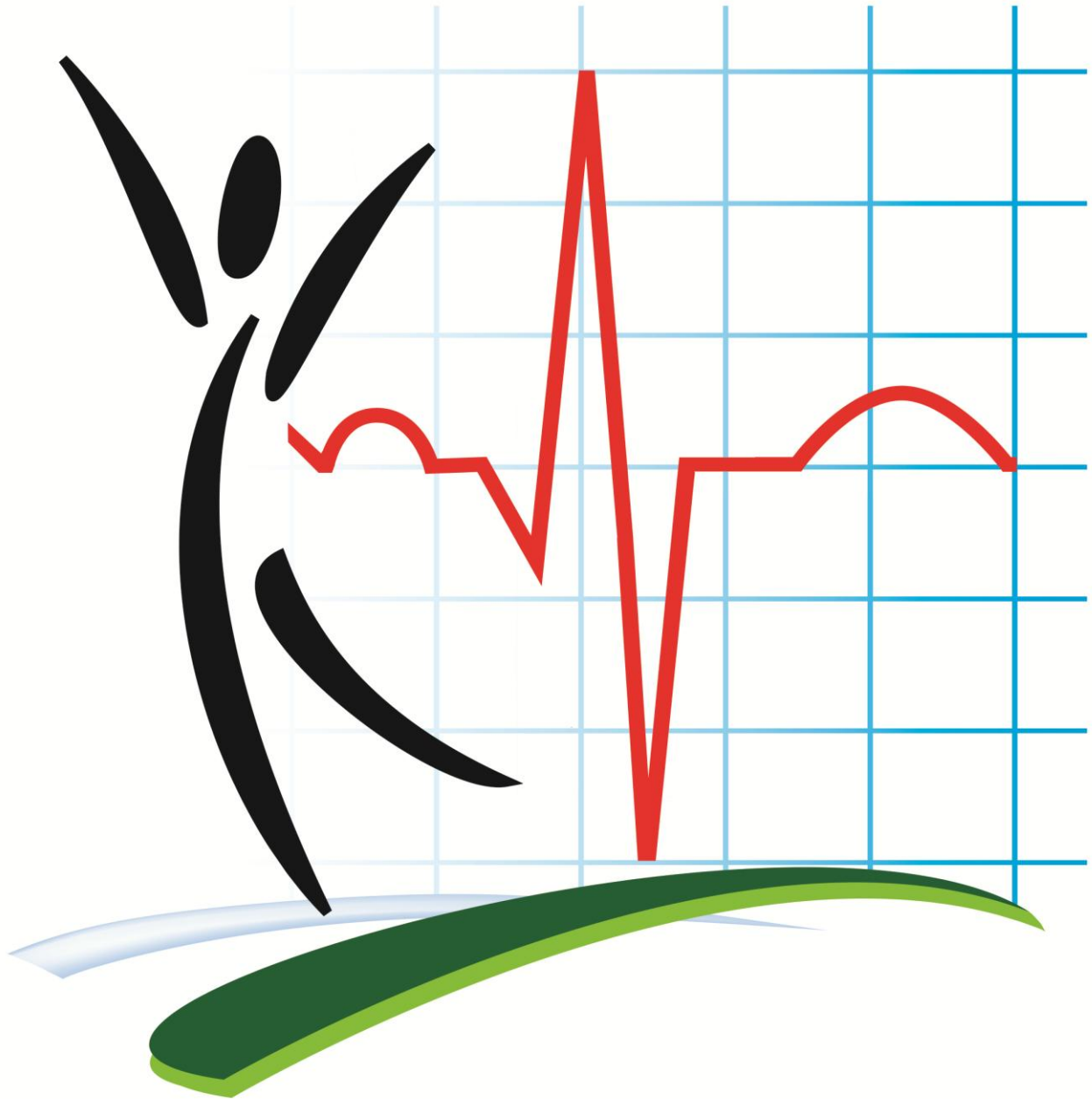


# Canadian Community Health Survey (CCHS)

## Annual Component - 2014 Questionnaire



Statistics  
Canada

Statistique  
Canada

Canada

FOR INFORMATION ONLY

## Introduction

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

## Contact component

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

### **Contact (CN)**

CN\_BEG

CN\_N01 **INTERVIEWER:** Record method of interview.

- 1 Telephone
- 2 Personal

(DK, RF are not allowed)

CN\_N02 **INTERVIEWER:** Have you made contact?

- 1 Yes
- 2 No

(DK, RF are not allowed)

CN\_END

### **Interviewer introduction (II)**

II\_BEG

II\_R01 **Hello, I'm 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. Your information may also be used by Statistics Canada for other statistical and research purposes**

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 ask for 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

### Roster (RS)

RS\_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

RS\_E05 INTERVIEWER: Press <Enter> to return to roster and enter at least one name.

Note: Trigger hard edit if RS\_Q04 = 1.

RS\_END

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

ANDB\_BEG

ANDB\_Q01      **What is [respondent name]'s age?**

[\_][\_] Age in years  
(MIN: 0) (MAX: 121)  
(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

**Educational Attainment (EHG2)**

EHG2\_BEG

EHG2\_Q01  
EDU\_1**What is the highest grade of elementary or high school [respondent name] has ever completed?**

- 1 Grade 8 or lower (Québec: Secondary II or lower) (Go to EHG2\_Q03)
- 2 Grade 9 - 10 (Québec: Secondary III or IV, Newfoundland and Labrador: 1st year secondary) (Go to EHG2\_Q03)
3. Grade 11 - 13 (Québec: Secondary V, Newfoundland and Labrador: 2nd to 3rd year of secondary)

EHG2\_Q02  
EDU\_2**Did [respondent name] complete a high school diploma or its equivalent?**

- 1 Yes
- 2 No

EHG2\_Q03  
EDU\_3**Has [respondent name] received any other education that could be counted towards a certificate, diploma or degree from an educational institution?**

- 1 Yes (Go to EHG2\_Q04)
- 2 No

EHG2\_Q04  
EDU\_1**What is the highest certificate, diploma or degree that [respondent name] has completed?**

- 1 Less than high school diploma or its equivalent
- 2 High school diploma or a high school equivalency certificate
3. Trade certificate or diploma
4. College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)
5. University certificate or diploma below the bachelor's level
6. Bachelor's degree (e.g. B.A., B.Sc., LL.B.)
7. University certificate, diploma, degree above the bachelor's level

EHG2\_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

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Table of Contents**

Content .....	13
Proxy interview (GR) .....	14
Age of respondent (ANC) .....	16
General health (GEN) .....	19
Voluntary organizations - Participation (ORG) .....	22
Sleep (SLP) .....	23
Changes made to improve health (CIH) .....	25
Oral health 1 (OH1) .....	28
Health care system satisfaction (HCS) .....	30
Height and weight - Self-reported (HWT) .....	32
Chronic conditions (CCC) .....	37
Fibromyalgia - Sub-block (CC3) .....	43
Chronic fatigue syndrome and multiple chemical sensitivities - Sub block (CC4) .....	44
Diabetes care (DIA) .....	45
Health utilities index (HUI) .....	49
Pain and discomfort (HUP) .....	55
Health care utilization (HCU) .....	56
Contacts with Health Professionals - Part 1 (CHP) .....	59
Contacts with Health Professionals - Part 2 (CP2) .....	65
Unmet health care needs (UCN) .....	68
Home care services (HMC) .....	71
Patient satisfaction - Health care services (PAS) .....	76
Patient satisfaction - Community-based care (PSC) .....	80
Restriction of activities (RAC) .....	82
Activities of Daily Living (ADL) .....	85
Flu shots (FLU) .....	87
Blood pressure check (BPC) .....	89
PAP smear test (PAP) .....	91
Mammography (MAM) .....	93
Prostate cancer screening (PSA) .....	96
Colorectal cancer screening (CCS) .....	98
Eye examinations (EYX) .....	101
Dental visits (DEN) .....	103
Oral health 2 (OH2) .....	105
Food choices (FDC) .....	109
Fruit and vegetable consumption (FVC) .....	112
Physical activities (PAC) .....	119
Physical activity - Stages of change (SCP) .....	124
Sedentary activities (SAC) .....	126
Use of protective equipment (UPE) .....	128
Sun safety behaviours (SSB) .....	132
Injuries (INJ) .....	136
Repetitive strain - Sub Block (REP) .....	146
Workplace Injury - Sub Block (INW) .....	149
Satisfaction with life (SWL) .....	150
Stress - Sources (STS) .....	153
Smoking (SMK) .....	155
Smoking - Stages of change (SCH) .....	162
Smoking cessation methods (SCA) .....	164
Smoking - Physician counselling (SPC) .....	167
Smoking - Youth smoking (YSM) .....	170
Exposure to second-hand smoke (ETS) .....	172
Smoking - Other tobacco products (TAL) .....	175
Alcohol use (ALC) .....	176

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

Alcohol use during the past week (ALW) .....	178
Driving and safety (DRV) .....	184
Alcohol use - Dependence (ALD) .....	190
Maternal experiences - Breastfeeding (MEX) .....	196
Maternal experiences - Alcohol use during pregnancy (MXA) .....	203
Maternal experiences - Smoking during pregnancy (MXS) .....	204
Illicit drugs use (IDG) .....	207
Problem gambling (CPG) .....	216
Sexual behaviours (SXB) .....	228
Social Provisions (SPS) .....	232
Consultations about mental health (CMH) .....	235
Mood (Bradburn affect balance scale) (MDB) .....	237
Distress (DIS) .....	240
Depression (DEP) .....	244
Suicidal thoughts and attempts (SUI) .....	251
Health status (SF-36) (SFR) .....	253
Access to health care services (ACC) .....	262
Waiting times (WTM) .....	277
Labour force (LBS) .....	295
Loss of Productivity (LOP) .....	300
Education of selected respondent (EDU) .....	306
Socio-demographic characteristics (SDC) .....	307
Person most knowledgeable about household situation (PMK) .....	316
Insurance coverage (INS) .....	321
Food security (FSC) .....	323
Income (INC) .....	329
Administration information (ADM) .....	336
CAPI Frame Evaluation - Sub-block (FRE) .....	341
Language Lookup (LLU) .....	344
Tanning Equipment Use (TEU) .....	345
Laser Beam Exposure (LBE) .....	351
Topical Index .....	356

FOR INFORMATION ONLY

**Content**

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Proxy interview (GR)**

Core content

GR\_BEG

Content block

External variables required:

PROXYMODE: 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\_N01A

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
- (DK, RF not allowed)

GR\_C01

If selected respondent, go to GR\_END.  
Otherwise, go to GR\_N01B.

GR\_N01B

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

- 1 Yes (Go to GR\_N02)
  - 2 No
- (DK, RF not allowed)

Go to GR\_E01B

Processing:

*This is the variable that's used to create the Proxy variable (PROXYMODE)*

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

GR\_E01B

**You may not proceed with the rest of this questionnaire. Please press <F10> to exit, or return and update GR\_N01A or GR\_N01B.**

Rule :

*Trigger hard edit if GR\_N01B = 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 not allowed)

GR\_N03

INTERVIEWER: Enter the condition.

---

(80 spaces)

(DK, RF not allowed)

GR\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Age of respondent (ANC)**

Core content

ANC_BEG	Core content
ANC_C01A	If (DOANC block = 1), go to ANC_D01. Otherwise, go to ANC_END.
ANC_D01	Not Applicable
ANC_R01	<b>For some of the questions I'll be asking, I need to know <sup>^</sup>YOUR2 exact date of birth.</b>  <u>INTERVIEWER</u> : Press <1> to continue.
ANC_N01A	<u>INTERVIEWER</u> : Enter the day. If necessary, ask (What is the day?)   _ _  (MIN: 1) (MAX: 31)  DK, RF  Processing: ANC_N01A is known as DHH_DOB
ANC_N01B	<u>INTERVIEWER</u> : 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  Processing: ANC_N01B is known as DHH_MOB
ANC_E01B	<b>An impossible day/month combination has been entered. Please return and correct.</b>
Rule :	Trigger hard edit if a month is selected that is invalid in combination with the previously entered numeric day.



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ANC_N01C	<p><u>INTERVIEWER</u>: Enter a four-digit year. If necessary, ask (What is the year?)</p> <p> _  (MIN: 0) (MAX: 0)</p> <p>DK, RF</p>
Processing:	<p>ANC_N01C is known as DHH_YOB</p>
ANC_C02	<p>If ANC_N01C (Year) = DK, RF, go to ANC_Q03. Otherwise, go to ANC_D02.</p>
ANC_E01C	<p><b>An impossible day/month/year combination has been entered. Please return and correct.</b></p>
Rule :	<p>Trigger hard edit if a year is entered that is invalid in combination with the previously entered month and day.</p>
ANC_E01D	<p><b>Date cannot be after ^CURRENTDATE. Please return and correct.</b></p>
Rule :	<p>Trigger hard edit if The day, month, year entered are after the current date.</p>
ANC_D02	
Programmer:	<p>Program : Calculate age based on the entered date of birth.</p>
ANC_Q02	<p><b>So ^YOUR1 age is [calculated age]. Is that correct?</b></p> <p>1 Yes (Go to ANC_C03) 2 No, return and correct date of birth 3 No, collect age (Go to ANC_Q03) (DK, RF not allowed)</p>
ANC_E02	<p><b>Return to ANC_N01A and correct the date of birth.</b></p>
Rule :	<p>Trigger hard edit if ANC_Q02 = 2.</p>
ANC_C03	<p>If [calculated age] &lt; 12 years, go to ANC_R04. Otherwise, go to ANC_END.</p>
ANC_Q03	<p><b>What is ^YOUR1 age?</b></p> <p> _ _ _  Age in years (MIN: 0) (MAX: 121)</p> <p>(DK, RF not allowed)</p>
Processing:	<p>ANC_Q03 is known as DHH_AGE</p>
ANC_C04	<p>If age &lt; 12 years, go to ANC_R04. Otherwise, go to ANC_END.</p>

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

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 <1> to continue.

ANC\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**General health (GEN)**

Core content

GEN\_BEG

Core content  
AGE - Age of respondent  
PROXYMODE: proxy identifier, from the GR block.  
DOGEN: do block flag, from the sample file.

GEN\_C01

If (DOGEN 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

GEN\_01

**In general, would you say ^YOUR1 health is...?**

INTERVIEWER: Read categories to respondent.

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

Help text:

Tag: Perceived health

*Perceived health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as: incipient disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function. Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. Health means not only the absence of disease or injury but also physical, mental and social well being.*

GEN\_Q02A

GEN\_02

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

INTERVIEWER: Read categories to respondent.

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

GEN\_C02B

If proxy interview, go to GEN\_Q07.  
Otherwise, go to GEN\_Q02B.

GEN\_Q02B  
GEN\_02A2

**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?**

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

GEN\_Q02C  
GEN\_02B

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

INTERVIEWER: Read categories to respondent.

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

GEN\_Q07  
GEN\_07

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

INTERVIEWER: Read categories to respondent.

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

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  
GEN\_08

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

1 Yes  
2 No (Go to GEN\_Q10)  
DK, RF (Go to GEN\_Q10)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

GEN\_R09

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

INTERVIEWER: Press <1> to continue.

GEN\_Q09

GEN\_09

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

INTERVIEWER: Read categories to respondent.

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

DK, RF

GEN\_Q10

GEN\_10

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

INTERVIEWER: Read categories to respondent.

- 1 **Very strong**
- 2 **Somewhat strong**
- 3 **Somewhat weak**
- 4 **Very weak**

DK, RF

GEN\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Voluntary organizations - Participation (ORG)**

Optional content

Northwest Territories

ORG\_BEG

Optional Content (See Appendix 2)

ORG\_C1A

If (DOORG 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

ORG\_1

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

1 Yes

2 No

(Go to ORG\_END)

DK, RF

(Go to ORG\_END)

ORG\_Q2

ORG\_2

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

INTERVIEWER: Read categories to respondent.

1 **At least once a week**

2 **At least once a month**

3 **At least 3 or 4 times a year**

4 **At least once a year**

5 **Not at all**

DK, RF

ORG\_END

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

---

**Sleep (SLP)**

Optional content

Manitoba, Prince Edward Island, Alberta, Northwest Territories

SLP\_BEG

Optional Content

External variables required:

PROXYMODE: proxy identifier, from the GR block.  
FNAME: first name of respondent from household block.  
DOSLP: do block flag, from the sample file.  
Optional Content

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

SLP\_C01A

If (DOSLP block = 2), go to SLP\_END.  
Otherwise, go to SLP\_C01B.

SLP\_C01B

If proxy interview, go to SLP\_END.  
Otherwise, go to SLP\_Q01.

SLP\_Q01  
SLP\_01

**Now a few questions about sleep.  
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  
SLP\_02

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

INTERVIEWER: Read categories to respondent.

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

SLP\_Q03  
SLP\_03

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

INTERVIEWER: Read categories to respondent.

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

DK, RF

SLP\_Q04  
SLP\_04

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

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

DK, RF

SLP\_END

FOR INFORMATION ONLY



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Changes made to improve health (CIH)**

Optional content Yukon, British Columbia, Manitoba, Prince Edward Island, Nova Scotia, Northwest Territories

CIH\_BEG Optional Content (See Appendix 2)

CIH\_C1A If (DOCIH 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  
CIH\_2

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

- 01 Increased exercise, sports / physical activity
- 02 Lost weight
- 03 Changed diet / improved eating habits
- 04 Quit smoking / reduced amount smoked
- 05 Drank less alcohol
- 06 Reduced stress level
- 07 Received medical treatment
- 08 Took vitamins
- 09 Other
- DK, RF

CIH\_D3 If CIH\_Q1 = 1, DT\_ANYTHING = "anything else".  
Otherwise, DT\_ANYTHING = "anything".

CIH\_Q3  
CIH\_3

**Do you think there is ^DT\_ANYTHING you should do to improve your physical health?**

- 1 Yes
- 2 No (Go to CIH\_END)
- DK, RF (Go to CIH\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CIH\_Q4  
CIH\_4

**What is the most important thing?**

- 01 Start / Increase exercise, sports / physical activity
- 02 Lose weight
- 03 Change diet / improve eating habits
- 04 Quit smoking / reduce amount smoked
- 05 Drink less alcohol
- 06 Reduce stress level
- 07 Receive medical treatment
- 08 Take vitamins
- 09 Other
- DK, RF

CIH\_Q5  
CIH\_5

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

- 1 Yes
- 2 No (Go to CIH\_Q7)
- DK, RF (Go to CIH\_Q7)

CIH\_Q6

**What is that?**

INTERVIEWER: Mark all that apply.

CIH\_6A

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

CIH\_6I  
CIH\_6B  
CIH\_6J  
CIH\_6K  
CIH\_6G  
CIH\_6F  
CIH\_6E

CIH\_6L  
CIH\_6M  
CIH\_6N  
CIH\_6H

CIH\_Q7  
CIH\_7

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

- 1 Yes
- 2 No (Go to CIH\_END)
- DK, RF (Go to CIH\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

CIH\_Q8

**What is that?**

INTERVIEWER: Mark all that apply.

CIH\_8A

01 Start / Increase exercise,  
sports / physical activity

CIH\_8B

02 Lose weight

CIH\_8C

03 Change diet / improve  
eating habits

CIH\_8J

04 Quit smoking / reduce  
amount smoked

CIH\_8K

05 Drink less alcohol

CIH\_8G

06 Reduce stress level

CIH\_8L

07 Receive medical treatment

CIH\_8H

08 Take vitamins

CIH\_8I

09 Other

DK, RF

CIH\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Oral health 1 (OH1)**

Optional content

Ontario, Nunavut

OH1\_BEG

Optional Content (See Appendix 2)

OH1\_C20A

If (DOOH1 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 <1> to continue.

OH1\_Q20

OH1\_20

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

INTERVIEWER: Read categories to respondent.

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

DK, RF

OH1\_Q21A

OH1\_21A

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

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

- 1 Yes
- 2 No

DK, RF

OH1\_Q21B

OH1\_21B

**(Can you:)**

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

- 1 Yes
- 2 No

DK, RF

OH1\_C21C

If OH1\_Q21A = 1 or OH1\_Q21B = 1, go to OH1\_Q22.  
Otherwise, go to OH1\_Q21C.

Processing:

OH1\_Q21C will be filled with "Yes" during head office processing.

OH1\_Q21C

OH1\_21C

**(Can you:)**

**chew boiled vegetables?**

- 1 Yes
- 2 No

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

OH1\_Q22  
OH1\_22

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

INTERVIEWER: Read categories to respondent.

- 1 **Often**
- 2 **Sometimes**
- 3 **Rarely**
- 4 **Never**

DK, RF

OH1\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

---

**Health care system satisfaction (HCS)**

Optional content

Alberta

HCS\_BEG

Optional Content (See Appendix 2)

HCS\_C1A

If (DOHCS 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

HCS\_1

**Now, a few questions about health care services in ^DT\_PROVINCEE.  
Overall, how would you rate the availability of health care services in  
^DT\_PROVINCEE?  
Would you say it is...?**

INTERVIEWER: Read categories to respondent.

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

HCS\_D2

Not Applicable

HCS\_Q2

HCS\_2

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

INTERVIEWER: Read categories to respondent.

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

HCS\_Q3  
HCS\_3

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

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

HCS\_Q4  
HCS\_4

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

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

HCS\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Height and weight - Self-reported (HWT)**

Core content

HWT\_BEG

Core content

HWT\_C1

If (DOHWT 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  
MAM\_037

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

- 1 Yes (Go to HWT\_END)
- 2 No
- DK, RF

HWT\_Q2  
HWT\_2

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

- 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 ^CURRENTAGE year old respondent. Please return and correct.**

Rule :

Trigger hard edit if (HWT\_Q2 < 3).



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

HWT\_N2A  
HWT\_2A

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  
HWT\_2B

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

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

HWT\_N2C  
HWT\_2C

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  
HWT\_2D

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

HWT\_N2E  
HWT\_2E

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  
HWT\_2F

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  
HWT\_3

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

INTERVIEWER: Enter amount only.

|\_|\_|\_| Weight  
(MIN: 1)  
(MAX: 575)

DK, RF

(Go to HWT\_END)

HWT\_N4  
HWT\_N4

INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
  - 2 Kilograms
- (DK, RF not allowed)

HWT\_E4

An unusual value has been entered. Please confirm.

Rule :

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)).

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

HWT\_C4

If proxy interview, go to HWT\_END.  
Otherwise, go to HWT\_Q4.

HWT\_Q4  
HWT\_4

**Do you consider yourself:**

INTERVIEWER: Read categories to respondent.

- 1 **Overweight**
  - 2 **Underweight**
  - 3 **Just about right**
- DK, RF

HWT\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Chronic conditions (CCC)**

Core content

CCC_BEG	Core content Age Sex
CCC_C011	If (DOCCC block = 1), go to CCC_R011. Otherwise, go to CCC_END.
CCC_R011	<b>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.</b>  INTERVIEWER: Press <1> to continue.
CCC_Q031 CCC_031	<b>^DOVERB_C ^YOU2 have asthma?</b>  1 Yes 2 No (Go to CCC_B037) DK (Go to CCC_B037) RF (Go to CCC_END)
CCC_Q035 CCC_035	<b>^HAVE_C ^YOU1 had any asthma symptoms or asthma attacks in the past 12 months?</b>  1 Yes 2 No DK, RF
CCC_Q036 CCC_036	<b>In the past 12 months, ^HAVE ^YOU1 taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?</b>  1 Yes 2 No DK, RF
CCC_B037	Call sub-block "Fibromyalgia" (CC3)
CCC_C051	If age < 14, go to CCC_Q061. Otherwise, go to CCC_Q051.
CCC_Q051 CCC_051	<b>^DOVERB_C ^YOU1 have arthritis, excluding fibromyalgia?</b>  1 Yes 2 No DK, RF
CCC_Q061 CCC_061	<b>^DOVERB_C ^YOU2 have back problems, excluding fibromyalgia and arthritis?</b>  1 Yes 2 No DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CCC\_Q071  
CCC\_071

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

^DOVERB\_C ^YOU2 have high blood pressure?

- 1 Yes (Go to CCC\_Q073)
- 2 No
- DK
- RF (Go to CCC\_Q081)

CCC\_Q072  
CCC\_072

^HAVE\_C ^YOU1 ever been diagnosed with high blood pressure?

- 1 Yes
- 2 No (Go to CCC\_Q081)
- DK, RF (Go to CCC\_Q081)

CCC\_Q073  
CCC\_073

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

- 1 Yes
- 2 No
- DK, RF

CCC\_C075

If sex = female and age > 15 and (CCC\_Q071 = 1 or [CCC\_Q072 = 1 and CCC\_Q073 = 1]), go to CCC\_Q075.  
Otherwise, go to CCC\_Q081.

CCC\_Q075  
CCC\_073A

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

- 1 Yes
- 2 No (Go to CCC\_Q081)
- DK, RF (Go to CCC\_Q081)

CCC\_Q077  
CCC\_073B

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

- 1 Yes
- 2 No
- DK, RF

CCC\_Q081  
CCC\_081

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CCC\_Q091  
CCC\_091

**^DOVERB\_C ^YOU2 have chronic bronchitis, emphysema or chronic obstructive pulmonary disease or COPD?**

INTERVIEWER: Chronic bronchitis is another name for COPD or emphysema. It is characterized by inflammation of the main air passages to the lung characterized by mucous secretion and chronic cough. It is a long-term condition.

1 Yes  
2 No  
DK, RF

CCC\_Q101  
CCC\_101

**(Remember, we're interested in conditions diagnosed by a health professional and that 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  
CCC\_102

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

INTERVIEWER: Maximum is ^CURRENTAGE.

|\_|\_|\_| Age in years  
(MIN: 1)  
(MAX: 121)

DK, RF

CCC\_E102

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

Rule :

Trigger hard edit if CCC\_Q102 > CURRENTAGE

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  
CCC\_10A

**^WERE\_C ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?**

1 Yes  
2 No (Go to CCC\_Q10C)  
DK, RF (Go to CCC\_Q10C)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CCC\_Q10B  
CCC\_10B

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

- 1 Yes
- 2 No (Go to CCC\_Q121)
- DK, RF (Go to CCC\_Q121)

CCC\_Q10C  
CCC\_10C

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

- 1 Less than 1 month
- 2 1 month to less than 2 months
- 3 2 months to less than 6 months
- 4 6 months to less than 1 year
- 5 1 year or more
- 6 Never (Go to CCC\_Q106)
- DK, RF

CCC\_Q105  
CCC\_105

^DOVERB\_C ^YOU2 currently take insulin for ^YOUR1 diabetes?

- 1 Yes
- 2 No
- DK, RF

Processing:

If CCC\_Q10C = 6, CCC\_Q105 will be filled with "No" during processing.

CCC\_Q106  
CCC\_106

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

- 1 Yes
- 2 No
- DK, RF

CCC\_Q121  
CCC\_121

^DOVERB\_C ^YOU1 have heart disease?

- 1 Yes
- 2 No
- DK, RF

CCC\_Q131  
CCC\_131

(^DOVERB\_C ^YOU1 have:)

cancer?

- 1 Yes (Go to CCC\_Q141)
- 2 No
- DK
- RF (Go to CCC\_Q141)

CCC\_Q132  
CCC\_31A

^HAVE\_C ^YOU1 ever been diagnosed with cancer?

- 1 Yes
- 2 No
- DK, RF



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CCC\_Q141  
CCC\_141

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

**^DOVERB\_C ^YOU1 have intestinal or stomach ulcers?**

- 1 Yes
- 2 No
- DK, RF

CCC\_Q151  
CCC\_151

**^DOVERB\_C ^YOU2 suffer from the effects of a stroke?**

- 1 Yes
- 2 No
- DK, RF

CCC\_C161

If age < 25, go to CCC\_Q171.  
Otherwise, go to CCC\_Q161.

CCC\_Q161  
CCC\_161

**^DOVERB\_C ^YOU2 have:**

**urinary incontinence?**

- 1 Yes
- 2 No
- DK, RF

CCC\_Q171  
CCC\_171

**^DOVERB\_C ^YOU2 have a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?**

- 1 Yes
- 2 No (Go to CCC\_Q173)
- DK, RF (Go to CCC\_Q173)

CCC\_Q172  
CCC\_17A

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

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

CCC\_Q173  
CCC\_173

**^HAVE\_C ^YOU1 been diagnosed with scoliosis?**

- 1 Yes
- 2 No
- DK, RF

CCC\_C181

If age < 35, go to CCC\_B181.  
Otherwise, go to CCC\_Q181.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CCC\_Q181  
CCC\_181

^DOVERB\_C ^YOU2 have:

**Alzheimer's Disease or any other dementia?**

- 1 Yes
- 2 No
- DK, RF

CCC\_B181

Call sub-block "Chronic fatigue syndrome and multiple chemical sensitivities" (CC4)

CCC\_Q280  
CCC\_280

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

**^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  
CCC\_290

**^DOVERB\_C ^YOU2 have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?**

- 1 Yes
- 2 No
- DK, RF

CCC\_END

### Fibromyalgia - Sub-block (CC3)

Theme content

CC3\_BEG

External variables required:

PROXYMODE: proxy identifier, from the GR block.

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

CC3\_Q01

CCC\_041

**^DOVERB\_C ^YOU2 have fibromyalgia?**

1 Yes

2 No

DK, RF

CC3\_END

FOR INFORMATION ONLY

**Chronic fatigue syndrome and multiple chemical sensitivities - Sub block (CC4)**

Theme content

CC4\_BEG

External variables required:

PROXYMODE: proxy identifier, from the GR block.

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

CC4\_Q01

CCC\_251

**^DOVERB\_C ^YOU2 have chronic fatigue syndrome?**

1 Yes

2 No

DK, RF

CC4\_Q02

CCC\_261

**^DOVERB\_C ^YOU2 suffer from multiple chemical sensitivities?**

1 Yes

2 No

DK, RF

CC4\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Diabetes care (DIA)**

Optional content

Newfoundland and Labrador, New Brunswick

DIA\_BEG

Optional Content (See Appendix 2)

DIA\_C01A

If (DODIA 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 <1> to continue.

DIA\_Q01  
DIA\_01

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

- 1 Yes
- 2 No (Go to DIA\_Q03)
- DK (Go to DIA\_Q03)
- RF (Go to DIA\_END)

DIA\_Q02  
DIA\_02

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

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

DK, RF

DIA\_Q03  
DIA\_03

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

- 1 Yes
- 2 No (Go to DIA\_Q05)
- 3 No feet (Go to DIA\_Q05)
- DK, RF (Go to DIA\_Q05)

DIA\_Q04  
DIA\_04

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

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

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DIA\_Q05  
DIA\_05

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

- 1 Yes
- 2 No
- DK, RF

DIA\_Q06  
DIA\_06

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

- 1 Yes
- 2 No (Go to DIA\_R08)
- DK, RF (Go to DIA\_R08)

DIA\_Q07  
DIA\_07

When was the last time?

INTERVIEWER: Read categories to respondent.

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

DIA\_R08

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

INTERVIEWER: Press <1> to continue.

DIA\_Q08  
DIA\_08

How often ^DOVERB ^YOU1 usually have ^YOUR1 blood checked for glucose or sugar by ^YOURSELF or by a family member or friend?

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

- 1 Per day
- 2 Per week (Go to DIA\_N08C)
- 3 Per month (Go to DIA\_N08D)
- 4 Per year (Go to DIA\_N08E)
- 5 Never (Go to DIA\_C09)
- DK, RF (Go to DIA\_C09)

DIA\_N08B  
DIA\_N8B

INTERVIEWER: Enter number of times per day.

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

DK, RF

Go to DIA\_C09

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DIA\_N08C  
DIA\_N8C

INTERVIEWER: Enter number of times per week.

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

DK, RF

Go to DIA\_C09

DIA\_N08D  
DIA\_N8D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to DIA\_C09

DIA\_N08E  
DIA\_N8E

INTERVIEWER: Enter number of times per year.

|\_|\_| 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  
DIA\_09

**How often ^DOVERB ^YOU1 usually have ^YOUR1 feet checked for any sores or 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  
DIA\_N9B

INTERVIEWER: Enter number of times per day.

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

DK, RF

Go to DIA\_C10

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DIA\_N09C  
DIA\_N9C

INTERVIEWER: Enter number of times per week.

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

DK, RF

Go to DIA\_C10

DIA\_N09D  
DIA\_N9D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to DIA\_C10

DIA\_N09E  
DIA\_N9E

INTERVIEWER: Enter number of times per year.

|\_|\_| 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 <1> to continue.

DIA\_Q10  
DIA\_10

**In the past month, did ^YOU1 take aspirin or other ASA (acetylsalicylic acid) medication every day or every second day?**

1 Yes  
2 No  
DK, RF

DIA\_Q11  
DIA\_11

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

1 Yes  
2 No  
DK, RF

DIA\_END



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Health utilities index (HUI)**

Theme content

HUI\_BEG

Optional content

The Health Utility Index (HUI) is formed of 8 attributes. In CCHS, these attributes are found in two different modules. The module Pain and discomfort (HUP) is comprised of 3 questions related to the pain and discomfort attribute and is part of the core content which is asked to all survey respondents. The 7 other attributes are found in the module Health Utility Index (HUI). In 2009-2010, this module is also asked to all respondents as part of the theme content.

HUI\_C01

If DOHUI = 2, go to HUI\_END.  
Otherwise, go to HUI\_R01.

HUI\_R01

**The next set of questions asks about ^YOUR2 day-to-day health.**

**You may feel that some of these questions do not apply to ^YOU2, but it is important that we ask the same questions of everyone.**

INTERVIEWER: Press <1> to continue.

HUI\_Q01  
HUI\_01

**^ARE\_C ^YOU1 usually able to see well enough to read ordinary newspaper without glasses or contact lenses?**

- 1 Yes (Go to HUI\_Q04)  
2 No  
DK, RF (Go to HUI\_END)

HUI\_Q02  
HUI\_02

**^ARE\_C ^YOU1 usually able to see well enough to read ordinary newspaper with glasses or contact lenses?**

- 1 Yes (Go to HUI\_Q04)  
2 No  
DK, RF

HUI\_Q03  
HUI\_03

**^ARE\_C ^YOU1 able to see at all?**

- 1 Yes  
2 No (Go to HUI\_Q06)  
DK, RF (Go to HUI\_Q06)

HUI\_Q04  
HUI\_04

**^ARE\_C ^YOU1 able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?**

- 1 Yes (Go to HUI\_Q06)  
2 No  
DK, RF (Go to HUI\_Q06)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

HUI\_Q05  
HUI\_05

^ARE\_C ^YOU1 usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?

- 1 Yes
- 2 No
- DK, RF

HUI\_Q06  
HUI\_06

^ARE\_C ^YOU2 usually able to hear what is said in a group conversation with at least three other people without a hearing aid?

- 1 Yes (Go to HUI\_Q10)
- 2 No (Go to HUI\_Q10)
- DK, RF (Go to HUI\_Q10)

HUI\_Q07A  
HUI\_07

^ARE\_C ^YOU1 usually able to hear what is said in a group conversation with at least three other people with a hearing aid?

- 1 Yes (Go to HUI\_Q08)
- 2 No
- DK, RF

HUI\_Q07B  
HUI\_07A

^ARE\_C ^YOU1 able to hear at all?

- 1 Yes
- 2 No (Go to HUI\_Q10)
- DK, RF (Go to HUI\_Q10)

HUI\_Q08  
HUI\_08

^ARE\_C ^YOU1 usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?

- 1 Yes (Go to HUI\_Q10)
- 2 No
- DK
- RF (Go to HUI\_Q10)

HUI\_Q09  
HUI\_09

^ARE\_C ^YOU1 usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?

- 1 Yes
- 2 No
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

HUI\_Q10  
HUI\_10

**^ARE\_C ^YOU2 usually able to be understood completely when speaking with strangers in ^YOUR1 own language?**

**INTERVIEWER:** These questions assess the respondent's ability to speak and be understood (not the ability to communicate). For instance: a respondent who can't speak but uses sign language to communicate is considered as having a speech limitation.

1 Yes (Go to HUI\_Q14)  
2 No  
DK  
RF (Go to HUI\_Q14)

HUI\_Q11  
HUI\_11

**^ARE\_C ^YOU1 able to be understood partially when speaking with strangers?**

1 Yes  
2 No  
DK, RF

HUI\_Q12  
HUI\_12

**^ARE\_C ^YOU1 able to be understood completely when speaking with those who know ^HIMHER well?**

1 Yes (Go to HUI\_Q14)  
2 No  
DK  
RF (Go to HUI\_Q14)

HUI\_Q13  
HUI\_13

**^ARE\_C ^YOU1 able to be understood partially when speaking with those who know ^HIMHER well?**

1 Yes  
2 No  
DK, RF

HUI\_Q14  
HUI\_14

**^ARE\_C ^YOU2 usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

1 Yes (Go to HUI\_Q21)  
2 No  
DK, RF (Go to HUI\_Q21)

HUI\_Q15  
HUI\_15

**^ARE\_C ^YOU1 able to walk at all?**

1 Yes  
2 No (Go to HUI\_Q18)  
DK, RF (Go to HUI\_Q18)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

HUI\_Q16  
HUI\_16

^DOVERB\_C ^YOU1 require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

- 1 Yes
- 2 No
- DK, RF

HUI\_Q17  
HUI\_17

^DOVERB\_C ^YOU1 require the help of another person to be able to walk?

- 1 Yes
- 2 No
- DK, RF

HUI\_Q18  
HUI\_18

^DOVERB\_C ^YOU1 require a wheelchair to get around?

- 1 Yes
- 2 No (Go to HUI\_Q21)
- DK, RF (Go to HUI\_Q21)

HUI\_Q19  
HUI\_19

How often ^DOVERB ^YOU1 use a wheelchair?

INTERVIEWER: Read categories to respondent.

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

HUI\_Q20  
HUI\_20

^DOVERB\_C ^YOU1 need the help of another person to get around in the wheelchair?

- 1 Yes
- 2 No
- DK, RF

HUI\_Q21  
HUI\_21

^ARE\_C ^YOU2 usually able to grasp and handle small objects such as a pencil or scissors?

- 1 Yes (Go to HUI\_D25)
- 2 No (Go to HUI\_D25)
- DK, RF (Go to HUI\_D25)

HUI\_Q22  
HUI\_22

^DOVERB\_C ^YOU1 require the help of another person because of limitations in the use of ^YOUR1 hands or fingers?

- 1 Yes (Go to HUI\_Q24)
- 2 No (Go to HUI\_Q24)
- DK, RF (Go to HUI\_Q24)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

HUI\_Q23  
HUI\_23

^DOVERB\_C ^YOU1 require the help of another person with...?

INTERVIEWER: Read categories to respondent.

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

DK, RF

HUI\_Q24  
HUI\_24

^DOVERB\_C ^YOU1 require special equipment, for example, devices to assist in dressing, because of limitations in the use of ^YOUR1 hands or fingers?

- 1 Yes
- 2 No

DK, RF

HUI\_D25

If proxy interview, DT\_YSELF = "AFNAME".  
Otherwise,, DT\_YSELF = "yourself".

HUI\_Q25  
HUI\_25

Would you describe ^DT\_YSELF as being usually...?

INTERVIEWER: Read categories to respondent.

