

1: INTRO

\$N

Hello. My name is \_\_\_ and I'm calling on behalf of the Vancouver Health region, the british Columbia Centre for Disease Control and Health Canada. May I please speak to an adult in the household OR <int2b><SELC4><int1><opnb2>.

yes 1

no 2 => INT

callback 3 => INT

2: LANG

choose the code which corresponds to the language used during this survey.

english 1

french 2

cantonese 3

3: INT1

When would be a good time to call-back so that I may speak with them and who should I ask for when I call? Thank you, I will call them back later.

=> INT2

if INTRO=1

name and time for Call-back 01 O => INT

refused to answer 99 => INT

4: INT2

We are currently doing a research study to find out the amount of stomach and intestinal illness among people who live in the Vancouver region. Your phone number has been randomly selected to be included in this confidential and voluntary study. We mailed letters to all the randomly selected households describing the study. Did you receive this letter?

yes 1

no 2

don't remember 3

never mailed 4

5: INT22

Do you have a few moments to spend with me today answering questions about your health?

yes 1 => INT4

no 2

refused3 => INT

6: INT2A

May I call back at a more convenient time?

yes 1

no 2 => INT

7: INT2B

When would be a good time to call you back and who should I ask for?

callback name 01 O => INT

refused99 => INT

8: INT4

Have I called a residential number or is this a commercial number?

residential 1 => INT6

commercial 2

9: INT5

Thank you very much for your time but we are only interviewing residences.

stop 1 => INT

10: INT6

Is this residence located within the city of Vancouver?

YES 1

NO 2 => INT7

11: PC

Would you please tell me your residential postal code?

A9A 9A9

Refused to answer 999999¢

12: INT7

Thank you for your time but we are only interviewing people residing in the city of Vancouver.

=> SELC1

if INT6=1

stop 1 D => INT

13: SELC1

Our study requires that we randomly select one person who lives in your household to be interviewed. How many people live in this household?

\$E

only one person in household 01 => OPEN1

don't know 97

refused to answer 99

14: SELC3

Who in your household, including yourself, will be next to celebrate their birthday?

self 01 => OPEN1

husband 02

wife 03

daughter 04

son 05

parent/relative 06  
refused99 => INT

15: SELC4  
Would you please tell me their name?  
next birthday name 01 O  
refused99

16: SELC5  
Is <SELC4>.....  
over 18 years 01  
12-18 02 => OPENB  
less than 12 03 => OPENB  
refused99

17: SELC6  
Is <SELC4> available to talk to me?  
=> OPEN2  
if SELC5>01  
yes 1 => OPEN6  
no 2

18: SELC7  
When would be a good time to call-back so that I may speak with <SELC4>?  
1 => INT

19: OPEN1  
I'd like to ask you some questions about your health. As I mentioned at the start of our conversation, this study is confidential and voluntary. This is an anonymous survey - we will not ask for your full name and address, and your phone number will be deleted from our records after the interview is complete. There is no risk to you, and your participation is by choice. As part of the Vancouver Health region, your participation in this study is extremely valuable, since it will allow us to better target prevention and other public health programs. May I begin?  
=> OPEN5  
if SELC5=02,03,99  
YES 1 => A1  
NO Thank you for your time. 2 => INT

20: OPEN2  
I was speaking with <SELC3> earlier. We are currently doing a study to find out the amount of stomach and intestinall illness among people who live in the Vancouver region and you were chosen randomoly to be included in this confidential and voluntary survey. Your participation in this study is extremely valuable, since it will allow us to better target prevention and other public health programs.

21: OPEN3

I'd like to now ask you some questions about your health. As I mentioned, this study is confidential and voluntary. This is an anonymous survey, we will not ask for your full name or address, and your phone number will be deleted from our records after the interview is complete. There is no risk to you, and your participation is by choice. May I begin?

yes 1 => A1  
no 2 => INT

22: OPENB

May I confirm that you are the legal guardian of <SELC4>?

yes 1 => OPEN5  
no 2

23: OPNB1

May I call back to speak with <SELC4>'s legal guardian?

Yes 1  
No 2 => INT

24: OPNB2

Who should I ask for and when should I call them.

legal guardian name 01 O => INT

25: OPEN5

I'd like to now ask you some questions about (<SELC4>)'s health. As I mentioned at the start of our conversation, this study is confidential and voluntary. This is an anonymous survey, we will not ask for your full name or address, and your phone number will be deleted from our records after the interview is complete. There is no risk to your child, and your participation is by choice. As part of the greater Vancouver community, your participation is extremely valuable, since it will allow us to better target prevention and other public health programs. If you want to answer the questions for your child you may, or I can ask <SELC4> the questions directly during which you are welcome to remain on the line. Which would you prefer?

child 1  
proxy 2 => OPEN7

26: OPN5A

Would you please allow me to speak with <SELC4> now?

yes 01  
no, callback 02 => INT  
don't know 97 => INT  
refused99 => INT

27: OPEN6

Hi, my name is \_\_\_\_\_ and I am calling on behalf of the Vancouver Health region, the British Columbia Centre for Disease Control, and Health Canada. I just talked to your

(parent/gaurdian) about a survey we are doing and he/she said I could ask you some questions about your health. As we go you can ask me any questions you might have, or if you want me to stop or skip any questions I can. May I start?

yes 1 => A1  
no 2

28: OPEN7

May I begin?

yes 1  
no 2 => INT

29: A1

refer to a calender for the exact dates for the 4 weeks

I'm going to start by asking you some questions specifically about common symptoms of stomach and intestinal illness. In the past four weeks, did you (<SELC4>) or anyone in your household experiance any illness that included vomiting or diarrhea? By diarrhea I mean any stool with abnormal liguidity or any loose stool.

yes 01  
no 02 => D51  
don't know/not sure 97 => D51  
refused99 => D51

30: A1A

How many of the <SELC1> people in your household were ill?

\$E

=> A2

if SELC1=01

don't know/not sure 97  
refused99

31: A1B

Were you (Was <selc4>) one of the ill persons?

Yes 01  
No 02 => D51  
Don't know/not sure 97 => D51  
Refused to answer 99 => D51

32: A2

Did you (<SELC4>) have more than one episode of this kind of illness in this past month? By episode, I mean an illness during which you experienced vomiting or diarrhea that is separated from another such illness by 7 days or more.

yes 01  
no 02  
don't know/not sure 97  
refused99

33: A3

Please answer the rest of these questions for your <SELC4>('s) most recent episode of stomach and intestinal illness. What was the date you first noticed you <SELC4> were (was) ill?

\$C 20020401 20030801

don't know/not sure 99999997

refused to answer 99999999

34: A3E

And how many days in total did your (<selc4>) illness last including any days with diarrhea and/or vomiting and any days of general unwell feeling?

\$R.2

don't know/not sure 99997

refused to answer 99999

35: A4

During your (<SELC4>) most recent illness, did you (he/she) experience any vomiting?

yes 01 => A6

no 02

don't know/not sure 97

refused to answer 99

36: A5

During your (<SELC4>) most recent illness, did you (he/she) experience any diarrhea? By diarrhea I mean any stool with abnormal liquidity or any loose stool.

yes 01 => A14

no 02 => D51

don't know 97 => D51

refused to answer 99 => D51

37: A6

Are you (Is <SELC4>) still vomiting?

yes 01

no 02

don't know/not sure 97

refused to answer 99

38: A7

How many days did it last (has it lasted)?

