

CANADIAN COMMUNITY HEALTH SURVEY

CYCLE 3.1

FINAL Questionnaire

June 2005

FOR INFORMATION ONLY

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AGE OF SELECTED RESPONDENT (ANC)

ANC_BEG

ANC_C01A If (do ANC block = 1), go to ANC_R01.
Otherwise, go to ANC_END.

ANC_R01 **For some of the questions I'll be asking, I need to know ^YOUR2 exact date of birth.**
INTERVIEWER: Press <Enter> to continue.

Date Block

ANC_Q01 INTERVIEWER: Enter the day.
If necessary, ask **(What is the day?)**

[_ _]
(MIN: 1) (MAX: 31)
DK, R

ANC_Q01 INTERVIEWER: Enter the month.
If necessary, ask **(What is the month?)**

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

ANC_Q01 INTERVIEWER: Enter a four-digit year.
If necessary, ask **(What is the year?)**

[_ _ _ _]
DK, R

ANC_C02 Calculate age based on the entered date of birth.

ANC_Q02 **So ^YOUR1 age is [calculated age].
Is that correct?**

- | | | |
|---|--------------------------------------|-----------------|
| 1 | Yes | (Go to ANC_C03) |
| 2 | No, return and correct date of birth | (Go to ANC_Q01) |
| 3 | No, collect age | (Go to ANC_Q03) |
| | (DK, R are not allowed) | |

ANC_C03 If [calculated age] < 12 years go to ANC_R04.
Otherwise go to ANC_END.

ANC_Q03 **What is ^YOUR1 age?**

|_|_| Age in years
(MIN: 0) (MAX: 130)
(DK, R are not allowed)

ANC_C04 If age < 12 years, go to ANC_R04.
Otherwise, go to ANC_END.

ANC_R04 **Because ^YOU1 ^ARE less than 12 years old, ^YOU1 ^ARE not eligible to
participate in the Canadian Community Health Survey.**
INTERVIEWER: Press <Enter> to continue.

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

ANC_END

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GENERAL HEALTH (GEN)

GEN_BEG

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

GEN_R01 **This survey deals with various aspects of ^YOUR2 health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**
INTERVIEWER: Press <Enter> to continue.

GEN_Q01 **To start, in general, would you say ^YOUR1 health is:**
GENE_01 INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... very good?
 - 3 ... good?
 - 4 ... fair?
 - 5 ... poor?
- DK, R

GEN_Q02 **Compared to one year ago, how would you say ^YOUR1 health is now? Is it:**
GENE_02 INTERVIEWER: Read categories to respondent.

- 1 ... much better now than 1 year ago?
 - 2 ... somewhat better now (than 1 year ago)?
 - 3 ... about the same as 1 year ago?
 - 4 ... somewhat worse now (than 1 year ago)?
 - 5 ... much worse now (than 1 year ago)?
- DK, R

GEN_C02A If proxy interview, go to GEN_C07.
Otherwise, go to GEN_Q02A.

GEN_Q02A **How satisfied are you with your life in general?**
GENE_02A INTERVIEWER: Read categories to respondent.

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

GEN_Q02B **In general, would you say your mental health is:**
GENE_02B INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... very good?
 - 3 ... good?
 - 4 ... fair?
 - 5 ... poor?
- DK, R

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

GEN_Q07 **Thinking about the amount of stress in ^YOUR1 life, would you say**
GENE_07 **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, R

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

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

GEN_Q08 **Have you worked at a job or business at any time in the past 12 months?**
GENE_08

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

GEN_Q09 **The next question is about your main job or business in the past 12 months.**
GENE_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, R

GEN_Q10
GENE_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, R

GEN_END

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VOLUNTARY ORGANIZATIONS (ORG)

ORG_BEG

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

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

ORG_Q1 **Are you a member of any voluntary organizations or associations such as school**
ORGE_1 **groups, church social groups, community centres, ethnic associations or social,**
civic or fraternal clubs?

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

ORG_Q2 **How often did you participate in meetings or activities of these groups in the past**
ORGE_2 **12 months? If you belong to many, just think of the ones in which you are most**
active.

INTERVIEWER: Read categories to respondent.

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

ORG_END

SLEEP (SLP)

SLP_BEG

SLP_C1 If (SLP block = 1), go to SLP_C2.
 SLPEFOPT Otherwise, go to SLP_END.

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

SLP_Q01 **Now a few questions about sleep.**
 SLPE_01

How long do you usually spend sleeping each night?
 INTERVIEWER: Do not include time spent resting.

- 1 Under 2 hours
- 2 2 hours to less than 3 hours
- 3 3 hours to less than 4 hours
- 4 4 hours to less than 5 hours
- 5 5 hours to less than 6 hours
- 6 6 hours to less than 7 hours
- 7 7 hours to less than 8 hours
- 8 8 hours to less than 9 hours
- 9 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
- R (Go to SLP_END)

SLP_Q02 **How often do you have trouble going to sleep or staying asleep?**
 SLPE_02 INTERVIEWER: Read categories to respondent.

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

SLP_Q03 **How often do you find your sleep refreshing?**
 SLPE_03

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

SLP_Q04
SLPE_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, R

SLP_END

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CHANGES MADE TO IMPROVE HEALTH (CIH)

CIH_BEG

CIH_C1A If (do CIH block = 1), go to CIH_C1B.
 CIHEFOPT 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.**
 CIHE_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, R (Go to CIH_END)

CIH_Q2 **What is the single most important change you have made?**
 CIHE_2

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

CIH_C2S If CIH_Q2 = 9, go to CIH_Q2S.
 Otherwise, go to CIH_Q3.

CIH_Q2S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

CIH_Q3 **Do you think there is [anything else/anything] you should do to improve**
 CIHE_3 **your physical health?**

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

Note: If CIH_Q1 = 1, use “anything else” in CIH_Q3. Otherwise, use “anything” in CIH_Q3.

CIH_Q4
CIHE_4

What is the most important thing?

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

CIH_C4S If CIH_Q4 = 9, go to CIH_Q4S.
Otherwise, go to CIH_Q5.

CIH_Q4S INTERVIEWER: Specify.

(80 spaces)
DK, R

CIH_Q5
CIHE_5

Is there anything stopping you from making this improvement?

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

CIH_Q6 **What is that?**
INTERVIEWER: Mark all that apply.

CIHE_6A	1	Lack of will power / self discipline
CIHE_6I	2	Family responsibilities
CIHE_6B	3	Work schedule
CIHE_6J	4	Addiction to drugs / alcohol
CIHE_6K	5	Physical condition
CIHE_6G	6	Disability / health problem
CIHE_6F	7	Too stressed
CIHE_6E	8	Too costly / financial constraints
CIHE_6L	9	Not available - in area
CIHE_6M	10	Transportation problems
CIHE_6N	11	Weather problems
CIHE_6H	12	Other - Specify DK, R

CIH_C6S If CIH_Q6 = 12, go to CIH_Q6S.
Otherwise, go to CIH_Q7.

CIH_Q6S INTERVIEWER: Specify.

(80 spaces)
DK, R

CIH_Q7
 CIHE_7

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

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

CIH_Q8

What is that?

INTERVIEWER : Mark all that apply.

- CIHE_8A 1 Start / Increase exercise, sports / physical activity
- CIHE_8B 2 Lose weight
- CIHE_8C 3 Change diet / improve eating habits
- CIHE_8J 4 Quit smoking / reduce amount smoked
- CIHE_8K 5 Drink less alcohol
- CIHE_8G 6 Reduce stress level
- CIHE_8L 7 Receive medical treatment
- CIHE_8H 8 Take vitamins
- CIHE_8I 9 Other – Specify
- DK, R

CIH_C8S If CIH_Q8 = 9, go to CIH_Q8S.
 Otherwise, go to CIH_END.

CIH_Q8S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

CIH_END

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HEALTH CARE SYSTEM SATISFACTION (HCS)

HCS_BEG

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

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

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

HCS_Q1 **Now, a few questions about health care services in [province].**
HCSE_1 **Overall, how would you rate the availability of health care services in [province]?**
Would you say it is:
INTERVIEWER: Read categories to respondent.

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

HCS_Q2 **Overall, how would you rate the quality of the health care services that are**
HCSE_2 **available in [province]?**
INTERVIEWER: Read categories to respondent.

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

HCS_Q3 **Overall, how would you rate the availability of health care services in your**
HCSE_3 **community?**

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

HCS_Q4
HCSE_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, R

HCS_END

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HEIGHT and WEIGHT (HWT)

HWT_BEG

HWT_C1 If (do HWT block = 1), go to HWT_Q2.
Otherwise, go to HWT_END.

HWT_Q2 **The next questions are about height and weight.**
HWTE_2

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, R | (Go to HWT_Q3) |

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

Trigger hard edit if (HWT_Q2 < 3).

HWT_N2A INTERVIEWER: Select the exact height.
HWTE_2A

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

HWT_N2B
HWTE_2B INTERVIEWER: Select the exact height.

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

HWT_N2C
HWTE_2C INTERVIEWER: Select the exact height.

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

Go to HWT_Q3

HWT_N2D
HWTE_2D INTERVIEWER: Select the exact height.

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

Go to HWT_Q3

HWT_N2E INTERVIEWER: Select the exact height.
 HWTE_2E

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

Go to HWT_Q3

HWT_N2F INTERVIEWER: Select the exact height.
 HWTE_2F

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

HWT_Q3 **How much ^DO^VERB ^YOU2 weigh?**
 HWTE_3 INTERVIEWER: Enter amount only.

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

HWT_N4 INTERVIEWER: Was that in pounds or kilograms?
 HWTE_N4

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

HWT_E4 An unusual value has been entered. Please confirm.
Trigger soft edit if (HWT_Q3 > 300 and HWT_N4 = 1 or HWT_Q3 > 136 and HWT_N4 = 2) or (HWT_Q3 < 60 and HWT_N4 = 1 or HWT_Q3 < 27 and HWT_N4 = 2).

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

HWT_Q4 **Do you consider yourself:**
HWTE_4 INTERVIEWER: Read categories to respondent.

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

HWT_END

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CHRONIC CONDITIONS (CCC)

CCC_BEG Set HasSkinCancer = No

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

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

CCC_Q011 ^DOVERB_C ^YOU2 have:
CCCE_011

... food allergies?

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

CCC_Q021 (^DOVERB_C ^YOU2 have:)
CCCE_021

... any other allergies?

- 1 Yes
- 2 No
 DK, R

CCC_Q031 (^DOVERB_C ^YOU2 have:)
CCCE_031

... asthma?

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

CCC_Q035 ^HAVE_C ^YOU2 had any asthma symptoms or asthma attacks in the past
CCCE_035 12 months?

- 1 Yes
- 2 No
 DK, R

CCC_Q036 In the past 12 months, ^HAVE ^YOU1 taken any medicine for asthma such as
CCCE_036 inhalers, nebulizers, pills, liquids or injections?

- 1 Yes
- 2 No
 DK, R

CCC_Q041 **^DOVERB_C ^YOU2 have fibromyalgia?**
 CCCE_041

- 1 Yes
- 2 No
 DK, R

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

CCCE_051 **^DOVERB_C ^YOU2 have arthritis or rheumatism, excluding fibromyalgia?**

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

CCC_Q05A **What kind of arthritis ^DOVERB ^YOU1 have?**
 CCCE_05A

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

CCC_C05AS If CCC_Q05A = 4, go to CCC_Q05AS.
 Otherwise, go to CCC_Q061.

CCC_Q05AS INTERVIEWER: Specify.

(80 spaces)
 DK, R

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

CCCE_061 **^DOVERB_C ^YOU2 have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes
- 2 No
 DK, R

CCC_Q071 **^DOVERB_C ^YOU2 have high blood pressure?**
 CCCE_071

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

CCC_Q072 **^HAVE_C ^YOU1 ever been diagnosed with high blood pressure?**
 CCCE_072

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

CCC_Q073 **In the past month, ^HAVE ^YOU1 taken any medicine for high blood pressure?**
CCCE_073

- 1 Yes
- 2 No
DK, R

CCC_Q074 **In the past month, did ^YOU1 do anything else, recommended by a health professional, to reduce or control ^YOUR1 blood pressure?**
CCCE_074

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

CCC_Q075 **What did ^YOU1 do?**
INTERVIEWER: Mark all that apply.

- CCCE_75A 1 Changed diet (e.g., reduced salt intake)
- CCCE_75B 2 Exercised more
- CCCE_75C 3 Reduced alcohol intake
- CCCE_75D 4 Other
DK, R

CCC_Q081 **Remember, we're interested in conditions diagnosed by a health professional.**

CCCE_081 **^DOVERB_C ^YOU2 have migraine headaches?**

- 1 Yes
- 2 No
DK, R

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

CCCE_91A **(^DOVERB_C ^YOU2 have:)**

... chronic bronchitis?

- 1 Yes
- 2 No
DK, R

CCC_C091E **If age < 30, go to CCC_Q101.
Otherwise, go to CCC_Q091E.**

CCC_Q091E **(^DOVERB_C ^YOU2 have:)**

CCCE_91E

... emphysema?

- 1 Yes
- 2 No
DK, R

CCC_Q091F (^DOVERB_C ^YOU2 have:)
 CCCE_91F
 ... chronic obstructive pulmonary disease (COPD)?

1 Yes
 2 No
 DK, R

CCC_Q101 (^DOVERB_C ^YOU2 have:)
 CCCE_101
 ... diabetes?

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

CCC_Q102 How old ^WERE ^YOU1 when this was first diagnosed?
 CCCE_102 INTERVIEWER: Maximum is [current age].

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

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

CCC_Q10A (^WERE ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?)
 CCCE_10A

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

CCC_Q10B Other than during pregnancy, has a health professional ever told ^YOU1 that ^YOU1 ^HAVE diabetes?
 CCCE_10B

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

CCC_Q10C When ^YOU1 ^WERE first diagnosed with diabetes, how long was it before ^YOU1 ^WERE started on insulin?
 CCCE_10C

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

CCC_Q105 **^DOVERB_C ^YOU2 currently take insulin for ^YOUR1 diabetes?**
 CCCE_105

- 1 Yes
- 2 No
 DK, R

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

CCC_Q106 **In the past month, did ^YOU2 take pills to control ^YOUR1 blood sugar?**
 CCCE_106

- 1 Yes
- 2 No
 DK, R

CCC_Q111 **(Remember, we're interested in conditions diagnosed by a health professional.)**

CCCE_111 **^DOVERB_C ^YOU2 have epilepsy?**

- 1 Yes
- 2 No
 DK, R

CCC_Q121 **(^DOVERB_C ^YOU2 have:)**
 CCCE_121

... heart disease?

