

Survey on Living with Chronic Conditions in Canada (SLCDC)

Diabetes Component - 2011 Questionnaire



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FOR INFORMATION ONLY

Survey Introduction (XINT)

XINT_BEG

Standard block

External variables required:

FNAME: first name of specific respondent from sample file.

LNAME: last name of specific respondent from sample file.

DOXINT: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XINT_R01

This survey is conducted under the authority of the Statistics Act in collaboration with the Public Health Agency of Canada. You may remember recently completing the Canadian Community Health Survey - this is a follow-up to that survey. The purpose of this survey is to collect information on Canadians with chronic health conditions. Data from the survey will be used by health professionals and public health programs, with the aim of improving health outcomes for Canadians with chronic conditions.

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XINT_R02

Your answers will be kept strictly confidential and used only for statistical purposes. While participation is voluntary, your assistance is essential if the results are to be accurate.

(Registration #: STC/HLT-082-75437)

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XINT_END

FOR INFORMATION ONLY

General health (XGEN)

XGEN_BEG Content block

External variable required:

FNAME: first name of specific respondent from sample file.

LNAME: last name of specific respondent from sample file.

SEX: sex of respondent (1=male, 2=female) from sample file.

DOXGEN: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XGEN_C01 If DOXGEN = 1, go to XGEN_R01.
Otherwise, go to XGEN_END.

XGEN_R01 **I would like to start with some general background questions.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XGEN_Q01 **In general, would you say your health is:**

INTERVIEWER: Read categories to respondent.

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

XGEN_Q02 **Compared to one year ago, how would you say your health is now? Is it:**

INTERVIEWER: Read categories to respondent.

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

XGEN_Q03 **How satisfied are you with your life in general?**

INTERVIEWER: Read categories to respondent.

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

XGEN_Q04 **In general, would you say your mental health is:**

INTERVIEWER: Read categories to respondent.

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

XGEN_Q05 **Thinking about the amount of stress in your life, would you say that most days are:**

INTERVIEWER: Read categories to respondent.

- 1 **... not at all stressful?**
 - 2 **... not very stressful?**
 - 3 **... a bit stressful?**
 - 4 **... quite a bit stressful?**
 - 5 **... extremely stressful?**
- DK, RF

XGEN_END

FOR INFORMATION ONLY

Confirmation of diabetes diagnosis (XCND)

XCND_BEG Content block

External variables required:

FNAME: first name of specific respondent from sample file.

LNAME: last name of specific respondent from sample file.

DOXCND: do block flag, from the sample file.

SEX: sex of respondent (1=male, 2=female) from sample file.

CURRAGE: current age of respondent from SRC block.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XCND_C01 If DOXCND = 1, go to XCND_R01.
Otherwise, go to XCND_END.

XCND_R01 **Now I would like to ask some questions about diabetes.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XCND_Q01 **To begin, do you have diabetes that has been diagnosed by a health professional?**

1 Yes (Go to XCND_C04B)

2 No

(DK, RF are not allowed)

XCND_Q02 **Have you ever been diagnosed with diabetes?**

1 Yes (Go to XCND_C04B)

2 No (Go to XCND_Q03)

(DK, RF are not allowed)

XCND_Q03 **During the CCHS interview, it was reported that you have diabetes but this time it was reported that you do not. Is this because you control your diabetes through medication or changes to your lifestyle, because you never had an official diagnosis, or because of something else?**

INTERVIEWER: Mark all that apply.

1 Error in CCHS – never had diabetes

2 Diabetes was never diagnosed by a health professional

3 Takes medication that controls diabetes

4 Made changes to lifestyle that control diabetes

5 Other

DK, RF

XCND_C04A If XCND_Q03 = 3 or 4, go to XCND_R04.
Otherwise, go to XCND_R09.

XCND_R04 **You have said that you don't feel that you have diabetes anymore because you are able to control it through medication or changes in your lifestyle. Even though your diabetes is controlled, we are still interested in hearing about your experiences.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XCND_C04B If SEX = 2, go to XCND_Q04.
Otherwise, go to XCND_Q06.

XCND_Q04 **Were you pregnant when you were first diagnosed with diabetes?**

- 1 Yes (Go to XCND_Q05)
- 2 No (Go to XCND_Q06)
- DK, RF (Go to XCND_Q05)

XCND_Q05 **Other than during pregnancy, has a health professional ever told you that you have diabetes?**

- 1 Yes
- 2 No (Go to XCND_R09)
- DK, RF (Go to XCND_R09)

XCND_Q06 **Do you know the kind of diabetes you have?**

- 1 Yes (Go to XCND_Q07)
- 2 No
- DK, RF

Go to XCND_D08

XCND_Q07 **What kind of diabetes do you have?**

- 1 Type 1 (also known as juvenile diabetes)
- 2 Type 2 (also known as adult onset diabetes)
- 3 Other
- DK, RF

XCND_D08 If XCND_Q05 = 1, ^DT_DIAGE = "other than during pregnancy".

XCND_Q08

How old were you when you were first diagnosed with diabetes ^DT_DIAGE?

INTERVIEWER: Maximum is ^CURRAGE. If necessary, ask (**Do you know the approximate age in years?**).

Enter the age when a doctor or other health professional first made the diagnosis of diabetes. Encourage the respondent to give their best estimate - try not to accept 'Don't Know' as a response as this is important information. Probe if necessary.

||_|
(MIN: 0) (MAX: 130)
DK, RF

(Go to XCND_END)

XCND_E08A

An unusual value has been entered. Please confirm.

Note:

Trigger soft edit if XCND_Q07 = 2 and XCND_Q08 < 20.

XCND_E08B

The age at which the respondent was first diagnosed with diabetes is invalid. Please return and correct.

Note:

Trigger hard edit if XCND_Q08 > CURRAGE.

XCND_R09

You have said that you do not have diabetes (or have pregnancy-induced diabetes only). Since this survey applies only to people with diabetes, (excluding pregnancy-induced diabetes,) you are not eligible to participate in today's survey. Thank you for your time.

