

For information only

**National Population Health Survey
Content For Main Survey**

May 1, 1994

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Household Record Variables

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

- DEMO_INT The next few questions will provide important basic information on the people in your household.
- DEMO_Q1 What are the names of all persons now living or staying here who have no usual place of residence elsewhere?
(First and last names)
- DEMO_Q2 Are there any persons away from this household attending school, visiting, travelling or in hospital who usually live here?
DHC4_3A
- Yes (go to DEMO-Q1)
 No
- DEMO_Q3 Does anyone else live at this dwelling such as young children, relatives, roomers, boarders or employees?
DHC4_3B
- Yes (go to DEMO-Q1)
 No
- DEMO_Q4 What is ... 's date of birth?
DHC4_DAT DD/MM/YY (Age is calculated and confirmed with respondent.)
DHC4_DOB
DHC4_MOB
DHC4_YOB
DHC4_AGE
- DEMO_Q5 Enter or ask ... 's sex.
DHC4_SEX
- Male
 Female
- DEMO_Q6 What is ... current marital status?
DHC4_MAR (Note: if age < 15, marital status is automatically = single)
- Now married
 Common-law
 Living with a partner
 Single (never married)
 Widowed
 Separated
 Divorced
- DEMO_Q7 Enter ... 's family Id code.
DHC4_FID (A to Z)

Legal household check.

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

Selection criteria applied.

DEMO_Q8 Relationships of everyone to everyone else

Birth Parent	Common law partner
Step Parent	In-law
Foster Parent	Other Related
Birth Child	Unrelated
Step Child	Husband/Wife
Foster Child	Adopted Child
Sister/brother	Adoptive Parent
Grandparent	Same-sex Partner
Grandchild	

HHLD_Q1 Now a few questions about your dwelling. Is this dwelling owned by a member of this household (even if being paid for)?

DHC4_OWN

Yes
 No

HHLD_Q3 How many bedrooms are there in this dwelling?
(If no separate, enclosed bedroom enter "00".)

DHC4_BED

number of bedrooms (2 digits)

HHLD_Q4 Is there a pet in this household?

DH_4_P1

Yes
 No (Go to HHLD-Q6)

HHLD_Q5 What kind of pet?
(Do not read list. Mark all that apply)

DH_4DP2

Dog
 Cat
 Other (Go to HHLD-Q6)

HHLD_Q5a Does this pet or do any of these pets live mainly indoors?

DH 4 P3

Yes
 No

HHLD_Q6 Record type of dwelling (by interviewer observation)

DHC4_DWE

- ___ Single detached house
- ___ Semi-detached or double (side-by-side)
- ___ Garden house, town-house or row house
- ___ Duplex (one above the other)
- ___ Low-rise apartment (less than 5 stories)
- ___ High-rise apartment (5 or more stories)
- ___ Institution
- ___ Hotel, rooming or lodging house, logging or construction camp, Hutterite Colony
- ___ Mobile home
- ___ Other (Specify _____)

HHLD_Q7 Information Source Indicator i.e. who is providing the information

AM34_SRC

HHLD_Q8 Record language of interview

AM34_LNG

- | | |
|-----------|-----------------------|
| English | Persian (Farsi) |
| French | Polish |
| Arabic | Portuguese |
| Chinese | Punjabi |
| Cree | Spanish |
| German | Tagalog (Filipino) |
| Greek | Ukrainian |
| Hungarian | Vietnamese |
| Italian | Other (Specify _____) |
| Korean | |

For information only

General Component (Form H05)
(To be completed for all members of the household)

Note: In computer-assisted interviewing the options Don't Know (DK) and Refusal (R) are allowed on every question.

H05-P1 Who is providing the information for this person's form?

AM54_SRC _____

Two-Week Disability

TWOWK-INT The first few questions ask about ...(r/'s) health during the past 14 days.

TWOWK-Q1 It is important for you to refer to the 14-day period¹ from %2WKSAGO% to %YESTERDAY%.
During that period, did ... stay in bed at all because of illness or injury including any nights spent as a patient in a hospital?

TWC4_1

- ___ Yes
- ___ No (Go to TWOWK-Q3)
- ___ DK, R (Go to TWOWK-Q5)

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

TWC4_2

- ___ Days (Enter <0> if less than a day.)
(If = 14 days go to TWOWK-Q5)
- ___ DK, R (Go to TWOWK-Q5)

TWOWK-Q3 (Not counting days spent in bed) During these 14 days, were there any days that ... cut down on things you/he/she normally do/does because of illness or injury?

TWC4_3

- ___ Yes
- ___ No (Go to TWOWK-Q5)
- ___ DK, R (Go to TWOWK-Q5)

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

TWC4_4

- ___ Days
(Enter <0> if less than a day.)

TWOWK-Q5 Does ... have a regular medical doctor?

TWC4_5

- ___ Yes
- ___ No

Health Care Utilization

UTIL-CINT If age<12, go to next section.

UTIL-INT Now I'd like to ask about ...(r/'s) contacts with health professionals during the past 12 months².

UTIL-Q1 In the past 12 months, have/has ... been a patient overnight in a hospital, nursing home or
HCC4_1 convalescent home?

- Yes
- No (Go to UTIL-Q2)
- DK (Go to UTIL-Q2)
- R (Go to next section)

UTIL-Q1a For how many nights in the past 12 months?
HCC4_1A

nights

UTIL-Q2 (Not counting when ... were/was an overnight patient) In the past 12 months, how many times
have/has ... seen or talked on the telephone with [fill category] about your/his/her physical,
emotional or mental health:

- HCC4_2A a) General practitioner or family physician
- HCC4_2B b) Eye specialist (such as an ophthalmologist or optometrist)
- HCC4_2C c) Other medical doctor (such as surgeon, allergist, gynaecologist, psychiatrist, etc.)
- HCC4_2D d) A nurse for care or advice
- HCC4_2E e) Dentist or orthodontist
- HCC4_2F f) Chiropractor
- HCC4_2G g) Physiotherapist
- HCC4_2H h) Social worker or counsellor
- HCC4_2I i) Psychologist
- HCC4_2J j) Speech, audiology or occupational therapist

For each response >0 in a), c), or d), ask UTIL-Q3.

UTIL-Q3 Where did the most recent contact take place?
HCC4_3n (Read list. Mark one only.)

- Walk-in clinic
- Outpatient clinic in hospital
- Hospital emergency room
- Health professional's office
- Community health centre /CLSC
- At home
- Telephone consultation only
- Other (Specify _____)

UTIL-Q4 People may also use alternative health care services. In the past 12 months, have/has ... seen or
HCC4_4 talked to an alternative health care provider such as an acupuncturist, naturopath, homeopath or
massage therapist about your/his/her physical, emotional or mental health?

- Yes
- No (Go to UTIL-Q6)
- DK, R (Go to UTIL-Q6)

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

- HCC4_5A Massage therapist
- HCC4_5B Acupuncturist
- HCC4_5C Homeopath or naturopath
- HCC4_5D Feldenkrais or Alexander teacher
- HCC4_5E Relaxation therapist
- HCC4_5F Biofeedback teacher
- HCC4_5G Rolfer
- HCC4_5H Herbalist
- HCC4_5I Reflexologist
- HCC4_5J Spiritual healer
- HCC4_5K Religious healer
- HCC4_4A Self help group (such as AA, cancer therapy, etc.)
- HCC4_5L Other (Specify _____)

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

- HCC4_6
- Yes
 - No (Go to UTIL-C9)
 - DK, R (Go to UTIL-C9)

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

- HCC4_7WC
and
HCC4G7
- _____
- Difficulty getting access to health professional
 - Financial constraints
 - Felt health care provided inadequate
 - Chose not to see health professional
 - Other

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.)

- HCC4_8A Treatment of a physical health problem
- HCC4_8B Treatment of an emotional or mental health problem
- HCC4_8C A regular check-up (or for regular pre-natal care)
- HCC4_8D Care of an injury
- HCC4_8E Any other reason (Specify _____)

UTIL-C9 IF age < 18 then go to next section.

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/Has ... received any home care services in the past 12 months?

- HCC4_9
- Yes
 - No (Go to next section)
 - DK, R (Go to next section)

UTIL-Q10 What type of services have/has ... received?

- HCC4_SC (Specify _____)
- and
- HCC4_10A ___ Nursing care
- HCC4_10C ___ Personal care
- HCC4_10D ___ Housework
- HCC4_10E ___ Meal preparation
- HCC4_10F ___ Shopping
- HCC4_10H ___ Other

Restriction of Activities

RESTR-CINT If age < 12, go to next section.

RESTR-INT The next few questions deal with any health limitations which affect ... (r's) daily activities. In these questions, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.

RESTR-Q1 Because of a long-term physical or mental condition or a health problem, are/is ... limited in the kind or amount of activity you/he/she can do:

RAC4_1A a) at home?

- ___ Yes
- ___ No
- R (Go to next section)

RAC4_1B b) at school?

- ___ Yes
- ___ No
- ___ Not applicable
- R (Go to next section)

RAC4_1C c) at work?

- ___ Yes
- ___ No
- ___ Not applicable
- R (Go to next section)

RAC4_1D d) in other activities such as transportation to or from work or leisure time activities?

- ___ Yes
- ___ No
- R (Go to next section)

RESTR-Q2 Do(es) ... have any long term disabilities or handicaps?

RAC4_2

- ___ Yes
- ___ No
- R (Go to next section)

If any yes in RESTR-Q1 (a)-(d), ask RESTR-Q3.

If yes in RESTR-Q2 only, ask RESTR-Q4.

Otherwise go to RESTR-Q6.

RESTR-Q3 What is the main condition or health problem causing ... to be limited in your/his/her activities?

RAC4_3C _____(25 spaces) (Go to RESTR-Q5)

RESTR-Q4 What is the main condition or health problem causing ... to have a long term disability or handicap?

RAC4_3C _____(25 spaces)

RESTR-Q5 Which one of the following is the best description of the cause of this condition?

RAC4_5 (Read list. Mark one only.)

- ___ Injury - at home
- ___ Injury - sports or recreation
- ___ Injury - motor vehicle
- ___ Injury - work-related
- ___ Existed at birth
- ___ Work environment
- ___ Disease or illness
- ___ Natural aging process
- ___ Psychological or physical abuse
- ___ Other (Specify _____)

RESTR-Q6 The next question asks about help received. This may not apply to ... , but we need to ask the same question of everyone. Because of any condition or health problem, do(es) ... need the help of another person in:

(Read list. Mark all that apply.)

- RAC4_6A ___ Preparing meals?
- RAC4_6B ___ Shopping for groceries or other necessities?
- RAC4_6C ___ Doing normal everyday housework?
- RAC4_6D ___ Doing heavy household chores such as washing walls, yard work, etc.?
- RAC4_6E ___ Personal care such as washing, dressing or eating?
- RAC4_6F ___ Moving about inside the house?
- RAC4_6G ___ None of the above

Chronic Conditions

CHRON-CINT (If age < 12 go to next section.)

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

CHRON-Q1 Do(es) ... have any of the following long-term conditions that have been diagnosed by a health professional:

(Read list. Mark all that apply.)