- 1 Yes
- 2 No
 DK, R

CCC_Q131 **(^DOVERB_C ^YOU2 have:)**
 CCCE_131

... cancer?

- 1 Yes (Go to CCC_C133)
- 2 No
 DK
 R (Go to CCC_Q141)

CCC_Q132 **^HAVE ^YOU1 ever been diagnosed with cancer?**
 CCCE_31A

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

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

Note: In processing, responses from CCC_Q133A and CCC_Q133B are combined.

CCC_D33 If CCC_Q131 = 1 and non-proxy interview, DoDid = "Do"
 If CCC_Q131 = 1 and proxy interview, DoDid = "Does".
 If CCC_Q132 = 1, and proxy interview, DoDid = "Did"

CCC_Q133A **What type of cancer ^DoDid ^YOU1 have?**
 INTERVIEWER: Mark all that apply.

- CCCE_13A 1 Breast
- CCCE_13C 2 Colorectal
- CCCE_13D 3 Skin - Melanoma
- CCCE_13E 4 Skin - Non-melanoma
- CCCE_13F 5 Other
DK, R

Go to CCC_D133

CCC_Q133B **What type of cancer ^DoDid ^YOU1 have?**
 INTERVIEWER: Mark all that apply.

- CCCE_13B 1 Prostate
- CCCE_13C 2 Colorectal
- CCCE_13D 3 Skin - Melanoma
- CCCE_13E 4 Skin - Non-melanoma
- CCCE_13F 5 Other
DK, R

CCC_D133 If (CCC_Q133A = 3 or 4) or (CCC_Q133B = 3 or 4), HasSkinCancer = "Yes".
 Otherwise, HasSkinCancer = "No".

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

CCCE_141 **^DOVERB ^YOU2 have intestinal or stomach ulcers?**

- 1 Yes
- 2 No
DK, R

CCC_Q151 **^DOVERB ^YOU2 suffer from the effects of a stroke?**

- CCCE_151 1 Yes
- 2 No
DK, R

CCC_Q161 (^DOVERB ^YOU2 suffer:)
CCCE_161 ... from urinary incontinence?

- 1 Yes
- 2 No
DK, R

CCC_Q171 (^DOVERB_C ^YOU2 suffer from a bowel disorder such as Crohn's Disease,
CCCE_171 ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?)

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

CCC_Q171A What kind of bowel disease ^DOVERB ^YOU1 have?
CCCE_17A

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

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

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

CCCE_181 (^DOVERB_C ^YOU2 have:)
... Alzheimer's Disease or any other dementia?

- 1 Yes
- 2 No
DK, R

CCC_Q191 (^DOVERB_C ^YOU2 have:)
CCCE_191 ... cataracts?

- 1 Yes
- 2 No
DK, R

CCC_Q201 (^DOVERB_C ^YOU2 have:)
CCCE_201 ... glaucoma?

- 1 Yes
- 2 No
DK, R

CCC_Q211 (^DOVERB_C ^YOU2 have:)
 CCCE_211

... a thyroid condition?

- 1 Yes
- 2 No
DK, R

CCC_Q251 (Remember, we're interested in conditions diagnosed by a health professional.)

CCCE_251 ^DOVERB_C ^YOU2 have chronic fatigue syndrome?

- 1 Yes
- 2 No
DK, R

CCC_Q261 (^DOVERB_C ^YOU2 suffer from multiple chemical sensitivities?)
 CCCE_261

- 1 Yes
- 2 No
DK, R

CCC_Q271 (^DOVERB_C ^YOU2 have schizophrenia?)
 CCCE_271

- 1 Yes
- 2 No
DK, R

CCC_Q280 Remember, we're interested in conditions diagnosed by a health professional.

CCCE_280 ^DOVERB_C ^YOU2 have a mood disorder such as depression, bipolar disorder, mania or dysthymia?

INTERVIEWER: Include manic depression.

- 1 Yes
- 2 No
DK, R

CCC_Q290 (Remember, we're interested in conditions diagnosed by a health professional.)

CCCE_290 ^DOVERB_C ^YOU2 have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

- 1 Yes
- 2 No
DK, R

CCC_Q321 **^DOVERB_C ^YOU2 have autism or any other developmental disorder such as
CCCE_321 Down's syndrome, Asperger's syndrome or Rett syndrome?**

- 1 Yes
- 2 No
 DK, R

CCC_Q331 **(Remember, we're interested in conditions diagnosed by a health professional.)**

CCCE_331 **^DOVERB_C ^YOU2 have a learning disability?**

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

CCC_Q331A **What kind of learning disability ^DOVERB ^YOU2 have?**
INTERVIEWER: Mark all that apply.

- CCCE_33A 1 Attention Deficit Disorder, no hyperactivity (ADD)
- CCCE_33B 2 Attention Deficit Hyperactivity Disorder (ADHD)
- CCCE_33C 3 Dyslexia
- CCCE_33D 4 Other - Specify
 DK, R

CCC_C331AS If CCC_Q331A = 4, go to CCC_Q331AS
 Otherwise, go to CCC_Q341.

CCC_Q331AS INTERVIEWER: Specify.

(80 spaces)
DK, R

CCC_Q341 **^DOVERB_C ^YOU2 have an eating disorder such as anorexia or bulimia?**
CCCE_341

- 1 Yes
- 2 No
 DK, R

CCC_Q901 **^DOVERB_C ^YOU2 have any other long-term physical or mental health condition**
CCCE_901 **that has been diagnosed by a health professional?**

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

CCC_C901S If CCC_Q901 = 1, go to CCC_Q901S.
 Otherwise, go to CCC_END.

CCC_Q901S INTERVIEWER: Specify.

(80 spaces)
DK, R

CCC_END

FOR INFORMATION ONLY

DIABETES CARE (DIA)

DIA_BEG

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

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

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

DIA_R01 **It was reported earlier that ^YOU2 ^HAVE diabetes. The following questions are about diabetes care.**
INTERVIEWER: Press <Enter> to continue.

DIA_Q01
DIAE_01 **In the past 12 months, has a health care professional tested ^YOU2 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)
- R (Go to DIA_END)

DIA_Q02
DIAE_02 **How many times? (In the past 12 months, has a health care professional tested ^YOU2 for haemoglobin "A-one-C"?)**

|_| Times
(MIN: 1) (MAX: 99)
DK, R

DIA_Q03
DIAE_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, R (Go to DIA_Q05)

DIA_Q04
DIAE_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, R

DIA_Q05 **In the past 12 months, has a health care professional tested ^YOUR1**
 DIAE_05 **urine for protein (i.e., Microalbumin)?**

- 1 Yes
- 2 No
 DK, R

DIA_Q06 **^HAVE_C ^YOU2 ever had an eye exam where the pupils of ^YOUR1 eyes were**
 DIAE_06 **dilated? (This procedure would have made ^HIMHER temporarily sensitive to**
 light.)

- 1 Yes
- 2 No (Go to DIA_R08)
 DK, R (Go to DIA_R08)

DIA_Q07 **When was the last time?**
 DIAE_07 **INTERVIEWER: Read categories to respondent.**

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

DIA_R08 **Now some questions about diabetes care not provided by a health care**
 professional.
INTERVIEWER: Press <Enter> to continue.

DIA_Q08 **How often ^DOVERB ^YOU2 usually have ^YOUR1 blood checked for glucose or**
 DIAE_08 **sugar by ^YOURSELF or by a family member or friend?**
INTERVIEWER: Select the reporting period here and enter the number in the next
screen.

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

DIA_N08B **INTERVIEWER: Enter number of times per day.**

DIAE_N8B | | | Times
 (MIN: 1) (MAX: 99)
 DK, R

Go to DIA_C09

DIA_N08C **INTERVIEWER: Enter number of times per week.**

DIAE_N8C | | | Times
 (MIN: 1) (MAX: 99)
 DK, R

Go to DIA_C09

DIA_N08D INTERVIEWER: Enter number of times per month.

DIAE_N8D

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

Go to DIA_C09

DIA_N08E INTERVIEWER: Enter number of times per year.

DIAE_N8E

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

DIA_C09 If DIA_Q03 = 3 (no feet), go to DIA_C10.
Otherwise, go to DIA_Q09.

DIA_Q09 **How often ^DOVERB ^YOU2 usually have ^YOUR1 feet checked for any sores or**
DIAE_09 **irritations by ^YOURSELF or by a family member or friend?**

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

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

DIA_N09B INTERVIEWER: Enter number of times per day.

DIAE_N9B

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

Go to DIA_C10

DIA_N09C INTERVIEWER: Enter number of times per week.

DIAE_N9C

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

Go to DIA_C10

DIA_N09D INTERVIEWER: Enter number of times per month.

DIAE_N9D

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

Go to DIA_C10

DIA_N09E INTERVIEWER: Enter number of times per year.
DIAE_N9E

I_I_I Times
(MIN: 1) (MAX: 99)
DK, R

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

DIA_R10 **Now a few questions about medication.**
INTERVIEWER: Press <Enter> to continue

DIA_Q10 **In the past month, did ^YOU2 take aspirin or other ASA (acetylsalicylic acid)**
DIAE_10 **medication every day or every second day?**

1 Yes
2 No
DK, R

DIA_Q11 **In the past month, did ^YOU1 take prescription medications such as Lipitor or**
DIAE_11 **Zocor to control ^YOUR1 blood cholesterol levels?**

1 Yes
2 No
DK, R

DIA_END

FOR INFORMATION ONLY

MEDICATION USE (MED)

MED_BEG

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

MED_R1 **Now I'd like to ask a few questions about ^YOU2 use of medications, both prescription and over-the-counter.**
INTERVIEWER: Press <Enter> to continue.

MED_Q1A **In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:**
MEDE_1A

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

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

MED_Q1B **In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:**
MEDE_1B

... tranquilizers such as Valium or Ativan?

- 1 Yes
- 2 No
- DK, R

MED_Q1C **(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)**
MEDE_1C

... diet pills such as Dexatrim, Ponderal or Fastin?

- 1 Yes
- 2 No
- DK, R

MED_Q1D **(In the past month, that is, from [date one month ago] to yesterday, did In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)**
MEDE_1D

... anti-depressants such as Prozac, Paxil or Effexor?

- 1 Yes
- 2 No
- DK, R

MED_Q1E (In the past month, that is, from [date one month ago] to yesterday, did
MEDE_1E ^YOU2 take:)

... codeine, Demerol or morphine?

- 1 Yes
- 2 No
DK, R

MED_Q1F (In the past month, that is, from [date one month ago] to yesterday, did
MEDE_1F ^YOU2 take:)

... allergy medicine such as Reactine or Allegra?

- 1 Yes
- 2 No
DK, R

MED_Q1G (In the past month, that is, from [date one month ago] to yesterday, did
MEDE_1G ^YOU2 take:)

... asthma medications such as inhalers or nebulizers?

- 1 Yes
- 2 No
DK, R

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

Trigger soft edit if MED_Q1G = 1 and CCC_Q036 = 2.

MED_Q1H (In the past month, that is, from [date one month ago] to yesterday, did
MEDE_1H ^YOU2 take:)

... cough or cold remedies?

- 1 Yes
- 2 No
DK, R

MED_Q1I (In the past month, that is, from [date one month ago] to yesterday, did
MEDE_1I ^YOU2 take:)

... penicillin or other antibiotics?

- 1 Yes
- 2 No
DK, R

MED_Q1J
MEDE_1J (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... medicine for the heart?

- 1 Yes
- 2 No
DK, R

MED_Q1L
MEDE_1L (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:

... diuretics or water pills?

- 1 Yes
- 2 No
DK, R

MED_Q1M
MEDE_1M (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... steroids?

- 1 Yes
- 2 No
DK, R

MED_Q1P
MEDE_1P (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

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

- 1 Yes
- 2 No
DK, R

MED_Q1Q
MEDE_1Q (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... stomach remedies?

- 1 Yes
- 2 No
DK, R

MED_Q1R
MEDE_1R (In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... laxatives?

- 1 Yes
- 2 No
DK, R

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

MED_Q1S **(In the past month, that is, from [date one month ago] to yesterday, did**
MEDE_1S **^YOU2 take:)**

... birth control pills?

- 1 Yes
- 2 No
DK, R

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

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

MED_Q1T **(In the past month, that is, from [date one month ago] to yesterday, did**
MEDE_1T **^YOU2 take:)**

... hormones for menopause or ageing symptoms?

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

MED_Q1T1 **What type of hormones ^ARE ^YOU? taking?**
MEDE_1T1 **INTERVIEWER: Read categories to respondent.**

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

MED_Q1T2 **When did ^YOU start this hormone therapy?**
MEDE_1T2 **INTERVIEWER: Enter the year (minimum is [year of birth + 30]; maximum is [current year]).**

□□□□ Year
(MIN: year of birth + 30) (MAX: current year)
DK, R

MED_E1T2 **Year must be between [year of birth + 30] and [current year]. Please return and correct.**

Trigger hard edit if outside these ranges.

MED_Q1U **In the past month, that is, from [date one month ago] to yesterday, did**
MEDE_1U **^YOU2 take:**

... thyroid medication such as Synthroid or Levothyroxine?

- 1 Yes
- 2 No
 DK, R

MED_Q1V **(In the past month, that is, from [date one month ago] to yesterday, did**
MEDE_1V **^YOU2 take:)**

... any other medication?

- 1 Yes
- 2 No
 DK, R

MED_C1V If MED_Q1V = 1, go to MED_Q1VS.
 Otherwise, go to MED_END.

MED_Q1VS INTERVIEWER: Specify.