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XCND_D09A

If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXHUD = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXCOD = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXMED = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXICD = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXCLD = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXSMD = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXMOD = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXDCCD = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXRAD = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXRWD = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXSWD = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXPAD = 2.
If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, DOXADM = 2.

Note:

This derived variable is to set the "DOMODULE" condition to "2" for all proceeding modules. Otherwise the "DOMODULE" condition for each module stays as is.

XCND_D09B

If XCND_Q03 = 1, 2, 5, DK or RF OR XCND_Q05 = 2, DK or RF, autocode final to 40 (outside of sample).

XCND_END

Health care utilization (XHUD)

XHUD_BEG Content block

External variables required:

FNAME: first name of respondent from the sample file.

LNAME: last name of respondent from the sample file.

DOXHUD: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XHUD_C01 If DOXHUD = 1, go to XHUD_Q01.
Otherwise, go to XHUD_END.

XHUD_Q01 **Which of the following health professionals or practitioners do you consider most responsible for treating your diabetes?**

INTERVIEWER: Read categories to respondent.

- 1 **Family doctor or general practitioner**
 - 2 **Other medical doctor or specialist**
 - 3 **Diabetes educator**
 - 4 **Nurse or nurse practitioner**
 - 5 **Pharmacist**
 - 6 **Other health professional**
 - 7 No health professional responsible for treating diabetes
- DK
RF (Go to XHUD_END)

XHUD_R02 **Now I'd like to ask about your contacts with various health professionals during the past 12 months.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XHUD_Q02 **In the past 12 months, have you seen, or talked to any of the following health professionals:**

... a diabetes specialist, endocrinologist, or internist?

INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
 - 2 No
- DK, RF

XHUD_Q03

In the past 12 months, have you seen, or talked to:

... a kidney specialist or nephrologist?

INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
- 2 No
DK, RF

XHUD_Q04

(In the past 12 months, have you seen, or talked to:)

... a podiatrist or foot specialist?

INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
- 2 No
DK, RF

XHUD_Q05

(In the past 12 months, have you seen, or talked to:)

... a dietitian or nutritionist?

INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
- 2 No
DK, RF

XHUD_Q06

(In the past 12 months, have you seen, or talked to:)

... a complementary or alternative health care practitioner such as a naturopath or herbalist about your diabetes?

INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
- 2 No
DK, RF

XHUD_Q07

In the past 12 months, did you ever experience any difficulties getting the routine or ongoing care you needed for your diabetes?

- 1 Yes
- 2 No
DK, RF

XHUD_END

Clinical Monitoring (XCOD)

XCOD_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.

LNAME: last name of respondent from sample file.

DOXCOD: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XCOD_C01 If DOXCOD = 1, go to XCOD_R01.
Otherwise, go to XCOD_END.

XCOD_R01 **Now some questions about tests you may have been given by a health professional to help monitor your diabetes.**

INTERVIEWER: Press <1> to continue.

XCOD_Q01 **Has a health professional ever given you an "A one C" test, also known as a glycosylated hemoglobin test? A test for "A one C" is a measure of your average blood sugar level over the past three months.**

INTERVIEWER: (GLY-CO-SYL-AT-ED) hemoglobin test.

- 1 Yes
- 2 No (Go to XCOD_Q04)
- DK (Go to XCOD_Q04)
- RF (Go to XCOD_END)

XCOD_Q02 **How many times in the past 12 months have you had your "A one C" (glycosylated hemoglobin) measured by a health professional?**

|_|
(MIN: 0) (MAX: 365)
DK, RF

XCOD_E02A An unusual value has been entered. Please confirm.

Note: Trigger soft edit if XCOD_Q02 > 6.

XCOD_Q03

The last time your “A one C” (glycosylated hemoglobin) was measured by a health professional, were you told that your blood sugar was:

INTERVIEWER: Read categories to respondent.

If the respondent says their blood sugar was a little high, classify their blood sugar as borderline.

- 1 ... normal (fine, ok, well-controlled)?
- 2 ... borderline?
- 3 ... high?
- 4 ... low?
- 5 Health professional did not say
DK, RF

XCOD_Q04

How often does your health professional check your blood pressure at your diabetes-related appointments?

INTERVIEWER: Read categories to respondent.

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never (Go to XCOD_Q06)
DK, RF (Go to XCOD_Q06)

XCOD_Q05

The last time your blood pressure was measured by a health professional, were you told that your blood pressure was:

INTERVIEWER: Read categories to respondent.

If the respondent says their blood pressure was a little high, classify their blood pressure as borderline.

- 1 ... normal (fine, ok, well-controlled)?
- 2 ... borderline?
- 3 ... high?
- 4 ... low?
- 5 Health professional did not say
DK, RF

XCOD_Q06 **Have you ever had your blood cholesterol checked by a health professional?**

- 1 Yes
- 2 No (Go to XCOD_Q09)
DK, RF (Go to XCOD_Q09)

XCOD_Q07 **When was the last time you had your blood cholesterol measured by a health professional? Was it:**

INTERVIEWER: Read categories to respondent.

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

XCOD_Q08 **The last time your blood cholesterol was measured by a health professional, were you told that your blood cholesterol was:**

INTERVIEWER: Read categories to respondent.

If the respondent is unsure what is meant by blood cholesterol, we are interested in the LDL (bad cholesterol) or their overall cholesterol.

- 1 ... normal (fine, ok, well-controlled)?
- 2 ... borderline?
- 3 ... high?
- 4 ... low?
- 5 Health professional did not say
DK, RF

XCOD_Q09 **In the past 12 months, has a health professional checked your feet for any sores or irritations?**

- 1 Yes
- 2 No (Go to XCOD_Q11)
- 3 No feet (Go to XCOD_Q11)
DK, RF (Go to XCOD_Q11)

XCOD_Q10 **How many times? (In the past 12 months, has a health professional checked your feet for any sores or irritations?)**

[_] Times
(MIN: 0) (MAX: 99)
DK, RF

XCOD_Q11 **Have you ever had an eye exam where the pupils of your eyes were dilated? (This procedure is done using eye drops and would have made you temporarily sensitive to light.)**

- 1 Yes
- 2 No (Go to XCOD_Q13)
DK, RF (Go to XCOD_Q13)

XCOD_Q12 **When was the last time (you had your pupils dilated)? Was it:**

INTERVIEWER: Read categories to respondent.

