

**1996-97 National Population Health Survey
Content for Main Survey**

For information only

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Household Record Variables

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

AM36_TEL Type of contact

- 1 Telephone
- 2 Personal

AM36_LP Language preference

- 1 English
- 2 French
- 3 Either

The following information is collected for each household member:

DHC6_MEM Membership Status

DHC6_FN First Name

DHC6_LN Last Name

DHC6_DAT Date of Birth (8 characters)

DHC6_DOB Day of Birth

DHC6_MOB Month of Birth

DHC6_YOB Year of Birth

DHC6_AGE Age (Age is calculated and confirmed with respondent)

DHC6_SEX Sex

- 1 Male
- 2 Female

DHC6_MAR Marital Status

- 1 Married
- 2 Common-Law
- 3 Living with a partner
- 4 Single (never married)
- 5 Widowed
- 6 Separated
- 7 Divorced

Relationships of everyone to everyone else

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

DHC6_FID Family ID code

A to Z (Assigned by the computer.)

Legal household checks

The following information is collected once in each household:

DHC6_DWE Type of Dwelling

- 1 Single Detached House
- 2 Semi-Detached or Double (Side-By-Side)
- 3 Garden House, Town House or Row House
- 4 Duplex (One above the Other)
- 5 Low-Rise Apartment (Less Than 5 Stories)
- 6 High-Rise Apartment (5 or More Stories)
- 7 Institution
- 8 Collective Dwelling (such as a Hotel/Motel, Rooming or Boarding House, Hutterite Colony)
- 9 Mobile Home
- 10 Other (Specify)

DHC6_OW Is this dwelling owned by a member of this household (even if being paid for)?

- 1 Yes
- 2 No

DHC6_BED How many bedrooms are there in this dwelling?
(ENTER «0» IF NO SEPARATE, ENCLOSED BEDROOM.)

▬▬ Number of bedrooms (MIN: 0) (MAX: 30)

Selection criteria applied:

DHC6_PK For any new sample (only RDD in 1996/97) an adult aged 12 years and over is selected to answer the Health Component.

DHC6_PKC For the Alberta and Manitoba RDD, a child aged less than 12 years is selected, in addition to a selected adult.

AM36_SRC Information Source (i.e. which household member provided the information for the previous questions)

AM36_LNG Language of interview

1	English	11	Persian (Farsi)
2	French	12	Polish
3	Arabic	13	Portuguese
4	Chinese	14	Punjabi
5	Cree	15	Spanish
6	German	16	Tagalog (Filipino)
7	Greek	17	Ukrainian
8	Hungarian	18	Vietnamese
9	Italian	19	Other (Specify)
10	Korean		

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General Component (Form H05)

(To be completed for all members of the household)

- Note:
1. In computer assisted interviewing, the options Don't Know (DK) and Refusal (R) are allowed on every question. However, the response categories, DK and R, are shown in this document only when the flow from these responses is not to the next question.
 2. Additional content added for Health Canada, the health promotion questions (HPS), are identified with a screen name starting with 'S' (e.g. SACC identifies the additional access to services questions sponsored by Health Canada).
 3. Additional content and sample added for Alberta Health, are identified with a screen name with 'A' preceding the name (e.g. AALC identifies the additional alcohol questions sponsored by Alberta). Skip patterns for the additional sample are identified by "RDD", which stands for Random Digit Dialing. Alberta RDD sample receive some, but not all, HPS questions.

Two -Week Disability

TWOWK-INT The first few questions ask about %you/FNAME%'s% health during the past 14 days. It is important for you to refer to the 14-day period from %2WKSAGO% to %YESTERDAY%.

TWOWK-Q1 During that period, did %you/FNAME% stay in bed at all because of illness or injury, including any nights spent as a patient in a hospital?

TWC6_1

- 1 YES
- 2 NO (Go to TWOWK-Q3)
DK, R (Go to TWOWK-Q5)

TWOWK-Q2 How many days did %you/FNAME% stay in bed for all or most of the day?

TWC6_2

- ___ DAYS (ENTER '0' IF LESS THAN A DAY.) (MIN: 0) (MAX: 14)
(If = 14 days, go to TWOWK-Q5)
DK, R (Go to TWOWK-Q5)

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

TWC6_3

- 1 YES
- 2 NO (Go to TWOWK-Q5)
DK, R (Go to TWOWK-Q5)

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

TWC6_4

- ___ DAYS (MIN: 0) (MAX: 14 - DAYS IN TWOWK-Q2)
(ENTER '0' IF LESS THAN A DAY.)

TWOWK-Q5 %Do/Does% %you/FNAME% have a regular medical doctor?

TWC6_5

- 1 YES
- 2 NO

Health Care Utilization

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

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

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

HCC6_1

- 1 YES
- 2 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?

HCC6_1A

___ NIGHTS (MIN: 1) (MAX: 366; warning after 100)

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

		MIN	MAX	WARNING AFTER
HCC6_2A	a) Family doctor or general practitioner	0	366	12
HCC6_2B	b) Eye specialist (such as an ophthalmologist or optometrist)	0	75	3
HCC6_2C	c) Other medical doctor (such as a surgeon, allergist, gynaecologist or psychiatrist)	0	300	7
HCC6_2D	d) A nurse for care or advice	0	366	15
HCC6_2E	e) Dentist or orthodontist	0	99	4
HCC6_2F	f) Chiropractor	0	366	20
HCC6_2G	g) Physiotherapist	0	366	30
HCC6_2H	h) Social worker or counselor	0	366	20
HCC6_2I	i) Psychologist	0	366	25
HCC6_2J	j) Speech, audiology or occupational therapist	0	200	12

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

UTIL-Q3 Where did the most recent contact take place?
(DO NOT READ LIST. MARK ONE ONLY.)

HCC6_3n

- 1 DOCTOR'S OFFICE
- 2 HOSPITAL EMERGENCY ROOM
- 3 HOSPITAL OUTPATIENT CLINIC (E.G. DAY SURGERY, CANCER)
- 4 WALK-IN CLINIC
- 5 APPOINTMENT CLINIC
- 6 COMMUNITY HEALTH CENTRE /CLSC
- 7 AT WORK
- 8 AT SCHOOL
- 9 AT HOME
- 10 TELEPHONE CONSULTATION ONLY
- 11 OTHER (SPECIFY)

UTIL-Q4A In the past 12 months, %have/has% %you/he/she% attended a meeting of a self-help group such as AA or a cancer support group?

HCC6_4A

- 1 YES
- 2 NO

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

HCC6_4

- 1 YES
- 2 NO (Go to UTIL-C6)
DK, R (Go to UTIL-C6)

UTIL-Q5 Who did %you/FNAME% see or talk to?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

HCC6_5A

HCC6_5B

HCC6_5C

HCC6_5D

HCC6_5E

HCC6_5F

HCC6_5G

HCC6_5H

HCC6_5I

HCC6_5J

HCC6_5K

HCC6_5L

- 1 MASSAGE THERAPIST
- 2 ACUPUNCTURIST
- 3 HOMEOPATH OR NATUROPATH
- 4 FELDENKRAIS OR ALEXANDER TEACHER
- 5 RELAXATION THERAPIST
- 6 BIOFEEDBACK TEACHER
- 7 ROLFER
- 8 HERBALIST
- 9 REFLEXOLOGIST
- 10 SPIRITUAL HEALER
- 11 RELIGIOUS HEALER
- 12 OTHER (SPECIFY)

UTIL-C6

If age < 18 or (if age >= 18 and nonproxy), ask the respondent's opinion of whether health care was needed. Otherwise, ask for the respondent's opinion of what %FNAME%'s opinion was regarding the need for health care.

UTIL-Q6 During the past 12 months, was there ever a time when %you/FNAME2% felt that %you/he/she% needed health care but %you/he/she% didn't receive it?
HCC6_6

- 1 YES
- 2 NO (Go to ABUTIL-C2)
- DK, R (Go to ABUTIL-C2)

UTIL-Q7 Thinking of the most recent time, why didn't %you/he/she% get care?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|---------|----|--|
| HCC6_7A | 1 | NOT AVAILABLE - IN THE AREA |
| HCC6_7B | 2 | NOT AVAILABLE - AT TIME REQUIRED (E.G. DOCTOR ON HOLIDAYS, INCONVENIENT HOURS) |
| HCC6_7C | 3 | WAITING TIME TOO LONG |
| HCC6_7D | 4 | FELT WOULD BE INADEQUATE |
| HCC6_7E | 5 | COST |
| HCC6_7F | 6 | TOO BUSY |
| HCC6_7G | 7 | DIDN'T GET AROUND TO IT/DIDN'T BOTHER |
| HCC6_7H | 8 | DIDN'T KNOW WHERE TO GO |
| HCC6_7I | 9 | TRANSPORTATION PROBLEMS |
| HCC6_7J | 10 | LANGUAGE PROBLEMS |
| HCC6_7K | 11 | PERSONAL OR FAMILY RESPONSIBILITIES |
| HCC6_7L | 12 | DISLIKES DOCTORS/AFRAID |
| HCC6_7M | 13 | DECIDED NOT TO SEEK CARE |
| HCC6_7N | 14 | OTHER (SPECIFY) |

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.)

- | | | |
|---------|---|---|
| HCC6_8A | 1 | TREATMENT OF - A PHYSICAL HEALTH PROBLEM |
| HCC6_8B | 2 | TREATMENT OF - AN EMOTIONAL OR MENTAL HEALTH PROBLEM |
| HCC6_8C | 3 | A REGULAR CHECK-UP (INCLUDING REGULAR PRE-NATAL CARE) |
| HCC6_8D | 4 | CARE OF AN INJURY |
| HCC6_8E | 5 | OTHER (SPECIFY) |

UTIL-C9 If age < 18, go to UTIL-Q11.

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 or housework; respite care; and meal delivery.

UTIL-Q9A %Have/Has% %you/FNAME% received any home care services in the past 12 months?

- | | | |
|--------|---|------------------------|
| HCC6_9 | 1 | YES |
| | 2 | NO (Go to UTIL-Q11) |
| | | DK, R (Go to UTIL-Q11) |

UTIL-Q10 What type of services %have/has% %you/he/she% received?
(INTERVIEWER: COST MUST BE ENTIRELY OR PARTIALLY COVERED BY GOVERNMENT.)
(READ LIST. MARK ALL THAT APPLY.)

- HCC6_10A 1 Nursing care (e.g. dressing changes, VON)
- HCC6_10B 2 Other health care services (e.g. physiotherapy, nutrition counseling)
- HCC6_10C 3 Personal care (e.g. bathing, foot care)
- HCC6_10D 4 Housework (e.g. cleaning, laundry)
- HCC6_10E 5 Meal preparation or delivery
- HCC6_10F 6 Shopping
- HCC6_10G 7 Respite care (i.e. caregiver relief program)
- HCC6_10H 8 Other (SPECIFY)

UTIL-Q11 In the past 12 months, did %you/FNAME% receive any health care services in the United States?

- HCC6_11 1 YES
- 2 NO (Go to next section)
- DK, R (Go to next section)

UTIL-Q12 Did %you/he/she% go there primarily to get these services?

- HCC6_12 1 YES
- 2 NO

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 %your/FNAME's% daily activities. In these questions, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.

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

- RAC6_1A a) ... at home?
 - 1 YES
 - 2 NO
 - R (Go to next section)

- RAC6_1B b) ... at school?
 - 1 YES
 - 2 NO
 - 3 NOT APPLICABLE
 - R (Go to next section)

RAC6_1C

- c) ... at work?
- 1 YES
 - 2 NO
 - 3 NOT APPLICABLE
 - R (Go to next section)

RAC6_1D

- d) ... in other activities such as transportation to or from work or leisure time activities?
- 1 YES
 - 2 NO
 - R (Go to next section)

RESTR-Q2 %Do/Does% %you/FNAME% have any long-term disabilities or handicaps?

RAC6_2

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

RESTR-C1 If not longitudinal respondent, go to RESTR-C5.

RESTR-C2 If **any one** of RESTR-Q1A, B,C,D or RESTR-Q2 =1(yes) then Restricted in 1996.
 If **all of** RESTR-Q1A,B,C,D and RESTR-Q2 =2(no) or 3(not applicable) then Not Restricted in 1996.
 Else restriction is not known.

RESTR-C4 If restricted in 1994 but not in 1996, go to RESTR-Q2B.
 If restricted in 1996 but not in 1994, go to RESTR-Q2A.
 Otherwise, go to RESTR-C5.

RESTR-I1 Remember, it's important that we understand reasons for change. During our last interview in %MONTH%, %YYYY%, there were no activity restrictions or disabilities reported for %you/FNAME%, BUT this time there were.

RESTR-Q2A Is this due to a new activity restriction or disability or to the worsening of an old one?
 (DO NOT READ LIST. MARK ONE ONLY.)

RAC6_2A

- 1 NEW SINCE LAST INTERVIEW
- 2 WORSENING SINCE LAST INTERVIEW
- 3 NO CURRENT ACTIVITY RESTRICTION OR DISABILITY (RAC6_1A to RAC6_2=2 were filled during processing.)
- 4 SAME ACTIVITY RESTRICTION OR DISABILITY
- 5 OTHER (SPECIFY)

GO TO RESTR-C5

RESTR-I3 Remember, it's important that we understand reasons for change. During our last interview in %MONTH%, %YYYY%, there were activity restrictions or disabilities reported for %you/FNAME%, BUT this time there were not.

