC_N2E INTERVIEWER: Enter number of times per year.

FVC_2E

||||| Times

(MIN: 1) (MAX: 500)

DK, RF

FVC_Q3A **How often do you (usually) eat green salad?**

FVC_3A

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

- 1 Per day
- 2 Per week (Go to FVC_N3C)
- 3 Per month (Go to FVC_N3D)
- 4 Per year (Go to FVC_N3E)
- 5 Never (Go to FVC_Q4A)
- DK, RF (Go to FVC_Q4A)

FVC_N3B

INTERVIEWER: Enter number of times per day.

FVC_3B

Enter number of times per day.

INTERVIEWER: Enter number of times per day.

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

FVC_N3C

INTERVIEWER: Enter number of times per week.

FVC_3C

Enter number of times per week.

INTERVIEWER: Enter number of times per week.

||| Times
(MIN: 1) (MAX: 90)
DK, RF
Go to FVC_Q4A

FVC_N3D

INTERVIEWER: Enter number of times per month.

FVC_3D

Enter number of times per month.

INTERVIEWER: Enter number of times per month.

|||| Times
(MIN: 1) (MAX: 200)
DK, RF
Go to FVC_Q4A

FVC_N3E INTERVIEWER: Enter number of times per year.

FVC_3E

Enter number of times per year.

INTERVIEWER: Enter number of times per year.

||| Times

(MIN: 1) (MAX: 500)

DK, RF

FVC_Q4A

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

FVC_4A

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

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

FVC_N4B

INTERVIEWER: Enter number of times per day.

FVC_4B

Enter number of times per day.

INTERVIEWER: Enter number of times per day.

||| Times

(MIN: 1) (MAX: 20)

DK, RF

Go to FVC_Q5A

FVC_N4C INTERVIEWER: Enter number of times per week.

FVC_4C

Enter number of times per week.

INTERVIEWER: Enter number of times per week.

||| Times

(MIN: 1) (MAX: 90)

DK, RF

Go to FVC_Q5A

FVC_N4D INTERVIEWER: Enter number of times per month.

FVC_4D

Enter number of times per month.

INTERVIEWER: Enter number of times per month.

|||| Times

(MIN: 1) (MAX: 200)

DK, RF

Go to FVC_Q5A

FVC_N4E INTERVIEWER: Enter number of times per year.

FVC_4E

Enter number of times per year.

INTERVIEWER: Enter number of times per year.

||||| Times

(MIN: 1) (MAX: 500)

DK, RF

FVC_Q5A **How often do you (usually) eat carrots?**

FVC_5A

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

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

FVC_N5B INTERVIEWER: Enter number of times per day.

FVC_5B

Enter number of times per day.

INTERVIEWER: Enter number of times per day.

||| Times

(MIN: 1) (MAX: 20)

DK, RF

Go to FVC_Q6A

FVC_N5C INTERVIEWER: Enter number of times per week.

FVC_5C

Enter number of times per week.

INTERVIEWER: Enter number of times per week.

||| Times

(MIN: 1) (MAX: 90)

DK, RF

Go to FVC_Q6A

FVC_N5D INTERVIEWER: Enter number of times per month

FVC_5D

Enter number of times per month

INTERVIEWER: Enter number of times per month

||| Times

(MIN: 1) (MAX: 200)

DK, RF

Go to FVC_Q6A

FVC_N5E INTERVIEWER: Enter number of times per year.

FVC_5E

Enter number of times per year.

INTERVIEWER: Enter number of times per year.

||| Times

(MIN: 1) (MAX: 500)

DK, RF

FVC_Q6A

FVC_6A

Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?

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

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

FVC_N6B

FVC_6B

INTERVIEWER: Enter number of servings per day.

|| Servings

(MIN: 1) (MAX: 20)

DK, RF

Go to FVC_END

FVC_N6C

FVC_6C

INTERVIEWER: Enter number of servings per week.

||| Servings

(MIN: 1) (MAX: 90)

DK, RF

Go to FVC_END

FVC_N6D

FVC_6D

INTERVIEWER: Enter number of servings per month.

|||| Servings

(MIN: 1) (MAX: 200)

DK, RF

Go to FVC_END

FVC_N6E INTERVIEWER: Enter number of servings per year.

FVC_6E

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

FVC_END

FOR INFORMATION ONLY

Physical activities (PAC)

PAC_BEG Core content

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

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

PAC_R1 **Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.**

INTERVIEWER: Press <Enter> to continue.

PAC_Q1 **Have you done any of the following in the past 3 months, that is, from [date three months ago] to yesterday?**

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

| | | |
|--------|----|---|
| PAC_1A | 01 | Walking for exercise |
| PAC_1B | 02 | Gardening or yard work |
| PAC_1C | 03 | Swimming |
| PAC_1D | 04 | Bicycling |
| PAC_1E | 05 | Popular or social dance |
| PAC_1F | 06 | Home exercise |
| PAC_1G | 07 | Ice hockey |
| PAC_1H | 08 | Ice skating |
| PAC_1I | 09 | In-line skating or rollerblading |
| PAC_1J | 10 | Hogging or running |
| PAC_1K | 11 | Golfing |
| PAC_1L | 12 | Exercise class or aerobics |
| PAC_1M | 13 | Downhill skiing or snowboarding |
| PAC_1N | 14 | Bowling |
| PAC_1O | 15 | Baseball or softball |
| PAC_1P | 16 | Tennis |
| PAC_1Q | 17 | Weight-training |
| PAC_1R | 18 | Fishing |
| PAC_1S | 19 | Volleyball |
| PAC_1T | 20 | Basketball |
| PAC_1Z | 21 | Soccer |
| PAC_1U | 22 | Any other |
| PAC_1V | 23 | No physical activity |
| | | DK, RF (Go to PAC_END) |

PAC_E1 You cannot select "No physical activity" and another category.
Please return and correct.

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

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

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

PAC_S1V What was this activity?
INTERVIEWER: Enter one activity only.

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

PAC_Q1X **In the past 3 months, did you do any other physical activity for leisure?**
PAC_1W

- 1 Yes
- 2 No (Go to PAC_Q2n)
- DK, RF (Go to PAC_Q2n)

PAC_S1X What was this activity?
INTERVIEWER: Enter one activity only.

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

PAC_Q1Y **In the past 3 months, did you do any other physical activity for leisure?**
PAC_1X

- 1 Yes
- 2 No (Go to PAC_Q2n)
- DK, RF (Go to PAC_Q2n)

PAC_S1Y What was this activity?

INTERVIEWER: Enter one activity only.

(80 spaces)

DK, RF (Go to PAC_Q2n)

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

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

PAC_2N

[_][_] Times

(MIN: 1) (MAX: 99; for each activity except the following: Walking: MAX = 270, Bicycling: MAX = 200, Other activities: MAX = 200)

DK, RF (Go to next activity)

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

PAC_3N

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

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

INTERVIEWER: Press <Enter> to continue.

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

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

PAC_7

- 1 Yes
 - 2 No (Go to PAC_D8)
 - 3 Does not work or go to school (Go to PAC_END)
- DK, RF (Go to PAC_D8)

PAC_Q7A **How many times?**

PAC_7A

||| Times

(MIN: 1) (MAX: 270)

DK, RF (Go to PAC_D8)

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

PAC_7B

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

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

PAC_D8

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

PAC_Q8

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

PAC_8

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

Note:

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

PAC_Q8A

How many times?

PAC_8A

||| Times

(MIN:) (MAX: 200)

DK, RF (Go to PAC_END)

PAC_Q8B

About how much time did you spend on each occasion?

PAC_8B

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

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

PAC_END

Physical activity - Stages of change (SCP)

SCP_BEG Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOSCP: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

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

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

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

SCP_Q01 **Thinking about the level of physical activity you do every week, do you consider**
SCP_01 **yourself to be...?**

INTERVIEWER: Read categories to respondent.

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

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

SCP_Q02 **Did you increase your physical activity level in the last 6 months?**
SCP_02

- 1 Yes
 - 2 No
- DK, R

SCP_C03 If SCP_Q01 = 1 or SCP_Q01 = 2, go to SCP_END.
Otherwise, go to SCP_Q03.

SCP_Q03 **Do you intend to increase your physical activity level in the next 30 days?**

SCP_Q03

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

SCP_Q04 **Do you intend to increase your physical activity level in the next 6 months?**

SCP_Q04

- 1 Yes
- 2 No
 DK, R

SCP_END

FOR INFORMATION ONLY

Sedentary activities (SAC)

SAC_BEG Theme content

SAC_C1A If (do SAC block = 1), go to SAC_C1B.
Otherwise, go to SAC_END.SAC_C1B If proxy interview, go to SAC_END.
Otherwise, go to SAC_R1.SAC_R1 **Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.**INTERVIEWER: Press <1> to continue.SAC_Q1 **In a typical week in the past 3 months, how many hours did you usually spend:**

SAC_1

... On a computer, including playing computer games and using the Internet?INTERVIEWER: Include time spent doing homework on a computer. Do not include time spent at work or at school. Round to the upper nearest hour.

|_| Hours

(MIN: 0) (MAX: 70; warning after 35)

DK, RF (Go to SAC_END)

SAC_E1 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if SAC_Q1 > 35.

SAC_Q2 **(In a typical week, in the past 3 months, how many hours did you usually spend:)**

SAC_2

... playing video games on a game console or on a hand-held electronic device?INTERVIEWER: Exclude time spent playing video games on a computer. Game console includes i.e. XBOX, Nintendo and Playstation. Round to the upper nearest hour.

|_| Hours

(MIN: 0) (MAX: 70; warning after 35)

DK, RF

SAC_E2A An unusual value has been entered. Please confirm.

INTERVIEWER: Trigger soft edit if SAC_Q2 > 35.

Note: Trigger soft edit if SAC_Q2 > 35.

SAC_E2B An impossible value has been entered. Please return and correct.

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

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

SAC_3 **...watching television or videos?**

INTERVIEWER: Round to the upper nearest hour.

[_] Hours

(MIN: 0) (MAX: 70; warning after 35)

DK, RF

SAC_E3A An unusual value has been entered. Please confirm.

Note: Trigger soft edit if SAC_Q3 > 35.

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

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

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

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

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

[_] Hours

(MIN: 0) (MAX: 70; warning after 35)

DK, RF

SAC_E4A An unusual value has been entered. Please confirm.

Note: Trigger soft edit if SAC_Q4 > 35.

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

Note: Trigger hard edit if SAC_Q1 + SAC_Q2 + SAC_Q3 + SAC_Q4 > 98.

SAC_END

Use of protective equipment (UPE)

UPE_BEG Optional Content (See Appendix 2)

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

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

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

UPE_R1 **Now a few questions about precautions you take while participating in some physical activities.**

INTERVIEWER: Press <Enter> to continue.

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

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

UPE_01A

- 1 Yes
- 2 No (Go to UPE_C2)
- DK (Go to UPE_C2)
- RF (Go to UPE_END)

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

UPE_01

INTERVIEWER: Read categories to respondent.

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

UPE_C2 If PAC_Q1 = 9 (in-line skating or rollerblading), go to UPE_Q2A.
Otherwise, go to UPE_Q2.

UPE_Q2 **In the past 12 months, have you done any in-line skating or rollerblading?**

UPE_Q2

- 1 Yes
- 2 No (Go to UPE_C3A)
- DK, RF (Go to UPE_C3A)

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

UPE_Q2A

INTERVIEWER: Read categories to respondent.

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

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

UPE_Q2B

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

UPE_Q2C **How often do you wear elbow pads?**

UPE_Q2C

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

UPE_Q2D **How often do you wear knee pads?**

UPE_Q2D

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

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

UPE_Q3A **Earlier, you mentioned going downhill skiing or snowboarding in the past 3 months. Was that:**
UPE_03A

INTERVIEWER: Read categories to respondent.

- | | | |
|---|---------------------------------|-----------------|
| 1 | ...downhill skiing only? | (Go to UPE_Q4A) |
| 2 | ...snowboarding only? | (Go to UPE_C5A) |
| 3 | ...both? | (Go to UPE_Q4A) |
| | DK, RF | (Go to UPE_C6) |

UPE_Q3B **In the past 12 months, did you do any downhill skiing or snowboarding?**
UPE_03B

INTERVIEWER: Read categories to respondent.

- | | | |
|---|-----------------------------|-----------------|
| 1 | Downhill skiing only | (Go to UPE_Q4A) |
| 2 | Snowboarding only | (Go to UPE_C5A) |
| 3 | Both | (Go to UPE_Q4A) |
| 4 | Neither | (Go to UPE_C6) |
| | DK, RF | (Go to UPE_C6) |

UPE_Q4A **When downhill skiing, how often do you wear a helmet?**
UPE_04A

INTERVIEWER: Read categories to respondent.

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

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

UPE_Q5A **When snowboarding, how often do you wear a helmet?**
UPE_05A

INTERVIEWER: Read categories to respondent.

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

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

UPE_05B

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

UPE_C6 If age \geq 12 or \leq 19, go to UPE_Q6.
Otherwise, go to UPE_C7.

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

UPE_06

- 1 Yes
 - 2 No (Go to UPE_C7)
- DK, RF (Go to UPE_C7)

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

UPE_06A

INTERVIEWER: Read categories to respondent.

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

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

UPE_06B

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

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

UPE_06C

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

UPE_C7 If PAC Q1=7 (ice hockey), go to UPE_Q7A.
Otherwise, go to UPE_Q7.

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

UPE_07

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

UPE_Q7A

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

UPE_07A

INTERVIEWER: Read categories to respondent.

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

UPE_END

FOR INFORMATION ONLY

Sun safety behaviours (SSB)

SSB_BEG Optional Content (See Appendix 2)

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

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

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

INTERVIEWER: Press <Enter> to continue.

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

SSB_01

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

SSB_Q02 **Did any of your sunburns involve blistering?**

SSB_02

- 1 Yes
- 2 No
- DK, RF

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

SSB_03

- 1 Yes
- 2 No
- DK, RF

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

INTERVIEWER: Press <Enter> to continue.

SSB_Q06 **About how much time each day do you spend in the sun between 11 am and 4 pm?**

SSB_06

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

SSB_Q07 **In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:**

SSB_07

...seek shade?

INTERVIEWER: Read categories to respondent.

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

SSB_Q08 **(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)**

SSB_08

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

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

SSB_Q09A **(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)**

SSB_09A

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

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

SSB_Q09B (In the summer months, on a typical weekend or day off, when you are in the sun
SSB_09B for 30 minutes or more, how often do you:)

...use sunscreen on your face?

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

SSB_Q10 What Sun Protection factor (SPF) do you usually use?
SSB_10

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

SSB_Q11 In the summer months, on a typical weekend or day off, when you are in the sun for
SSB_11 30 minutes or more, how often do you:

...use sunscreen on your body?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely (Go to SSB_Q13)
- 5 Never (Go to SSB_Q13)
- DK, RF (Go to SSB_Q13)

SSB_Q12 What Sun Protection factor (SPF) do you usually use?
SSB_12

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

SSB_Q13 Do you have skin cancer?
SSB_13

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

SSB_E13 Inconsistent answers have been entered. The respondent reported having skin cancer but previously reported that he/she did not have cancer. Please confirm.

Note: Trigger soft edit if SSB_Q13 = 1 and CCC_Q131 = 2.

SSB_C14 If SSB_Q13 = 1, go to SSB_Q15.
Otherwise, go to SSB_Q14.

SSB_Q14 **Have you ever been diagnosed with skin cancer?**

SSB_14

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

SSB_E14 Inconsistent answers have been entered. The respondent reported having (ever) been diagnosed with skin cancer but previously reported that he/she had not ever been diagnosed cancer. Please confirm.

Note: Trigger soft edit if SSB_Q14 = 1 and CCC_Q132 = 2.

SSB_D15 If SSB_Q13 = 1 (Yes), ^DT_DODID = "ac".
Otherwise, ^DT_DODID = "did".

SSB_Q15 **What type of skin cancer ^DT_DODID you have?**

SSB_15

- 1 Melanoma
- 2 Non-melanoma
DK, RF

SSB_END

Injuries (INJ)

INJ_BEG Optional Content (See Appendix 2)

INJ_C1 If (do INJ block = 1), go to INJ_B1.
Otherwise, go to INJ_END.

INJ_B1 Call "Repetitive strain" sub block (REP)

Note: Number of injuries and details of most serious injury

INJ_D1A If REP_Q1 = 1 (Yes), ^DT_OTHINJ = "other".
Otherwise, ^DT_OTHINJ = "null".

INJ_D1B (not applicable)

INJ_R1 **Now some questions about ^DT_OTHINJ injuries which occurred in the past 12 months, and were serious enough to limit ^YOUR2 normal activities the day after the injury occurred. For example, a broken bone, a bad cut, a burn or a sprain.**

INTERVIEWER: Press <Enter> to continue.

INJ_D01 If REP_Q1 = 1 (Yes), ^DT_INJURIES1 = "Not counting repetitive strain injuries or food poisoning,".
Otherwise, ^DT_INJURIES1 = "Not counting food poisoning,".

INJ_Q01 **^DT_INJURIES1 in the past 12 months, that is, from [date one year ago] to**
INJ_01 **yesterday, ^WERE ^YOU1 injured?**

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

INJ_Q02 **How many times ^WERE ^YOU1 injured?**

INJ_02
|_| Times
(MIN: 1) (MAX: 30 warning after 6)
DK, RF (Go to INJ_END)

INJ_D03 If INJ_Q02 = 1 (one injury), ^DT_INJURIES2 = "In which".
Otherwise, ^DT_INJURIES2 = "Thinking about the most serious injury, in which".

INJ_Q03 **^DT_INJURIES2 month did it happen?**

INJ_03

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- DK, RF (Go to INJ_Q05)

INJ_C04 If INJ_Q03 = « C_MONTH », go to INJ_Q04.
Otherwise, go to INJ_Q05.

INJ_Q04 **Was that this year or last year?**

INJ_04

- 1 This year
- 2 Last year
- DK, RF

INJ_Q05 **What type of injury did YCJ1 have? For example, a broken bone or burn.**

INJ_05

- 01 Multiple serious injuries (excluding multiple minor injuries)
- 02 Broken or fractured bones
- 03 Burn, scald, chemical burn
- 04 Dislocation
- 05 Sprain or strain (including torn ligaments and muscles)
- 06 Cut, puncture, animal or human bite (open wound)
- 07 Scrape(s), bruise(s), blister(s) (including multiple minor injuries)
- 08 Concussion or other brain injury (Go to INJ_Q08)
- 09 Poisoning (excluding food poisoning, poison ivy, other contact dermatitis, and allergies) (Go to INJ_Q08)
- 10 Injury to internal organs (Go to INJ_Q07)
- 11 Other - Specify (Go to INJ_S05)
- DK, RF

Go to INJ_Q06

INJ_S05 INTERVIEWER: Specify.

(80 spaces)

DK, RF

INJ_Q06

What part of the body was injured?

INJ_06

- 01 Multiple sites
 - 02 Eyes (excluding fracture of facial bones around the eye)
 - 03 Head (including facial bones)
 - 04 Neck
 - 05 Shoulder, upper arm
 - 06 Elbow, lower arm
 - 07 Wrist
 - 08 Hand
 - 09 Hip
 - 10 Thigh
 - 11 Knee, lower leg
 - 12 Ankle, foot
 - 13 Upper back or upper spine (excluding neck)
 - 14 Lower back or lower spine
 - 15 Chest (excluding back and spine)
 - 16 Abdomen or pelvis (excluding back and spine)
- DK, RF

Go to INJ_Q08

INJ_Q07

What part of the body was injured?

INJ_07

- 1 Chest (within rib cage)
 - 2 Abdomen or pelvis (below ribs)
 - 3 Other - Specify (Go to INJ_S07)
- DK, RF

Go to INJ_Q08

INJ_S07

INTERVIEWER: Specify.

(80 spaces)

DK, RF

INJ_Q08

Where ^WERE ^YOU1 when ^YOU1 ^WERE injured?

INJ_08

For example, someone's house, an office building, construction site.INTERVIEWER: If respondent says 'At work', probe for type of workplace.

- 01 In a home or its surrounding area (including respondent's home or other homes)
- 02 Residential institution
- 03 School, college, university (exclude sports areas)
- 04 Sports or athletics area of school, college, university
- 05 Other sports or athletics area (exclude school sports areas)
- 06 Other institution (e.g., church, hospital, theatre, civic building)
- 07 Street, highway, sidewalk
- 08 Commercial area (e.g., store, restaurant, office building, transport terminal)
- 09 Industrial or construction area
- 10 Farm (exclude farmhouse and its surrounding area)
- 11 Countryside, forest, lake, ocean, mountains, prairie, etc.
- 12 Other - Specify (Go to INJ_S08)
DK, RF

Go to INJ_Q09

INJ_S08

INTERVIEWER: Specify._____
(80 spaces)

DK, RF

INJ_Q09

What ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?

INJ_09

- 01 Sports or physical exercise (including school activities, and running)
- 02 Leisure or hobby (including volunteering)
- 03 Working at a job or business (excluding travel to and from work)
- 04 Household chores, outdoor yard maintenance, home renovations or other unpaid work
- 05 Sleeping, eating, personal care
- 06 Going up and down stairs
- 07 Driver or passenger in/on road motor vehicle (including motorcycles, trucks)
- 08 Driver or passenger in/on off-road motor vehicle (including boat, ATV, snowmobile)
- 09 Walking
- 10 Other - Specify (Go to INJ_S09)
DK, RF

Go to INJ_C09

INJ_S09 **INTERVIEWER:** Specify.

(80 spaces)

DK, RF

INJ_C09 If INJ_Q09 = 3, and (14 < age < 75), go to INJ_B09.
Otherwise, go to INJ_C10.

INJ_B09 Call "Workplace Injuries" Sub Block (INW)

INJ_C10 If INJ_Q05 = 9 (poisoning), go to INJ_Q13.
Otherwise, go to INJ_Q10.

INJ_Q10 **Was the injury the result of a fall?**

INJ_10

INTERVIEWER: Exclude transportation accidents and any falls that involve another person (e.g. collision, contact in sports, fight)

- 1 Yes
- 2 No (Go to INJ_Q12)
- DK, RF (Go to INJ_Q12)

INJ_Q11A **How did ^YOU1 fall:**

INJ_11A

- 1 While skating, skiing or snowboarding
- 2 While engaged in other sport or physical exercise (including school activities and running)
- 3 Going up or down stairs / steps (icy or not)
- 4 Slip, trip, stumble or loss balance while walking on ice or snow
- 5 Slip, trip or stumble or loss balance while walking on any other surface
- 6 From furniture or while rising from furniture (e.g., bed, chair)
- 7 From elevated position (e.g., ladder, tree, scaffolding)
- 8 Due to health problems (e.g., faint, weakness, dizziness, hip/knee gave out, seizure)
- 9 Other - Specify (Go to INJ_S11A)
- DK, RF

Go to INJ_Q12A

INJ_S11A INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to INJ_Q12A

INJ_Q12

What caused the injury?

INJ_12

- 01 Transportation accident
- 02 Accidentally bumped, pushed, bitten, etc. by person or animal
- 03 Accidentally struck or crushed by object(s)
- 04 Accidental contact with sharp object, tool or machine
- 05 Smoke, fire, flames
- 06 Accidental contact with hot object, liquid or gas
- 07 Extreme weather or natural disaster
- 08 Overexertion or strenuous movement
- 09 Physical assault
- 10 Other - Specify (Go to INJ_S12)
DK, RF

Go to INJ_Q12A

INJ_S12 INTERVIEWER: Specify.

(80 spaces)

DK, RF

INJ_Q12A

At what time of day did ^YOUR1 injury occur?

INJ_12A

- 1 Morning (00:00-11:59)
 - 2 Afternoon (12:00-17:59)
 - 3 Evening (18:00-23:59)
 - 4 Night (00:00-05:59)
- DK, RF

INJ_Q13

Did ^YOU2 receive any medical attention for the injury from a health professional in the 48 hours following the injury?

INJ_13

- 1 Yes
- 2 No (Go to INJ_Q15A)
DK, RF (Go to INJ_Q15A)

INJ_Q14 **Where did ^YOU1 receive treatment in the 48 hours?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|--|
| INJ_14A | 1 | Doctor's office |
| INJ_14B | 2 | Hospital emergency room |
| INJ_14C | 3 | Hospital outpatient clinic (e.g. day surgery, cancer) |
| INJ_14L | 4 | Other clinic (e.g. walk-in, appointment, sports) |
| INJ_14M | 5 | Physiotherapist or massage therapist's office |
| INJ_14F | 6 | Community health centre / CLSC |
| INJ_14N | 7 | Chiropractor's office |
| INJ_14O | 8 | Where the injury happened/on-site (workplace, school, sports field, hotel, ski hill) |
| INJ_14K | 9 | Other DK, RF |

INJ_Q15 **^WERE_C ^YOU1 admitted to a hospital overnight?**

- | | | |
|--------|---|--------------|
| INJ_15 | 1 | Yes |
| | 2 | No DK, RF |

INJ_E15 Inconsistent answers have been entered. Please confirm.

Note: Trigger soft edit if INJ_Q15 = 1 and CHP_Q01 = 2 (No)

INJ_Q15A **At the present time, ^ARE ^YOU1 getting follow-up care from a health professional because of this injury?**

- | | | |
|---------|---|--------------|
| INJ_15A | 1 | Yes |
| | 2 | No DK, RF |

INJ_Q16 **In the past 12 months, did ^YOU2 have any other injuries that were treated by a health professional, but did not limit ^YOUR1 normal activities?**

- | | | |
|--------|---|------------------------|
| INJ_16 | 1 | Yes |
| | 2 | No (Go to INJ_END) |
| | | DK, RF (Go to INJ_END) |

INJ_Q17 **How many injuries?**

- | | |
|--------|------------------------------------|
| INJ_17 | [_] Injuries |
| | (MIN: 1) (MAX: 30 warning after 6) |
| | DK, RF |

INJ_END

FOR INFORMATION ONLY

Repetitive strain - Sub Block (REP)

REP_BEG Optional content

REP_R1 **This next section deals with repetitive strain injuries. By this we mean injuries to muscles, tendons or nerves caused by overuse or repeating the same movement over an extended period. For example, carpal tunnel syndrome, tennis elbow or tendonitis.**

INTERVIEWER: Press <Enter> to continue.

REP_Q1 **In the past 12 months, did ^YOU2 have any injuries due to repetitive strain?**

REP_1A

- 1 Yes
- 2 No (Go to INJ_D1A)
- DK, RF (Go to INJ_D1A)

REP_Q2 **Were these injuries serious enough to limit ^YOUR1 normal activities?**

REP_2

- 1 Yes
- 2 No (Go to INJ_D1A)
- DK, RF (Go to INJ_D1A)

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

REP_3

- 01 Head
- 02 Neck
- 03 Shoulder, upper arm
- 04 Elbow, lower arm
- 05 Wrist
- 06 Hand
- 07 Hip
- 08 Thigh
- 09 Knee, lower leg
- 10 Ankle, foot
- 11 Upper back or upper spine (excluding neck)
- 12 Lower back or lower spine
- 13 Chest (excluding back and spine)
- 14 Abdomen or pelvis (excluding back and spine)
- DK, RF

REP_D3A (not applicable)

REP_Q3A ^DOVERB_C ^YOU1 know what type of activity caused this repetitive strain injury?
 REP_3A
 1 Yes
 2 No (Go to INJ_D1A)
 DK, RF (Go to INJ_D1A)

REP_Q4 Was the activity something you did while working at a job or business (excluding
 REP_4 travel to or from work)?
 1 Yes
 2 No
 DK, RF

REP_Q5 What type of activity was this?

INTERVIEWER: Mark all that apply.

- REP_5A 1 Walking
- REP_5B 2 Sports or physical exercise (including school activities and running)
- REP_5C 3 Leisure or hobby (include volunteering)
- REP_5D 4 Household chores, outdoor yard maintenance, home renovations or other unpaid work
- REP_5F 5 Computer use or typing
- REP_5G 6 Driving a motor vehicle
- REP_5H 7 Lifting or carrying an object or person
- REP_5I 8 Other - Specify (Go to REP_S5)
 DK, RF

Go to INJ_DIA

REP_S5 INTERVIEWER: Specify.

(80 spaces)

DK, RF

REP_END

Workplace Injury - Sub Block (INW)

INW_BEG Optional content

INW_Q01 **Did this injury occur in your current main job?**

INW_1

- 1 Yes (Go to INW_END)
 2 No
 DK, RF (Go to INW_END)

INW_Q02 **What kind of business, industry or service were you working in when you were injured? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government).**

INW_2

 (50 spaces)
 DK, RF

INW_Q03 **What kind of work ^WERE ^YOU1 doing? (For example: babysitting in own home, factory worker, forestry technician)**

INW_3

 (50 spaces)
 DK, RF

Note: Use trigram search, source file is PrepSOC.tdf

INW_D03 SIC_CODE (4 bytes)

Note: Store SOC Code associated with INW_Q03

INW_C03 If INW_D03 = 1 or INW_D03 = 2 (OtherSpec), go to INW_S03.
 Otherwise go to INW_Q04.

INW_S03 INTERVIEWER: Specify.

 (50 spaces)
 DK, RF

INW_Q04

What were ^YOUR1 most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner.

INW_4

(50 spaces)

DK, RF

INW_END

FOR INFORMATION ONLY

Satisfaction with life (SWL)

SWL_BEG Optional Content (See Appendix 2)

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

SWL_C2 If proxy interview, go to SWL_END.
Otherwise, go to SWL_R1.

SWL_R1 **Now I'd like to ask about your satisfaction with various aspects of your life. For each question, please tell me whether you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied.**

INTERVIEWER: Press <Enter> to continue.

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

SWL_02

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

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

SWL_03

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

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

SWL_04

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

SWL_Q05 **How satisfied are you with yourself?**

SWL_05

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

SWL_Q06 **How satisfied are you with the way your body looks?**

SWL_06

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

SWL_Q07 **How satisfied are you with your relationships with family members?**

SWL_07

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

SWL_Q08 **(How satisfied are you) with your relationships with friends?**

SWL_08

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

SWL_Q09 **(How satisfied are you) with your housing?**

SWL_09

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

SWL_Q10 (How satisfied are you) with your neighbourhood?

SWL_10

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

SWL_END

FOR INFORMATION ONLY

Stress - Sources (STS)

STS_BEG Optional Content (See Appendix 2)

STS_C1 If (do STS block = 1), go to STS_C2.
Otherwise, go to STS_END.

STS_C2 If proxy interview, go to STS_END.
Otherwise, go to STS_R1.

STS_R1 **Now a few questions about the stress in your life.**

INTERVIEWER: Press <Enter> to continue.

STS_Q1 **In general, how would you rate your ability to handle unexpected and difficult**
STS_1 **problems, for example, a family or personal crisis? Would you say your ability is:**

INTERVIEWER: Read categories to respondent.

- 1 ...excellent?
 - 2 ...very good?
 - 3 ...good?
 - 4 ...fair?
 - 5 ...poor?
- DK, RF (Go to STS_END)

STS_Q2 **In general, how would you rate your ability to handle the day-to-day demands in**
STS_2 **your life, for example, handling work, family and volunteer responsibilities? Would**
you say your ability is:

INTERVIEWER: Read categories to respondent.

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

STS_Q3 **Thinking about stress in your day-to-day life, what would you say is the most**
STS_3 **important thing contributing to feelings of stress you may have?**

INTERVIEWER: Do not probe.

- 01 Time pressures / not enough time
- 02 Own physical health problem or condition
- 03 Own emotional or mental health problem or condition
- 04 Financial situation (e.g., not enough money, debt)
- 05 Own work situation (e.g., hours of work, working conditions)
- 06 School
- 07 Employment status (e.g., unemployment)
- 08 Caring for - own children
- 09 Caring for - others
- 10 Other personal or family responsibilities
- 11 Personal relationships
- 12 Discrimination
- 13 Personal and family's safety
- 14 Health of family members
- 15 Other - Specify (Go to STS_S3)
- 16 Nothing
 DK, RF

Go to STS_END

STS_S3 INTERVIEWER: Specify.

(80 spaces)
DK, RF

STS_END

FOR INFORMATION ONLY

Stress - Recent life events (RLE)

RLE_BEG Optional Content (See Appendix 2)

RLE_C100 If (do RLE block = 1), go to RLE_C200.
Otherwise, go to RLE_END.

RLE_C200 If proxy interview or age < 18, go to RLE_END.
Otherwise, go to RLE_C201.

RLE_C201 If (do OGP block = 1), go to RLE_R2.
Otherwise, go to RLE_R1.

RLE_R1 **The next part of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.**

INTERVIEWER: Press <Enter> to continue.

RLE_R2 **I'd like to ask you about some things that may have happened in the past 12 months, that is, from [date one year ago] to yesterday. Some of these experiences happen to most people at one time or another, while some happen to only a few. First, I'd like to ask about yourself or anyone close to you (that is, your spouse or partner, children, relatives or close friends).**

INTERVIEWER: Press <Enter> to continue.

RLE_Q201 **In the past 12 months, was any one of you beaten up or physically attacked?**

RLE_201

1 Yes

2 No

DK

RF (Go to RLE_END)

RLE_D202 If sex = female, ^DT_YOUSOMEONE = "you or someone".
Otherwise, ^DT_YOUSOMEONE = "someone".

- RLE_Q202
RLE_202 **Now I'd like you to think just about your family, that is, yourself and your spouse/partner or children, if any.**
- In the past 12 months, did ^DT_YOUSOMEONE in your family, have an unwanted pregnancy?**
- 1 Yes
2 No
DK, RF
- RLE_D203 (not applicable)
- RLE_Q203
RLE_203 **(In the past 12 months,) did ^DT_YOUSOMEONE in your family have an abortion or miscarriage?**
- 1 Yes
2 No
DK, RF
- RLE_Q204
RLE_204 **(In the past 12 months,) did you or someone in your family have a major financial crisis?**
- 1 Yes
2 No
DK, RF
- RLE_Q205
RLE_205 **(In the past 12 months,) did you or someone in your family fail school or a training program?**
- 1 Yes
2 No
DK, RF
- RLE_D206A If marital status = married or living common-law, ^DT_YOURSPOUSE = "yourself and your spouse or partner".
Otherwise, ^DT_YOURSPOUSE = "yourself".
- RLE_D206B If marital status = married or living common-law, ^DT_YOURPARTNER = "you or your partner".
Otherwise, ^DT_YOURPARTNER = "you".

