

FOR INFORMATION ONLY

**National Population Health Survey**

**Household Component  
Cycle 7 (2006/2007)**

**Questionnaire**

**Statistics Canada**

June 2008



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## Household Record Variables

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

**AM3B\_TEL** Type of contact

- 1 Telephone
- 2 Personal

The following information is collected for each household member:

Membership status  
First name  
Last name

**DOB** Date of birth (8 characters)  
**MOB** Day of birth (2 digits)  
**YOB** Month of birth (2 digits)  
**DHCB\_AGE** Year of birth (4 digits)  
Age (age is calculated and confirmed with the respondent)

**SEX** Sex

- 1 Male
- 2 Female

**DHCB\_MAR** Marital Status

- 1 Married
- 2 Living common-law
- 3 Widowed
- 4 Separated
- 5 Divorced
- 6 Single, never married

Relationships between household members

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

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**DHCB\_FID** Family ID code

A to Z (Assigned by the computer.)

*Legal household check*

The following information is collected once in each household:

**DHCB\_DWE** Type of dwelling

- 1 Single detached
- 2 Double
- 3 Row or Terrace
- 4 Duplex
- 5 Low-rise apartment (fewer than 5 stories) or flat
- 6 High-rise apartment (5 stories or more)
- 7 Institution
- 8 Hotel; rooming/lodging house; camp
- 9 Mobile home
- 10 Other - Specify

**DHCB\_OW** Is this dwelling owned by a member of this household?

- 1 Yes
- 2 No

**DHCB\_BED** How many bedrooms are there in this dwelling?

INTERVIEWER: Enter '0' if no separate enclosed bedroom.

||| Bedrooms  
(MIN: 0) (MAX: 20)

Information source (i.e., the household member providing the information for the health questions)

**AM3B\_PL** INTERVIEWER: Select respondent's preferred language.

- |    |            |    |                 |
|----|------------|----|-----------------|
| 1  | English    | 14 | Tamil           |
| 2  | French     | 15 | Cree            |
| 3  | Chinese    | 16 | Afghan          |
| 4  | Italian    | 17 | Cantonese       |
| 5  | Punjabi    | 18 | Hindi           |
| 6  | Spanish    | 19 | Mandarin        |
| 7  | Portuguese | 20 | Persian         |
| 8  | Polish     | 21 | Russian         |
| 9  | German     | 22 | Ukrainian       |
| 10 | Vietnamese | 23 | Urdu            |
| 11 | Arabic     | 90 | Other - Specify |
| 12 | Tagalog    |    |                 |
| 13 | Greek      |    |                 |

## Health Component

(To be completed for selected respondent only)  
(Proxy interview for those under 12 years old or unable to answer due to special circumstances)

- Notes:
1. Question text in **Bold** font is read to the respondent. Text in normal font is not read to the respondent. Interviewer instructions are prefaced by the word "INTERVIEWER", and are not read aloud.
  2. The options Don't Know (DK) and Refusal (R) are allowed on every question. However, the response categories are shown in this document only when the flow from these responses is not to the next question.

GR\_N1 INTERVIEWER: Who is providing the information for the selected respondent?

GR\_C2 If age < 12 or non-proxy interview, go to GH\_QINT.

GR\_N2 INTERVIEWER: Record the reason why this component is being completed by proxy.

\_\_\_\_\_

(80 spaces)

### General Health

GH\_QINT **This part of the survey deals with various aspects of [your/FNAME's] health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**  
INTERVIEWER: Press <Enter> to continue.

GH\_Q1 **I'll start with a few questions concerning [your/FNAME's] health in general.**  
GHC\_B\_1 **In general, would you say [your/his/her] health is:**  
INTERVIEWER: Read categories to respondent.

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

GH\_C2 If age < 12, go to GH\_Q3.

GH\_Q2 **Thinking about the amount of stress in [your/his/her] life, would you say that most days are:**  
GHC\_B\_2 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?

GH\_Q3 **In general, would you say [your/his/her] eating habits are:**  
GHCB\_4 INTERVIEWER: Read categories to respondent.

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

GH\_C4 If proxy interview, go to next section.

GH\_Q4 **How satisfied are you with your life in general? Would you say you are:**  
GHCB\_5 INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
- 2 ... satisfied?
- 3 ... neither satisfied nor dissatisfied?
- 4 ... dissatisfied?
- 5 ... very dissatisfied?

### **Sleep**

SL\_C1 If proxy interview or age < 12, go to next section.

SL\_Q1 **How long do you usually spend sleeping each night?**  
SLCB\_1 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
- R (Go to next section)

SL\_Q2 **How often do you have trouble going to sleep or staying asleep?**  
SLCB\_2 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**



SL\_Q3  
SLCB\_3

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

INTERVIEWER: If necessary, explain that "refreshing" means "restful".

- 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

SL\_Q4  
SLCB\_4

**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

**Height and Weight**

HW\_Q2  
HWCB\_2

**How tall [are/is] [you/FNAME] without shoes on?**

- 0 Less than 1' / 12" (less than 29.2 cm.) (Go to HW\_Q3)
  - 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.) (Go to HW\_Q2B)
  - 3 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.) (Go to HW\_Q2C)
  - 4 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) (Go to HW\_Q2D)
  - 5 5'0" to 5'11" (151.1 to 181.5 cm.) (Go to HW\_Q2E)
  - 6 6'0" to 6'11" (181.6 to 212.0 cm.) (Go to HW\_Q2F)
  - 7 7'0" and over (212.1 cm. and over) (Go to HW\_Q3)
- DK, R (Go to HW\_Q3)

HW\_Q2A  
HWCB\_2A

INTERVIEWER: Select the exact height.

- 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.)

Go to HW\_Q3

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HW\_Q2B      INTERVIEWER: Select the exact height.

HWCB\_2B

- 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.)

Go to HW\_Q3

HW\_Q2C      INTERVIEWER: Select the exact height.

HWCB\_2C

- 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.)

Go to HW\_Q3

HW\_Q2D      INTERVIEWER: Select the exact height.

HWCB\_2D

- 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.)

Go to HW\_Q3

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**HW\_Q2E** INTERVIEWER: Select the exact height.

**HWCB\_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.)

Go to HW\_Q3

**HW\_Q2F** INTERVIEWER: Select the exact height.

**HWCB\_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.)

**HWCB\_HT** \_\_\_ Feet \_\_\_ Inches or \_\_\_ Centimetres

**HW\_Q3** **How much [do/does] [you/FNAME] weigh?**

**HWCB\_3**

INTERVIEWER: Enter amount only.

||| Weight

(MIN: 1) (MAX: 575)

DK, R (Go to next section)

**HW\_N4** INTERVIEWER: Was that in pounds or in kilograms?

**HWCB\_4**

**HWCB\_3LB**

**HWCB\_3KG**

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

**Body Image**

BI\_C1 If proxy interview or age < 12, go to next section. If response to HW\_Q3 is not valid, go to next section.

BI\_Q1 **Do you consider yourself:**  
HWCB\_5 INTERVIEWER: Read categories to respondent.

- 1 ... **overweight?**
- 2 ... **underweight?** (Go to BI\_Q3)
- 3 ... **just about right?** (Go to next section)  
DK, R (Go to next section)

BI\_Q2 **Are you presently trying to lose weight?**  
HWCB\_6

- 1 Yes
- 2 No

Go to BI\_Q4

BI\_Q3 **Are you presently trying to gain weight?**  
HWCB\_7

- 1 Yes
- 2 No

BI\_Q4 **How much would you like to weigh?**  
HWCB\_8 INTERVIEWER: Enter amount only.

|\_|\_| Weight  
(MIN: 1) (MAX: 575)  
DK, R (Go to next section)

BI\_N5 INTERVIEWER: Was that in pounds or in kilograms?

- HWCB\_9
- HWCB\_8LB
- HWCB\_8KG
- 1 Pounds
- 2 Kilograms  
(DK, R are not allowed)

**Nutrition**

**Food choice**

**Focus Questions**

NU\_C1 If proxy interview or age < 15, go to NU\_C4A.

NU\_QINT1 **Now, some questions about the foods you eat.**  
INTERVIEWER: Press <Enter> to continue.

NU\_Q1A **Do you choose certain foods or avoid others:**

NU\_B\_1A **... because you are concerned about your body weight?**

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

NU\_Q1B **... because you are concerned about heart disease?**

NU\_B\_1C

- 1 Yes (or sometimes)
- 2 No

NU\_Q1C **... because you are concerned about cancer?**

NU\_B\_1D

- 1 Yes (or sometimes)
- 2 No

NU\_Q1D **... because you are concerned about osteoporosis (brittle bones)?**

NU\_B\_1E

- 1 Yes (or sometimes)
- 2 No

NU\_Q2A **Do you choose certain foods because of:**

NU\_B\_2A **... the lower fat content?**

- 1 Yes (or sometimes)
- 2 No

NU\_Q2B **... the fibre content?**

NU\_B\_2B

- 1 Yes (or sometimes)
- 2 No

NU\_Q2C **... the calcium content?**

NU\_B\_2C

- 1 Yes (or sometimes)
- 2 No

NU\_Q3A **Do you avoid certain foods because of:**

NU\_B\_3A **... the fat content?**

- 1 Yes (or sometimes)
- 2 No

NU\_Q3B **... the type of fat they contain?**

NU\_B\_3B

- 1 Yes (or sometimes)
- 2 No

NU\_Q3C ... the salt content?  
NU\_B\_3C

- 1 Yes (or sometimes)
- 2 No

NU\_Q3D ... the cholesterol content?  
NU\_B\_3D

- 1 Yes (or sometimes)
- 2 No

NU\_Q3E ... the calorie content?  
NU\_B\_3G

- 1 Yes (or sometimes)
- 2 No

**Supplement use**

Focus questions

NU\_C4A If proxy interview or age < 12, go to next section.

NU\_QINT2 **Now, some questions about the use of nutritional supplements.**  
INTERVIEWER: Press <Enter> to continue.

NU\_Q4A **In the past 4 weeks, did you take any vitamin or mineral supplements?**  
NU\_B\_4A

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

NU\_Q4B **Did you take them at least once a week?**  
NU\_B\_4B

- 1 Yes
- 2 No (Go to NU\_Q4D)  
DK, R (Go to next section)

NU\_Q4C **Last week, on how many days did you take them?**  
NU\_B\_4C

|\_| Days  
(MIN: 1) (MAX: 7)

Go to next section.

NU\_Q4D **In the past 4 weeks, on how many days did you take them?**  
NU\_B\_4D

|\_| Days  
(MIN: 1) (MAX: 21)

**Fruit and vegetable consumption**

Focus questions

FV\_C1 If proxy interview or age < 12, go to next section.

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**FV\_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.

**FV\_Q1A**      **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**  
**FV\_B\_1A**      **(For example: once a day, three times a week, twice a month)**  
INTERVIEWER: Enter amount only.

    |\_|\_|      Times  
(MIN: 0) (MAX: 500)  
          0, DK      (Go to FV\_Q2A)  
          R          (Go to next section)

**FV\_N1B**      INTERVIEWER: Select the reporting period.  
**FV\_B\_1B**

- 1      Daily      (hard edit if FV\_Q1A more than 20; warning if more than 5)
- 2      Weekly      (hard edit if FV\_Q1A more than 90; warning if more than 10)
- 3      Monthly      (hard edit if FV\_Q1A more than 200; warning if more than 10)
- 4      Yearly      (warning if FV\_Q1A more than 12)

**FV\_Q2A**      **Not counting juice, how often do you usually eat fruit?**  
**FV\_B\_2A**      INTERVIEWER: Enter amount only.

    |\_|\_|      Times  
(MIN: 0) (MAX: 500)  
          0          (Go to FV\_Q3A)  
          DK, R      (Go to FV\_Q3A)

**FV\_N2B**      INTERVIEWER: Select the reporting period.  
**FV\_B\_2B**

- 1      Daily      (hard edit if FV\_Q2A more than 20; warning if more than 5)
- 2      Weekly      (hard edit if FV\_Q2A more than 90; warning if more than 10)
- 3      Monthly      (hard edit if FV\_Q2A more than 200; warning if more than 10)
- 4      Yearly      (warning if FV\_Q2A more than 12)

**FV\_Q3A**      **How often do you usually eat green salad?**  
**FV\_B\_3A**      INTERVIEWER: Enter amount only.

    |\_|\_|      Times  
(MIN: 0) (MAX: 500)  
          0          (Go to FV\_Q4A)  
          DK, R      (Go to FV\_Q4A)

**FV\_N3B**      INTERVIEWER: Select the reporting period.  
**FV\_B\_3B**

- 1      Daily      (hard edit if FV\_Q3A more than 20; warning if more than 2)
- 2      Weekly      (hard edit if FV\_Q3A more than 90; warning if more than 5)
- 3      Monthly      (hard edit if FV\_Q3A more than 200; warning if more than 5)
- 4      Yearly      (warning if FV\_Q3A more than 12)

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**FV\_Q4A**      **How often do you usually eat potatoes, not including french fries, fried potatoes**  
**FV\_B\_4A**      **or potato chips?**

INTERVIEWER: Enter amount only.

l \_ \_ l      Times  
(MIN: 0) (MAX: 500)  
0              (Go to FV\_Q5A)  
DK, R          (Go to FV\_Q5A)

**FV\_N4B**      INTERVIEWER: Select the reporting period.  
**FV\_B\_4B**

- 1      Daily              (hard edit if FV\_Q4A more than 20; warning if more than 2)
- 2      Weekly             (hard edit if FV\_Q4A more than 90; warning if more than 10)
- 3      Monthly            (hard edit if FV\_Q4A more than 200; warning if more than 10)
- 4      Yearly              (warning if FV\_Q4A more than 12)

**FV\_Q5A**      **How often do you usually eat carrots?**  
**FV\_B\_5A**

INTERVIEWER: Enter amount only.

l \_ \_ l      Times  
(MIN: 0) (MAX: 500)  
0              (Go to FV\_Q6A)  
DK, R          (Go to FV\_Q6A)

**FV\_N5B**      INTERVIEWER: Select the reporting period.  
**FV\_B\_5B**

- 1      Daily              (hard edit if FV\_Q5A more than 20; warning if more than 2)
- 2      Weekly             (hard edit if FV\_Q5A more than 90; warning if more than 10)
- 3      Monthly            (hard edit if FV\_Q5A more than 200; warning if more than 10)
- 4      Yearly              (warning if FV\_Q5A more than 12)

**FV\_Q6A**      **Not counting carrots, potatoes, or salad, how many servings of other vegetables**  
**FV\_B\_6A**      **do you usually eat?**

INTERVIEWER: Enter amount only.

l \_ \_ l      Servings  
(MIN: 0) (MAX: 500)  
0              (Go to next section)  
DK, R          (Go to next section)

**FV\_N6B**      INTERVIEWER: Select the reporting period.  
**FV\_B\_6B**

- 1      Daily              (hard edit if FV\_Q6A more than 20; warning if more than 5)
- 2      Weekly             (hard edit if FV\_Q6A more than 90; warning if more than 10)
- 3      Monthly            (hard edit if FV\_Q6A more than 200; warning if more than 10)
- 4      Yearly              (warning if FV\_Q6A more than 12)

**Soft Drink Consumption**

Focus questions

SK\_C1      If proxy interview or age < 12, go to next section.



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SK\_Q1A **How often do you usually drink diet soft drinks?**  
SK\_B\_1A **(For example: once a day, three times a week, twice a month)**  
INTERVIEWER: Enter amount only.

I \_ \_ \_ Times  
(MIN: 0) (MAX: 500)  
0, DK (Go to SK\_Q2A)  
R (Go to next section)

SK\_N1B INTERVIEWER: Select the reporting period.  
SK\_B\_1B

- 1 Daily (hard edit if SK\_Q1A more than 20; warning if more than 5)
- 2 Weekly (hard edit if SK\_Q1A more than 90; warning if more than 10)
- 3 Monthly (hard edit if SK\_Q1A more than 200; warning if more than 10)
- 4 Yearly (warning if SK\_Q1A more than 12)

SK\_Q2A **How often do you usually drink regular soft drinks?**  
SK\_B\_2A INTERVIEWER: Enter amount only.

I \_ \_ \_ Times  
(MIN: 0) (MAX: 500)  
0 (Go to next section)  
DK, R (Go to next section)

SK\_N2B INTERVIEWER: Select the reporting period.  
SK\_B\_2B

- 1 Daily (hard edit if SK\_Q2A more than 20; warning if more than 5)
- 2 Weekly (hard edit if SK\_Q2A more than 90; warning if more than 10)
- 3 Monthly (hard edit if SK\_Q2A more than 200; warning if more than 10)
- 4 Yearly (warning if SK\_Q2A more than 12)

**Milk Consumption**

Focus questions

MK\_C1 If proxy interview or age < 12, go to next section.

MK\_Q1A **How often do you usually drink milk?**  
MK\_B\_1A INTERVIEWER: Enter amount only.

I \_ \_ \_ Times  
(MIN: 0) (MAX: 500)  
0 (Go to next section)  
DK, R (Go to next section)

MK\_N1B INTERVIEWER: Select the reporting period.  
MK\_B\_1B

- 1 Daily (hard edit if MK\_Q1A more than 20; warning if more than 5)
- 2 Weekly (hard edit if MK\_Q1A more than 90; warning if more than 10)
- 3 Monthly (hard edit if MK\_Q1A more than 200; warning if more than 10)
- 4 Yearly (warning if MK\_Q1A more than 12)

**MK\_Q2**            **What type of milk do you usually drink?**  
**MK\_B\_2**            **INTERVIEWER:** Read categories to respondent.

- 1        **Whole milk**
- 2        **2% milk**
- 3        **1% milk**
- 4        **Skimmed milk**
- 5        **Other - specify**

**Preventive Health**

**PH\_C1**            If proxy interview or age < 12, go to next section. If respondent reported ever had blood pressure taken in previous interview, go to PH\_Q1B (PH\_Q1 was filled with "1" during processing).