RESTR-Q2B Is this due to the disappearance or improvement of an old activity restriction or disability, to the use of special equipment (e.g. artificial limb), or to something else?
RAC6_2B (DO NOT READ LIST. MARK ONE ONLY)

- 1 DISAPPEARED OR IMPROVED
- 2 CURRENTLY USES SPECIAL EQUIPMENT
- 3 NONE AT LAST INTERVIEW
- 4 NEVER HAD
- 5 CURRENTLY HAVE/HAS ACTIVITY RESTRICTION OR DISABILITY (RAC6_1A to RAC6_2=9, and RAC6F1=1 were filled during processing.)
- 6 OTHER (SPECIFY)

GO TO RESTR-C5

RESTR-C5 If any yes in RESTR-Q1 (a)-(d), ask RESTR-Q3 using the wording "to be limited in his/her activities".
If yes in RESTR-Q2 only, ask RESTR-Q3 using the wording "to have a long-term disability or handicap".
Otherwise, go to RESTR-Q6A.

RESTR-Q3 What is the main condition or health problem causing %you/FNAME% (to be limited in %your/his/her% activities/to have a long term disability or handicap)?
RAC6_3C
_____ (25 spaces)

RESTR-Q5 Which one of the following is the best description of the cause of this condition?
RAC6_5 (READ LIST. MARK ONE ONLY.)

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

RESTR-Q6A The next few questions may not apply to %you/FNAME%, but we need to ask the same questions of everyone. Because of any condition or health problem, %do/does% %you/FNAME% need the help of another person ... in preparing meals?
RAC6_6A

- 1 YES
- 2 NO

RESTR-Q6B ... in shopping for groceries or other necessities?

RAC6_6B

1 YES
2 NO

RESTR-Q6C ... in doing normal everyday housework?

RAC6_6C

1 YES
2 NO

RESTR-Q6D ... in doing heavy household chores such as washing walls or yard work?

RAC6_6D

1 YES
2 NO

RESTR-Q6E ... in personal care such as washing, dressing or eating?

RAC6_6E

1 YES
2 NO

RESTR-Q6F ... in moving about inside the house?

RAC6_6F

1 YES
2 NO

Chronic Conditions

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

CHR-INT Now I'd like to ask about certain chronic health conditions which %you/FNAME% may have. We are interested in "long-term conditions" that have lasted or are expected to last 6 months or more and that have been diagnosed by a health professional.

CHR-INTA For longitudinal respondent only:
We also want to ask a few questions to help us understand any changes in these conditions.

CHR-Q1 %Do/Does% %you/FNAME% have [fill category]?

- CCC6_1A A. Food allergies (IF CHR-Q1A=R, GO TO NEXT SECTION)
- CCC6_1B B. Any other allergies
- CCC6_1C C. Asthma
- CCC6_1D D. Arthritis or rheumatism
- CCC6_1E E. Back problems, excluding arthritis
- CCC6_1F F. High blood pressure
- CCC6_1G G. Migraine headaches
- CCC6_1H H. Chronic bronchitis or emphysema
- CCC6_1I I. Sinusitis
- CCC6_1J J. Diabetes
- CCC6_1K K. Epilepsy
- CCC6_1L L. Heart disease
- CCC6_1M M. Cancer
- CCC6_1N N. Stomach or intestinal ulcers
- CCC6_1O O. Effects of a stroke
- CCC6_1P P. Urinary incontinence
- CCC6_1Q Q. A bowel disorder such as Crohn's Disease or colitis

IF AGE < 18, GO TO CHR-Q1U.

- CCC6_1R R. Alzheimer's disease or any other dementia
 - CCC6_1S S. Cataracts
 - CCC6_1T T. Glaucoma
 - CCC6_1U U. A thyroid condition
 - CCC6_1V V. Any other long-term condition that has been diagnosed by a health professional (SPECIFY)
- 1 YES
2 NO

FOR LONGITUDINAL RESPONDENTS AND NON-PROXY INTERVIEWS ONLY:

FOR EACH NO IN CHR-Q1C, Q1D, Q1F, Q1G, Q1J, Q1K, Q1N AND Q1O, IF LONGITUDINAL RESPONDENT DID HAVE CONDITION IN 1994, ASK:

CHR-Q1n1 During our last interview in %MONTH%, %YYYY%, it was reported that you had [fill condition], but this time it was not. Has the condition disappeared since then?

- CCC6_n1 1 YES
- 2 NO (Go to next condition) (CHR-Q1n=1 was filled during processing)
- 3 NEVER HAD [fill CONDITION] (Go to next condition)
DK, R (Go to next condition)

CHR-Q1n2 When did it disappear?

- CCC6_n2M MONTH
- CCC6_n2Y YEAR (MIN: %MM/YYYY% of last interview) (MAX: current month and year)

FOR EACH YES IN CHR-Q1C, Q1D, Q1F, Q1G, Q1J, Q1K, Q1N AND Q1O, IF LONGITUDINAL RESPONDENT DID NOT HAVE CONDITION IN 1994, ASK:

CHR-Q1n3 When %were/was% %you/FNAME% diagnosed with this?

CCC6_n3M MONTH
 CCC6_n3Y YEAR (MIN: %YOB%) (MAX: current year)
 DK, R (Go to CHR-Q1n5)

CHR-C1n4 If CHR-Q1n3 is after %MM/YYYY% (date of last interview), go to CHR-Q1n5 or if no CHR-Q1n5 follow-up, go to next chronic condition.

CHR-Q1n4 So %you/he/she% had [fill condition] prior to our last interview in %MONTH%, %YYYY%?

CCC6_n4
 1 YES
 2 NO

IF CHR-Q1C= YES (HAS ASTHMA), ASK:

CHR-Q1C5 %Have/Has% %you/he/she% had any asthma symptoms or asthma attacks in the past 12 months?

CCC6_C5
 1 YES
 2 NO

CHR-Q1C6 In the past 12 months, %have/has% %you/he/she% taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?

CCC6_C6
 1 YES
 2 NO

IF CHR-Q1J= YES (HAS DIABETES), ASK:

CHR-Q1J5 %Do/Does% %you/he/she% take insulin for this?

CCC6_J5
 1 YES
 2 NO

CHR-Q1J6 %Do/Does% %you/he/she% take any other treatment or medication for this?

CCC6_J6
 1 YES
 2 NO (Go to next condition)
 DK, R (Go to next condition)

CHR-Q1J7 What kind of treatment or medication?
 (DO NOT READ LIST. MARK ALL THAT APPLY.)

CCC6_J7A 1 DRUG
 CCC6_J7B 2 DIET
 CCC6_J7C 3 OTHER (SPECIFY)

FOR EACH YES IN CHR-Q1D, Q1F, Q1G (ARTHRITIS OR RHEUMATISM, HIGH BLOOD PRESSURE, MIGRAINE HEADACHES), ASK:

CHR-Q1n5 %Do/Does% %you/he/she% receive any treatment or medication for it?

CCC6_n5

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

CHR-Q1n6 What kind of treatment or medication?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

CCC6_n6A

1 DRUG

CCC6_n6B

2 DIET

CCC6_n6C

3 OTHER (SPECIFY)

CHR-CAST If CHR-Q1C is not equal to 1, go to next section.

CHR-IAST We may be contacting you on behalf of Health Canada for some follow-up questions on asthma.

Socio-demographic Characteristics

SOCIO-INT Now some general background questions.

SOCIO-C1 If SOCIO-Q194 = 1, go to SOCIO-Q5. (SOCIO-Q1 to SOCIO-Q4 were filled with data from Cycle 1 during processing.)
/*Was collected in 1994*/

Country of Birth/Year of Immigration

SOCIO-Q1 In what country %were/was% %you/FNAME% born?
(DO NOT READ LIST. MARK ONE ONLY.)

SDC6_1

- | | |
|---------------------------|------------------------|
| 1 CANADA (Go to SOCIO-Q4) | 11 JAMAICA |
| 2 CHINA | 12 NETHERLANDS/HOLLAND |
| 3 FRANCE | 13 PHILIPPINES |
| 4 GERMANY | 14 POLAND |
| 5 GREECE | 15 PORTUGAL |
| 6 GUYANA | 16 UNITED KINGDOM |
| 7 HONG KONG | 17 UNITED STATES |
| 8 HUNGARY | 18 VIET NAM |
| 9 INDIA | 19 OTHER (SPECIFY) |
| 10 ITALY | DK, R (Go to SOCIO-Q4) |

SOCIO-Q3 In what year did %you/FNAME% first come to Canada to live?

SDC6_3

___ YEAR (4 digits) (MIN: Year of birth) (MAX: 1999)
(ENTER '1999' IF CANADIAN CITIZEN BY BIRTH. NOTE: DURING PROCESSING '1999' WAS RECODED TO '9995'.)

Ethnicity

SOCIO-Q4 To which ethnic or cultural group(s) did %your/FNAME's% *ancestors* belong? (For example: French, Scottish, Chinese)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

SDC6_4A	1	CANADIAN	SDC6_4J	10	CHINESE
SDC6_4B	2	FRENCH	SDC6_4K	11	JEWISH
SDC6_4C	3	ENGLISH	SDC6_4L	12	POLISH
SDC6_4D	4	GERMAN	SDC6_4M	13	PORTUGUESE
SDC6_4E	5	SCOTTISH	SDC6_4N	14	SOUTH ASIAN (E.G. EAST INDIAN, PAKISTANI, PUNJABI, SRI LANKAN)
SDC6_4F	6	IRISH	SDC6_4O	15	BLACK
SDC6_4G	7	ITALIAN	SDC6_4P	16	NORTH AMERICAN INDIAN
SDC6_4H	8	UKRAINIAN	SDC6_4Q	17	MÉTIS
SDC6_4I	9	DUTCH (NETHERLANDS)	SDC6_4R	18	INUIT/ESKIMO
			SDC6_4S	19	OTHER (SPECIFY)

Language

SOCIO-Q5 In which languages can %you/FNAME% conduct a conversation?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

SDC6_5A	1	ENGLISH	SDC6_5K	11	PERSIAN (FARSI)
SDC6_5B	2	FRENCH	SDC6_5L	12	POLISH
SDC6_5C	3	ARABIC	SDC6_5M	13	PORTUGUESE
SDC6_5D	4	CHINESE	SDC6_5N	14	PUNJABI
SDC6_5E	5	CREE	SDC6_5O	15	SPANISH
SDC6_5F	6	GERMAN	SDC6_5P	16	TAGALOG (FILIPINO)
SDC6_5G	7	GREEK	SDC6_5Q	17	UKRAINIAN
SDC6_5H	8	HUNGARIAN	SDC6_5R	18	VIETNAMESE
SDC6_5I	9	ITALIAN	SDC6_5S	19	OTHER (SPECIFY)
SDC6_5J	10	KOREAN			

SOCIO-Q6 What is the language that %you/FNAME% first learned at home in childhood and can still understand?
(INTERVIEWER: IF PERSON CAN NO LONGER UNDERSTAND THE FIRST LANGUAGE LEARNED, CHOOSE THE SECOND LANGUAGE LEARNED.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

SDC6_6A	1	ENGLISH	SDC6_6K	11	PERSIAN (FARSI)
SDC6_6B	2	FRENCH	SDC6_6L	12	POLISH
SDC6_6C	3	ARABIC	SDC6_6M	13	PORTUGUESE
SDC6_6D	4	CHINESE	SDC6_6N	14	PUNJABI
SDC6_6E	5	CREE	SDC6_6O	15	SPANISH
SDC6_6F	6	GERMAN	SDC6_6P	16	TAGALOG (FILIPINO)
SDC6_6G	7	GREEK	SDC6_6Q	17	UKRAINIAN
SDC6_6H	8	HUNGARIAN	SDC6_6R	18	VIETNAMESE
SDC6_6I	9	ITALIAN	SDC6_6S	19	OTHER (SPECIFY)
SDC6_6J	10	KOREAN			

Race

SOCIO-Q7 How would you best describe %your/FNAME's% race or colour?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

SDC6_7A	1	WHITE
SDC6_7B	2	CHINESE
SDC6_7C	3	SOUTH ASIAN (E.G. EAST INDIAN, PAKISTANI, PUNJABI, SRI LANKAN)
SDC6_7D	4	BLACK
SDC6_7E	5	NATIVE/ABORIGINAL PEOPLES OF NORTH AMERICA (NORTH AMERICAN INDIAN, MÉTIS, INUIT/ESKIMO)
SDC6_7F	6	ARAB/WEST ASIAN (E.G. ARMENIAN, EGYPTIAN, IRANIAN, LEBANESE, MOROCCAN)
SDC6_7G	7	FILIPINO
SDC6_7H	8	SOUTH EAST ASIAN (E.G. CAMBODIAN, INDONESIAN, LAOTIAN, VIETNAMESE)
SDC6_7I	9	LATIN AMERICAN
SDC6_7J	10	JAPANESE
SDC6_7K	11	KOREAN
SDC6_7L	12	OTHER (SPECIFY)

Education

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

EDUC-Q1 %Are/Is% %you/FNAME% currently attending a school, college or university?

EDC6_1

- 1 YES
- 2 NO (Go to EDUC-C2)
DK, R (Go to next section)

EDUC-Q2 %Are/Is% %you/he/she% enrolled as a full-time student or a part-time student?

EDC6_2

- 1 FULL-TIME
- 2 PART-TIME

GO TO EDUC-C4A

EDUC-C2 If DVEDC394 = 1 or 2 or 3 or 4 and valid previous interview date, go to EDUC-Q3.

(*Was collected in 1994*/

Otherwise, go to EDUC-Q4.

EDUC-Q3 %Have/Has% %you/FNAME% attended a school, college or university since our last interview in % MONTH%, %YYYY %?

EDC6_3

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

EDUC-C4A If DVEDC394=3 or 4 (i.e. 1994 highest level is above high school), go to EDUC-Q7. (EDUC-Q4 to EDUC-Q6 were filled with data from Cycle 1 during processing.)
If DVEDC394=2 (i.e. 1994 highest level is secondary graduation), go to EDUC-Q6. (EDUC-Q4 and EDUC-Q5 were filled with data from Cycle 1 during processing.)

