

For information only

1994-95 National Population Health Survey

Yukon and Northwest Territories

Questionnaire

For information only

Household Record Variables

(To be collected at initial contact from any knowledgeable person)

A-INT The first few questions will provide important basic information on the people in your household.

A1 **DEMO_Q1** What are the names of all persons now living or staying here who have no usual place of residence elsewhere in chronological order or starting with the eldest?

A2 **DEMO_Q2** Are there any persons away from this household attending school, visiting, travelling or in hospital who usually live here?

- Yes
- No

A3 **DEMO_Q3** Does anyone else live at this dwelling such as relatives, roomers, boarders or employees?

- Yes
- No

(Note: For each person in the household do A4-A8)

A4 **DEMO_Q4** What is ...'s date of birth and age?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	yrs	<input type="text"/>	<input type="text"/>	<input type="text"/>	mo
dd	mm	yy														

A5 **DEMO_Q5** ...'s sex?

- Male
- Female

A6 **DEMO_Q6** What is ...'s current marital status ?
(If ages less than 15 marital status = single)

- Now married
- Common-law
- Living with a partner
- Single (never married)
- Widowed
- Separated
- Divorced

A7 **DEMO_Q7** Family code.
[Enter code for each separate family unit (A, B, C, etc.)]

Legal household check.

Reject household at this point if screening criteria are not met.

Selection criteria applied.

A8 **DEMO_Q8** Relationship to selected health person

- | | | | |
|--------------------------|----------------|--------------------------|--------------------|
| <input type="checkbox"/> | Birth Parent | <input type="checkbox"/> | Common-law partner |
| <input type="checkbox"/> | Step Parent | <input type="checkbox"/> | In-law |
| <input type="checkbox"/> | Foster Parent | <input type="checkbox"/> | Other Relative |
| <input type="checkbox"/> | Birth Child | <input type="checkbox"/> | Unrelated |
| <input type="checkbox"/> | Step Child | <input type="checkbox"/> | Husband/Wife |
| <input type="checkbox"/> | Foster Child | <input type="checkbox"/> | Adopted Child |
| <input type="checkbox"/> | Sister/Brother | <input type="checkbox"/> | Adoptive Parent |
| <input type="checkbox"/> | Grandparent | <input type="checkbox"/> | Same sex partner |
| <input type="checkbox"/> | Grandchild | <input type="checkbox"/> | Self |

Dwelling

D1 *HHL D_Q1* Now a few questions about your dwelling. Is this dwelling owned by a member of this household (even if being paid for)?

- Yes
 No

D2B *N/A* Is this dwelling in need of any repairs?
(Read list. Mark one only.)

- Yes, minor repairs (missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.)
 Yes, major repairs (defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc.)
 No, only regular maintenance is needed (painting, furnace cleaning, etc.)

D2C *N/A* Does this dwelling have the following facilities?

- Hot and cold running water
 Bathtub or shower
 Indoor toilet

D3 *HHL D_Q3* How many bedrooms are there in this dwelling?
(If no separate enclosed bedroom enter "00")

- number of bedrooms (2 digits)

D6 *HHL D_Q6* Record type of dwelling (By interviewer observation or ask if telephone interview)

- Single detached house
 suite (separate unit with its own entrance)
 Semi-detached or double (side-by-side)
 suite (separate unit with its own entrance)
 Town-house or row house
 suite (separate unit with its own entrance)
 Duplex (top and bottom)
 suite (separate unit with its own entrance)
 Low-rise apartment (less than 5 stories)
 High-rise apartment (5 or more stories)
 Mobile home
 Hotel, rooming or lodging house, logging or construction camp
 Institution

___ Other (Specify _____)

D7 Information Source Indicator i.e. who is providing the information.

HHL D_Q7 ___ person number

Completed by: _____

D8 Record language of interview.

HHL D_Q8

___ English
___ French
___ Other (Specify _____)

Income

U1 Thinking about your total household income, from which of the following sources did your household receive any income in the past 12 months (Read list. Mark all that apply)

INCOM-Q1

- ___ Wages and salaries
- ___ Income from self-employment
- ___ Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.
- ___ Unemployment insurance
- ___ Worker's compensation
- ___ Benefits from Canada or Quebec Pension Plan
- ___ Retirement pensions, superannuation and annuities
- ___ Old Age Security and Guaranteed Income Supplement
- ___ Child Tax Benefit
- ___ Provincial, territorial or municipal social assistance or welfare
- ___ Child Support
- ___ Alimony
- ___ Other Income (e.g. rental income, scholarships, other government income, etc.)
- ___ None (Go to Administration)

If more than one source ask U2, otherwise, ask U3.

U2 What was the main source of income?

INCOM-Q2

(Do not read list. Mark one only.)

- ___ Wages and salaries
- ___ Income from self-employment
- ___ Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.
- ___ Unemployment insurance
- ___ Worker's compensation
- ___ Benefits from Canada or Quebec Pension Plan
- ___ Retirement pensions, superannuation and annuities
- ___ Old Age Security and Guaranteed Income Supplement
- ___ Child Tax Benefit
- ___ Provincial, territorial or municipal social assistance or welfare
- ___ Child Support
- ___ Alimony
- ___ Other Income (e.g. rental income, scholarships, other government income, etc.)

U3 What is your best estimate of the total income before taxes and deductions of all household

INCOM-Q3

members from all sources in the past 12 months? Was the total household income:

- Less than \$20,000?
 - Less than \$10,000?
 - Less than \$5,000? (Go to Administration)
 - \$5,000 and more? (Go to Administration)
 - \$10,000 and more?
 - Less than \$15,000? (Go to Administration)
 - \$15,000 and more? (Go to Administration)
- \$20,000 and more?
 - Less than \$40,000?
 - Less than \$30,000? (Go to Administration)
 - \$30,000 and more? (Go to Administration)
 - \$40,000 and more?
 - Less than \$50,000? (Go to Administration)
 - \$50,000 to less than \$60,000? (Go to Administration)
 - \$60,000 to less than \$80,000? (Go to Administration)
 - \$80,000 and more? (Go to Administration)
- No income

Administration

COMPLETED BY:

NAME: _____

ID: _____

For information only

Health Questions

Completed for: _____ ID# [][]

Age : [][][]

Gender : ___ Male ___ Female

H06-P1 Who is providing the information for this person's form?

Completed by: _____ ID# [][]

H06-INT This part of the survey deals with various aspects of your health. I'll be asking about such things as physical activity, social relationships, health status and stress. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being. I'll start with a few questions concerning your health in general.

General Health

A1 In general, would you say your health is:
GENHLT-Q1 (Read list. Mark one only.)

- Excellent?
- Very good?
- Good?
- Fair?
- Poor?

(If female between and including 15 and 49, ask A2. Otherwise, go to Height/Weight.)