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

DK, RF

HUI\_Q26  
HUI\_26

How would you describe ^YOUR1 usual ability to remember things?

INTERVIEWER: Read categories to respondent.

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

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

HUI\_Q27  
HUI\_27

How would you describe ^YOUR1 usual ability to think and solve day-to-day problems?

INTERVIEWER: Read categories to respondent.

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

DK, RF

HUI\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Pain and discomfort (HUP)**

Core content

HUP\_BEG

Core content

HUP\_C1

If (DOHUP 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 <1> to continue.

HUP\_Q28  
HUP\_01

**^ARE\_C ^YOU2 usually free of pain or discomfort?**

- 1 Yes (Go to HUP\_END)
- 2 No (Go to HUP\_END)
- DK, RF (Go to HUP\_END)

HUP\_Q29  
HUP\_02

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

INTERVIEWER: Read categories to respondent.

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

HUP\_Q30  
HUP\_03

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

INTERVIEWER: Read categories to respondent.

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

HUP\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Health care utilization (HCU)**

Core content

HCU\_BEG

Core content

External variables required:

PROXYMODE: proxy identifier, from the GR block.  
FNAME: first name of respondent from household block.  
DOHCU: 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

HCU\_C01

If (DOHCU block = 1), go to HCU\_D01.  
Otherwise, go to HCU\_END.

HCU\_D01

Not Applicable

HCU\_Q10  
HCU\_1AA

**^DOVERB\_C ^YOU2 have a regular medical doctor?**

- 1 Yes (Go to HCU\_D50)  
2 No  
DK, RF (Go to HCU\_END)

Processing:

*The questionnaire variable name changed from HCU\_Q01AA to HCU\_Q10 in 2013, but the release name is still HCU\_1AA.*

HCU\_Q20

**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\_S20)  
DK, RF

Go to HCU\_D30

Processing:

*The questionnaire variable name changed from HCU\_Q01AB to HCU\_Q20 in 2013, but the release name is still HCU\_1B(A-E).*



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

HCU\_S20 **(Why ^DOVERB ^YOU2 not have a regular medical doctor?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

HCU\_D30 If proxy interview, DT\_GOVERB = "goes".  
Otherwise, DT\_GOVERB = "go".

HCU\_Q30 **Is there a place that ^YOU2 usually ^DT\_GOVERB to when ^YOU1 ^ARE**  
HCU\_1A1 **sick or need^S advice about ^YOUR1 health?**

- 1 Yes  
2 No (Go to HCU\_END)  
DK, RF (Go to HCU\_END)

Processing: *The questionnaire variable name changed from HCU\_Q01A1 to HCU\_Q30 in 2013, but the release name is still HCU\_1A1.*

HCU\_Q40 **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?

- 01 Doctor's office  
02 Community health centre / CLSC  
03 Walk-in clinic  
04 Appointment clinic  
05 Telephone health line (for example, HealthLinks, Telehealth Ontario, Health-Line, TeleCare, Info-Santé)  
06 Hospital emergency room  
07 Hospital outpatient clinic  
08 Other - Specify (Go to HCU\_S40)  
DK, RF

Go to HCU\_END

Processing: *The questionnaire variable name changed from HCU\_Q01A2 to HCU\_Q40 in 2013, but the release name is still HCU\_1A2.*

HCU\_S40 **(What kind of place is it?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Go to HCU\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

HCU\_D50

Not Applicable

HCU\_Q50  
HCU\_1AC

**^DOVERB\_C ^YOU2 and this doctor usually speak in English, in French,  
or in another language?**

- 01 English
- 02 French
- 03 Arabic
- 04 Chinese
- 05 Cree
- 06 German
- 07 Greek
- 08 Hungarian
- 09 Italian
- 10 Korean
- 11 Persian (Farsi)
- 12 Polish
- 13 Portuguese
- 14 Punjabi
- 15 Spanish
- 16 Tagalog (Filipino)
- 17 Ukrainian
- 18 Vietnamese
- 19 Dutch
- 20 Hindi
- 21 Russian
- 22 Tamil
- 23 Other - Specify (Go to HCU\_S50)
- DK, RF

Go to HCU\_END

Processing:

*The questionnaire variable name changed from HCU\_Q01AC to HCU\_Q50 in 2013,  
but the release name is still HCU\_1AC.*

HCU\_S50

**(^DOVERB\_C ^YOU2 and this doctor usually speak in English, in French,  
or in another language?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

HCU\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Contacts with Health Professionals - Part 1 (CHP)**

Core content

Overview:	The objective of this module is to gather information on the place and frequency of contact with various health professionals during the past 12 months. Questions pertain to one of the following health professionals: family doctor, eye specialist, any medical doctor or specialist, nurse, and dentist.
CHP_BEG	Core content SEX_Q01- Respondent's sex AGE- Age of the respondent DOCHP do block flag, from the sample file.
CHP_C01	If (DOCHP block = 1), go to CHP_D01A. Otherwise, go to CHP_END.
CHP_D01A	Not Applicable
CHP_D01B	DV_DATEONEYEARAGO = CURRENTYEAR - 1
CHP_R01	<b>Now I'd like to ask about ^YOUR2 contacts with various health professionals during the past 12 months, that is, from ^DATEONEYEARAGO to yesterday.</b>  <u>INTERVIEWER</u> : Press <1> to continue.
CHP_Q01 CHP_01	<b>In the past 12 months, ^HAVE ^YOU2 been a patient overnight in a hospital, nursing home or convalescent home?</b>  1 Yes 2 No (Go to CHP_D03A) DK (Go to CHP_D03A) RF (Go to CHP_END)
CHP_Q02 CHP_02	<b>For how many nights in the past 12 months?</b>   _ _ _  Nights (MIN: 1) (MAX: 366)  DK, RF
Processing:	<i>In processing, if a respondent answered CHP_Q01 = 2, the variable CHP_Q02 is given the value of "0".</i>
CHP_E02	An unusual value has been entered. Please confirm.
Rule :	<i>Trigger soft edit if CHP_Q02 &gt; 100</i>

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CHP\_D03A 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\_D03B If age < 18, DT\_PED = "pediatrician".  
Otherwise, DT\_PED = "null".

CHP\_Q03  
CHP\_03 **^DT\_COUNT, ^HAVE ^YOU2 seen, or talked to any of the following health 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  
CHP\_04 **How many times (in the past 12 months)?**

|\_|\_| Times  
(MIN: 1)  
(MAX: 366)

DK, RF

Processing: *In processing, if a respondent answered CHP\_Q03 = 2, the variable CHP\_Q04 is given the value of "0".*

CHP\_E04 An unusual value has been entered. Please confirm.

Rule : *Trigger soft edit if CHP\_Q04 > 12*

CHP\_Q05  
CHP\_05 **Where did the most recent contact take place?**

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

01 Doctor's office  
02 Hospital emergency room  
03 Hospital outpatient clinic  
(e.g. day surgery, cancer)  
04 Walk-in clinic  
05 Appointment clinic  
06 Community health centre /  
CLSC  
07 At work  
08 At school  
09 At home  
10 Telephone consultation only  
11 Other - Specify (Go to CHP\_S05)  
DK, RF

Go to CHP\_Q06

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CHP\_S05

**(Where did the most recent contact take place?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

CHP\_Q06  
CHP\_06

**(^ADT\_COUNT, ^HAVE ^YOU2 seen, or talked to:)**

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

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes

2 No

(Go to CHP\_D08)

DK, RF

(Go to CHP\_D08)

CHP\_Q07  
CHP\_07

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

|\_|\_| Times

(MIN: 1)

(MAX: 75)

DK, RF

Processing:

*In processing, if a respondent answered CHP\_Q06 = 2, the variable CHP\_Q07 is given the value of "0".*

CHP\_E07

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if CHP\_Q07 > 3*

CHP\_D08

If respondent is male, DT\_DOCTOR = "urologist".  
Otherwise, DT\_DOCTOR = "gynaecologist".

CHP\_Q08  
CHP\_08

**(^ADT\_COUNT, ^HAVE ^YOU2 seen, or talked to:)**

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

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes

2 No

(Go to CHP\_Q11)

DK, RF

(Go to CHP\_Q11)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CHP\_Q09  
CHP\_09

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

|\_|\_|\_| Times  
(MIN: 1)  
(MAX: 300)

DK, RF

Processing:

*In processing, if a respondent answered CHP\_Q08 = 2, the variable CHP\_Q09 is given the value of "0".*

CHP\_E09

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if CHP\_Q09 > 7*

CHP\_Q10  
CHP\_10

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

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

- 01 Doctor's office
  - 02 Hospital emergency room
  - 03 Hospital outpatient clinic  
(e.g. day surgery, cancer)
  - 04 Walk-in clinic
  - 05 Appointment clinic
  - 06 Community health centre /  
CLSC
  - 07 At work
  - 08 At school
  - 09 At home
  - 10 Telephone consultation only
  - 11 Other - Specify (Go to CHP\_S10)
- DK, RF

Go to CHP\_Q11

CHP\_S10

**(Where did the most recent contact take place?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

CHP\_Q11  
CHP\_11

**^ADT\_COUNT, ^HAVE ^YOU2 seen, or talked to:**

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

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
  - 2 No (Go to CHP\_Q14)
- DK, RF (Go to CHP\_Q14)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CHP\_Q12  
CHP\_12

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

|\_|\_|\_| Times  
(MIN: 1)  
(MAX: 366)

DK, RF

Processing:

*In processing, if a respondent answered CHP\_Q11 = 2, the variable CHP\_Q12 is given the value of "0".*

CHP\_E12

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if CHP\_Q12 > 15*

CHP\_Q13  
CHP\_13

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

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

- 01 Doctor's office
  - 02 Hospital emergency room
  - 03 Hospital outpatient clinic  
(e.g. day surgery, cancer)
  - 04 Walk-in clinic
  - 05 Appointment clinic
  - 06 Community health centre /  
CLSC
  - 07 At work
  - 08 At school
  - 09 At home
  - 10 Telephone consultation only
  - 11 Other - Specify (Go to CHP\_S13)
- DK, RF

Go to CHP\_Q14

CHP\_S13

**(Where did the most recent contact take place?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

CHP\_Q14  
CHP\_14

**(^ADT\_COUNT, ^HAVE ^YOU2 seen, or talked to:)**

**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\_END)
- DK, RF (Go to CHP\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

CHP\_Q15  
CHP\_15

How many times (in the past 12 months)?

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

DK, RF

Processing:

*If a respondent answered CHP\_Q14 = 2, the variable CHP\_Q15 is given the value of "0".*

CHP\_E15

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if CHP\_Q15 > 4*

CHP\_END

FOR INFORMATION ONLY



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Contacts with Health Professionals - Part 2 (CP2)**

Theme content

Overview:	The objective of this module is to gather information on the place and frequency of contact with various health professionals during the past 12 months. Questions pertain to one of the following health professionals: chiropractor, physiotherapist, psychologist, social worker/counselor, audiologist, speech therapist.
CP2_BEG	DOCP2: do block flag, from the sample file. CHP_Q01
CP2_C16	If (do CP2 block = 1), go to CP2_D16. Otherwise, go to CP2_END.
CP2_D16	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".
CP2_Q16 CHP_16	<b>^DT_COUNT, ^HAVE ^YOU2 seen, or talked to: a chiropractor about ^YOUR1 physical, emotional or mental health?</b>  <u>INTERVIEWER</u> : Include both face to face and telephone contacts.  1 Yes 2 No (Go to CP2_Q18) DK, RF (Go to CP2_Q18)
CP2_Q17 CHP_17	<b>How many times (in the past 12 months)?</b>   _ _ _  Times (MIN: 1) (MAX: 366)  DK, RF
Processing:	<i>If a respondent answered CP2_Q16 = 2, the variable CP2_Q17 is given the value of "0".</i>
CP2_E17	An unusual value has been entered. Please confirm.
Rule :	<i>Trigger soft edit if CP2_Q17 &gt; 20</i>

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CP2\_Q18  
CHP\_18

**^DT\_COUNT, ^HAVE ^YOU2 seen, or talked to:**

**a physiotherapist (about ^YOUR1 physical, emotional or mental health)?**

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes  
2 No (Go to CP2\_Q20)  
DK, RF (Go to CP2\_Q20)

CP2\_Q19  
CHP\_19

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

|\_|\_|\_| Times  
(MIN: 1)  
(MAX: 366)

DK, RF

Processing:

*If a respondent answered CP2\_Q18 = 2, the variable CP2\_Q19 is given the value of "0".*

CP2\_E19

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if CP2\_Q19 > 30*

CP2\_Q20  
CHP\_20

**^DT\_COUNT, ^HAVE ^YOU2 seen, or talked to:**

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

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes  
2 No (Go to CP2\_Q22)  
DK, RF (Go to CP2\_Q22)

CP2\_Q21  
CHP\_21

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

|\_|\_|\_| Times  
(MIN: 1)  
(MAX: 366)

DK, RF

Processing:

*If a respondent answered CP2\_Q20 = 2, the variable CP2\_Q21 is given the value of "0".*

CP2\_E21

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if CP2\_Q21 > 25*

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CP2\_Q22  
CHP\_22

**^DT\_COUNT, ^HAVE ^YOU2 seen, or talked to:**

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

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes  
2 No (Go to CP2\_Q24)  
DK, RF (Go to CP2\_Q24)

CP2\_Q23  
CHP\_23

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

|\_|\_|\_| Times  
(MIN: 1)  
(MAX: 366)

DK, RF

Processing:

*If a respondent answered CP2\_Q22 = 2, the variable CP2\_Q23 is given the value of "0".*

CP2\_E23

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if CP2\_Q23 > 20*

CP2\_Q24  
CHP\_24

**^DT\_COUNT, ^HAVE ^YOU2 seen, or talked to:**

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

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes  
2 No (Go to CP2\_END)  
DK, RF (Go to CP2\_END)

CP2\_Q25  
CHP\_25

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

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

DK, RF

Processing:

*If a respondent answered CP2\_Q24 = 2, the variable CP2\_Q25 is given the value of "0".*

CP2\_E25

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if CP2\_Q25 > 12*

CP2\_END

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Unmet health care needs (UCN)**

Theme content

UCN_BEG	<p>Thematic content</p> <p>External variables required:</p> <p>PROXYMODE: proxy identifier, from the GR block. AGE: Respondent's age DOUCN: 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>									
UCN_C010	<p>If DOUCN = 1, go to UCN_D010. Otherwise, go to UCN_END.</p>									
UCN_D010	<p>If PROXYMODE = 2, DT_PHRASE_E = "During the past 12 months, was there ever a time when you felt that you needed health care but you didn't receive it?". Otherwise, PROXYMODE = 1 (Proxy) AND AGE &lt; 18, DT_PHRASE_E = "During the past 12 months, was there ever a time when you felt that ^YOU2 needed health care but ^YOU1 didn't receive it?". Otherwise, PROXYMODE = 1 (Proxy) AND AGE &gt;= 18, DT_PHRASE_E = "During the past 12 months, was there ever a time when ^YOU2 felt that ^YOU1 needed health care but ^YOU1 didn't receive it?".</p>									
UCN_Q010 UCN_010	<p><b>^DT_PHRASE_E</b></p> <table border="0"> <tr> <td style="padding-right: 20px;">1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>No</td> <td>(Go to UCN_END)</td> </tr> <tr> <td>DK, RF</td> <td></td> <td>(Go to UCN_END)</td> </tr> </table>	1	Yes		2	No	(Go to UCN_END)	DK, RF		(Go to UCN_END)
1	Yes									
2	No	(Go to UCN_END)								
DK, RF		(Go to UCN_END)								

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

UCN\_Q020

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

INTERVIEWER: Mark all that apply.

- 01 Not available - in the area
  - 02 Not available - at time required (e.g. doctor on holidays, inconvenient hours)
  - 03 Waiting time too long
  - 04 Felt would be inadequate
  - 05 Cost
  - 06 Too busy
  - 07 Didn't get around to it / didn't bother
  - 08 Decided not to seek care
  - 09 Doctor - didn't think it was necessary
  - 10 Other - Specify (Go to UCN\_S020)
- DK, RF

Go to UCN\_Q030

UCN\_S020

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

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

UCN\_Q030

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

INTERVIEWER: Mark all that apply.

UCN\_030A

- 1 Treatment of - a physical health problem
- 2 Treatment of - an emotional or mental health problem
- 3 A regular check-up (including regular pre-natal care)

UCN\_030B

UCN\_030C

UCN\_030D

UCN\_030E

- 4 Care of an injury
  - 5 Other - Specify (Go to UCN\_S030)
- DK, RF

Go to UCN\_Q040

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

UCN\_S030

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

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

UCN\_Q040

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

INTERVIEWER: Mark all that apply.

UCN\_040A  
UCN\_040B

- 1 Doctor's office
- 2 Community health centre / CLSC
- 3 Walk-in clinic
- 4 Appointment clinic
- 5 Hospital - emergency room
- 6 Hospital - outpatient clinic
- 7 Other - Specify (Go to UCN\_S040)

UCN\_040C  
UCN\_040D  
UCN\_040E  
UCN\_040F  
UCN\_040G

DK, RF

Go to UCN\_END

UCN\_S040

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

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

UCN\_END

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Home care services (HMC)**

Optional content

Ontario, Prince Edward Island, Quebec

HMC\_BEG

Optional Content (See Appendix 2)

HMC\_C09A

If (DOHMC 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 <1> to continue.

HMC\_Q09  
HMC\_09

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

- 1 Yes
- 2 No (Go to HMC\_D11)
- DK (Go to HMC\_D11)
- RF (Go to HMC\_END)

HMC\_Q10

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

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

HMC\_10A

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

HMC\_10B

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

HMC\_10I

03 **Medical equipment or supplies**

HMC\_10C

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

HMC\_10D

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

HMC\_10E

06 **Meal preparation or delivery**

HMC\_10F

07 **Shopping**

HMC\_10G

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

HMC\_10H

09 Other - Specify (Go to HMC\_S10)  
DK, RF

Go to HMC\_D11

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

HMC\_S10

**(What type of services ^HAVE ^YOU1 received?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HMC\_D11

If HMC\_Q09 = 1, DT\_OTHER = "other home".  
Otherwise, DT\_OTHER = "home".

HMC\_Q11  
HMC\_11

**^HAVE\_C ^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

**(Who provided these ^DT\_OTHER home care services?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

HMC\_Q13

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

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

HMC\_13A

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

HMC\_13B

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

HMC\_13C

03 **Medical equipment or supplies**

HMC\_13D

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

HMC\_13E

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

HMC\_13F

06 **Meal preparation or delivery**

HMC\_13G

07 **Shopping**

HMC\_13H

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

HMC\_13I

09 Other - Specify (Go to HMC\_S13)  
DK, RF

Go to HMC\_Q14

HMC\_S13

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

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

DK, RF

(Go to HMC\_END)

(Go to HMC\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

HMC\_Q15

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

INTERVIEWER: Mark all that apply.

HMC\_15A  
HMC\_15B

01 Not available - in the area  
02 Not available - at time  
required (e.g., inconvenient  
hours)

HMC\_15C  
HMC\_15D  
HMC\_15E  
HMC\_15F  
HMC\_15G

03 Waiting time too long  
04 Felt would be inadequate  
05 Cost  
06 Too busy  
07 Didn't get around to it /  
didn't bother

HMC\_15H

08 Didn't know where to go /  
call

HMC\_15I  
HMC\_15J

09 Language problems  
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  
HMC\_15M

14 Still waiting for home care  
15 Other - Specify (Go to HMC\_S15)  
DK, RF

Go to HMC\_Q16

HMC\_S15

**(Thinking of the most recent time, why didn't ^YOU1 get these  
services?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

HMC\_Q16 **Again, thinking of the most recent time, what type of home care was needed?**

INTERVIEWER: Mark all that apply.

- HMC\_16A 01 Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)
- HMC\_16B 02 Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)
- HMC\_16I 03 Medical equipment or supplies
- HMC\_16C 04 Personal care (e.g., bathing, foot care)
- HMC\_16D 05 Housework (e.g., cleaning, laundry)
- HMC\_16E 06 Meal preparation or delivery
- HMC\_16F 07 Shopping
- HMC\_16G 08 Respite care (i.e., caregiver relief)
- HMC\_16H 09 Other - Specify (Go to HMC\_S16)  
DK, RF

Go to HMC\_Q17

HMC\_S16 **(Again, thinking of the most recent time, what type of home care was needed?)**

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Patient satisfaction - Health care services (PAS)**

Optional content

Alberta, Nova Scotia, Prince Edward Island

PAS\_BEG

External variables required:

CHP\_Q01 to CHP\_Q14

CP2\_Q16 to CP2\_Q24

PROXYMODE: proxy identifier, from the GR block.

DOPAS: do block flag, from the sample file.

AGE: Age of respondent

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

PAS\_C11A

If (DOPAS 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\_R11.

PAS\_R11

**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 <1> to continue.

PAS\_C11C

If CHP\_Q01 = 1 or CHP\_Q03 = 1 or CHP\_Q06 = 1 or CHP\_Q08 = 1 or CHP\_Q11 = 1 or CHP\_Q14 = 1 or CP2\_Q16 = 1 or CP2\_Q18 = 1 or CP2\_Q20 = 1 or CP2\_Q22 = 1 or CP2\_Q24 = 1, go to PAS\_Q12.

Otherwise, go to PAS\_Q11.

PAS\_Q11

PAS\_11

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

1 Yes

2 No

DK, RF

(Go to PAS\_END)

(Go to PAS\_END)

Processing:

*In processing, if a respondent answered CHP\_Q01 = 1 or CHP\_Q03 = 1 or CHP\_Q06 = 1 or CHP\_Q08 = 1 or CHP\_Q11 = 1 or CHP\_Q14 = 1 or CP2\_Q16 = 1 or CP2\_Q18 = 1 or CP2\_Q20 = 1 or CP2\_Q22 = 1 or CP2\_Q24 = 1, set PAS\_Q11 = 1.*

PAS\_Q12

PAS\_12

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

**Would you say it was...?**

INTERVIEWER: Read categories to respondent.

1 **Excellent**

2 **Good**

3 **Fair**

4 **Poor**

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

PAS\_Q13  
PAS\_13

Overall, how satisfied were you with the way health care services were provided? Were you...?

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
- 2 **Somewhat satisfied**
- 3 **Neither satisfied nor dissatisfied**
- 4 **Somewhat dissatisfied**
- 5 **Very dissatisfied**

DK, RF

PAS\_Q21A  
PAS\_21A

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

- 1 Yes
- 2 No (Go to PAS\_Q31A)

DK, RF

(Go to PAS\_Q31A)

PAS\_Q21B  
PAS\_21B

Thinking of your most recent hospital visit, were you...?

INTERVIEWER: Read categories to respondent.

- 1 **Admitted overnight or longer (an inpatient)**
- 2 **A patient at a diagnostic or day surgery clinic (an outpatient)**
- 3 **An emergency room patient**

DK, RF

(Go to PAS\_Q31A)

PAS\_Q22  
PAS\_22

(Thinking of this most recent hospital visit:)

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

INTERVIEWER: Read categories to respondent.

- 1 **Excellent**
- 2 **Good**
- 3 **Fair**
- 4 **Poor**

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

PAS\_Q23  
PAS\_23

(Thinking of this most recent hospital visit:)

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  
PAS\_31A

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

- 1 Yes
  - 2 No (Go to PAS\_END)
- DK, RF (Go to PAS\_END)

PAS\_Q31B  
PAS\_31B

Thinking of the most recent time, was care provided by...?

INTERVIEWER: Read categories to respondent.

- 1 **A family doctor (general  
practitioner)**
- 2 **A medical specialist**

DK, RF (Go to PAS\_END)

PAS\_Q32  
PAS\_32

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

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

INTERVIEWER: Read categories to respondent.

- 1 **Excellent**
- 2 **Good**
- 3 **Fair**
- 4 **Poor**

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

PAS\_Q33  
PAS\_33

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

how satisfied were you with the way physician care was provided?  
Were you...?

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
  - 2 **Somewhat satisfied**
  - 3 **Neither satisfied nor  
dissatisfied**
  - 4 **Somewhat dissatisfied**
  - 5 **Very dissatisfied**
- DK, RF

PAS\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

---

**Patient satisfaction - Community-based care (PSC)**

Optional content

Ontario, Prince Edward Island, Alberta

PSC\_BEG

Optional Content (See Appendix 2)  
PROXYMODE: proxy identifier, from the GR block.  
DOPSC: do block flag, from the sample file.  
DOCP2:do block flag, from the sample file.  
DOPAS:do block flag, from the sample file.  
AGE: Age of respondent  
CHP\_Q01 to CHP\_Q14  
CP2\_Q16 to CP2\_Q24  
PAS\_Q11

PSC\_C41A

If (DOPSC block = 1), go to PSC\_C41B.  
Otherwise, go to PSC\_END.

PSC\_C41B

If proxy interview or if age < 15, go to PSC\_END.  
Otherwise, go to PSC\_C41C.

PSC\_C41C

If PAS\_Q11 = 1 or CHP\_Q01 = 1 or CHP\_Q03 = 1 or CHP\_Q06 = 1 or  
CHP\_Q08 = 1 or CHP\_Q11 = 1 or CHP\_Q14 = 1 or CP2\_Q16 = 1 or  
CP2\_Q18 = 1 or CP2\_Q20 = 1 or CP2\_Q22 = 1 or CP2\_Q24 = 1 or  
(DOCP2 = 2 and DOPAS = 2), go to PSC\_R41.  
Otherwise, go to PSC\_END.

PSC\_R41

**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 <1> to continue.

PSC\_Q41  
PSC\_1

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

1 Yes  
2 No (Go to PSC\_END)  
DK, RF (Go to PSC\_END)

PSC\_Q42  
PSC\_2

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

INTERVIEWER: Read categories to respondent.

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



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

PSC\_Q43  
PSC\_3

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

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
  - 2 **Somewhat satisfied**
  - 3 **Neither satisfied nor dissatisfied**
  - 4 **Somewhat dissatisfied**
  - 5 **Very dissatisfied**
- DK, RF

PSC\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Restriction of activities (RAC)**

Core content

RAC\_BEG

Core content

RAC\_C1

If (DORAC 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 <1> to continue.

RAC\_Q1  
RAC\_1

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

INTERVIEWER: Read categories to respondent.

- 1 **Sometimes**
- 2 **Often**
- 3 **Never**

DK

RF

(Go to RAC\_END)

RAC\_Q2A  
RAC\_2A

**Does a long-term physical condition or mental condition or health problem, reduce 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  
RAC\_2B1

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

**at school?**

- 1 Sometimes
- 2 Often
- 3 Never
- 4 Does not attend school

DK

RF

(Go to RAC\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

RAC\_Q2B\_2  
RAC\_2B2

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

at work?

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

RAC\_Q2C  
RAC\_2C

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

in other activities, for example, transportation or leisure?

- 1 Sometimes
- 2 Often
- 3 Never
- DK
- RF (Go to RAC\_END)

RAC\_C5

If respondent has difficulty or is limited in activities (RAC\_Q1 = 1 or 2) or (RAC\_Q2A-C = 1 or 2), go to RAC\_C5A.  
Otherwise, go to RAC\_END.

RAC\_C5A

If (RAC\_Q2A to RAC\_Q2C = 3 or 4) and RAC\_Q1 < 3, go to RAC\_R5.  
Otherwise, go to RAC\_Q5.

RAC\_R5

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

INTERVIEWER: Press <1> to continue.

RAC\_Q5  
RAC\_5

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

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

Go to RAC\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

RAC\_S5

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

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

RAC\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Activities of Daily Living (ADL)**

Theme content

ADL_BEG	Theme content
ADL_C01	If DOADL block = 1, go to ADL_R01. Otherwise, go to ADL_END.
ADL_R01	<b>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.</b>  <u>INTERVIEWER:</u> Press <1> to continue.
ADL_Q01 ADL_01	<b>Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:</b>  <b>with preparing meals?</b>  1 Yes 2 No DK, RF
ADL_Q02 ADL_02	<b>(Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:)</b>  <b>with getting to appointments and running errands such as shopping for groceries?</b>  1 Yes 2 No DK, RF
ADL_Q03 ADL_03	<b>(Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:)</b>  <b>with doing everyday housework?</b>  1 Yes 2 No DK, RF
ADL_Q04 ADL_04	<b>(Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:)</b>  <b>with personal care such as washing, dressing, eating or taking medication?</b>  1 Yes 2 No DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

ADL\_Q05  
ADL\_05

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

with moving about inside the house?

- 1 Yes
- 2 No
- DK, RF

ADL\_Q06  
ADL\_06

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

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

- 1 Yes
- 2 No
- DK, RF

ADL\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Flu shots (FLU)**

Core content

FLU\_BEG Core content

FLU\_C160A If (DOFLU block = 1), go to FLU\_C160B.  
Otherwise, go to FLU\_END.

FLU\_C160B 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  
FLU\_160

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

- 1 Yes
- 2 No (Go to FLU\_Q166)
- DK, RF (Go to FLU\_END)

FLU\_Q162  
FLU\_162

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

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  
FLU\_164

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

- 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 = ^CURRENTMONTH, go to FLU\_Q165.  
Otherwise, go to FLU\_END.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

FLU\_Q165  
FLU\_165

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

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

Go to FLU\_END

FLU\_Q166

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

INTERVIEWER: Mark all that apply.

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

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

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

FLU\_END



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Blood pressure check (BPC)**

Optional content

Nova Scotia, Northwest Territories, Prince Edward Island

BPC\_BEG

Optional Content (See Appendix 2)

BPC\_C01

If (DOBPC block = 2) or proxy interview, go to BPC\_END.  
Otherwise, go to BPC\_Q010.

BPC\_Q010  
BPC\_010

**(Now blood pressure)**

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

- 1 Yes
- 2 No (Go to BPC\_C016)
- DK, RF (Go to BPC\_END)

BPC\_Q012  
BPC\_012

**When was the last time?**

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

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  
BPC\_013

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

- 1 Yes
- 2 No
- DK, RF

Go to BPC\_END

BPC\_C016

If age < 25, go to BPC\_END.  
Otherwise, go to BPC\_Q016.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**PAP smear test (PAP)**

Optional content

Yukon, Prince Edward Island, New Brunswick, Nunavut

PAP\_BEG

Optional Content (See Appendix 2)

PAP\_C1

If (DOPAP 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

PAP\_020

**(Now PAP tests)**

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

- 1 Yes
- 2 No (Go to PAP\_Q026)
- DK, RF (Go to PAP\_END)

PAP\_Q022

PAP\_022

**When was the last time?**

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

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

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   |

Processing:

*Processing: If HWT\_Q1 = 1 (pregnant), and PAP\_Q20 not in (7,8) and PAP\_Q022 not in (1,2,3,7,8) then PAP\_Q026M=2 (Have had a hysterectomy) - should be a blank 'fill' (not a possible value for the interviewer).*

PAP\_END

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Mammography (MAM)**

Optional content

Alberta, Northwest Territories, Nova Scotia, New Brunswick

MAM\_BEG

Optional Content (See Appendix 2)

PROXYMODE: proxy identifier, from the GR block.  
FNAME: first name of respondent from household block.  
DOMAM: 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

MAM\_C30A

If (DOMAM block = 1), go to MAM\_C30B.  
Otherwise, go to MAM\_END.

MAM\_C30B

If proxy interview or male, go to MAM\_END.  
Otherwise, go to MAM\_C30C.

MAM\_C30C

If female and age < 35, go to MAM\_C38A.  
Otherwise, go to MAM\_Q30.

MAM\_Q30  
MAM\_030

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

- 1 Yes
- 2 No (Go to MAM\_C36)
- DK, RF (Go to MAM\_END)

MAM\_Q31

**Why did you have it?**

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

MAM\_31A

01 Family history of breast cancer

MAM\_31B

02 Part of regular check-up / routine screening

MAM\_31C

03 Age

MAM\_31D

04 Previously detected lump

MAM\_31E

05 Follow-up of breast cancer treatment

MAM\_31F

06 On hormone replacement therapy

MAM\_31G

07 Breast problem

MAM\_31H

08 Other

DK, RF

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

MAM\_Q32  
MAM\_032

**When was the last time?**

- 1 less than 6 months ago (Go to MAM\_C38A)
- 2 6 months to less than 1 year ago (Go to MAM\_C38A)
- 3 1 year to less than 2 years ago (Go to MAM\_C38A)
- 4 2 years to less than 5 years ago
- 5 5 or more years ago (Go to MAM\_C38A)
- DK, RF

MAM\_C36

If age < 50 or age > 69, go to MAM\_C38A.  
Otherwise, go to MAM\_Q36.

MAM\_Q36

**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\_S36)  
DK, RF

Go to MAM\_C38A

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

MAM\_S36 (What are the reasons you have not had one in the past 2 years?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

MAM\_C38A

If age < 18, go to MAM\_END.  
Otherwise, go to MAM\_C38B.

MAM\_C38B

If PAP\_Q026 = 13 or if HWT\_Q1 = 1, go to MAM\_END.  
Otherwise, go to MAM\_Q38.

MAM\_Q38  
MAM\_Q38

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

1 Yes

2 No

DK, RF

Processing:

*In processing, if a respondent answered HWT\_Q1 = 1, the variable MAM\_Q38 is given the value of 2.*

*If a respondent answered PAP\_Q026 = 13 and MAM\_Q30 NE (DK, RF), the variable MAM\_Q38 is given the value of 1.*

MAM\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Prostate cancer screening (PSA)**

Optional content                      Quebec, Northwest Territories

PSA\_BEG                                      Optional Content (See Appendix 2)

PSA\_C1                                        If (DOPSA block = 1), go to PSA\_C170A.  
Otherwise, go to PSA\_END.

PSA\_C170A                                  If proxy interview, go to PSA\_END.  
Otherwise, go to PSA\_C170B.

PSA\_C170B                                  If female or age < 35, go to PSA\_END.  
Otherwise, go to PSA\_Q170.

PSA\_Q170  
PSA\_170                                      **(Now Prostate tests)**  
**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  
PSA\_172                                      **When was the last time?**

- 1    Less than 1 year ago
- 2    1 year to less than 2 years ago
- 3    2 years to less than 3 years ago
- 4    3 years to less than 5 years ago
- 5    5 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



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

PSA\_S173

**(Why did you have it?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

PSA\_Q174  
PSA\_174

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

1 Yes

2 No

DK, RF

(Go to PSA\_END)

(Go to PSA\_END)

PSA\_Q175  
PSA\_175

**When was the last time?**

1 Less than 1 year ago

2 1 year to less than 2 years ago

3 2 years to less than 3 years ago

4 3 years to less than 5 years ago

5 5 or more years ago

DK, RF

PSA\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Colorectal cancer screening (CCS)**

Optional content Alberta, New Brunswick, Newfoundland and Labrador, Quebec,  
Prince Edward Island, Northwest Territories, Manitoba

CCS\_BEG Optional Content (See Appendix 2)

CCS\_C180A If (DOCCS 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  
CCS\_180

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

**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  
CCS\_182

**When was the last time?**

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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

**(Why did you have it?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

CCS\_Q184

CCS\_184

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

1 Yes

2 No

DK, RF

(Go to CCS\_END)

(Go to CCS\_END)

CCS\_Q185

CCS\_185

**When was the last time?**

1 Less than 1 year ago

2 1 year to less than 2 years ago

3 2 years to less than 3 years ago

4 3 years to less than 5 years ago

5 5 years to less than 10 years ago

6 10 or more years ago

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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

**(Why did you have it?)**

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

CCS\_187

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

1 Yes

2 No

DK, RF

CCS\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Eye examinations (EYX)**

Optional content

Ontario

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

EYX\_140

**(Now eye examinations)**

**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

EYX\_142

**(Now eye examinations)**

**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)

Processing:

*In processing, if a respondent answered EYX\_Q140 = 1, the variable EYX\_Q142 is  
given the value of 1.*

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Dental visits (DEN)**

Optional content

Northwest Territories, Ontario

DEN\_BEG

Optional Content (See Appendix 2)

DEN\_C130A

If (DODEN block = 1), go to DEN\_C130B.  
Otherwise, go to DEN\_END.

DEN\_C130B

If proxy interview, go to DEN\_END.  
Otherwise, go to DEN\_R130.

DEN\_R130

**The following questions are about dental visits.**

INTERVIEWER: Press <1> to continue.

DEN\_C130C

If CHP\_Q14 = 1, go to DEN\_Q130.  
Otherwise, go to DEN\_Q132.

DEN\_Q130  
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 (Go to DEN\_Q132)
- DK, RF (Go to DEN\_END)

DEN\_Q132  
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)

Processing:

*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.

Rule :

*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.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Oral health 2 (OH2)**

Optional content

Nunavut, Ontario, Saskatchewan, Manitoba

OH2\_BEG

Optional Content (See Appendix 2)

OH2\_C10A

If (DOOH2 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

OH2\_10

**Do you usually visit the dentist...?**

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

OH2\_11

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

- 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 = 2 and DEN\_Q132 = 2,3,4,5,6,7 (did not go to the dentist in the past year), go to OH2\_Q20.  
Otherwise, go to OH2\_Q12.

OH2\_Q12

OH2\_12

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

- 1 Yes
  - 2 No (Go to OH2\_Q20)
- DK, RF (Go to OH2\_Q20)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

OH2\_Q13  
OH2\_13

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

- 1 Yes
- 2 No
- DK, RF

OH2\_Q20  
OH2\_20

Do you have one or more of your own teeth?

- 1 Yes
- 2 No
- DK, RF

OH2\_C21

If DEN\_Q136 = 13, go to OH2\_D22.  
Otherwise, go to OH2\_Q21.

OH2\_Q21  
OH2\_21

Do you wear dentures or false teeth?

- 1 Yes
- 2 No
- DK, RF

Processing:

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 <1> 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  
OH2\_22

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

- 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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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  
OH2\_25B

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

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

- 1 Yes
  - 2 No
- DK, RF

OH2\_Q25C  
OH2\_25C

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

**pain in or around the jaw joints?**

- 1 Yes
  - 2 No
- DK, RF

OH2\_Q25D  
OH2\_25D

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

**other pain in the mouth or face?**

- 1 Yes
  - 2 No
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

OH2\_Q25E  
OH2\_25E

(In the past month, have you had:)

**bleeding gums?**

- 1 Yes
- 2 No
- DK, RF

OH2\_Q25F  
OH2\_25F

(In the past month, have you had:)

**dry mouth?**

INTERVIEWER: Do not include thirst caused by exercise.

- 1 Yes
- 2 No
- DK, RF

OH2\_Q25G  
OH2\_25G

(In the past month, have you had:)

**bad breath?**

- 1 Yes
- 2 No
- DK, RF

OH2\_C30

If OH2\_Q20 = 1, go to OH2\_Q30.  
Otherwise, go to OH2\_END.

OH2\_Q30  
OH2\_30

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

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

OH2\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Food choices (FDC)**

Optional content

Northwest Territories, British Columbia, Alberta, Nova Scotia, New Brunswick

FDC\_BEG

Optional Content (See Appendix 2)

FDC\_C1A

If (DOFDC 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 <1> to continue.