Otherwise, go to EDUC-Q4.

EDUC-Q4
EDC6_4 Excluding kindergarten, how many years of elementary and high school %have/has%
%you/FNAME% successfully completed?
(DO NOT READ LIST. MARK ONE ONLY.)

- | | | | |
|---|-----------------------------------|----|----------------------------|
| 1 | NO SCHOOLING (Go to next section) | | |
| 2 | 1 TO 5 YEARS | 7 | 10 YEARS |
| 3 | 6 YEARS | 8 | 11 YEARS |
| 4 | 7 YEARS | 9 | 12 YEARS |
| 5 | 8 YEARS | 10 | 13 YEARS |
| 6 | 9 YEARS | | DK, R (Go to next section) |

EDUC-C4 If age < 15, go to next section.

EDUC-Q5
EDC6_5 %Have/Has% %you/FNAME% graduated from high school?

- 1 YES
- 2 NO

EDUC-Q6
EDC6_6 %Have/Has% %you/FNAME% ever attended any other kind of school such as university, community
college, business school, trade or vocational school, CEGEP or other post-secondary institution?

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

EDUC-Q7
EDC6_7 What is the highest level of education that %you/he/she% %have/has% attained?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 SOME - TRADE, TECHNICAL OR VOCATIONAL SCHOOL, OR BUSINESS COLLEGE
- 2 SOME - COMMUNITY COLLEGE, CEGEP OR NURSING SCHOOL
- 3 SOME - UNIVERSITY
- 4 DIPLOMA OR CERTIFICATE FROM - TRADE, TECHNICAL OR VOCATIONAL SCHOOL, OR BUSINESS COLLEGE
- 5 DIPLOMA OR CERTIFICATE FROM - COMMUNITY COLLEGE, CEGEP OR NURSING SCHOOL
- 6 BACHELOR'S OR UNDERGRADUATE DEGREE, OR TEACHER'S COLLEGE (E.G. B.A., B.SC., LL.B.)
- 7 MASTER'S DEGREE (E.G. M.A., M. SC., M.ED.)
- 8 DEGREE IN MEDICINE, DENTISTRY, VETERINARY MEDICINE OR OPTOMETRY (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- 9 EARNED DOCTORATE (E.G. PH.D., D.SC., D.ED.)
- 10 OTHER (SPECIFY)

Labour Force

LFS-C1 If age < 15 or if age > 75, go to next section.

LFS-I2 The next section contains questions about jobs or employment which %you/FNAME% %have/has% had during the past 12 months, that is, from %12MOSAGO% to yesterday.

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

LFC6_8n HOURS (MIN: 1) (MAX: 99)

LFS-Q9.n Which of the following best describes the hours %you/he/she% usually %work/works/worked% at this job?

LFC6_9n (READ LIST. MARK ONE ONLY.)

- 1 Regular - daytime schedule or shift
- 2 Regular - evening shift
- 3 Regular - night shift
- 4 Rotating shift (change from days to evenings to nights)
- 5 Split shift
- 6 On call
- 7 Irregular schedule
- 8 Other (SPECIFY)

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

- LFC6_10n
- 1 YES
 - 2 NO

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

- LFC6_11n
- 1 YES
 - 2 NO
DK, R (Go to LFS-C12)

NOTE: End of roster - if Q11.1 or Q11.2 = Yes then start roster again at Q3.2 or Q3.3. Else, exit roster i.e. roster finishes and go to LFS-C12.

LFS-C12 Computer item to determine the main job.

- Main job is the current job. If more than one current job, then the main job is the job with the most number of hours.
- If no current job, then main job is the last job. If more than one job at the same time, then the main job is the job with the most number of hours.

LFS-C12A If LFS-Q2B is not equal to 1, go to LFS-I3.

LFS-C13A If LFS-Q11.1 = 2 (only 1 job), go to LFS-Q13.

LFS-I3 Now, I would like to ask you a few questions about %your/FNAME's% job with %MainEmp%.

LFS-Q13 CONFIRM OR ASK IF NECESSARY:

LFC6_13C Thinking about this job, what kind of business, service or industry is this? (For example, wheat farm, road maintenance, retail shoe store, secondary school, trapping.)

%MainInd% _____ (50 chars)

LFS-Q14 CONFIRM OR ASK IF NECESSARY:
LFC6_14C Again, thinking about this job what kind of work %was/were% %you/FNAME% doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit, food processing labourer.)
%MainOcc%_____ (50 chars)

LFS-Q15 CONFIRM OR ASK IF NECESSARY:
LFC6_15C 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.)
%MainDut%_____ (50 chars)

LFS-Q16 Did %you/he/she% work mainly for others for wages, salary or commission, or in %your/his/her%
LFC6_16 own business, farm or professional practice?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 FOR OTHERS FOR WAGES, SALARY OR COMMISSION
- 2 IN OWN BUSINESS, FARM OR PROFESSIONAL PRACTICE
- 3 UNPAID FAMILY WORKER

LFS-C17 Check the calendar for gaps > 28 days. (Calendar for last 12 months only)
If # gaps = 0, go to LFS-C18.

LFS-C17A If any of LFS-Q6.1 to LFS-Q6.3 = 1 (currently employed), go to LFS-Q17A.
Otherwise, go to LFS-Q17B.

LFS-Q17A What was the main reason that %you/FNAME% %were/was% not working for pay or profit during
LFC6_17A the most recent period away from work in the past 12 months?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 OWN ILLNESS OR DISABILITY
- 2 PREGNANCY
- 3 CARING FOR - OWN CHILDREN
- 4 CARING FOR - ELDER RELATIVES
- 5 OTHER PERSONAL OR FAMILY RESPONSIBILITIES
- 6 SCHOOL OR EDUCATIONAL LEAVE
- 7 LABOUR DISPUTE
- 8 TEMPORARY LAYOFF - DUE TO SEASONAL CONDITIONS
- 9 TEMPORARY LAYOFF - NON-SEASONAL
- 10 PERMANENT LAYOFF
- 11 RETIRED
- 12 UNPAID OR PARTIALLY PAID LEAVE
- 13 LOOKING FOR WORK
- 14 DISABLED/RECOVERING FROM ILLNESS
- 15 RESIGNED
- 16 OTHER (SPECIFY)
- 17 NO PERIOD NOT WORKING FOR PAY OR PROFIT IN THE PAST YEAR

GO TO LFS-C18

LFS-Q17B What is the main reason that %you/FNAME% %are/is% currently not working for pay or profit?
LFC6_17B (DO NOT READ LIST. MARK ONE ONLY.)

- 1 OWN ILLNESS OR DISABILITY
- 2 PREGNANCY
- 3 CARING FOR - OWN CHILDREN
- 4 CARING FOR - ELDER RELATIVES
- 5 OTHER PERSONAL OR FAMILY RESPONSIBILITIES
- 6 SCHOOL OR EDUCATIONAL LEAVE
- 7 LABOUR DISPUTE
- 8 TEMPORARY LAYOFF - DUE TO SEASONAL CONDITIONS
- 9 TEMPORARY LAYOFF - NON-SEASONAL
- 10 PERMANENT LAYOFF
- 11 RETIRED
- 12 UNPAID OR PARTIALLY PAID LEAVE
- 13 LOOKING FOR WORK
- 14 DISABLED/RECOVERING FROM ILLNESS
- 15 RESIGNED
- 16 OTHER (SPECIFY)
- 17 NO PERIOD NOT WORKING FOR PAY OR PROFIT IN THE PAST YEAR

LFS-C18 If any of LFS-Q6.1 to LFS-Q6.3 = 1 (currently employed), then LFS-WORK =1.
Otherwise, LFS-WORK =0.

Income

(Ask only in the first general component completed for the household.)

HHLD-C1 If INCOM-FLAG =1 (i.e. at least one ~~NO~~ has already been done for the household), go to next section.

INCOM-Q1 Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?
(READ LIST. MARK ALL THAT APPLY.)

- | | | |
|---------|----|--|
| INC6_1A | 1 | Wages and salaries |
| INC6_1B | 2 | Income from self-employment |
| INC6_1C | 3 | Dividends and interest (e.g. on bonds, savings) |
| INC6_1D | 4 | Unemployment insurance |
| INC6_1E | 5 | Worker's compensation |
| INC6_1F | 6 | Benefits from Canada or Quebec Pension Plan |
| INC6_1G | 7 | Retirement pensions, superannuation and annuities |
| INC6_1H | 8 | Old Age Security and Guaranteed Income Supplement |
| INC6_1J | 9 | Child Tax Benefit |
| INC6_1K | 10 | Provincial or municipal social assistance or welfare |
| INC6_1L | 11 | Child Support |
| INC6_1M | 12 | Alimony |
| INC6_1N | 13 | Other (e.g. rental income, scholarships) |
| INC6_1N | 14 | NONE (Go to next section) |
| | | DK, R (Go to next section) |

INCOM-C2 If more than one source of income is indicated, ask INCOM-Q2.
Otherwise, ask INCOM-Q3. (INCOM-Q2 was filled with INCOM-Q1 during processing.)

INCOM-Q2
INC6_2

What was the main source of income?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 WAGES AND SALARIES
- 2 INCOME FROM SELF-EMPLOYMENT
- 3 DIVIDENDS AND INTEREST (E.G. ON BONDS, SAVINGS)
- 4 UNEMPLOYMENT INSURANCE
- 5 WORKER'S COMPENSATION
- 6 BENEFITS FROM CANADA OR QUEBEC PENSION
- 7 RETIREMENT PENSIONS, SUPERANNUATION AND ANNUITIES
- 8 OLD AGE SECURITY AND GUARANTEED INCOME SUPPLEMENT
- 9 CHILD TAX BENEFIT
- 10 PROVINCIAL OR MUNICIPAL SOCIAL ASSISTANCE OR WELFARE
- 11 CHILD SUPPORT
- 12 ALIMONY
- 13 OTHER (E.G. RENTAL INCOME, SCHOLARSHIPS)
- 14 NONE (CATEGORY CREATED DURING PROCESSING)

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:

INC6_3A
INC6_3B
INC6_3C
INC6_3C
INC6_3B
INC6_3D
INC6_3D
INC6_3A
INC6_3E
INC6_3F
INC6_3F
INC6_3E
INC6_3G
INC6_3G
INC6_3G
INC6_3G
INC6_3A

- ___ Less than \$20,000?
___ Less than \$10,000?
___ Less than \$5,000? (Go to next section)
___ \$5,000 or more? (Go to next section)
___ \$10,000 or more?
___ Less than \$15,000? (Go to next section)
___ \$15,000 or more? (Go to next section)
___ \$20,000 or more?
___ Less than \$40,000?
___ Less than \$30,000? (Go to next section)
___ \$30,000 or more? (Go to next section)
___ \$40,000 or more?
___ Less than \$50,000 (Go to next section)
___ \$50,000 to less than \$60,000? (Go to next section)
___ \$60,000 to less than \$80,000? (Go to next section)
___ \$80,000 or more? (Go to next section)
___ NO INCOME (Go to next section)
___ DK, R (Go to next section)

Income (HPS)

(Ask only in the first general component completed for the household.)

SINCOM-C4

If INCOM-FLAG =1 (i.e. at least one H05 has already been done for the household), go to next section.

SINCOM-Q4

Thinking about the past 12 months, did your household ever run out of money to buy food?

INS6_4

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

SINCOM-Q4A In the past 12 months, has anyone in your household received food from a food bank, soup kitchen or
INS6_5 other charitable agency?

- 1 YES
- 2 NO

ABINC-Q1 Which of the following best describes the food situation in your household?
INS6_6 (READ LIST. MARK ONE ONLY.)

- 1 Always enough food to eat
- 2 Sometimes not enough food to eat
- 3 Often not enough food to eat

Administration

H05WR-TEL WAS THIS INTERVIEW CONDUCTED ON THE TELEPHONE OR IN PERSON?
AM56_TEL

- 1 ON TELEPHONE
- 2 IN PERSON
- 3 BOTH

H05WR-P2 RECORD LANGUAGE OF INTERVIEW
AM56_LNG

- | | | | |
|----|-----------|----|--------------------|
| 1 | ENGLISH | 11 | PERSIAN (FARSI) |
| 2 | FRENCH | 12 | POLISH |
| 3 | ARABIC | 13 | PORTUGUESE |
| 4 | CHINESE | 14 | PUNJABI |
| 5 | CREE | 15 | SPANISH |
| 6 | GERMAN | 16 | TAGALOG (FILIPINO) |
| 7 | GREEK | 17 | UKRAINIAN |
| 8 | HUNGARIAN | 18 | VIETNAMESE |
| 9 | ITALIAN | 19 | OTHER (SPECIFY) |
| 10 | KOREAN | | |

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)

PICKRESP Who is providing the information for this person's form?

P-REASON Record the reason for this form being completed by proxy.

H06-INT1 This part of the survey deals with various aspects of %your/FNAME's% health. I'll be asking about such things as physical activity, social relationships, health status and access to health services. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

H06-CINT2 If this is a proxy interview, go to GH-Q1.

H06-INT2 We will also be asking your opinion on some current health issues. Those questions are sponsored by Health Canada.

General Health

GH-Q1 I'll start with a few questions concerning %your/FNAME's% health in general. In general, would you say %your/FNAME's% health is:
GHC6_1 (READ LIST. MARK ONE ONLY.)