A2 It is important to know when analyzing health whether or not the person is pregnant. Are you
GENHLT-Q2 pregnant?

- Yes
- No (Go to Height/Weight)

A3 Are you planning to use the services of a physician, midwife or both?
GENHLT-Q3 (Do not read list. Mark one only.)

- Physician only
- Midwife only
- Both physician and midwife
- Neither

Height/Weight

B1 How tall are you without shoes on?

HTWT-Q1 _____ feet _____ inches OR _____ centimetres

B2 How much do you weigh?

HTWT-Q2 _____ pounds OR _____ kilograms

Preventive Health Practices

(If Proxy, go to Two-Week Disability)

C1 When did you last have your blood pressure checked by a health professional?
PHP-Q1 (Do not read list. Mark one only.)

- Less than 6 months ago
- 6 months to less than a year ago
- 1 year to less than 2 years ago
- 2 years to less than 5 years ago
- 5 years or more ago
- Never

If sex = male or female < 15 then go to Two-Week Disability.
 If sex = female and age >= 15 and age < 35 then go to C3.
 If sex = female and age >= 35 then go to C2.

C2 Have you ever had a mammogram, that is, a breast X-ray?

PHP-Q2

- Yes
- No (Go to C3)

C2a When was the last time?

PHP-Q2A

(Do not read list. Mark one only.)

- Less than 6 months ago
- 6 months to less than one year ago
- 1 year to less than 2 years ago
- 2 years or more ago

C2b Why did you have your last mammogram?

PHP-Q2B

(Read list. Mark one only.)

- Breast problem
- Check-up, no particular problem
- Other (Specify _____)

C3 Have you ever had a PAP smear test?

PHP-Q3

- Yes
- No (Go to Two-Week Disability)

C3a When was the last time?

PHP-Q3A

(Do not read list. Mark one only.)

- Less than 6 months ago
- 6 months to less than one year ago
- 1 year to less than 3 years ago
- 3 years to less than 5 years ago
- 5 years or more ago

Two-Week Disability

D-INT The first few questions ask about your health during the past 14 days.

Two Weeks Ago: Weekday _____ Date _____ Month _____

D1 **TWOWK-Q1** It is important for you to refer to the 14-day period from two weeks ago until yesterday, that is from DAY,DD,MM to DD,MM. During that period, did you stay in bed at all because of illness or injury including any nights spent as a patient in a hospital?

Yes
 No (Go to D3)

D2 **TWOWK-Q2** How many days did you stay in bed for all or most of the day?

Days (Enter <0> if less than a day.)
(If days equal to 14 days, go to D5)

D3 **TWOWK-Q3** (Not counting days spent in bed, if applicable) During those 14 days, were there any days that you cut down on things you normally do because of illness or injury?

Yes
 No (Go to D5)

D4 **TWOWK-Q4** How many days did you cut down on things for all or most of the day?

Days
(Enter <99> if less than a day.)

D5 **TWOWK-Q5** Do you have a regular medical doctor?

Yes
 No

Health Care Utilization

E-INT Now I'd like to ask about your contacts with health professionals during the past 12 months, that is from MM/DD 1993 to MM/DD 1994.

Period: Month 93 Month 94

E1 **UTIL-Q1** In the past 12 months, have you been a patient overnight in a hospital, nursing home or convalescent home?

Yes
 No (Go to E2)

E1a **UTIL-Q1A** For how many nights in the past 12 months?

nights

E2 **UTIL-Q2** (Not counting when you were an overnight patient, if applicable) In the past 12 months, have you seen or talked on the telephone with [fill category from a to j] about your physical, emotional or mental health? How many times?

- a) General practitioner or family physician
- b) Eye specialist (such as an ophthalmologist or optometrist)
- c) Other medical doctor (such as surgeon, allergist, gynecologist, psychiatrist, etc.)
- d) A nurse for care or advice
- e) Dentist or orthodontist
- f) Chiropractor
- g) Physiotherapist
- h) Social worker or counsellor
- i) Psychologist
- j) Speech, hearing or occupational therapist

(For each response > 0 in a), c), or d), ask E3.)

E3
UTIL-Q3 Where did the most recent contact take place?
(Read list. Mark one only.)

- Outpatient clinic in a hospital or health centre
- Hospital emergency room
- Health professional's office
- Community nursing station
- At home
- Telephone consultation only
- Other (Specify _____)

E4
UTIL-Q4 People may also use alternative health care services. In the past 12 months, have you seen or talked to an alternative health care provider such as an acupuncturist, naturopath, homeopath or massage therapist about your physical, emotional or mental health?

- Yes
- No (Go to E6)

E5
UTIL-Q5 Who did you see or talk to?
(Do not read list. Mark all that apply.)

- Massage therapist
- Acupuncturist
- Homeopath or naturopath
- Feldenkrais or Alexander teacher
- Relaxation therapist
- Biofeedback teacher
- Rolfer
- Herbalist
- Reflexologist
- Spiritual/traditional healer
- Religious healer
- Self help group (such as AA, cancer therapy, etc.)
- Other (Specify _____)

E6
UTIL-Q6 During the past 12 months, was there ever a time when you needed health care or advice but did not receive it?

- Yes

___ No (If less than 18 years old, go to Restriction of Activities. Otherwise go to E-Int.)

E7
UTIL-Q7 Thinking of the most recent time, why did you not get care?

E8
UTIL-Q8 Again, thinking of the most recent time, what was the type of care that was needed?
(Do not read list. Mark all that apply.)

- ___ Treatment of a physical health problem
- ___ Treatment of an emotional or mental health problem
- ___ A regular check-up (or for regular pre-natal care)
- ___ Care of an injury
- ___ Any other reason (Specify _____)

E-Int If less than 18 years old, go to Restriction of Activities.

E9
UTIL-Q9 Home care services are health care or homemaker services received at home, with the cost being entirely or partially covered by government. Examples are: nursing care; help with bathing; help around the home; physiotherapy; counselling; and meal delivery. Have you received any home care services in the past 12 months?

- ___ Yes
- ___ No (Go to Restriction of Activities)

E10
UTIL-Q10 What type of services have you received?
(Specify _____)

Restriction of Activities

F-INT The next few questions deal with any health limitations *which* affect your *daily activities*. In these questions, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.

F1
RESTR_Q1 Because of a long-term physical or mental condition or a health problem, are you limited in the kind or amount of activity you can do:

a) at home?

- ___ Yes
- ___ No

b) at school?

- ___ Yes
- ___ No
- ___ Not applicable

c) at work?

- ___ Yes

- No
- Not applicable

d) in other activities such as transportation to or from work or leisure time activities?

- Yes
- No

e) in caring for children?

- Yes
- No
- Not applicable

F2 Do you have any long term disabilities or handicaps?