**PH\_Q1**            **Have you ever had your blood pressure taken?**  
**PHCB\_1**

- 1        Yes
- 2        No                    (Go to PH\_C2)
- DK, R                (Go to next section)

**PH\_Q1B**           **When was the last time that you had your blood pressure taken?**  
**PHCB\_1B**           **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 5 years ago**
- 5        **5 or more years ago**

**PH\_C2**            If male or age < 15, go to next section. If age < 18, go to PH\_C3. If respondent reported ever had a pap smear test taken in previous interview, go to PH\_Q2B (PH\_Q2 was filled with "1" during processing).

**PH\_Q2**            **Have you ever had a PAP smear test?**  
**PHCB\_2**

- 1        Yes
- 2        No                    (Go to PH\_C3)
- DK, R                (Go to next section)

**PH\_Q2B**           **When was the last time that you had a PAP smear test?**  
**PHCB\_2B**           **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 3 years ago**
- 4        **3 years to less than 5 years ago**
- 5        **5 or more years ago**

**PH\_C3**            If age < 35, go to PH\_C4. If respondent reported ever had a mammogram taken in previous interview, go to PH\_Q3B (PH\_Q3 was filled with "1" during processing).

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PH\_Q3 **Have you ever had a mammogram, that is, a breast x-ray?**

PHCB\_3

- 1 Yes
- 2 No (Go to PH\_C4)
- DK, R (Go to next section)

PH\_Q3B **When was the last time that you had a mammogram?**

PHCB\_3B

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 5 years ago**
- 5 **5 or more years ago**

PH\_Q3C **Why did you have a mammogram?**

INTERVIEWER: Mark all that apply.

If respondent says 'Doctor recommended it', probe for reason.

- |          |   |  |
|----------|---|--|
| PHCB_3CA | 1 | Family history of breast cancer              |
| PHCB_3CB | 2 | Part of regular check-up / routine screening |
| PHCB_3CC | 3 | Age  |
| PHCB_3CD | 4 | Previously detected lump                     |
| PHCB_3CE | 5 | Follow-up of breast cancer treatment         |
| PHCB_3CF | 6 | On hormone replacement therapy               |
| PHCB_3CG | 7 | Breast problem                               |
| PHCB_3CH | 8 | Other - Specify                              |

PH\_C4 If age > 49, go to PH\_C5. If respondent reported ever had a hysterectomy in previous interview, go to next section (PH\_Q4 was filled with "2", PH\_Q4A was filled with "Not applicable", and PH\_Q4B was filled with "2" during processing).

PH\_Q4 **Now, a few questions for recent mothers. Since our interview in [month and year of last response interview], have you given birth?**

PHCB\_4

INTERVIEWER: Do not include stillbirths.

- 1 Yes
- 2 No (Go to PH\_Q4B)
- DK, R (Go to next section)

PH\_Q4A **(For your last baby,) did you use the services of a doctor, a midwife or both?**

PHCB\_4A

- 1 Doctor only
- 2 Midwife only
- 3 Both doctor and midwife
- 4 Neither

PH\_Q4B **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**

PHCB\_4B

- 1 Yes (Go to next section) (PH\_Q5 was filled with "2" during processing)
- 2 No (Go to next section)
- DK, R (Go to next section)

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PH\_C5 If age < 18, go to next section. If respondent reported ever had a hysterectomy in previous interview, go to next section (PH\_Q5 was filled with "1" during processing).

PH\_Q5 **Have you had a hysterectomy (in other words, has your uterus been removed)?**  
PHCB\_5

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

PH\_Q5B **At what age?**  
PHCB\_5B

[\_][\_] Age in years  
(MIN: 18) (MAX: current age)

PH\_Q5C **Why did you have it?**  
INTERVIEWER: Mark all that apply.  
If respondent says 'Doctor recommended it', probe for reason.

- PHCB\_5CA 1 Cancer treatment
- PHCB\_5CB 2 Cancer prevention
- PHCB\_5CC 3 Endometriosis
- PHCB\_5CD 4 Tubal pregnancy
- PHCB\_5CE 5 Benign tumors (e.g., fibroids)
- PHCB\_5CF 6 Menstrual problems / abnormal bleeding
- PHCB\_5CG 7 Other - Specify

**Health Care Utilization**

HC\_QINT1 **Now I'd like to ask about [your/FNAME's] contacts with health professionals during the past 12 months, that is, from [date one year ago] to yesterday.**  
INTERVIEWER: Press <Enter> to continue.

HC\_Q01 **In the past 12 months, [have/has] [you/FNAME] been a patient overnight in a hospital, nursing home or convalescent home?**  
HCCB\_1

- 1 Yes
- 2 No (Go to HC\_C02)  
DK (Go to HC\_C02)  
R (Go to next section)

HC\_Q01A **For how many nights in the past 12 months?**  
HCCB\_1A

[\_][\_] Nights  
(MIN: 1) (MAX: 366; warning after 100)

HC\_C02 If proxy interview and age > 12, then the wording of HC\_Q02 (A,D,G and J) is changed to: "In the past..., how many times has [FNAME] seen or talked on the telephone...about [FNAME's] physical..."  
If proxy interview (age < 12), then the wording of HC\_Q02 (A,D,G and J) is changed to: "In the past..., how many times have you seen or talked on the telephone...about [FNAME's] physical..."

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HC\_Q02A **(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME/he/she] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:**

**HCCB\_2A ... a family doctor [, pediatrician] or general practitioner?**

\_\_\_\_ Times  
(MIN: 0) (MAX: 366; warning after 12)

HC\_Q02B **... an eye specialist (such as an ophthalmologist or optometrist)?**

**HCCB\_2B**

\_\_\_\_ Times  
(MIN: 0) (MAX: 75; warning after 3)

HC\_Q02C **... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?**

**HCCB\_2C**

\_\_\_\_ Times  
(MIN: 0) (MAX: 300; warning after 7)

HC\_Q02D **(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME/he/she] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:**

**HCCB\_2D**

**... a nurse for care or advice?**

\_\_\_\_ Times  
(MIN: 0) (MAX: 366; warning after 15)

HC\_Q02E **... a dentist or orthodontist?**

**HCCB\_2E**

\_\_\_\_ Times  
(MIN: 0) (MAX: 99; warning after 4)

HC\_Q02F **... a chiropractor?**

**HCCB\_2F**

\_\_\_\_ Times  
(MIN: 0) (MAX: 366; warning after 20)

HC\_Q02G **(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME/he/she] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:**

**HCCB\_2G**

**... a physiotherapist?**

\_\_\_\_ Times  
(MIN: 0) (MAX: 366; warning after 30)

HC\_Q02H **... a social worker or counsellor?**

**HCCB\_2H**

\_\_\_\_ Times  
(MIN: 0) (MAX: 366; warning after 20)

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HC\_Q02I  
HCCB\_2I ... a psychologist?  
|\_|\_|\_| Times  
(MIN: 0) (MAX: 366; warning after 25)

HC\_Q02J  
HCCB\_2J **(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME/he/she] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:**

... a speech, audiology or occupational therapist?

|\_|\_|\_| Times  
(MIN: 0) (MAX: 200; warning after 12)

HC\_Q03  
HCCB\_3 **[Do/Does] [you/FNAME] have a regular medical doctor?**

- 1 Yes
- 2 No

HC\_C04A If age < 12, go to next section.

HC\_Q04A  
HCCB\_4A **In the past 12 months, [have/has] [you/he/she] attended a meeting of a self-help group such as AA or a cancer support group?**

- 1 Yes
- 2 No

HC\_Q04  
HCCB\_4 **People may also use alternative or complementary medicine. In the past 12 months, [have/has] [you/FNAME] seen or talked on the telephone to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about [your/his/her] physical, emotional or mental health?**

- 1 Yes
- 2 No (Go to HC\_C06)
- DK, R (Go to HC\_C06)

HC\_Q05 **Who did [you/FNAME] see or talk to?**  
INTERVIEWER: Mark all that apply.

- HCCB\_5A 1 Massage therapist
- HCCB\_5B 2 Acupuncturist
- HCCB\_5C 3 Homeopath or naturopath
- HCCB\_5D 4 Feldenkrais or Alexander teacher
- HCCB\_5E 5 Relaxation therapist
- HCCB\_5F 6 Biofeedback teacher
- HCCB\_5G 7 Rolfer
- HCCB\_5H 8 Herbalist
- HCCB\_5I 9 Reflexologist
- HCCB\_5J 10 Spiritual healer
- HCCB\_5K 11 Religious healer
- HCCB\_5L 12 Other - Specify

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HC\_C06 If age < 18 or (if age >= 18 and non-proxy interview), ask the respondent's opinion of whether health care was needed. Otherwise, ask for the respondent's opinion of what FNAME's opinion was regarding the need for health care.

HC\_Q06 **During the past 12 months, was there ever a time when [you/FNAME] felt that**  
HCCB\_6 **[you/he/she] needed health care but [you/he/she] didn't receive it?**

- 1 Yes
- 2 No (Go to HC\_C09)
- DK, R (Go to HC\_C09)

HC\_Q07 **Thinking of the most recent time, why didn't [you/he/she] get care?**

INTERVIEWER: Mark all that apply.

- HCCB\_7A 1 Not available - in the area
- HCCB\_7B 2 Not available - at time required (e.g., doctor on holidays, inconvenient hours)
- HCCB\_7C 3 Waiting time too long
- HCCB\_7D 4 Felt would be inadequate
- HCCB\_7E 5 Cost
- HCCB\_7F 6 Too busy
- HCCB\_7G 7 Didn't get around to it / didn't bother
- HCCB\_7H 8 Didn't know where to go
- HCCB\_7I 9 Transportation problems
- HCCB\_7J 10 Language problems
- HCCB\_7K 11 Personal or family responsibilities
- HCCB\_7L 12 Dislikes doctors / afraid
- HCCB\_7M 13 Decided not to seek care
- HCCB\_7N 14 Other - Specify

HC\_Q08 **Again, thinking of the most recent time, what was the type of care that was needed?**

INTERVIEWER: Mark all that apply.

- HCCB\_8A 1 Treatment of - a physical health problem
- HCCB\_8B 2 Treatment of - an emotional or mental health problem
- HCCB\_8C 3 A regular check-up (including pre-natal care)
- HCCB\_8D 4 Care of an injury
- HCCB\_8E 5 Other - Specify

**Home Care**

HC\_C09 If age < 18, go to next section.

HC\_QINT2 **Home care services are health care or homemaker services received at home. Examples are: nursing care, help with bathing or housework, respite care and meal delivery.**

HC\_Q09 **[Have/Has] [you/FNAME] received any home care services in the past 12 months**  
HCCB\_9 **with the cost entirely or partially covered by government?**

- 1 Yes
- 2 No (Go to HC\_Q11)
- DK, R (Go to next section)

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HC\_Q10 **What type of services [have/has] [you/he/she] received?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.  
Cost must be entirely or partially covered by government.

- |          |   |   |
|----------|---|---|
| HCCB_10A | 1 | Nursing care (e.g., dressing changes)                                   |
| HCCB_10B | 2 | Other health care services (e.g., physiotherapy, nutrition counselling) |
| HCCB_10C | 3 | Personal care (e.g., bathing, foot care)                                |
| HCCB_10D | 4 | Housework (e.g., cleaning, laundry)                                     |
| HCCB_10E | 5 | Meal preparation or delivery  |
| HCCB_10F | 6 | Shopping  |
| HCCB_10G | 7 | Respite care (i.e., caregiver relief program)                           |
| HCCB_10H | 8 | Other - Specify   |

HC\_Q11 **[Have/Has] [you/FNAME] received any [other] home care services in the past 12 months, with the cost not covered by government (for example care provided by a spouse or friends)?**

HCCB\_11A

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

HC\_Q12 **Who provided these [other] home care services?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- |          |   |                               |
|----------|---|-------------------------------|
| HCCB_12A | 1 | Nurse from private agency     |
| HCCB_12B | 2 | Homemaker from private agency |
| HCCB_12C | 3 | Neighbour or friend           |
| HCCB_12D | 4 | Family member                 |
| HCCB_12E | 5 | Volunteer                     |
| HCCB_12F | 6 | Other - Specify               |

For each person identified in HC\_Q12, ask HC\_Q13.

HC\_Q13 **What type of services [have/has] [you/he/she] received [from identified person]?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- |                      |   |   |
|----------------------|---|---|
| HCCB_3AA TO HCCB_3FA | 1 | Nursing care (e.g., dressing changes)                                   |
| HCCB_3AB TO HCCB_3FB | 2 | Other health care services (e.g., physiotherapy, nutrition counselling) |
| HCCB_3AC TO HCCB_3FC | 3 | Personal care (e.g., bathing, foot care)                                |
| HCCB_3AD TO HCCB_3FD | 4 | Housework (e.g., cleaning, laundry)                                     |
| HCCB_3AE TO HCCB_3FE | 5 | Meal preparation or delivery  |
| HCCB_3AF TO HCCB_3FF | 6 | Shopping  |
| HCCB_3AG TO HCCB_3FG | 7 | Respite care (i.e., caregiver relief program)                           |
| HCCB_3AH TO HCCB_3FH | 8 | Other - Specify   |

### **Restriction of Activities**

RA\_QINT **The next few questions deal with any health limitations which affect [your/FNAME's] daily activities. In these questions, 'long-term conditions' refer to conditions that have lasted or are expected to last 6 months or more.**  
INTERVIEWER: Press <Enter> to continue.



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RA\_Q1A **Because of a long-term physical or mental condition or a health problem, [are/is] [you/FNAME] limited in the kind or amount of activity [you/he/she] can do:**

RACB\_1A **... at home?**

- 1 Yes
- 2 No
- R (Go to next section)

RA\_C1B If age < 4, go to RA\_C1C.

RA\_Q1B **... at school?**

RACB\_1B

- 1 Yes
- 2 No
- 3 Not applicable
- R (Go to next section)

RA\_C1C If age < 12, go to RA\_Q1D.

RA\_Q1C **... at work?**

RACB\_1C

- 1 Yes
- 2 No
- 3 Not applicable
- R (Go to next section)

RA\_Q1D **... in other activities such as transportation to or from work or school or leisure time activities?**

RACB\_1D

- 1 Yes
- 2 No
- R (Go to next section)

RA\_Q2 **[Do/Does] [you/FNAME] have any long-term disabilities or handicaps?**

RACB\_2

- 1 Yes
- 2 No
- R (Go to next section)

RA\_C2A If **any one** of RA\_Q1A,B,C,D or RA\_Q2 = 1 (yes) then Restricted in 2006. If **all of** RA\_Q1A,B,C,D and RA\_Q2 = 2 (no) or 3 (not applicable) or valid skip (question not asked) then Not Restricted in 2006. Else restriction is not known.

RA\_C2B If restricted in 2006 but not in 2004, go to RA\_Q2A. If restricted in 2004 but not in 2006, go to RA\_Q2B. Otherwise, go to RA\_C5.

RA\_Q2A  
RACB\_2A

**Remember, for this survey it's important to measure change.**  
During our last interview in [month and year of last response interview], there were no activity restrictions or disabilities reported for [you/FNAME], **but** this time there were. Is this due to a new activity restriction or disability or to the worsening of an old one?

- 1 New since last interview
- 2 Worsening since last interview
- 3 No current activity restriction or disability (return to RA\_Q1A - RA\_Q2)
- 4 Same activity restriction or disability
- 5 Other - Specify

Go to RA\_C5

RA\_Q2B  
RACB\_2B

**Remember, for this survey it's important to measure change.**  
During our last interview in [month and year of last response interview], there were activity restrictions or disabilities reported for [you/FNAME], **but** this time there were not. Is this due to the disappearance or improvement of an old activity restriction or disability, to the use of special equipment (for example, an artificial limb), or to something else?

- 1 Disappeared or improved
- 2 Currently uses special equipment
- 3 None at last interview
- 4 Never had
- 5 Currently have / has activity restriction or disability (return to RA\_Q1A – RA\_Q2)
- 6 Other - Specify

RA\_C5

If **any one** of RA\_Q1A,B,C,D = 1 (yes), ask RA\_Q3 using the wording “to be limited in his / her activities”. If yes in RA\_Q2 only, ask RA\_Q3 using the wording “to have a long-term disability or handicap”. Otherwise, go to RA\_C6A.

RA\_Q3  
RACBF3

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

\_\_\_\_\_  
(25 spaces)

RA\_Q5  
RACB\_5

**Which one of the following is the best description of the cause of this condition?**  
INTERVIEWER: Read categories to respondent.

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

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RA\_C6A If age < 12, go to next section.

RA\_Q6A **The next few questions may not apply to [you/FNAME], but we need to ask the same questions of everyone. Because of any condition or health problem, [do/does] [you/he/she] need the help of another person:**

**RACB\_6A ... in preparing meals?**

- 1 Yes
- 2 No

**RA\_Q6B ... in shopping for groceries or other necessities?**

**RACB\_6B**

- 1 Yes
- 2 No

**RA\_Q6C ... in doing normal everyday housework?**

**RACB\_6C**

- 1 Yes
- 2 No

**RA\_Q6D ... in doing heavy household chores such as washing walls or yard work?**

**RACB\_6D**

- 1 Yes
- 2 No

**RA\_Q6E ... in personal care such as washing, dressing or eating?**

**RACB\_6E**

- 1 Yes
- 2 No

**RA\_Q6F ... in moving about inside the house?**

**RACB\_6F**

- 1 Yes
- 2 No

**RA\_Q6G ... in going outdoors in any weather?**

**RACB\_6G**

- 1 Yes
- 2 No

FOR INFORMATION ONLY

## Chronic Conditions

CC\_QINT      **Now I'd like to ask about certain chronic health conditions which [you/FNAME] may have. We are interested in 'long-term conditions' that have lasted or are expected to last 6 months or more and that have been diagnosed by a health professional.**  
**We also want to ask a few questions to help us understand any changes in these conditions.**  
INTERVIEWER: Press <Enter> to continue.

