

Canada's Alcohol And Other Drugs Survey

SECTION 11. Household Control Form And Questionnaire



cf5 Is this the number for a private home, a business,
an institution or a vacation home?

- 1 Private home [goto cf8]
- 2 Both home and business [goto cf8]
- 3 Business, institution or other non-residence
- 4 Vacation Home

cf6 Does anyone use this number as a home phone number?

- 1 Yes
- 3 No - Thank respondent [End interview]
- r Refused [goto cf7]

cf7 How many people live or stay at this address without a usual place
of residence elsewhere and use this number as a home phone number?

- 1 One or more [goto cf8]
- 3 None - Thank respondent [End interview]

cf8 Telephone: Province: Stratum:

~~~~~  
All information we collect in this voluntary survey will be kept  
strictly confidential. Your participation is essential if the  
survey results are to be accurate. My supervisor is working with  
me today and may listen to the interview to evaluate the survey.  
If you don't have any questions I'd like to continue.

- 0 continue
- 1 arrange call back appointment
- 3 Household member already interviewed for this survey
- 4 Refusal
- 5 Non-interview due to illness
- 6 Non-interview due to language problems
- 7 Other non-int.: death, unknown, etc.
- 8 Not available for interview during collection period
- 14 Business, Institution, or other non-residence
- 72 Child's phone
- 98 Respondent requests survey verification
- f reassign to French speaking interviewer

cf9 We need to select one person from your household for an interview.  
 What is the first name and age of each person living or staying  
 there who has no usual place of residence elsewhere?  
 Please start with the oldest.

hit <0> to continue

name {ROSTER OF MEMBERS}

Interviewer: Enter person's name.

|\_\_\_\_\_| (maximum 14 characters)

age Interviewer: Enter [fill name]'s age.

000-115 Valid age

r Refused

sex Interviewer: Enter [fill name]'s sex.

1 Male

2 Female

stat Is [fill name]'s marital status..

1 Married

2 Common law

3 Single, never married

4 Widow/Widower

5 Divorced

6 Separated

x Don't Know

r Refused

sta2 Interviewer: Confirm that [fill name], [fill age] years  
 old is not single.

1 To correct the age [goto age]

2 To correct the marital status [goto stat]

0 To continue

othr Interviewer: Is there another person to be added?

- 1 Yes
- 3 No

### Complete Roster

cf10 Is there anyone who USUALLY lives there that you may have left out, such as a child, someone temporarily away (attending school, visiting, in hospital, travelling), another relative, a roomer or boarder, or an employee?

- 1 Yes, someone was missed
- 3 No, everyone accounted for
- x Don't know
- r Refused

\*\*\*\*\* SELECTION OF RESPONDENT\*\*\*\*\*

cf11 THE PERSON I AM TO INTERVIEW IS: \_\_\_\_\_, (Age: \_\_)

IF NECESSARY : Is \_\_\_\_\_ there?

<1> Yes

#### INTERVIEWER:

-to set up an appointment, use the F9 function key

-If the selected respondent cannot be interviewed, use the "end" key and then identify the reason.

cf12 Interviewer: Repeat the introduction below if the selected respondent is different from the household respondent.

Hello, [fill name]. I'm [fill inam+] from Statistics Canada. We are conducting a survey for Health Canada concerning alcohol and other drug use.

All information we collect in this voluntary survey will be kept strictly confidential. Your participation is essential if the survey results are to be accurate.

*My supervisor is working with me today and may listen to the interview to evaluate the survey.  
If you don't have any questions I'd like to continue.*

**INTERVIEWER:**

- to set up an appointment, use the F9 function key
- If the selected respondent cannot be interviewed, use the "End" key and then identify the reason.

**RELA - Establish the relationship of all other household members to the selected respondent.**

- 2 Spouse
- 3 Partner
- 4 Son or Daughter (Natural or birth)
- 5 Son or Daughter (Adopted or Step)
- 6 Foster Child
- 7 Father (Biological/Birth Parent)
- 8 Mother (Biological/Birth Parent)
- 9 Sister or Brother
- 10 Grandchild
- 11 Grandfather or Grandmother
- 12 Daughter-in-law or Son-in-law
- 13 Father-in-law or Mother-in-law
- 14 Stepmother or Stepfather
- 15 Sister-in-law or Brother-in-law
- 16 Niece or Nephew
- 17 Aunt or Uncle
- 18 Cousin
- 19 Other relative
- 20 Other Non-Relative
- X DON'T KNOW
- R REFUSED

# CANADA'S ALCOHOL AND OTHER DRUGS SURVEY

## POLICY QUESTIONS

September 1994

P1T - TIME STAMP

The following questions are about your feelings on laws concerning alcohol and drugs.

|                                                                             | Increased<br>(Raised) | Decreased<br>(Lowered) | Remain<br>the same | Don't<br>know | Refusal |
|-----------------------------------------------------------------------------|-----------------------|------------------------|--------------------|---------------|---------|
| P1<br>Should the legal drinking age be.....                                 | 1                     | 2                      | 3                  | 7             | 8       |
| P2<br>Should beer and liquor store<br>hours be.....                         | 1                     | 2                      | 3                  | 7             | 8       |
| P3<br>Should government advertising<br>against drinking be.....             | 1                     | 2                      | 3                  | 7             | 8       |
| P4<br>Should alcohol or drug education<br>and prevention programs be.....   | 1                     | 2                      | 3                  | 7             | 8       |
| P5<br>Should efforts to prevent drunken<br>people from being served be..... | 1                     | 2                      | 3                  | 7             | 8       |
| P6<br>Should treatment programs be.....                                     | 1                     | 2                      | 3                  | 7             | 8       |
| P7<br>Should taxes on alcoholic<br>beverages be.....                        | 1                     | 2                      | 3                  | 7             | 8       |

P8  
Should alcoholic beverages have warning labels  
about possible health hazards?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

P9  
Should alcoholic beverages be sold in  
convenience (*corner*) stores?

- 1 *yes*
- 2 *no*
- 5 *not applicable*
- 7 *don't know*
- 8 *refusal*



P10

How serious is the problem of drinking and driving in your neighbourhood?

- 1 Very serious?
- 2 Serious?
- 3 Not very serious?
- 4 Not a problem?
- 7 *don't know* (NO OPINION)
- 8 *refusal*

P11

How serious is the problem of domestic violence or family conflicts related to alcohol use in your neighbourhood?

- 1 Very serious?
- 2 Serious?
- 3 Not very serious?
- 4 Not a problem?
- 7 *don't know* (NO OPINION)
- 8 *refusal*

P12

How serious is the problem of public fights or disturbances from alcohol use in your neighbourhood?

- 1 *Very serious?*
- 2 *Serious?*
- 3 *Not very serious?*
- 4 *Not a problem?*
- 7 *don't know* (NO OPINION)
- 8 *refusal*

P13

How serious are the problems in the workplace due to alcohol use?

- 1 *Very serious?*
- 2 *Serious?*
- 3 *Not very serious?*
- 4 *Not a problem?*
- 5 *not applicable*
- 7 *don't know* (NO OPINION)
- 8 *refusal*

P14

How serious are the problems of misuse of prescription drugs and over the counter drugs in your neighbourhood?

- 1 *Very serious?*
- 2 *Serious?*
- 3 *Not very serious?*
- 4 *Not a problem?*
- 7 *don't know* (NO OPINION)
- 8 *refusal*

P15

How serious are the problems of criminal activity or violence due to alcohol or drugs in your neighbourhood?

- 1 *Very serious?*
- 2 *Serious?*
- 3 *Not very serious?*
- 4 *Not a problem?*
- 7 *don't know* (NO OPINION)
- 8 *refusal*

P16

How serious are the problems of sniffing glue or other solvents in your neighbourhood?

- 1 *Very serious?*
- 2 *Serious?*
- 3 *Not very serious?*
- 4 *Not a problem?*
- 7 *don't know* (NO OPINION)
- 8 *refusal*

P17T

*Time Stamp*

P17D

P17M

[GO TO G1T]

## GENERAL QUESTIONS

### G1T - Time Stamp

#### G1

In general, compared to other persons your age would you say your health is...

- 1 Excellent?
- 2 Very Good?
- 3 Good?
- 4 Fair?
- 5 Poor?
- 7 *don't know*
- 8 *refusal*

#### G2

During the past 12 months would you describe your life as...

- 1 Very stressful?
- 2 Stressful?
- 3 Not very stressful?
- 4 Not at all stressful?
- 7 *don't know*
- 8 *refusal*

#### G3

Over the past 12 months when you needed help or had a problem, how supportive or helpful were your family or friends?

- 1 Very helpful?
- 2 Helpful?
- 3 Somewhat helpful?
- 4 Not helpful?
- 5 Do not have family or friends
- 7 *not applicable (didn't need help or didn't have a problem)*
- 97 *don't know*
- 98 *refusal*

#### G4

In order to study the effect of alcohol and other drug use, we need some additional information on your family.

Is your doctor (*that is, the doctor that treats you*)

- 1 Male?
- 2 Female?
- 3 You do not have a primary or family doctor
- 7 *don't know*
- 8 *refusal*

#### G4E1

*IF FEMALE AND*

*ANY RELA = 4 [GO TO G6]*

*OTHERWISE [GO TO G4E2]*

#### G4E2

*IF FEMALE [GO TO G5]*

*IF MALE [GO TO G8E]*

#### G5

Have you ever been pregnant (*Please include miscarriages or abortions*)?

- 1 *yes*
- 2 *no* [GO TO G6E]
- 8 *refusal* [GO TO G6E]

#### G6

In total, to how many children have you given birth? (*LIVE BIRTHS ONLY*)

\_\_\_\_\_ (0-25)

98 *Refusal*

#### G6E

*IF FEMALE AND*

*ANY RELA = 5 [GO TO G8]*

*OTHERWISE [GO TO G6E1]*

#### G6E1

*If STAT = 3 AND AGE < 22 [GO TO G13T]*

*OTHERWISE [GO TO G7]*

G7

Have you ever had adopted or step children?

- 1 *yes*  
 2 *no* [GO TO G13T]  
 8 *refusal* [GO TO G13T]

G8

In total, how many adopted or step-children have you ever had?

\_\_\_\_ (1-25)  
 98 *refusal*

[GO TO G13T]

G8E

*IF ANY RELA = 4* [GO TO G10]  
*OTHERWISE* [GO TO G9]

G9

Have you ever had any children? (NATURAL / BIRTH)

- 1 *yes*  
 2 *no* [GO TO G10E]  
 8 *refusal* [GO TO G10E]

G10

In total, how many children have you ever had?

\_\_\_\_ (1-25)  
 98 *refusal*

G10E

*IF ANY RELA = 5* [GO TO G12]  
*OTHERWISE* [GO TO G10A]

G10A

*IF STAT = 3 AND AGE < 22* [GO TO G13T]  
*OTHERWISE* [GO TO G11]

G11

Have you ever had adopted or step children?

- 1 *yes*  
 2 *no* [GO TO G13T]  
 8 *refusal* [GO TO G13T]

G12

In total, how many adopted or step children have you ever had?

\_\_\_\_ (1-25)  
 98 *refusal*

G13T

TIME STAMP

G14D

[GO TO E1T]

## EMPLOYMENT QUESTIONS

### E1T - TIME STAMP

E1

Which of the following best describes your main activity during the past 12 months?

- 1 Working at a job or business? [GO TO E3 ]
- 2 Looking for work? [GO TO E2 ]
- 3 A student? [GO TO E7 ]
- 4 Retired? [GO TO E7 ]
- 5 Keeping House? [GO TO E7 ]
- 0 Other?  
[GO TO E7 ]
- 8 *refusal* [GO TO E7 ]

E2

Did you have a job at any time during the past 12 months?

- 1 *yes*
- 2 *no* [GO TO E7 ]
- 7 *don't know* [GO TO E7 ]
- 8 *refusal* [GO TO E7 ]

E3

What kind of business, industry or service is/was it that you work/worked for?

---

(MAX. 72 CHARACTERS)

- 7 *don't know*
- 8 *refusal*

E4

What kind of work do/did you do?

---

(MAX. 72 CHARACTERS)

- 7 *don't know*
- 8 *refusal*

E5

How many hours a week do/did you usually work at this/that job?

- \_\_\_\_\_ ( 1 - 168)
- 997 *don't know*
  - 998 *refusal*

E6

Which of the following best describes the people you work/worked with or who work/worked along side you?

- 0 You work/worked alone.
- 1 All are/were women.
- 2 All are/were men.
- 3 A majority are/were women.
- 4 A majority are/were men.
- 5 About half are/were women.
- 7 *don't know*
- 8 *refusal*

E6E

- IF E1 = '1' [GO TO E11T]
- IF E2 = '1' [GO TO E10]

E7

Have you ever been employed?

- 1 *yes*
- 2 *no* [GO TO E11T ]
- 7 *don't know* [GO TO E11T ]
- 8 *refusal* [GO TO E11T ]

E8

How long has it been since you were employed?  
(Round to the nearest year)

- 00 Less than 1 year  
 \_\_\_\_\_ (1-94) Years
- 94 *currently employed* [GO TO E11T]  
 97 *don't know* [GO TO E10 ]  
 98 *refusal* [GO TO E10 ]

E8E

Is (AGE OF RESPONDENT  
 MINUS YEARS in E8) > 14

- 1 *yes* [GO TO E9E]  
 2 *no* [GO TO E9]

E9

You have not been employed for (fill E8)  
 years. Is this correct?

- 1 *that is correct* [GO TO E9E]  
 2 *to correct number of  
 years unemployed* [GO TO E8]

E9E

IF YEARS in E8 > 5 [GO TO E11T]  
 OTHERWISE [GO TO E10]

E10

Were there times in the past FIVE years, when  
 you were unemployed for a year or longer and  
 looking for work?

- 1 *yes*  
 2 *no*  
 7 *don't know*  
 8 *refusal*

E11T - Time Stamp

E11D

E11M

[GO TO T1T]

## TOBACCO QUESTIONS

### T1T - TIME STAMP

#### T1

Now I'd like to ask you some questions about smoking.

Have you ever been a cigarette smoker?

- 1 *yes*
- 2 *no* [GO TO T10E]
- 7 *don't know* [GO TO T10E]
- 8 *refusal* [GO TO T10E]

#### T2

How old were you when you started smoking?

- \_\_\_\_ (04-94)
- 97 *don't know* [GO TO T3]
  - 98 *refusal* [GO TO T3]

#### T2E1

*SOFT MINIMUM ENCOUNTERED*

*INTERVIEWER: PLEASE CONFIRM AGE*

*WHEN RESPONDENT STARTED SMOKING*  
*IN T2*

*SOFT MIN (4 - 8 years old)*

#### T3

At the present time do you smoke cigarettes?

- 1 *yes* [GO TO T6]
- 2 *no*
- 8 *refusal* [GO TO T10E]

#### T4

How old were you when you stopped smoking?

- \_\_\_\_ (04-94)
- 97 *don't know* [GO TO T5]
  - 98 *refusal* [GO TO T5]

#### T4A

*IF T2 > T4, CORRECT T2 OR T4.*

#### T5

How many times did you try to quit?

- 01-94 *if more than 94, make 94*
- 97 *don't know*
- 98 *refusal*

#### T5A

How many cigarettes did you usually smoke per day?

- 0 *did not smoke every day*  
[GO TO T8]
- 01-94 *number of cigarettes,*  
*(if more than 94, make 94)*  
[GO TO T8]
- A *half a pack* [GO TO T5C]
- B *one pack* [GO TO T5C]
- C *one and one half packs*  
[GO TO T5C]
- D *two packs* [GO TO T5C]
- E *two and one half packs*  
[GO TO T5C]
- F *three packs or more*  
[GO TO T5C]
- 97 *don't know*
- 98 *refusal* [GO TO T8]

#### T5B

Would you say, half a pack, one pack, a pack and a half, two packs, two and a half packs or three packs or more?

- 0 *no cigarettes* [GO TO T8]
- 01-94 *number of cigarettes,*  
*(if more than 94, make 94)*  
[GO TO T8]
- A *half a pack*
- B *one pack*
- C *one and one half packs*
- D *two packs*
- E *two and one half packs*
- F *three packs or more*
- 97 *don't know* [GO TO T8]
- 98 *refusal* [GO TO T8]

T5C

How many cigarettes would there be in a pack?

- 05
- 10
- 15
- 20
- 25
- 30
- 97 *don't know*
- 98 *refusal*

[GO TO T8]

T6

Thinking back over the last 7 days, did you smoke any cigarettes?

- 1 *yes*
- 2 *no* [GO TO T7D]
- 7 *don't know* [GO TO T7D]
- 8 *refusal* [GO TO T7D]

T6A

Did you smoke the same number of cigarettes each day?

- 1 *yes* [GO TO T7A]
- 2 *no*
- 7 *don't know*
- 8 *refusal*

T6B

TODAY'S DATE

DAY

TODAY'S NAME, IE. THURSDAY

T6C

What about yesterday (name of day, ie Wednesday)? How many cigarettes did you smoke?