RESTR-Q2

- Yes
- No

(If any "yes" in F1 a) - d) or F2 , ask F3. Otherwise, go to F6.)

F3 What is the main condition or health problem causing you to have limitations in your activities or to have a long term disability or handicap?

RESTR-Q3

RESTR-Q4

F5 Which one of the following is the best description of the cause of this condition?

RESTR_Q5

(Read list. Mark one only.)

- Injury - at home
- Injury - sports or recreation
- Injury - motor vehicle
- Injury - work-related
- Injury - snowmobile/ATV
- Injury - on the land/in the bush
- Existed at birth
- Work environment
- Disease or illness
- Natural aging process
- Psychological or physical abuse
- Other (Specify _____)

F6 The next question asks about help received, which may not apply to you, but we need to ask the same question of everyone. Because of any condition or health problem, do you need the help of another person in:

RESTR-Q6

(Read list. Mark all that apply.)

- Preparing meals?
- Shopping for groceries or other necessities?
- Doing normal everyday housework?
- Doing heavy household chores such as washing walls, yard work, etc.?
- Personal care such as washing, dressing or eating?

- Moving about inside the house?
- None of the above

Chronic Conditions

G-INT Now I'd like to ask about any chronic health conditions you may have. Again, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.

G1 **CHRON-Q1** Do you have any of the following long-term conditions that have been diagnosed by a health professional: (eg. allergies, migraines, arthritis, etc.)
(Read list. Mark all that apply.)

- (a) Food allergies?
- (b) Other allergies?
- (c) Asthma?(If Yes ask cc1 and cc2)
- (d) Arthritis or rheumatism?
- (e) Back problems excluding arthritis?
- (f) High blood pressure?
- (g) Migraine headaches?
- (h) Chronic bronchitis or emphysema?
- (i) Sinusitis?
- (j) Diabetes?
- (k) Epilepsy?
- (l) Heart disease?
- (m) Cancer? (If Yes ask mm)
- (n) Stomach or intestinal ulcers?
- (o) Effects of stroke?
- (p) Urinary incontinence?
- (q) Acne requiring prescription medication?
(Ask if age < 30)

For persons aged < 18 years, go to (u).

- (r) Alzheimer's disease or other dementia?
- (s) Cataracts?
- (t) Glaucoma?
- (u) Any other long term condition?
(Specify _____)
- (v) None

G1cc1 Have you had an attack of asthma in the past 12 months?

CHRON-Q1cc1

- Yes
- No

G1cc2 Have you had wheezing or whistling in the chest at any time in the past 12 months?

CHRON-Q1cc2

- Yes
- No

G1mm What type of cancer is this? For example, skin, lung or colon cancer?

CHRON-Q1mm

Smoking

H-INT The next few questions are about smoking.

H1 Does anyone in this household smoke regularly inside the house?

SMOK-Q1

- Yes
- No

H2 At the present time do you smoke cigarettes daily, occasionally or not at all?

SMOK-Q2

- Daily
- Occasionally (that is - not every day) (Go to H5)
- Not at all (Go to H4a)

H3 At what age did you begin to smoke cigarettes daily?

SMOK-Q3

- Age

H4 How many cigarettes do you smoke each day now?

SMOK-Q4

- Number of cigarettes

(Go to Alcohol)

H4a Have you ever smoked cigarettes at all?

SMOK-Q4A

- Yes
- No (Go to Alcohol)

H5 Have you ever smoked cigarettes daily?

SMOK-Q5

- Yes
- No (Go to Alcohol)

H6 At what age did you begin to smoke (cigarettes) daily?

SMOK-Q6

- Age

H7 How many cigarettes did you usually smoke each day?

SMOK-Q7

- Number of cigarettes

H8 At what age did you stop smoking (cigarettes) daily?

SMOK-Q8

- Age

Alcohol

I-INT Now, some questions about your alcohol consumption. When we use the word drink it means:

- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one straight or mixed drink with one and a half ounces of hard liquor.

Period: Month 93 ____ Month 94 ____

I1 **ALCO-Q1** During the past 12 months, that is from DD/MM/93 to DD/MM/94 have you had a drink of beer, wine, liquor or any other alcoholic beverage?

- Yes
- No (Go to I5B)

I2 **ALCO-Q2** During the past 12 months, how often did you drink alcoholic beverages?
(Do not read list. Mark one only.)

- Every day
- 4-6 times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- Less than once a month

I2B **N/A** On the days that you drank, how many drinks did you usually have?

I3 **ALCO-Q3** How many times in the past 12 months have you had 5 or more drinks on one occasion?

Number of times

(If Proxy, go to I5.)

I4 **ALCO-Q4** In the past 12 months, what is the highest number of drinks you had on one occasion?

Number of drinks

I5 **ALCO-Q5** Thinking back over the past week, that is, from last [day of week yesterday] to yesterday, did you have a drink of beer, wine, liquor or any other alcoholic beverage?

- Yes
- No (Go to Physical Activities)

I5A **ALC-Q5A** (Starting with yesterday, how many drinks did you have on:

- Monday?
- Tuesday?
- Wednesday?
- Thursday?
- Friday?
- Saturday?
- Sunday?

(Go to Physical Activities)

I5B Did you ever have a drink?

ALCO-Q5B

Yes
 No (Go to Physical Activities)

I5C
N/A Did you ever drink on a regular basis?

Yes
 No

I5D
N/A On the days that you drank, how many drinks did you usually have?

drinks (if 12 or more go to I7)

I6
ALCO-Q6 Did you ever regularly drink more than 12 drinks a week?

Yes
 No (Go to Physical Activities)

I7
ALCO-Q7 Why did you reduce or quit drinking altogether?
(Do not read list. Mark all that apply.)

- Dieting
- Athletic training
- Pregnancy
- Getting older
- Drinking too much/drinking problem
- Affected work, studies, employment opportunities
- Interfered with family or home life
- Affected physical health
- Affected friendships or social relationships
- Affected financial position
- Affected outlook on life, happiness
- Because of influence of family or friends
- Other (Specify _____)

Physical Activities

(If Proxy, go to Injuries)

J-INTa Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.

Period: Month 94 Month 94

J1
PHYS-Q1 Have you done any of the following in the past 3 months, that is from ... to ...?
(Read list. Mark all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Walking for exercise | <input type="checkbox"/> Cross-country skiing |
| <input type="checkbox"/> Gardening, yard work | <input type="checkbox"/> Bowling |

- | | | | |
|--------------------------|---------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Swimming | <input type="checkbox"/> | Baseball/softball |
| <input type="checkbox"/> | Bicycling | <input type="checkbox"/> | Tennis |
| <input type="checkbox"/> | Popular or social dance | <input type="checkbox"/> | Weight-training |
| <input type="checkbox"/> | Home exercises | <input type="checkbox"/> | Fishing/Hunting |
| <input type="checkbox"/> | Ice hockey | <input type="checkbox"/> | Volleyball |
| <input type="checkbox"/> | Skating | <input type="checkbox"/> | Yoga or tai-chi |
| <input type="checkbox"/> | Downhill skiing/snowboard | <input type="checkbox"/> | Curling |
| <input type="checkbox"/> | Jogging/running | <input type="checkbox"/> | Other (specify) |
| <input type="checkbox"/> | Golfing | <input type="checkbox"/> | Other (specify) |
| <input type="checkbox"/> | Exercise class/aerobics | <input type="checkbox"/> | Other (specify) |
| | | <input type="checkbox"/> | None (Go to J-INTb) |

(For each Yes response in J1, ask J2 and J3.)