(80 spaces)
DK, R

MED_END

FOR INFORMATION ONLY

HEALTH CARE UTILIZATION (HCU)

HCU_BEG

HCU_C01 If (HCU block = 1), go to HCU_R01.
Otherwise, go to HCU_END.

HCU_R01 **Now I'd like to ask about ^YOUR2 contacts with various health professionals during the past 12 months, that is, from [date one year ago] to yesterday.**
INTERVIEWER: Press <Enter> to continue.

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

HCUE_1AA

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

HCU_Q01AB **Why ^DOVERB ^YOU2 not have a regular medical doctor?**

INTERVIEWER: Mark all that apply.

HCUE_1BA

1 No medical doctors available in the area

HCUE_1BB

2 Medical doctors in the area are not taking new patients

HCUE_1BC

3 Have not tried to contact one

HCUE_1BD

4 Had a medical doctor who left or retired

HCUE_1BE

5 Other - Specify
DK, R

HCU_C01ABS If HCU_Q01AB = 5, go to HCU_Q01ABS.
Otherwise, go to HCU_Q01BA

HCU_Q01ABS INTERVIEWER: Specify

(80 spaces)

DK, R

(Go to HCU_Q01BA)

HCU_Q01AC **^DOVERB_C ^YOU2 and this doctor usually speak in English, in French, or in another language?**
 HCUE_1AC

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

HCU_C01ACS If HCU_Q01AC = 23, go to HCU_Q01ACS.
 Otherwise, go to HCU_Q01BA.

HCU_Q01ACS INTERVIEWER: Specify.

 (80 spaces)
 DK, R

HCU_Q01BA **In the past 12 months, ^HAVE ^YOU2 been a patient overnight in a hospital, nursing home or convalescent home?**
 HCUE_01

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

HCU_Q01BB **For how many nights in the past 12 months?**
 HCUE_01A

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

HCU_Q02A
HCUE_02A

[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 seen, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:

... a family doctor[, pediatrician] or general practitioner?
(include pediatrician if age < 18)

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02B
HCUE_02B

([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU, seen, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:)

... an eye specialist (such as an ophthalmologist or optometrist)?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02C
HCUE_02C

([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 seen, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:)

... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02D
HCUE_02D **[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 seen, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:**

... a nurse for care or advice?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02E
HCUE_02E **([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 seen, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:)**

... a dentist or orthodontist?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02F
HCUE_02F **([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 seen, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:)**

... a chiropractor?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02G
HCUE_02G

[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 seen, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:

... a physiotherapist?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02H
HCUE_02H

([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 seen, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:)

... a social worker or counsellor?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02I
HCUE_02I

([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 seen, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:)

... a psychologist?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02J [Not counting when ^YOU2 ^WERE an overnight patient, in the past
 HCUE_02J 12 months/In the past 12 months], how many times ^HAVE ^YOU2 seen,
 or talked on the telephone, about ^YOUR1 physical, emotional or mental
 health with:

... a speech, audiology or occupational therapist?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_C03 If HCU_Q02A or HCU_Q02C or HCU_Q02D > 0, go to HCU_Q03.
 Otherwise, go to HCU_Q04A.

HCU_Q03 **Where did the most recent contact take place?**
 INTERVIEWER: If respondent says "hospital", probe for details

- | | | |
|----------|----|---|
| HCUE_03A | 1 | Doctor's office |
| HCUE_03C | 2 | Hospital emergency room |
| HCUE_03D | 3 | Hospital outpatient clinic (e.g. day surgery, cancer) |
| | 4 | Walk-in clinic |
| | 5 | Appointment clinic |
| | 6 | Community health centre / CLSC |
| | 7 | At work |
| | 8 | At school |
| | 9 | At home |
| | 10 | Telephone consultation, only |
| | 11 | Other - Specify |
| | | DK, R |

HCU_C03S If HCU_Q03 = 11, go to HCU_Q03S.
 Otherwise, go to HCU_C031.

HCU_Q03S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

HCU_C031 If HCU_Q03 = 3 (Hospital outpatient clinic), or 5 (Appointment clinic) or 6 (Community health centre), go to HCU_Q03_1.
 Otherwise, go to HCU_Q04A.

HCU_Q03_1 **Did this most recent contact occur:**
 HCUE_3A1 INTERVIEWER: Read categories to respondent.
 HCUE_3C1
 HCUE_3D1

- | | | |
|--|---|--------------------------------|
| | 1 | ... in-person (face-to-face)? |
| | 2 | ... through a videoconference? |
| | 3 | ... through another method? |
| | | DK, R |

HCU_Q04A **In the past 12 months, ^HAVE ^YOU1 attended a meeting of a self-**
 HCUE_04A **help group such as AA or a cancer support group?**

- 1 Yes
- 2 No
DK, R

HCU_Q04 **People may also use alternative or complementary medicine. In the past 12**
 HCUE_04 **months, ^HAVE ^YOU2 seen or talked to an alternative health care**
provider such as an acupuncturist, homeopath or massage therapist about
^YOUR1 physical, emotional or mental health?

- 1 Yes
- 2 No (Go to HCU_C06)
DK, R (Go to HCU_C06)

HCU_Q05 **Who did ^YOU2 see or talk to?**
 INTERVIEWER: Mark all that apply.

- HCUE_05A 1 Massage therapist
- HCUE_05B 2 Acupuncturist
- HCUE_05C 3 Homeopath or naturopath
- HCUE_05D 4 Feldenkrais or Alexander teacher
- HCUE_05E 5 Relaxation therapist
- HCUE_05F 6 Biofeedback teacher
- HCUE_05G 7 Rolfer
- HCUE_05H 8 Herbalist
- HCUE_05I 9 Reflexologist
- HCUE_05J 10 Spiritual healer
- HCUE_05K 11 Religious healer
- HCUE_05L 12 Other - Specify
DK, R

HCU_C05S If HCU_Q05 = 12, go to HCU_Q05S.
 Otherwise, go to HCU_C06.

HCU_Q05S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

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

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

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

HCU_Q06 **During the past 12 months, was there ever a time when ^YOU2 felt that**
 HCUE_06 **[you/FNAME/he/she] needed health care but ^YOU1 didn't receive it?**

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

HCU_Q07 **Thinking of the most recent time, why didn't ^YOU1 get care?**
 INTERVIEWER: Mark all that apply.

- HCUE_07A 1 Not available - in the area
- HCUE_07B 2 Not available - at time required (e.g. doctor on holidays, inconvenient hours)
- HCUE_07C 3 Waiting time too long
- HCUE_07D 4 Felt would be inadequate
- HCUE_07E 5 Cost
- HCUE_07F 6 Too busy
- HCUE_07G 7 Didn't get around to it / didn't bother
- HCUE_07H 8 Didn't know where to go
- HCUE_07I 9 Transportation problems
- HCUE_07J 10 Language problems
- HCUE_07K 11 Personal or family responsibilities
- HCUE_07L 12 Dislikes doctors / afraid
- HCUE_07M 13 Decided not to seek care
- HCUE_07O 14 Doctor - didn't think it was necessary
- HCUE_07P 15 Unable to leave the house because of a health problem
- HCUE_07N 16 Other - Specify
DK, R

HCU_C07S If HCU_Q07 = 16, go to HCU_Q07S.
 Otherwise, go to HCU_Q08.

HCU_Q07S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

HCU_Q08 **Again, thinking of the most recent time, what was the type of care that was needed?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|---|
| HCUE_08A | 1 | Treatment of - a physical health problem |
| HCUE_08B | 2 | Treatment of - an emotional or mental health problem |
| HCUE_08C | 3 | A regular check-up (including regular pre-natal care) |
| HCUE_08D | 4 | Care of an injury |
| HCUE_08E | 5 | Other - Specify
DK, R |

HCU_C08S If HCU_Q08 = 5, go to HCU_Q08S.
Otherwise, go to HCU_Q09.

HCU_Q08S INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_Q09 **Where did ^YOU1 try to get the service ^YOU1 ^WERE seeking?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|--|
| HCUE_09A | 1 | Doctor's office |
| HCUE_09B | 2 | Hospital - emergency room |
| HCUE_09C | 3 | Hospital - overnight patient |
| HCUE_09D | 4 | Hospital - outpatient clinic (e.g., day surgery, cancer) |
| HCUE_09E | 5 | Walk-in clinic |
| HCUE_09F | 6 | Appointment clinic |
| HCUE_09G | 7 | Community health centre / C_SSC |
| HCUE_09H | 8 | Other - Specify
DK, R |

HCU_C09S If HCU_Q09 = 8, go to HCU_Q09S.
Otherwise, go to HCU_END.

HCU_Q09S INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_END

HOME CARE SERVICES(HMC)

HMC_BEG

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

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

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

HMC_Q09 **^HAVE_C ^YOU2 received any home care services in the past 12 months, with the**
HMCE_09 **cost being entirely or partially covered by government?**

- 1 Yes
- 2 No (Go to HMC_Q11)
- DK (Go to HMC_Q11)
- R (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.

- HMCE_10A 1 **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**
- HMCE_10B 2 **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**
- HMCE_10I 3 **Medical equipment or supplies**
- HMCE_10C 4 **Personal care (e.g., bathing, foot care)**
- HMCE_10D 5 **Housework (e.g., cleaning, laundry)**
- HMCE_10E 6 **Meal preparation or delivery**
- HMCE_10F 7 **Shopping**
- HMCE_10G 8 **Respite care (i.e., caregiver relief)**
- HMCE_10H 9 **Other - Specify**
DK, R

HMC_C10S If HMC_Q10 = 9, go to HMC_Q10S.
Otherwise, go to HMC_Q11.

HMC_Q10S **INTERVIEWER:** Specify.

(80 spaces)
DK, R

HMC_Q11 **^HAVE ^YOU2 received any [other] home 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)?**
 HMCE_11

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, R (Go to HMC_Q14)

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

HMC_Q12 **Who provided these [other] home care services?**

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

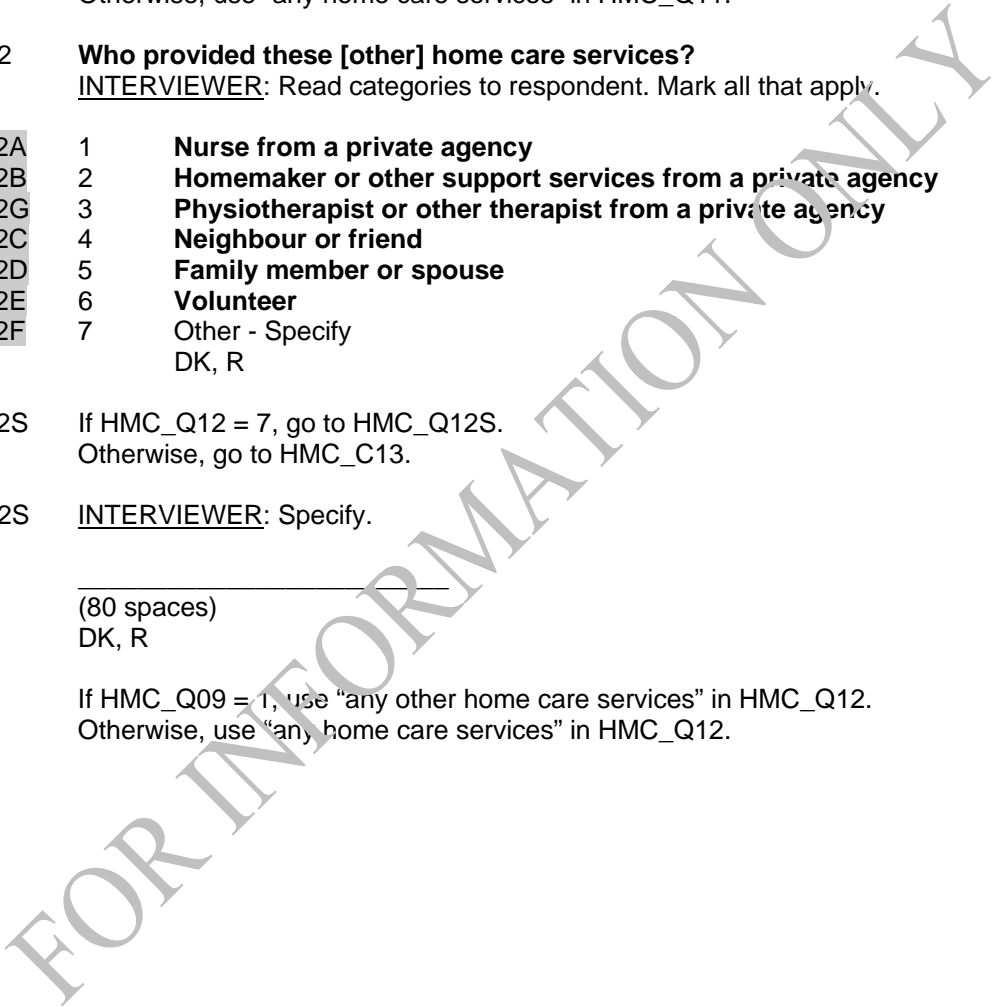
- HMCE_12A 1 **Nurse from a private agency**
- HMCE_12B 2 **Homemaker or other support services from a private agency**
- HMCE_12G 3 **Physiotherapist or other therapist from a private agency**
- HMCE_12C 4 **Neighbour or friend**
- HMCE_12D 5 **Family member or spouse**
- HMCE_12E 6 **Volunteer**
- HMCE_12F 7 Other - Specify
- DK, R

HMC_C12S If HMC_Q12 = 7, go to HMC_Q12S.
 Otherwise, go to HMC_C13.

HMC_Q12S **INTERVIEWER:** Specify.

 (80 spaces)
 DK, R

Note: If HMC_Q09 = 1, use "any other home care services" in HMC_Q12.
 Otherwise, use "any home care services" in HMC_Q12.



HMC_C13 For each person identified in HMC_Q12, ask HMC_Q13n up to 7 times,
n = where A, B, C, D, E, F, G.