- CCC4_1A (a) Food allergies?
- CCC4_1B (b) Other allergies?
- CCC4_1C (c) Asthma?(If YES ask CHRON-Q1cc1)
- CCC4_1D (d) Arthritis or rheumatism?
- CCC4_1E (e) Back problems excluding arthritis?
- CCC4_1F (f) High blood pressure?
- CCC4_1G (g) Migraine headaches?
- CCC4_1H (h) Chronic bronchitis or emphysema?
- CCC4_1I (i) Sinusitis?
- CCC4_1J (j) Diabetes?
- CCC4_1K (k) Epilepsy?
- CCC4_1L (l) Heart disease?
- CCC4_1M (m) Cancer? (If yes ask CHRON-Q1mm)
- CCC4_1N (n) Stomach or intestinal ulcers?
- CCC4_1O (o) Effects of stroke?
- CCC4_1P (p) Urinary incontinence?
- CCC4_1W (q) Acne requiring prescription medication? (Ask if age < 30)

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

- CCC4_1R (r) Alzheimer's disease or other dementia?
- CCC4_1S (s) Cataracts?
- CCC4_1T (t) Glaucoma?
- CCC4_1V (u) Any other long term condition? (Specify _____)
- CCC4_NON (v) None
DK, R (Go to next section)

CHRON-Q1mm What type(s) of cancer is this? For example, skin, lung or colon cancer.

CCC4_M1 _____

CHRON-Q1cc1 Have/Has ... had an attack of asthma in the past 12 months?

CCC4_C7
___ Yes
___ No

CHRON-Q1cc2 Have/Has ... had wheezing or whistling in the chest at any time in the past 12 months?

CCC4_C8
___ Yes
___ No

Socio-demographic Characteristics

SOCIO-INT Now I'd like to ask some general background questions about the characteristics of people in your household.

Country of Birth/Year of Immigration

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

SDC4_1

- | | | | |
|--------------------------|-----------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Canada (Go to next section) | <input type="checkbox"/> | Jamaica |
| <input type="checkbox"/> | China | <input type="checkbox"/> | Netherlands |
| <input type="checkbox"/> | France | <input type="checkbox"/> | Philippines |
| <input type="checkbox"/> | Germany | <input type="checkbox"/> | Poland |
| <input type="checkbox"/> | Greece | <input type="checkbox"/> | Portugal |
| <input type="checkbox"/> | Guyana | <input type="checkbox"/> | United Kingdom |
| <input type="checkbox"/> | Hong Kong | <input type="checkbox"/> | United States |
| <input type="checkbox"/> | Hungary | <input type="checkbox"/> | Viet Nam |
| <input type="checkbox"/> | India | <input type="checkbox"/> | Other (Specify___) |
| <input type="checkbox"/> | Italy | <input type="checkbox"/> | DK, R (Go to SOCIO-Q4) |

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

SDC4_3

___ Year (4 digits)
(Enter <1999> if Canadian citizen by birth.)

Ethnicity

SOCIO-Q4 To which ethnic or cultural group(s) did your/his/her ancestors belong? (For example: French, British, Chinese, etc.)
(Do not read list. Mark all that apply.)

- | | | | | | |
|---------|--------------------------|---------------------|---------|--------------------------|---|
| SDC4_4A | <input type="checkbox"/> | Canadian | SDC4_4J | <input type="checkbox"/> | Chinese |
| SDC4_4B | <input type="checkbox"/> | French | SDC4_4K | <input type="checkbox"/> | Jewish |
| SDC4_4C | <input type="checkbox"/> | English | SDC4_4L | <input type="checkbox"/> | Polish |
| SDC4_4D | <input type="checkbox"/> | German | SDC4_4M | <input type="checkbox"/> | Portuguese |
| SDC4_4E | <input type="checkbox"/> | Scottish | SDC4_4N | <input type="checkbox"/> | South Asian |
| SDC4_4F | <input type="checkbox"/> | Irish | SDC4_4O | <input type="checkbox"/> | Black |
| SDC4_4G | <input type="checkbox"/> | Italian | SDC4_4P | <input type="checkbox"/> | North American Indian |
| SDC4_4H | <input type="checkbox"/> | Ukrainian | SDC4_4Q | <input type="checkbox"/> | Métis |
| SDC4_4I | <input type="checkbox"/> | Dutch (Netherlands) | SDC4_4R | <input type="checkbox"/> | Inuit/Eskimo |
| | | | SDC4_4S | <input type="checkbox"/> | Other ethnic or cultural group(s)
(Specify___) |

Language

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

- | | | | | | |
|---------|--------------------------|-----------|---------|--------------------------|----------------------|
| SDC4_5A | <input type="checkbox"/> | English | SDC4_5K | <input type="checkbox"/> | Persian (Farsi) |
| SDC4_5B | <input type="checkbox"/> | French | SDC4_5L | <input type="checkbox"/> | Polish |
| SDC4_5C | <input type="checkbox"/> | Arabic | SDC4_5M | <input type="checkbox"/> | Portuguese |
| SDC4_5D | <input type="checkbox"/> | Chinese | SDC4_5N | <input type="checkbox"/> | Punjabi |
| SDC4_5E | <input type="checkbox"/> | Cree | SDC4_5O | <input type="checkbox"/> | Spanish |
| SDC4_5F | <input type="checkbox"/> | German | SDC4_5P | <input type="checkbox"/> | Tagalog (Filipino) |
| SDC4_5G | <input type="checkbox"/> | Greek | SDC4_5Q | <input type="checkbox"/> | Ukrainian |
| SDC4_5H | <input type="checkbox"/> | Hungarian | SDC4_5R | <input type="checkbox"/> | Vietnamese |
| SDC4_5I | <input type="checkbox"/> | Italian | SDC4_5S | <input type="checkbox"/> | Other (Specify_____) |
| SDC4_5J | <input type="checkbox"/> | Korean | | | |

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

- | | | | | | |
|----------------|--------------------------|-----------|----------------|--------------------------|-----------------------|
| <i>SDC4_6A</i> | <input type="checkbox"/> | English | <i>SDC4_6K</i> | <input type="checkbox"/> | Persian (Farsi) |
| <i>SDC4_6B</i> | <input type="checkbox"/> | French | <i>SDC4_6L</i> | <input type="checkbox"/> | Polish |
| <i>SDC4_6C</i> | <input type="checkbox"/> | Arabic | <i>SDC4_6M</i> | <input type="checkbox"/> | Portuguese |
| <i>SDC4_6D</i> | <input type="checkbox"/> | Chinese | <i>SDC4_6N</i> | <input type="checkbox"/> | Punjabi |
| <i>SDC4_6E</i> | <input type="checkbox"/> | Cree | <i>SDC4_6O</i> | <input type="checkbox"/> | Spanish |
| <i>SDC4_6F</i> | <input type="checkbox"/> | German | <i>SDC4_6P</i> | <input type="checkbox"/> | Tagalog (Filipino) |
| <i>SDC4_6G</i> | <input type="checkbox"/> | Greek | <i>SDC4_6Q</i> | <input type="checkbox"/> | Ukrainian |
| <i>SDC4_6H</i> | <input type="checkbox"/> | Hungarian | <i>SDC4_6R</i> | <input type="checkbox"/> | Vietnamese |
| <i>SDC4_6I</i> | <input type="checkbox"/> | Italian | <i>SDC4_6S</i> | <input type="checkbox"/> | Other (Specify _____) |
| <i>SDC4_6J</i> | <input type="checkbox"/> | Korean | | | |

Race

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

- | | | |
|----------------|--------------------------|---|
| <i>SDC4_7A</i> | <input type="checkbox"/> | White (e.g. British, French, European, Latin/South American of European background) |
| <i>SDC4_7D</i> | <input type="checkbox"/> | Black |
| <i>SDC4_7K</i> | <input type="checkbox"/> | Korean |
| <i>SDC4_7G</i> | <input type="checkbox"/> | Filipino |
| <i>SDC4_7J</i> | <input type="checkbox"/> | Japanese |
| <i>SDC4_7B</i> | <input type="checkbox"/> | Chinese |
| <i>SDC4_7E</i> | <input type="checkbox"/> | Native/Aboriginal Peoples of North America (North American Indian, Métis, Inuit/Eskimo) |
| <i>SDC4_7C</i> | <input type="checkbox"/> | South Asian (e.g. Indian from India or Uganda, Pakistani, Punjabi, Tamil) |
| <i>SDC4_7H</i> | <input type="checkbox"/> | South East Asian (e.g. Vietnamese, Thai, Laotian) |
| <i>SDC4_7F</i> | <input type="checkbox"/> | West East Asian or North African (e.g. Armenian, Syrian, Moroccan) |
| <i>SDC4_7L</i> | <input type="checkbox"/> | Other (Specify _____) |

Education

EDUC-C1 If age < 12, go to next section.

EDUC-Q1 Excluding kindergarten, how many years of elementary and high school have/has ... successfully completed?
EDC4_4 (Do not read list. Mark one only.)

- | | | | |
|--------------------------|-----------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | No schooling (Go to next section) | <input type="checkbox"/> | Ten |
| <input type="checkbox"/> | One to five years | <input type="checkbox"/> | Eleven |
| <input type="checkbox"/> | Six | <input type="checkbox"/> | Twelve |
| <input type="checkbox"/> | Seven | <input type="checkbox"/> | Thirteen |
| <input type="checkbox"/> | Eight | <input type="checkbox"/> | DK, R (Go to next section) |
| <input type="checkbox"/> | Nine | | |

(If age < 15 then go to next section)

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

- EDC4_5*
- | | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

EDUC-Q3 Have/has ... ever attended any other kind of school such as university, community college, business school, trade or vocational school, CEGEP or other post-secondary institution?
EDC4_6

- Yes
- No (Go to EDUC-C5)
- DK, R (Go to next section)

EDUC-Q4 What is the highest level of education that ... have/has attained?
EDC4_7
(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 _____)

EDUC-C5 If age \geq 65, go to next section.

EDUC-Q5 Are/Is ... currently attending a school, college or university?
EDC4_1

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

EDUC-Q6 Are/Is ... enrolled as a full-time or part-time student?
EDC4_2

- full-time
- part-time

Labour Force

LFS-C1 If age $<$ 15 go to next section.

LFS-Q1 What do/does ... consider to be your/his/her current main activity? (For example, working for pay, caring for family.)
LFC4_1
(Do not 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 _____)

LFS-I2 The next section contains questions about jobs or employment which ... have/has had during the past 12 months². Please include such employment as part-time jobs, contract work, baby sitting and any other paid work.

LFS-C2 If LFS-Q1 = 2 or 3 ---> go to LFS-Q3.1

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

LFC4_2

- Yes (Go to LFS-Q3.1)
- No
- DK, R (Go to next section)

LFS-C2A If LFS-Q1=7 (retired) ---> go to LFS-C18 else go to LFS-Q17B

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

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

LFC4_EnC

_____ (50 chars)

LFS-Q4.n Did you/he/she have that job 1 year ago, that is, on %12MOSAGO% without a break in employment since then?