J2 In the past 3 months, how many times did you participate in ___ ?

PHYS-Q2

Number of times

J3 About how much time did you usually spend on each occasion?

PHYS-Q3

(Do not read list. Mark one only.)

- 1 to 15 minutes
 16 to 30 minutes
 31 to 60 minutes
 More than one hour

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

J4a In a typical week in the past 3 months, how many hours did you usually spend walking to work or to school or while doing errands?

PHYS-Q4A

(Do not read list. Mark one only.)

- None
 Less than 1 hour
 From 1 to 5 hours
 From 6 to 10 hours
 From 11 to 20 hours
 More than 20 hours

J4b In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?

PHYS-Q4B

(Do not read list. Mark one only.)

- None
 Less than 1 hour
 From 1 to 5 hours
 From 6 to 10 hours
 From 11 to 20 hours
 More than 20 hours

(If Bicycling was indicated as an activity in J1 or not a "none" in J4b, ask J5. Otherwise, go to J6.)

J5 *PHYS-Q5* When riding a bicycle how often did you wear a helmet?
(Read list. Mark one only.)

- Always
- Most of the time
- Rarely
- Never

J6 *PHYS-Q6* Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?
(Read list. Mark one only.)

- Usually sit during day and do not walk about very much
- Stand or walk about quite a lot during the day but do not have to carry or lift things very often
- Usually lift or carry light loads, or have to climb stairs or hills often
- Do heavy work or carry very heavy loads

Injuries

K-INT Now some questions about any injuries, which occurred in the past 12 months, that is from MM/DD 93 to MM/DD 94, that were serious enough to limit your normal activities. For example, a broken bone, a bad cut or burn, a sore back or sprained ankle, or a poisoning.

Period: Month 93 Month 94

K1 *INJ-Q1* In the past 12 months, did you have any injuries that were serious enough to limit your normal activities?

- Yes
- No (Go to Sense of Coherence)

K2 *INJ-Q2* How many times were you injured?

times

K3 *INJ-Q3* Thinking about the most serious injury, what type of injury did you have? For example, a broken bone or burn.

(Do not read list. Mark one only.)

- Multiple injuries
- Broken or fractured bones
- Burn or scald
- Dislocation
- Sprain or strain
- Cut or scrape
- Bruise or abrasion
- Concussion
- Poisoning by substance or liquid
- Internal injury
- Other (Specify _____)

K4
INJ-Q4

What part of your body was injured?
(Do not read list. Mark one only.)

- Multiple sites
- Eyes
- Head (excluding eyes)
- Neck
- Shoulder
- Arms or hands
- Hip
- Legs or feet
- Back or spine
- Trunk (excluding back or spine) (including chest, internal organs, etc.)

K5
INJ-Q5

Where did the injury happen?
(Do not read list. Mark one only.)

- Home and surrounding area
- Farm
- Place for recreation or sport (e.g. golf course, basketball court, playground)
- Street or highway
- Building used by general public (e.g. hotel, shopping plaza, restaurant, office building, school)
- Residential institution (e.g. hospital/jail, etc.)
- Mine
- Industrial place or premise (e.g. dockyard)
- On the land/In the bush
- Other (Specify _____)

K6
INJ-Q6

What happened? For example, was the injury the result of a fall, motor vehicle accident, a physical assault, etc.?
(Do not read list. Mark one only.)

- Motor vehicle accident
- Accidental fall
- Fire, flames or resulting fumes
- Accidentally struck by an object/person
- Physical assault
- Suicide attempt
- Accidental injury caused by explosion
- Accidental injury caused by natural/environmental factors (e.g. weather conditions, Poison ivy, animal bites, stings)
- Accidental drowning or submersion
- Accidental suffocation
- Hot or corrosive liquids, foods or substances
- Accident caused by machinery (e.g. farm machinery, forklift, woodworking machinery)
- Accident caused by cutting and piercing instruments or objects (lawnmower, knife, stapler)
- Accidental poisoning
- Accidental alcohol poisoning
- Accidental injury caused by gun shot
- Other (Specify _____)

K7
INJ-Q7 Was this a work-related injury?

- Yes
- No

K8
INJ-Q8 We would like to know what precautions you are taking, if any, to prevent this kind of injury from happening again. What precautions are you taking?
(Do not read list. Mark all that apply.)

- Gave up the activity
- Being more careful
- Took safety training
- Increased supervision of child
- Using protective gear/safety equipment (e.g. bike helmet, car safety restraint, etc.)
- Changing physical situation (e.g. removing rugs, storing medications out of reach, safety gates, etc.)
- Other (Specify _____)
- No precautions

Sense of Coherence

(If less than 18 or Proxy, go to Health Status.)

L-INT Next is a series of questions relating to various aspects of people's lives. For each question please answer with a number between 1 and 7. Take your time to think about each question before answering.

L1
SCOH-Q1 In this first question 1 means very often and 7 means very seldom or never. How often do you have the feeling that you don't really care about what goes on around you?

- 1 Very often
- 2
- 3
- 4
- 5
- 6
- 7 Very seldom or never


L2
SCOH-Q2 In this question 1 means that it has always happened and 7 means it has never happened. How often in the past were you surprised by the behaviour of people whom you thought you knew well?

- 1 Always happened
- 2
- 3
- 4

5
6
7 Never happened


L3
SCOH-Q3 In this question 1 means that it has always happened and 7 means it has never happened. How often have people you counted on disappointed you?

1 Always happened
2
3
4
5
6
7 Never happened




L4
SCOH-Q4 In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling you're being treated unfairly?

1 Very often
2
3
4
5
6
7 Very seldom or never




L5
SCOH-Q5 In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling you are in an unfamiliar situation and don't know what to do?

1 Very often
2
3
4
5
6
7 Very seldom or never



L6
SCOH-Q6 In this question 1 means very often and 7 means very seldom or never. How often do you have very mixed-up feelings and ideas?


1 Very often
2
3
4
5
6



7 Very seldom or never


L7
SCOH-Q7 In this question 1 means very often and 7 means very seldom or never. How often do you have feelings inside that you would rather not feel?