- RLE_Q206 **Now I'd like you to think just about ^DT_YOURSPOUSE.**
RLE_206 **In the past 12 months, did ^DT_YOURPARTNER experience a change of job for a worse one?**
- 1 Yes
 - 2 No
- DK, RF
- RLE_D207 If marital status = married or living common-law, ^DT_EITHERYOU = "either of you".
Otherwise, ^DT_EITHERYOU = "you".
- RLE_Q207 **(In the past 12 months,) were ^DT_YOURPARTNER demoted at work or did**
RLE_207 **^DT_EITHERYOU take a cut in pay?**
- 1 Yes
 - 2 No
- DK, RF
- RLE_C208 If marital status = married or living common-law, go to RLE_Q208.
Otherwise, go to RLE_Q209.
- RLE_Q208 **(In the past 12 months,) did you have increased arguments with your partner?**
RLE_208
- 1 Yes
 - 2 No
- DK, RF
- RLE_D209 If marital status = married or living common-law, ^DT_PERSONALLY = "Now, just you personally, did".
Otherwise, ^DT_PERSONALLY = "Did".
- RLE_Q209 **^DT_PERSONALLY you receive welfare anytime in the past 12 months?**
RLE_209
- 1 Yes
 - 2 No
- DK, RF
- RLE_C210 If OGP_Q109 = 1 (has children), go to RLE_Q211.
Otherwise, go to RLE_C210A.

RLE_C210A If (do OGP block = 2), go to RLE_Q210.
Otherwise, go to RLE_END.

RLE_Q210 **Do you have any children?**

RLE_210

- 1 Yes
- 2 No (Go to RLE_END)
DK, RF (Go to RLE_END)

RLE_Q211 **In the past 12 months, did you have a child move back into the house?**

RLE_211

- 1 Yes
- 2 No
DK, RF

RLE_END

FOR INFORMATION ONLY

Stress - Childhood and adult stressors (CST)

CST_BEG

CST_C1 If (do CST block = 1), go to CST_C2.
 Otherwise, go to CST_END.

CST_C2 If proxy interview or age < 18, go to CST_END.
 Otherwise, go to CST_R1.

CST_R1 **The next few questions ask about some things that may have happened to you while you were a child or a teenager, before you moved out of the house.**

Please tell me if any of these things have happened to you.

INTERVIEWER: Press <Enter> to continue.

CST_Q1 **Did you spend 2 weeks or more in the hospital?**

CST_1

- 1 Yes
- 2 No
- DK
- RF (Go to CST_END)

CST_Q2 **Did your parents get a divorce?**

CST_2

- 1 Yes
- 2 No
- DK, RF

CST_Q3 **Did your father or mother not have a job for a long time when they wanted to be working?**

CST_3

- 1 Yes
- 2 No
- DK, RF

CST_Q4 **Did something happen that scared you so much you thought about it for years after?**

CST_4

- 1 Yes
- 2 No
- DK, RF

CST_Q5 **Were you sent away from home because you did something wrong?**

CST_5

- 1 Yes
- 2 No
- DK, RF

CST_Q6 **Did either of your parents drink or use drugs so often that it caused problems for the family?**

CST_6

- 1 Yes
- 2 No
- DK, RF

CST_Q7 **Were you ever physically abused by someone close to you?**

CST_7

- 1 Yes
- 2 No
- DK, RF

CST_END

FOR INFORMATION ONLY

Self-esteem (SFE)

SFE_BEG Optional Content (See Appendix 2)

SFE_C500A If (do SFE block = 1), go to SFE_C500B.
Otherwise, go to SFE_END.

SFE_C500B If proxy interview, go to SFE_END.
Otherwise, go to SFE_R5.

SFE_R5 **Now a series of statements that people might use to describe themselves.**

Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

INTERVIEWER: Press <Enter> to continue.

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

SFE_501

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

SFE_Q502 **You feel that you are a person of worth at least equal to others.**

SFE_502

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

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

SFE_503

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

SFE_Q504 **You take a positive attitude toward yourself.**

SFE_504

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

SFE_Q505 **On the whole you are satisfied with yourself.**

SFE_505

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

SFE_Q506 **All in all, you're inclined to feel you're a failure.**

SFE_506

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

SFE_END

FOR INFORMATION ONLY

Mastery (MAS)

MAS_BEG Optional Content (See Appendix 2)

MAS_C600A If (do MAS block = 1), go to MAS_C600B.
Otherwise, go to MAS_END.

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

MAS_C600C If (do SFE block = 1), go to MAS_Q601.
Otherwise, go to MAS_R6.

MAS_R6 **Now a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

INTERVIEWER: Press <Enter> to continue

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

MAS_601

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- RF (Go to MAS_END)

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

MAS_602

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

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

MAS_603

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

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

MAS_604

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

MAS_Q605 **Sometimes you feel that you are being pushed around in life.**

MAS_605

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

MAS_Q606 **What happens to you in the future mostly depends on you.**

MAS_606

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

MAS_Q607 **You can do just about anything you really set your mind to.**

MAS_607

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

MAS_END

Smoking (SMK)

SMK_BEG Core content

SMK_C1 If (do SMK block = 2), go to SMK_END.
Otherwise, go to SMK_R1.

SMK_R1 **The next questions are about smoking.**

INTERVIEWER: Press <1> to continue.

SMK_D201A (not applicable)

SMK_Q201A **In ^YOUR1 lifetime, ^HAVE ^YOU2 smoked a total of 100 or more cigarettes (about**
SMK_01A **4 packs)?**

- 1 Yes (Go to SMK_Q201C)
- 2 No
DK, RF

SMK_Q201B **^HAVE_C ^YOU1 ever smoked a whole cigarette?**

SMK_01B

- 1 Yes (Go to SMK_Q201C)
- 2 No (Go to SMK_Q202)
- DK (Go to SMK_Q202)
- RF

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

SMK_Q201C **At what age did ^YOU1 smoke ^YOUR1 first whole cigarette?**

SMK_01C

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

[_][_] Age in years

(MIN: 5) (MAX: current age)

DK, RF (Go to SMK_Q202)

SMK_E201C The entered age at which the respondent first smoked a whole cigarette is invalid. Please return and correct.

Note: Trigger hard edit if SMK_Q201C > current age.

SMK_Q202 **At the present time, ^DOVERB ^YOU2 smoke cigarettes daily, occasionally or not at all?**
SMK_202

- 1 Daily
- 2 Occasionally (Go to SMK_Q205B)
- 3 Not at all (Go to SMK_C205D)
- DK, RF (Go to SMK_END)

Note: Daily smoker (current)

SMK_Q203 **At what age did ^YOU1 begin to smoke cigarettes daily?**

SMK_203

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

[_|_|] Age in years
(MIN: 5) (MAX: current age)
DK, RF

SMK_E203A The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.

Note: Trigger hard edit if SMK_Q203 > current age.

SMK_E203B The respondent has indicated that they began smoking cigarettes daily at a younger age than when they smoked their first whole cigarette. Please confirm.

Note: Trigger soft edit if SMK_C201C > SMK_Q203.

SMK_Q204 **How many cigarettes ^DOVERB ^YOU1 smoke each day now?**

SMK_204

[_|_|] Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, RF
Go to SMK_END

Note: Occasional smoker (current)

SMK_E204 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if SMK_Q204 > 60

SMK_Q205B **On the days that ^YOU2 ^DOVERB smoke, how many cigarettes ^DOVERB ^YOU1 usually smoke?**

SMK_05B

[_|_|] Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, RF

SMK_E205B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if SMK_Q205B > 60.

SMK_Q205C **In the past month, on how many days ^HAVE ^YOU1 smoked 1 or more cigarettes?**

SMK_05C

[_|_] Days

(MIN: 0) (MAX: 30)

DK, RF

SMK_E205C The respondent has previously indicated that they smoke cigarettes occasionally, but that they have smoked every day for the past month. Please verify.

Note: Trigger soft edit if SMK_Q202 = 2 and SMK_Q205C = 30.

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

Note: Occasional smoker or non-smoker (current)

SMK_Q205D **^HAVE_C ^YOU1 ever smoked cigarettes daily?**

SMK_05D

1 Yes (Go to SMK_Q207)

2 No

DK, RF (Go to SMK_END)

SMK_C206A If SMK_Q202 = 2 (current occasional smoker), go to SMK_END. Otherwise, go to SMK_Q206A.

Note: Non-smoker (current)

SMK_Q206A **When did ^YOU1 stop smoking? Was it...?**

SMK_06A

INTERVIEWER: Read categories to respondent.

1 **Less than one year ago**

2 **1 year to less than 2 years ago** (Go to SMK_END)

3 **2 years to less than 3 years ago** (Go to SMK_END)

4 **3 or more years ago** (Go to SMK_Q206C)

DK, RF (Go to SMK_END)

SMK_Q206B **In what month did ^YOU1 stop?**

SMK_06B

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

Go to SMK_END

SMK_Q206C **How many years ago was it?**

SMK_06C

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

||| Years

(MIN: 3) (MAX: current age-5)

DK, RF (Go to SMK_END)

Go to SMK_END

SMK_E206C The number of years ago that the respondent stopped smoking is invalid.
Please return and correct.

Note: Trigger hard edit if SMK_Q206C > current age-5.

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

SMK_Q207 **At what age did ^YOU1 begin to smoke (cigarettes) daily?**

SMK_207

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

||| Age in years

(MIN: 5) (MAX: current age)

DK, RF (Go to SMK_Q208)

SMK_E207 The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.

Note: Trigger hard edit if SMK_Q207 > current age.

SMK_Q208 **How many cigarettes did ^YOU1 usually smoke each day?**

SMK_208

||| Cigarettes

(MIN: 1) (MAX: 99; warning after 60)

DK, RF

SMK_E208 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if SMK_Q208 > 60.

SMK_Q209A **When did ^YOU1 stop smoking daily? Was it...?**

SMK_09A

INTERVIEWER: Read categories to respondent.

- 1 **Less than one year ago**
 - 2 **1 year to less than 2 years ago** (Go to SMK_C210)
 - 3 **2 years to less than 3 years ago** (Go to SMK_C210)
 - 4 **3 or more years ago** (Go to SMK_Q209C)
- DK, RF (Go to SMK_END)

SMK_Q209B **In what month did ^YOU1 stop?**

SMK_09B

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

Go to SMK_C210

SMK_Q209C **How many years ago was it?**

SMK_09C

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

||| Years

(MIN: 3) (MAX: current age-5)

DK, RF (Go to SMK_C210)

SMK_E209C The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.

Note: Trigger hard edit if SMK_Q209C > current age-5.

SMK_E209D The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.

Note: Trigger hard edit if SMK_Q207 > (current age - SMK_Q209C).

SMK_C210 If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.
Otherwise, go to SMK_Q210.

Note: Non-smoker (current)

SMK_Q210 **Was that when ^YOU1 completely quit smoking?**

SMK_10

- 1 Yes (Go to SMK_END)
- 2 No
DK, RF (Go to SMK_END)

SMK_Q210A **When did ^YOU1 stop smoking completely? Was it...?**

SMK_10A

INTERVIEWER: Read categories to respondent.

- 1 **Less than one year ago**
- 2 **1 year to less than 2 years ago** (Go to SMK_END)
- 3 **2 years to less than 3 years ago** (Go to SMK_END)
- 4 **3 or more years ago** (Go to SMK_Q210C)
DK, RF (Go to SMK_END)

SMK_Q210B **In what month did ^YOU1 stop?**

SMK_10B

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

Go to SMK_END

SMK_Q210C **How many years ago was it?**

SMK_10C

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

||| Years

(MIN: 3) (MAX: current age-5)

DK, RF

SMK_E210C The number of years ago that the respondent completely stopped smoking is invalid.
Please return and correct.

Note: Trigger hard edit if SMK_Q210C > current age-5.

SMK_END

Smoking - Stages of change (SCH)

SCH_BEG Optional Content (See Appendix 2)

SCH_C1 If (do SCH block = 2), go to SCH_END.
Otherwise, go to SCH_C2.

SCH_C2 If SMK_Q202 = 1 or 2 (current daily or occasional smokers), go to SCH_C3.
Otherwise, go to SCH_END.

SCH_C3 If proxy interview, go to SCH_END.
Otherwise, go to SCH_Q1.

SCH_Q1 **Are you seriously considering quitting smoking within the next 6 months?**

SCH_1

- 1 Yes
- 2 No (Go to SCH_Q3)
- DK, RF (Go to SCH_Q3)

SCH_Q2 **Are you seriously considering quitting within the next 30 days?**

SCH_2

- 1 Yes
- 2 No
- DK, RF

SCH_Q3 **In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?**

SCH_3

- 1 Yes
- 2 No (Go to SCH_END)
- DK, RF (Go to SCH_END)

SCH_Q4 **How many times? (in the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit)**

SCH_4

[_] Times
(MIN: 1) (MAX: 95 warning after 48)
DK, RF

SCH_END

Smoking cessation methods (SCA)

SCA_BEG Optional Content (See Appendix 2)

SCA_C1 If (do SCA block = 1), go to SCA_C10A.
Otherwise, go to SCA_END.

SCA_C10A If proxy interview, go to SCA_END.
Otherwise, go to SCA_C10B.

SCA_C10B If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA_C10C.
Otherwise, go to SCA_C10C.

SCA_C10C If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), go to SCA_Q10.
Otherwise, go to SCA_END.

SCA_Q10 **In the past 12 months, did you try a nicotine patch to quit smoking?**

SCA_10

- 1 Yes
- 2 No (Go to SCA_Q11)
- DK, RF (Go to SCA_END)

SCA_Q10A **How useful was that in helping you quit?**

SCA_10A

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all
- DK, RF

SCA_Q11 **Did you try Nicorettes or other nicotine gum or candy to quit smoking? (In the past 12 months)**

SCA_11

- 1 Yes
- 2 No (Go to SCA_Q12)
- DK, RF (Go to SCA_Q12)

SCA_Q11A **How useful was that in helping you quit?**

SCA_11A

- 1 Very useful
 - 2 Somewhat useful
 - 3 Not very useful
 - 4 Not useful at all
- DK, RF

SCA_Q12 **In the past 12 months, did you try medication such as Zyban, Prolev or Wellbutrin to quit smoking?**

SCA_12

- 1 Yes
- 2 No (Go to SCA_END)
- DK, RF (Go to SCA_END)

SCA_Q12A **How useful was that in helping you quit?**

SCA_12A

- 1 Very useful
 - 2 Somewhat useful
 - 3 Not very useful
 - 4 Not useful at all
- DK, RF

Go to SCA_END

SCA_C50 If SMK_Q202 = 3, go to SCA_END.
Otherwise, go to SCA_C50A.

SCA_C50A If (do SCH block = 2), go to SCA_Q50.
Otherwise, go to SCA_C50B.

SCA_C50B If SCH_Q3 = 1, go to SCA_Q60.
Otherwise, go to SCA_END.

SCA_Q50 **In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?**

SCA_50

- 1 Yes
- 2 No (Go to SCA_END)
- DK, RF (Go to SCA_END)

Note: In processing, if a respondent answered SCH_Q3 = 1, 2, the variable SCA_Q50 is given the value of SCH_Q3.

SCA_Q60 **In the past 12 months, did you try any of the following to quit smoking:**
SCA_60 **...a nicotine patch?**

- 1 Yes
 - 2 No
- DK, RF

SCA_Q61 **(In the past 12 months, did you try any of the following to quit smoking:)**
SCA_61 **...Nicorettes or other nicotine gum or candy?**

- 1 Yes
 - 2 No
- DK, RF

SCA_Q62 **(In the past 12 months, did you try any of the following to quit smoking:)**
SCA_62 **...medication such as Zyban, Prolev or Wellbutrin?**

- 1 Yes
 - 2 No
- DK, RF

SCA_END

FOR INFORMATION ONLY

Smoking - Physician counselling (SPC)

- SPC_BEG Optional Content (See Appendix 2)
- SPC_C1 If (do SPC block = 1), go to SPC_C2.
Otherwise, go to SPC_END.
- SPC_C2 If proxy interview, go to SPC_END.
Otherwise, go to SPC_C3.
- SPC_C3 If SMK_Q202 = 1 or 2 or SMK_Q206A = 1 or SMK_Q209A = 1, go to SPC_C4.
Otherwise, go to SPC_END.
- SPC_C4 If (do HCU block = 1) and (HCU_Q01AA = 1) (i.e. has a regular medical doctor), go to
SPC_Q10.
Otherwise, go to SPC_C20A.
- SPC_Q10 **Earlier, you mentioned having a regular medical doctor. In the past 12 months, did**
SPC_10 **you go see this doctor?**
- 1 Yes
- 2 No (Go to SPC_C20A)
- DK, RF (Go to SPC_C20A)
- SPC_D11 If SMK_Q202 = 1 or 2, ^DT_SMOKING = "smoke".
If SMK_Q206A = 1 or SMK_Q209A = 1, ^DT_SMOKING = "smoked".
- SPC_Q11 **Does your doctor know that you ^DT_SMOKING cigarettes?**
SPC_11
- 1 Yes
- 2 No (Go to SPC_C20A)
- DK, RF (Go to SPC_C20A)
- SPC_Q12 **In the past 12 months, did your doctor advise you to quit smoking?**
SPC_12
- 1 Yes
- 2 No (Go to SPC_C20A)
- DK, RF (Go to SPC_C20A)

SPC_Q13 **(In the past 12 months,) did your doctor give you any specific help or information to quit smoking?**
 SPC_13

- 1 Yes
- 2 No (Go to SPC_C20A)
- DK, RF (Go to SPC_C20A)

SPC_Q14 **What type of help did the doctor give?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|--|
| SPC_14A | 1 | Referral to a one-on-one cessation program |
| SPC_14B | 2 | Referral to a group cessation program |
| SPC_14C | 3 | Recommended use of nicotine patch or nicotine gum |
| SPC_14D | 4 | Recommended Zyban or other medication |
| SPC_14E | 5 | Provided self-help information (e.g., pamphlet, referral to website) |
| SPC_14F | 6 | Own doctor offered counselling |
| SPC_14G | 7 | Other |
| | | DK, RF |

SPC_C20A If (do DEN block = 1) and (DEN_Q130 = 1 or DEN_Q132 = 1) (visited dentist in past 12 months), go to SPC_Q21.
 Otherwise, go to SPC_C20B.

SPC_C20B If (do DEN block = 1) and (DEN_Q130 = 2, DK or RF) (did not visit dentist in past 12 months), go to SPC_END.
 Otherwise, go to SPC_C20C.

SPC_C20C If (do CHP block = 1) and (CHP_Q14 = 1) (saw or talked to dentist in past 12 months), go to SPC_Q20.
 Otherwise, go to SPC_END.

SPC_Q20 **Earlier, you mentioned having "seen or talked to" a dentist in the past 12 months.**
 SPC_20 **Did you actually go to the dentist?**

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to SPC_END)
- DK, RF (Go to SPC_END)

SPC_Q21 **Does your dentist or dental hygienist know that you ^DT_SMOKING cigarettes?**
SPC_21

- 1 Yes
- 2 No (Go to SPC_END)
 DK, RF (Go to SPC_END)

SPC_Q22 **In the past 12 months, did the dentist or hygienist advise you to quit smoking?**
SPC_22

- 1 Yes
- 2 No
 DK, RF

SPC_END

FOR INFORMATION ONLY

Smoking - Youth smoking (YSM)

YSM_BEG

YSM_C1 If (do YSM block = 2), go to YSM_END.
Otherwise, go to YSM_C1A.

YSM_C1A If proxy interview or age greater than 19, go to YSM_END.
Otherwise, go to YSM_C1B.

YSM_C1B If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to YSM_Q1.
Otherwise, go to YSM_END.

YSM_Q1 **Where do you usually get your cigarettes?**

YSM_1

- 01 Buy from - Vending machine
 02 Buy from - Small grocery / corner store
 03 Buy from - Supermarket
 04 Buy from - Drug store
 05 Buy from - Gas station
 06 Buy from - Other store
 07 Buy from - Friend or someone else
 08 Given them by - Brother or sister
 09 Given them by - Mother or father
 10 Given them by - Friend or someone else
 11 Take them from - Mother, father or sibling
 12 Other
 DK, RF (Go to YSM_END)

YSM_C2 If YSM_Q1 = 1, 2, 3, 4, 5, 6 or 7, go to YSM_Q3.
Otherwise, go to YSM_Q2.

YSM_Q2 **In the past 12 months, have you bought cigarettes for yourself or for someone else?**

YSM_2

- 1 Yes
 2 No (Go to YSM_Q5)
 DK, RF (Go to YSM_Q5)

YSM_Q3 **In the past 12 months, have you been asked your age when buying cigarettes in a store?**
YSM_3

- 1 Yes
- 2 No
- DK, RF

YSM_Q4 **In the past 12 months, has anyone in a store refused to sell you cigarettes?**
YSM_4

- 1 Yes
- 2 No
- DK, RF

YSM_Q5 **In the past 12 months, have you asked a stranger to buy you cigarettes?**
YSM_5

- 1 Yes
- 2 No
- DK, RF

YSM_END

FOR INFORMATION ONLY

Exposure to second-hand smoke (ETS)

ETS_BEG Core content

ETS_C1 If (do ETS block = 2), go to ETS_END.
Otherwise, go to ETS_R1.ETS_R1 **The next questions are about exposure to second-hand smoke.**INTERVIEWER: Press <1> to continue.ETS_C10 If the number of household members = 1 and (SMK_Q202 = 1 or 2), go to ETS_Q35.
Otherwise, go to ETS_Q10.ETS_Q10 **Including both household members and regular visitors, does anyone smoke inside**
ETS_10 **your home, every day or almost every day?**INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
- 2 No (Go to ETS_C20)
- DK, RF (Go to ETS_END)

ETS_Q11 **How many people smoke inside your home every day or almost every day?**

ETS_11

INTERVIEWER: Include household members and regular visitors.

||| Number of people
(MIN: 1) (MAX: 15)
DK, RF

ETS_C20 If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS_C35.
Otherwise, go to ETS_Q20.ETS_Q20 **In the past month, ^WERE ^YOU2 exposed to second-hand smoke, every day or**
ETS_20 **almost every day, in a car or other private vehicle?**

- 1 Yes
- 2 No
- DK, RF

ETS_Q20B (In the past month,) ^WERE ^YOU1 exposed to second-hand smoke, every day or
 ETS_20B almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?

- 1 Yes
- 2 No
- DK, RF

ETS_C35 If ETS_Q10 = 1 (at least one person smokes inside the home), go to ETS_Q36. Otherwise, go to ETS_Q35.

ETS_Q35 Is smoking allowed inside your home?

ETS_35

- 1 Yes
- 2 No (Go to ETS_END)
- DK, RF (Go to ETS_END)

ETS_Q36 Is smoking inside your home restricted in any way?

ETS_36

- 1 Yes
- 2 No (Go to ETS_END)
- DK, RF (Go to ETS_END)

ETS_Q37 How is smoking restricted inside your home?

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

ETS_37A 1 Allowed in certain rooms only

ETS_37B 2 Restricted in the presence of young children

ETS_37C 3 Allowed only if windows are open or with another type of ventilation

ETS_37D 4 Other restriction(s)

DK, RF

ETS_END

Smoking - Other tobacco products (TAL)

TAL_BEG Optional Content (See Appendix 2)

TAL_C1 If (do TAL block = 1), go to TAL_Q1.
Otherwise, go to TAL_END.

TAL_Q1 **Now I'd like to ask about ^YOUR1 use of tobacco other than cigarettes.**

TAL_1 **In the past month, ^HAVE ^YOU1 smoked cigars?**

- 1 Yes
- 2 No
- DK, RF (Go to TAL_END)

TAL_Q2 **(In the past month,) ^HAVE ^YOU1 smoked a pipe?**

- TAL_2
- 1 Yes
 - 2 No
 - DK, RF

TAL_Q3 **(In the past month,) ^HAVE ^YOU1 used snuff?**

- TAL_3
- 1 Yes
 - 2 No
 - DK, RF

TAL_Q4 **(In the past month,) ^HAVE ^YOU1 used chewing tobacco?**

- TAL_4
- 1 Yes
 - 2 No
 - DK, RF

TAL_END

Alcohol use (ALC)

ALC_BEG Core content

ALC_C1A If (do ALC block = 1), go to ALC_R1.
Otherwise, go to ALC_END.

ALC_D1 (not applicable)

ALC_R1 **Now, some questions about ^YOUR2 alcohol consumption.**
When we use the word 'drink' it means:
 - one bottle or can of beer or a glass of draft
 - one glass of wine or a wine cooler
 - one drink or cocktail with 1 and a 1/2 ounces of liquor.

INTERVIEWER: Press <Enter> to continue.

ALC_Q1 **During the past 12 months, that is, from [date one year ago] to yesterday, ^HAVE**
 ALC_1 **^YOU2 had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to ALC_END)
- DK, RF (Go to ALC_END)

ALC_Q2 **During the past 12 months, how often did ^YOU1 drink alcoholic beverages?**
 ALC_2

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day
- DK, RF

ALC_Q3 **How often in the past 12 months ^HAVE ^YOU1 had 5 or more drinks on one**
 ALC_3 **occasion?**

- 1 Never
- 2 Less than once a month
- 3 Once a month
- 4 2 to 3 times a month
- 5 Once a week
- 6 More than once a week
- DK, RF

ALC_END

FOR INFORMATION ONLY

Alcohol use during the past week (ALW)

ALW_BEG Optional Content (See Appendix 2)

ALW_C1 If (do ALW block = 1), go to ALW_C2.
Otherwise, go to ALW_END.

ALW_C2 If ALC_Q1 = No, DK or RF, go to ALW_END.
Otherwise, go to ALW_Q5.

ALW_Q5 **Thinking back over the past week, that is, from [date last week] to yesterday, did**
ALW_1 **^YOU2 have a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to ALW_END)
 DK, RF (Go to ALW_END)

ALW_D5 Yesterday = WEEKDAY(TODAY - 1)

FOR INFORMATION ONLY

ALW_D5A

If Yesterday = 1, DayE[1] = "Sunday".
If Yesterday = 1, DayE[2] = "Saturday".
If Yesterday = 1, DayE[3] = "Friday".
If Yesterday = 1, DayE[4] = "Thursday".
If Yesterday = 1, DayE[5] = "Wednesday".
If Yesterday = 1, DayE[6] = "Tuesday".
If Yesterday = 1, DayE[7] = "Monday".
If Yesterday = 2, DayE[1] = "Monday".
If Yesterday = 2, DayE[2] = "Sunday".
If Yesterday = 2, DayE[3] = "Saturday".
If Yesterday = 2, DayE[4] = "Friday".
If Yesterday = 2, DayE[5] = "Thursday".
If Yesterday = 2, DayE[6] = "Wednesday".
If Yesterday = 2, DayE[7] = "Tuesday".
If Yesterday = 3, DayE[1] = "Tuesday".
If Yesterday = 3, DayE[2] = "Monday".
If Yesterday = 3, DayE[3] = "Sunday".
If Yesterday = 3, DayE[4] = "Saturday".
If Yesterday = 3, DayE[5] = "Friday".
If Yesterday = 3, DayE[6] = "Thursday".
If Yesterday = 3, DayE[7] = "Wednesday".
If Yesterday = 4, DayE[1] = "Wednesday".
If Yesterday = 4, DayE[2] = "Tuesday".
If Yesterday = 4, DayE[3] = "Monday".
If Yesterday = 4, DayE[4] = "Sunday".
If Yesterday = 4, DayE[5] = "Saturday".
If Yesterday = 4, DayE[6] = "Friday".
If Yesterday = 4, DayE[7] = "Thursday".
If Yesterday = 5, DayE[1] = "Thursday".
If Yesterday = 5, DayE[2] = "Wednesday".
If Yesterday = 5, DayE[3] = "Tuesday".
If Yesterday = 5, DayE[4] = "Monday".
If Yesterday = 5, DayE[5] = "Sunday".
If Yesterday = 5, DayE[6] = "Saturday".
If Yesterday = 5, DayE[7] = "Friday".
If Yesterday = 6, DayE[1] = "Friday".
If Yesterday = 6, DayE[2] = "Thursday".
If Yesterday = 6, DayE[3] = "Wednesday".
If Yesterday = 6, DayE[4] = "Tuesday".
If Yesterday = 6, DayE[5] = "Monday".
If Yesterday = 6, DayE[6] = "Sunday".
If Yesterday = 6, DayE[7] = "Saturday".
If Yesterday = 7, DayE[1] = "Saturday".
If Yesterday = 7, DayE[2] = "Friday".
If Yesterday = 7, DayE[3] = "Thursday".
If Yesterday = 7, DayE[4] = "Wednesday".
If Yesterday = 7, DayE[5] = "Tuesday".
If Yesterday = 7, DayE[6] = "Monday".
If Yesterday = 7, DayE[7] = "Sunday".

ALW_Q5A1 **Starting with yesterday, that is ^DayE[1], how many drinks did ^YOU2 have?**

ALW_2A1

[_|_] Number of drinks

(MIN: 0) (MAX: 99)

DK, RF

ALW_C5A1 If response to Question ALW_Q5A1 is RF, go to ALW_END.
Otherwise, go to ALW_Q5A2.

ALW_E5A1A Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[1].

Note: Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A1 => 5.

ALW_E5A1B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW_Q5A1 > 12.

ALW_Q5A2 **(How many drinks did ^YOU1 have:)**

ALW_2A2

...on ^DayE[2]?

[_|_] Number of drinks

(MIN: 0) (MAX: 99)

DK, RF

ALW_E5A2A Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[2].

Note: Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A2 => 5.

ALW_E5A2B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW_Q5A2 > 12.

ALW_Q5A3 **(How many drinks did ^YOU1 have:)**

ALW_2A3

...on ^DayE[3]?

[_|_] Number of drinks

(MIN: 0) (MAX: 99)

DK, RF

ALW_E5A3A Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[3].

Note: Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A3 => 5.

ALW_E5A3B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW_Q5A3 > 12.

ALW_Q5A4 **(How many drinks did ^YOU1 have:)**
ALW_2A4 **...on ^DayE[4]?**

[_|_] Number of drinks
(MIN: 0) (MAX: 99)
DK, RF

ALW_E5A4A Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[4].

Note: Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A4 => 5.

ALW_E5A4B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW_Q5A4 > 12.

ALW_Q5A5 **(How many drinks did ^YOU1 have:)**
ALW_2A5 **...on ^DayE[5]?**

[_|_] Number of drinks
(MIN: 0) (MAX: 99)
DK, RF

ALW_E5A5A Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[5].

Note: Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A5 => 5.

ALW_E5A5B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW_Q5A5 > 12.

| | |
|-----------|---|
| ALW_Q5A6 | (How many drinks did ^YOU1 have:) |
| ALW_2A6 | ...on ^DayE[6]? |
| | [_ _] Number of drinks (MIN: 0) (MAX: 99) DK, RF |
| ALW_E5A6A | Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[6]. |
| Note: | Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A6 => 5. |
| ALW_E5A6B | An unusual value has been entered. Please confirm. |
| Note: | Trigger soft edit if ALW_Q5A6 > 12. |
| ALW_Q5A7 | (How many drinks did ^YOU1 have:) |
| ALW_2A7 | ...on ^DayE[7]? |
| | [_ _] Number of drinks (MIN: 0) (MAX: 99) DK, RF |
| ALW_E5A7A | Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[7]. |
| Note: | Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A7 => 5. |
| ALW_E5A7B | An unusual value has been entered. Please confirm. |
| Note: | Trigger soft edit if ALW_Q5A7 > 12. |
| ALW_E5A1 | Inconsistent answers have been entered. The respondent had a drink in the past week but has not had any drinks in the last seven days. |
| Note: | Trigger hard edit if ALW_Q5A1 to ALW_Q5A7 all = 0. |
| ALW_END | |

Driving and safety (DRV)

DRV_BEG Optional Content (See Appendix 2)

DRV_C01A If (do DRV block = 2), go to DRV_END.
Otherwise, go to DRV_C01B.

DRV_C01B If proxy interview, go to DRV_END.
Otherwise, go to DRV_R1.

DRV_R1 **The next questions are about driving a motor vehicle. By motor vehicle, we mean a car, truck or van.**

INTERVIEWER: Press <Enter> to continue.

DRV_Q01A **In the past 12 months, have you driven a motor vehicle?**

DRV_01A

INTERVIEWER: Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

- 1 Yes
- 2 No
- DK, RF (Go to DRV_END)

DRV_Q01B **In the past 12 months, have you driven a motorcycle?**

DRV_01B

- 1 Yes
- 2 No
- DK, RF

DRV_C02 if DRV_Q01A = 2 and DRV_Q01B = 2 or DK or RF, go to DRV_R2.
Otherwise, go to DRV_C02A.

DRV_C02A If DRV_Q01A = 1, go to DRV_Q02.
Otherwise, go to DRV_Q04.

DRV_Q02 **How often do you fasten your seat belt when you drive a motor vehicle?**

DRV_02

INTERVIEWER: Read categories to respondent.

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

DRV_Q03A **Excluding hands-free use, how often do you use a cell phone while you are driving a motor vehicle?**

DRV_03A

INTERVIEWER: Read categories to respondent.
If respondent does not use a cell phone, select «Never».

- 1 **Often**
 - 2 **Sometimes**
 - 3 **Rarely**
 - 4 **Never**
- DK, RF

DRV_Q03B **How often do you use a hands-free when talking on the cell phone while you are driving a motor vehicle?**

DRV_03B

INTERVIEWER: Read categories to respondent.
If respondent does not use a hands-free, select «Never».

- 1 **Often**
 - 2 **Sometimes**
 - 3 **Rarely**
 - 4 **Never**
- DK, RF

DRV_Q04 **How often do you drive when you are feeling tired?**

DRV_04

- 1 **Often**
 - 2 **Sometimes**
 - 3 **Rarely**
 - 4 **Never**
- DK, RF

DRV_Q05 **Compared to other drivers, would you say you usually drive:**

DRV_05

INTERVIEWER: Read categories to respondent.

- 1 ...much faster?
 - 2 ...a little faster?
 - 3 ...about the same speed?
 - 4 ...a little slower?
 - 5 ...much slower?
- DK, RF

DRV_Q06 **(Compared to other drivers,) would you say you usually drive:**

DRV_06

INTERVIEWER: Read categories to respondent.