\$R.2

Don't know / Not sure 99997

Refused 99999

39: A8

When your illness was at it's most severe what was the maximum number of times you (<SELC4>) vomited in a 24 hour period?

\$E

constant vomiting 88

don't know/not sure 97

refused99

40: A9

Have you (Has <SELC4>) been diagnosed, by a medical doctor, to have any pre-existing illnesses or conditions in which vomiting is a major symptom?

yes 01

no 02 => A11

don't know/not sure 97 => A11

refused99 => A11

41: A10

And do you think that the vomiting you just described was due to that illness or condition?

Yes 01 => A13

No 02

Don't know / Not sure 97

Refused 99

42: A11

Are you (Is <SELC4>) taking any medications or receiving any medical treatments known to cause vomiting or have vomiting as a side effect?

yes 01

no 02 => A13

don't know/not sure 97 => A13

refused99 => A13

43: A12

And do you think that the vomiting you just described was due to that medication or treatment?

Yes 01

No 02

Don't know / Not sure 97

Refused 99

44: A13

During the time that you were (<SELC4> was) vomiting, did you (they) also experience any diarrhea? By diarrhea I mean any stool with abnormal liquidity or any loose stool.

yes 01

no 02 => A23

don't know/not sure 97 => A23

refused99 => A23

45: A14

Do you (Does <SELC4>) still have diarrhea?

yes 01  
no 02  
don't know/not sure 97  
refused99

46: A15

How many days did it last (has it lasted)?

\$R.2

Don't know / Not sure 99997

Refused 99999

47: A16

When your diarrhea was the most severe, what was the maximum number of loose stools you (<SELC4>) had in a 24 hour period?

\$E

continual diarrhea 88  
don't know/not sure 97  
refused99

48: A17

At any time during your illness, did you (<SELC4>) have any blood in your (his/her) stool?

yes 01  
no 02 => A19  
don't know/not sure 97 => A19  
refused99 => A19

49: A18

And how much blood was there in your (<SELC4>) bloodiest stool? Was there just a little blood in the toilet or on the toilet paper, or was there some blood mixed with the stool or there was so much blood that the stool was almost entirely blood?

just a little blood in the toilet or on the toilet paper 01  
some blood mixed with the stool 02  
so much blood that the stool was almost entirely blood 03  
don't know/not sure 97  
refused99

50: A19

Have you (Has <SELC4>) been diagnosed, by a medical doctor, to have any pre-existing illnesses or conditions in which diarrhea is a major symptom?

yes 01  
no 02 => A21  
don't know/not sure 97 => A21  
refused99 => A21



51: A20

Do you think that the diarrhea you just described was due to that illness or condition?

Yes 01

No 02

Don't know / Not sure 97

Refused 99

52: A21

Are you (Is <SELC4>) taking any medications or receiving any medical treatments known to cause diarrhea or have diarrhea as a side effect?

yes 01

no 02 => A23

don't know/not sure 97 => A23

refused99 => A23

53: A22

And do you think that the diarrhea you just described was due to that medication or treatment?

Yes 01

No 02

Don't know / Not sure 97

Refused 99

54: A23

During the illness you just described where you (<SELC4>) had vomiting and/or diarrhea, did you (he/she) also experience any nausea?

=> D51C

if (A4>01 AND A20=01) OR (A10=01 AND A13>01) OR (A10=01 AND A20=01)

yes 01

no 02

don't know/not sure 97

refused99

55: A23A

During the illness you just described where you (<SELC4>) had vomiting and/or diarrhea, did you (he/she) also experience any stomach cramps or abdominal pain?

yes 01

no 02

don't know/not sure 97

refused99

56: A23B

During the illness you just described where you (<SELC4>) had vomiting and/or diarrhea, did you (he/she) also experience any fever?

yes 01

no 02

don't know/not sure 97  
refused99

57: A23C

During the illness you just described where you (<SELC4>) had vomiting and/or diarrhea, did you (he/she) also experience any chills?

yes 01

no 02

don't know/not sure 97

refused99

58: A23D

During the illness you just described, where you (<SELC4>) had vomiting and/or diarrhea, did you (he/she) also experience any muscle or joint pain or stiffness?

Yes 01

No 02

Don't know / Not sure 97

Refused 99

59: A23E

During the illness you just described where you (<SELC4>) had vomiting and/or diarrhea, did you (he/she) also experience any headache?

yes 01

no 02

don't know/not sure 97

refused99

60: A23F

During the illness you just described where you (<SELC4>) had vomiting and/or diarrhea, did you (he/she) also experience excessive thirst?

yes 01

no 02

don't know/not sure 97

refused99

61: A23G

During the illness you just described where you (<SELC4>) had vomiting and/or diarrhea, did you (he/she) also experience any lethargy or extreme tiredness?

yes 01

no 02

don't know/not sure 97

refused99

62: A23H

During the illness you just described where you (<SELC4>) had vomiting and/or diarrhea, did you (he/she) also experience sore throat or runny nose?

yes 01  
no 02  
don't know/not sure 97  
refused99

63: A23I

During the illness you just described where you (<SELC4>) had vomiting and/or diarrhea, did you (he/she) also experience any coughing or sneezing?

yes 01  
no 02  
don't know/not sure 97  
refused99

64: A23J

During the illness you just described where you (<SELC4>) had vomiting and/or diarrhea, did you (he/she) also experience any symptoms we have not mentioned yet?

yes 01  
no 02 => A24  
don't know/not sure 97 => A24  
refused99 => A24

65: A23K

What other symptoms did you (<SELC4>) experience?

other symptoms 01 O  
don't know/not sure 97  
refused99

66: A24

In the four weeks (28 days) before you (<SELC4>) developed the vomiting or diarrhea you just described, did you (he/she) take any prescription antibiotics?

yes 01  
no 02  
don't know/not sure 97  
refused99

67: A24A

In the four weeks (28 days) before you (<SELC4>) developed the vomiting or diarrhea you just described, did you (he/she) take any laxatives?

yes 01  
no 02  
don't know/not sure 97  
refused99

68: A24B

In the four weeks (28 days) before you (<SELC4>) developed the vomiting or diarrhea you just described, did you (he/she) take any antacids?

yes 01  
no 02  
don't know/not sure 97  
refused99

69: A24C

In the four weeks (28 days) before you (<SELC4>) developed the vomiting or diarrhea you just described, did you (he/she) take any medications or medical treatments known to weaken the immune system?

yes 01  
no 02  
don't know/not sure 97  
refused99

70: G8

Did you miss school or college because of your most recent experience of stomach and intestinal illness?

=> PG1

if OPEN5=2

Yes 01  
No 02 => I  
Don't know / not sure 97 => I  
Refused to answer 99 => I

71: H

Be sure to type in the units (hours, days, weeks)

How many hours, days or weeks were you away from school/college?

Time away from school 01 O

Don't know / not sure 97

Refused to answer 99

72: I

Are you employed?

Yes 01  
No 02 => T  
Don't know / not sure 97 => T  
Refused to answer 99 => T

73: I1

Are you employed as a food handler?

Yes 01 => J  
No 02  
Don't know / not sure 97  
Refused to answer 99

74: I2

Are you employed as a daycare worker?