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

General Health - Part 1 (HPS excluding Alberta RDD)

(Non-proxy only and not Alberta RDD)

SGH1-Q1 In the past 12 months, that is, from %12MOSAGO% to yesterday, did you do anything to improve your health? (For example, lost weight, quit smoking, increased exercise.)
GHS6_11

- 1 YES
- 2 NO (Go to SGH1-Q3)
- 3 DK, R (Go to next section)

SGH1-Q2
GHS6_12

What is the single most important change you have made?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 INCREASED EXERCISE, SPORTS OR PHYSICAL ACTIVITY
- 2 LOST WEIGHT
- 3 CHANGED DIET OR EATING HABITS
- 4 QUIT SMOKING/REDUCED AMOUNT SMOKED
- 5 DRANK LESS ALCOHOL
- 6 RECEIVED MEDICAL TREATMENT
- 7 TOOK VITAMINS
- 8 OTHER (SPECIFY)

SGH1-Q3
GHS6_13

Do you think there is %anything/anything else% you should do to improve your physical health?

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

SGH1-Q4
GHS6_14

What is the most important thing?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 INCREASE EXERCISE
- 2 LOSE WEIGHT
- 3 IMPROVE EATING HABITS
- 4 QUIT SMOKING
- 5 TAKE VITAMINS
- 6 OTHER (SPECIFY)

SGH1-Q5
GHS6_15

Is there anything stopping you from making this improvement?

- 1 YES
- 2 NO (Go to SGH1-Q7)
- DK, R (Go to SGH1-Q7)

SGH1-Q6

What is that?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

GHS6_16A
GHS6_16B
GHS6_16C
GHS6_16D
GHS6_16E
GHS6_16F
GHS6_16G
GHS6_16H

- 1 LACK OF - WILL POWER/SELF-DISCIPLINE
- 2 LACK OF - TIME
- 3 TOO TIRED
- 4 TOO DIFFICULT
- 5 TOO COSTLY
- 6 TOO STRESSED
- 7 DISABILITY/HEALTH PROBLEM
- 8 OTHER (SPECIFY)

SGH1-Q7
GHS6_17

Is there anything you intend to do to improve your physical health in the next year?

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

SGH1-Q8 What is that?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- GHS6_18A 1 START/INCREASE EXERCISE
- GHS6_18B 2 LOSE WEIGHT
- GHS6_18C 3 IMPROVE EATING HABITS
- GHS6_18D 4 QUIT SMOKING
- GHS6_18E 5 REDUCE AMOUNT SMOKED
- GHS6_18F 6 LEARN TO MANAGE STRESS
- GHS6_18G 7 REDUCE STRESS LEVEL
- GHS6_18H 8 TAKE VITAMINS
- GHS6_18I 9 OTHER (SPECIFY)

Height/Weight

HTWT-C1 If female & (age >= 15 & age <= 49), go to HTWT-Q1.
Otherwise, go to HTWT-Q2.

HTWT-Q1 It is important to know when analyzing health whether or not the person is pregnant. %Are/Is%
HWC6_1 %you/FNAME% pregnant?

- 1 YES
- 2 NO

HTWT-Q2 How tall %are/is% %you/FNAME% without shoes on?
HWC6_2HT ___FEET___INCHES OR ___CENTMETRES

HTWT-Q3 How much %do/does% %you/FNAME% weigh?
HWC6_3 _____ (ENTER AMOUNT ONLY.) (MIN: 18) (MAX: 575)
DK, R (Go to next section)

HTWT-Q4 INTERVIEWER: WAS THAT IN POUNDS OR IN KILOGRAMS?
HWC6_4

- 1 POUNDS HWC6_3LB
- 2 KILOGRAMS HWC6_3KG

Height/Weight (HPS)

(Non-proxy only and valid answer to HTWT-Q3)

SHTWT-Q1 Do you consider yourself:
HWS6_1 (READ LIST. MARK ONE ONLY.)

- 1 Overweight?
- 2 Underweight?
- 3 Just about right? (Go to AHTWT-C4)
DK, R (Go to next section)

SHTWT-Q2 How much would you like to weigh?
HWS6_2 _____ (ENTER AMOUNT ONLY.) (MIN: 18) (MAX: 575)
DK, R (Go to AHTWT-C4)

SHTWT-Q3 INTERVIEWER: WAS THAT IN POUNDS OR IN KILOGRAMS?
HWS6_3
1 POUNDS *HWS6_2LB*
2 KILOGRAMS *HWS6_2KG*

AHTWT-C4 If Alberta RDD, go to next section.
Otherwise, go to SHTWT-Q4.

SHTWT-Q4 What is the most important thing you are doing to follow a healthy diet?
HWS6_4 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 EATING - BALANCED MEALS/VARIETY OF FOODS
- 2 EATING - AT REGULAR INTERVALS
- 3 TAKING - VITAMIN SUPPLEMENTS
- 4 EATING - LESS RED MEAT
- 5 EATING - BREAKFAST
- 6 EATING - LOWER- FAT FOODS
- 7 EATING MORE - VEGETABLES AND FRUITS
- 8 EATING MORE - GRAIN PRODUCTS
- 9 CUTTING BACK ON SWEET FOODS
- 10 NOTHING
- 11 OTHER (SPECIFY)

SHTWT-Q5 Do you think that skipping breakfast is an effective way to control or reduce weight?
HWS6_5
1 YES
2 NO

Access to Services

Blood Pressure

(Non-proxy only)

ACC-Q10 Now a few questions about your use of health care services. Have you ever had your blood pressure
BPC6_10 taken?

- 1 YES
 - 2 NO (Go to ACC-Q16)
- DK, R (Go to next section)

ACC-Q12
BPC6_12

When was the last time?
(READ LIST. MARK ONE ONLY.)

- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 5 years ago (Go to ACC-Q16)
- 5 5 or more years ago (Go to ACC-Q16)

ACC-Q13

Why did you have it taken?
(IF RESPONDENT SAYS "DOCTOR RECOMMENDED IT", PROBE FOR REASON.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

BPC6_13A
BPC6_13B
BPC6_13C
BPC6_13D
BPC6_13E
BPC6_13F
BPC6_13G
BPC6_13H
BPC6_13I
BPC6_13J
BPC6_13K

- 1 PART OF REGULAR CHECK-UP
- 2 HAVE HIGH BLOOD PRESSURE/HEART DISEASE
- 3 DOCTOR ALWAYS DOES IT TO SEE IF OK
- 4 HEALTH PROBLEM
- 5 AGE
- 6 JOB REQUIREMENT
- 7 PREGNANT
- 8 WAS IN HOSPITAL/CLINIC FOR OTHER REASON
- 9 WHEN DONATING BLOOD
- 10 JUST FOR THE "FUN" OF IT
- 11 OTHER (SPECIFY)

ACC-Q14
BPC6_14

Have you ever had any problems obtaining a blood pressure test?

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

ACC-Q15

What were they?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

BPC6_15A
BPC6_15B
BPC6_15C
BPC6_15D
BPC6_15E
BPC6_15F
BPC6_15G
BPC6_15H

- 1 NOT AVAILABLE - AT TIME REQUIRED
- 2 NOT AVAILABLE - AT ALL IN THE AREA
- 3 WAITING TIME WAS TOO LONG
- 4 TRANSPORTATION - PROBLEMS
- 5 LANGUAGE - PROBLEM
- 6 COST
- 7 DID NOT KNOW WHERE TO GO/UNINFORMED
- 8 OTHER (SPECIFY)

GO TO NEXT SECTION

ACC-Q16 Why have you not had your blood pressure taken in the past 2 years?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|----|---|
| <i>BPC6_16A</i> | 1 | HAVE NOT GOTTEN AROUND TO IT |
| <i>BPC6_16B</i> | 2 | RESPONDENT - DID NOT THINK IT WAS NECESSARY |
| <i>BPC6_16C</i> | 3 | DOCTOR - DID NOT THINK IT WAS NECESSARY |
| <i>BPC6_16D</i> | 4 | PERSONAL OR FAMILY RESPONSIBILITIES |
| <i>BPC6_16E</i> | 5 | NOT AVAILABLE - AT TIME REQUIRED |
| <i>BPC6_16F</i> | 6 | NOT AVAILABLE - AT ALL IN THE AREA |
| <i>BPC6_16G</i> | 7 | WAITING TIME WAS TOO LONG |
| <i>BPC6_16H</i> | 8 | TRANSPORTATION - PROBLEMS |
| <i>BPC6_16I</i> | 9 | LANGUAGE - PROBLEM |
| <i>BPC6_16J</i> | 10 | COST |
| <i>BPC6_16K</i> | 11 | DID NOT KNOW WHERE TO GO/UNINFORMED |
| <i>BPC6_16L</i> | 12 | FEAR (E.G. PAINFUL, EMBARRASSING, FIND SOMETHING WRONG) |
| <i>BPC6_16M</i> | 13 | OTHER (SPECIFY) |

Pap Smear Test

(Females 18 years and older and non-proxy)

ACC-Q20 Have you ever had a PAP smear test?

- | | | |
|----------------|---|----------------------------|
| <i>WHC6_20</i> | 1 | YES |
| | 2 | NO (Go to ACC-Q26) |
| | | DK, R (Go to next section) |

ACC-Q22 When was the last time?
(READ LIST. MARK ONE ONLY.)

- | | | | |
|----------------|---|----------------------------------|-----------------|
| <i>WHC6_22</i> | 1 | Less than 6 months ago | |
| | 2 | 6 months to less than 1 year ago | |
| | 3 | 1 year to less than 3 years ago | |
| | 4 | 3 years to less than 5 years ago | (Go to ACC-Q26) |
| | 5 | 5 or more years ago | (Go to ACC-Q26) |

ACC-Q23 Why did you have it?
(IF RESPONDENT SAYS "DOCTOR RECOMMENDED IT", PROBE FOR REASON.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|---|--|
| <i>WHC6_23A</i> | 1 | PART OF REGULAR CHECK-UP/ROUTINE SCREENING |
| <i>WHC6_23B</i> | 2 | HIGH RISK GROUP |
| <i>WHC6_23C</i> | 3 | FOLLOW-UP OF PREVIOUS PROBLEM |
| <i>WHC6_23D</i> | 4 | ABNORMAL BLEEDING/OTHER SYMPTOMS |
| <i>WHC6_23E</i> | 5 | SEXUALLY ACTIVE |
| <i>WHC6_23F</i> | 6 | ON BIRTH CONTROL PILL |
| <i>WHC6_23G</i> | 7 | PREGNANT/AFTER DELIVERY |
| <i>WHC6_23H</i> | 8 | ON HORMONE REPLACEMENT THERAPY |
| <i>WHC6_23I</i> | 9 | OTHER (SPECIFY) |

ACC-Q24 Have you ever had any problems obtaining a PAP smear test?

WHC6_24

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

ACC-Q25 What were they?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|----------|---|-------------------------------------|
| WHC6_25A | 1 | NOT AVAILABLE - AT TIME REQUIRED |
| WHC6_25B | 2 | NOT AVAILABLE - AT ALL IN THE AREA |
| WHC6_25C | 3 | WAITING TIME WAS TOO LONG |
| WHC6_25D | 4 | TRANSPORTATION - PROBLEMS |
| WHC6_25E | 5 | LANGUAGE - PROBLEM |
| WHC6_25F | 6 | COST |
| WHC6_25G | 7 | DID NOT KNOW WHERE TO GO/UNINFORMED |
| WHC6_25H | 8 | OTHER (SPECIFY) |

GO TO NEXT SECTION

ACC-Q26 Why have you not had a PAP smear test in the past 3 years?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|----------|----|--|
| WHC6_26A | 1 | HAVE NOT GOTTEN AROUND TO IT |
| WHC6_26B | 2 | RESPONDENT - DID NOT THINK IT WAS NECESSARY |
| WHC6_26C | 3 | DOCTOR - DID NOT THINK IT WAS NECESSARY |
| WHC6_26D | 4 | PERSONAL OR FAMILY RESPONSIBILITIES |
| WHC6_26E | 5 | NOT AVAILABLE - AT TIME REQUIRED |
| WHC6_26F | 6 | NOT AVAILABLE - AT ALL IN THE AREA |
| WHC6_26G | 7 | WAITING TIME WAS TOO LONG |
| WHC6_26H | 8 | TRANSPORTATION - PROBLEMS |
| WHC6_26I | 9 | LANGUAGE - PROBLEM |
| WHC6_26J | 10 | COST |
| WHC6_26K | 11 | DID NOT KNOW WHERE TO GO/UNINFORMED |
| WHC6_26L | 12 | FEAR (PAINFUL, EMBARRASSING, FIND SOMETHING WRONG, ETC.) |
| WHC6_26M | 13 | HAVE HAD HYSTERECTOMY |
| WHC6_26N | 14 | HATE/DISLIKE HAVING ONE DONE |
| WHC6_26O | 15 | OTHER (SPECIFY) |

Mammography

(Females 35 years and older and non-proxy)

ACC-Q30 Have you ever had a mammogram, that is, a breast x-ray?

WHC6_30

- 1 YES
- 2 NO (Go to ACC-C36)
- DK, R (Go to next section)

ACC-Q32 When was the last time?
WHC6_32 (READ LIST. MARK ONE ONLY.)

- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 5 years ago (Go to ACC-C36)
- 5 5 or more years ago (Go to ACC-C36)

ACC-Q33 Why did you have it?
(IF RESPONDENT SAYS "DOCTOR RECOMMENDED IT", PROBE FOR REASON.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- WHC6_33A* 1 FAMILY HISTORY OF BREAST CANCER
- WHC6_33B* 2 PART OF REGULAR CHECK-UP/ROUTINE SCREENING
- WHC6_33C* 3 AGE
- WHC6_33D* 4 PREVIOUSLY DETECTED LUMP
- WHC6_33E* 5 FOLLOW-UP OF BREAST CANCER TREATMENT
- WHC6_33F* 6 ON HORMONE REPLACEMENT THERAPY
- WHC6_33G* 7 OTHER (SPECIFY)

ACC-Q34 Have you ever had any problems obtaining a mammogram?