LFC4_4n

- Yes (Go to LFS-Q6.n)
- No
- DK, R (Go to next section)

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

LFC4_5nM

LFC4_5nD

LFC4_5nY

MM/DD/YY
DK, R (Go to next section)

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

LFC4_6n

- Yes (Go to LFS-Q8.n)
- No
- DK, R (Go to next section)

LFS-Q7.n When did you/he/she stop working at this job or business?

LFC4_7nM

LFC4_7nD

LFC4_7nY

MM/DD/YY
DK, R (Go to next section)

LFS-Q8.n About how many hours per week do/does/did you/he/she usually work at this job?

LFC4_8n

||| HOURS

LFS-Q9.n Which of the following best describes the hours you/he/she usually work/works/worked at this job?
LFC4_9n (Read list. Mark one only.)

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

LFS-Q10.n Do/Does/Did you/he/she usually work on weekends at this job?

LFC4_10n

- Yes
- No

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

LFC4_11n

- Yes
- No
- DK, R (Go to LFS-Q12)

LFS-C12 If LFS-Q11.1 = No go to LFS-Q13.

LFS-Q12 Which was the main job?

LFC4FMN

(Answer will be chosen from roster of jobs.)
(Definition of main job will be supplied in the interviewers manual.)

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

LFC4_13C

_____ (50 chars)

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

LFC4_14C

_____ (50 chars)

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

LFC4_15C

_____ (50 chars)

LFS-Q16 Did you/he/she work mainly for others for wages or commission or in your/his/her own business, farm or practice?

LFC4_16

(Do not read list. Mark one only.)

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

LFS-C17 Check the calendar for gaps > 6 days.
If # gaps = 0 ---> go to LFS-C18

LFS-C17A If any LFS-Q6 = 1 (currently employed) ---> go to LFS-Q17A
Otherwise ---> go to LFS-Q17B

LFS-Q17A What was the reason that ... were/was not working for pay or profit during the most recent period
away from work in the past year?
LFC4_17A (Do not read list. Mark one only.)

- 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

GO TO LFS-C18

LFS-Q17B What is the reason that ... are/is currently not working for pay or profit?
LFC4_17B (Do not read list. Mark one only.)

- 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

LFS-C18 If LFS-Q1 = 2 or 3 or any one of LFS-Q6.1 to LFS-Q6.6 = 1 (currently working) then %LFS-
WORK% =1;
Otherwise %LFS-WORK% =0;

Income

(Ask from knowledgeable person only)

INCOM-Q1 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.)

- INC4_1A* Wages and salaries
- INC4_1B* Income from self-employment
- INC4_1C* Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.
- INC4_1D* Unemployment insurance
- INC4_1E* Worker's compensation
- INC4_1F* Benefits from Canada or Quebec Pension Plan
- INC4_1G* Retirement pensions, superannuation and annuities
- INC4_1H* Old Age Security and Guaranteed Income Supplement
- INC4_1I* Child Tax Benefit
- INC4_1J* Provincial or municipal social assistance or welfare
- INC4_1K* Child Support
- INC4_1L* Alimony
- INC4_1M* Other Income (eg. rental income, scholarships, other government income, etc.)
- INC4_1N* None (Go to next section)
- DK, R (Go to next section)

If more than one source of income is indicated ask INCOM-Q2.
Otherwise ask INCOM-Q3.

INCOM-Q2 What was the main source of income?
(Do not read list. Mark one only.)

- INC4_2*
- 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 or Municipal Social Assistance or Welfare
- Child Support
- Alimony
- Other Income (eg. rental income, scholarships, other government income, etc.)

INCOM-Q3

What is your best estimate of the total income before taxes and deductions of all household members from all sources in the past 12 months? Was the total household income:

- INC4_3A* Less than \$20,000?
- INC4_3B* Less than \$10,000?
- INC4_3C* Less than \$5,000? (go to next section)
- INC4_3C* \$5,000 and more? (go to next section)
- INC4_3B* \$10,000 and more?
- INC4_3D* Less than \$15,000? (go to next section)
- INC4_3D* \$15,000 and more? (go to next section)
- INC4_3A* \$20,000 and more?
- INC4_3E* Less than \$40,000?
- INC4_3F* Less than \$30,000? (go to next section)
- INC4_3F* \$30,000 and more? (go to next section)
- INC4_3E* \$40,000 and more?
- INC4_3G* Less than \$50,000 (go to next section)
- INC4_3G* \$50,000 to less than \$60,000? (go to next section)
- INC4_3G* \$60,000 to less than \$80,000? (go to next section)
- INC4_3G* \$80,000 and more? (go to next section)
- INC4_3A* No income
DK, R (Go to next section)

Administration

H05-P1

Was this interview conducted on the telephone or in person?

AM54_TEL

- On telephone
- In person
- Both (Specify in comments)

H05-P2

Record language of interview

AM54_LNG

- English
- French
- Arabic
- Chinese
- Cree
- German
- Greek
- Hungarian
- Italian
- Korean
- Persian (Farsi)
- Polish
- Portuguese
- Punjabi
- Spanish
- Tagalog (Filipino)
- Ukrainian
- Vietnamese
- Other (Specify _____)

Health Component for Respondents Aged 12 Years and Older (Form H06)

(To be completed for selected respondent only and age >= 12)

(Proxy for those unable to answer due to special circumstances)

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

AM64_SRC _____

H06-INT This part of the survey deals with various aspects of ... (r/s) 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 ... (r/s) health in general.

General Health

GENHLT-Q1 In general, would you say ... r/s health is:

GHC4_1 (Read list. Mark one only.)

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

GENHLT-C2 Check item: If sex = female & (age >= 15 & age <= 49) ask GENHLT-Q2. Otherwise go to next section.

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

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

GENHLT-Q3 Are/Is you/she planning to use the services of a physician, midwife or both?

GHC4_3 (Do not read list. Mark one only.)

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

Height/Weight

HTWT-Q1 How tall are/is ... without shoes on?

HWC4_2HT ___ feet ___ inches OR ___ centimetres

HTWT-Q2 How much do/does you/he/she weigh?

HWC4_3LB
HWC4_3KG ___ pounds OR ___ kilograms

Preventive Health Practices

(Non-proxy only)

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

BPC4_1

- 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
- R (Go to next section)

PHP-C2 If sex = female and age \geq 35 then ask PHP-Q2.
If sex = female and age \geq 18 and age $<$ 35 then ask PHP-Q3.
If sex=male or females \leq 17 then go to next section.

PHP-Q2 Have you ever had a mammogram, that is, a breast X-ray?

WHC4_30

- Yes
- No (Go to PHP-Q3)
- DK (Go to PHP-Q3)
- R (Go to next section)

PHP-Q2a When was the last time?
(Do not read list. Mark one only.)

WHC4_32

- 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

PHP-Q2b Why did you have your last mammogram?
(Read list. Mark one only.)

WHC4_33

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

PHP-Q3 Have you ever had a PAP smear test?

WHC4_20

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

PHP-Q3a When was the last time?
WHC4_22 (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

Smoking

SMOK-INT The next few questions are about smoking.

SMOK-Q1 Does anyone in this household smoke regularly inside the house?
SMC4_1

___ Yes
___ No

SMOK-Q2 At the present time do/does ... smoke cigarettes daily, occasionally or not at all?
SMC4_2

___ Daily
___ Occasionally (Go to SMOK-Q5)
___ Not at all (Go to SMOK-Q4a)
___ DK, R (Go to next section)

SMOK-Q3 At what age did you/he/she begin to smoke cigarettes daily?
SMC4_3

___ Age

SMOK-Q4 How many cigarettes do/does you/he/she smoke each day now?
SMC4_4

___ Number of cigarettes

(Go to next section)

SMOK-Q4a Have/has you/he/she ever smoked cigarettes at all?
SMC4_4A

___ Yes
___ No (Go to next section)
___ DK, R (Go to next section)

SMOK-Q5 Have/has you/he/she ever smoked cigarettes daily?
SMC4_5

___ Yes
___ No (Go to next section)
___ DK, R (Go to next section)

SMOK-Q6 At what age did you/he/she begin to smoke (cigarettes) daily?
SMC4_6

___ Age

SMOK-Q7 How many cigarettes did you/he/she usually smoke each day?

SMC4_7
___ Number of cigarettes

SMOK-Q8 At what age did you/he/she stop smoking (cigarettes) daily?

SMC4_8
___ Age

Alcohol

ALCO-INT Now, some questions about ... (r/s) alcohol consumption. When we use the word drink it means:

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

ALCO-Q1 During the past 12 months², have/has ... had a drink of beer, wine, liquor or any other alcoholic beverage?

ALC4_1
___ Yes
___ No (Go to ALCO-Q5B)
___ DK, R (Go to next section)

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

ALC4_2
___ 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

ALCO-Q3 How many times in the past 12 months have/has you/he/she had 5 or more drinks on one occasion?

ALC4_3
___ Number of times

If PROXY=yes then go to ALCO-Q5

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

ALC4_4
___ Number of drinks

ALCO-Q5 Thinking back over the past week, that is, from %1WKAGO% to yesterday, did ... have a drink of beer, wine, liquor or any other alcoholic beverage?

ALC4_5
___ Yes
___ No (Go to next section)
___ DK, R (Go to next section)

ALCO-Q5A Starting with yesterday, how many drinks did ... have on:

- ALC4_5A1 ___ Monday? R on first day (Go to next section)
ALC4_5A2 ___ Tuesday?
ALC4_5A3 ___ Wednesday?
ALC4_5A4 ___ Thursday?
ALC4_5A5 ___ Friday?
ALC4_5A6 ___ Saturday?
ALC4_5A7 ___ Sunday?

(Go to next section)

ALCO-Q5B Did you/he/she ever have a drink?

- ALC4_5B ___ Yes
___ No (Go to next section)
___ DK, R (Go to next section)

ALCO-Q6 Did you/he/she ever regularly drink more than 12 drinks a week?

- ALC4_6 ___ Yes
___ No (Go to next section)
___ DK, R (Go to next section)

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

- ALC4_7A ___ Dieting
ALC4_7B ___ Athletic training
ALC4_7C ___ Pregnancy
ALC4_7D ___ Getting older
ALC4_7E ___ Drinking too much/drinking problem
ALC4_7F ___ Affected work, studies, employment opportunities
ALC4_7G ___ Interfered with family or home life
ALC4_7H ___ Affected physical health
ALC4_7I ___ Affected friendships or social relationships
ALC4_7J ___ Affected financial position
ALC4_7K ___ Affected outlook on life, happiness
ALC4_7L ___ Because of influence of family or friends
ALC4_7M ___ Other (specify _____)

Physical Activities

(Non-proxy only)

PHYS-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.

PHYS-Q1 Have you done any of the following in the past 3 months³?
(Read list. Mark all that apply.)