- 1 ... less than 1 year ago?
- 2 ... 1 year to less than 2 years ago?
- 3 ... 2 or more years ago?
DK, RF

XCOD_Q13 **In the past 12 months, has a health professional measured your weight on a scale?**

- 1 Yes
- 2 No
DK, RF

XCOD_END

FOR INFORMATION ONLY

Medication use (XMED)

XMED_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.

LNAME: last name of respondent from sample file.

DOXMED: do block flag, from the sample file.

XCND_Q05: (Yes, No).

Screen display:

Display on header bar FNAME and LNAME separated by a space

XMED_C01 If DOXMED = 1, go to XMED_R01.
Otherwise, go to XMED_END.

XMED_R01 **The next few questions are about medications that have been prescribed by a doctor or other health professional.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XMED_Q01 **Currently, are you taking any prescription medications, including medications taken for diabetes? Please include any pills, needles, liquids or inhalers that have been prescribed by a health professional for any health condition.**

INTERVIEWER: Include over-the-counter medications such as low-dose aspirin if the medication was prescribed by a doctor or health professional.

- 1 Yes
- 2 No (Go to XMED_Q05)
- DK, RF (Go to XMED_END)

XMED_Q02 **Currently, how many different types of prescription medications are you taking? (Please include any pills, needles, liquids or inhalers that have been prescribed by a health professional for any health condition.)**

INTERVIEWER: Read categories to respondent.

Include medications taken for diabetes.

Include over-the-counter medications such as low-dose aspirin if the medication was prescribed by a doctor or health professional.

- 1 **One**
- 2 **Two**
- 3 **Three or four**
- 4 **Five to nine**
- 5 **Ten or more**
- DK, RF

XMED_Q03 **Do you currently take pills that were prescribed by a doctor or health professional to control your blood sugar?**

- 1 Yes (Go to XMED_Q04)
- 2 No
DK, RF

(Go to XMED_Q05)

XMED_Q04 **Currently, how many different types of pills are you taking to control your blood sugar?**

INTERVIEWER: Read categories to respondent.

- 1 **One**
- 2 **Two**
- 3 **Three**
- 4 **Four or more**
DK, RF

XMED_Q05 **Have you ever taken insulin injections for your diabetes?**

- 1 Yes
- 2 No (Go to XMED_Q08)
DK, RF (Go to XMED_Q08)

XMED_D06 If XCND_Q05 = 1, ^DT_DIABETESE = "diabetes, other than during pregnancy".
Otherwise, ^DT_DIABETESE = "diabetes".

XMED_Q06 **Thinking back to when you were first diagnosed with ^DT_DIABETESE, how long was it before you started insulin injections?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year**
- 2 **1 year to less than 2 years**
- 3 **2 or more years**
- 4 **Never**
DK, RF

XMED_Q07 **Do you currently take insulin injections for your diabetes?**

- 1 Yes
- 2 No
DK, RF

XMED_Q08 **Currently, do you take aspirin or other ASA (acetylsalicylic acid) medication every day or every second day?**

- 1 Yes
- 2 No
DK, RF

XMED_Q09 **Do you currently take prescription medications to control high blood pressure?**

INTERVIEWER: Do not include low-dose aspirin.

- 1 Yes
- 2 No (Go to XMED_Q11)
- DK, RF (Go to XMED_Q11)

XMED_Q10 **Currently, how many different types of prescription medication are you taking to control high blood pressure?**

INTERVIEWER: Read categories to respondent.

Do not include low-dose aspirin.

- 1 **One**
- 2 **Two**
- 3 **Three**
- 4 **Four or more**
- DK, RF

XMED_Q11 **Currently, do you take prescription medications to control your blood cholesterol levels?**

- 1 Yes
- 2 No
- DK, RF

XMED_Q12 **Thinking of all the prescription medications you take for your diabetes and its complications, in the past 12 months, on average, would you say you:**

INTERVIEWER: Read categories to respondent.

- 1 ... **took the medication as often as prescribed?**
- 2 ... **took the medication more often than prescribed?**
- 3 ... **took the medication less often than prescribed?**
- 4 ... **occasionally missed a dose?**
- 5 ... **do not take the medication at all.**
- DK, RF

XMED_Q13 **Currently, do you take any herbal or naturopathic remedies to treat your diabetes?**

- 1 Yes
- 2 No
- DK, RF

XMED_END

Insurance coverage (XICD)

XICD_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.

LNAME: last name of respondent from sample file.

DOXICD: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XICD_C01 If DOXICD = 1, go to XICD_R01.
Otherwise, go to XICD_END.

XICD_R01 **Now, turning to your insurance coverage. Please include any private, government or employer-paid plans.**

INTERVIEWER: Press <1> to continue.

XICD_Q01 **Do you have insurance that covers all or part of the cost of your prescription medications?**

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

XICD_Q02 **Do you have insurance that covers all or part of:**
... the cost of your glucose monitoring equipment and supplies (for example, needles and test strips)?

- 1 Yes
- 2 No
- DK, RF

XICD_Q03 **(Do you have insurance that covers all or part of:)**
... your dental expenses?

- 1 Yes
- 2 No
- DK, RF

XICD_Q04

(Do you have insurance that covers all or part of:)

... the cost of your eye care appointments?

- 1 Yes
- 2 No
DK, RF

XICD_END

FOR INFORMATION ONLY

Clinical recommendations (XCLD)

XCLD_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.
LNAME: last name of respondent from sample file.
DOXCLD: do block flag, from the sample file.
SEX: sex of respondent (1=male, 2=female) from sample file.
XMED_Q03: from XMED module.
XMED_Q07: from XMED module.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XCLD_C01A If DOXCLD = 1, go to XCLD_R01.
Otherwise, go to XCLD_END.

XCLD_R01 **The next questions are about things that a doctor or other health professional may have discussed with you to help control your diabetes. You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XCLD_C01B If XMED_Q03 = 1 or XMED_Q07 = 1, pre-fill XCLD_Q01 with Yes, go to XCLD_Q02.
Otherwise, go to XCLD_Q01.