- WHC6_34*
- 1 YES
 - 2 NO (Go to SACC-Q37)
 - DK, R (Go to SACC-Q37)

ACC-Q35 What were they?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- WHC6_35A* 1 NOT AVAILABLE - AT TIME REQUIRED
- WHC6_35B* 2 NOT AVAILABLE - AT ALL IN THE AREA
- WHC6_35C* 3 WAITING TIME WAS TOO LONG
- WHC6_35D* 4 TRANSPORTATION - PROBLEMS
- WHC6_35E* 5 LANGUAGE - PROBLEM
- WHC6_35F* 6 COST
- WHC6_35G* 7 DID NOT KNOW WHERE TO GO/UNINFORMED
- WHC6_35H* 8 OTHER (SPECIFY)

GO TO SACC-Q37

ACC-C36 If age ≥ 50 & age ≤ 69 , then go to ACC-Q36.
Otherwise, go to SACC-Q37.

ACC-Q36

Why have you not had one in the past 2 years?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|----|---|
| <i>WHC6_36A</i> | 1 | HAVE NOT GOTTEN AROUND TO IT |
| <i>WHC6_36B</i> | 2 | RESPONDENT - DID NOT THINK IT WAS NECESSARY |
| <i>WHC6_36C</i> | 3 | DOCTOR - DID NOT THINK IT WAS NECESSARY |
| <i>WHC6_36D</i> | 4 | PERSONAL OR FAMILY RESPONSIBILITIES |
| <i>WHC6_36E</i> | 5 | NOT AVAILABLE - AT TIME REQUIRED |
| <i>WHC6_36F</i> | 6 | NOT AVAILABLE - AT ALL IN THE AREA |
| <i>WHC6_36G</i> | 7 | WAITING TIME WAS TOO LONG |
| <i>WHC6_36H</i> | 8 | TRANSPORTATION - PROBLEMS |
| <i>WHC6_36I</i> | 9 | LANGUAGE - PROBLEM |
| <i>WHC6_36J</i> | 10 | COST |
| <i>WHC6_36K</i> | 11 | DID NOT KNOW WHERE TO GO/UNINFORMED |
| <i>WHC6_36L</i> | 12 | FEAR (E.G. PAINFUL, EMBARRASSING, FIND SOMETHING WRONG) |
| <i>WHC6_36M</i> | 13 | OTHER (SPECIFY) |

SACC-Q37

Do you intend to have a mammogram in the next 2 years?

WHS6_37

- | | |
|---|-----|
| 1 | YES |
| 2 | NO |

Breast Examinations

(Females 18 years and older and non-proxy)

ACC-Q90

Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?

WHC6_90

- | | |
|---|----------------------------|
| 1 | YES |
| 2 | NO (Go to ACC-Q96) |
| | DK, R (Go to next section) |

ACC-Q92

When was the last time?
(READ LIST. MARK ONE ONLY.)

WHC6_92

- | | | |
|---|----------------------------------|-----------------|
| 1 | Less than 6 months ago | |
| 2 | 6 months to less than 1 year ago | |
| 3 | 1 year to less than 2 years ago | |
| 4 | 2 years to less than 5 years ago | (Go to ACC-Q96) |
| 5 | 5 or more years ago | (Go to ACC-Q96) |

ACC-Q93 Why did you have it done?
(IF RESPONDENT SAYS "DOCTOR RECOMMENDED IT", PROBE FOR REASON.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|---|--|
| <i>WHC6_93A</i> | 1 | FAMILY HISTORY OF BREAST CANCER |
| <i>WHC6_93B</i> | 2 | PART OF REGULAR CHECK-UP/ROUTINE SCREENING |
| <i>WHC6_93C</i> | 3 | AGE |
| <i>WHC6_93D</i> | 4 | PREVIOUSLY DETECTED LUMP |
| <i>WHC6_93E</i> | 5 | FOLLOW-UP OF BREAST CANCER TREATMENT |
| <i>WHC6_93F</i> | 6 | ON HORMONE REPLACEMENT THERAPY |
| <i>WHC6_93G</i> | 7 | OTHER (SPECIFY) |

ACC-Q94 Have you ever had any problems obtaining a breast exam?

- | | | |
|----------------|---|----------------------------|
| <i>WHC6_94</i> | 1 | YES |
| | 2 | NO (Go to next section) |
| | | DK, R (Go to next section) |

ACC-Q95 What were they?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|---|-------------------------------------|
| <i>WHC6_95A</i> | 1 | NOT AVAILABLE - AT TIME REQUIRED |
| <i>WHC6_95B</i> | 2 | NOT AVAILABLE - AT ALL IN THE AREA |
| <i>WHC6_95C</i> | 3 | WAITING TIME WAS TOO LONG |
| <i>WHC6_95D</i> | 4 | TRANSPORTATION - PROBLEMS |
| <i>WHC6_95E</i> | 5 | LANGUAGE - PROBLEM |
| <i>WHC6_95F</i> | 6 | COST |
| <i>WHC6_95G</i> | 7 | DID NOT KNOW WHERE TO GO/UNINFORMED |
| <i>WHC6_95H</i> | 8 | OTHER (SPECIFY) |

GO TO NEXT SECTION

ACC-Q96 Why have you not had a breast exam in the past 2 years?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|----|---|
| <i>WHC6_96A</i> | 1 | HAVE NOT GOTTEN AROUND TO IT |
| <i>WHC6_96B</i> | 2 | RESPONDENT - DID NOT THINK IT WAS NECESSARY |
| <i>WHC6_96C</i> | 3 | DOCTOR - DID NOT THINK IT WAS NECESSARY |
| <i>WHC6_96D</i> | 4 | PERSONAL OR FAMILY RESPONSIBILITIES |
| <i>WHC6_96E</i> | 5 | NOT AVAILABLE - AT TIME REQUIRED |
| <i>WHC6_96F</i> | 6 | NOT AVAILABLE - AT ALL IN THE AREA |
| <i>WHC6_96G</i> | 7 | WAITING TIME WAS TOO LONG |
| <i>WHC6_96H</i> | 8 | TRANSPORTATION - PROBLEMS |
| <i>WHC6_96I</i> | 9 | LANGUAGE - PROBLEM |
| <i>WHC6_96J</i> | 10 | COST |
| <i>WHC6_96K</i> | 11 | DID NOT KNOW WHERE TO GO/UNINFORMED |
| <i>WHC6_96L</i> | 12 | FEAR (E.G. PAINFUL, EMBARRASSING, FIND SOMETHING WRONG) |
| <i>WHC6_96M</i> | 13 | OTHER (SPECIFY) |

Breast Self-examinations (HPS)

(Females 18 years and older and non-proxy)

SACC-Q90 Have you ever examined your breasts for lumps (tumours, cysts)?

WHS6_90

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

SACC-Q91 How often?

WHS6_91 (READ LIST. MARK ONE ONLY.)

- 1 At least once a month
- 2 Once every 2 to 3 months
- 3 Less often than every 2 to 3 months

SACC-Q92 How did you learn to do this?

WHS6_92 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 DOCTOR
- 2 NURSE
- 3 BOOK/MAGAZINE/ PAMPHLET
- 4 TV/VIDEO/FILM
- 5 MOTHER
- 6 SISTER
- 7 OTHER (SPECIFY)

General Health - Part 2 (HPS)

(Females 15 to 49 years old, and non-proxy only)

AGH2-C1 If Alberta RDD, go to AGH2-I1A.

SGH2-Q1 Now, a few questions for recent mothers. Since %2YEARSAGO/our interview in %MONTH%
%YYYY%%, have you given birth?

GHC6_21

(INTERVIEWER: DO NOT INCLUDE STILLBIRTHS.)

- 1 YES (Go to SGH2-Q2) (If Alberta core, AGH2-Q1A=1 was filled during processing.)
- 2 NO
DK, R (Go to next section)

AGH2-C1A (If not Alberta, go to next section.)

AGH2-C1A1 If Alberta core, go to AGH2-Q1A.

AGH2-I1A Now, a few questions for recent mothers.

AGH2-Q1A Have you given birth in the past 5 years?
(INTERVIEWER: DO NOT INCLUDE STILLBIRTHS.)
GHP6_21A

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

SGH2-Q2 For your last baby, did you give birth in a hospital?
GHS6_22

- 1 YES
- 2 NO

SGH2-Q3 (For your last baby), did you use the services of a doctor, a midwife or both?
(DO NOT READ LIST. MARK ONE ONLY.)
GHS6_23

- 1 DOCTOR ONLY
- 2 MIDWIFE ONLY
- 3 BOTH DOCTOR AND MIDWIFE
- 4 NEITHER

SGH2-Q4 (For your last baby), did you breast-feed or try to breast-feed your child, even if only for a short time?
GHS6_24

- 1 YES
- 2 NO

AGH2-C5 If Alberta and breast-fed (SGH2-Q4=Yes), go to AGH2-Q5.
Otherwise, go to next section.

AGH2-Q5 Are you still breast-feeding?
GHP6_25

- 1 YES (Go to AGH2-Q7)
- 2 NO
DK, R (Go to next section)

AGH2-Q6 How long did you breast-feed (your last child)?
(DO NOT READ LIST. MARK ONE ONLY.)
GHP6_26

- 1 LESS THAN 1 WEEK
- 2 1 TO 2 WEEKS
- 3 3 TO 4 WEEKS
- 4 5 TO 8 WEEKS
- 5 9 TO LESS THAN 12 WEEKS
- 6 3 TO 6 MONTHS
- 7 7 TO 9 MONTHS
- 8 10 TO 12 MONTHS
- 9 MORE THAN 1 YEAR
DK, R (Go to next section)

AGH2-Q7 Did you receive any help or advice about breast-feeding?

GHP6_27

- 1 YES
- 2 NO (Go to AGH2-C9)
DK, R (Go to next section)

AGH2-Q8 From whom?

GHP6_28

(DO NOT READ LIST. MARK ONE ONLY.)

- 1 NURSE
- 2 DOCTOR
- 3 MIDWIFE
- 4 LA LÊCHE LEAGUE
- 5 MOTHER/MOTHER-IN-LAW
- 6 SISTER/SISTER-IN-LAW
- 7 SPOUSE
- 8 OTHER RELATIVE
- 9 FRIEND
- 10 OTHER (SPECIFY)
DK, R (Go to next section)

AGH2-C9 If no longer breast-feeding (AGH2-Q5=No), go to AGH2-Q9.
Otherwise, go to next section.

AGH2-Q9 What is the main reason that you stopped?

GHP6_29

(DO NOT READ LIST. MARK ONE ONLY.)

- 1 NOT ENOUGH MILK
- 2 INCONVENIENCED/FATIGUE
- 3 DIFFICULTY WITH BF TECHNIQUES
- 4 SORE NIPPLES/ENGORGED BREASTS/MASTITIS
- 5 ILLNESS
- 6 PLANNED TO STOP AT THIS TIME
- 7 CHILD WEANED HIM/HERSELF
- 8 ADVICE OF DOCTOR
- 9 RETURNED TO WORK/SCHOOL
- 10 ADVICE OF PARTNER
- 11 FORMULA FEEDING PREFERABLE
- 12 WANTED TO DRINK ALCOHOL
- 13 OTHER (SPECIFY)

Physical Check-up

(Non-proxy only)

ACC-Q40 Have you ever had a physical check-up without having a specific health problem?

PC_6_40

- 1 YES (Go to ACC-Q42)
- 2 NO
DK, R (Go to next section)

ACC-Q41 Have you ever had one during a visit for a health problem?

PC_6_41

- 1 YES
- 2 NO (Go to ACC-Q46)

ACC-Q42 When was the last time?

PC_6_42

(READ LIST. MARK ONE ONLY.)

- 1 Less than 1 year ago
- 2 1 year to less than 2 years ago
- 3 2 years to less than 3 years ago
- 4 3 years to less than 4 years ago (Go to ACC-Q46)
- 5 4 years to less than 5 years ago (Go to ACC-Q46)
- 6 5 or more years ago (Go to ACC-Q46)

ACC-Q42A How often do you have one?

PC_6_42A

(READ LIST. MARK ONE ONLY.)

- 1 More than 2 times a year
- 2 2 times a year
- 3 Once a year
- 4 Every 2 years
- 5 Every 3 years
- 6 Less often than every 3 years

ACC-Q43

Why do you get a check-up?

(IF RESPONDENT SAYS "DOCTOR RECOMMENDED IT", PROBE FOR REASON.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

PC_6_43A

PC_6_43B

PC_6_43C

PC_6_43D

PC_6_43E

PC_6_43F

PC_6_43G

PC_6_43H

- 1 FAMILY HISTORY OF HEALTH PROBLEMS
- 2 FOR TESTING (E.G. BLOOD PRESSURE, PAP SMEAR)
- 3 REQUIRED FOR JOB, ATHLETICS, CAMPS, ETC.
- 4 LIKE TO MAKE SURE EVERYTHING IS OK
- 5 CATCH PROBLEMS EARLY
- 6 FOR PREVENTION
- 7 FOR HEALTH REASONS
- 8 OTHER (SPECIFY)

ACC-Q44

PC_6_44

Have you ever had any problems obtaining a check-up?