HMC_Q13n **What type of services ^HAVE ^YOU1 received from [person identified in HMC_Q12]?**

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

- | | | |
|----------|---|--|
| HMCE_3nA | 1 | Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits) |
| HMCE_3nB | 2 | Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling) |
| HMCE_3nC | 3 | Medical equipment or supplies |
| HMCE_3nD | 4 | Personal care (e.g., bathing, foot care) |
| HMCE_3nE | 5 | Housework (e.g., cleaning, laundry) |
| HMCE_3nF | 6 | Meal preparation or delivery |
| HMCE_3nG | 7 | Shopping |
| HMCE_3nH | 8 | Respite care (i.e., caregiver relief) |
| | 9 | Other - Specify
DK, R |

HMC_C13S If HMC_Q13 = 9, go to HMC_Q13S.
Otherwise, go to HMC_Q14.

HMC_Q13S INTERVIEWER: Specify.

(80 spaces)
DK, R

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?**

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

HMC_Q15 **Thinking of the most recent time, why didn't ^YOU1 get these services?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|---|
| HMCE_15A | 1 | Not available - in the area |
| HMCE_15B | 2 | Not available - at time required (e.g., inconvenient hours) |
| HMCE_15C | 3 | Waiting time too long |
| HMCE_15D | 4 | Felt would be inadequate |
| HMCE_15E | 5 | Cost |
| HMCE_15F | 6 | Too busy |
| HMCE_15G | 7 | Didn't get around to it / didn't bother |
| HMCE_15H | 8 | Didn't know where to go / call |
| HMCE_15I | 9 | Language problems |
| HMCE_15J | 10 | Personal or family responsibilities |
| HMCE_15K | 11 | Decided not to seek services |
| HMCE_15L | 12 | Doctor - did not think it was necessary |
| HMCE_15N | 13 | Did not qualify / not eligible for homecare |
| HMCE_15O | 14 | Still waiting for homecare |
| HMCE_15M | 15 | Other - Specify
DK, R |

HMC_C15S If HMC_Q15 = 15, go to HMC_Q15S.
Otherwise, go to HMC_Q16.

HMC_Q15S INTERVIEWER: Specify.

(80 spaces)
DK, R

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

- | | | |
|----------|---|---|
| HMCE_16A | 1 | Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits) |
| HMCE_16B | 2 | Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling) |
| HMCE_16I | 3 | Medical equipment or supplies |
| HMCE_16C | 4 | Personal care (e.g., bathing, foot care) |
| HMCE_16D | 5 | Housework (e.g., cleaning, laundry) |
| HMCE_16E | 6 | Meal preparation or delivery |
| HMCE_16F | 7 | Shopping |
| HMCE_16G | 8 | Respite care (i.e., caregiver relief) |
| HMCE_16H | 9 | Other - Specify
DK, R |

HMC_C16S If HMC_Q16 = 9, go to HMC_Q16S.
 Otherwise, go to HMC_Q17.

HMC_Q16S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

HMC_Q17 **Where did ^YOU2 try to get this home care service?**
INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|--------------------------------------|
| HMCE_17A | 1 | A government sponsored program |
| HMCE_17B | 2 | A private agency |
| HMCE_17C | 3 | A family member, friend or neighbour |
| HMCE_17D | 4 | A volunteer organization |
| HMCE_17E | 5 | Other
DK, R |

HMC_END

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PATIENT SATISFACTION (PAS)

PAS_BEG

Note: This module was only collected as part of the subsample.

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

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

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

PAS_C11D If HCU_Q01BA = 1 or at least one of HCU_Q02A to HCU_Q02J > 0, go to PAS_Q12.
Otherwise, go to PAS_Q11.

Note: In processing, if a respondent answered HCU_Q01BA = 1 or at least one of HCU_Q02A to HCU_Q02J > 0, set PAS_Q11 = 1.

PAS_Q11 **In the past 12 months, have you received any health care services?**
PASZ_11

- 1 Yes
- 2 No (Go to PAS_Q51)
- DK, R (Go to PAS_Q51)

PAS_Q12 **Overall, how would you rate the quality of the health care you received?**
PASZ_12 **Would you say it was:**

INTERVIEWER: Read categories to respondent.

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

PAS_Q13 **Overall, how satisfied were you with the way health care services were provided?**
PASZ_13 **Were you:**

INTERVIEWER: Read categories to respondent.

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

PAS_Q21A **In the past 12 months, have you received any health care services at a hospital,
PASZ_21A **for any diagnostic or day surgery service, overnight stay, or as an emergency
room patient?****

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

PAS_Q21B **Thinking of your most recent hospital visit, were you:**
PASZ_21B **INTERVIEWER: Read categories to respondent.**

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

PAS_Q22 **(Thinking of this most recent hospital visit:)**
PASZ_22

... how would you rate the quality of the care you received? Would you say it was:
INTERVIEWER: Read categories to respondent.

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

PAS_Q23 **(Thinking of this most recent hospital visit:)**
PASZ_23

... how satisfied were you with the way hospital services were provided?
Were you:
INTERVIEWER: Read categories to respondent.

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

PAS_Q31A **In the past 12 months, not counting hospital visits, have you received any
PASZ_31A **health care services from a family doctor or other physician?****

- 1 Yes
- 2 No (Go to PAS_R2)
DK, R (Go to PAS_R2)

PAS_Q31B **Thinking of the most recent time, was care provided by:**
PASZ_31B **INTERVIEWER: Read categories to respondent.**

- 1 **... a family doctor (general practitioner)?**
- 2 **... a medical specialist?**
DK, R (Go to PAS_R2)

PAS_Q32
PASZ_32

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

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

INTERVIEWER: Read categories to respondent.

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

PAS_Q33
PASZ_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, R

PAS_R2

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

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

INTERVIEWER: Press <Enter> to continue.

PAS_Q41
PASZ_41

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

- 1 Yes
 - 2 No (Go to PAS_Q51)
- DK, R (Go to PAS_Q51)

PAS_Q42
PASZ_42

Overall, how would you rate the quality of the community-based care you received?

Would you say it was:

INTERVIEWER: Read categories to respondent.

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

PAS_Q43
PASZ_43

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, R

PAS_Q51
PASZ_51

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

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

PAS_Q52
PASZ_52

Overall, how would you rate the quality of the service you received?

Would you say it was:

INTERVIEWER: Read categories to respondent.

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

PAS_END

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RESTRICTION OF ACTIVITIES (RAC)

RAC_BEG

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

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

RAC_Q1 **^DOVERB ^YOU1 have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?**
RACE_1
INTERVIEWER: Read categories to respondent.

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

RAC_Q2A **Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do:**
RACE_2A

... at home?
INTERVIEWER: Read categories to respondent.

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

RAC_Q2B_1 **(Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do:)**
RACE_2B1

- ... at school?**
- 1 **Sometimes**
 - 2 **Often**
 - 3 **Never**
 - 4 **Does not attend school**
 - DK
 - R (Go to RAC_END)

RAC_Q2B_2 (Does a long-term physical condition or mental condition or health problem,
 RACE_2B2 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
- R (Go to RAC_END)

RAC_Q2C (Does a long-term physical condition or mental condition or health problem,
 RACE_2C 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
- R (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_Q6A.

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

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

RAC_Q5 **Which one of the following is the best description of the cause of this condition?**
 RACE_5

INTERVIEWER: Read categories to respondent.

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

RAC_C5S If RAC_Q5 = 11, go to RAC_Q5S.
Otherwise, go to RAC_Q5B_1.

RAC_Q5S INTERVIEWER: Specify.

(80 spaces)
DK, R

RAC_Q5B_1 **Because of ^YOUR1 condition or health problem, ^HAVE ^YOU1 ever experienced**
RACE_5B1 **discrimination or unfair treatment?**

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

RAC_Q5B_2 **In the past 12 months, how much discrimination or unfair treatment did**
RACE_5B2 **^YOU1 experience?**

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

RAC_Q6A **The next few questions may not apply to ^YOU2, but we need to ask the**
RACE_6A **same questions of everyone.**

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

... with preparing meals?

- 1 Yes
- 2 No
- DK, R

RAC_Q6B_1 **(Because of any physical condition or mental condition or health problem,**
RACE_6B1 **^DOVERB ^YOU1 need the help of another person:)**

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

- 1 Yes
- 2 No
- DK, R

RAC_Q6C **(Because of any physical condition or mental condition or health problem,**
RACE_6C **^DOVERB ^YOU1 need the help of another person:)**

... with doing everyday housework?

- 1 Yes
- 2 No
- DK, R

RAC_Q6D
RACE_6D (Because of any physical condition or mental condition or health problem,
^DOVERB ^YOU1 need the help of another person:)

... with doing heavy household chores such as spring cleaning or yard work?

- 1 Yes
- 2 No
DK, R

RAC_Q6E
RACE_6E (Because of any physical condition or mental condition or health problem,
^DOVERB ^YOU1 need the help of another person:)

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

- 1 Yes
- 2 No
DK, R

RAC_Q6F
RACE_6F (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, R

RAC_Q6G
RACE_6G (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, R

RAC_Q7A
RACE_7A (Because of any physical condition or mental condition or health problem,
^DOVERB ^YOU1 have difficulty:

... making new friends or maintaining friendships?

- 1 Yes
- 2 No
DK, R

RAC_Q7B
RACE_7B (Because of any physical condition or mental condition or health problem,
^DOVERB ^YOU1 have difficulty:)

... dealing with people ^YOU1 ^DOVERB not know well?

- 1 Yes
- 2 No
DK, R

RAC_Q7C (Because of any physical condition or mental condition or health problem,
 RACE_7C ^DOVERB ^YOU1 have difficulty:)

... starting and maintaining a conversation?

- 1 Yes
- 2 No
DK, R

RAC_C8 If any of RAC_Q6A to RAC_Q6G or RAC_Q7A to RAC_Q7C = 1, go to RAC_Q8.
 Otherwise, go to RAC_END.

RAC_Q8 **Are these difficulties due to YOUR1 physical health, to YOUR1 emotional or mental health, to YOUR1 use of alcohol or drugs, or to another reason?**
INTERVIEWER: Mark all that apply.

- RACE_8A 1 Physical health
- RACE_8B 2 Emotional or mental health
- RACE_8C 3 Use of alcohol or drugs
- RACE_8D 4 Another reason – Specify
DK, R

RAC_C8S If RAC_Q8 = 4, go to RAC_Q8S.
 Otherwise, go to RAC_END.

RAC_Q8S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

RAC_END

FOR INFORMATION ONLY

TWO-WEEK DISABILITY (TWD)

TWD_BEG

TWD_C1 If (do TWD block = 1), go to TWD_QINT.
Otherwise, go to TWD_END.

TWD_QINT **The next few questions ask about ^YOUR2 health during the past 14 days. It is important for you to refer to the 14-day period from [date two weeks ago] to [date yesterday].**
INTERVIEWER: Press <Enter> to continue.

TWD_Q1 **During that period, did ^YOU2 stay in bed at all because of illness or injury, including any nights spent as a patient in a hospital?**
TWDE_1

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

TWD_Q2 **How many days did ^YOU1 stay in bed for all or most of the day?**
TWDE_2 INTERVIEWER: Enter 0 if less than a day.

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

DK, R (Go to TWD_END)

TWD_C2A If TWD_Q2 > 1, go to TWD_Q2B.

TWD_Q2A **Was that due to ^YOUR1 emotional or mental health or ^YOUR1 use of alcohol or drugs?**
TWDE_2A

- 1 Yes
- 2 No
DK, R

Go to TWD_C3

TWD_Q2B **How many of these [TWD_Q2] days were due to ^YOUR1 emotional or mental health or ^YOUR1 use of alcohol or drugs?**
TWDE_2B

INTERVIEWER: Minimum is 0; maximum is [TWD_Q2].

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

Note: In processing, if a respondent answered TWD_Q2A = 1, the variable TWD_Q2B is given the value of TWD_Q2.

TWD_C3 If TWD_Q2 = 14 days, go to TWD_END.

TWD_Q3
TWDE_3 **[Not counting days spent in bed, during those 14 days,/During those 14 days,] were there any days that ^YOU2 cut down on things ^YOU1 normally ^DOVERB because of illness or injury?**

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

Note: If TWD_Q1 = 2, use "During those 14 days," in TWD_Q3.
Otherwise, use "Not counting days spent in bed, during those 14 days," in TWD_Q3.

TWD_Q4
TWDE_4 **How many days did ^YOU2 cut down on things for all or most of the day?**
INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD_Q2].

- [_][_] Days
(MIN: 0) (MAX: 14 - days in TWD_Q2)
- DK, R (Go to TWD_Q5)

TWD_C4A If TWD_Q4 > 1, go to TWD_Q4B.

TWD_Q4A
TWDE_4A **Was that due to ^YOUR1 emotional or mental health or ^YOUR1 use of alcohol or drugs?**

- 1 Yes
- 2 No
DK, R

Go to TWD_Q5

TWD_Q4B
TWDE_4B **How many of these [TWD_Q4] days were due to ^YOUR1 emotional or mental health or ^YOUR1 use of alcohol or drugs?**

INTERVIEWER: Minimum is 0; maximum is [TWD_Q4].

- [_][_] Days
(MIN: 0) (MAX: days in TWD_Q4)
- DK, R

Note: In processing, if a respondent answered TWD_Q4A = 1, the variable TWD_Q4B is given the value of TWD_Q4.

TWD_Q5
TWDE_5A **[Not counting days spent in bed, during those 14 days,/During those 14 days,] were there any days when it took extra effort to perform up to ^YOUR1 usual level at work or at ^YOUR1 other daily activities, because of illness or injury?**

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

Note: If TWD_Q1 = 2, use "During those 14 days," in TWD_Q5.
Otherwise, use "Not counting days spent in bed, during those 14 days," in TWD_Q5.

TWD_Q6 **How many days required extra effort?**
TWDE_6 INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD_Q2].

|_|_| Days
(MIN: 0) (MAX: 14 - days in TWD_Q2)
DK, R (Go to TWD_END)

TWD_C6A If TWD_Q6 > 1, go to TWD_Q6B.
Otherwise, go to TWD_Q6A.

TWD_Q6A **Was that due to ^YOUR1 emotional or mental health or ^YOUR1**
TWDE_6A **use of alcohol or drugs?**

1 Yes
2 No
DK, R

Go to TWD_END

TWD_Q6B **How many of these [TWD_Q6] days were due to ^YOU1 emotional or mental**
TWDE_6B **health or YOUR1 use of alcohol or drugs?**
INTERVIEWER: Minimum is 0; maximum is [TWD_Q6].