FDC\_Q1A  
FDC\_1A

**Do you choose certain foods or avoid others:**

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

- 1 Yes (or sometimes)
- 2 No
- DK, RF (Go to FDC\_END)

FDC\_Q1B  
FDC\_1B

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

**because you are concerned about heart disease?**

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

FDC\_Q1C  
FDC\_1C

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

**because you are concerned about cancer?**

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

FDC\_Q1D  
FDC\_1D

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

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

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

FDC\_Q2A  
FDC\_2A

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

**the lower fat content?**

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

FDC\_Q2B  
FDC\_2B

(Do you choose certain foods because of:)

the fibre content?

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

FDC\_Q2C  
FDC\_2C

(Do you choose certain foods because of:)

the calcium content?

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

FDC\_Q3A  
FDC\_3A

Do you avoid certain foods because of:

the fat content?

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

FDC\_Q3B  
FDC\_3B

(Do you avoid certain foods because of:)

the type of fat they contain?

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

FDC\_Q3C  
FDC\_3C

(Do you avoid certain foods because of:)

the salt content?

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

FDC\_Q3D  
FDC\_3D

(Do you avoid certain foods because of:)

the cholesterol content?

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

FDC\_Q3E  
FDC\_3E

(Do you avoid certain foods because of:)

the calorie content?

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

FDC\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Fruit and vegetable consumption (FVC)**

Core content

FVC\_BEG

Core content

FVC\_C1A

If (DOFVC 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 <1> to continue.

FVC\_Q1A

FVC\_1A

**How often do you usually drink fruit juices such as orange, grapefruit or tomato? (For example: once a day, three times a week, twice a month)**

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

FVC\_1B

INTERVIEWER: Enter number of times per day.

|\_| Times  
(MIN: 1)  
(MAX: 20)

DK, RF

Go to FVC\_Q2A

FVC\_N1C

FVC\_1C

INTERVIEWER: Enter number of times per week.

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

DK, RF

Go to FVC\_Q2A



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

FVC\_N1D  
FVC\_1D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to FVC\_Q2A

FVC\_N1E  
FVC\_1E

INTERVIEWER: Enter number of times per year.

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

DK, RF

FVC\_Q2A  
FVC\_2A

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

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

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

FVC\_N2B  
FVC\_2B

INTERVIEWER: Enter number of times per day.

|\_|\_| Times  
(MIN: 1)  
(MAX: 20)

DK, RF

Go to FVC\_Q3A

FVC\_N2C  
FVC\_2C

INTERVIEWER: Enter number of times per week.

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

DK, RF

Go to FVC\_Q3A

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

FVC\_N2D  
FVC\_2D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to FVC\_Q3A

FVC\_N2E  
FVC\_2E

INTERVIEWER: Enter number of times per year.

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

DK, RF

FVC\_Q3A  
FVC\_3A

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

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

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

FVC\_N3B  
FVC\_3B

INTERVIEWER: Enter number of times per day.

|\_|\_| Times  
(MIN: 1)  
(MAX: 20)

DK, RF

Go to FVC\_Q4A

FVC\_N3C  
FVC\_3C

INTERVIEWER: Enter number of times per week.

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

DK, RF

Go to FVC\_Q4A

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

FVC\_N3D  
FVC\_3D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to FVC\_Q4A

FVC\_N3E  
FVC\_3E

INTERVIEWER: Enter number of times per year.

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

DK, RF

FVC\_Q4A  
FVC\_4A

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

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

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

FVC\_N4B  
FVC\_4B

INTERVIEWER: Enter number of times per day.

|\_|\_|\_| Times  
(MIN: 1)  
(MAX: 20)

DK, RF

Go to FVC\_Q5A

FVC\_N4C  
FVC\_4C

INTERVIEWER: Enter number of times per week.

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

DK, RF

Go to FVC\_Q5A

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

FVC\_N4D  
FVC\_4D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to FVC\_Q5A

FVC\_N4E  
FVC\_4E

INTERVIEWER: Enter number of times per year.

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

DK, RF

FVC\_Q5A  
FVC\_5A

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

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

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

FVC\_N5B  
FVC\_5B

INTERVIEWER: Enter number of times per day.

|\_|\_| Times  
(MIN: 1)  
(MAX: 20)

DK, RF

Go to FVC\_Q6A

FVC\_N5C  
FVC\_5C

INTERVIEWER: Enter number of times per week.

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

DK, RF

Go to FVC\_Q6A

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

FVC\_N5D  
FVC\_5D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to FVC\_Q6A

FVC\_N5E  
FVC\_5E

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

FVC\_N6D  
FVC\_6D

INTERVIEWER: Enter number of servings per month.

|\_|\_|\_| Servings  
(MIN: 1)  
(MAX: 200)

DK, RF

Go to FVC\_END

FVC\_N6E  
FVC\_6E

INTERVIEWER: Enter number of servings per year.

|\_|\_|\_| Servings  
(MIN: 1)  
(MAX: 500)

DK, RF

FVC\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Physical activities (PAC)**

Core content

PAC_BEG	Core content
PAC_C1A	If (DOPAC 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	<b>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.</b>  <u>INTERVIEWER:</u> Press <1> to continue.
PAC_D1	DV_DATETHREEMONTHSAGO = CURRENTMONTH - 3
PAC_Q1	<b>Have you done any of the following in the past 3 months, that is, from ^DATETHREEMONTHSAGO to yesterday?</b>  <u>INTERVIEWER:</u> Read categories to respondent. Mark all that apply.
PAC_1A	01 <b>Walking for exercise</b>
PAC_1B	02 <b>Gardening or yard work</b>
PAC_1C	03 <b>Swimming</b>
PAC_1D	04 <b>Bicycling</b>
PAC_1E	05 <b>Popular or social dance</b>
PAC_1F	06 <b>Home exercises</b>
PAC_1G	07 <b>Ice hockey</b>
PAC_1H	08 <b>Ice skating</b>
PAC_1I	09 <b>In-line skating or rollerblading</b>
PAC_1J	10 <b>Jogging or running</b>
PAC_1K	11 <b>Golfing</b>
PAC_1L	12 <b>Exercise class or aerobics</b>
PAC_1M	13 <b>Downhill skiing or snowboarding</b>
PAC_1N	14 <b>Bowling</b>
PAC_1O	15 <b>Baseball or softball</b>
PAC_1P	16 <b>Tennis</b>
PAC_1Q	17 <b>Weight-training</b>
PAC_1R	18 <b>Fishing</b>
PAC_1S	19 <b>Volleyball</b>
PAC_1T	20 <b>Basketball</b>
PAC_1Z	21 <b>Soccer</b>
PAC_1U	22 <b>Any other</b>
PAC_1V	23 <b>No physical activity</b> DK, RF (Go to PAC_END)
PAC_E1	<b>You cannot select "No physical activity" and another category. Please return and correct.</b>

Rule : *Trigger hard edit if "No physical activity" is chosen in PAC\_Q1 with any other response.*

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

---

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\_Q2.

PAC\_S1V                        **(What was this activity?)**  
  
INTERVIEWER: Enter one activity only.

---

(80 spaces)

(DK, RF 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\_Q2)  
DK, RF                              (Go to PAC\_Q2)

PAC\_S1X                        **(What was this activity?)**  
  
INTERVIEWER: Enter one activity only.

---

(80 spaces)

DK, RF                              (Go to PAC\_Q2)

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\_Q2)  
DK, RF                              (Go to PAC\_Q2)

PAC\_S1Y                        **(What was this activity?)**  
  
INTERVIEWER: Enter one activity only.

---

(80 spaces)

DK, RF                              (Go to PAC\_Q2)

Programmer:                      *For each activity identified in PAC\_Q1, ask PAC\_Q2 and PAC\_Q3n.  
When PAC\_S1X or PAC\_S1Y = DK, RF, their respective PAC\_Q2 and PAC\_Q3 will not  
be asked.*



**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

PAC\_D2N

If PAC\_Q1 = 01, DT\_ACTIVITY = "Walking for exercise".  
 If PAC\_Q1 = 02, DT\_ACTIVITY = "Gardening or yard work".  
 If PAC\_Q1 = 03, DT\_ACTIVITY = "Swimming".  
 If PAC\_Q1 = 04, DT\_ACTIVITY = "Bicycling".  
 If PAC\_Q1 = 05, DT\_ACTIVITY = "Popular or social dance".  
 If PAC\_Q1 = 06, DT\_ACTIVITY = "Home exercises".  
 If PAC\_Q1 = 07, DT\_ACTIVITY = "Ice hockey".  
 If PAC\_Q1 = 08, DT\_ACTIVITY = "Ice skating".  
 If PAC\_Q1 = 09, DT\_ACTIVITY = "In-line skating or rollerblading".  
 If PAC\_Q1 = 10, DT\_ACTIVITY = "Jogging or running".  
 If PAC\_Q1 = 11, DT\_ACTIVITY = "Golfing".  
 If PAC\_Q1 = 12, DT\_ACTIVITY = "Exercise class or aerobics".  
 If PAC\_Q1 = 13, DT\_ACTIVITY = "Downhill skiing or snowboarding".  
 If PAC\_Q1 = 14, DT\_ACTIVITY = "Bowling".  
 If PAC\_Q1 = 15, DT\_ACTIVITY = "Baseball or softball".  
 If PAC\_Q1 = 16, DT\_ACTIVITY = "Tennis".  
 If PAC\_Q1 = 17, DT\_ACTIVITY = "Weight-training".  
 If PAC\_Q1 = 18, DT\_ACTIVITY = "Fishing".  
 If PAC\_Q1 = 19, DT\_ACTIVITY = "Volleyball".  
 If PAC\_Q1 = 20, DT\_ACTIVITY = "Basketball".  
 If PAC\_Q1 = 21, DT\_ACTIVITY = "Soccer".  
 If PAC\_Q1 = 22, DT\_ACTIVITY = "Any other".

PAC\_Q2 **In the past 3 months, how many times did you participate in  
^DT\_ACTIVITY?**

|\_|\_|\_| Times  
 (MIN: 1)  
 (MAX: 300)

DK, RF

Help text: *If the response is DK, RF, go to next activity.*

Processing: *PAC\_Q2 is asked many times, depending on the categories selected in PAC\_Q1.*

PAC\_E2N An unusual value has been entered. Please confirm.

Rule : *Trigger soft edit if (PAC\_Q1 = 02, or 03, or 05, or 06 or 07, or 08, or 09, or 10, or 11, or 12, or 13, or 14, or 15, or 16, or 17, or 18, or 19, or 20, or 21) and PAC\_Q2 > 99.*

PAC\_E2A An unusual value has been entered. Please confirm.

Rule : *Trigger soft edit if PAC\_Q1= 01 (walking) and PAC\_Q2 > 270*

PAC\_E2D An unusual value has been entered. Please confirm.

Rule : *Trigger soft edit if PAC\_Q1= 04 (bicycling) and PAC\_Q2 > 200*

PAC\_E2Y An unusual value has been entered. Please confirm.

Rule : *Trigger soft edit if PAC\_Q1= 22 (other) and PAC\_Q2 > 200*

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

PAC\_Q3

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

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

Processing:

PAC\_Q3 is asked many times, depending on the categories selected in PAC\_Q1.

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 <1> to continue.

PAC\_D7A

If PAC\_Q2n > 0, where n = 1, X = PAC\_Q2n, DT\_TIMEWE = "Other than the (X) times you already reported walking for exercise was there any other time".  
Otherwise, DT\_TIMEWE = "Was there any time".

PAC\_Q7A  
PAC\_7

**^DT\_TIMEWE in the past 3 months when you walked to and from work or school?**

- 1 Yes
  - 2 No (Go to PAC\_D8A)
  - 3 Does not work or go to school (Go to PAC\_END)
- DK, RF (Go to PAC\_D8A)

PAC\_Q7B  
PAC\_7A

**How many times?**

|\_|\_| Times  
(MIN: 1)  
(MAX: 270)

DK, RF (Go to PAC\_D8A)

PAC\_Q7C  
PAC\_7B

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

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\_D8A

If PAC\_Q2 > 0, where n = 4, X = PAC\_Q2, DT\_TIMEBIKEE = "Other than the (X) times you already reported bicycling was there any other time".  
Otherwise, DT\_TIMEBIKEE = "Was there any time".

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

PAC\_Q8A  
PAC\_8

**ADT\_TIMEBIKEE in the past 3 months when you bicycled to and from work or school?**

- 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)

Processing:

*If PAC\_Q7A = 3, PAC\_Q8A will be filled with "Does not work or go to school" in processing (PAC\_Q8A = 3).*

PAC\_Q8B  
PAC\_8A

**How many times?**

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

DK, RF (Go to PAC\_END)

PAC\_Q8C  
PAC\_8B

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

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

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Physical activity - Stages of change (SCP)**

Optional content

Northwest Territories, British Columbia

SCP\_BEG

Content block

External variables required:

PROXYMODE: 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 DOSCP 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

SCP\_01

**Thinking about the level of physical activity you do every week, do you consider 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, RF (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

SCP\_02

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

- 1 Yes
  - 2 No
- DK, RF

SCP\_C03

If SCP\_Q01 = 1 or SCP\_Q01 = 2, go to SCP\_END.  
Otherwise, go to SCP\_Q03.

SCP\_Q03

SCP\_03

**Do you intend to increase your physical activity level in the next 30 days?**

- 1 Yes (Go to SCP\_END)
  - 2 No (Go to SCP\_END)
- DK, RF (Go to SCP\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

SCP\_Q04  
SCP\_04

Do you intend to increase your physical activity level in the next 6 months?

- 1 Yes
- 2 No
- DK, RF

SCP\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Sedentary activities (SAC)**

Optional content

Prince Edward Island

SAC\_BEG

Optional Content (See Appendix 2)

SAC\_C1A

If (DOSAC 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  
SAC\_1

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

**on a computer, including playing computer games and using the Internet?**

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

|\_|\_| Hours  
(MIN: 0; Warning Value: 0)  
(MAX: 70; Warning Value: 0)

DK, RF (Go to SAC\_END)

SAC\_E1

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if SAC\_Q1 > 35.

SAC\_Q2  
SAC\_2

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

**playing video games on a game console or on a hand-held electronic device?**

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

|\_|\_| Hours  
(MIN: 0; Warning Value: 0)  
(MAX: 70; Warning Value: 0)

DK, RF

SAC\_E2A

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if SAC\_Q2 > 35.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SAC\_E2B **An impossible value has been entered. Please return and correct.**

Rule : *Trigger hard edit if SAC\_Q1 + SAC\_Q2 > 98.*

SAC\_Q3  
SAC\_3 **(In a typical week in the past 3 months, how many hours did you usually spend:)**

**watching television or videos?**

INTERVIEWER: Round up to the nearest hour.

|\_|\_| Hours  
(MIN: 0; Warning Value: 0)  
(MAX: 70; Warning Value: 0)

DK, RF

SAC\_E3A An unusual value has been entered. Please confirm.

Rule : *Trigger soft edit if SAC\_Q3 > 35.*

SAC\_E3B **An impossible value has been entered. Please return and correct.**

Rule : *Trigger hard edit if SAC\_Q1 + SAC\_Q2 + SAC\_Q3 > 98.*

SAC\_Q4  
SAC\_4 **(In a typical week, in the past 3 months, how many hours did you usually spend:)**

**reading, not counting at work or at school?**

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

|\_|\_| Hours  
(MIN: 0; Warning Value: 0)  
(MAX: 70; Warning Value: 0)

DK, RF

SAC\_E4A An unusual value has been entered. Please confirm.

Rule : *Trigger soft edit if SAC\_Q4 > 35.*

SAC\_E4B **An impossible value has been entered. Please return and correct.**

Rule : *Trigger hard edit if SAC\_Q1 + SAC\_Q2 + SAC\_Q3 + SAC\_Q4 > 98.*

SAC\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Use of protective equipment (UPE)**

Theme content

UPE_BEG	Theme content  External variable required: PAC_Q1, PAC_Q8A  PROXYMODE: proxy identifier, from the GR block. FNAME: first name of respondent from household block. DOUFNAME: first name of respondent from household block. DOUPE: 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
UPE_C10A	If (DOUPE block = 1), go to UPE_C10B. Otherwise, go to UPE_END.
UPE_C10B	If proxy interview, go to UPE_END. Otherwise, go to UPE_C10C.
UPE_C10C	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_Q8A = 1 (bicycling to work or school)), go to UPE_R10. Otherwise, go to UPE_C10D.
UPE_R10	<b>Now a few questions about precautions you take while participating in some physical activities.</b>  <u>INTERVIEWER</u> : Press <1> to continue.
UPE_C10D	If PAC_Q1 = 4 (bicycling for leisure) or (PAC_Q8A = 1 (bicycling to work or school)), go to UPE_Q1B. Otherwise, go to UPE_Q1A.
UPE_Q1A UPE_01A	<b>In the past 12 months, have you done any bicycling?</b>  1 Yes 2 No (Go to UPE_C2A) DK (Go to UPE_C2A) RF (Go to UPE_END)
UPE_Q1B UPE_01	<b>When riding a bicycle, how often do you wear a helmet?</b>  <u>INTERVIEWER</u> : Read categories to respondent.  1 <b>Always</b> 2 <b>Most of the time</b> 3 <b>Rarely</b> 4 <b>Never</b> DK, RF



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

UPE\_C2A If PAC\_Q1 = 9 (in-line skating or rollerblading), go to UPE\_Q2B.  
Otherwise, go to UPE\_Q2A.

UPE\_Q2A **In the past 12 months, have you done any in-line skating or rollerblading?**  
UPE\_02

- 1 Yes
- 2 No (Go to UPE\_C3A)
- DK, RF (Go to UPE\_C3A)

UPE\_Q2B **When in-line skating or rollerblading, how often do you wear a helmet?**  
UPE\_02A

INTERVIEWER: Read categories to respondent.

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

UPE\_Q2C **How often do you wear wrist guards or wrist protectors?**  
UPE\_02B

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

UPE\_Q2D **How often do you wear elbow pads?**  
UPE\_02C

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

UPE\_Q2E **How often do you wear knee pads?**  
UPE\_02D

- 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\_C6A)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

UPE\_Q3B  
UPE\_03B

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

INTERVIEWER: Read categories to respondent.

- |        |                             |                 |
|--------|-----------------------------|-----------------|
| 1      | <b>Downhill skiing only</b> | (Go to UPE_Q4A) |
| 2      | <b>Snowboarding only</b>    | (Go to UPE_C5A) |
| 3      | <b>Both</b>                 | (Go to UPE_Q4A) |
| 4      | <b>Neither</b>              | (Go to UPE_C6A) |
| DK, RF |                             | (Go to UPE_C6A) |

UPE\_Q4A  
UPE\_04A

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

INTERVIEWER: Read categories to respondent.

- |        |                         |
|--------|-------------------------|
| 1      | <b>Always</b>           |
| 2      | <b>Most of the time</b> |
| 3      | <b>Rarely</b>           |
| 4      | <b>Never</b>            |
| 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\_C6A.

UPE\_Q5A  
UPE\_05A

**When snowboarding, how often do you wear a helmet?**

INTERVIEWER: Read categories to respondent.

- |        |                         |
|--------|-------------------------|
| 1      | <b>Always</b>           |
| 2      | <b>Most of the time</b> |
| 3      | <b>Rarely</b>           |
| 4      | <b>Never</b>            |
| DK, RF |                         |

UPE\_Q5B  
UPE\_05B

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

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

UPE\_C6A

If age  $\geq 12$  or  $\leq 19$ , go to UPE\_Q6A.  
Otherwise, go to UPE\_C7A.

UPE\_Q6A  
UPE\_06

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

- |        |     |                 |
|--------|-----|-----------------|
| 1      | Yes |                 |
| 2      | No  | (Go to UPE_C7A) |
| DK, RF |     | (Go to UPE_C7A) |

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

UPE\_Q6B  
UPE\_06A

**How often do you wear a helmet?**

INTERVIEWER: Read categories to respondent.

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

DK, RF

UPE\_Q6C  
UPE\_06B

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

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

DK, RF

UPE\_Q6D  
UPE\_06C

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

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

DK, RF

UPE\_C7A

If PAC Q1=7 (ice hockey), go to UPE\_Q7B.  
Otherwise, go to UPE\_Q7A.

UPE\_Q7A  
UPE\_07

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

- 1 Yes
  - 2 No (Go to UPE\_END)
- DK, RF (Go to UPE\_END)

UPE\_Q7B  
UPE\_07A

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

INTERVIEWER: Read categories to respondent.

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

DK, RF

UPE\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Sun safety behaviours (SSB)**

Optional content

Saskatchewan

SSB\_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.  
FNAME: first name of respondent from household block.  
DOSSB: 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

SSB\_C1A

If (DOSSB block = 1), go to SSB\_C1B.  
Otherwise, go to SSB\_END.

SSB\_C1B

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 <1> to continue.

SSB\_Q01  
SSB\_01

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

- 1 Yes
- 2 No (Go to SSB\_R06)
- DK, RF (Go to SSB\_END)

SSB\_Q02  
SSB\_02

**Did any of your sunburns involve blistering?**

- 1 Yes
- 2 No
- DK, RF

SSB\_Q03  
SSB\_03

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

- 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 <1> to continue.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SSB\_Q06  
SSB\_06

**About how much time each day do you spend in the sun between 11 am and 4 pm?**

- 01 None (Go to SSB\_Q13)
- 02 Less than 30 minutes (Go to SSB\_Q13)
- 03 30 to 59 minutes
- 04 1 hour to less than 2 hours
- 05 2 hours to less than 3 hours
- 06 3 hours to less than 4 hours
- 07 4 hours to less than 5 hours
- 08 5 hours
- DK, RF (Go to SSB\_Q13)

SSB\_Q07  
SSB\_07

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

**seek shade?**

INTERVIEWER: Read categories to respondent.

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

SSB\_Q08  
SSB\_08

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

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

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

SSB\_Q09A  
SSB\_09A

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

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

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SSB\_Q09B  
SSB\_09B

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

use sunscreen on your face?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely (Go to SSB\_Q11)
- 5 Never (Go to SSB\_Q11)
- DK, RF (Go to SSB\_Q11)

SSB\_Q10  
SSB\_10

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

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

SSB\_Q11  
SSB\_11

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

use sunscreen on your body?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely (Go to SSB\_Q13)
- 5 Never (Go to SSB\_Q13)
- DK, RF (Go to SSB\_Q13)

SSB\_Q12  
SSB\_12

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

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

SSB\_Q13  
SSB\_13

Do you have skin cancer?

- 1 Yes
- 2 No
- DK, RF (Go to SSB\_END)

SSB\_E13

Inconsistent answers have been entered. The respondent reported having skin cancer but previously reported that he/she did not have cancer. Please confirm.

Rule :

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.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SSB\_Q14  
SSB\_14

**Have you ever been diagnosed with skin cancer?**

- 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.

Rule :

Trigger soft edit if SSB\_Q14 = 1 and CCC\_Q132 = 2.

SSB\_D15

If SSB\_Q13 = 1 (Yes), DT\_DODID = "do".  
Otherwise, DT\_DODID = "did".

SSB\_Q15  
SSB\_15

**What type of skin cancer ^DT\_DODID you have?**

- 1 Melanoma
- 2 Non-melanoma
- DK, RF

SSB\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Injuries (INJ)**

Theme content

INJ\_BEG

Theme content

External variables required:

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

CHP\_Q01 :YesNo, DK RF (In the past 12 months,been a patient overnight in a hospital, nursing home or convalescent home?)

REP\_Q1 :YesNo, DK RF (In the past 12 months, did YOU have any injuries due to repetitive strain?)

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

INJ\_C01

If (DOINJ block = 1), go to INJ\_B01.  
Otherwise, go to INJ\_END.

INJ\_B01

Call "Repetitive strain" sub block (REP)

Content type:

Number of injuries and details of most serious injury

INJ\_D01A

If REP\_Q1 = 1 (Yes), DT\_OTHINJ = "other".  
Otherwise, DT\_OTHINJ = "null".

INJ\_D01B

Not Applicable

INJ\_D01C

If REP\_Q1 = 1 (Yes), DT\_INJURIES1 = "Not counting repetitive strain injuries or food poisoning,".  
Otherwise, DT\_INJURIES1 = "Not counting food poisoning,".

INJ\_D01D

DV\_DATEONEYEARAGO = CURRENTDATE - 1

INJ\_R01

**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 <1> to continue.

INJ\_Q01  
INJ\_01

**^DT\_INJURIES1 in the past 12 months, that is, from ^DATEONEYEARAGO to yesterday, ^WERE ^YOU1 injured?**

1 Yes

2 No

DK, RF

(Go to INJ\_Q16)

(Go to INJ\_END)



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

INJ\_Q02  
INJ\_02

**How many times ^WERE ^YOU1 injured?**

|\_|\_| Times  
(MIN: 1)  
(MAX: 30)

DK, RF (Go to INJ\_END)

INJ\_E02

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if INJ\_Q02 > 6

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  
INJ\_03

**^DT\_INJURIES2 month did it happen?**

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 = ^CURRENTMONTH, go to INJ\_Q04.  
Otherwise, go to INJ\_Q05.

INJ\_Q04  
INJ\_04

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

1 This year  
2 Last year  
DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

INJ\_Q05  
INJ\_05

**What type of injury did ^YOU1 have? For example, a broken bone or burn.**

- 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

**(What type of injury did ^YOU1 have? For example, a broken bone or burn.)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

INJ\_Q06  
INJ\_06

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

- 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  
INJ\_07

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

- 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

**(What part of the body was injured?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

INJ\_Q08  
INJ\_08

**Where ^WERE ^YOU1 when ^YOU1 ^WERE injured?  
For example, someone's house, an office building, construction site.**

INTERVIEWER: If respondent says 'At work', probe for type of workplace.

- 01 In a home or its surrounding area (including respondent's home or other homes)
  - 02 Residential institution
  - 03 School, college, university (exclude sports areas)
  - 04 Sports or athletics area of school, college, university
  - 05 Other sports or athletics area (exclude school sports areas)
  - 06 Other institution (e.g., church, hospital, theatre, civic building)
  - 07 Street, highway, sidewalk
  - 08 Commercial area (e.g., store, restaurant, office building, transport terminal)
  - 09 Industrial or construction area
  - 10 Farm (exclude farmhouse and its surrounding area)
  - 11 Countryside, forest, lake, ocean, mountains, prairie, etc.
  - 12 Other - Specify (Go to INJ\_S08)
- DK, RF

Go to INJ\_Q09

INJ\_S08

**(Where ^WERE ^YOU1 when ^YOU1 ^WERE injured?  
For example, someone's house, an office building, construction site.)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

INJ\_Q09  
INJ\_09

**What ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?**

- 01 Sports or physical exercise (including school activities, and running)
  - 02 Leisure or hobby (including volunteering)
  - 03 Working at a job or business (excluding travel to and from work)
  - 04 Household chores, outdoor yard maintenance, home renovations or other unpaid work
  - 05 Sleeping, eating, personal care
  - 06 Going up and down stairs
  - 07 Driver or passenger in/on road motor vehicle (including motorcycles, trucks)
  - 08 Driver or passenger in/on off-road motor vehicle (including boat, ATV, snowmobile)
  - 09 Walking
  - 10 Other - Specify (Go to INJ\_S09)
- DK, RF

Go to INJ\_C09

INJ\_S09

**(What ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

INJ\_C09

If INJ\_Q09 = 3, and (14 < age < 75), go to INJ\_B10.  
Otherwise, go to INJ\_C10.

INJ\_B10

Call "Workplace Injuries" Sub Block (INW)

INJ\_C10

If INJ\_Q05 = 9 (poisoning), go to INJ\_Q13.  
Otherwise, go to INJ\_Q10.

INJ\_Q10  
INJ\_10

**Was the injury the result of a fall?**

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\_Q12A)
- DK, RF (Go to INJ\_Q12A)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

INJ\_Q11  
INJ\_11A

**How did ^YOU1 fall?**

- 01 While skating, skiing or snowboarding
  - 02 While engaged in other sport or physical exercise (including school activities and running)
  - 03 Going up or down stairs / steps (icy or not)
  - 04 Slip, trip, stumble or loss balance while walking on ice or snow
  - 05 Slip, trip or stumble or loss balance while walking on any other surface
  - 06 From furniture or while rising from furniture (e.g., bed, chair)
  - 07 From elevated position (e.g., ladder, tree, scaffolding)
  - 08 Due to health problems (e.g., faint, weakness, dizziness, hip/knee gave out, seizure)
  - 09 Other - Specify (Go to INJ\_S11)
- DK, RF

Go to INJ\_Q12B

INJ\_S11

**(How did ^YOU1 fall?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Go to INJ\_Q12B

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

INJ\_Q12A  
INJ\_12

**What caused the injury?**

- 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\_S12A)
- DK, RF

Go to INJ\_Q12B

INJ\_S12A

**(What caused the injury?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

INJ\_Q12B  
INJ\_12A

**At what time of day did ^YOUR1 injury occur?**

- 1 Morning (06:00-11:59)
  - 2 Afternoon (12:00-17:59)
  - 3 Evening (18:00-23:59)
  - 4 Night (00:00-05:59)
- DK, RF

INJ\_Q13  
INJ\_13

**Did ^YOU2 receive any medical attention for the injury from a health professional in the 48 hours following the injury?**

- 1 Yes
  - 2 No (Go to INJ\_Q15B)
- DK, RF (Go to INJ\_Q15B)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

INJ\_Q14

**Where did ^YOU1 receive treatment in the 48 hours?**

INTERVIEWER: Mark all that apply.

INJ\_14A  
INJ\_14B  
INJ\_14C

01 Doctor's office  
02 Hospital emergency room  
03 Hospital outpatient clinic  
(e.g. day surgery, cancer)

INJ\_14L

04 Other clinic (e.g. walk-in,  
appointment, sports)

INJ\_14M

05 Physiotherapist or massage  
therapist's office

INJ\_14F

06 Community health centre /  
CLSC

INJ\_14N  
INJ\_14O

07 Chiropractor's office  
08 Where the injury  
happened/on-site  
(workplace, school, sports  
field,  
hotel, ski hill)

INJ\_14K

09 Other  
DK, RF

INJ\_Q15A  
INJ\_15

**^WERE\_C ^YOU1 admitted to a hospital overnight?**

1 Yes  
2 No  
DK, RF

INJ\_E15A

Inconsistent answers have been entered. Please confirm.

Rule :

Trigger soft edit if INJ\_Q15A = 1 and CHP\_Q01 = 2 (No)

INJ\_Q15B  
INJ\_15A

**At the present time, ^ARE ^YOU1 getting follow-up care from a health professional because of this injury?**

1 Yes  
2 No  
DK, RF

INJ\_Q16  
INJ\_16

**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?**

1 Yes  
2 No (Go to INJ\_END)  
DK, RF (Go to INJ\_END)

INJ\_Q17  
INJ\_17

**How many injuries?**

|\_|\_| Injuries  
(MIN: 1)  
(MAX: 30)

DK, RF



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

INJ\_E17

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if INJ\_Q17 > 6

INJ\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Repetitive strain - Sub Block (REP)**

Theme content

REP\_BEG

Theme content

External variables required:

PROXYMODE: proxy identifier, from the GR block.  
FNAME: first name of respondent from household block.  
DOINJ: 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

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 <1> to continue.

REP\_Q1  
REP\_1A

**In the past 12 months, did ^YOU2 have any injuries due to repetitive strain?**

1 Yes  
2 No (Go to REP\_END)  
DK, RF (Go to REP\_END)

REP\_Q2  
REP\_2

**Were these injuries serious enough to limit ^YOUR1 normal activities?**

1 Yes  
2 No (Go to REP\_END)  
DK, RF (Go to REP\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

REP\_Q3A  
REP\_3

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

- 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\_Q3B  
REP\_3A

**^DOVERB\_C ^YOU1 know what type of activity caused this repetitive strain injury?**

- 1 Yes
  - 2 No (Go to REP\_END)
- DK, RF (Go to REP\_END)

REP\_Q4  
REP\_4

**Was the activity something ^YOU1 did while working at a job or business (excluding travel to or from work)?**

- 1 Yes
  - 2 No
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

REP\_Q5

**What type of activity was this?**

INTERVIEWER: Mark all that apply.

REP\_5A  
REP\_5B

01 Walking  
02 Sports or physical exercise  
(including school activities  
and running)

REP\_5C

03 Leisure or hobby (include  
volunteering)

REP\_5D

04 Household chores, outdoor  
yard maintenance,  
home renovations or other  
unpaid work

REP\_5F  
REP\_5G  
REP\_5H

05 Computer use or typing  
06 Driving a motor vehicle  
07 Lifting or carrying an object  
or person

REP\_5I

08 Other - Specify (Go to REP\_S5)  
DK, RF

Go to REP\_END

REP\_S5

**(What type of activity was this?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

REP\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Workplace Injury - Sub Block (INW)**

Theme content

INW\_BEG

Theme content

INW\_Q01

INW\_01

**Did this injury occur in ^YOUR1 current main job?**

- 1 Yes (Go to INW\_END)  
2 No  
DK, RF (Go to INW\_END)

INW\_Q02

**What kind of business, industry or service ^WERE ^YOU1 working in when ^YOU1 ^WERE injured? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government).**

---

(50 spaces)

DK, RF

Processing:

*This will be released as the Yes/No flag INWF02; INWCSIC and INWCSOC are also released and are based on the responses to LBS and INW questions*

INW\_Q03

**What kind of work ^WERE ^YOU1 doing? (For example: babysitting in own home, factory worker, forestry technician)**

---

(50 spaces)

DK, RF

Processing:

*This will be released as the Yes/No flag INWF03; INWCSIC and INWCSOC are also released and are based on the responses to LBS and INW questions*

INW\_Q04

**What were ^YOUR1 most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner.**

---

(50 spaces)

DK, RF

Processing:

*This will be released as the Yes/No flag INWF04; INWCSIC and INWCSOC are also released and are based on the responses to LBS and INW questions*

INW\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Satisfaction with life (SWL)**

Optional content

Yukon

SWL\_BEG

Optional Content (See Appendix 2)

SWL\_C1

If (DOSWL 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 <1> to continue.

SWL\_Q02

SWL\_02

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

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied

DK

RF

(Go to SWL\_END)

SWL\_Q03

SWL\_03

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

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied

DK, RF

SWL\_Q04

SWL\_04

**(How satisfied are you) with your financial situation?**

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

SWL\_Q05  
SWL\_05

**How satisfied are you with yourself?**

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

SWL\_Q06  
SWL\_06

**How satisfied are you with the way your body looks?**

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

SWL\_Q07  
SWL\_07

**How satisfied are you with your relationships with family members?**

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

SWL\_Q08  
SWL\_08

**(How satisfied are you) with your relationships with friends?**

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

SWL\_Q09  
SWL\_09

**(How satisfied are you) with your housing?**

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

SWL\_Q10  
SWL\_10

(How satisfied are you) with your neighbourhood?

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

SWL\_END

FOR INFORMATION ONLY



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Stress - Sources (STS)**

Optional content

Northwest Territories

STS\_BEG

Optional Content (See Appendix 2)

STS\_C1

If (DOSTS 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 <1> to continue.

STS\_Q1

STS\_1

**In general, how would you rate your ability to handle unexpected and difficult problems, for example, a family or personal crisis? Would you say your ability is...?**

INTERVIEWER: Read categories to respondent.

- 1 **Excellent**
- 2 **Good**
- 3 **Fair**
- 4 **Poor**

DK, RF

(Go to STS\_END)

STS\_Q2

STS\_2

**In general, how would you rate your ability to handle the day-to-day demands in your life, for example, handling work, family and volunteer responsibilities? Would you say your ability is...?**

INTERVIEWER: Read categories to respondent.

- 1 **Excellent**
- 2 **Good**
- 3 **Fair**
- 4 **Poor**

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

STS\_Q3  
STS\_3

**Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?**

INTERVIEWER: Do not probe.

- 01 Time pressures / not enough time
  - 02 Own physical health problem or condition
  - 03 Own emotional or mental health problem or condition
  - 04 Financial situation (e.g., not enough money, debt)
  - 05 Own work situation (e.g., hours of work, working conditions)
  - 06 School
  - 07 Employment status (e.g., unemployment)
  - 08 Caring for - own children
  - 09 Caring for - others
  - 10 Other personal or family responsibilities
  - 11 Personal relationships
  - 12 Discrimination
  - 13 Personal and family's safety
  - 14 Health of family members
  - 15 Other - Specify (Go to STS\_S3)
  - 16 Nothing
- DK, RF

Go to STS\_END

STS\_S3

**(Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

STS\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Smoking (SMK)**

Core content

SMK_BEG	Core content AGE - Age of the respondent DOSMK: do block flag, from the sample file.
SMK_C1	If (DOSMK block = 2), go to SMK_END. Otherwise, go to SMK_R1.
SMK_R1	<b>The next questions are about smoking.</b>  <u>INTERVIEWER</u> : Press <1> to continue.
SMK_D201A	Not Applicable
SMK_Q201A SMK_01A	<b>In ^YOUR1 lifetime, ^HAVE ^YOU2 smoked a total of 100 or more cigarettes (about 4 packs)?</b>  1 Yes (Go to SMK_Q201C) 2 No DK, RF
SMK_Q201B SMK_01B	<b>^HAVE_C ^YOU1 ever smoked a whole cigarette?</b>  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 SMK_01C	<b>At what age did ^YOU1 smoke ^YOUR1 first whole cigarette?</b>  <u>INTERVIEWER</u> : Minimum is 5; maximum is ^CURRENTAGE.   _ _ _  Age in years (MIN: 5) (MAX: 121)  DK, RF (Go to SMK_Q202)
SMK_E201C	<b>The entered age at which the respondent first smoked a whole cigarette is invalid. Please return and correct.</b>  <i>Rule :</i> Trigger hard edit if SMK_Q201C > ^CURRENTAGE.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SMK\_Q202  
SMK\_202

**At the present time, ^DOVERB ^YOU2 smoke cigarettes daily, occasionally or not at all?**

- 1 Daily
- 2 Occasionally (Go to SMK\_Q205B)
- 3 Not at all (Go to SMK\_C205D)
- DK, RF (Go to SMK\_END)

Universe:

*Daily smoker (current)*

SMK\_Q203  
SMK\_203

**At what age did ^YOU1 begin to smoke cigarettes daily?**

INTERVIEWER: Minimum is 5; maximum is ^CURRENTAGE.

|\_|\_| Age in years  
(MIN: 5)  
(MAX: 121)

DK, RF

SMK\_E203A

**The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.**

Rule :

*Trigger hard edit if SMK\_Q203 > CURRENTAGE.*

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.

Rule :

*Trigger soft edit if SMK\_Q201C > SMK\_Q203.*

SMK\_Q204  
SMK\_204

**How many cigarettes ^DOVERB ^YOU1 smoke each day now?**

|\_|\_| Cigarettes  
(MIN: 1)  
(MAX: 99)

DK, RF

Go to SMK\_END

SMK\_E204

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if SMK\_Q204 > 60*

Universe:

*Occasional smoker (current)*

SMK\_Q205B  
SMK\_05B

**On the days that ^YOU2 ^DOVERB smoke, how many cigarettes ^DOVERB ^YOU1 usually smoke?**

|\_|\_| Cigarettes  
(MIN: 1)  
(MAX: 99)

DK, RF

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

SMK\_E205B An unusual value has been entered. Please confirm.

Rule : 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.

Rule : 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.