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

ACC-Q45 What were they?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- PC_6_45A 1 NOT AVAILABLE - AT TIME REQUIRED
- PC_6_45B 2 NOT AVAILABLE - AT ALL IN THE AREA
- PC_6_45C 3 WAITING TIME WAS TOO LONG
- PC_6_45D 4 TRANSPORTATION - PROBLEMS
- PC_6_45E 5 LANGUAGE - PROBLEM
- PC_6_45F 6 COST
- PC_6_45G 7 DID NOT KNOW WHERE TO GO/UNINFORMED
- PC_6_45H 8 OTHER (SPECIFY)

GO TO NEXT SECTION

ACC-Q46 Why have you not had a check-up in the past 3 years?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- PC_6_46A 1 HAVE NOT GOTTEN AROUND TO IT
- PC_6_46B 2 RESPONDENT - DID NOT THINK IT WAS NECESSARY
- PC_6_46C 3 DOCTOR - DID NOT THINK IT WAS NECESSARY
- PC_6_46D 4 PERSONAL OR FAMILY RESPONSIBILITIES
- PC_6_46E 5 NOT AVAILABLE - AT TIME REQUIRED
- PC_6_46F 6 NOT AVAILABLE - AT ALL IN THE AREA
- PC_6_46G 7 WAITING TIME WAS TOO LONG
- PC_6_46H 8 TRANSPORTATION - PROBLEMS
- PC_6_46I 9 LANGUAGE - PROBLEM
- PC_6_46J 10 COST
- PC_6_46K 11 DID NOT KNOW WHERE TO GO/UNINFORMED
- PC_6_46L 12 FEAR (E.G. PAINFUL, EMBARRASSING, FIND SOMETHING WRONG)
- PC_6_46M 13 OTHER (SPECIFY)

Flu Shots

(Non-proxy only)

ACC-Q50 Have you ever had a flu shot?

- FS_6_50 1 YES
- 2 NO (Go to ACC-C56)
- DK, R (Go to next section)

ACC-Q52 When did you have your last flu shot?
(READ LIST. MARK ONE ONLY.)

- FS_6_52 1 Less than 1 year ago
- 2 1 year to less than 2 years ago (Go to ACC-Q56)
- 3 2 years ago or more (Go to ACC-Q56)

ACC-Q53 Why did you have it?
(IF RESPONDENT SAYS "DOCTOR RECOMMENDED IT", PROBE FOR REASON.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|---|---|
| <i>FS_6_53A</i> | 1 | PEER PRESSURE (ON ADVICE OF FAMILY/FRIENDS) |
| <i>FS_6_53B</i> | 2 | JOB REQUIREMENT |
| <i>FS_6_53C</i> | 3 | HELPS PREVENT THE FLU |
| <i>FS_6_53D</i> | 4 | TO PROTECT OTHERS |
| <i>FS_6_53E</i> | 5 | RECOMMENDED - BECAUSE OF AGE |
| <i>FS_6_53F</i> | 6 | RECOMMENDED - BECAUSE OF HEALTH PROBLEM |
| <i>FS_6_53G</i> | 7 | OTHER (SPECIFY) |

ACC-Q54 Have you ever had any problems obtaining a flu shot?

- | | | |
|----------------|---|----------------------------|
| <i>FS_6_54</i> | 1 | YES |
| | 2 | NO (Go to next section) |
| | | DK, R (Go to next section) |

ACC-Q55 What were they?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|---|-------------------------------------|
| <i>FS_6_55A</i> | 1 | NOT AVAILABLE - AT TIME REQUIRED |
| <i>FS_6_55B</i> | 2 | NOT AVAILABLE - AT ALL IN THE AREA |
| <i>FS_6_55C</i> | 3 | WAITING TIME WAS TOO LONG |
| <i>FS_6_55D</i> | 4 | TRANSPORTATION - PROBLEMS |
| <i>FS_6_55E</i> | 5 | LANGUAGE - PROBLEM |
| <i>FS_6_55F</i> | 6 | COST |
| <i>FS_6_55G</i> | 7 | DID NOT KNOW WHERE TO GO/UNINFORMED |
| <i>FS_6_55H</i> | 8 | OTHER (SPECIFY) |

GO TO NEXT SECTION

ACC-C56 If age < 65, then go to next section.

ACC-Q56 Why have you not had a flu shot in the past year?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|-----------------|----|--|
| <i>FS_6_56A</i> | 1 | HAVE NOT GOTTEN AROUND TO IT |
| <i>FS_6_56B</i> | 2 | RESPONDENT - DID NOT THINK IT WAS NECESSARY |
| <i>FS_6_56C</i> | 3 | DOCTOR - DID NOT THINK IT WAS NECESSARY |
| <i>FS_6_56D</i> | 4 | PERSONAL OR FAMILY RESPONSIBILITIES |
| <i>FS_6_56E</i> | 5 | NOT AVAILABLE - AT TIME REQUIRED |
| <i>FS_6_56F</i> | 6 | NOT AVAILABLE - AT ALL IN THE AREA |
| <i>FS_6_56G</i> | 7 | WAITING TIME WAS TOO LONG |
| <i>FS_6_56H</i> | 8 | TRANSPORTATION - PROBLEMS |
| <i>FS_6_56I</i> | 9 | LANGUAGE - PROBLEM |
| <i>FS_6_56J</i> | 10 | COST |
| <i>FS_6_56K</i> | 11 | DID NOT KNOW WHERE TO GO/UNINFORMED |
| <i>FS_6_56L</i> | 12 | FEAR (PAINFUL, EMBARRASSING, FIND SOMETHING WRONG, ETC.) |
| <i>FS_6_56M</i> | 13 | BAD REACTION TO PREVIOUS SHOT |
| <i>FS_6_56N</i> | 14 | OTHER (SPECIFY) |

Dental Visits

(Non-proxy only)

ACC-C60B If UTIL-Q2E > 0 (Seen or talked to a dentist in past 12 months), go to ACC-Q60.
Otherwise, go to ACC-Q61.

ACC-Q60 It was reported earlier that you had “seen” or “talked to” a dentist in the past 12 months. Did you
DV_6_60 actually visit one?

- 1 YES (Go to ACC-Q62) (ACC-Q61=1 was filled during processing)
- 2 NO
DK, R (Go to next section)

ACC-Q61 When was the last time that you went to a dentist?
DV_6_61 (READ LIST. MARK ONE ONLY.)

- 1 Less than 1 year ago
- 2 1 year to less than 2 years ago
- 3 2 years to less than 3 years ago
- 4 3 years to less than 4 years ago (Go to ACC-Q65)
- 5 4 years to less than 5 years ago (Go to ACC-Q65)
- 6 5 or more years ago (Go to ACC-Q65)
- 7 NEVER (Go to ACC-Q65)
- DK, R (Go to ACC-Q66)

ACC-Q62 Why do you go to the dentist?
(IF RESPONDENT SAYS “DENTIST RECOMMENDED IT”, PROBE FOR REASON.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- DV_6_62A 1 MAKE SURE EVERYTHING IS OKAY
- DV_6_62B 2 CHECK-UP COVERED BY INSURANCE
- DV_6_62C 3 CATCH PROBLEMS EARLY
- DV_6_62D 4 FOR GOOD DENTAL HEALTH
- DV_6_62E 5 TO TAKE CARE OF TEETH/GUMS/DENTURES
- DV_6_62F 6 FOR CLEANING/FLUORIDE/MAINTENANCE
- DV_6_62G 7 TO GET A FILLING/EXTRACTION
- DV_6_62H 8 TO CHECK BRACES
- DV_6_62I 9 OTHER (SPECIFY)

ACC-Q63 Have you ever had any problems obtaining dental services?

- DV_6_63
- 1 YES
 - 2 NO (Go to ACC-Q66)
 - DK, R (Go to ACC-Q66)

ACC-Q64 What were they?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|----------|---|-------------------------------------|
| DV_6_64A | 1 | NOT AVAILABLE - AT TIME REQUIRED |
| DV_6_64B | 2 | NOT AVAILABLE - AT ALL IN THE AREA |
| DV_6_64C | 3 | WAITING TIME WAS TOO LONG |
| DV_6_64D | 4 | TRANSPORTATION - PROBLEMS |
| DV_6_64E | 5 | LANGUAGE - PROBLEM |
| DV_6_64F | 6 | COST |
| DV_6_64G | 7 | DID NOT KNOW WHERE TO GO/UNINFORMED |
| DV_6_64H | 8 | OTHER (SPECIFY) |

GO TO ACC-Q66

ACC-Q65 Why haven't you been to a dentist in the past 3 years?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | | |
|----------|----|--|
| DV_6_65A | 1 | HAVE NOT GOTTEN AROUND TO IT |
| DV_6_65B | 2 | RESPONDENT - DID NOT THINK IT WAS NECESSARY |
| DV_6_65C | 3 | DENTIST - DID NOT THINK IT WAS NECESSARY |
| DV_6_65D | 4 | PERSONAL OR FAMILY RESPONSIBILITIES |
| DV_6_65E | 5 | NOT AVAILABLE - AT TIME REQUIRED |
| DV_6_65F | 6 | NOT AVAILABLE - AT ALL IN THE AREA |
| DV_6_65G | 7 | WAITING TIME WAS TOO LONG |
| DV_6_65H | 8 | TRANSPORTATION - PROBLEMS |
| DV_6_65I | 9 | LANGUAGE - PROBLEM |
| DV_6_65J | 10 | COST |
| DV_6_65K | 11 | DID NOT KNOW WHERE TO GO/UNINFORMED |
| DV_6_65L | 12 | FEAR (PAINFUL, EMBARRASSING, FIND SOMETHING WRONG, ETC.) |
| DV_6_65M | 13 | WEARS DENTURES |
| DV_6_65N | 14 | OTHER (SPECIFY) |

ACC-Q66 Do you have insurance that covers all or part of your dental expenses?

- | | | |
|---------|---|-----|
| DV_6_66 | 1 | YES |
| | 2 | NO |

Eye Examinations

(Non-proxy only)

ACC-C70B If UNL-Q2B > 0 (Seen or talked to an eye doctor in past 12 months), go to ACC-Q70.
Otherwise, go to ACC-Q71.

ACC-Q70 It was reported earlier that you had "seen" or "talked to" an optometrist or ophthalmologist in the past 12 months. Did you actually visit one?

- | | | |
|---------|---|--|
| EX_6_70 | 1 | YES (Go to ACC-Q72) (ACC-Q71=1 was filled during processing) |
| | 2 | NO |
| | | DK, R (Go to next section) |

ACC-Q71

EX_6_71

When did you last have an eye examination?

(READ LIST. MARK ONE ONLY.)

- 1 Less than 1 year ago
- 2 1 year to less than 2 years ago
- 3 2 years to less than 3 years ago (Go to ACC-Q76)
- 4 3 or more years ago (Go to ACC-Q76)
- 5 NEVER (Go to ACC-Q76)
- DK, R (Go to ACC-Q77)

ACC-Q72

EX_6_72

How often do you have an eye examination?

(READ LIST. MARK ONE ONLY.)

- 1 More than once a year
- 2 Once a year
- 3 Every 2 years
- 4 Every 3 years
- 5 Less often than every 3 years

ACC-Q73

Why do you have one?

(IF RESPONDENT SAYS "DOCTOR RECOMMENDED IT", PROBE FOR REASON.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

EX_6_73A

EX_6_73B

EX_6_73C

EX_6_73D

EX_6_73E

EX_6_73F

EX_6_73G

EX_6_73H

EX_6_73I

EX_6_73J

- 1 MAKE SURE EVERYTHING IS OKAY
- 2 GLAUCOMA TEST
- 3 JOB REQUIREMENT
- 4 TO SEE IF NEED A CHANGE IN PRESCRIPTION
- 5 CATARACTS ARE DEVELOPING
- 6 TO GET DRIVER'S LICENSE
- 7 EYE PROBLEM/INFECTION
- 8 DIABETES
- 9 SIGHT DETERIORATION
- 10 OTHER (SPECIFY)

ACC-Q74

EX_6_74

Have you ever had any problems obtaining an eye examination?

- 1 YES
- 2 NO (Go to ACC-Q77)
- DK, R (Go to ACC-Q77)

ACC-Q75

What were they?

(DO NOT READ LIST. MARK ALL THAT APPLY.)

EX_6_75A

EX_6_75B

EX_6_75C

EX_6_75D

EX_6_75E

EX_6_75F

EX_6_75G

EX_6_75H

- 1 NOT AVAILABLE - AT TIME REQUIRED
- 2 NOT AVAILABLE - AT ALL IN THE AREA
- 3 WAITING TIME WAS TOO LONG
- 4 TRANSPORTATION - PROBLEMS
- 5 LANGUAGE - PROBLEM
- 6 COST
- 7 DID NOT KNOW WHERE TO GO/UNINFORMED
- 8 OTHER (SPECIFY)

GO TO ACC-Q77

ACC-Q76

Why have you not had an eye examination in the past 2 years?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- EX_6_76A 1 HAVE NOT GOTTEN AROUND TO IT
- EX_6_76B 2 RESPONDENT - DID NOT THINK IT WAS NECESSARY
- EX_6_76C 3 DOCTOR - DID NOT THINK IT WAS NECESSARY
- EX_6_76D 4 PERSONAL OR FAMILY RESPONSIBILITIES
- EX_6_76E 5 NOT AVAILABLE - AT TIME REQUIRED
- EX_6_76F 6 NOT AVAILABLE - AT ALL IN THE AREA
- EX_6_76G 7 WAITING TIME WAS TOO LONG
- EX_6_76H 8 TRANSPORTATION - PROBLEMS
- EX_6_76I 9 LANGUAGE - PROBLEM
- EX_6_76J 10 COST
- EX_6_76K 11 DID NOT KNOW WHERE TO GO/UNINFORMED
- EX_6_76L 12 FEAR (E.G. PAINFUL, EMBARRASSING, FIND SOMETHING WRONG)
- EX_6_76M 13 OTHER (SPECIFY)

ACC-Q77

Do you have insurance that covers all or part of the costs of eye glasses or contact lenses?

EX_6_77

- 1 YES
- 2 NO

Emergency Services

(Non-proxy only)

ACC-I80

The next few questions deal with emergency services. These are medical services for serious health problems that require immediate care.

ACC-Q80

Overall, how would you rate the emergency services available to you?

ES_6_80

(READ LIST. MARK ONE ONLY.)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- DK, R (Go to next section)

ACC-Q81

Did you use any emergency services in the past 12 months?