1 Very often
2
3
4
5
6
7 Very seldom or never




L8
SCOH-Q8 In this question 1 means very seldom or never and 7 means very often. Many people -- even those with a strong character -- sometimes feel down on themselves in certain situations. How often have you felt this way in the past?

1 Very seldom or never
2
3
4
5
6
7 Very often




L9
SCOH-Q9 In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling that there's little meaning in the things you do in your daily life?

1 Very often
2
3
4
5
6
7 Very seldom or never



L10
SCOH-Q10 In this question 1 means very often and 7 means very seldom or never. How often do you have feelings that you're not sure you can keep under control?

1 Very often
2
3
4
5
6
7 Very seldom or never



L11
SCOH-Q11

In this question 1 means no clear goals or purpose and 7 means very clear goals and purpose.
Until now your life has had no clear goals or purpose or has it had very clear goals and purpose?

- 1 No clear goals or no purpose at all
- 2
- 3
- 4
- 5
- 6
- 7 Very clear goals and purpose



L12
SCOH-Q12

In this question 1 means you overestimate or underestimate importance and 7 means you see things in the right proportion. When something happens, you generally find that you overestimate or underestimate its importance or you see things in the right proportion?

- 1 Overestimate or underestimate its importance
- 2
- 3
- 4
- 5
- 6
- 7 See things in the right proportion



For information only

L13
SCOH-Q13

In this question 1 means a source of great pleasure and satisfaction and 7 means a source of pain and boredom. Is doing the things you do every day a source of great pleasure and satisfaction or a source of pain and boredom?

- 1 A great deal of pleasure and satisfaction
- 2
- 3
- 4
- 5
- 6
- 7 A source of pain and boredom



Health Status

M-INT The next set of questions ask about your day to day health. The questions are **not** about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.

Vision

M1 Are you *usually* able to see well enough to read ordinary newsprint *without* glasses or contact lenses?
HSTAT-Q1

- Yes (Go to M4)
- No

M2 Are you *usually* able to see well enough to read ordinary newsprint *with* glasses or contact lenses?
HSTAT-Q2

- Yes (Go to M4)
- No

M3 Are you able to see at all?
HSTAT-Q3

- Yes
- No (Go to M6)

M4 Are you able to see well enough to recognize a friend on the other side of the street *without* glasses or contact lenses?
HSTAT-Q4

- Yes (Go to M6)
- No

M5 Are you *usually* able to see well enough to recognize a friend on the other side of the street *with* glasses or contact lenses?
HSTAT-Q5

- Yes
- No

Hearing

M6
HSTAT-Q6 Are you *usually* able to hear what is said in a group conversation with at least three other people *without* a hearing aid?

Yes (Go to M10)
 No

M7
HSTAT-Q7 Are you *usually* able to hear what is said in a group conversation with at least three other people *with* a hearing aid?

Yes (Go to M8)
 No

M7a
HSTAT-Q7A Are you able to hear at all?

Yes
 No (Go to M10)

M8
HSTAT-Q8 Are you *usually* able to hear what is said in a conversation with one other person in a quiet room *without* a hearing aid ?

Yes (Go to M10)
 No

M9
HSTAT-Q9 Are you *usually* able to hear what is said in a conversation with one other person in a quiet room *with* a hearing aid?

Yes
 No

Speech

M10
HSTAT-Q10 Are you *usually* able to be understood *completely* when speaking with strangers in your own language?

Yes (Go to M14)
 No

M11
HSTAT-Q11 Are you able to be understood *partially* when speaking with strangers?

Yes
 No

M12
HSTAT-Q12 Are you able to be understood *completely* when speaking with those who know you well?

Yes (Go to M14)
 No

M13
HSTAT-Q13 Are you able to be understood *partially* when speaking with those who know you well?

- Yes
- No

Getting Around

M14
HSTAT-Q14 Are you *usually* able to walk around the neighbourhood *without* difficulty and *without* mechanical support such as braces, a cane or crutches?

- Yes (Go to M21)
- No

M15
HSTAT-Q15 Are you able to walk at all?

- Yes
- No (Go to M18)

M16
HSTAT-Q16 Do you require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

- Yes
- No

M17
HSTAT-Q17 Do you require the help of another person to be able to walk?

- Yes
- No

M18
HSTAT-Q18 Do you require a wheelchair to get around?

- Yes
- No (Go to M21)

M19
HSTAT-Q19 How often do you use a wheelchair?
(Read list. Mark one only.)

- Always
- Often
- Sometimes
- Never

M20
HSTAT-Q20 Do you need the help of another person to get around in the wheelchair?

- Yes
- No

Hands and Fingers

M21 Are you *usually* able to grasp and handle small objects such as a pencil and scissors?

HSTAT-Q21

- Yes (Go to M25)
- No

M22
HSTAT-Q22 Do you require the help of another person because of limitations in the use of hands or fingers?

- Yes
- No (Go to M24)

M23
HSTAT-Q23 Do you require the help of another person with:
(Read list. Mark one only.)

- Some tasks?
- Most tasks?
- Almost all tasks?
- All tasks?

M24
HSTAT-Q24 Do you require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?

- Yes
- No

Feelings

M25
HSTAT-Q25 Would you describe yourself as being *usually*:
(Read list. Mark one only.)

- Happy and interested in life?
- Somewhat happy?
- Somewhat unhappy?
- Unhappy with little interest in life?
- So unhappy that life is not worthwhile?

Memory

M26
HSTAT-Q26 How would you describe your *usual* ability to remember things? Are you:
(Read list. Mark one only.)

- Able to remember most things?
- Somewhat forgetful?
- Very forgetful?
- Unable to remember anything at all? (PROXY use only)

Thinking

M27
HSTAT-Q27 How would you describe your *usual* ability to think and solve day to day problems? Are you:
(Read list. Mark one only.)

- Able to think clearly and solve problems?
- Having a little difficulty?
- Having some difficulty?
- Having a great deal of difficulty?
- Unable to think or solve problems? (PROXY use only)

Pain and Discomfort

M28 Are you *usually* free of pain or discomfort?
HSTAT-Q28

- Yes (Go to Drug Use)
- No

M29 How would you describe the *usual* intensity of your pain or discomfort?
HSTAT-Q29 (Read list. Mark one only.)

- Mild
- Moderate
- Severe

M30 How many activities does your pain or discomfort prevent?
HSTAT-Q30 (Read list. Mark one only.)

- None
- A few
- Some
- Most

Drug Use

N-INT Now I'd like to ask a few questions about your use of medications, both prescription and over-the-counter as well as other health products.

N1 In the past month, did you take any of the following medications?
DRUG-Q1 (Read list. Mark all that apply.)