- | | | | | | |
|----------------|--------------------------|-------------------------|----------------|--------------------------|----------------------------|
| <i>PAC4_1A</i> | <input type="checkbox"/> | Walking for exercise | <i>PAC4_1M</i> | <input type="checkbox"/> | Cross-country skiing |
| <i>PAC4_1B</i> | <input type="checkbox"/> | Gardening, yard work | <i>PAC4_1N</i> | <input type="checkbox"/> | Bowling |
| <i>PAC4_1C</i> | <input type="checkbox"/> | Swimming | <i>PAC4_1O</i> | <input type="checkbox"/> | Baseball/softball |
| <i>PAC4_1D</i> | <input type="checkbox"/> | Bicycling | <i>PAC4_1P</i> | <input type="checkbox"/> | Tennis |
| <i>PAC4_1E</i> | <input type="checkbox"/> | Popular or social dance | <i>PAC4_1Q</i> | <input type="checkbox"/> | Weight-training |
| <i>PAC4_1F</i> | <input type="checkbox"/> | Home exercises | <i>PAC4_1R</i> | <input type="checkbox"/> | Fishing |
| <i>PAC4_1G</i> | <input type="checkbox"/> | Ice hockey | <i>PAC4_1S</i> | <input type="checkbox"/> | Volleyball |
| <i>PAC4_1H</i> | <input type="checkbox"/> | Skating | <i>PAC4_1Z</i> | <input type="checkbox"/> | Yoga or tai-chi |
| <i>PAC4_1I</i> | <input type="checkbox"/> | Downhill skiing | <i>PAC4_1U</i> | <input type="checkbox"/> | Other (specify) |
| <i>PAC4_1J</i> | <input type="checkbox"/> | Jogging/running | <i>PAC4_1W</i> | <input type="checkbox"/> | Other (specify) |
| <i>PAC4_1K</i> | <input type="checkbox"/> | Golfing | <i>PAC4_1X</i> | <input type="checkbox"/> | Other (specify) |
| <i>PAC4_1L</i> | <input type="checkbox"/> | Exercise class/aerobics | <i>PAC4_1V</i> | <input type="checkbox"/> | None |
| | | | | | DK, R (Go to next section) |

For each response ask PHYS-Q2 to PHYS-Q3.
If "none" go to PHYS-INTb.

PHYS-Q2 In the past 3 months, how many times did you participate in %ACTIVITY%?

- PAC4_2n*
- Number of times
DK, R (Go to next activity)

PHYS-Q3 About how much time did you usually spend on each occasion?
(Do not read list. Mark one only.)

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

PHYS-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.

PHYS-Q4a 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?

PAC4_4A (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

PHYS-Q4b
PAC4_4B In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?
(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

PHYS-C1 If Bicycling was indicated as an activity in PHYS-Q1 or not a "none" in PHYS-Q4b, ask PHYS-Q5. Otherwise go to PHYS-Q6.

PHYS-Q5
PAC4_5 When riding a bicycle how often did you wear a helmet?
(Read list. Mark one only.)

- Always
- Most of the time
- Rarely
- Never

PHYS-Q6
PAC4_6 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

INJ-INT Now some questions about any injuries, which occurred in the past 12 months², that were serious enough to limit ... (r/s) normal activities. For example, a broken bone, a bad cut or burn, a sore back or sprained ankle, or a poisoning.

INJ-Q1
IJC4_1 In the past 12 months, did ... have any injuries that were serious enough to limit your/his/her normal activities?

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

INJ-Q2 How many times were/was you/he/she injured?

IJC4_2
 times
DK, R (Go to next section)

INJ-Q3

IJC4_3

Thinking about the most serious injury, what type of injury did you/he/she 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 _____)

INJ-Q4

IJC4_4

What part of your/his/her 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.)

INJ-Q5

IJC4_5

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 (including school))
- 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)
- Other (specify _____)

INJ-Q6

IJC4_6

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
- Other (specify _____)

INJ-Q7

IJC4_7

Was this a work-related injury?

- Yes
- No

INJ-Q8

We would like to know what precautions ... are/is taking, if any, to prevent this kind of injury from happening again. What precautions are/is you/he/she taking?

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

IJC4_8A

IJC4_8B

IJC4_8C

IJC4_8H

IJC4_8D

IJC4_8E

IJC4_8F

IJC4_8G

- 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

Stress

(Age >= 18 and non-proxy only)

Ongoing Problems

STRESS-INT

The next portion of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.

CSTRESS-INT I'll start by describing situations that sometimes come up in people's lives. As there are no right or wrong answers, the idea is to choose the answer best suited to your personal situation. I'd like you to tell me if these things are true for you *at this time* by answering "true" if it applies to you now or "false" if it does not.

CSTRESS-Q1 You are trying to take on too many things at once.

ST_4_C1
 True
 False
R (Go to next section)

CSTRESS-Q2 There is too much pressure on you to be like other people.

ST_4_C2
 True
 False

CSTRESS-Q3 Too much is expected of you by others.

ST_4_C3
 True
 False

CSTRESS-Q4 You don't have enough money to buy the things you need.

ST_4_C4
 True
 False

If marital status =married or living with a partner or common-law go to CSTRESS-Q5.

If marital status=single,widowed, separated or divorced go to CSTRESS-Q8.

Otherwise (i.e. marital status is unknown) go to CSTRESS-Q9.

CSTRESS-Q5 Your partner doesn't understand you.

ST_4_C5
 True
 False

CSTRESS-Q6 Your partner doesn't show enough affection.

ST_4_C6
 True
 False

CSTRESS-Q7 Your partner is not committed enough to your relationship.

ST_4_C7
 True
 False

Go to CSTRESS-Q9

CSTRESS-Q8 You find it is very difficult to find someone compatible with you.

ST_4_C8
 True
 False

CSTRESS-Q9 Do you have any children?

ST_4_C9

- Yes
- No (Go to CSTRESS-Q12)
- DK, R (Go to CSTRESS-Q12)

CSTRESS-Q10 Remember I want to know if you feel any of these statements are true for you at this time.
One of your children seems very unhappy.

ST_4_C10

- True
- False

CSTRESS-Q11 A child's behaviour is a source of serious concern to you.

ST_4_C11

- True
- False

CSTRESS-Q12 Your work around the home is not appreciated.

ST_4_C12

- True
- False

CSTRESS-Q13 Your friends are a bad influence.

ST_4_C13

- True
- False

CSTRESS-Q14 You would like to move but you cannot.

ST_4_C14

- True
- False

CSTRESS-Q15 Your neighbourhood or community is too noisy or too polluted.

ST_4_C15

- True
- False

CSTRESS-Q16 You have a parent, a child or partner who is in very bad health and may die.

ST_4_C16

- True
- False

CSTRESS-Q17 Someone in your family has an alcohol or drug problem.

ST_4_C17

- True
- False

CSTRESS-Q18 People are too critical of you or what you do.

ST_4_C18

- True
- False

Recent Life Events

RECENT-INTa Now I'd like to ask you about some things that may have happened in the past 12 months². Some of these experiences happen to most people at one time or another, while some happen to only a few. First, I'd like to ask about yourself or anyone close to you (that is, your spouse or partner, children, relatives or close friends).

RECENT-Q1 In the past 12 months, was any one of you beaten up or physically attacked?

ST_4_R1

- Yes
 No
R (Go to next section)

RECENT-INTb Now I'd like you to think just about your family, (that is, yourself and your spouse/partner or children, if any).

RECENT-Q2 In the past 12 months, did you or someone in your family, have an unwanted pregnancy?

ST_4_R2

- Yes
 No

RECENT-Q3 In the past 12 months, did you or someone in your family have an abortion or miscarriage?

ST_4_R3

- Yes
 No

RECENT-Q4 In the past 12 months, did you or someone in your family have a major financial crisis?

ST_4_R4

- Yes
 No

RECENT-Q5 In the past 12 months, did you or someone in your family fail school or a training program?

ST_4_R5

- Yes
 No

RECENT-INTc Now I'd like you to think just about yourself and your spouse or partner.

If marital status = married/living together/common-law include the phrase "or your partner" in the RECENT-Q6 and RECENT-Q7.

RECENT-Q6 In the past 12 months, did you (or your partner) experience a change of job for a worse one?

ST_4_R6

- Yes
 No

RECENT-Q7 In the past 12 months, were you (or your partner) demoted at work or did you/either of you take a cut in pay?

ST_4_R7

- Yes
 No

If marital status = married/living together/common-law ask RECENT-Q8.
Otherwise go to RECENT-Q9.

RECENT-Q8 In the past 12 months, did you have increased arguments with your partner?

ST_4_R8
 Yes
 No

RECENT-Q9 Now, just you personally, in the past 12 months, did you go on Welfare?

ST_4_R9
 Yes
 No

IF CSTRESS-Q9 = yes (have children) ask RECENT-Q10.
Otherwise go to next section.

RECENT-Q10 In the past 12 months, did you have a child move back into the house?

ST_4_R10
 Yes
 No

Childhood and Adult Stressors ("traumas")

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

TRAUM-Q1 Did you spend 2 weeks or more in the hospital?

ST_4_T1
 Yes
 No
R (Go to next section)

TRAUM-Q2 Did your parents get a divorce?

ST_4_T2
 Yes
 No

TRAUM-Q3 Did your father or mother not have a job for a long time when they wanted to be working?

ST_4_T3
 Yes
 No

TRAUM-Q4 Did something happen that scared you so much you thought about it for years after?

ST_4_T4
 Yes
 No

TRAUM-Q5 Were you sent away from home because you did something wrong?

ST_4_T5
 Yes
 No

TRAUM-Q6 Did either of your parents drink or use drugs so often that it caused problems for the family?

ST_4_T6

- Yes
 No

TRAUM-Q7 Were you ever physically abused by someone close to you?

ST_4_T7

- Yes
 No

Work Stress

(Age \geq 15 and non-proxy only)

Check item: ask only of those currently employed. If more than one job is held ask for the main job.

WSTRESS-Q1 Now I'm going to read you a series of statements that might describe your job situation. Please tell me if you STRONGLY AGREE, AGREE, NEITHER AGREE NOR DISAGREE, DISAGREE, or STRONGLY DISAGREE with each of the following:

ST_4_W1A

a) Your job requires that you learn new things R on first item (Go to next section)

ST_4_W1B

b) Your job requires a high level of skill

ST_4_W1C

c) Your job allows you freedom to decide how you do your job

ST_4_W1D

d) Your job requires that you do things over and over

ST_4_W1E

e) Your job is very hectic

ST_4_W1F

f) You are free from conflicting demands that others make

ST_4_W1G

g) Your job security is good

ST_4_W1H

h) Your job requires a lot of physical effort

ST_4_W1I

i) You have a lot to say about what happens in your job

ST_4_W1J

j) You are exposed to hostility or conflict from the people you work with

ST_4_W1K

k) Your supervisor is helpful in getting the job done

ST_4_W1L

l) The people you work with are helpful in getting the job done

WSTRESS-Q2 How satisfied are you with your job?

ST_4_W2

(Read list. Mark one only.)

- Very satisfied
 Somewhat satisfied
 Not too satisfied
 Not at all satisfied

Self-Esteem and Mastery

(Age \geq 12 and non-proxy only)

ESTMAST-INT Now, I am going to read you a series of statements that people might use to describe themselves. Please tell me if you STRONGLY AGREE, AGREE, NEITHER AGREE NOR DISAGREE, DISAGREE or STRONGLY DISAGREE with each of the following:

ESTEEM-Q1

- PY_4_E1A a) You feel that you have a number of good qualities. R on first item (Go to next section)
- PY_4_E1B b) You feel that you're a person of worth at least equal to others.
- PY_4_E1C c) You are able to do things as well as most other people.
- PY_4_E1D d) You take a positive attitude toward yourself.
- PY_4_E1E e) On the whole you are satisfied with yourself.
- PY_4_E1F f) All in all, you're inclined to feel you're a failure.