- 1 ...much more aggressively?
 - 2 ...a little more aggressively?
 - 3 ...about the same?
 - 4 ...a little less aggressively?
 - 5 ...much less aggressively?
- DK, RF

DRV_C07 If ALC_Q1 = 1 (drank alcohol in past 12 months) and (DRV_Q01A = 1 (drove a motor vehicle) or DRV_Q01B = 1 (Drove a motorcycle)), go to DRV_Q07.
Otherwise, go to DRV_R2.

DRV_Q07 **In the past 12 months, have you driven a motor vehicle after having 2 or more drinks in the hour before you drove?**

DRV_07

INTERVIEWER: include cars, trucks, vans and motorcycles. Exclude off-road vehicles.

- 1 Yes
- 2 No (Go to DRV_R2)
- DK, RF (Go to DRV_R2)

DRV_Q07A **How many times (in the past 12 months)?**

DRV_07A

[_] Times
(MIN: 1) (MAX: 95; warning after 20)
DK, RF

DRV_R2 **Now some questions about being a passenger in a motor vehicle.**

INTERVIEWER: Press <Enter> to continue.

DRV_Q08A **When you are a front seat passenger, how often do you fasten your seat belt?**

DRV_08A

INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- 5 **Do not ride in front seat**
DK, RF

DRV_Q08B **When you are a back seat passenger, how often do you fasten your seat belt?**

DRV_08B

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not ride in back seat
DK, RF

DRV_Q09 **When you are a passenger in a taxi, how often do you fasten your seat belt?**

DRV_09

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not take taxis
DK, RF

DRV_Q10 **In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?**

DRV_10

- 1 Yes
- 2 No (Go to DRV_Q11A)
- DK, RF (Go to DRV_Q11A)

DRV_Q10A **How many times (in the past 12 months)?**

DRV_10A

||| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, RF

DRV_Q11A **In the past 12 months, have you been the driver of, or a passenger in, a**
 DRV_11A **snowmobile, motor boat or seadoo?**

- 1 Yes
- 2 No (Go to DRV_END)
 DK, RF (Go to DRV_END)

DRV_Q11B **In the past 12 months, have you been the driver of, or a passenger in, an ATV (all**
 DRV_11B **terrain vehicle)?**

- 1 Yes
- 2 No (Go to DRV_C13)
 DK, RF (Go to DRV_END)

DRV_Q12 **How often do you wear a helmet when on an ATV?**
 DRV_12

INTERVIEWER: Read categories to respondent.

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

DRV_C13 If DRV_Q11A = 2 (not driver/passenger - snowmobile, motor boat or seadoo) and
 DRV_Q11B = 2 (not driver/passenger - ATV), go to DRV_END.
 Otherwise, go to DRV_D13.

DRV_D13 If DRV_Q11A = 1 and DRV_Q11B = 1, ^DT_ATV = "a snowmobile, motor boat,
 seadoo or ATV".
 If DRV_Q11A = 1 and DRV_Q11B = 2, ^DT_ATV = "a snowmobile, motor boat or
 seadoo".
 If DRV_Q11A = 2 and DRV_Q11B = 1, ^DT_ATV = "an ATV".

DRV_Q13 **In the past 12 months, have you been a passenger on ^DT_ATV with a driver who**
 DRV_13 **had 2 or more drinks in the hour before driving?**

- 1 Yes
- 2 No (Go to DRV_C14)
 DK, RF (Go to DRV_C14)

DRV_Q13A **How many times (in the past 12 months)?**
 DRV_13A

[_|_] Times
 (MIN: 1) (MAX: 95; warning after 20)
 DK, RF

DRV_C14 If ALC_Q1 = 1 (drank alcohol in the past 12 months), go to DRV_Q14.
Otherwise, go to DRV_END.

DRV_Q14 **In the past 12 months, have you driven ^DT_ATV after having 2 or more drinks in
DRV_14 the hour before you drove?**

- 1 Yes
- 2 No (Go to DRV_END)
 DK, RF (Go to DRV_END)

DRV_Q14A **How many times (in the past 12 months)?**

DRV_14A

|_| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, RF

DRV_END

FOR INFORMATION ONLY

Maternal experiences - Breastfeeding (MEX)

MEX_BEG Core content

MEX_C01A If (do MEX block = 1), go to MEX_C01B.
Otherwise, go to MEX_END.

MEX_C01B If proxy interview or sex = male or age < 15 or > 55, go to MEX_END.
Otherwise, go to MEX_Q01.

MEX_R01 **The next questions are for recent mothers.**

INTERVIEWER: Press <1> to continue.

MEX_Q01 **Have you given birth in the past 5 years?**

MEX_01

INTERVIEWER: Do not include stillbirths.

- 1 Yes
- 2 No (Go to MEX_END)
- DK, RF (Go to MEX_END)

MEX_D01A $DV_YEARAGO = \wedge info.CurrentYear - 5$

MEX_Q01A **In what year?**

MEX_01A

INTERVIEWER: Enter year of birth of last baby. Minimum is [DV_YEARAGO]; maximum is [$\wedge info.CurrentYear$].

||| || Year
(MIN: DV_YEARAGO) (MAX: $\wedge info.CurrentYear$)
DK, RF

MEX_Q02 **Did you take a vitamin supplement containing folic acid before your (last) pregnancy, that is, before you found out that you were pregnant?**

MEX_02

- 1 Yes
- 2 No
- DK, RF

MEX_Q03 **For your last baby, did you breastfeed or try to breastfeed your baby, even if only**
 MEX_03 **for a short time?**

- 1 Yes (Go to MEX_Q05)
- 2 No
DK, RF (Go to MEX_END)

MEX_Q04 **What is the main reason that you did not breastfeed?**

MEX_04

- 01 Bottle feeding easier
- 02 Formula as good as breast milk
- 03 Breastfeeding is unappealing / disgusting
- 04 Father / partner didn't want me to
- 05 Returned to work / school early
- 06 C-Section
- 07 Medical condition - mother
- 08 Medical condition - baby
- 09 Premature birth
- 10 Multiple births (e.g. twins)
- 11 Wanted to drink alcohol
- 12 Wanted to smoke
- 13 Other - Specify (Go to MEX_S04)
DK, RF

Go to MEX_END

MEX_S04 What is the main reason that you did not breastfeed?

INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to MEX_END

MEX_Q05 **Are you still breastfeeding?**

MEX_05

- 1 Yes (Go to MEX_C06A)
- 2 No
DK, RF (Go to MEX_END)

MEX_Q06 **How long did you breastfeed (your last baby)?**

MEX_06

- 01 Less than 1 week
- 02 1 to 2 weeks
- 03 3 to 4 weeks
- 04 5 to 8 weeks
- 05 9 weeks to less than 12 weeks
- 06 3 months (12 weeks to less than 16 weeks)
- 07 4 months (16 weeks to less than 20 weeks)
- 08 5 months (20 weeks to less than 24 weeks)
- 09 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year
- DK, RF (Go to MEX_END)

MEX_C06A If MEX_Q05=1 (Still breastfeeding), go to MEX_Q06A.
Otherwise, go to MEX_D06B.

MEX_Q06A **Have other liquids such as milk, formula, water, juice, tea or herbal mixture been introduced to the baby's feeds?**

MEX_06A

- 1 Yes
- 2 No (Go to MEX_Q08A)
- DK, RF (Go to MEX_C09A)

MEX_D06B If MEX_Q05=2, ^DT_LIQUIDS = "such as milk, formula, water, juice, tea or herbal mixture".
Otherwise, ^DT_LIQUIDS = "null".

MEX_Q06B **How old was your (last) baby when other liquids ^DT_LIQUIDS were first added to the baby's feeds?**
 MEX_06B

INTERVIEWER: If exact age not known, obtain best estimate. Other liquids may include milk, formula, water, juice, tea or herbal mixture, etc..

- 01 Less than 1 week
- 02 1 to 2 weeks
- 03 3 to 4 weeks
- 04 5 to 8 weeks
- 05 9 weeks to less than 12 weeks
- 06 3 months (12 weeks to less than 16 weeks)
- 07 4 months (16 weeks to less than 20 weeks)
- 08 5 months (20 weeks to less than 24 weeks)
- 09 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year
- 13 Have not added other liquids
 DK, RF (Go to MEX_C09A)

MEX_E06B An unusual length of time has passed between when the baby stopped breastfeeding and when other liquids were first added to the feeds. Please confirm.

INTERVIEWER: If answers are valid, ask for the reason explaining the gap and enter it as a remark.

Note: Trigger soft edit if (MEX_Q06B = 2) and MEX_Q06B < 13 and (ORD(MEX_Q06B) – ORD(MEX_Q06) > 1)

In other words, if MEX_Q06B < 13 and category number in MEX_Q06B minus category number in MEX_Q06 is greater than 1.

In other words, if MEX_Q06B < 13 and category number in MEX_Q06B minus category number in MEX_Q06 is greater than 1.

MEX_Q08A **How old was your (last) baby when solid foods such as cereals, mashed up or**
 MEX_08A **pureed meat vegetables or fruits were first added to the baby's feeds?**

- 01 Less than 1 week
- 02 1 to 2 weeks
- 03 3 to 4 weeks
- 04 5 to 8 weeks
- 05 9 weeks to less than 12 weeks
- 06 3 months (12 weeks to less than 16 weeks)
- 07 4 months (16 weeks to less than 20 weeks)
- 08 5 months (20 weeks to less than 24 weeks)
- 09 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year
- 13 Have not added solid foods
DK, RF

MEX_C08B If IF MEX_Q06B = 13 and MEX_Q08A = 13, go to MEX_C09AA.
Otherwise, go to MEX_D08B.

MEX_D08B If MEX_Q06B < MEX_Q08A, ^DT_LIQUIDSOLID = "other liquids".
If MEX_Q06B = MEX_Q08A, ^DT_LIQUIDSOLID = "other liquids and solid foods".
Otherwise, ^DT_LIQUIDSOLID = "solid foods".

MEX_Q08B **What is the main reason ^DT_LIQUIDSOLID were first added to the baby's feeds?**

MEX_08B

- 01 Not enough breast milk
- 02 Baby was ready for solid foods
- 03 Inconvenience / fatigue due to breastfeeding
- 04 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 05 Medical condition - mother
- 06 Medical condition - baby
- 07 Advice of doctor / health professional
- 08 Returned to work / school
- 09 Advice of partner / family / friends
- 10 Formula equally healthy for baby
- 11 Wanted to drink alcohol
- 12 Wanted to smoke
- 13 Other - Specify (Go to MEX_S08BB)
DK, RF

Go to MEX_C09A

MEX_S08B What is the main reason ^DT_ LIQUIDSOLID were first added to the baby's feeds?

INTERVIEWER: Specify.

(80 spaces)

DK, RF

MEX_C09A If MEX_Q06B = 1 or MEX_Q08A=1 (baby less than 1 week when other liquids or solids introduced), go to MEX_C10.
Otherwise, go to MEX_Q09A.

MEX_Q09A **During the time when your (last) baby was less than one year old and fed breast**
MEX_09A **milk, did you give the baby a vitamin supplement containing vitamin D?**

INTERVIEWER: Read categories to respondent. Select "yes" if baby was fed breast milk, even in small quantities and given Vitamin D.

- 1 **Yes** (Go to MEX_Q09B)
- 2 **No** (Go to MEX_C10)
- DK, RF (Go to MEX_C10)

MEX_Q09B **Overall, how often did you give the baby a supplement containing Vitamin D?**
MEX_09B

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Once or twice a week**
- 4 **Less than once a week**
- DK, RF

MEX_C10 If MEX_Q05 = 1 (still breastfeeding), go to MEX_END.
Otherwise, go to MEX_Q10.

MEX_Q10

What is the main reason that you stopped breastfeeding?

MEX_10

- 01 Not enough breast milk
- 02 Baby was ready for solid foods
- 03 Inconvenience / fatigue due to breastfeeding
- 04 Difficulty with breast feeding techniques (e.g., sore nipples, engorged breasts, mastitis)
- 05 Medical condition - mother
- 06 Medical condition - baby
- 07 Planned to stop at this time
- 08 Child weaned him / herself (e.g., baby biting, refusing breast)
- 09 Advice of doctor / health professional
- 10 Returned to work / school
- 11 Advice of partner / family / friends
- 12 Formula equally healthy for baby
- 13 Wanted to drink alcohol
- 14 Wanted to smoke
- 15 Other - Specify (Go to MEX_S10)
DK, RF

Go to MEX_END

MEX_S10

What is the main reason that you stopped breastfeeding?

INTERVIEWER: Specify.

(80 spaces)

DK, RF

MEX_END

FOR INFORMATION ONLY

Maternal experiences - Alcohol use during pregnancy (MXA)

MXA_BEG Optional Content (See Appendix 2)

MXA_C01A If (do MXA block = 1), go to MXA_C01B.
Otherwise, go to MXA_END.

MXA_C01B If proxy interview or sex = male or age < 15 or > 55 or MEX_Q01 = 2, DK or RF, go to MXA_END.
Otherwise, go to MXA_C30.

MXA_C30 If (ALN_Q5B = 2, or RF (never drank), go to MXA_END.
Otherwise, go to MXA_C30.

MXA_Q30 **Did you drink any alcohol during your last pregnancy?**

MXA_01

- 1 Yes
- 2 No (Go to MXA_C32)
- DK, RF (Go to MXA_END)

MXA_Q31 **How often did you drink?**

MXA_02

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day
- DK, RF

MXA_C32 If MEX_Q03 = 2 (did not breastfeed last baby), go to MXA_END.
Otherwise, go to MXA_Q32.

MXA_Q32 **Did you drink any alcohol while you were breastfeeding (your last baby)?**

MXA_03

- 1 Yes
- 2 No (Go to MXA_END)
- DK, RF (Go to MXA_END)

MXA_Q33

How often did you drink?

MXA_04

- 1 Less than once a month
 - 2 Once a month
 - 3 2 to 3 times a month
 - 4 Once a week
 - 5 2 to 3 times a week
 - 6 4 to 6 times a week
 - 7 Every day
- DK, RF

MXA_END

FOR INFORMATION ONLY

Maternal experiences - Smoking during pregnancy (MXS)

MXS_BEG Optional Content (See Appendix 2)

MXS_C01A If (do MXS block = 1), go to MXS_C01B.
Otherwise, go to MXS_END.

MXS_C01B If proxy interview or sex = male or age < 15 or > 55 or MEX_Q01 = 2, DK or RF, go to MXS_END.
Otherwise, go to MXS_C20.

MXS_C20 If SMK_Q202 = (1 or 2) or SMK_Q201A = 1 or SMK_Q201B = 1, go to MXS_Q20.
Otherwise, go to MXS_END.

MXS_Q20 **During your last pregnancy, did you smoke daily, occasionally or not at all?**

MXS_01

| | | |
|---|--------------|-----------------|
| 1 | Daily | |
| 2 | Occasionally | (Go to MXS_Q22) |
| 3 | Not at all | (Go to MXS_C23) |
| | DK, RF | (Go to MEX_Q26) |

Note: Daily Smokers only

MXS_Q21 **How many cigarettes did you usually smoke each day?**

MXS_02

[_|_] Number of cigarettes
(MIN: 1) (MAX: 99 warning after 60)
DK, RF
Go to MXS_C23

Note: Occasional Smokers only

MXS_Q22 **On the days that you smoked, how many cigarettes did you usually smoke?**

MXS_03

[_|_] Number of cigarettes
(MIN: 1) (MAX: 99 warning after 60)
DK, RF

MXS_C23 If MEX_Q03 = 1 (breastfed last baby), go to MXS_Q23.
Otherwise, go to MXS_Q26.

MXS_Q23 **When you were breastfeeding (your last baby), did you smoke daily, occasionally or**
MXS_04 **not at all?**

- 1 Daily
- 2 Occasionally (Go to MXS_Q25)
- 3 Not at all (Go to MXS_Q26)
DK, RF (Go to MXS_Q26)

Note: Daily smokers only

MXS_Q24 **How many cigarettes did you usually smoke each day?**
MXS_05

[_|_] Number of cigarettes
(MIN: 1) (MAX: 99 warning after 60)
DK, RF
Go to MXS_Q26

Note: Occasional smokers only

MXS_Q25 **On the days that you smoked, how many cigarettes did you usually smoke?**
MXS_06

[_|_] Number of cigarettes
(MIN: 1) (MAX: 99 warning after 60)
DK, RF

MXS_Q26 **Did anyone regularly smoke in your presence during or after the pregnancy (about**
MXS_07 **6 months after)?**

- 1 Yes
- 2 No
DK, RF

MXS_END

FOR INFORMATION ONLY

Illicit drugs use (IDG)

DRG_BEG Optional Content (See Appendix 2)

DRG_C1 If (do DRG block = 1), go to DRG_C2.
Otherwise, go to DRG_END.

DRG_C2 If proxy interview, go to DRG_END.
Otherwise, go to DRG_R1.

DRG_R1 **I am going to ask some questions about drug use. Again, I would like to remind you that everything you say will remain strictly confidential.**

INTERVIEWER: Press <Enter> to continue.

DRG_Q01 **Have you ever used or tried marijuana, cannabis or hashish?**

IDG_01

INTERVIEWER: Read categories to respondent.

- 1 **Yes, just once**
- 2 **Yes, more than once**
- 3 **No** (Go to DRG_Q04)
DK, RF (Go to DRG_END)

DRG_Q02 **Have you used it in the past 12 months?**

IDG_02

- 1 **Yes**
- 2 **No** (Go to DRG_Q04)
DK, RF (Go to DRG_Q04)

DRG_C03 If DRG_Q01 = 1, go to DRG_Q04.
Otherwise, go to DRG_Q03.

DRG_Q03 **How often (did you use marijuana, cannabis or hashish in the past 12 months)?**

IDG_03

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
DK, RF

DRG_Q04 **Have you ever used or tried cocaine or crack?**

IDG_04

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q07)
DK, RF (Go to DRG_Q07)

DRG_Q05 **Have you used it in the past 12 months?**

IDG_05

- 1 Yes
- 2 No (Go to DRG_Q07)
DK, RF (Go to DRG_Q07)

DRG_C06 If DRG_Q04 = 1, go to DRG_Q07.
Otherwise, go to DRG_Q06.

DRG_Q06 **How often (did you use cocaine or crack in the past 12 months)?**

IDG_06

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
DK, RF

DRG_Q07 **Have you ever used or tried speed (amphetamines)?**

IDG_07

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q10)
DK, RF (Go to DRG_Q10)

DRG_Q08 **Have you used it in the past 12 months?**

IDG_08

- 1 Yes
- 2 No (Go to DRG_Q10)
DK, RF (Go to DRG_Q10)

DRG_C09 If DRG_Q07 = 1, go to DRG_Q10.
Otherwise, go to DRG_Q09.

DRG_Q09 **How often (did you use speed (amphetamines) in the past 12 months)?**

IDG_09

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
 - 2 **1 to 3 times a month**
 - 3 **Once a week**
 - 4 **More than once a week**
 - 5 **Every day**
- DK, RF

DRG_Q10 **Have you ever used or tried ecstasy (MDMA) or other similar drugs?**

IDG_10

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q13)
DK, RF (Go to DRG_Q13)

DRG_Q11 **Have you used it in the past 12 months?**

IDG_11

- 1 Yes
- 2 No (Go to DRG_Q13)
DK, RF (Go to DRG_Q13)

DRG_C12 If DRG_Q10 = 1, go to DRG_Q15.
Otherwise, go to DRG_Q12.

DRG_Q12 **How often (did you use ecstasy or other similar drugs in the past 12 months)?**

IDG_12

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
 - 2 **1 to 3 times a month**
 - 3 **Once a week**
 - 4 **More than once a week**
 - 5 **Every day**
- DK, RF

DRG_Q13 **Have you ever used or tried hallucinogens, PCP or LSD (acid)?**

IDG_13

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q16)
DK, RF (Go to DRG_Q16)

DRG_Q14 **Have you used it in the past 12 months?**

IDG_14

- 1 Yes
- 2 No (Go to DRG_Q16)
DK, RF (Go to DRG_Q16)

DRG_C15 If DRG_Q13 = 1, go to DRG_Q16.
Otherwise, go to DRG_Q15.

DRG_Q15 **How often (did you use hallucinogens, PCP or LSD in the past 12 months)?**

IDG_15

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
DK, RF

DRG_Q16 **Did you ever sniff glue, gasoline or other solvents?**

IDG_16

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q19)
DK, RF (Go to DRG_Q19)

DRG_Q17 **Did you sniff some in the past 12 months?**

IDG_17

- 1 Yes
- 2 No (Go to DRG_Q19)
DK, RF (Go to DRG_Q19)

DRG_C18 If DRG_Q16 = 1, go to DRG_Q19.
Otherwise, go to DRG_Q18.

DRG_Q18 **How often (did you sniff glue, gasoline or other solvents in the past 12 months)?**

IDG_18

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
 - 2 **1 to 3 times a month**
 - 3 **Once a week**
 - 4 **More than once a week**
 - 5 **Every day**
- DK, RF

DRG_Q19 **Have you ever used or tried heroin?**

IDG_19

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q22)
DK, RF (Go to DRG_Q22)

DRG_Q20 **Have you used it in the past 12 months?**

IDG_20

- 1 Yes
- 2 No (Go to DRG_Q22)
DK, RF (Go to DRG_Q22)

DRG_C21 If DRG_Q19 = 1, go to DRG_Q22.
Otherwise, go to DRG_Q21.

DRG_Q21 **How often (did you use heroin in the past 12 months)?**

IDG_21

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
 - 2 **1 to 3 times a month**
 - 3 **Once a week**
 - 4 **More than once a week**
 - 5 **Every day**
- DK, RF

DRG_Q22 **Have you ever used or tried steroids, such as testosterone, dianabol or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?**

IDG_22

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_C25A_1)
DK, RF (Go to DRG_C25A_1)

DRG_Q23 **Have you used it in the past 12 months?**

IDG_23

- 1 Yes
- 2 No (Go to DRG_C25A1)
DK, RF (Go to DRG_C25A1)

DRG_C24 If DRG_Q22 = 1, go to DRG_C25A1.
Otherwise, go to DRG_Q24.

DRG_Q24 **How often (did you use steroids in the past 12 months)?**

IDG_24

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
DK, RF

Note: DRG_C25A1 = Count of instances where DRG_Q01, DRG_Q04, DRG_Q07, DRG_Q10, DRG_Q13, DRG_Q16 and DRG_Q19 = 3, DK or RF.

DRG_C25A_1 If DRG_C25A1 = 7, go to DRG_END.
Otherwise, go to DRG_C25A_2.

Note: DRG_C25A2 = Count of instances where DRG_Q03, DRG_Q06, DRG_Q09, DRG_Q12, DRG_Q15, DRG_Q18 and DRG_Q21 >= 2.

DRG_C25A_2 If DRG_C25A_2 >= 1, go to DRG_Q25A.
Otherwise, go to DRG_END.

DRG_Q25A **During the past 12 months, did you ever need to use more drugs than usual in order to get high, or did you ever find that you could no longer get high on the amount you usually took?**

IDG_25A

- 1 Yes
- 2 No
DK, RF

DRG_R25B **People who cut down their substance use or stop using drugs altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover.**

INTERVIEWER: Press <Enter> to continue.

DRG_Q25B **During the past 12 months, did you ever have times when you stopped, cut down or**
IDG_25B **went without drugs and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?**

- 1 Yes
 - 2 No
- DK, RF

DRG_Q25C **(During the past 12 months,) did you ever have times when you used drugs to keep**
IDG_25C **from having such symptoms?**

- 1 Yes
 - 2 No
- DK, RF

DRG_Q25D **(During the past 12 months,) did you ever have times when you used drugs even**
IDG_25D **though you promised yourself you wouldn't, or times when you used a lot more drugs than you intended?**

- 1 Yes
 - 2 No
- DK, RF

DRG_Q25E **(During the past 12 months,) were there ever times when you used drugs more**
IDG_25E **frequently, or for more days in a row than you intended?**

- 1 Yes
 - 2 No
- DK, RF

DRG_Q25F **(During the past 12 months,) did you ever have periods of several days or more**
IDG_25F **when you spent so much time using drugs or recovering from the effects of using drugs that you had little time for anything else?**

- 1 Yes
 - 2 No
- DK, RF

DRG_Q25G (During the past 12 months,) did you ever have periods of a month or longer when
 IDG_25G you gave up or greatly reduced important activities because of your use of drugs?

- 1 Yes
- 2 No
- DK, RF

DRG_Q25H (During the past 12 months,) did you ever continue to use drugs when you knew
 IDG_25H you had a serious physical or emotional problem that might have been caused by
 or made worse by your use?

- 1 Yes
- 2 No
- DK, RF

DRG_R26 Please tell me what number best describes how much your use of drugs interfered
 with each of the following activities during the past 12 months. For each activity,
 answer with a number between 0 and 10; 0 means "no interference", while 10
 means "very severe interference".

INTERVIEWER: Press <Enter> to continue.

DRG_Q26A How much did your use of drugs interfere with:
 IDG_26A

...your home responsibilities, like cleaning, shopping and taking care of the house
 or apartment?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

[] Number
 (MIN: 0) (MAX: 10)
 DK, RF

DRG_Q26B_1 (How much did your use interfere with:
IDG_6B1

...your ability to attend school?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 v
- 10 Very severe interference

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

||| Number
(MIN: 0) (MAX: 11)
DK, RF

DRG_Q26B_2 (How much did your use interfere with:
IDG_6B2

...your ability to work at a regular job?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 v
- 10 Very severe interference

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

||| Number
(MIN: 0) (MAX: 11)
DK, RF

DRG_Q26C

IDG_26C

(During the past 12 months,) how much did your use of drugs interfere with your ability to form and maintain close relationships with other people? Remember that 0 means "no interference" and 10 means "very severe interference".

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

||| Number
(MIN: 0) (MAX: 10)
DK, RF

DRG_Q26D

IDG_26D

How much did your use of drugs interfere with your social life?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

||| Number
(MIN: 0) (MAX: 10)
DK, RF

DRG_END

FOR INFORMATION ONLY

Sexual behaviours (SXB)

SXB_BEG Theme content

SXB_C01A If (do SXB block = 1), go to SXB_C01B.
Otherwise, go to SXB_END.

SXB_C01B If proxy interview or age < 15 or > 49, go to SXB_END.
Otherwise, go to SXB_R01.

SXB_R01 **I would like to ask you a few questions about sexual behaviour. We ask these questions because sexual behaviours can have very important and long-lasting effects on personal health. You can be assured that anything you say will remain confidential.**

INTERVIEWER: Press <Enter> to continue.

SXB_Q01 **Have you ever had sexual intercourse?**

SXB_1

- 1 Yes
- 2 No (Go to SXB_END)
- DK, RF (Go to SXB_END)

SXB_Q02 **How old were you the first time?**

SXB_2

INTERVIEWER: Maximum is [current age].

||| Age in years

(MIN: 1) (MAX: Warning, value is below 12 or above current age)

DK, RF (Go to SXB_END)

SXB_E02 The entered age at which the respondent first had sexual intercourse is invalid.
Please return and correct.

Note: Trigger hard edit if SXB_Q02 < 1 or SXB_Q02 > [current age].

SXB_Q03 **In the past 12 months, have you had sexual intercourse?**

SXB_3

- 1 Yes
- 2 No (Go to SXB_Q07)
- DK, RF (Go to SXB_END)

SXB_Q04 **With how many different partners?**

SXB_4

- 1 1 partner
- 2 2 partners
- 3 3 partners
- 4 4 or more partners
- DK
- RF (Go to SXB_END)

SXB_Q07 **Have you ever been diagnosed with a sexually transmitted infection?**

SXB_07

- 1 Yes
- 2 No
- DK, RF

SXB_C08A If SXB_Q03 = 1 (had intercourse in last 12 months), go to SXB_C08C.
Otherwise, go to SXB_END.

SXB_C08C If marital status = 1 (married) or 2 (common-law) and SXB_Q04 = 1 (one partner), go to SXB_C09B.
Otherwise, go to SXB_Q08.

SXB_Q08 **Did you use a condom the last time you had sexual intercourse?**

SXB_7A

- 1 Yes
- 2 No
- DK, RF

SXB_C09B If age > 24 or if respondent's sex = spouse's sex, go to SXB_END.
Otherwise, go to SXB_R9A.

SXB_R9A **Now a few questions about birth control.**

INTERVIEWER: Press <Enter> to continue.

SXB_C09C If sex = female, go to SXB_C09D.
Otherwise, go to SXB_R10.

SXB_C09D If HWT_Q1 = 1 (currently pregnant), go to SXB_Q11.
Otherwise, go to SXB_R9B.

SXB_R9B **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

INTERVIEWER: Press <Enter> to continue.

SXB_Q09 **It is important to me to avoid getting pregnant right now.**

SXB_09

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK
RF (Go to SXB_END)

SXB_C10 If sex = male, go to SXB_R10.
Otherwise, go to SXB_Q11.

SXB_R10 **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

INTERVIEWER: Press <Enter> to continue.

SXB_Q10 **It is important to me to avoid getting my partner pregnant right now.**

SXB_10

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
 - 6 Doesn't have a partner right now
 - 7 Partner already pregnant
- DK
RF (Go to SXB_END)

SXB_Q11 **In the past 12 months, did you and your partner usually use birth control?**

SXB_11

- 1 Yes (Go to SXB_Q12)
 - 2 No (Go to SXB_END)
- DK, RF (Go to SXB_END)

SXB_Q12 What kind of birth control did you and your partner usually use?

INTERVIEWER: Mark all that apply.

- SXB_12A 1 Condom (male or female condom)
- SXB_12B 2 Birth control pill
- SXB_12C 3 Diaphragm
- SXB_12D 4 Spermicide (e.g., foam, jelly, film)
- SXB_12F 5 Birth control injection (Deprovera)
- SXB_12E 6 Other - Specify (Go to SXB_S12)
DK, RF (Go to SXB_END)

Go to SXB_C13

SXB_S12 INTERVIEWER: Specify.

(80 spaces)
DK, RF

SXB_C13 If HWT_Q1 = 1 (currently pregnant) or SXB_Q 0 = 7 (Partner already pregnant), go to SXB_END.
Otherwise, go to SXB_Q13.

SXB_Q13 What kind of birth control did you and your partner use the last time you had sex?

INTERVIEWER: Mark all that apply.

- SXB_13A 1 Condom (male or female condom)
- SXB_13B 2 Birth control pill
- SXB_13C 3 Diaphragm
- SXB_13D 4 Spermicide (e.g., foam, jelly, film)
- SXB_13F 5 Birth control injection (Deprovera)
- SXB_13G 6 Nothing
- SXB_13E 7 Other - Specify (Go to SXB_S13)
DK, RF

Go to SXB_END

SXB_S13 INTERVIEWER: Specify.

(80 spaces)
DK, RF

SXB_END

Social Provisions (SPS)

SPS_BEG Optional content block

External variables required:
 PROXYMODE - proxy interview
 DOSPS: do block flag, from the sample file.
 PE_Q01: first name of specific respondent from USU block
 PE_Q02: last name of specific respondent from USU block

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

SPS_C01 If DOSPS = 1, go to SPS_C02.
 Otherwise, go to SPS_END.

SPS_C02 If PROXMODE=1, go to SPS_END.
 Otherwise, go to SPS_R01.

SPS_R01 **The next questions are about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people.**

INTERVIEWER: Press <1> to continue.

SPS_Q01 **There are people I can depend on to help me if I really need it.**

SPS_01

INTERVIEWER: Read categories to respondent.

- 1 **Strongly agree**
 - 2 **Agree**
 - 3 **Disagree**
 - 4 **Strongly disagree**
- DK, RF (Go to SPS_END)

SPS_Q02 **There are people who enjoy the same social activities I do.**

SPS_02

INTERVIEWER: Read categories to respondent.

- 1 **Strongly agree**
 - 2 **Agree**
 - 3 **Disagree**
 - 4 **Strongly disagree**
- DK, RF

SPS_Q03 **I have close relationships that provide me with a sense of emotional security and wellbeing.**
SPS_03

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

SPS_Q04 **There is someone I could talk to about important decisions in my life.**
SPS_04

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

SPS_Q05 **I have relationships where my competence and skill are recognized.**
SPS_05

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

SPS_Q06 **There is a trustworthy person I could turn to for advice if I were having problems.**
SPS_06

INTERVIEWER: Read categories to respondent.

- 1 **Strongly agree**
 - 2 **Agree**
 - 3 **Disagree**
 - 4 **Strongly disagree**
- DK, RF

SPS_Q07 **I feel part of a group of people who share my attitudes and beliefs.**
SPS_07

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

SPS_Q08 **I feel a strong emotional bond with at least one other person.**

SPS_08

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

SPS_Q09 **There are people who admire my talents and abilities.**

SPS_09

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

SPS_Q10 **There are people I can count on in an emergency.**

SPS_10

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

SPS_END

FOR INFORMATION ONLY

Social support - Availability (SSA)

SSA_BEG Optional Content (See Appendix 2)

SSA_C1 If (do SSA block = 1), go to SSA_C2.
Otherwise, go to SSA_END.

SSA_C2 If proxy interview, go to SSA_END.
Otherwise, go to SSA_R1.

SSA_R1 **Next are some questions about the support that is available to you.**

INTERVIEWER: Press <Enter> to continue.

SSA_Q01 **Starting with a question on friendship, about how many close friends and close**
SSA_Q01 **relatives do you have, that is, people you feel at ease with and can talk to about**
what is on your mind?

[_|_] Close friends
(MIN: 0) (MAX: 99 ; warning after 20)
DK, RF (Go to SSA_END)

SSA_R2 **People sometimes look to others for companionship, assistance or other types of**
support.

INTERVIEWER: Press <Enter> to continue.

SSA_Q02 **How often is each of the following kinds of support available to you if you need it:**

SSA_Q02 **... someone to help you if you were confined to bed?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
 - 2 **A little of the time**
 - 3 **Some of the time**
 - 4 **Most of the time**
 - 5 **All of the time**
- DK, RF (Go to SSA_END)

Note: If SSA_Q02 = 2, 3, 4 or 5 then ^DT_KEYPHRASES21A = "to help you if you were confined to bed".

SSA_Q03 (How often is each of the following kinds of support available to you if you need it:)
SSA_03 ... someone you can count on to listen to you when you need to talk?

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

Note: If SSA_Q03 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to listen to you".

SSA_Q04 (How often is each of the following kinds of support available to you if you need it:)
SSA_04 ... someone to give you advice about a crisis?

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

Note: If SSA_Q04 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to give you advice".