Yes 01 => J

No 02

Don't know / not sure 97

Refused to answer 99

75: I3

Are you employed as a healthcare worker? Interviewer: A healthcare worker is someone who works with patients.

Yes 01

No 02

Don't know / not sure 97

Refused to answer 99

76: J

What is your occupation?

Occupation 01 O

Don't know /not sure 97

Refused to answer 99

77: K

Are you employed full or part-time?

Full-time 1

Part-time 2

Don't know / not sure 97

Refused to answer 99

78: L

How many hours do you work in a typical week?

Weekly hours 1 O

Don't know / not sure 97

Refused to answer 99

79: M

Did you take any time off of work because of your most recent experience of stomach and intestinal illness?

Yes 01 => M2

No 02

Don't know / not sure 97 => T

Refused to answer 99 => T

80: M1

Why didn't you take any time off work? Interviewer: you must choose other and type exactly what they say AND choose the most appropriate code.

Needed the money 1 => T

No sick days or holidays 2 => T

Important meeting / activity that could not be missed 3 => T  
Other - Free text 4 O => T  
Don't know / not sure 97 => T  
Refused to answer 99 => T

81: M2

DO NOT READ OUT CHOICES, BUT CHOOSE THE APPROPRIATE RESONSE)

Who decided that you should miss work because of your most recent experience of stomach or intestinal illness?

=> N

if NOT I1=01 AND NOT I2=01 AND NOT I3=01

Self (or self on behalf of child) 1

Employer 2

Public health 3

Family physician/GP 4

Other (specify) 5

Don't know / not sure 97

Refused to answer 99

82: M3

You stated that you first became ill on <A3>. How many days after your symptoms started did you first stay home from work?

Record # days 1 O

Don't know / not sure 97

Refused to answer 99

83: M4

Did you still have symptoms of stomach or intestinal illness when you returned to work?

Yes 01

No 02

Don't know / not sure 97

Refused to answer 99

84: N

How many hours, days or weeks did you take off from work?

time off work 01 O

Don't know / not sure 97

Refused to answer 99

85: F1

Record number of days, 1 week = 7 days

You said that you were ill for <A3E> days. During that time how many days were you in the hospital?

\$R.2

don't know 99997

Refused to answer 99999

86: F2

Record number of days, 1 week = 7 days

During the <A3E> days you were ill, how long were you at home confined to bed?

\$R.2

don't know/not sure 99997

refused99999

87: F3

Record number of days, 1 week = 7 days

During the <A3E> days you were ill, how long were you at home, able to get up but unable to do normal activities?

\$R.2

don't know/not sure 99997

refused99999

88: F4

Record number of days, 1 week = 7 days

During the <A3E> days you were ill, how long were you at home but able to do most normal activities?

\$R.2

don't know/not sure 99997

refused99999

89: F5

Record number of days, 1 week = 7 days

During the <A3E> days you were ill, how long were feeling ill but able to do normal activities?

\$R.2

don't know/not sure 99997

refused99999

90: O

Could you please estimate how much of your normal work was completed by others during the time you were not working?

% of work completed by others 1 O

Don't know / not sure 97

Refused to answer 99

91: P

Did you lose any income as a direct result of the time spent not working during your illness?

Yes 01

No 02 => R

Don't know / not sure 97 => R

Refused to answer 99 => R

92: Q

Could you please estimate how much income you lost as a result of the time spent not working?

Lost income 1 O  
Don't know / not sure 97  
Refused to answer 99

93: R

Did you lose or have to give up your job as a direct result of your illness?

Yes 1  
No 2 => T  
Don't know / not sure 97 => T  
Refused to answer 99 => T

94: S

For how long were you without work?

Lost work days 1 O  
Don't know / not sure 97  
Refused to answer 99

95: S1

Are you still without work?

Yes 01  
No 02  
Don't know / not sure 97  
Refused to answer 99

96: T

What, if any, proportion of childcare in your household are you normally responsible for?

=> W

if SELC1=01

% of childcare responsible for 01 O  
zero 02 => V  
no children 03 => W  
Don't know / not sure 97 => W  
Refused to answer 99 => W

97: U

During your illness what proportion of your normal contribution to childcare in your household were you able to make?

% of childcare contribution 1 O  
Don't know / not sure 97  
Refused to answer 99

98: V



During your illness, what proportion of the normal time spent on childcare in your household was actually performed by other members of the household?

=> W

if SELC1=01

% of childcare actually performed 1 O

Don't know / not sure 97

Refused to answer 99

99: W

What, if any, proportion of shopping for groceries in your household are you normally responsible for?

% of shopping responsibility 01 O

zero 02 => Y

Don't know / not sure 97

Refused to answer 99

100: X

During your illness what proportion of your normal contribution to shopping for groceries in your household were you able to make?

% of shopping for groceries 01 O

not applicable/didn't need 02

Don't know / not sure 97

Refused to answer 99

101: Y

During your illness, what proportion of the normal time spent on shopping for groceries in your household was actually performed by other members of the household?

=> Z

if SELC1=01

% of grocery shopping actual performed 01 O

not applicable/didn't need 02

Don't know / not sure 97

Refused to answer 99

102: Z

What, if any, proportion of meal preparation in your household are you normally responsible for?

% of meal preparation 01 O

zero 02 => BB

Don't know / not sure 97 => BB

Refused to answer 99 => BB

103: AA

During your illness what proportion of your normal contribution to meal preparation in your household were you able to make?

% of normal contribution to meal preparation 01 O

Don't know / not sure 97  
Refused to answer 99

104: BB

During your illness what proportion of the normal time spent on meal preparation in your household was actually performed by other members of the household?

=> CC

if SELC1=01

% of actual meal preparation 1

Don't know / not sure 97

Refused to answer 99

105: CC

What, if any proportion of cleaning in your household are you normally responsible for?

% of cleaning responsibility 01 O

zero 02 => EE

not applicable 03 => FF

Don't know / not sure 97 => FF

Refused to answer 99 => FF

106: DD

During your illness what proportion of your normal contribution to cleaning in your household were you able to make?

% of cleaning able to contribute too 01 O

not applicable/didn't need 02

Don't know / not sure 97

Refused to answer 99

107: EE

During your illness what proportion of the normal time spent on cleaning in your household was actually performed by other member of the household?

=> FF

if SELC1=01

% of cleaning actually performed 01 O

not applicable/didn't need 02

Don't know / not sure 97

Refused to answer 99

108: FF

What, if any, proportion of house repair and maintenance in your household are you normally responsible for?

% of house/garden responsible for 01 O

zero 02 => QFF1

not applicable/didn't need 03 => II

Don't know / not sure 97 => II

Refused to answer 99 => II

109: GG

During your illness what proportion of your normal contribution to house repair and maintenance in your household were you able to make?

% of house/garden able to contribute too 01 O

not applicable/didn't need 02

Don't know / not sure 97

Refused to answer 99

110: HH

During your illness what proportion of the normal time spent on house repair and maintenance in your household was actually performed by other members of the household?

=> QFF1

if SELC1=01

% of house/garden actually performed 01 O

Don't know / not sure 97

Refused to answer 99

111: QFF1

What, if any, proportion of garden maintenance in your household are you normally responsible for?