(Age > 12 and non-proxy only)

MAST-Q1

- PY_4_M1A a) You have little control over the things that happen to you R on first item (Go to next section)
- PY_4_M1B b) There is really no way you can solve some of the problems you have.
- PY_4_M1C c) There is little you can do to change many of the important things in your life.
- PY_4_M1D d) You often feel helpless in dealing with problems of life.
- PY_4_M1E e) Sometimes you feel that you are being pushed around in life.
- PY_4_M1F f) What happens to you in the future mostly depends on you.
- PY_4_M1G g) You can do just about anything you really set your mind to.

Sense of Coherence

(Age >= 18 and non-proxy only.)

SCOH-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.

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

PY_4_H1

- 1 Very seldom or never
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7 Very often
- DK, R (Go to next section)

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

PY_4_H2

- 1 Never happened
- 2
- 3
- 4
- 5
- 6
- 7 Always happened

SCOH-Q3
PY_4_H3

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

- 1 Never happened
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 Always happened

SCOH-Q4
PY_4_H4

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

SCOH-Q5
PY_4_H5

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

SCOH-Q6
PY_4_H6

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

SCOH-Q7
PY_4_H7

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

SCOH-Q8
PY_4_H8

In this question 1 means very seldom or never and 7 means very often. Many people -- even those with a strong character -- sometimes feel like sad sacks (losers) 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

SCOH-Q9
PY_4_H9

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

SCOH-Q10
PY_4_H10

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

SCOH-Q11
PY_4_H11

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

SCOH-Q12
PY_4_H12

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

SCOH-Q13
PY_4_H13

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

HSTAT-INT

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

Vision

HSTAT-Q1
HSC4_1

Are/Is ... *usually* able to see well enough to read ordinary newsprint *without* glasses or contact lenses?

- ___ Yes (Go to HSTAT-Q4)
___ No
___ DK, R (Go to HSTAT-Q6)

HSTAT-Q2 Are/Is you/he/she *usually* able to see well enough to read ordinary newsprint *with* glasses or
HSC4_2 contact lenses?

- Yes (Go to HSTAT-Q4)
 No

HSTAT-Q3 Are/Is you/he/she able to see at all?
HSC4_3

- Yes
 No (Go to HSTAT-Q6)
 DK, R (Go to HSTAT-Q6)

HSTAT-Q4 Are/Is you/he/she able to see well enough to recognize a friend on the other side of the street
HSC4_4 *without* glasses or contact lenses ?

- Yes (Go to HSTAT-Q6)
 No
 DK, R (Go to HSTAT-Q6)

HSTAT-Q5 Are/Is you/he/she *usually* able to see well enough to recognize a friend on the other side of the
HSC4_5 street *with* glasses or contact lenses?

- Yes
 No

Hearing

HSTAT-Q6 Are/Is ... *usually* able to hear what is said in a group conversation with at least three other people
HSC4_6 *without* a hearing aid?

- Yes (Go to HSTAT-Q10)
 No
 DK, R (Go to HSTAT-Q10)

HSTAT-Q7 Are/Is you/he/she *usually* able to hear what is said in a group conversation with at least three other
HSC4_7 people *with* a hearing aid?

- Yes (Go to HSTAT-Q8)
 No

HSTAT-Q7a Are/Is you/he/she able to hear at all?
HSC4_7A

- Yes
 No (Go to HSTAT-Q10)
 DK, R (Go to HSTAT-Q10)

HSTAT-Q8 Are/Is you/he/she *usually* able to hear what is said in a conversation with one other person in a
HSC4_8 quiet room *without* a hearing aid ?

- Yes (Go to HSTAT-Q10)
 No
 R (Go to HSTAT-Q10)

HSTAT-Q9 Are/Is you/he/she *usually* able to hear what is said in a conversation with one other person in a quiet room *with* a hearing aid?
HSC4_9

- Yes
 No

Speech

HSTAT-Q10 Are/Is ... *usually* able to be understood *completely* when speaking with strangers in your own language?
HSC4_10

- Yes (Go to HSTAT-Q14)
 No
R (Go to HSTAT-Q14)

HSTAT-Q11 Are/Is you/he/she able to be understood *partially* when speaking with strangers?
HSC4_11

- Yes
 No

HSTAT-Q12 Are/Is you/he/she able to be understood *completely* when speaking with those who know you/him/her well?
HSC4_12

- Yes (Go to HSTAT-Q14)
 No
R (Go to HSTAT-Q14)

HSTAT-Q13 Are/Is you/he/she able to be understood *partially* when speaking with those who know you/him/her well?
HSC4_13

- Yes
 No

Getting Around

HSTAT-Q14 Are/Is ... *usually* able to walk around the neighbourhood *without* difficulty and *without* mechanical support such as braces, a cane or crutches?
HSC4_14

- Yes (Go to HSTAT-Q21)
 No
DK, R (Go to HSTAT-Q21)

HSTAT-Q15 Are/Is you/he/she able to walk at all?
HSC4_15

- Yes
 No (Go to HSTAT-Q18)
DK, R (Go to HSTAT-Q18)

HSTAT-Q16 Do/Does you/he/she require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?
HSC4_16

- Yes
 No

HSTAT-Q17 Do/Does you/he/she require the help of another person to be able to walk?

HSC4_17

- Yes
 No

HSTAT-Q18 Do/Does you/he/she require a wheelchair to get around?

HSC4_18

- Yes
 No (Go to HSTAT-Q21)
 DK, R (Go to HSTAT-Q21)

HSTAT-Q19 How often do/does you/he/she use a wheelchair?

HSC4_19

(Read list. Mark one only.)

- Always
 Often
 Sometimes
 Never

HSTAT-Q20 Do/Does you/he/she need the help of another person to get around in the wheelchair?

HSC4_20

- Yes
 No

Hands and Fingers

HSTAT-Q21 Are/Is ... *usually* able to grasp and handle small objects such as a pencil and scissors?

HSC4_21

- Yes (Go to HSTAT-Q25)
 No
 DK, R (Go to HSTAT-Q25)

HSTAT-Q22 Do/Does you/he/she require the help of another person because of limitations in the use of hands or fingers?

HSC4_22

- Yes
 No (Go to HSTAT-Q24)
 DK, R (Go to HSTAT-Q24)

HSTAT-Q23 Do/Does you/he/she require the help of another person with:

HSC4_23

(Read list. Mark one only.)

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

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

HSC4_24

- Yes
 No

Feelings

HSTAT-Q25 Would you describe yourself/... as being *usually*:
HSC4_25 (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

HSTAT-Q26 How would you describe your/his/her *usual* ability to remember things? Are/Is you/he/she:
HSC4_26 (Read list. Mark one only.)

- Able to remember most things?
- Somewhat forgetful?
- Very forgetful?
- Unable to remember anything at all?

Thinking

HSTAT-Q27 How would you describe your/his/her *usual* ability to think and solve day to day problems? Are/Is
HSC4_27 you/he/she:
(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?

Pain and Discomfort

HSTAT-Q28 Are/Is ... *usually* free of pain or discomfort?
HSC4_28

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

HSTAT-Q29 How would you describe the *usual* intensity of your/his/her pain or discomfort?
HSC4_29 (Read list. Mark one only.)

- Mild
- Moderate
- Severe

HSTAT-Q30 How many activities does your/his/her pain or discomfort prevent?
HSC4_30 (Read list. Mark one only.)

- None
- A few
- Some
- Most

Drug Use

DRUG-INT Now I'd like to ask a few questions about ... (r/s) use of medications, both prescription and over-the-counter as well as other health products.

DRUG-Q1 In the past month⁴, did ... take any of the following medications?
(Read list. Mark all that apply.)

- DGC4_1A Pain relievers such as aspirin or tylenol (includes arthritis medicine and anti-inflammatories)
- DGC4_1B Tranquilizers such as valium
- DGC4_1C Diet pills
- DGC4_1D Anti-depressants
- DGC4_1E Codeine, Demerol or Morphine
- DGC4_1F Allergy medicine such as "Sinutab"
- DGC4_1G Asthma medications
- DGC4_1H Cough or cold remedies
- DGC4_1I Penicillin or other antibiotic
- DGC4_1J Medicine for the heart
- DGC4_1K Medicine for blood pressure
- DGC4_1L Diuretics or water pills
- DGC4_1M Steroids
- DGC4_1N Insulin
- DGC4_1O Pills to control diabetes
- DGC4_1P Sleeping pills
- DGC4_1Q Stomach remedies
- DGC4_1R Laxatives
- DGC4_1T Hormones for menopause or aging symptoms (check item: sex=female, age >= 30)
- DGC4_1S Birth control pills (check item: sex=female, age >= 12 & age <= 49)
- DGC4_1V Any other medication (Specify _____)
- DGC4_NON None of the above

DRUG-C1 (If any drug(s) specified in DRUG-Q1 go to DRUG-Q2. Otherwise go to DRUG-Q4.)

DRUG-Q2 Now, I am referring to yesterday and the day before yesterday. During those two days, how many different medications did you/he/she take?

DGC4_2

- Number of different medications
DK, R (Go to DRUG-Q4)

If number=0 then go to DRUG-Q4

For each number >0 ask DRUG-Q3...up to a maximum of 12.

DRUG-Q3 What is the exact name of the medication that ... took? (Ask the person to look at the bottle, tube or box.)
DGC4_3nC

DK, R to any medication (Go to next section)

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/Does ... use any of these or other health products?
DGC4_4

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

DRUG-Q5 What is the exact name of the health product that ... use(s)? (Ask the person to look at the bottle, tube or box.) (up to 12 products)
DGC4_5nm

Mental Health
(Non-proxy only)

MHLTH-INTa Now some questions about mental and emotional well-being. During the past month⁴, about how often did you feel:

MHLTH-Q1a ... so sad that nothing could cheer you up?
MHC4_1A
(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
- DK, R (Go to MHLTH-Q1k)

MHLTH-Q1b ... nervous?
MHC4_1B
(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
- DK, R (Go to MHLTH-Q1k)

MHLTH-Q1c ... restless or fidgety?
MHC4_1C
(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
- DK, R (Go to MHLTH-Q1k)

MHLTH-Q1d ... hopeless?
MHC4_1D (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
DK, R (Go to MHLTH-Q1k)

MHLTH-Q1e ... worthless?
MHC4_1E (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
DK, R (Go to MHLTH-Q1k)

MHLTH-Q1f During the past month, about how often did you feel that everything was an effort?
MHC4_1F (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
DK, R (Go to MHLTH-Q1k)

MHLTH-C1g IF MHLTH-Q1a to MHLTH-Q1f are all "none" go to MHLTH-Q1k.