SSA_Q05 (How often is each of the following kinds of support available to you if you need it:)
SSA_05 ... someone to take you to the doctor if you needed it?

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

Note: If SSA_Q05 = 2, 3, 4 or 5 then ^DT_KEYPHRASES21A = "to take you to the doctor".

SSA_Q06 (How often is each of the following kinds of support available to you if you need it:)
SSA_06 ... someone who shows you love and affection?

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

Note: If SSA_Q06 = 2, 3, 4 or 5 then ^DT_KEYPHRASES22A = "to show you affection".

SSA_Q07 **Again, how often is each of the following kinds of support available to you if you need it:)**
SSA_07

... someone to have a good time with?

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

Note: If SSA_Q07 = 2, 3, 4 or 5 then ^DT_KEYPHRASES23A = "to have a good time with".

SSA_Q08 **(How often is each of the following kinds of support available to you if you need it:)**
SSA_08

... someone to give you information in order to help you understand a situation?

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

Note: If SSA_Q08 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to give you information".

SSA_Q09 **(How often is each of the following kinds of support available to you if you need it:)**
SSA_09

... someone to confide in or talk to about yourself or your problems?

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

Note: If SSA_Q09 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to confide in".

SSA_Q10 **(How often is each of the following kinds of support available to you if you need it:)**
SSA_10

... someone who hugs you?

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

Note: If SSA_Q10 = 2, 3, 4 or 5 then ^DT_KEYPHRASES22A = "to hug you".

SSA_Q11 (How often is each of the following kinds of support available to you if you need it:)

SSA_11

... someone to get together with for relaxation?

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

Note: If SSA_Q11 = 2, 3, 4 or 5 then ^DT_KEYPHRASES23A = "to relax with".

SSA_Q12 (How often is each of the following kinds of support available to you if you need it:)

SSA_12

... someone to prepare your meals if you were unable to do it yourself?

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

Note: If SSA_Q12 = 2, 3, 4 or 5 then ^DT_KEYPHRASES21A = "to prepare your meals".

SSA_Q13 (How often is each of the following kinds of support available to you if you need it:)

SSA_13

... someone whose advice you really want?

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

Note: If SSA_Q13 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to advise you".

SSA_Q14 Again, how often is each of the following kinds of support available to you if you need it:)

SSA_14

... someone to do things with to help you get your mind off things?

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

Note: If SSA_Q14 = 2, 3, 4 or 5 then ^DT_KEYPHRASES23A = "to do things with".

SSA_Q15 (How often is each of the following kinds of support available to you if you need it:)
SSA_15

... someone to help with daily chores if you were sick?

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

Note: If SSA_Q15 = 2, 3, 4 or 5 then ^DT_KEYPHRASES21A = "to help with daily chores".

SSA_Q16 (How often is each of the following kinds of support available to you if you need it:)
SSA_16

... someone to share your most private worries and fears with?

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

Note: If SSA_Q16 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to share your worries and fears with".

SSA_Q17 (How often is each of the following kinds of support available to you if you need it:)
SSA_17

... someone to turn to for suggestions about how to deal with a personal problem?

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

Note: If SSA_Q17 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to turn to for suggestions".

SSA_Q18 (How often is each of the following kinds of support available to you if you need it:)
SSA_18

... someone to do something enjoyable with?

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

Note: If SSA_Q18 = 2, 3, 4 or 5 then ^DT_KEYPHRASES23A = "to do something enjoyable with".

SSA_Q19 (How often is each of the following kinds of support available to you if you need it:)

SSA_19

... someone who understands your problems?

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

Note: If SSA_Q19 = 2, 3, 4 or 5 then ^DT_KEYPHRASES24A = "to understand your problems".

SSA_Q20 (How often is each of the following kinds of support available to you if you need it:)

SSA_20

... someone to love you and make you feel wanted?

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

Note: If SSA_Q20 = 2, 3, 4 or 5 then ^DT_KEYPHRASES22A = "to love you and make you feel wanted".

SSA_END

FOR INFORMATION ONLY

Spiritual values (SPR)

SPR_BEG

SPR_C1 If (do SPR block = 1), go to SPR_C2.
 Otherwise, go to SPR_END.

SPR_C2 If proxy interview, go to SPR_END.
 Otherwise, go to SPR_R1.

SPR_D01 Create fields DV_RELTEXT (String 80) = SPR_Q5 and
 DV_RELCODE (0..9990) = SPR_Q5

SPR_R1 **I now have a few questions about spiritual values in your life.**

INTERVIEWER: Press <1> to continue.

SPR_Q1 **Do spiritual values play an important role in your life?**

SPV_1

- 1 Yes
- 2 No (Go to SPR_Q5)
- DK, RF (Go to SPR_END)

SPR_Q2 **To what extent do your spiritual values:**

SPV_2

...help you to find meaning in your life?

INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **Some**
- 3 **A little**
- 4 **Not at all**
- DK, RF

SPR_Q3 (To what extent do your spiritual values:
 SPV_3 ...give you the strength to face everyday difficulties?)

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

DK, RF

SPR_Q4 (To what extent do your spiritual values:
 SPV_4 ...help you to understand the difficulties of life?)

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

DK, RF

SPR_Q5 What is your religion? Specify one denomination or religion only, even if you are
 SPV_5 not currently a practicing member of that group.

INTERVIEWER: Start typing the name of the religion to activate the search function.
 Enter "Other - Specify" if the religion is not part of this list. If no religion,
 enter "No religion".

Go to SPR_C5

Note: Call Trigram Search. Null is not allowed. Don't know and Refusal are allowed. The Search File to be used corresponds to the Excel file "Religion_LookUpList.xls".

The DV_RELCODE and the DV_RELTEXT are the two fields that should be displayed on the pop-up screen when the Search File is called. However, the corresponding DV_RELCODE also needs to be saved and used as the key to indicate exactly which unique entry in the Search File was selected (i.e., it is the code that differentiates between the English, French and other spelling variations of religion names).

SPR_C5 If DV_RELCODE=1 (Other - Specify), go to SPR_S5.
 Otherwise, go to SPR_Q6.

SPR_S5 What is your religion?

INTERVIEWER: Specify.

(80 spaces)
 DK, RF

SPR_Q6 **Not counting events such as weddings or funerals, during the past 12 months, how often did you participate in religious activities or attend religious services or meetings?**
SPV_6

INTERVIEWER: Read categories to respondent. Exclude special occasions like marriages, funerals, baptisms, bar mitzvahs, etc.

All respondents should be asked the religious participation question, even if they said that they were not affiliated with a religion. For example, some respondents who said that they had "no religion", may attend church services on special occasions (e.g. At Christmas or Easter) with family members who said that they had a religious affiliation.

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

SPR_Q6B **In the past 12 months, how often did you engage in religious or spiritual activities on your own, including prayer, meditation and other forms of worship taking place at home or in any other location?**
SPV_6B

INTERVIEWER: Read categories to respondent.

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

SPR_Q7 **In general, would you say that you are...?**
SPV_7

INTERVIEWER: Read categories to respondent.

- 1 **Very religious**
 - 2 **Religious**
 - 3 **Not very religious**
 - 4 **Not religious at all**
- DK, R

SPR_END

Consultations about mental health (CMH)

CMH_BEG Theme content

CMH_C01A If (CMH block = 1), go to CMH_C01B.
Otherwise, go to CMH_END.

CMH_C01B If proxy interview, go to CMH_END.
Otherwise, go to CMH_R01K.

CMH_R01K **Now I would like to ask you some questions about mental and emotional well-being**

INTERVIEWER: Press <1> to continue.

CMH_Q01K **In the past 12 months, that is, from [date one year ago] to yesterday, have you seen**
CMH_01K **or talked to a health professional about your emotional or mental health?**

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to CMH_END)
- DK, RF (Go to CMH_END)

CMH_Q01L **How many times (in the past 12 months)?**

CMH_01L |_|_| Times
(MIN: 1) (MAX: 366, warning after 25)
DK, RF

CMH_E01L An unusual value has been entered. Please confirm.

Note: Trigger soft edit if CMH_Q01L >25.

CMH_Q01M **Whom did you see or talk to?**

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

- | | | |
|---------|---|--|
| CMH_1MA | 1 | Family doctor or general practitioner |
| CMH_1MB | 2 | Psychiatrist |
| CMH_1MC | 3 | Psychologist |
| CMH_1MD | 4 | Nurse |
| CMH_1ME | 5 | Social worker or counsellor |
| CMH_1MF | 6 | Other - Specify (Go to CMH_S01M) DK, RF |

Go to CMH_END

CMH_S01M INTERVIEWER: Specify.

(80 spaces)

DK, RF

CMH_E01M[1] Inconsistent answers have been entered. The respondent has seen or talked with a family doctor or general practitioner in the past 12 months but previously reported that he/she did not. Please confirm.

Note: Trigger soft edit if CMH_Q01M = 1 (saw a family medical doctor) and CHP_Q03 = 2.

CMH_E01M[2] Inconsistent answers have been entered. The respondent has seen or talked with a psychiatrist in the past 12 months but previously reported that he/she did not. Please confirm.

Note: Trigger soft edit if CMH_Q01M = 2 (saw a psychiatrist) and CHP_Q08 = 2.

CMH_E01M[3] Inconsistent answers have been entered. The respondent has seen or talked with a psychologist in the past 12 months but previously reported that he/she did not. Please confirm.

Note: Trigger soft edit if CMH_Q01M = 3 (saw a psychologist) and CHP_Q20 = 2.

CMH_E01M[4] Inconsistent answers have been entered. The respondent has seen or talked with a nurse in the past 12 months but previously reported that he/she did not. Please confirm.

Note: Trigger soft edit if CMH_Q01M = 4 (saw a nurse) and CHP_Q11 = 2.

CMH_E01M[5] Inconsistent answers have been entered. The respondent has seen or talked with a social worker or counsellor in the past 12 months but previously reported that he/she did not. Please confirm.

Note: Trigger soft edit if CMH_Q01M = 5 (saw a social worker or counsellor) and CHP_Q22 = 2.

CMH_END

FOR INFORMATION ONLY

Distress (DIS)

DIS_BEG Optional Content (See Appendix 2)

DIS_C1 If (do DIS block = 1), go to DIS_C2.
Otherwise, go to DIS_END.

DIS_C2 If proxy interview, go to DIS_END.
Otherwise, go to DIS_R01.

DIS_R01 **The following questions deal with feelings you may have had during the past month.**

INTERVIEWER: Press <Enter> to continue.

DIS_Q01A **During the past month, that is, from [date one month ago] to yesterday, about how**
DIS_10A **often did you feel:**

... tired out for no good reason?

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
 - 2 **Most of the time**
 - 3 **Some of the time**
 - 4 **A little of the time**
 - 5 **None of the time**
- DK, RF (Go to DIS_END)

DIS_Q01B **During the past month, that is, from [date one month ago] to yesterday, about how**
DIS_10B **often did you feel:**

... nervous?

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time (Go to DIS_Q01D)
- DK, RF (Go to DIS_Q01D)

DIS_Q01C (During the past month, that is, from [date one month ago] to yesterday, about how
DIS_10C often did you feel:)

... so nervous that nothing could calm you down?

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

Note: In processing, if a respondent answered DIS_Q01B = 5 (none of the time), the variable DIS_Q01C will be given the value of 5 (none of the time).

DIS_Q01D (During the past month, that is, from [date one month ago] to yesterday, about how
DIS_10D often did you feel:)

... hopeless?

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

DIS_Q01E During the past month, that is, from [date one month ago] to yesterday, about how
DIS_10E often did you feel:

... restless or fidgety?

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time (Go to DIS_Q01G)
- DK, RF (Go to DIS_Q01G)

DIS_Q01F (During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:
DIS_10F

... so restless you could not sit still?

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

Note: In processing, if a respondent answered DIS_Q01E = 5 (none of the time), the variable DIS_Q01F will be given the value of 5 (none of the time).

DIS_Q01G (During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:
DIS_10G

... sad or depressed?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time (Go to DIS_Q01I,
DK, RF (Go to DIS_Q01I)

DIS_Q01H (During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:
DIS_10H

... so depressed that nothing could cheer you up?

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

Note: In processing, if a respondent answered DIS_Q01G = 5 (none of the time), the variable DIS_Q01H will be given the value of 5 (none of the time).

DIS_Q01I (During the past month, that is, from [date one month ago] to yesterday, about how
DIS_10I often did you feel:)

... that everything was an effort?

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

DIS_Q01J (During the past month, that is, from [date one month ago] to yesterday, about how
DIS_10J often did you feel:)

... worthless?

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

DIS_C01K If DIS_Q01B to DIS_Q01J are DK or RF, go to DIS_END.
Otherwise, go to DIS_Q01K.

DIS_Q01K We just talked about feelings that occurred to different degrees during the past
DIS_10K month. Taking them altogether, did these feelings occur more often in the past
month than is usual for you, less often than usual or about the same as usual?

- 1 More often
 - 2 Less often (Go to DIS_Q01M)
 - 3 About the same (Go to DIS_Q01N)
 - 4 Never have had any (Go to DIS_END)
- DK, RF (Go to DIS_END)

DIS_Q01L Is that a lot more, somewhat more or only a little more often than usual?

DIS_10L

- 1 A lot
 - 2 Somewhat
 - 3 A little
- DK, RF

Go to DIS_Q01N

DIS_Q01M **Is that a lot less, somewhat less or only a little less often than usual?**
DIS_10M

- 1 A lot
- 2 Somewhat
- 3 A little
- DK, RF

DIS_Q01N **During the past month, how much did these feelings usually interfere with your life or activities?**
DIS_10N

INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **Some**
- 3 **A little**
- 4 **Not at all**
- DK, RF

DIS_END

FOR INFORMATION ONLY

Depression (DEP)

DEP_BEG Optional Content (See Appendix 2)

DEP_C01 If (do DEP block = 1), go to DEP_C02.
Otherwise, go to DEP_END.

DEP_C02 If proxy interview, go to DEP_END.
Otherwise, go to DEP_Q02.

DEP_Q02 **During the past 12 months, was there ever a time when you felt sad, blue, or**
DPS_02 **depressed for 2 weeks or more in a row?**

- 1 Yes
- 2 No (Go to DEP_Q16)
DK, RF (Go to DEP_END)

DEP_Q03 **For the next few questions, please think of the 2-week period during the past 12**
DPS_03 **months when these feelings were the worst. During that time, did these feelings**
usually last:

INTERVIEWER: Read categories to respondent.

- 1 **...all day long?**
- 2 **...most of the day?**
- 3 **...about half of the day?** (Go to DEP_Q16)
- 4 **...less than half of a day?** (Go to DEP_Q16)
DK, RF (Go to DEP_END)

DEP_Q04 **How often did you feel this way during those 2 weeks?**

DPS_04

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to DEP_Q16)
DK, RF (Go to DEP_END)

DEP_Q05 **During those 2 weeks did you lose interest in most things?**

DPS_05

- 1 Yes
- 2 No
DK, RF (Go to DEP_END)

DEP_D05 If DEP_Q05 = 1 (Yes), ^DT_KEYPHRASEQ05 = "Losing interest".
Otherwise, ^DT_KEYPHRASEQ05 = "null".

DEP_Q06 **Did you feel tired out or low on energy all of the time?**

DPS_06

- 1 Yes
 - 2 No
- DK, RF (Go to DEP_END)

DEP_D06 If DEP_Q06 = 1 (Yes), ^DT_KEYPHRASEQ06 = "Feeling tired".
Otherwise, ^DT_KEYPHRASEQ06 = "null".

DEP_Q07 **Did you gain weight, lose weight or stay about the same?**

DPS_07

- 1 Gained weight
 - 2 Lost weight
 - 3 Stayed about the same (Go to DEP_Q09)
 - 4 Was on a diet (Go to DEP_Q09)
- DK, RF (Go to DEP_EI ID)

DEP_D07A If DEP_Q07 = 1, ^DT_KEYPHRASEQ07 = "Gaining weight".
If DEP_Q07 = 2, ^DT_KEYPHRASEQ07 = "Losing weight".
Otherwise, ^DT_KEYPHRASEQ07 = "null".

DEP_D07B If DEP_Q07 = 1, ^DT_GAINLOST = "gain".
Otherwise, ^DT_GAINLOST = "lose".

DEP_Q08A **About how much did you ^DT_GAINLOST?**

DPS_08A

INTERVIEWER: Enter amount only.

| | | Weight

(MIN: 1) (MAX: 99)

DK, RF (Go to DEP_Q09)

DEP_N08A INTERVIEWER: Was that in pounds or in kilograms?

DPS_08B

- 1 Pounds
- 2 Kilograms

(DK, RF are not allowed)

DEP_E08A An unusual value has been entered. Please confirm.

Note: Trigger soft edit if (DEP_Q08A > 20 and DEP_N08A = 1 or DEP_Q08A > 9 and DEP_N08A = 2).

DEP_Q09 **Did you have more trouble falling asleep than you usually do?**

DPS_09

- 1 Yes
- 2 No (Go to DEP_Q11)
- DK, RF (Go to DEP_END)

DEP_D09 If DEP_Q09 = 1 (Yes), ^DT_KEYPHRASEQ09 = "Trouble falling asleep".
Otherwise, ^DT_KEYPHRASEQ09 = "null".

DEP_Q10 **How often did that happen?**

DPS_10

INTERVIEWER: Read categories to respondent.

- 1 **Every night**
- 2 **Nearly every night**
- 3 **Less often**
- DK, RF (Go to DEP_END)

DEP_Q11 **Did you have a lot more trouble concentrating than usual?**

DPS_11

- 1 Yes
- 2 No (Go to DEP_END)
- DK, RF (Go to DEP_END)

DEP_D11 If DEP_Q11 = 1 (Yes), ^DT_KEYPHRASEQ11 = "Trouble concentrating".
Otherwise, ^DT_KEYPHRASEQ11 = "null".

DEP_Q12 **At these times, people sometimes feel down on themselves, no good or worthless.**

DPS_12 **Did you feel this way?**

- 1 Yes
- 2 No
- DK, RF (Go to DEP_END)

DEP_D12 If DEP_Q12 = 1 (Yes), ^DT_KEYPHRASEQ12 = "Feeling down on yourself".
Otherwise, ^DT_KEYPHRASEQ12 = "null".

DEP_Q13 **Did you think a lot about death - either your own, someone else's or death in general?**

DPS_13

- 1 Yes
- 2 No
- DK, RF (Go to DEP_END)

- DEP_D13 If DEP_Q13 = 1 (Yes), ^DT_KEYPHRASEQ13 = "Thoughts about death".
Otherwise, ^DT_KEYPHRASEQ13 = "null".
- DEP_C14 If "Yes" in DEP_Q05, DEP_Q06, DEP_Q09, DEP_Q11, DEP_Q12 or DEP_Q13, or
DEP_Q07 is "gain" or "lose", go to DEP_R14.
Otherwise, go to DEP_END.
- DEP_R14 **Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue or depressed and also had some other things like (^DT_KEYPHRASEQ05, ^DT_KEYPHRASEQ06, ^DT_KEYPHRASEQ07, ^DT_KEYPHRASEQ09, ^DT_KEYPHRASEQ11, ^DT_KEYPHRASEQ12, ^DT_KEYPHRASEQ13).**
- INTERVIEWER: Press <Enter> to continue.
- DEP_Q14 **About how many weeks altogether did you feel this way during the past 12 months?**
DPS_14
- __ Weeks
(MIN: 2) (MAX: 53)
DK, RF (Go to DEP_END)
- DEP_C15 If DEP_Q14 > 51 weeks, go to DEP_END
Otherwise, go to DEP_Q15.
- DEP_Q15 **Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?**
DPS_15
- 01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December
DK, RF
- Go to DEP_END

DEP_Q16 **During the past 12 months, was there ever a time lasting 2 weeks or more when you
DPS_16 lost interest in most things like hobbies, work or activities that usually give you
 pleasure?**

- 1 Yes
- 2 No (Go to DEP_END)
- DK, RF (Go to DEP_END)

DEP_Q17 **For the next few questions, please think of the 2-week period during the past 12
DPS_17 months when you had the most complete loss of interest in things. During that 2-
 week period, how long did the loss of interest usually last?**

INTERVIEWER: Read categories to respondent.

- 1 **All day long**
- 2 **Most of the day**
- 3 **About half of the day** (Go to DEP_END)
- 4 **Less than half of a day** (Go to DEP_END)
- DK, RF (Go to DEP_END)

DEP_Q18 **How often did you feel this way during those 2 weeks?**

DPS_18

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to DEP_END)
- DK, RF (Go to DEP_END)

DEP_Q19 **During those 2 weeks did you feel tired out or low on energy all the time?**

DPS_19

- 1 Yes
- 2 No
- DK, RF (Go to DEP_END)

DEP_D19 If DEP_Q19 = 1 (Yes), ^DT_KEYPHRASEQ19 = "Feeling tired".
 Otherwise, ^DT_KEYPHRASEQ19 = "null".

DEP_Q20 **Did you gain weight, lose weight, or stay about the same?**

DPS_20

- 1 Gained weight
- 2 Lost weight
- 3 Stayed about the same (Go to DEP_Q22)
- 4 Was on a diet (Go to DEP_Q22)
- DK, RF (Go to DEP_END)

DEP_D20A If DEP_Q20 = 1, ^DT_KEYPHRASEQ20 = "Gaining weight".
If DEP_Q20 = 2, ^DT_KEYPHRASEQ20 = "Losing weight".
Otherwise, ^DT_KEYPHRASEQ20 = "null".

DEP_D20B If DEP_Q20 = 1, ^DT_WEIGHT = "gain".
Otherwise, ^DT_WEIGHT = "lose".

DEP_Q21A **About how much did you ^DT_WEIGHT?**

DPS_21A

INTERVIEWER: Enter amount only.

[_|_] Weight

(MIN: 1) (MAX: 99)

DK, RF (Go to DEP_Q22)

DEP_N21A INTERVIEWER: Was that in pounds or in kilograms?

DPS_21B

1 Pounds

2 Kilograms

(DK, RF are not allowed)

DEP_E21A An unusual value has been entered. Please confirm.

Note: Trigger soft edit if (DEP_Q21A > 20 and DEP_N21A = 1 or DEP_Q21A > 9 and DEP_N21A = 2).

DEP_Q22 **Did you have more trouble falling asleep than you usually do?**

DPS_22

1 Yes

2 No (Go to DEP_Q24)

DK, RF (Go to DEP_END)

DEP_D22 If DEP_Q22 = 1 (Yes), ^DT_KEYPHRASEQ22 = "Trouble falling asleep".
Otherwise, ^DT_KEYPHRASEQ22 = "null".

DEP_Q23 **How often did that happen?**

DPS_23

INTERVIEWER: Read categories to respondent.

1 **Every night**

2 **Nearly every night**

3 **Less often**

DK, RF (Go to DEP_END)

DEP_Q24 **Did you have a lot more trouble concentrating than usual?**

DPS_24

- 1 Yes
 2 No
 DK, RF (Go to DEP_END)

DEP_D24 If DEP_Q24 = 1 (Yes), ^DT_KEYPHRASEQ24 = "Trouble concentrating".
 Otherwise, ^DT_KEYPHRASEQ24 = "null".

DEP_Q25 **At these times, people sometimes feel down on themselves, no good, or worthless.
 Did you feel this way?**

DPS_25

- 1 Yes
 2 No
 DK, RF (Go to DEP_END)

DEP_D25 If DEP_Q25 = 1 (Yes), ^DT_KEYPHRASEQ25 = "Feeling down on yourself".
 Otherwise, ^DT_KEYPHRASEQ25 = "null".

DEP_Q26 **Did you think a lot about death - either your own, someone else's, or death in
 general?**

DPS_26

- 1 Yes
 2 No
 DK, RF (Go to DEP_END)

DEP_D26 If DEP_Q26 = 1 (Yes), ^DT_KEYPHRASEQ26 = "Thoughts about death".
 Otherwise, ^DT_KEYPHRASEQ26 = "null".

DEP_C27 If any "Yes" in DEP_Q19, DEP_Q22, DEP_Q24, DEP_Q25 or DEP_Q26, or DEP_Q20 is
 "gain" or "lose", go to DEP_R27.
 Otherwise, go to DEP_END.

DEP_R27 **Reviewing what you just told me, you had 2 weeks in a row during the past 12
 months when you lost interest in most things and also had some other things like
 (^DT_KEYPHRASEQ19, ^DT_KEYPHRASEQ20, ^DT_KEYPHRASEQ22,
 ^DT_KEYPHRASEQ24, ^DT_KEYPHRASEQ25, ^DT_KEYPHRASEQ26).**

INTERVIEWER: Press <Enter> to continue.

DEP_Q27 **About how many weeks did you feel this way during the past 12 months?**

DPS_27

- [_] Weeks
 (MIN: 2) (MAX: 53)
 DK, RF (Go to DEP_END)

DEP_C28 If DEP_Q27 > 51, go to DEP_END.
Otherwise, go to DEP_Q28.

DEP_Q28 **Think about the last time you had 2 weeks in a row when you felt this way. In what**
DPS_28 **month was that?**

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

DEP_END

FOR INFORMATION ONLY

Suicidal thoughts and attempts (SUI)

SUI_BEG Optional Content (See Appendix 2)

SUI_C1A If (do SUI block = 2), go to SUI_END.
Otherwise, go to SUI_C1B.

SUI_C1B If proxy interview or if age < 15, go to SUI_END.
Otherwise, go to SUI_R1.

SUI_R1 **The following questions relate to the sensitive issue of suicide.**

INTERVIEWER: Press <Enter> to continue.

SUI_Q1 **Have you ever seriously considered committing suicide or taking your own life?**

SUI_1

- 1 Yes
- 2 No (Go to SUI_END)
- DK, RF (Go to SUI_END)

SUI_Q2 **Has this happened in the past 12 months?**

SUI_2

- 1 Yes
- 2 No (Go to SUI_END)
- DK, RF (Go to SUI_END)

SUI_Q3 **Have you ever attempted to commit suicide or tried taking your own life?**

SUI_3

- 1 Yes
- 2 No (Go to SUI_END)
- DK, RF (Go to SUI_END)

SUI_Q4 **Did this happen in the past 12 months?**

SUI_4

- 1 Yes
- 2 No (Go to SUI_END)
- DK, RF (Go to SUI_END)

SUI_Q5 **Did you see or talk to a health professional following your attempt to commit**
 SUI_5 **suicide?**

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to SUI_END)
DK, RF (Go to SUI_END)

SUI_Q6 **Whom did you see or talk to?**

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

- | | | |
|--------|---|---|
| SUI_6A | 1 | Family doctor or general practitioner |
| SUI_6B | 2 | Psychiatrist |
| SUI_6C | 3 | Psychologist |
| SUI_6D | 4 | Nurse |
| SUI_6E | 5 | Social worker or counsellor |
| SUI_6G | 6 | Religious or spiritual advisor such as a priest, chaplain or rabbi |
| SUI_6H | 7 | Teacher or guidance counsellor |
| SUI_6F | 8 | Other DK, RF |

SUI_END

FOR INFORMATION ONLY

Access to health care services (ACC)

ACC_BEG Theme content. Only asked of a sub-sample.

ACC_C1 If (do ACC block = 1), go to ACC_C2.
Otherwise, go to ACC_END.

ACC_C2 If proxy interview or if age < 15, go to ACC_END.
Otherwise, go to ACC_D10.

ACC_D10 If respondent is male, ^DT_SPECIALIST = "urologist".
Otherwise, ^DT_SPECIALIST = "gynaecologist".

ACC_R10 **The next questions are about the use of various health care services.**

I will start by asking about your experiences getting health care from a medical specialist such as a cardiologist, allergist, ^DT_SPECIALIST or psychiatrist (excluding an optometrist)

INTERVIEWER: Press <1> to continue.

ACC_Q10 **In the past 12 months, did you require a visit to a medical specialist for a diagnosis**
ACC_10 **or a consultation?**

- 1 Yes
- 2 No (Go to ACC_R20)
- DK, RF (Go to ACC_R20)

ACC_Q11 **In the past 12 months, did you ever experience any difficulties getting the specialist**
ACC_11 **care you needed for a diagnosis or consultation?**

- 1 Yes
- 2 No (Go to ACC_R20)
- DK, RF (Go to ACC_R20)

ACC_Q12 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC_12A 01 Difficulty getting a referral
- ACC_12B 02 Difficulty getting an appointment
- ACC_12C 03 No specialists in the area
- ACC_12D 04 Waited too long - between booking appointment and visit
- ACC_12E 05 Waited too long - to see the doctor (i.e. in-office waiting)
- ACC_12F 06 Transportation - problems
- ACC_12G 07 Language - problem
- ACC_12H 08 Cost
- ACC_12I 09 Personal or family responsibilities
- ACC_12J 10 General deterioration of health
- ACC_12K 11 Appointment cancelled or deferred by specialist
- ACC_12L 12 Still waiting for visit
- ACC_12M 13 Unable to leave the house because of a health problem
- ACC_12N 14 Other - Specify (Go to ACC_S12)
DK, RF

Go to ACC_R20

ACC_S12 **What type of difficulties did you experience?**

INTERVIEWER: Specify.

(80 spaces)
DK, RF

ACC_R20 **The following questions are about any surgery not provided in an emergency that you may have required, such as cardiac surgery, joint surgery, like knee or hip, caesarean sections and cataract surgery, excluding laser eye surgery.**

INTERVIEWER: Press <1> to continue.

ACC_Q20 **In the past 12 months, did you require any non-emergency surgery?**

- ACC_20 1 Yes
- 2 No (Go to ACC_R30)
- DK, RF (Go to ACC_R30)

ACC_Q21 **In the past 12 months, did you ever experience any difficulties getting the surgery you needed?**

- ACC_21 1 Yes
- 2 No (Go to ACC_R30)
- DK, RF (Go to ACC_R30)

ACC_Q22 **What type of difficulties did you experience?**INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| ACC_22A | 01 | Difficulty getting an appointment with a surgeon |
| ACC_22B | 02 | Difficulty getting a diagnosis |
| ACC_22C | 03 | Waited too long - for a diagnostic test |
| ACC_22D | 04 | Waited too long - for a hospital bed to become available |
| ACC_22E | 05 | Waited too long - for surgery |
| ACC_22F | 06 | Service not available - in the area |
| ACC_22G | 07 | Transportation - problems |
| ACC_22H | 08 | Language - problem |
| ACC_22I | 09 | Cost |
| ACC_22J | 10 | Personal or family responsibilities |
| ACC_22K | 11 | General deterioration of health |
| ACC_22L | 12 | Appointment cancelled or deferred by surgeon or hospital |
| ACC_22M | 13 | Still waiting for surgery |
| ACC_22N | 14 | Unable to leave the house because of a health problem. |
| ACC_22O | 15 | Other - Specify (Go to ACC_S22) DK, RF |

Go to ACC_R30

ACC_S22 **What type of difficulties did you experience?**INTERVIEWER: Specify._____
(80 spaces)

DK, RF

ACC_R30 **Now some questions about MRIs, CAT Scans and angiographies provided in a non-emergency situation.**INTERVIEWER: Press <1> to continue.ACC_Q30 **In the past 12 months, did you require one of these tests?**

ACC_30

- | | | |
|---|--------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to ACC_D40) |
| | DK, RF | (Go to ACC_D40) |

ACC_Q31 **In the past 12 months, did you ever experience any difficulties getting the tests you needed?**

ACC_31

- | | | |
|---|--------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to ACC_D40) |
| | DK, RF | (Go to ACC_D40) |

ACC_Q32 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC_32A 01 Difficulty getting a referral
- ACC_32B 02 Difficulty getting an appointment
- ACC_32C 03 Waited too long - to get an appointment
- ACC_32D 04 Waited too long - to get test (i.e. in-office waiting)
- ACC_32E 05 Service not available - at time required
- ACC_32F 06 Service not available - in the area
- ACC_32G 07 Transportation - problems
- ACC_32H 08 Language - problem
- ACC_32I 09 Cost
- ACC_32J 10 General deterioration of health
- ACC_32K 11 Did not know where to go (i.e. information problems)
- ACC_32L 12 Still waiting for test
- ACC_32M 13 Unable to leave the house because of a health problem
- ACC_32N 14 Other - Specify (Go to ACC_S32)
DK, RF

Go to ACC_D40

ACC_S32 **What type of difficulties did you experience?**

INTERVIEWER: Specify.

(80 spaces)
DK, RF

ACC_D40 If one person household then ^DT_YourFamily = " "
If one person household, ^DT_Family = "you"
Else, ^DT_YourFamily = "for yourself or a family member"
Else, ^DT_Family = "you or a family member"

ACC_C40 If one person household, go to ACC_R40B.
Otherwise go to ACC_R40., go to ACC_R40B.
Otherwise, go to ACC_R40.

ACC_R40 **Now I'd like you to think about yourself and family members living in your dwelling.**

The next questions are about your experiences getting health information or advice when you needed it for yourself or a family member living in your dwelling.

INTERVIEWER: Press <1> to continue.

Go to ACC_Q40

ACC_R40B **The next questions are about your experiences getting health information or advice when you needed it.**

INTERVIEWER: Press <1> to continue.

ACC_Q40 **In the past 12 months, have you required health information or advice**
ACC_40 **^DT_YourFamily?**

- 1 Yes
- 2 No (Go to ACC_R50)
- DK, RF (Go to ACC_R50)

ACC_Q40A **Who did you contact when you needed health information or advice**
^DT_YourFamily?

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

- | | | |
|---------|---|---|
| ACC_40A | 1 | Doctor's office |
| ACC_40B | 2 | Community health centre / CLSC |
| ACC_40C | 3 | Walk-in clinic |
| ACC_40D | 4 | Telephone health line (for example HealthLinks, Telehealth Ontario, Health-Line, TeleCare, Info-Santé) |
| ACC_40E | 5 | Hospital emergency room |
| ACC_40F | 6 | Other hospital service |
| ACC_40G | 7 | Other - Specify (Go to ACC_S40A) |
| | | DK, RF |

Go to ACC_Q41

ACC_S40A **Who did you contact when you needed health information or advice ^DT_YourFamily?**

INTERVIEWER: Specify.