ES_6_81

- 1 YES
- 2 NO

ACC-Q82

Do you have insurance that covers all or part of hospital charges for a private or semi-private room?

ES_6_82

- 1 YES
- 2 NO

HIV (HPS excluding Alberta RDD)

(18 years and older, non-proxy, and not Alberta RDD)

HIV-I1 The next few questions deal with situations where testing for HIV or AIDS may occur. We are interested in the number of people who may have been tested.

HIV-Q1 In the past 12 months, have you applied for life insurance where you had to give a blood, urine or saliva sample?
HVS6_1

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

HIV-Q2 Have you ever donated blood at the Red Cross?
HVS6_2

- 1 YES
- 2 NO (Go to HIV-Q4)
- DK, R (Go to next section)

HIV-Q3 When was the last time?
HVS6_3

□□□□ YYYY (MIN: YOBS +18) (MAX: current year)

HIV-Q4 People may also be tested for HIV or AIDS through a family doctor or clinic. Other than when donating blood at the Red Cross or when applying for life insurance, have you ever been tested for HIV or AIDS?
HVS6_4

- 1 YES
- 2 NO (Go to HIV-Q7)
- DK, R (Go to next section)

HIV-Q5 When was the last time?
HVS6_5

□□□□ YYYY (MIN: 1978) (MAX: current year)

HIV-Q6 What was the main reason for getting tested?
(IF RESPONDENT SAYS "DOCTOR RECOMMENDED IT" PROBE FOR REASON.)
(DO NOT READ LIST. MARK ONE ONLY.)
HVS6_6

- 1 PREGNANCY
- 2 PEACE OF MIND
- 3 HAD SEXUAL INTERCOURSE
- 4 DRUG USE
- 5 OCCUPATIONAL EXPOSURE
- 6 HAD A BLOOD TRANSFUSION
- 7 RECEIVED BLOOD PRODUCTS
- 8 CONFIRM RESULTS FROM PREVIOUS TEST
- 9 OTHER (SPECIFY)

HIV-Q7
HVS6_7 Between 1978 and 1985, did you receive a “clotting factor” to treat a bleeding condition such as hemophilia?

- 1 YES
- 2 NO

HIV-Q8
HVS6_8 Between 1978 and 1985, did you receive a blood transfusion?

- 1 YES
- 2 NO

HIV-Q9
HVS6_9 Have you ever injected non-prescription drugs such as steroids, heroin or cocaine?

- 1 YES
- 2 NO

Health Information (Alberta)

(12 to 17 years old and non-proxy and Alberta)

AINF-INT Now I'd like to ask some questions about how you get information about health.

AINF-Q1
HIP6_1 Imagine that you, or a close friend, plan to try a new sport but are concerned about getting hurt or injured. Where would you go or what would you do first, to obtain information about preventing or avoiding injuries?
(DO NOT READ LIST. MARK ONE ONLY)

- 1 CONTACT - MEDICAL DOCTOR
- 2 CONTACT - OTHER HEALTH PROFESSIONAL
- 3 CONTACT - HOSPITAL/COMMUNITY HEALTH CENTRE/UNIT
- 4 CONTACT - SPORTS/VOLUNTEER/ NON-PROFIT ORGANIZATION
- 5 READ - REFERENCE BOOKS/OTHER WRITTEN SOURCE
- 6 TALK TO - PARENTS OR OTHER RELATIVES
- 7 TALK TO - FRIENDS
- 8 TALK TO - TEACHER/SCHOOL COUNSELOR/COACH
- 9 DO NOTHING (Go to AINF-Q2)
- 10 OTHER (SPECIFY)
DK, R (Go to next section)

AINF-Q1A
HIP6_1A Would you do anything else?

- 1 YES
- 2 NO (Go to AINF-Q2)
- DK, R (Go to AINF-Q2)

AINF-Q1B

HIP6_1B

What else would you do?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 CONTACT - MEDICAL DOCTOR
- 2 CONTACT - OTHER HEALTH PROFESSIONAL
- 3 CONTACT - HOSPITAL/COMMUNITY HEALTH CENTRE/UNIT
- 4 CONTACT - SPORTS/VOLUNTEER/NON-PROFIT ORGANIZATION
- 5 READ - REFERENCE BOOKS/OTHER WRITTEN SOURCE
- 6 TALK TO - PARENTS OR OTHER RELATIVES
- 7 TALK TO - FRIENDS
- 8 TALK TO - TEACHER/SCHOOL COUNSELOR/COACH
- 9 OTHER (SPECIFY)

AINF-Q2

HIP6_2

Imagine that you, or a close friend, are concerned about the risk of getting AIDS or another sexually transmitted disease. Where would you go or what would you do first, to obtain information about preventing or avoiding AIDS and sexually transmitted diseases?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 CONTACT - MEDICAL DOCTOR
- 2 CONTACT - OTHER HEALTH PROFESSIONAL
- 3 CONTACT - HOSPITAL/COMMUNITY HEALTH CENTRE/UNIT
- 4 CONTACT - SPORTS/VOLUNTEER/ NON-PROFIT ORGANIZATION
- 5 READ - REFERENCE BOOKS/OTHER WRITTEN SOURCE
- 6 TALK TO - PARENTS OR OTHER RELATIVES
- 7 TALK TO - FRIENDS
- 8 TALK TO - TEACHER/SCHOOL COUNSELOR/COACH
- 9 DO NOTHING (Go to AINF-Q3)
- 10 OTHER (SPECIFY)
DK, R (Go to AINF-Q3)

AINF-Q2A

HIP6_2A

Would you do anything else?

- 1 YES
- 2 NO (Go to AINF-Q3)
DK, R (Go to AINF-Q3)

AINF-Q2B

HIP6_2B

What else would you do?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 CONTACT - MEDICAL DOCTOR
- 2 CONTACT - OTHER HEALTH PROFESSIONAL
- 3 CONTACT - HOSPITAL/COMMUNITY HEALTH CENTRE/UNIT
- 4 CONTACT - SPORTS/VOLUNTEER/NON-PROFIT ORGANIZATION
- 5 READ - REFERENCE BOOKS/OTHER WRITTEN SOURCE
- 6 TALK TO - PARENTS OR OTHER RELATIVES
- 7 TALK TO - FRIENDS
- 8 TALK TO - TEACHER/SCHOOL COUNSELOR/COACH
- 9 OTHER (SPECIFY)

AINF-Q3
HIP6_3

Imagine that you, or a close friend, have been feeling depressed or very sad for several weeks and you wanted some information to decide what to do about it. Where would you go or what would you do first, to obtain information about depression and how to get over it?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 CONTACT - MEDICAL DOCTOR
- 2 CONTACT - OTHER HEALTH PROFESSIONAL
- 3 CONTACT - HOSPITAL/COMMUNITY HEALTH CENTRE/UNIT
- 4 CONTACT - SPORTS/VOLUNTEER/NON-PROFIT ORGANIZATION
- 5 READ - REFERENCE BOOKS/OTHER WRITTEN SOURCE
- 6 TALK TO - PARENTS OR OTHER RELATIVES
- 7 TALK TO - FRIENDS
- 8 TALK TO - TEACHER/SCHOOL COUNSELOR/COACH
- 9 DO NOTHING (Go to AINF-Q4)
- 10 OTHER (SPECIFY)
DK, R (Go to AINF-Q4)

AINF-Q3A
HIP6_3A

Would you do anything else?

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

AINF-Q3B
HIP6_3B

What else would you do?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 CONTACT - MEDICAL DOCTOR
- 2 CONTACT - OTHER HEALTH PROFESSIONAL
- 3 CONTACT - HOSPITAL/COMMUNITY HEALTH CENTRE/UNIT
- 4 CONTACT - SPORTS/VOLUNTEER/NON-PROFIT ORGANIZATION
- 5 READ - REFERENCE BOOKS/OTHER WRITTEN SOURCE
- 6 TALK TO - PARENTS OR OTHER RELATIVES
- 7 TALK TO - FRIENDS
- 8 TALK TO - TEACHER/SCHOOL COUNSELOR/COACH
- 9 OTHER (SPECIFY)

AINF-Q4
HIP6_4

Imagine that you or a close friend were concerned about the risk of a pregnancy. Where would you go or what would you do first, to obtain information about preventing or avoiding pregnancy?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 CONTACT - MEDICAL DOCTOR
- 2 CONTACT - OTHER HEALTH PROFESSIONAL
- 3 CONTACT - HOSPITAL/COMMUNITY HEALTH CENTRE/UNIT
- 4 CONTACT - SPORTS/VOLUNTEER/NON-PROFIT ORGANIZATION
- 5 READ - REFERENCE BOOKS/OTHER WRITTEN SOURCE
- 6 TALK TO - PARENTS OR OTHER RELATIVES
- 7 TALK TO - FRIENDS
- 8 TALK TO - TEACHER/SCHOOL COUNSELOR/COACH
- 9 DO NOTHING (Go to AINF-C5)
- 10 OTHER (SPECIFY)
DK, R (Go to AINF-C5)

AINF-Q4A Would you do anything else?

HIP6_4A

- 1 YES
- 2 NO (Go to AINF-C5)
- DK, R (Go to AINF-C5)

AINF-Q4B What else would you do?

HIP6_4B

(DO NOT READ LIST. MARK ONE ONLY.)

- 1 CONTACT - MEDICAL DOCTOR
- 2 CONTACT - OTHER HEALTH PROFESSIONAL
- 3 CONTACT - HOSPITAL/COMMUNITY HEALTH CENTRE/UNIT
- 4 CONTACT - SPORTS/VOLUNTEER/NON-PROFIT ORGANIZATION
- 5 READ - REFERENCE BOOKS/OTHER WRITTEN SOURCE
- 6 TALK TO - PARENTS OR OTHER RELATIVES
- 7 TALK TO - FRIENDS
- 8 TALK TO - TEACHER/SCHOOL COUNSELOR/COACH
- 9 OTHER (SPECIFY)

AINF-C5 If EDUC-Q1 is not equal to 1 (i.e. currently attending school), go to AINF-Q5. Otherwise, go to AINF-Q6.

AINF-Q5 In the last 12 months, did you attend school?

HIP6_5

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

AINF-Q6 Thinking about the health education you've received in school during the past 12 months, how would you rate it overall in terms of providing useful information about how to protect or improve your health?

HIP6_6

(READ LIST. MARK ONE ONLY.)

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

AINF-Q7 During the past 12 months, have you attended sex education classes at school?

HIP6_7

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

AINF-Q8
HIP6_8

Overall, how would you rate the classes in terms of providing useful information about how to protect or improve your health?
(READ LIST. MARK ONE ONLY.)

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

Health Status

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

HS-INTB 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

HS-Q1
HSC6_1

%Are/Is% %you/he/she% usually able to see well enough to read ordinary newsprint *without* glasses or contact lenses?

- 1 YES (Go to HS-Q4)
- 2 NO
 DK, R (Go to next section)

HS-Q2
HSC6_2

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

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

HS-Q3
HSC6_3

%Are/Is% %you/he/she% able to see at all?

- 1 YES
- 2 NO (Go to HS-Q6)
- DK, R (Go to HS-Q6)

HS-Q4
HSC6_4

%Are/Is% %you/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 HS-Q6)
- 2 NO
 DK, R (Go to HS-Q6)

HS-Q5
HSC6_5

%Are/Is% %you/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

Hearing

HS-Q6
HSC6_6 %Are/Is% %you/FNAME% *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 HS-Q10)
- 2 NO
DK, R (Go to HS-Q10)

HS-Q7
HSC6_7 %Are/Is% %you/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 HS-Q8)
- 2 NO

HS-Q7A
HSC6_7A %Are/Is% %you/he/she% able to hear at all?

- 1 YES
- 2 NO (Go to HS-Q10)
DK, R (Go to HS-Q10)

HS-Q8
HSC6_8 %Are/Is% %you/he/she% *usually* able to hear what is said in a conversation with one other person in a quiet room *without* a hearing aid?

- 1 YES (Go to HS-Q10)
- 2 NO
R (Go to HS-Q10)

HS-Q9
HSC6_9 %Are/Is% %you/he/she% *usually* able to hear what is said in a conversation with one other person in a quiet room *with* a hearing aid?

- 1 YES
- 2 NO

Speech

HS-Q10
HSC6_10 %Are/Is% %you/FNAME% *usually* able to be understood *completely* when speaking with strangers in %your/his/her% own language?

- 1 YES (Go to HS-Q14)
- 2 NO
R (Go to HS-Q14)

HS-Q11
HSC6_11 %Are/Is% %you/he/she% able to be understood *partially* when speaking with strangers?

- 1 YES
- 2 NO

HS-Q12 %Are/Is% %you/he/she% able to be understood *completely* when speaking with those who know
HSC6_12 %you/him/her% well?

- 1 YES (Go to HS-Q14)
- 2 NO
- R (Go to HS-Q14)

HS-Q13 %Are/Is% %you/he/she% able to be understood *partially* when speaking with those who know
HSC6_13 %you/him/her% well?

- 1 YES
- 2 NO

Getting Around

HS-Q14 %Are/Is% %you/FNAME% *usually* able to walk around the neighbourhood *without* difficulty and
HSC6_14 without mechanical support such as braces, a cane or crutches?

- 1 YES (Go to HS-Q21)
- 2 NO
- DK, R (Go to HS-Q21)

HS-Q15 %Are/Is% %you/he/she% able to walk at all?

HSC6_15

- 1 YES
- 2 NO (Go to HS-Q18)
- DK, R (Go to HS-Q18)

HS-Q16 %Do/Does% %you/he/she% require mechanical support such as braces, a cane or crutches to be able
HSC6_16 to walk around the neighbourhood?