% of house/garden responsible for 01 O

zero 02 => QFF3

not applicable/didn't need 03 => II

Don't know / not sure 97 => II

Refused to answer 99 => II

112: QFF2

During your illness what proportion of your normal contribution to garden maintenance in your household were you able to make?

% of house/garden able to contribute too 01 O

not applicable/didn't need 02

Don't know / not sure 97

Refused to answer 99

113: QFF3

During your illness what proportion of the normal time spent on garden maintenance in your household was actually performed by other members of the household?

=> II

if SELC1=01

% of house/garden actually performed 01 O

Don't know / not sure 97

Refused to answer 99

114: II

Was any additional help which you had to pay for brought into the household to help with childcare, shopping for groceries, meal preparation, cleaning and/or house and garden repair and maintenance because of your illness?

- Yes 01
- No 02 => PG1
- Don't know / not sure 97 => PG1
- Refused to answer 99 => PG1

115: JJ

What was the approximate cost of this additional paid help?

- \$ Cost of paid help 1 O
- Don't know / not sure 97
- Refused to answer 99

116: PG1

Does your child attend daycare?

=> XX

if SELC1=01 OR SELC3=01 OR OPEN5=1 OR OPEN6=1

- Yes 01
- No 02 => PG8
- Don't know / Not sure 97 => PG8
- Refused to answer 99 => PG8

117: PG2

Did your child miss daycare because of their most recent experience of stomach and intestinal illness?

- Yes 01 => PG4
- No 02 => PG8
- Don't know / not sure 97 => PG8
- Refused to answer 99 => PG8

118: PG3

Record free text and choose category.

Why didn't your child stay home from daycare?

- Not serious enough 1
- No childcare 2
- Was not required to 3
- Child wanted to go 4
- Other (record free text) 5 O
- Don't know / not sure 97
- Refused to answer 99

119: PG4

(DO NOT READ OUT CHOICES, but choose the appropriate response).

Who decided that your child should miss daycare because of their most recent experience of stomach or intestinal illness? Interviewer: you must choose other: type what they say

AND choose an appropriate code

- Self (on behalf of child) 1
- Daycare staff 2
- Public health 3
- Family physician/GP 4
- Other (specify) 5 O
- Don't know / not sure 97
- Refused to answer 99

120: PG5

You stated that your child first became ill on <A3>. How many days after your child's symptoms started did he/she first stay home from daycare?

- Record # days after symptoms first started 01 O
- Don't know / not sure 97
- Refused to answer 99

121: PG6

Be sure to type units (hours, days, weeks)

How many hours, days or weeks was your child away from daycare?

- Time away from daycare 01 O
- Don't know / not sure 97
- Refused to answer 99

122: PG7

Did your child still have symptoms of stomach or intestinal illness when he/she returned to daycare?

- Yes 1
- No 2
- Don't know / not sure 97
- Refused to answer 99

123: PG8

Did you/your child miss school or college because of your/their most recent experience of stomach and intestinal illness?

- Yes 01
- No 02 => PI
- Don't know / not sure 97 => PI
- Refused to answer 99 => PI

124: PH

Be sure to type in the units (hours, days, weeks)

How many hours, days or weeks was your child away from school?

- Time away from school 01 O
- Don't know / not sure 97
- Refused to answer 99

125: PI

Is your child employed?

Yes 01

No 02 => PF1

Don't know / not sure 97 => PF1

Refused to answer 99 => PF1

126: PI1

Is your child employed as a food handler?

Yes 01

No 02

Don't know / not sure 97

Refused to answer 99

127: PI2

Is your child employed as a daycare worker?

Yes 01

No 02

Don't know / not sure 97

Refused to answer 99

128: PI3

Is your child employed as a healthcare worker? Interviewer: a healthcare worker works with patients

Yes 01

No 02

Don't know / not sure 97

Refused to answer 99

129: PJ

What is your child's occupation?

Occupation 01 O

Don't know /not sure 97

Refused to answer 99

130: PK

Is your child employed full or part-time?

Full-time 1

Part-time 2

Don't know / not sure 97

Refused to answer 99

131: PL

How many hours does your child work in a typical week?

Weekly hours 1 O

Don't know / not sure 97

Refused to answer 99

132: PM

Did your child take any time off of work because of their most recent experience of stomach and intestinal illness?

Yes 01 => PM2

No 02

Don't know / not sure 97 => PT

Refused to answer 99 => PT

133: PM1

Why didn't your child take any time off work? Interviewer: you must choose other and type exactly what they say AND choose the most appropriate code.

Needed the money 1 => PT

No sick days or holidays 2 => PT

Important meeting / activity that could not be missed 3 => PT

Other - Free text 4 O => PT

Don't know / not sure 97 => PT

Refused to answer 99 => PT

134: PM2

DO NOT READ OUT CHOICES, BUT CHOOSE THE APPROPRIATE RESONSE)

Who decided that your child should miss work because of their most recent experience of stomach or intestinal illness?

=> PN

if PI1>1 OR PI2>1 OR PI3>1

Self (or self on behalf of child) 1

Employer 2

Public health 3

Family physician/GP 4

Other (specify) 5

Don't know / not sure 97

Refused to answer 99

135: PM3

You stated that your child first became ill on <A3>. How many days after their symptoms started did your child first stay home from work?

Record # days 1 O

Don't know / not sure 97

Refused to answer 99

136: PM4

Did your child still have symptoms of stomach or intestinal illness when they returned to work?

Yes 01

No 02

Don't know / not sure 97  
Refused to answer 99

137: PN

How many hours, days or weeks did your child take off from work?

time off work 01 O

Don't know / not sure 97

Refused to answer 99

138: PF1

Record number of days, 1 week = 7 days

You said that <SELC4> was ill for <A3E>. During that time how many days were they in the hospital?

\$R.2

don't know/not sure 99997

refused99999

139: PF2

Record number of days, 1 week = 7 days

During the <A3E> days <SELC4> was ill, how long were they at at home confined to bed?

\$R.2

don't know/not sure 99997

refused99999

140: PF3

Record number of days, 1 week = 7 days

During the <A3E> days <SELC4> was ill, how long were they at at home able to get up but unable to do normal activites?

\$R.2

don't know/not sure 99997

refused99999

141: PF4

Record number of days, 1 week = 7 days

During the <A3E> days <SELC4> was ill, how long were they at at home but able to do most normal activites?

\$R.2

142: PF5

Record number of days, 1 week = 7 days

During the <A3E> days <SELC4> was ill, how long were they feeling ill but able to do normal activites?

\$R.2

don't know/not sure 99997

refused99999



143: PO

Could you please estimate how much of your child's normal work was completed by others during the time they were working?

=> PT

if PI=02,97,99

% of work completed by others 1 O

Don't know / not sure 97

Refused to answer 99

144: PP

Did your child lose any income as a direct result of the time spent not working during their illness?

Yes 01

No 02 => PR

Don't know / not sure 97 => PR

Refused to answer 99 => PR

145: PQ

Could you please estimate how much income your child lost as a result of the time spent not working?

Lost income 1 O

Don't know / not sure 97

Refused to answer 99

146: PR

Did your child lose or have to give up their job as a direct result of their illness?

Yes 1

No 2 => PT

Don't know / not sure 97 => PT

Refused to answer 99 => PT

147: PS

For how long was your child without work?