MHLTH-Q1g 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?
MHC4_1G (Do not read list. Mark one only.)
 More often
 Less often (Go to MHLTH-Q1i)
 About the same (Go to MHLTH-Q1j)
 Never have had any (Go to MHLTH-Q1k)
DK, R (Go to MHLTH-Q1k)

MHLTH-Q1h Is that *a lot more*, *somewhat* or only *a little* more often than usual?
MHC4_1H (Do not read list. Mark one only.)
 A lot more
 Somewhat more
 A little more
DK, R (Go to MHLTH-Q1k)

(Go to Q1j)

MHLTH-Q1i Is that *a lot* less, *somewhat* or only *a little* less often than usual?
MHC4_1I (Do not read list. Mark one only.)

- A lot less
- Somewhat less
- A little less
- DK, R (Go to MHLTH-Q1k)

MHLTH-Q1j How much do these experiences usually interfere with your life or activities?
MHC4_1J (Read list. Mark one only.)

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

MHLTH-Q1k In the past 12 months², have you seen or talked on the telephone to a health professional about your emotional or mental health?
MHC4_1K

- Yes
- No (Go to MHLTH-Q2.)
- DK, R (Go to MHLTH-Q2)

MHLTH-Q1l How many times (in the past 12 months)?
MHC4_1L

- # of times

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?
MHC4_2

- Yes
- No (Go to MHLTH-Q16.)
- DK, R (Go to next section)

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?
MHC4_3 (Read list. Mark one only.)

- All day long
- Most of the day
- About half of the day (Go to MHLTH-Q16.)
- Less than half the day (Go to MHLTH-Q16.)
- DK, R (Go to next section)

MHLTH-Q4 How often did you feel this way during those 2 weeks?
MHC4_4 (Read list. Mark one only.)

- Every day
- Almost every day
- Less often (Go to MHLTH-Q16.)
- DK, R (Go to next section)

MHLTH-Q5
MHC4_5

During those 2 weeks did you lose interest in most things?

- Yes (KEY PHRASE = LOSING INTEREST)
- No
- DK, R (Go to next section)

MHLTH-Q6
MHC4_6

Did you feel tired out or low on energy all of the time?

- Yes (KEY PHRASE = FEELING TIRED)
- No
- DK, R (Go to next section)

MHLTH-Q7
MHC4_7

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 MHLTH-Q9.)
- Was on a diet (Go to MHLTH-Q9.)
- DK, R (Go to next section)

MHLTH-Q8
MHC4_8LB
MHC4_8KG

About how much did you (gain/lose)?

- pounds or kilograms

MHLTH-Q9
MHC4_9

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

- Yes (KEY PHRASE = TROUBLE FALLING ASLEEP)
- No (Go to MHLTH-Q11.)
- DK, R (Go to next section)

MHLTH-Q10
MHC4_10

How often did that happen?
(Read list. Mark one only.)

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

MHLTH-Q11
MHC4_11

Did you have a lot more trouble concentrating than usual?

- Yes (KEY PHRASE = TROUBLE CONCENTRATING)
- No
- DK, R (Go to next section)

MHLTH-Q12
MHC4_12

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
- DK, R (Go to next section)

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

MHC4_13

- Yes (KEY PHRASE =THOUGHTS ABOUT DEATH)
 No
 DK, R (Go to next section)

MHLTH-C14 If any "yes" in Q5, Q6, Q9, Q11, Q12 or Q13, or Q7 is "gain" or "lose" then go to MHLTH-Q14. Otherwise go to next section.

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?

MHC4_14

- # of weeks (IF >51 weeks then go to next section.)
 DK, R (Go to next section)

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

MHC4_15

- | | |
|-----------------------------------|------------------------------------|
| <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 next section.

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?

MHC4_16

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

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?

MHC4_17

(Read list. Mark one only.)

- All day long
 Most of the day
 About half of the day (Go to next section)
 Less than half the day (Go to next section)
 DK, R (Go to next section)

MHLTH-Q18 How often did you feel this way during those 2 weeks?

MHC4_18

(Read list. Mark one only.)

- Every day
 Almost every day
 Less often (Go to next section)
 DK, R (Go to next section)

MHLTH-Q19 During those 2 weeks did you feel tired out or low on energy all the time?

MHC4_19

- Yes (KEY PHRASE = FEELING TIRED)
- No
- DK, R (Go to next section)

MHLTH-Q20 Did you gain weight, lose weight, or stay about the same?

MHC4_20

(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 MHLTH-Q22)
- Was on a diet (Go to MHLTH-Q22)
- DK, R (Go to next section)

MHLTH-Q21 About how much did you (gain/lose)?

MHC4_21L

MHC4_21K

- pounds or kilograms

MHLTH-Q22 Did you have more trouble falling asleep than you usually do?

MHC4_22

- Yes (KEY PHRASE = TROUBLE FALLING ASLEEP)
- No (Go to MHLTH-Q24)
- DK, R (Go to next section)

MHLTH-Q23 How often did that happen during those 2 weeks?

MHC4_23

(Read list. Mark one only.)

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

MHLTH-Q24 Did you have a lot more trouble concentrating than usual?

MHC4_24

- Yes (KEY PHRASE = TROUBLE CONCENTRATING)
- No
- DK, R (Go to next section)

MHLTH-Q25 At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

MHC4_25

- Yes (KEY PHRASE = FEELING DOWN ON YOURSELF)
- No
- DK, R (Go to next section)

MHLTH-Q26 Did you think a lot about death - either your own, someone else's, or death in general?

MHC4_26

- Yes (KEY PHRASE = THOUGHTS ABOUT DEATH)
- No
- DK, R (Go to next section)

MHLTH-C27 If any "yes" in Q19, Q22, Q24, Q25 or Q26, or Q20 is "gain" or "lose" then go to MHLTH-Q27. Otherwise go to next section.

MHLTH-Q27 Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you
MHC4_27 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 >51 weeks then go to next section.)
DK, R (Go to next section)

MHLTH-Q28 Think about the last time you had 2 weeks in a row when you felt this way. In what month was
MHC4_28 that?

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

Social Support
(Non-proxy only)

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

SOCSUP-Q1 Are you a member of any voluntary organizations or associations such as school groups, church
SSC4_1 social groups, community centres, ethnic associations or social, civic or fraternal clubs?

___ Yes
___ No (Go to SOCSUP-Q2a)
___ DK, R (Go to SOCSUP-Q2a)

SOCSUP-Q2 How often did you participate in meetings or activities sponsored by these groups in the past 12
SSC4_2 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

SOCSUP-Q2a Other than on special occasions (such as weddings, funerals or baptisms), how often did you attend
SSC4_2A 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

SOCSUP-Q3 Do you have someone you can confide in, or talk to about your private feelings or concerns?

SSC4_3

___ Yes
___ No

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

SSC4_4

- Yes
 No

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

SSC4_5

- Yes
 No

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

SSC4_6

- Yes
 No

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]?

SSC4_7A

Your parents or parents-in-law

SSC4_7B

Your grandparents

SSC4_7C

Your daughters or daughters-in-law

SSC4_7D

Your sons or sons-in-law

SSC4_7E

Your brothers or sisters

SSC4_7F

Other relatives (including in-laws)

SSC4_7G

Your close friends

SSC4_7H

Your neighbours

Choice of responses are: (Read list. Mark one only.)

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

Health Number

H06-HLTH#

AM64_LNK

We are seeking your permission to link information collected during this interview with provincial 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 province. This information will be used for statistical purposes only. Do we have your permission?

- Yes
 No (Go to H06-SHARE)
 DK, R (Go to next section)

H06-HLTH#1 Having a provincial health number will assist us in linking to this other information. What is ...r/s provincial health number?
HNC4_nn

Agreement to Share

H06-SHARE To avoid duplication Statistics Canada intends to share the information from this survey with provincial ministries of health, Health Canada, and Employment and Immigration Canada. These organizations have undertaken to keep this information confidential and use it only for statistical purposes. Do you agree to share the information you have provided?
AM64_SHA

- Yes
- No

H06-TEL Was this interview conducted on the telephone or in person?

AM64_TEL

- On telephone
- In person
- Both (Specify reason)

H06-CTEXT Was the respondent alone when you asked this health questionnaire?

AM64_ALO

- Yes (Go to H06-P2)
- No

H06-CTEXT1 Do you think that the answers of the respondent were affected by someone else being there?

AM64_AFF

- Yes (Specify)
- No

H06-P2 Record language of interview

AM64_LNG

- English Persian (Farsi)
- French Polish
- Arabic Portuguese
- Chinese Punjabi
- Cree Spanish
- German Tagalog (Filipino)
- Greek Ukrainian
- Hungarian Vietnamese
- Italian Other (Specify _____)
- Korean

Manitoba Buy-in Questions

(Age >= 18 and non-proxy only)

SPR6-INTA The next questions are being asked for your provincial government. They deal with the day-to-days demands in your life.

SPR6-INTB When relating to people, some people rely heavily on their thinking, rational side. Others rely much more on their emotional side. In the following questions, I will be asking about your primary style of relating to people. Please answer either "Yes" or "No" to each question. If you are not sure, it is usually best to respond with your first impression.

SPR6-Q1 Do you always try to do what is reasonable and logical?

RTP4_1

- Yes
- No

SPR6-Q2 Do you always try to understand people and their behaviour, to avoid responding emotionally?

RTP4_2

- Yes
- No

SPR6-Q3 When dealing with other people do you always try to act rationally?

RTP4_3

- Yes
- No

SPR6-Q4 Do you try to overcome all conflicts with other people by intelligence and reason, trying hard not to show your emotions?

RTP4_4

- Yes
- No

SPR6-Q5 If someone deeply hurts your feelings, do you nevertheless try to treat him or her rationally and to understand his or her way of behaving?

RTP4_5

- Yes
- No

SPR6-Q6 Do you succeed in avoiding most conflicts with other people by relying on your reason and logic, even if this is not how you feel at the time?

RTP4_6

- Yes
- No

SPR6-Q7 If someone acts against your needs and desires, do you nevertheless try to understand that person?

RTP4_7

- Yes
- No

SPR6-Q8 Do you behave so rationally in most life situations that your behaviour is rarely influenced by only your emotions?

RTP4_8

- Yes
- No

SPR6-Q9 Do your emotions frequently influence your behaviour to such a degree that your behaviour might be considered harmful to yourself and others?

RTP4_9

- Yes
- No

SPR6-Q10 Do you try to understand others even if you don't like them?

RTP4_10

- Yes
- No

SPR6-Q11 Does your rationality prevent you from verbally attacking or criticizing others, even if there are sufficient reasons for doing so?

RTP4_11

- Yes
- No

SPR6-INTQ12 In the next few questions, you will be asked to imagine yourself in a particular situation. It is not important for you to have actually experienced the situation. Simply pretend you are in the described situation.

SPR6-Q12 Imagine you are afraid of the dentist and you have to get some dental work done. Which of the following things would you do to help you overcome your fears?

(Read list. Mark all that apply.)

RTP4_12A

RTP4_12B

RTP4_12C

RTP4_12D

RTP4_12E

RTP4_12F

RTP4_12G

RTP4_12H

RTP4_12I

- Ask the dentist exactly what he is doing
- Take a tranquilizer or have a drink before going
- Try to think about other things, like pleasant memories
- Have the dentist tell you when you would feel pain
- Try to sleep
- Watch all the dentist's movements and listen for the sound of the drill
- Watch the flow of water from your mouth to see if it contained blood
- Do mental puzzles in your mind
- Other (Specify _____)

SPR6-Q13

Imagine that you are a salesperson and get along well with your fellow workers. It has been rumoured that, due to a large drop in sales, several people in your department will be laid off. The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?