- 0 *no cigarettes*
- 01-94 *number of cigarettes,*  
*(if more than 94, make 94)*
- A *half a pack*
- B *one pack*
- C *one and one half packs*
- D *two packs*
- E *two and one half packs*
- F *three packs or more*
- 97 *don't know* [GO TO T6C1]
- 98 *refusal*

[GO TO T6D]

T6C1

Would you say, half a pack, one pack, a pack and a half, two packs, two and a half packs or three packs or more?

- 0 *no cigarettes*
- 01-94 *number of cigarettes,*  
*(if more than 94, make 94)*
- A *half a pack*
- B *one pack*
- C *one and one half packs*
- D *two packs*
- E *two and one half packs*
- F *three packs or more*
- 97 *don't know*
- 98 *refusal*

T6D

What about (name of day, where day is TODAY MINUS 2)? How many cigarettes did you smoke?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*           [GO TO T6D1]  
 98 *refusal*

[GO TO T6E]

T6D1

Would you say, half a pack, one pack, a pack and a half, two packs, two and a half packs or three packs or more?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*  
 98 *refusal*

T6E

What about (name of day, where day is TODAY MINUS 3)? How many cigarettes did you smoke?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*           [GO TO T6E1]  
 98 *refusal*

[GO TO T6F]

T6E1

Would you say, half a pack, one pack, a pack and a half, two packs, two and a half packs or three packs or more?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*  
 98 *refusal*



T6F

What about (name of day, where day is TODAY MINUS 4)? How many cigarettes did you smoke?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*           [GO TO T6F1]  
 98 *refusal*

[GO TO T6G]

T6F1

Would you say, half a pack, one pack, a pack and a half, two packs, two and a half packs or three packs or more?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*  
 98 *refusal*

T6G

What about (name of day, where day is TODAY MINUS 5)? How many cigarettes did you smoke?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*           [GO TO T6G1]  
 98 *refusal*

[GO TO T6H]

T6G1

Would you say, half a pack, one pack, a pack and a half, two packs, two and a half packs or three packs or more?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*  
 98 *refusal*

T6H

What about (name of day, where day is TODAY MINUS 6)? How many cigarettes did you smoke?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*           [GO TO T6H1]  
 98 *refusal*

[GO TO T6I]

T6H1

Would you say, half a pack, one pack, a pack and a half, two packs, two and a half packs or three packs or more?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*  
 98 *refusal*

T6I

What about (name of day, where day is TODAY MINUS 7)? How many cigarettes did you smoke?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*           [GO TO T6I1]  
 98 *refusal*

[GO TO T6I2]

T6I1

Would you say, half a pack, one pack, a pack and a half, two packs, two and a half packs or three packs or more?

- 0 *no cigarettes*  
 01-94 *number of cigarettes,*  
       *(if more than 94, make 94)*  
 A *half a pack*  
 B *one pack*  
 C *one and one half packs*  
 D *two packs*  
 E *two and one half packs*  
 F *three packs or more*  
 97 *don't know*  
 98 *refusal*

T6I2

**IF (A, B, C, D, E, OR F) IN ANY OF THE PREVIOUS QUESTIONS (T6C T6C1 T6D T6D1 T6E T6E1 T6F T6F1 T6G T6G1 T6H T6H1 T6I T6I1)**

**THEN**                   [GO TO T6I3]  
**OTHERWISE**           [GO TO T7D]

T6I3

How many cigarettes would there be in a pack?

- 05
- 10
- 15
- 20
- 25
- 30
- 97 *don't know*
- 98 *refusal*

[GO TO T7D]

T7A

How many cigarettes did you smoke per day?

- 0 *did not smoke every day* [GO TO T7D ]

01-94 *number of cigarettes,*  
*( if more than 94, make 94)*

- [GO TO T7D ]
- A *half a pack* [GO TO T7C]
- B *one pack* [GO TO T7C]
- C *one and one half packs* [GO TO T7C]
- D *two packs* [GO TO T7C]
- E *two and one half packs* [GO TO T7C]
- F *three packs or more* [GO TO T7C]
- 97 *don't know*
- 98 *refusal* [GO TO T7D ]

T7B

Would you say, half a pack, one pack, a pack and a half, two packs, two and a half packs or three packs or more?

01-94 *number of cigarettes,*  
*(if more than 94, make 94)*  
 [GO TO T7D]

- A *half a pack*
- B *one pack*
- C *one and one half packs*
- D *two packs*
- E *two and one half packs*
- F *three packs or more*
- 97 *don't know* [GO TO T7D]
- 98 *refusal* [GO TO T7D]

T7C

How many cigarettes would there be in a pack?

- 05
- 10
- 15
- 20
- 25
- 30
- 97 *don't know*
- 98 *refusal*

T7D

Have you ever tried to quit smoking?

- 1 *yes*
- 2 *no* [GO TO T8]
- 8 *refusal* [GO TO T8]

T7E

How many times have you tried to quit?

01 -94 *if more than 94, make 94*  
 97 *don't know*  
 98 *refusal*

T8

*IF NATURAL / BIRTH CHILDREN > 0*

*[GO TO T9]*

*OTHERWISE*

*[GO TO T10E]*

T9

During your/spouse's last pregnancy, did you:

- 1 Smoke as much as usual?
- 2 Cut down?
- 3 Stop smoking?
- 5 *not applicable*
- 7 *don't know*
- 8 *refusal*

T10E

*IF MARRIED OR COMMON-LAW OR HAS A PARTNER*

*[GO TO T10]*

*OTHERWISE*

*[GO TO T11T]*

T10

Currently, does your spouse/partner smoke?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

T11T

*Time Stamp*

T11D

T11M

*[GO TO A1T]*

## ALCOHOL QUESTIONS

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### A1T TIME STAMP

A1

The next few questions are about alcohol. When we use the word drink, it means:

- ! one bottle of beer
- ! one glass of wine or wine cooler
- ! one straight or mixed drink with one ounce and a half of hard liquor

How many of your friends drink alcohol?

- 1 None
- 2 A few
- 3 About half
- 4 Most
- 5 All
- 7 *don't know*
- 8 *refusal*

A2

During the past 12 months have you had a drink of alcohol?

- 1 *yes* [GO TO A10A]
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A3

Have you ever had any alcohol?

- 1 *yes*
- 2 *no* [GO TO A4E]
- 7 *don't know*
- 8 *refusal* [GO TO A4E]

A4

When was the last time you had any alcohol? Was it...

- 1 1 - 2 years ago?
- 2 3 - 5 years ago?
- 3 over 5 years ago?
- 7 *don't know*
- 8 *refusal*

A4E

I'm going to read a list of reasons why people do not drink or have limited their drinking. For each, tell me if it is a reason you do not drink or have limited your drinking.

Would it be...

|                                                                                        | yes | no | don't<br>know | refusal |
|----------------------------------------------------------------------------------------|-----|----|---------------|---------|
| ...for health/diet or athletic reasons?.....                                           | 1   | 2  | 7             | 8       |
| A4A IF MALE [GO TO A4A2]                                                               |     |    |               |         |
| A4A1                                                                                   |     |    |               |         |
| ...because you were pregnant?<br>(or you were trying to become pregnant).....          | 1   | 2  | 7             | 8       |
| A4A2                                                                                   |     |    |               |         |
| ...because of the taste?.....                                                          | 1   | 2  | 7             | 8       |
| A4A3                                                                                   |     |    |               |         |
| ...because you don't like the effect it has on you?.....                               | 1   | 2  | 7             | 8       |
| A4A4                                                                                   |     |    |               |         |
| ...because you have seen bad examples of what<br>alcohol can do?.....                  | 1   | 2  | 7             | 8       |
| A4A5                                                                                   |     |    |               |         |
| ...because you have been hurt by someone else's drinking?.....                         | 1   | 2  | 7             | 8       |
| A4A6                                                                                   |     |    |               |         |
| ...because drinking could affect your work/ your<br>school performance?.....           | 1   | 2  | 7             | 8       |
| A4A7                                                                                   |     |    |               |         |
| ...because drinking is too expensive or is a waste of money?....                       | 1   | 2  | 7             | 8       |
| A4A8                                                                                   |     |    |               |         |
| ...because of religious reasons?.....                                                  | 1   | 2  | 7             | 8       |
| A4A9                                                                                   |     |    |               |         |
| ...because you were brought up not to drink?.....                                      | 1   | 2  | 7             | 8       |
| A4B1                                                                                   |     |    |               |         |
| ...because you have had alcohol problems/ are afraid<br>of becoming an alcoholic?..... | 1   | 2  | 7             | 8       |
| A4B2                                                                                   |     |    |               |         |
| ...to please someone?.....                                                             | 1   | 2  | 7             | 8       |

A4b1

*IF AGE < 18**[GO TO A4B3]**OTHERWISE**[GO TO A4B4]*

A4B3

*(Would it be) because you are too young?*

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A4B4

*(Would it be) any other reason?*

- 1 *yes*
- 2 *no* *[GO TO A5a]*
- 7 *don't know* *[GO TO A5a]*
- 8 *refusal* *[GO TO A5a]*

A4B5

*Please specify your reason for not drinking?*

- 1 *Family/relational*
- 2 *Dislike it, don't care for it*
- 3 *Friends don't drink*
- 4 *Not interested, no desire or need*
- 5 *Allergy*
- 6 *Medications*
- 7 *Other*
- 97 *don't know*
- 98 *refusal*

A5a

*IF NO TO EVERY QUESTION A4E, A4A1 to A4B4 OR ONLY ONE YES TO THIS SET OF**QUESTIONS* *[GO TO A6A]**OTHERWISE* *[GO TO A5]*

A5

*Which of those reasons is the most important one for you?**(MARK MOST IMPORTANT REASON)*

- 1 *for health/diet or athletic reasons*
- 2 *because you were pregnant or you were trying to become pregnant*
- 3 *because of the taste*
- 4 *because you don't like the effect it has on you*
- 5 *because you have seen bad examples of what alcohol can do*
- 6 *because you have been hurt by someone else's drinking*
- 7 *because drinking could affect your work/your school performance*
- 8 *because drinking is too expensive/ is a waste of money*
- 9 *because of religious reasons*
- 10 *because you were brought up not to drink*
- 11 *because you have had alcohol problems/ are afraid of becoming an alcoholic*
- 12 *to please someone*
- 13 *because you are too young*
- 14 *other*
- 97 *don't know*
- 98 *refusal*

## A6A

During the past 12 months how often did you...

|                                                                                | More<br>than<br>once a<br>week | Once<br>a week | 1-3<br>times<br>a month | Less<br>than<br>once<br>a month | Never | Don't<br>know | Refusal |
|--------------------------------------------------------------------------------|--------------------------------|----------------|-------------------------|---------------------------------|-------|---------------|---------|
| ...spend a quiet evening at home?.....                                         | 1                              | 2              | 3                       | 4                               | 0     | 7             | 8       |
| A6B                                                                            |                                |                |                         |                                 |       |               |         |
| ...spend time at someone else's home?.....                                     | 1                              | 2              | 3                       | 4                               | 0     | 7             | 8       |
| A6C                                                                            |                                |                |                         |                                 |       |               |         |
| ...have friends or relatives visit your home?.....                             | 1                              | 2              | 3                       | 4                               | 0     | 7             | 8       |
| A6D                                                                            |                                |                |                         |                                 |       |               |         |
| ...go to a restaurant in the evening,<br>excluding fast food restaurants?..... | 1                              | 2              | 3                       | 4                               | 0     | 7             | 8       |
| A6E                                                                            |                                |                |                         |                                 |       |               |         |
| ...go to a restaurant for lunch,<br>excluding fast food restaurants?.....      | 1                              | 2              | 3                       | 4                               | 0     | 7             | 8       |
| A6F                                                                            |                                |                |                         |                                 |       |               |         |
| ...go to a bar/tavern?.....                                                    | 1                              | 2              | 3                       | 4                               | 0     | 7             | 8       |
| A6G                                                                            |                                |                |                         |                                 |       |               |         |
| ...go to a social club or a meeting?.....                                      | 1                              | 2              | 3                       | 4                               | 0     | 7             | 8       |

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## A7A

During the past 12 months how many times did you...

|                                                                                               | More<br>than 52<br>times | 52<br>times | 12-51<br>times | Less<br>than 12<br>times | Never | Don't<br>know | Refusal |
|-----------------------------------------------------------------------------------------------|--------------------------|-------------|----------------|--------------------------|-------|---------------|---------|
| ...participate in leisure activities such as being<br>at a cottage, camping or boating?.....  | 1                        | 2           | 3              | 4                        | 0     | 7             | 8       |
| A7B                                                                                           |                          |             |                |                          |       |               |         |
| ...participate in sports activities such as skiing,<br>curling, softball, bowling etc..?..... | 1                        | 2           | 3              | 4                        | 0     | 7             | 8       |
| A7C                                                                                           |                          |             |                |                          |       |               |         |
| ...attend a party, social gathering or wedding?...                                            | 1                        | 2           | 3              | 4                        | 0     | 7             | 8       |
| A7D                                                                                           |                          |             |                |                          |       |               |         |
| ...go to a concert, sports event or festival?.....                                            | 1                        | 2           | 3              | 4                        | 0     | 7             | 8       |



## A7E

Thinking about activities that involve an element of luck or chance, during the past 12 months how often did you...

|                                         | More<br>than<br>once a<br>week | Once<br>a week | 1-3<br>times<br>a month | Less<br>than<br>once<br>a month | Never | Don't<br>know | Refusal |
|-----------------------------------------|--------------------------------|----------------|-------------------------|---------------------------------|-------|---------------|---------|
| ...play bingo for money or prizes?..... | 1                              | 2              | 3                       | 4                               | 0     | 7             | 8       |

## A7F

...participate in lottery games such as 649, play card games for money, or bet on sporting events?.....

|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
|  | 1 | 2 | 3 | 4 | 0 | 7 | 8 |
|--|---|---|---|---|---|---|---|

## A7F1

IF A7E and A7F = 0, 7 or 8

[GO TO A7H]

OTHERWISE

[GO TO A7G]

## A7G

...go to places like Montreal, Windsor, Las Vegas or Atlantic City to gamble?.....

|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
|  | 1 | 2 | 3 | 4 | 0 | 7 | 8 |
|--|---|---|---|---|---|---|---|

## A7H

During the past 12 months, did you participate in some other form of luck, chance or gambling that I have not mentioned.

- 1 yes
- 2 no [GO TO A8]
- 7 don't know [GO TO A8]
- 8 refusal [GO TO A8]

## A7I

Please tell me what this activity is called.

- 1 video lottery terminal (VLT)
- 2 slot machine
- 3 casino
- 4 draw
- 5 raffle
- 6 lottery ticket
- 7 sporting event (horses, cars, etc.)
- 8 arcade
- 9 gambling trip
- 10 pool (sports)
- 11 card games
- 12 other betting game
- 13 stock market
- 14 other

97 don't know

98 refusal

## A8

Do you drive a motor vehicle ?

- 1 yes
- 2 no [GO TO A9E]
- 8 refusal [GO TO A9E]

## A9

In the past 12 months have you been in a motor vehicle accident with you as the driver?

- 1 yes
- 2 no
- 7 don't know
- 8 refusal

## A9E

IF A3 NOT = 1

(non-drinker) [GO TO A37MI]

OTHERWISE

(drank in the past but not in the last 12 months)

[GO TO A19A]

## A10A

I'm going to read a list of reasons why people drink. For each, tell me if it is a reason you drink.

Do you drink...

|                                                    | yes | no | don't<br>know | refusal |
|----------------------------------------------------|-----|----|---------------|---------|
| ... to be sociable or polite?.....                 | 1   | 2  | 7             | 8       |
| A10B<br>...because everyone else is drinking?..... | 1   | 2  | 7             | 8       |
| A10C<br>...to add to the enjoyment of meals?.....  | 1   | 2  | 7             | 8       |
| A10D<br>...to feel good?.....                      | 1   | 2  | 7             | 8       |
| A10E<br>...to help you relax?.....                 | 1   | 2  | 7             | 8       |
| A10F<br>...to forget worries?.....                 | 1   | 2  | 7             | 8       |
| A10G<br>...to feel less inhibited or shy?.....     | 1   | 2  | 7             | 8       |
| A10H<br>...to keep your partner/date company?..... | 1   | 2  | 7             | 8       |

## A10I

Do you drink for any other reason?

- 1 *yes*
- 2 *no* [GO TO A10K]
- 7 *don't know* [GO TO A10K]
- 8 *refusal* [GO TO A10K]

## A10J

Please specify your reason for drinking?

- 1 *taste*
- 2 *thirst*
- 3 *likes/enjoys drinking (pleasure, fun)*
- 4 *a celebration/special event*
- 5 *just "fells like it"*
- 6 *other*
- 7 *don't know*
- 8 *refusal*

## A10K

*IF NO TO EVERY QUESTION A10A to A10I OR  
ONLY ONE YES TO THIS SET OF QUESTIONS*

*[GO TO A11]*

*OTHERWISE*

*[GO TO A10L]*

A10L

Which of those reasons is the most important one for you?