XCLD_Q01 **In the past 12 months, has a doctor or other health professional discussed:**
... taking prescription medication to help you control your diabetes?

- 1 Yes
 - 2 No
- DK, RF

XCLD_Q02 **In the past 12 months, has a doctor or other health professional discussed:**
... changing the type or amount of food you eat to help control your diabetes?

- 1 Yes
 - 2 No
- DK, RF

XCLD_Q03 (In the past 12 months, has a doctor or other health professional discussed:
... participating in physical activity or exercise to help you control your diabetes?
1 Yes
2 No
DK, RF

XCLD_Q04 (In the past 12 months, has a doctor or other health professional discussed:
... controlling or losing weight to help you control your diabetes?
1 Yes
2 No
DK, RF

XCLD_Q05 (In the past 12 months, has a doctor or other health professional discussed:
... stress-management with you?
1 Yes
2 No
DK, RF

XCLD_Q06 At any time since you were first diagnosed with diabetes, have you smoked cigarettes,
cigars or pipes?
1 Yes (Go to XCLD_Q07)
2 No
DK, RF
Go to XCLD_D09

XCLD_Q07 In the past 12 months, have you smoked cigarettes, cigars or pipes?
1 Yes (Go to XCLD_Q08)
2 No
DK, RF
Go to XCLD_D09

XCLD_Q08 In the past 12 months, has a doctor or other health professional discussed:
... quitting or cutting down smoking?
1 Yes
2 No
DK, RF

XCLD_D09 If SEX = 2, DT_DRINK = "9".
Otherwise, DT_DRINK = "14".

XCLD_Q09 **At any time since you were first diagnosed with diabetes, did you regularly drink more than ^DT_DRINK drinks a week? When we use the word "drink" it means: one bottle or can of beer or a glass of draft, one glass of wine or a wine cooler, or one drink or cocktail with 1 and a 1/2 ounces of liquor.**

- 1 Yes (Go to XCLD_Q10)
- 2 No
DK, RF

Go to XCLD_Q12

XCLD_Q10 **In the past 12 months, did you regularly drink more than ^DT_DRINK drinks a week?**

- 1 Yes (Go to XCLD_Q11)
- 2 No
DK, RF

Go to XCLD_Q12

XCLD_Q11 **In the past 12 months, has a doctor or other health professional discussed:
... limiting alcohol consumption to help you control your diabetes?**

- 1 Yes
- 2 No
DK, RF

XCLD_Q12 **Has a doctor or other health professional ever discussed the complications of diabetes with you?**

- 1 Yes
- 2 No
DK, RF

XCLD_Q13 **Has a doctor or other health professional ever recommended monitoring your blood sugar at home?**

- 1 Yes
- 2 No
DK, RF

XCLD_Q14 **Has a doctor or other health professional ever recommended monitoring your blood pressure at home using a home blood pressure monitor?**

- 1 Yes
- 2 No
DK, RF

XCLD_END

Self-management (XSMD)

XSMD_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.

LNAME: last name of respondent from sample file.

DOXSMD: do block flag, from the sample file.

XCLD_Q06: from XCLD module.

XCLD_Q09: from XCLD module.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XSMD_C01 If DOXSMD = 1, go to XSMD_R01.

Otherwise, go to XSMD_END.

XSMD_R01 **The next questions are about things that people might do as a result of being diagnosed with diabetes.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XSMD_Q01A **As a result of being diagnosed with diabetes, did you ever change the type or amount of food you eat to help control your diabetes?**

- 1 Yes
- 2 No (Go to XSMD_D02)
- DK (Go to XSMD_Q03A)
- RF (Go to XSMD_END)

XSMD_Q01B **Are you still doing this:**

INTERVIEWER: Read categories to respondent.

- 1 ... **all the time?** (Go to XSMD_Q03A)
- 2 ... **most of the time?** (Go to XSMD_Q03A)
- 3 ... **some of the time?**
- 4 ... **none of the time?**
- DK, RF (Go to XSMD_Q03A)

XSMD_D02 If XSMD_Q01A = 2, ^DT_FOOD = "you did not".
If XSMD_Q01B = 3, ^DT_FOOD = "you do not regularly".
If XSMD_Q01B = 4, ^DT_FOOD = "you no longer".

XSMD_Q02

What are the reasons why ^DT_FOOD change the type or amount of food you eat to help control your diabetes?

INTERVIEWER: Mark all that apply.

- 1 Lack of will power / self-discipline
 - 2 Does not like to eat healthier foods
 - 3 Time constraints (too busy, family responsibilities, work schedule, etc.)
 - 4 Already changed diet for other reasons
 - 5 Too costly / financial constraints
 - 6 Taking medication to control diabetes
 - 7 Does not think that changing diet is important/recommended
 - 8 Other
 - 9 No reason for not changing diet
- DK, RF

XSMD_Q03A

As a result of being diagnosed with diabetes, did you ever change the amount of exercise you do or participate in physical activities to help control your diabetes?

- 1 Yes
 - 2 No (Go to XSMD_D04)
- DK, RF (Go to XSMD_Q05A)

XSMD_Q03B

Are you still doing this:

INTERVIEWER : Read categories to respondent.

- 1 ... **all the time?** (Go to XSMD_Q05A)
 - 2 ... **most of the time?** (Go to XSMD_Q05A)
 - 3 ... **some of the time?**
 - 4 ... **none of the time?**
- DK, RF (Go to XSMD_Q05A)

XSMD_D04

If XSMD_Q03A = 2, ^DT_ACTIVITY = "you did not".
If XSMD_Q03B = 3, ^DT_ACTIVITY = "you do not regularly".
If XSMD_Q03B = 4, ^DT_ACTIVITY = "you no longer".

XSMD_Q04

What are the reasons why ^DT_ACTIVITY exercise or participate in physical activity to help control your diabetes?

INTERVIEWER: Mark all that apply.