(Read list. Mark all that apply.)

- | | | |
|-----------------|--------------------------|--|
| <i>RTP4_13A</i> | <input type="checkbox"/> | Talk to your fellow workers to see if they know anything about the supervisor's evaluation of you |
| <i>RTP4_13B</i> | <input type="checkbox"/> | Review the list of duties for your present job and try to figure out if you had accomplished all of them |
| <i>RTP4_13C</i> | <input type="checkbox"/> | Watch TV, go to the movies or do something like that, to take your mind off things |
| <i>RTP4_13D</i> | <input type="checkbox"/> | Try to remember any arguments or disagreements you might have had with your supervisor that might have lowered his or her opinion of you |
| <i>RTP4_13E</i> | <input type="checkbox"/> | Push all thoughts of being laid off out of your mind |
| <i>RTP4_13F</i> | <input type="checkbox"/> | If it came up during a conversation say that you would rather not discuss your chances of being laid off |
| <i>RTP4_13G</i> | <input type="checkbox"/> | Try to think which employees in your department the supervisor might evaluate more poorly than you |
| <i>RTP4_13H</i> | <input type="checkbox"/> | Continue doing your work as if nothing special was happening |
| <i>RTP4_13I</i> | <input type="checkbox"/> | Other (Specify___) |

For information only

Alberta Buy-in Questions

(Age >= 18 and non-proxy only)

SPR8-INT The next questions are being asked for your provincial government. They deal with the day-to-days demands in your life.

SPR8-Q1 How would you rate your ability to handle the day-to-day demands in your life, for example, work, family and volunteer responsibilities?
COP4_1 (Read list. Mark one only.)

- Excellent
- Very Good
- Good
- Fair
- Poor

SPR8-Q2 If the day-to-day demands in your life were causing you to feel under stress, which of the following would you do?
(Read list. Mark all that apply.)

- COP4_2A* Try not to think about the situation and keep yourself busy to prevent thinking about it
- COP4_2B* Try to see the situation in a different light that makes it seem more bearable
- COP4_2C* Think about ways to change the situation or do something to solve the problem causing the stress
- COP4_2D* Express your emotions to reduce your tension, anxiety or frustration
- COP4_2E* Admit to yourself that the situation is stressful, but otherwise do nothing
- COP4_2F* Talk about the situation with others
- COP4_2G* Do something you enjoy in order to relax
- COP4_2H* Pray or otherwise seek comfort or strength through religious faith
- COP4_2I* Do something else (Specify _____)

SPR8-Q3 How would you rate your ability to handle unexpected and difficult problems, for example, family or personal crisis?
COP4_3 (Read list. Mark one only.)

- Excellent
- Very Good
- Good
- Fair
- Poor

SPR8-Q4 If an unexpected problem or situation was causing you to feel under stress, which of the following would you do?
(Read list. Mark all that apply.)

- COP4_4A* Try not to think about the situation and keep yourself busy to prevent thinking about it
- COP4_4B* Try to see the situation in a different light that makes it seem more bearable
- COP4_4C* Think about ways to change the situation or do something to solve the problem causing the stress
- COP4_4D* Express your emotions to reduce your tension, anxiety or frustration
- COP4_4E* Admit to yourself that the situation is stressful, but otherwise do nothing
- COP4_4F* Talk about the situation with others
- COP4_4G* Do something you enjoy in order to relax
- COP4_4H* Pray or otherwise seek comfort or strength through religious faith
- COP4_4I* Do something else (Specify _____)

Notes:

1. Past 2 weeks refers to the 2 weeks leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 2 weeks include August 27, 1993 to September 9, 1993.
2. Past 12 months refers to the 12 months leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 12 months include September 10, 1992 to September 9, 1993.
3. Past 3 months refers to the 3 months leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 3 months include June 10, 1993 to September 9, 1993.
4. Past month refers to the month leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past month includes August 10, 1993 to September 9, 1993.

For information only

Health Component for Respondents Aged 0 to 11 Years Old (Form H06)

(Proxy only, to be completed for selected respondent only and age <= 11)

NOTE:

The data for the 1994-95 NPHS selected child 0 to 11 years old were collected by the National Longitudinal Survey of Children and Youth (NLSCY). The data were picked up from NLSCY and were reformatted to fit into the NPHS processing system. The question names used here were assigned during processing to be consistent with 1996. When question wording was similar, the wording from NPHS was used. If the wording was sufficiently different that concepts may vary, the NLSCY wording was used. See National Longitudinal Survey of Children Survey Instruments for 1994-95 Data Collection, Cycle 1 Catalogue No. 95-01 for exact order and wording of the questions. For complete details on the 1994-95 sample design, see *Sample Design of the National Population Health Survey, Health Reports 1995, Vol. 7, No.1.*

Child General Health

KGH-Q1 In general, would you say %FNAME%'s% health is:
 (READ LIST. MARK ONE ONLY.)

GHC4_1

- 1 Excellent?
- 2 Very good?
- 3 Good?
- 4 Fair?
- 5 Poor?

KGH-Q3 Does %FNAME% have any long-term physical or mental condition or a health problem which prevents or limits %his/her% participation in school, at play, or in any other activity for a child %his/her% age?

RAC4F1

- 1 YES
- 2 NO

KGH-Q4 How tall is %he/she% without shoes on?

HWC4_HT

----- FEET ---- INCHES OR ----- CENTIMETRES

KGH-Q5 How much does %he/she% weigh?

(ENTER AMOUNT ONLY.) (MIN: 1) (MAX: 300)

(DK, R) (Go to next section)

KGH-C5INTERVIEWER: WAS THAT IN POUNDS OR IN KILOGRAMS?

- 1 POUNDS HWC4_3LB
- 2 KILOGRAMS HWC4_3KG

Child Health Care Utilization

KUT-INT Now I'd like to ask about %FNAME%'s% contacts with health professionals during the past 12 months, that is, from %12MOSAGO% to yesterday.

KUT-Q1 In the past 12 months, has %FNAME% been an overnight patient in a hospital?

HCC4_1

- 1 YES
- 2 NO

KUT-Q3 (Not counting when %FNAME% was an overnight patient) In the past 12 months, how many times have you seen or talked on the telephone with a/an/any [fill category] about %his/her% physical, emotional or mental health? (Exclude at time of birth for babies.)

HCC4_2A

HCC4_2A

HCC4_2C

HCC4_2D

HCC4_2E

HCC4_2I

HCC4_2H

HCK4_2OT

- | | | MIN | MAX |
|----|---|-----|-----|
| a) | A general practitioner , family physician | 0 | 366 |
| b) | A pediatrician | 0 | 366 |
| c) | An other medical doctor (such as an orthopedist, or eye specialist) | 0 | 300 |
| d) | A public health nurse or nurse practitioner | 0 | 366 |
| e) | A dentist or orthodontist | 0 | 99 |
| f) | A psychiatrist or psychologist | 0 | 366 |
| g) | Child welfare worker or children's aid worker | 0 | 366 |
| h) | Any other person trained to provide treatment or counsel, for example a speech therapist, a social worker | 366 | |

Child Chronic Conditions

KCHR-C1 If age > 3, go to KCHR-Q4.

KCHR-Q1 Thinking now about illnesses, how often does %FNAME% have nose or throat infections? (READ LIST. MARK ONE ONLY.)

CCK4_1

- 1 Almost all the time
- 2 Often
- 3 From time to time
- 4 Rarely
- 5 Never

KCHR-Q2 (Since %his/her% birth, has %he/she% ever had an ear infection (otitis)?)

CCK4_2

- 1 YES
- 2 NO (Go to KCHR-Q4)
- DK, R (Go to KCHR-Q4)

KCHR-Q3 How many times?
(DO NOT READ LIST. MARK ONE ONLY.)
CCK4_3

- 1 ONCE
- 2 2 TIMES
- 3 3 TIMES
- 4 4 OR MORE TIMES

KCHR-Q4 The following questions are about asthma. Has %FNAME% ever had asthma that has been diagnosed by a health professional?
CCC4_1C

- 1 YES
- 2 NO (Go to KCHR1-INT)
DK, R (Go to KCHR1-INT)

KCHR-Q5 Has %he/she% had an attack of asthma in the past 12 months?
CCC4_C5

- 1 YES
- 2 NO

KCHR-Q6 Has %he/she% had wheezing or whistling in the chest at any time in the past 12 months?
CCC4_C6

- 1 YES
- 2 NO

KCHR1-INT In the following questions long-term conditions refer to conditions that have lasted or are expected to last 6 months or more.

KCHR1-Q1 Does %FNAME% have any of the following long-term conditions that have been diagnosed by a health professional?

- CCK4_1AB a) Allergies?
- CCC4_1H b) Bronchitis?
- CCC4_1L c) Heart condition or disease?
- CCC4_1K d) Epilepsy?
- CCC4_1V e) Cerebral palsy?
- CCC4_1V f) Kidney condition or disease?
- CCC4_1V g) Mental handicap?
- CCC4_1V h) A learning disability? (Ask only age>=6)
- CCC4_1V i) An emotional, psychological or nervous condition? (Ask only age>=6)
- CCC4_1V j) Any other long-term condition?
- CCC4_NQN k) None

Child Health Status

KHS-C1 If age < 4, go to next section.

KHS-INT The next set of questions asks about %you/FNAME% day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned about a person's usual abilities.

KHS-INTA You may feel that some of these questions do not apply to %you/him/her%, but it is important that we ask the same questions of everyone.

Vision

KHS-Q1
HSC4_1 Is %he/she% *usually* able to see clearly, and without distortion, the words in a book *without* glasses or contact lenses?

- 1 YES (Go to KHS-Q4)
- 2 NO

KHS-Q2
HSC4_2 Is %he/she% *usually* able to see clearly, and without distortion, the words in a book *with* glasses or contact lenses?

- 1 YES (Go to KHS-Q4)
- 2 NO
- 3 DOESN'T WEAR GLASSES OR CONTACT LENSES

KHS-Q3
HSC4_3 Is %he/she% able to see at all?

- 1 YES
- 2 NO (Go to KHS-Q6)

KHS-Q4
HSC4_4 Is %he/she% able to see well enough to recognize a friend on the other side of the street *without* glasses or contact lenses?

- 1 YES (Go to KHS-Q6)
- 2 NO

KHS-Q5
HSC4_5 Is %he/she% *usually* able to see well enough to recognize a friend on the other side of the street *with* glasses or contact lenses?

- 1 YES
- 2 NO
- 3 DOESN'T WEAR GLASSES OR CONTACT LENSES

Hearing

KHS-Q6
HSC4_6 Is %he/she% *usually* able to hear what is said in a group conversation with at least 3 other people *without* a hearing aid?

- 1 YES (Go to KHS-IN2)
- 2 NO

KHS-Q7
HSC4_7 Is %he/she% *usually* able to hear what is said in a group conversation with at least 3 other people *with* a hearing aid?