Universe: 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 (Go to SMK\_END)
- DK, RF (Go to SMK\_END)

Universe: Occasional smoker or non-smoker (current)

SMK\_C206A If SMK\_Q202 = 2 (current occasional smoker), go to SMK\_END.  
Otherwise, go to SMK\_Q206A.

Universe: 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)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SMK\_Q206B  
SMK\_06B

In what month did ^YOU1 stop?

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

Go to SMK\_END

SMK\_Q206C  
SMK\_06C

How many years ago was it?

INTERVIEWER: Minimum is 3; maximum is [ $\wedge$ CURRENTAGE - 5].

|\_|\_|\_| Years  
(MIN: 3)  
(MAX: 121)

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.**

Rule :

Trigger hard edit if SMK\_Q206C > CURRENTAGE - 5. Occasional smoker or non-smoker (current) - Daily smoker (previously)

Universe:

Occasional smoker or non-smoker (current) - Daily smoker (previously)

SMK\_Q207  
SMK\_207

At what age did ^YOU1 begin to smoke (cigarettes) daily?

INTERVIEWER: Minimum is 5; maximum is  $\wedge$ CURRENTAGE.

|\_|\_|\_| Age in years  
(MIN: 5)  
(MAX: 121)

DK, RF (Go to SMK\_Q208)

SMK\_E207A

The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.

Rule :

Trigger hard edit if SMK\_Q207 > CURRENTAGE.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SMK\_E207B

The respondent has indicated that they began smoking cigarettes daily at a younger age than when they smoked their first whole cigarette. Please confirm.

Rule :

Trigger soft edit if SMK\_Q207 < SMK\_Q201C.

SMK\_Q208  
SMK\_208

**How many cigarettes did ^YOU1 usually smoke each day?**

|\_|\_| Cigarettes  
(MIN: 1)  
(MAX: 99)

DK, RF

SMK\_E208

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if SMK\_Q208 > 60.

SMK\_Q209A  
SMK\_09A

**When did ^YOU1 stop smoking daily? Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than one year ago**
  - 2 **1 year to less than 2 years ago** (Go to SMK\_C210A)
  - 3 **2 years to less than 3 years ago** (Go to SMK\_C210A)
  - 4 **3 or more years ago** (Go to SMK\_Q209C)
- DK, RF (Go to SMK\_END)

SMK\_Q209B  
SMK\_09B

**In what month did ^YOU1 stop?**

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

Go to SMK\_C210A

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SMK\_Q209C  
SMK\_09C

**How many years ago was it?**

INTERVIEWER: Minimum is 3; maximum is [^CURRENTAGE -5].

|\_|\_|\_| Years  
(MIN: 3)  
(MAX: 121)

DK, RF (Go to SMK\_C210A)

SMK\_E209C

**The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.**

Rule :

Trigger hard edit if SMK\_Q209C > CURRENTAGE - 5.

SMK\_E209D

**The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.**

Rule :

Trigger hard edit if SMK\_Q207 > (CURRENTAGE - SMK\_Q209C).

SMK\_C210A

If SMK\_Q202 = 2 (current occasional smoker), go to SMK\_END.  
Otherwise, go to SMK\_Q210A.

Universe:

Non-smoker (current)

SMK\_Q210A  
SMK\_10

**Was that when ^YOU1 completely quit smoking?**

1 Yes (Go to SMK\_END)  
2 No (Go to SMK\_END)  
DK, RF (Go to SMK\_END)

SMK\_Q210B  
SMK\_10A

**When did ^YOU1 stop smoking completely? Was it...?**

INTERVIEWER: Read categories to respondent.

1 **Less than one year ago**  
2 **1 year to less than 2 years ago** (Go to SMK\_END)  
3 **2 years to less than 3 years ago** (Go to SMK\_END)  
4 **3 or more years ago** (Go to SMK\_Q210D)  
DK, RF (Go to SMK\_END)



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SMK\_Q210C  
SMK\_10B

In what month did ^YOU1 stop?

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

Go to SMK\_END

SMK\_Q210D  
SMK\_10C

How many years ago was it?

INTERVIEWER: Minimum is 3; maximum is [ $\wedge$ CURRENTAGE - 5].

|\_|\_|\_| Years  
(MIN: 3)  
(MAX: 121)

DK, RF

SMK\_E210D\_1

**The number of years ago that the respondent completely stopped smoking is invalid. Please return and correct.**

Rule :

Trigger hard edit if  $SMK\_Q210D > CURRENTAGE - 5$ .

SMK\_E210D\_2

The respondent has indicated that they stopped smoking completely more years ago than they stopped smoking daily. Please confirm.

Rule :

Trigger soft edit if  $SMK\_Q210D > SMK\_Q209C$ .

SMK\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Smoking - Stages of change (SCH)**

Optional content

Ontario

SCH\_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.  
FNAME: first name of respondent from household block.  
DOSCH: 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

SCH\_C1

If (DOSCH 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  
SCH\_1

**Are you seriously considering quitting smoking within the next 6 months?**

1 Yes  
2 No (Go to SCH\_Q3)  
DK, RF (Go to SCH\_Q3)

SCH\_Q2  
SCH\_2

**Are you seriously considering quitting within the next 30 days?**

1 Yes  
2 No  
DK, RF

SCH\_Q3  
SCH\_3

**In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?**

1 Yes  
2 No (Go to SCH\_END)  
DK, RF (Go to SCH\_END)

SCH\_Q4  
SCH\_4

**How many times? (in the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit.)**

|\_| Times  
(MIN: 1)  
(MAX: 95)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

SCH\_E4

An unusual number has been entered. Please confirm.

Rule :

*Trigger soft edit if SCH\_Q4 > 48*

SCH\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Smoking cessation methods (SCA)**

Optional content

Yukon, Ontario

SCA\_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.  
FNAME: first name of respondent from household block.  
DOSCA: 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

SCA\_C10A

If (DOSCA block = 1), go to SCA\_C10B.  
Otherwise, go to SCA\_END.

SCA\_C10B

If proxy interview, go to SCA\_END.  
Otherwise, go to SCA\_C10C.

SCA\_C10C

If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to  
SCA\_C50A.  
Otherwise, go to SCA\_C10D.

SCA\_C10D

If SMK\_Q206A = 1 or SMK\_Q209A = 1 (former smoker who quit less than  
1 year ago), go to SCA\_Q10A.  
Otherwise, go to SCA\_END.

SCA\_Q10A  
SCA\_10

**In the past 12 months, did you try a nicotine patch to quit smoking?**

- 1 Yes
- 2 No (Go to SCA\_Q11A)
- DK, RF (Go to SCA\_END)

SCA\_Q10B  
SCA\_10A

**How useful was that in helping you quit?**

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all
- DK, RF

SCA\_Q11A  
SCA\_11

**(In the past 12 months) did you try Nicorettes or other nicotine gum or  
candy to quit smoking?**

- 1 Yes
- 2 No (Go to SCA\_Q12A)
- DK, RF (Go to SCA\_Q12A)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SCA\_Q11B  
SCA\_11A

**How useful was that in helping you quit?**

- 1 Very useful
  - 2 Somewhat useful
  - 3 Not very useful
  - 4 Not useful at all
- DK, RF

SCA\_Q12A  
SCA\_12

**In the past 12 months, did you try medication such as Zyban, Prolev or Wellbutrin to quit smoking?**

- 1 Yes
  - 2 No (Go to SCA\_END)
- DK, RF (Go to SCA\_END)

SCA\_Q12B  
SCA\_12A

**How useful was that in helping you quit?**

- 1 Very useful
  - 2 Somewhat useful
  - 3 Not very useful
  - 4 Not useful at all
- DK, RF

Go to SCA\_END

SCA\_C50A

If SMK\_Q202 = 3, go to SCA\_END.  
Otherwise, go to SCA\_C50B.

SCA\_C50B

If (DOSCH block = 2), go to SCA\_Q50.  
Otherwise, go to SCA\_C50C.

SCA\_C50C

If SCH\_Q3 = 1, go to SCA\_Q60.  
Otherwise, go to SCA\_END.

SCA\_Q50  
SCA\_50

**In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?**

- 1 Yes
  - 2 No (Go to SCA\_END)
- DK, RF (Go to SCA\_END)

Processing:

*In processing, if a respondent answered SCH\_Q3 = 1, 2, the variable SCA\_Q50 is given the value of SCH\_Q3.*

SCA\_Q60  
SCA\_60

**In the past 12 months, did you try any of the following to quit smoking:**

**a nicotine patch?**

- 1 Yes
  - 2 No
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

SCA\_Q61  
SCA\_61

(In the past 12 months, did you try any of the following to quit smoking:)

**Nicorettes or other nicotine gum or candy?**

- 1 Yes
- 2 No
- DK, RF

SCA\_Q62  
SCA\_62

(In the past 12 months, did you try any of the following to quit smoking:)

**medication such as Zyban, Prolev or Wellbutrin?**

- 1 Yes
- 2 No
- DK, RF

SCA\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Smoking - Physician counselling (SPC)**

Optional content

Nunavut, Prince Edward Island

SPC\_BEG

Optional Content (See Appendix 2)

SPC\_C1

If (DOSPC 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 (DOHCU block = 1) and (HCU\_Q10 = 1) (i.e. has a regular medical doctor), go to SPC\_Q10.  
Otherwise, go to SPC\_C20A.

SPC\_Q10  
SPC\_10

**Earlier, you mentioned having a regular medical doctor. In the past 12 months, did 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  
SPC\_11

**Does your doctor know that you ^DT\_SMOKING cigarettes?**

- 1 Yes
- 2 No (Go to SPC\_C20A)
- DK, RF (Go to SPC\_C20A)

SPC\_Q12  
SPC\_12

**In the past 12 months, did your doctor advise you to quit smoking?**

- 1 Yes
- 2 No (Go to SPC\_C20A)
- DK, RF

SPC\_Q13  
SPC\_13

**(In the past 12 months,) did your doctor give you any specific help or information to quit smoking?**

- 1 Yes
- 2 No (Go to SPC\_C20A)
- DK, RF (Go to SPC\_C20A)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SPC\_Q14

**What type of help did the doctor give?**

INTERVIEWER: Mark all that apply.

- 1 Referral to a one-on-one cessation program
- 2 Referral to a group cessation program
- 3 Recommended use of nicotine patch or nicotine gum
- 4 Recommended Zyban or other medication
- 5 Provided self-help information (e.g., pamphlet, referral to website)
- 6 Own doctor offered counselling
- 7 Other

DK, RF

SPC\_C20A

If (DODEN 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 (DODEN 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 (DOCHP 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  
SPC\_20

**Earlier, you mentioned having "seen or talked to" a dentist in the past 12 months. Did you actually go to the dentist?**

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
  - 2 No (Go to SPC\_END)
- DK, RF (Go to SPC\_END)

SPC\_Q21  
SPC\_21

**Does your dentist or dental hygienist know that you ^ADT\_SMOKING cigarettes?**

- 1 Yes
  - 2 No (Go to SPC\_END)
- DK, RF (Go to SPC\_END)

SPC\_Q22  
SPC\_22

**In the past 12 months, did the dentist or hygienist advise you to quit smoking?**

- 1 Yes
  - 2 No
- DK, RF



SPC\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Smoking - Youth smoking (YSM)**

Optional content

Saskatchewan

YSM\_BEG

Optional Content

YSM\_C1

If (DOYSM 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

YSM\_1

**Where do you usually get your cigarettes?**

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

YSM\_2

**In the past 12 months, have you bought cigarettes for yourself or for  
someone else?**

1 Yes

2 No

DK, RF

(Go to YSM\_Q5)

(Go to YSM\_Q5)

YSM\_Q3

YSM\_3

**In the past 12 months, have you been asked your age when buying  
cigarettes in a store?**

1 Yes

2 No

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

YSM\_Q4  
YSM\_4

**In the past 12 months, has anyone in a store refused to sell you  
cigarettes?**

- 1 Yes
- 2 No
- DK, RF

YSM\_Q5  
YSM\_5

**In the past 12 months, have you asked a stranger to buy you  
cigarettes?**

- 1 Yes
- 2 No
- DK, RF

YSM\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Exposure to second-hand smoke (ETS)**

Core content

ETS\_BEG

Core content

DOETS: do block flag, from the sample file.  
DOSMK: do block flag, from the sample file.  
SMK\_Q202 -Type of smoker  
HHSIZE - Household size

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

ETS\_C01

If (DOETS block = 2), go to ETS\_END.  
Otherwise, go to ETS\_R01.

ETS\_R01

**The next questions are about exposure to second-hand smoke.**

INTERVIEWER: Press <1> to continue.

ETS\_C10

If HHSIZE = 1 and (SMK\_Q202 = 1 or 2), go to ETS\_Q35.  
Otherwise, go to ETS\_Q10.

ETS\_Q10  
ETS\_10

**Including both household members and regular visitors, does anyone smoke inside your home, every day or almost every day?**

INTERVIEWER: Include cigarettes, cigars and pipes. Smoking inside the home excludes smoking inside the garage, whether attached or detached.

1 Yes  
2 No (Go to ETS\_C20)  
DK, RF (Go to ETS\_END)

ETS\_Q11  
ETS\_11

**How many people smoke inside your home every day or almost every day?**

INTERVIEWER: Include household members and regular visitors. Include cigarettes, cigars and pipes.

|\_|\_| 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\_Q20A.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ETS\_Q20A  
ETS\_20

**In the past month, ^WERE ^YOU2 exposed to second-hand smoke, every day or almost every day, in a car or other private vehicle?**

INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
- 2 No
- DK, RF

ETS\_Q20B  
ETS\_20B

**(In the past month,) ^WERE ^YOU1 exposed to second-hand smoke, every day or almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?**

INTERVIEWER: Include cigarettes, cigars and pipes.

- 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  
ETS\_35

**Is smoking allowed inside your home?**

INTERVIEWER: Include cigarettes, cigars and pipes. Smoking inside the home excludes smoking inside the garage, whether attached or detached.

- 1 Yes
- 2 No (Go to ETS\_END)
- DK, RF (Go to ETS\_END)

ETS\_Q36  
ETS\_36

**Is smoking inside your home restricted in anyway?**

INTERVIEWER: Include cigarettes, cigars and pipes. Smoking inside the home excludes smoking inside the garage, whether attached or detached.

- 1 Yes
- 2 No (Go to ETS\_END)
- DK, RF (Go to ETS\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

ETS\_Q37

**How is smoking restricted inside your home?**

INTERVIEWER: Read categories to respondent. Mark all that apply.  
There is no need to read a response that was volunteered by the respondent.

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

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Smoking - Other tobacco products (TAL)**

Optional content

Ontario, Saskatchewan

TAL\_BEG

Optional Content (See Appendix 2)

TAL\_C1

If (DOTAL block = 1), go to TAL\_Q1.  
Otherwise, go to TAL\_END.

TAL\_Q1

TAL\_1

**Now I'd like to ask about ^YOUR1 use of tobacco other than  
cigarettes.**

**In the past month, ^HAVE ^YOU1 smoked cigars?**

1 Yes

2 No

DK, RF

(Go to TAL\_END)

TAL\_Q2

TAL\_2

**(In the past month,) ^HAVE ^YOU1 smoked a pipe?**

1 Yes

2 No

DK, RF

TAL\_Q3

TAL\_3

**(In the past month,) ^HAVE ^YOU1 used snuff?**

1 Yes

2 No

DK, RF

TAL\_Q4

TAL\_4

**(In the past month,) ^HAVE ^YOU1 used chewing tobacco?**

1 Yes

2 No

DK, RF

TAL\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Alcohol use (ALC)**

Core content

ALC\_BEG

Core content

External variables to import:

SEX\_Q01- Sex of respondent

DOALC: do block flag, from the sample file.

ALC\_C1A

If (DOALC block = 1), go to ALC\_R1.  
Otherwise, go to ALC\_END.

ALC\_D1A

Not Applicable

ALC\_D1B

DV\_ONEYEARAGO = CURRENTDATE-1

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 one and a half ounces of liquor.

INTERVIEWER: Press <1> to continue.

ALC\_Q1

ALC\_1

**During the past 12 months, that is, from ^DV\_ONEYEARAGO to yesterday, ^HAVE ^YOU2 had a drink of beer, wine, liquor or any other alcoholic beverage?**

1 Yes

2 No

(Go to ALC\_END)

DK, RF

(Go to ALC\_END)

ALC\_Q2

ALC\_2

**During the past 12 months, how often did ^YOU1 drink alcoholic beverages?**

1 Less than once a month

2 Once a month

3 2 to 3 times a month

4 Once a week

5 2 to 3 times a week

6 4 to 6 times a week

7 Every day

DK, RF

ALC\_D3

If SEX=male, DT\_BINGEDRINK = "5".

Otherwise, DT\_BINGEDRINK = "4".



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

ALC\_Q3  
ALC\_3

How often in the past 12 months ^HAVE ^YOU1 had ^DT\_BINGEDRINK or more drinks on one occasion?

- 1 Never
  - 2 Less than once a month
  - 3 Once a month
  - 4 2 to 3 times a month
  - 5 Once a week
  - 6 More than once a week
- DK, RF

ALC\_E3

**The frequency in ALC\_Q3 is greater than the frequency in ALC\_Q2.  
Please return and correct.**

Rule :

Trigger hard edit if (ALC\_Q3 = 6 and ALC\_Q2 = 1, 2, 3 or 4) or (ALC\_Q3 = 5 and ALC\_Q2 = 1, 2 or 3) or (ALC\_Q3 = 4 and ALC\_Q2 = 1 or 2) or (ALC\_Q3 = 3 and ALC\_Q2 = 1).

ALC\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

**Alcohol use during the past week (ALW)**

Optional content

Nunavut, Quebec, Ontario, Prince Edward Island, Manitoba,  
Newfoundland and Labrador, Saskatchewan, British Columbia

ALW\_BEG

Optional Content (See Appendix 2)

ALW\_C1

If (DOALW 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\_D5A

DV\_YESTERDAY = WEEKDAY (TODAY - 1)

ALW\_D5B

DV\_DAYLASTWEEK = WEEKDAY (TODAY - 7)

ALW\_Q5

ALW\_1

**Thinking back over the past week, that is, from last ^DAYLASTWEEKE to yesterday, did ^YOU2 have a drink of beer, wine, liquor or any other alcoholic beverage?**

1 Yes

2 No

DK, RF

(Go to ALW\_END)

(Go to ALW\_END)

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ALW\_D5A\_1

If Yesterday = 1, DT\_DAYE\_1 = "Sunday".  
If Yesterday = 1, DT\_DAYE\_2 = "Saturday".  
If Yesterday = 1, DT\_DAYE\_3 = "Friday".  
If Yesterday = 1, DT\_DAYE\_4 = "Thursday".  
If Yesterday = 1, DT\_DAYE\_5 = "Wednesday".  
If Yesterday = 1, DT\_DAYE\_6 = "Tuesday".  
If Yesterday = 1, DT\_DAYE\_7 = "Monday".  
If Yesterday = 2, DT\_DAYE\_1 = "Monday".  
If Yesterday = 2, DT\_DAYE\_2 = "Sunday".  
If Yesterday = 2, DT\_DAYE\_3 = "Saturday".  
If Yesterday = 2, DT\_DAYE\_4 = "Friday".  
If Yesterday = 2, DT\_DAYE\_5 = "Thursday".  
If Yesterday = 2, DT\_DAYE\_6 = "Wednesday".  
If Yesterday = 2, DT\_DAYE\_7 = "Tuesday".  
If Yesterday = 3, DT\_DAYE\_1 = "Tuesday".  
If Yesterday = 3, DT\_DAYE\_2 = "Monday".  
If Yesterday = 3, DT\_DAYE\_3 = "Sunday".  
If Yesterday = 3, DT\_DAYE\_4 = "Saturday".  
If Yesterday = 3, DT\_DAYE\_5 = "Friday".  
If Yesterday = 3, DT\_DAYE\_6 = "Thursday".  
If Yesterday = 3, DT\_DAYE\_7 = "Wednesday".  
If Yesterday = 4, DT\_DAYE\_1 = "Wednesday".  
If Yesterday = 4, DT\_DAYE\_2 = "Tuesday".  
If Yesterday = 4, DT\_DAYE\_3 = "Monday".  
If Yesterday = 4, DT\_DAYE\_4 = "Sunday".  
If Yesterday = 4, DT\_DAYE\_5 = "Saturday".  
If Yesterday = 4, DT\_DAYE\_6 = "Friday".  
If Yesterday = 4, DT\_DAYE\_7 = "Thursday".  
If Yesterday = 5, DT\_DAYE\_1 = "Thursday".  
If Yesterday = 5, DT\_DAYE\_2 = "Wednesday".  
If Yesterday = 5, DT\_DAYE\_3 = "Tuesday".  
If Yesterday = 5, DT\_DAYE\_4 = "Monday".  
If Yesterday = 5, DT\_DAYE\_5 = "Sunday".  
If Yesterday = 5, DT\_DAYE\_6 = "Saturday".  
If Yesterday = 5, DT\_DAYE\_7 = "Friday".  
If Yesterday = 6, DT\_DAYE\_1 = "Friday".  
If Yesterday = 6, DT\_DAYE\_2 = "Thursday".  
If Yesterday = 6, DT\_DAYE\_3 = "Wednesday".  
If Yesterday = 6, DT\_DAYE\_4 = "Tuesday".  
If Yesterday = 6, DT\_DAYE\_5 = "Monday".  
If Yesterday = 6, DT\_DAYE\_6 = "Sunday".  
If Yesterday = 6, DT\_DAYE\_7 = "Saturday".  
If Yesterday = 7, DT\_DAYE\_1 = "Saturday".  
If Yesterday = 7, DT\_DAYE\_2 = "Friday".  
If Yesterday = 7, DT\_DAYE\_3 = "Thursday".  
If Yesterday = 7, DT\_DAYE\_4 = "Wednesday".  
If Yesterday = 7, DT\_DAYE\_5 = "Tuesday".  
If Yesterday = 7, DT\_DAYE\_6 = "Monday".  
If Yesterday = 7, DT\_DAYE\_7 = "Sunday".

ALW\_D5A\_2

If SEX=male, DT\_BINGEDRINK1 = "5".  
Otherwise, DT\_BINGEDRINK1 = "4".

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ALW_Q5A_1 ALW_2A1	<b>Starting with yesterday, that is ^DT_DAYE_1, how many drinks did ^YOU2 have?</b>   _ _  Number of drinks (MIN: 0) (MAX: 99)  DK, RF
Processing:	<i>The questionnaire variable name changed from ALW_Q5A1 to ALW_Q5A_1 in 2013, but the release name is still ALW_2A1.</i>
ALW_C5A_1	If response to Question ALW_Q5A_1 is RF, go to ALW_END. Otherwise, go to ALW_Q5A_2.
ALW_E5A_1A	<b>Inconsistent answers have been entered. The respondent has not had ^DT_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK1 or more drinks on ^DT_DAYE_1.</b>
Rule :	<i>Trigger hard edit if ALC_Q3 = 1 and ((SEX=male and ALW_Q5A_1 =&gt; 5) or (SEX=female and ALW_Q5A_1 =&gt; 4)).</i>
ALW_E5A_1B	An unusual value has been entered. Please confirm.
Rule :	<i>Trigger soft edit if ALW_Q5A_1 &gt; 12.</i>
ALW_Q5A_2 ALW_2A2	<b>How many drinks did ^YOU1 have: on ^DT_DAYE_2?</b>   _ _  Number of drinks (MIN: 0) (MAX: 99)  DK, RF
Processing:	<i>The questionnaire variable name changed from ALW_Q5A2 to ALW_Q5A_2 in 2013, but the release name is still ALW_2A2.</i>
ALW_E5A_2A	<b>Inconsistent answers have been entered. The respondent has not had ^DT_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK1 or more drinks on ^DT_DAYE_2.</b>
Rule :	<i>Trigger hard edit if ALC_Q3 = 1 and ((SEX=male and ALW_Q5A_2 =&gt; 5) or (SEX=female and ALW_Q5A_2 =&gt; 4)).</i>
ALW_E5A_2B	An unusual value has been entered. Please confirm.
Rule :	<i>Trigger soft edit if ALW_Q5A_2 &gt; 12.</i>

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ALW\_Q5A\_3  
ALW\_2A3

(How many drinks did ^YOU1 have:)

on ^DT\_DAYE\_3?

|\_|\_| Number of drinks  
(MIN: 0)  
(MAX: 99)

DK, RF

Processing:

The questionnaire variable name changed from ALW\_Q5A3 to ALW\_Q5A\_3 in 2013, but the release name is still ALW\_2A3.

ALW\_E5A\_3A

**Inconsistent answers have been entered. The respondent has not had ^DT\_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT\_BINGEDRINK1 or more drinks on ^DT\_DAYE\_3.**

Rule :

Trigger hard edit if ALC\_Q3 = 1 and ((SEX=male and ALW\_Q5A\_3 => 5) or (SEX=female and ALW\_Q5A\_3 => 4)).

ALW\_E5A\_3B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if ALW\_Q5A\_3 > 12.

ALW\_Q5A\_4  
ALW\_2A4

(How many drinks did ^YOU1 have:)

on ^DT\_DAYE\_4?

|\_|\_| Number of drinks  
(MIN: 0)  
(MAX: 99)

DK, RF

Processing:

The questionnaire variable name changed from ALW\_Q5A4 to ALW\_Q5A\_4 in 2013, but the release name is still ALW\_2A4.

ALW\_E5A\_4A

**Inconsistent answers have been entered. The respondent has not had ^DT\_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT\_BINGEDRINK1 or more drinks on ^DT\_DAYE\_4.**

Rule :

Trigger hard edit if ALC\_Q3 = 1 and ((SEX=male and ALW\_Q5A\_4 => 5) or (SEX=female and ALW\_Q5A\_4 => 4)).

ALW\_E5A\_4B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if ALW\_Q5A\_4 > 12.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ALW\_Q5A\_5  
ALW\_2A5

(How many drinks did ^YOU1 have:)

on ^DT\_DAYE\_5?

|\_|\_| Number of drinks  
(MIN: 0)  
(MAX: 99)

DK, RF

Processing:

The questionnaire variable name changed from ALW\_Q5A5 to ALW\_Q5A\_5 in 2013, but the release name is still ALW\_2A5.

ALW\_E5A\_5A

**Inconsistent answers have been entered. The respondent has not had ^DT\_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT\_BINGEDRINK1 or more drinks on ^DT\_DAYE\_5.**

Rule :

Trigger hard edit if ALC\_Q3 = 1 and ((SEX=male and ALW\_Q5A\_5 => 5) or (SEX=female and ALW\_Q5A\_5 => 4)).

ALW\_E5A\_5B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if ALW\_Q5A\_5 > 12.

ALW\_Q5A\_6  
ALW\_2A6

(How many drinks did ^YOU1 have:)

on ^DT\_DAYE\_6?

|\_|\_| Number of drinks  
(MIN: 0)  
(MAX: 99)

DK, RF

Processing:

The questionnaire variable name changed from ALW\_Q5A6 to ALW\_Q5A\_6 in 2013, but the release name is still ALW\_2A6.

ALW\_E5A\_6A

**Inconsistent answers have been entered. The respondent has not had ^DT\_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT\_BINGEDRINK1 or more drinks on ^DT\_DAYE\_6.**

Rule :

Trigger hard edit if ALC\_Q3 = 1 and ((SEX=male and ALW\_Q5A\_6 => 5) or (SEX=female and ALW\_Q5A\_6 => 4)).

ALW\_E5A\_6B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if ALW\_Q5A\_6 > 12.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ALW\_Q5A\_7  
ALW\_2A7

(How many drinks did ^YOU1 have:)

on ^DT\_DAYE\_7?

|\_|\_| Number of drinks  
(MIN: 0)  
(MAX: 99)

DK, RF

Processing:

The questionnaire variable name changed from ALW\_Q5A7 to ALW\_Q5A\_7 in 2013, but the release name is still ALW\_2A7.

ALW\_E5A\_7A

**Inconsistent answers have been entered. The respondent has not had ^DT\_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT\_BINGEDRINK1 or more drinks on ^DT\_DAYE\_7.**

Rule :

Trigger hard edit if ALC\_Q3 = 1 and ((SEX=male and ALW\_Q5A\_7 => 5) or (SEX=female and ALW\_Q5A\_7 => 4)).

ALW\_E5A\_7B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if ALW\_Q5A\_7 > 12.

ALW\_E5A\_1

**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.**

Rule :

Trigger hard edit if ALW\_Q5A\_1 to ALW\_Q5A\_7 all = 0.

ALW\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Driving and safety (DRV)**

Optional content

Manitoba, Ontario, Alberta, Nunavut, Yukon

DRV\_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.  
FNAME: first name of respondent from household block.  
DODRV: do block flag, from the sample file.  
ALC\_Q01

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

DRV\_C01A

If (DODRV block = 2), go to DRV\_END.  
Otherwise, go to DRV\_C01B.

DRV\_C01B

If proxy interview, go to DRV\_END.  
Otherwise, go to DRV\_R01.

DRV\_R01

**The next questions are about driving a motor vehicle. By motor vehicle, we mean a car, truck or van.**

INTERVIEWER: Press <1> to continue.

DRV\_Q01A  
DRV\_01A

**In the past 12 months, have you driven a motor vehicle?**

INTERVIEWER: Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

1 Yes

2 No

DK, RF

(Go to DRV\_END)

DRV\_Q01B  
DRV\_01B

**In the past 12 months, have you driven a motorcycle?**

1 Yes

2 No

DK, RF

DRV\_C02A

If DRV\_Q01A = 2 and DRV\_Q01B = 2 or DK or RF, go to DRV\_R08.  
Otherwise, go to DRV\_C02B.

DRV\_C02B

If DRV\_Q01A = 1, go to DRV\_Q02.  
Otherwise, go to DRV\_Q04.



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DRV\_Q02  
DRV\_02

**How often do you fasten your seat belt when you drive a motor vehicle?**

INTERVIEWER: Read categories to respondent.

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

DK, RF

DRV\_Q03A  
DRV\_03A

**Excluding hands-free use, how often do you use a cell phone while you are driving a motor vehicle?**

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  
DRV\_03B

**How often do you use a hands-free when talking on the cell phone while you are driving a motor vehicle?**

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  
DRV\_04

**How often do you drive when you are feeling tired?**

- 1 **Often**
- 2 **Sometimes**
- 3 **Rarely**
- 4 **Never**

DK, RF

DRV\_Q05  
DRV\_05

**Compared to other drivers, would you say you usually drive...?**

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DRV\_Q06  
DRV\_06

(Compared to other drivers,) would you say you usually drive...?

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\_Q07A.  
Otherwise, go to DRV\_R08.

DRV\_Q07A  
DRV\_07

**In the past 12 months, have you driven a motor vehicle after having 2 or more drinks in the hour before you drove?**

INTERVIEWER: Include cars, trucks, vans and motorcycles. Exclude off-road vehicles.

- 1 Yes
  - 2 No (Go to DRV\_R08)
- DK, RF (Go to DRV\_R08)

DRV\_Q07B  
DRV\_07A

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

|\_|\_| Times  
(MIN: 1)  
(MAX: 95)

DK, RF

DRV\_E07B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if DRV\_Q07B > 20

DRV\_R08

**Now some questions about being a passenger in a motor vehicle.**

INTERVIEWER: Press <1> to continue.

DRV\_Q08A  
DRV\_08A

**When you are a front seat passenger, how often do you fasten your seat belt?**

INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- 5 Do not ride in front seat

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DRV\_Q08B  
DRV\_08B

When you are a back seat passenger, how often do you fasten your seat belt?

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
  - 5 Do not ride in back seat
- DK, RF

DRV\_Q09  
DRV\_09

When you are a passenger in a taxi, how often do you fasten your seat belt?

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
  - 5 Do not take taxis
- DK, RF

DRV\_Q10A  
DRV\_10

In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?

- 1 Yes
  - 2 No (Go to DRV\_Q11A)
- DK, RF (Go to DRV\_Q11A)

DRV\_Q10B  
DRV\_10A

How many times (in the past 12 months)?

|\_|\_| Times  
(MIN: 1)  
(MAX: 95)

DK, RF

DRV\_E10B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if DRV\_Q10B > 20

DRV\_Q11A  
DRV\_11A

In the past 12 months, have you been the driver of, or a passenger in, a snowmobile, motor boat or seadoo?

- 1 Yes
  - 2 No (Go to DRV\_END)
- DK, RF

DRV\_Q11B  
DRV\_11B

In the past 12 months, have you been the driver of, or a passenger in, an ATV (all terrain vehicle)?

- 1 Yes
  - 2 No (Go to DRV\_C13)
- DK, RF (Go to DRV\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DRV\_Q12  
DRV\_12

**How often do you wear a helmet when on an ATV?**

INTERVIEWER: Read categories to respondent.

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

DK, RF

DRV\_C13

If DRV\_Q11A = 2 (not driven/passenger - snowmobile, motor boat or seadoo) and DRV\_Q11B = 2 (not driven/passenger - ATV), go to DRV\_END.  
Otherwise, go to DRV\_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\_Q13A  
DRV\_13

**In the past 12 months, have you been a passenger on ^DT\_ATV with a driver who had 2 or more drinks in the hour before driving?**

- 1 Yes
  - 2 No (Go to DRV\_C14)
- DK, RF (Go to DRV\_C14)

DRV\_Q13B  
DRV\_13A

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

|\_|\_| Times  
(MIN: 1)  
(MAX: 95)

DK, RF

DRV\_E13B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if DRV\_Q13B > 20

DRV\_C14

If ALC\_Q1 = 1 (drank alcohol in the past 12 months), go to DRV\_Q14A.  
Otherwise, go to DRV\_END.

DRV\_Q14A  
DRV\_14

**In the past 12 months, have you driven ^DT\_ATV after having 2 or more drinks in the hour before you drove?**

- 1 Yes
  - 2 No (Go to DRV\_END)
- DK, RF (Go to DRV\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

DRV\_Q14B  
DRV\_14A

How many times (in the past 12 months)?

|\_|\_| Times  
(MIN: 1)  
(MAX: 95)

DK, RF

DRV\_E14B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if DRV\_Q14B > 20

DRV\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Alcohol use - Dependence (ALD)**

Optional content

British Columbia

ALD\_BEG

Optional Content (See Appendix 2)

ALD\_C01A

If (DOALD block = 2) or proxy interview, go to ALD\_END.  
Otherwise, go to ALD\_C01B.

ALD\_C01B

If ALC\_Q3 > 2 (has had at least 4/5 drinks at least once a month), go to ALD\_R1.  
Otherwise, go to ALD\_END.

ALD\_R1

**The next questions are about how drinking can affect people in their activities. We will be referring to the past 12 months, that is, from [date one year ago] to yesterday.**

INTERVIEWER: Press <1> to continue.

ALD\_Q01  
ALD\_01

**In the past 12 months, have you ever been drunk or hung-over while at work, school or while taking care of children?**

- 1 Yes
- 2 No (Go to ALD\_Q03)
- DK, RF (Go to ALD\_END)

ALD\_Q02  
ALD\_02

**How many times? Was it:**

INTERVIEWER: Read categories to respondent.

- 1 **Once or twice?**
- 2 **3 to 5 times?**
- 3 **6 to 10 times?**
- 4 **11 to 20 times?**
- 5 **More than 20 times?**
- DK, RF

ALD\_Q03  
ALD\_03

**In the past 12 months, were you ever in a situation while drunk or hung-over which increased your chances of getting hurt? (For example, driving a boat, using guns, crossing against traffic, or during sports.)**

- 1 Yes
- 2 No
- DK, RF

ALD\_Q04  
ALD\_04

**(In the past 12 months,) have you had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?**

- 1 Yes
- 2 No
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ALD\_Q05  
ALD\_05

(In the past 12 months,) have you had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?

- 1 Yes
- 2 No
- DK, RF

ALD\_Q06  
ALD\_06

(In the past 12 months,) have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?

- 1 Yes
- 2 No
- DK, RF

ALD\_Q07  
ALD\_07

In the past 12 months, did you ever drink much more or for a longer period of time than you intended?

- 1 Yes
- 2 No (Go to ALD\_Q09)
- DK, RF (Go to ALD\_Q09)

ALD\_Q08  
ALD\_08

How many times? Was it:

INTERVIEWER: Read categories to respondent.

- 1 **Once or twice?**
- 2 **3 to 5 times?**
- 3 **6 to 10 times?**
- 4 **11 to 20 times?**
- 5 **More than 20 times?**
- DK, RF

ALD\_Q09  
ALD\_09

In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?

- 1 Yes
- 2 No
- DK, RF

ALD\_R10

People who cut down their alcohol use or stop drinking altogether may not feel well if they have been drinking steadily for some time. These feelings are more intense and can last longer than the usual hangover.

INTERVIEWER: Press <1> to continue.

ALD\_Q10  
ALD\_10

In the past 12 months, did you ever have a period when you stopped, cut down, or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?

- 1 Yes
- 2 No
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ALD\_Q11  
ALD\_11

(In the past 12 months,) did you ever have a period when you drank alcohol even though you promised yourself you wouldn't, or when you drank a lot more than you intended?

- 1 Yes
- 2 No
- DK, RF

ALD\_Q12  
ALD\_12

(In the past 12 months,) did you ever have a period of several days or more when you spent so much time drinking alcohol or recovering from the effects that you had little time for anything else?

- 1 Yes
- 2 No
- DK, RF

ALD\_Q13  
ALD\_13

(In the past 12 months,) did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of alcohol?

- 1 Yes
- 2 No
- DK, RF

ALD\_Q14  
ALD\_14

(In the past 12 months,) did you ever continue to drink alcohol when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your alcohol use?

- 1 Yes
- 2 No
- DK, RF

ALD\_C15

If count of "Yes" responses (1) in (ALD\_Q01, ALD\_Q03, ALD\_Q04, ALD\_Q05, ALD\_Q06, ALD\_Q07, ALD\_Q09, ALD\_Q10, ALD\_Q11, ALD\_Q12, ALD\_Q13, and ALD\_Q14) = 0, go to ALD\_END.  
Otherwise, go to ALD\_R15.

ALD\_R15

Please tell me what number best describes how much your use of alcohol interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".

INTERVIEWER: Press <1> to continue.



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ALD\_Q15A  
ALD\_15A

In the past 12 months, how much did your alcohol use interfere with:  
your home responsibilities, like cleaning, shopping and taking care of  
the house or apartment?

- 0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 |  
10 Very severe interference

|\_|\_| Number  
(MIN: 0)  
(MAX: 10)

DK, RF

ALD\_Q15B\_1  
ALD\_5B1

(How much did it interfere with:)  
your ability to attend school?

- 0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 |  
10 Very severe interference

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

|\_|\_| Number  
(MIN: 0)  
(MAX: 11)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ALD\_Q15B\_2  
ALD\_5B2

(How much did it interfere with:)

your ability to work at a job?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 |
- 10 Very severe interference

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

|\_|\_| Number  
(MIN: 0)  
(MAX: 11)

DK, RF

ALD\_Q15C  
ALD\_15C

(In the past 12 months,) how much did your alcohol use 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 |
- 10 Very severe interference

|\_|\_| Number  
(MIN: 0)  
(MAX: 10)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ALD\_Q15D  
ALD\_15D

How much did it interfere with your social life?