(MARK MOST IMPORTANT REASON)

- 1 *to be sociable/polite*
- 2 *because everyone else is drinking*
- 3 *to add to the enjoyment of meals*
- 4 *to feel good*
- 5 *to help you relax*
- 6 *to forget worries*
- 7 *to feel less inhibited or shy*
- 8 *to keep your partner/date company*
- 9 *some other reason*
- 97 *don't know*
- 98 *refusal*

A11

During the past 12 months, on average how often did you drink alcohol?

- 1 everyday?
- 2 4-6 times a week?
- 3 2-3 times a week?
- 4 once a week?
- 5 1-3 times a month?
- 6 less than once a month?
- 7 *don't know*
- 8 *refusal*

A12

(During the past 12 months) on the days that you had a drink, how many drinks did you usually have?

\_\_\_ (1-50) number of drinks

- 97 *don't know*
- 98 *refusal*

A13

What types of alcohol do you drink?

(MARK ALL THAT APPLY)

- 1 beer (5% alcohol content or more)
- 2 light beer (less than 5% alcohol content)
- 3 wine
- 4 wine coolers
- 5 straight liquor (including liqueurs)
- 6 mixed liquor
- 7 other
- 97 *don't know*
- 98 *refusal*

A14

In the past 12 months, what is the highest number of drinks you can recall having on any one occasion?

\_\_\_ (1-94) HIGHEST NUMBER OF DRINKS

- 97 *don't know*
- 98 *refusal*

A15E

IF NUMBER OF DRINKS

IN A14 < 5, [GO TO A16]  
OTHERWISE [GO TO A15]

A15

How many times in the past 12 months have you had FIVE or more drinks on one occasion?

\_\_\_ (1-365) NUMBER OF TIMES

- 997 *don't know*
- 998 *refusal*

A16

Thinking back over the last 7 days, did you drink any alcohol?

- 1 *yes*
- 2 *no* [GO TO A17A]
- 7 *don't know* [GO TO A17A]
- 8 *refusal* [GO TO A17A]

A16A

Did you usually have the same number of drinks each day?

- 1 *yes*  
 2 *no* [GO TO A16B1]  
 7 *don't know* [GO TO A16B1]  
 8 *refusal* [GO TO A17A]

A16B

How many drinks did you usually have?

- \_\_\_\_ 1-40  
 97 *don't know*  
 98 *refusal*

[GO TO A17A]

A16B1

TODAY'S DATE

ADAY

TODAY'S NAME, IE. THURSDAY

A16C

What about yesterday (*name of day, ie Wednesday*,)? How many drinks did you have?

- 0 NO DRINKS  
 \_\_\_\_ 1-40  
 97 *don't know*  
 98 *refusal*

A16D

What about (*name of day, where day is TODAY MINUS 2*)? How many drinks did you have?

- 0 NO DRINKS  
 \_\_\_\_ 1-40  
 97 *don't know*  
 98 *refusal*

A16E

What about (*name of day, where day is TODAY MINUS 3*)? How many drinks did you have?

- 0 NO DRINKS  
 \_\_\_\_ 1-40  
 97 *don't know*  
 98 *refusal*

A16F

What about (*name of day, where day is TODAY MINUS 4*)? How many drinks did you have?

- 0 NO DRINKS  
 \_\_\_\_ 1-40  
 97 *don't know*  
 98 *refusal*

A16G

What about (*name of day, where day is TODAY MINUS 5*)? How many drink did you have?

- 0 NO DRINKS  
 \_\_\_\_ 1-40  
 97 *don't know*  
 98 *refusal*

A16H

What about (*name of day, where day is TODAY MINUS 6*)? How many drinks did you have?

- 0 NO DRINKS  
 \_\_\_\_ 1-40  
 97 *don't know*  
 98 *refusal*

A16I

What about (*name of day, where day is TODAY MINUS 7*)? How many drinks did you have?

- 0 NO DRINKS  
 \_\_\_\_ 1-40  
 97 *don't know*  
 98 *refusal*

## A17A

During the past 12 months how often did you spend a quiet evening at home?

- 1 More than once a week
- 2 Once a week
- 3 1 - 3 times a month
- 4 less than once a month
- 0 Never [GO TO A17D]
- 7 *don't know* [GO TO A17D]
- 8 *refusal* [GO TO A17D]

## A17B

When you spent a quiet evening at home how often did you drink?

- 1 Always
- 2 More than half of the time
- 3 Half of the time
- 4 Less than half of the time
- 0 Never [GO TO A17D]
- 7 *don't know* [GO TO A17D]
- 8 *refusal* [GO TO A17D]

## A17C

How many drinks did you usually have?

- \_\_\_\_\_ 1-30
- 97 *don't know*
- 98 *refusal*

## A17D

During the past 12 months how often did you spend time at someone else's home?

- 1 More than once a week
- 2 Once a week
- 3 1 - 3 times a month
- 4 less than once a month
- 0 Never [GO TO A17G]
- 7 *don't know* [GO TO A17G]
- 8 *refusal* [GO TO A17G]

## A17E

When you spent time at someone else's home how often did you drink?

- 1 Always
- 2 More than half of the time
- 3 Half of the time
- 4 Less than half of the time
- 0 Never [GO TO A17G]
- 7 *don't know* [GO TO A17G]
- 8 *refusal* [GO TO A17G]

## A17F

How many drinks did you usually have?

- \_\_\_\_\_ 1-40
- 97 *don't know*
- 98 *refusal*

## A17G

During the past 12 months how often did you have friends or relatives visit your home?

- 1 More than once a week
- 2 Once a week
- 3 1 - 3 times a month
- 4 less than once a month
- 0 Never [GO TO A17J]
- 7 *don't know* [GO TO A17J]
- 8 *refusal* [GO TO A17D]

## A17H

When you had friends or relatives visit your home how often did you drink?

- 1 Always
- 2 More than half of the time
- 3 Half of the time
- 4 Less than half of the time
- 0 Never [GO TO A17J]
- 7 *don't know* [GO TO A17J]
- 8 *refusal* [GO TO A17J]

A17I

How many drinks did you usually have?

- \_\_\_\_\_ 1-30  
 97 *don't know*  
 98 *refusal*

A17J

During the past 12 months how often did you go to a restaurant in the evening, excluding fast food?

- 1 More than once a week  
 2 Once a week  
 3 1 - 3 times a month  
 4 less than once a month  
 0 Never [GO TO A17M]  
 7 *don't know* [GO TO A17M]  
 8 *refusal* [GO TO A17M]

A17K

When you went to a restaurant in the evening, excluding fast food, how often did you drink?

- 1 Always  
 2 More than half of the time  
 3 Half of the time  
 4 Less than half of the time  
 0 Never [GO TO A17M]  
 7 *don't know* [GO TO A17M]  
 8 *refusal* [GO TO A17M]

A17L

How many drinks did you usually have?

- \_\_\_\_\_ 1-12  
 97 *don't know*  
 98 *refusal*

A17M

During the past 12 months how often did you go to a restaurant at lunch, excluding fast food?

- 1 More than once a week  
 2 Once a week  
 3 1 - 3 times a month  
 4 less than once a month  
 0 Never [GO TO A17P]  
 7 *don't know* [GO TO A17P]  
 8 *refusal* [GO TO A17P]

A17N

When you went to a restaurant at lunch, excluding fast food, how often did you drink?

- 1 Always  
 2 More than half of the time  
 3 Half of the time  
 4 Less than half of the time  
 0 Never [GO TO A17P]  
 7 *don't know* [GO TO A17P]  
 8 *refusal* [GO TO A17P]

A17O

How many drinks did you usually have?

- \_\_\_\_\_ 1-12  
 97 *don't know*  
 98 *refusal*

A17P

During the past 12 months how often did you go to a bar or tavern?

- 1 More than once a week  
 2 Once a week  
 3 1 - 3 times a month  
 4 less than once a month  
 0 Never [GO TO A17S]  
 7 *don't know* [GO TO A17S]  
 8 *refusal* [GO TO A17S]

A17Q

When you went to a bar or tavern how often did you drink?

- 1 Always
- 2 More than half of the time
- 3 Half of the time
- 4 Less than half of the time
- 0 Never [GO TO A17S]
- 7 *don't know* [GO TO A17S]
- 8 *refusal* [GO TO A17S]

A17R

How many drinks did you usually have?

- \_\_\_\_\_ 1-40
- 97 *don't know*
  - 98 *refusal*

A17S

During the past 12 months how often did you go to a social club or a meeting?

- 1 *More than once a week*
- 2 *Once a week*
- 3 *1 - 3 times a month*
- 4 *less than once a month*
- 0 *Never* [GO TO A18A]
- 7 *don't know* [GO TO A18A]
- 8 *refusal* [GO TO A18A]

A17T

When you went to a social club or meeting how often did you drink?

- 1 *Always*
- 2 *More than half of the time*
- 3 *Half of the time*
- 4 *Less than half of the time*
- 0 *Never* [GO TO A18A]
- 7 *don't know* [GO TO A18A]
- 8 *refusal* [GO TO A18A]

A17U

How many drinks did you usually have?

- \_\_\_\_\_ 1-20
- 97 *don't know*
  - 98 *refusal*

A18A

During the past 12 months how many times did you participate in leisure activities such as being at a cottage, camping or boating?

- 1 More than 52 times
- 2 52 times
- 3 12 - 51 times
- 4 less than 12 times
- 0 *Never* [GO TO A18D]
- 7 *don't know* [GO TO A18D]
- 8 *refusal* [GO TO A18D]

A18B

When you were at a cottage, camping or boating how often did you drink?

- 1 *Always*
- 2 *More than half of the time*
- 3 *Half of the time*
- 4 *Less than half of the time*
- 0 *Never* [GO TO A18D]
- 7 *don't know* [GO TO A18D]
- 8 *refusal* [GO TO A18D]

A18C

How many drinks did you usually have?

- \_\_\_\_\_ 1-70
- 97 *don't know*
  - 98 *refusal*

## A18D

During the past 12 months how many times did you participate in sports activities such as skiing, curling, softball, bowling etc..

- 1 *More than 52 times*
- 2 *52 times*
- 3 *12 - 51 times*
- 4 *less than 12 times*
- 0 *Never* [GO TO A18G]
- 7 *don't know* [GO TO A18G]
- 8 *refusal* [GO TO A18G]

## A18E

While you were skiing, curling, playing softball or bowling how often did you drink?

- 1 *Always*
- 2 *More than half of the time*
- 3 *Half of the time*
- 4 *Less than half of the time*
- 0 *Never* [GO TO A18G]
- 7 *don't know* [GO TO A18G]
- 8 *refusal* [GO TO A18G]

## A18F

How many drinks did you usually have?

- \_\_\_\_\_ 1-28
- 97 *don't know*
- 98 *refusal*

## A18G

During the past 12 months how many times did you attend a party, social gathering or wedding?

- 1 *More than 52 times*
- 2 *52 times*
- 3 *12 - 51 times*
- 4 *less than 12 times*
- 0 *Never* [GO TO A18J]
- 7 *don't know* [GO TO A18J]
- 8 *refusal* [GO TO A18J]

## A18H

When you were at a party, social gathering or wedding how often did you drink?

- 1 *Always*
- 2 *More than half of the time*
- 3 *Half of the time*
- 4 *Less than half of the time*
- 0 *Never* [GO TO A18J]
- 7 *don't know* [GO TO A18J]
- 8 *refusal* [GO TO A18J]

## A18I

How many drinks did you usually have?

- \_\_\_\_\_ 1-40
- 97 *don't know*
- 98 *refusal*

## A18J

During the past 12 months how many times did you go to a concert, sports event or festival?

- 1 *More than 52 times*
- 2 *52 times*
- 3 *12 - 51 times*
- 4 *less than 12 times*
- 0 *Never* [GO TO A18M]
- 7 *don't know* [GO TO A18M]
- 8 *refusal* [GO TO A18M]

## A18K

When you were at a concert, sports event or festival how often did you drink?

- 1 *Always*
- 2 *More than half of the time*
- 3 *Half of the time*
- 4 *Less than half of the time*
- 0 *Never* [GO TO A18M]
- 7 *don't know* [GO TO A18M]
- 8 *refusal* [GO TO A18M]

## A18L

How many drinks did you usually have?

- \_\_\_\_\_ 1-40
- 97 *don't know*
- 98 *refusal*



## A18M

During the past 12 months how often did you play bingo for money or prizes?

- 1 *More than once a week*
- 2 *Once a week*
- 3 *1 - 3 times a month*
- 4 *less than once a month*
- 0 *Never*
- 7 *don't know*
- 8 *refusal*

## A18N

During the past 12 months how often did you participate in lottery games (such as 649), play cards for money or bet on sporting events?

- 1 *More than once a week*
- 2 *Once a week*
- 3 *1 - 3 times a month*
- 4 *less than once a month*
- 0 *Never*
- 7 *don't know*
- 8 *refusal*

## A18q

IF A18M and A18N = 0, 7 or 8

[GO TO A18P]

OTHERWISE

[GO TO A18O]

## A18O

During the past 12 months how often did you travel to places like Montreal, Windsor, Las Vegas or Atlantic City to gamble?

- 1 *More than once a week*
- 2 *Once a week*
- 3 *1 - 3 times a month*
- 4 *less than once a month*
- 0 *Never*
- 7 *don't know*
- 8 *refusal*

## A18P

(During the past 12 months) did you participate in some other form of luck, chance or gambling that I have not mentioned.

- 1 *yes*
- 2 *no* [GO TO A19A]
- 7 *don't know* [GO TO A19A]
- 8 *refusal* [GO TO A19A]

## A18Q

Please tell me what this activity is called.

- 1 *video lottery terminal (VLT)*
- 2 *slot machine*
- 3 *casino*
- 4 *draw*
- 5 *raffle*
- 6 *lottery ticket*
- 7 *sporting event (horses, cars, etc.)*
- 8 *arcade*
- 9 *gambling trip*
- 10 *pool (sports)*
- 11 *card games*
- 12 *other betting game*
- 13 *stock market*
- 14 *other*
- 97 *don't know*
- 98 *refusal*

## A19A

Was there ever a time that you felt your alcohol use had a **harmful effect** on your friendships or social life?

- 1 *yes*
- 2 *no* [GO TO A19C]
- 5 *not applicable* [GO TO A19C]
- 7 *don't know* [GO TO A19C]
- 8 *refusal* [GO TO A19C]

## A19AE

IF A2 NOT = 1

[GO TO A19C]

OTHERWISE

[GO TO A19B]

## A19B

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A19C

Was there ever a time that you felt your alcohol use had a **harmful effect** on your physical health?

- 1 *yes*  
 2 *no* [GO TO A19E]  
 7 *don't know* [GO TO A19E]  
 8 *refusal* [GO TO A19E]

## A19C1

IF A2 NOT = 1 [GO TO A19E]  
 OTHERWISE [GO TO A19D]

## A19D

Was this during the past 12 months?

- 1 *yes*  
 2 *no*  
 7 *don't know*  
 8 *refusal*

## A19E

Was there ever a time that you felt your alcohol use had a **harmful effect** on your outlook on life?

- 1 *yes*  
 2 *no* [GO TO A19F1]  
 7 *don't know* [GO TO A19F1]  
 8 *refusal* [GO TO A19F1]

## A19E1

IF A2 NOT = 1 [GO TO A19F1]  
 OTHERWISE [GO TO A19F]

## A19F

Was this during the past 12 months?

- 1 *yes*  
 2 *no*  
 7 *don't know*  
 8 *refusal*

## A19F1

IF MARITAL STATUS = SINGLE,  
 [GO TO A19H1]  
 OTHERWISE [GO TO A19G]

## A19G

Was there ever a time that you felt your alcohol use had a **harmful effect** on your spouse/partner?

- 1 *yes*  
 2 *no* [GO TO A19H1]  
 7 *don't know* [GO TO A19H1]  
 8 *refusal* [GO TO A19H1]

## A19G1

IF A2 NOT = 1 [GO TO A19H1]  
 OTHERWISE [GO TO A19H]

## A19H

Was this during the past 12 months?

- 1 *yes*  
 2 *no*  
 7 *don't know*  
 8 *refusal*

## A19H1

IF CHILDREN EVER PRESENT IN THE  
 HOUSEHOLD [GO TO A19I]  
 OTHERWISE [GO TO A19J1]

## A19I

Was there ever a time that you felt your alcohol use had a **harmful effect** on your child/children?

- 1 *yes*  
 2 *no* [GO TO A19J1]  
 7 *don't know* [GO TO A19J1]  
 8 *refusal* [GO TO A19J1]

## A19I1

IF A2 NOT = 1 [GO TO A19J1]  
 OTHERWISE [GO TO A19J]

## A19J

Was this during the past 12 months?

- 1 *yes*  
 2 *no*  
 7 *don't know*  
 8 *refusal*

A19J1

IF SINGLE PERSON IN HOUSEHOLD

[GO TO A19M]

OTHERWISE

[GO TO A19K]

A19K

Was there ever a time that you felt your alcohol use had a **harmful effect** on your home life?