### Food or Digestive Allergy

CC\_Q011      **[Do/Does] [you/FNAME] have food allergies?**  
CCCB\_1A

- 1      Yes
- 2      No
- R              (Go to next section)

### Other Allergies

CC\_Q021      **[Do/Does] [you/FNAME] have any other allergies?**  
CCCB\_1B

- 1      Yes
- 2      No

### Asthma

CC\_Q031      **[Do/Does] [you/FNAME] have asthma?**  
CCCB\_1C

- 1      Yes
- 2      No              (Go to CC\_C033)
- DK, R            (Go to CC\_C041)

CC\_C032A      If respondent had condition in last response interview, go to CC\_Q035.

CC\_Q032      **When [were/was] [you/FNAME] diagnosed with this?**

CCCB\_C3M      |\_|\_|      Month

CCCB\_C3Y      |\_|\_|\_|      Year

(MIN: month and year of last interview) (MAX: current month and year)

DK, R              (Go to CC\_Q035)

CC\_C032B      If CC\_Q032 is after date of last response interview, go to CC\_Q035.

CC\_Q032X      **So [you/he/she] had asthma prior to our last interview in [month and year of last response interview]?**  
CCCB\_C4

- 1      Yes              (Go to CC\_Q035)
- 2      No                (Return to CC\_Q032)
- DK, R            (Go to CC\_Q035)

CC\_C033      If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q033. Otherwise, go to CC\_C041.

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CC\_Q033  
CCCB\_C1 **During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had asthma, but this time it was not. Has the condition disappeared since then?**

- 1 Yes
- 2 No (Return to CC\_Q031)
- 3 Never had asthma (Go to CC\_C041)  
DK, R (Go to CC\_C041)

CC\_Q034 **When did it disappear?**

CCCB\_C2M |\_\_| Month  
CCCB\_C2Y |\_\_|\_\_| Year  
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC\_C041

CC\_Q035  
CCCB\_C5 **[Have/Has] [you/he/she] had any asthma symptoms or asthma attacks in the past 12 months?**

- 1 Yes
- 2 No

CC\_Q036  
CCCB\_C6 **In the past 12 months, [have/has] [you/he/she] taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**

- 1 Yes
- 2 No

**Fibromyalgia**

CC\_C041 If age < 12, go to CC\_C051.

CC\_Q041  
CCCB\_1X **Remember, we're interested in conditions diagnosed by a health professional. [Do/Does] [you/FNAME] have fibromyalgia?**

- 1 Yes
- 2 No (Go to CC\_C043)  
DK, R (Go to CC\_C051)

CC\_C042A If respondent had condition in last response interview, go to CC\_Q045.

CC\_Q042 **When [were/was] [you/FNAME] diagnosed with this?**

CCCB\_X3M |\_\_| Month  
CCCB\_X3Y |\_\_|\_\_| Year  
(MIN: month and year of last interview) (MAX: current month and year)  
DK, R (Go to CC\_Q045)

CC\_C042B If CC\_Q042 is after date of last response interview, go to CC\_Q045.

**CC\_Q042X**      **So [you/he/she] had fibromyalgia prior to our last interview in [month and year of**  
**CCCB\_X4**                      **last response interview]?**

- 1      Yes                      (Go to CC\_Q045)
- 2      No                          (Return to CC\_Q042)
- DK, R                      (Go to CC\_Q045)

**CC\_C043**      If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q043. Otherwise, go to CC\_C051.

**CC\_Q043**      **During our last interview in [month and year of last response interview], it was**  
**CCCB\_X1**                      **reported that [you/FNAME] had fibromyalgia, but this time it was not. Has the**  
   **condition disappeared since then?**

- 1      Yes
- 2      No                              (Return to CC\_Q041)
- 3      Never had fibromyalgia      (Go to CC\_C051)
- DK, R                              (Go to CC\_C051)

**CC\_Q044**      **When did it disappear?**

**CCCB\_X2M**      |\_\_|                      Month  
**CCCB\_X2Y**      |\_\_|\_\_|                  Year  
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC\_C051

**CC\_Q045**      **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her]**  
**CCCB\_X5**                      **fibromyalgia?**

- 1      Yes
- 2      No                              (Go to CC\_C051)
- DK, R                              (Go to CC\_C051)

**CC\_Q046**      **What kind of treatment or medication?**  
**INTERVIEWER:** Mark all that apply.

- CCCB\_X6A**      1      Drug
- CCCB\_X6B**      2      Diet
- CCCB\_X6D**      3      Exercise / physiotherapy
- CCCB\_X6C**      4      Other - Specify

**Arthritis or Rheumatism excluding Fibromyalgia**

**CC\_C051**      If age < 12, go to CC\_C061.

**CC\_Q051**      **[Do/Does] [you/FNAME] have arthritis or rheumatism excluding fibromyalgia?**  
**CCCB\_1D**

- 1      Yes
- 2      No                              (Go to CC\_C053)
- DK, R                              (Go to CC\_C061)

**CC\_C052A**      If respondent had condition in last response interview, go to CC\_Q055.

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CC\_Q052 **When [were/was] [you/FNAME] diagnosed with this?**

CCCB\_D3M  
CCCB\_D3Y

||| Month  
||||| Year  
(MIN: month and year of last interview) (MAX: current month and year)  
DK, R (Go to CC\_Q055)

CC\_C052B If CC\_Q052 is after date of last response interview, go to CC\_Q055.

CC\_Q052X **So [you/he/she] had arthritis or rheumatism prior to our last interview in [month**  
CCCB\_D4 **and year of last response interview]?**

- 1 Yes (Go to CC\_Q055)
- 2 No (Return to CC\_Q052)  
DK, R (Go to CC\_Q055)

CC\_C053 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q053. Otherwise, go to CC\_C061.

CC\_Q053 **During our last interview in [month and year of last response interview], it was**  
CCCB\_D1 **reported that [you/FNAME] had arthritis or rheumatism, but this time it was not. Has the condition disappeared since then?**

- 1 Yes
- 2 No (Return to CC\_Q051)
- 3 Never had arthritis or rheumatism (Go to CC\_C061)  
DK, R (Go to CC\_C061)

CC\_Q054 **When did it disappear?**

CCCB\_D2M  
CCCB\_D2Y

||| Month  
||||| Year  
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC\_C061

CC\_Q055 **What kind of arthritis [do/does] [you/he/she] have?**  
CCCB\_D11

- 1 Rheumatoid arthritis
- 2 Osteoarthritis
- 3 Other - Specify

CC\_Q056 **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her]**  
CCCB\_D5 **arthritis or rheumatism?**

- 1 Yes
- 2 No (Go to CC\_C061)  
DK, R (Go to CC\_C061)

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CC\_Q057 **What kind of treatment or medication?**

INTERVIEWER: Mark all that apply.

- |          |   |                          |
|----------|---|--------------------------|
| CCCB_D6A | 1 | Drug                     |
| CCCB_D6B | 2 | Diet                     |
| CCCB_D6D | 3 | Exercise / physiotherapy |
| CCCB_D6C | 4 | Other - Specify          |

**Back Problems**

CC\_C061 If age < 12, go to CC\_C071.

CC\_Q061 **Remember, we're interested in conditions diagnosed by a health professional.**

CCCB\_1E **[Do/Does] [you/FNAME] have back problems, excluding fibromyalgia and arthritis?**

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

**High Blood Pressure**

CC\_C071 If age < 12, go to CC\_Q081.

CC\_Q071 **[Do/Does] [you/FNAME] have high blood pressure?**

CCCB\_1F

- |   |       |                 |
|---|-------|-----------------|
| 1 | Yes   |                 |
| 2 | No    | (Go to CC_C073) |
|   | DK, R | (Go to CC_Q081) |

CC\_C072A If respondent had condition in last response interview, go to CC\_Q075.

CC\_Q072 **When [were/was] [you/FNAME] diagnosed with this?**

CCCB\_F3M

||| Month

CCCB\_F3Y

||||| Year

(MIN: month and year of last interview) (MAX: current month and year)

DK, R (Go to CC\_Q075)

CC\_C072B If CC\_Q072 is after date of last response interview, go to CC\_Q075.

CC\_Q072X **So [you/he/she] had high blood pressure prior to our last interview in [month and year of last response interview]?**

CCCB\_F4

- |   |       |                     |
|---|-------|---------------------|
| 1 | Yes   | (Go to CC_Q075)     |
| 2 | No    | (Return to CC_Q072) |
|   | DK, R | (Go to CC_Q075)     |

CC\_C073 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q073. Otherwise, go to CC\_Q081.





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CC\_Q082X **So [you/he/she] had migraine headaches prior to our last interview in [month and**  
CCCB\_G4 **year of last response interview]?**

- 1 Yes (Go to CC\_Q085)
- 2 No (Return to CC\_Q082)
- DK, R (Go to CC\_Q085)

CC\_C083 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q083. Otherwise, go to CC\_C091.

CC\_Q083 **During our last interview in [month and year of last response interview], it was**  
CCCB\_G1 **reported that [you/FNAME] had migraine headaches, but this time it was not. Has the condition disappeared since then?**

- 1 Yes
- 2 No (Return to CC\_Q081)
- 3 Never had migraine headaches (Go to CC\_C091)
- DK, R (Go to CC\_C091)

CC\_Q084 **When did it disappear?**

CCCB\_G2M |\_\_| Month  
CCCB\_G2Y |\_\_|\_\_| Year  
(MIN: month and year of last interview; MAX: current month and year)

Go to CC\_C091

CC\_Q085 **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her]**  
CCCB\_G5 **migraine headaches?**

- 1 Yes
- 2 No (Go to CC\_C091)
- DK, R (Go to CC\_C091)

CC\_Q086 **What kind of treatment or medication?**  
INTERVIEWER: Mark all that apply.

- CCCB\_G6A 1 Drug
- CCCB\_G6B 2 Diet
- CCCB\_G6D 3 Exercise / physiotherapy
- CCCB\_G6C 4 Other - Specify

**Chronic Bronchitis or Emphysema**

CC\_C091 If age < 12, go to CC\_Q101.

CC\_Q091 **[Do/Does] [you/FNAME] have chronic bronchitis or emphysema?**  
CCCB\_1H

- 1 Yes
- 2 No

**Diabetes**

CC\_Q101 [Do/Does] [you/FNAME] have diabetes?  
 CCCB\_1J

- 1 Yes
- 2 No (Go to CC\_C103)  
 DK, R (Go to CC\_Q111)

CC\_C102A If respondent had condition in last response interview, go to CC\_Q105.

CC\_Q102 When [were/was] [you/FNAME] diagnosed with this?

CCCB\_J3M |\_|\_| Month  
 CCCB\_J3Y |\_|\_|\_|\_| Year  
 (MIN: month and year of last interview) (MAX: current month and year)  
 DK, R (Go to CC\_Q105)

CC\_C102B If CC\_Q102 is after date of last response interview, go to CC\_Q105.

CC\_Q102X So [you/he/she] had diabetes prior to our last interview in [month and year of last response interview]?  
 CCCB\_J4

- 1 Yes (Go to CC\_Q105)
- 2 No (Return to CC\_Q102)  
 DK, R (Go to CC\_Q105)

CC\_C103 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q103. Otherwise, go to CC\_Q111.

CC\_Q103 During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had diabetes, but this time it was not. Has the condition disappeared since then?  
 CCCB\_J1

- 1 Yes
- 2 No (Return to CC\_Q101)
- 3 Never had diabetes (Go to CC\_Q111)  
 DK, R (Go to CC\_Q111)

CC\_Q104 When did it disappear?

CCCB\_J2M |\_|\_| Month  
 CCCB\_J2Y |\_|\_|\_|\_| Year  
 (MIN: month and year of last interview) (MAX: current month and year)

Go to CC\_Q111

CC\_Q105 [Do/Does] [you/FNAME] currently take insulin for [your/his/her] diabetes?  
 CCCB\_J5

- 1 Yes
- 2 No

CC\_Q106 **[Do/Does] [you/he/she] take any other treatment or medication for [your/his/her] diabetes?**  
 CCCB\_J6

- 1 Yes
- 2 No (Go to CC\_Q111)
- DK, R (Go to CC\_Q111)

CC\_Q107 **What kind of treatment or medication?**  
 INTERVIEWER: Mark all that apply.

- CCCB\_J7A 1 Drug
- CCCB\_J7B 2 Diet
- CCCB\_J7D 3 Exercise / physiotherapy
- CCCB\_J7C 4 Other - Specify

**Epilepsy**

CC\_Q111 **[Do/Does] [you/FNAME] have epilepsy?**  
 CCCB\_1K

- 1 Yes
- 2 No (Go to CC\_C113)
- DK, R (Go to CC\_Q121)

CC\_C112A If respondent had condition in last response interview, go to CC\_Q121.

CC\_Q112 **When [were/was] [you/FNAME] diagnosed with this?**

- CCCB\_K3M | | | Month
- CCCB\_K3Y | | | | Year
- (MIN: month and year of last interview) (MAX: current month and year)
- DK, R (Go to CC\_Q121)

CC\_C112B If CC\_Q112 is after date of last response interview, go to CC\_Q121.

CC\_Q112X **So [you/he/she] had epilepsy prior to our last interview in [month and year of last response interview]?**  
 CCCB\_K4

- 1 Yes (Go to CC\_Q121)
- 2 No (Return to CC\_Q112)
- DK, R (Go to CC\_Q121)

CC\_C113 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q113. Otherwise, go to CC\_Q121.

CC\_Q113 **During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had epilepsy, but this time it was not. Has the condition disappeared since then?**  
 CCCB\_K1

- 1 Yes
- 2 No (Return to CC\_Q111)
- 3 Never had epilepsy (Go to CC\_Q121)
- DK, R (Go to CC\_Q121)

CC\_Q114      **When did it disappear?**

CCCB\_K2M

|||

Month

CCCB\_K2Y

|||||

Year

(MIN: month and year of last interview) (MAX: current month and year)

**Heart Disease**

CC\_Q121      **[Do/Does] [you/FNAME] have heart disease?**

CCCB\_1L

- 1      Yes
- 2      No                      (Go to CC\_Q131)  
         DK, R                      (Go to CC\_Q131)

CC\_Q122      **[Have/Has] [you/he/she] ever had a heart attack (damage to the heart muscle)?**

CCCB\_L1A

- 1      Yes
- 2      No

CC\_Q123      **[Do/Does] [you/he/she] currently have angina (chest pain, chest tightness)?**

CCCB\_L6

- 1      Yes
- 2      No

CC\_Q124      **[Do/Does] [you/he/she] currently have congestive heart failure (inadequate heart beat, fluid build-up in the lungs or legs)?**

CCCB\_L7

- 1      Yes
- 2      No

**Cancer**

CC\_Q131      **[Do/Does] [you/FNAME] have cancer?**

CCCB\_1M

- 1      Yes
- 2      No

**Intestinal or Stomach Ulcers**

CC\_C141      If age < 12, go to CC\_C151.

CC\_Q141      **Remember, we're interested in conditions diagnosed by a health professional.**

CCCB\_1N

**[Do/Does] [you/FNAME] have intestinal or stomach ulcers?**

- 1      Yes
- 2      No                      (Go to CC\_C143)  
         DK, R                      (Go to CC\_C151)

CC\_C142A      If respondent had condition in last response interview, go to CC\_C151.

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CC\_Q142 **When [were/was] [you/FNAME] diagnosed with this?**

CCCB\_N3M |\_\_| Month  
CCCB\_N3Y |\_\_|\_\_| Year  
(MIN: month and year of last interview) (MAX: current month and year)  
DK, R (Go to CC\_C151)

CC\_C142B If CC\_Q142 is after date of last response interview, go to CC\_C151.

CC\_Q142X **So [you/he/she] had intestinal or stomach ulcers prior to our last interview in**  
CCCB\_N4 **[month and year of last response interview]?**

- 1 Yes (Go to CC\_C151)
- 2 No (Return to CC\_Q142)
- DK, R (Go to CC\_Q151)

CC\_C143 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q143. Otherwise, go to CC\_C151.

CC\_Q143 **During our last interview in [month and year of last response interview], it was**  
CCCB\_N1 **reported that [you/FNAME] had intestinal or stomach ulcers, but this time it was not. Has the condition disappeared since then?**

- 1 Yes
- 2 No (Return to CC\_Q141)
- 3 Never had intestinal or stomach ulcers (Go to CC\_C151)
- DK, R (Go to CC\_C151)

CC\_Q144 **When did it disappear?**

CCCB\_N2M |\_\_| Month  
CCCB\_N2Y |\_\_|\_\_| Year  
(MIN: month and year of last interview) (MAX: current month and year)

**Effects of a stroke**

CC\_C151 If age < 12, go to CC\_C161.

CC\_Q151 **[Do/Does] [you/FNAME] suffer from the effects of a stroke?**  
CCCB\_10

- 1 Yes
- 2 No (Go to CC\_C153)
- DK, R (Go to CC\_C161)

CC\_C152A If respondent had condition in last response interview, go to CC\_C161.

CC\_Q152 **When [were/was] [you/FNAME] diagnosed with this?**

CCCB\_O3M |\_\_| Month  
CCCB\_O3Y |\_\_|\_\_| Year  
(MIN: month and year of last interview) (MAX: current month and year)  
DK, R (Go to CC\_C161)

CC\_C152B If CC\_Q152 is after date of last response interview, go to CC\_C161.

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CC\_Q152X     **So [you/he/she] suffered from the effects of a stroke prior to our last interview in**  
CCCB\_04     **[month and year of last response interview]?**

- 1     Yes                    (Go to CC\_C161)
- 2     No                        (Return to CC\_Q152)
- DK, R                 (Go to CC\_Q161)

CC\_C153     If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q153. Otherwise, go to CC\_C161.