- 0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 |  
10 Very severe interference

|\_|\_| Number  
(MIN: 0)  
(MAX: 10)

DK, RF

ALD\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Maternal experiences - Breastfeeding (MEX)**

Optional content Alberta, Northwest Territories, Quebec, Ontario, Nova Scotia, New Brunswick, Nunavut

MEX\_BEG Optional content (See Appendix 2)  
SEX  
DOMEX do block flag, from the sample file.

MEX\_C01A If (DOMEX 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\_R01.

MEX\_R01 **The next questions are for recent mothers.**

INTERVIEWER: Press <1> to continue.

MEX\_Q01A **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\_FIVEYEARAGO = CURRENTYEAR - 5

Programmer: Program : DV\_FIVEYEARAGO = CURRENTYEAR - 5

MEX\_Q01B **In what year?**

MEX\_01A

INTERVIEWER: Enter year of birth of last baby. Minimum is ^DV\_FIVEYEARAGO; maximum is ^CURRENTYEAR.

|\_|\_|\_|\_| Year  
(MIN: 1,900)  
(MAX: 2,099)

DK, RF

MEX\_E01B **An impossible year has been entered. Please return and correct.**

Rule : Trigger hard edit if MEX\_Q01B > ^CURRENTYEAR or MEX\_Q01B < ^DV\_FIVEYEARAGO

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

MEX\_Q03  
MEX\_03

**For your last baby, did you breastfeed or try to breastfeed your baby, even if only for a short time?**

- 1 Yes (Go to MEX\_Q05)  
2 No  
DK, RF (Go to MEX\_END)

MEX\_Q04  
MEX\_04

**What is the main reason that you did not breastfeed?**

- 01 Bottle feeding easier  
02 Formula as good as breast milk  
03 Breastfeeding is unappealing / disgusting  
04 Father / partner didn't want me to  
05 Returned to work / school early  
06 C-Section  
07 Medical condition - mother  
08 Medical condition - baby  
09 Premature birth  
10 Multiple births (e.g. twins)  
11 Wanted to drink alcohol  
12 Wanted to smoke  
13 Other - Specify (Go to MEX\_S04)  
DK, RF

Go to MEX\_END

MEX\_S04

**(What is the main reason that you did not breastfeed?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to MEX\_END

MEX\_Q05  
MEX\_05

**Are you still breastfeeding?**

- 1 Yes (Go to MEX\_C06B)  
2 No  
DK, RF (Go to MEX\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

MEX\_Q06A  
MEX\_06

**How long did you breastfeed (your last baby)?**

- 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\_C06B

If MEX\_Q05=1, go to MEX\_Q06B.  
Otherwise, go to MEX\_D06C.

MEX\_Q06B  
MEX\_06A

**Have other liquids such as milk, formula, water, juice, tea or herbal mixture been introduced to the baby's feeds?**

- 1 Yes
  - 2 No (Go to MEX\_Q08A)
- DK, RF (Go to MEX\_C09A)

MEX\_D06C

If MEX\_Q05=2, DT\_LIQUIDS = "such as milk, formula, water, juice, tea or herbal mixture".  
Otherwise, DT\_LIQUIDS = "null".

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

MEX\_Q06C  
MEX\_Q06B

How old was your (last) baby when other liquids ^DT\_LIQUIDS were first added to the baby's feeds?

INTERVIEWER: If exact age not known, obtain best estimate. Other liquids may include milk, formula, water, juice, tea or herbal mixture, etc..

- 01 Less than 1 week
- 02 1 to 2 weeks
- 03 3 to 4 weeks
- 04 5 to 8 weeks
- 05 9 weeks to less than 12 weeks
- 06 3 months (12 weeks to less than 16 weeks)
- 07 4 months (16 weeks to less than 20 weeks)
- 08 5 months (20 weeks to less than 24 weeks)
- 09 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year
- 13 Have not added other liquids

DK, RF

(Go to MEX\_C09A)

Programmer:

Only display answer category 13 (Have not added other liquids) if MEX\_Q06B = 2

MEX\_E06C

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. If answers are valid, ask for the reason explaining the gap and enter it as a remark.

Rule :

Trigger soft edit if (MEX\_Q05=2) and MEX\_Q06C < 13 and (ORD(MEX\_Q06C) - ORD(MEX\_Q06A) > 1).

In other words, if MEX\_Q06C < 13 and category number in MEX\_Q06C minus category number in MEX\_Q06A is greater than 1.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

MEX\_Q08A  
MEX\_08A

**How old was your (last) baby when solid foods such as cereals, mashed up or pureed meat vegetables or fruits were first added to the baby's feeds?**

INTERVIEWER: If exact age not known, obtain best estimate.

- 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 (Go to MEX\_C09A)

MEX\_C08B

If (MEX\_Q06B=2 or MEX\_Q06C = 13) and MEX\_Q08A = 13, go to MEX\_C09A.  
Otherwise, go to MEX\_D08B.

MEX\_D08B

If MEX\_Q06C < MEX\_Q08A, DT\_LIQUIDSOLID = "other liquids".  
If MEX\_Q06C = MEX\_Q08A, DT\_LIQUIDSOLID = "other liquids and solid foods".  
Otherwise, DT\_LIQUIDSOLID = "solid foods".



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

MEX\_Q08B  
MEX\_08B

**What is the main reason ^DT\_LIQUIDSOLID were first added to the baby's feeds?**

- 01 Not enough breast milk
  - 02 Baby was ready for solid foods
  - 03 Inconvenience / fatigue due to breastfeeding
  - 04 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
  - 05 Medical condition - mother
  - 06 Medical condition - baby
  - 07 Advice of doctor / health professional
  - 08 Returned to work / school
  - 09 Advice of partner / family / friends
  - 10 Formula equally healthy for baby
  - 11 Wanted to drink alcohol
  - 12 Wanted to smoke
  - 13 Other - Specify (Go to MEX\_S08B)
- 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\_Q06C = 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  
MEX\_09

**During the time when your (last) baby was less than one year old and fed breast milk, did you give the baby a vitamin supplement containing Vitamin D?**

INTERVIEWER: 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)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

MEX\_Q09B  
MEX\_09B

**Overall, how often did you give the baby a supplement containing Vitamin D?**

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  
MEX\_10

**What is the main reason that you stopped breastfeeding?**

- 01 Not enough breast milk
  - 02 Baby was ready for solid foods
  - 03 Inconvenience / fatigue due to breastfeeding
  - 04 Difficulty with BF 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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Maternal experiences - Alcohol use during pregnancy (MXA)**

Optional content

Nunavut, Alberta

MXA\_BEG

Optional Content (See Appendix 2)

MXA\_C01A

If (DOMXA 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 DOMEX = 2 or  
MEX\_Q01A = 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\_Q30.

MXA\_Q30  
MXA\_01

**Did you drink any alcohol during your last pregnancy?**

- 1 Yes
- 2 No (Go to MXA\_C32)
- DK, RF (Go to MXA\_END)

MXA\_Q31  
MXA\_02

**How often did you drink?**

- 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  
MXA\_03

**Did you drink any alcohol while you were breastfeeding (your last baby)?**

- 1 Yes
- 2 No (Go to MXA\_END)
- DK, RF (Go to MXA\_END)

MXA\_Q33  
MXA\_04

**How often did you drink?**

- 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

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Maternal experiences - Smoking during pregnancy (MXS)**

Optional content

Nunavut, Alberta, Northwest Territories

MXS\_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOMXS: do block flag, from the sample file.

MEX\_Q01A :TYesno, DK, RF

MEX\_Q03: TYesno, DK, RF

SMK\_Q201A :Did you smoked 100 cigarettes or more in your lifetime?

TYesNo, DK, RF

SMK\_Q201B :Have you ever somked a whole cigarette?

SMK\_Q202 : Do you smoke cigarettes daily, occasionally or not at all?

Daily, Occasionally, Not at all, DK, RF

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

MXS\_C01A

If (DOMXS 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 DOMEX = 2 or

MEX\_Q01A = 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

MXS\_01

**During your last pregnancy, did you smoke daily, occasionally or not at all?**

1 Daily

2 Occasionally

(Go to MXS\_Q22)

3 Not at all

(Go to MXS\_C23)

DK, RF

(Go to MXS\_Q26)

MXS\_Q21

MXS\_02

**How many cigarettes did you usually smoke each day?**

|\_|\_| Number of cigarettes

(MIN: 1)

(MAX: 99)

DK, RF

Go to MXS\_C23

MXS\_E21

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if MXS\_Q21 > 60

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

MXS_Q22 MXS_03	<p><b>On the days that you smoked, how many cigarettes did you usually smoke?</b></p> <p> _ _  Number of cigarettes (MIN: 1) (MAX: 99)</p> <p>DK, RF</p>
MXS_E22	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if MXS_Q22 > 60
MXS_C23	If MEX_Q03 = 1 (breastfed last baby), go to MXS_Q23. Otherwise, go to MXS_Q26.
MXS_Q23 MXS_04	<p><b>When you were breastfeeding (your last baby), did you smoke daily, occasionally or not at all?</b></p> <p>1 Daily (Go to MXS_Q25) 2 Occasionally (Go to MXS_Q26) 3 Not at all (Go to MXS_Q26) DK, RF (Go to MXS_Q26)</p>
MXS_Q24 MXS_05	<p><b>How many cigarettes did you usually smoke each day?</b></p> <p> _ _  Number of cigarettes (MIN: 1) (MAX: 99)</p> <p>DK, RF</p> <p>Go to MXS_Q26</p>
MXS_E24	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if MXS_Q24 > 60
MXS_Q25 MXS_06	<p><b>On the days that you smoked, how many cigarettes did you usually smoke?</b></p> <p> _ _  Number of cigarettes (MIN: 1) (MAX: 99)</p> <p>DK, RF</p>
MXS_E25	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if MXS_Q25 > 60

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

MXS\_Q26  
MXS\_07

Did anyone regularly smoke in your presence during or after the pregnancy (about 6 months after)?

- 1 Yes
- 2 No
- DK, RF

MXS\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Illicit drugs use (IDG)**

Optional content

Nunavut, Newfoundland and Labrador, British Columbia

IDG\_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.  
FNAME: first name of respondent from household block.  
DOIDG: 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

IDG\_C1

If (DOIDG block = 1), go to IDG\_C2.  
Otherwise, go to IDG\_END.

IDG\_C2

If proxy interview, go to IDG\_END.  
Otherwise, go to IDG\_R1.

IDG\_R01

**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 <1> to continue.

IDG\_Q01  
IDG\_01

**Have you ever used or tried marijuana, cannabis or hashish?**

INTERVIEWER: Read categories to respondent.

- 1 **Yes, just once**
- 2 **Yes, more than once**
- 3 **No** (Go to IDG\_Q04)
- DK, RF (Go to IDG\_END)

IDG\_Q02  
IDG\_02

**Have you used it in the past 12 months?**

- 1 Yes
- 2 No (Go to IDG\_Q04)
- DK, RF (Go to IDG\_Q04)

IDG\_C03

If IDG\_Q01 = 1, go to IDG\_Q04.  
Otherwise, go to IDG\_Q03.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

IDG\_Q03  
IDG\_03

**How often (did you use marijuana, cannabis or hashish in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, RF

IDG\_Q04  
IDG\_04

**Have you ever used or tried cocaine or crack?**

- 1 Yes, just once
  - 2 Yes, more than once
  - 3 No (Go to IDG\_Q07)
- DK, RF (Go to IDG\_Q07)

IDG\_Q05  
IDG\_05

**Have you used it in the past 12 months?**

- 1 Yes
  - 2 No (Go to IDG\_Q07)
- DK, RF (Go to IDG\_Q07)

IDG\_C06

If IDG\_Q04 = 1, go to IDG\_Q07.  
Otherwise, go to IDG\_Q06.

IDG\_Q06  
IDG\_06

**How often (did you use cocaine or crack in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, RF

IDG\_Q07  
IDG\_07

**Have you ever used or tried speed (amphetamines)?**

- 1 Yes, just once
  - 2 Yes, more than once
  - 3 No (Go to IDG\_Q10)
- DK, RF (Go to IDG\_Q10)

IDG\_Q08  
IDG\_08

**Have you used it in the past 12 months?**

- 1 Yes
  - 2 No (Go to IDG\_Q10)
- DK, RF (Go to IDG\_Q10)

IDG\_C09

If IDG\_Q07 = 1, go to IDG\_Q10.  
Otherwise, go to IDG\_Q09.



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

IDG\_Q09  
IDG\_09

**How often (did you use speed (amphetamines) in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**

DK, RF

IDG\_Q10  
IDG\_10

**Have you ever used or tried ecstasy (MDMA) or other similar drugs?**

- 1 Yes, just once
  - 2 Yes, more than once
  - 3 No (Go to IDG\_Q13)
- DK, RF (Go to IDG\_Q13)

IDG\_Q11  
IDG\_11

**Have you used it in the past 12 months?**

- 1 Yes
  - 2 No (Go to IDG\_Q13)
- DK, RF (Go to IDG\_Q13)

IDG\_C12

If IDG\_Q10 = 1, go to IDG\_Q13.  
Otherwise, go to IDG\_Q12.

IDG\_Q12  
IDG\_12

**How often (did you use ecstasy or other similar drugs in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**

DK, RF

IDG\_Q13  
IDG\_13

**Have you ever used or tried hallucinogens, PCP or LSD (acid)?**

- 1 Yes, just once
  - 2 Yes, more than once
  - 3 No (Go to IDG\_Q16)
- DK, RF (Go to IDG\_Q16)

IDG\_Q14  
IDG\_14

**Have you used it in the past 12 months?**

- 1 Yes
  - 2 No (Go to IDG\_Q16)
- DK, RF (Go to IDG\_Q16)

IDG\_C15

If IDG\_Q13 = 1, go to IDG\_Q16.  
Otherwise, go to IDG\_Q15.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

IDG\_Q15  
IDG\_15

**How often (did you use hallucinogens, PCP or LSD in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, RF

IDG\_Q16  
IDG\_16

**Did you ever sniff glue, gasoline or other solvents?**

- 1 Yes, just once
  - 2 Yes, more than once
  - 3 No (Go to IDG\_Q19)
- DK, RF (Go to IDG\_Q19)

IDG\_Q17  
IDG\_17

**Did you sniff some in the past 12 months?**

- 1 Yes
  - 2 No (Go to IDG\_Q19)
- DK, RF (Go to IDG\_Q19)

IDG\_C18

If IDG\_Q16 = 1, go to IDG\_Q19.  
Otherwise, go to IDG\_Q18.

IDG\_Q18  
IDG\_18

**How often (did you sniff glue, gasoline or other solvents in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, RF

IDG\_Q19  
IDG\_19

**Have you ever used or tried heroin?**

- 1 Yes, just once
  - 2 Yes, more than once
  - 3 No (Go to IDG\_Q22)
- DK, RF (Go to IDG\_Q22)

IDG\_Q20  
IDG\_20

**Have you used it in the past 12 months?**

- 1 Yes
  - 2 No (Go to IDG\_Q22)
- DK, RF (Go to IDG\_Q22)

IDG\_C21

If IDG\_Q19 = 1, go to IDG\_Q22.  
Otherwise, go to IDG\_Q21.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

IDG\_Q21  
IDG\_21

**How often (did you use heroin in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**

DK, RF

IDG\_Q22  
IDG\_22

**Have you ever used or tried steroids, such as testosterone, dianabol or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?**

- 1 Yes, just once
  - 2 Yes, more than once
  - 3 No (Go to IDG\_C25A\_1)
- DK, RF (Go to IDG\_C25A\_1)

IDG\_Q23  
IDG\_23

**Have you used it in the past 12 months?**

- 1 Yes
  - 2 No (Go to IDG\_C25A\_1)
- DK, RF (Go to IDG\_C25A\_1)

IDG\_C24

If IDG\_Q22 = 1, go to IDG\_C25A\_1.  
Otherwise, go to IDG\_Q24.

IDG\_Q24  
IDG\_24

**How often (did you use steroids in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**

DK, RF

Programmer:

*IDG\_C25A1 = Count of instances where IDG\_Q01, IDG\_Q04, IDG\_Q07, IDG\_Q10, IDG\_Q13, IDG\_Q16 and IDG\_Q19 = 3, DK or RF.*

IDG\_C25A\_1

If IDG\_C25A1 = 7, go to IDG\_END.  
Otherwise, go to IDG\_C25A\_2.

Programmer:

*IDG\_C25A2 = Count of instances where IDG\_Q03, IDG\_Q06, IDG\_Q09, IDG\_Q12, IDG\_Q15, IDG\_Q18 and IDG\_Q21 >= 2.*

IDG\_C25A\_2

If IDG\_C25A\_2 >= 1, go to IDG\_Q25A.  
Otherwise, go to IDG\_END.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

IDG\_Q25A  
IDG\_25A

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?

- 1 Yes
- 2 No
- DK, RF

IDG\_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 <1> to continue.

IDG\_Q25B  
IDG\_25B

During the past 12 months, did you ever have times when you stopped, cut down or went without drugs and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?

- 1 Yes
- 2 No
- DK, RF

IDG\_Q25C  
IDG\_25C

(During the past 12 months,) did you ever have times when you used drugs to keep from having such symptoms?

- 1 Yes
- 2 No
- DK, RF

IDG\_Q25D  
IDG\_25D

(During the past 12 months,) did you ever have times when you used drugs even though you promised yourself you wouldn't, or times when you used a lot more drugs than you intended?

- 1 Yes
- 2 No
- DK, RF

IDG\_Q25E  
IDG\_25E

(During the past 12 months,) were there ever times when you used drugs more frequently, or for more days in a row than you intended?

- 1 Yes
- 2 No
- DK, RF

IDG\_Q25F  
IDG\_25F

(During the past 12 months,) did you ever have periods of several days or more when you spent so much time using drugs or recovering from the effects of using drugs that you had little time for anything else?

- 1 Yes
- 2 No
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

IDG\_Q25G  
IDG\_25G

(During the past 12 months,) did you ever have periods of a month or longer when you gave up or greatly reduced important activities because of your use of drugs?

- 1 Yes
- 2 No
- DK, RF

IDG\_Q25H  
IDG\_25H

(During the past 12 months,) did you ever continue to use drugs when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your use?

- 1 Yes
- 2 No
- DK, RF

IDG\_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 <1> to continue.

IDG\_Q26A  
IDG\_26A

How much did your use of drugs interfere with:

your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|\_|\_| Number  
(MIN: 0)  
(MAX: 10)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

IDG\_Q26B\_1  
IDG\_6B1

(How much did your use interfere with:)

your ability to attend school?

- 0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 V  
10 Very severe interference

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

|\_||\_|| Number  
(MIN: 0)  
(MAX: 11)

DK, RF

IDG\_Q26B\_2  
IDG\_6B2

(How much did your use interfere with:)

your ability to work at a regular job?

- 0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 V  
10 Very severe interference

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

|\_||\_|| Number  
(MIN: 0)  
(MAX: 11)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

IDG\_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

IDG\_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

IDG\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Problem gambling (CPG)**

Optional content

Quebec, Saskatchewan, Manitoba, British Columbia

CPG\_BEG

Optional Content (See Appendix 2)

CPG\_C01

If (DOCPG block = 2), go to CPG\_END.  
Otherwise, go to CPG\_C02.

CPG\_C02

If proxy interview, go to CPG\_END.  
Otherwise, go to CPG\_R01.

CPG\_R01

**The next questions are about gambling activities and experiences.**

**People have different definitions of gambling. They may bet money and gamble on many different things, including buying lottery tickets, playing bingo or playing card games with their family or friends.**

**Some of these questions may not apply to you; however, they need to be asked of all respondents.**

INTERVIEWER: Press <1> to continue.

CPG\_Q01A  
CPG\_01A

**In the past 12 months, how often have you bet or spent money on instant win/scratch tickets or daily lottery tickets (Keno, Pick 3, Encore, Banco, Extra)?**

INTERVIEWER: Read categories to respondent.

Exclude all other kinds of lottery tickets such as 6/49, Lotto Max, sports lotteries and fund raising tickets.

- 01 **Daily**
  - 02 **Between 2 to 6 times a week**
  - 03 **About once a week**
  - 04 **Between 2 to 3 times a month**
  - 05 **About once a month**
  - 06 **Between 6 to 11 times a year**
  - 07 **Between 1 to 5 times a year**
  - 08 Never
- DK, RF

CPG\_C01A

If CPG\_Q01A = RF, go to CPG\_END.  
Otherwise, go to CPG\_Q01B.



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CPG\_Q01B  
CPG\_01B

**(In the past 12 months,) how often have you bet or spent money on lottery tickets such as 6/49 or Lotto Max, raffles or fund-raising tickets?**

- 01 Daily
- 02 Between 2 to 6 times a week
- 03 About once a week
- 04 Between 2 to 3 times a month
- 05 About once a month
- 06 Between 6 to 11 times a year
- 07 Between 1 to 5 times a year
- 08 Never
- DK, RF

Programmer:

CPG\_C01B = Count instances where CPG\_Q01B to CPG\_Q01M = 7, 8, DK or RF.

CPG\_Q01C  
CPG\_01C

**(In the past 12 months,) how often have you bet or spent money on Bingo?**

- 01 Daily
- 02 Between 2 to 6 times a week
- 03 About once a week
- 04 Between 2 to 3 times a month
- 05 About once a month
- 06 Between 6 to 11 times a year
- 07 Between 1 to 5 times a year
- 08 Never
- DK, RF

CPG\_Q01D  
CPG\_01D

**(In the past 12 months,) how often have you bet or spent money playing cards or board games with family or friends?**

- 01 Daily
- 02 Between 2 to 6 times a week
- 03 About once a week
- 04 Between 2 to 3 times a month
- 05 About once a month
- 06 Between 6 to 11 times a year
- 07 Between 1 to 5 times a year
- 08 Never
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CPG\_Q01E  
CPG\_01E

**(In the past 12 months,) how often have you bet or spent money on video lottery terminals (VLTs) outside of casinos?**

- 01 Daily
- 02 Between 2 to 6 times a week
- 03 About once a week
- 04 Between 2 to 3 times a month
- 05 About once a month
- 06 Between 6 to 11 times a year
- 07 Between 1 to 5 times a year
- 08 Never
- DK, RF

CPG\_Q01F  
CPG\_01F

**(In the past 12 months,) how often have you bet or spent money on coin slots or VLTs at a casino?**

- 01 Daily
- 02 Between 2 to 6 times a week
- 03 About once a week
- 04 Between 2 to 3 times a month
- 05 About once a month
- 06 Between 6 to 11 times a year
- 07 Between 1 to 5 times a year
- 08 Never
- DK, RF

CPG\_Q01G  
CPG\_01G

**(In the past 12 months,) how often have you bet or spent money on casino games other than coin slots or VLTs (for example, poker, roulette, blackjack, Keno)?**

- 01 Daily
- 02 Between 2 to 6 times a week
- 03 About once a week
- 04 Between 2 to 3 times a month
- 05 About once a month
- 06 Between 6 to 11 times a year
- 07 Between 1 to 5 times a year
- 08 Never
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CPG\_Q01H  
CPG\_01H

(In the past 12 months,) how often have you bet or spent money on Internet or arcade gambling?

- 01 Daily
- 02 Between 2 to 6 times a week
- 03 About once a week
- 04 Between 2 to 3 times a month
- 05 About once a month
- 06 Between 6 to 11 times a year
- 07 Between 1 to 5 times a year
- 08 Never
- DK, RF

CPG\_Q01I  
CPG\_01I

In the past 12 months, how often have you bet or spent money on live horse racing at the track or off track?

INTERVIEWER: Read categories to respondent.

- 01 **Daily**
- 02 **Between 2 to 6 times a week**
- 03 **About once a week**
- 04 **Between 2 to 3 times a month**
- 05 **About once a month**
- 06 **Between 6 to 11 times a year**
- 07 **Between 1 to 5 times a year**
- 08 Never
- DK, RF

CPG\_Q01J  
CPG\_01J

(In the past 12 months,) how often have you bet or spent money on sports such as sports lotteries (Sport Select, Pro-Line, Mise-au-jeu, Total), sports pool or sporting events?

- 01 Daily
- 02 Between 2 to 6 times a week
- 03 About once a week
- 04 Between 2 to 3 times a month
- 05 About once a month
- 06 Between 6 to 11 times a year
- 07 Between 1 to 5 times a year
- 08 Never
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CPG\_Q01K  
CPG\_01K

**(In the past 12 months,) how often have you bet or spent money on speculative investments such as stocks, options or commodities?**

INTERVIEWER: Speculative investments refer to buying high-risk stocks, but do not include low-risk bonds, RRSPs and/or mutual funds.

- 01 Daily
- 02 Between 2 to 6 times a week
- 03 About once a week
- 04 Between 2 to 3 times a month
- 05 About once a month
- 06 Between 6 to 11 times a year
- 07 Between 1 to 5 times a year
- 08 Never
- DK, RF

CPG\_Q01L  
CPG\_01L

**In the past 12 months, how often have you bet or spent money on games of skill such as pool, golf, bowling or darts?**

INTERVIEWER: Read categories to respondent.

- 01 **Daily**
- 02 **Between 2 to 6 times a week**
- 03 **About once a week**
- 04 **Between 2 to 3 times a month**
- 05 **About once a month**
- 06 **Between 6 to 11 times a year**
- 07 **Between 1 to 5 times a year**
- 08 Never
- DK, RF

CPG\_Q01M  
CPG\_01M

**(In the past 12 months,) how often have you bet or spent money on any other forms of gambling such as dog races, gambling at casino nights/country fairs, bet on sports with a bookie or gambling pools at work?**

- 01 Daily
- 02 Between 2 to 6 times a week
- 03 About once a week
- 04 Between 2 to 3 times a month
- 05 About once a month
- 06 Between 6 to 11 times a year
- 07 Between 1 to 5 times a year
- 08 Never
- DK, RF

CPG\_C01N

If CPG\_C01B = 12 and CPG\_Q01A = 7, 8 or DK, go to CPG\_END.  
Otherwise, go to CPG\_Q01N.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CPG\_Q01N  
CPG\_01N

In the past 12 months, how much money, not including winnings, did you spend on all of your gambling activities?

INTERVIEWER: Read categories to respondent.

- 1 **Between 1 dollar and 50 dollars**
- 2 **Between 51 dollars and 100 dollars**
- 3 **Between 101 dollars and 250 dollars**
- 4 **Between 251 dollars and 500 dollars**
- 5 **Between 501 dollars and 1000 dollars**
- 6 **More than 1000 dollars**

DK, RF

CPG\_R02

The next questions are about gambling attitudes and experiences. Again, all the questions will refer to the past 12 months.

INTERVIEWER: Press <1> to continue.

CPG\_Q02  
CPG\_02

In the past 12 months, how often have you bet or spent more money than you wanted to on gambling?

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Sometimes**
- 3 **Most of the time**
- 4 **Almost always**
- 5 I am not a gambler (Go to CPG\_END)

DK

RF (Go to CPG\_END)

CPG\_Q03  
CPG\_03

(In the past 12 months,) how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

DK, RF

CPG\_Q04  
CPG\_04

(In the past 12 months,) when you gambled, how often did you go back another day to try to win back the money you lost?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CPG\_Q05  
CPG\_05

**In the past 12 months, how often have you borrowed money or sold anything to get money to gamble?**

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Sometimes**
- 3 **Most of the time**
- 4 **Almost always**

DK, RF

CPG\_Q06  
CPG\_06

**(In the past 12 months,) how often have you felt that you might have a problem with gambling?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

DK, RF

CPG\_Q07  
CPG\_07

**(In the past 12 months,) how often has gambling caused you any health problems, including stress or anxiety?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

DK, RF

CPG\_Q08  
CPG\_08

**(In the past 12 months,) how often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

DK, RF

CPG\_Q09  
CPG\_09

**(In the past 12 months,) how often has your gambling caused financial problems for you or your family?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

CPG\_Q10  
CPG\_10

**In the past 12 months, how often have you felt guilty about the way you gamble or what happens when you gamble?**

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Sometimes**
- 3 **Most of the time**
- 4 **Almost always**

DK, RF

CPG\_Q11  
CPG\_11

**(In the past 12 months,) how often have you lied to family members or others to hide your gambling?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

DK, RF

CPG\_Q12  
CPG\_12

**(In the past 12 months,) how often have you wanted to stop betting money or gambling, but didn't think you could?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

DK, RF

CPG\_Q13  
CPG\_13

**In the past 12 months, how often have you bet more than you could really afford to lose?**

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Sometimes**
- 3 **Most of the time**
- 4 **Almost always**

DK, RF

CPG\_Q14  
CPG\_14

**(In the past 12 months,) have you tried to quit or cut down on your gambling but were unable to do it?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CPG\_Q15  
CPG\_15

(In the past 12 months,) have you gambled as a way of forgetting problems or to feel better when you were depressed?

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, RF

CPG\_Q16  
CPG\_16

(In the past 12 months,) has your gambling caused any problems with your relationship with any of your family members or friends?

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, RF

Processing:

Processing: for CPG\_Q03 through CPG\_Q10 and CPG\_Q13, recode 1=0, 2=1, 3=2 and 4=3 into CPG\_C17A through CPG\_C17I.  
CPG\_C17J = Sum CPG\_C17A through CPG\_C17I.

CPG\_C17

If CPG\_C17J <= 2, go to CPG\_END.  
Otherwise, go to CPG\_Q17.

CPG\_Q17  
CPG\_17

Has anyone in your family ever had a gambling problem?

- 1 Yes
  - 2 No
- DK, RF

CPG\_Q18  
CPG\_18

In the past 12 months, have you used alcohol or drugs while gambling?

- 1 Yes
  - 2 No
- DK, RF

CPG\_R19

Please tell me what number best describes how much your gambling activities interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".

INTERVIEWER: Press <1> to continue.



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CPG\_Q19A  
CPG\_19A

During the past 12 months, how much did your gambling activities interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

- 0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 V  
10 Very severe interference

|\_|\_| Number  
(MIN: 0)  
(MAX: 10)

DK, RF

CPG\_Q19B\_1  
CPG\_9B1

How much did these activities interfere with your ability to attend school?

- 0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 V  
10 Very severe interference

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

|\_|\_| Number  
(MIN: 0)  
(MAX: 11)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

CPG\_Q19B\_2  
CPG\_9B2

How much did they interfere with your ability to work at a 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

CPG\_Q19C  
CPG\_19C

(During the past 12 months,) how much did your gambling activities 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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

CPG\_Q19D  
CPG\_19D

How much did they 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

CPG\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Sexual behaviours (SXB)**

Theme content

SXB_BEG	Theme content
	DOSXB: do block flag, from the sample file. DOMEX: do block flag, from the sample file. MEX_Q01A: Given birth in last 5 years SEX_Q01: Respondent's sex AGE: Respondent's age PROXYMODE: proxy identifier, from the GR block.
SXB_C01A	If (DOSXB 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	<b>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.</b>
	<u>INTERVIEWER</u> : Press <1> to continue.
SXB_C01C	If MEX_Q01A = 1, go to SXB_D02. Otherwise, go to SXB_Q01.
SXB_Q01 SXB_1	<b>Have you ever had sexual intercourse?</b>
	1 Yes (Go to SXB_D02) 2 No (Go to SXB_END) DK, RF (Go to SXB_END)
Processing:	<i>In processing, if a respondent answered MEX_Q01A = 1 and DOSXB = 1 and 15 &lt;= AGE &lt;= 49 and Proxy = 2, the variable SXB_Q01 is given the value of 1.</i>
SXB_D02	If MEX_Q01A = 1, DT_INTERCOURSE = "you had sexual intercourse". Otherwise,, DT_INTERCOURSE = "null".
SXB_Q02 SXB_2	<b>How old were you the first time ^DT_INTERCOURSE?</b>
	<u>INTERVIEWER</u> : Maximum is ^CURRENTAGE.
	_ _ _  Age in years (MIN: 1) (MAX: 121)
	DK, RF (Go to SXB_END)
SXB_E02A	<b>The entered age at which the respondent first had sexual intercourse is invalid. Please return and correct.</b>
Rule :	<i>Trigger hard edit if SXB_Q02 &gt; ^CURRENTAGE.</i>

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SXB\_E02B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if SXB\_Q02 < 12.

SXB\_Q03  
SXB\_3

**In the past 12 months, have you had sexual intercourse?**

- 1 Yes
- 2 No (Go to SXB\_Q07)
- DK, RF (Go to SXB\_END)

SXB\_Q04  
SXB\_4

**With how many different partners?**

- 1 1 partner
- 2 2 partners
- 3 3 partners
- 4 4 or more partners
- DK
- RF (Go to SXB\_END)

SXB\_Q07  
SXB\_07

**Have you ever been diagnosed with a sexually transmitted infection?**

- 1 Yes
- 2 No
- DK, RF

SXB\_C08A

If SXB\_Q03 = 1 (had intercourse in last 12 months), go to SXB\_C08B.  
Otherwise, go to SXB\_END.

SXB\_C08B

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  
SXB\_7A

**Did you use a condom the last time you had sexual intercourse?**

- 1 Yes
- 2 No
- DK, RF

SXB\_C09B

If age > 24 or if respondent's sex = spouse's sex, go to SXB\_END.  
Otherwise, go to SXB\_R9A.

SXB\_R9A

**Now a few questions about birth control.**

INTERVIEWER: Press <1> 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 <1> to continue.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SXB\_Q09  
SXB\_09

**It is important to me to avoid getting pregnant right now.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

DK

RF (Go to SXB\_END)

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 <1> to continue.

SXB\_Q10  
SXB\_10

**It is important to me to avoid getting my partner pregnant right now.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Doesn't have a partner right now
- 7 Partner already pregnant

DK

RF (Go to SXB\_END)

SXB\_Q11  
SXB\_11

**In the past 12 months, did you and your partner usually use birth control?**

- 1 Yes (Go to SXB\_Q12)
- 2 No (Go to SXB\_END)
- DK, RF (Go to SXB\_END)

SXB\_Q12

**What kind of birth control did you and your partner usually use?**

INTERVIEWER: Mark all that apply.

SXB\_12A

1 Condom (male or female condom)

SXB\_12B

2 Birth control pill

SXB\_12C

3 Diaphragm

SXB\_12D

4 Spermicide (e.g., foam, jelly, film)

SXB\_12F

5 Birth control injection (Depovera)

SXB\_12E

6 Other - Specify (Go to SXB\_S12)  
DK, RF (Go to SXB\_END)

Go to SXB\_C13

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SXB\_S12 (What kind of birth control did you and your partner usually use?)

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

SXB\_C13 If HWT\_Q1 = 1 (currently pregnant) or SXB\_Q10 = 7 (Partner already pregnant), go to SXB\_END.  
Otherwise, go to SXB\_Q13.

SXB\_Q13 **What kind of birth control did you and your partner use the last time you had sex?**

INTERVIEWER: Mark all that apply.

SXB\_13A

1 Condom (male or female condom)

SXB\_13B

2 Birth control pill

SXB\_13C

3 Diaphragm

SXB\_13D

4 Spermicide (e.g., foam, jelly, film)

SXB\_13F

5 Birth control injection (Depovera)

SXB\_13G

6 Nothing

SXB\_13E

7 Other - Specify (Go to SXB\_S13)

DK, RF

Go to SXB\_END

SXB\_S13 (What kind of birth control did you and your partner use the last time you had sex?)

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

SXB\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Social Provisions (SPS)**

Optional content

Quebec, Nova Scotia

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\_C01A

If DOSPS = 1, go to SPS\_C01B.

Otherwise, go to SPS\_END.

SPS\_C01B

If PROXYMODE=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



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SPS\_Q04  
SPS\_04

**There is someone I could talk to about important decisions in my life.**

- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
- DK, RF

SPS\_Q05  
SPS\_05

**I have relationships where my competence and skill are recognized.**

- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
- DK, RF

SPS\_Q06  
SPS\_06

**There is a trustworthy person I could turn to for advice if I were having problems.**

INTERVIEWER: Read categories to respondent.

- 1 **Strongly agree**
  - 2 **Agree**
  - 3 **Disagree**
  - 4 **Strongly disagree**
- DK, RF

SPS\_Q07  
SPS\_07

**I feel part of a group of people who share my attitudes and beliefs.**

- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
- DK, RF

SPS\_Q08  
SPS\_08

**I feel a strong emotional bond with at least one other person.**

- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
- DK, RF

SPS\_Q09  
SPS\_09

**There are people who admire my talents and abilities.**

- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

SPS\_Q10  
SPS\_10

There are people I can count on in an emergency.

- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
- DK, RF

SPS\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Consultations about mental health (CMH)**

Optional content	Nunavut, Northwest Territories, Quebec, Ontario, Newfoundland and Labrador, Manitoba, British Columbia
CMH_BEG	Optional content (See Appendix 2)  PROXYMODE: proxy identifier, from the GR block. DOCMH: do block flag, from the sample file.
CMH_C01A	If (DOCMH = 1), go to CMH_C01B. Otherwise, go to CMH_END.
CMH_C01B	If proxy interview, go to CMH_END. Otherwise, go to CMH_R01.
CMH_R01	<b>Now I would like to ask you some questions about mental and emotional well-being.</b>  <u>INTERVIEWER</u> : Press <1> to continue.
CMH_Q01K CMH_01K	<b>In the past 12 months, that is, from ^DATEONEYEARAGO to yesterday, have you seen or talked to a health professional about your emotional or mental health?</b>  <u>INTERVIEWER</u> : Include both face to face and telephone contacts.  1 Yes 2 No (Go to CMH_END) DK, RF (Go to CMH_END)
CMH_Q01L CMH_01L	<b>How many times (in the past 12 months)?</b>   _ _ _  Times (MIN: 1) (MAX: 366)  DK, RF
CMH_E01L	An unusual value has been entered. Please confirm.  <i>Rule :</i> Trigger soft edit if CMH_Q01L >25.
CMH_Q01M	<b>Whom did you see or talk to?</b>  <u>INTERVIEWER</u> : Read categories to respondent. Mark all that apply.
CMH_1MA CMH_1MB CMH_1MC CMH_1MD CMH_1ME CMH_1MF	1 <b>Family doctor or general practitioner</b> 2 <b>Psychiatrist</b> 3 <b>Psychologist</b> 4 <b>Nurse</b> 5 <b>Social worker or counsellor</b> 6 Other - Specify (Go to CMH_S01M) DK, RF  Go to CMH_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

CMH\_S01M

**(Whom did you see or talk to?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

CMH\_E01MA

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.

Rule :

Trigger soft edit if CMH\_Q01M = 1 (saw a family medical doctor) and CHP\_Q03 = 2.

CMH\_E01MB

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.

Rule :

Trigger soft edit if CMH\_Q01M = 2 (saw a psychiatrist) and CHP\_Q08 = 2.

CMH\_E01MC

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.

Rule :

Trigger soft edit if CMH\_Q01M = 3 (saw a psychologist) and CP2\_Q20 = 2.

CMH\_E01MD

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.

Rule :

Trigger soft edit if CMH\_Q01M = 4 (saw a nurse) and CHP\_Q11 = 2.

CMH\_E01ME

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.

Rule :

Trigger soft edit if CMH\_Q01M = 5 (saw a social worker or counsellor) and CP2\_Q22 = 2.

CMH\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Mood (Bradburn affect balance scale) (MDB)**

Optional content

Saskatchewan

MDB\_BEG

Optional Content (See Appendix 2)

MDB\_C1

If (DOMDB block) = 2, go to MDB\_END.  
Otherwise, go to MDB\_C2.