- 1 *yes*
- 2 *no* [GO TO A19M]
- 5 *not applicable* [GO TO A19M]
- 7 *don't know* [GO TO A19M]
- 8 *refusal* [GO TO A19M]

A19K1

IF A2 NOT = 1 [GO TO A19M]

OTHERWISE [GO TO A19L]

A19L

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A19M

Was there ever a time that you felt your alcohol use had a **harmful effect** on your work, studies or employment opportunities?

- 1 *yes*
- 2 *no* [GO TO A19O]
- 5 *not applicable* [GO TO A19O]
- 7 *don't know* [GO TO A19O]
- 8 *refusal* [GO TO A19O]

A19M1

IF A2 NOT = 1 [GO TO A19O]

OTHERWISE [GO TO A19N]

A19N

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A19O

Was there ever a time that you felt your alcohol use had a **harmful effect** on your financial position?

- 1 *yes*
- 2 *no* [GO TO A19P1]
- 5 *not applicable* [GO TO A19P1]
- 7 *don't know* [GO TO A19P1]
- 8 *refusal* [GO TO A19P1]

A19O1

IF A2 NOT = 1 [GO TO A19P1]

OTHERWISE [GO TO A19P]

A19P

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A19P1

IF FEMALE AND EVER PREGNANT

(G5) = *yes* OR TOTAL CHILDREN > 0,

[GO TO A20]

OTHERWISE [GO TO A20B]

A20

Was there ever a time that you felt your alcohol use had a **harmful effect** on your being pregnant?

- 1 *yes*
- 2 *no* [GO TO A20B]
- 5 *not applicable* [GO TO A20B]
- 7 *don't know* [GO TO A20B]
- 8 *refusal* [GO TO A20B]

## A20AE

IF A2 NOT = 1 (*did not drink in  
the past 12 months*)

OR AGE > 49 [GO TO A20B]  
OTHERWISE [GO TO A20A]

## A20A

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A20B

IF A11 = 6, 7 or 8 and A12 < 3

[GO TO A33]  
OTHERWISE [GO TO A20C]

## A20C

IF A11 = BLANK or A12 = BLANK

[GO TO A33]  
OTHERWISE [GO TO A20D]

## A20D

IF RESPONDENT MARRIED OR COMMON  
LAW OR LIVING WITH A PARTNER

[GO TO A21A]  
OTHERWISE [GO TO A21C]

## A21A

Does your spouse/partner encourage or  
discourage your drinking?

- 1 *encourage*
- 2 *discourage*
- 3 *neither*
- 7 *don't know*
- 8 *refusal*

## A21B

Do other family members or relatives  
encourage/discourage your drinking?

- 1 *encourage*
  - 2 *discourage*
  - 3 *neither*
  - 7 *don't know*
  - 8 *refusal*
- [GO TO A21D]

## A21C

Do family members or relatives  
encourage /discourage your drinking?

- 1 *encourage*
- 2 *discourage*
- 3 *neither*
- 7 *don't know*
- 8 *refusal*

## A21D

Do your friends encourage or discourage your  
drinking?

- 1 *encourage*
- 2 *discourage*
- 3 *neither*
- 7 *don't know*
- 8 *refusal*

## A21D1

IF (E1 = 1 or E2 = 1) and E6 # 0

[GO TO A21E]  
OTHERWISE [GO TO A22]

## A21E

Do co-workers encourage or discourage your  
drinking?

- 1 *encourage*
- 2 *discourage*
- 3 *neither*
- 7 *don't know*
- 8 *refusal*

A22

In the past 12 months how often did you drink to the point of feeling drunk or intoxicated?

- 1 Always
- 2 More than half of the time
- 3 Half of the time
- 4 Less than half of the time
- 0 Never
- 7 *don't know*
- 8 *refusal*

A23

In the past 12 months, have you felt you needed to cut down on drinking?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A24

(*In the past 12 months*) have you felt annoyed by criticism of your drinking?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A25

(*In the past 12 months*) have you felt guilty about drinking?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A26

In the past 12 months, have you felt you needed a drink first thing in the morning?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A27

Have you ever reduced or cut down the amount you drink without quitting completely?

- 1 *yes*
- 2 *no* [GO TO A33]
- 7 *don't know* [GO TO A33]
- 8 *refusal* [GO TO A33]

A28

Have you ever stopped drinking altogether for a period of time?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A29

When was the last time you quit or cut down the amount you drank?

- 1 within the past 12 months?
- 2 1-5 years ago?
- 5 over 5 years ago?
- 7 *don't know*
- 8 *refusal*

A30

How long did it last?

- 1 less than 1 month?
- 2 1-3 months?
- 3 4-6 months?
- 4 7-11 months?
- 5 1-2 years?
- 6 3-5 years?
- 7 more than 5 years?
- 8 or is it still continuing?
- 97 *don't know*
- 98 *refusal*

A31

I'm going to read a list of reasons why people reduce drinking or quit drinking altogether. For each, tell me if it was a reason for you. Did you reduce or quit drinking...

|                                                           | <i>yes</i> | <i>no</i> | <i>don't know</i> | <i>refusal</i> |
|-----------------------------------------------------------|------------|-----------|-------------------|----------------|
| ...because you were dieting or for athletic reasons?..... | 1          | 2         | 7                 | 8              |

A32

*IF FEMALE AND BIRTH CHILDREN > 0 OR EVER BEEN PREGNANT (G5) = 1 (yes)*  
*OTHERWISE*

[GO TO A32A]  
[GO TO A32B]

A32A

|                                    |   |   |   |   |
|------------------------------------|---|---|---|---|
| ...because you were pregnant?..... | 1 | 2 | 7 | 8 |
|------------------------------------|---|---|---|---|

A32B

|                                         |   |   |   |   |
|-----------------------------------------|---|---|---|---|
| ...because you were getting older?..... | 1 | 2 | 7 | 8 |
|-----------------------------------------|---|---|---|---|

A32C

|                                                                                      |   |   |   |   |
|--------------------------------------------------------------------------------------|---|---|---|---|
| ...because you thought you were drinking<br>too much/or had a drinking problem?..... | 1 | 2 | 7 | 8 |
|--------------------------------------------------------------------------------------|---|---|---|---|

A32D

|                                                                             |   |   |   |   |
|-----------------------------------------------------------------------------|---|---|---|---|
| ...because it was affecting your work, studies or employment opportunities? | 1 | 2 | 7 | 8 |
|-----------------------------------------------------------------------------|---|---|---|---|

A32E

|                                                                   |   |   |   |   |
|-------------------------------------------------------------------|---|---|---|---|
| ...because it was interfering with your family or home life?..... | 1 | 2 | 7 | 8 |
|-------------------------------------------------------------------|---|---|---|---|

A32F

|                                                        |   |   |   |   |
|--------------------------------------------------------|---|---|---|---|
| ...because it was affecting your physical health?..... | 1 | 2 | 7 | 8 |
|--------------------------------------------------------|---|---|---|---|

A32G

|                                                                   |   |   |   |   |
|-------------------------------------------------------------------|---|---|---|---|
| ...because it was affecting your friendships or social life?..... | 1 | 2 | 7 | 8 |
|-------------------------------------------------------------------|---|---|---|---|

A32H

|                                             |   |   |   |   |
|---------------------------------------------|---|---|---|---|
| ...for spiritual or religious reasons?..... | 1 | 2 | 7 | 8 |
|---------------------------------------------|---|---|---|---|

A32I

|                                                           |   |   |   |   |
|-----------------------------------------------------------|---|---|---|---|
| ...because it was affecting your financial position?..... | 1 | 2 | 7 | 8 |
|-----------------------------------------------------------|---|---|---|---|

A32J

|                                                                   |   |   |   |   |
|-------------------------------------------------------------------|---|---|---|---|
| ...because it was affecting your outlook on life, happiness?..... | 1 | 2 | 7 | 8 |
|-------------------------------------------------------------------|---|---|---|---|

A32K

|                                                           |   |   |   |   |
|-----------------------------------------------------------|---|---|---|---|
| ...because of influence from your family or friends?..... | 1 | 2 | 7 | 8 |
|-----------------------------------------------------------|---|---|---|---|

A33

*IF A8 = 1, 2 or 8* [GO TO A35]  
*OTHERWISE* [GO TO A33A]

A33A

Do you drive a motor vehicle?

- 1 *yes*  
 2 *no* [GO TO A35]  
 8 *refusal* [GO TO A35]

A33B

In the past 12 months, how many times have you driven after having two or more drinks in the previous hour?

\_\_\_\_ (00-94) NUMBER OF OCCURRENCES  
 (IF MORE THAN 94 CODE 94)  
 97 *don't know*  
 98 *refusal*

A33B1

*IF = "00", 97 or 98 IN A33B* [GO TO A35]  
*OTHERWISE* [GO TO A34]

A34

In the past 12 months have you been in a motor vehicle accident with you as the driver, after drinking in the previous few hours?

- 1 *yes*  
 2 *no*  
 7 *don't know*  
 8 *refusal*

A35

Have you ever had any contact with the police as a result of your drinking?

- 1 *yes*  
 2 *no*  
 7 *don't know*  
 8 *refusal*

A36

Have you ever had any contact with Children's or Family Services as a result of your drinking?

- 1 *yes*  
 2 *no*  
 7 *don't know*  
 8 *refusal*

A36A

*IF FEMALE AND EVER PREGNANT*

(G5) = *yes or TOTAL BIRTH*

*CHILDREN (G6) > 0* [GO TO A37A]  
*OTHERWISE* [GO TO A37B]

A37A

During your last pregnancy, did you ...

- 1 *drink as much as usual?*  
 2 *cut down?*  
 3 *not drink at all?*  
 5 *not applicable*  
 7 *don't know*  
 8 *refusal*

A37B

Have you ever used any type of service or help to deal with your drinking?

- 1 *yes*  
 2 *no* [GO TO A37M1]  
 7 *don't know* [GO TO A37M1]  
 8 *refusal* [GO TO A37M1]

A37C

Which services or help did you use?  
(MARK ALL THAT APPLY)

- 1 a family member/friend
- 2 A.A. (Alcoholics Anonymous)
- 3 a support or self-help group other than  
A.A.
- 4 a psychologist, psychiatrist,  
social worker, a psychiatric hospital
- 5 a minister, priest, rabbi, clergy or  
spiritual leader
- 6 a doctor, nurse, a hospital,  
emergency department
- 7 an alcohol/drug addiction agency
- 8 a detox (detoxification) centre, halfway  
house
- 9 Employee Assistance Program
- 10 self-help books
- 11 other
- 97 *don't know*
- 98 *refusal*

A37C1

*IF FEMALE**[GO TO A37D]**OTHERWISE**[GO TO A37F]*

A37D

Was/were the service(s) you used designed  
specifically for women?

- 1 *yes* [ GO TO A37F]
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A37E

Would you have preferred a service designed for  
women?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A37F

Have you experienced any of the following difficulties related to your drinking?

|                                                  | <i>yes</i> | <i>no</i> | <i>not<br/>applicable</i> | <i>don't know</i> | <i>refusal</i> |
|--------------------------------------------------|------------|-----------|---------------------------|-------------------|----------------|
| Little or lack of support from your family?..... | 1          | 2         | 5                         | 7                 | 8              |

A37F1

*IF E1 = 1 or E2 = 1**[GO TO A37G]**OTHERWISE**[GO TO A37G1]*

A37G

Difficulty getting time off work?.....

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 5 | 7 | 8 |
|---|---|---|---|---|

A37G1

*IF AGE OF ANY CHILDREN, (RELA= 4, 5 or 6) < 13**[GO TO A37H]**OTHERWISE**[GO TO A37I]*

A37H

Difficulty arranging child care or babysitting?.....

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 7 | 8 |
|---|---|---|---|

A37I

Difficulty arranging transportation?.....

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 7 | 8 |
|---|---|---|---|

A37J

Difficulty arranging accommodations?.....

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 7 | 8 |
|---|---|---|---|



A37K

Did you experience any difficulties because the kind of service you think would have helped was not available?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A37L

Did you experience any difficulties that I have not mentioned?

- 1 *yes*
- 2 *no* [GO TO A37M1]
- 7 *don't know* [GO TO A37M1]
- 8 *refusal* [GO TO A37M1]

A37M

Please describe your difficulty.

---

(MAX. 50 CHARACTERS)

- 7 *don't know*
- 8 *refusal*

A37M1

*IF MARRIED OR COMMON-LAW OR LIVING WITH A PARTNER* [GO TO A37N]  
*OTHERWISE* [GO TO A37N1]

A37N

Thinking about the past 12 months, how often has your spouse/partner had a drink?

- 1 *everyday?*
- 2 *4-6 times a week?*
- 3 *2-3 times a week?*
- 4 *once a week?*
- 5 *1-3 times a month?*
- 6 *less than once a month?*
- 7 *never?*
- 97 *don't know*
- 98 *refusal*

A37N1

*IF E7 = 1 or E1 = 1 or E2 = 1*

[GO TO A37O]

*OTHERWISE*

[GO TO A37P]

A37O

Have you ever spoken to somebody at work because drinking was affecting their performance?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A37P

Have you ever driven/or arranged for transportation to take someone home from a party because you thought they had too much to drink?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A37Q

Have you ever called the police after seeing a drunk person get behind the wheel or drive dangerously?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A38

Now I'll describe situations that people sometimes find themselves in. For each one, please tell me how much a person should drink

At a party at someone else's home, should there be ...

- 1 no drinking?
- 2 1 or 2 drinks?
- 3 enough to feel the effects?
- 4 enough to get drunk
- 7 *don't know*
- 8 *refusal*

A38A

How much should a man drink at a bar with friends? Would you say ....

- 1 no drinking?
- 2 1 or 2 drinks?
- 3 enough to feel the effects?
- 4 enough to get drunk
- 7 *don't know*
- 8 *refusal*

A38B

How much should a woman drink at a bar with friends? Would you say ....

- 1 *no drinking?*
- 2 *1 or 2 drinks?*
- 3 *enough to feel the effects?*
- 4 *enough to get drunk*
- 7 *don't know*
- 8 *refusal*

A38C

How much should a couple having dinner at home drink? Would you say ....

- 1 *no drinking?*
- 2 *1 or 2 drinks?*
- 3 *enough to feel the effects?*
- 4 *enough to get drunk*
- 7 *don't know*
- 8 *refusal*

A38D

How much should co-workers at lunch drink? Would you say ....

- 1 *no drinking?*
- 2 *1 or 2 drinks?*
- 3 *enough to feel the effects?*
- 4 *enough to get drunk*
- 7 *don't know*
- 8 *refusal*

A38E

How much should a person drink with friends in his/her home? Would you say ....

- 1 *no drinking?*
- 2 *1 or 2 drinks?*
- 3 *enough to feel the effects?*
- 4 *enough to get drunk*
- 7 *don't know*
- 8 *refusal*

A38F

How much should a person drink when getting together with friends after work and before going home? Would you say ....

- 1 *no drinking?*
- 2 *1 or 2 drinks?*
- 3 *enough to feel the effects?*
- 4 *enough to get drunk*
- 7 *don't know*
- 8 *refusal*

A38G

How much should a person drink when getting together with people for sports events or recreation? Would you say ....

- 1 *no drinking?*
- 2 *1 or 2 drinks?*
- 3 *enough to feel the effects?*
- 4 *enough to get drunk*
- 7 *don't know*
- 8 *refusal*

A39

The next few questions are about your experience with other people's drinking problems.

Have you ever been insulted or humiliated by someone who had been drinking?

- 1 *yes*
- 2 *no* [GO TO A39C]
- 7 *don't know* [GO TO A39C]
- 8 *refusal* [GO TO A39C]

A39B

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A39C

Have you ever had serious arguments or quarrels as a result of someone else's drinking?

- 1 *yes*
- 2 *no* [GO TO A39E]
- 7 *don't know* [GO TO A39E]
- 8 *refusal* [GO TO A39E]

A39D

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A39E

Have you ever had friendships break up as a result of someone else's drinking?

- 1 *yes*
- 2 *no* [GO TO A39G]
- 7 *don't know* [GO TO A39G]
- 8 *refusal* [GO TO A39G]

A39F

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A39G

Have you ever had family problems or marriage difficulties due to someone else's drinking?

- 1 *yes*
- 2 *no* [GO TO A39I]
- 7 *don't know* [GO TO A39I]
- 8 *refusal* [GO TO A39I]

A39H

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A39I

Have you ever been a passenger with a driver who had too much to drink?

- 1 *yes*
- 2 *no* [GO TO A39K]
- 7 *don't know* [GO TO A39K]
- 8 *refusal* [GO TO A39K]

A39J

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A39K

Have you ever been in a motor vehicle accident because of someone else's drinking?

- 1 *yes*
- 2 *no* [GO TO A39M]
- 7 *don't know* [GO TO A39M]
- 8 *refusal* [GO TO A39M]

## A39L

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A39M

Have you ever had your property vandalized by someone who had been drinking?