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

Note: In processing, if a respondent answered TWD_Q6A = 1, the variable TWD_Q6B is given
the value of TWD_Q6.

TWD_END

FLU SHOTS (FLU)

FLU_BEG

FLU_C1 If (do FLU block = 1), then go to FLU_C160.
Otherwise, go to FLU_END.

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

FLU_Q160 **Now a few questions about your use of various health care services.**
FLUE_160 **Have you ever had a flu shot?**

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

FLU_Q162 **When did you have your last flu shot?**
FLUE_162 INTERVIEWER: Read categories to respondent.

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

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

- | | | |
|----------|----|--|
| FLUE_66A | 1 | Have not gotten around to it |
| FLUE_66B | 2 | Respondent - did not think it was necessary |
| FLUE_66C | 3 | Doctor - did not think it was necessary |
| FLUE_66D | 4 | Personal or family responsibilities |
| FLUE_66E | 5 | Not available - at time required |
| FLUE_66F | 6 | Not available - at all in the area |
| FLUE_66G | 7 | Waiting time was too long |
| FLUE_66H | 8 | Transportation - problems |
| FLUE_66I | 9 | Language - problem |
| FLUE_66J | 10 | Cost |
| FLUE_66K | 11 | Did not know where to go / uninformed |
| FLUE_66L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| FLUE_66M | 13 | Bad reaction to previous shot |
| FLUE_66O | 14 | Unable to leave the house because of a health problem |
| FLUE_66N | 15 | Other - Specify |
| | | DK, R |

FLU_C166S If FLU_Q166 = 15, go to FLU_Q166S.
Otherwise, go to FLU_END.

FLU_Q166S INTERVIEWER: Specify.

(80 spaces)
DK, R

FLU_END

FOR INFORMATION ONLY

BLOOD PRESSURE CHECK (BPC)

BPC_BEG

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

BPC_Q010 **(Now blood pressure)**
 BPCE_010 **Have you ever had your blood pressure taken?**

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

BPC_Q012 **When was the last time?**
 BPCE_012

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

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

BPC_Q016 **What are the reasons that you have not had your blood pressure taken in the past 2 years?**

INTERVIEWER: Mark all that apply.

- BPCE_16A 1 Have not gotten around to it
- BPCE_16B 2 Respondent - did not think it was necessary
- BPCE_16C 3 Doctor - did not think it was necessary
- BPCE_16D 4 Personal or family responsibilities
- BPCE_16E 5 Not available - at time required
- BPCE_16F 6 Not available - at all in the area
- BPCE_16G 7 Waiting time was too long
- BPCE_16H 8 Transportation - problems
- BPCE_16I 9 Language - problem
- BPCE_16J 10 Cost
- BPCE_16K 11 Did not know where to go / uninformed
- BPCE_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
- BPCE_16N 13 Unable to leave the house because of a health problem
- BPCE_16M 14 Other - Specify
 DK, R

BPC_C016S If BPC_Q016 = 14, go to BPC_Q016S.
Otherwise, go to BPC_END.

BPC_Q016S INTERVIEWER: Specify.

(80 spaces)
DK, R

BPC_END

FOR INFORMATION ONLY

PAP SMEAR TEST (PAP)

PAP_BEG

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

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

PAP_Q020 **(Now PAP tests)**
PAPE_020 **Have you ever had a PAP smear test?**

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

PAP_Q022 **When was the last time?**
PAPE_022

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

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.

- PAPE_26A 1 Have not gotten around to it
- PAPE_26B 2 Respondent - did not think it was necessary
- PAPE_26C 3 Doctor - did not think it was necessary
- PAPE_26D 4 Personal or family responsibilities
- PAPE_26E 5 Not available - at time required
- PAPE_26F 6 Not available - at all in the area
- PAPE_26G 7 Waiting time was too long
- PAPE_26H 8 Transportation - problems
- PAPE_26I 9 Language - problem
- PAPE_26J 10 Cost
- PAPE_26K 11 Did not know where to go / uninformed
- PAPE_26L 12 Fear (e.g., painful, embarrassing, find something wrong)
- PAPE_26M 13 Have had a hysterectomy
- PAPE_26N 14 Hate / dislike having one done
- PAPE_26P 15 Unable to leave the house because of a health problem
- PAPE_26O 16 Other - Specify
DK, R

PAP_C026S If PAP_Q026 = 16, go to PAP_Q026S.
Otherwise, go to PAP_END.

PAP_Q026S INTERVIEWER: Specify.

(80 spaces)
DK, R

PAP_END

FOR INFORMATION ONLY

MAMMOGRAPHY (MAM)

MAM_BEG

MAM_C1 If (do MAM block = 1), go to MAM_C030.
Otherwise, go to MAM_END.

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

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

MAM_Q030 **(Now Mammography)**
MAME_030 **Have you ever had a mammogram, that is, a breast x-ray?**

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

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

- MAME_31A 1 Family history of breast cancer
- MAME_31B 2 Part of regular check-up / routine screening
- MAME_31C 3 Age
- MAME_31D 4 Previously detected lump
- MAME_31E 5 Follow-up of breast cancer treatment
- MAME_31F 6 On hormone replacement therapy
- MAME_31G 7 Breast problem
- MAME_31H 8 Other - Specify
DK, R

MAM_C031S If MAM_Q031 = 8, go to MAM_Q031S.
Otherwise, go to MAM_Q032.

MAM_Q031S **INTERVIEWER:** Specify.

(80 spaces)
DK, R

MAM_Q032 **When was the last time?**
MAME_032

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

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

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

- | | | |
|----------|----|--|
| MAME_36A | 1 | Have not gotten around to it |
| MAME_36B | 2 | Respondent - did not think it was necessary |
| MAME_36C | 3 | Doctor - did not think it was necessary |
| MAME_36D | 4 | Personal or family responsibilities |
| MAME_36E | 5 | Not available - at time required |
| MAME_36F | 6 | Not available - at all in the area |
| MAME_36G | 7 | Waiting time was too long |
| MAME_36H | 8 | Transportation - problems |
| MAME_36I | 9 | Language - problem |
| MAME_36J | 10 | Cost |
| MAME_36K | 11 | Did not know where to go / uninformed |
| MAME_36L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| MAME_36N | 13 | Unable to leave the house because of a health problem |
| MAME_36O | 14 | Breasts removed / Mastectomy |
| MAME_36M | 15 | Other - Specify
DK, R |

MAM_C036S If MAM_Q036 = 15, go to MAM_Q036S.
Otherwise, go to MAM_C037.

MAM_Q036S INTERVIEWER: Specify.

(80 spaces)

DK, R

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

MAM_Q037 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**
MAME_037

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

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

MAM_C038A If PAP_Q026 = 13, go to MAM_END.
Otherwise, go to MAM_Q038.

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

MAME_038

- 1 Yes
- 2 No
DK, R

Note: In processing, if a respondent answered MAM_Q037 = 1, the variable MAM_Q038 is given the value of 2.

MAM_END

FOR INFORMATION ONLY

BREAST EXAMINATIONS (BRX)

BRX_BEG

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

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

BRX_Q110 **(Now breast examinations)**
BRXE_110 **Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?**

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

BRX_Q112 **When was the last time?**
BRXE_112

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

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

- BRXE_16A 1 Have not gotten around to it
- BRXE_16B 2 Respondent - did not think it was necessary
- BRXE_16C 3 Doctor - did not think it was necessary
- BRXE_16D 4 Personal or family responsibilities
- BRXE_16E 5 Not available - at time required
- BRXE_16F 6 Not available - at all in the area
- BRXE_16G 7 Waiting time was too long
- BRXE_16H 8 Transportation - problems
- BRXE_16I 9 Language - problem
- BRXE_16J 10 Cost
- BRXE_16K 11 Did not know where to go / uninformed
- BRXE_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
- BRXE_16N 13 Unable to leave the house because of a health problem
- BRXE_16O 14 Breasts removed / mastectomy
- BRXE_16M 15 Other - Specify
- DK, R

BRX_C116S If BRX_Q116 = 15, go to BRX_Q116S.
Otherwise, go to BRX_END.

BRX_Q116S INTERVIEWER: Specify.

(80 spaces)
DK, R

BRX_END

FOR INFORMATION ONLY

BREAST SELF-EXAMINATIONS (BSX)

BSX_BEG

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

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

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

BSX_Q120 **(Now breast self examinations)**
BSXE_120 **Have you ever examined your breasts for lumps (tumours, cysts)?**

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

BSX_Q121 **How often?**
BSXE_121

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

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

- BSXE_22A 1 Doctor
- BSXE_22B 2 Nurse
- BSXE_22C 3 Book / magazine / pamphlet
- BSXE_22D 4 TV / video / film
- BSXE_22H 5 Family member (e.g., mother, sister, cousin)
- BSXE_22G 6 Other - Specify
- DK, R

BSX_C122S If BSX_Q122 = 6, go to BSX_Q122S.
Otherwise, go to BSX_END.

BSX_Q122S INTERVIEWER: Specify.

(80 spaces)
DK, R

BSX_END

EYE EXAMINATIONS (EYX)

EYX_BEG

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

EYX_C140B If HCU_Q02B = 0, DK or R (not seen or talked to eye doctor), go to EYX_Q142.
 Otherwise, go to EYX_Q140.

EYX_Q140 **(Now eye examinations)**
 EYXE_140 **It was reported earlier that you have “seen” or “talked to” an optometrist or ophthalmologist in the past 12 months. Did you actually visit one?**

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

EYX_Q142 **When did you last have an eye examination?**
 EYXE_142

- 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 (Go to EYX_END)
- DK, R (Go to EYX_END)

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

EYX_Q146 **What are the reasons that you have not had an eye examination in the past 2 years?**

INTERVIEWER: Mark all that apply.

- EYXE_46A 1 Have not gotten around to it
- EYXE_46B 2 Respondent - did not think it was necessary
- EYXE_46C 3 Doctor - did not think it was necessary
- EYXE_46D 4 Personal or family responsibilities
- EYXE_46E 5 Not available - at time required
- EYXE_46F 6 Not available - at all in the area
- EYXE_46G 7 Waiting time was too long
- EYXE_46H 8 Transportation - problems
- EYXE_46I 9 Language - problem
- EYXE_46J 10 Cost
- EYXE_46K 11 Did not know where to go / uninformed
- EYXE_46L 12 Fear (e.g., painful, embarrassing, find something wrong)
- EYXE_46N 13 Unable to leave the house because of a health problem
- EYXE_46M 14 Other – Specify
- DK, R

EYX_C146S If EYX_Q146 = 14, go to EYX_Q146S.
Otherwise, go to EYX_END.

EYX_Q146S INTERVIEWER: Specify.

(80 spaces)
DK, R

EYX_END

FOR INFORMATION ONLY

PHYSICAL CHECK-UP (PCU)

PCU_BEG

PCU_C1 If (PCU block = 1), go to PCU_C150.
 PCUEFOPT Otherwise go to PCU_END.

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

PCU_Q150 **(Now physical check-ups)**
 PCUE_150 **Have you ever had a physical check-up without having a specific health problem?**

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

PCU_Q151 **Have you ever had one during a visit for a health problem?**
 PCUE_151

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

PCU_Q152 **When was the last time?**
 PCUE_152

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

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

- PCUE_56A 1 Have not gotten around to it
- PCUE_56B 2 Respondent - did not think it was necessary
- PCUE_56C 3 Doctor - did not think it was necessary
- PCUE_56D 4 Personal or family responsibilities
- PCUE_56E 5 Not available - at time required
- PCUE_56F 6 Not available - at all in the area
- PCUE_56G 7 Waiting time was too long
- PCUE_56H 8 Transportation - problems
- PCUE_56I 9 Language - problem
- PCUE_56J 10 Cost
- PCUE_56K 11 Did not know where to go / uninformed
- PCUE_56L 12 Fear (e.g., painful, embarrassing, find something wrong)
- PCUE_56N 13 Unable to leave the house because of a health problem
- PCUE_56M 14 Other - Specify
 DK, R

PCU_C156S If PCU_Q156 = 14, go to PCU_Q156S.
Otherwise, go to PCU_END.

PCU_Q156S INTERVIEWER: Specify.

(80 spaces)
DK, R

PCU_END

FOR INFORMATION ONLY

PROSTATE CANCER SCREENING (PSA)

PSA_BEG

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

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

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

PSA_Q170 **(Now Prostate tests)**
 PSAE_170 **Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?**

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

PSA_Q172 **When was the last time?**
 PSAE_172

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

PSA_Q173 **Why did you have it?**
 INTERVIEWER: Mark all that apply.

If respondent says 'doctor recommended it' or 'I requested it', probe for reason.

- PSAE_73A 1 Family history of prostate cancer
- PSAE_73B 2 Part of regular check-up / routine screening
- PSAE_73C 3 Age
- PSAE_73G 4 Race
- PSAE_73D 5 Follow-up of problem
- PSAE_73E 6 Follow-up of prostate cancer treatment
- PSAE_73F 7 Other - Specify
- DK, R

PSA_C173S If PSA_Q173 = 7, go to PSA_Q173S.
 Otherwise, go to PSA_Q174.

PSA_Q173S INTERVIEWER: Specify.

(80 spaces)
 DK, R

PSA_Q174
PSAE_174

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

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

PSA_Q175
PSAE_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, R

PSA_END

FOR INFORMATION ONLY

COLORECTAL CANCER SCREENING (CCS)

CCS_BEG

CCS_C1 If (do CCS block = 1), go to CCS_C180.
 CCSEFOPT Otherwise, go to CCS_END.

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

CCS_Q180 **Now a few questions about various colorectal exams.**
 CCSE_180

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

Have you ever had this test?

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

CCS_Q182 **When was the last time?**
 CCSE_182

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

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.

- CCSE_83A 1 Family history of colorectal cancer
- CCSE_83B 2 Part of regular check-up / routine screening
- CCSE_83C 3 Age
- CCSE_83G 4 Race
- CCSE_83D 5 Follow-up of problem
- CCSE_83E 6 Follow-up of colorectal cancer treatment
- CCSE_83F 7 Other - Specify
- DK, R

CCS_C183S If CCS_Q183 = 7, go to CCS_Q183S.
Otherwise, go to CCS_Q184.