CC\_Q153     **During our last interview in [month and year of last response interview], it was**  
CCCB\_01     **reported that [you/FNAME] suffered from the effects of a stroke, but this time it**  
               **was not. Has the condition disappeared since then?**

- 1     Yes
- 2     No                        (Return to CC\_Q151)
- 3     Never had a stroke     (Go to CC\_C161)
- DK, R                 (Go to CC\_C161)

CC\_Q154     **When did it disappear?**

CCCB\_02M    |\_\_|                    Month  
CCCB\_02Y    |\_\_|\_\_|                Year  
(MIN: month and year of last interview) (MAX: current month and year)

**Urinary Incontinence**

CC\_C161     If age < 12, go to CC\_C171.

CC\_Q161     **[Do/Does] [you/FNAME] suffer from urinary incontinence?**  
CCCB\_1P

- 1     Yes
- 2     No

**Bowel Disorder**

CC\_C171     If age < 12, go to CC\_C181.

CC\_Q171     **[Do/Does] [you/FNAME] have a bowel disorder such as Crohn's Disease or**  
CCCB\_1Q     **colitis?**

- 1     Yes
- 2     No

**Alzheimer's Disease or other Dementia**

CC\_C181     If age < 18, go to CC\_C191.

CC\_Q181     **Remember, we're interested in conditions diagnosed by a health professional.**  
CCCB\_1R     **[Do/Does] [you/FNAME] have Alzheimer's Disease or any other dementia (senility)?**

- 1     Yes
- 2     No

**Cataracts**

CC\_C191 If age < 18, go to CC\_C201.

CC\_Q191 **[Do/Does] [you/FNAME] have cataracts?**

CCCB\_1S

- 1 Yes
- 2 No

**Glaucoma**

CC\_C201 If age < 18, go to CC\_C211.

CC\_Q201 **[Do/Does] [you/FNAME] have glaucoma?**

CCCB\_1T

- 1 Yes
- 2 No

**Thyroid Condition**

CC\_C211 If age < 12, go to CC\_Q221.

CC\_Q211 **[Do/Does] [you/FNAME] have a thyroid condition?**

CCCB\_1U

- 1 Yes
- 2 No

**Other Long-Term Condition**

CC\_Q221 **[Do/Does] [you/FNAME] have any other long-term condition that has been diagnosed by a health professional?**

CCCB\_1V

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

CC\_Q221S **INTERVIEWER: Specify.**

CCCAF1V

\_\_\_\_\_  
(80 spaces)

**Health Status**

HS\_C00 If age < 4, go to next section.

HS\_QINT1 **The next set of questions asks about [your/FNAME's] day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to [you/FNAME], but it is important that we ask the same questions of everyone.**  
**INTERVIEWER: Press <Enter> to continue.**



**Vision**

HS\_C01 If age < 12, replace the phrase "ordinary newsprint" with "the words in a book".

HS\_Q01 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**  
**HSCB\_1 without glasses or contact lenses?**

- 1 Yes (Go to HS\_Q04)
- 2 No  
DK, R (Go to next section)

HS\_Q02 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**  
**HSCB\_2 with glasses or contact lenses?**

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

HS\_Q03 **[Are/Is] [you/he/she] able to see at all?**  
**HSCB\_3**

- 1 Yes
- 2 No (Go to HS\_Q06)  
DK, R (Go to HS\_Q06)

HS\_Q04 **[Are/Is] [you/he/she] able to see well enough to recognize a friend on the other**  
**HSCB\_4 side of the street without glasses or contact lenses?**

- 1 Yes (Go to HS\_Q06)
- 2 No (Go to HS\_Q06)  
DK, R

HS\_Q05 **[Are/Is] [you/he/she] usually able to see well enough to recognize a friend on the**  
**HSCB\_5 other side of the street with glasses or contact lenses?**

- 1 Yes
- 2 No

**Hearing**

HS\_Q06 **[Are/Is] [you/FNAME] usually able to hear what is said in a group conversation**  
**HSCB\_6 with at least 3 other people without a hearing aid?**

- 1 Yes (Go to HS\_C10)
- 2 No  
DK, R (Go to HS\_C10)

HS\_Q07 **[Are/Is] [you/he/she] usually able to hear what is said in a group conversation with**  
**HSCB\_7 at least 3 other people with a hearing aid?**

- 1 Yes (Go to HS\_Q08)
- 2 No

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HS\_Q07A  
HSCB\_7A

**[Are/Is] [you/he/she] able to hear at all?**

- 1 Yes
- 2 No (Go to HS\_C10)
- DK, R (Go to HS\_C10)

HS\_Q08  
HSCB\_8

**[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?**

- 1 Yes (Go to HS\_C10)
- 2 No (Go to HS\_C10)
- R (Go to HS\_C10)

HS\_Q09  
HSCB\_9

**[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?**

- 1 Yes
- 2 No

**Speech**

HS\_C10 If age >= 12 then go to HS\_Q10.

HS\_QINT3 **The next few questions on day-to-day health are concerned with [FNAME's] abilities relative to other children the same age.**  
INTERVIEWER: Press <Enter> to continue.

HS\_Q10  
HSCB\_10

**[Are/Is] [you/FNAME] usually able to be understood completely when speaking with strangers in [your/his/her] own language?**

- 1 Yes (Go to HS\_Q14)
- 2 No (Go to HS\_Q14)
- R (Go to HS\_Q14)

HS\_Q11  
HSCB\_11

**[Are/Is] [you/he/she] able to be understood partially when speaking with strangers?**

- 1 Yes
- 2 No

HS\_Q12  
HSCB\_12

**[Are/Is] [you/he/she] able to be understood completely when speaking with those who know [you/him/her] well?**

- 1 Yes (Go to HS\_Q14)
- 2 No (Go to HS\_Q14)
- R (Go to HS\_Q14)

HS\_Q13  
HSCB\_13

**[Are/Is] [you/he/she] able to be understood partially when speaking with those who know [you/him/her] well?**

- 1 Yes
- 2 No

**Getting Around**

HS\_Q14  
HSCB\_14 [Are/Is] [you/FNAME] usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?

- 1 Yes (Go to HS\_Q21)
- 2 No (Go to HS\_Q21)
- DK, R (Go to HS\_Q21)

HS\_Q15  
HSCB\_15 [Are/Is] [you/he/she] able to walk at all?

- 1 Yes
- 2 No (Go to HS\_Q18)
- DK, R (Go to HS\_Q18)

HS\_Q16  
HSCB\_16 [Do/Does] [you/he/she] require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

- 1 Yes
- 2 No

HS\_Q17  
HSCB\_17 [Do/Does] [you/he/she] require the help of another person to be able to walk?

- 1 Yes
- 2 No

HS\_Q18  
HSCB\_18 [Do/Does] [you/he/she] require a wheelchair to get around?

- 1 Yes
- 2 No (Go to HS\_Q21)
- DK, R (Go to HS\_Q21)

HS\_Q19  
HSCB\_19 How often [do/does] [you/he/she] use a wheelchair?  
INTERVIEWER: Read categories to respondent.

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

HS\_Q20  
HSCB\_20 [Do/Does] [you/he/she] need the help of another person to get around in the wheelchair?

- 1 Yes
- 2 No

**Hands and Fingers**

HS\_Q21  
HSCB\_21 [Are/Is] [you/FNAME] usually able to grasp and handle small objects such as a pencil or scissors?

- 1 Yes (Go to HS\_Q25)
- 2 No (Go to HS\_Q25)
- DK, R (Go to HS\_Q25)

HS\_Q22  
HSCB\_22 **[Do/Does] [you/he/she] require the help of another person because of limitations in the use of hands or fingers?**

- 1 Yes
- 2 No (Go to HS\_Q24)
- DK, R (Go to HS\_Q24)

HS\_Q23  
HSCB\_23 **[Do/Does] [you/he/she] require the help of another person with:**  
INTERVIEWER: Read categories to respondent.

- 1 ... some tasks?
- 2 ... most tasks?
- 3 ... almost all tasks?
- 4 ... all tasks?

HS\_Q24  
HSCB\_24 **[Do/Does] [you/he/she] require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?**

- 1 Yes
- 2 No

### **Feelings**

HS\_Q25  
HSCB\_25 **Would you describe [yourself/FNAME] as being usually:**  
INTERVIEWER: Read categories to respondent.

- 1 ... happy and interested in life?
- 2 ... somewhat happy?
- 3 ... somewhat unhappy?
- 4 ... unhappy with little interest in life?
- 5 ... so unhappy that life is not worthwhile?

### **Memory**

HS\_Q26  
HSCB\_26 **How would you describe [your/his/her] usual ability to remember things?**  
INTERVIEWER: Read categories to respondent.

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

### **Thinking**

HS\_Q27  
HSCB\_27 **How would you describe [your/his/her] usual ability to think and solve day-to-day problems?**  
INTERVIEWER: Read categories to respondent.

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

**Pain and Discomfort**

HS\_Q28 [Are/Is] [you/FNAME] usually free of pain or discomfort?  
HSCB\_28

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

HS\_Q29 How would you describe the usual intensity of [your/his/her] pain or discomfort?  
HSCB\_29 INTERVIEWER: Read categories to respondent.

- 1 Mild
- 2 Moderate
- 3 Severe

HS\_Q30 How many activities does [your/his/her] pain or discomfort prevent?  
HSCB\_30 INTERVIEWER: Read categories to respondent.

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

**Physical Activities**

PA\_C1 If proxy interview or age < 12, go to next section.

PA\_QINT1 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.

PA\_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.

- PACB\_1A 1 Walking for exercise
- PACB\_1B 2 Gardening or yard work
- PACB\_1C 3 Swimming
- PACB\_1D 4 Bicycling
- PACB\_1E 5 Popular or social dance
- PACB\_1F 6 Home exercises
- PACB\_1G 7 Ice hockey
- PACB\_1H 8 Ice skating
- PACB\_1Y 9 In-line skating or rollerblading
- PACB\_1J 10 Jogging or running
- PACB\_1K 11 Golfing
- PACB\_1L 12 Exercise class or aerobics
- PACB\_1I 13 Downhill skiing or snowboarding
- PACB\_1N 14 Bowling
- PACB\_1O 15 Baseball or softball
- PACB\_1P 16 Tennis
- PACB\_1Q 17 Weight-training
- PACB\_1R 18 Fishing
- PACB\_1S 19 Volleyball
- PACB\_1T 20 Basketball

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- PACB\_1U** 21 **Any other**  
**PACB\_1V** 22 No physical activity (Go to PA\_QINT2)  
DK, R (Go to next section)

If "Any other" is chosen as a response, go to PA\_Q1US. Otherwise, go to PA\_Q1W.

- PA\_Q1US** **What was this activity?**  
**PACBFC1** INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
(80 spaces)

- PA\_Q1W** **In the past 3 months, did you do any other activity for leisure?**  
**PACB\_1W**
- 1 Yes  
2 No (Go to PA\_Q2)  
DK, R (Go to PA\_Q2)

- PA\_Q1WS** **What was this activity?**  
**PACBFC2** INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
(80 spaces)

- PA\_Q1X** **In the past 3 months, did you do any other activity for leisure?**  
**PACB\_1X**
- 1 Yes  
2 No (Go to PA\_Q2)  
DK, R (Go to PA\_Q2)

- PA\_Q1XS** **What was this activity?**  
**PACBFC3** INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
(80 spaces)

For each activity identified in PA\_Q1, ask PA\_Q2 and PA\_Q3.

- PA\_Q2** **In the past 3 months, how many times did you participate in [identified activity]?**  
**PACB\_2A** | | | | Times  
**TO** (MIN: 1) (MAX: 99) for each activity except the following:  
**PACB\_2Y** Walking: MAX = 270  
Bicycling: MAX = 200  
Other activities: MAX = 200  
DK, R (Go to next activity)

- PA\_Q3** **About how much time did you spend on each occasion?**  
**PACB\_3A**  
**TO**  
**PACB\_3Y**
- 1 1 to 15 minutes  
2 16 to 30 minutes  
3 31 to 60 minutes  
4 More than one hour

PA\_QINT2      **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.

PA\_Q4A  
PACB\_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

PA\_Q4B  
PACB\_4B      **In a typical week, how much time 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

PA\_C5      If bicycling was indicated as an activity in PA\_Q1 or > "None" in PA\_Q4B, ask PA\_Q5. Otherwise, go to PA\_Q6.

PA\_Q5  
PACB\_5      **When riding a bicycle how often did you wear a helmet?**

INTERVIEWER: Read categories to respondent.

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

PA\_Q6  
PACB\_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**

### **UV Exposure**

TU\_C1      If proxy interview or age < 12, go to next section.

TU\_QINT      **A sunburn is any reddening or discomfort of your 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.

TU\_Q1 In the past 12 months, has any part of your body been sunburnt?

TUCB\_3

- 1 Yes
- 2 No

**Repetitive Strain**

RP\_C1 If age < 12, go to next section.

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

INTERVIEWER: Press <Enter> to continue.

RP\_Q1 In the past 12 months, that is, from [date one year ago] to yesterday, did [you/FNAME] have any injuries due to repetitive strain which were serious enough to limit [your/his/her] normal activities?

RPCB\_1

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

RP\_Q3 Thinking about the most serious repetitive strain, what part of the body was affected?

RPCB\_3

- 1 Head
- 2 Neck
- 3 Shoulder, upper arm
- 4 Elbow, lower arm
- 5 Wrist, hand
- 6 Hip
- 7 Thigh
- 8 Knee, lower leg
- 9 Ankle, foot
- 10 Upper back or upper spine
- 11 Lower back or lower spine
- 12 Chest (excluding back and spine)
- 13 Abdomen or pelvis (excluding back and spine)

RP\_Q4 What type of activity [were/was] [you/he/she] doing when [you/he/she] got this repetitive strain?

INTERVIEWER: Mark all that apply.

- RPCB\_5A 1 Sports or physical exercise (include school activities)
- RPCB\_5B 2 Leisure or hobby (include volunteering)
- RPCB\_5C 3 Working at a job or business (include travel to or from work)
- RPCB\_5D 4 Household chores, other unpaid work or education
- RPCB\_5E 5 Sleeping, eating, personal care
- RPCB\_5F 6 Other - Specify



**Injuries**

IJ\_CINT If age < 12 or RP\_Q1 <> "Yes", do not use the word "other" in IJ\_QINT.

IJ\_QINT **Now some questions about [other] injuries which occurred in the past 12 months, and were serious enough to limit [your/FNAME's] normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning.**  
INTERVIEWER: Press <Enter> to continue.

IJ\_C01 If RP\_Q1 <> 1 then use only second part of phrase in IJ\_Q01.

IJ\_Q01 **(Not counting repetitive strain injuries,) In the past 12 months, that is, from [date one year ago] to yesterday, [were/was] [you/FNAME] injured?**

IJCB\_1

- 1 Yes
- 2 No (Go to IJ\_Q14)  
DK, R (Go to next section)

IJ\_Q02 **How many times [were/was] [you/he/she] injured?**

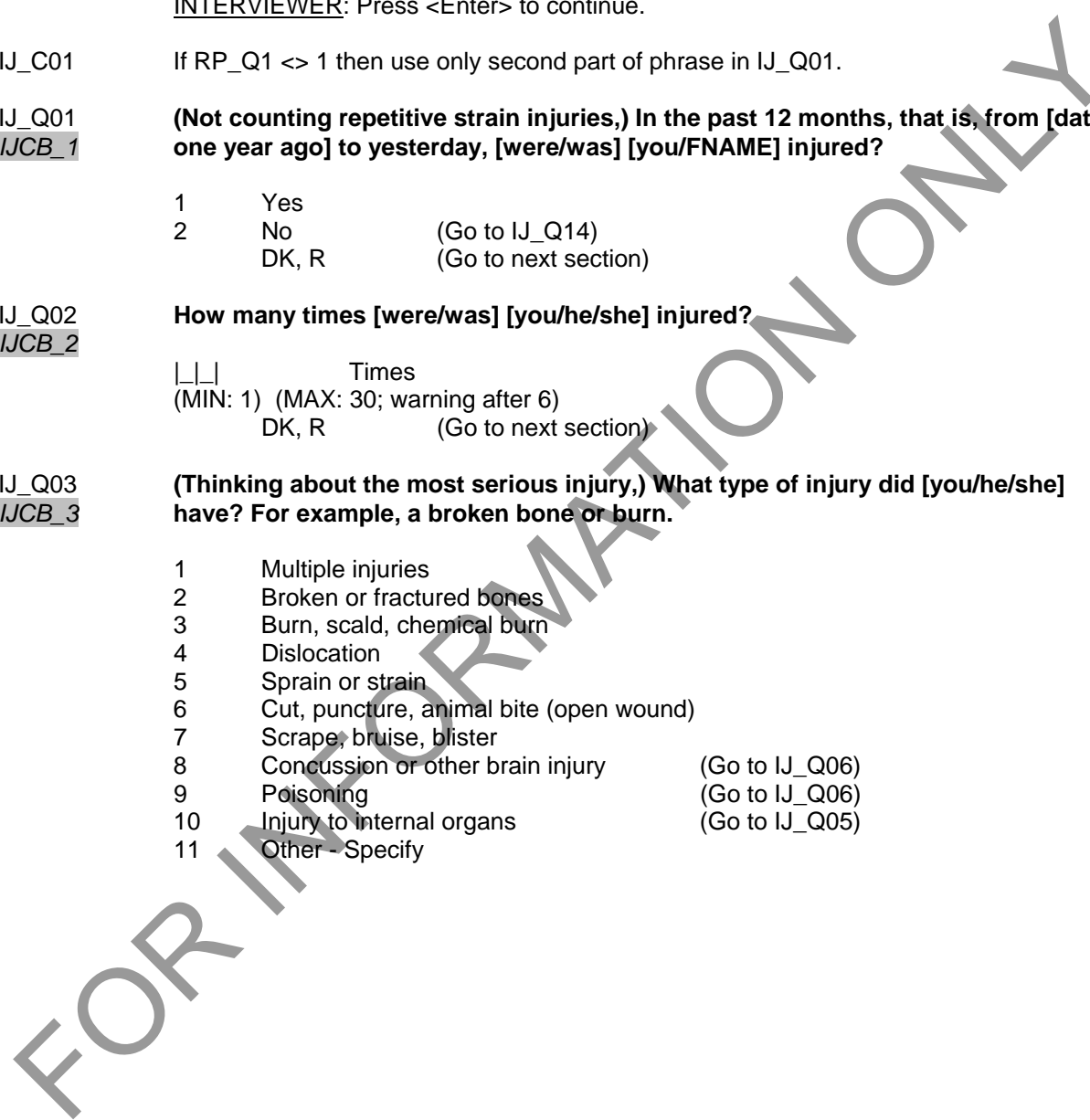
IJCB\_2

- \_|\_| Times  
(MIN: 1) (MAX: 30; warning after 6)
- DK, R (Go to next section)

IJ\_Q03 **(Thinking about the most serious injury,) What type of injury did [you/he/she] have? For example, a broken bone or burn.**

IJCB\_3

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn, scald, chemical burn
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut, puncture, animal bite (open wound)
- 7 Scrape, bruise, blister
- 8 Concussion or other brain injury (Go to IJ\_Q06)
- 9 Poisoning (Go to IJ\_Q06)
- 10 Injury to internal organs (Go to IJ\_Q05)
- 11 Other - Specify



IJ\_Q04  
IJC\_B\_4

**What part of the body was injured?**

- 1 Multiple sites
- 2 Eyes
- 3 Head (excluding eyes)
- 4 Neck
- 5 Shoulder, upper arm
- 6 Elbow, lower arm
- 7 Wrist, hand
- 8 Hip
- 9 Thigh
- 10 Knee, lower leg
- 11 Ankle, foot
- 12 Upper back or upper spine
- 13 Lower back or lower spine
- 14 Chest (excluding back and spine)
- 15 Abdomen or pelvis (excluding back and spine)

Go to IJ\_Q06

IJ\_Q05  
IJC\_B\_4A

**What part of the body was injured?**

- 1 Chest (within rib cage)
- 2 Abdomen or pelvis (below ribs)
- 3 Other - Specify

IJ\_Q06  
IJC\_B\_5

**Where did the injury happen?**

INTERVIEWER: If respondent says 'At work' probe for type of workplace.