- 1 *yes*
- 2 *no* [GO TO A39O]
- 7 *don't know* [GO TO A39O]
- 8 *refusal* [GO TO A39O]

## A39N

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A39O

Have you ever been pushed or shoved by someone who had been drinking?

- 1 *yes*
- 2 *no* [GO TO A39Q]
- 7 *don't know* [GO TO A39Q]
- 8 *refusal* [GO TO A39Q]

## A39P

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A39Q

Have you ever been disturbed by loud parties or the behaviour of people drinking?

- 1 *yes*
- 2 *no* [GO TO A39S]
- 7 *don't know* [GO TO A39S]
- 8 *refusal* [GO TO A39S]

## A39R

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A39S

Have you ever had financial trouble because of someone else's drinking?

- 1 *yes*
- 2 *no* [GO TO A39U]
- 8 *refusal* [GO TO A39U]
- 7 *don't know* [GO TO A39U]

## A39T

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A39U

Have you ever been hit or physically assaulted by someone who had been drinking?

- 1 *yes*
- 2 *no* [GO TO A39W]
- 7 *don't know* [GO TO A39W]
- 8 *refusal* [GO TO A39W]

A39V

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A39W

Have you ever been sexually assaulted by someone who had been drinking?

- 1 *yes*
- 2 *no* [GO TO A40I]
- 7 *don't know* [GO TO A40I]
- 8 *refusal* [GO TO A40I]

A39X

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A40I

*IF MARRIED OR COMMON-LAW  
OR LIVING WITH A PARTNER*

[GO TO A40A]

*OTHERWISE*

[GO TO A41A]

A40A

Has your spouse/partner ever had a drinking problem?

- 1 *yes*
- 2 *no* [GO TO A41A]
- 7 *don't know* [GO TO A41A]
- 8 *refusal* [GO TO A41A]

A40B

Was this during the past 12 months?

- 1 *yes*
- 2 *no* [GO TO A41A]
- 7 *don't know* [GO TO A41A]
- 8 *refusal* [GO TO A41A]

A40C

Because of your spouse/partner's drinking problem, did you avoid him/her?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A40D

Because of your spouse/partner's drinking problem, did you get advice?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A40E

Because of your spouse/partner's drinking problem, did you leave the relationship?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

A40F

Because of your spouse/partner's drinking problem, did you suggest he/she seek professional help or help him/her to get assistance?

- 1 *yes*
- 2 *no* [GO TO A41A]
- 7 *don't know* [GO TO A41A]
- 8 *refusal* [GO TO A41A]

## A40G

Which services or help did you suggest?

(MARK ALL THAT APPLY)

- 1 a family member/friend
- 2 A.A. (Alcoholics Anonymous)
- 3 a support or self-help group other than A.A.
- 4 a psychologist, psychiatrist, socialworker, a psychiatric hospital
- 5 a minister, priest, rabbi, clergy or spiritual leader
- 6 a doctor, nurse, a hospital, emergency department
- 7 an alcohol/drug addiction agency
- 8 a detox (detoxification) centre, halfway house
- 9 Employee Assistance Program
- 10 self-help books
- 11 other
- 97 *don't know*
- 98 *refusal*

## A41A

Did your father ever have a drinking problem?

- 1 *yes*
- 2 *no* [GO TO A42A]
- 7 *don't know* [GO TO A42A]
- 8 *refusal* [GO TO A42A]

## A41B

Was this during the past 12 months?

- 1 *yes*
- 2 *no* [GO TO A42A]
- 7 *don't know* [GO TO A42A]
- 8 *refusal* [GO TO A42A]

## A41C

Because of your father's drinking problem, did you avoid him?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A41D

Because of your father's drinking problem, did you get advice?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A41E

Because of your father's drinking problem, did you leave home?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A41F

Because of your father's drinking problem, did you suggest he seek professional help or help him to get assistance?

- 1 *yes*
- 2 *no* [GO TO A42A]
- 7 *don't know* [GO TO A42A]
- 8 *refusal* [GO TO A42A]

## A41G

Which services or help did you suggest?

(MARK ALL THAT APPLY)

- 1 a family member/friend
- 2 A.A. (Alcoholics Anonymous)
- 3 a support or self-help group other than A.A.
- 4 a psychologist, psychiatrist, social worker, a psychiatric hospital
- 5 a minister, priest, rabbi, clergy or spiritual leader
- 6 a doctor, nurse, a hospital, emergency department
- 7 an alcohol/drug addiction agency
- 8 a detox (detoxification) centre, halfway house
- 9 Employee Assistance Program
- 10 self-help books
- 11 other
- 97 *don't know*
- 98 *refusal*

## A42A

Did your mother ever have a drinking problem?

- 1 *yes*
- 2 *no* [GO TO A43A]
- 7 *don't know* [GO TO A43A]
- 8 *refusal* [GO TO A43A]

## A42B

Was this during the past 12 months?

- 1 *yes*
- 2 *no* [GO TO A43A]
- 7 *don't know* [GO TO A43A]
- 8 *refusal* [GO TO A43A]

## A42C

Because of your mother's drinking problem, did you avoid her?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A42D

Because of your mother's drinking problem, did you get advice?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A42E

Because of your mother's drinking problem, did you leave home?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A42F

Because of your mother's drinking problem, did you suggest she seek professional help or help her to get assistance?

- 1 *yes*
- 2 *no* [GO TO A43A]
- 7 *don't know* [GO TO A43A]
- 8 *refusal* [GO TO A43A]

## A42G

Which services or help did you suggest?

(MARK ALL THAT APPLY)

- 1 a family member/friend
- 2 A.A. (Alcoholics Anonymous)
- 3 a support or self-help group other than A.A.
- 4 a psychologist, psychiatrist, social worker, a psychiatric hospital
- 5 a minister, priest, rabbi, clergy or spiritual leader
- 6 a doctor, nurse, a hospital, emergency department
- 7 an alcohol/drug addiction agency
- 8 a detox (detoxification) centre, halfway house
- 9 Employee Assistance Program
- 10 self-help books
- 11 other
- 97 *don't know*
- 98 *refusal*

## A43A

Has another family member or relative ever had a drinking problem? (*includes ex-spouse*)

- 1 *yes*
- 2 *no* [GO TO A44A]
- 7 *don't know* [GO TO A44A]
- 8 *refusal* [GO TO A44A]

## A43B

Was this during the past 12 months?

- 1 *yes*
- 2 *no* [GO TO A44A]
- 7 *don't know* [GO TO A44A]
- 8 *refusal* [GO TO A44A]

## A43C

Because of this family member's drinking problem, did you avoid him/her?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A43D

Because of this family member's drinking problem, did you get advice?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A43F

Because of this family member's drinking problem, did you suggest he/she seek professional help or help him/her to get assistance?

- 1 *yes*
- 2 *no* [GO TO A44A]
- 7 *don't know* [GO TO A44A]
- 8 *refusal* [GO TO A44A]

## A43G

Which services or help did you suggest?  
(MARK ALL THAT APPLY)

- 1 a family member/friend
- 2 A.A. (Alcoholics Anonymous)
- 3 a support or self-help group other than A.A.
- 4 a psychologist, psychiatrist, social worker, a psychiatric hospital
- 5 a minister, priest, rabbi, clergy or spiritual leader
- 6 a doctor, nurse, a hospital, emergency department
- 7 an alcohol/drug addiction agency
- 8 a detox (detoxification) centre, halfway house
- 9 Employee Assistance Program
- 10 self-help books
- 11 other
- 97 *don't know*
- 98 *refusal*

## A44A

Have you ever had a friend with a drinking problem?

- 1 *yes*
- 2 *no* [GO TO a45a]
- 7 *don't know* [GO TO a45a]
- 8 *refusal* [GO TO a45a]

## A44B

Was this during the past 12 months?

- 1 *yes*
- 2 *no* [GO TO a45a]
- 7 *don't know* [GO TO a45a]
- 8 *refusal* [GO TO a45a]

## A44C

Because of your friend's drinking problem, did you avoid him/her?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A44D

Because of your friend's drinking problem, did you get advice?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A44E

Because of your friend's drinking problem, did you leave the friendship?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*



## A44F

Because of your friend's drinking problem, did you suggest he/she seek professional help or help him/her to get assistance?

- 1 *yes*
- 2 *no* [GO TO a45a]
- 7 *don't know* [GO TO a45a]
- 8 *refusal* [GO TO a45a]

## A44G

Which services or help did you suggest?  
(MARK ALL THAT APPLY)

- 1 a family member/friend
- 2 A.A. (Alcoholics Anonymous)
- 3 a support or self-help group other than A.A.
- 4 a psychologist, psychiatrist, social worker, a psychiatric hospital
- 5 a minister, priest, rabbi, clergy or spiritual leader
- 6 a doctor, nurse, a hospital, emergency department
- 7 an alcohol/drug addiction agency
- 8 a detox (detoxification) centre, halfway house
- 9 Employee Assistance Program
- 10 self-help books
- 11 other
- 97 *don't know*
- 98 *refusal*

a45a

If E7 = 1 or E1 = 1 or E2 = 1

[GO TO A45A]  
OTHERWISE [GO TO A46T]

## A45A

Have you ever known a co-worker who had a drinking problem?

- 1 *yes*
- 2 *no* [GO TO A46T]
- 4 *previously mentioned friend*  
[GO TO A46T]
- 5 *not applicable* [GO TO A46T]
- 7 *don't know* GO TO A46T]
- 8 *refusal* [GO TO A46T]

## A45B

Was this during the past 12 months?

- 1 *yes*
- 2 *no* [GO TO A46T]
- 7 *don't know* [GO TO A46T]
- 8 *refusal* [GO TO A46T]

## A45C

Because of your co-worker's drinking problem, did you avoid him/her?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A45D

Because of your co-worker's drinking problem, did you get advice?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## A45E

Because of your co-worker's drinking problem, did you suggest he/she seek professional help or help him/her to get assistance?

- 1 *yes*
- 2 *no* [GO TO A46T]
- 7 *don't know* [GO TO A46T]
- 8 *refusal* [GO TO A46T]

A45F

Which services or help did you suggest?

(MARK ALL THAT APPLY)

- 1 a family member/friend
- 2 A.A. (Alcoholics Anonymous)
- 3 a support or self-help group other than A.A.
- 4 a psychologist, psychiatrist, social worker, a psychiatric hospital
- 5 a minister, priest, rabbi, clergy or spiritual leader
- 6 a doctor, nurse, a hospital, emergency department
- 7 an alcohol/drug addiction agency
- 8 a detox (detoxification) centre, halfway house
- 9 Employee Assistance Program
- 10 self-help books
- 11 other
- 97 *don't know*
- 98 *refusal*

A46T

*Time Stamp*

A46D

A46M

[GO TO MIT]

## QUESTIONS ON MEDICINES AND OTHER DRUGS

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### M1T - Time Stamp

#### M1A

In the past 12 months, did you take tranquilizers such as valium (pills for your nerves)?

- 1 *yes*
- 2 *no* [GO TO M1F]
- 7 *don't know* [GO TO M1F]
- 8 *refusal* [GO TO M1F]

#### M1B

Did your doctor prescribe this for you?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

#### M1C

How long have you been using tranquilizers such as valium (pills for your nerves)?

- 0 less than 30 days
- 1 30 days to a year
- 2 1 to 2 years
- 3 3 to 5 years
- 4 more than 5 years
- 7 *don't know*
- 8 *refusal*

#### M1CE

IF A2 NOT = 1 [GO TO M1DE ]  
OTHERWISE [GO TO M1D ]

#### M1D

Did you consume alcohol while using this medication?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

#### M1DE

IF A8 or A33A = 1 (yes) [GO TO M1E]  
OTHERWISE [GO TO M1F ]

#### M1E

How many times have you driven after having taken these tranquilizers in the previous two hours?

\_\_\_\_ (00 - 94) if greater than 94, make 94  
97 *don't know*  
98 *refusal*

#### M1F

In the past 12 months, did you take diet pills or stimulants (pep pills)?

- 1 *yes*
- 2 *no* [GO TO M1K]
- 7 *don't know* [GO TO M1K]
- 8 *refusal* [GO TO M1K]

#### M1G

Did your doctor prescribe this for you?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

#### M1H

How long have you been using diet pills or stimulants (pep pills)?

- 0 less than 30 days
- 1 30 days to a year
- 2 1 to 2 years
- 3 3 to 5 years
- 4 more than 5 years
- 7 *don't know*
- 8 *refusal*

M1HE

*IF A2 NOT = 1 [GO TO M1IE ]*  
*OTHERWISE [GO TO M1I ]*

M1I

Did you consume alcohol while using this medication?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

M1IE

*IF A8 OR A33A = 1 [GO TO M1J]*  
*OTHERWISE [GO TO M1K ]*

M1J

How many times have you driven after taking diet pills or stimulants (pep pills) in the previous two hours?

\_\_\_\_ (00 - 94) *if greater than 94, make 94*  
 97 *don't know*  
 98 *refusal*

M1K

In the past 12 months, did you take anti-depressants?

- 1 *yes*
- 2 *no* [GO TO M1P]
- 7 *don't know* [GO TO M1P]
- 8 *refusal* [GO TO M1P]

M1L

Did your doctor prescribe this for you?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

M1M

How long have you been using anti-depressants?

- 0 *less than 30 days*
- 1 *30 days to a year*
- 2 *1 to 2 years*
- 3 *3 to 5 years*
- 4 *more than 5 years*
- 7 *don't know*
- 8 *refusal*

M1ME

*IF A2 NOT = 1 [GO TO M1OE]*  
*OTHERWISE [GO TO M1N ]*

M1N

Did you consume alcohol while using this medication?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

M1OE

*IF A8 OR A33A = 1 [GO TO M1O]*  
*OTHERWISE [GO TO M1P]*

M1O

How many times have you driven after taking anti-depressants in the previous two hours?

\_\_\_\_ (00 - 94) *if greater than 94, make 94*  
 97 *don't know*  
 98 *refusal*

M1P

In the past 12 months, did you take prescription pain pills such as codeine, demerol, morphine?

- 1 *yes*
- 2 *no* [GO TO M1U]
- 7 *don't know* [GO TO M1U]
- 8 *refusal* [GO TO M1U]

## M1Q

Did your doctor prescribe this for you?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M1R

How long have you been using prescription pain pills such as codeine, demerol, morphine?

- 0 less than 30 days
- 1 30 days to a year
- 2 1 to 2 years
- 3 3 to 5 years
- 4 more than 5 years
- 7 *don't know*
- 8 *refusal*

## M1RE

*IF A2 NOT = 1* [GO TO MITE]  
*OTHERWISE* [GO TO MIS ]

## M1S

Did you consume alcohol while using this medication?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M1TE

*IF A8 OR A33A = 1* [GO TO MIT]  
*OTHERWISE* [GO TO M1U]

## M1T

How many times have you driven after taking prescription pain pills in the previous two hours?

- \_\_\_\_ (00 - 94) *if greater than 94, make 94*
- 97 *don't know*
  - 98 *refusal*

## M1U

In the past 12 months, did you take sleeping pills?

- 1 *yes*
- 2 *no* [GO TO M2]
- 7 *don't know* [GO TO M2]
- 8 *refusal* [GO TO M2]

## M1V

Did your doctor prescribe this for you?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M1W

How long have you been using sleeping pills?

- 0 less than 30 days
- 1 30 days to a year
- 2 1 to 2 years
- 3 3 to 5 years
- 4 more than 5 years
- 7 *don't know*
- 8 *refusal*

## M1WE

*IF A2 NOT = 1* [GO TO M1YE ]  
*OTHERWISE* [GO TO M1X ]

## M1X

Did you consume alcohol while using this medication?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M1YE

*IF A8 OR A33A = 1* [GO TO M1Y]  
*OTHERWISE* [GO TO M2]

## M1Y

How many times have you driven after taking sleeping pills in the previous two hours?

\_\_\_\_\_ (00 - 94) if greater than 94, make 94

97 don't know

98 refusal

## M2

IF MEDICATIONS TAKEN AT ANY TIME IS  
(M1C, M1H, M1M, M1R AND

M1W = 0, OR 7, OR 8) [GO TO M4AE]  
OTHERWISE [GO TO M3A]

## M3A

Was there ever a time that you felt your use of medications had a harmful effect on your friendships or social life?

1 yes

2 no [GO TO M3C ]

5 not applicable [GO TO M3C ]

7 don't know [GO TO M3C ]

8 refusal [GO TO M3C ]

## M3B

Was this during the past 12 months?

1 yes

2 no

7 don't know

8 refusal

## M3C

Was there ever a time that you felt your use of medications had a harmful effect on your physical health?

1 yes

2 no [GO TO M3E ]

7 don't know [GO TO M3E ]

8 refusal [GO TO M3E ]

## M3D

Was this during the past 12 months?

1 yes

2 no

7 don't know

8 refusal

## M3E

Was there ever a time that you felt your use of medications had a harmful effect on your outlook on life (happiness)?