Lost work days 1 O

Don't know / not sure 97

Refused to answer 99

148: PS1

Are they still without work?

Yes 01

No 02

Don't know / not sure 97

Refused to answer 99

149: PT

What, if any, proportion of childcare in your household is your child normally responsible for?

% of childcare responsible for 01 O  
zero 02 => PV  
Don't know / not sure 97 => PW  
Refused to answer 99 => PW

150: PU

During your child's illness what proportion of their normal contribution to childcare in your household were they able to make?

% of childcare contribution 01 O  
Don't know / not sure 97  
Refused to answer 99

151: PV

During your child's illness, what proportion of the normal time spent on childcare in your household was actually performed by other members of the household?

% of childcare actually performed 1 O  
Don't know / not sure 97  
Refused to answer 99

152: PW

What, if any, proportion of shopping for groceries in your household is your child normally responsible for?

% of shopping responsibility 01 O  
zero 02 => PY  
Don't know / not sure 97 => PZ  
Refused to answer 99 => PZ

153: PX

During your child's illness what proportion of their normal contribution to shopping for groceries in your household were they able to make?

% of shopping for groceries 01 O  
not applicable/didn't need 02  
Don't know / not sure 97  
Refused to answer 99

154: PY

During your child's illness, what proportion of the normal time spent on shopping for groceries in your household was actually performed by other members of the household?

% of grocery shopping actual performed 01 O  
not applicable/didn't need 02  
Don't know / not sure 97  
Refused to answer 99

155: PZ

What, if any, proportion of meal preparation in your household is your child normally responsible for?

% of meal preparation 01 O  
zero 02 => PBB  
Don't know / not sure 97 => PCC  
Refused to answer 99 => PCC

156: PAA

During your child's illness what proportion of their normal contribution to meal preparation in your household were they able to make?

% of normal contribution to meal preparation 1 O  
Don't know / not sure 97  
Refused to answer 99

157: PBB

During your child's illness what proportion of the normal time spent on meal preparation in your household was actually performed by other members of the household?

% of actual meal preparation 1  
Don't know / not sure 97  
Refused to answer 99

158: PCC

What, if any proportion of cleaning in your household is your child normally responsible for?

% of cleaning responsibility 01 O  
zero 02 => PEE  
Don't know / not sure 97 => PFF  
Refused to answer 99 => PFF

159: PDD

During your child's illness what proportion of their normal contribution to cleaning in your household were they able to make?

% of cleaning able to contribute too 01 O  
not applicable/didn't need 02  
Don't know / not sure 97  
Refused to answer 99

160: PEE

During your child's illness what proportion of the normal time spent on cleaning in your household was actually performed by other member of the household?

% of cleaning actually performed 01 O  
not applicable/didn't need 02  
Don't know / not sure 97  
Refused to answer 99

161: PFF

What, if any, proportion of house repair and maintenance in your household is your child normally responsible for?

% of house/garden responsible for 01 O  
zero 02 => PQFF1  
not applicable 03 => PII  
Don't know / not sure 97 => PII  
Refused to answer 99 => PII

162: PGG

During your child's illness what proportion of their normal contribution to house repair and maintenance in your household were they able to make?

% of house/garden able to contribute too 01 O  
not applicable/didn't need 02  
Don't know / not sure 97  
Refused to answer 99

163: PHH

During your child's illness what proportion of the normal time spent on house repair and maintenance in your household was actually performed by other members of the household?

% of house/garden actually performed 01 O  
not applicable/didn't need 02  
Don't know / not sure 97  
Refused to answer 99

164: PQFF1

What, if any, proportion of garden maintenance in your household is your child normally responsible for?

% of house/garden responsible for 01 O  
zero 02 => PQFF3  
not applicable 03 => PII  
Don't know / not sure 97 => PII  
Refused to answer 99 => PII

165: PQFF2

During your child's illness what proportion of their normal contribution to garden maintenance in your household were they able to make?

% of house/garden able to contribute too 01 O  
not applicable/didn't need 02  
Don't know / not sure 97  
Refused to answer 99

166: PQFF3

During your child's illness what proportion of the normal time spent on garden maintenance in your household was actually performed, by other members of the household?

% of house/garden actually performed 01 O  
not applicable/didn't need 02  
Don't know / not sure 97  
Refused to answer 99

167: PII

Was any additional help, which you had to pay for, brought into the household to help with childcare, shopping for groceries, meal preparation, cleaning and/or house and garden repair and maintenance during your child's illness?

Yes 01  
No 02 => KK  
Don't know / not sure 97 => KK  
Refused to answer 99 => KK

168: PJJ

What was the approximate cost of this additional paid help?

\$ Cost of paid help 01 O  
Don't know / not sure 97  
Refused to answer 99

169: KK

Did you miss school or college because of your child's most recent experience of stomach and intestinal illness?

=> XX  
if OPEN5=1  
Yes 01  
No 02 => MM  
Don't know / not sure 97 => MM  
Refused to answer 99 => MM

170: LL

How many hours, days, or weeks were you away from school/college?

time missed from school/college 01 O  
don't know/not sure 97  
refused to answer 99

171: MM

Are you employed?

Yes 01  
No 02 => XX  
Don't know / not sure 97 => XX  
Refused to answer 99 => XX

172: NN

What is your occupation?

occupation 01 O

refused to answer 99

173: OO

Are you employed full or part-time?

full-time 01

part-time 02

don't know/not sure 97

refused to answer 99

174: PPP

How many hours do you work in a typical week?

typical work week 01 O

don't know 97

refused to answer 99

175: QQ

Did you take any time off of work because of your child's most recent experience of stomach and intestinal illness?

yes 01

no 02 => XX

don't know 97 => XX

refused to answer 99 => XX

176: RR

How many hours, days or weeks did you take off from work?

time away from work 01 O

don't know/not sure 97

refused to answer 99

177: SS

Could you please estimate how much of your normal work was completed by others during the time you were not working?

amount of work completed by others 01 O

don't know/not sure 97

refused to answer 99

178: TT

Did you lose any income as a direct result of the time spent not working during your child's illness?

yes 01

no 02 => WW

don't know/not sure 97 => WW

refused to answer 99 => WW

179: UU

Could you please estimate how much income you lost as a result of the time spent not

working?

lost income 01 O  
don't know/ not sure 97  
refused to answer 99

180: VV

Did you lose or have to give up your job as a direct result of your child's illness?

yes 01  
no 02 => XX  
don't know/not sure 97 => XX  
refused to answer 99 => XX

181: WW

For how long were you without work?

time without work 01 O  
don't know/not sure 97  
refused to answer 99

182: WW1

Are you still without work?

yes 01  
no 02  
refused to answer 99

183: XX

Did anyone else in your household take time off of work or school to care for you (your child)?

=> G  
if SELC1=01  
Yes 01  
No 02 => G  
Don't know / not sure 97 => G  
Refused to answer 99 => G

184: YY

Did this person miss school or college to care for you (your child)?

Yes 01  
No 02 => A  
Don't know / not sure 97 => A  
Refused to answer 99 => A

185: ZZ

How many hours, days or weeks were they away from school / college?

time away from school/college 01 O  
Don't know / not sure 97  
Refused to answer 99

186: A

Is this person employed?

Yes 01

No 02 => G

Don't know / not sure 97 => G

Refused to answer 99 => G

187: B

What is their occupation?