- 01 Lack of will power / self-discipline
- 02 Does not like to exercise
- 03 Time constraints (too busy, family responsibilities, work schedule, etc.)
- 04 Already doing physical activities or exercise for other reasons
- 05 Physical condition or a health problem
- 06 Too costly / financial constraints
- 07 Not available in area
- 08 Taking medication to control diabetes
- 09 Does not think that exercise is important/recommended
- 10 Other
- 11 No reason for not exercising
DK, RF

XSMD_Q05A

As a result of being diagnosed with diabetes, did you ever try to control your weight or lose weight to help control your diabetes?

- 1 Yes
- 2 No (Go to XSMD_D06)
DK, RF (Go to XSMD_C07)

XSMD_Q05B

Have you been able to maintain or achieve your goal weight?

- 1 Yes
- 2 No (Go to XSMD_D06)
DK, RF

Go to XSMD_C07

XSMD_D06

If XSMD_Q05A = No, ^DT_WEIGHT = "did not try".
If XSMD_Q05B = No, ^DT_WEIGHT = "were not able".

XSMD_Q06

What are the reasons why you ^DT_WEIGHT to lose weight to help control your diabetes?

INTERVIEWER: Mark all that apply.

- 01 Does not need to lose weight - already a healthy weight
- 02 Still trying to lose weight
- 03 Lack of will power / self-discipline
- 04 Does not want to lose weight
- 05 Tried to lose weight - didn't work
- 06 Time constraints (too busy, family responsibilities, work schedule, etc.)
- 07 Already losing weight for other reasons
- 08 Disability / health problem other than diabetes makes it hard to lose weight
- 09 Too costly / financial constraints
- 10 Taking medication to control diabetes
- 11 Does not think that weight loss is important/recommended
- 12 Other
- 13 No reason for not trying to lose weight
DK, RF

XSMD_C07

If XCLD_Q06 = 1, go to XSMD_Q07A.
Otherwise, go to XSMD_C09.

XSMD_Q07A

As a result of being diagnosed with diabetes, did you ever quit smoking?

- 1 Yes
- 2 No (Go to XSMD_C09)
DK, RF (Go to XSMD_C09)

XSMD_Q07B

Are you continuing to maintain this change?

- 1 Yes
- 2 No
DK, RF

XSMD_C09

If XCLD_Q09 = 1, go to XSMD_Q09A.
Otherwise, go to XSMD_Q10.

XSMD_Q09A

As a result of being diagnosed with diabetes, did you stop drinking or limit your alcohol consumption to help control your diabetes?

- 1 Yes
- 2 No (Go to XSMD_Q10)
DK, RF (Go to XSMD_Q10)

XSMD_Q09B

Are you continuing to maintain this change in your alcohol consumption:

INTERVIEWER : Read categories to respondent.

- 1 ... all the time?
 - 2 ... most of the time?
 - 3 ... some of the time?
 - 4 ... none of the time?
- DK, RF

XSMD_Q10

In the past 12 months, have you used any of the following services or programs to help manage your diabetes?

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

- 1 **Diabetes Centre**
 - 2 **Fitness facilities or programs**
 - 3 **Educational programs**
 - 4 **Stress management programs**
 - 5 **Smoking cessation programs**
 - 6 **Support groups**
 - 7 **Self-help groups**
 - 8 **Walking programs (for example, mall walking)**
 - 9 Did not use any services or programs to help manage diabetes
- DK, RF

XSMD_END

FOR INFORMATION ONLY

Self-monitoring (XMOD)

XMOD_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.

LNAME: last name of respondent from sample file.

DOXMOD: do block flag, from the sample file.

XMOD_Q09: from XMOD module.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XMOD_C01 If DOXMOD = 1, go to XMOD_R01.
Otherwise, go to XMOD_END.

XMOD_R01 **The next few questions are about diabetes monitoring you may do yourself outside of a health professional's office or medical clinic.**

INTERVIEWER: Press <1> to continue.

XMOD_Q01 **Do you or a family member or friend check your blood sugar?**

- 1 Yes
- 2 No (Go to XMOD_Q05)
- DK (Go to XMOD_Q05)
- RF (Go to XMOD_END)

XMOD_Q02 **How often do you or a family member or friend usually check your blood sugar?**

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

- 1 Per day
- 2 Per week (Go to XMOD_N02C)
- 3 Per month (Go to XMOD_N02D)
- 4 Per year (Go to XMOD_N02E)
- 5 Never (Go to XMOD_Q05)
- DK, RF (Go to XMOD_Q05)

XMOD_N02B INTERVIEWER: Enter number of times per day.

|_| Times
(MIN: 1) (MAX: 99)
DK, RF
Go to XMOD_Q03

XMOD_N02C INTERVIEWER: Enter number of times per week.

[_|_] Times
(MIN: 1) (MAX: 99)
DK, RF
Go to XMOD_Q03

XMOD_N02D INTERVIEWER: Enter number of times per month.

[_|_] Times
(MIN: 1) (MAX: 99)
DK, RF
Go to XMOD_Q03

XMOD_N02E INTERVIEWER: Enter number of times per year.

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

XMOD_Q03 **How often do you bring a record of your home blood sugar test results to your appointments with a health professional?**

INTERVIEWER: Read categories to respondent.

Include written and electronic records.

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

XMOD_Q04 **In general, do you consider your blood sugar to be:**

INTERVIEWER: Read categories to respondent.

If the respondent says their blood sugar is a little high, classify their blood sugar as borderline.

Blood sugar with treatment, if applicable (for example medication and lifestyle changes).

- 1 **... well-controlled (normal, fine, ok)?**
 - 2 **... borderline?**
 - 3 **... high?**
 - 4 **... low?**
- DK, RF

XMOD_Q05 **Do you measure your blood pressure with a home blood pressure monitoring device?**

- 1 Yes
- 2 No (Go to XMOD_Q07)
DK, RF (Go to XMOD_Q07)

XMOD_Q06 **How often do you or a family member or friend usually check your blood pressure with a home blood pressure monitoring device?**

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

- 1 Per day
- 2 Per week (Go to XMOD_N06C)
- 3 Per month (Go to XMOD_N06D)
- 4 Per year (Go to XMOD_N06E)
- 5 Never (Go to XMOD_Q07)
DK, RF (Go to XMOD_Q07)

XMOD_N06B INTERVIEWER: Enter number of times per day.