1 yes

2 no [GO TO M3GE ]

7 don't know [GO TO M3GE ]

8 refusal [GO TO M3GE ]

## M3F

Was this during the past 12 months?

1 yes

2 no

7 don't know

8 refusal

## M3GE

IF RESPONDENT IS SINGLE

[GO TO M31E]

OTHERWISE [GO TO M3G]

## M3G

Was there ever a time that you felt your use of medications had a harmful effect on your spouse/partner?

1 yes

2 no [GO TO M31E ]

7 don't know [GO TO M31E ]

8 refusal [GO TO M31E ]

## M3G1

IF RESPONDENT IS MARRIED / COMMON  
LAW OR LIVING WITH A PARTNER

[GO TO M3H]

OTHERWISE [GO TO M31E]

## M3H

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M3IE

*IF RESPONDENT HAS CHILDREN  
(INCLUDING STEP OR FOSTER CHILDREN)  
IN RELATION TO RESPONDENT QUESTION*

*[GO TO M3I ]*

*OTHERWISE*

*[GO TO M3j]*

## M3I

Was there ever a time that you felt your use of medications had a harmful effect on your child/children?

- 1 *yes*
- 2 *no* *[GO TO M3j ]*
- 7 *don't know* *[GO TO M3j ]*
- 8 *refusal* *[GO TO M3j ]*

## M3I1

*IF ANY CHILDREN (INCLUDING STEP OR  
FOSTER CHILDREN) PRESENT IN*

*HOUSEHOLD* *[GO TO M3J]*

*OTHERWISE* *[GO TO M3j]*

## M3J

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M3j

*IF SINGLE PERSON IN HOUSEHOLD*

*[GO TO M3M]*

*OTHERWISE*

*[GO TO M3K]*

## M3K

Was there ever a time that you felt your use of medications had a harmful effect on your home life?

- 1 *yes*
- 2 *no* *[GO TO M3M ]*
- 5 *not applicable* *[GO TO M3M ]*
- 7 *don't know* *[GO TO M3M ]*
- 8 *refusal* *[GO TO M3M ]*

## M3L

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M3M

Was there ever a time that you felt your use of medications had a harmful effect on your work, studies or employment opportunities?

- 1 *yes*
- 2 *no* *[GO TO M3O ]*
- 5 *not applicable* *[GO TO M3O ]*
- 7 *don't know* *[GO TO M3O ]*
- 8 *refusal* *[GO TO M3O ]*

## M3N

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M3O

Was there ever a time that you felt your use of medications had a harmful effect on your financial position?

- 1 *yes*
- 2 *no* *[GO TO M3Q ]*
- 5 *not applicable* *[GO TO M3Q ]*
- 7 *don't know* *[GO TO M3Q ]*
- 8 *refusal* *[GO TO M3Q ]*

M3P  
Was this during the past 12 months?

- 1 *yes*  
2 *no*  
7 *don't know*  
8 *refusal*

M3Q  
Have you ever used any service or help to deal  
with your own use of these medications?

- 1 *yes*  
2 *no* [GO TO M4AE ]  
7 *don't know* [GO TO M4AE ]  
8 *refusal* [GO TO M4AE ]

M3R  
Have you experienced any of the following difficulties related to your medication use?

|  | <i>yes</i> | <i>no</i> | <i>not<br/>applicable</i> | <i>don't know</i> | <i>refusal</i> |
|--|------------|-----------|---------------------------|-------------------|----------------|
|--|------------|-----------|---------------------------|-------------------|----------------|

|                                                  |   |   |   |   |   |
|--------------------------------------------------|---|---|---|---|---|
| Little or lack of support from your family?..... | 1 | 2 | 5 | 7 | 8 |
|--------------------------------------------------|---|---|---|---|---|

M3s  
*IF E1 = 1 OR E2 = 1* [GO TO M3S]  
*OTHERWISE* [GO TO M3TE]

M3S  
Difficulty getting time off work?..... 1 2 5 7 8

M3TE  
*IF ANY CHILDREN IN HOUSEHOLD < 13* [GO TO M3T]  
*OTHERWISE* [GO TO M3U]

M3T  
Difficulty arranging child care or babysitting?... 1 2 7 8

M3U  
Difficulty arranging transportation?..... 1 2 7 8

M3V  
Difficulty arranging accommodations?..... 1 2 7 8

M3W  
Did you experience any difficulties because the  
kind of service you thought would have helped  
was not available?

- 1 *yes*  
2 *no* [GO TO M4AE ]  
7 *don't know* [GO TO M4AE ]  
8 *refusal* [GO TO M4AE ]

M4A  
Could you please tell me what that service would  
have been?

\_\_\_\_\_  
(MAX. 50 CHARACTERS)

- 7 *don't know*  
8 *refusal*

M4AE  
The next few questions are about the use of  
medications by others.



## M4AE1

IF RESPONDENT IS MARRIED/COMMON  
LAW OR LIVING WITH A PARTNER

[GO TO M4A1]

OTHERWISE

[GO TO M4D1]

## M4A1

Does your spouse/partner use any of the  
previously mentioned medications?  
(*tranquilizers, diet pills, stimulants, anti-  
depressants, prescription pain pills, sleeping  
pills*)

- 1 *yes*
- 2 *no* [GO TO M4C ]
- 7 *don't know* [GO TO M4C ]
- 8 *refusal* [GO TO M4C ]

## M4A2

Has your spouse/partner ever had problems  
because of his/her use of medications?(*such as  
lack of family support, difficulty getting time off,  
arranging child care, arranging transportation  
or arranging accommodations*)

- 1 *yes*
- 2 *no* [GO TO M4C ]
- 7 *don't know* [GO TO M4C ]
- 8 *refusal* [GO TO M4C ]

## M4B

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M4C

Has a family member or relative (*other than your  
spouse/partner*) ever had problems because of  
his/her use of medications?(*such as lack of family  
support, difficulty getting time off, arranging  
child care, arranging transportation or  
arranging accommodations*)

- 1 *yes*
- 2 *no* [GO TO M4E ]
- 5 *not applicable* [GO TO M4E ]
- 7 *don't know* [GO TO M4E ]
- 8 *refusal* [GO TO M4E ]

## M4D

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

[GO TO M4E]

## M4D1

Has a family member or relative ever had  
problems because of his/her use of  
medications?(*such as lack of family support,  
difficulty getting time off, arranging child care,  
arranging transportation or arranging  
accommodations*)

- 1 *yes*
- 2 *no* [GO TO M4E ]
- 5 *not applicable* [GO TO M4E ]
- 7 *don't know* [GO TO M4E ]
- 8 *refusal* [GO TO M4E ]

## M4D2

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M4E

Have you ever had a friend with problems  
because of his/her use of medications?(*such as  
lack of family support, difficulty getting time off,  
arranging child care, arranging transportation  
or arranging accommodations*)

- 1 *yes*
- 2 *no* [GO TO M4g ]
- 5 *not applicable* [GO TO M4g ]
- 7 *don't know* [GO TO M4g ]
- 8 *refusal* [GO TO M4g ]

## M4F

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M4g

If  $E7 = 1$  or  $E1 = 1$  or  $E2 = 1$

[GO TO M4G]

OTHERWISE

[GO TO M5A]

## M4G

Have you ever known a co-worker who had problems because of his/her use of medications?(*such as lack of family support, difficulty getting time off, arranging child care, arranging transportation or arranging accommodations*)

- 1 *yes*
- 2 *no* [GO TO M5A ]
- 4 *previously mentioned friend* [GO TO M5A ]
- 5 *not applicable* [GO TO M5A ]
- 7 *don't know* [GO TO M5A ]
- 8 *refusal* [GO TO M5A ]

## M4H

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M5A

Have you ever tried or used marijuana or hash?

- 0 *tried it once*
- 1 *yes*
- 2 *no* [GO TO M5DF]
- 7 *don't know* [GO TO M5DF]
- 8 *refusal* [GO TO M5DF]

## M5B

Have you used it in the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M5B1

IF  $M5A = 0$  [GO TO M5B4]

ELSE IF  $M5B = 2$  [GO TO M5B3]

ELSE IF  $M5B = 7$  or  $8$  [GO TO M5B4]

OTHERWISE [GO TO M5B2]

## M5B2

How often did you use marijuana or hash in the past 12 months?

- 0 *tried it once*
- 1 *more than once a week?*
- 2 *once a week?*
- 3 *1-3 times a month?*
- 4 *less than once a month?*
- 7 *don't know* [GO TO M5DF]
- 8 *refusal* [GO TO M5DF]

[GO TO M5B4 ]

## M5B3

How often did you use marijuana or hash?

- 0 *tried it once*
- 1 *more than once a week?*
- 2 *once a week?*
- 3 *1-3 times a month?*
- 4 *less than once a month?*
- 7 *don't know* [GO TO M5DF]
- 8 *refusal* [GO TO M5DF]

|                                                                 |            |           |                   |                     |
|-----------------------------------------------------------------|------------|-----------|-------------------|---------------------|
| M5B4                                                            |            |           |                   |                     |
| Would you have used marijuana or hash...                        |            |           |                   |                     |
|                                                                 | <i>yes</i> | <i>no</i> | <i>don't know</i> | <i>refusal</i>      |
| ...to feel high?.....                                           | 1          | 2         | 7                 | 8                   |
| M5B5                                                            |            |           |                   |                     |
| ...to relax?.....                                               | 1          | 2         | 7                 | 8                   |
| M5B6                                                            |            |           |                   |                     |
| ...to forget worries?.....                                      | 1          | 2         | 7                 | 8                   |
| M5B7                                                            |            |           |                   |                     |
| ...to be sociable?.....                                         | 1          | 2         | 7                 | 8                   |
| M5B8                                                            |            |           |                   |                     |
| ...to feel less inhibited or shy?.....                          | 1          | 2         | 7                 | 8                   |
| M5B9                                                            |            |           |                   |                     |
| ...to see what it was like?.....                                | 1          | 2         | 7                 | 8                   |
| M5C1                                                            |            |           |                   |                     |
| ...to cope with stressful situations?.....                      | 1          | 2         | 7                 | 8                   |
| M5C2                                                            |            |           |                   |                     |
| ...to keep your partner/date company?.....                      | 1          | 2         | 7                 | 8                   |
| M5c2                                                            |            |           |                   |                     |
| <i>If (M5B = 2, 7, or 8) or M5A = 0 or M5B2 = 0 or M5B3 = 0</i> |            |           |                   | <i>[GO TO M5DF]</i> |
| <i>OTHERWISE</i>                                                |            |           |                   | <i>[GO TO M5C3]</i> |

---

|                                                              |   |   |   |   |
|--------------------------------------------------------------|---|---|---|---|
| M5C3                                                         |   |   |   |   |
| During the past 12 months have you used marijuana or hash... |   |   |   |   |
| ...in a bar/tavern?.....                                     | 1 | 2 | 7 | 8 |
| M5C4                                                         |   |   |   |   |
| ...in a private home?.....                                   | 1 | 2 | 7 | 8 |
| M5C5                                                         |   |   |   |   |
| ...at school/university?.....                                | 1 | 2 | 7 | 8 |
| M5C6                                                         |   |   |   |   |
| ...at a party or social gathering?.....                      | 1 | 2 | 7 | 8 |
| M5C7                                                         |   |   |   |   |
| ...at a concert, sports event, festival, etc?.....           | 1 | 2 | 7 | 8 |
| <i>continued on next page</i>                                |   |   |   |   |

*continued.*

*During the past 12 months have you used marijuana or hash...*

|                                                                       | <i>Yes</i> | <i>no</i> | <i>not<br/>applicable</i> | <i>don't know</i> | <i>refusal</i> |
|-----------------------------------------------------------------------|------------|-----------|---------------------------|-------------------|----------------|
| M5C8                                                                  |            |           |                           |                   |                |
| ...outdoors, while boating,<br>camping, skiing, fishing?.....         | 1          | 2         |                           | 7                 | 8              |
| M5C                                                                   |            |           |                           |                   |                |
| <i>IF RESPONDENT IS MARRIED / COMMON LAW OR LIVING WITH A PARTNER</i> |            |           |                           |                   |                |
|                                                                       |            |           |                           |                   |                |
|                                                                       |            |           |                           |                   |                |
|                                                                       |            |           |                           |                   |                |
| <i>OTHERWISE</i>                                                      |            |           |                           |                   |                |
| M5D1                                                                  |            |           |                           |                   |                |
| ...with your spouse/partner?.....                                     | 1          | 2         |                           | 7                 | 8              |
| M5D2                                                                  |            |           |                           |                   |                |
| ...with other family members or relatives?.....                       | 1          | 2         | 5                         | 7                 | 8              |
| [GO TO M5DA ]                                                         |            |           |                           |                   |                |
| M52                                                                   |            |           |                           |                   |                |
| ...with a family member or relative?.....                             | 1          | 2         | 5                         | 7                 | 8              |
| M5DA                                                                  |            |           |                           |                   |                |
| ...with friends?.....                                                 | 1          | 2         | 5                         | 7                 | 8              |
| m5d4                                                                  |            |           |                           |                   |                |
| <i>IF (E1 = 1 or E2 = 1) and E6 # 0</i>                               |            |           |                           |                   |                |
| <i>OTHERWISE</i>                                                      |            |           |                           |                   |                |
| M5DB                                                                  |            |           |                           |                   |                |
| ...with co-workers?.....                                              | 1          | 2         |                           | 7                 | 8              |
| M5DC                                                                  |            |           |                           |                   |                |
| ...while alone?.....                                                  | 1          | 2         |                           | 7                 | 8              |

## M5DE

IF A8 OR A33A = 1 [GO TO M5DD]  
OTHERWISE [GO TO M5DF]

## M5DD

In the past 12 months, have you driven within two hours of using marijuana/hash?

- 1 *yes*
- 2 *no* [GO TO M5DF]
- 7 *don't know* [GO TO M5DF]
- 8 *refusal* [GO TO M5DF]

## m5d7

IF A9 = 2 [GO TO M5DF]  
OTHERWISE [GO TO M5DE]

## M5DE

In the past 12 months, have you been in a motor vehicle accident with you as the driver, after using marijuana/hash in the previous few hours?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M5DF

We are interested in your opinion regarding the possession of marijuana. Possession of any amount of marijuana is currently an offence. Should marijuana possession be against the law?

- 1 *yes* [GO TO M5DG]
- 2 *no*
- 7 *don't know*
- 8 *refusal*

[GO TO M5DJ]

## M5DG

The penalty for possession of marijuana can vary. Currently for a first offence, it is a fine and/or jail sentence. Should there be a penalty for possessing a small amount of marijuana, if it is a first offence?

- 1 *yes* [GO TO M5DH]
- 2 *no*
- 7 *don't know*
- 8 *refusal*

[GO TO M5DJ]

## M5DH

What should the penalty be?

- 1 a fine only?
- 2 a jail sentence only?
- 3 a fine and a jail sentence?
- 4 or something else? [GO TO M5DI]
- 7 *don't know*
- 8 *refusal*

[GO TO M5DJ]

## M5DI

Please tell me what the penalty should be.

---

(MAX. 50 CHARACTERS)

- 7 *don't know (NO OPINION)*
- 8 *refusal*

## M5DJ

Should marijuana be legally available?

- 1 *yes*
- 2 *no* [GO TO M5DM]
- 7 *don't know* [GO TO M5DM]
- 8 *refusal* [GO TO M5DM]

## M5DK

Should it be available only in government stores such as liquor or beer stores?

- 1 *yes* [GO TO M5DM]
- 2 *no*
- 4 *other (eg, drug stores)*
- 7 *don't know*
- 8 *refusal*

## M5DL

Should it be by private suppliers in an open market?

- 1 *yes*
- 2 *no*
- 4 *other (eg, pharmacies)*
- 7 *don't know*
- 8 *refusal*

## M5DM

Have you ever used cocaine or crack?

- 1 *yes*
- 3 *no* [GO TO M5E ]
- 7 *don't know* [GO TO M5E ]
- 8 *refusal* [GO TO M5E ]

## M5DN

Have you used it in the past 12 months?

- 1 *yes*
- 2 *no* [GO TO M5E ]
- 7 *don't know* [GO TO M5E ]
- 8 *refusal* [GO TO M5E ]

## M59E

IF A8 OR A33A = 1 AND M5DN = 1  
[GO TO M5DO]

OTHERWISE [GO TO M5E]

## M5DO

In the past 12 months, have you driven within two hours of using cocaine or crack?

- 1 *yes*
- 2 *no* [GO TO M5E ]
- 7 *don't know* [GO TO M5E ]
- 8 *refusal* [GO TO M5E ]

## M5Dp

IF A9 = 2 [GO TO M5E]  
OTHERWISE [GO TO M5DP]

## M5DP

In the past 12 months, have you been in a motor vehicle accident with you as the driver, after using cocaine or crack in the previous few hours?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M5E

Have you ever used LSD (acid)?

- 1 *yes*
- 2 *no* [GO TO M5G ]
- 7 *don't know* [GO TO M5G ]
- 8 *refusal* [GO TO M5G ]

## M5F

Have you used it in the past 12 months?