Occupation 01 O

Don't know / not sure 97

Refused to answer 99

188: C

Are they employed full or part-time?

Full-time 01

Part-time 02

Don't know / not sure 97

Refused to answer 99

189: D

How many hours do they work in a typical week?

# of working hours 01 O

Don't know / not sure 97

Refused to answer 99

190: E

Did this person take any time off of work because of your (your child's) most recent experience of stomach and intestinal illness?

Yes 01

No 02 => G

Don't know / not sure 97 => G

Refused to answer 99 => G

191: F

How many hours, days or weeks did they take off from work?

time off work 01 O

Don't know / not sure 97

Refused to answer 99

192: F1A

Could you please estimate how much of their normal work was completed by others during the time they were not working?

proportion of work done by others 01 O

don't know/not sure 97



refused to answer 99

193: FF1

Did they lose any income as a direct result of the time spent not working during your child's illness?

Yes 01

No 02 => G

Don't know / not sure 97 => G

Refused to answer 99 => G

194: FF2

Could you please estimate how much income they lost as a result of the time spent not working?

\$ Lost wages 01 O

Don't know / not sure 97

Refused to answer 99

195: FF3

Did they lose or have to give up their job as a direct result of your child's illness?

Yes 01

No 02 => G

Don't know / not sure 97 => G

Refused to answer 99 => G

196: FF4

For how long were they without work?

Record # of days 01 O

Don't know / not sure 97

Refused to answer 99

197: FF5

Are they still without work?

Yes 01

No 02

Don't know / not sure 97

Refused to answer 99

198: G

Did you or anyone else in your household have to cancel any of the following planned leisure activities that you have already paid for because of your (your child's) illness?

READ LIST

Vacation/trips 01

Sporting events 02

Concert 03

Movie theatre 04

Restaurant meal 05

Courses/Classes 06  
Other (Specify) 07 O  
none of the above 08  
Don't know / not sure 97  
Refused to answer 99

199: B31

The next set of questions are about health care use. Was a doctor or other health care provider (such as a nurse, a pharmacist, a chiropractor, etc) telephoned about this illness?

Yes 01  
No 02 => B33  
Don't know / Not sure 97 => B33  
Refused 99 => B33

200: B32

What type of health care provider did you or your family talk to?

Physician 01  
Nurse Practitioner 02  
Nurse 03  
Pharmacist 04  
Chiropractor 05  
Homeopath 06  
Naturopath 07  
Herbalist 08  
Spiritual / Religious healer 09  
Other 10 O  
Don't know / Not sure 97  
Refused 99

201: B33

Did you (<SELC4>) visit a doctor or other health care provider for this illness. Again other health care providers could be nurses, pharmacists, chiropractors etc.

yes 01 => B35  
no 02  
don't know/not sure 97  
refused99

202: B34

What was the reason you decided not to see a doctor or other health care provider?

Interviewer: choose the most appropriate code & type verbatim what the respondent said

Not available in the area, don't have a physician 01 => B43  
Not available at the time required (e.g. doctor on holidays, inconvenient hours) 02  
=> B43  
Waiting time too long 03 => B43  
Felt it would be inadequate / wouldn't make a difference to the outcome 04  
=> B43

Too busy 05 => B43  
Didn't get around to it / Illness were over before care could be sought 06  
=> B43  
Didn't know where to go 07 => B43  
Transportation problems 08 => B43  
Language problems 09 => B43  
Personal or Family responsibilities 10 => B43  
Dislikes or distrusts doctors, afraid 11 => B43  
Other 12 O => B43  
Don't know / Not sure 97 => B43  
Refused 99 => B43

203: B35

What types of health care providers did you (<SEL4>) visit for this illness?

physician 01  
nurse practitioner 02  
nurse 03  
pharmacist 04  
chiropractor 05  
homeopath 06  
naturopath 07  
herbalist 08  
spiritual/religious leader 09  
other 10 O  
don't know/not sure 97  
refused99

204: B36A

Did you visit the healthcare provider in a walk-in clinic?

yes 1  
no 2 => B36

205: B36A1

How many times did you (<SEL4>) visit the health care provider at a walk-in clinic?

\$E  
don't know./not sure 97  
refused99

206: B36A2

Approximately how far is your home from the walk-in clinic?

=> B36  
if B36A <1  
Distance in km 01 O  
Don't know / not sure 97  
Refused to answer 99

207: B36

Did you visit the healthcare provider in his/her office?

yes 01

no 02 => B36B

refused to answer 99

208: B361

How many times did you (<SELC4>) visit the health care provider's office?

\$E

don't know/not sure 97

refused99

209: B362

Approximately how far is your home from the health care provider's office?

=> B36B

if B36 <1

Distance in km 01 O

Don't know / not sure 97

Refused to answer 99

210: B36B

Did you (<selc4>) visit a healthcare provider in the emergency room of a hospital?

yes 1

no 2 => B36C

refused3

211: B36BI

How many times did you (<SELC4>) visit the health care provider at an emergency room?

\$E

don't know/not sure 97

refused99

212: B36BJ

Did you (your child) travel by ambulance to the emergency room?

=> B36BL

if B36B<1

yes 01

no 02 => B36BB

Don't know / not sure 97 => B36BB

Refused to answer 99 => B36BB

213: B36BA

How many times did you travel by ambulance?

\$E

don't know/not sure 97

refused to answer 99

214: B36BB

How many times did you arrange for your own (your child's) transportation to the emergency room?

\$E

don't know/not sure 97

refuses to answer 99

215: B36B3

Approximately how far is your home from the emergency room?

Distance in km 01 O

Don't know / not sure 97

Refused to answer 99

216: B36K

Did you visit the healthcare professional as an outpatient at the hospital?

yes 1

no 2 => B36C

refused3

217: B36BL

How many times did you (your child) visit the healthcare provider as an outpatient at the hospital (excluding visits to the emergency room)?

\$E

Don't know / not sure 97

Refused to answer 99

218: B36BM

Approximately how far is your home from the hospital?

=> B36C

if B36BL <1

Distance in km 01 O

Don't know / not sure 97

Refused to answer 99

219: B36C

Did the healthcare professional visit you (<selc4>) at home?

yes 1

no 2 => B36D

refused3

220: B36C1

How many times did the health care provider visit you (<SELC4>) at home?

\$E

don't know/not sure 97

refused99

221: B36D

Did you visit a healthcare professional at any other locations we have not mentioned?

yes 1

no 2 => B37

refused3 => B37

222: B36D1

How many times did you (<SELC4>) visit the health care provider at this location?

\$E

don't know/not sure 97

refused99

223: B36DN

Approximately how far is your home from this location?

Distance in km 01 O

Don't know / not sure 97

Refused to answer 99

224: B37

What were the main factors that influenced your decision to see a doctor or other health care provider for your (<SELC4>)'s illness. Interviewer: choose the appropriate code

AND type verbatim what the respondent said

symptoms lasted a long time 01

felt sick enough to go 02

symptoms were unusual 03

had a fever 04

had vomiting 05

had diarrhea 06

stools were bloody 07

couldn't get enough advice over the phone 08

wanted medication(s) 09

work/paid employment/daycare required it 10

other 11 O

don't know/not sure 12

refused13

225: B37A

I am going to read a list of samples that the doctor could have requested from you (your child) during a visit. Please let me know if any of these samples were requested.