- 1 YES (Go to KHS-Q8)
- 2 NO
- 3 DOESN'T WEAR A HEARING AID

KHS-Q7A Is %he/she% able to hear at all?

HSC4_7A

- 1 YES
- 2 NO (Go to KHS-IN2)

KHS-Q8 Is %he/she% *usually* able to hear what is said in a conversation with one other person in a quiet room *without* a hearing aid?

HSC4_8

- 1 YES (Go to KHS-IN2)
- 2 NO

KHS-Q9 Is %he/she% *usually* able to hear what is said in a conversation with one other person in a quiet room *with* a hearing aid?

HSC4_9

- 1 YES
- 2 NO
- 3 DOESN'T WEAR A HEARING AID

Speech

KHS-IN2 The next few questions on day-to-day health are concerned with %FNAME%'s abilities relative to *other children the same age*.

KHS-Q10 Is %he/she% *usually* able to be understood *completely* when speaking with strangers in %his/her% own language?

HSC4_10

- 1 YES (Go to KHS-Q14)
- 2 NO

KHS-Q11 Is %he/she% able to be understood *partially* when speaking with strangers in %his/her% own language?

HSC4_11

- 1 YES
- 2 NO

KHS-Q12 Is %he/she% able to be understood *completely* when speaking with those who know %him/her% well?

HSC4_12

- 1 YES (Go to KHS-Q14)
- 2 NO

KHS-Q13 Is %he/she% able to be understood *partially* when speaking with those who know %him/her% well?

HSC4_13

- 1 YES
- 2 NO

Getting Around

KHS-Q14 Is %FNAME% *usually* able to walk around the neighbourhood *without* difficulty and *without* mechanical support such as braces, a cane or crutches?

HSC4_14

- 1 YES (Go to KHS-Q21)
- 2 NO

KHS-Q15 Is %he/she% able to walk at all?
HSC4_15
1 YES
2 NO (Go to KHS-Q18)

KHS-Q16 Does %he/she% require mechanical support such as braces, a cane or crutches to be able to walk?
HSC4_16
1 YES
2 NO

KHS-Q17 Does %he/she% require the help of another person to be able to walk?
HSC4_17
1 YES
2 NO

KHS-Q18 Does %he/she% require a wheelchair to get around?
HSC4_18
1 YES
2 NO (Go to KHS-Q21)

KHS-Q19 How often does %he/she% use a wheelchair?
HSC4_19 (READ LIST. MARK ONE ONLY.)
1 Always
2 Often
3 Sometimes
4 Never

KHS-Q20 Does %he/she% need the help of another person to get around in the wheelchair?
HSC4_20
1 YES
2 NO

Hands and Fingers

KHS-Q21 Is %FNAMER% *usually* able to grasp and handle small objects such as a pencil or scissors?
HSC4_21
1 YES (Go to KHS-Q25)
2 NO

KHS-Q22 Does %he/she% require the help of another person because of limitations in the use of hands or fingers?
HSC4_22
1 YES
2 NO (Go to KHS-Q24)

KHS-Q23 Does %he/she% require the help of another person with:
HSC4_23 (READ LIST. MARK ONE ONLY.)
1 Some tasks?
2 Most tasks?
3 Almost all tasks?
4 All tasks?

KHS-Q24 Does %he/she% require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?
HSC4_24

- 1 YES
- 2 NO

Feelings

KHS-Q25 Would you describe %FNAME% as being *usually*:
HSC4_25 (READ LIST. MARK ONE ONLY.)

- 1 Happy and interested in life?
- 2 Somewhat happy?
- 3 Somewhat unhappy?
- 4 Unhappy with little interest in life?
- 5 So unhappy that life is not worthwhile?

Memory

KHS-Q26 How would you describe %his/her% *usual* ability to remember things?
HSC4_26 (READ LIST. MARK ONE ONLY.)

- 1 Able to remember most things?
- 2 Somewhat forgetful?
- 3 Very forgetful?
- 4 Unable to remember anything at all?

Thinking

KHS-Q27 How would you describe %his/her% *usual* ability to think and solve day-to-day problems?
HSC4_27 (READ LIST. MARK ONE ONLY.)

- 1 Able to think clearly and solve problems?
- 2 Having a little difficulty?
- 3 Having some difficulty?
- 4 Having a great deal of difficulty?
- 5 Unable to think or solve problems?

Pain and Discomfort

KHS-Q28 (Is %FNAME% usually free of pain or discomfort?)
HSC4_28

- 1 YES (Go to next section)
- 2 NO

KHS-Q29 How would you describe the *usual* intensity of %his/her% pain or discomfort?
HSC4_29 (READ LIST. MARK ONE ONLY.)

- 1 Mild
- 2 Moderate
- 3 Severe

KHS-Q30
HSC4_30

How many activities does %his/her% pain or discomfort prevent?
(READ LIST. MARK ONE ONLY.)

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

Child Injuries

KIN-INT

The following questions refer to injuries, such as a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle, which occurred in the past 12 months and were serious enough to require medical attention by a doctor, nurse, or dentist.

KIN-Q1
IJC4_1

In the past 12 months, was %FNAME% injured?

- 1 YES
- 2 NO (Go to next section)
DK, R (Go to next section)

KIN-Q2
IJC4_2

How many times was %he/she% injured?
 TIMES (MIN: 1) (MAX: 30)
DK, R (Go to next section)

KIN-Q3

(For the most serious injury,) what type of injury did %he/she% have?
(DO NOT READ LIST. MARK ONE ONLY.)

IJC4_3=2
IJC4_3=3
IJC4_3=4
IJC4_3=5
IJC4_3=6
IJC4_3=8
IJC4_3=9
IJC4_3=10
IJC4_3=11
IJC4_3=11
IJC4_3=1

- 1 BROKEN OR FRACTURED BONES
- 2 BURN OR SCALD
- 3 DISLOCATION
- 4 SPRAIN OR STRAIN
- 5 CUT, SCRAPE OR BRUISE
- 6 CONCUSSION (Go to KIN-Q5) (KIN-Q4=3 was filled during processing)
- 7 POISONING BY SUBSTANCE
OR LIQUID (Go to KIN-Q5) (KIN-Q4=11 was filled during processing)
- 8 INTERNAL INJURY (Go to KIN-Q5) (KIN-Q4=11 was filled during processing)
- 9 DENTAL INJURY (Go to KIN-Q5) (KIN-Q4=2 was filled during processing)
- 10 OTHER (SPECIFY)
- 11 MULTIPLE INJURIES (Go to KIN-Q5)
DK, R (Go to next section)

KIN-Q4 What part of %your/his/her% body was injured?
(DO NOT READ LIST. MARK ONE ONLY.)

- | | | |
|------------------|----|---|
| <i>IJC4_4=2</i> | 1 | EYES |
| <i>IJC4_4=3</i> | 2 | FACE OR SCALP (EXCLUDING EYES) |
| <i>IJC4_4=3</i> | 3 | HEAD OR NECK (EXCLUDING EYES AND FACE OR SCALP) |
| <i>IJC4_4=6</i> | 4 | ARMS OR HANDS |
| <i>IJC4_4=8</i> | 5 | LEGS OR FEET |
| <i>IJC4_4=9</i> | 6 | BACK OR SPINE |
| <i>IJC4_4=10</i> | 7 | TRUNK (EXCLUDING BACK OR SPINE) (INCLUDING CHEST, INTERNAL ORGANS) |
| <i>IJC4_4=5</i> | 8 | SHOULDER |
| <i>IJC4_4=7</i> | 9 | HIP |
| <i>IJC4_4=1</i> | 9 | MULTIPLE SITES |
| | 11 | SYSTEMIC (CATEGORY CREATED DURING PROCESSING)
DK, R (Go to next section) |

KIN-Q5 Where did the injury happen, for example, at home, on the street, in the playground or at school?
(DO NOT READ LIST. MARK ONE ONLY.)

- | | | |
|-----------------|----|---|
| <i>IJC4_5=1</i> | 1 | INSIDE OWN HOME/APARTMENT |
| <i>IJC4_5=1</i> | 2 | OUTSIDE HOME, APARTMENT, INCLUDING YARD, DRIVEWAY, PARKING LOT OR IN SHARED AREAS RELATED TO HOME SUCH AS APARTMENT HALLWAY OR LAUNDRY ROOM |
| <i>IJC4_5=1</i> | 3 | IN OR AROUND OTHER PRIVATE RESIDENCE |
| <i>IJC4_5=5</i> | 4 | INSIDE SCHOOL/DAYCARE CENTRE OR ON SCHOOL/CENTRE GROUNDS |
| <i>IJC4_5=3</i> | 5 | AT AN INDOOR OR OUTDOOR SPORTS FACILITY (OTHER THAN SCHOOL) |
| <i>IJC4_5=5</i> | 6 | OTHER BUILDING USED BY GENERAL PUBLIC |
| <i>IJC4_5=4</i> | 7 | ON SIDEWALK/STREET/HIGHWAY IN NEIGHBOURHOOD |
| <i>IJC4_5=4</i> | 8 | ON ANY OTHER SIDEWALK/STREET/HIGHWAY |
| <i>IJC4_5=3</i> | 9 | IN A PLAYGROUND/PARK (OTHER THAN SCHOOL) |
| <i>IJC4_5=9</i> | 10 | OTHER (SPECIFY)
DK, R (Go to next section) |

KIN-Q6

What happened? For example, was the injury the result of a fall, a motor vehicle accident, a physical assault, etc.?

(DO NOT READ LIST. MARK ONE ONLY.)

- | | | |
|------------------|----|--|
| <i>IJC4_6=1</i> | 1 | MOTOR VEHICLE COLLISION - PASSENGER |
| <i>IJC4_6=1</i> | 2 | MOTOR VEHICLE COLLISION - PEDESTRIAN |
| <i>IJC4_6=1</i> | 3 | MOTOR VEHICLE COLLISION - RIDING BICYCLE |
| <i>IJC4_6=15</i> | 4 | OTHER BICYCLE ACCIDENT |
| <i>IJC4_6=2</i> | 5 | FALL (EXCLUDING BICYCLE OR SPORTS) |
| <i>IJC4_6=15</i> | 6 | SPORTS (EXCLUDING BICYCLE) |
| <i>IJC4_6=5</i> | 7 | PHYSICAL ASSAULT |
| <i>IJC4_6=11</i> | 8 | SCALDED BY HOT LIQUIDS OR FOOD |
| <i>IJC4_6=14</i> | 9 | ACCIDENTAL POISONING |
| <i>IJC4_6=14</i> | 10 | SELF-INFLICTED POISONING |
| <i>IJC4_6=15</i> | 11 | OTHER INTENTIONALLY SELF-INFLICTED INJURIES |
| <i>IJC4_6=8</i> | 12 | NATURAL/ENVIRONMENTAL FACTORS (EG. ANIMAL BITE, STING) |
| <i>IJC4_6=3</i> | 13 | FIRE/FLAMES OR RESULTING FUMES |
| <i>IJC4_6=9</i> | 14 | NEAR DROWNING |
| <i>IJC4_6=15</i> | 15 | OTHER (SPECIFY) |

For information only