CCS_Q183S INTERVIEWER: Specify.

(80 spaces)
DK, R

CCS_Q184 **A colonoscopy or sigmoidoscopy is when a tube is inserted into the rectum
CCSE_184 to view the bowel for early signs of cancer and other health problems.
Have you ever had either of these exams?**

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

CCS_Q185 **When was the last time?**
CCSE_185

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

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

- CCSE_86A 1 Family history of colorectal cancer
- CCSE_86B 2 Part of regular check up / routine screening
- CCSE_86C 3 Age
- CCSE_86G 4 Race
- CCSE_86D 5 Follow-up of problem
- CCSE_86E 6 Follow-up of colorectal cancer treatment
- CCSE_86F 7 Other - Specify
DK, R

CCS_C186S If CCS_Q186 = 7, go to CCS_Q186S.
Otherwise, go to CCS_C187.

CCS_Q186S INTERVIEWER: Specify.

(80 spaces)
DK, R

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

CCS_Q187 **Was the colonoscopy or sigmoidoscopy a follow-up of the results of an FOBT?**
CCSE_187

- 1 Yes
- 2 No
DK, R

CCS_END

FOR INFORMATION ONLY

DENTAL VISITS (DEN)

DEN_BEG

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

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

DEN_C130C If HCU_Q02E = 0, DK or R, go to DEN_C132.
Otherwise, go to DEN_Q130.

DEN_Q130 **Now dental visits**
DENE_130 **It was reported earlier that you have “seen” or “talked to” a dentist in the past 12 months. Did you actually visit one?**

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

DEN_C132 If HCU_Q02E = 0, DK, R, go to DEN_R132.
Otherwise, go to DEN_Q132.

DEN_R132 **Now dental visits**

DEN_Q132 **When was the last time that you went to a dentist?**
DENE_132

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

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

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

Trigger soft edit if DEN_Q132 = 1 and HCU_Q02E = 0.

If DEN_Q132 = 1, go to DEN_END.

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

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|--|
| DENE_36A | 1 | Have not gotten around to it |
| DENE_36B | 2 | Respondent - did not think it was necessary |
| DENE_36C | 3 | Dentist - did not think it was necessary |
| DENE_36D | 4 | Personal or family responsibilities |
| DENE_36E | 5 | Not available - at time required |
| DENE_36F | 6 | Not available - at all in the area |
| DENE_36G | 7 | Waiting time was too long |
| DENE_36H | 8 | Transportation - problems |
| DENE_36I | 9 | Language - problem |
| DENE_36J | 10 | Cost |
| DENE_36K | 11 | Did not know where to go / uninformed |
| DENE_36L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| DENE_36M | 13 | Wears dentures |
| DENE_36O | 14 | Unable to leave the house because of a health problem |
| DENE_36N | 15 | Other – Specify
DK, R |

DEN_C136S If DEN_Q136 = 15, go to DEN_Q136S.
Otherwise, go to DEN_END.

DEN_Q136S INTERVIEWER: Specify.

(80 spaces)
DK, R

DEN_END

FOR INFORMATION ONLY

ORAL HEALTH 2 (OH2)

OH2_BEG

OH2_C10A If (do OH2 block = 1), go to OH2_C10B.
OH2EFOPT Otherwise, go to OH2_END.

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

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

OH2_Q10 **Do you usually visit the dentist:**
OH2E_10 INTERVIEWER: Read categories to respondent.

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

OH2_Q11 **Do you have insurance that covers all or part of your dental expenses?**
OH2E_11

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

OH2_Q11A **Is it:**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- OH2E_11A 1 ... a government sponsored plan?
- OH2E_11B 2 ... an employer-sponsored plan?
- OH2E_11C 3 ... a private plan?
DK, R

OH2_C12 If DEN_Q130 = 1 or DEN_Q132 = 1, go to OH2_Q12.
Otherwise, go to OH2_Q20.

OH2_Q12 **In the past 12 months, have you had any teeth removed by a dentist?**
OH2E_12

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

OH2_Q13 **(In the past 12 months,) were any teeth removed because of decay or gum disease?**
OH2E_13

- 1 Yes
- 2 No
DK, R

OH2_Q20
OH2E_20 **Do you have one or more of your own teeth?**

- 1 Yes
- 2 No
DK, R

OH2_C21 If DEN_Q136 = 13, go to OH2_Q22.
Otherwise, go to OH2_Q21.

OH2_Q21
OH2E_21 **Do you wear dentures or false teeth?**

- 1 Yes
- 2 No
DK, R

Note: In processing, if a respondent answered DEN_Q136 = 13, the variable OH2_Q21 is given the value of 1.

OH2_R22 **Now we have some additional questions about oral health, that is the health of your teeth and mouth.**
INTERVIEWER: Press <Enter> to continue.

OH2_Q22
OH2E_22 **Because of the condition of your [teeth, mouth or dentures/teeth or mouth], do you have difficulty pronouncing any words or speaking clearly?**

- 1 Yes
- 2 No
DK, R

Note: If OH2_Q21= 1 or DEN_Q136 = 13, use "teeth, mouth or dentures".
Otherwise, use "teeth or mouth".

OH2_Q23
OH2E_23 **In the past 12 months, how often have you avoided:**

... conversation or contact with other people, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?

INTERVIEWER: Read categories to respondent.

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

Note: If OH2_Q21= 1 or DEN_Q136 = 13, use "teeth, mouth or dentures".
Otherwise, use "teeth or mouth".

OH2_Q24
OH2E_24

(In the past 12 months, how often have you avoided:)

... laughing or smiling, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?

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

Note: If OH2_Q21= 1 or DEN_Q136 = 13, use "teeth, mouth or dentures".
Otherwise, use "teeth or mouth".

OH2_R25

Now some questions about the health of your teeth and mouth during the past month.

INTERVIEWER: Press <Enter> to continue.

OH2_Q25A
OH2E_25A

In the past month, have you had:

... a toothache?

- 1 Yes
- 2 No
- DK, R

OH2_Q25B
OH2E_25B

In the past month, were your teeth:

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

- 1 Yes
- 2 No
- DK, R

OH2_Q25C
OH2E_25C

In the past month, have you had:

... pain in or around the jaw joints?

- 1 Yes
- 2 No
- DK, R

OH2_Q25D
OH2E_25D

(In the past month, have you had:)

... other pain in the mouth or face?

- 1 Yes
- 2 No
- DK, R

OH2_Q25E (In the past month, have you had:)
OH2E_25E

... bleeding gums?

- 1 Yes
- 2 No
DK, R

OH2_Q25F (In the past month, have you had:)
OH2E_25F

... dry mouth?

INTERVIEWER: Do not include thirst caused by exercise.

- 1 Yes
- 2 No
DK, R

OH2_Q25G (In the past month, have you had:)
OH2E_25G

... bad breath?

- 1 Yes
- 2 No
DK, R

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

OH2_Q30 How often do you brush your teeth?
OH2E_30

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

OH2_END

FOOD CHOICES (FDC)

FDC_BEG

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

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

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

FDC_Q1A **Do you choose certain foods or avoid others:**
FDCE_1A **... because you are concerned about your body weight?**

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

FDC_Q1B **(Do you choose certain foods or avoid others:)**
FDCE_1B **... because you are concerned about heart disease?**

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

FDC_Q1C **(Do you choose certain foods or avoid others:)**
FDCE_1C **... because you are concerned about cancer?**

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

FDC_Q1D **(Do you choose certain foods or avoid others:)**
FDCE_1D **... because you are concerned about osteoporosis (brittle bones)?**

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

FDC_Q2A **Do you choose certain foods because of:**
FDCE_2A **... the lower fat content?**

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

FDC_Q2B
FDCE_2B (Do you choose certain foods because of:)

... the fibre content?

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

FDC_Q2C
FDCE_2C (Do you choose certain foods because of:)

... the calcium content?

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

FDC_Q3A
FDCE_3A Do you avoid certain foods because of:

... the fat content?

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

FDC_Q3B
FDCE_3B (Do you avoid certain foods because of:)

... the type of fat they contain?

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

FDC_Q3C
FDCE_3C (Do you avoid certain foods because of:)

... the salt content?

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

FDC_Q3D
FDCE_3D (Do you avoid certain foods because of:)

... the cholesterol content?

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

FDC_Q3E
FDCE_3E

(Do you avoid certain foods because of:)

... the calorie content?

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

FDC_END

FOR INFORMATION ONLY

FRUIT AND VEGETABLE CONSUMPTION (FVC)

FVC_BEG

Note: This module was collected as optional content and as part of a sub-sample.

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

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

FVC_Q1A **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**
 FVCE_1A **(For example: once a day, three times a week, twice a month)**
 INTERVIEWER: Select the reporting period here and enter the number in the next screen.

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

FVC_N1B INTERVIEWER: Enter number of times per day.
 FVCE_1B
 ___ Times
 (MIN: 1) (MAX: 20)
 DK, R

Go to FVC_Q2A

FVC_N1C INTERVIEWER: Enter number of times per week.
 FVCE_1C
 ___ Times
 (MIN: 1) (MAX: 30)
 DK, R

Go to FVC_Q2A

FVC_N1D INTERVIEWER: Enter number of times per month.
 FVCE_1D
 ____ Times
 (MIN: 1) (MAX: 200)
 DK, R

Go to FVC_Q2A

FVC_N1E INTERVIEWER: Enter number of times per year.
 FVCE_1E
 ____ Times
 (MIN: 1) (MAX: 500)
 DK, R

FVC_Q2A
FVCE_2A

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

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

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

FVC_N2B
FVCE_2B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q3A

FVC_N2C
FVCE_2C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q3A

FVC_N2D
FVCE_2D

INTERVIEWER: Enter number of times per month.

||_| Times
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_Q3A

FVC_N2E
FVCE_2E

INTERVIEWER: Enter number of times per year.

||_| Times
(MIN: 1) (MAX: 500)
DK, R

FOR INFORMATION ONLY

FVC_Q3A
FVCE_3A

How often do you (usually) eat green salad?

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

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

FVC_N3B
FVCE_3B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q4A

FVC_N3C
FVCE_3C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q4A

FVC_N3D
FVCE_3D

INTERVIEWER: Enter number of times per month.

||_| Times
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_Q4A

FVC_N3E
FVCE_3E

INTERVIEWER: Enter number of times per year.

||_| Times
(MIN: 1) (MAX: 500)
DK, R

FOR INFORMATION ONLY

FVC_Q4A
FVCE_4A

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

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

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

FVC_N4B
FVCE_4B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q5A

FVC_N4C
FVCE_4C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q5A

FVC_N4D
FVCE_4D

INTERVIEWER: Enter number of times per month.

||_| Times
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_Q5A

FVC_N4E
FVCE_4E

INTERVIEWER: Enter number of times per year.

||_| Times
(MIN: 1) (MAX: 500)
DK, R

FVC_Q5A
FVCE_5A

How often do you (usually) eat carrots?

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

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

FVC_N5B
FVCE_5B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q6A

FVC_N5C
FVCE_5C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q6A

FVC_N5D
FVCE_5D

INTERVIEWER: Enter number of times per month.

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

Go to FVC_Q6A

FVC_N5E
FVCE_5E

INTERVIEWER: Enter number of times per year.

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

FOR INFORMATION ONLY

FVC_Q6A
FVCE_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, R (Go to FVC_END)

FVC_N6B
FVCE_6B

INTERVIEWER: Enter number of servings per day.

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

Go to FVC_END

FVC_N6C
FVCE_6C

INTERVIEWER: Enter number of servings per week.

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

Go to FVC_END

FVC_N6D
FVCE_6D

INTERVIEWER: Enter number of servings per month.

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

Go to FVC_END

FVC_N6E
FVCE_6E

INTERVIEWER: Enter number of servings per year.

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

FVC_END

PHYSICAL ACTIVITY (PAC)

PAC_BEG

PAC_C1 If (do PAC block = 1), go to PAC_C2.
Otherwise, go to PAC_END.

PAC_C2 If proxy interview, go to PAC_END.

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

PAC_Q1 **Have you done any of the following in the past 3 months, that is, from [date three months ago] to yesterday?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- | | | | | | |
|---------|----|----------------------------------|---------|----|----------------------------------|
| PACE_1A | 1 | Walking for exercise | PACE_1M | 13 | Down hill skiing or snowboarding |
| PACE_1B | 2 | Gardening or yard work | PACE_1N | 14 | Bowling |
| PACE_1C | 3 | Swimming | PACE_1O | 15 | Baseball or softball |
| PACE_1D | 4 | Bicycling | PACE_1P | 16 | Tennis |
| PACE_1E | 5 | Popular or social dance | PACE_1Q | 17 | Weight-training |
| PACE_1F | 6 | Home exercises | PACE_1R | 18 | Fishing |
| PACE_1G | 7 | Ice hockey | PACE_1S | 19 | Volleyball |
| PACE_1H | 8 | Ice skating | PACE_1T | 20 | Basketball |
| PACE_1I | 9 | In-line skating or rollerblading | PACE_1Z | 21 | Soccer |
| PACE_1J | 10 | Jogging or running | PACE_1U | 22 | Any other |
| PACE_1K | 11 | Golfing | PACE_1V | 23 | No physical activity |
| PACE_1L | 12 | Exercise class or aerobics | | | (Go to PAC_R2) |

DK, R (Go to PAC_END)

PAC_C1VS If "Any other" is chosen as a response, go to PAC_Q1VS.
Otherwise, go to PAC_Q2.

PAC_Q1VS **What was this activity?**
INTERVIEWER: Enter one activity only.

(80 spaces)
DK, R (Go to PAC_Q2)

PAC_Q1X **In the past 3 months, did you do any other physical activity for leisure?**

- PACE_1W
- | | | |
|---|-------|----------------|
| 1 | Yes | |
| 2 | No | (Go to PAC_Q2) |
| | DK, R | (Go to PAC_Q2) |

PAC_Q1XS **What was this activity?**
INTERVIEWER: Enter one activity only.