(30 spaces)

DK, RF

ACC_Q41 **In the past 12 months, did you ever experience any difficulties getting the health**
ACC_41 **information or advice ^DT_YourFamily?**

- 1 Yes
- 2 No (Go to ACC_C50)
- DK, RF (Go to ACC_C50)

ACC_Q42 **Did you experience difficulties during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**
 ACC_42

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC_Q44)
- 3 Not required at this time (Go to ACC_Q44)
 DK, RF (Go to ACC_Q44)

ACC_Q43 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC_43A 1 Difficulty contacting a physician or nurse
- ACC_43B 2 Did not have a phone number
- ACC_43C 3 Could not get through (i.e. no answer)
- ACC_43D 4 Waited too long to speak to someone
- ACC_43E 5 Did not get adequate info or advice
- ACC_43F 6 Language - problem
- ACC_43G 7 Did not know where to go / call / uninformed
- ACC_43H 8 Unable to leave the house because of a health problem
- ACC_43I 9 Other - Specify (Go to ACC_S43)
 DK, RF

Go to ACC_Q44

ACC_S43 **What type of difficulties did you experience?**

INTERVIEWER: Specify:

 (80 spaces)
 DK, RF

ACC_Q44 **Did you experience difficulties getting health information or advice during evenings and weekends (that is, 5:00 to 9:00 pm Monday to Friday, or 9:00 am to 5:00 pm, Saturdays and Sundays)?**
 ACC_44

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC_Q46)
- 3 Not required at this time (Go to ACC_Q46)
 DK, RF (Go to ACC_Q46)

ACC_Q45 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC_45A 1 Difficulty contacting a physician or nurse
- ACC_45B 2 Did not have a phone number
- ACC_45C 3 Could not get through (i.e. no answer)
- ACC_45D 4 Waited too long to speak to someone
- ACC_45E 5 Did not get adequate info or advice
- ACC_45F 6 Language - problem
- ACC_45G 7 Did not know where to go / call / uninformed
- ACC_45H 8 Unable to leave the house because of a health problem
- ACC_45I 9 Other - Specify (Go to ACC_S45)
DK, RF

Go to ACC_Q46

ACC_S45 **What type of difficulties did you experience?**

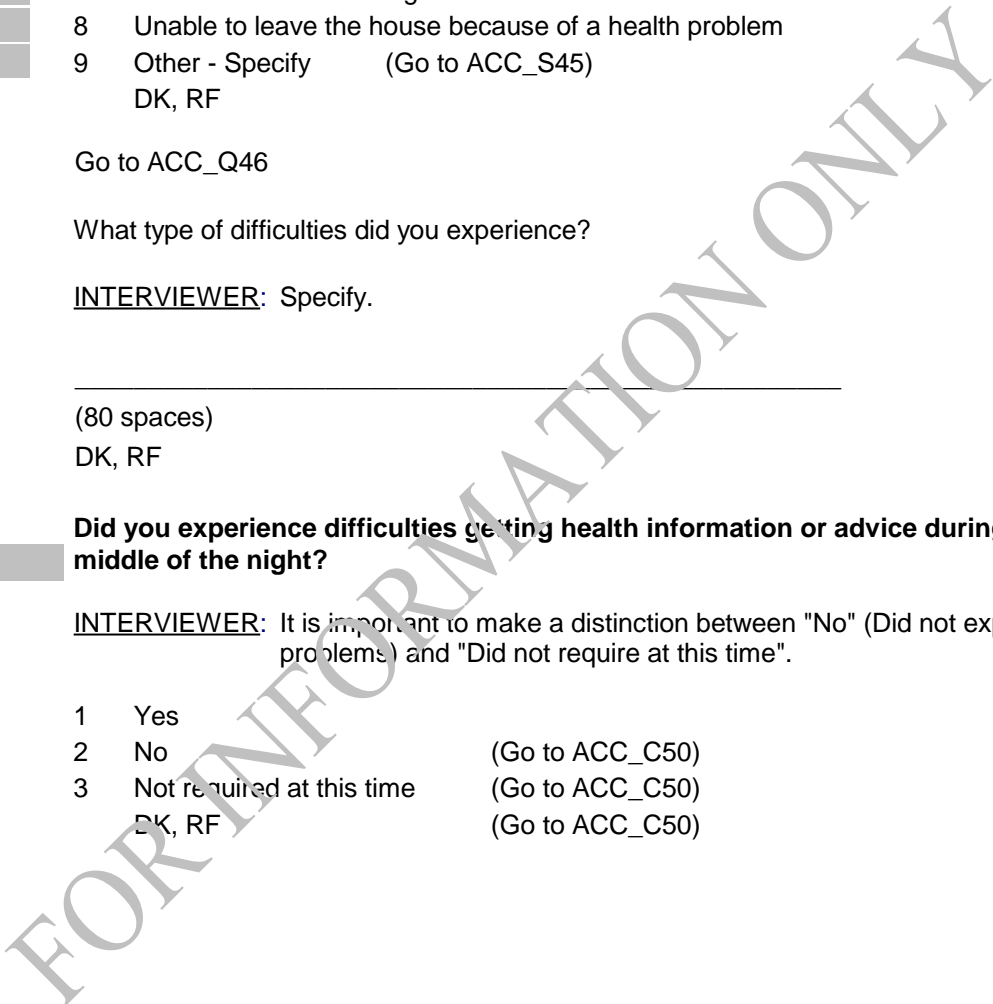
INTERVIEWER: Specify.

(80 spaces)
DK, RF

ACC_Q46 **Did you experience difficulties getting health information or advice during the middle of the night?**
ACC_46

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC_C50)
- 3 Not required at this time (Go to ACC_C50)
- DK, RF (Go to ACC_C50)



ACC_Q47 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC_47A 1 Difficulty contacting a physician or nurse
- ACC_47B 2 Did not have a phone number
- ACC_47C 3 Could not get through (i.e. no answer)
- ACC_47D 4 Waited too long to speak to someone
- ACC_47E 5 Did not get adequate info or advice
- ACC_47F 6 Language - problem
- ACC_47G 7 Did not know where to go / call / uninformed
- ACC_47H 8 Unable to leave the house because of a health problem
- ACC_47I 9 Other - Specify (Go to ACC_S47)
DK, RF

Go to ACC_C50

ACC_S47 **What type of difficulties did you experience?**

INTERVIEWER: Specify.

(80 spaces)
DK, RF

ACC_C50 If one person household, go to ACC_R50B
Otherwise, go to ACC_R50, go to ACC_R50B.
Otherwise, go to ACC_R50.

ACC_R50 **Now some questions about your experiences when you needed health care services for routine or on-going care such as a medical exam or follow-up for yourself or a family member living in your dwelling.**

INTERVIEWER: Press <1> to continue.

Go to ACC_Q50A

ACC_R50B **Now some questions about your experiences when you needed health care services for routine or on-going care such as a medical exam or follow-up.**

INTERVIEWER: Press <1> to continue.

ACC_Q50A **Do you have a regular family doctor?**

- ACC_50A 1 Yes
- 2 No
- DK, RF

ACC_Q50 **In the past 12 months, did you require any routine or on-going care**
ACC_50 **^DT_YourFamily?**

- 1 Yes
- 2 No (Go to ACC_R60)
DK, RF (Go to ACC_R60)

ACC_Q51 **In the past 12 months, did you ever experience any difficulties getting the routine or**
ACC_51 **on- going ^DT_Family needed?**

- 1 Yes
- 2 No (Go to ACC_R60)
DK, RF (Go to ACC_R60)

ACC_Q52 **Did you experience difficulties getting such care during "regular" office hours (that**
ACC_52 **is, 9:00 am to 5:00 pm, Monday to Friday)?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC_Q54)
- 3 Not required at this time (Go to ACC_Q54)
DK, RF (Go to ACC_Q54)

ACC_Q53 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| ACC_53A | 01 | Difficulty contacting a physician |
| ACC_53B | 02 | Difficulty getting an appointment |
| ACC_53C | 03 | Do not have personal / family physician |
| ACC_53D | 04 | Waited too long - to get an appointment |
| ACC_53E | 05 | Waited too long - to see the doctor (i.e. in-office waiting) |
| ACC_53F | 06 | Service not available - at time required |
| ACC_53G | 07 | Service not available - in the area |
| ACC_53H | 08 | Transportation - problems |
| ACC_53I | 09 | Language - problem |
| ACC_53J | 10 | Cost |
| ACC_53K | 11 | Did not know where to go (i.e. information problems) |
| ACC_53L | 12 | Unable to leave the house because of a health problem |
| ACC_53M | 13 | Other - Specify (Go to ACC_S53) DK, RF |

Go to ACC_Q54

ACC_S53 What type of difficulties did you experience?

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_Q54

ACC_54

Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC_R60)
- 3 Not required at this time (Go to ACC_R60)
DK, RF (Go to ACC_R60)

ACC_Q55

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

- ACC_55A 01 Difficulty contacting a physician
- ACC_55B 02 Difficulty getting an appointment
- ACC_55C 03 Do not have personal / family physician
- ACC_55D 04 Waited too long - to get an appointment
- ACC_55E 05 Waited too long - to see the doctor (i.e. in-office waiting)
- ACC_55F 06 Service not available - at time required
- ACC_55G 07 Service not available - in the area
- ACC_55H 08 Transportation - problems
- ACC_55I 09 Language - problem
- ACC_55J 10 Cost
- ACC_55K 11 Did not know where to go (i.e. information problems)
- ACC_55L 12 Unable to leave the house because of a health problem
- ACC_55M 13 Other - Specify (Go to ACC_S55)
DK, RF

Go to ACC_R60

ACC_S55

What type of difficulties did you experience?

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_R60 **The next questions are about situations when ^DT_Family have needed immediate care for a minor health problem such as fever, headache, a sprained ankle, vomiting or an unexplained rash.**

INTERVIEWER: Press <1> to continue.

ACC_Q60 **In the past 12 months, did ^DT_Family require immediate health care services for a**
ACC_60 **minor health problem?**

- 1 Yes
- 2 No (Go to ACC_END)
 DK, RF (Go to ACC_END)

ACC_Q61 **In the past 12 months, did you ever experience any difficulties getting the**
ACC_61 **immediate care needed for a minor health problem ^DT_YourFamily?**

- 1 Yes
- 2 No (Go to ACC_END)
 DK, RF (Go to ACC_END)

ACC_Q62 **Did you experience difficulties getting such care during “regular” office hours (that**
ACC_62 **is, 9:00 am to 5:00 pm, Monday to Friday)?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC_Q64)
- 3 Not required at this time (Go to ACC_Q64)
 DK, RF (Go to ACC_Q64)

FOR INFORMATION ONLY

ACC_Q63 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC_63A 01 Difficulty contacting a physician
- ACC_63B 02 Difficulty getting an appointment
- ACC_63C 03 Do not have personal / family physician
- ACC_63D 04 Waited too long - to get an appointment
- ACC_63E 05 Waited too long - to see the doctor (i.e. in-office waiting)
- ACC_63F 06 Service not available - at time required
- ACC_63G 07 Service not available - in the area
- ACC_63H 08 Transportation - problems
- ACC_63I 09 Language - problem
- ACC_63J 10 Cost
- ACC_63K 11 Did not know where to go (i.e. information problems)
- ACC_63L 12 Unable to leave the house because of a health problem
- ACC_63M 13 Other - Specify (Go to ACC_S63)
DK, RF

Go to ACC_Q64

ACC_S63 **What type of difficulties did you experience?**

INTERVIEWER: Specify.

(80 spaces)
DK, RF

ACC_Q64 **Did you experience difficulties getting such care during evenings and weekends**
ACC_64 **(that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC_Q66)
- 3 Not required at this time (Go to ACC_Q66)
DK, RF (Go to ACC_Q66)

ACC_Q65 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC_65A 01 Difficulty contacting a physician
- ACC_65B 02 Difficulty getting an appointment
- ACC_65C 03 Do not have personal / family physician
- ACC_65D 04 Waited too long - to get an appointment
- ACC_65E 05 Waited too long - to see the doctor (i.e. in-office waiting)
- ACC_65F 06 Service not available - at time required
- ACC_65G 07 Service not available - in the area
- ACC_65H 08 Transportation - problems
- ACC_65I 09 Language - problem
- ACC_65J 10 Cost
- ACC_65K 11 Did not know where to go (i.e. information problems)
- ACC_65L 12 Unable to leave the house because of a health problem
- ACC_65M 13 Other - Specify (Go to ACC_S65)
DK, RF

Go to ACC_Q66

ACC_S65 **What type of difficulties did you experience?**

INTERVIEWER: Specify.

(80 spaces)
DK, RF

ACC_Q66 **Did you experience difficulties getting such care during the middle of the night?**

ACC_66

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC_END)
- 3 Not required at this time (Go to ACC_END)
DK, RF (Go to ACC_END)

ACC_Q67 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC_67A 01 Difficulty contacting a physician
- ACC_67B 02 Difficulty getting an appointment
- ACC_67C 03 Do not have personal / family physician
- ACC_67D 04 Waited too long - to get an appointment
- ACC_67E 05 Waited too long - to see the doctor (i.e. in-office waiting)
- ACC_67F 06 Service not available - at time required
- ACC_67G 07 Service not available - in the area
- ACC_67H 08 Transportation - problems
- ACC_67I 09 Language - problem
- ACC_67J 10 Cost
- ACC_67K 11 Did not know where to go (i.e. information problems)
- ACC_67L 12 Unable to leave the house because of a health problem
- ACC_67M 13 Other - Specify (Go to ACC_S67)
DK, RF

Go to ACC_END

ACC_S67 **What type of difficulties did you experience?**

INTERVIEWER: Specify.

(80 spaces)
DK, RF

ACC_END

FOR INFORMATION ONLY

Waiting times (WTM)

| | |
|-------------------|---|
| WTM_BEG | Theme content. Only asked of a sub-sample. Optional (Not selected) |
| WTM_C01 | If (do WTM block = 1), go to WTM_C02. Otherwise, go to WTM_END. |
| WTM_C02 | If proxy interview or if age < 15, go to WTM_END. Otherwise, go to WTM_C03. |
| WTM_C03 | If ACC_Q10 = 2 (did not require a visit to a specialist) and ACC_Q20 = 2 (did not require non emergency surgery) and ACC_Q30 = 2 (did not require tests) or (ACC_Q10 = (DK, RF, BLANK) and ACC_Q20 = (DK, RF, BLANK) and ACC_Q30 = (DK, RF, BLANK)) or ((ACCS_Q10 = 2 and ACCS_Q20 = 2 and ACCS_Q30 = 2) or (ACCS_Q10 = (DK, RF, BLANK) and ACCS_Q20 = (DK, RF, BLANK) and ACCS_Q30 = (DK, RF, BLANK))), go to WTM_END. Otherwise, go to WTM_R1. |
| WTM_R1 | Now some additional questions about your experiences waiting for health care services. <u>INTERVIEWER:</u> Press <Enter> to continue. |
| WTM_C04 | If ACC_Q10 = (2, DK, RF, BLANK) or ACCS_Q10 = (2, DK, RF, BLANK), go to WTM_C16. Otherwise, go to WTM_Q01. |
| WTM_Q01 WTM_Q1 | You mentioned that you required a visit to a medical specialist such as a cardiologist, allergist, gynaecologist or psychiatrist. In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation for a new illness or condition? 1 Yes 2 No (Go to WTM_C16) DK, RF (Go to WTM_C16) |
| WTM_D02 | If sex = female, ^DT_GYNAECO = "Gynaecological problems". Otherwise, ^DT_GYNAECO = "null". |

WTM_Q02 **For what type of condition?**

WTM_02

If you have had more than one such visit, please answer for the most recent visit.

INTERVIEWER: Read categories to respondent.

- 1 **Heart condition or stroke**
- 2 **Cancer**
- 3 **Asthma or other breathing conditions**
- 4 **Arthritis**
- 5 **Cataract or other eye conditions**
- 6 **Mental health disorder**
- 7 **Skin conditions**
- 8 **^DT_GYNAECO**
- 9 Other - Specify (Go to WTM_S02)
DK, RF

Go to WTM_Q03

WTM_E02 A blank answer has been selected. Please return and correct.

Note: Trigger hard edit if WTM_Q02 = 8 and sex = male.

WTM_S02 INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q03 **Were you referred by:**

WTM_03

INTERVIEWER: Read categories to respondent.

- 1 **... a family doctor?**
- 2 **... another specialist?**
- 3 **... another health care provider?**
- 4 **Did not require a referral**
DK, RF

WTM_Q04 **Have you already visited the medical specialist?**

WTM_04

- 1 Yes
- 2 No (Go to WTM_Q08A)
DK, RF (Go to WTM_Q08A)

WTM_Q05 **Thinking about this visit, did you experience any difficulties seeing the specialist?**

WTM_Q05

- 1 Yes
 2 No (Go to WTM_D07A)
 DK, RF (Go to WTM_D07A)

WTM_Q06 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply. Question ACC_Q12 previously asked about any difficulties getting specialist care. This question (WTM_Q06) deals with difficulties experienced for the most recent visit for a new illness or condition.

- WTM_06A 01 Difficulty getting a referral
 WTM_06B 02 Difficulty getting an appointment
 WTM_06C 03 No specialists in the area
 WTM_06D 04 Waited too long - between booking appointment and visit
 WTM_06E 05 Waited too long - to see the doctor (i.e. in-office waiting)
 WTM_06F 06 Transportation - problems
 WTM_06G 07 Language - problem
 WTM_06H 08 Cost
 WTM_06I 09 Personal or family responsibilities
 WTM_06J 10 General deterioration of health
 WTM_06K 11 Appointment cancelled or deferred by specialist
 WTM_06L 12 Unable to leave the house because of a health problem
 WTM_06M 13 Other - Specify (Go to WTM_S06)
 DK, RF

Go to WTM_D07A

WTM_S06 INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_D07A If WTM_Q03 = 1 or 2, ^DT_APPOINTMENT = "you and your doctor decided that you should see a specialist".
 If WTM_Q03 = 3, ^DT_APPOINTMENT = "you and your health care provider decided that you should see a specialist".
 Otherwise, ^DT_APPOINTMENT = "the appointment was initially scheduled".

WTM_Q07A **How long did you have to wait between when ^DT_APPOINTMENT and when you actually visited the specialist?**

WTM_Q07A

INTERVIEWER: Probe to get the most precise answer possible.

|||||

(MIN: 1) (MAX: 365)

DK, RF (Go to WTM_D10)

WTM_N07B INTERVIEWER: Enter unit of time.

WTM_07B

- 1 Days
- 2 Weeks
- 3 Months

(DK, RF are not allowed)

Go to WTM_D10

WTM_E07B An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q07A > 31 and WTM_N07B = 1) or (WTM_Q07A > 12 and WTM_N07B = 2) or (WTM_Q07A > 18 and WTM_N07B=3).

WTM_Q08A **How long have you been waiting since ^DT_APPOINTMENT?**

WTM_08A

INTERVIEWER: Probe to get the most precise answer possible.

|||

(MIN: 1) (MAX: 365)

DK, RF (Go to WTM_D10)

WTM_N08B INTERVIEWER: Enter unit of time.

WTM_08B

- 1 Days
- 2 Weeks
- 3 Months

(DK, RF are not allowed)

WTM_E08B An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q08A > 31 and WTM_N08B = 1) or (WTM_Q08A > 12 and WTM_N08B = 2), or (WTM_Q08A > 18 and WTM_N08B = 3).

WTM_D10 If WTM_Q04 = 1, ^DT_WAITTIME1 = "was the waiting time".
Otherwise, ^DT_WAITTIME1 = "has the waiting time been".

WTM_Q10 **In your view, ^DT_WAITTIME1:**

WTM_10

INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".

- 1 **...acceptable?** (Go to WTM_Q12)
- 2 **...not acceptable?**
- 3 **No view**
DK, RF

WTM_Q11A **In this particular case, what do you think is an acceptable waiting time?**

WTM_11A

|||

(MIN: 1) (MAX: 365)

DK, RF (Go to WTM_Q12)

WTM_N11B **INTERVIEWER:** Enter unit of time.

WTM_11B

- 1 Days
- 2 Weeks
- 3 Months

(DK, RF are not allowed)

WTM_E11B An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q11A > 31 and WTM_N11B = 1) or (WTM_Q11A > 12 and WTM_N11B = 2) or (WTM_Q11A > 18 and WTM_N11B=3).

WTM_Q12 **Was your visit cancelled or postponed at any time?**

WTM_12

- 1 Yes
- 2 No (Go to WTM_Q14)
- DK, RF (Go to WTM_Q14)

WTM_Q13 **Was it cancelled or postponed by:**

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

WTM_13A 1 **...yourself?**

WTM_13B 2 **...the specialist?**

WTM_13C 3 Other - Specify (Go to WTM_S13)

DK, RF

Go to WTM_Q14

WTM_S13 **INTERVIEWER:** Specify.

(80 spaces)

DK, RF

WTM_Q14 **Do you think that your health, or other aspects of your life, have been affected in any way because you had to wait for this visit?**

WTM_14

- 1 Yes
- 2 No (Go to WTM_C16)
- DK, RF (Go to WTM_C16)

WTM_Q15 **How was your life affected as a result of waiting for this visit?**

INTERVIEWER: Mark all that apply.

| | | |
|---------|----|--|
| WTM_15A | 01 | Worry, anxiety, stress |
| WTM_15B | 02 | Worry or stress for family or friends |
| WTM_15C | 03 | Pain |
| WTM_15D | 04 | Problems with activities of daily living (e.g., dressing, driving) |
| WTM_15E | 05 | Loss of work |
| WTM_15F | 06 | Loss of income |
| WTM_15G | 07 | Increased dependence on relatives/friends |
| WTM_15H | 08 | Increased use of over-the-counter drugs |
| WTM_15I | 09 | Overall health deteriorated, condition got worse |
| WTM_15J | 10 | Health problem improved |
| WTM_15K | 11 | Personal relationships suffered |
| WTM_15L | 12 | Other - Specify (Go to WTM_S15) DK, RF |

Go to WTM_C16

WTM_S15 INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_C16 If ACC_Q20 = (2, DK, RF, BLANK) or ACCS_Q20 = (2, DK, RF, BLANK), go to WTM_C30.
Otherwise, go to WTM_D16.

WTM_D16 If sex = female, ^DT_HYSTERECTOMY = "Hysterectomy (Removal of uterus)".
Otherwise, ^DT_HYSTERECTOMY = "null".

WTM_Q16 You mentioned that in the past 12 months you required non emergency surgery.

WTM_16

What type of surgery did you require? If you have had more than one in the past 12 months, please answer for the most recent surgery.

INTERVIEWER: Read categories to respondent.

- 1 **Cardiac surgery**
- 2 **Cancer related surgery**
- 3 **Hip or knee replacement surgery**
- 4 **Cataract or other eye surgery**
- 5 **^DT_HYSTERECTOMY**
- 6 **Removal of gall bladder**
- 7 Other - Specify (Go to WTM_S16)
DK, RF

Go to WTM_Q17

WTM_E16 A blank answer has been selected. Please return and correct.

Note: Trigger hard edit if WTM_Q16 = 5 and sex = male.

WTM_S16 INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q17 **Did you already have this surgery?**

WTM_17

- 1 Yes
- 2 No (Go to WTM_Q22)
DK, RF (Go to WTM_Q22)

WTM_Q18 **Did the surgery require an overnight hospital stay?**

WTM_18

- 1 Yes
- 2 No
DK, RF

WTM_Q19 **Did you experience any difficulties getting this surgery?**

WTM_19

- 1 Yes
- 2 No (Go to WTM_Q21A)
DK, RF (Go to WTM_Q21A)

WTM_Q20 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply. ACC_Q22 asked previously about any difficulties experienced getting the surgery you needed. This question (WTM_Q20) refers to difficulties experienced for the most recent non emergency surgery.

- | | | |
|---------|----|--|
| WTM_20A | 01 | Difficulty getting an appointment with a surgeon |
| WTM_20B | 02 | Difficulty getting a diagnosis |
| WTM_20C | 03 | Waited too long - for a diagnostic test |
| WTM_20D | 04 | Waited too long - for a hospital bed to become available |
| WTM_20E | 05 | Waited too long - for surgery |
| WTM_20F | 06 | Service not available - in the area |
| WTM_20G | 07 | Transportation - problems |
| WTM_20H | 08 | Language - problem |
| WTM_20I | 09 | Cost |
| WTM_20J | 10 | Personal or family responsibilities |
| WTM_20K | 11 | General deterioration of health |
| WTM_20L | 12 | Appointment cancelled or deferred by surgeon or hospital |
| WTM_20M | 13 | Unable to leave the house because of a health problem |
| WTM_20N | 14 | Other - Specify (Go to WTM_S20) DK, RF |

Go to WTM_Q21A

WTM_S20 INTERVIEWER: Specify.

(80 spaces)
DK, RF

WTM_Q21A **How long did you have to wait between when you and the surgeon decided to go ahead with surgery and the day of surgery?**

WTM_21A

INTERVIEWER: Probe to get the most precise answer possible.

||| |
(MIN: 1) (MAX: 365)
DK, RF (Go to WTM_D24)

WTM_N21B INTERVIEWER: Enter unit of time.

WTM_21B

- 1 Days
- 2 Weeks
- 3 Months

(DK, RF are not allowed)

Go to WTM_D24

WTM_E21B An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q21A > 31 and WTM_N21B = 1) or (WTM_Q21A > 12 and WTM_N21B = 2) or (WTM_Q21A > 18 and WTM_N21B=3).

WTM_Q22 **Will the surgery require an overnight hospital stay?**

WTM_22

- 1 Yes
- 2 No
- DK, RF

WTM_Q23A **How long have you been waiting since you and the surgeon decided to go ahead with the surgery?**

WTM_23A

INTERVIEWER: Probe to get the most precise answer possible.

|||

(MIN: 1) (MAX: 365)

DK, RF (Go to WTM_D24)

WTM_N23B INTERVIEWER: Enter unit of time.

WTM_23B

- 1 Days
- 2 Weeks
- 3 Months

(DK, RF are not allowed)

WTM_E23B An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q23A > 31 and WTM_N23B = 1) or (WTM_Q23A > 12 and WTM_N23B = 2) or (WTM_Q23A > 18 and WTM_N23B = 3).

WTM_D24 If WTM_Q17 = 1, ^DT_WAITTIME2 = "was the waiting time".

Otherwise, ^DT_WAITTIME2 = "has the waiting time been".

WTM_Q24 **In your view, ^DT_WAITTIME2:**

WTM_24

INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".

- 1 **...acceptable?** (Go to WTM_Q26)
- 2 **...not acceptable?**
- 3 **No view**
- DK, RF

WTM_Q25A **In this particular case, what do you think is an acceptable waiting time?**

WTM_25A

|||

(MIN: 1) (MAX: 365)

DK, RF (Go to WTM_Q26)

WTM_N25B **INTERVIEWER:** Enter unit of time.

WTM_25B

- 1 Days
- 2 Weeks
- 3 Months

(DK, RF are not allowed)

WTM_E25B An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q25A > 31 and WTM_N25B = 1) or (WTM_Q25A > 12 and WTM_N25B = 2) or (WTM_Q25A > 18 and WTM_N25B=3).

WTM_Q26 **Was your surgery cancelled or postponed at any time?**

WTM_26

- 1 Yes
- 2 No (Go to WTM_Q28)
- DK, RF (Go to WTM_Q28)

WTM_Q27 **Was it cancelled or postponed by:**

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

WTM_27A 1 **...yourself?**

WTM_27B 2 **...the surgeon;**

WTM_27C 3 **...the hospital?**

WTM_27D 4 Other - Specify (Go to WTM_S27)

DK, RF

Go to WTM_Q28

WTM_S27 **INTERVIEWER:** Specify.

(80 spaces)

DK, RF

WTM_Q28 **Do you think that your health, or other aspects of your life, have been affected in any way due to waiting for this surgery?**

WTM_28

- 1 Yes
- 2 No (Go to WTM_C30)
- DK, RF (Go to WTM_C30)

WTM_Q29 **How was your life affected as a result of waiting for surgery?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| WTM_29A | 01 | Worry, anxiety, stress |
| WTM_29B | 02 | Worry or stress for family or friends |
| WTM_29C | 03 | Pain |
| WTM_29D | 04 | Problems with activities of daily living (e.g., dressing, driving) |
| WTM_29E | 05 | Loss of work |
| WTM_29F | 06 | Loss of income |
| WTM_29G | 07 | Increased dependence on relatives/friends |
| WTM_29H | 08 | Increased use of over-the-counter drugs |
| WTM_29I | 09 | Overall health deteriorated, condition got worse |
| WTM_29J | 10 | Health problem improved |
| WTM_29K | 11 | Personal relationships suffered |
| WTM_29L | 12 | Other - Specify (Go to WTM_S29) DK, RF |

Go to WTM_C30

WTM_S29 INTERVIEWER: Specify.

(80 spaces)
DK, RF

WTM_C30 If ACC_Q30 = (2, DK, RF, BLANK) or ACCS_Q30 = (2, DK, RF, BLANK), go to WTM_END.
Otherwise, go to WTM_Q30.

WTM_Q30 **Now for MRIs, CAT Scans and angiographies provided in a non emergency**
WTM_30 **situation.**

You mentioned that in the past 12 months you required one of these tests.

What type of test did you require?

If you have had more than one in the past 12 months, please answer for the most recent test.

INTERVIEWER: Read categories to respondent.

- 1 **MRI (Magnetic Resonance Imaging)**
 - 2 **CAT Scan (Computed Axial Tomography)**
 - 3 **Angiography (Cardiac Test)**
- DK, RF

WTM_Q31 **For what type of condition?**

WTM_31

INTERVIEWER: Read categories to respondent.

- 1 **Heart disease or stroke**
- 2 **Cancer**
- 3 **Joints or fractures**
- 4 **Neurological or brain disorders (e.g., for MS, migraine or headaches)**
- 5 Other - Specify (Go to WTM_S31)
DK, RF

Go to WTM_Q32

WTM_S31 INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q32 **Did you already have this test?**

WTM_32

- 1 Yes
- 2 No (Go to WTM_Q39A)
DK, RF (Go to WTM_C39A)

WTM_Q33 **Where was the test done?**

WTM_33

INTERVIEWER: Read categories to respondent.

- 1 **Hospital** (Go to WTM_Q35)
- 2 **Public clinic** (Go to WTM_Q35)
- 3 **Private clinic** (Go to WTM_Q34)
- 4 Other - Specify (Go to WTM_S33)
DK, RF (Go to WTM_Q36)

WTM_S33 INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to WTM_Q35

WTM_Q34

Was the clinic located:

WTM_34

INTERVIEWER: Read categories to respondent.

- 1 ...in your province?
- 2 ...in another province?
- 3 Other - Specify (Go to WTM_S34)
DK, RF

Go to WTM_Q35

WTM_S34

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q35

Were you a patient in a hospital at the time of the test?

WTM_35

- 1 Yes
- 2 No
DK, RF

WTM_Q36

Did you experience any difficulties getting this test?

WTM_36

- 1 Yes
- 2 No (Go to WTM_Q38A)
DK, RF (Go to WTM_Q38A)

FOR INFORMATION ONLY

WTM_Q37 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply. ACC_Q32 asked previously about any difficulties experienced getting the tests you needed. This question (WTM_Q37) refers to difficulties experienced for the most recent diagnostic test.

- WTM_37A 01 Difficulty getting a referral
- WTM_37B 02 Difficulty getting an appointment
- WTM_37C 03 Waited too long - to get an appointment
- WTM_37D 04 Waited too long - to get test (i.e. in-office waiting)
- WTM_37E 05 Service not available - at time required
- WTM_37F 06 Service not available - in the area
- WTM_37G 07 Transportation - problems
- WTM_37H 08 Language - problem
- WTM_37I 09 Cost
- WTM_37J 10 General deterioration of health
- WTM_37K 11 Did not know where to go (i.e. information problems)
- WTM_37L 12 Unable to leave the house because of a health problem
- WTM_37M 13 Other - Specify (Go to WTM_S37)
DK, RF

Go to WTM_Q38A

WTM_S37 **INTERVIEWER:** Specify.

(80 spaces)
DK, RF

WTM_Q38A **How long did you have to wait between when you and your doctor decided to go ahead with the test and the day of the test?**

WTM_38A

INTERVIEWER: Probe to get the most precise answer possible.

[[[]]
(MIN: 1) (MAX: 365)
DK, RF (Go to WTM_D40)

WTM_N38B **INTERVIEWER:** Enter unit of time.

WTM_38B

- 1 Days
- 2 Weeks
- 3 Months

(DK, RF are not allowed)
Go to WTM_D40

WTM_E38B An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q38A > 31 and WTM_N38B = 1) or (WTM_Q38A > 12 and WTM_N38B = 2) or (WTM_Q38A > 18 and WTM_N38B=3).

WTM_Q39A **How long have you been waiting for the test since you and your doctor decided to go ahead with the test?**
WTM_39A

INTERVIEWER: Probe to get the most precise answer possible.

|||

(MIN: 1) (MAX: 365)

DK, RF (Go to WTM_D40)

WTM_N39B INTERVIEWER: Enter unit of time.
WTM_39B

- 1 Days
- 2 Weeks
- 3 Months

(DK, RF are not allowed)

WTM_E39B An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q39A > 31 and WTM_N39B = 1) or (WTM_Q39A > 12 and WTM_N39B = 2) or (WTM_Q39A > 18 and WTM_N39B= 3).

WTM_D40 If WTM_Q32 = 1, ^DT_WAITTIME3 = "was the waiting time".
Otherwise, ^DT_WAITTIME3 = "has the waiting time been".

WTM_Q40 **In your view, ^DT_WAITTIME3:**
WTM_40

INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".

1 ...acceptable? (Go to WTM_Q42)

2 ...not acceptable?

3 **No view**

DK, RF

WTM_Q41A **In this particular case, what do you think is an acceptable waiting time?**
WTM_41A

|||

(MIN: 1) (MAX: 365)

DK, RF (Go to WTM_Q42)

WTM_N41B **INTERVIEWER:** Enter unit of time.

WTM_41B

- 1 Days
- 2 Weeks
- 3 Months

(DK, RF are not allowed)

WTM_E41B An unusual number has been entered. Please confirm.

Note: Trigger soft edit if (WTM_Q41A > 31 and WTM_N41B = 1) or (WTM_Q41A > 12 and WTM_N41B = 2) or (WTM_Q41A > 18 and WTM_N41B=3).

WTM_Q42 **Was your test cancelled or postponed at any time?**

WTM_42

- 1 Yes
- 2 No (Go to WTM_Q44)
- DK, RF (Go to WTM_Q44)

WTM_Q43 **Was it cancelled or postponed by:**

WTM_43

INTERVIEWER: Read categories to respondent.