[_] Times
(MIN: 1) (MAX: 99)
DK, RF
Go to XMOD_Q07

XMOD_N06C INTERVIEWER: Enter number of times per week.

[_] Times
(MIN: 1) (MAX: 99)
DK, RF
Go to XMOD_Q07

XMOD_N06D INTERVIEWER: Enter number of times per month.

[_] Times
(MIN: 1) (MAX: 99)
DK, RF
Go to XMOD_Q07

XMOD_N06E INTERVIEWER: Enter number of times per year.

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

XMOD_Q07 **In general, do you consider your blood pressure to be:**

INTERVIEWER: Read categories to respondent.

If the respondent says their blood pressure is a little high, classify their blood pressure as borderline.

Blood pressure with treatment, if applicable (for example medication and lifestyle changes).

- 1 ... **well-controlled (normal, fine, ok)?**
 - 2 ... **borderline?**
 - 3 ... **high?**
 - 4 ... **low?**
- DK, RF

XMOD_C08 If XCOD_Q09 = 3 (no feet), go to XMOD_END.
Otherwise, go to XMOD_Q08.

XMOD_Q08 **Do you or a family member or friend check your feet for any sores or irritations?**

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

XMOD_Q09 **How often do you or a family member or friend usually check your feet for any sores or irritations?**

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

- 1 Per day
 - 2 Per week (Go to XMOD_N10C)
 - 3 Per month (Go to XMOD_N10D)
 - 4 Per year (Go to XMOD_N10E)
 - 5 Never (Go to XMOD_END)
- DK, RF (Go to XMOD_END)

XMOD_N10B INTERVIEWER: Enter number of times per day.

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

XMOD_N10C INTERVIEWER: Enter number of times per week.

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

XMOD_N10D INTERVIEWER: Enter number of times per month.

|_| Times
(MIN: 1) (MAX: 99)
DK, RF
Go to XMOD_END

XMOD_N10E INTERVIEWER: Enter number of times per year.

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

XMOD_END

FOR INFORMATION ONLY

Diabetes complications (XDCD)

XDCD_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.
LNAME: last name of respondent from sample file.
DOXDCD: do block flag, from the sample file.
SEX: sex of respondent (1=male, 2=female) from sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XDCD_C01 If DOXDCD = 1, go to XDCD_R01.
Otherwise, go to XDCD_END.

XDCD_R01 **The next few questions are about symptoms and complications you may have experienced as a result of having diabetes.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XDCD_Q02 **In the past 12 months, did you ever have to visit an emergency room because of low blood sugar (hypoglycemia)?**

- 1 Yes
 - 2 No
- DK, RF

XDCD_Q03 **Have you ever had any of the following conditions diagnosed by a health professional:**

... diabetic eye disease or diabetic retinopathy?

- 1 Yes
 - 2 No
- DK, RF

XDCD_C04 If XDCD_Q03 = Yes, go to XDCD_Q04.
Otherwise, go to XDCD_Q05.

XDCD_Q04 **Have you ever had any of the following conditions diagnosed by a health professional:**

... partial or complete blindness?

- 1 Yes
 - 2 No
- DK, RF

XDCD_Q05 (Have you ever had any of the following conditions diagnosed by a health professional:)

... cataracts?

- 1 Yes
- 2 No
DK, RF

XDCD_Q06 (Have you ever had any of the following conditions diagnosed by a health professional:)

... glaucoma?

- 1 Yes
- 2 No
DK, RF

XDCD_Q07 (Have you ever had any of the following conditions diagnosed by a health professional:)

... protein in your urine?

- 1 Yes
- 2 No
DK, RF

XDCD_Q08 Have you ever had any of the following conditions diagnosed by a health professional:

... kidney failure?

- 1 Yes
- 2 No
DK, RF

XDCD_Q09 (Have you ever had any of the following conditions diagnosed by a health professional:)

... nerve damage or neuropathy?

- 1 Yes
- 2 No
DK, RF

XDCD_Q10 (Have you ever had any of the following conditions diagnosed by a health professional:)

... heart disease (for example, angina, heart attack)?

- 1 Yes
- 2 No
DK, RF

- XDCD_Q11 **(Have you ever had any of the following conditions diagnosed by a health professional:)**
... high blood pressure?
- 1 Yes
 - 2 No
DK, RF
- XDCD_Q12 **Have you ever had any of the following conditions diagnosed by a health professional:**
... stroke or mini-stroke?
- 1 Yes
 - 2 No
DK, RF
- XDCD_C13 If Sex = Male, go to XDCD_Q13.
Otherwise, go to XDCD_Q14.
- XDCD_Q13 **(Have you ever had any of the following conditions diagnosed by a health professional:)**
... erectile dysfunction?
- 1 Yes
 - 2 No
DK, RF
- XDCD_Q14 **(Have you ever had any of the following conditions diagnosed by a health professional:)**
... poor circulation in the feet or legs?
- 1 Yes
 - 2 No
DK, RF
- XDCD_Q15 **(Have you ever had any of the following conditions diagnosed by a health professional:)**
... foot or leg ulcers or infection?
- 1 Yes
 - 2 No
DK, RF
- XDCD_C16 If XDCD_Q15 = Yes, go to XDCD_Q16.
Otherwise, go to XDCD_Q17.

XDCD_Q16

Have you ever had any of the following conditions diagnosed by a health professional:

... gangrene and/or amputation?

- 1 Yes
- 2 No
DK, RF

XDCD_Q17

(Have you ever had any of the following conditions diagnosed by a health professional:)

... problems with your gums?

- 1 Yes
- 2 No
DK, RF

XDCD_END

FOR INFORMATION ONLY

Restriction of activities (XRAD)

XRAD_BEG Content block

External variables required:

FNAME: first name of respondent from household block.

LNAME: last name of respondent from household block.

DOXRAD: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XRAD_C01 If DOXRAD = 1, go to XRAD_R01.
Otherwise, go to XRAD_END.