(80 spaces)
DK, R (Go to PAC_Q2)

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

PACE_1X

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

PAC_Q1YS **What was this activity?**
INTERVIEWER: Enter one activity only.

(80 spaces)
DK, R (Go to PAC_Q2)

For each activity identified in PAC_Q1, ask PAC_Q2 and PAC_Q3

PAC_E1 **You cannot select “No physical activity” and another category.
Please return and correct.**

Trigger hard edit if PAC_Q1 = 23 with any other response.

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

PACE_2n

[_][_][_] Times
(MIN: 1) (MAX: 99 for each activity except the following:
Walking: MAX = 270
Bicycling: MAX = 200
Other activities: MAX = 200)
DK, R (Go to next activity)

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

PACE_3n

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

PAC_R2 **Next, some questions about the amount of time you spent in the past 3 months on
physical activity at work or while doing daily chores around the house, but not
leisure time activity.**

INTERVIEWER: Press <Enter> to continue.

PAC_Q4A
PACE_4A

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

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

PAC_Q4B
PACE_4B

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

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

PAC_Q6
PACE_6

Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?

INTERVIEWER: Read categories to respondent.

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

PAC_END

SEDENTARY ACTIVITIES (SAC)

SAC_BEG

SAC_C1 If (do SAC block = 1), go to SAC_CINT.
SACEFOPT Otherwise, go to SAC_END.

SAC_CINT 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 <Enter> to continue.

SAC_Q1 **In a typical week in the past 3 months, how much time did you usually spend:**
SACE_1 **... on a computer, including playing computer games and using the Internet?**
INTERVIEWER: Do not include time spent at work or at school.

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

SAC_C2 If age > 19, go to SAC_C3.

SAC_Q2 **(In a typical week, in the past 3 months, how much time did you usually spend:)**
SACE_2 **... playing video games, such as XBOX, Nintendo and Playstation?**

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

SAC_Q3
SACE_3

(In a typical week in the past 3 months, how much time did you usually spend:)

... watching television or videos?

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

SAC_Q4
SACE_4

(In a typical week, in the past 3 months, how much time did you usually spend:)

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

INTERVIEWER: Include books, magazines, newspapers, homework.

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

SAC_END

FOR INFORMATION ONLY

USE OF PROTECTIVE EQUIPMENT (UPE)

UPE_BEG

UPE_C1A If (do UPE block = 1), go to UPE_C1B.
UPEEFOPT Otherwise, go to UPE_END.

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

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

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

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

UPE_Q1 **When riding a bicycle, how often do you wear a helmet?**
UPEE_01 INTERVIEWER: Read categories to respondent.

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

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

UPE_Q2A **When in-line skating or rollerblading, how often do you wear a helmet?**
UPEE_02A

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

UPE_Q2B **How often do you wear wrist guards or wrist protectors?**
UPEE_02B

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

UPE_Q2C
UPEE_02C **How often do you wear elbow pads?**

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

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

UPE_Q3A
UPEE_03A **Earlier, you mentioned going downhill skiing or snowboarding in the past 3 months. Was that:**

INTERVIEWER: Read categories to respondent.

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

UPE_Q3B
UPEE_03B **In the past 12 months, did you do any downhill skiing or snowboarding?**

INTERVIEWER: Read categories to respondent.

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

UPE_Q4A
UPEE_04A **When downhill skiing, how often do you wear a helmet?**

INTERVIEWER: Read categories to respondent.

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

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

UPE_Q5A
UPEE_05A **When snowboarding, how often do you wear a helmet?**

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

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

UPEE_05B

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

UPE_C6 If age \geq 12 or \leq 19, go to UPE_Q6.
Otherwise, go to UPE_END.

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

UPEE_06

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

UPE_Q6A **How often do you wear a helmet?**

UPEE_06A

INTERVIEWER: Read categories to respondent.

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

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

UPEE_06B

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

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

UPEE_06C

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

UPE_END

SUN SAFETY (SSB)

SSB_BEG

SSB_C1 If (do SSB block = 1), go to SSB_C2.
 SSBEFOPT Otherwise, go to SSB_END.

SSB_C2 If proxy interview, go to SSB_END.
 Otherwise, go to SSB_R01.

SSB_R01 **The next few questions are about exposure to the sun and sunburns. Sunburn is defined as any reddening or discomfort of the skin, that lasts longer than 12 hours after exposure to the sun or other UV sources, such as tanning beds or sun lamps.**
INTERVIEWER: Press <Enter> to continue.

SSB_Q01 **In the past 12 months, has any part of your body been sunburnt?**
 SSBE_01

- 1 Yes
- 2 No (Go to SSB_R06)
- DK, R (Go to SSB_END)

SSB_Q02 **Did any of your sunburns involve blistering?**
 SSBE_02

- 1 Yes
- 2 No
- DK, R

SSB_Q03 **Did any of your sunburns involve pain or discomfort that lasted for more than 1 day?**
 SSBE_03

- 1 Yes
- 2 No
- DK, R

SSB_R06 **For the next questions, think about a typical weekend, or day off from work or school in the summer months.**
INTERVIEWER: Press <Enter> to continue.

SSB_Q06 **About how much time each day do you spend in the sun between 11 am and 4 pm?**
 SSBE_06

- 1 None (Go to SSB_END)
- 2 Less than 30 minutes (Go to SSB_END)
- 3 30 to 59 minutes
- 4 1 hour to less than 2 hours
- 5 2 hours to less than 3 hours
- 6 3 hours to less than 4 hours
- 7 4 hours to less than 5 hours
- 8 5 hours
- DK, R (Go to SSB_END)

SSB_Q07 **In the summer months, on a typical weekend or day off, when you are in the sun
SSBE_07 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, R

SSB_Q08 **(In the summer months, on a typical weekend or day off, when you are in the sun
SSBE_08 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, R

SSB_Q09A **(In the summer months, on a typical weekend or day off, when you are in the sun
SSBE_09A 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, R

SSB_Q09B **(In the summer months, on a typical weekend or day off, when you are in the sun
SSBE_09B for 30 minutes or more, how often do you:)**

... use sunscreen on your face?

- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely (Go to SSB_Q11)
 - 5 Never (Go to SSB_Q11)
- DK, R (Go to SSB_Q11)

SSB_Q10 **What Sun Protection factor (SPF) do you usually use?**
SSBE_10

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

SSB_Q11 **In the summer months, on a typical weekend or day off, when you are in the sun
SSBE_11 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_END)
- 5 Never (Go to SSB_END)
DK, R (Go to SSB_END)

SSB_Q12 **What Sun Protection factor (SPF) do you usually use?**
SSBE_12

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

SSB_END

FOR INFORMATION ONLY

SMOKING (SMK)

SMK_BEG

SMK_C1 If (do SMK block = 1), go to SMK_QINT.
Otherwise, go to SMK_END.

SMK_QINT **The next questions are about smoking.**
INTERVIEWER: Press <Enter> to continue.

SMK_Q201A **In ^YOUR1 lifetime, ^HAVE ^YOU2 smoked a total of 100 or more**
SMKE_01A **cigarettes (about 4 packs)?**

- 1 Yes (Go to SMK_Q201C)
- 2 No
DK, R

SMK_Q201B **^HAVE_C ^YOU1 ever smoked a whole cigarette?**
SMKE_01B

- 1 Yes (Go to SMK_Q201C)
- 2 No (Go to SMK_Q202)
DK (Go to SMK_Q202)
R

SMK_C201C If SMK_Q201A = R and SMK_Q201B = R, go to SMK_END.
Otherwise, go to SMK_Q202.

SMK_Q201C **At what age did ^YOU1 smoke ^YOUR1 first whole cigarette?**
SMKE_01C INTERVIEWER: Minimum is 5; maximum is [current age].

[_][_] Age in years
(MIN: 5) (MAX: current age)
DK, R (Go to SMK_Q202)

SMK_E201C **The entered age at which the respondent first smoked a whole cigarette is invalid.**
Please return and correct.

Trigger hard edit if SMK_Q201C < 5 or SMK_Q201C > [current age].

SMK_Q202 **At the present time, ^DOVERB ^YOU2 smoke cigarettes daily, occasionally**
SMKE_202 **or not at all?**

- 1 Daily
- 2 Occasionally (Go to SMK_Q205B)
- 3 Not at all (Go to SMK_C205D)
DK, R (Go to SMK_END)

Daily smoker (current)

SMK_Q203 **At what age did ^YOU1 begin to smoke cigarettes daily?**
 SMKE_203 INTERVIEWER: Minimum is 5; maximum is [current age].

|_|_| Age in years
 (MIN: 5) (MAX: current age)
 DK, R (Go to SMK_Q204)

SMK_E203 **The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.**

Trigger hard edit if SMK_Q203 < 5 or SMK_Q203 > [current age]

SMK_Q204 **How many cigarettes ^DOVERB ^YOU1 smoke each day now?**
 SMKE_204

|_| Cigarettes
 (MIN: 1) (MAX: 99; warning after 60)
 DK, R

Go to SMK_END

Occasional smoker (current)

SMK_Q205B **On the days that ^YOU2 ^DOVERB smoke, how many cigarettes ^DOVERB**
 SMKE_05B **^YOU1 usually smoke?**

|_| Cigarettes
 (MIN: 1) (MAX: 99; warning after 60)
 DK, R

SMK_Q205C **In the past month, on how many days ^HAVE ^YOU1 smoked 1 or more**
 SMKE_05C **cigarettes?**

|_| Days
 (MIN: 0) (MAX: 30)
 DK, R

SMK_C205D If SMK_Q201A = 2 (has not smoked 100 or more cigarettes lifetime), DK or R, go to SMK_END.

Occasional smoker, or non-smoker (current)

SMK_Q205D **^HAVE ^YOU1 ever smoked cigarettes daily?**
 SMKE_05D

1 Yes (Go to SMK_Q207)
 2 No
 DK, R (Go to SMK_END)

SMK_C206A If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.
 Otherwise, go to SMK_Q206A.

Non-smoker (current)

SMK_Q206A **When did ^YOU1 stop smoking? Was it:**
 SMKE_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, R (Go to SMK_END)

SMK_Q206B **In what month did ^YOU1 stop?**
 SMKE_06B

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

Go to SMK_END

SMK_Q206C **How many years ago was it?**
 SMKE_06C INTERVIEWER: Minimum is 3; maximum is [current age] - 5.

[[[]] Years
 (MIN: 3) (MAX: current age - 5)
 DK, R (Go to SMK_END)

SMK_E206C **The number of years ago that the respondent stopped smoking is invalid. Please return and correct.**

Trigger hard edit if SMK_Q206C < 3 or (SMK_Q206C > [current age] - 5).

Occasional smoker or non-smoker (current) – Daily smoker (previously)

SMK_Q207 **At what age did ^YOU1 begin to smoke (cigarettes) daily?**
 SMKE_207 INTERVIEWER: Minimum is 5; maximum is [current age].

[[[]] Age in years
 (MIN: 5) (MAX: current age)
 DK, R (Go to SMK_Q208)

SMK_E207 **The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.**

Trigger hard edit if SMK_Q207 < 5 or SMK_Q207 > [current age].

SMK_Q208 **How many cigarettes did ^YOU1 usually smoke each day?**
 SMKE_208

||| Cigarettes
 (MIN: 1) (MAX: 99; warning after 60)
 DK, R

SMK_Q209A **When did ^YOU1 stop smoking daily? Was it:**
 SMKE_09A INTERVIEWER: Read categories to respondent.

- 1 ... less than one year ago?
 - 2 ... 1 year to less than 2 years ago? (Go to SMK_C210)
 - 3 ... 2 years to less than 3 years ago? (Go to SMK_C210)
 - 4 ... 3 or more years ago? (Go to SMK_Q209C)
- DK, R (Go to SMK_END)

SMK_Q209B **In what month did ^YOU1 stop?**
 SMKE_09B

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

Go to SMK_C210

SMK_Q209C **How many years ago was it?**
 SMKE_09C INTERVIEWER: Minimum is 3; maximum is [current age] - 5.

||| Years
 (MIN: 3) (MAX: current age - 5)
 DK, R (Go to SMK_C210)

SMK_E209C **The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.**

Trigger hard edit if SMK_Q209C < 3 or (SMK_Q209C > [current age] - 5).

SMK_C210 If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.
 Otherwise, go to SMK_Q210.

Non-smoker - (current)

SMK_Q210 **Was that when ^YOU1 completely quit smoking?**
 SMKE_10

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

SMK_Q210A **When did ^YOU1 stop smoking completely? Was it:**
 SMKE_10A INTERVIEWER: Read categories to respondent.