- 1 ...yourself?
- 2 ...the specialist?
- 3 ...the hospital?
- 4 ...the clinic?
- 5 Other - Specify (Go to WTM_S43)
- DK, RF

Go to WTM_Q44

WTM_S43 **INTERVIEWER:** Specify.

(80 spaces)

DK, RF

WTM_Q44 **Do you think that your health, or other aspects of your life, have been affected in any way due to waiting for this test?**

WTM_44

- 1 Yes
- 2 No (Go to WTM_END)
- DK, RF (Go to WTM_END)

WTM_Q45 **How was your life affected as a result of waiting for this test?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|--|
| WTM_Q45A | 01 | Worry, anxiety, stress |
| WTM_Q45B | 02 | Worry or stress for family or friends |
| WTM_Q45C | 03 | Pain |
| WTM_Q45D | 04 | Problems with activities of daily living (e.g., dressing, driving) |
| WTM_Q45E | 05 | Loss of work |
| WTM_Q45F | 06 | Loss of income |
| WTM_Q45G | 07 | Increased dependence on relatives/friends |
| WTM_Q45H | 08 | Increased use of over-the-counter drugs |
| WTM_Q45I | 09 | Overall health deteriorated, condition got worse |
| WTM_Q45J | 10 | Health problem improved |
| WTM_Q45K | 11 | Personal relationships suffered |
| WTM_Q45L | 12 | Other - Specify (Go to WTM_S45) DK, RF |

Go to WTM_END

WTM_S45 INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_END

FOR INFORMATION ONLY

Labour force (LBS)

| | |
|------------------|---|
| LF2_BEG | Core content |
| LF2_C1A | If (do LF2 block = 1), go to LF2_C1B. Otherwise, go to LF2_END. |
| LF2_C1B | If age < 15 or age > 75, go to LF2_END. Otherwise, go to LF2_R1. |
| LF2_R1 | The next questions concern ^YOUR2 activities in the last 7 days. By the last 7 days, I mean beginning [date one week ago], and ending [date yesterday]. <u>INTERVIEWER:</u> Press <Enter> to continue. |
| LF2_Q1 LBS_01 | Last week, did ^YOU2 work at a job or a business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked. 1 Yes 2 No 3 Permanently unable to work (Go to LF2_END) DK, RF (Go to LF2_END) |
| LF2_E1 | A response inconsistent with a response to a previous question has been entered. Please confirm. |
| Note: | Trigger sort edit if GEN_Q08 = 2 (did not work at any time in past 12 months) and LF2_Q1 = 1. |
| LF2_C2 | If LF2_Q1 = 1, go to LF2_Q3. Otherwise, go to LF2_Q2. |
| LF2_Q2 LBS_02 | Last week, did ^YOU2 have a job or business from which ^YOU1 ^WERE absent? 1 Yes 2 No (Go to LF2_Q4) DK, RF (Go to LF2_END) |

LF2_Q3 Did ^YOU1 have more than one job or business last week?

LBS_03

- 1 Yes
- 2 No
- DK, RF

Go to LF2_D5

LF2_Q4 In the past 4 weeks, did ^YOU2 do anything to find work?

LBS_11

- 1 Yes
- 2 No
- DK, RF

Go to LF2_END

LF2_D5 (not applicable)

LF2_R5 The next questions are about ^YOUR1 current job or business.

INTERVIEWER: If person currently holds more than one job, report on the job for which the number of hours worked per week is the greatest.

Press <Enter> to continue.

LF2_Q31 ^ARE_C ^YOU1 an employee or self-employed?

LBS_31

- 1 Employee (Go to LF2_Q33)
- 2 Self-employed
- 3 Working in a family business without pay (Go to LF2_Q33)
- DK, RF (Go to LF2_Q33)

LF2_Q32 What is the name of ^YOUR1 business?

LF2_32

(50 spaces)

DK, RF

Go to LF2_Q34

LF2_Q33 For whom ^DOVERB ^YOU1 currently work? (For example: name of business, government department or agency, or person)

LF2_33

(50 spaces)

DK, RF

LF2_Q34 **What kind of business, industry or service is this? (For example: cardboard box**
 LF2_34 **manufacturing, road maintenance, retail shoe store, secondary school, dairy farm,**
municipal government)

 (50 spaces)

DK, RF

LF2_Q35 **What kind of work ^ARE ^YOU1 doing? (For example: babysitting in own home,**
 LF2_35 **factory worker, forestry technician)**

 (50 spaces)

DK, RF

Note: Use trigram search, source file is PrepSOC.tdf

LF2_D35 SIC_CODE (4 bytes)

Note: Store SOC Code associated with LF2_Q35

LF2_C35 If LF2_D35 = 1 or LF2_D35 = 2 (OtherSpec), go to LF2_S35.
 Otherwise, go to LF2_Q36.

LF2_S35 INTERVIEWER: Specifv.

 (50 spaces)

DK, RF

LF2_Q36 **What are ^YOUR1 most important activities or duties? (For example: caring for**
 LF2_36 **children, stamp press machine operator, forest examiner)**

 (50 spaces)

DK, RF

LF2_Q5 **About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 job or**
 LBS_42 **business? If ^YOU2 usually work^S extra hours, paid or unpaid, please include**
these hours.

[_][_] Hours

(MIN: 1) (MAX: 168; warning after 84)

DK, RF

LF2_C7 If LF2_Q3 = 1, go to LF2_Q7.
 Otherwise, go to LF2_END.

LF2_Q7 **You indicated that ^YOU2 ^HAVE more than one job.**

LBS_53

About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 other job(s)? If ^YOU2 usually work^S extra hours, paid or unpaid, please include these hours.

INTERVIEWER: Minimum is 1; maximum is [168 - LF2_Q5].

|_|_| Hours

(MIN: 1) (MAX: 168 - LF2_Q5; warning after 30)

DK, RF

Note: If LF2_Q5 = 168, then maximum = 1.
 If LF2_Q5 = DK or RF, then maximum = 168.

LF2_END

FOR INFORMATION ONLY

Loss of Productivity (LOP)

LOP_BEG Theme content

External variables required:

PROXMODE: proxy identifier, from the GR block.

DOLOP: do block flag, from the sample file.

GEN_Q08: worked at a job or business in the past 12 month

Age of respondent

LOP_C010 If (do LOP = 1), go to LOP_C011.
Otherwise, go to LOP__END.

LOP_C011 If proxy interview, go to LOP_END.
Otherwise, go to LOP_C011A.

LOP_C011A If age < 15 or age > 75, go to LOP_END.
Otherwise, go to LOP_C012.

LOP_C012 If GEN_Q08 = 2 (did not work in the past 12 months), go to LOP_Q020.
Otherwise, go to LOP_Q015.

LOP_Q015 **Did you work at a job or a business at any time in the past three months?**

LOP_015

INTERVIEWER: Include only paid job or business.

1 Yes (Go to LOP_R030)

2 No

LK, RF (Go to LOP_END)

LOP_Q020 **What is the main reason that you have not worked at a job or business in the past**
 LOP_020 **three months?**

INTERVIEWER: If respondent wants to report more than one reason, ask for the main one.

- 01 Chronic physical or mental health condition diagnosed by a health professional
- 02 Own injury such as broken bone, bad cut, burn or sprain
- 03 Own infectious disease such as a cold, flu or stomach flu
- 04 Other reason related to physical or mental health
- 05 Caring for own children
- 06 Caring for elderly relative(s)
- 07 Maternity, paternity or parental leave
- 08 Education, training or school
- 09 Temporary lay-off
- 10 Strike or lockout
- 11 Retired
- 12 Other
DK, RF

LOP_C020 If LOP_Q020 = 01, go to LOP_Q050.
Otherwise, go to LOP_END.

LOP_R030 **The next questions are about absence from work because of your OWN health. Please include consultations with health professionals, but exclude absences because of the health of another person.**

INTERVIEWER: Press <1> to continue.

LOP_Q030 **In the past three months, that is from [date three months ago] to yesterday, have**
 LOP_030 **you missed any days at work because of a chronic health condition?**

By chronic condition, we mean a long-term physical or mental condition that is expected to last or have already lasted 6 months or more and that has been diagnosed by a health professional.

- 1 Yes
- 2 No (Go to LOP_Q060)
- DK, RF (Go to LOP_Q060)

LOP_Q040

How many days of work have you missed because of a chronic condition?

LOP_040

INTERVIEWER: Don't enter days for which time has been made up. Enter 1 day if respondent reports less than one day.

|_|

(MIN: 1) (MAX: 90)

DK, RF

LOP_Q050

Which chronic condition is this?

LOP_050

INTERVIEWER: If the respondent wants to report more than one condition, probe for the main reason or the one that has required the highest number of days of absence.

- 01 Arthritis (such as rheumatoid arthritis, osteoarthritis, lupus or gout)
 - 02 Osteoporosis
 - 03 Cardiovascular disease (including stroke and hypertension)
 - 04 Kidney disease
 - 05 Asthma
 - 06 Chronic bronchitis, emphysema or chronic obstructive pulmonary disease (COPD)
 - 07 Diabetes
 - 08 Migraine
 - 09 Back problems
 - 10 Cancer
 - 11 Mental illnesses (such as depression bipolar disorder, mania or schizophrenia)
 - 12 Neurological diseases (such as alzheimer, dementia, parkinson's disease, multiple sclerosis, spina bifida)
 - 13 Digestive diseases (such as celiac disease, irritable bowel syndrome, stomach ulcers)
 - 14 Fibromyalgia, chronic fatigue syndrome or multiple chemical sensitivities
 - 15 Other - Specify (Go to LOP_S050)
- DK, RF

Go to LOP_C060

LOP_S050

INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to LOP_C060

LOP_C060

If LOP_Q020 = 1, go to LOP_END.
Otherwise, go to LOP_Q060.

LOP_Q060 **In the past three months, have you missed any days at work because of an injury**
 LOP_060 **such as a broken bone, a bad cut, a burn or a sprain?**

- 1 Yes
- 2 No (Go to LOP_Q080)
DK, RF (Go to LOP_Q080)

LOP_Q070 **How many days of work have you missed (because of an injury)?**
 LOP_070

INTERVIEWER: Don't enter days for which time has been made up. Enter 1 day if respondent reports less than one day.

|||
 (MIN: 1) (MAX: 90)
 DK, RF

LOP_Q080 **In the past three months, have you missed any days at work because of an**
 LOP_080 **infectious disease such as a cold, a stomach flu or a respiratory infection?**

- 1 Yes
- 2 No (Go to LOP_Q090)
DK, RF (Go to LOP_Q090)

LOP_Q081 **Which infectious disease was this?**
 LOP_081

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

- | | | |
|---------|---|------------------------------|
| LOP_81A | 1 | Cold |
| LOP_81B | 2 | Flu or influenza |
| LOP_81C | 3 | Stomach flu |
| LOP_81D | 4 | Respiratory infection |
| LOP_81E | 5 | Other |
- DK, RF (Go to LOP_Q090)

Go to LOP_C082

LOP_C082 If LOP_Q081 = 1, go to LOP_Q082.
 Otherwise, go to LOP_C083.

LOP_Q082 **How many days of work have you missed because of a cold?**
 LOP_082

INTERVIEWER: Symptoms of a cold include a runny nose, congestion and a cough.
 Don't enter days for which time has been made up.

|||
 (MIN: 1) (MAX: 90)
 DK, RF

LOP_C083 If LOP_Q081=2, go to LOP_Q083.
Otherwise, go to LOP_C084.

LOP_Q083 **How many days of work have you missed because of a flu or influenza?**

LOP_083

INTERVIEWER: Symptoms of influenza include fever, headache and body aches. Don't enter days for which time has been made up.

|||

(MIN: 1) (MAX: 90)

DK, RF

LOP_C084 If LOP_Q081=3, go to LOP_Q084.
Otherwise, go to LOP_C085.

LOP_Q084 **How many days of work have you missed because of a stomach flu?**

LOP_084

INTERVIEWER: Symptoms of stomach flu include nausea, vomiting, stomach cramps and diarrhea. Don't enter days for which time has been made up.

|||

(MIN: 1) (MAX: 90)

DK, RF

LOP_C085 If LOP_Q081=4, go to LOP_Q085.
Otherwise, go to LOP_C086.

LOP_Q085 **How many days of work have you missed because of another respiratory infection such as pneumonia or bronchitis?**

LOP_085

INTERVIEWER: Don't enter days for which time has been made up.

|||

(MIN: 1) (MAX: 90)

DK, RF

LOP_C086 If LOP_Q081=5, go to LOP_Q086.
Otherwise, go to LOP_Q090.

LOP_Q086 **How many days of work have you missed because of any other infectious disease?**
LOP_086

INTERVIEWER: Don't enter days for which time has been made up.

|||

(MIN: 1) (MAX: 90)

DK, RF

LOP_Q090 **In the past three months, have you been absent from work because of any other reason related to your physical or mental health?**
LOP_090

- 1 Yes (Go to LOP_Q100)
- 2 No (Go to LOP_END)
- DK, RF (Go to LOP_END)

LOP_Q100 **How many days of work have you missed because of another reason related to your own physical or mental health?**
LOP_100

INTERVIEWER: Don't enter days for which time has been made up. Enter 1 day if respondent reports less than one day.

|||

(MIN: 1) (MAX: 90)

DK, RF

LOP_END

FOR INFORMATION ONLY

Socio-demographic characteristics (SDC)

| | |
|----------|---|
| SDC_BEG | Core content |
| SDC_C1 | If (do SDC block = 1), go to SDC_R1. Otherwise, go to SDC_END. |
| SDC_D1 | Create fields DV_CNTRYTEXT (String 80) = SDC_Q1 and DV_CNTRYCODE (0..9990) = SDC_Q1 |
| SDC_R1 | Now some general background questions which will help us compare the health of people in Canada. <u>INTERVIEWER:</u> Press <1> to continue. |
| SDC_Q1 | In what country ^WERE ^YOU2 born? |
| SDC_1 | <u>INTERVIEWER:</u> Ask the respondent to specify country of birth according to current boundaries. Start typing the name of the country of birth to activate function. Enter (CAN) to select Canada. |
| Note: | Call Trigram Search. Null is not allowed. Don't know and Refusal are allowed. The Search File to be used corresponds to the Excel file "Country_Pays_Look_up_List_Concordance_3_digit_CCHS_all_alphabetical_order.xlsx". The DV_CNTRYCODE and the DV_CNTRYTEXT are the two fields that should be displayed on the pop up screen when the Search File is called. However, the corresponding DV_CNTRYCODE also needs to be saved and used as the key to indicate exactly which unique entry in the Search File was selected (i.e., it is the code that differentiates between the English, French and other spelling variations of country names). |
| SDC_C02A | If DV_CNTRYCODE = 124 (Canada) or DK or R, go to SDC_D4. Otherwise, go to SDC_C02B. |
| SDC_C02B | If DV_CNTRYCODE = 1 (Other-Specify), go to SDC_S1. Otherwise, go to SDC_Q2. |

SDC_S1 In what country ^WERE ^YOU1 born?

INTERVIEWER: Specify.

(80 spaces)

DK, RF

SDC_Q2 **^WERE_C ^YOU1 born a Canadian citizen?**

SDC_2

1 Yes (Go to SDC_D4)

2 No

DK, RF (Go to SDC_D4)

SDC_Q3 **In what year did ^YOU1 first come to Canada to live?**

SDC_3

INTERVIEWER: The respondent may have first come to live in Canada on a work or study permit or by claiming refugee status. If the respondent moved to Canada more than once, enter the first year they arrived in Canada (excluding holiday time spent in Canada).

If the respondent cannot give the exact year of arrival in Canada, ask for a best estimate of the year. Minimum is [^Info.YearofBirth]; maximum is [^Info.CurrentYear].

||_|_| Year

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

DK, RF

SDC_E3 Year must be between ^Info.YearofBirth and ^Info.CurrentYear. Please return and correct.

Note: Trigger hard edit if SDC_Q3 < [^Info.YearofBirth] or SDC_Q3 > [^Info.CurrentYear].

SDC_D4 (not applicable)

SDC_Q4A **To which ethnic or cultural groups did ^YOUR2 ancestors belong? (For example:**
 SDC_4 **French, Scottish, Chinese, East Indian)**

INTERVIEWER: Mark all that apply. An ancestor is usually more distant than a grandparent. If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian. If the respondent answers "Eskimo", enter "20".

- SDC_4A 01 Canadian
- SDC_4B 02 French
- SDC_4C 03 English
- SDC_4D 04 German
- SDC_4E 05 Scottish
- SDC_4F 06 Irish
- SDC_4G 07 Italian
- SDC_4H 08 Ukrainian
- SDC_4I 09 Dutch (Netherlands)
- SDC_4J 10 Chinese
- SDC_4K 11 Jewish
- SDC_4L 12 Polish
- SDC_4M 13 Portuguese
- SDC_4N 14 South Asian (e.g. East Indian, Pakistani, Sri Lankan)
- SDC_4T 15 Norwegian
- SDC_4U 16 Welsh
- SDC_4V 17 Swedish
- SDC_4P 18 North American Indian
- SDC_4Q 19 Métis
- SDC_4R 20 Inuit
- SDC_4S 21 Other - Specify (Go to SDC_S4A)
DK, RF

Go to SDC_C04B

SDC_S4A To which ethnic or cultural groups did ^YOUR2 ancestors belong?

INTERVIEWER: Specify.

_____ (80 spaces)

DK, RF

SDC_C04B If SDC_Q1 or DV_CNTRYCODE = Canada, United States, Germany or Greenland, go to SDC_Q4B_1. Otherwise, go to SDC_D4C.

SDC_Q4B_1 **^ARE_C ^YOU1 an Aboriginal person, that is, First nations, Métis or Inuk/Inuit?**
 SDC_41 **First Nations includes Status and Non-Status Indians.**

INTERVIEWER: The terms "First Nations" and "North American Indian" can be interchanged. Some respondents may prefer one term over the other. "Inuit" is the plural form of "Inuk".

- 1 Yes
- 2 No (Go to SDC_D4C)
- DK, RF (Go to SDC_D5A)

SDC_N4B_1 INTERVIEWER: If the respondent has already specified the Aboriginal group(s), select the group(s) from the list below; if not, ask:

(^ARE_C ^YOU1 First Nations, Métis or Inuk/Inuit?)

INTERVIEWER: Mark all that apply. First Nations (North American Indian) includes Status and Non-Status Indians.
 The terms "First Nations" and "North American Indian" can be interchanged. Some respondents may prefer one term over the other. "Inuit" is the plural form of "Inuk".

- SDC_42A 1 First Nations (North American Indian)
- SDC_42B 2 Métis
- SDC_42C 3 Inuk/Inuit
- DK, RF

Go to SDC_D5A

SDC_D4C If Proxmode=1, YOU2_C = "FNAME".

SDC_Q4C ^YOU2_C may belong to one or more racial or cultural groups on the following list.
 ^ARE_C ^YOU1...?

INTERVIEWER: Read categories to respondent and mark up to 4 responses that apply.

If respondent answers "mixed" or "bi-racial", probe for specific groups and mark each one separately (e.g. White, Black, Chinese)

- SDC_43A 01 **White**
- SDC_43C 02 **South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)**
- SDC_43B 03 **Chinese**
- SDC_43D 04 **Black**
- SDC_43E 05 **Filipino**
- SDC_43F 06 **Latin American**
- SDC_43H 07 **Arab**
- SDC_43G 08 **Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)**
- SDC_43I 09 **West Asian (e.g., Iranian, Afghan, etc.)**
- SDC_43K 10 **Korean**
- SDC_43J 11 **Japanese**
- SDC_43M 12 Other - Specify (Go to SDC_S4C)
DK, RF

Go to SCD_Q5AA

Note: (Help text) All response categories and examples must be read aloud, even if the respondent has already given the interviewer one response.

DO NOT code responses that do not appear on the list of response categories. For example, do not mark "White", if the respondent says "Caucasian". Record "Caucasian" in the "Other group - Specify category".

SDC_S4C YOU2_C may belong to one or more racial or cultural groups on the following list.
 ^ARE_C ^YOU1...?

INTERVIEWER: Specify.

(80 spaces)

DK, RF

SDC_D5A_1 Not applicable

SDC_Q5A_1 **Of English or French, which language(s) ^DOVERB ^YOU1 speak well enough to**
 SDC_5A_1 **conduct a conversation? Is it...?**

INTERVIEWER: Read categories to respondent.

- 1 **English only**
 - 2 **French only**
 - 3 **Both English and French**
 - 4 **Neither English nor French**
- DK, RF

SDC_B5B Call LanguageLookUp block (LLU) a maximum of three times. Always call it the first time; call subsequent items if the previous instances SDC_B5A.LangCode is a response other than 9995.

Note: Pass via parameter (question text, interviewer instruction, help text, instance number):

SDC_E5B1 The answer category "XYZ - No more response" cannot be selected as the first response for this question. If the respondent cannot provide an answer to this question, please select DK or RF.

Note: Trigger hard edit if at the first iteration of the question, the interviewer selects "XYZ- No more response" DV_LANGCODE = 995

SDC_E5B2 The same language has been selected a second time. Please return and correct.

Note: Trigger hard edit if any two language codes (SDC_B5A.LangCode) are equal. DV_LANGCODE = 1 is an exception to this edit: multiple other-specify responses are acceptable.

SDC_D6 (not applicable)

SDC_B6 Call LanguageLookUp block (LLU) a maximum of three times. Always call it the first time; call subsequent items if the previous instances SDC_B6.LangCode is a response other than 9995.

Note: Pass via parameter (question text, interviewer instruction, help text, instance number):

SDC_E6A The answer category "XYZ - No more response" cannot be selected as the first response for this question. If the respondent cannot provide an answer to this question, please select DK or RF.

Note: Trigger hard edit if at the first iteration of the question, the interviewer selects "XYZ - No more response" DV_LANGCODE = 995.

SDC_E6B The same language has been selected a second time. Please return and correct.

Note: Trigger hard edit if any two language codes (SDC_B6.LangCode) are equal.
DV_LANGCODE = 1 is an exception to this edit: multiple other-specify responses are acceptable.

SDC_R7 **Now a question about the dwelling in which you live.**

INTERVIEWER: Press <1> to continue.

SDC_Q7 **Is the dwelling ...?**

DHH_OWEN

INTERVIEWER: Read categories to respondent. If the respondent's household contains both owners and renters, such as a boarder, the dwelling should be considered owned

- 1 **Owned by you or a member of this household, even if it is still being paid for**
- 2 **Rented, even if no cash rent is paid**
DK, RF

Note: (Help text) Choose 'Owned' if the respondent and/or another member of this household own the dwelling in which they live, even if the dwelling is on rented or leased land, or if it is part of a condominium, or if it is still being paid for by the respondent or another member of your household.

Choose 'Rented' in all other cases, even if the dwelling occupied by the respondent is provided without cash rent or at a reduced rent (for example, a clergy's residence or a superintendent's dwelling in an apartment building), or the dwelling is part of a co-operative.

SDC_C7A If proxy interview or age < 18 or age > 59, go to SDC_END.
Otherwise, go to SDC_R7A.

SDC_R7A **Now one additional background question which will help us compare the health of people in Canada.**

INTERVIEWER: Press <1> to continue.

SDC_Q7A **Do you consider yourself to be...?**

SDC_7AA

INTERVIEWER: Read categories to respondent.

- 1 **heterosexual (sexual relations with people of the opposite sex)**
- 2 **homosexual, that is lesbian or gay (sexual relations with people of your own sex)**
- 3 **bisexual (sexual relations with people of both sexes)**
DK, RF

SDC_END

FOR INFORMATION ONLY

Language Lookup (LLU)

LLU_BEG Content block

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOLLU: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

LLU_Q01 **What language ^DOVERB ^YOU1 speak most often at home?**

INTERVIEWER: Mark up to three responses. Multiple responses are accepted only if languages are spoken equally often at home. Start typing name of language to activate the search function. Enter "Other-Specify" if the language is not part of the list. Enter "xyz" to select the item which indicates no (more) languages.

Note: Help text: For a person who lives alone, report the language in which the respondent feels most comfortable (this can be the language the respondent would use for talking on the telephone, visiting at home with friends, etc.).

Some languages like Chinese (Cantonese, Mandarin or other Chinese language) and those used by Jewish communities (such as Hebrew or Yiddish) have regional dialects which should be reported as separate response options. Probe the respondent for the correct language.

LLU_END

Person most knowledgeable about household situation (PMK)

| | |
|-----------|---|
| PMK_BEG | Core module External variables required: PROXMODE Age of Proxy respondent Do PMK HHL D Size Province Respondent's name GR_N01 PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space |
| PMK_C010 | If DOPMK = 1, go to PMK_C015A. Otherwise, go to PMK_END. |
| PMK_C015A | If PROXMODE = 1 and age of proxy respondent > 15, go to PMK_END. Otherwise, go to PMK_C015AB. |
| PMK_C015B | If HHL D size = 1 (respondent lives alone) or if AGE > 15, go to PMK_END. Otherwise, go to PMK_C015C. |
| PMK_C015C | If Age < 14, go to PMK_R020. Otherwise, go to PMK_C016A. |
| PMK_C016A | if province = 24 (Quebec), go to PMK_R16AC. Otherwise, go to PMK_C016B. |
| PMK_C016B | If province = 60, 61 or 62 (Yukon, N.W.T. or Nunavut), go to PMK_R16AB. Otherwise, go to PMK_R16AA. |

PMK_R16AA **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.**

Provincial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses, telephone numbers or health numbers will be provided

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.

Press <1> to continue.

Go to PMK_Q016

PMK_R16AB **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.**

Territorial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses, telephone numbers or health numbers will be provided

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.

Press <1> to continue.

Go to PMK_Q016

PMK_R16AC **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « Institut de la Statistique du Québec », Health Canada and the Public Health Agency of Canada.**

The « Institut de la Statistique du Québec » and provincial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses, telephone numbers or health numbers will be provided

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.

Press <1> to continue.

PMK_Q016 **All information will be kept strictly confidential and used only for statistical purposes.**
 PMK_016

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, R

PMK_R020 **For the last few questions, I would like to speak with someone who would be best able to answer questions about the entire household such as household income, food purchases and insurance coverage.**

INTERVIEWER: Press <1> to continue.

PMK_Q020 **Who would this person be?**
 PMK_020

INTERVIEWER: Select most knowledgeable person from the household roster. Allow the respondent to say myself.

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

(DK, RF are not allowed)

Note: Programmer: Display household members by personID in ascending order so as to ensure that category values match the personID variable.

PMK_E020 An invalid answer has been selected. Please return and correct.

Note: Trigger hard edit if a blank answer is selected.

PMK_D030A If PMK_Q020 is the respondent then PMKFLAG (Person most knowledgeable) = 2. Else, PMKFLAG = 1.

PMK_C030A If PMKFLAG=2, go to PMK_D030C.
Otherwise, go to PMK_D030B.

PMK_D030B If PMK_Q020 = 1, MEMBERNAME = "MEMBER1".
If PMK_Q020 = 2, MEMBERNAME = "MEMBER2".
If PMK_Q020 = 3, MEMBERNAME = "MEMBER3".
If PMK_Q020 = 4, MEMBERNAME = "MEMBER4".
If PMK_Q020 = 5, MEMBERNAME = "MEMBER5".
If PMK_Q020 = 6, MEMBERNAME = "MEMBER6".
If PMK_Q020 = 7, MEMBERNAME = "MEMBER7".
If PMK_Q020 = 8, MEMBERNAME = "MEMBER8".
If PMK_Q020 = 9, MEMBERNAME = "MEMBER9".
If PMK_Q020 = 10, MEMBERNAME = "MEMBER10".
If PMK_Q020 = 11, MEMBERNAME = "MEMBER11".
If PMK_Q020 = 12, MEMBERNAME = "MEMBER12".
If PMK_Q020 = 13, MEMBERNAME = "MEMBER13".
If PMK_Q020 = 14, MEMBERNAME = "MEMBER14".
If PMK_Q020 = 15, MEMBERNAME = "MEMBER15".
If PMK_Q020 = 16, MEMBERNAME = "MEMBER16".
If PMK_Q020 = 17, MEMBERNAME = "MEMBER17".
If PMK_Q020 = 18, MEMBERNAME = "MEMBER18".
If PMK_Q020 = 19, MEMBERNAME = "MEMBER19".
If PMK_Q020 = 20, MEMBERNAME = "MEMBER20".

PMK_Q030B Is ^MEMBERNAME available?

PMK_030B

- 1 Yes
- 2 No

(DK, RF are not allowed)

Note: Do not retain data for this variable.

PMK_D030C PMKFLAG=1 and PMK_Q030B=1 then PMKProxy = 1
Otherwise, PMKProxy = 2

PMK_C040 If PMKProxy=1, go to PMK_R050.
Otherwise, go to PMK_C045.

- PMK_C045 If PMKFLAG=2, go to PMK_R040.
Otherwise, go to PMK_R045.
- PMK_R040 **This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time.**
- INTERVIEWER: Press <1> to continue.
- Go to PMK_END
- PMK_R045 **This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to try and find the best time to speak with ^MEMBERNAME.**
- INTERVIEWER: Press <1> to continue.
- Go to PMK_END
- PMK_R050 **This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to speak with ^MEMERNAME.**
- INTERVIEWER: You should continue with the most knowledgeable person about household. Press < 1> to continue.
- PMK_R060 **Hello, My name is ... I've just completed the main portion of the interview with <Respondent's name>. At this point I need to finish the interview with a few general questions on your household's situation. <Respondent's name> said you would be the best person to answer these types of questions.**
- INTERVIEWER: Press <1> to continue.
- PMK_END

Home safety (HMS)

HMS_BEG Optional Content (See Appendix 2)

HMS_C1A If (do HMS block = 2), go to HMS_END.
Otherwise, go to HMS_C1B.

HMS_C1B If PMKProxy = 2, go to HMS_END.
Otherwise, go to HMS_R1.

HMS_R1 **Now, a few questions about things some people do to make their homes safe.**

INTERVIEWER: Press <Enter> to continue.

HMS_Q1 **Is there at least 1 working smoke detector installed in your home?**

HMS_1

- 1 Yes
- 2 No (Go to HMS_Q5)
- DK, RF (Go to HMS_END)

HMS_Q2 **Are there smoke detectors installed on every level of your home, including the basement?**

HMS_2

- 1 Yes
- 2 No
- DK, RF

HMS_Q3 **Are the smoke detectors tested each month?**

HMS_3

- 1 Yes
- 2 No
- DK, RF

HMS_Q4 **How often are the batteries changed in your smoke detectors?**

HMS_4

INTERVIEWER: Read categories to respondent.

- 1 **At least every 6 months**
- 2 **At least every year**
- 3 **As needed when the low battery warning chirps**
- 4 **Never**
- 5 **Not applicable (Hard wired)**
- DK, RF

HMS_Q5 **Is there an escape plan for getting out of your home in case of a fire?**

HMS_5

- 1 Yes
- 2 No (Go to HMS_END)
DK, RF (Go to HMS_END)

HMS_C6 If household size > 1, go to HMS_Q6.
Otherwise, go to HMS_END.

HMS_Q6 **Have the members of your household ever discussed this plan?**

HMS_6

- 1 Yes
- 2 No
DK, RF

HMS_END

FOR INFORMATION ONLY

Insurance coverage (INS)

| | |
|-----------------|--|
| INS_BEG | Optional Content (See Appendix 2) |
| INS_C1A | If (do INS block = 1), go to INS_C1B. Otherwise, go to INS_END. |
| INS_C1B | If PMKProxy=2, go to INS_END. Otherwise, go to INS_R1. |
| INS_R1 | Now, turning to ^YOUR2 insurance coverage. Please include any private, government or employer-paid plans. <u>INTERVIEWER:</u> Press <1> to continue. |
| INS_D1 | (not applicable) |
| INS_Q1 INS_1 | ^DOVERB_C ^YOU2 have insurance that covers all or part of the cost of ^YOUR1 prescription medications? 1 Yes 2 No (Go to INS_C2) DK (Go to INS_C2) RF (Go to INS_END) |
| INS_Q1A | Is it...? <u>INTERVIEWER:</u> Read categories to respondent. Mark all that apply. |
| INS_1A | 1 A government-sponsored plan |
| INS_1B | 2 An employer-sponsored plan |
| INS_1C | 3 A private plan |
| | DK, RF |
| INS_C2 | If (do OH2 block = 1) and not a proxy interview, go to INS_Q3. Otherwise, go to INS_Q2. |

INS_Q2 (^DOVERB_C ^YOU2 have insurance that covers all or part of:)
INS_2 ...^YOUR1 dental expenses?

- 1 Yes
- 2 No (Go to INS_Q3)
DK, RF (Go to INS_Q3)

INS_Q2A Is it...?

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

- INS_2A 1 **A government-sponsored plan**
INS_2B 2 **An employer-sponsored plan**
INS_2C 3 **A private plan**
DK, RF

INS_Q3 (^DOVERB_C ^YOU2 have insurance that covers all or part of:)
INS_3 ...the costs of eye glasses or contact lenses?

- 1 Yes
- 2 No (Go to INS_Q4)
DK, RF (Go to INS_Q4)

INS_Q3A Is it...?

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

- INS_3A 1 **A government-sponsored plan**
INS_3B 2 **An employer-sponsored plan**
INS_3C 3 **A private plan**
DK, RF

INS_Q4 (^DOVERB_C ^YOU2 have insurance that covers all or part of:)
INS_4 ...hospital charges for a private or semi-private room?

- 1 Yes
- 2 No (Go to INS_END)
DK, RF (Go to INS_END)

INS_Q4A **Is it...?**

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

- | | | |
|--------|---|------------------------------------|
| INS_4A | 1 | A government-sponsored plan |
| INS_4B | 2 | An employer-sponsored plan |
| INS_4C | 3 | A private plan |
- DK, RF

INS_END

FOR INFORMATION ONLY

Food security (FSC)

FSC_BEG Theme content

FSC_C01A If (do FSC block = 1), go to FSC_C01AB.
Otherwise, go to FSC_END.

FSC_C01AB If PMKProxy = 2, go to FSC_END.
Otherwise, go to FSC_D010.