- Pain relievers such as aspirin or tylenol (includes arthritis medicine and anti-inflammatories)
- Tranquilizers such as valium
- Diet pills
- Anti-depressants
- Codeine, Demerol or Morphine
- Allergy medicine such as "Sinutab"
- Asthma medications
- Cough or cold remedies
- Penicillin or other antibiotic
- Medicine for the heart
- Medicine for blood pressure
- Diuretics or water pills
- Steroids
- Insulin
- Pills to control diabetes

- Sleeping pills
- Stomach remedies
- Laxatives
- Hormones for menopause or aging symptoms (Ask if female 30 and over)
- Birth control pills (Ask if female less than 50)
- Any other medication (Specify _____)
- None of the above

(If ANY drugs YES, go to N2. Otherwise go to N4.)

N2
DRUG_Q2 Now, I am referring to yesterday and the day before yesterday. During those two days, how many different medications did you take?

Number of different medications

(If "0" go to N4. Else ask N3 ... up to a maximum of 12 products.)

N3
DRUG-Q3 What is the exact name of the medication that you took? (Ask the person to look at the bottle, tube or box.) (i.e. Extra strength Tylenol)

N4
DRUG_Q4 There are many other health products such as ointments, vitamins, herbs, minerals, teas or protein drinks which people use to prevent illness or to improve or maintain their health. Do you use any of these or other health products?

- Yes
- No (Go to Mental Health)

N5
DRUG-Q5 What is the exact name of the health product that you use? (Ask the person to look at the bottle, tube or box.) (up to 12 products)

Mental Health

(If Proxy, go to Social Support.)

O-INTa Now some questions about mental and emotional well-being. During the past month, that is from DD/MM to DD/MM, about how often did you feel:

Period: Month 94 Month 94

O1a
MHLTH-Q1A ... so sad that nothing could cheer you up?
(Read list. Mark one only.)

- All of the time
- Most of the time
- Some of the time

- A little of the time
- None of the time

O1b ... nervous?
MHLTH-Q1B (Read list. Mark one only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

O1c ... restless or fidgety?
MHLTH-Q1C (Read list. Mark one only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

O1d ... hopeless?
MHLTH-Q1D (Read list. Mark one only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

O1e ... worthless?
MHLTH-Q1E (Read list. Mark one only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

O1f During the past month, about how often did you feel that everything was an effort?
MHLTH-Q1F (Read list. Mark one only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

(If all answers to a) - f) are “none of the time” go to O1k.)

O1g We have just been talking about feelings and experiences that occurred to different degrees during the past month. Taking them altogether, did these feelings occur *more often* in the past month than is usual for you, *less often* than usual, or *about the same* as usual?
MHLTH-Q1G

(Do not read list. Mark one only.)

- More often
- Less often (Go to O1i)
- About the same (Go to O1j)
- Never have had any (Go to O1k)

O1h
MHLTH-Q1H Is that *a lot* more, *somewhat* or only *a little* more often than usual?
(Do not read list. Mark one only.)

- A lot more
- Somewhat more
- A little more

(Go to Q1j)

O1i
MHLTH-Q1I Is that *a lot* less, *somewhat* or only *a little* less often than usual?
(Do not read list. Mark one only.)

- A lot less
- Somewhat less
- A little less

O1j
MHLTH-Q1J How much do these experiences usually interfere with your life or activities?
(Read list. Mark one only.)

- A lot
- Some
- A little
- Not at all

Period: Month 93 Month 94

O1k
MHLTH-Q1K In the past 12 months, that is from DD/MM/93 to DD/MM/94, have you seen or talked on the telephone to a health professional about your emotional or mental health?

- Yes
- No (Go to O2.)

O1
MHLTH-Q1L How many times (in the past 12 months)?

of times

O2
MHLTH-Q2 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

- Yes
- No (Go to O16)

O3
MHLTH-Q3 For the next few questions, please think of the 2-week period during the past 12 months when these feelings were worst. During that time how long did these feelings usually last?

(Read list. Mark one only.)

- All day long
- Most of the day
- About half of the day (Go to O16)
- Less than half the day (Go to O16)

O4
MHLTH-Q4 How often did you feel this way during those 2 weeks?
(Read list. Mark one only.)

- Every day
- Almost every day
- Less often (Go to O16)

O5
MHLTH-Q5 During those 2 weeks did you lose interest in most things?

- Yes (KEY PHRASE = LOSING INTEREST)
- No

O6
MHLTH-Q6 Did you feel tired out or low on energy all of the time?

- Yes (KEY PHRASE = FEELING TIRED)
- No

O7
MHLTH-Q7 Did you gain weight, lose weight or stay about the same?
(Do not read list. Mark one only.)

- Gained weight (KEY PHRASE = GAINING WEIGHT)
- Lost weight (KEY PHRASE = LOSING WEIGHT)
- Stayed about the same (Go to O9)
- Was on a diet (Go to O9)

O8
MHLTH-Q8 About how much did you (gain/lose)?

- pounds or kilograms

O9
MHLTH-Q9 Did you have more trouble falling asleep than you usually do?

- Yes (KEY PHRASE = TROUBLE FALLING ASLEEP)
- No (Go to O11)

O10
MHLTH-Q10 How often did that happen?
(Read list. Mark one only.)

- Every night
- Nearly every night
- Less often

O11
MHLTH-Q11 Did you have a lot more trouble concentrating than usual?

Yes (KEY PHRASE = TROUBLE CONCENTRATING)
 No

O12 **MHLTH-Q12** At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

Yes (KEY PHRASE = FEELING DOWN ON YOURSELF)
 No

O13 **MHLTH-Q13** Did you think a lot about death - either your own, someone else's, or death in general?

Yes (KEY PHRASE = THOUGHTS ABOUT DEATH)
 No

(If any "yes" in O5, O6, O9, O11, O12 or O13, or O7 is "gain" or "lose" then go to O14. Otherwise, go to Social Support.)

O14 **MHLTH-Q14** Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like (KEY PHRASES). About how many weeks altogether did you feel this way during the past 12 months?

of weeks (IF greater than 51 weeks, go to Social Support.)

O15 **MHLTH-Q15** Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

<input type="checkbox"/> January	<input type="checkbox"/> July
<input type="checkbox"/> February	<input type="checkbox"/> August
<input type="checkbox"/> March	<input type="checkbox"/> September
<input type="checkbox"/> April	<input type="checkbox"/> October
<input type="checkbox"/> May	<input type="checkbox"/> November
<input type="checkbox"/> June	<input type="checkbox"/> December

(Go to Social Support.)

O16 **MHLTH-Q16** During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

Yes
 No (Go to Social Support)

O17 **MHLTH-Q17** For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?

(Read list. Mark one only.)

All day long
 Most of the day
 About half of the day (Go to Social Support)
 Less than half the day (Go to Social Support)

O18
MHLTH-Q18

How often did you feel this way during those 2 weeks?
(Read list. Mark one only.)