MDB\_C2

If proxy interview, go to MDB\_END.  
Otherwise, go to MDB\_R1.

MDB\_R1

**The next set of questions describes some of the ways people feel at different times. Please tell me if you have the feeling often, sometimes or never.**

INTERVIEWER: Press <1> to continue.

MDB\_Q1

MDB\_1

**During the past few weeks, how often have you felt:  
on top of the world?**

INTERVIEWER: Read categories to respondent.

- 1 **Often**
- 2 **Sometimes**
- 3 **Never**

DK, RF

(Go to MDB\_END)

Processing:

*The questionnaire variable name changed from MD\_Q1 in Cycle 1.1 to MDB\_Q1 in 2013, and the release name is MDB\_1.*

MDB\_Q2

MDB\_2

**(During the past few weeks, how often have you felt):  
very lonely or remote from other people?**

INTERVIEWER: Read categories to respondent.

- 1 **Often**
- 2 **Sometimes**
- 3 **Never**

DK, RF

Processing:

*The questionnaire variable name changed from MD\_Q2 in Cycle 1.1 to MDB\_Q2 in 2013, and the release name is MDB\_2.*

MDB\_Q3

MDB\_3

**(During the past few weeks, how often have you felt):  
particularly excited or interested in something?**

- 1 Often
- 2 Sometimes
- 3 Never

DK, RF

Processing:

*The questionnaire variable name changed from MD\_Q3 in Cycle 1.1 to MDB\_Q3 in 2013, and the release name is MDB\_3.*

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

MDB\_Q4  
MDB\_4

**(During the past few weeks, how often have you felt:)**

**depressed or very unhappy?**

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

Processing:

*The questionnaire variable name changed from MD\_Q4 in Cycle 1.1 to MDB\_Q4 in 2013, and the release name is MDB\_4.*

MDB\_Q5  
MDB\_5

**(During the past few weeks, how often have you felt:)**

**pleased about having accomplished something?**

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

Processing:

*The questionnaire variable name changed from MD\_Q5 in Cycle 1.1 to MDB\_Q5 in 2013, and the release name is MDB\_5.*

MDB\_Q6  
MDB\_6

**(During the past few weeks, how often have you felt:)**

**bored?**

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

Processing:

*The questionnaire variable name changed from MD\_Q6 in Cycle 1.1 to MDB\_Q6 in 2013, and the release name is MDB\_6.*

MDB\_Q7  
MDB\_7

**(During the past few weeks, how often have you felt:)**

**proud because someone complimented you on something you had done?**

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

Processing:

*The questionnaire variable name changed from MD\_Q7 in Cycle 1.1 to MDB\_Q7 in 2013, and the release name is MDB\_7.*

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

MDB\_Q8  
MDB\_8

**(During the past few weeks, how often have you felt:)**

**so restless you couldn't sit long in a chair?**

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

Processing:

*The questionnaire variable name changed from MD\_Q8 in Cycle 1.1 to MDB\_Q8 in 2013, and the release name is MDB\_8.*

MDB\_Q9  
MDB\_9

**(During the past few weeks, how often have you felt:)**

**that things were going your way?**

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

Processing:

*The questionnaire variable name changed from MD\_Q9 in Cycle 1.1 to MDB\_Q9 in 2013, and the release name is MDB\_9.*

MDB\_Q10  
MDB\_10

**During the past few weeks, how often have you felt:**

**upset because someone criticized you?**

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

Processing:

*The questionnaire variable name changed from MD\_Q10 in Cycle 1.1 to MDB\_Q10 in 2013, and the release name is MDB\_10.*

MDB\_Q11  
MDB\_11

**Taking things all together, how would you say things are these days?  
Would you say you're...?**

INTERVIEWER: Read categories to respondent.

- 1 **very happy?**
- 2 **pretty happy?**
- 3 **not too happy?**
- DK, RF

Processing:

*The questionnaire variable name changed from MD\_Q11 in Cycle 1.1 to MDB\_Q11 in 2013, and the release name is MDB\_11.*

MDB\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Distress (DIS)**

Optional content

Quebec

DIS\_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.  
DODIS: do block flag, from the sample file.

DIS\_C1A

If (DODIS block = 1), go to DIS\_C1B.  
Otherwise, go to DIS\_END.

DIS\_C1B

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 <1> to continue.

DIS\_D01

DV\_DATEONEMONTHAGO = CURRENTDATE-1 {Calculates the date one month ago from today}.

DIS\_Q01A  
DIS\_10A

**During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel:**

**tired out for no good reason?**

INTERVIEWER: Read categories to respondent.

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

DK, RF

(Go to DIS\_END)

DIS\_Q01B  
DIS\_10B

**During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel:**

**nervous?**

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

DK, RF

(Go to DIS\_Q01D)

(Go to DIS\_Q01D)



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DIS\_Q01C  
DIS\_10C

(During the past month, that is, from ^ADV\_DATEONEMONTHAGO to yesterday, about how 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

Processing:

*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  
DIS\_10D

(During the past month, that is, from ^ADV\_DATEONEMONTHAGO to yesterday, about how 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  
DIS\_10E

During the past month, that is, from ^ADV\_DATEONEMONTHAGO to yesterday, about how 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
- DK, RF (Go to DIS\_Q01G)  
(Go to DIS\_Q01G)

DIS\_Q01F  
DIS\_10F

(During the past month, that is, from ^ADV\_DATEONEMONTHAGO to yesterday, about how often did you feel:)

**so restless you could not sit still?**

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

Processing:

*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).*

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DIS\_Q01G  
DIS\_10G

(During the past month, that is, from ^ADV\_DATEONEMONTHAGO to yesterday, about how often did you feel:)

sad or depressed?

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
  - 5 None of the time (Go to DIS\_Q01I)
- DK, RF (Go to DIS\_Q01I)

DIS\_Q01H  
DIS\_10H

(During the past month, that is, from ^ADV\_DATEONEMONTHAGO to yesterday, about how often did you feel:)

so depressed that nothing could cheer you up?

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

Processing:

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  
DIS\_10I

(During the past month, that is, from ^ADV\_DATEONEMONTHAGO to yesterday, about how often did you feel:)

that everything was an effort?

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

DIS\_Q01J  
DIS\_10J

(During the past month, that is, from ^ADV\_DATEONEMONTHAGO to yesterday, about how often did you feel:)

worthless?

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

DIS\_C01K

If (DIS\_Q01B = 5, DK, RF), and (DIS\_Q01D = 5, DK, RF), and (DIS\_Q01E = 5, DK, RF), and (DIS\_Q01G = 5, DK, RF), and (DIS\_Q01I = 5, DK, RF), and (DIS\_Q01J = 5, DK, RF), go to DIS\_END.  
Otherwise, go to DIS\_Q01K.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DIS\_Q01K  
DIS\_10K

We just talked about feelings that occurred to different degrees during the past month. Taking them altogether, did these feelings occur **more often** in the past month than is usual for you, **less often** than usual or **about the same** as usual?

- 1 More often
  - 2 Less often (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  
DIS\_10L

Is that a **lot** more, **somewhat** more or only a **little** more often than usual?

- 1 A lot
  - 2 Somewhat
  - 3 A little
- DK, RF

Go to DIS\_Q01N

DIS\_Q01M  
DIS\_10M

Is that a **lot** less, **somewhat** less or only a **little** less often than usual?

- 1 A lot
  - 2 Somewhat
  - 3 A little
- DK, RF

DIS\_Q01N  
DIS\_10N

During the past month, how much did these feelings usually interfere with your life or activities?

INTERVIEWER: Read categories to respondent.

- 1 **A lot**
  - 2 **Some**
  - 3 **A little**
  - 4 **Not at all**
- DK, RF

DIS\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Depression (DEP)**

Optional content

Prince Edward Island, Quebec, Manitoba, Nova Scotia, Nunavut,  
Northwest Territories, Newfoundland and Labrador

DEP\_BEG

Optional Content (See Appendix 2)

DEP\_C01

If (DODEP 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  
DPS\_02

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

- 1 Yes
- 2 No (Go to DEP\_Q16)
- DK, RF (Go to DEP\_END)

DEP\_Q03  
DPS\_03

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

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  
DPS\_04

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

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to DEP\_Q16)
- DK, RF (Go to DEP\_END)

DEP\_Q05  
DPS\_05

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

- 1 Yes
- 2 No (Go to DEP\_END)
- DK, RF

DEP\_D05

If DEP\_Q05 = 1 (Yes), DT\_KEYPHRASEQ05 = "Losing interest".  
Otherwise, DT\_KEYPHRASEQ05 = "null".

DEP\_Q06  
DPS\_06

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

- 1 Yes
- 2 No (Go to DEP\_END)
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DEP\_D06 If DEP\_Q06 = 1 (Yes), DT\_KEYPHRASEQ06 = "Feeling tired".  
Otherwise, DT\_KEYPHRASEQ06 = "null".

DEP\_Q07  
DPS\_07

**Did you gain weight, lose weight or stay about the same?**

- 1 Gained weight
- 2 Lost weight
- 3 Stayed about the same (Go to DEP\_Q09)
- 4 Was on a diet (Go to DEP\_Q09)
- DK, RF (Go to DEP\_END)

DEP\_D07A

If DEP\_Q07 = 1, DT\_KEYPHRASEQ07 = "Gaining weight".  
If DEP\_Q07 = 2, DT\_KEYPHRASEQ07 = "Losing weight".  
Otherwise, DT\_KEYPHRASEQ07 = "null".

DEP\_D07B

If DEP\_Q07 = 1, DT\_GAINLOST = "gain".  
Otherwise, DT\_GAINLOST = "lose".

DEP\_Q08A  
DPS\_08A

**About how much did you ^DT\_GAINLOST?**

INTERVIEWER: Enter amount only.

|\_|\_| Weight  
(MIN: 1)  
(MAX: 99)

DK, RF (Go to DEP\_Q09)

DEP\_N08B  
DPS\_08B

INTERVIEWER: Was that in pounds or in kilograms?

- 1 Pounds
- 2 Kilograms
- (DK, RF not allowed)

Processing:

*The questionnaire variable name changed from DEP\_N08A to DEP\_N08B in 2012, but the release name is still DPS\_08B.*

DEP\_E08A

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if (DEP\_Q08A > 20 and DEP\_N08B = 1 or DEP\_Q08A > 9 and DEP\_N08B = 2).*

DEP\_Q09  
DPS\_09

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

- 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".

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DEP\_Q10  
DPS\_10

**How often did that happen?**

INTERVIEWER: Read categories to respondent.

- 1 **Every night**
- 2 **Nearly every night**
- 3 **Less often**

DK, RF (Go to DEP\_END)

DEP\_Q11  
DPS\_11

**Did you have a lot more trouble concentrating than usual?**

- 1 Yes
- 2 No

DK, RF (Go to DEP\_END)

DEP\_D11

If DEP\_Q11 = 1 (Yes), DT\_KEYPHRASEQ11 = "Trouble concentrating".  
Otherwise, DT\_KEYPHRASEQ11 = "null".

DEP\_Q12  
DPS\_12

**At these times, people sometimes feel down on themselves, no good or worthless. 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  
DPS\_13

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

- 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 <1> to continue.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DEP\_Q14  
DPS\_14

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

|\_|\_| 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  
DPS\_15

**Think about the last time you felt this way for 2 weeks or more in a row. In what 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

Go to DEP\_END

DEP\_Q16  
DPS\_16

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

- 1 Yes (Go to DEP\_END)
  - 2 No (Go to DEP\_END)
- DK, RF (Go to DEP\_END)

DEP\_Q17  
DPS\_17

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

INTERVIEWER: Read categories to respondent.

- 1 **All day long**
  - 2 **Most of the day**
  - 3 **About half of the day** (Go to DEP\_END)
  - 4 **Less than half of a day** (Go to DEP\_END)
- DK, RF (Go to DEP\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DEP\_Q18  
DPS\_18

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

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to DEP\_END)
- DK, RF (Go to DEP\_END)

DEP\_Q19  
DPS\_19

**During those 2 weeks did you feel tired out or low on energy all the time?**

- 1 Yes
- 2 No
- DK, RF (Go to DEP\_END)

DEP\_D19

If DEP\_Q19 = 1 (Yes), DT\_KEYPHRASEQ19 = "Feeling tired".  
Otherwise, DT\_KEYPHRASEQ19 = "null".

DEP\_Q20  
DPS\_20

**Did you gain weight, lose weight, or stay about the same?**

- 1 Gained weight
- 2 Lost weight
- 3 Stayed about the same (Go to DEP\_Q22)
- 4 Was on a diet (Go to DEP\_Q22)
- DK, RF (Go to DEP\_END)

DEP\_D20A

If DEP\_Q20 = 1, DT\_KEYPHRASEQ20 = "Gaining weight".  
If DEP\_Q20 = 2, DT\_KEYPHRASEQ20 = "Losing weight".  
Otherwise, DT\_KEYPHRASEQ20 = "null".

DEP\_D20B

If DEP\_Q20 = 1, DT\_WEIGHT = "gain".  
Otherwise, DT\_WEIGHT = "lose".

DEP\_Q21A  
DPS\_21A

**About how much did you ^DT\_WEIGHT?**

INTERVIEWER: Enter amount only.

|\_|\_| Weight  
(MIN: 1)  
(MAX: 99)

DK, RF (Go to DEP\_Q22)

DEP\_N21B  
DPS\_21B

INTERVIEWER: Was that in pounds or in kilograms?

- 1 Pounds
- 2 Kilograms
- (DK, RF not allowed)

Processing:

*The questionnaire variable name changed from DEP\_N21A to DEP\_N21B in 2012, but the release name is still DPS\_21B.*



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

DEP_E21A	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if (DEP_Q21A > 20 and DEP_N21B = 1 or DEP_Q21A > 9 and DEP_N21B = 2).
DEP_Q22 DPS_22	<b>Did you have more trouble falling asleep than you usually do?</b>  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 DPS_23	<b>How often did that happen?</b>  <u>INTERVIEWER:</u> Read categories to respondent.  1 <b>Every night</b> 2 <b>Nearly every night</b> 3 <b>Less often</b> DK, RF (Go to DEP_END)
DEP_Q24 DPS_24	<b>Did you have a lot more trouble concentrating than usual?</b>  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 DPS_25	<b>At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?</b>  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 DPS_26	<b>Did you think a lot about death - either your own, someone else's, or death in general?</b>  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.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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 (^ADT\_KEYPHRASEQ19, ^ADT\_KEYPHRASEQ20, ^ADT\_KEYPHRASEQ22, ^ADT\_KEYPHRASEQ24, ^ADT\_KEYPHRASEQ25, ^ADT\_KEYPHRASEQ26).

INTERVIEWER: Press <1> to continue.

DEP\_Q27  
DPS\_27

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

|\_|\_| 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  
DPS\_28

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Suicidal thoughts and attempts (SUI)**

Optional content Newfoundland and Labrador, Nunavut, Prince Edward Island, British Columbia, New Brunswick

SUI\_BEG Optional Content (See Appendix 2)

SUI\_C1A If (DOSUI 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 <1> to continue.

SUI\_Q1 **Have you ever seriously considered committing suicide or taking your own life?**

SUI\_1

- 1 Yes
- 2 No (Go to SUI\_END)
- DK, RF (Go to SUI\_END)

SUI\_Q2 **Has this happened in the past 12 months?**

SUI\_2

- 1 Yes
- 2 No (Go to SUI\_END)
- DK, RF (Go to SUI\_END)

SUI\_Q3 **Have you ever attempted to commit suicide or tried taking your own life?**

SUI\_3

- 1 Yes
- 2 No (Go to SUI\_END)
- DK, RF (Go to SUI\_END)

SUI\_Q4 **Did this happen in the past 12 months?**

SUI\_4

- 1 Yes
- 2 No (Go to SUI\_END)
- DK, RF (Go to SUI\_END)

SUI\_Q5 **Did you see or talk to a health professional following your attempt to commit suicide?**

SUI\_5

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to SUI\_END)
- DK, RF (Go to SUI\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

SUI\_Q6

**Whom did you see or talk to?**

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

SUI\_6A

01 **Family doctor or general practitioner**

SUI\_6B

02 **Psychiatrist**

SUI\_6C

03 **Psychologist**

SUI\_6D

04 **Nurse**

SUI\_6E

05 **Social worker or counsellor**

SUI\_6G

06 **Religious or spiritual advisor such as a priest, chaplain or rabbi**

SUI\_6H

07 **Teacher or guidance counsellor**

SUI\_6F

08 **Other**

DK, RF

SUI\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Health status (SF-36) (SFR)**

Optional content

Yukon

SFR\_BEG

Optional Content (See Appendix 2)

SFR\_C03

If (DOSFR block = 1), go to SFR\_R03A.  
Otherwise, go to SFR\_END.

SFR\_R03A

**Although some of the following questions may seem repetitive, the next section deals with another way of measuring health status.**

INTERVIEWER: Press <1> to continue.

SFR\_R03B

**The questions are about how ^YOU2 feel^S and how well ^YOU1 ^ARE able to do ^YOUR1 usual activities.**

INTERVIEWER: Press <1> to continue.

SFR\_Q03  
SFR\_03

**I'll start with a few questions concerning activities ^YOU2 might do during a typical day. Does ^YOUR1 health limit ^HIMHER in any of the following activities:**

**in vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports?**

INTERVIEWER: Read categories to respondent.

- 1 **Limited a lot**
- 2 **Limited a little**
- 3 **Not at all limited**

DK, RF

(Go to SFR\_END)

SFR\_Q04  
SFR\_04

**(Does ^YOUR1 health limit ^HIMHER:)**

**in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?**

INTERVIEWER: Read categories to respondent.

- 1 **Limited a lot**
- 2 **Limited a little**
- 3 **Not at all limited**

DK, RF

SFR\_Q05  
SFR\_05

**(Does ^YOUR1 health limit ^HIMHER:)**

**in lifting or carrying groceries?**

- 1 **Limited a lot**
- 2 **Limited a little**
- 3 **Not at all limited**

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SFR\_Q06  
SFR\_06

(Does ^YOUR1 health limit ^HIMHER:)

in climbing several flights of stairs?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, RF

SFR\_Q07  
SFR\_07

(Does ^YOUR1 health limit ^HIMHER:)

in climbing one flight of stairs?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, RF

SFR\_Q08  
SFR\_08

(Does ^YOUR1 health limit ^HIMHER:)

in bending, kneeling, or stooping?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, RF

SFR\_Q09  
SFR\_09

(Does ^YOUR1 health limit ^HIMHER:)

in walking more than one kilometre?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, RF

SFR\_Q10  
SFR\_10

(Does ^YOUR1 health limit ^HIMHER:)

in walking several blocks?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, RF

SFR\_Q11  
SFR\_11

(Does ^YOUR1 health limit ^HIMHER:)

in walking one block?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SFR\_Q12  
SFR\_12

(Does ^YOUR1 health limit ^HIMHER:)

in bathing and dressing ^YOURSELF?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, RF

SFR\_Q13  
SFR\_13

Now a few questions about problems with ^YOUR2 work or with other regular daily activities. Because of ^YOUR1 physical health, during the past 4 weeks, did ^YOU2:

cut down on the amount of time ^YOU1 spent on work or other activities?

- 1 Yes
  - 2 No
- DK, RF

SFR\_Q14  
SFR\_14

Because of ^YOUR1 physical health, during the past 4 weeks, did ^YOU2:

accomplish less than ^YOU1 would like?

- 1 Yes
  - 2 No
- DK, RF

SFR\_Q15  
SFR\_15

(Because of ^YOUR1 physical health, during the past 4 weeks,) ^WERE ^YOU2:

limited in the kind of work or other activities?

- 1 Yes
  - 2 No
- DK, RF

SFR\_Q16  
SFR\_16

(Because of ^YOUR1 physical health, during the past 4 weeks,) did ^YOU2:

have difficulty performing the work or other activities (for example, it took extra effort)?

- 1 Yes
  - 2 No
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SFR\_Q17  
SFR\_17

Next, a few questions about problems with ^YOUR2 work or with other regular daily activities due to emotional problems (such as feeling depressed or anxious). Because of emotional problems, during the past 4 weeks, did ^YOU2:

cut down on the amount of time ^YOU1 spent on work or other activities?

- 1 Yes
- 2 No
- DK
- RF

(Go to SFR\_END)

SFR\_Q18  
SFR\_18

Because of emotional problems, during the past 4 weeks, did ^YOU2: accomplish less than ^YOU1 would like?

- 1 Yes
- 2 No
- DK, RF

SFR\_Q19  
SFR\_19

(Because of emotional problems, during the past 4 weeks,) did ^YOU2: not do work or other activities as carefully as usual?

- 1 Yes
- 2 No
- DK, RF

SFR\_Q20  
SFR\_20

During the past 4 weeks, how much has ^YOUR1 physical health or emotional problems interfered with ^YOUR1 normal social activities with family, friends, neighbours, or groups?

INTERVIEWER: Read categories to respondent.

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

SFR\_Q21  
SFR\_21

During the past 4 weeks, how much bodily pain ^HAVE ^YOU1 had?

INTERVIEWER: Read categories to respondent.

- 1 **None**
- 2 **Very mild**
- 3 **Mild**
- 4 **Moderate**
- 5 **Severe**
- 6 **Very severe**
- DK, RF



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SFR\_Q22  
SFR\_22

During the past 4 weeks, how much did pain interfere with ^YOUR1 normal work (including work both outside the home and housework)?

INTERVIEWER: Read categories to respondent.

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

DK, RF

SFR\_R23

The next questions are about how ^YOU2 felt and how things have been with ^HIMHER during the past 4 weeks. For each question, please indicate the answer that comes closest to the way ^YOU2 ^HAVE been feeling.

INTERVIEWER: Press <1> to continue.

SFR\_Q23  
SFR\_23

During the past 4 weeks, how much of the time:  
did ^YOU2 feel full of pep?

INTERVIEWER: Read categories to respondent.

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

DK, RF

SFR\_Q24  
SFR\_24

(During the past 4 weeks, how much of the time:)

^HAVE ^YOU2 been a very nervous person?

INTERVIEWER: Read categories to respondent.

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

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

SFR\_Q25  
SFR\_25

(During the past 4 weeks, how much of the time:)

**^HAVE ^YOU1 felt so down in the dumps that nothing could cheer  
^HIMHER up?**

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

SFR\_Q26  
SFR\_26

(During the past 4 weeks, how much of the time:)

**^HAVE ^YOU1 felt calm and peaceful?**

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

SFR\_Q27  
SFR\_27

(During the past 4 weeks, how much of the time:)

**did ^YOU1 have a lot of energy?**

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

SFR\_Q28  
SFR\_28

During the past 4 weeks, how much of the time:

**^HAVE ^YOU1 felt downhearted and blue?**

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SFR\_Q29  
SFR\_29

(During the past 4 weeks, how much of the time:)

did ^YOU1 feel worn out?

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

SFR\_Q30  
SFR\_30

(During the past 4 weeks, how much of the time:)

^HAVE ^YOU1 been a happy person?

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

SFR\_Q31  
SFR\_31

(During the past 4 weeks, how much of the time:)

did ^YOU1 feel tired?

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

SFR\_Q32  
SFR\_32

During the past 4 weeks, how much of the time has ^YOUR1 health limited ^YOUR1 social activities (such as visiting with friends or close relatives)?

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

SFR\_D33

If interview is non-proxy, DT\_FNAMEI = "I".  
Otherwise, DT\_FNAMEI = "^FNAME".

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SFR\_Q33  
SFR\_33

Now please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.

^DT\_FNAMEI seem^S to get sick a little easier than other people.

INTERVIEWER: Read categories to respondent.

- 1 **Definitely true**
- 2 **Mostly true**
- 3 **Not sure**
- 4 **Mostly false**
- 5 **Definitely false**

DK, RF

SFR\_D34A

If interview is non-proxy, DT\_AMIS = "am".  
Otherwise, DT\_AMIS = "is".

SFR\_D34B

If interview is non-proxy, DT\_IHESHE = "I".  
If interview is proxy and sex = male, DT\_IHESHE = "he".  
Otherwise, DT\_IHESHE = "she".

SFR\_D34C

Not Applicable

SFR\_D34D

Not Applicable

SFR\_Q34  
SFR\_34

(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)

^DT\_FNAMEI ^DT\_AMIS as healthy as anybody ^DT\_IHESHE know^S.

INTERVIEWER: Read categories to respondent.

- 1 **Definitely true**
- 2 **Mostly true**
- 3 **Not sure**
- 4 **Mostly false**
- 5 **Definitely false**

DK, RF

SFR\_D35A

If interview is non-proxy, DT\_MYHISHER = "my".  
If interview is proxy and sex = male, DT\_MYHISHER = "his".  
Otherwise, DT\_MYHISHER = "her".

SFR\_D35B

Not Applicable

SFR\_Q35  
SFR\_35

(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)

^DT\_FNAMEI expect^S ^DT\_MYHISHER health to get worse.

- 1 **Definitely true**
- 2 **Mostly true**
- 3 **Not sure**
- 4 **Mostly false**
- 5 **Definitely false**

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

SFR\_D36

If interview is non-proxy, DT\_MYFNAME = "My".  
Otherwise, DT\_MYFNAME = "^FNAME's".

SFR\_Q36  
SFR\_36

**(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)**

**^DT\_MYFNAME health is excellent.**

- 1 Definitely true
  - 2 Mostly true
  - 3 Not sure
  - 4 Mostly false
  - 5 Definitely false
- DK, RF

SFR\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Access to health care services (ACC)**

Optional content Nova Scotia, Newfoundland and Labrador, New Brunswick

ACC\_BEG Optional Content

ACC\_C1 If (DOACC 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  
ACC\_10

**In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation?**

1 Yes  
2 No (Go to ACC\_R20)  
DK, RF (Go to ACC\_R20)

ACC\_Q11  
ACC\_11

**In the past 12 months, did you ever experience any difficulties getting the specialist care you needed for a diagnosis or consultation?**

1 Yes  
2 No (Go to ACC\_R20)  
DK, RF (Go to ACC\_R20)

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

ACC\_Q12

**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

ACC\_12A  
ACC\_12B

01 Difficulty getting a referral

02 Difficulty getting an appointment

ACC\_12C  
ACC\_12D

03 No specialists in the area

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  
ACC\_12G  
ACC\_12H  
ACC\_12I

06 Transportation - problems

07 Language - problem

08 Cost

09 Personal or family responsibilities

ACC\_12J

10 General deterioration of health

ACC\_12K

11 Appointment cancelled or deferred by specialist

ACC\_12L  
ACC\_12M

12 Still waiting for visit

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  
ACC\_20

**In the past 12 months, did you require any non-emergency surgery?**

1 Yes

2 No

DK, RF

(Go to ACC\_R30)

(Go to ACC\_R30)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ACC\_Q21  
ACC\_21

**In the past 12 months, did you ever experience any difficulties getting the surgery you needed?**

- 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  
ACC\_22C

02 Difficulty getting a diagnosis  
03 Waited too long - for a diagnostic test

ACC\_22D

04 Waited too long - for a hospital bed to become available

ACC\_22E  
ACC\_22F

05 Waited too long - for surgery  
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  
ACC\_22N

13 Still waiting for surgery  
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.



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ACC\_Q30  
ACC\_30

In the past 12 months, did you require one of these tests?

- 1 Yes
- 2 No (Go to ACC\_D40A)
- DK, RF (Go to ACC\_D40A)

ACC\_Q31  
ACC\_31

In the past 12 months, did you ever experience any difficulties getting the tests you needed?

- 1 Yes
- 2 No (Go to ACC\_D40A)
- DK, RF (Go to ACC\_D40A)

ACC\_Q32

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC\_32A  
ACC\_32B

- 01 Difficulty getting a referral
- 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\_D40A

ACC\_S32

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC\_D40A

If one person household, DT\_YOURFAMILY = "null".  
Otherwise, DT\_YOURFAMILY = "for yourself or a family member".



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ACC\_S40A

(Who did you contact when you needed health information or advice  
^DT\_YOURFAMILY?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC\_Q41  
ACC\_41

In the past 12 months, did you ever experience any difficulties getting  
the health information or advice ^DT\_YOURFAMILY?

- 1 Yes  
2 No (Go to ACC\_C50)  
DK, RF (Go to ACC\_C50)

ACC\_Q42  
ACC\_42

Did you experience difficulties during "regular" office hours (that is,  
9:00 am to 5:00 pm, Monday to Friday)?

INTERVIEWER: It is important to make a distinction between "No" (Did  
not experience problems) and "Not required 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

01 Difficulty contacting a  
physician or nurse

ACC\_43B

02 Did not have a phone  
number

ACC\_43C

03 Could not get through (i.e.  
no answer)

ACC\_43D

04 Waited too long to speak to  
someone

ACC\_43E

05 Did not get adequate info  
or advice

ACC\_43F

06 Language - problem

ACC\_43G

07 Did not know where to go /  
call / uninformed

ACC\_43H

08 Unable to leave the house  
because of a health  
problem

ACC\_43I

09 Other - Specify (Go to ACC\_S43)  
DK, RF

Go to ACC\_Q44

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ACC\_S43

**(What type of difficulties did you experience?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC\_Q44

ACC\_44

**Did you experience difficulties getting health information or advice during evenings and weekends (that is, 5:00 to 9:00 pm Monday to Friday, or 9:00 am to 5:00 pm, Saturdays and Sundays)?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required 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

01 Difficulty contacting a physician or nurse

ACC\_45B

02 Did not have a phone number

ACC\_45C

03 Could not get through (i.e. no answer)

ACC\_45D

04 Waited too long to speak to someone

ACC\_45E

05 Did not get adequate info or advice

ACC\_45F

06 Language - problem

ACC\_45G

07 Did not know where to go / call / uninformed

ACC\_45H

08 Unable to leave the house because of a health problem

ACC\_45I

09 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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ACC\_Q46  
ACC\_46

**Did you experience difficulties getting health information or advice during the middle of the night?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required 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

01 Difficulty contacting a physician or nurse

ACC\_47B

02 Did not have a phone number

ACC\_47C

03 Could not get through (i.e. no answer)

ACC\_47D

04 Waited too long to speak to someone

ACC\_47E

05 Did not get adequate info or advice

ACC\_47F

06 Language - problem

ACC\_47G

07 Did not know where to go / call / uninformed

ACC\_47H

08 Unable to leave the house because of a health problem

ACC\_47I

09 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\_R50A.

ACC\_R50A

**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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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  
ACC\_50A

**Do you have a regular family doctor?**

- 1 Yes
- 2 No
- DK, RF

ACC\_Q50  
ACC\_50

**In the past 12 months, did you require any routine or on-going care ^DT\_FAMILY?**

- 1 Yes
- 2 No (Go to ACC\_R60)
- DK, RF (Go to ACC\_R60)

ACC\_Q51  
ACC\_51

**In the past 12 months, did you ever experience any difficulties getting the routine or on-going care ^DT\_FAMILY needed?**

- 1 Yes
- 2 No (Go to ACC\_R60)
- DK, RF (Go to ACC\_R60)

ACC\_Q52  
ACC\_52

**Did you experience difficulties getting such care during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required 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)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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 "Not required 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)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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\_55)  
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 minor health problem?**

ACC\_60

1 Yes

2 No

(Go to ACC\_END)

DK, RF

(Go to ACC\_END)



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ACC\_Q61  
ACC\_61

**In the past 12 months, did you ever experience any difficulties getting the 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  
ACC\_62

**Did you experience difficulties getting such care during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

- 1 Yes
- 2 No (Go to ACC\_Q64)
- 3 Not required at this time (Go to ACC\_Q64)
- DK, RF (Go to ACC\_Q64)

ACC\_Q63

**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ACC\_S63

**(What type of difficulties did you experience?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC\_Q64  
ACC\_64

**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 "Not required 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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ACC\_S65

**(What type of difficulties did you experience?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC\_Q66  
ACC\_66

**Did you experience difficulties getting such care during the middle of the night?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required 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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

ACC\_S67

**(What type of difficulties did you experience?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

ACC\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

---

**Waiting times (WTM)**

Optional content

Newfoundland and Labrador

WTM\_BEG

Optional Content

External variables required:

PROXYMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOWTM: do block flag, from the sample file.

ACC\_Q10 :TYesNo, DK, RF (In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation?)

ACC\_Q20 :TYesNo, DK, RF (In the past 12 months, did you require any non-emergency surgery?)

ACC\_Q30 :TYesNo, DK, RF (In the past 12 months, did you require one of these tests?)

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

WTM\_C01A

If (DOWTM block = 1), go to WTM\_C01B.

Otherwise, go to WTM\_END.

WTM\_C01B

If proxy interview or if age < 15, go to WTM\_END.

Otherwise, go to WTM\_C01C.

WTM\_C01C

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)), go to WTM\_END.

Otherwise, go to WTM\_R01.

WTM\_R01

**Now some additional questions about your experiences waiting for health care services.**

INTERVIEWER: Press <1> to continue.

WTM\_C02

If ACC\_Q10 = (2, DK, RF, BLANK), go to WTM\_C16.

Otherwise, go to WTM\_Q02A.

WTM\_D02A

If SEX=male, DT\_GYNAECOE = "null".

Otherwise, DT\_GYNAECOE = ", gynaecologist".

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

WTM\_Q02A  
WTM\_01

You mentioned that you required a visit to a medical specialist such as a cardiologist, allergist ^DT\_GYNAECOE 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)

Processing:

The questionnaire variable name changed from WTM\_Q01 to WTM\_Q02A in 2012, but the release name is still WTM\_01.

WTM\_D02

If sex = female, DT\_GYNAECO = "Gynaecological problems".  
Otherwise, DT\_GYNAECO = "null".

WTM\_Q02B  
WTM\_02

**For what type of condition?**

**If you have had more than one such visit, please answer for the most recent visit.**

INTERVIEWER: Read categories to respondent.

- 01 **Heart condition or stroke**
- 02 **Cancer**
- 03 **Asthma or other breathing conditions**
- 04 **Arthritis**
- 05 **Cataract or other eye conditions**
- 06 **Mental health disorder**
- 07 **Skin conditions**
- 08 **^DT\_GYNAECO**
- 09 Other - Specify (Go to WTM\_S02B)
- DK, RF

Go to WTM\_Q03

Processing:

The questionnaire variable name changed from WTM\_Q02 to WTM\_Q02B in 2012, but the release name is still WTM\_02.

WTM\_S02B

**(For what type of condition?**

**If you have had more than one such visit, please answer for the most recent visit.)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Programmer:

Any lower case text typed into the field should be converted to upper case text after <Enter> is pressed.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

WTM\_E02

**A blank answer has been selected. Please return and correct.**

Rule :

Trigger hard edit if WTM\_Q02B = 8 and sex = male.

WTM\_Q03  
WTM\_03

**Were you referred by...?**

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  
WTM\_04

**Have you already visited the medical specialist?**

- 1 Yes
  - 2 No (Go to WTM\_Q08A)
- DK, RF (Go to WTM\_Q08A)

WTM\_Q05  
WTM\_05

**Thinking about this visit, did you experience any difficulties seeing the specialist?**

- 1 Yes
  - 2 No (Go to WTM\_D07A)
- DK, RF (Go to WTM\_D07A)

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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  
WTM\_06B

01 Difficulty getting a referral  
02 Difficulty getting an appointment

WTM\_06C  
WTM\_06D

03 No specialists in the area  
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  
WTM\_06G  
WTM\_06H  
WTM\_06I

06 Transportation - problems  
07 Language - problem  
08 Cost

WTM\_06J

09 Personal or family responsibilities  
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

**(What type of difficulties did you experience?)**

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".



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

WTM\_Q07A  
WTM\_07A

**How long did you have to wait between when ^DT\_APPOINTMENT and when you actually visited the specialist?**

INTERVIEWER: Probe to get the most precise answer possible.

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF

(Go to WTM\_D10)

WTM\_N07B  
WTM\_07B

INTERVIEWER: Enter unit of time.

1 Days  
2 Weeks  
3 Months  
(DK, RF not allowed)

Go to WTM\_D10

WTM\_E07B

An unusual value has been entered. Please confirm.

Rule :

*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  
WTM\_08A

**How long have you been waiting since ^DT\_APPOINTMENT?**

INTERVIEWER: Probe to get the most precise answer possible.

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF

(Go to WTM\_D10)

WTM\_N08B  
WTM\_08B

INTERVIEWER: Enter unit of time.

1 Days  
2 Weeks  
3 Months  
(DK, RF not allowed)

WTM\_E08B

An unusual number has been entered. Please confirm.

Rule :

*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".

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

WTM\_Q10  
WTM\_10

**In your view, ^DT\_WAITTIME1...?**

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  
WTM\_11A

**In this particular case, what do you think is an acceptable waiting time?**

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF (Go to WTM\_Q12)

WTM\_N11B  
WTM\_11B

INTERVIEWER: Enter unit of time.

- 1 Days
  - 2 Weeks
  - 3 Months
- (DK, RF not allowed)

WTM\_E11B

An unusual number has been entered. Please confirm.

Rule :

*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  
WTM\_12

**Was your visit cancelled or postponed at any time?**

- 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  
WTM\_13B  
WTM\_13C

- 1 **Yourself**
  - 2 **The specialist**
  - 3 Other - Specify (Go to WTM\_S13)
- DK, RF

Go to WTM\_Q14

WTM\_S13

**(Was it cancelled or postponed by...?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

WTM\_Q14  
WTM\_14

**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?**

- 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  
WTM\_15B

- 01 Worry, anxiety, stress  
02 Worry or stress for family or friends

WTM\_15C  
WTM\_15D

- 03 Pain  
04 Problems with activities of daily living (e.g., dressing, driving)

WTM\_15E  
WTM\_15F  
WTM\_15G

- 05 Loss of work  
06 Loss of income  
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  
WTM\_15K

- 10 Health problem improved  
11 Personal relationships suffered

WTM\_15L

- 12 Other - Specify (Go to WTM\_S15)  
DK, RF

Go to WTM\_C16

WTM\_S15

**(How was your life affected as a result of waiting for this visit?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM\_C16

If ACC\_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".

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

WTM\_Q16  
WTM\_16

You mentioned that in the past 12 months you required non emergency surgery.

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.**

Rule :

Trigger hard edit if WTM\_Q16 = 5 and sex = male.

WTM\_S16

**(You mentioned that in the past 12 months you required non emergency surgery.**

**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: Specify.

---

(80 spaces)

DK, RF

WTM\_Q17  
WTM\_17

**Did you already have this surgery?**

- 1 Yes
  - 2 No (Go to WTM\_Q22)
- DK, RF (Go to WTM\_Q22)

WTM\_Q18  
WTM\_18

**Did the surgery require an overnight hospital stay?**

- 1 Yes
  - 2 No
- DK, RF

WTM\_Q19  
WTM\_19

**Did you experience any difficulties getting this surgery?**

- 1 Yes
  - 2 No (Go to WTM\_Q21 A)
- DK, RF (Go to WTM\_Q21 A)

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

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

**(What type of difficulties did you experience?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM\_Q21A

WTM\_21A

**How long did you have to wait between when you and the surgeon decided to go ahead with surgery and the day of surgery?**

INTERVIEWER: Probe to get the most precise answer possible.