226: B37O

Did they ever request a urine sample?

Yes 01

No 02 => B37Q

Don't know / not sure 97 => B37Q  
Refused to answer 99 => B37Q

227: B37P  
How many urine samples did you actually give?  
\$E  
Don't know / not sure 97  
Refused to answer 99

228: B37Q  
Did they request a vomit sample?  
Yes 01  
No 02 => B37S  
Don't know / not sure 97 => B37S  
Refused to answer 99 => B37S

229: B37R  
How many vomit samples did you actually give?  
\$E  
Don't know / not sure 97  
Refused to answer 99

230: B37S  
Did they request a blood sample?  
Yes 01  
No 02 => B37U  
Don't know / not sure 97 => B37U  
Refused to answer 99 => B37U

231: B37T  
How many blood samples did you actually give?  
\$E  
Don't know / not sure 97  
Refused to answer 99

232: B37U  
Did they request a stool sample?  
Yes 01  
No 02 => B41  
Don't know / not sure 97 => B41  
Refused to answer 99 => B41

233: B37V  
How many stool samples did you actually give?  
\$E  
Don't know / not sure 97 => B40

Refused to answer 99 => B40

234: B37W

Do you know the result of your stool sample?

=> B40

if B37V <1

yes 01

no 02 => B41

don't know/not sure 97 => B41

refused to answer 99 => B41

235: B37WA

Was the result positive or negative for containing a bug of some sort?

positive 01

negative 02 => B41

don't know/not sure 97 => B41

refused to answer 99 => B41

236: B37WB

Do you recall the name of the bug they said was in your stool sample?

yes 01

no 02 => B41

don't know/not sure 97 => B41

refused to answer 99 => B41

237: B37WC

Read list to respondent

Were you told that your stool contained any of the following....

Salmonella 01 => B41

Campylobacter 02 => B41

Shigella 03 => B41

E. Coli 04 => B41

Yersinia 05 => B41

Clostridium 06 => B41

Cryptosporidium 07 => B41

Giardia 08 => B41

Virus 09 => B41

none of the above 10

Don't know / not sure 97 => B41

Refused to answer 99 => B41

238: B37WD

What was the name of the bug they found in the stool sample?

Name of bug 01 O

refused to answer 99



239: B40

Could you tell me why a sample was not provided? Interviewer: choose the appropriate code and type verbatim what the respondent said

=> B41

if B37V >0

Felt better 01

Inconvenience (time, lack of facilities) 02

Too disgusting / Too unpleasant 03

Physically unable 04

Other 05 O

Don't know / Not sure 97

Refused 99

240: B41

Were you (<SELC4>) admitted to the hospital for this illness? Admitted means you had to stay over night.

yes 01

no 02 => B43

don't know/not sure 97 => B43

refused 99 => B43

241: B42

What was the total number of days you were (he/she was) in the hospital?

\$R.1

Don't know / Not sure 997

Refused 999

242: B42X

How many times did someone visit you (you visit your child) while you (they) were in the hospital?

# of visits 01 O

Don't know / not sure 97

Refused to answer 99

243: B42Y

Approximately how far is your home from the hospital?

Distance in km 01 O

Don't know / not sure 97

Refused to answer 99

244: B42Z

Did you have to undergo any surgery during your hospitalization as a result of this illness?

Yes 01

No 02

Don't know / not sure 97

Refused to answer 99

245: B42AA

Did you receive IV fluids for dehydration due to this illness (that is fluid through a needle in your vein)?

Yes 01

No 02

Don't know / not sure 97

Refused to answer 99

246: B43

Did you (<SELC4>) take any prescription medications for this illness?

yes 01

no 02 => B44

don't know/not sure 97 => B44

refused99 => B44

247: B43A

What was the name of the medication(s)?

medications 01 O

don't know 97

refused to answer 99

248: B43B

How many times did you have to take this medication (s)?

doses of medication 01 O

don't know/not sure 97

refused to answer 99

249: B44

I am going to read a list of some over-the-counter medications (these are medications that do not require a prescription to purchase). Please tell me if you (<SELC4>) used any of these for your (his/her) recent illness? Did you (he/she) take any pain killers like Tylenol or Advil?

yes 01

no 02 => B44A

don't know/not sure 97 => B44A

refused99 => B44A

250: B44AB

How often and how much pain medication did you use?

dose of pain medication 01 O

don't know/not sure 97

refused to answer 99

251: B44A

Did you (he/she) take any antidiarrheals like Immodium, Lomotil or Peptol Bismol?

yes 01  
no 02 => B44B  
don't know/not sure 97 => B44B  
refused99 => B44B

252: B44AA

How much and how many times did you (<selc4>) take antidiarrheals?

dose of antidiarrheals 01 O  
don't know/not sure 97  
refused to answer 99

253: B44B

Did you (he/she) take any antihistamines like Benadryl?

yes 01  
no 02 => B44C  
don't know/not sure 97 => B44C  
refused99 => B44C

254: B44BA

How much and how many times did you (<selc4>) take the antihistamines.

dose of antihistamine 01 O  
don't know/can't remember 97  
refused99

255: B44C

Did you (<SELC4>) take any medications for nausea and vomiting like Gravol?

Yes 01  
No 02 => B44D  
Don't know / Not sure 97 => B44D  
Refused 99 => B44D

256: B44CA

How much and how many times did you (<selc4>) take of the nausea medications?

dose of anti-nausea 01 O  
don't know/not sure 97  
refused to answer 99

257: B44D

Did you (he/she) take any rehydration therapies like Gastrolyte (Pediolyte)?

yes 01  
no 02 => B44E  
don't know/not sure 97 => B44E  
refused99 => B44E

258: B44DA

How much and how many times did you take any of the rehydration medications?

dose of rehydration 01 O

don't know/not sure 97

refused to answer 99

259: B44E

Did you (he/she) take any other types of medications we have not mentioned yet?

yes 01

no 02 => B45

don't know/not sure 97 => B45

refused 99 => B45

260: B44F

What medications did you (<SELC4>) take? Interviewer: please ask how much and how many times they took these meds

OTC medications 01 O

Don't know / Not sure 97

Refused 99

261: B45

Did you (<SELC4>) take any herbal remedies or alternative medications for this illness?

yes 01

no 02 => B45B

don't know/not sure 97 => B45B

refused 99 => B45B

262: B45A

Which medications did you (<SELC4>) use? Interviewer: Please ask how much and how many times they took these meds.

herbal remedies 01 O

don't know/not sure 97

refused 99

263: B45B

Did you ever receive any advice on increasing your water intake?

Yes 01

No 02 => B46C

Don't know / not sure 97 => B46C

Refused to answer 99 => B46C

264: B45C

From whom did you receive the advice to increase your water intake?

Increase water intake 01 O

refused to answer 99

265: B46C

In your opinion, what do you think was the cause of your (<SELC4>) illness? Interviewer choose the appropriate code and type verbatim what the respondent said. If they say food poisoning ask what was eaten and where it was eaten.

stomach flu/intestinal flu/caught a virus 01  
contaminated water 02  
overeating/fatty foods/spicy foods 03  
overindulgence of alcohol/other substances 04  
irritable bowel/colitis 05  
milk or lactose intolerance 06  
food allergy 07  
pregnancy 08  
stress 09  
caught something while travelling 10  
food poisoning 11  
other 12 O  
don't know/not sure 97  
refused99

266: D51

The next few questions relate to travel. During the last four weeks 28 DAYS did you (he/she) travel outside of Canada?