- 1 In a home or its surrounding area
- 2 Residential institution
- 3 School, college, university (exclude sports areas)
- 4 Other institution (e.g., church, hospital, theatre, civic building)
- 5 Sports or athletics area (include school sports areas)
- 6 Street, highway, sidewalk
- 7 Commercial area (e.g., store, restaurant, office building, transport terminal)
- 8 Industrial or construction area
- 9 Farm (exclude farmhouse and its surrounding area)
- 10 Other - Specify

IJ\_Q07  
IJC\_B\_9

**What type of activity [were/was] [you/he/she] doing when [you/he/she] [were/was] injured?**

- 1 Sports or physical exercise (include school activities)
- 2 Leisure or hobby (include volunteering)
- 3 Working at a job or business (include travel to or from work)
- 4 Household chores, other unpaid work or education
- 5 Sleeping, eating, personal care
- 6 Other - Specify

IJ\_Q08  
IJCB\_10

**Was the injury the result of a fall?**

**INTERVIEWER:** Select 'No' for transportation accidents.

- 1 Yes
- 2 No (Go to IJ\_Q10)
- DK, R (Go to IJ\_Q10)

IJ\_Q09  
IJCB\_10A

**How did [you/he/she] fall?**

- 1 While skating, skiing, snowboarding, in-line skating or skateboarding
- 2 Going up or down stairs / steps (icy or not)
- 3 Slip, trip or stumble on ice or snow
- 4 Slip, trip or stumble on any other surface
- 5 From furniture (e.g., bed, chair)
- 6 From elevated position (e.g., ladder, tree)
- 7 Other - Specify

Go to IJ\_Q11

IJ\_Q10  
IJCB\_10B

**What caused the injury?**

- 1 Transportation accident
- 2 Accidentally bumped, pushed, bitten, etc. by person or animal
- 3 Accidentally struck or crushed by object(s)
- 4 Accidental contact with sharp object, tool or machine
- 5 Smoke, fire, flames
- 6 Accidental contact with hot object, liquid or gas
- 7 Extreme weather or natural disaster
- 8 Overexertion or strenuous movement
- 9 Physical assault
- 10 Other - Specify

IJ\_Q11  
IJCB\_11

**Did [you/FNAME] receive any medical attention for this injury from a health professional within 48 hours?**

- 1 Yes
- 2 No (Go to IJ\_Q14)
- DK, R (Go to IJ\_Q14)

IJ\_Q12  
IJCB\_12

**Where did [you/he/she] receive treatment?**

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

IJ\_Q13 [Were/Was] [you/he/she] admitted to a hospital overnight?  
IJCB\_13

- 1 Yes
- 2 No

IJ\_Q14 Did [you/FNAME] have any other injuries in the past 12 months that were treated  
IJCB\_14 by a health professional, but did not limit [your/his/her] normal activities?

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

IJ\_Q15 How many injuries?  
IJCB\_15

||| Injuries  
(MIN: 1) (MAX: 30; warning after 6)

### Stress

ST\_C100 If proxy interview or age < 12, go to next section.

### Ongoing Problems

ST\_QINT1A The next part of the questionnaire deals with different kinds of stress. Although  
the questions may seem repetitive, they are related to various aspects of a  
person's physical, emotional and mental health.  
INTERVIEWER: Press <Enter> to continue.

ST\_QINT1B I'll start by describing situations that sometimes come up in people's lives. As  
there are no right or wrong answers, the idea is to choose the answer best suited  
to your personal situation. I'd like you to tell me if these statements are true for  
you at this time by answering 'true' if it applies to you now or 'false' if it does not.  
INTERVIEWER: Press <Enter> to continue.

ST\_Q101 You are trying to take on too many things at once.  
STCB\_C1

- 1 True
- 2 False  
R (Go to ST\_C400)

ST\_Q102 There is too much pressure on you to be like other people.  
STCB\_C2

- 1 True
- 2 False

ST\_Q103 Too much is expected of you by others.  
STCB\_C3

- 1 True
- 2 False

ST\_C104 If age < 18, go to ST\_Q112.

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**ST\_Q104**  
**STCB\_C4**      **You don't have enough money to buy the things you need.**

- 1      True
- 2      False

**ST\_C105**      If marital status = married or living common-law go to ST\_Q105. If marital status = single, widowed, separated or divorced go to ST\_Q108. Otherwise (i.e., marital status is unknown) go to ST\_Q109.

**ST\_Q105**  
**STCB\_C5**      **Your partner doesn't understand you.**

- 1      True
- 2      False

**ST\_Q106**  
**STCB\_C6**      **Your partner doesn't show enough affection.**

- 1      True
- 2      False

**ST\_Q107**  
**STCB\_C7**      **Your partner is not committed enough to your relationship.**

- 1      True
- 2      False

Go to ST\_Q109

**ST\_Q108**  
**STCB\_C8**      **You find it is very difficult to find someone compatible with you.**

- 1      True
- 2      False

**ST\_Q109**  
**STCB\_C9**      **Do you have any children?**

- 1      Yes
- 2      No                      (Go to ST\_Q112)
- DK, R                    (Go to ST\_Q112)

**ST\_Q110**  
**STCB\_C10**      **Remember I want to know if you feel any of these statements are true for you at this time.**

**One of your children seems very unhappy.**

- 1      True
- 2      False

**ST\_Q111**  
**STCB\_C11**      **A child's behaviour is a source of serious concern to you.**

- 1      True
- 2      False

**ST\_Q112**  
**STCB\_C12**      **Your work around the home is not appreciated.**

- 1      True
- 2      False

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ST\_C113 If age < 18, go to ST\_Q118.

ST\_Q113 **Your friends are a bad influence.**

STCB\_C13

- 1 True
- 2 False

ST\_Q114 **You would like to move but you cannot.**

STCB\_C14

- 1 True
- 2 False

ST\_Q115 **Your neighbourhood or community is too noisy or too polluted.**

STCB\_C15

- 1 True
- 2 False

ST\_Q116 **You have a parent, a child or a partner who is in very bad health and may die.**

STCB\_C16

- 1 True
- 2 False

ST\_Q117 **Someone in your family has an alcohol or drug problem.**

STCB\_C17

- 1 True
- 2 False

ST\_Q118 **People are too critical of you or what you do.**

STCB\_C18

- 1 True
- 2 False

**Childhood and Adult Stressors ("traumas")**

ST\_C300 If age < 18, go to ST\_C400.

ST\_QINT3 **The next few questions ask about some things that may have happened to you while you were a child or a teenager, before you moved out of the house. Please tell me if any of these things have happened.**

INTERVIEWER: Press <Enter> to continue.

ST\_Q301 **Did you spend 2 weeks or more in the hospital?**

ST\_B\_T1

- 1 Yes
- 2 No
- R (Go to ST\_C400)

ST\_Q302 **Did your parents get a divorce?**

ST\_B\_T2

- 1 Yes
- 2 No

ST\_Q303 **Did your father or mother not have a job for a long time when they wanted to be working?**  
ST\_B\_T3

- 1 Yes
- 2 No

ST\_Q304 **Did something happen that scared you so much you thought about it for years after?**  
ST\_B\_T4

- 1 Yes
- 2 No

ST\_Q305 **Were you sent away from home because you did something wrong?**  
ST\_B\_T5

- 1 Yes
- 2 No

ST\_Q306 **Did either of your parents drink or use drugs so often that it caused problems for the family?**  
ST\_B\_T6

- 1 Yes
- 2 No

ST\_Q307 **Were you ever physically abused by someone close to you?**  
ST\_B\_T7

- 1 Yes
- 2 No

**Work Stress**

ST\_C400 If age < 15 or age > 75, go to ST\_C600.

ST\_QINT4A **Now I'm going to read you a series of statements that might describe your job situation.**  
INTERVIEWER: Press <Enter> to continue.

ST\_Q400 **Do you currently work at a job or business?**  
STCB\_W1

- 1 Yes
- 2 No (Go to ST\_C600)
- DK, R (Go to ST\_C600)

ST\_QINT4B **Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. If you have more than one job, just think about the main one.**  
INTERVIEWER: Press <Enter> to continue.

ST\_Q401 **Your job requires that you learn new things.**  
STCB\_W1A

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- R (Go to ST\_C600)

**ST\_Q402 Your job requires a high level of skill.**

**STCB\_W1B**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

**ST\_Q403 Your job allows you freedom to decide how you do your job.**

**STCB\_W1C**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

**ST\_Q404 Your job requires that you do things over and over.**

**STCB\_W1D**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

**ST\_Q405 Your job is very hectic.**

**STCB\_W1E**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

**ST\_Q406 You are free from conflicting demands that others make.**

**STCB\_W1F**

**INTERVIEWER:** If necessary, explain that the question refers to conflicting demands on the job.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

**ST\_Q407 Your job security is good.**

**STCB\_W1G**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree



ST\_Q408 **Your job requires a lot of physical effort.**

STCB\_W1H

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST\_Q409 **You have a lot to say about what happens in your job.**

STCB\_W1I

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST\_Q410 **You are exposed to hostility or conflict from the people you work with.**

STCB\_W1J

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST\_Q411 **Your supervisor is helpful in getting the job done.**

STCB\_W1K

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST\_Q412 **The people you work with are helpful in getting the job done.**

STCB\_W1L

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST\_Q413 **How satisfied are you with your job?**

STCB\_W2 INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
- 2 **Somewhat satisfied**
- 3 **Not too satisfied**
- 4 **Not at all satisfied**

**Mastery**

ST\_C600 If age < 12, go to next section.

ST\_QINT6 **Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**  
INTERVIEWER: Press <Enter> to continue.

ST\_Q601 **You have little control over the things that happen to you.**  
STCB\_M1A

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- R (Go to next section)

ST\_Q602 **There is really no way you can solve some of the problems you have.**  
STCB\_M1B

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST\_Q603 **There is little you can do to change many of the important things in your life.**  
STCB\_M1C

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST\_Q604 **You often feel helpless in dealing with problems of life.**  
STCB\_M1D

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST\_Q605 **Sometimes you feel that you are being pushed around in life.**  
STCB\_M1E

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST\_Q606 **What happens to you in the future mostly depends on you.**

STCB\_M1F

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST\_Q607 **You can do just about anything you really set your mind to.**

STCB\_M1G

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

### **Medication Use**

DG\_C1 If age < 12, go to next section.

DG\_QINT **Now I'd like to ask a few questions about [your/FNAME's] use of medications, both prescription and over-the-counter, as well as other health products.**

INTERVIEWER: Press <Enter> to continue.

DG\_Q1A **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**

DGCB\_1A **... pain relievers such as Aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?**

- 1 Yes
  - 2 No
- R (Go to next section)

DG\_Q1B **... tranquilizers such as Valium or Ativan?**

DGCB\_1B

- 1 Yes
- 2 No

DG\_Q1C **... diet pills such as Ponderal, Dexatrim or Fastin?**

DGCB\_1C

- 1 Yes
- 2 No

DG\_Q1D **... anti-depressants such as Prozac, Paxil or Effexor?**

DGCB\_1D

- 1 Yes
- 2 No

DG\_Q1E **... codeine, Demerol or morphine?**

DGCB\_1E

- 1 Yes
- 2 No

DG\_Q1F ... allergy medicine such as Reactine or Allegra?

DGCB\_1F

- 1 Yes
- 2 No

DG\_Q1G In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:

DGCB\_1G

... asthma medications such as inhalers or nebulizers?

- 1 Yes
- 2 No

DG\_Q1H ... cough or cold remedies?

DGCB\_1H

- 1 Yes
- 2 No

DG\_Q1I ... penicillin or other antibiotics?

DGCB\_1I

- 1 Yes
- 2 No

DG\_Q1J ... medicine for the heart?

DGCB\_1J

- 1 Yes
- 2 No

DG\_Q1K ... medicine for blood pressure?

DGCB\_1K

- 1 Yes
- 2 No

DG\_Q1L In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:

DGCB\_1L

... diuretics or water pills?

- 1 Yes
- 2 No

DG\_Q1M ... steroids?

DGCB\_1M

- 1 Yes
- 2 No

DG\_Q1N ... insulin?

DGCB\_1N

- 1 Yes
- 2 No

DG\_Q1O ... pills to control diabetes?

DGCB\_10

- 1 Yes
- 2 No

DG\_Q1P ... sleeping pills such as Imovane, Nytol or Starnoc?

DGCB\_1P

- 1 Yes
- 2 No

DG\_Q1Q ... stomach remedies?

DGCB\_1Q

- 1 Yes
- 2 No

DG\_Q1R ... laxatives?

DGCB\_1R

- 1 Yes
- 2 No

DG\_C1S If female & age <= 49, go to DG\_Q1S. Otherwise, go to DG\_C1T.

DG\_Q1S ... birth control pills?

DGCB\_1S

- 1 Yes
- 2 No

DG\_C1T If female & age >= 30, go to DG\_Q1T. Otherwise, go to DG\_Q1U.

DG\_Q1T ... hormones for menopause or aging symptoms?

DGCB\_1T

- 1 Yes
- 2 No (Go to DG\_Q1U)
- DK, R (Go to DG\_Q1U)

DG\_Q1T1 **What type of hormones [are/is] [you/she] taking?**

DGCB\_1T1

INTERVIEWER: Read categories to respondent.

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

DG\_Q1T2 **When did [you/she] start this hormone therapy?**

DGCB\_1T2

INTERVIEWER: Enter the year.

\_\_\_\_ Year  
(MIN: year of birth + 30) (MAX: current year)

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DG\_Q1U      **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**

**DGCB\_1U**      ... thyroid medication such as Synthroid or Levothyroxine?

- 1      Yes
- 2      No

DG\_Q1V      ... any other medication?

**DGCB\_1V**

- 1      Yes (Specify)
- 2      No

DG\_C2      If any drug(s) specified in DG\_Q1A to DG\_Q1V, go to DG\_Q2. Otherwise, go to DG\_Q4.

DG\_Q2      **Now, I am referring to the last 2 days, that is, yesterday and the day before yesterday.**  
**DGCB\_2**      **During those 2 days, how many different medications did [you/he/she] take?**

|||      Medications  
(MIN: 0) (MAX: 99; warning after 10)  
DK, R      (Go to DG\_Q4.)

DG\_C3      If number = 0, then go to DG\_Q4. For each number > 0 ask DG\_Q3nn and DG\_Q3nnA, up to a maximum of 12.

DG\_Q3nn      **What is the exact name of the medication that [you/FNAME] took?**

**DGCBF3A**

TO

**DGCBF3L**

**INTERVIEWER:** Ask respondent to look at the bottle, tube or box.

\_\_\_\_\_  
(80 spaces)  
DK, R      (Go to DG\_Q4.)

DG\_Q3nnA      **Was this a prescription from a medical doctor or dentist?**

**DGCB\_3AA**

TO

**DGCB\_3LA**

- 1      Yes
- 2      No

DG\_Q4      **There are many other health products such as ointments, vitamins, herbs, minerals**  
**DGCB\_4**      **or protein drinks which people use to prevent illness or to improve or maintain their**  
**health.**

**[Do/Does] [you/FNAME] use any of these or other health products?**

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

DG\_Q4A      **In the past 2 days, that is, yesterday and the day before yesterday, did [you/he/she]**  
**DGCB\_4A**      **use any of these health products?**

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

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DG\_Q501  
DGCBF5A **Thinking of the past 2 days, what is the exact name of a health product that [you/he/she] used?**

INTERVIEWER: Ask respondent to look at the bottle, tube or box.