FSC_D010 If HhldSize = 1, ^DT_YouAndOthers = "you".
If HhldSize = 1, ^DT_YouAndOthers_C = "You".
If HhldSize ne 1, ^DT_YouAndOthers = "you and other household members".
If HhldSize ne 1, ^DT_YouAndOthers_C = "You and other household members".
If OlderKids + YoungKids = 1, ^DT_ChildFName = "^ChildFName".
If OlderKids + YoungKids = 1, ^DT_ChildWas = "^ChildFName + was".
If OlderKids + YoungKids = 1, ^DT_AnyChild = "^ChildFName".
If OlderKids + YoungKids = 1, ^DT_AnyChilds = "^ChildFName + 's".
If OlderKids + YoungKids = 1, ^DT_WasAnyChild = "was + ^ChildFName".
If OlderKids + YoungKids ne 1, ^DT_ChildFName = "the children".
If OlderKids + YoungKids ne 1, ^DT_ChildWas = "The children were".
If OlderKids + YoungKids ne 1, ^DT_AnyChild = "any of the children".
If OlderKids + YoungKids ne 1, ^DT_AnyChilds = "any of the children's".
If OlderKids + YoungKids ne 1, ^DT_WasAnyChild = " were any of the children".
If (Adults + YoungAdults) = 1, ^DT_YouOtherAdults = "you".
If (Adults + YoungAdults) = 1, ^DT_YouOtherAdults_C = "You".
If (Adults + YoungAdults) ne 1, ^DT_YouOtherAdults = "you or other adults in your household".
If (Adults + YoungAdults) ne 1, ^DT_YouOtherAdults_C = "You or other adults in your household".

FSC_R010 **The following questions are about the food situation for your household in the past 12 months.**

INTERVIEWER: Press <Enter> to continue.

FSC_Q010 **Which of the following statements best describes the food eaten in your household**
 FSC_010 **in the past 12 months, that is, since [current month] of last year?**

INTERVIEWER: Read categories to respondent.

- 1 **^DT_YouAndOthers_C always had enough of the kinds of food you wanted to eat.**
 - 2 **^DT_YouAndOthers_C had enough to eat, but not always the kinds of food you wanted.**
 - 3 **Sometimes ^DT_YouAndOthers did not have enough to eat.**
 - 4 **Often ^DT_YouAndOthers didn't have enough to eat.**
- DK, RF (Go to FSC_END)

FSC_R020 **Now I'm going to read you several statements that may be used to describe the food situation for a household. Please tell me if the statement was often true, sometimes true, or never true for ^DT_YouAndOthers in the past 12 months.**

INTERVIEWER: Press <Enter> to continue.

FSC_Q020 **The first statement is: ...^DT_YouAndOthers_C worried that food would run out before you got money to buy more. Was that often true, sometimes true, or never true in the past 12 months?**
 FSC_020

- 1 Often true
 - 2 Sometimes true
 - 3 Never true
- DK, RF

FSC_Q030 **The food that ^DT_YouAndOthers bought just didn't last, and there wasn't any money to get more. Was that often true, sometimes true, or never true in the past 12 months?**
 FSC_030

- 1 Often true
 - 2 Sometimes true
 - 3 Never true
- DK, RF

FSC_Q040 **^DT_YouAndOthers_C couldn't afford to eat balanced meals. In the past 12 months was that often true, sometimes true, or never true?**
 FSC_040

- 1 Often true
 - 2 Sometimes true
 - 3 Never true
- DK, RF

FSC_C050 If (OlderKids + YoungKids > 0), go to FSC_R050.
 Otherwise, go to FSC_C070.

FSC_R050 **Now I'm going to read a few statements that may describe the food situation for households with children.**

INTERVIEWER: Press <Enter> to continue.

FSC_Q050 **^DT_YouOtherAdults_C relied on only a few kinds of low-cost food to feed**
 FSC_050 **^DT_ChildFName because you were running out of money to buy food. Was that often true, sometimes true, or never true in the past 12 months?**

- 1 Often true
 - 2 Sometimes true
 - 3 Never true
- DK, RF

Note: If (OlderKids + YoungKids) = 0 and some members have age = blank, then FSC_Q050 = Valid Skip.

FSC_Q060 **^DT_YouOtherAdults_C couldn't feed ^DT_ChildFName a balanced meal, because**
 FSC_060 **you couldn't afford it. Was that often true, sometimes true, or never true in the past 12 months?**

- 1 Often true
 - 2 Sometimes true
 - 3 Never true
- DK, RF

FSC_C070 If (((([FSC_Q020 or FSC_Q030 or FSC_Q040 or FSC_Q050 or FSC_Q060 <= 2) or (FSC_Q010 = 3 or 4)] and ([OlderKids + YoungKids] > 0)), go to FSC_Q070. Else if (([FSC_Q020 or FSC_Q030 or FSC_Q040 or FSC_Q050 or FSC_Q060] <= 2) or (FSC_Q010 = 3 or 4)), go to FSC_R080. Otherwise, go to FSC_END.

FSC_Q070 **^DT_ChildWas not eating enough because ^DT_YouOtherAdults just couldn't**
 FSC_070 **afford enough food. Was that often, sometimes, or never true in the past 12 months?**

- 1 Often true
 - 2 Sometimes true
 - 3 Never true
- DK, RF

FSC_R080 **The following few questions are about the food situation in the past 12 months for you or any other adults in your household.**

INTERVIEWER: Press <Enter> to continue.

FSC_Q080 **In the past 12 months, since last [current month] did ^DT_YouOtherAdults ever cut**
FSC_080 **the size of your meals or skip meals because there wasn't enough money for food?**

- 1 Yes
- 2 No (Go to FSC_Q090)
DK, RF (Go to FSC_Q090)

FSC_Q081 **How often did this happen---almost every month, some months but not every**
FSC_081 **month, or in only 1 or 2 months?**

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months
DK, RF

FSC_Q090 **In the past 12 months, did you ^Personallyever eat less than you felt you should**
FSC_090 **because there wasn't enough money to buy food?**

- 1 Yes
- 2 No
DK, RF

FSC_Q100 **In the past 12 months, were you ^Personallyever hungry but didn't eat because you**
FSC_100 **couldn't afford enough food?**

- 1 Yes
- 2 No
DK, RF

FSC_Q110 **In the past 12 months, did you ^Personallylose weight because you didn't have**
FSC_110 **enough money for food?**

- 1 Yes
- 2 No
DK, RF

FSC_C120 if (FSC_Q070 = 1 or 2) or (FSC_Q080 or FSC_Q090 or FSC_Q100 or FSC_Q110 = 1),
go to FSC_Q120.
Otherwise, go to FSC_END.

FSC_Q120 **In the past 12 months, did ^DT_YouOtherAdults ever not eat for a whole day**
FSC_120 **because there wasn't enough money for food?**

- 1 Yes
- 2 No (Go to FSC_C130)
DK, RF (Go to FSC_C130)

FSC_Q121 **How often did this happen---almost every month, some months but not every**
FSC_121 **month, or in only 1 or 2 months?**

- 1 Almost every month
 - 2 Some months but not every month
 - 3 Only 1 or 2 months
- DK, RF

FSC_C130 If OlderKids + YoungKids <> 0, go to FSC_R130.
Otherwise, go to FSC_END.

FSC_R130 **Now, a few questions on the food experiences for children in your household.**

INTERVIEWER: Press <Enter> to continue.

FSC_Q130 **In the past 12 months, did ^DT_YouOtherAdults ever cut the size of ^DT_AnyChilds**
FSC_130 **meals because there wasn't enough money for food?**

- 1 Yes
 - 2 No
- DK, RF

FSC_Q140 **In the past 12 months, did ^DT_AnyChild ever skip meals because there wasn't**
FSC_140 **enough money for food?**

- 1 Yes
 - 2 No (Go to FSC_Q150)
- DK, RF (Go to FSC_Q150)

FSC_Q141 **How often did this happen---almost every month, some months but not every**
FSC_141 **month, or in only 1 or 2 months?**

- 1 Almost every month
 - 2 Some months but not every month
 - 3 Only 1 or 2 months
- DK, RF

FSC_Q150 **In the past 12 months, ^DT_WasAnyChild ever hungry but you just couldn't afford**
FSC_150 **more food?**

- 1 Yes
 - 2 No
- DK, RF

FSC_Q160 **In the past 12 months, did ^DT_AnyChild ever not eat for a whole day because**
FSC_160 **there wasn't enough money for food?**

- 1 Yes
- 2 No
- DK, RF

FSC_END

FOR INFORMATION ONLY

Neurological Conditions (NEU)

NEU_BEG Theme content

External variables required:

Household size

From roster: MEMBERNAME, Sex and Age

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DONEU: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

NEU_C01 If DONEU = 1, go to NEU_C02.
Otherwise, go to NEU_END.

NEU_C02 If PMKProxy = 2, go to NEU_END.
Otherwise, go to NEU_D010.

NEU_D010 If household size > 1, ^DT_PHRASENEUE = "Now, I'd like you to think about everyone in your household".

Otherwise, ^DT_NOW = "Now,".

NEU_R010 ^DT_PHRASENEUE.

^DT_NOW I'd like to ask about neurological conditions, which are conditions that affect the brain, spinal cord, nerves or muscles. Please do not include mental health conditions such as depression, anxiety disorder or schizophrenia.

We are interested in conditions which are expected to last or have already lasted 6 months or more and have been diagnosed by a doctor or other health professional.

INTERVIEWER: Press <1> to continue.

NEU_D015 If one person household, DT_YOU = "you".
If one person household, DT_DOES_C = "Do you".
If one person household, DT_DOES = "do you".
If one person household, DT_HAS = "Have you".
If Else, DT_YOU = "you or anyone in your household".
If Else, DT_DOES_C = "Does MEMBERNAME".
If Else, DT_DOES = "does MEMBERNAME".
If Else, DT_HAS = "Has MEMBERNAME".

NEU_C015 If household size = 1, go to NEU_Q020.
Otherwise, go to NEU_Q015.

NEU_Q015 **Do ^DT_YOU have migraine headaches?**

NEU_015

- 1 Yes
- 2 No (Go to NEU_Q020)
- 98 RF (Go to NEU_END)
- 99 DK (Go to NEU_Q020)

Note: If hhld of 1, this question was asked of the respondent in CCC.

NEU_C016 If one person household, go to NEU_Q020.
Otherwise, go to NEU_Q016.

FOR INFORMATION ONLY

NEU_Q016 **Who has this condition?**

NEU_016

INTERVIEWER: Mark all that apply.

- NEU_016A 01 MEMBER1
- NEU_016B 02 MEMBER2
- NEU_016C 03 MEMBER3
- NEU_016D 04 MEMBER4
- NEU_016E 05 MEMBER5
- NEU_016F 06 MEMBER6
- NEU_016G 07 MEMBER7
- NEU_016H 08 MEMBER8
- NEU_016I 09 MEMBER9
- NEU_016J 10 MEMBER10
- NEU_016K 11 MEMBER11
- NEU_016L 12 MEMBER12
- NEU_016M 13 MEMBER13
- NEU_016N 14 MEMBER14
- NEU_016O 15 MEMBER15
- NEU_016P 16 MEMBER16
- NEU_016Q 17 MEMBER17
- NEU_016R 18 MEMBER18
- NEU_016S 19 MEMBER19
- 20 MEMBER20

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.

NEU_E016 An invalid answer has been selected. Please return and correct.

Note: If a blank answer is selected, call NEU_E016.

NEU_Q020 **Do ^{^DT_YC^U} you have multiple sclerosis?**

NEU_020

- 1 Yes
- 2 No (Go to NEU_Q030)
- DK, RF (Go to NEU_Q030)

Note: In processing, if this is a one-person household and NEU_Q020 = 1, then NEU_Q021A = 1 and NEU_Q021(B - T) = 2.

NEU_C021 If one person household, go to NEU_Q030. Otherwise, go to NEU_Q021.

NEU_Q021 **Who has this condition?**

NEU_021

INTERVIEWER: Mark all that apply.

- NEU_021A 01 MEMBER1
- NEU_021B 02 MEMBER2
- NEU_021C 03 MEMBER3
- NEU_021D 04 MEMBER4
- NEU_021E 05 MEMBER5
- NEU_021F 06 MEMBER6
- NEU_021G 07 MEMBER7
- NEU_021H 08 MEMBER8
- NEU_021I 09 MEMBER9
- NEU_021J 10 MEMBER10
- NEU_021K 11 MEMBER11
- NEU_021L 12 MEMBER12
- NEU_021M 13 MEMBER13
- NEU_021N 14 MEMBER14
- NEU_021O 15 MEMBER15
- NEU_021P 16 MEMBER16
- NEU_021Q 17 MEMBER17
- NEU_021R 18 MEMBER18
- NEU_021S 19 MEMBER19
- 20 MEMBER20

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.

NEU_E021 An invalid answer has been selected. Please return and correct.

Note: If a blank answer is selected, call NEU_E021.

NEU_Q030 **Do ^DT_YC^U have epilepsy?**

NEU_030

- 1 Yes
- 2 No (Go to NEU_Q040)
- DK, RF (Go to NEU_Q040)

Note: In processing, if this is a one-person household and NEU_Q030 = 1, then NEU_Q031A = 1 and NEU_Q031(B - T) = 2.

NEU_C031 If one person household, go to NEU_Q032. Otherwise, go to NEU_Q031.

NEU_Q031 **Who has this condition?**

NEU_031

INTERVIEWER: Mark all that apply.

| | | |
|----------|----|----------|
| NEU_031A | 01 | MEMBER1 |
| NEU_031B | 02 | MEMBER2 |
| NEU_031C | 03 | MEMBER3 |
| NEU_031D | 04 | MEMBER4 |
| NEU_031E | 05 | MEMBER5 |
| NEU_031F | 06 | MEMBER6 |
| NEU_031G | 07 | MEMBER7 |
| NEU_031H | 08 | MEMBER8 |
| NEU_031I | 09 | MEMBER9 |
| NEU_031J | 10 | MEMBER10 |
| NEU_031K | 11 | MEMBER11 |
| NEU_031L | 12 | MEMBER12 |
| NEU_031M | 13 | MEMBER13 |
| NEU_031N | 14 | MEMBER14 |
| NEU_031O | 15 | MEMBER15 |
| NEU_031P | 16 | MEMBER16 |
| NEU_031Q | 17 | MEMBER17 |
| NEU_031R | 18 | MEMBER18 |
| NEU_031S | 19 | MEMBER19 |
| | 20 | MEMBER20 |

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.

For each valid response as

NEU_E031 An invalid answer has been selected. Please return and correct.

Note: If a blank answer is selected for NEU_E031.

NEU_C032 If NEU_Q030=1, go to NEU_Q032.
Otherwise, go to NEU_Q033.

NEU_Q032 **^DT_DOES_C currently take medication for epilepsy?**

NEU_032

1 Yes
2 No
99 DK, RF

Note: Call NEU_Q032 and NEU_Q033 for each member of the household when NEU_Q030 = 1 (yes)

NEU_Q033 **^DT_HAS had a seizure in the past 5 years?**

NEU_033

- 1 Yes
- 2 No
- 99 DK, RF

NEU_Q040 **Do ^DT_YOU have cerebral palsy?**

NEU_040

- 1 Yes
- 2 No (Go to NEU_Q050)
- 99 DK, RF (Go to NEU_Q050)

Note: In processing, if this is a one-person household and NEU_Q040 = 1, then NEU_Q041A = 1 and NEU_Q041(B - T) = 2.

NEU_C041 If one person household, go to NEU_Q050.
Otherwise, go to NEU_Q041.

NEU_Q041 **Who has this condition?**

NEU_041

INTERVIEWER: Mark all that apply.

- NEU_041A 01 MEMBER1
- NEU_041B 02 MEMBER2
- NEU_041C 03 MEMBER3
- NEU_041D 04 MEMBER4
- NEU_041E 05 MEMBER5
- NEU_041F 06 MEMBER6
- NEU_041G 07 MEMBER7
- NEU_041H 08 MEMBER8
- NEU_041I 09 MEMBER9
- NEU_041J 10 MEMBER10
- NEU_041K 11 MEMBER11
- NEU_041L 12 MEMBER12
- NEU_041M 13 MEMBER13
- NEU_041N 14 MEMBER14
- NEU_041O 15 MEMBER15
- NEU_041P 16 MEMBER16
- NEU_041Q 17 MEMBER17
- NEU_041R 18 MEMBER18
- NEU_041S 19 MEMBER19
- 20 MEMBER20

Note: If a blank answer is selected, call NEU_E041.

NEU_E041 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q050 **(Do ^DT_YOU have) spina bifida?**

NEU_050

- 1 Yes
- 2 No (Go to NEU_Q060)
DK, RF (Go to NEU_Q060)

Note: In processing, if this is a one-person household and NEU_Q050 = 1, then NEU_Q051A = 1 and NEU_Q051(B - T) = 2.

NEU_C051 If one person household, go to NEU_Q060.
Otherwise, go to NEU_Q051.

NEU_Q051 **Who has this condition?**

NEU_051

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|----------|
| NEU_051A | 01 | MEMBER1 |
| NEU_051B | 02 | MEMBER2 |
| NEU_051C | 03 | MEMBER3 |
| NEU_051D | 04 | MEMBER4 |
| NEU_051E | 05 | MEMBER5 |
| NEU_051F | 06 | MEMBER6 |
| NEU_051G | 07 | MEMBER7 |
| NEU_051H | 08 | MEMBER8 |
| NEU_051I | 09 | MEMBER9 |
| NEU_051J | 10 | MEMBER10 |
| NEU_051K | 11 | MEMBER11 |
| NEU_051L | 12 | MEMBER12 |
| NEU_051M | 13 | MEMBER13 |
| NEU_051N | 14 | MEMBER14 |
| NEU_051O | 15 | MEMBER15 |
| NEU_051P | 16 | MEMBER16 |
| NEU_051Q | 17 | MEMBER17 |
| NEU_051R | 18 | MEMBER18 |
| NEU_051S | 19 | MEMBER19 |
| | 20 | MEMBER20 |

Note: If a blank answer is selected, call NEU_E051.

NEU_E051 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q060 **(Do ^DT_YOU have) hydrocephalus?**

NEU_060

- 1 Yes
 2 No (Go to NEU_Q070)
 99 DK, RF (Go to NEU_Q070)

Note: In processing, if this is a one-person household and NEU_Q060 = 1, then NEU_Q061A = 1 and NEU_Q061(B - T) = 2.

NEU_C061 If one person household, go to NEU_Q070.
 Otherwise, go to NEU_Q061.

NEU_Q061 **Who has this condition?**

NEU_061

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|----------|
| NEU_061A | 01 | MEMBER1 |
| NEU_061B | 02 | MEMBER2 |
| NEU_061C | 03 | MEMBER3 |
| NEU_061D | 04 | MEMBER4 |
| NEU_061E | 05 | MEMBER5 |
| NEU_061F | 06 | MEMBER6 |
| NEU_061G | 07 | MEMBER7 |
| NEU_061H | 08 | MEMBER8 |
| NEU_061I | 09 | MEMBER9 |
| NEU_061J | 10 | MEMBER10 |
| NEU_061K | 11 | MEMBER11 |
| NEU_061L | 12 | MEMBER12 |
| NEU_061M | 13 | MEMBER13 |
| NEU_061N | 14 | MEMBER14 |
| NEU_061O | 15 | MEMBER15 |
| NEU_061P | 16 | MEMBER16 |
| NEU_061Q | 17 | MEMBER17 |
| NEU_061R | 18 | MEMBER18 |
| NEU_061S | 19 | MEMBER19 |
| | 20 | MEMBER20 |

Note: If a blank answer is selected, call NEU_E061.

NEU_E061 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q070 **(Do ^DT_YOU have) muscular dystrophy?**
 NEU_070
 1 Yes
 2 No (Go to NEU_Q080)
 99 DK, RF (Go to NEU_Q080)

Note: In processing, if this is a one-person household and NEU_Q070 = 1, then NEU_Q071A = 1 and NEU_Q071(B - T) = 2.

NEU_C071 If one person household, go to NEU_Q080. Otherwise, go to NEU_Q071.

NEU_Q071 **Who has this condition?**
 NEU_071

INTERVIEWER: Mark all that apply.

- NEU_071A 01 MEMBER1
- NEU_071B 02 MEMBER2
- NEU_071C 03 MEMBER3
- NEU_071D 04 MEMBER4
- NEU_071E 05 MEMBER5
- NEU_071F 06 MEMBER6
- NEU_071G 07 MEMBER7
- NEU_071H 08 MEMBER8
- NEU_071I 09 MEMBER9
- NEU_071J 10 MEMBER10
- NEU_071K 11 MEMBER11
- NEU_071L 12 MEMBER12
- NEU_071M 13 MEMBER13
- NEU_071N 14 MEMBER14
- NEU_071O 15 MEMBER15
- NEU_071P 16 MEMBER16
- NEU_071Q 17 MEMBER17
- NEU_071R 18 MEMBER18
- NEU_071S 19 MEMBER19
- 20 MEMBER20

Note: if a blank answer is selected, call NEU_E071.

NEU_E071 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q080 **(Do ^DT_YOU have) dystonia?**

NEU_080

- 1 Yes
- 2 No (Go to NEU_Q090)
- 99 DK, RF (Go to NEU_Q090)

Note: In processing, if this is a one-person household and NEU_Q080 = 1, then NEU_Q081A = 1 and NEU_Q081(B - T) = 2.

NEU_C081 If one person household, go to NEU_Q090. Otherwise, go to NEU_Q081.

NEU_Q081 **Who has this condition?**

NEU_081

INTERVIEWER: Mark all that apply.

- NEU_081A 01 MEMBER1
- NEU_081B 02 MEMBER2
- NEU_081C 03 MEMBER3
- NEU_081D 04 MEMBER4
- NEU_081E 05 MEMBER5
- NEU_081F 06 MEMBER6
- NEU_081G 07 MEMBER7
- NEU_081H 08 MEMBER8
- NEU_081I 09 MEMBER9
- NEU_081J 10 MEMBER10
- NEU_081K 11 MEMBER11
- NEU_081L 12 MEMBER12
- NEU_081M 13 MEMBER13
- NEU_081N 14 MEMBER14
- NEU_081O 15 MEMBER15
- NEU_081P 16 MEMBER16
- NEU_081Q 17 MEMBER17
- NEU_081R 18 MEMBER18
- NEU_081S 19 MEMBER19
- 20 MEMBER20

Note: if a blank answer is selected, call NEU_E081.

NEU_E081 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q090 **(Do ^DT_YOU have) Tourette's syndrome?**

NEU_090

- 1 Yes
 2 No (Go to NEU_Q100)
 99 DK, RF (Go to NEU_Q100)

Note: In processing, if this is a one-person household and NEU_Q090 = 1, then NEU_Q091A = 1 and NEU_Q091(B - T) = 2.

NEU_C091 If one person household, go to NEU_Q100.
 Otherwise, go to NEU_Q091.

NEU_Q091 **Who has this condition?**

NEU_091

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|----------|
| NEU_091A | 01 | MEMBER1 |
| NEU_091B | 02 | MEMBER2 |
| NEU_091C | 03 | MEMBER3 |
| NEU_091D | 04 | MEMBER4 |
| NEU_091E | 05 | MEMBER5 |
| NEU_091F | 06 | MEMBER6 |
| NEU_091G | 07 | MEMBER7 |
| NEU_091H | 08 | MEMBER8 |
| NEU_091I | 09 | MEMBER9 |
| NEU_091J | 10 | MEMBER10 |
| NEU_091K | 11 | MEMBER11 |
| NEU_091L | 12 | MEMBER12 |
| NEU_091M | 13 | MEMBER13 |
| NEU_091N | 14 | MEMBER14 |
| NEU_091O | 15 | MEMBER15 |
| NEU_091P | 16 | MEMBER16 |
| NEU_091Q | 17 | MEMBER17 |
| NEU_091R | 18 | MEMBER18 |
| NEU_091S | 19 | MEMBER19 |
| | 20 | MEMBER20 |

Note: if a blank answer is selected, call NEU_E091.

NEU_E091 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q100 **(Do ^DT_YOU have) Parkinson's disease?**
 NEU_100
 1 Yes
 2 No (Go to NEU_Q110)
 99 DK, RF (Go to NEU_Q110)

Note: In processing, if this is a one-person household and NEU_Q100 = 1, then NEU_Q101A = 1 and NEU_Q101(B - T) = 2.

NEU_C101 If one person household, go to NEU_Q110. Otherwise, go to NEU_Q101.

NEU_Q101 **Who has this condition?**
 NEU_101

INTERVIEWER: Mark all that apply.

NEU_101A 01 MEMBER1
 NEU_101B 02 MEMBER2
 NEU_101C 03 MEMBER3
 NEU_101D 04 MEMBER4
 NEU_101E 05 MEMBER5
 NEU_101F 06 MEMBER6
 NEU_101G 07 MEMBER7
 NEU_101H 08 MEMBER8
 NEU_101I 09 MEMBER9
 NEU_101J 10 MEMBER10
 NEU_101K 11 MEMBER11
 NEU_101L 12 MEMBER12
 NEU_101M 13 MEMBER13
 NEU_101N 14 MEMBER14
 NEU_101O 15 MEMBER15
 NEU_101P 16 MEMBER16
 NEU_101Q 17 MEMBER17
 NEU_101R 18 MEMBER18
 NEU_101S 19 MEMBER19
 20 MEMBER20

Note: if a blank answer is selected, call NEU_E101.

NEU_E101 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q110 (Do ^DT_YOU have) ALS (Lou Gehrig's disease/ amyotrophic lateral sclerosis)?

NEU_110

- 1 Yes
 2 No (Go to NEU_Q120)
 99 DK, RF (Go to NEU_Q120)

Note: In processing, if this is a one-person household and NEU_Q110 = 1, then NEU_Q111A = 1 and NEU_Q111(B - T) = 2.

NEU_C111 If one person household, go to NEU_Q120.
 Otherwise, go to NEU_Q111.

NEU_Q111 Who has this condition?

NEU_111

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|----------|
| NEU_111A | 01 | MEMBER1 |
| NEU_111B | 02 | MEMBER2 |
| NEU_111C | 03 | MEMBER3 |
| NEU_111D | 04 | MEMBER4 |
| NEU_111E | 05 | MEMBER5 |
| NEU_111F | 06 | MEMBER6 |
| NEU_111G | 07 | MEMBER7 |
| NEU_111H | 08 | MEMBER8 |
| NEU_111I | 09 | MEMBER9 |
| NEU_111J | 10 | MEMBER10 |
| NEU_111K | 11 | MEMBER11 |
| NEU_111L | 12 | MEMBER12 |
| NEU_111M | 13 | MEMBER13 |
| NEU_111N | 14 | MEMBER14 |
| NEU_111O | 15 | MEMBER15 |
| NEU_111P | 16 | MEMBER16 |
| NEU_111Q | 17 | MEMBER17 |
| NEU_111R | 18 | MEMBER18 |
| NEU_111S | 19 | MEMBER19 |
| | 20 | MEMBER20 |

Note: if a blank answer is selected, call NEU_E111.

NEU_E111 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q120 **(Do ^DT_YOU have) Huntington's disease?**

NEU_120

- 1 Yes
 2 No (Go to NEU_C130)
 99 DK, RF (Go to NEU_C130)

Note: In processing, if this is a one-person household and NEU_Q120 = 1, then NEU_Q121A = 1 and NEU_Q121(B - T) = 2.

NEU_C121 If one person household, go to NEU_C130.
 Otherwise, go to NEU_Q121.

NEU_Q121 **Who has this condition?**

NEU_121

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|----------|
| NEU_121A | 01 | MEMBER1 |
| NEU_121B | 02 | MEMBER2 |
| NEU_121C | 03 | MEMBER3 |
| NEU_121D | 04 | MEMBER4 |
| NEU_121E | 05 | MEMBER5 |
| NEU_121F | 06 | MEMBER6 |
| NEU_121G | 07 | MEMBER7 |
| NEU_121H | 08 | MEMBER8 |
| NEU_121I | 09 | MEMBER9 |
| NEU_121J | 10 | MEMBER10 |
| NEU_121K | 11 | MEMBER11 |
| NEU_121L | 12 | MEMBER12 |
| NEU_121M | 13 | MEMBER13 |
| NEU_121N | 14 | MEMBER14 |
| NEU_121O | 15 | MEMBER15 |
| NEU_121P | 16 | MEMBER16 |
| NEU_121Q | 17 | MEMBER17 |
| NEU_121R | 18 | MEMBER18 |
| NEU_121S | 19 | MEMBER19 |
| | 20 | MEMBER20 |

Note: if a blank answer is selected, call NEU_E121.

NEU_E121 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_C130 If household size = 1, go to NEU_C140.
 Otherwise, go to NEU_Q130.

NEU_Q130 **Do ^DT_YOU suffer from the effects of a stroke?**

NEU_130

- 1 Yes
 2 No (Go to NEU_Q140)
 99 DK, RF (Go to NEU_Q140)

Note: In processing, if this is a one-person household and NEU_Q130 = 1, then NEU_Q131A = 1 and NEU_Q131(B - T) = 2.

NEU_C131 If one person household, go to NEU_Q140.
 Otherwise, go to NEU_Q131.

NEU_Q131 **Who has this condition?**

NEU_131

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|----------|
| NEU_131A | 01 | MEMBER1 |
| NEU_131B | 02 | MEMBER2 |
| NEU_131C | 03 | MEMBER3 |
| NEU_131D | 04 | MEMBER4 |
| NEU_131E | 05 | MEMBER5 |
| NEU_131F | 06 | MEMBER6 |
| NEU_131G | 07 | MEMBER7 |
| NEU_131H | 08 | MEMBER8 |
| NEU_131I | 09 | MEMBER9 |
| NEU_131J | 10 | MEMBER10 |
| NEU_131K | 11 | MEMBER11 |
| NEU_131L | 12 | MEMBER12 |
| NEU_131M | 13 | MEMBER13 |
| NEU_131N | 14 | MEMBER14 |
| NEU_131O | 15 | MEMBER15 |
| NEU_131P | 16 | MEMBER16 |
| NEU_131Q | 17 | MEMBER17 |
| NEU_131R | 18 | MEMBER18 |
| NEU_131S | 19 | MEMBER19 |
| | 20 | MEMBER20 |

Note: if a blank answer is selected, call NEU_E131.

NEU_E131 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID.

NEU_Q140 **Do ^DT_YOU have a neurological condition caused by a brain injury?**
 NEU_140

1 Yes
 2 No (Go to NEU_Q150)
 99 DK, RF (Go to NEU_Q150)

Note: In processing, if this is a one-person household and NEU_Q140 = 1, then NEU_Q141A = 1 and NEU_Q141(B - T) = 2.

NEU_C141 If one person household, go to NEU_Q150.
 Otherwise, go to NEU_Q141.

NEU_Q141 **Who has this condition?**
 NEU_141

INTERVIEWER: Mark all that apply.

| | | |
|----------|----|----------|
| NEU_141A | 01 | MEMBER1 |
| NEU_141B | 02 | MEMBER2 |
| NEU_141C | 03 | MEMBER3 |
| NEU_141D | 04 | MEMBER4 |
| NEU_141E | 05 | MEMBER5 |
| NEU_141F | 06 | MEMBER6 |
| NEU_141G | 07 | MEMBER7 |
| NEU_141H | 08 | MEMBER8 |
| NEU_141I | 09 | MEMBER9 |
| NEU_141J | 10 | MEMBER10 |
| NEU_141K | 11 | MEMBER11 |
| NEU_141L | 12 | MEMBER12 |
| NEU_141M | 13 | MEMBER13 |
| NEU_141N | 14 | MEMBER14 |
| NEU_141O | 15 | MEMBER15 |
| NEU_141P | 16 | MEMBER16 |
| NEU_141Q | 17 | MEMBER17 |
| NEU_141R | 18 | MEMBER18 |
| NEU_141S | 19 | MEMBER19 |
| | 20 | MEMBER20 |

Note: if a blank answer is selected, call NEU_E141.

NEU_E141 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q150 (Do ^DT_YOU have) a neurological condition caused by a brain tumour?

NEU_150

INTERVIEWER: Include both malignant and benign tumours.

Include tumours that start in the brain and cancer from elsewhere in the body that has spread to the brain.

- 1 Yes
- 2 No (Go to NEU_Q160)
- 99 DK, RF (Go to NEU_Q160)

Note: In processing, if this is a one-person household and NEU_Q150 = 1, then NEU_Q151A = 1 and NEU_Q151(B - T) = 2.

NEU_C151 If one person household, go to NEU_Q160. Otherwise, go to NEU_Q151.

NEU_Q151 Who has this condition?

NEU_151

INTERVIEWER: Mark all that apply.

- NEU_151A 01 MEMBER1
- NEU_151B 02 MEMBER2
- NEU_151C 03 MEMBER3
- NEU_151D 04 MEMBER4
- NEU_151E 05 MEMBER5
- NEU_151F 06 MEMBER6
- NEU_151G 07 MEMBER7
- NEU_151H 08 MEMBER8
- NEU_151I 09 MEMBER9
- NEU_151J 10 MEMBER10
- NEU_151K 11 MEMBER11
- NEU_151L 12 MEMBER12
- NEU_151M 13 MEMBER13
- NEU_151N 14 MEMBER14
- NEU_151O 15 MEMBER15
- NEU_151P 16 MEMBER16
- NEU_151Q 17 MEMBER17
- NEU_151R 18 MEMBER18
- NEU_151S 19 MEMBER19
- 20 MEMBER20

Note: If a blank answer is selected, call NEU_E151.

NEU_E151 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q160 **(Do ^DT_YOU have) a neurological condition caused by a spinal cord injury?**
 NEU_160
 1 Yes
 2 No (Go to NEU_Q170)
 99 DK, RF (Go to NEU_Q170)

Note: In processing, if this is a one-person household and NEU_Q160 = 1, then NEU_Q161A = 1 and NEU_Q161(B - T) = 2.

NEU_C161 If one person household, go to NEU_Q170. Otherwise, go to NEU_Q161.

NEU_Q161 **Who has this condition?**
 NEU_161

INTERVIEWER: Mark all that apply.

- NEU_161A 01 MEMBER1
- NEU_161B 02 MEMBER2
- NEU_161C 03 MEMBER3
- NEU_161D 04 MEMBER4
- NEU_161E 05 MEMBER5
- NEU_161F 06 MEMBER6
- NEU_161G 07 MEMBER7
- NEU_161H 08 MEMBER8
- NEU_161I 09 MEMBER9
- NEU_161J 10 MEMBER10
- NEU_161K 11 MEMBER11
- NEU_161L 12 MEMBER12
- NEU_161M 13 MEMBER13
- NEU_161N 14 MEMBER14
- NEU_161O 15 MEMBER15
- NEU_161P 16 MEMBER16
- NEU_161Q 17 MEMBER17
- NEU_161R 18 MEMBER18
- NEU_161S 19 MEMBER19
- 20 MEMBER20

Note: if a blank answer is selected, call NEU_E161.