=> D51C

if A23>0

yes 01

No 02 => DD51

Don't know / Not sure 97 => DD51

Refused 99 => DD51

267: D51N

Where did you go?

travel-noncase destination 01 O

don't know/not sure 97

refused to answer 99

268: D51C

The next few questions relate to travel. During the last four weeks 28 DAYS before you (<SELC4>) became ill did you (he/she) travel outside of Canada?

=> DD51

if D51 >0

yes 01

no 02 => DD51

don't know/not sure 97 => DD51

refused99 => DD51

269: D51CA

Where did you go?

travel-case destination01 O  
don't know/not sure 97  
refused to answer 99

270: D51CB

Did you (<SELC4>) become ill while you were (he/she was) travelling, or after you (he/she) got back home?  
while travelling 01  
after returning to Canada 02  
don't know/not sure 97  
refused99

271: DD51

The next few questions will only take a few more minutes. We'd like to learn what types of water people are drinking, for example how much bottled water people drink versus how much tap water.

1 D

272: E61

Please answer the following questions for [yourself/your child]. Keeping in mind that there are many different ways people consume drinking water, other than just a glass or bottle of plain water. For the following questions, when I refer to drinking water, I mean plain water, as well as cold beverages made with water, including frozen juices and crystal drink mixes.

1 D

273: E62

How many 8 ounce servings of water did you/your child/ consume yesterday?  
Remember, this includes plain water, cold drinks made with water, but not coffee or tea. [8 ounces=250ml=1 cup ie.small carton of milk is 250ml , and regular sized bottle of water is 500ml]

water consumed 98 O  
no water consumed 95 => E66  
don't know/not sure 97  
refused99

274: E63

Of all the water [you/your child] consumed yesterday, how much was bottled water? By bottled water I mean both sparkling water like Perrier and soda water, and plain water like Evian and Culligan water coolers. Interviewer; Remember regular bottle=500ml (2 cups), if they say large bottle please ask how many millilitres?

amount of bottled water 98 O  
all 01  
none 02  
don't know/not sure 97  
refused99

275: E64

Of the water [you/your child] drank yesterday, how much was in your home?

water consumed at home 98 O

none 01

all 02

don't know/not sure 97

refused99

276: E65

Of the water [you/your child] drank yesterday while at home, how much was bottled water? i.e. sparkling water(Perrier), soda water or plain water(Evian).

=> E66

if E63<03 OR E64<03

bottled water at home 98 O

none 01

all 02

don't know 97

refused99

277: E66

Does your household treat your tap water by using Brita filters, tap filters, any type of disinfection or boiling your water?

Yes 01

No 02 => E68

Don't know/Not sure 03 => E68

Refused 04 => E68

278: E67

choose response code AND type Verbatim response

How does your household treat your tap water?

Boiling 01

Reverse osmosis 02

Filter-at the tap 03

Filter-jug (e.g. Brita) 04

Ozone disinfection 05

Ultraviolet (UV) disinfection 06

Water softener07

Iron removal 08

Other 09 O

Don't know/Not sure 97

Refused 99

279: E68

Is your home on a private water source (well) or municipal water source?

Private well 01 => D51B

Municipal water 02  
Both private well and municipal water 03  
Other SPECIFY 04 O => D51B  
Don't know/Not sure 97 => D51B  
Refused 99 => D51B

280: E69

Do you know which municipal system you're on? PROMPT: This is who you pay for your water:

municipal system 98 O  
Don't know/Not sure 97  
Refused 99

281: D51B

Interviewer: if you are speaking with a 12-18 yr old please ask to speak to the adult of the household again.

I just have a few more demographic questions, which should only take another minute. The answers to these questions will help us get a profile of all respondents from the Vancouver region.

1 D

282: D51BT

How many listed telephone lines do you have connected to this residence that are for personal calls, that is not for business, or solely for internet?

\$E

Don't know / not sure 97  
Refused to answer 99

283: D53

What is your highest level of education?

less than 7 yrs of school 01  
some high school 02  
some trade/technical/vocational/business 03  
some college/cegep/nursing 04  
some university 05  
diploma/certificate from high school 06  
diploma/certificate-trade/technical/vocational 07  
diploma/certificate-college/cegep/nursing 08  
bachelor's/undergraduate degree/teacher college 09  
master's degree 10  
degree medicine/dentistry/vet/optometry 11  
Completed Doctorate 12  
other 13 O  
Don't Know 97  
Refused 99



284: D54

I'd like to ask you which of the following cultural groups you (your child) most identify with. Please stop me when I get to the answer that relates to you (or him/her). Is it.....

North American CANADIAN, AMERICAN01

Eastern European 02

Western European 03

African 04

Mediterranean 05

South Asian EAST INDIAN, PAKISTANI, SRI LANKAN, NEPALI,ETC06

South East Asian CAMBODIAN, VIETNAMESE, CHINESE, JAPANESE, ETC 07

Arab or West Asian EGYPTIAN, LEBANESE, IRANIAN, ETC. 08

Native North American or Aboriginal 09

South American 10

Austral-Asian 11

Other 14 O

Don't know/Not sure 97

Refused 99

285: D55

This next question is about your household income. We are asking this question because it has been shown that overall health and use of health care services is linked to income. Your response is voluntary and will be kept confidential. Which of the following five categories best describes the total income, before taxes and deductions, from all household members from all sources in the last 12 months. Is the household income.....

Less than \$20,000 01

\$20,000 to \$39,999 02

\$40,000 to \$59,999 03

\$60,000 to \$79,999 04

\$80,000 or more 05

Don't know/Not sure 97

Refused 99

286: D55A

Of the <SELC1> persons living in your household, how many contribute funds to the household income?

\$E

=> D56

if SELC1=01

don't know/not sure 97

refused99

287: D56

And finally, could you please tell me how old you are (or how old the child is)

Interviewer: less than 1yr = 0, 18 months =1yr , 27 months=2 yrs

\$E

range given 888 O  
Don't know/Not sure 999  
Refused 997

288: D57

Interviewer: record gender of respondent (or child with episode)

Male 1  
Female2

289: F59

That was my last question. Thank you very much for your participation. The answers you provided will be combined with all other participants to give us information about the health of people throughout the City of Vancouver. Thank you again for your time and cooperation. And have a nice day/evening.

1 D

290: COMM

interviewer: type your name and any additional comments the respondent has said that are relevant

comments 01 O

291: INT

interviewer chose a code for the status of this interview

completed CO => END  
not willing to participate 01 => END  
language-french? 02  
language-asian? 03  
language problems/hearing problems 04 => END  
refused to hear blurb 05 => END  
commercial phone number 06 => END  
number changed 07 => END  
number not in service 08 => END  
pager/cellphone/mobile number 09 => END  
fax number 10 => END  
partial interview 11  
call-back 12  
nursing home 13 => END  
error 14 => END  
not Vancouver number 15 => END  
numerous unsuccessful attempts 16 => END  
privacy screening 17 => END  
(INT1) refused to answer 99 N

292: CB

schedule a call back time and date  
\$CH