\_\_\_\_\_  
(80 spaces)  
DK, R (Go to next section)

DG\_Q5nnA  
DGCB\_5AA **Did [you/he/she] use another health product?**

- TO  
DGCB\_5KA
- 1 Yes
  - 2 No (Go to next section)  
DK, R (Go to next section)

DG\_Q5nn  
DGCBF5B **What is the exact name of this product?**

INTERVIEWER: Ask respondent to look at the bottle, tube or box.

\_\_\_\_\_  
(80 spaces)  
DK, R (Go to next section)

DG\_C5 Ask DG\_Q5nnA and DG\_Q5nn for up to 12 products.

**Smoking**

SM\_C101 If age < 12, go to next section.

SM\_Q101  
SMCB\_1 **The next questions are about smoking. Does anyone in this household smoke regularly inside the house?**

- 1 Yes
- 2 No

SM\_Q102  
SMCB\_2 **At the present time [do/does] [you/FNAME] smoke cigarettes daily, occasionally or not at all?**

- 1 Daily
- 2 Occasionally (Go to SM\_Q105B)
- 3 Not at all (Go to SM\_Q104A)  
DK, R (Go to next section)

SM\_C103 If reported was daily smoker in previous interview, go to SM\_Q104. (SM\_Q103 was filled during processing).

SM\_Q103  
SMCB\_3 **At what age did [you/he/she] begin to smoke cigarettes daily?**

\_|\_|\_| Age in years  
(MIN: 5) (MAX: current age)

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SM\_Q104 **How many cigarettes [do/does] [you/he/she] smoke each day now?**

SMCB\_4

[\_|\_|] Cigarettes  
(MIN: 1) (MAX: 99; warning after 60)

Go to SM\_C108B

SM\_Q104A **[Have/Has] [you/he/she] ever smoked cigarettes at all?**

SMCB\_4A

- 1 Yes (Go to SM\_Q105A)
- 2 No  
DK, R (Go to SM\_C113)

SM\_C104B If reported ever smoked in previous interview and non-proxy interview, go to SM\_Q104B. Otherwise, go to SM\_C113.

SM\_Q104B **(Remember, for this survey it's important to measure change.)**  
SMCB\_4B **During our last interview in [month and year of last response interview], we recorded that you had previously smoked but this time we did not. In fact, have you ever smoked cigarettes?**

- 1 Yes (SM\_Q104A was filled with "1" during processing)
- 2 No (Go to SM\_C113)  
DK, R (Go to SM\_C113)

SM\_Q105B **On the days that [you/FNAME] [do/does] smoke, about how many cigarettes**  
SMCB\_5B **[do/does] [you/he/she] usually have?**

[\_|\_|] Cigarettes  
(MIN: 1) (MAX: 99; warning after 20)

SM\_Q105C **In the past month, on how many days [have/has] [you/he/she] smoked 1 or more**  
SMCB\_5C **cigarettes?**

[\_|\_|] Days  
(MIN: 0) (MAX: 30)

SM\_Q105A **In [your/his/her] lifetime, [have/has] [you/FNAME] smoked a total of 100 or more**  
SMCB\_5A **cigarettes (about 4 packs)?**

- 1 Yes
- 2 No

SM\_C105D If reported was daily smoker in previous interview or reported ever was daily smoker in previous interview, go to SM\_C108B (SM\_Q105D was filled with "1" during processing).

SM\_Q105D **[Have/Has] [you/he/she] ever smoked cigarettes daily?**

SMCB\_5

- 1 Yes
- 2 No (Go to SM\_C108B)  
DK, R (Go to SM\_C113)



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SM\_Q106 **At what age did [you/he/she] begin to smoke (cigarettes) daily?**  
 SMCB\_6

[\_][\_] Age in years  
 (MIN: 5) (MAX: current age)

SM\_Q107 **How many cigarettes did [you/he/she] usually smoke each day?**  
 SMCB\_7

[\_] Cigarettes  
 (MIN: 1) (MAX: 99; warning after 60)

SM\_Q108 **At what age did [you/he/she] stop smoking (cigarettes) daily?**  
 SMCB\_8

[\_][\_] Age in years  
 (MIN: 5 or age in SM\_Q106) (MAX: current age)

SM\_C108B If SM\_Q102 = 3 (non-smoker), go to SM\_C109.

SM\_Q108B **What brand of cigarettes [do/does] [you/he/she] usually smoke?**  
 INTERVIEWER: If necessary, probe for cigarette strength and size.

SM\_Q108S INTERVIEWER: Specify.  
 SMCBC8B

\_\_\_\_\_  
 (80 spaces)  
 DK, R (Not allowed)

Go to SM\_C109

SM\_C109

	Smoke - 2004	Smoke - 2006	Go to
Non-proxy only	Daily or Occasionally	Not at all	SM_Q109
Non-proxy only	Not at all	Daily or Occasionally	SM_Q110
Non-proxy only	Daily	Occasionally	SM_Q111
Non-proxy only	Occasionally	Daily	SM_Q112
Otherwise	-	-	SM_C113

NOTE: If respondent says he/she "never smoked" even after probing in SM\_Q104B, and there is a change from 2004 to 2006, no further probing is done.

If SM\_Q104B = 2, then SM\_Q109, SM\_Q110, SM\_Q111 and SM\_Q112 are set to valid skips.

SM\_Q109  
SMCB\_9

**Compared to our interview in [month and year of last response interview], you are reporting that you no longer smoke. Why did you quit?**

- 1 Never smoked
- 2 Didn't smoke at last interview
- 3 Affected physical health
- 4 Cost
- 5 Social / family pressures
- 6 Athletic activities
- 7 Pregnancy
- 8 Smoking restrictions
- 9 Doctor's advice
- 10 Effect of second-hand smoke on others
- 11 Other - Specify

Go to SM\_C113.

SM\_Q110  
SMCB\_10

**Compared to our interview in [month and year of last response interview], you are reporting that you currently smoke. Why did you start smoking?**

- 1 Smoked at last interview
- 2 Family / friends smoke
- 3 Everyone around me smokes
- 4 To be "cool"
- 5 Curiosity
- 6 Stress
- 7 Started again after trying to quit
- 8 Cost
- 9 To control weight
- 10 Other - Specify

Go to SM\_C113.

SM\_Q111  
SMCB\_11

**Compared to our interview in [month and year of last response interview], you are reporting that you smoke less. Why did you cut down?**

- 1 Didn't cut down
- 2 Didn't smoke at last interview
- 3 Trying to quit
- 4 Affected physical health
- 5 Cost
- 6 Social / family pressures
- 7 Athletic activities
- 8 Pregnancy
- 9 Smoking restrictions
- 10 Doctor's advice
- 11 Effect of second-hand smoke on others
- 12 Other - Specify

Go to SM\_C113.

SM\_Q112 **Compared to our interview in [month and year of last response interview], you are**  
SMCB\_12 **reporting that you smoke more. Why have you increased smoking?**

- 1 Haven't increased
- 2 Family / friends smoke
- 3 Everyone around me smokes
- 4 To be "cool"
- 5 Curiosity
- 6 Stress
- 7 Increased after trying to quit / reduce
- 8 Cost
- 9 To control weight
- 10 Other – Specify

SM\_C113 If SM\_Q102 = 1 (Daily Smoker) or SM\_Q102 = 2 (Occasional Smoker) or [SM\_Q102 = 3 (Non-Smoker) and (SM\_Q104A = 1 or SM\_Q104B = 1)], go to SM\_Q114.

SM\_Q113 **[Have/Has] [you/he/she] ever smoked a whole cigarette?**  
SMCB\_13

- 1 Yes
- 2 No (Go to SM\_C200)  
DK, R (Go to SM\_C200)

SM\_Q114 **At what age did [you/he/she] smoke [your/his/her] first whole cigarette?**  
SMCB\_14

[\_] [\_] [\_] Age in years  
(MIN: 5) (MAX: current age)

SM\_C200 If proxy interview, go to next section.

SM\_C201 If SM\_Q102 = 1 (Daily smoker), go to SM\_Q201. Otherwise, go to SM\_C202.

SM\_Q201 **How soon after you wake up do you smoke your first cigarette?**  
SMCB\_201

- 1 Within 5 minutes
- 2 6 to 30 minutes after waking
- 3 31 to 60 minutes after waking
- 4 More than 60 minutes after waking

SM\_Q201A **Do you find it difficult to refrain from smoking in places where it is forbidden?**  
SMCB\_21A

- 1 Yes
- 2 No

SM\_Q201B **Which cigarette would you most hate to give up?**  
SMCB\_21B **INTERVIEWER:** Read categories to respondent.

- 1 **The first one of the day**
- 2 **Another one**

SM\_Q201C **Do you smoke more frequently during the first hours after waking, compared with**  
SMCB\_21C **the rest of the day?**

- 1 Yes
- 2 No

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SM\_Q201D **Do you smoke even if you are so ill that you are in bed most of the day?**  
SMCB\_21D

- 1 Yes
- 2 No

SM\_C202 If SM\_Q102 = 1 (Daily smoker) or SM\_Q102 = 2 (Occasional smoker), go to SM\_Q202. Otherwise, go to SM\_C206.

SM\_Q202 **Have you tried quitting in the past 6 months?**  
SMCB\_202

- 1 Yes
- 2 No (Go to SM\_C206)  
DK, R (Go to SM\_C206)

SM\_Q203 **How many times have you tried quitting (in the past 6 months)?**  
SMCB\_203

||| Times  
(MIN:1) (MAX: 25)

SM\_Q204 **Are you seriously considering quitting within the next 30 days?**  
SMCB\_204

- 1 Yes (Go to SM\_C206)
- 2 No

SM\_Q205 **Are you seriously considering quitting within the next 6 months?**  
SMCB\_205

- 1 Yes
- 2 No

SM\_C206 If ST\_Q400 = 1 (currently employed) and non-proxy interview, go to SM\_Q206. Otherwise, go to next section.

SM\_Q206 **At your place of work what are the restrictions on smoking?**  
SMCB\_206 INTERVIEWER: Read categories to respondent.

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

**Alcohol**

AL\_C1 If age < 12, go to next section.

AL\_QINT **Now, some questions about [your/FNAME's] alcohol consumption.**  
**When we use the word drink it means:**

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

INTERVIEWER: Press <Enter> to continue.

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AL\_Q1A      **Since our interview in [month and year of last response interview], [have/has]**  
ALCB\_1A      **[you/FNAME] had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1      Yes
- 2      No                      (Go to AL\_Q5B)
- DK, R                      (Go to next section)

AL\_Q1B      **During the past 12 months, that is, from [date one year ago] to yesterday,**  
ALCB\_1      **[have/has] [you/FNAME] had a drink of beer, wine, liquor or any other alcoholic**  
                 **beverage?**

- 1      Yes
- 2      No                      (Go to AL\_Q6)
- DK, R                      (Go to next section)

AL\_Q2      **During the past 12 months, how often did [you/he/she] drink alcoholic beverages?**  
ALCB\_2

- 1      Less than once a month
- 2      Once a month
- 3      2 to 3 times a month
- 4      Once a week
- 5      2 to 3 times a week
- 6      4 to 6 times a week
- 7      Every day

AL\_Q3      **How often in the past 12 months [have/has] [you/he/she] had 5 or more drinks on**  
ALCB\_3      **one occasion?**

- 1      Never
- 2      Less than once a month
- 3      Once a month
- 4      2 to 3 times a month
- 5      Once a week
- 6      More than once a week

AL\_Q5      **Thinking back over the past week, that is, from [date last week] to yesterday, did**  
ALCB\_5      **[you/FNAME] have a drink of beer, wine, liquor or any other alcoholic beverage?**

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

AL\_Q5A      **Starting with yesterday, that is [day name], how many drinks did [you/FNAME] have:**

- ALCB\_5A1      1      **... on Sunday?**                      (If R on first day, go to next section)
- ALCB\_5A2      2      **... on Monday?**                      (MIN: 0 MAX: 99; warning after 12 for each day)
- ALCB\_5A3      3      **... on Tuesday?**
- ALCB\_5A4      4      **... on Wednesday?**
- ALCB\_5A5      5      **... on Thursday?**
- ALCB\_5A6      6      **... on Friday?**
- ALCB\_5A7      7      **... on Saturday?**

Go to next section.

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AL\_Q5B **[Have/Has] [you/FNAME] ever had a drink?**

ALCB\_5B

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

AL\_Q6 **Did [you/he/she] ever regularly drink more than 12 drinks a week?**

ALCB\_6

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

AL\_Q7 **Why did [you/he/she] reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

- ALCB\_7A 1 Dieting
- ALCB\_7B 2 Athletic training
- ALCB\_7C 3 Pregnancy
- ALCB\_7D 4 Getting older
- ALCB\_7E 5 Drinking too much / drinking problem
- ALCB\_7F 6 Affected - work, studies, employment opportunities
- ALCB\_7G 7 Interfered with family or home life
- ALCB\_7H 8 Affected - physical health
- ALCB\_7I 9 Affected - friendships or social relationships
- ALCB\_7J 10 Affected - financial position
- ALCB\_7K 11 Affected - outlook on life, happiness
- ALCB\_7L 12 Influence of family or friends
- ALCB\_7M 13 Other - Specify

**Mental Health**

MH\_C01 If proxy interview or age < 12, go to next section.

MH\_QINT **Now some questions about mental and emotional well-being.**

INTERVIEWER: Press <Enter> to continue.

MH\_Q01A **During the past month, that is, from [date one month ago] to yesterday, about how often did you feel**

MHCB\_1A **... so sad that nothing could cheer you up?**

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
- 2 **Most of the time**
- 3 **Some of the time**
- 4 **A little of the time**
- 5 **None of the time**
- DK, R (Go to MH\_Q01K)

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MH\_Q01B ... **nervous?**  
MHCB\_1B INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
- 2 **Most of the time**
- 3 **Some of the time**
- 4 **A little of the time**
- 5 **None of the time**  
DK, R (Go to MH\_Q01K)

MH\_Q01C ... **restless or fidgety?**  
MHCB\_1C INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
- 2 **Most of the time**
- 3 **Some of the time**
- 4 **A little of the time**
- 5 **None of the time**  
DK, R (Go to MH\_Q01K)

MH\_Q01D ... **hopeless?**  
MHCB\_1D INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
- 2 **Most of the time**
- 3 **Some of the time**
- 4 **A little of the time**
- 5 **None of the time**  
DK, R (Go to MH\_Q01K)

MH\_Q01E ... **worthless?**  
MHCB\_1E INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
- 2 **Most of the time**
- 3 **Some of the time**
- 4 **A little of the time**
- 5 **None of the time**  
DK, R (Go to MH\_Q01K)

MH\_Q01F ... **that everything was an effort?**  
MHCB\_1F INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
- 2 **Most of the time**
- 3 **Some of the time**
- 4 **A little of the time**
- 5 **None of the time**  
DK, R (Go to MH\_Q01K)

MH\_C01G If MH\_Q01A to MH\_Q01F are all "None of the time", go to MH\_Q01K.

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MH\_Q01G  
MHC\_B\_1G

**We have just been talking about feelings and experiences that occurred to different degrees during the past month. Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual or about the same as usual?**

- 1 More often
- 2 Less often (Go to MH\_Q01I)
- 3 About the same (Go to MH\_Q01J)
- 4 Never have had any (Go to MH\_Q01K)  
DK, R (Go to MH\_Q01K)

MH\_Q01H  
MHC\_B\_1H

**Is that a lot more, somewhat more or only a little more often than usual?**

- 1 A lot
- 2 Somewhat
- 3 A little  
DK, R (Go to MH\_Q01K)

Go to MH\_Q01J.

MH\_Q01I  
MHC\_B\_1I

**Is that a lot less, somewhat less or only a little less often than usual?**

- 1 A lot
- 2 Somewhat
- 3 A little  
DK, R (Go to MH\_Q01K)

MH\_Q01J  
MHC\_B\_1J

**How much do these experiences usually interfere with your life or activities?**

**INTERVIEWER:** Read categories to respondent.

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

MH\_Q01K  
MHC\_B\_1K

**In the past 12 months, that is, from [date one year ago] to yesterday, have you seen or talked on the telephone with a health professional about your emotional or mental health?**

- 1 Yes
- 2 No (Go to MH\_Q02)  
DK, R (Go to MH\_Q02)

MH\_Q01L  
MHC\_B\_1L

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

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



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MH\_Q01M **Whom did you see or talk to?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- MHCB\_1MA 1 **Family doctor or general practitioner**
- MHCB\_1MB 2 **Psychiatrist**
- MHCB\_1MC 3 **Psychologist**
- MHCB\_1MD 4 **Nurse**
- MHCB\_1ME 5 **Social worker or counsellor**
- MHCB\_1MF 6 **Other – Specify**

MH\_Q02 **During the past 12 months, was there ever a time when you felt sad, blue, or**  
MHCB\_2 **depressed for 2 weeks or more in a row?**

- 1 Yes
- 2 No (Go to MH\_Q16)
- DK, R (Go to next section)

MH\_Q03 **For the next few questions, please think of the 2-week period during the past 12**  
MHCB\_3 **months when these feelings were the worst.**

**During that time, how long did these feelings usually last?**

INTERVIEWER: Read categories to respondent.

- 1 **All day long**
- 2 **Most of the day**
- 3 **About half of the day** (Go to MH\_Q16)
- 4 **Less than half of a day** (Go to MH\_Q16)
- DK, R (Go to next section)

MH\_Q04 **How often did you feel this way during those 2 weeks?**

MHCB\_4 INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to MH\_Q16)
- DK, R (Go to next section)

MH\_Q05 **During those 2 weeks did you lose interest in most things?**

MHCB\_5

- 1 Yes (KEY PHRASE = Losing interest)
- 2 No (Go to next section)
- DK, R (Go to next section)

MH\_Q06 **Did you feel tired out or low on energy all of the time?**

MHCB\_6

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No (Go to next section)
- DK, R (Go to next section)

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MH\_Q07  
MHCB\_7

**Did you gain weight, lose weight or stay about the same?**

- 1 Gained weight (KEY PHRASE = Gaining weight)
- 2 Lost weight (KEY PHRASE = Losing weight)
- 3 Stayed about the same (Go to MH\_Q09)
- 4 Was on a diet (Go to MH\_Q09)  
DK, R (Go to next section)

MH\_Q08A  
MHCB\_8A

**About how much did you [gain/lose]?**

INTERVIEWER: Enter amount only.