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF

(Go to WTM\_D24)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

WTM\_N21B  
WTM\_21B

INTERVIEWER: Enter unit of time.

- 1 Days
  - 2 Weeks
  - 3 Months
- (DK, RF not allowed)

Go to WTM\_D24

WTM\_E21B

An unusual number has been entered. Please confirm.

Rule :

*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  
WTM\_22

**Will the surgery require an overnight hospital stay?**

- 1 Yes
  - 2 No
- DK, RF

WTM\_Q23A  
WTM\_23A

**How long have you been waiting since you and the surgeon decided to go ahead with the surgery?**

INTERVIEWER: Probe to get the most precise answer possible.

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF

(Go to WTM\_D24)

WTM\_N23B  
WTM\_23B

INTERVIEWER: Enter unit of time.

- 1 Days
  - 2 Weeks
  - 3 Months
- (DK, RF not allowed)

WTM\_E23B

An unusual number has been entered. Please confirm.

Rule :

*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  
WTM\_24

**In your view, ^DT\_WAITTIME2...?**

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

WTM\_Q25A  
WTM\_25A

**In this particular case, what do you think is an acceptable waiting time?**

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF (Go to WTM\_Q26)

WTM\_N25B  
WTM\_25B

INTERVIEWER: Enter unit of time.

- 1 Days
  - 2 Weeks
  - 3 Months
- (DK, RF not allowed)

WTM\_E25B

An unusual number has been entered. Please confirm.

Rule :

*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  
WTM\_26

**Was your surgery cancelled or postponed at any time?**

- 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  
WTM\_27B  
WTM\_27C  
WTM\_27D

- 1 **Yourself**
  - 2 **The surgeon**
  - 3 **The hospital**
  - 4 Other - Specify (Go to WTM\_S27)
- DK, RF

Go to WTM\_Q28

WTM\_S27

**(Was it cancelled or postponed by...?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

WTM\_Q28  
WTM\_28

**Do you think that your health, or other aspects of your life, have been affected in any way due to waiting for this surgery?**

- 1 Yes
  - 2 No (Go to WTM\_C30)
- DK, RF (Go to WTM\_C30)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

WTM\_Q29

**How was your life affected as a result of waiting for surgery?**

INTERVIEWER: Mark all that apply.

WTM\_29A  
WTM\_29B

01 Worry, anxiety, stress  
02 Worry or stress for family or friends

WTM\_29C  
WTM\_29D

03 Pain  
04 Problems with activities of daily living (e.g., dressing, driving)

WTM\_29E  
WTM\_29F  
WTM\_29G

05 Loss of work  
06 Loss of income  
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  
WTM\_29K

10 Health problem improved  
11 Personal relationships suffered

WTM\_29L

12 Other - Specify (Go to WTM\_S29)  
DK, RF

Go to WTM\_C30

WTM\_S29

**(How was your life affected as a result of waiting for surgery?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM\_C30

If ACC\_Q30 = (2, DK, RF, BLANK), go to WTM\_END.  
Otherwise, go to WTM\_Q30.



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

WTM\_Q30  
WTM\_30

Now for MRIs, CAT Scans and angiographies provided in a non emergency situation.

You mentioned that in the past 12 months you required one of these tests.

What type of test did you require?

If you have had more than one in the past 12 months, please answer for the most recent test.

INTERVIEWER: Read categories to respondent.

- 1 MRI (Magnetic Resonance Imaging)
  - 2 CAT Scan (Computed Axial Tomography)
  - 3 Angiography (Cardiac Test)
- DK, RF

WTM\_Q31  
WTM\_31

For what type of condition?

INTERVIEWER: Read categories to respondent.

- 1 Heart disease or stroke
  - 2 Cancer
  - 3 Joints or fractures
  - 4 Neurological or brain disorders (e.g., for MS, migraine or headaches)
  - 5 Other - Specify (Go to WTM\_S31)
- DK, RF

Go to WTM\_Q32

WTM\_S31

(For what type of condition?)

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

WTM\_Q32  
WTM\_32

Did you already have this test?

- 1 Yes
  - 2 No (Go to WTM\_Q39A)
- DK, RF (Go to WTM\_Q39A)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

WTM\_Q33  
WTM\_33

**Where was the test done?**

INTERVIEWER: Read categories to respondent.

- |   |                       |                 |
|---|-----------------------|-----------------|
| 1 | <b>Hospital</b>       | (Go to WTM_Q35) |
| 2 | <b>Public clinic</b>  | (Go to WTM_Q35) |
| 3 | <b>Private clinic</b> | (Go to WTM_Q34) |
| 4 | Other - Specify       | (Go to WTM_S33) |
|   | DK, RF                | (Go to WTM_Q36) |

WTM\_S33

**(Where was the test done?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Go to WTM\_Q35

WTM\_Q34  
WTM\_34

**Was the clinic located...?**

INTERVIEWER: Read categories to respondent.

- |   |                            |                 |
|---|----------------------------|-----------------|
| 1 | <b>In your province</b>    |                 |
| 2 | <b>In another province</b> |                 |
| 3 | Other - Specify            | (Go to WTM_S34) |
|   | DK, RF                     |                 |

Go to WTM\_Q35

WTM\_S34

**(Was the clinic located...?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

WTM\_Q35  
WTM\_35

**Were you a patient in a hospital at the time of the test?**

- |   |        |
|---|--------|
| 1 | Yes    |
| 2 | No     |
|   | DK, RF |

WTM\_Q36  
WTM\_36

**Did you experience any difficulties getting this test?**

- |   |        |                  |
|---|--------|------------------|
| 1 | Yes    |                  |
| 2 | No     | (Go to WTM_Q38A) |
|   | DK, RF | (Go to WTM_Q38A) |

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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

**(What type of difficulties did you experience?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM\_Q38A

WTM\_38A

**How long did you have to wait between when you and your doctor decided to go ahead with the test and the day of the test?**

INTERVIEWER: Probe to get the most precise answer possible.

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF

(Go to WTM\_D40)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

WTM\_N38B  
WTM\_38B

INTERVIEWER: Enter unit of time.

- 1 Days
  - 2 Weeks
  - 3 Months
- (DK, RF not allowed)

Go to WTM\_D40

WTM\_E38B

An unusual number has been entered. Please confirm.

Rule :

*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  
WTM\_39A

**How long have you been waiting for the test since you and your doctor decided to go ahead with the test?**

INTERVIEWER: Probe to get the most precise answer possible.

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF (Go to WTM\_D40)

WTM\_N39B  
WTM\_39B

INTERVIEWER: Enter unit of time.

- 1 Days
  - 2 Weeks
  - 3 Months
- (DK, RF not allowed)

WTM\_E39B

An unusual number has been entered. Please confirm.

Rule :

*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  
WTM\_40

**In your view, ^DT\_WAITTIME3...?**

INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".

- 1 **Acceptable** (Go to WTM\_Q42)
  - 2 **Not acceptable**
  - 3 No view
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

WTM\_Q41A  
WTM\_41A

**In this particular case, what do you think is an acceptable waiting time?**

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF (Go to WTM\_Q42)

WTM\_N41B  
WTM\_41B

INTERVIEWER: Enter unit of time.

1 Days  
2 Weeks  
3 Months  
(DK, RF not allowed)

WTM\_E41B

An unusual number has been entered. Please confirm.

Rule :

*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  
WTM\_42

**Was your test cancelled or postponed at any time?**

1 Yes  
2 No (Go to WTM\_Q44)  
DK, RF (Go to WTM\_Q44)

WTM\_Q43  
WTM\_43

**Was it cancelled or postponed by...?**

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

**(Was it cancelled or postponed by...?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

WTM\_Q44  
WTM\_44

**Do you think that your health, or other aspects of your life, have been affected in any way due to waiting for this test?**

1 Yes  
2 No (Go to WTM\_END)  
DK, RF (Go to WTM\_END)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

WTM\_Q45

**How was your life affected as a result of waiting for this test?**

INTERVIEWER: Mark all that apply.

WTM\_45A  
WTM\_45B

01 Worry, anxiety, stress  
02 Worry or stress for family or friends

WTM\_45C  
WTM\_45D

03 Pain  
04 Problems with activities of daily living (e.g., dressing, driving)

WTM\_45E  
WTM\_45F  
WTM\_45G

05 Loss of work  
06 Loss of income  
07 Increased dependence on relatives/friends

WTM\_45H

08 Increased use of over-the-counter drugs

WTM\_45I

09 Overall health deteriorated, condition got worse

WTM\_45J  
WTM\_45K

10 Health problem improved  
11 Personal relationships suffered

WTM\_45L

12 Other - Specify (Go to WTM\_S45)  
DK, RF

Go to WTM\_END

WTM\_S45

**(How was your life affected as a result of waiting for this test?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

WTM\_END

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Labour force (LBS)**

Core content

LBS\_BEG

Core content

External variables required:

REFDATE: current date from operating system

SEX\_Q01: sex of specific respondent (1 = male, 2 = female) from Sex block.

GEN\_Q08 from GEN block

DV\_AGE: Age of selected respondent from ANC block

DOLBS: 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

DATEONEWEEKAGO as Month DD, YYYY, e.g., January 2, 2008

^YESTERDAY as Month DD, YYYY, e.g., January 2, 2008

LBS\_C1A

If (DOLBS block = 1), go to LBS\_C1B.

Otherwise, go to LBS\_END.

LBS\_C1B

If age < 15 or age > 75, go to LBS\_END.

Otherwise, go to LBS\_R01.

LBS\_D1A

DV\_DATEONEWEEKAGO = CURRENTDATE - 7

LBS\_D1B

DV\_YESTERDAY = CURRENTDAY - 1

LBS\_R01

**The next questions concern ^YOUR2 activities in the last 7 days. By the last 7 days, I mean beginning ^DATEONEWEEKAGO, and ending ^YESTERDAY.**

INTERVIEWER: Press <1> to continue.

LBS\_Q01

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 LBS\_END)

DK, RF (Go to LBS\_END)

LBS\_E01

A response inconsistent with a response to a previous question has been entered.

Please confirm.

Rule :

*Trigger soft edit if GEN\_Q08 = 2 (did not work at any time in past 12 months) and LBS\_Q01 = 1.*

LBS\_C02

If LBS\_Q01 = 1, go to LBS\_Q03.

Otherwise, go to LBS\_Q02.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

LBS\_Q02  
LBS\_02

**Last week, did ^YOU2 have a job or business from which ^YOU1 ^WERE absent?**

- 1 Yes
- 2 No (Go to LBS\_Q04)
- DK, RF (Go to LBS\_END)

LBS\_Q03  
LBS\_03

**Did ^YOU1 have more than one job or business last week?**

- 1 Yes
- 2 No
- DK, RF

Go to LBS\_D31

LBS\_Q04  
LBS\_11

**In the past 4 weeks, did ^YOU2 do anything to find work?**

- 1 Yes
- 2 No
- DK, RF

Go to LBS\_END

LBS\_D31

Not Applicable

LBS\_R31

**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 <1> to continue.

LBS\_Q31  
LBS\_31

**^ARE\_C ^YOU1 an employee or self-employed?**

- 1 Employee
- 2 Self-employed (Go to LBS\_Q32)
- 3 Working in a family business without pay
- DK, RF

Go to LBS\_Q33

LBS\_Q32

**What is the name of ^YOUR1 business?**

INTERVIEWER: Enter the full name of the business.  
If there is no business name, enter the respondent's full name.

---

(50 spaces)

DK, RF

Go to LBS\_Q34

Processing:

*This will be released as a Yes/No flag LBSF32; LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.*



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

LBS\_Q33

**For whom ^DOVERB ^YOU1 work?**

INTERVIEWER: Enter the full name of the company, business, government department or agency, or person.

---

(50 spaces)

DK, RF

Processing:

*This will be released as the Yes/No flag LBSF33; LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.*

LBS\_Q34

**What kind of business, industry or service is this?**

INTERVIEWER: Enter a detailed description.

For example:  
New home construction  
Primary school  
Municipal police  
Wheat farm  
Retail shoe store  
Food wholesale  
Car parts factory  
Federal government

---

(50 spaces)

DK, RF

Processing:

*This will be released as the Yes/No flag LBSF34; LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.*

LBS\_Q35

**What is ^YOUR1 work or occupation?**

INTERVIEWER: Enter a detailed description.

For example: legal secretary, plumber, fishing guide, wood furniture assembler, secondary school teacher, computer programmer.

---

(50 spaces)

DK, RF

Processing:

*This will be released as the Yes/No flag LBSF35; LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.*

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

LBS\_Q36

**In this work, what are ^YOUR1 main activities?**

INTERVIEWER: Enter a detailed description.

For example: prepare legal documents, install residential plumbing, guide fishing parties, make wood furniture products, teach mathematics, develop software.

(50 spaces)

DK, RF

Processing:

*This will be released as the Yes/No flag LBSF36; LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.*

LBS\_Q37  
LBS\_42

**About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 job or business? If ^YOU2 usually work^S extra hours, paid or unpaid, please include these hours.**

|\_|\_|\_| Hours  
(MIN: 1)  
(MAX: 168)

DK, RF

LBS\_E37

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if LBS\_Q37 > 84*

LBS\_C38

If LBS\_Q03 = 1, go to LBS\_Q38.  
Otherwise, go to LBS\_END.

LBS\_Q38  
LBS\_53

**You indicated that ^YOU2 ^HAVE more than one job.**

**About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 other job(s)? If ^YOU2 usually work^S extra hours, paid or unpaid, please include these hours.**

INTERVIEWER: Minimum is 1; maximum is (168 - LBS\_Q37).

|\_|\_|\_| Hours  
(MIN: 1)  
(MAX: 168)

DK, RF

Programmer:

*If LBS\_Q37 = 168, then maximum = 1.  
If LBS\_Q37 = DK or RF, then maximum = 168.*

LBS\_E38A

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

Rule :

*Trigger hard edit if LBS\_Q38 > (168 - LBS\_Q37)*

LBS\_E38B

An unusual value has been entered. Please confirm.

Rule :

*Trigger soft edit if LBS\_Q38 > 30*

LBS\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Loss of Productivity (LOP)**

Theme content

LOP_BEG	Theme content
	External variables required:  PROXYMODE: 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 LBS_Q01: worked at a job or business in the past week AGE: Age of respondent
LOP_C010	If (DOLOP = 1), go to LOP_C011A. Otherwise, go to LOP_END.
LOP_C011A	If proxy interview, go to LOP_END. Otherwise, go to LOP_C011B.
LOP_C011B	If age < 15 or age > 75, go to LOP_END. Otherwise, go to LOP_C015A.
LOP_C015A	If GEN_Q08 = 2 (did not work in the past 12 months), go to LOP_Q020. Otherwise, go to LOP_C015B.
LOP_C015B	If LBS_Q01 = 1, go to LOP_R030. Otherwise, go to LOP_Q015.
LOP_Q015 LOP_015	<b>Did you work at a job or a business at any time in the past three months?</b>  <u>INTERVIEWER:</u> Include only paid job or business.  1 Yes (Go to LOP_R030) 2 No (Go to LOP_END) DK, RF (Go to LOP_END)
Processing:	<i>In processing, if DOLOP = 1 and PROXYMODE = 2 and LBS_Q01 = 1, recode LOP_Q015 =1.</i>

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

LOP\_Q020  
LOP\_020

**What is the main reason that you have not worked at a job or business in the past three months?**

INTERVIEWER: If respondent wants to report more 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\_D030

DV\_DATETHREEMONTHSAGO = CURRENTMONTH - 3

LOP\_Q030  
LOP\_030

**In the past three months, that is from ^DATETHREEMONTHSAGO to yesterday, have you missed any days at work because of a chronic health condition?**

**By chronic condition, we mean a long-term physical or mental condition that is expected to last or have already lasted 6 months or more and that has been diagnosed by a health professional.**

- 1 Yes
  - 2 No (Go to LOP\_Q060)
- DK, RF (Go to LOP\_Q060)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

LOP\_Q040  
LOP\_040

**How many days of work have you missed because of a chronic condition?**

INTERVIEWER: Don't enter days for which time has been made up. Enter 1 day if respondent reports less than one day.

|\_ |\_ |  
(MIN: 1)  
(MAX: 90)

DK, RF

LOP\_Q050  
LOP\_050

**Which chronic condition was this?**

INTERVIEWER: If the respondent wants to report more than one condition, probe for the main reason or the one that has required the highest number of days of absence.

- 01 Arthritis (such as rheumatoid arthritis, osteoarthritis, lupus or gout)
  - 02 Osteoporosis
  - 03 Cardiovascular disease (including stroke and hypertension)
  - 04 Kidney disease
  - 05 Asthma
  - 06 Chronic bronchitis, emphysema or chronic obstructive pulmonary disease (COPD)
  - 07 Diabetes
  - 08 Migraine
  - 09 Back problems
  - 10 Cancer
  - 11 Mental illnesses (such as depression bipolar disorder, mania or schizophrenia)
  - 12 Neurological diseases (such as Alzheimer, dementia, Parkinson's disease, multiple sclerosis, spina bifida)
  - 13 Digestive diseases (such as celiac disease, irritable bowel syndrome, stomach ulcers)
  - 14 Fibromyalgia, chronic fatigue syndrome or multiple chemical sensitivities
  - 15 Other - Specify (Go to LOP\_S050)
- DK, RF

Go to LOP\_C060

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

LOP\_S050

**(Which chronic condition was this?)**

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  
LOP\_060

**In the past three months, have you missed any days at work because of an injury such as a broken bone, a bad cut, a burn or a sprain?**

1 Yes

2 No

(Go to LOP\_Q080)

DK, RF

(Go to LOP\_Q080)

LOP\_Q070  
LOP\_070

**How many days of work have you missed (because of an injury)?**

INTERVIEWER: Don't enter days for which time has been made up.  
Enter 1 day if respondent reports less than one day.

|\_|\_|

(MIN: 1)

(MAX: 90)

DK, RF

LOP\_Q080  
LOP\_080

**In the past three months, have you missed any days at work because of an infectious disease such as a cold, a stomach flu or a respiratory infection?**

1 Yes

2 No

(Go to LOP\_Q090)

DK, RF

(Go to LOP\_Q090)

LOP\_Q081

**Which infectious disease was this?**

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

LOP\_81A  
LOP\_81B  
LOP\_81C  
LOP\_81D  
LOP\_81E

1 **Cold**

2 **Flu or influenza**

3 **Stomach flu**

4 **Respiratory infection**

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.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

LOP\_Q082  
LOP\_082

**How many days of work have you missed because of a cold?**

INTERVIEWER: Symptoms of a cold include a runny nose, congestion and a cough. Don't enter days for which time has been made up.

|\_|\_|  
(MIN: 1)  
(MAX: 90)

DK, RF

LOP\_C083

If LOP\_Q081=2, go to LOP\_Q083.  
Otherwise, go to LOP\_C084.

LOP\_Q083  
LOP\_083

**How many days of work have you missed because of a flu or influenza?**

INTERVIEWER: Symptoms of influenza include fever, headache and body aches. Don't enter days for which time has been made up.

|\_|\_|  
(MIN: 1)  
(MAX: 90)

DK, RF

LOP\_C084

If LOP\_Q081=3, go to LOP\_Q084.  
Otherwise, go to LOP\_C085.

LOP\_Q084  
LOP\_084

**How many days of work have you missed because of a stomach flu?**

INTERVIEWER: Symptoms of stomach flu include nausea, vomiting, stomach cramps and diarrhea. Don't enter days for which time has been made up.

|\_|\_|  
(MIN: 1)  
(MAX: 90)

DK, RF

LOP\_C085

If LOP\_Q081=4, go to LOP\_Q085.  
Otherwise, go to LOP\_C086.

LOP\_Q085  
LOP\_085

**How many days of work have you missed because of another respiratory infection such as pneumonia or bronchitis?**

INTERVIEWER: Don't enter days for which time has been made up.

|\_|\_|  
(MIN: 1)  
(MAX: 90)

DK, RF



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

LOP\_C086

If LOP\_Q081=5, go to LOP\_Q086.  
Otherwise, go to LOP\_Q090.

LOP\_Q086  
LOP\_086

**How many days of work have you missed because of any other infectious disease?**

INTERVIEWER: Don't enter days for which time has been made up.

|\_|\_|  
(MIN: 1)  
(MAX: 90)

DK, RF

LOP\_Q090  
LOP\_090

**In the past three months, have you been absent from work because of any other reason related to your physical or mental health?**

1 Yes (Go to LOP\_Q100)  
2 No (Go to LOP\_END)  
DK, RF (Go to LOP\_END)

LOP\_Q100  
LOP\_100

**How many days of work have you missed because of another reason related to your own physical or mental health?**

INTERVIEWER: Don't enter days for which time has been made up.  
Enter 1 day if respondent reports less than one day.

|\_|\_|  
(MIN: 1)  
(MAX: 90)

DK, RF

LOP\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Education of selected respondent (EDU)**

Core content

EDU\_BEG

Core content

EDU\_C01A

If (DOEDU block = 1), go to EDU\_R05.  
Otherwise, go to EDU\_END.

EDU\_R05

**Now some general background questions which will help us compare the health of people in Canada.**

INTERVIEWER: Press <1> to continue.

EDU\_C05

If Age of respondent < 14, go to EDU\_END.  
Otherwise, go to EDU\_Q05.

EDU\_Q05  
SDC\_8

**^ARE\_C ^YOU1 currently attending a school, college, cegep or university?**

INTERVIEWER: Ask respondent to include attendance only for courses that can be used as credit towards a certificate, diploma or degree.

- 1 Yes
- 2 No (Go to EDU\_END)
- DK, RF (Go to EDU\_END)

EDU\_Q06  
SDC\_9

**^ARE\_C ^YOU1 enrolled as...?**

INTERVIEWER: Read categories to respondent.

- 1 **A full-time student**
- 2 **A part-time student**
- 3 **Both full-time and part-time student**
- DK, RF

EDU\_END

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Socio-demographic characteristics (SDC)**

Core content

SDC_BEG	Core content  SEX_Q01: Respondent's sex YEAROFBIRTH: Respondent's year of birth CURRENTYEAR: Year of survey collection DOSDC do block flag, from the sample file.
SDC_C1	If (DOSDC block = 1), go to SDC_D1. Otherwise, go to SDC_END.
SDC_D1	DV_CNTRYTEXT = SDC_Q1 {(String 80)}. DV_CNTRYCODE = SDC_Q1 {(0..99990)}.
Programmer:	<i>Program : Create fields DV_CNTRYTEXT (String 80) = SDC_Q1 and DV_CNTRYCODE (0..99990) = SDC_Q1</i>
SDC_Q1	<b>In what country ^WERE ^YOU2 born?</b>  <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. Enter "Other - Specify" to capture a name of the country that is not part of the list.  DK, RF
Processing:	<i>This variable will be released as the code variable SDCCB13.</i>
Programmer:	<i>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_LookUpList.xls" 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 and CNTRYID 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).</i>
SDC_C02A	If DV_CNTRYCODE = 11124 (Canada) or DK or R, go to SDC_D4. Otherwise, go to SDC_C02B.
SDC_C02B	If DV_CNTRYCODE = 90000 (Other-Specify), go to SDC_S1. Otherwise, go to SDC_Q2.
SDC_S1	<b>(In what country ^WERE ^YOU1 born?)</b>  <u>INTERVIEWER:</u> Specify.  <hr/> <p>(80 spaces)</p> DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SDC\_Q2  
SDC\_2

**^WERE\_C ^YOU1 born a Canadian citizen?**

- 1 Yes (Go to SDC\_D4)  
2 No  
DK, RF (Go to SDC\_D4)

SDC\_Q3  
SDC\_3

**In what year did ^YOU1 first come to Canada to live?**

INTERVIEWER: The respondent may have first come to live in Canada on a work or study permit or by claiming refugee status. If the respondent moved to Canada more than once, enter the first year they arrived in Canada (excluding holiday time spent in Canada).

If the respondent cannot give the exact year of arrival in Canada, ask for a best estimate of the year.

|\_|\_|\_|\_| Year  
(MIN: 1,890)  
(MAX: 2,030)

DK, RF

SDC\_E3

**Year must be between ^YEAROFBIRTH and ^CURRENTYEAR. Please return and correct.**

Rule :

Trigger hard edit if SDC\_Q3 < ^YEAROFBIRTH or SDC\_Q3 > ^CURRENTYEAR.

SDC\_D4

Not Applicable

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

SDC\_Q4A

**To which ethnic or cultural groups did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese, East Indian)**

INTERVIEWER: Mark all that apply. An ancestor is usually more distant than a grandparent. If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian. If the respondent answers "Eskimo", enter "20".

- |        |        |   |                 |
|--------|--------|---|-----------------|
| 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     | First Nations (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? (For example: French, Scottish, Chinese, East Indian))**

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.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SDC\_Q4B\_1  
SDC\_41

**^ARE\_C ^YOU1 an Aboriginal person, that is, First nations, Métis or Inuk (Inuit)? 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\_1)

Help text:

Tag: Aboriginal group

*This question should be answered regardless of whether or not this person is an Aboriginal person of North America.*

*Aboriginal people are usually those with ancestors who resided in North America prior to European contact and who identify with one of the three Aboriginal groups listed on the questionnaire: First Nations (North American Indian), Métis and Inuk.*

*Persons who consider themselves to be East Indian or Asian Indian, or who have ethnic roots on the subcontinent of India, should respond: "No, not an Aboriginal person" to this question.*

*Individuals who refer to themselves as Métis in the context of mixed ancestry, but who do not have North American Aboriginal ancestry-for example, those from Africa, the Caribbean and South America-should respond "No, not an Aboriginal person".*

SDC\_N4B\_2

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".

Mark all that apply.

SDC\_42A  
SDC\_42B  
SDC\_42C

- 1 First Nations (North American Indian)
- 2 Métis
- 3 Inuk (Inuit)
- DK, RF

Go to SDC\_D5A\_1

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

SDC\_E42                      You have entered "Don't know" or "Refusal" for SDC\_N4B\_2.  
Respondents sometimes get confused with the terminology used to  
describe different Aboriginal groups. If you wish to change the entry,  
return to SDC\_N4B\_2 and enter the appropriate answer. Otherwise,  
please confirm.

Rule :                              *Trigger soft edit if SDC\_N4B\_2 = DK or RF*

SDC\_D4C                      Not Applicable

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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", or "multi-racial", etc probe for specific groups and mark each one separately (e.g. White, Black, Chinese).

Aboriginal people or First Nations are not included in the list of response categories because the Employment Equity Act defines visible minorities as "persons, other than Aboriginal persons, who are non-Caucasian in race or non-white in "colour". Guidelines state that "Due to their status as First Nation people, Aboriginal peoples are specifically excluded from the definition".

Under the Employment Equity Act, Aboriginal Peoples are considered to be a separate designated group.

SDC\_43A  
SDC\_43C

- 01 **White**
  - 02 **South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)**
  - 03 **Chinese**
  - 04 **Black**
  - 05 **Filipino**
  - 06 **Latin American**
  - 07 **Arab**
  - 08 **Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)**
  - 09 **West Asian (e.g., Iranian, Afghan, etc.)**
  - 10 **Korean**
  - 11 **Japanese**
  - 12 Other - Specify (Go to SDC\_S4C)
- DK, RF

SDC\_43B  
SDC\_43D  
SDC\_43E  
SDC\_43F  
SDC\_43H  
SDC\_43G

SDC\_43I

SDC\_43K  
SDC\_43J  
SDC\_43M

Help text:

*Tag: Racial or cultural group*

*All response categories and examples must be read aloud, even if the respondent has already given a response.*

*If the respondent provides a response that is not on the list, do not reclassify it into one of the given categories. For example, do not select "White" if the respondent says "Caucasian". Instead, record "Caucasian" in the "Other - Specify" category.*





Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SDC_E5B_1	<b>The answer category "111 - 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.</b>
Rule :	<i>Trigger hard edit if at the first iteration of the question, the interviewer selects "111 - No more response" DV_LANGCODE = 90000000</i>
SDC_E5B_2	<b>The same language has been selected a second time. Please return and correct.</b>
Rule :	<i>Trigger hard edit if any two language codes (SDC_B5B.LangCode) are equal. DV_LANGCODE = 22240000 (Other - Specify) is an exception to this edit: multiple other-specify responses are acceptable.</i>
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 90000000 (No more languages).
Processing:	<i>This sub-block will be released as the code variables SDCC61,SDCC62,SDCC63</i>
Programmer:	<i>Pass via parameter (question text, interviewer instruction, help text, instance number).</i>
SDC_Q6	<b>What is the language that ^YOU1 first learned at home in childhood and still understand^S?</b>  <u>INTERVIEWER:</u> Mark up to three responses. If the respondent no longer understands the first language learned, indicate the second language learned. Accept multiple responses only if languages were learned at the same time.  DK, RF
Help text:	<i>Tag: Mother tongue</i>  <i>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.</i>
Processing:	<i>This will be released as the coded variables SDCC61,SDCC62,SDCC63.</i>
Programmer:	<i>INSTNUM = (min: 1 - max: 3)</i>
SDC_E6A	<b>The answer category "111 - No more languages" 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.</b>
Rule :	<i>Trigger hard edit if at the first iteration of the question, the interviewer selects "111 - No more response" DV_LANGCODE = 90000000</i>
SDC_E6B	<b>The same language has been selected a second time. Please return and correct.</b>
Rule :	<i>Trigger hard edit if any two language codes (SDC_B6.LangCode) are equal. DV_LANGCODE = 22240000 (Other - Specify) is an exception to this edit: multiple other-specify responses are acceptable.</i>

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

SDC\_R7

**Now a question about the dwelling in which you live.**

INTERVIEWER: Press <1> to continue.

SDC\_Q7A  
DHH\_OWN

**Is this dwelling?**

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

Help text:

*Tag: Owned or rented*

*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\_C7B

If proxy interview or age < 18 or age > 59, go to SDC\_END.  
Otherwise, go to SDC\_R7B.

SDC\_R7B

**Now one additional background question which will help us compare the health of people in Canada.**

INTERVIEWER: Press <1> to continue.

SDC\_Q7B  
SDC\_7AA

**Do you consider yourself to be...?**

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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

**Person most knowledgeable about household situation (PMK)**

Core content

PMK\_BEG

Core module

External variables required:

PROXYMODE: proxy identifier, from the GR block.  
FNAME: first name of respondent from household block.  
DOPMK: 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

PGC\_N01  
HHLD Size  
Province

PMK\_C010

If (DoPMK = 1), go to PMK\_C015A.  
Otherwise, go to PMK\_END.

PMK\_C015A

If Proxy interview, go to PMK\_END.  
Otherwise, go to PMK\_C015B.

PMK\_C015B

If HHLD size = 1 (respondent lives alone) or if AGE > 17, go to PMK\_END.  
Otherwise, go to PMK\_C015C.

PMK\_C015C

If Age < 14, go to PMK\_R020.  
Otherwise, go to PMK\_C16A.

PMK\_C16A

If province = 24 (Quebec), go to PMK\_R16AC.  
Otherwise, go to PMK\_C16B.

PMK\_C16B

If province = 60, 61 or 62 (Yukon, N.W.T. or Nunavut), go to  
PMK\_R16AB.  
Otherwise, go to PMK\_R16AA.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

PMK\_R16AA

**To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.**

**Provincial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses or telephone numbers will be provided.**

INTERVIEWER: The personal identifiers (names, addresses and telephone 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

**To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.**

**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 and telephone numbers) will not be provided to Health Canada or the Public Health Agency of Canada.

Press <1> to continue.

Go to PMK\_Q016

PMK\_R16AC

**To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, the "Institut de la Statistique du Québec", Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.**

**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 or telephone numbers will be provided.**

INTERVIEWER: The personal identifiers (names, addresses or telephone 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.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

PMK\_Q016

**These organizations have agreed to keep your information confidential and use it only for statistical purposes.**

**Do you agree to share the information provided?**

- 1 Yes
- 2 No
- DK, RF

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 and food purchases.**

INTERVIEWER: Press <1> to continue.

PMK\_Q020

**Who would this person be?**

INTERVIEWER: Select most knowledgeable person from the household roster.

- 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 not allowed)

Programmer:

*Programmer: Display household members by personID in ascending order so as to ensure that category values match the personID variable.*

PMK\_E20B

The minimum age required to complete the remaining questions in the survey is 18 years of age or older. Please choose another household member as the person most knowledgeable (PMK)

Rule :

*Trigger soft edit if (age of PMK\_Q020 < 18 or PMK\_Q020 is the respondent)*

PMK\_D030A

If PMK\_Q020 is the respondent or age of PMK\_Q020 < 18, DV\_PMKFLAG = 2  
Otherwise, DV\_PMKFLAG = 1

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

---

PMK\_C030A

If PMKFLAG=2, go to PMK\_D030C.  
Otherwise, go to PMK\_D030B.

PMK\_D030B

If PMK\_Q020 = 1, DT\_MEMBERNAME = "MEMBER1".  
If PMK\_Q020 = 2, DT\_MEMBERNAME = "MEMBER2".  
If PMK\_Q020 = 3, DT\_MEMBERNAME = "MEMBER3".  
If PMK\_Q020 = 4, DT\_MEMBERNAME = "MEMBER4".  
If PMK\_Q020 = 5, DT\_MEMBERNAME = "MEMBER5".  
If PMK\_Q020 = 6, DT\_MEMBERNAME = "MEMBER6".  
If PMK\_Q020 = 7, DT\_MEMBERNAME = "MEMBER7".  
If PMK\_Q020 = 8, DT\_MEMBERNAME = "MEMBER8".  
If PMK\_Q020 = 9, DT\_MEMBERNAME = "MEMBER9".  
If PMK\_Q020 = 10, DT\_MEMBERNAME = "MEMBER10".  
If PMK\_Q020 = 11, DT\_MEMBERNAME = "MEMBER11".  
If PMK\_Q020 = 12, DT\_MEMBERNAME = "MEMBER12".  
If PMK\_Q020 = 13, DT\_MEMBERNAME = "MEMBER13".  
If PMK\_Q020 = 14, DT\_MEMBERNAME = "MEMBER14".  
If PMK\_Q020 = 15, DT\_MEMBERNAME = "MEMBER15".  
If PMK\_Q020 = 16, DT\_MEMBERNAME = "MEMBER16".  
If PMK\_Q020 = 17, DT\_MEMBERNAME = "MEMBER17".  
If PMK\_Q020 = 18, DT\_MEMBERNAME = "MEMBER18".  
If PMK\_Q020 = 19, DT\_MEMBERNAME = "MEMBER19".  
If PMK\_Q020 = 20, DT\_MEMBERNAME = "MEMBER20".

PMK\_Q030B

**Is ^DT\_MEMBERNAME available?**

- 1 Yes
- 2 No
- 3 Person most knowledgeable about household refuses to participate.

(DK, RF not allowed)

Programmer:

*Do not retain data for this variable*

PMK\_D030C

If PMKFLAG=1 and PMK\_Q030B=1, DV\_PMKPROXY = 1  
Otherwise, DV\_PMKPROXY = 2

PMK\_C040

If PMKProxy=1, go to PMK\_R050.  
Otherwise, go to PMK\_C045.

PMK\_C045

If PMKFLAG=2 or PMK\_Q030B = 3, 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

Programmer:

*This case will be taken to the OC\_N01 screen, where the interviewer can determine the status of the case*





**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Insurance coverage (INS)**

Optional content

Yukon, Ontario, New Brunswick

INS\_BEG

Optional Content (See Appendix 2)

INS\_C1A

If (DOINS block = 1), go to INS\_C1B.  
Otherwise, go to INS\_END.

INS\_C1B

If PMKProxy=2, go to INS\_END.  
Otherwise, go to INS\_R1.

INS\_R1

**Now, turning to ^YOUR2 insurance coverage. Please include any private, government or employer-paid plans.**

INTERVIEWER: Press <1> to continue.

INS\_D1

Not Applicable

INS\_Q1  
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...?**

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

INS\_1A

1 **A government-sponsored plan**

INS\_1B

2 **An employer-sponsored plan**

INS\_1C

3 **A private plan**  
DK, RF

INS\_C2

If (DOOH2 block = 1) and not a proxy interview, go to INS\_Q3.  
Otherwise, go to INS\_Q2.

INS\_Q2  
INS\_2

**(^DOVERB\_C ^YOU2 have insurance that covers all or part of:)**

**^YOUR1 dental expenses?**

- 1 Yes
- 2 No (Go to INS\_Q3)
- DK, RF (Go to INS\_Q3)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

---

**Food security (FSC)**

Optional content

Prince Edward Island, Nova Scotia, Saskatchewan, New Brunswick,  
Nunavut, Northwest Territories, Ontario, Alberta, Quebec

FSC\_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOFSC: do block flag, from the sample file.

PMKProxy

YoungKids = Household members aged 15 or less.

OlderKids = Household members aged 16 or 17 and who are the child,  
grandchild, child-in-law, niece or nephew of another household  
member.

YoungAdults = Household members aged 16 or 17 and who are NOT  
the child, grandchild, child-in-law, niece or nephew of another  
household member.

Adults = Household members aged 18 or older.

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

FSC\_C01A

If (DOFSC block = 1), go to FSC\_C01B.

Otherwise, go to FSC\_END.

FSC\_C01B

If PMKProxy = 2, go to FSC\_END.

Otherwise, go to FSC\_D010.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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 <1> to continue.

FSC\_Q010  
FSC\_010

**Which of the following statements best describes the food eaten in your household in the past 12 months, that is, since ^CURRENTMONTH 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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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 <1> to continue.

FSC\_Q020  
FSC\_020

The first statement is: ^DT\_YOUANDOTHERS\_C worried that food would run out before you got money to buy more. Was that often true, sometimes true, or never true in the past 12 months?

- 1 Often true
  - 2 Sometimes true
  - 3 Never true
- DK, RF

FSC\_Q030  
FSC\_030

The food that ^DT\_YOUANDOTHERS bought just didn't last, and there wasn't any money to get more. Was that often true, sometimes true, or never true in the past 12 months?

- 1 Often true
  - 2 Sometimes true
  - 3 Never true
- DK, RF

FSC\_Q040  
FSC\_040

^DT\_YOUANDOTHERS\_C couldn't afford to eat balanced meals. In the past 12 months was that often true, sometimes true, or never true?

- 1 Often true
  - 2 Sometimes true
  - 3 Never true
- DK, RF

FSC\_C050

If (OlderKids + YoungKids > 0), go to FSC\_R050.  
Otherwise, go to FSC\_C070A.

FSC\_R050

Now I'm going to read a few statements that may describe the food situation for households with children.

INTERVIEWER: Press <1> to continue.