- 1 *yes*
- 2 *no* [GO TO M5G ]
- 7 *don't know* [GO TO M5G ]
- 8 *refusal* [GO TO M5G ]

## M5F1

IF A8 OR A33A = 1 AND M5F = 1  
[GO TO M5F2]  
OTHERWISE [GO TO M5G ]

## M5F2

In the past 12 months, have you driven within two hours of using LSD (acid)?

- 1 *yes*  
 2 *no* [GO TO M5G ]  
 7 *don't know* [GO TO M5G ]  
 8 *refusal* [GO TO M5G ]

## m5FG

IF A9 = 2 [GO TO M5G ]  
 OTHERWISE [GO TO M5F3]

## M5F3

In the past 12 months, have you been in a motor vehicle accident with you as the driver, after using LSD (acid) in the previous few hours?

- 1 *yes*  
 2 *no*  
 7 *don't know*  
 8 *refusal*

## M5G

Have you ever used speed (amphetamines)?

- 1 *yes*  
 2 *no* [GO TO M5I ]  
 7 *don't know* [GO TO M5I ]  
 8 *refusal* [GO TO M5I ]

## M5H

Have you used it in the past 12 months?

- 1 *yes*  
 2 *no* [GO TO M5I ]  
 7 *don't know* [GO TO M5I ]  
 8 *refusal* [GO TO M5I ]

## M5HE

IF A8 OR A33A = 1 AND M5H = 1 (yes)  
 [GO TO M5H1]  
 OTHERWISE [GO TO M5I ]

## M5H1

In the past 12 months, have you driven within two hours of using speed (amphetamines)?

- 1 *yes*  
 2 *no* [GO TO M5I ]  
 7 *don't know* [GO TO M5I ]  
 8 *refusal* [GO TO M5I ]

## m5H2

IF A9 = 2 [GO TO M5I ]  
 OTHERWISE [GO TO M5H2]

## M5H2

In the past 12 months, have you been in a motor vehicle accident with you as the driver, after using speed (amphetamines) in the previous few hours?

- 1 *yes*  
 2 *no*  
 7 *don't know*  
 8 *refusal*

## M5I

Have you ever used heroin?

- 1 *yes*  
 2 *no* [GO TO M5K ]  
 7 *don't know* [GO TO M5K ]  
 8 *refusal* [GO TO M5K ]

## M5J

Have you used it in the past 12 months?

- 1 *yes*  
 2 *no* [GO TO M5K ]  
 7 *don't know* [GO TO M5K ]  
 8 *refusal* [GO TO M5K ]

## M5JE

IF A8 OR A33A = 1 AND M5J = 1  
 [GO TO M5J1]  
 OTHERWISE [GO TO M5K ]

## M5J1

In the past 12 months, have you driven within two hours of using heroin?

- 1 *yes*
- 2 *no* [GO TO M5K ]
- 7 *don't know* [GO TO M5K ]
- 8 *refusal* [GO TO M5K ]

## m5JG

IF A9 = 2 [GO TO M5K]  
OTHERWISE [GO TO M5J2]

## M5J2

In the past 12 months, have you been in a motor vehicle accident with you as the driver, after using heroin in the previous few hours?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M5K

Have you ever sniffed glue or other solvents (gasoline)?

- 1 *yes*
- 2 *no* [GO TO M5MJ ]
- 7 *don't know* [GO TO M5MJ ]
- 8 *refusal* [GO TO M5MJ ]

## M5L

Have you sniffed glue or other solvents (gasoline) in the past 12 months?

- 1 *yes*
- 2 *no* [GO TO M5LB ]
- 7 *don't know* [GO TO M5LE ]
- 8 *refusal* [GO TO M5LE ]

## M5LA

How often have you sniffed glue, gasoline or other solvents in the past 12 months?

- 0 *tried it once* [GO TO M5LE]
- 1 *more than once a week?*
- 2 *once a week?*
- 3 *1-3 times a month?*
- 4 *less than once a month?*
- 7 *don't know*
- 8 *refusal*

[GO TO M5LB1 ]

## M5LB

How often did you sniff glue, gasoline or other solvents?

- 0 *tried it once*
- 1 *more than once a week?*
- 2 *once a week?*
- 3 *1-3 times a month?*
- 4 *less than once a month?*
- 7 *don't know*
- 8 *refusal*

[GO TO M5LE]

## M5LB1

IF A8 OR A33A = 1 AND M5L = 1 [GO TO M5LC]  
OTHERWISE [GO TO M5LE]

## M5LC

In the past 12 months, have you driven within two hours of sniffing glue or other solvents (gasoline)?

- 1 *yes*
- 2 *no* [GO TO M5LE ]
- 7 *don't know* [GO TO M5LE ]
- 8 *refusal* [GO TO M5LE ]

## m5LG

IF A9 = 2 [GO TO M5LE]  
OTHERWISE [GO TO M5LD]



## M5LD

In the past 12 months, have you been in a motor vehicle accident with you as the driver, after sniffing glue or other solvents (gasoline) in the previous few hours?

- 1 *yes*  
2 *no*  
7 *don't know*  
8 *refusal*

## M5LE

How old were you when you started sniffing glue, gasoline or other solvents?

\_\_\_\_\_ (00 - AGE OF RESPONDENT)

- 97 *don't know*  
98 *refusal*

## M5LE1

IF M5LE > AGE, (AGE STARTED SNIFFING IS > CURRENT AGE)  
CONFIRM AGE (M5LE)

[GO TO M5LE2]

## M5LE2

IF M5L = 1 [GO TO M5MA]  
OTHERWISE [GO TO M5LF]

## M5LF

How old were you when you stopped sniffing glue, gasoline or other solvents?

\_\_\_\_\_ (0 - AGE OF RESPONDENT)

- S *still sniffing*  
97 *don't know*  
98 *refusal*

## M5FE

IF M5LF > AGE, (AGE STOPPED SNIFFING IS GREATER THAN CURRENT AGE),  
CONFIRM AGE (M5LF)  
IF M5LE > M5LF, (AGE STARTED IS GREATER THAN AGE STOPPED)  
CONFIRM AGE (M5LE & M5LF)

## M51a

IF M5LA = 0 or M5LB = 0

[GO TO M5M]  
OTHERWISE [GO TO M51A]

## M51A

Did you quit sniffing glue, gasoline or other solvents because...

|                                                                                            | yes | no | not applicable | don't know | refusal |
|--------------------------------------------------------------------------------------------|-----|----|----------------|------------|---------|
| ...you were getting older?.....                                                            | 1   | 2  |                | 7          | 8       |
| M51B<br>...you did not need it any more?.....                                              | 1   | 2  |                | 7          | 8       |
| M51C<br>...it was affecting your work, studies or job?.....                                | 1   | 2  | 5              | 7          | 8       |
| M51D<br>...it was interfering with your family or home life?....                           | 1   | 2  | 5              | 7          | 8       |
| M51E<br>...it was affecting your physical health?.....<br><i>continued on next page...</i> | 1   | 2  |                | 7          | 8       |

*continued;*

*Did you quit sniffing glue, gasoline or other solvents because...*

|                                                                                                                                         | <i>yes</i> | <i>no</i> | <i>not<br/>applicable</i> | <i>don't know</i> | <i>refusal</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|---------------------------|-------------------|----------------|
| M51F<br>...it was affecting your friendships or social life?.....                                                                       | 1          | 2         | 5                         | 7                 | 8              |
| M51G<br>...for spiritual reasons?.....                                                                                                  | 1          | 2         | 5                         | 7                 | 8              |
| M51H<br>...it was causing you money problems?.....                                                                                      | 1          | 2         |                           | 7                 | 8              |
| M51I<br>...it was affecting your outlook on life<br>and your happiness?.....                                                            | 1          | 2         |                           | 7                 | 8              |
| M51J<br>...your family or friends encouraged you to quit?.....                                                                          | 1          | 2         | 5                         | 7                 | 8              |
| M51K<br>...you got into sports?.....                                                                                                    | 1          | 2         |                           | 7                 | 8              |
| M51L<br>...you got a job?.....                                                                                                          | 1          | 2         |                           | 7                 | 8              |
| M5EM<br><i>IF FEMALE AND (EVER PREGNANT (G5) = yes<br/>OR NUMBER OF CHILDREN (G6) &gt; 0) [GO TO M51M ]<br/>OTHERWISE [GO TO M51N ]</i> |            |           |                           |                   |                |
| M51M<br>...you were pregnant?.....                                                                                                      | 1          | 2         |                           | 7                 | 8              |
| M51N<br>...you received help?.....                                                                                                      | 1          | 2         |                           | 7                 | 8              |

M51O

Did you quit sniffing glue, gasoline or other solvents for some other reason that I have not mentioned?

- 1 *yes*  
 2 *no* [GO TO M5MA ]  
 7 *don't know* [GO TO M5MA ]  
 8 *refusal* [GO TO M5MA ]

M51P

Please tell me the reason that you quit sniffing glue, gasoline or other solvents..

(MAX. 50 CHARACTERS)

- 7 *don't know*  
 8 *refusal*

M51p

*IF NO TO EVERY QUESTION M51A to M51P OR ONLY ONE YES TO THIS SET OF QUESTIONS*

*[GO TO M5MA]*

*OTHERWISE*

*[GO TO M51Q]*

M51Q

Which of the reasons that you just mentioned was most the important one for you in your decision to quit sniffing glue, gasoline or other solvents?

- 1 *you were getting older*
- 2 *you did not need it anymore*
- 3 *it was affecting your work, studies or job*
- 4 *it was interfering with your family or home life*
- 5 *it was affecting your physical health*
- 6 *it was affecting your friendships or social life*
- 7 *for spiritual or religious reasons*
- 8 *it was causing you money problems*
- 9 *it was affecting your outlook on life and your happiness*
- 10 *your family or friends encouraged you to quit*
- 11 *you got into sports*
- 12 *you got a job*
- 13 *you were pregnant*
- 14 *you received help*
- 15 *other reason*
- 97 *don't know*
- 98 *refusal*

M5MA

What substances have you sniffed?

---

(MAX. 50 CHARACTERS)

- 7 *don't know*
- 8 *refusal*

## M5MB

There are many reasons why people sniff glue or gasoline. Did you sniff glue or gasoline...

|                                             | <i>yes</i> | <i>no</i> | <i>not<br/>applicable</i> | <i>don't know</i> | <i>refusal</i> |
|---------------------------------------------|------------|-----------|---------------------------|-------------------|----------------|
| ...to feel high?.....                       | 1          | 2         |                           | 7                 | 8              |
| <b>M5MC</b>                                 |            |           |                           |                   |                |
| ...because your friends dared you to?.....  | 1          | 2         | 5                         | 7                 | 8              |
| <b>M5MD</b>                                 |            |           |                           |                   |                |
| ...because there's nothing else to do?..... | 1          | 2         |                           | 7                 | 8              |
| <b>M5ME</b>                                 |            |           |                           |                   |                |
| ...because most of your friends do it?..... | 1          | 2         | 5                         | 7                 | 8              |
| <b>M5MF</b>                                 |            |           |                           |                   |                |
| ...to forget your problems?.....            | 1          | 2         |                           | 7                 | 8              |
| <b>M5MG</b>                                 |            |           |                           |                   |                |
| ...to feel less inhibited or shy?.....      | 1          | 2         |                           | 7                 | 8              |
| <b>M5MH</b>                                 |            |           |                           |                   |                |
| ...to see what it was like?.....            | 1          | 2         |                           | 7                 | 8              |
| <b>M5MI</b>                                 |            |           |                           |                   |                |
| ...to cope with stressful situations?.....  | 1          | 2         |                           | 7                 | 8              |

## M5MJ

Have you ever used any steroids (such as testosterone, dianabol, growth hormones) to increase your performance in some sport or activity and/or to change your physical appearance?

- 1 *yes*  
 2 *no* [GO TO M6 ]  
 7 *don't know* [GO TO M6 ]  
 8 *refusal* [GO TO M6 ]

## M5MK

Have you used it in the past 12 months?

- 1 *yes*  
 2 *no*  
 7 *don't know*  
 8 *refusal*

## M6

How many of your friends use any of the drugs that I previously mentioned such as marijuana, cocaine, LSD, speed, heroin, glue or steroids?

- 0 None of your friends use them  
 1 A few of your friends use them  
 2 About half of your friends use them  
 3 Most use them  
 4 All  
 5 *not applicable*  
 7 *don't know*  
 8 *refusal*

## M6A

Have you ever had a sexual partner who used needles to inject any of these drugs?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M6EE

IF (M5DM , M5E , M5G , M5I , OR M5MJ) =  
yes, *THAT IS DRUG USE OF SOME KIND  
OTHER THAN GLUE SNIFFING OR  
MARIJUANA/HASH* [GO TO M6B]  
*OTHERWISE* [GO TO M7E]

## M6B

Have you ever used a needle to inject any of these drugs?

- 1 *yes*
- 2 *no* [GO TO M7E ]
- 7 *don't know* [GO TO M7E ]
- 8 *refusal* [GO TO M7E ]

## M6C

Have you ever shared needles with anyone including your partner or close friend?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

[GO TO M7 ]

## M7E

IF (M5B2, M5B3, M5LA or M5LB  
= 1, 2, 3, or 4)

OR

(M5DM, M5E, M5G, M5I or M5MJ = 1)

[GO TO M7]

OTHERWISE

[GO TO M10I]

## M7

Have you ever had any contact with the police as a result of your drug use?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M7A

Have you ever had contact with Children's or Family Services as a result of your drug use?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M8

There are many other services and help for people concerned about drugs. Have you ever used any services or help to deal with your own drug use?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M9A

Was there ever a time that you felt your drug use had a harmful effect on your friendships or social life?

- 1 *yes*
- 2 *no* [GO TO M9C ]
- 5 *not applicable* [GO TO M9C]
- 7 *don't know* [GO TO M9C]
- 8 *refusal* [GO TO M9C]

## M9b

IF (M5B, M5L, M5DN, M5F, M5H, M5J & M5MK) P 1, [GO TO M9C]  
OTHERWISE [GO TO M9B]

## M9B

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M9C

Was there ever a time that you felt your drug use had a harmful effect on your physical health?

- 1 *yes*
- 2 *no* [GO TO M9E ]
- 7 *don't know* [GO TO M9E ]
- 8 *refusal* [GO TO M9E ]

## M9d

IF (M5B, M5L, M5DN, M5F, M5H, M5J & M5MK) P 1, [GO TO M9E]  
OTHERWISE [GO TO M9D]

## M9D

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M9E

Was there ever a time that you felt your drug use had a harmful effect on your outlook on life (happiness)?

- 1 *yes*
- 2 *no* [GO TO M9GE]
- 7 *don't know* [GO TO M9GE]
- 8 *refusal* [GO TO M9GE]

## M9f

IF (M5B, M5L, M5DN, M5F, M5H, M5J & M5MK) P 1, [GO TO M9GE]  
OTHERWISE [GO TO M9F]

## M9F

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M9GE

INTERVIEWER CHECK ITEM:

IF RESPONDENT IS SINGLE

[GO TO M9IE]

OTHERWISE

[GO TO M9G]

## M9G

Was there ever a time that you felt your drug use had a harmful effect on your spouse/partner?

- 1 *yes*
- 2 *no* [GO TO M9IE ]
- 7 *don't know* [GO TO M9IE ]
- 8 *refusal* [GO TO M9IE ]

## M9h

IF (M5B, M5L, M5DN, M5F, M5H, M5J & M5MK) P 1, [GO TO M9IE]  
OTHERWISE [GO TO M9H]

## M9H

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M9IE

INTERVIEWER CHECK ITEM: IF

RESPONDENT HAS CHILDREN (NATURAL, BIRTH, ADOPTED, STEP, OR FOSTER)

[GO TO M9I]

OTHERWISE

[GO TO M9k]

M9I

Was there ever a time that you felt your drug use had a harmful effect on your child/ children?

- 1 *yes*
- 2 *no* [GO TO M9k ]
- 7 *don't know* [GO TO M9k ]
- 8 *refusal* [GO TO M9k ]

M9j

IF (M5B, M5L, M5DN, M5F, M5H, M5J & M5MK) P 1, [GO TO M9k]  
OTHERWISE [GO TO M9J]

M9J

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

M9k

IF SINGLE PERSON IN HOUSEHOLD [GO TO M9M]  
OTHERWISE [GO TO M9K]

M9K

Was there ever a time that you felt your drug use had a harmful effect on your home life?

- 1 *yes*
- 2 *no* [GO TO M9M ]
- 5 *not applicable* [GO TO M9M ]
- 7 *don't know* [GO TO M9M ]
- 8 *refusal* [GO TO M9M ]

M9I

IF (M5B, M5L, M5DN, M5F, M5H, M5J & M5MK) P 1, [GO TO M9M]  
OTHERWISE [GO TO M9L]

M9L

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

M9M

Was there ever a time that you felt your drug use had a harmful effect on your work, studies or employment opportunities?