[\_|\_] Weight  
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)  
DK, R (Go to MH\_Q09)

MH\_Q08B  
MHCB\_8B  
MHCB\_8LB  
MHCB\_8KG

INTERVIEWER: Was that in pounds or in kilograms?

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

MH\_Q09  
MHCB\_9

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

- 1 Yes (KEY PHRASE = Trouble falling asleep)
- 2 No (Go to MH\_Q11)  
DK, R (Go to next section)

MH\_Q10  
MHCB\_10

**How often did that happen?**

INTERVIEWER: Read categories to respondent.

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

MH\_Q11  
MHCB\_11

**Did you have a lot more trouble concentrating than usual?**

- 1 Yes (KEY PHRASE = Trouble concentrating)
- 2 No  
DK, R (Go to next section)

MH\_Q12  
MHCB\_12

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

- 1 Yes (KEY PHRASE = Feeling down on yourself)
- 2 No  
DK, R (Go to next section)

MH\_Q13  
MHCB\_13

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

- 1 Yes (KEY PHRASE =Thoughts about death)
- 2 No  
DK, R (Go to next section)

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MH\_C14 If "Yes" in MH\_Q05, MH\_Q06, MH\_Q09, MH\_Q11, MH\_Q12 or MH\_Q13, or MH\_Q07 is "gain" or "lose", go to MH\_Q14C. Otherwise, go to next section.

MH\_Q14C **Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue or depressed and also had some other things like (KEY PHRASES).**

INTERVIEWER: Press <Enter> to continue.

MH\_Q14 **About how many weeks altogether did you feel this way during the past 12 months?**

MHCB\_14

[\_|\_] Weeks

(MIN: 2 MAX: 53)

(If > 51 weeks, go to next section.)

DK, R (Go to next section)

MH\_Q15 **Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?**

MHCB\_15

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

Go to next section.

MH\_Q16 **During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure?**

MHCB\_16

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

MH\_Q17 **For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things.**

MHCB\_17

**During that 2-week period, how long did the loss of interest usually last?**

INTERVIEWER: Read categories to respondent.

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

MH\_Q18 **How often did you feel this way during those 2 weeks?**

MHCB\_18 INTERVIEWER: Read categories to respondent.

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

MH\_Q19 **During those 2 weeks did you feel tired out or low on energy all the time?**

MHCB\_19

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No  
DK, R (Go to next section)

MH\_Q20 **Did you gain weight, lose weight, or stay about the same?**

MHCB\_20

- 1 Gained weight (KEY PHRASE = Gaining weight)
- 2 Lost weight (KEY PHRASE = Losing weight)
- 3 Stayed about the same (Go to MH\_Q22)
- 4 Was on a diet (Go to MH\_Q22)  
DK, R (Go to next section)

MH\_Q21A **About how much did you [gain/lose]?**

MHCB\_21A INTERVIEWER: Enter amount only.

[\_|\_] Weight  
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)  
DK, R (Go to MH\_Q22)

MH\_Q21B INTERVIEWER: Was that in pounds or in kilograms?

MHCB\_21B

MHCB\_21L

MHCB\_21K

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

MH\_Q22 **Did you have more trouble falling asleep than you usually do?**

MHCB\_22

- 1 Yes (KEY PHRASE = Trouble falling asleep)
- 2 No (Go to MH\_Q24)  
DK, R (Go to next section)

MH\_Q23 **How often did that happen?**

MHCB\_23 INTERVIEWER: Read categories to respondent.

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

MH\_Q24 **Did you have a lot more trouble concentrating than usual?**

MHCB\_24

- 1 Yes (KEY PHRASE = Trouble concentrating)
- 2 No  
DK, R (Go to next section)

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MH\_Q25 **At these times, people sometimes feel down on themselves, no good, or**  
MHCB\_25 **worthless. Did you feel this way?**

- 1 Yes (KEY PHRASE = Feeling down on yourself)
- 2 No  
DK, R (Go to next section)

MH\_Q26 **Did you think a lot about death - either your own, someone else's, or death in**  
MHCB\_26 **general?**

- 1 Yes (KEY PHRASE =Thoughts about death)
- 2 No  
DK, R (Go to next section)

MH\_C27 If any "Yes" in MH\_Q19, MH\_Q22, MH\_Q24, MH\_Q25 or MH\_Q26, or MH\_Q20 is "gain" or  
"lose", go to MH\_Q27C. Otherwise, go to next section.

MH\_Q27C **Reviewing what you just told me, you had 2 weeks in a row during the past 12**  
**months when you lost interest in most things and also had some other things like**  
**(KEY PHRASES).**

INTERVIEWER: Press <Enter> to continue.

MH\_Q27 **About how many weeks did you feel this way during the past 12 months?**  
MHCB\_27

- |\_| Weeks  
(MIN: 2 MAX: 53)  
(If > 51 weeks, go to next section.)
- DK, R (Go to next section)

MH\_Q28 **Think about the last time you had 2 weeks in a row when you felt this way. In what**  
MHCB\_28 **month was that?**

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

**Social Support (Medical Outcomes Study questions)**

SS\_C01 If proxy interview or age < 12, go to next section.

SS\_Q01 **Next are some questions about the social support that is available to you.**  
SSCB\_101 **About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?**

[\_|\_] Close friends and relatives  
(MIN: 0) (MAX: 99; warning after 20)  
DK, R (Go to next section)

SS\_QINT2 **People sometimes look to others for companionship, assistance, or other types of support.**  
INTERVIEWER: Press <Enter> to continue.

SS\_Q02 **How often is each of the following kinds of support available to you if you need it:**

SSCB\_102 **... someone to help you if you were confined to bed?**

INTERVIEWER: Read categories to respondent.

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

SS\_Q03 **... someone you can count on to listen to you when you need to talk?**

SSCB\_103

- 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

SS\_Q04 **... someone to give you advice about a crisis?**

SSCB\_104

- 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

SS\_Q05 **... someone to take you to the doctor if you needed it?**

SSCB\_105

- 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

SS\_Q06 ... someone who shows you love and affection?

SSCB\_106

- 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

SS\_Q07 How often is each of the following kinds of support available to you if you need it:

SSCB\_107 ... someone to have a good time with?

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**

SS\_Q08 ... someone to give you information in order to help you understand a situation?

SSCB\_108

- 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

SS\_Q09 ... someone to confide in or talk to about yourself or your problems?

SSCB\_109

- 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

SS\_Q10 ... someone who hugs you?

SSCB\_110

- 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

SS\_Q11 ... someone to get together with for relaxation?

SSCB\_111

- 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

SS\_Q12 ... someone to prepare your meals if you were unable to do it yourself?

SSCB\_112

- 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

SS\_Q13 ... someone whose advice you really want?

SSCB\_113

- 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

SS\_Q14 How often is each of the following kinds of support available to you if you need it:

SSCB\_114

... someone to do things with to help you get your mind off things?

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**

SS\_Q15 ... someone to help with daily chores if you were sick?

SSCB\_115

- 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

SS\_Q16 ... someone to share your most private worries and fears with?

SSCB\_116

- 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

SS\_Q17 ... someone to turn to for suggestions about how to deal with a personal problem?

SSCB\_117

- 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



SS\_Q18 ... someone to do something enjoyable with?

SSCB\_118

- 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

SS\_Q19 ... someone who understands your problems?

SSCB\_119

- 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

SS\_Q20 ... someone to love you and make you feel wanted?

SSCB\_120

- 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

## Language

SD\_QINT **Now some general background questions.**

INTERVIEWER: Press <Enter> to continue.

SD\_Q5 **In what languages can [you/he/she] conduct a conversation?**

INTERVIEWER: Mark all that apply.

If baby, mark the language(s) being learned.

- |         |    |                    |
|---------|----|--------------------|
| SDCB_5A | 1  | English            |
| SDCB_5B | 2  | French             |
| SDCB_5C | 3  | Arabic             |
| SDCB_5D | 4  | Chinese            |
| SDCB_5E | 5  | Cree               |
| SDCB_5F | 6  | German             |
| SDCB_5G | 7  | Greek              |
| SDCB_5H | 8  | Hungarian          |
| SDCB_5I | 9  | Italian            |
| SDCB_5J | 10 | Korean             |
| SDCB_5K | 11 | Persian (Farsi)    |
| SDCB_5L | 12 | Polish             |
| SDCB_5M | 13 | Portuguese         |
| SDCB_5N | 14 | Punjabi            |
| SDCB_5O | 15 | Spanish            |
| SDCB_5P | 16 | Tagalog (Filipino) |
| SDCB_5Q | 17 | Ukrainian          |
| SDCB_5R | 18 | Vietnamese         |
| SDCB_5S | 19 | Other - Specify    |

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SD\_Q6 **What is the language that [you/FNAME] first learned at home in childhood and can still understand?**

**INTERVIEWER:** Mark all that apply.

If person can no longer understand the first language learned, mark the second.

If baby, mark the language(s) of parent.

- |         |    |                    |
|---------|----|--------------------|
| SDCB_6A | 1  | English            |
| SDCB_6B | 2  | French             |
| SDCB_6C | 3  | Arabic             |
| SDCB_6D | 4  | Chinese            |
| SDCB_6E | 5  | Cree               |
| SDCB_6F | 6  | German             |
| SDCB_6G | 7  | Greek              |
| SDCB_6H | 8  | Hungarian          |
| SDCB_6I | 9  | Italian            |
| SDCB_6J | 10 | Korean             |
| SDCB_6K | 11 | Persian (Farsi)    |
| SDCB_6L | 12 | Polish             |
| SDCB_6M | 13 | Portuguese         |
| SDCB_6N | 14 | Punjabi            |
| SDCB_6O | 15 | Spanish            |
| SDCB_6P | 16 | Tagalog (Filipino) |
| SDCB_6Q | 17 | Ukrainian          |
| SDCB_6R | 18 | Vietnamese         |
| SDCB_6S | 19 | Other - Specify    |

**Education**

ED\_C1 If age < 12, go to ED\_Q8.

ED\_Q1 **[Are/Is] [you/FNAME] currently attending a school, college or university?**

EDCB\_1

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No (Go to ED_C2)    |
|   | DK, R (Go to ED_Q8) |

ED\_Q2 **[Are/Is] [you/he/she] enrolled as a full-time student or a part-time student?**

EDCB\_2

- |   |           |
|---|-----------|
| 1 | Full-time |
| 2 | Part-time |

Go to ED\_C4A

ED\_C2 If EDCAD3 = 1 or 2 or 3 or 4 and valid previous interview date, go to ED\_Q3 (data were collected in a previous cycle). Otherwise, go to ED\_Q4.

ED\_Q3 **[Have/Has] [you/FNAME] attended a school, college or university since our last interview in [month and year of last response interview]?**

EDCB\_3

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No (Go to ED_Q8)    |
|   | DK, R (Go to ED_Q8) |

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ED\_C4A If EDCAD3 = 3 or 4 (i.e., 2004 highest level is above high school), go to ED\_Q7. (ED\_Q4 to ED\_Q6 were filled during processing with data collected in a previous cycle)  
If EDC2D3 = 2 (i.e., 2004 highest level is secondary graduation), go to ED\_Q6. (ED\_Q4 and ED\_Q5 were filled during processing with data collected in a previous cycle)  
Otherwise, go to ED\_Q4.

**ED\_Q4** **Excluding kindergarten, how many years of elementary and high school**  
**EDCB\_4** **[have/has] [you/FNAME] successfully completed?**

- 1 No schooling (Go to ED\_Q8)
- 2 1 to 5 years
- 3 6 years
- 4 7 years
- 5 8 years
- 6 9 years
- 7 10 years
- 8 11 years
- 9 12 years
- 10 13 years
- DK, R (Go to ED\_Q8)

ED\_C4 If age < 15, go to ED\_Q8.

**ED\_Q5** **[Have/Has] [you/FNAME] graduated from high school?**  
**EDCB\_5**

- 1 Yes
- 2 No

**ED\_Q6** **[Have/Has] [you/FNAME] ever attended any other kind of school such as a**  
**EDCB\_6** **university, community college, business school, trade or vocational school, CEGEP**  
**or other post-secondary institution?**

- 1 Yes
- 2 No (Go to ED\_Q8)
- DK, R (Go to ED\_Q8)

**ED\_Q7** **What is the highest level of education that [you/FNAME] [have/has] ever attained?**  
**EDCB\_7**

- 1 Some - trade, technical or vocational school, or business college
- 2 Some - community college, CEGEP or nursing school
- 3 Some - university
- 4 Diploma or certificate from - trade, technical or vocational school, or business college
- 5 Diploma or certificate from - community college, CEGEP or nursing school
- 6 Bachelor's or undergraduate degree, or teacher's college (e.g., B.A., B.Sc., LL.B.)
- 7 Master's degree (e.g., M.A., M.Sc., M.Ed.)
- 8 Degree in Medicine, Dentistry, Veterinary Medicine or Optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- 9 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)
- 10 Other – Specify

ED\_C7 If ED\_Q7 not 10 "Other-Specify", go to ED\_Q8.

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**ED\_Q8**  
**EDCB\_8**      **Thinking about the level of education of all the members of your household. What is the highest level of education that has ever been attained by a member of your household?**

**INTERVIEWER:** Read categories to respondent.

- 1      **Some elementary or high school**
- 2      **High school diploma**
- 3      **Some post-secondary education**
- 4      **Post-secondary degree, certificate or diploma**

**Labour Force**

**LF\_C01**      If age < 15 or if age > 75, go to next section.

**LF\_QINT1**      **The next few questions concern [you/FNAME's] activities in the last 7 days. By the last 7 days, I mean beginning [date one week ago], and ending [date yesterday].**

**INTERVIEWER:** Press <Enter> to continue.

**Job Attachment**

**LF\_Q01**  
**LSCB\_1**      **Last week, did [you/FNAME] work at a job or business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**

- 1      Yes      (Go to LF\_Q03)
- 2      No
- 3      Permanently unable to work      (Go to LF\_QINT2)  
DK, R      (Go to next section)

**LF\_Q02**  
**LSCB\_2**      **Last week, did [you/FNAME] have a job or business from which [you/he/she] [were/was] absent?**

- 1      Yes
- 2      No      (Go to LF\_Q11)  
DK, R      (Go to next section)

**LF\_Q03**  
**LSCB\_3**      **Did [you/he/she] have more than one job or business last week?**

- 1      Yes
  - 2      No
- Go to LF\_C31

**Job Search - Last 4 Weeks**

**LF\_Q11**  
**LSCB\_11**      **In the past 4 weeks, did [you/FNAME] do anything to find work?**

- 1      Yes      (Go to LF\_QINT2)
- 2      No      (Go to LF\_QINT2)  
DK, R

**LF\_Q12**      **Last week, did [you/he/she] have a job to start at a definite date in the future?**  
**LSCB\_12**

- 1      Yes                    (Go to LF\_QINT2)
- 2      No  
         DK, R                (Go to LF\_QINT2)

**LF\_Q13**      **What is the main reason that [you/FNAME] [are/is] not currently working at a**  
**LSCB\_13**      **job or business?**

- 1      Own illness or disability
- 2      Caring for - own children
- 3      Caring for - elder relatives
- 4      Pregnancy (Females only)
- 5      Other personal or family responsibilities
- 6      Vacation
- 7      School or educational leave
- 8      Retired
- 9      Believes no work available (in area or suited to skills)
- 10     Other - Specify

**Past Job Attachment**

**LF\_QINT2**      **Now some questions about jobs or employment which [you/FNAME] [have/has]**  
**had during the past 12 months, that is, from [date one year ago] to yesterday.**  
**INTERVIEWER:** Press <Enter> to continue.

**LF\_Q21**      **Did [you/he/she] work at a job or business at any time in the past 12 months?**  
**LSCB\_21**      **Please include part-time jobs, seasonal work, contract work, self-employment,**  
**baby-sitting and any other paid work, regardless of the number of hours worked.**

- 1      Yes                    (Go to LF\_Q23)
- 2      No

**LF\_C22**      If LF\_Q11 = 1, go to LF\_Q71. Otherwise, go to LF\_Q22.

**LF\_Q22**      **During the past 12 months, did [you/he/she] do anything to find work?**  
**LSCB\_22**

- 1      Yes                    (Go to LF\_Q71)
- 2      No                      (Go to next section)
- DK, R                (Go to next section)

**LF\_Q23**      **During that 12 months, did [you/he/she] work at more than one job or business at**  
**LSCB\_23**      **the same time?**

- 1      Yes
- 2      No

**Job Description**

**LF\_C31**      If LF\_Q01 = 1 or LF\_Q02 = 1, then the following questions will be asked about the  
current job. Otherwise, they will be asked about the most recent job.

LF\_QINT3      **The next questions are about [your/FNAME's] [current/most recent] job or business.**  
(If person currently holds more than one job or if the last time he/she worked it was at more than one job: INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.)  
INTERVIEWER: Press <Enter> to continue.