- Every day
- Almost every day
- Less often (Go to Social Support)

O19
MHLTH-Q19

During those 2 weeks did you feel tired out or low on energy all the time?

- Yes (KEY PHRASE = FEELING TIRED)
- No

O20
MHLTH-Q20

Did you gain weight, lose weight, or stay about the same?
(Do not read list. Mark one only.)

- Gained weight (KEY PHRASE = GAINING WEIGHT)
- Lost weight (KEY PHRASE = LOSING WEIGHT)
- Stayed about the same (Go to O22)
- Was on a diet (Go to O22)

O21
MHLTH-Q21

About how much did you (gain/lose)?

- pounds or kilograms

O22
MHLTH-Q22

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

- Yes (KEY PHRASE = TROUBLE FALLING ASLEEP)
- No (Go to O24)

O23
MHLTH-Q23

How often did that happen during those 2 weeks?
(Read list. Mark one only.)

- Every night
- Nearly every night
- Less often

O24
MHLTH-Q24

Did you have a lot more trouble concentrating than usual?

- Yes (KEY PHRASE = TROUBLE CONCENTRATING)
- No

O25
MHLTH-Q25

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

- Yes (KEY PHRASE = FEELING DOWN ON YOURSELF)
- No

O26
MHLTH-Q26

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

- Yes (KEY PHRASE = THOUGHTS ABOUT DEATH)
- No

(If any "yes" in O19, O22, O24, O25 or O26, or O20 is "gain" or "lose", go to O27. Otherwise, go to Social Support.)

O27
MHLTH-Q27 Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES). About how many weeks did you feel this way during the past 12 months?

___ # of weeks (IF greater than 51 weeks, go to Social Support)

O28
MHLTH-Q28 Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?

___	January	___	July
___	February	___	August
___	March	___	September
___	April	___	October
___	May	___	November
___	June	___	December

Social Support

(If Proxy, go to Health Number)

P-INT Now, a few questions about your contact with different groups and support from family and friends.

P1
SOCSUP-Q1 Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs?

___ Yes
___ No (Go to P2a)

P2
SOCSUP-Q2 How often did you participate in meetings or activities sponsored by these groups in the past 12 months? If you belong to many, just think of the ones in which you are most active.
(Read list. Mark one only.)

___ At least once a week
___ At least once a month
___ At least 3 or 4 times a year
___ At least once a year
___ Not at all

P2a
SOCSUP-Q2A Other than on special occasions (such as weddings, funerals, potlatches, or baptisms), how often did you attend religious services or religious meetings in the past 12 months?
(Read list. Mark one only.)

___ At least once a week
___ At least once a month
___ At least 3 or 4 times a year
___ At least once a year
___ Not at all

P3 Do you have someone you can confide in, or talk to about your private feelings or concerns?

SOCSUP-Q3

- Yes
- No

P4
SOCSUP-Q4 Do you have someone you can really count on to help you out in a crisis situation?

- Yes
- No

P5
SOCSUP-Q5 Do you have someone you can really count on to give you advice when you are making important personal decisions?

- Yes
- No

P6
SOCSUP-Q6 Do you have someone that makes you feel loved and cared for?

- Yes
- No

P7
SOCSUP-Q7 The next few questions are about your contact in the past 12 months with persons *who do not live with you* either in person, by phone, or by mail. If you have more than one person in a category, for example, several sisters, think of the one with whom you have the most contact. How often did you have contact with [fill with categories below]?

- Your parents or parents-in-law
- Your grandparents
- Your daughters or daughters-in-law
- Your sons or sons-in-law
- Your brothers or sisters
- Other relatives (including in-laws)
- Your close friends
- Your neighbours

Choice of responses are: (Do not read list. Mark one only for each category.)

- Don't have any
- Every day
- At least once a week
- Once a month
- 2 or 3 times a month
- A few times a year
- Once a year
- Never

Health Number

Q1
H06-HLTH# We are seeking your permission to link information collected during this interview with territorial health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, physician's offices or other services provided by the territory. This information will be used for statistical purposes only. Do we have your permission?

Yes
 No (Go to Socio-Demographics)

Q2 Having a territorial health number will assist us in linking to this other information. What is your territorial health number?
H06-HLTH#

N.W.T. _____

Yukon ____ ____ ____

Socio-demographic Characteristics

R-INT Now I'd like to ask some general questions.

Country of Birth/Year of Immigration

R1 In what country were/was you/... born?
SOCIO-Q1 (Do not read list. Mark one only.)

- Canada (Go to Ethnicity)
- China
- France
- Germany
- Greece
- Guyana
- Hong Kong
- Hungary
- India
- Italy
- Jamaica
- Netherlands
- Philippines
- Poland
- Portugal
- United Kingdom
- United States
- Viet Nam
- Other (Specify _____)

R2a Of what country are/is you/.. a citizen?
N/A

- Canada, citizen by birth (Go to Ethnicity)
- Canada, by naturalization
- Same as country of birth
- Other country

R2b Are/Is you/... now, or have/has you/... ever been a landed immigrant?
N/A

- Yes
- No

R3 In what year did you/... first immigrate to Canada?
SOCIO-Q3

____ Year (4 digits)

Ethnicity

R4 To which ethnic or cultural group(s) did your/his/her ancestors belong? (For example: French, British, Chinese, etc.)
SOCIO-Q4

(Do not read list. Mark all that apply.)

- | | | | |
|--------------------------|---------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Canadian | <input type="checkbox"/> | Chinese |
| <input type="checkbox"/> | French | <input type="checkbox"/> | Jewish |
| <input type="checkbox"/> | English | <input type="checkbox"/> | Polish |
| <input type="checkbox"/> | German | <input type="checkbox"/> | South Asian |
| <input type="checkbox"/> | Scottish | <input type="checkbox"/> | Black |
| <input type="checkbox"/> | Irish | <input type="checkbox"/> | North American Indian |
| <input type="checkbox"/> | Italian | <input type="checkbox"/> | Metis |
| <input type="checkbox"/> | Ukrainian | <input type="checkbox"/> | Inuit/Eskimo |
| <input type="checkbox"/> | Dutch (Netherlands) | <input type="checkbox"/> | Other (Specify _____) |

Language

R5 **SOCIO-Q5** In which languages can you/... conduct a conversation?
(Do not read list. Mark all that apply.)

- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | English |
| <input type="checkbox"/> | French |
| <input type="checkbox"/> | Other (Specify _____) |
| <input type="checkbox"/> | Other (Specify _____) |

R6 **SOCIO-Q6** What is the language that you/... first learned at home in childhood and can still understand? (If you/... can no longer understand the first language learned, choose the second language learned.)
(Do not read list. Mark all that apply.)

- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | English |
| <input type="checkbox"/> | French |
| <input type="checkbox"/> | Other (Specify _____) |
| <input type="checkbox"/> | Other (Specify _____) |

Race

R6B **N/A** Do you consider yourself/... to be a First Nations person that is Indian, Metis, or Inuit?

- | | | | | |
|--------------------------|-----|---------|--------------------------|-----------------------|
| <input type="checkbox"/> | Yes | Is that | <input type="checkbox"/> | North American Indian |
| <input type="checkbox"/> | No | | <input type="checkbox"/> | Metis |
| | | | <input type="checkbox"/> | Inuit |

(If yes, go to Education)

R7 **SOCIO-Q7** How would you best describe your/... 's race or colour?
(Do not read list. Mark all that apply.)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | White (e.g. British, French, European, Latin/South American of European background) |
| <input type="checkbox"/> | Black |
| <input type="checkbox"/> | Korean |
| <input type="checkbox"/> | Filipino |
| <input type="checkbox"/> | Japanese |
| <input type="checkbox"/> | Chinese |
| <input type="checkbox"/> | Native/Aboriginal Peoples of North America
(North American Indian, Metis, Inuit) |
| <input type="checkbox"/> | South Asian (e.g. Indian from India or Uganda, Pakistani, Punjabi, Tamil) |
| <input type="checkbox"/> | South East Asian (e.g. Vietnamese, Thai, Laotian) |

- ___ West East Asian or North African (e.g. Armenian, Syrian, Moroccan)
 ___ Other (Specify _____)

Education

S1 **EDUC-Q1** Excluding kindergarten, how many years of elementary and high school have/has you/... successfully completed?
 (Do not read list. Mark one only.)

- | | |
|---------------------------------------|--------------|
| ___ No schooling (Go to Labour Force) | ___ Ten |
| ___ One to five years | ___ Eleven |
| ___ Six | ___ Twelve |
| ___ Seven | ___ Thirteen |
| ___ Eight | ___ G.E.D. |
| ___ Nine | |

(If age less than 15 years, go to Labour Force)

S2 **EDUC-Q2** Have/has you/... graduated from high school?

- ___ Yes
 ___ No

S3 **EDUC-Q3** Have/has you/... ever attended any other kind of school such as university, community college, business school, trade or vocational school, CEGEP or other post-secondary institution?

- ___ Yes
 ___ No (Go to S-Int5)

S4 **EDUC-Q4** What is the highest level of education that you/... have/has attained?
 (Do not read list. Mark one only.)

- ___ Some trade, technical, vocational school or business college
 ___ Some community college, CEGEP or nursing school
 ___ Some university
 ___ Diploma or certificate from trade, technical or vocational school, or business college
 ___ Diploma or certificate from community college, CEGEP, or nursing school
 ___ Bachelor's or undergraduate degree or teacher's college (e.g., B.A., B.Sc., LL.B.)
 ___ Master's (e.g. M.A., M.Sc., M.Ed.)
 ___ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
 ___ Earned doctorate (e.g. Ph.D., D.Sc., D.Ed.)
 ___ Other (Specify _____)

S-Int5 If age 65 or greater, go to Labour Force.

S5 **EDUC-Q5** Are/Is you/... currently attending a school, college or university?

- ___ Yes
 ___ No (Go to Labour Force)

S6 **EDUC-Q6** Are/Is you/... enrolled as a full-time or part-time student?

- full-time
- part-time

Labour Force

(If age less than 15 years, go to Administration.)

T1
LFS-Q1 What do/does you/... consider to be your/his/her current main activity? (For example, working for pay, caring for family.)
(Read list. Mark one only.)

- Caring for family
- Working for pay or profit
- Caring for family and working for pay or profit
- Going to school
- Recovering from illness/on disability
- Looking for work
- Retired
- Other (Specify _____)

T1-12 The next section contains questions about jobs or employment which you/... have/has had during the past 12 months. Please include such employment as part-time jobs, contract work, baby sitting and any other paid work.

T2
LFS-Q2 Have/has you/... worked for pay or profit at any time in the past 12 months?

- Yes
- No (Go to T17B)

(If T1 = retired and T2 = no, go to Administration.)

Note: Questions LFS-Q3 to LFS-Q7 and LFS-Q11 are done as a roster allowing up to 6 jobs to be entered.

T3.n
LFS-Q3.n For whom/whom else have/has you/... worked for pay or profit in the past 12 months?

T4.n
LFS-Q4.n Did you/... have that job 1 year ago, that is, on DD/MM/1993 without a break in employment since then?

- Yes (Go to T6.n)
- No

T5.n
LFS-Q5.n When did you/... start working at this job or business?

dd mm yy

T6.n
LFS-Q6.n Do/Does you/... now have that job?

- Yes (Go to T11.n)
- No

T7.n When did you/... stop working at this job or business?

LFS-Q7.n

dd mm yy

T11.n
LFS-Q11.n Did you/... do any other work for pay or profit in the past 12 months?

Yes (Go to T3.n if n < 6; Else go to T12)
 No

T12
LFS-Q12 Which was the main job?

Enter job number 1 to 6

T12.1
LFS-Q8 About how many hours per week do/did you/... usually work at this job?

Hours

T12.2
LFS-Q9 Which of the following best describes the hours you/... usually work/works/worked at this job?
(Read list. Mark one only.)

- Regular daytime schedule or shift
- Regular evening shift
- Regular night or graveyard shift
- Rotating shift (change from days to evenings to nights)
- Other (Specify _____)
- Split shift
- On call
- Irregular schedule

T12.3
LFS-Q10 Do/Did you usually work on weekends at this job?

Yes
 No

T13
LFS-Q13 Thinking about this/the main job, what kind of business, service or industry is this? (For example, farm, trapping, road maintenance, retail shoe store, secondary school.)

T14
LFS-Q14 Again, thinking about this/the main job, what kind of work are you/... doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit, food processing labourer.)

T15
LFS-Q15 In this work, what are your/... 's most important duties or activities? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

T16 Did you work mainly for others for wages or commission or in your own business, farm or

LFS-Q16

practice?

(Do not read list. Mark one only.)

- For others for wages, salary or commission
- In own business, farm or professional practice
- Unpaid family worker

(If job gap less than or equal to 6 days, go to Administration.)

T17B

What is the reason that you/... are/is currently/were not working for pay or profit?

LFS-Q17A

(Do not read list. Mark one only.)

LFS-Q17B

- Own illness or disability
- Pregnancy
- Caring for own children
- Caring for elder relative(s)
- Other personal or family responsibilities
- School or educational leave
- Labour dispute
- Temporary layoff due to seasonal conditions
- Temporary layoff - non-seasonal
- Permanent layoff
- Unpaid or partially paid vacation
- Other (Specify _____)
- No period not working for pay or profit in the past year
- No work available

Administration

COMPLETED BY:

NAME: _____

ID:

For information only