FSC\_Q050  
FSC\_050

^DT\_YOUOTHERADULTS\_C relied on only a few kinds of low-cost food to feed ^DT\_CHILDNAME 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

Programmer:

Programmer: If (OlderKids + YoungKids) = 0 and some members have age = blank then FSC\_Q050 = Valid Skip.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

FSC_Q060 FSC_060	<p><b>ADT_YOOTHERADULTS_C couldn't feed ^DT_CHILDNAME a balanced meal, because you couldn't afford it. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?</b></p> <p>1 Often true 2 Sometimes true 3 Never true DK, RF</p>
FSC_C070A	<p>If (([FSC_Q020 or FSC_Q030 or FSC_Q040 or FSC_Q050 or FSC_Q060 &lt;= 2] or (FSC_Q010 = 3 or 4)) and ([OlderKids + YoungKids] &gt; 0)), go to FSC_Q070. Otherwise, go to FSC_C070B.</p>
FSC_C070B	<p>If (([FSC_Q020 or FSC_Q030 or FSC_Q040 or FSC_Q050 or FSC_Q060] &lt;= 2) or (FSC_Q010 = 3 or 4)), go to FSC_R080. Otherwise, go to FSC_END.</p>
FSC_Q070 FSC_070	<p><b>ADT_CHILDWAS not eating enough because ADT_YOOTHERADULTS just couldn't afford enough food. Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true in the past 12 months?</b></p> <p>1 Often true 2 Sometimes true 3 Never true DK, RF</p>
FSC_R080	<p><b>The following few questions are about the food situation in the past 12 months for you or any other adults in your household.</b></p> <p><u>INTERVIEWER</u>: Press &lt;1&gt; to continue.</p>
FSC_Q080 FSC_080	<p><b>In the past 12 months, since last ^CURRENTMONTH did ADT_YOOTHERADULTS ever cut the size of your meals or skip meals because there wasn't enough money for food?</b></p> <p>1 Yes 2 No (Go to FSC_Q090) DK, RF (Go to FSC_Q090)</p>
FSC_Q081 FSC_081	<p><b>How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?</b></p> <p>1 Almost every month 2 Some months but not every month 3 Only 1 or 2 months DK, RF</p>
FSC_Q090 FSC_090	<p><b>In the past 12 months, did you (personally) ever eat less than you felt you should because there wasn't enough money to buy food?</b></p> <p>1 Yes 2 No DK, RF</p>

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

FSC\_Q100  
FSC\_100

In the past 12 months, were you (personally) ever hungry but didn't eat because you couldn't afford enough food?

- 1 Yes
- 2 No
- DK, RF

FSC\_Q110  
FSC\_110

In the past 12 months, did you (personally) ever lose weight because you didn't have enough money for food?

- 1 Yes
- 2 No
- DK, RF

FSC\_C120

If (FSC\_Q070 = 1 or 2) or (FSC\_Q080 or FSC\_Q090 or FSC\_Q100 or FSC\_Q110 = 1), go to FSC\_Q120.  
Otherwise, go to FSC\_END.

FSC\_Q120  
FSC\_120

In the past 12 months, did ^DT\_YOOTHERADULTS ever not eat for a whole day because there wasn't enough money for food?

- 1 Yes
- 2 No (Go to FSC\_C130)
- DK, RF (Go to FSC\_C130)

FSC\_Q121  
FSC\_121

How often did this happen...? Almost every month, some months but not every month, or in only 1 or 2 months?

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months
- DK, RF

FSC\_C130

If OlderKids + YoungKids <> 0, go to FSC\_R130.  
Otherwise, go to FSC\_END.

FSC\_R130

Now, a few questions on the food experiences for children in your household.

INTERVIEWER: Press <1> to continue.

FSC\_Q130  
FSC\_130

In the past 12 months, did ^DT\_YOOTHERADULTS ever cut the size of ^DT\_ANYCHILDS meals because there wasn't enough money for food?

- 1 Yes
- 2 No
- DK, RF

FSC\_Q140  
FSC\_140

In the past 12 months, did ^DT\_ANYCHILD ever skip meals because there wasn't enough money for food?

- 1 Yes
- 2 No (Go to FSC\_Q150)
- DK, RF (Go to FSC\_Q150)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

FSC\_Q141  
FSC\_141

**How often did this happen...? Almost every month, some months but not every month, or in only 1 or 2 months?**

- 1 Almost every month
  - 2 Some months but not every month
  - 3 Only 1 or 2 months
- DK, RF

FSC\_Q150  
FSC\_150

**In the past 12 months, ^DT\_WASANYCHILD ever hungry but you just couldn't afford more food?**

- 1 Yes
  - 2 No
- DK, RF

FSC\_Q160  
FSC\_160

**In the past 12 months, did ^DT\_ANYCHILD ever not eat for a whole day because there wasn't enough money for food?**

- 1 Yes
  - 2 No
- DK, RF

FSC\_END

FOR INFORMATION ONLY



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

**Income (INC)**

Core content

INC\_BEG

Core content

LBS\_Q01: Worked last week  
LBS\_Q02: Absent from job last week  
AGE: Age of respondent  
HHLDSZ: Household size from the Entry  
DOINC: do block flag, from the sample file.  
PMKProxy: PMK identifier from the PMK block

INC\_C1A

If (DoINC 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.

FOR INFORMATION ONLY



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

INC\_Q2  
INC\_2

**What was the main source of household income?**

- 01 Wages and salaries
  - 02 Income from self-employment
  - 03 Dividends and interest (e.g., on bonds, savings)
  - 04 Employment insurance
  - 05 Worker's compensation
  - 06 Benefits from Canada or Quebec Pension Plan
  - 07 Job related retirement pensions, superannuation and annuities
  - 08 RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
  - 09 Old Age Security and Guaranteed Income Supplement
  - 10 Provincial or municipal social assistance or welfare
  - 11 Child Tax Benefit
  - 12 Child support
  - 13 Alimony
  - 14 Other (e.g., rental income, scholarships)
  - 15 None
- DK, RF

Processing:

*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\_Q3  
INC\_3

**What is your best estimate of the total income received by all household members, from all sources, before taxes and deductions, in the past 12 months?**

**INTERVIEWER:** Capital gains should not be included in the household income. Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income

|\_|\_|\_|\_|\_|\_|\_| Income  
(MIN: -9,000,000)  
(MAX: 90,000,000)

DK, RF

(Go to INC\_Q5A)

Processing:

*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.

Rule :

*Trigger soft edit if INC\_Q3 > 150,000.*

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

INC\_C5A  
If INC\_Q3 <=0, go to INC\_END.  
Otherwise, go to INC\_C6A.

INC\_Q5A  
INC\_5A  
**Can you estimate in which of the following groups your household income falls? Was the total household income in the past 12 months...?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than \$50,000 including income loss**
- 2 **\$50,000 and more** (Go to INC\_Q5C)
- DK, RF (Go to INC\_END)

INC\_Q5B  
INC\_5B  
**Please stop me when I have read the category which applies to AYOUR1 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  
INC\_5C  
**Please stop me when I have read the category which applies to AYOUR1 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 > 17, go to INC\_D6.  
Otherwise, go to INC\_END.

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

INC\_D6 Not Applicable

INC\_Q6 **Thinking about ^YOUR2 total personal income, from which of the following sources did ^YOU1 receive any income in the past 12 months?**

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

INC\_6A  
INC\_6B

01 **Wages and salaries**  
02 **Income from self-employment**

INC\_6C

03 **Dividends and interest (e.g., on bonds, savings)**

INC\_6D  
INC\_6E  
INC\_6F

04 **Employment insurance**  
05 **Worker's compensation**  
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  
INC\_6L  
INC\_6M  
INC\_6N

11 **Child Tax Benefit**  
12 **Child support**  
13 **Alimony**  
14 **Other (e.g., rental income, scholarships)**

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.**

Rule :

*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.**

Rule :

*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.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

INC\_Q7  
INC\_7

**What was the main source of ^YOUR1 personal income?**

- 01 Wages and salaries
- 02 Income from self-employment
- 03 Dividends and interest (e.g., on bonds, savings)
- 04 Employment insurance
- 05 Worker's compensation
- 06 Benefits from Canada or Quebec Pension Plan
- 07 Job related retirement pensions, superannuation and annuities
- 08 RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
- 09 Old Age Security and Guaranteed Income Supplement
- 10 Provincial or municipal social assistance or welfare
- 11 Child Tax Benefit
- 12 Child support
- 13 Alimony
- 14 Other (e.g., rental income, scholarships)
- 15 None

DK, RF (Go to INC\_END)

Processing:

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\_Q8A  
INC\_8A

**What is your best estimate of ^YOUR1 total personal income, before taxes and deductions, from all sources in the past 12 months?**

INTERVIEWER: Capital gains should not be included in the personal income. Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income.

|\_|\_|\_|\_|\_|\_|\_| Income  
(MIN: -9,000,000)  
(MAX: 90,000,000)

DK, RF (Go to INC\_Q8B)

Go to INC\_END

Processing:

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.

Rule :

Trigger soft edit if INC\_Q8A > \$150,000.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

INC\_Q8B  
INC\_8B

Can you estimate in which of the following groups ^YOUR1 personal income falls? Was ^YOUR1 total personal income in the past 12 months...?

INTERVIEWER: Read categories to respondent.

- 1 **Less than \$30,000 including income loss**
- 2 **\$30,000 and more** (Go to INC\_Q8D)
- DK, RF (Go to INC\_END)

INC\_Q8C  
INC\_8C

Please stop me when I have read the category which applies to ^YOU2. Was it...?

INTERVIEWER: Read categories to respondent.

- 1 **Less than \$5,000**
- 2 **\$5,000 to less than \$10,000**
- 3 **\$10,000 to less than \$15,000**
- 4 **\$15,000 to less than \$20,000**
- 5 **\$20,000 to less than \$25,000**
- 6 **\$25,000 to less than \$30,000**
- DK, RF

Go to INC\_END

INC\_Q8D  
INC\_8D

Please stop me when I have read the category which applies to ^YOU2. Was it...?

INTERVIEWER: Read categories to respondent.

- 01 **\$30,000 to less than \$40,000**
- 02 **\$40,000 to less than \$50,000**
- 03 **\$50,000 to less than \$60,000**
- 04 **\$60,000 to less than \$70,000**
- 05 **\$70,000 to less than \$80,000**
- 06 **\$80,000 to less than \$90,000**
- 07 **\$90,000 to less than \$100,000**
- 08 **\$100,000 and over**
- DK, RF

INC\_END

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Administration information (ADM)**

Core content

ADM_BEG	Core content
ADM_C01	If (DOADM block = 1), go to ADM_D01A. Otherwise, go to ADM_END.
ADM_C01A	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_PROVTERRE ministry of health and the « Institut de la Statistique du Québec)". Otherwise, DT_STAT = "Statistics Canada and your ^DT_PROVTERRE ministry of health".
ADM_D01C	Not Applicable
ADM_R01	<b>^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.</b>  <u>INTERVIEWER:</u> Press <1> to continue.
ADM_Q01B	<b>This linked information will be kept confidential and used only for statistical purposes. Do we have your permission?</b>  1 Yes 2 No (Go to ADM_D04A) DK, RF (Go to ADM_D04A)
Processing:	<i>This is the variable that's used to create the Link variable (SAMDLNK)</i>
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



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

ADM\_Q03A **Having a provincial or territorial health number will assist us in linking to this other information.**

**^DOVERB\_C ^YOU2 have ^DT\_PROVINCEE health number?**

- 1 Yes (Go to ADM\_Q03HN)  
2 No  
DK, RF (Go to ADM\_D04A)

ADM\_Q03B **For which province or territory is ^YOUR1 health number?**

- 10 Newfoundland and Labrador  
11 Prince Edward Island  
12 Nova Scotia  
13 New Brunswick  
24 Quebec  
35 Ontario  
46 Manitoba  
47 Saskatchewan  
48 Alberta  
59 British Columbia  
60 Yukon  
61 Northwest Territories  
62 Nunavut  
88 Does not have a Canadian health number (Go to ADM\_D04A)  
DK, RF (Go to ADM\_D04A)

ADM\_Q03HN **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

Processing: *This is the variable associated with LNK\_HN on release*

ADM\_D04A If ADM\_Q01B = 1, DT\_SHARE1 = "names, addresses, telephone numbers and health numbers will be provided".  
Otherwise, DT\_SHARE1 = "names, addresses and telephone numbers will be provided".

ADM\_C04A If province = 24 (Quebec), go to ADM\_R04AB.  
Otherwise, go to ADM\_R04AA.

Universe: *Data Sharing - All Provinces (excluding Quebec) and the territories*

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

ADM\_R04AA

**To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.**

**Provincial ministries of health may make this information available to local health authorities, but no identifiable information such as ^DT\_SHARE1.**

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

**To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, the " Institut de la Statistique du Québec ", Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.**

**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 ^DT\_SHARE1.**

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

**These organizations have agreed to keep your information confidential and use it only for statistical purposes.**

**Do you agree to share the information provided?**

- 1 Yes
- 2 No
- DK, RF

Processing:

*This is one of the variables that's used to create the Share variable (SAMDSHR)*

ADM\_B09

Call sub-block "Frame Evaluation" (FRE)

ADM\_C09

If CATI (Casetype = 1,2), go to ADM\_N10.  
Otherwise, go to ADM\_N09.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

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 not allowed)

ADM\_N10  
ADM\_N10

INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

- 1 Yes (Go to ADM\_N12)
  - 2 No (Go to ADM\_N12)
- DK, RF

ADM\_N11  
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  
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

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

ADM\_S12 (Record language of interview)

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

ADM\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**CAPI Frame Evaluation - Sub-block (FRE)**

Core content

FRE_BEG	Content block  External variables required:  PROXYMODE: proxy identifier, from the GR block. FNAME: first name of respondent from household block. DOFRE: do block flag, from the sample file.  PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block  Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space
FRE_C1B	If CAPI (Casetype = 0) and FREFLAG = 2 (i.e. the frame evaluation questions have not been done for the household), go to FRE_R1. Otherwise, go to FRE_END.
FRE_R1	<b>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.</b>  <u>INTERVIEWER</u> : Press <1> to continue.
FRE_Q1	<b>Excluding cellular phone numbers and phone numbers used strictly for business purposes, or fax machines, how many telephone numbers are there for your household?</b>  1 1 2 2 3 3 or more 4 None DK, RF (Go to FRE_Q5)
FRE_E1	Please confirm with the respondent that, in order to make a telephone call from his/her home the respondent exclusively uses a cellular telephone or if he/she has to leave his/her home to access a telephone.
Rule :	Trigger soft edit if (FRE_Q1 = 4).
FRE_C2	If FRE_Q1 = 4, go to FRE_Q4. Otherwise, go to FRE_D2.
FRE_D2	If FRE_Q1 = 1, DT_MAIN = "your". Otherwise, DT_MAIN = "your main".

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

FRE_Q2	<p><b>What is ^DT_MAIN phone number, including the area code?</b></p> <p><u>INTERVIEWER:</u> Do not include cellular phone numbers, or those used strictly for business or fax machines. Telephone number: [telnum].</p> <p>DK, RF</p>
Programmer:	<p><i>Telephone Block</i></p> <p>Code : <i>INTERVIEWER: Enter the area code.</i></p> <p align="center"> _ _ _ </p> <p>Tel : <i>INTERVIEWER: Enter the telephone number.</i></p> <p align="center"> _ _ _ _ _ _ _ _ _ _ </p>
FRE_E2	<p><b>A non-Canadian area code has been entered. Please return and correct.</b></p>
Rule :	<p><i>Trigger hard edit if a non-canadian area code is entered.</i></p>
FRE_C3A	<p>If Code or Tel = DK, RF, go to FRE_Q5. Otherwise, go to FRE_C3B.</p>
FRE_C3B	<p>If FRE_Q1 = 1 (1 phone), go to FRE_Q5. Otherwise, go to FRE_D3.</p>
FRE_D3	<p>If FRE_Q1 = 2, DT_PHONE = "your other phone number". Otherwise, DT_PHONE = "another of your phone numbers".</p>
FRE_Q3	<p><b>What is ^DT_PHONE, including the area code?</b></p> <p><u>INTERVIEWER:</u> Do not include cellular phone numbers, or those used strictly for business or fax machines Telephone number: [telnum].</p> <p>DK, RF</p>
Programmer:	<p><i>Telephone Block</i></p> <p>Code : <i>INTERVIEWER: Enter the area code.</i></p> <p align="center"> _ _ _ </p> <p>Tel : <i>INTERVIEWER: Enter the telephone number.</i></p> <p align="center"> _ _ _ _ _ _ _ _ _ _ </p> <p><i>Go to FRE_Q5</i></p>
FRE_E3	<p><b>A non-Canadian area code has been entered. Please return and correct.</b></p>
Rule :	<p><i>Trigger hard edit if a non-canadian area code is entered.</i></p>
FRE_D4	<p>Not Applicable</p>

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

FRE\_Q4

**^DOVERB\_C ^YOU2 have a working cellular phone that can place and receive calls?**

- 1 Yes
- 2 No
- DK, RF

Go to FRE\_END

FRE\_Q5

**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

Programmer:

*Administration (Part 1)*

FRE\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Language Lookup (LLU)**

LLU\_BEG

Content block

External variables required:

PROXYMODE: 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.

DK, RF

Programmer:

*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



**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

---

**Tanning Equipment Use (TEU)**

Rapid response

Overview:

In this module, respondents are asked a number of questions related to the use of sunlamps/ tanning beds in the last 12 months. Respondents are asked about their skin sensitivity to sunburns and their use of tanning beds. If they used tanning beds, they were asked questions about their use of the equipment, such as: their reasons for using it; whether they are a regular or periodic user; the precautions that were taken while using it; any injuries or discomfort incurred as a result of using it, in particular to the eyes and skin; and how often and for what duration their injury occurred.

These questions will be used to examine the link between injuries and the precautions taken, and the use of tanning equipment, its correlation to sensitive skin and how often the respondent has been injured.

Note: Tanning beds and sunlamps are not to be confused with self-tanning lotion or equipment that is used for Seasonal Affective Disorder.

TEU\_BEG

Rapid response module asked in March-June 2014

FNAME: first name of respondent from household block  
DOTEU: do block flag, from the sample file

PROXYMODE: proxy identifier, from the GR block.

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

TEU\_C010A

If DOTEU=1, go to TEU\_C010B.  
Otherwise, go to TEU\_END.

TEU\_C010B

If PROXYMODE=1, go to TEU\_END.  
Otherwise, go to TEU\_R010.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

TEU\_R010

**Now, we would like to ask you some questions about your use of sunlamps or tanning equipment.**

INTERVIEWER: Press <1> to continue.

TEU\_Q010  
TEU\_010

**Would you characterize yourself as a person with sensitive skin who regularly gets a sunburn from exposure to sun or tanning equipment?**

INTERVIEWER: If the respondent says they don't use sunlamps or tanning equipment, please tell them that we still need to collect this information from all respondents.

- 1 Yes
- 2 No
- DK, RF

TEU\_Q020  
TEU\_020

**Have you used a sunlamp or tanning equipment in the past 12 months?**

INTERVIEWER: Exclude self-tanning lotion and seasonal affective disorder lamps.

- 1 Yes
- 2 No (Go to TEU\_END)
- DK, RF (Go to TEU\_END)

TEU\_Q025

**What were your reasons for using a sunlamp or tanning equipment in the past 12 months?**

INTERVIEWER: Mark all that apply. If asked, medical conditions include acne, psoriasis, eczema, depression, SAD (seasonal affective disorder), etc.

TEU\_025A

- 1 To treat a skin condition or other medical condition
- 2 To tan without burning or to get a base tan (for example, going on a trip)
- 3 For aesthetic reasons (to look better)
- 4 To relax or feel better
- 5 To boost your immune system / get Vitamin D
- 6 To prevent cancer
- 7 Other

TEU\_025B

TEU\_025C

TEU\_025D

TEU\_025E

TEU\_025F

TEU\_025G

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

TEU\_Q030  
TEU\_030

**In the past 12 months, how would you classify your use of sunlamps or tanning equipment? Would you say your use is...?**

INTERVIEWER: Read categories to respondent. If the respondent says 'both', select 'Regular'.

- 1 **Periodic - less than 10 sessions per year**
  - 2 **Regular - 10 or more sessions per year**
- DK, RF
- (Go to TEU\_Q040)  
(Go to TEU\_Q045)

TEU\_Q035  
TEU\_035

**How many times have you used a sunlamp or tanning equipment in the past 12 months?**

|\_|\_|  
(MIN: 1)  
(MAX: 10)

DK, RF

Go to TEU\_Q045

TEU\_Q040  
TEU\_040

**How many times have you used a sunlamp or tanning equipment in the past month?**

|\_|\_|  
(MIN: 1)  
(MAX: 31)

DK, RF

TEU\_Q045  
TEU\_045

**Did you wear eye protection, such as goggles, while using the sunlamp or tanning equipment?**

- 1 Yes
  - 2 No
  - 3 Sometimes
- DK, RF

TEU\_Q050  
TEU\_050

**Each time you used the sunlamp or tanning equipment in the past 12 months, did you read the warning labels prior to using it?**

- 1 Yes (Go to TEU\_Q060)
  - 2 No (Go to TEU\_Q060)
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

TEU\_Q055

**What were the reasons you did not read the warning labels?**

INTERVIEWER: Mark all that apply.

TEU\_055A  
TEU\_055B  
TEU\_055C

01 I have read them in the past  
02 I did not notice them  
03 There were no warning labels posted or affixed to the tanning equipment

TEU\_055D  
TEU\_055E

04 I didn't have time  
05 I didn't think it was important or I didn't want to

TEU\_055F

06 The attendant gave me oral instructions

TEU\_055G

07 I have trouble reading them or they were unreadable

TEU\_055H

08 Other  
DK, RF

TEU\_Q060  
TEU\_060

**Did you follow the exposure schedule outlined on the sunlamp or tanning equipment each time you used the equipment in the past 12 months?**

1 Yes (Go to TEU\_Q070)

2 No

DK, RF (Go to TEU\_Q070)

TEU\_Q065

**What were the reasons you did not follow the exposure schedule (outlined on the sunlamp or tanning equipment)?**

INTERVIEWER: Mark all that apply.

TEU\_065A

1 I followed it when I first used the equipment

TEU\_065B

2 There was no exposure schedule

TEU\_065C

3 The attendant gave me a different schedule

TEU\_065D

4 I forgot

TEU\_065E

5 Other

DK, RF

TEU\_Q070  
TEU\_070

**In the past 12 months, did you experience discomfort or injury to your skin, resulting from the sunlamp or tanning equipment? This could include sunburn, discoloration or itch.**

INTERVIEWER: Other examples might include redness, rash, pain, lesions or crusting.

1 Yes

2 No

(Go to TEU\_Q090)

DK, RF

(Go to TEU\_Q090)

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

TEU\_Q075  
TEU\_075

**How many times (in the past 12 months) did you experience discomfort or injury to your skin, resulting from the sunlamp or tanning equipment?**

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF

TEU\_Q080  
TEU\_080

**How long did your skin reaction or injury last?**

INTERVIEWER: If the respondent had more than one skin reaction or injury, please probe for the worst injury/reaction. If they are equal in severity, ask them to report on the injury/reaction that lasted the longest.

- 1 Two days or less
- 2 More than two days to one week
- 3 More than one week to one month
- 4 More than one month to three months
- 5 More than three months

DK, RF

TEU\_Q090  
TEU\_090

**In the past 12 months, did you experience discomfort or injury to your eyes resulting from the sunlamp or tanning equipment? Examples of discomfort or injury to the eyes might be itchiness, aversion to bright light or redness of the eyes.**

INTERVIEWER: Other examples might include excessive watering, floaters, blind spots, flash blindness, loss of sight or recurrent pain.

- 1 Yes
  - 2 No (Go to TEU\_END)
- DK, RF (Go to TEU\_END)

TEU\_Q095  
TEU\_095

**How many times (in the past 12 months) did you experience discomfort or injury to your eyes, resulting from the sunlamp or tanning equipment?**

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

TEU\_Q100  
TEU\_100

**How long did your eye discomfort or injury last?**

INTERVIEWER: If the respondent had more than one eye discomfort or injury, please probe for the worst injury/discomfort. If they are equal in severity, ask them to report on the injury/discomfort that lasted the longest.

- 1 Two days or less
  - 2 More than two days to one week
  - 3 More than one week to one month
  - 4 More than one month to three months
  - 5 More than three months
- DK, RF

TEU\_C105

If TEU\_Q045 = 1,3,DK,RF, go to TEU\_Q105.  
Otherwise, go to TEU\_END.

TEU\_Q105  
TEU\_105

**Were you wearing eye protection when you had this injury or discomfort to your eyes?**

- 1 Yes
  - 2 No
- DK, RF

TEU\_END

FOR INFORMATION ONLY

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

**Laser Beam Exposure (LBE)**

Rapid response

Overview:

In this module, respondents are asked a number of questions related to their exposure to laser beams in the last 12 months, not including medical devices. Respondents are asked: what laser devices they have been exposed to; if there has been an injury as a result of this exposure; the number of injuries and the type of injuries incurred; and their worst injury as it relates to type, duration, device used, who used the device and where they got the device.

These questions will be used to examine the link between injuries and the laser beam products used, as well as who used the equipment and where the respondent got the laser product.

LBE\_BEG

Rapid response module asked in March-June 2014

FNAME: first name of respondent from household block  
DOLBE: do block flag, from the sample file

PROXYMODE: proxy identifier, from the GR block.

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

LBE\_C010A

If DOLBE=1, go to LBE\_C010B.  
Otherwise, go to LBE\_END.

LBE\_C010B

If PROXYMODE=1, go to LBE\_END.  
Otherwise, go to LBE\_R010.

LBE\_R010

**Now, we would like to ask you some questions about your exposure to lasers. There are many consumer products that have a laser component, even though this may not be apparent.**

INTERVIEWER: Press <1> to continue.

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

LBE\_Q010

**In the last 12 months, have you used, or been exposed to, any of the following products?**

INTERVIEWER: Read categories to respondent. Mark all that apply. An example of a medical device would be one used in a surgical procedure, such as cataract surgery.

LBE\_010A

01 **Laser pointer for presentations**

LBE\_010B

02 **Laser survey tool for levelling or distance measurement, or range finders**

LBE\_010C

03 **Laser for cosmetic treatments for hair or tattoo removal, excluding medical devices**

LBE\_010D

04 **Laser for entertainment such as a toy, game or light show display**

LBE\_010E

05 **Laser for materials processing such as cutting or marking**

LBE\_010F

06 **Laser scanner such as a barcode reader (for example, a self-checkout scanner)**

LBE\_010G

07 **Any other product, excluding medical devices**

LBE\_010H

08 None (Go to LBE\_END)  
DK, RF (Go to LBE\_END)

LBE\_E010

**You cannot select "None" and another category. Please return and correct.**

Rule :

Trigger hard edit if LBE\_Q010 = 8 (None) and any other response is selected in LBE\_Q010.

LBE\_Q020

LBE\_020

**Over the last 12 months, have you experienced discomfort or injury involving a laser product? Examples of these could be skin problems such as burns, pigment change or scarring; or eye problems such as flash blindness, floaters or loss of sight.**

INTERVIEWER: Other examples of skin injury could be pain, bruising or infection. Other examples of eye injury could be excessive watering of eyes, blind spots or pain.

1 Yes  
2 No (Go to LBE\_END)  
DK, RF (Go to LBE\_END)



Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

LBE\_Q025  
LBE\_025

**How many times in the last 12 months did you experience discomfort or injury involving a laser product?**

|\_|\_|\_|  
(MIN: 1)  
(MAX: 365)

DK, RF

LBE\_Q030

**What type of discomfort or injury did you experience?**

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

LBE\_030A  
LBE\_030B  
LBE\_030C

1 **Skin discomfort or injury**  
2 **Eye discomfort or injury**  
3 Other  
DK, RF

LBE\_C035

If more than one category is selected in LBE\_Q030, go to LBE\_D035. Otherwise, go to LBE\_D040.

LBE\_D035

If LBE\_Q030 = 1 and 2 and 3, DT\_TYPE = "Thinking about your worst discomfort or injury, was it to your skin, eyes or other part of your body?".  
If LBE\_Q030 = 1 and 2, DT\_TYPE = "Thinking about your worst discomfort or injury, was it to your skin or eyes?".  
If LBE\_Q030 = 1 and 3, DT\_TYPE = "Thinking about your worst discomfort or injury, was it to your skin or other part of your body?".  
If LBE\_Q030 = 2 and 3, DT\_TYPE = "Thinking about your worst discomfort or injury, was it to your eyes or other part of your body?".

LBE\_Q035  
LBE\_035

**ADT\_TYPE**

INTERVIEWER: If the respondent had more than one discomfort or injury that was the worst and they were equal in severity, ask them to report on the injury/discomfort that lasted the longest.

1 Skin  
2 Eyes  
3 Other  
DK, RF

Programmer: *Only display answer categories that were selected in LBE\_Q030.*

LBE\_D040

If LBE\_Q025 > 1, DT\_WORST1 = "Thinking about your worst discomfort or injury, h".  
Otherwise, DT\_WORST1 = "H".

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

LBE\_Q040  
LBE\_040

**ADT\_WORST1**ow long did this discomfort or injury last?

INTERVIEWER: If the respondent had more than one discomfort or injury, please probe for the worst injury/discomfort. If they are equal in severity, ask them to report on the injury/discomfort that lasted the longest.

- 1 Two days or less
  - 2 More than two days to one week
  - 3 More than one week to one month
  - 4 More than one month to three months
  - 5 More than three months
- DK, RF

LBE\_D045

If LBE\_Q025 > 1, DT\_WORST2 = "Thinking about your worst discomfort or injury, w".  
Otherwise, DT\_WORST2 = "W".

LBE\_Q045  
LBE\_045

**ADT\_WORST2**as this discomfort or injury a result of your own use of the device or someone else's use of the device?

- 1 Your own use of the device
  - 2 Someone else's use of the device
- DK, RF

LBE\_D050

If LBE\_Q025 > 1, DT\_WORST3 = "Thinking about your worst discomfort or injury, w".  
Otherwise, DT\_WORST3 = "W".

LBE\_Q050  
LBE\_050

**ADT\_WORST3**hat type of laser product caused this injury, excluding medical devices?

INTERVIEWER: An example of a medical device would be one used in a surgical procedure, such as cataract surgery.

- 1 Pointer - for presentations
  - 2 Survey tool - levelling, distance measurement, or range finders
  - 3 Cosmetic treatments - hair or tattoo removal, excluding medical devices
  - 4 Entertainment - a toy, game or light show display
  - 5 Materials processing - cutting or marking
  - 6 Scanner - a barcode reader (example, self-checkout scanner)
  - 7 Any other product, excluding medical devices
- DK, RF

Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI

---

LBE\_C055

If LBE\_Q045 = 1, go to LBE\_Q055.  
Otherwise, go to LBE\_END.

LBE\_Q055  
LBE\_055

**Where did you get this laser device?**

- 1 Retail store - purchased  
new/used
  - 2 Distributor or manufacturer -  
purchased new/used  
directly
  - 3 Internet - purchased  
new/used
  - 4 An individual - purchased  
new/used (e.g. yard sale)
  - 5 Promotional item
  - 6 Gift
  - 7 Other
- DK, RF

LBE\_END

FOR INFORMATION ONLY

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

**Topical Index**

Access to health care services (ACC).....	262
Activities of Daily Living (ADL).....	85
Administration information (ADM).....	336
Age of respondent (ANC).....	16
Alcohol use (ALC).....	176
Alcohol use - Dependence (ALD).....	190
Alcohol use during the past week (ALW).....	178
Blood pressure check (BPC).....	89
CAPI Frame Evaluation - Sub-block (FRE).....	341
Changes made to improve health (CIH).....	25
Chronic conditions (CCC).....	37
Chronic fatigue syndrome and multiple chemical sensitivities - Sub block (CC4).....	44
Colorectal cancer screening (CCS).....	98
Consultations about mental health (CMH).....	235
Contacts with Health Professionals - Part 1 (CHP).....	59
Contacts with Health Professionals - Part 2 (CP2).....	65
Dental visits (DEN).....	103
Depression (DEP).....	244
Diabetes care (DIA).....	45
Distress (DIS).....	240
Driving and safety (DRV).....	184
Education of selected respondent (EDU).....	306
Exposure to second-hand smoke (ETS).....	172
Eye examinations (EYX).....	101
Fibromyalgia - Sub-block (CC3).....	43
Flu shots (FLU).....	87
Food choices (FDC).....	109
Food security (FSC).....	323
Fruit and vegetable consumption (FVC).....	112
General health (GEN).....	19
Health care system satisfaction (HCS).....	30
Health care utilization (HCU).....	56
Health status (SF-36) (SFR).....	253
Health utilities index (HUI).....	49
Height and weight - Self-reported (HWT).....	32
Home care services (HMC).....	71
Illicit drugs use (IDG).....	207
Income (INC).....	329
Injuries (INJ).....	136
Insurance coverage (INS).....	321
Labour force (LBS).....	295
Language Lookup (LLU).....	344
Laser Beam Exposure (LBE).....	351
Loss of Productivity (LOP).....	300
Mammography (MAM).....	93
Maternal experiences - Alcohol use during pregnancy (MXA).....	203
Maternal experiences - Breastfeeding (MEX).....	196
Maternal experiences - Smoking during pregnancy (MXS).....	204
Mood (Bradburn affect balance scale) (MDB).....	237
Oral health 1 (OH1).....	28
Oral health 2 (OH2).....	105
Pain and discomfort (HUP).....	55
PAP smear test (PAP).....	91
Patient satisfaction - Community-based care (PSC).....	80

**Canadian Community Health Survey - Annual Component (CCHS)  
2014 / Main / CAPI/CATI**

Patient satisfaction - Health care services (PAS).....	76
Person most knowledgeable about household situation (PMK).....	316
Physical activities (PAC).....	119
Physical activity - Stages of change (SCP).....	124
Problem gambling (CPG).....	216
Prostate cancer screening (PSA).....	96
Proxy interview (GR).....	14
Repetitive strain - Sub Block (REP).....	146
Restriction of activities (RAC).....	82
Satisfaction with life (SWL).....	150
Sedentary activities (SAC).....	126
Sexual behaviours (SXB).....	228
Sleep (SLP).....	23
Smoking (SMK).....	155
Smoking - Other tobacco products (TAL).....	175
Smoking - Physician counselling (SPC).....	167
Smoking - Stages of change (SCH).....	162
Smoking - Youth smoking (YSM).....	170
Smoking cessation methods (SCA).....	164
Social Provisions (SPS).....	232
Socio-demographic characteristics (SDC).....	307
Stress - Sources (STS).....	153
Suicidal thoughts and attempts (SUI).....	251
Sun safety behaviours (SSB).....	132
Tanning Equipment Use (TEU).....	345
Unmet health care needs (UCN).....	68
Use of protective equipment (UPE).....	128
Voluntary organizations - Participation (ORG).....	22
Waiting times (WTM).....	277
Workplace Injury - Sub Block (INW).....	149

FOR INFORMATION ONLY

**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\_Q02            **All information will be kept confidential and used only for statistical purposes.**

**Do you agree to share the information provided?**

- 1    Yes
- 2    No
- DK, RF

PS\_END

**Thank You 1 (TY1)**

TY1\_BEG

TY1\_R01            **Thank you for your time.**

INTERVIEWER: Press <Enter> to continue.

(DK, RF are not allowed)

TY1\_END



Appendix A – Canadian community health survey content (2013-2014)

FOR INFORMATION ONLY

## Appendix A – Canadian community health survey content (2013 - 2014)

### *Annual common content (all health regions)<sup>i</sup>*

- Age of respondent (ANC)
- Alcohol use (ALC)
- Chronic conditions (CCC)
- Contact with health professionals (CHP)<sup>iii</sup>
- Exposure to second-hand smoke (ETS)
- Fruit and vegetable consumption (FVC)
- Flu shots (FLU)

- General health (GEN)
- Health care utilization (HCU)
- Height and weight – Self –reported (HWT)
- Pain and discomfort (HUP)
- Physical activities (PAC)
- Restriction of activities (RAC)
- Smoking (SMK)

### *Administration and Socio-demographics*

- Administration information (ADM)
- Education (EDU)
- Income (INC)
- Labour force (LBS)
- Person most knowledgeable about the household situation (PMK)
- Socio-demographic characteristics (SDC)

### *Two-year biennial common content (all health regions)*

2013-2014

#### 1) Injuries and Functional Health

- Injuries (INJ)
- Health utilities index (HUI)
- Expanded restriction of activities (RAC) and Activities of Daily Living (ADL)
- Use of protective equipment (UPE)

#### 2) Sexual Behaviours

FOR INFORMATION

**One-year biennial/quadrennial common content (all health regions)**

2013

1) *Health Services Access Survey*<sup>ii</sup>

- Access to health care services (ACC)
- Waiting times (WTM)

2014

1) *Health Care Utilization*

- Contact with health professionals (CHP/CP2)
- Unmet health care needs (UCN)

2) *Economic Burden*

- Loss of productivity (LOP)
- Fibromyalgia (CC3)
- Chronic fatigue syndrome (CC4)
- Multiple chemical sensitivities (CC4)

**Rapid Response (national estimates only)**

2013

- Food skills - mechanical skills and food conceptualization (FS2) (January - February)
- Access to health care services (ACC) (March - June)
- Waiting times (WTM) (March - June)
- Every day discrimination scale (EDS) (July - October)

2014

- Tanning Equipment Use (TEU) (March - June)
- Laser Beam Exposure (LBE) (March - 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.

## *Appendix B – Optional content selection by health regions (grouped by province) (2014)*

<b>Description</b>	<b>N.L.</b>	<b>P.E.I.</b>	<b>N.S.</b>	<b>N.B.</b>	<b>Que.</b>	<b>Ont.</b>	<b>Man.</b>	<b>Sask.</b>	<b>Alta.</b>	<b>B.C.</b>	<b>Y.T.</b>	<b>N.W.T.</b>	<b>Nvt</b>
ACC Access to Health Care Services	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALD Alcohol use - Dependence	<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"/>
ALW Alcohol use during the past week	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BPC Blood Pressure Check	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CIH Changes made to improve health	<input 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 checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CMH Consultations about mental health	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DEN Dental Visits	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
DEP Depression	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DIA Diabetes Care	<input checked="" 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"/>
DIS Distress	<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"/>
DRV Driving and safety	<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EYX Eye examinations	<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 type="checkbox"/>
FDC Food choices	<input 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FSC Food security	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SFR Health status (SF-36)	<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 type="checkbox"/>
HMC Home care services	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDG Illicit drug use	<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"/>	<input checked="" type="checkbox"/>
INS Insurance coverage	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAM Mammography	<input 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Description	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEX Maternal experiences - Breastfeeding	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>
MDB Mood	<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 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 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"/>
OH2 Oral health 2	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PAP Pap smear test	<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"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAS Patient satisfaction - Health care services	<input 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPG Problem gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
PSA Prostate cancer screening	<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"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAC Sedentary activities	<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"/>
SLP Sleep	<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TAL Smoking - Other tobacco products	<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"/>
SPC Smoking - Physician counselling	<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 checked="" type="checkbox"/>
SCH Smoking - Stages of change	<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 type="checkbox"/>
YSM Smoking - Youth smoking	<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 type="checkbox"/>	<input type="checkbox"/>
SCA Smoking cessation methods	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPS Social provisions	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCP Stages of changes - Physical activity	<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"/>	<input type="checkbox"/>
STS Stress - Sources	<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 type="checkbox"/>
SUI Suicidal thoughts and attempts	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Description	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt
SSB Sun safety behaviours	<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 type="checkbox"/>	<input type="checkbox"/>
ORG Voluntary organizations - Participation	<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 type="checkbox"/>
WTM Waiting times	<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"/>	<input type="checkbox"/>

FOR INFORMATION ONLY