XRAD_R01 **The next few questions deal with any limitations in your usual activities caused by your diabetes.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XRAD_Q01 **In the past 12 months, how much did your diabetes limit you:**

... in social activities with family or friends?

INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **A little**
- 3 **Not at all**
- DK
- RF (Go to XRAD_END)

XRAD_Q02 **In the past 12 months, how much did your diabetes limit you:**

... in activities such as recreation, leisure or hobbies?

INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **A little**
- 3 **Not at all**
- DK, RF

XRAD_Q03

(In the past 12 months, how much did your diabetes limit you:)

... in doing household chores?

- 1 A lot
 - 2 A little
 - 3 Not at all
- DK, RF

XRAD_Q04

(In the past 12 months, how much did your diabetes limit you:)

... in running errands or shopping?

- 1 A lot
 - 2 A little
 - 3 Not at all
- DK, RF

XRAD_Q05

Have you had to stop driving because of your diabetes?

- 1 Yes
 - 2 No
 - 3 NA - has never driven a car
- DK, RF

XRAD_Q06

Overall, how much does your diabetes affect your life?

INTERVIEWER: Read categories to respondent.

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

XRAD_END

Restriction of work-related activities (XRWD)

XRWD_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.

LNAME: last name of respondent from sample file.

DOXRWD: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XRWD_C01 If DOXRWD = 1, go to XRWD_R01.
Otherwise, go to XRWD_END.

XRWD_R01 **The next questions concern your work activities.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XRWD_Q01 **Are you currently working for pay at a job or business?**

INTERVIEWER: Include self-employment.

- 1 Yes (Go to XRWD_D04)
- 2 No
- DK
- RF (Go to XRWD_END)

XRWD_Q02 **Have you ever worked for pay at a job or business?**

INTERVIEWER: Include self-employment.

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

XRWD_Q03 **Did you have diabetes while you were working?**

INTERVIEWER: Include self-employment.

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

XRWD_D04 If XRWD_Q01 = 1, ^DT_DODID = "do".
Otherwise, ^DT_DODID = "did".
If XRWD_Q02 = 1, ^DT_CARRY = "carry".
Otherwise, ^DT_CARRY = "carried".

XRWD_Q04

Because of your diabetes, did you ever:

... change the number of hours or the type of work you ^DT_DODID, the way in which you ^DT_CARRY out your tasks at work or stop working permanently?

- 1 Yes
- 2 No
DK, RF

XRWD_END

FOR INFORMATION ONLY

Support and well-being (XSWD)

XSWD_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.

LNAME: last name of respondent from sample file.

DOXSWD: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XSWD_C01 If DOXSWD = 1, go to XSWD_R01.
Otherwise, go to XSWD_END.

XSWD_R01 **Next are some questions about the support that is available to you if you need it.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XSWD_Q01 **How often are the following kinds of support available to you if you need it:**

... someone to take you to the doctor?

INTERVIEWER: Read categories to respondent.

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

XSWD_Q02 **(How often are the following kinds of support available to you if you need it?)**

... someone to confide in or talk to about your diabetes management or diabetes-related problems?

INTERVIEWER: Read categories to respondent.

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

XSWD_Q03

(How often are the following kinds of support available to you if you need it:)

... someone to prepare your meals if you were unable to do it yourself because of your diabetes?

INTERVIEWER: Read categories to respondent.

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

XSWD_END

FOR INFORMATION ONLY

Patient Activation (XPAD)

XPAD_BEG Content block

External variables required:

FNAME: first name of respondent from sample file.

LNAME: last name of respondent from sample file.

DOXPAD: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XPAD_C01 If DOXPAD = 1, go to XPAD_R01.
Otherwise, go to XPAD_END.

XPAD_R01 **I'm going to read you a series of statements related to how involved you are in thinking about or making decisions about your diabetes and diabetes care. Please say whether you strongly agree, agree, disagree, or strongly disagree with each of the following statements.**

INTERVIEWER: Press <1> to continue.

XPAD_Q01 **I know what each of my prescribed medications do.**

INTERVIEWER: Read categories to respondent.

- 1 **Strongly agree**
 - 2 **Agree**
 - 3 **Disagree**
 - 4 **Strongly disagree**
- DK, RF

XPAD_Q02 **I am confident that I can follow through on medical treatments I need to do at home.**

INTERVIEWER: Read categories to respondent.

- 1 **Strongly agree**
 - 2 **Agree**
 - 3 **Disagree**
 - 4 **Strongly disagree**
- DK, RF

XPAD_Q03

I understand the nature and causes of my diabetes.

INTERVIEWER: Read categories to respondent.

- 1 **Strongly agree**
 - 2 **Agree**
 - 3 **Disagree**
 - 4 **Strongly disagree**
- DK, RF

XPAD_Q04

I know how to prevent further problems with my diabetes.

INTERVIEWER: Read categories to respondent if necessary.

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

XPAD_END

FOR INFORMATION ONLY

Administration (XADM)

XADM_BEG Content block

External variables required:

FNAME: first name of respondent from the sample file.

LNAME: last name of respondent from the sample file.

SMPLPROVE: province from the sample file.

PROVE: province from SRC block.

CURRAGE: current age of respondent from SRC block.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XADM_C01A If DOXADM = 1, go to XADM_D01.
Otherwise, go to XADM_END.

XADM_D01 If SMPLPROVE = 24, ^DT_QUEBECHNE = "Statistics Canada and the "Institut de la Statistique du Québec"
Otherwise, ^DT_QUEBECHNE = "Statistics Canada and your provincial ministry of health".

XADM_C01B If age > 13 go to XADM_R01B. Otherwise, go to XADM_R01A.

XADM_R01A **The next few questions are about linking the information from today's interview to your information from the Canadian Community Health Survey and sharing this information with other government organizations.**

We will be asking your parent or guardian the same questions after you have answered them.

INTERVIEWER : Press <1> to continue.

XADM_R01B **In 2010, you responded to the Canadian Community Health Survey. At that time, you gave permission for ^DT_QUEBECHNE to link information from that survey to your health services information. You also gave us your provincial health number to assist in linking this information.**

INTERVIEWER: Your health services information includes your past and continuing use of health services, such as visits to hospitals, clinics and doctors' offices.