NEU_E161 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_Q170 (Do ^DT_YOU have) a neurological condition caused by a spinal cord tumour?
 NEU_170

INTERVIEWER: Include both malignant and benign tumours.

Include tumours that start in the spinal cord and cancer from elsewhere in the body that has spread to the spinal cord.

- 1 Yes
- 2 No (Go to NEU_C180)
- 99 DK, RF (Go to NEU_C180)

Note: In processing, if this is a one-person household and NEU_Q170 = 1, then NEU_Q171A = 1 and NEU_Q171(B - T) = 2.

NEU_C171 If one person household, go to NEU_END.
 Otherwise, go to NEU_Q171.

NEU_Q171 Who has this condition?
 NEU_171

INTERVIEWER: Mark all that apply.

- NEU_171A 01 MEMBER1
- NEU_171B 02 MEMBER2
- NEU_171C 03 MEMBER3
- NEU_171D 04 MEMBER4
- NEU_171E 05 MEMBER5
- NEU_171F 06 MEMBER6
- NEU_171G 07 MEMBER7
- NEU_171H 08 MEMBER8
- NEU_171I 09 MEMBER9
- NEU_171J 10 MEMBER10
- NEU_171K 11 MEMBER11
- NEU_171L 12 MEMBER12
- NEU_171M 13 MEMBER13
- NEU_171N 14 MEMBER14
- NEU_171O 15 MEMBER15
- NEU_171P 16 MEMBER16
- NEU_171Q 17 MEMBER17
- NEU_171R 18 MEMBER18
- NEU_171S 19 MEMBER19
- 20 MEMBER20

Note: If a blank answer is selected, call NEU_E171.

NEU_E171 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_C180 If household size = 1, go to NEU_END.
Otherwise, go to NEU_Q180.

NEU_Q180 **(Do ^DT_YOU have) Alzheimer's Disease or any other dementia?**

NEU_180

- 1 Yes
- 2 No (Go to NEU_END)
- 99 DK, RF (Go to NEU_END)

Note: In processing, if this is a one-person household and NEU_Q180 = 1, then NEU_Q181A = 1 and NEU_Q181(B - T) = 2.

NEU_Q181 **Who has this condition?**

NEU_181

INTERVIEWER: Mark all that apply.

- NEU_181A 01 MEMBER1
- NEU_181B 02 MEMBER2
- NEU_181C 03 MEMBER3
- NEU_181D 04 MEMBER4
- NEU_181E 05 MEMBER5
- NEU_181F 06 MEMBER6
- NEU_181G 07 MEMBER7
- NEU_181H 08 MEMBER8
- NEU_181I 09 MEMBER9
- NEU_181J 10 MEMBER10
- NEU_181K 11 MEMBER11
- NEU_181L 12 MEMBER12
- NEU_181M 13 MEMBER13
- NEU_181N 14 MEMBER14
- NEU_181O 15 MEMBER15
- NEU_181P 16 MEMBER16
- NEU_181Q 17 MEMBER17
- NEU_181R 18 MEMBER18
- NEU_181S 19 MEMBER19
- 20 MEMBER20

Note: if a blank answer is selected, call NEU_E181.

NEU_E181 An invalid answer has been selected. Please return and correct.

Note: Programmer displays all household member names, genders, and ages from Household Roster. Show household members in ascending order by personID

NEU_END

Education (EDU)

| | |
|----------|---|
| EDU_BEG | Core content |
| EDU_C01A | If (do EDU block = 1), go to EDU1_C01B. Otherwise, go to EDU_END. |
| EDU_C01B | If PMKProxy =2, go to EDU_END. Otherwise, go to EDU_C01C. |
| EDU_C01C | If age of selected respondent < 14, go to EDU_C07A. Otherwise, go to EDU_B01. |
| EDU_B01 | Call Education Sub Block 1 (EDU1) |
| EDU_C07A | If there is at least one household member who is >= 14 years of age other than the selected respondent, go to EDU_C07B. Otherwise, go to EDU_END. |
| EDU_C07B | If age of selected respondent < 14, go to EDU_R07B, Otherwise go to EDU_R07A., go to EDU_R07B. Otherwise, go to EDU_R07A. |
| EDU_R07A | Now, I would like you to think about the rest of your household. <u>INTERVIEWER:</u> Press <1> to continue. Go to EDU_B02 |
| EDU_R07B | The following questions are about education. <u>INTERVIEWER:</u> Press <1> to continue. |

EDU_B02 Call Education Sub Block 2 (EDU2)

Note: Ask this block for each household member aged 14 and older other than selected respondent. Maximum of 19 times.

If it is a proxy or PMKproxy interview, begin with the person providing the information and use proxy sex verbs set to non-proxy. Otherwise begin with the first persons rostered and continue in the order the household was rostered.

Otherwise, begin with first person rostered. Continue with household members in the order in which they were rostered.

EDU_END

FOR INFORMATION ONLY

Education of the respondent (EDU1)

EDU1_BEG Core content

EDU_R01 **The following questions are about education.**INTERVIEWER: Press <1> to continue.

EDU_Q01 **What is the highest grade of elementary or high school ^YOU2 ^HAVE ever completed?**
 EDU_1

- 1 Grade 8 or lower (Québec: Secondary II or lower) (Go to EDU_Q03)
- 2 Grade 9 - 10 (Québec: Secondary III or IV, Newfoundland and Labrador: 1st year of secondary) (Go to EDU_Q03)
- 3 Grade 11 - 13 (Québec: Secondary V, Newfoundland and Labrador: 2nd to 4th year of secondary) (Go to EDU_Q03)
- DK, RF (Go to EDU_Q03)

Note: In processing, if ANC_AGE < 14 (age of respondent), the variable EDU_Q01 is given the value of "1" and the variable EDU_Q03 is given the value of "2".

EDU_Q02 **Did ^YOU1 complete a high school diploma or its equivalent?**
 EDU_02

- 1 Yes
- 2 No
- DK, RF

EDU_Q03 **^HAVE_C ^YOU1 received any other education that could be counted towards a degree, certificate, diploma or degree from an educational institution?**
 EDU_03

- 1 Yes
- 2 No (Go to EDU_Q05)
- DK, RF (Go to EDU_Q05)

Note: In processing, if ANC_AGE < 14 (age of respondent), the variable EDU_Q01 is given the value of "1" and the variable EDU_Q03 is given the value of "2".

EDU_Q04A **What is the highest certificate, diploma or degree that ^YOU1 ^HAVE completed?**
 EDU_4A

- 1 Less than high school diploma or its equivalent
- 2 High school diploma or a high school equivalency certificate
- 3 Trade Certificate or Diploma
- 4 College, cegep or other non-university certificate or diploma (other than trades certificates or diplomas)
- 5 University certificate or diploma below the bachelor's level
- 6 Bachelor's degree (eg. B.A., B.Sc., LL.B.)
- 7 University certificate, diploma or degree above the bachelor's level
- DK, RF

EDU_Q05 **^ARE_C ^YOU1 currently attending a school, college, cegep or university?**

SDC_8

INTERVIEWER: Ask respondent to include attendance only for courses that can be used as credit towards a certificate, diploma or degree.

- 1 Yes
- 2 No (Go to EDU1_END)
 DK, RF (Go to EDU1_END)

EDU_Q06 **^ARE_C ^YOU1 enrolled as...?**

SDC_9

INTERVIEWER: Read categories to respondent.

- 1 **A full-time student**
 - 2 **A part-time student**
 - 3 **Both full-time and part-time student**
- DK, RF

EDU1_END

FOR INFORMATION ONLY

Education of other household members (EDU2)

EDU2_BEG Core content

EDU2_D07 If proxymode = NonProxy, YOU7 = "you".
 If proxymode = NonProxy, YOU8 = "you".
 If proxymode = NonProxy, HAVE9_C = "Have".
 If proxymode = NonProxy, HAVE10 = "have".
 Otherwise, YOU7 = "FNAME".
 Otherwise, YOU8 = "he/she".
 Otherwise, HAVE9_C = "Has".
 Otherwise, HAVE10 = "has".

EDU_Q07 **What is the highest grade of elementary or high school ^YOU2 ever completed?**

EDU_01

- 1 Grade 8 or lower (Québec: Secondary II or lower) (Go to EDU2_Q03)
- 2 Grade 9 - 10 (Québec: Secondary III or IV, Newfoundland and Labrador: 1st year of secondary) (Go to EDU2_Q03)
- 3 Grade 11 - 13 (Québec: Secondary V, Newfoundland and Labrador: 2nd to 4th year of secondary)
- DK, RF (Go to EDU2_Q03)

EDU_Q08 **Did ^YOU1 complete high school or its equivalent?**

EDU_02

- 1 Yes
- 2 No
- DK, RF

EDU_Q09 **^HAVE_C ^YOU1 received any other education that could be counted towards a degree, certificate, diploma or degree from an educational institution?**

EDU_03

- 1 Yes
- 2 No (Go to EDU2_END)
- 3 DK, RF (Go to EDU2_END)

EDU_Q10A **What is the highest degree, certificate or diploma ^YOU1 ^HAVE completed?**

EDU_04A

- 1 Less than high school diploma or its equivalent
- 2 High school diploma or a high school equivalency certificate
- 3 Trade Certificate or Diploma
- 4 College, cegep or other non-university certificate or diploma (other than trades certificates or diplomas)
- 5 University certificate or diploma below the bachelor's level
- 6 Bachelor's Degree (e.g. B.A., B.Sc., LL.B.)
- 7 University certificate, diploma or degree above the bachelor's level
- DK, RF

EDU2_END

FOR INFORMATION ONLY

Income (INC)

INC_BEG Core content

INC_C1A If do INC block = 1, go to INC_C1B.
Otherwise, go to INC_END.

INC_C1B If PMKProxy = 2, go to INC_END.
Otherwise, go to INC_R1.

INC_R1 **Although many health expenses are covered by health insurance, there is still a relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.**

INTERVIEWER: Press <1> to continue.

INC_Q1 **Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**

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

- | | | |
|--------|----|--|
| INC_1A | 01 | Wages and salaries |
| INC_1B | 02 | Income from self-employment |
| INC_1C | 03 | Dividends and interest (e.g., on bonds, savings) |
| INC_1D | 04 | Employment insurance |
| INC_1E | 05 | Worker's compensation |
| INC_1F | 06 | Benefits from Canada or Quebec Pension Plan |
| INC_1G | 07 | Job related retirement pensions, superannuation and annuities |
| INC_1O | 08 | RRSP, RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund) |
| INC_1H | 09 | Old Age Security and Guaranteed Income Supplement |
| INC_1J | 10 | Provincial or municipal social assistance or welfare |
| INC_1I | 11 | Child Tax Benefit |
| INC_1K | 12 | Child support |
| INC_1L | 13 | Alimony |
| INC_1M | 14 | Other (e.g., rental income, scholarships) |
| INC_1N | 15 | None |
| | | DK, RF (Go to INC_END) |

INC_E1A You cannot select "None" and another category. Please return and correct.

Note: Trigger hard edit if INC_Q1 = 15 and any other response selected in INC_Q1.

INC_E1B Inconsistent answers have been entered. Please confirm.

Note: Trigger soft edit if (INC_Q1 <> 1 or 2) and (LF2_Q1 = 1 or LF2_Q2 = 1).

INC_C2 If more than one source of income is indicated in INC_Q1, go to INC_Q2.
Otherwise, go to INC_Q3.

INC_Q2 **What was the main source of household income?**

INC_2

- 01 Wages and salaries
- 02 Income from self-employment
- 03 Dividends and interest (e.g., on bonds, savings)
- 04 Employment insurance
- 05 Worker's compensation
- 06 Benefits from Canada or Quebec Pension Plan
- 07 Job related retirement pensions, superannuation and annuities
- 08 RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
- 09 Old Age Security and Guaranteed Income Supplement
- 10 Provincial or municipal social assistance or welfare
- 11 Child Tax Benefit
- 12 Child support
- 13 Alimony
- 14 Other (e.g., rental income, scholarships)
- 15 None
- DK, RF

Note: At the time of the data processing, if the respondent reported only one source of income in INC_Q1, the variable INC_Q2 will be given its value.

INC_E2 A blank answer item has been selected. Please return and correct.

Note: Trigger hard edit if the response in INC_Q2 was not selected in INC_Q1.

INC_Q3 **What is your best estimate of the total income received by all household members,**
 INC_3 **from all sources, before taxes and deductions, in the past 12 months?**

INTERVIEWER: Capital gains should not be included in the household income. Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income.

||||| Income
 (MIN: -9 000 000) (MAX: 9, 000,000)
 DK, RF (Go to INC_Q5A)

Note: At the time of the data processing, responses reported in INC_Q3 will also be recoded into the cascade categories of INC_Q5A to INC_Q5C.

INC_E3 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if INC_Q3 > 150,000.

INC_C5A If INC_Q3 = 0, go to INC_END.
 Otherwise, go to INC_C6A.

INC_Q5A **Can you estimate in which of the following groups your household income falls?**
 INC_5A **Was the total household income in the past 12 months...?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than \$50,000 include income loss**
- 2 **\$50,000 and more** (Go to INC_Q5C)
- DK, RF (Go to INC_END)

INC_Q5B **Please stop me when I have read the category which applies to ^YOUR1**
 INC_5B **household. Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than \$5,000**
- 2 **\$5,000 to less than \$10,000**
- 3 **\$10,000 to less than \$15,000**
- 4 **\$15,000 to less than \$20,000**
- 5 **\$20,000 to less than \$30,000**
- 6 **\$30,000 to less than \$40,000**
- 7 **\$40,000 to less than \$50,000**
- DK, RF

Go to INC_C6A

INC_Q5C **Please stop me when I have read the category which applies to ^YOUR1**
INC_5C **household. Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 **\$50,000 to less than less than \$60,000**
 - 2 **\$60,000 to less than less than \$70,000**
 - 3 **\$70,000 to less than less than \$80,000**
 - 4 **\$80,000 to less than less than \$90,000**
 - 5 **\$90,000 to less than less than \$100,000**
 - 6 **\$100,000 to less than less than \$150,000**
 - 7 **\$150,000 and over**
- DK, RF

INC_C6A If HHLDSZ > 1, go to INC_C6B.
Otherwise, go to INC_END.

INC_C6B If age of respondent > 15, go to INC_D6.
Otherwise, go to INC_END.

INC_D6 (not applicable)

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INC_Q6 Thinking about ^YOUR2 total personal income, from which of the following sources did ^YOU1 receive any income in the past 12 months?

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

- | | | |
|--------|----|---|
| INC_6A | 01 | Wages and salaries |
| INC_6B | 02 | Income from self-employment |
| INC_6C | 03 | Dividends and interest (e.g., on bonds, savings) |
| INC_6D | 04 | Employment insurance |
| INC_6E | 05 | Worker's compensation |
| INC_6F | 06 | Benefits from Canada or Quebec Pension Plan |
| INC_6G | 07 | Job related retirement pensions, superannuation and annuities |
| INC_6H | 08 | RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund) |
| INC_6I | 09 | Old Age Security and Guaranteed Income Supplement |
| INC_6J | 10 | Provincial or municipal social assistance or welfare |
| INC_6K | 11 | Child Tax Benefit |
| INC_6L | 12 | Child support |
| INC_6M | 13 | Alimony |
| INC_6N | 14 | Other (e.g., rental income, scholarship:) |
| INC_6O | 15 | None |
- DK, RF (Go to INC_END)

INC_E6A A selected source of personal income is not selected as one of the sources of income for all household members. Please return, and correct.

Note: Trigger hard edit if any response other than 15 is selected in INC_Q6 and is not selected in INC_Q1.

INC_E6B You cannot select "None" and another category. Please return and correct.

Note: Trigger hard edit if INC_Q6 = 15 (None) and any other response selected in INC_Q6.

INC_C7 If more than one source of income is indicated in INC_Q6, go to INC_Q7.
Otherwise, go to INC_Q8A.

INC_Q7 What was the main source of ^YOUR1 personal income?

INC_7

- 01 Wages and salaries
 - 02 Income from self-employment
 - 03 Dividends and interest (e.g., on bonds, savings)
 - 04 Employment insurance
 - 05 Worker's compensation
 - 06 Benefits from Canada or Quebec Pension Plan
 - 07 Job related retirement pensions, superannuation and annuities
 - 08 RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
 - 09 Old Age Security and Guaranteed Income Supplement
 - 10 Provincial or municipal social assistance or welfare
 - 11 Child Tax Benefit
 - 12 Child support
 - 13 Alimony
 - 14 Other (e.g., rental income, scholarships)
 - 15 None
- DK, RF (Go to INC_END)

Note: At the time of the data processing, if the respondent reported only one source of income in INC_Q6, the variable INC_Q7 will be given its value.

INC_E7 A blank answer item has been selected. Please return and correct.

Note: Trigger hard edit if the response in INC_Q7 was not selected in INC_Q6.

INC_Q8A What is your best estimate of ^YOUR1 total personal income, before taxes and deductions, from all sources in the past 12 months?

INC_8A

INTERVIEWER: Capital gains should not be included in the personal income. Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income.

||| ||| ||| ||| Income
(MIN: -9,000,000) (MAX: 9,000,000)
DK, RF (Go to INC_Q8B)
Go to INC_END

Note: At the time of the data processing, responses reported in INC_Q8A will also be coded into the cascade categories of INC_Q8B to INC_Q8D.

INC_E8A An unusual value has been entered. Please confirm.

Note: Trigger soft edit if INC_Q8A > \$150,000.

INC_Q8B **Can you estimate in which of the following groups ^YOUR1 personal income falls?**
INC_8B **Was ^YOUR1 total personal income in the past 12 months...?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than \$30,000 including income loss**
- 2 **\$30,000 and more** (Go to INC_Q8D)
 DK, RF (Go to INC_END)

INC_Q8C **Please stop me when I have read the category which applies to ^YOU2. Was it...?**
INC_8C

INTERVIEWER: Read categories to respondent.

- 1 **Less than \$5,000**
- 2 **\$5,000 to less than \$10,000**
- 3 **\$10,000 to less than \$15,000**
- 4 **\$15,000 to less than \$20,000**
- 5 **\$20,000 to less than \$25,000**
- 6 **\$25,000 to less than \$30,000**
 DK, RF

Go to INC_END

INC_Q8D **Please stop me when I have read the category which applies to ^YOU2. Was it...?**
INC_8D

INTERVIEWER: Read categories to respondent.

- 1 **\$30,000 to less than \$40,000**
- 2 **\$40,000 to less than \$50,000**
- 3 **\$50,000 to less than \$60,000**
- 4 **\$60,000 to less than \$70,000**
- 5 **\$70,000 to less than \$80,000**
- 6 **\$80,000 to less than \$90,000**
- 7 **\$90,000 to less than \$100,000**
- 8 **\$100,000 and over**
 DK, RF

INC_END

Administration information (ADM)

ADM_BEG Core content

ADM_C01 If (do ADM block = 1), go to ADM_D01A.
Otherwise, go to ADM_END.

Note: Health Number

ADM_C01A If If PMKProxy=2, go to ADM_END.
Otherwise, go to ADM_D01A.

ADM_D01A If province = 60, 61 or 62, DT_PROVTERRE = "territorial".
Otherwise, DT_PROVTERRE = "provincial".

ADM_D01B If province = 24, DT_STAT = "Statistics Canada, your ^DT_PROVTERR ministry of health and the « Institut de la Statistique du Québec »".
Otherwise, DT_STAT = "Statistics Canada and your ^DT_PROVTERR ministry of health".

ADM_D01C (not applicable)

ADM_R01 **^DT_STAT would like your permission to link information collected during this interview. This includes linking ^YOUR2 survey information to ^YOUR1 past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.**

INTERVIEWER: Press <1> to continue.

ADM_Q01B **This linked information will be kept confidential and used only for statistical purposes. Do we have your permission?**
ADM_01B

- 1 Yes
- 2 No (Go to ADM_D04A)
- DK, RF (Go to ADM_D04A)

ADM_D3A If province = 10, ^DT_PROVINCEE = "a Newfoundland and Labrador".
 If province = 11, ^DT_PROVINCEE = "a Prince Edward Island".
 If province = 12, ^DT_PROVINCEE = "a Nova Scotia".
 If province = 13, ^DT_PROVINCEE = "a New Brunswick".
 If province = 24, ^DT_PROVINCEE = "a Quebec".
 If province = 35, ^DT_PROVINCEE = "an Ontario".
 If province = 46, ^DT_PROVINCEE = "a Manitoba".
 If province = 47, ^DT_PROVINCEE = "a Saskatchewan".
 If province = 48, ^DT_PROVINCEE = "an Alberta".
 If province = 59, ^DT_PROVINCEE = "a British Columbia".
 If province = 60, ^DT_PROVINCEE = "a Yukon".
 If province = 61, ^DT_PROVINCEE = "a Northwest Territories".
 If province = 62, ^DT_PROVINCEE = "a Nunavut".

ADM_D3B (not applicable)

ADM_Q03A **Having a provincial or territorial health number will assist us in linking to this other**
 ADM_03A **information.**

^DOVERB_C ^YOU2 have ^DT_PROVINCEE health number?

- 1 Yes (Go to ADM_B03C)
- 2 No
 DK, RF (Go to ADM_D04A)

ADM_Q03B **For which province or territory is ^YOUR1 health number?**

ADM_03B

- 10 Newfoundland and Labrador
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 62 Nunavut
- 88 Does not have a Canadian health number (Go to ADM_D04A)
 DK, R (Go to ADM_D04A)

- HN What is ^YOUR1 health number?
- INTERVIEWER:** Enter a health number for ^DT_PROVINCEE. Do not insert blanks, hyphens or commas between the numbers.
-
- (12 spaces)
DK, RF
- ADM_D04A If ADM_Q01B = 1, ^DT_SHARE1 = "names, addresses, telephone numbers and health numbers will not be provided".
Otherwise, ^DT_SHARE1 = "names, addresses and telephone numbers will not be provided".
- ADM_C04A If province = 24 (Quebec), go to ADM_R04AB.
Otherwise, go to ADM_R04AA.
- ADM_R04AA **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.**
- Provincial ministries of health may make this information available to local health authorities, but ^DTSHARE1.**
- INTERVIEWER:** The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. Provincial ministries of health includes the territorial ministries of health.
- Press <1> to continue.
- Go to ADM_Q04B
- ADM_R04AB **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « Institut de la Statistique du Québec », Health Canada and the Public Health Agency of Canada.**
- The « Institut de la Statistique du Québec » and provincial ministries of health may make this information available to local health authorities, but ^DTSHARE1.**
- INTERVIEWER:** The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. Provincial ministries of health includes the territorial ministries of health.
- Press <1> to continue.

ADM_Q04B **All information will be kept confidential and used only for statistical purposes.**

ADM_04B

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, RF

Note: Frame Evaluation

ADM_B09 Call sub-bloc "Frame Evaluation" (FRE)

ADM_C09 If CATI (Casetype = 1), go to ADM_N10.
Otherwise, go to ADM_N09.

ADM_N09 INTERVIEWER: Was this interview conducted on the telephone or in person?

- 1 On telephone
- 2 In person
- 3 Both

(DK, RF are not allowed)

ADM_N10 INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

- 1 Yes (Go to ADM_N12)
- 2 No
- DK, RF (Go to ADM_N12)

ADM_N11 INTERVIEWER: Do you think that the answers of the respondent were affected by someone else being there?

- 1 Yes
- 2 No
- DK, RF

ADM_N12 INTERVIEWER: Record language of interview

- 01 English
- 02 French
- 03 Chinese
- 04 Italian
- 05 Punjabi
- 06 Spanish
- 07 Portuguese
- 08 Polish
- 09 German
- 10 Vietnamese
- 11 Arabic
- 12 Tagalog (Filipino)
- 13 Greek
- 14 Tamil
- 15 Cree
- 16 Afghan
- 17 Cantonese
- 18 Hindi
- 19 Mandarin
- 20 Persian
- 21 Russian
- 22 Ukrainian
- 23 Urdu
- 24 Inuktitut
- 90 Other - Specify (Go to ADM_S12)
DK, RF

Go to ADM_END

ADM_S12 INTERVIEWER: Specify.

(80 spaces)
DK, RF

ADM_END

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CAPI Frame Evaluation - Sub-block (FRE)

| | |
|-----------------|--|
| FRE_BEG | <p>Content block</p> <p>External variables required:</p> <p>PROXMODE: proxy identifier, from the GR block. FNAME: first name of respondent from household block. DOFRE: do block flag, from the sample file.</p> <p>PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block</p> <p>Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space</p> |
| FRE_C1B | <p>If CAPI (Casetype = 0) and FREFLAG = 2 (i.e. the frame evaluation questions have not been done for the household), go to FRE_R1. Otherwise, go to FRE_END.</p> |
| FRE_R1 | <p>And finally, a few questions to evaluate the way households were selected for this survey, and to prevent households from being selected more than once for this survey.</p> <p><u>INTERVIEWER</u>: Press <1> to continue</p> |
| FRE_Q1 FRE_1 | <p>Excluding cellular phone numbers and phone numbers used strictly for business purposes, or fax machines, how many telephone numbers are there for your household?</p> <p>1 1 2 2 3 3 or more 4 None D.K. RF (Go to FRE_Q5)</p> |
| FRE_E1 | <p>Please confirm with the respondent that, in order to make a telephone call from his/her home the respondent exclusively uses a cellular telephone or if he/she has to leave his/her home to access a telephone.</p> |
| Note: | <p>Trigger soft edit if (FRE_Q1 = 4).</p> |
| FRE_C2 | <p>If FRE_Q1 = 4, go to FRE_Q4. Otherwise, go to FRE_D2.</p> |
| FRE_D2 | <p>If FRE_Q1 = 1, ^DT_MAIN = "your". Otherwise, ^DT_MAIN = "your main".</p> |

FRE_Q2 What is ^DT_MAIN phone number, including the area code?

FRE_2

INTERVIEWER: Do not include cellular phone numbers, or those used strictly for business or fax machines.
Telephone number: [telnum].

Note: Telephone Block

Code : INTERVIEWER: Enter the area code.

||||

Tel : INTERVIEWER: Enter the telephone number.

|||||||

FRE_E2 A non-Canadian area code has been entered. Please return and correct.

Note: Trigger hard edit if a non-canadian area code is entered.

FRE_C3A If Code or Tel = DK, RF, go to FRE_Q5.
Otherwise, go to FRE_C3B.

FRE_C3B If FRE_Q1 = 1 (1 phone), go to FRE_Q5.
Otherwise, go to FRE_D3.

FRE_D3 If FRE_Q1 = 2, ^DT_PHONE = "your other phone number".
Otherwise, ^DT_PHONE = "another of your phone numbers".

FRE_Q3 What is ^DT_PHONE, including the area code?

FRE_3

INTERVIEWER: Do not include cellular phone numbers, or those used strictly for business or fax machines
Telephone number: [telnum].

Note: Telephone Block

Code : INTERVIEWER: Enter the area code.

||||

Tel : INTERVIEWER: Enter the telephone number.

|||||||

Go to FRE_Q5

FRE_E3 A non-Canadian area code has been entered. Please return and correct.

Note: Trigger hard edit if a non-canadian area code is entered.

FRE_D4 (not applicable)

FRE_Q4 **^DOVERB_C ^YOU2 have a working cellular phone that can place and receive calls?**

FRE_4

- 1 Yes
- 2 No
DK, RF

Go to FRE_END

FRE_Q5

FRE_5

Among all of the telephone numbers for your home, excluding cellular phone numbers and those used strictly for business purposes and fax machines, are any of them listed in the paper or internet telephone book?

- 1 Yes
- 2 No
DK, RF

Note: Administration (Part 1)

FRE_END

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Exit

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

Possible future contact (PFC)

PFC_BEG

PFC_R01 **As part of this study, we may need to get in touch in the future.**

INTERVIEWER: Press <1> to continue.

1 Continue

(DK, RF are not allowed)

PFC_END

Administration - Fictitious Name (ADF)

ADF_BEG

ADF_N05 INTERVIEWER: Is this a fictitious name for the respondent?

1 Yes

2 No (Go to CON1_RINT)

DK, RF (Go to CON1_RINT)

ADF_N06 INTERVIEWER: Remind respondent about the importance of getting correct names.
Do you want to make corrections to:

1 ... first name only?

2 ... last name only? (Go to ADF_N08)

3 ... both names?

4 ... no corrections? (Go to CON1_RINT)

DK, RF (Go to CON1_RINT)

ADF_N07 INTERVIEWER: Enter the first name only.

(25 spaces)

DK, RF

ADF_C08 If ADF_N06 = 3, go to ADF_N08.
Otherwise, go to CON1_RINT.

ADF_N08 INTERVIEWER: Enter the last name only.

(25 spaces)

DK, RF

ADF_END

Exit Introduction (EI)

EI_BEG

EI_R01 **Before we finish, I would like to ask you a few other questions.**

INTERVIEWER: Press <Enter> to continue.

EI_END

Permission to share (PS)

PS_BEG (if partial interview)

Data Sharing - All Provinces (excluding Quebec and the territories)

PS_R01 **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.**

Your provincial ministry of health may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.

INTERVIEWER: Press <Enter> to continue.

Go to PS_Q01

Data Sharing - NWT, Yukon, Nunavut

PS_R01 **Statistics Canada would like your permission to share the information collected in this survey with Health Canada, the Public Health Agency of Canada and provincial and territorial ministries of health.**

INTERVIEWER: Press <Enter> to continue.

Go to PS_Q01

Data Sharing - Quebec

PS_R01 **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « Institut de la Statistique du Québec », Health Canada and the Public Health Agency of Canada. The « Institut de la Statistique du Québec » may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.**

INTERVIEWER : Press <Enter> to continue.

PS_Q01 **All information will be kept confidential and used only for statistical purposes.**

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, RF

PS_END

Thank You 1 (TY1)

TY1_BEG

TY1_R01 **Thank you for your time.**

INTERVIEWER: Press <Enter> to continue.

(DK, RF are not allowed)

TY1_END

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Appendix A – Canadian community health survey content overview (2011-2012)

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Appendix A – Canadian community health survey content overview (2011 - 2012)

Annual common content (all health regions)ⁱ

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Age of respondent (ANC) • Alcohol use (ALC) • Chronic conditions (CCC) • Contact with health professionals (CHP)ⁱⁱⁱ • Exposure to second-hand smoke (ETS) • Fruit and vegetable consumption (FVC) • Flu shots (FLU) | <ul style="list-style-type: none"> • General health (GEN) • Health care utilization (HCU) • Height and weight – Self –reported (HWT) • Pain and discomfort (HUP) • Physical activities (PAC) • Smoking (SMK) | <p><i>Administration and Socio-demographics</i></p> <ul style="list-style-type: none"> • Administration information (ADM) • Education (EDU) • Income (INC) • Labour force (LBS) • Person most knowledgeable about the household situation (PMK) • Socio-demographic characteristics (SDC) |
|--|--|---|

Two-year biennial common content (all health regions)

2011-2012

1) Healthy Living

- Sedentary activities (SAC)
- Food security (FSC)
- Maternal experiences - breastfeeding (MEX)

2) Mental well-being

- Consultation about mental health (CMH)
- Positive mental health (PMH)

One-year biennial/quadrennial common content (all health regions)

| 2011 | 2012 |
|--|---|
| <p>1) Health Services Access Surveyⁱⁱ</p> <ul style="list-style-type: none"> • Access to health care services (ACC) • Waiting times (WTM) <p>2) Neurological Conditions (NEU)</p> | <p>1) Chronic Disease Screening</p> <ul style="list-style-type: none"> • PAP smear test (PAP) • Mammography (MAM) • Colorectal cancer screening (CCS) • Spirometry (SPI) • Blood test (BLT) • Physical check-up (PCU) |

Rapid Response (national estimates only)

| 2011 | 2012 |
|---|--|
| <ul style="list-style-type: none"> • Neighbourhood environment (NBE) (July – August) | <ul style="list-style-type: none"> • Canada's food guide (CFG) (May – June) |

i RAC has been a core module throughout the years, with the exception of 2011 when it was asked only in the territories.

ii Asked of a sub-sample of respondents. These theme modules were not asked of respondents in the territories.

iii In 2011, CHP changed from being a common content module to an optional module. In 2012, CHP returned to being a common content module but was divided into two modules (CHP and CP2), CP2 is an optional module.

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Appendix B – Optional content selection by health regions (grouped by province) (2011)

| DescriptionE | N.L. | P.E.I. | N.S. | N.B. | Que. | Ont. | Man. | Sask. | Alta. | B.C. | Y.T. | N.W.T. | Nvt |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ACC Access to health care services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADL Activities of Daily Living | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ALW Alcohol use during the past week | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BPC Blood pressure check | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| BLT Blood test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| BRX Breast examinations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| BSX Breast self-examinations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| CIH Changes made to improve health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| CCS Colorectal cancer screening | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| CHP Contacts with Health Professionals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DEN Dental visits | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| DEP Depression | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| DIA Diabetes care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DSU Dietary supplement use - Vitamins and minerals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| DIS Distress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DRV Driving and safety | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| EYX Eye examinations | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| FDC Food choices | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| HCS Health care system satisfaction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| HMC Home care services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HMS Home safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| DescriptionE | N.L. | P.E.I. | N.S. | N.B. | Que. | Ont. | Man. | Sask. | Alta. | B.C. | Y.T. | N.W.T. | Nvt |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| HRT Hormone replacement therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IDG Illicit drugs use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| INJ Injuries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| INS Insurance coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| LOP Loss of Productivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAM Mammography | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MAS Mastery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MXA Maternal experiences - Alcohol use during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MXS Maternal experiences - Smoking during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MED Medication use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OH1 Oral health 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| PAP PAP smear test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| PSC Patient satisfaction - Community-based care | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PAS Patient satisfaction - Health care services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCP Physical activity - Stages of change | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| PCU Physical check-up | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| REP Repetitive strain - Sub Block | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| RAC Restriction of activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| SWL Satisfaction with life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| DescriptionE | N.L. | P.E.I. | N.S. | N.B. | Que. | Ont. | Man. | Sask. | Alta. | B.C. | Y.T. | N.W.T. | Nvt |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
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| SUI Suicidal thoughts and attempts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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| UPE Use of protective equipment | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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