LF\_Q31      **[Are/Is/Were/Was] [you/he/she] an employee or self-employed?**  
LSCB\_31

- |   |   |                                  |
|---|---|----------------------------------|
| 1 | Employee  | (Go to LF_Q33)                   |
| 2 | Self-employed                                     |                                  |
| 3 | Working in a family business without pay<br>DK, R | (Go to LF_Q33)<br>(Go to LF_Q33) |

LF\_Q32      **What [is/was] the name of [your/his/her] business?**  
LSCBF32

\_\_\_\_\_   
Confirm pre-fill or enter response (50 spaces)      (Go to LF\_Q34)

LF\_Q33      **For whom [do/does/did] [you/he/she] [currently/last] work? (For example: name of business, government department or agency, or person)**  
LSCBF33

\_\_\_\_\_   
Confirm pre-fill or enter response (50 spaces)

LF\_Q34      **What kind of business, industry or service [is/was] this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)**  
LSCBF34

\_\_\_\_\_   
Confirm pre-fill or enter response (50 spaces)

LF\_Q35      **What kind of work [are/is/were/was] [you/he/she] doing? (For example: babysitting in own home, factory worker, forestry technician)**  
LSCBF35

\_\_\_\_\_   
Confirm pre-fill or enter response (50 spaces)

LF\_Q36      **What [are/were] [your/his/her] most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)**  
LSCBF36

\_\_\_\_\_   
Confirm pre-fill or enter response (50 spaces)

**Absence/Hours**

LF\_C41 If LF\_Q02 = 1, go to LF\_Q41. Otherwise, go to LF\_Q42.

LF\_Q41 **What was the main reason [you/FNAME] [were/was] absent from work last week?**  
LSCB\_41

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Maternity leave (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions (Employees only)
- 9 Seasonal layoff (Employees only)
- 10 Casual job, no work available (Employees only)
- 11 Work schedule (e.g., shift work, etc.) (Employees only)
- 12 Self-employed, no work available (Self-employed only)
- 13 Seasonal business (Excluding employees)
- 14 School or educational leave
- 15 Other - Specify

LF\_Q42 **About how many hours a week [do/does/did] [you/FNAME] usually work at**  
LSCB\_42 **[your/his/her] [job/business]? If [you/he/she] usually [work/works/worked] extra**  
**hours, paid or unpaid, please include these hours.**

\_|\_|\_| Hours  
(MIN: 1) (MAX: 168; warning after 84)

LF\_C43 If (LF\_Q01=1 or LF\_Q02=1) and LF\_Q31=1, go to LF\_Q43. Otherwise, go to LF\_Q44.

LF\_Q43 **Given the choice, at this job would [you/he/she] prefer to work:**  
LSCB\_43 **INTERVIEWER: Read categories to respondent.**

- 1 ... fewer hours for less pay?
- 2 ... more hours for more pay?
- 3 ... the same hours for the same pay?

LF\_Q44 **Which of the following best describes the hours [you/he/she] usually**  
LSCB\_44 **[work/works/worked] at [your/his/her] [job/business]?**

**INTERVIEWER: Read categories to respondent.**

- 1 **Regular daytime schedule or shift** (Go to LF\_Q46)
- 2 **Regular evening shift**
- 3 **Regular night shift**
- 4 **Rotating shift (change from days to evenings to nights)**
- 5 **Split shift**
- 6 **On call**
- 7 **Irregular schedule**
- 8 **Other - Specify**  
DK, R (Go to LF\_Q46)

LF\_Q45  
LSCB\_45      **What is the main reason that [you/he/she] [work/works/worked] this schedule?**

- 1      Requirement of job / no choice
- 2      Going to school
- 3      Caring for - own children
- 4      Caring for - other relatives
- 5      To earn more money
- 6      Likes to work this schedule
- 7      Other - Specify

LF\_Q46  
LSCB\_46      **[Do/Does/Did] [you/he/she] usually work on weekends at this[job/business]?**

- 1      Yes
- 2      No

**Other Job**

LF\_C51      If LF\_Q03=1 or LF\_Q23=1, go to LF\_Q51. Otherwise, go to LF\_Q61.

LF\_Q51  
LSCB\_51      **You indicated that [you/FNAME] [have/has/had] more than one job. For how many weeks in a row [have/has/did] [you/he/she] [work/worked] at more than one job [(in the past 12 months)]?**  
INTERVIEWER: Obtain best estimate.

\_|\_|      Weeks  
(MIN: 1) (MAX: 52)

LF\_Q52  
LSCB\_52      **What is the main reason that [you/he/she] [work/works/worked] at more than one job?**

- 1      To meet regular household expenses
- 2      To pay off debts
- 3      To buy something special
- 4      To save for the future
- 5      To gain experience
- 6      To build up a business
- 7      Enjoys the work of the second job
- 8      Other - Specify

LF\_Q53  
LSCB\_53      **About how many hours a week [do/does/did] [you/he/she] usually work at [your/his/her] other job(s)? If [you/he/she] usually [work/works/worked] extra hours, paid or unpaid, please include these hours.**

\_|\_|\_|      Hours  
(MIN: 1) (MAX: 168 – LF\_Q42; warning after 30)

LF\_Q54  
LSCB\_54      **[Do/Does/Did] [you/he/she] usually work on weekends at [your/his/her] other job(s)?**

- 1      Yes
- 2      No



**Weeks Worked**

LF\_Q61      **During the past 52 weeks, how many weeks did [you/FNAME] do any work at a job**  
LSCB\_61      **or a business? (Include paid vacation leave, paid maternity leave, and paid sick**  
                 **leave.)**

  |\_|              Weeks  
(MIN: 1) (MAX: 52)

**Looking for Work**

LF\_C71      IF LF\_Q61 = 52, go to next section.

LF\_Q71      If LF\_Q61 was answered, use the second wording. Otherwise, use the first wording.  
LSCB\_71

**During the past 52 weeks, how many weeks [were/was] [you/he/she] looking for work?**

**That leaves [52 - LF\_Q61] week[s]. During [those/that] [52 - LF\_Q61] week[s], how many weeks [were/was] [you/he/she] looking for work?**

  |\_|              Weeks  
(MIN: 0) (MAX: 52 - LF\_Q61)

LF\_C72      If either LF\_Q61 or LF\_Q71 are non-response, go to next section.  
                 If the total number of weeks reported in LF\_Q61 and LF\_Q71 = 52, go to next section.  
                 If LF\_Q61 and LF\_Q71 were answered, [WEEKS] = [52 - (LF\_Q61 + LF\_Q71)].  
                 If LF\_Q61 was not answered, [WEEKS] = (52 - LF\_Q71).

LF\_Q72      **That leaves [WEEKS] week[s] during which [you/he/she] [were/was] neither**  
LSCB\_72      **working nor looking for work. Is that correct?**

- 1      Yes              (Go to LF\_C73)
- 2      No                  (Go to LF\_C73)
- DK, R            (Go to LF\_C73)

LF\_E72      **You have indicated that [you/he/she] worked for [LF\_Q61] week[s] and that**  
                 **[you/he/she] [were/was] looking for work for [LF\_Q71] week[s], leaving [WEEKS]**  
                 **week[s] during which [you/he/she] [were/was] neither working nor looking for**  
                 **work. The total number of weeks must add to 52. Please return and correct.**

LF\_C73      If (LF\_Q01 = 1 or LF\_Q02 = 1 or LF\_Q11 = 1 or LF\_Q12 = 1), go to LF\_Q73. Otherwise,  
                 go to next section.

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LF\_Q73 **What is the main reason that [you/he/she] [were/was] not looking for work?**  
LSCB\_73 INTERVIEWER: If more than one reason, choose the one that explains the most number of weeks.

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Pregnancy (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions
- 9 Seasonal layoff
- 10 Casual job, no work available
- 11 Work schedule (e.g., shift work, etc.)
- 12 School or educational leave
- 13 Retired
- 14 Believes no work available (in area or suited to skills)
- 15 Other - Specify

LF\_C74 If LF\_Q71 > 1 and LF\_Q71 < 52, go to LF\_Q74. Otherwise, go to next section.

LF\_Q74 **Were those [LF\_Q71] weeks when [you/he/she] [were/was] without work but looking for work?**  
LSCB\_74 INTERVIEWER: Read categories to respondent.

- 1 ... all in one period?
- 2 ... in 2 separate periods?
- 3 ... in 3 or more periods?

**Income**

IN\_Q1 **Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- |         |    |   |
|---------|----|---|
| INCB_1A | 1  | <b>Wages and salaries</b>                                   |
| INCB_1B | 2  | <b>Income from self-employment</b>                          |
| INCB_1C | 3  | <b>Dividends and interest (e.g., on bonds, savings)</b>     |
| INCB_1D | 4  | <b>Employment insurance</b>                                 |
| INCB_1E | 5  | <b>Worker's compensation</b>                                |
| INCB_1F | 6  | <b>Benefits from Canada or Quebec Pension Plan</b>          |
| INCB_1G | 7  | <b>Retirement pensions, superannuation and annuities</b>    |
| INCB_1H | 8  | <b>Old Age Security and Guaranteed Income Supplement</b>    |
| INCB_1I | 9  | <b>Child Tax Benefit</b>                                    |
| INCB_1J | 10 | <b>Provincial or municipal social assistance or welfare</b> |
| INCB_1K | 11 | <b>Child support</b>  |
| INCB_1L | 12 | <b>Alimony</b>  |
| INCB_1M | 13 | <b>Other (e.g., rental income, scholarships)</b>            |
| INCB_1N | 14 | None (Go to IN_Q3)<br>DK, R (Go to next section)            |

IN\_C2 If more than one source of income is indicated, ask IN\_Q2. Otherwise, ask IN\_Q3. (IN\_Q2 will be filled with IN\_Q1 during processing.)

**NPHS, Household Component, Cycle 7 (2006/2007)**

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IN\_Q2  
INCB\_2

**What was the main source of income?**

- 1 Wages and salaries
- 2 Income from self-employment
- 3 Dividends and interest (e.g., on bonds, savings)
- 4 Employment insurance
- 5 Worker's compensation
- 6 Benefits from Canada or Quebec Pension Plan
- 7 Retirement pensions, superannuation and annuities
- 8 Old Age Security and Guaranteed Income Supplement
- 9 Child Tax Benefit
- 10 Provincial or municipal social assistance or welfare
- 11 Child support
- 12 Alimony
- 13 Other (e.g., rental income, scholarships)
- 14 None (category created during processing)

IN\_Q3  
INCB\_3

**What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?**

\_|\_|\_|\_|\_| Income  
(MIN: 0) (MAX: 500,000; warning after 150,000)  
0 (Go to next section)  
DK, R (Go to IN\_Q3A)

Go to IN\_C4

IN\_Q3A  
INCB\_3A

**Can you estimate in which of the following groups your household income falls?  
Was the total household income less than \$20,000 or \$20,000 or more?**

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to IN\_Q3E)
- 3 No income (Go to next section)  
DK, R (Go to next section)

IN\_Q3B  
INCB\_3B

**Was the total household income from all sources less than \$10,000 or \$10,000 or more?**

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to IN\_Q3D)  
DK, R (Go to IN\_C4)

IN\_Q3C  
INCB\_3C

**Was the total household income from all sources less than \$5,000 or \$5,000 or more?**

- 1 Less than \$5,000
- 2 \$5,000 or more

Go to IN\_C4

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**IN\_Q3D**      **Was the total household income from all sources less than \$15,000 or \$15,000 or**  
**INCB\_3D**      **more?**

- 1      Less than \$15,000
- 2      \$15,000 or more

Go to IN\_C4

**IN\_Q3E**      **Was the total household income from all sources less than \$40,000 or \$40,000 or**  
**INCB\_3E**      **more?**

- 1      Less than \$40,000
- 2      \$40,000 or more      (Go to IN\_Q3G)
- DK, R                      (Go to IN\_C4)

**IN\_Q3F**      **Was the total household income from all sources less than \$30,000 or \$30,000 or**  
**INCB\_3F**      **more?**

- 1      Less than \$30,000
- 2      \$30,000 or more

Go to IN\_C4

**IN\_Q3G**      **Was the total household income from all sources:**  
**INCB\_3G**      **INTERVIEWER: Read categories to respondent.**

- 1      ... less than \$50,000?
- 2      ... \$50,000 to less than \$60,000?
- 3      ... \$60,000 to less than \$80,000?
- 4      ... \$80,000 to less than \$100,000?
- 5      ... \$100,000 or more?

IN\_C4      If age >= 15, ask IN\_Q4. Otherwise, go to next section.

**IN\_Q4**      **What is your best estimate of [your/FNAME's] total personal income, before taxes**  
**INCB\_4**      **and deductions, from all sources in the past 12 months?**

|||\_|\_|\_|      Income  
(MIN: 0) (MAX: 500 000; warning after 150 000)  
                 0                      (Go to next section)  
                 DK, R                      (Go to IN\_Q4A)

Go to next section.

**IN\_Q4A**      **Can you estimate in which of the following groups [your/FNAME's] personal**  
**INCB\_4A**      **income falls? Was [your/his/her] total personal income less than \$20,000 or \$20,000**  
**or more?**

- 1      Less than \$20,000
- 2      \$20,000 or more      (Go to IN\_Q4E)
- 3      No income              (Go to next section)
- DK, R                      (Go to next section)

**NPHS, Household Component, Cycle 7 (2006/2007)**

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**IN\_Q4B** Was [your/his/her] total personal income less than \$10,000 or \$10,000 or more?  
**INCB\_4B**

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to IN\_Q4D)  
DK, R (Go to next section)

**IN\_Q4C** Was [your/his/her] total personal income less than \$5,000 or \$5,000 or more?  
**INCB\_4C**

- 1 Less than \$5,000
- 2 \$5,000 or more

Go to next section

**IN\_Q4D** Was [your/his/her] total personal income less than \$15,000 or \$15,000 or more?  
**INCB\_4D**

- 1 Less than \$15,000
- 2 \$15,000 or more

Go to next section

**IN\_Q4E** Was [your/his/her] total personal income less than \$40,000 or \$40,000 or more?  
**INCB\_4E**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to IN\_Q4G)  
DK, R (Go to next section)

**IN\_Q4F** Was [your/his/her] total personal income less than \$30,000 or \$30,000 or more?  
**INCB\_4F**

- 1 Less than \$30,000
- 2 \$30,000 or more

Go to next section

**IN\_Q4G** Was [your/his/her] total personal income:  
**INCB\_4G** INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 to less than \$100,000?
- 5 ... \$100,000 or more?

**Food Insecurity**

**FI-Q1** In the past 12 months, did you or anyone else in your household:

**FI\_B\_1** ... worry that there would not be enough to eat because of a lack of money?

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

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

**FI\_B\_2** ... not have enough food to eat because of a lack of money?

- 1 Yes
- 2 No

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

**FI\_B\_3** ... not eat the quality or variety of foods that you wanted to eat because of a lack of money?

- 1 Yes
- 2 No

## Provincial Health Number and Administration

### Provincial Health Number

AM\_Q01A **Statistics Canada and your provincial ministry of health would like your permission to link information collected during all interviews conducted as part of this survey. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.**  
INTERVIEWER: Press <Enter> to continue.

AM\_Q01B **This linked information will be kept confidential and used only for statistical purposes.**  
**AM6B\_LNK** **Do we have your permission?**

- 1 Yes
- 2 No (Go to AM\_Q04A)
- DK, R (Go to AM\_Q04A)

AM\_C02 If have a valid health number from a previous interview, go to AM\_Q02. Otherwise, go to AM\_Q03A.

AM\_Q02 **Has [your/FNAME's] health number changed since our interview in [month and year of last response interview]?**  
**AM6B\_HN**

- 1 Yes
- 2 No (Go to AM\_Q04A)
- DK, R (Go to AM\_Q04A)

AM\_Q03A **(Having a provincial health number will assist us in linking to this other information.)**  
**AM6B\_H3A**

**[Do/Does] [you/he/she] have a health number for [province]?**

- 1 Yes (Go to AM\_HN)
- 2 No (Go to AM\_Q04A)
- DK, R (Go to AM\_Q04A)

AM\_Q03B      **For which province is [your/his/her] health number?**

AM6B\_H3B

- 10      Newfoundland and Labrador
- 11      Prince Edward Island
- 12      Nova Scotia
- 13      New Brunswick
- 24      Quebec
- 35      Ontario
- 46      Manitoba
- 47      Saskatchewan
- 48      Alberta
- 59      British Columbia
- 60      Yukon
- 61      Northwest Territories
- 62      Nunavut
- 88      Do not have a provincial health number      (Go to AM\_Q04A)  
DK, R      (Go to AM\_Q04A)

AM\_HN      **What is [your/FNAME's] provincial health number?**

AM6B\_HNF  
TO  
AM6B\_HNU

**INTERVIEWER:** Enter a health number for [province]. Do not insert blanks, hyphens or commas between the numbers.

\_\_\_\_\_

(8 - 12 spaces)

AM\_Q04A      **Statistics Canada would like your permission to share the information from all interviews conducted as part of this survey with provincial ministries of health, Health Canada and the Public Health Agency of Canada.**

**INTERVIEWER:** Press <Enter> to continue.

AM\_Q04B      **All information will be kept confidential and used only for statistical purposes.**  
AM6B\_SHA      **Do you agree to share the information provided?**

- 1      Yes
- 2      No

**Administration**

AM\_N05      **INTERVIEWER:** Is this a fictitious name for the respondent?

AM6B\_14

- 1      Yes
- 2      No      (Go to AM\_N09)
- DK      (Go to AM\_N09)

AM\_N06      **INTERVIEWER:** Remind respondent about the importance of getting correct names for  
AM6B\_15      longitudinal studies.

Do you want to make corrections to:

- 1      ... first name only?
- 2      ... last name only?      (Go to AM\_N08)
- 3      ... both names?
- 4      ... no corrections?      (Go to AM\_N09)

**NPHS, Household Component, Cycle 7 (2006/2007)**

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AM\_N07      INTERVIEWER: Enter the first name only.  
AM6BF16

\_\_\_\_\_

(25 spaces)

AM\_C08      If AM\_N06 is not "Both", go to AM\_N09.

AM\_N08      INTERVIEWER: Enter the last name only.  
AM6BF17

\_\_\_\_\_

(25 spaces)

AM\_N09      INTERVIEWER: Was this interview conducted on the telephone or in person?  
AM6B\_TEL

- 1      On telephone
- 2      In person
- 3      Both

AM\_N12      INTERVIEWER: Record language of interview.  
AM6B\_LNG

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

FOR INFORMATION ONLY