- 1 ... less than one year ago?
 - 2 ... 1 year to less than 2 years ago? (Go to SMK_END)
 - 3 ... 2 years to less than 3 years ago? (Go to SMK_END)
 - 4 ... 3 or more years ago? (Go to SMK_Q210C)
- DK, R (Go to SMK_END)

SMK_Q210B **In what month did ^YOU1 stop?**
 SMKE_10B

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

Go to SMK_END

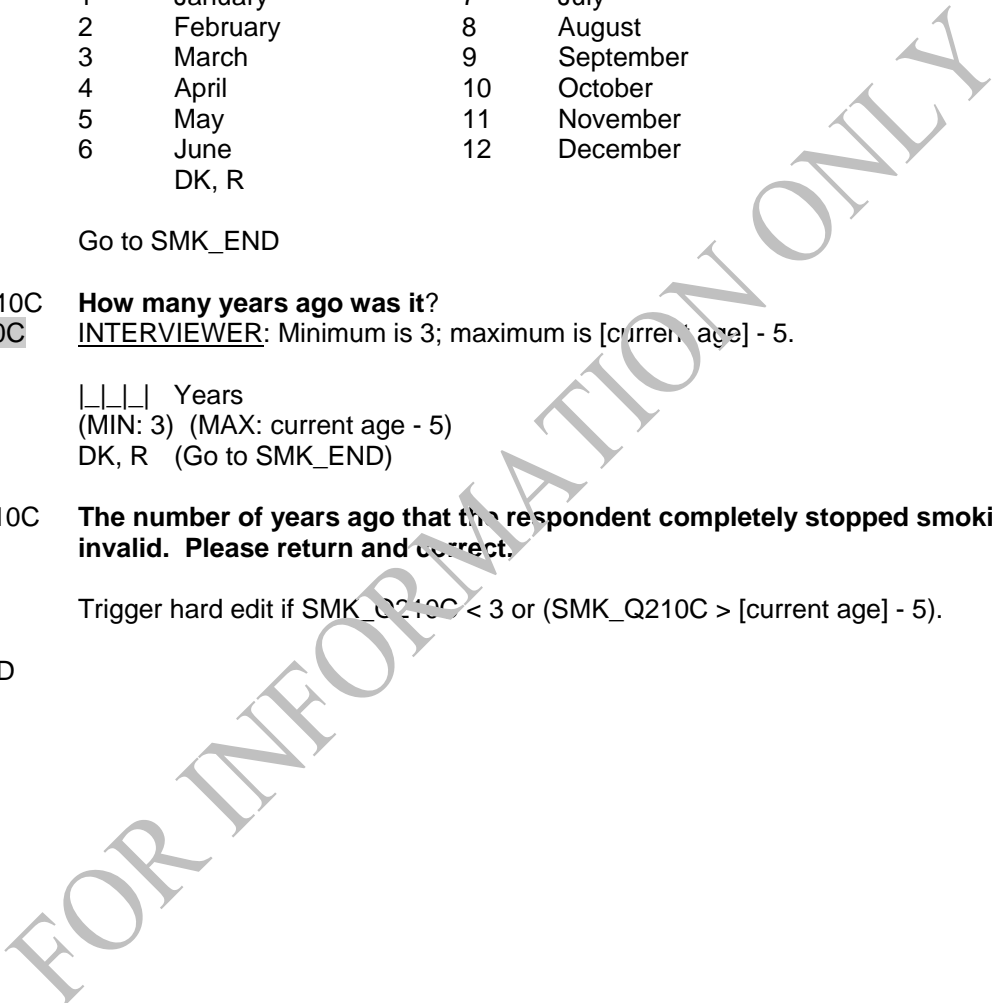
SMK_Q210C **How many years ago was it?**
 SMKE_10C INTERVIEWER: Minimum is 3; maximum is [current age] - 5.

||| Years
 (MIN: 3) (MAX: current age - 5)
 DK, R (Go to SMK_END)

SMK_E210C **The number of years ago that the respondent completely stopped smoking is invalid. Please return and correct.**

Trigger hard edit if SMK_Q210C < 3 or (SMK_Q210C > [current age] - 5).

SMK_END



SMOKING - STAGES OF CHANGE (SCH)

SCH_BEG

SCH_C1 If (do SCH block = 1), go to SCH_C2.
 SCHEFOPT Otherwise, go to SCH_END.

SCH_C2 If SMK_Q202 = 1 or 2 (current daily or occasional smokers), go to SCH_C3.
 Otherwise, go to SCH_END.

SCH_C3 If proxy interview, go to SCH_END.
 Otherwise, go to SCH_Q1.

SCH_Q1 **Are you seriously considering quitting smoking within the next 6 months?**
 SCHE_1

- 1 Yes
- 2 No (Go to SCH_Q3)
 DK, R (Go to SCH_Q3)

SCH_Q2 **Are you seriously considering quitting within the next 30 days?**
 SCHE_2

- 1 Yes
- 2 No
 DK, R

SCH_Q3 **In the past 12 months, did you stop smoking for at least 24 hours because
 SCHE_3 you were trying to quit?**

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

SCH_Q4 **How many times? (In the past 12 months, did you stop smoking for at least
 SCHE_4 24 hours because you were trying to quit)**

- ||| Times
- (MIN: 1) (MAX: 95; warning after 48)
- DK, R

SCH_END

NICOTINE DEPENDENCE (NDE)

NDE_BEG

NDE_C1
NDEEFOPT If (do NDE block = 1), go to NDE_C2.
Otherwise, go to NDE_END.

NDE_C2 If SMK_Q202 = 1 (current daily smokers), go to NDE_C3.
Otherwise, go to NDE_END.

NDE_C3 If proxy interview, go to NDE_END.
Otherwise, go to NDE_Q1.

NDE_Q1 **How soon after you wake up do you smoke your first cigarette?**

NDEE_1

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

NDE_Q2 **Do you find it difficult to refrain from smoking in places where it is forbidden?**

NDEE_2

- 1 Yes
- 2 No
DK, R

NDE_Q3 **Which cigarette would you most hate to give up?**

NDEE_3

INTERVIEWER: Read categories to respondent.

- 1 **The first one of the day**
- 2 **Another one**
DK, R

NDE_Q4 **Do you smoke more frequently during the first hours after waking, compared with the rest of the day?**

NDEE_4

- 1 Yes
- 2 No
DK, R

NDE_Q5 **Do you smoke even if you are so ill that you are in bed most of the day?**

NDEE_5

- 1 Yes
- 2 No
DK, R

NDE_END

SMOKING CESSATION AIDS (SCA)

SCA_BEG

SCA_C1 If (do SCA block = 1), go to SCA_C10A.
 SCAEFOPT Otherwise, go to SCA_END.

SCA_C10A If proxy interview, go to SCA_END.
 Otherwise, go to SCA_C10B.

SCA_C10B If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA_C50.
 Otherwise, go to SCA_C10C.

SCA_C10C If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago),
 go to SCA_Q10.
 Otherwise, go to SCA_END.

SCA_Q10 **In the past 12 months, did you try a nicotine patch to quit smoking?**
 SCAE_10

- 1 Yes
- 2 No (Go to SCA_Q11)
- DK, R (Go to SCA_END)

SCA_Q10A **How useful was that in helping you quit?**
 SCAE_10A

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all
- DK, R

SCA_Q11 **Did you try Nicorettes or other nicotine gum or candy to quit smoking? (In the
 past 12 months)**
 SCAE_11

- 1 Yes
- 2 No (Go to SCA_Q12)
- DK, R (Go to SCA_Q12)

SCA_Q11A **How useful was that in helping you quit?**
 SCAE_11A

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all
- DK, R

SCA_Q12 **In the past 12 months, did you try medication such as Zyban, Prolev or Wellbutrin
SCAE_12 to quit smoking?**

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

SCA_Q12A **How useful was that in helping you quit?**
SCAE_12A

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all
 DK, R

Go to SCA_END

SCA_C50 If (do SCH block = 2), go to SCA_Q50.
 Otherwise, go to SCA_C50A.

SCA_C50A If SCH_Q3 = 1, go to SCA_Q60.
 Otherwise, go to SCA_END.

SCA_Q50 **In the past 12 months, did you stop smoking for at least 24 hours because you
SCAE_50 were trying to quit?**

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

Note: In processing, if a respondent answered SCH_Q3 = 1, the variable SCA_Q50 is given
 the value of 1.

SCA_Q60 **In the past 12 months, did you try any of the following to quit smoking:**
SCAE_60

... a nicotine patch?

- 1 Yes
- 2 No
 DK, R

SCA_Q61 **(In the past 12 months, did you try any of the following to quit smoking:)**
SCAE_61

... Nicorettes or other nicotine gum or candy?

- 1 Yes
- 2 No
 DK, R

SCA_Q62
SCAE_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, R

SCA_END

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SMOKING - PHYSICIAN COUNSELLING (SPC)

SPC_BEG

SPC_C1
SPCEFOPT If (do SPC block = 1), go to SPC_C2.
Otherwise, go to SPC_END.

SPC_C2 If proxy interview, go to SPC_END.
Otherwise, go to SPC_C3.

SPC_C3 If SMK_Q202 = 1 or 2 or SMK_Q206A = 1 or SMK_Q209A = 1, go to SPC_C4.
Otherwise, go to SPC_END.

SPC_C4 If (do HCU block = 1) and (HCU_Q01AA = 1) (i.e. has a regular medical doctor), go to
SPC_Q10.
Otherwise, go to SPC_C20A.

SPC_Q10
SPCE_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, R (Go to SPC_C20A)

SPC_Q11
SPCE_11 **Does your doctor know that you [smoke/smoked] cigarettes?**

- 1 Yes
- 2 No (Go to SPC_C20A)
DK, R (Go to SPC_C20A)

Note: If SMK_Q202 = 1 or 2, use "smoke". If SMK_Q206A = 1 or SMK_Q209A = 1, use
"smoked".

SPC_Q12
SPCE_12 **In the past 12 months, did your doctor advise you to quit smoking?**

- 1 Yes
- 2 No
DK, R (Go to SPC_C20A)

SPC_Q13
SPCE_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, R (Go to SPC_C20A)

SPC_Q14 **What type of help did the doctor give?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|--|
| SPCE_14A | 1 | Referral to a one-on-one cessation program |
| SPCE_14B | 2 | Referral to a group cessation program |
| SPCE_14C | 3 | Recommended use of nicotine patch or nicotine gum |
| SPCE_14D | 4 | Recommended Zyban or other medication |
| SPCE_14E | 5 | Provided self-help information (e.g., pamphlet, referral to website) |
| SPCE_14F | 6 | Own doctor offered counselling |
| SPCE_14G | 7 | Other |
| | | DK, R |

SPC_C20A If (do DEN block = 1) and (DEN_Q130 = 1 or DEN_Q132 = 1) (visited dentist in past 12 months), go to SPC_Q21.
 If (do DEN block = 1) and (DEN_Q130 = 2, DK or R) (did not visit dentist in past 12 months), go to SPC_END.
 Otherwise, go to SPC_C20.

SPC_C20 If (do HCU block = 1) and (HCU_Q02E > 0 and HCU_Q02E < .98) (saw or talked to dentist in past 12 months), go to SPC_Q20.
 Otherwise, go to SPC_END.

SPC_Q20 **Earlier, you mentioned having “seen or talked to” a dentist in the past 12 months. Did you actually go to the dentist?**

SPCE_20

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No (Go to SPC_END) |
| | DK, R (Go to SPC_END) |

SPC_Q21 **Does your dentist or dental hygienist know that you [smoke/smoked] cigarettes?**

SPCE_21

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No (Go to SPC_END) |
| | DK, R (Go to SPC_END) |

Note: If SMK_Q202 = 1 or 2, use “smoke”. If SMK_Q206A = 1 or SMK_Q209A = 1, use “smoked”.

SPC_Q22 **In the past 12 months, did the dentist or hygienist advise you to quit smoking?**

SPCE_22

- | | |
|---|-------|
| 1 | Yes |
| 2 | No |
| | DK, R |

SPC_END

YOUTH SMOKING (YSM)

YSM_BEG

YSM_C1 If (do YSM block = 1), go to YSM_C1A.
Otherwise, go to YSM_END.

YSM_C1A If proxy interview or age > 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
YSME_1

Where do you usually get your cigarettes?

- 1 Buy from - Vending machine
- 2 Buy from - Small grocery / corner store
- 3 Buy from - Supermarket
- 4 Buy from - Drug store
- 5 Buy from - Gas station
- 6 Buy from - Other store
- 7 Buy from - Friend or someone else
- 8 Given them by - Brother or sister
- 9 Given them by - Mother or father
- 10 Given them by - Friend or someone else
- 11 Take them from - Mother, father or sibling
- 12 Other - Specify
DK, R (Go to YSM_END)

YSM_C1S If YSM_Q1 = 12, go to YSM_Q1S.
Otherwise, go to YSM_C2.

YSM_Q1S INTERVIEWER: Specify.

(80 spaces)
DK, R

YSM_C2 If YSM_Q1 = 1, 2, 3, 4, 5, 6 or 7, go to YSM_Q3.
Otherwise, go to YSM_Q2.

YSM_Q2
YSME_2

In the past 12 months, have you bought cigarettes for yourself or for someone else?

- 1 Yes
- 2 No (Go to YSM_Q5)
DK, R (Go to YSM_Q5)

YSM_Q3
YSME_3

In the past 12 months, have you been asked your age when buying cigarettes in a store?

- 1 Yes
- 2 No
DK, R

YSM_Q4
YSME_4

In the past 12 months, has anyone in a store refused to sell you cigarettes?

- 1 Yes
- 2 No
DK, R

YSM_Q5
YSME_5

In the past 12 months, have you asked a stranger to buy you cigarettes?

- 1 Yes
- 2 No
DK, R

YSM_END

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EXPOSURE TO SECOND-HAND SMOKE (ETS)

ETS_BEG

ETS_C1 If (do ETS block = 1), go to ETS_QINT.
Otherwise, go to ETS_END.

ETS_QINT **The next questions are about exposure to second-hand smoke.**
INTERVIEWER: Press <Enter> to continue.

ETS_C10 If the number of household members = 1 and (SMK_Q202 = 1 or 2), go to ETS_Q30.
Otherwise, go to ETS_Q10.

ETS_Q10 **Including both household members and regular visitors, does anyone smoke**
ETSE_10 **inside your home, every day or almost every day?**
INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
- 2 No (Go to ETS_C20)
- DK, R (Go to ETS_END)

ETS_Q11 **How many people smoke inside your home every day or almost every day?**
ETSE_11 INTERVIEWER: Include household members and regular visitors.

1_1_1 Number of people
(MIN:1) (MAX:15)
DK, R

ETS_C20 If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS_Q30.
Otherwise, go to ETS_Q20.

ETS_Q20 **In the past month, ^WERE ^YOU2 exposed to second-hand smoke,**
ETSE_20 **every day or almost every day, in a car or other private vehicle?**

- 1 Yes
- 2 No
- DK, R

ETS_Q20B **(In the past month,) ^WERE ^YOU1 exposed to second-hand smoke,**
ETSE_20B **every day or almost every day, in public places (such as bars, restaurants,**
shopping malls, arenas, bingo halls, bowling alleys)?

- 1 Yes
- 2 No
- DK, R

ETS_Q30
ETSE_5

Are there any restrictions against smoking cigarettes in your home?

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

ETS_Q31

How is smoking restricted in your home?

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

ETSE_6A
ETSE_6B
ETSE_6C
ETSE_6D

- 1 **Smokers are asked to refrain from smoking in the house**
- 2 **Smoking is allowed in certain rooms only**
- 3 **Smoking is restricted in the presence of young children**
- 4 **Other restriction**
DK, R

ETS_END

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