- 1 *yes*
- 2 *no* [GO TO M9O]
- 5 *not applicable* [GO TO M9O]
- 7 *don't know* [GO TO M9O]
- 8 *refusal* [GO TO M9O]

M9n

IF (M5B, M5L, M5DN, M5F, M5H, M5J & M5MK) P 1, [GO TO M9O]  
OTHERWISE [GO TO M9N]

M9N

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

M9O

Was there ever a time that you felt your drug use had a harmful effect on your financial position?

- 1 *yes*
- 2 *no* [GO TO M10I ]
- 5 *not applicable* [GO TO M10I ]
- 7 *don't know* [GO TO M10I ]
- 8 *refusal* [GO TO M10I ]

M9p

IF (M5B, M5L, M5DN, M5F, M5H, M5J & M5MK) P 1, [GO TO M10I]  
OTHERWISE [GO TO M9P]

M9P

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M10I

The next few questions concern problems with the use of illegal drugs which may have been experienced by others.

## M102

*INTERVIEWER CHECK ITEM: IF RESPONDENT MARRIED OR COMMON LAW OR HAS A PARTNER*

[GO TO M10A ]

*OTHERWISE* [GO TO M10C ]

## M10A

Has your spouse/partner ever had a drug problem?

- 1 *yes*
- 2 *no* [GO TO M10C ]
- 7 *don't know* [GO TO M10C ]
- 8 *refusal* [GO TO M10C ]

## M10B

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M10C

Has a family member or relative ever had a drug problem? (*includes ex-spouse*)

- 1 *yes*
- 2 *no* [GO TO M11A ]
- 5 *not applicable* [GO TO M11A ]
- 7 *don't know* [GO TO M11A ]
- 8 *refusal* [GO TO M11A ]

## M10D

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M11A

Has a friend ever had a drug problem?

- 1 *yes*
- 2 *no* [GO TO M11c ]
- 5 *not applicable* [GO TO M11c ]
- 7 *don't know* [GO TO M11c ]
- 8 *refusal* [GO TO M11c ]

## M11B

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M11c

*If E7 = 1 or E1 = 1 or E2 = 1*

[GO TO M11C]

*OTHERWISE* [GO TO M12T]

## M11C

Has a co-worker ever had a drug problem?

- 1 *yes*
- 2 *no* [GO TO M12T ]
- 4 *previously mentioned friend* [GO TO M12T ]
- 5 *not applicable* [GO TO M12T ]
- 7 *don't know* [GO TO M12T ]
- 8 *refusal* [GO TO M12T ]

## M11D

Was this during the past 12 months?

- 1 *yes*
- 2 *no*
- 7 *don't know*
- 8 *refusal*

## M12T

*Time Stamp*

[GO TO B1T ]



## BACKGROUND QUESTIONS

B1T

*Time Stamp*

B1A

Now I would like to ask you a few general questions about yourself.

How tall are you? (*without shoes on*)

\_\_\_\_ (2 - 7) feet    \_\_\_\_ (00 - 11) inches

\_\_\_\_ (0 - 2) metres    \_\_\_\_ (000-230) cm.

7 *don't know*

8 *refusal*

B2

How much do you weigh?

\_\_\_\_ (1-500) POUNDS

\_\_\_\_ (1-250) KG

997 *don't know*

998 *refusal*

B3

What is your year of birth?

\_\_\_\_ (1874 - 1979)

9997 *don't know* [GO TO B4]

9998 *refusal* [GO TO B4]

B3M

What is your month of birth?

1 *January*                      7 *July*

2 *February*                    8 *August*

3 *March*                        9 *September*

4 *April*                         10 *October*

5 *May*                         11 *November*

6 *June*                        12 *December*

97 *don't know* [GO TO B4]

98 *refusal* [GO TO B4]

B3D

What is your day of birth?

\_\_\_\_ (1-31)

97 *don't know*

98 *refusal*

B4

What is the highest level of education that you have attained?

(MARK ONE ONLY)

1 *masters degree, earned doctorate (ph. D) or post doctorate*

2 *completed university or teacher's college (below master's degree or earned doctorate)*

3 *some university or some teacher's college*

4 *completed community college, technical institute, cegep, nursing school, trade/vocational school (not university)*

5 *some community college, technical institute, cegep, nursing school, trade/vocational school (not university)*

6 *completed secondary*

7 *some secondary*

8 *elementary*

9 *no schooling*

0 *other education or training*

97 *don't know*

98 *refusal*

B5

In what country were you born? Was it ...

1 *Canada* [GO TO B11 ]

2 *Country outside Canada*

7 *don't know* [GO TO B11 ]

8 *refusal* [GO TO B11 ]

B6

Which country was it?

- 1 *England*
- 2 *United States*
- 3 *Germany*
- 4 *Scotland*
- 5 *Italy*
- 6 *Poland*
- 7 *China*
- 8 *India*
- 9 *Philippines*
- 10 *Other* [GO TO B7]
- 98 *refusal*

[GO TO B8 ]

B7

INTERVIEWER: ENTER SPECIFIED  
COUNTRY

---

  
(MAX. 50 CHARACTERS)

- 8 *refusal*

B8

In what year did you first immigrate to Canada?

\_\_\_\_ (1901 - 1994)

- 0000 *Dual citizenship,  
didn't immigrate* [GO TO B11]
- 9997 *don't know*
- 9998 *refusal*

B9

IS YEAR OF IMMIGRATION >=  
(94 - AGE OF RESPONDENT)?

- 1 *yes* [GO TO B11]
- 2 *no* [GO TO B10 ]

B10

INTERVIEWER: PLEASE CONFIRM YEAR OF  
IMMIGRATION IN B8

B11

What language do you speak most often at  
home?

- 1 *ENGLISH*
- 2 *FRENCH*
- 3 *ONE OF THE LANGUAGES OF THE  
ABORIGINAL PEOPLES OF CANADA  
(FOR EXAMPLE, CREE, OJIBWA,  
INUKTITUT)*
- 4 *ITALIAN*
- 5 *GERMAN*
- 6 *UKRAINIAN*
- 7 *DUTCH*
- 8 *CHINESE (MANDARIN,  
CANTONESE OR OTHER)*
- 9 *HUNGARIAN*
- 10 *PORTUGUESE*
- 11 *POLISH*
- 12 *OTHER* [GO TO B12]
- 97 *don't know*
- 98 *refusal*

[GO TO B13]

B12

OTHER LANGUAGE SPECIFIED IN B11

---

  
(MAX. 50 CHARACTERS)

- 8 *refusal*

B13

What, if any, is your religion?

- 0 none [GO TO B16 ]
- 1 ROMAN CATHOLIC
- 2 UKRANIAN CATHOLIC
- 3 UNITED CHURCH
- 4 ANGLICAN
- 5 PRESBYTERIAN
- 6 LUTHERAN
- 7 BAPTIST
- 8 PENTECOSTAL
- 9 EASTERN ORTHODOX
- 10 JEWISH
- 11 ISLAM
- 12 HINDU
- 13 BUDDHISM
- 14 SIKH
- 15 JEHOVAH'S WITNESS
- 16 MENNONITE
- 17 SPIRITUALITY OF THE NATIVE  
PEOPLES OF CANADA
- 18 OTHER [GO TO B14]
- 19 CHRISTIAN
- 20 PROTESTANT
- 97 *don't know* [GO TO B16]
- 98 *refusal* [GO TO B16]

[GO TO B15 ]

B14

INTERVIEWER: PLEASE ENTER OTHER  
RELIGION

---

(MAX. 50 CHARACTERS)

- 8 *refusal*

B15

Do you consider yourself to be:

- 1 Very religious or spiritual?
- 2 Moderately religious or spiritual?
- 3 Not very religious or spiritual?
- 4 Not at all religious or spiritual?
- 7 *don't know*
- 8 *refusal*

B16

Do you have more than one telephone in your home? Households with more than one telephone number have a greater chance of being selected by the survey. We ask these questions to adjust for this.

- 1 *yes*
- 2 *no* [GO TO B20]
- 7 *don't know* [GO TO B20]
- 8 *refusal* [GO TO B20]

B17

Do all the telephones have the same number?

- 1 *yes* [GO TO B20]
- 2 *no*
- 7 *don't know* [GO TO B20]
- 8 *refusal* [GO TO B20]

B18

How many numbers are there?

- \_\_\_\_\_ (2 - 94)
- 97 *don't know* [GO TO B20]
- 98 *refusal* [GO TO B20]

B19

How many of these (fill B18) are for business use only?

- \_\_\_\_\_ (0 - 94)
- 97 *don't know*
- 98 *refusal*

## B20

What was your personal income from all sources before taxes and deductions for 1993?  
Was it...

- 1 Less than \$20,000 [GO TO B20A]
- 2 \$20,000 or more [GO TO B20D]

- B20A 1 Less than \$10,000 [GO TO B20B]
- 2 \$10,000 or more [GO TO B20C]

- B20B 1 Less than \$5,000 [GO TO B21]
- 2 \$5,000 or more [GO TO B21]

- B20C 1 Less than \$15,000 [GO TO B21]
- 2 \$15,000 or more [GO TO B21]

- B20D 1 Less than \$40,000 [GO TO B20E]
- 2 \$40,000 or more [GO TO B20F]

- B20E 1 Less than \$30,000 [GO TO B21]
- 2 \$30,000 or more [GO TO B21]

- B20F 1 Less than \$60,000 [GO TO B21]
- 2 \$60,000 or more [GO TO B20G]

- B20G 1 Less than \$80,000 [GO TO B21]
- 2 \$80,000 or more [GO TO B21]

- 0 *no income* [GO TO B21]
- 7 *don't know* [GO TO B21]
- 8 *refusal* [GO TO B21]

## B21

*IF NUMBER OF HOUSEHOLD MEMBERS > 1 [GO TO B22]*  
*OTHERWISE [GO TO B25T]*

## B22

How many household members contributed to the total household income?

(Check roster for number of persons eligible to contribute to household income)

- |    |                       |              |
|----|-----------------------|--------------|
| 1  | <i>one</i>            |              |
| 2  | <i>two</i>            | [GO TO B24]  |
| 3  | <i>three</i>          | [GO TO B24]  |
| 4  | <i>four or more</i>   | [GO TO B24]  |
| 7  | <i>not applicable</i> | [GO TO B25T] |
| 97 | <i>don't know</i>     | [GO TO B25T] |
| 98 | <i>refusal</i>        | [GO TO B25T] |

## B23

IF PERSONAL INCOME > 0 [GO TO B25T]

OTHERWISE [GO TO B24]

## B24

What was your household's total income from all sources before taxes and deductions for 1993? Was it...

- |   |                    |              |
|---|--------------------|--------------|
| 1 | Less than \$20,000 | [GO TO B24A] |
| 2 | \$20,000 or more   | [GO TO B24D] |

- |      |   |                    |              |
|------|---|--------------------|--------------|
| B24A | 1 | Less than \$10,000 | [GO TO B24B] |
|      | 2 | \$10,000 or more   | [GO TO B24C] |

- |      |   |                   |              |
|------|---|-------------------|--------------|
| B24B | 1 | Less than \$5,000 | [GO TO B25T] |
|      | 2 | \$5,000 or more   | [GO TO B25T] |

- |      |   |                    |              |
|------|---|--------------------|--------------|
| B24C | 1 | Less than \$15,000 | [GO TO B25T] |
|      | 2 | \$15,000 or more   | [GO TO B25T] |

- |      |   |                    |              |
|------|---|--------------------|--------------|
| B24D | 1 | Less than \$40,000 | [GO TO B24E] |
|      | 2 | \$40,000 or more   | [GO TO B24F] |

- |      |   |                    |              |
|------|---|--------------------|--------------|
| B24E | 1 | Less than \$30,000 | [GO TO B25T] |
|      | 2 | \$30,000 or more   | [GO TO B25T] |

- |      |   |                    |              |
|------|---|--------------------|--------------|
| B24F | 1 | Less than \$60,000 | [GO TO B25T] |
|      | 2 | \$60,000 or more   | [GO TO B24G] |

- |      |   |                    |              |
|------|---|--------------------|--------------|
| B24G | 1 | Less than \$80,000 | [GO TO B25T] |
|      | 2 | \$80,000 or more   | [GO TO B25T] |

- |   |                   |              |
|---|-------------------|--------------|
| 0 | <i>no income</i>  | [GO TO B25T] |
| 7 | <i>don't know</i> | [GO TO B25T] |
| 8 | <i>refusal</i>    | [GO TO B25T] |

B25T

*Time Stamp**INTERVIEWER:**READ THE FOLLOWING SECTION FOR EACH PERSON INTERVIEWED.*

B26

This survey is part of a longer-term project to investigate the relationship between alcohol, other drugs and social issues.

For this reason, Statistics Canada may need to contact your household for a follow-up to this survey.

In case you move or change phone numbers, Statistics Canada would like to obtain your complete name and address. This information will be kept strictly confidential and will only be used to contact you. Would you be willing to provide or confirm the information I already have in order that we may contact you for a follow-up survey?

- 1 AGREED TO PARTICIPATE
- 2 REFUSED TO PARTICIPATE IN FUTURE SURVEYS [GO TO B41]
- 3 REFUSED TO PROVIDE INFORMATION [GO TO B41]

B27

Confirm name of respondent

*GIVEN NAME*


---

 (MAX. 35 CHARACTERS)

8 refusal

B28

*SURNAME*


---

 (MAX. 35 CHARACTERS)

8 refusal

B29

What is your mailing address?

*STREET AND NUMBER/  
LOT AND CONCESSION*


---

 (MAX. 35 CHARACTERS)

8 refusal

B30

*CITY, TOWN, VILLAGE  
MUNICIPALITY OF THE  
RESPONDENT*


---

 (MAX. 35 CHARACTERS)

8 refusal

B31

*PROVINCE, TERRITORY*

10 Newfoundland

11 Prince Edward Island

12 Nova Scotia

13 New Brunswick

24 Quebec

35 Ontario

46 Manitoba

47 Saskatchewan

48 Alberta

59 British Columbia

98 refusal

B32

*MAILING POSTAL CODE*

|\_|\_|\_|\_| |\_|\_|\_|\_|

3 CHARACTERS - 3 CHARACTERS (first letter, second number, third letter, fourth number, fifth letter, sixth number)

7 don't know

8 refusal

## B32A

Would this be the same as your residential postal code?

- 1 *yes*  
 2 *no* [GO TO B33A]  
 7 *don't know*  
 8 *refusal*

[GO TO B33B]

## B33A

What is your residential postal code?

- □□□□  
 7 *don't know*  
 8 *refusal*

## B33B

Would you please give me the name, address and telephone number of someone we could contact if you move, such as a friend, relative or neighbour. (I want to emphasize that Statistics Canada will contact this person only if you move and then only to obtain your new address or telephone number.)

- 1 *name of contact given*  
 2 *refused to provide contact* [GO TO B41 ]  
 3 *unable to provide contact* [GO TO B41 ]

## B34

*GIVEN NAME OF CONTACT*

- 
- (MAX. 35 CHARACTERS)  
 8 *refusal*

## B35

*SURNAME OF CONTACT*

- 
- (MAX. 35 CHARACTERS)  
 8 *refusal*

## B36

*ADDRESS OF CONTACT*

*Street and Number/  
 Lot and Concession*

- 
- (MAX. 35 CHARACTERS)  
 8 *refusal*

## B37

*CITY, TOWN, VILLAGE  
 MUNICIPALITY*

- 
- (MAX. 35 CHARACTERS)  
 8 *refusal*

## B38

*PROVINCE, TERRITORY*

- 0 *Newfoundland*  
 1 *Prince Edward Island*  
 2 *Nova Scotia*  
 3 *New Brunswick*  
 4 *Quebec*  
 5 *Ontario*  
 6 *Manitoba*  
 7 *Saskatchewan*  
 8 *Alberta*  
 9 *British Columbia*  
 10 *Northwest Territories*  
 11 *Yukon*  
 98 *refusal*

B39

*POSTAL CODE OF CONTACT*

|\_|\_|\_|\_| |\_|\_|\_|\_|

*3 CHARACTERS - 3 CHARACTERS (first letter, second number, third letter, fourth number, fifth letter, sixth number)*

7 *don't know*8 *refusal*

B40

*HOME TELEPHONE AREA CODE OF CONTACT. (3 DIGITS)*

\_\_\_ \_\_ (204 - 905)

7 *don't know*8 *refusal*

B40T

*HOME TELEPHONE OF CONTACT*\_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_  
(1 - 9999999)7 *don't know*8 *refusal*

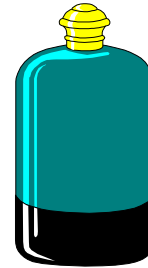
B41

*INTERVIEWER CHECK ITEM:  
LANGUAGE OF INTERVIEW*1 *ENGLISH*2 *FRENCH**INTERVIEWER:**THANK THE RESPONDENT AND END  
INTERVIEW.*

B42T

*Time Stamp*





## Canada's Alcohol And Other Drugs Survey

### SECTION 12. Record Layout And Univariates