Press <1> to continue.

(DK, RF are not allowed)

XADM_R01C **In order to reduce the number of questions on today's survey, Statistics Canada would like to link information from this interview with your information from the 2010 Canadian Community Health Survey.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XADM_Q01 **The linked information will be kept strictly confidential and used only for statistical purposes.**

Do we have your permission?

- 1 Yes
- 2 No (Go to XADM_R03)
- DK, RF (Go to XADM_R03)

XADM_D02 If PROVE = 24, ^DT_SHAREE = ", provincial ministries of health and the "Institut de la Statistique du Québec".
Otherwise, ^DT_SHAREE = ", and provincial ministries of health".

XADM_R02 **Statistics Canada would like your permission to share the linked survey data, that is your information from today's interview and your information from the Canadian Community Health Survey, with the Public Health Agency of Canada, Health Canada^DT_SHAREE.**

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

XADM_Q02 **Information from both surveys will be kept confidential and used only for statistical purposes.**

Do you agree to share the linked information?

INTERVIEWER: Personal identifiers such as name, address, telephone number, and health number will not be provided to the Public Health Agency of Canada or to Health Canada.

- 1 Yes (Go to XADM_C05)
- 2 No (Go to XADM_R04)
- DK, RF (Go to XADM_R04)

XADM_R03

Although you do not agree to link the information collected in today's interview to the 2010 Canadian Community Health Survey, we would like your permission to share only the information collected today with the Public Health Agency of Canada, Health Canada^DT_SHAREE.

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

XADM_Q03

Your personal identifiers such as name, address and telephone number will not be shared. All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information from today's interview?

INTERVIEWER: The information that is shared will not be linked to their previous Canadian Community Health Survey interview or to administrative data.

- 1 Yes
 - 2 No
- DK, RF

Go to XADM_C05

XADM_R04

Although you do not agree to share the linked survey information, we would like your permission to share only the information collected in today's interview with the Public Health Agency of Canada, Health Canada^DT_SHAREE.

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

FOR INFORMATION ONLY

XADM_Q04 **Your personal identifiers such as name, address and telephone number will not be shared. All information will be kept confidential and used only for statistical purposes.**

Do you agree to share the information from today's interview?

INTERVIEWER: The information that is shared will not be linked to their previous Canadian Community Health Survey interview or to administrative data.

- 1 Yes
- 2 No
- DK, RF

XADM_C05 If age > 13 go to XADM_END. Otherwise, go to XADM_R06.

XADM_R06 **For the last few questions, I would like to speak with one of your parents or your guardian.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XADM_Q06 **Is one of your parents or guardian available?**

- 1 Yes (Go to XADM_R09)
- 2 No (Go to XADM_R08)
- 3 Parent or guardian refuses to participate (Go to XADM_R07)

(DK, RF are not allowed)

XADM_R07 **This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time.**

INTERVIEWER: Press <1> to continue.

Go to XADM_END

XADM_R08 **This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to try and find the best time to speak with one of your parents or guardian.**

INTERVIEWER: Press <1> to continue.

Please set appointment with the respondent's parent or guardian.

Go to XADM_END

XADM_R09 **This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to speak with one of your parents or guardian.**

INTERVIEWER: You should continue with the respondent's parent or guardian.

Press <1> to continue.

XADM_R10 **Hello, My name is ... I've just completed the main portion of the interview with ^FNAME. At this point I would like to ask you a few administrative questions to finish the interview.**

INTERVIEWER: Press <1> to continue.

XADM_R11A **In 2010, ^FNAME responded to the Canadian Community Health Survey. At that time, you gave permission for ^DT_QUEBECHNE to link information from that survey to ^FNAME's health services information. You also gave us ^FNAME's provincial health number to assist in linking this information.**

INTERVIEWER: Health services information includes past and continuing use of health services, such as visits to hospitals, clinics and doctors' offices.

Press <1> to continue.

(DK, RF are not allowed)

XADM_R11B **In order to reduce the number of questions on today's survey, Statistics Canada would like to link information from this interview with ^FNAME's information from the 2010 Canadian Community Health Survey.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XADM_Q11 **The linked information will be kept strictly confidential and used only for statistical purposes.**

Do we have your permission?

- 1 Yes
- 2 No (Go to XADM_R13)
- DK, RF (Go to XADM_R13)

XADM_R12

Statistics Canada would like your permission to share the linked survey data, that is ^FNAME's information from today's interview and ^FNAME's information from the Canadian Community Health Survey, with the Public Health Agency of Canada, Health Canada^DT_SHAREE.

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

XADM_Q12

Information from both surveys will be kept confidential and used only for statistical purposes.

Do you agree to share the linked information?

INTERVIEWER: Personal identifiers such as name, address, telephone number, and health number will not be provided to the Public Health Agency of Canada or to Health Canada.

- 1 Yes (Go to XADM_END)
- 2 No (Go to XADM_R14)
- DK, RF (Go to XADM_R14)

XADM_R13

Although you do not agree to link ^FNAME's information collected in today's interview to the 2010 Canadian Community Health Survey, we would like your permission to share only the information collected today with the Public Health Agency of Canada, Health Canada^DT_SHAREE.

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

XADM_Q13

^FNAME's personal identifiers such as name, address and telephone number will not be shared. All information will be kept confidential and used only for statistical purposes. Do you agree to share the information from today's interview?

INTERVIEWER: The information that is shared will not be linked to their previous Canadian Community Health Survey interview or to administrative data.

- 1 Yes
- 2 No
- DK, RF

Go to XADM_END

XADM_R14

Although you do not agree to share ^FNAME's linked survey information, we would like your permission to share only the information collected in today's interview with the Public Health Agency of Canada, Health Canada^DT_SHAREE.

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.

Press <1> to continue.

(DK, RF are not allowed)

XADM_Q14

^FNAME's personal identifiers such as name, address and telephone number will not be shared. All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information from today's interview?

INTERVIEWER: The information that is shared will not be linked to their previous Canadian Community Health Survey interview or to administrative data.

- 1 Yes
- 2 No
- DK, RF

XADM_END

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