- 1 YES
- 2 NO

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

HSC6_17

- 1 YES
- 2 NO

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

HSC6_18

- 1 YES
- 2 NO (Go to HS-Q21)
- DK, R (Go to HS-Q21)

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

HSC6_19

(READ LIST. MARK ONE ONLY.)

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

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

HSC6_20

- 1 YES
- 2 NO

Hands and Fingers

HS-Q21 %Are/Is% %you/FNAME% usually able to grasp and handle small objects such as a pencil or scissors?

HSC6_21

- 1 YES (Go to HS-Q25)
- 2 NO
DK, R (Go to HS-Q25)

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

HSC6_22

- 1 YES
- 2 NO (Go to HS-Q24)
- DK, R (Go to HS-Q24)

HS-Q23 %Do/Does% %you/he/she% require the help of another person with?
(READ LIST. MARK ONE ONLY.)

HSC6_23

- 1 Some tasks?
- 2 Most tasks?
- 3 Almost all tasks?
- 4 All tasks?

HS-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?

HSC6_24

- 1 YES
- 2 NO

Feelings

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

HSC6_25

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

Memory

HS-Q26 How would you describe %your/his/her% *usual* ability to remember things?
HSC6_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

HS-Q27 How would you describe %your/his/her% *usual* ability to think and solve day-to-day problems?
HSC6_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

HS-Q28 %Are/Is% %you/FNAME% *usually* free of pain or discomfort?

HSC6_28

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

HS-Q29 How would you describe the *usual* intensity of %your/his/her% pain or discomfort?
HSC6_29 (READ LIST. MARK ONE ONLY.)

- 1 Mild
- 2 Moderate
- 3 Severe

HS-Q30 How many activities does %your/his/her% pain or discomfort prevent?
HSC6_30 (READ LIST. MARK ONE ONLY.)

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

Physical Activities

(Non-proxy only)

PA-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.

PA-Q1 Have you done any of the following in the past 3 months, that is, from %3MOSAGO% to yesterday? (READ LIST. MARK ALL THAT APPLY.)

<i>PAC6_1A</i>	1	Walking for exercise	<i>PAC6_1M</i>	13	Cross-country skiing
<i>PAC6_1B</i>	2	Gardening or yard work	<i>PAC6_1N</i>	14	Bowling
<i>PAC6_1C</i>	3	Swimming	<i>PAC6_1O</i>	15	Baseball or softball
<i>PAC6_1D</i>	4	Bicycling	<i>PAC6_1P</i>	16	Tennis
<i>PAC6_1E</i>	5	Popular or social dance	<i>PAC6_1Q</i>	17	Weight-training
<i>PAC6_1F</i>	6	Home exercises	<i>PAC6_1R</i>	18	Fishing
<i>PAC6_1G</i>	7	Ice hockey	<i>PAC6_1S</i>	19	Volleyball
<i>PAC6_1H</i>	8	Ice skating	<i>PAC6_1T</i>	20	Basketball
<i>PAC6_1I</i>	9	Downhill skiing	<i>PAC6_1U</i>	21	Any other (Go to PA-Q1Ui)
<i>PAC6_1J</i>	10	Jogging or running	<i>PAC6_1V</i>	22	NONE OF THE ABOVE (Go to PA-INTB)
<i>PAC6_1K</i>	11	Golfing			DK, R (Go to next section)
<i>PAC6_1L</i>	12	Exercise class or aerobics			

If "other" is chosen as a response, ask what type of activity it was.

PA-Q1Ui What was this activity? (ENTER ONE ACTIVITY ONLY.)

PAC6_C1C _____

PA-Q1W In the past 3 months, did you do any other activity for leisure?

- PAC6_1W*
- 1 YES
 - 2 NO (Go to PA-Q2)
 - DK, R (Go to PA-Q2)

PA-Q1Wi What was this activity? (ENTER ONE ACTIVITY ONLY.)

PAC6_C2C _____

PA-Q1X In the past 3 months, did you do any other activity for leisure?

- PAC6_1X*
- 1 YES
 - 2 NO (Go to PA-Q2)
 - DK, R (Go to PA-Q2)

PA-Q1Xi What was this activity? (ENTER ONE ACTIVITY ONLY.)

PAC6_C3C _____

For each activity in PA-Q1, ask PA-Q2 and PA-Q3.

PA-Q2 In the past 3 months, how many times did you participate in %ACTIVITY%?
PAC6_2n _____ NUMBER OF TIMES (MIN: 1 MAX: 99) for each activity except the following:
(Walking MAX: 270 Bicycling MAX: 200 Other activities MAX: 200)
DK, R (Go to next activity)

PA-Q3 About how much time did you spend on each occasion?
PAC6_3n (DO NOT READ LIST. MARK ONE ONLY.)

- 1 1 TO 15 MINUTES
- 2 16 TO 30 MINUTES
- 3 31 TO 60 MINUTES
- 4 MORE THAN ONE HOUR

PA-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.

PA-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?
PAC6_4A (DO NOT READ LIST. MARK ONE ONLY.)

- 1 NONE
- 2 LESS THAN 1 HOUR
- 3 FROM 1 TO 5 HOURS
- 4 FROM 6 TO 10 HOURS
- 5 FROM 11 TO 20 HOURS
- 6 MORE THAN 20 HOURS

PA-Q4B In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?
PAC6_4B (DO NOT READ LIST. MARK ONE ONLY.)

- 1 NONE
- 2 LESS THAN 1 HOUR
- 3 FROM 1 TO 5 HOURS
- 4 FROM 6 TO 10 HOURS
- 5 FROM 11 TO 20 HOURS
- 6 MORE THAN 20 HOURS

PA-C1 If bicycling was indicated as an activity in PA-Q1 or >"None" in PA-Q4b, ask PA-Q5. Otherwise, go to PA-Q6.

PA-Q5 When riding a bicycle how often did you wear a helmet?
PAC6_5 (READ LIST. MARK ONE ONLY.)

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

PA-Q6 Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?
PAC6_6 (READ LIST. MARK ONE ONLY.)

- 1 Usually sit during the day and don't walk around very much
- 2 Stand or walk quite a lot during the day but don't have to carry or lift things very often
- 3 Usually lift or carry light loads, or have to climb stairs or hills often
- 4 Do heavy work or carry very heavy loads

Tanning and UV Exposure (Alberta)

(Non-proxy only and in Alberta)

ATAN-INT1 The next few questions have to do with tanning and your exposure to ultraviolet (UV) rays from the sun or from tanning salons or studios.

ATAN-Q1 During the past 12 months, did you ever try to get a suntan, either from the sun or by using artificial methods of suntanning?
TUP6_1

- 1 YES
- 2 NO (Go to ATAN-Q3)
DK, R (Go to next section)

ATAN-Q2 How deep a suntan did you try to get?
TUP6_2 (READ LIST. MARK ONE ONLY.)

- 1 Light
- 2 Moderate
- 3 Dark
- 4 Very dark

ATAN-Q3 Did you get sunburnt at least once during the past 12 months?

TUP6_3

- 1 YES
- 2 NO (Go to ATAN-Q6)
DK, R (Go to ATAN-Q6)

ATAN-Q4 How many times did you get sunburnt during the past 12 months?
TUP6_4 (DO NOT READ LIST. MARK ONE ONLY.)

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

ATAN-Q5 Which of the following describes your worst sunburn during the past 12 months?
TUP6_5 (READ LIST. MARK ONE ONLY.)

- 1 Deeper in colour than your regular skin tone, without being tender
- 2 Sensitive or tender with no peeling
- 3 Sensitive or tender with peeling
- 4 Blistering

ATAN-Q6
TUP6_6

Now I would like to know about your use of precautions against exposure to the sun during the months of June, July and August. How often do you use sunscreen?
(READ LIST. MARK ONE ONLY.)

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

ATAN-Q7
TUP6_7

How often do you avoid being in the sun between 11 a.m. and 4 p.m. (peak periods of sun exposure)?
(READ LIST. MARK ONE ONLY.)

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

ATAN-Q8
TUP6_8

How often do you avoid long periods of time in the sun?
(READ LIST. MARK ONE ONLY.)

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

ATAN-Q9
TUP6_9

How often do you wear sunglasses with UV protection?
(READ LIST. MARK ONE ONLY.)

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

ATAN-Q10
TUP6_10

How often do you wear protective clothing, including a hat, when in the sun?
(READ LIST. MARK ONE ONLY.)

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

Repetitive Strain

RS-I1 This next section deals with repetitive strain injuries. By this we mean injuries caused by overuse or by repeating the same movement frequently. (For example, carpal tunnel syndrome, tennis elbow or tendinitis.)

RS-Q1 In the past 12 months, that is, from %12MOSAGO% to yesterday, did %you/FNAME% have any injuries due to repetitive strain which were serious enough to limit %your/his/her% normal activities?
RPC6_1

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

RS-Q2 How many injuries?
RPC6_2

INJURIES (MIN: 1) (MAX: 20; warning after 6)
DK, R (Go to next section)

RS-C3 If # of injuries=1, then use second part of phrase only in RS-Q3.

RS-Q3 (Thinking about the most serious injury), what part of the body was affected?
RPC6_3 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 NECK
- 2 SHOULDER
- 3 ELBOW
- 4 WRIST/HAND/FINGER
- 5 KNEE
- 6 ANKLE/FOOT/TOE
- 7 BACK OR SPINE
- 8 HIP
- 9 OTHER (SPECIFY)

RS-Q4 Was this injury the result of doing something:
(READ LIST. MARK ALL THAT APPLY.)

- RPC6_4A 1 At home?
- RPC6_4B 2 At work or school?
- RPC6_4C 3 In leisure activities such as sports or hobbies?
- RPC6_4D 4 Other (SPECIFY)?

Injuries

IN-INT Now some questions about OTHER kinds of injuries, which occurred in the past 12 months, and were serious enough to limit %your/FNAME's% normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning.

IN-Q1 In the past 12 months, did %you/FNAME% have any injuries that were serious enough to limit
IJC6_1 %your/his/her% normal activities?

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

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

IJC6_2
— TIMES (MIN: 1) (MAX: 30)
DK, R (Go to next section)

IN-C3 If # of injuries=1 then use second part of phrase only in IN-Q3.

IN-Q3 (Thinking about the most serious injury), what type of injury did %you/he/she% have? For example, a
IJC6_3 broken bone or burn.
(DO NOT READ LIST. MARK ONE ONLY.)

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

IN-Q4 What part of %your/his/her% body was injured?
IJC6_4 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 MULTIPLE SITES
- 2 EYES
- 3 HEAD (EXCLUDING EYES)
- 4 NECK
- 5 SHOULDER
- 6 ARMS OR HANDS
- 7 HIP
- 8 LEGS OR FEET
- 9 BACK OR SPINE
- 10 TRUNK (EXCLUDING BACK AND SPINE) (INCLUDING CHEST, INTERNAL
ORGANS)
- 11 SYSTEMIC (CATEGORY CREATED DURING PROCESSING)

IN-Q5

IJC6_5

Where did the injury happen?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 IN A HOME OR ITS SURROUNDING AREA
- 2 FARM
- 3 PLACE FOR RECREATION OR SPORT
(E.G. GOLF COURSE, BASKETBALL COURT, PLAYGROUND (INCLUDING SCHOOL))
- 4 STREET OR HIGHWAY
- 5 BUILDING USED BY GENERAL PUBLIC (E.G. HOTEL, SHOPPING PLAZA, RESTAURANT, OFFICE BUILDING, SCHOOL)
- 6 RESIDENTIAL INSTITUTION (E.G. HOSPITAL, JAIL)
- 7 MINE
- 8 INDUSTRIAL PLACE OR PREMISE (E.G. DOCKYARD)
- 9 OTHER (SPECIFY)

IN-Q6

IJC6_6

What happened? For example, was the injury the result of a fall, a traffic accident or a physical assault, etc.?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 MOTOR VEHICLE ACCIDENT
- 2 ACCIDENTAL FALL
- 3 FIRE, FLAMES OR RESULTING FUMES
- 4 ACCIDENTALLY STRUCK BY AN OBJECT/PERSON
- 5 PHYSICAL ASSAULT
- 6 SUICIDE ATTEMPT
- 7 ACCIDENTAL INJURY CAUSED BY EXPLOSION
- 8 ACCIDENTAL INJURY CAUSED BY NATURAL/ENVIRONMENTAL FACTORS
(E.G. WEATHER CONDITIONS, POISON IVY, ANIMAL BITES, STINGS)
- 9 ACCIDENTAL NEAR DROWNING OR SUBMERSION
- 10 ACCIDENTAL SUFFOCATION
- 11 HOT OR CORROSIVE LIQUIDS, FOODS OR SUBSTANCES
- 12 ACCIDENT CAUSED BY MACHINERY (E.G. FARM MACHINERY, FORKLIFT, WOODWORKING MACHINERY)
- 13 ACCIDENT CAUSED BY CUTTING AND PIERCING INSTRUMENTS OR OBJECTS
(E.G. LAWNMOWER, KNIFE, STAPLER)
- 14 ACCIDENTAL POISONING
- 15 OTHER (SPECIFY)

IN-C7

If not currently employed (LFS-WORK is equal to 0), go to IN-Q8.

IN-Q7

IJC6_7

Was this a work-related injury?

- 1 YES
- 2 NO

IN-Q8

We would like to know what precautions %you/FNAME% %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.)

- IJC6_8A* 1 GAVE UP THE ACTIVITY
- IJC6_8B* 2 BEING MORE CAREFUL
- IJC6_8C* 3 TOOK SAFETY TRAINING
- IJC6_8D* 4 USING PROTECTIVE GEAR/SAFETY EQUIPMENT
- IJC6_8E* 5 CHANGING PHYSICAL SITUATION
- IJC6_8F* 6 OTHER (SPECIFY)
- IJC6_8G* 7 NO PRECAUTIONS

Drug Use

DRG-INT

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

DRG-Q1A

In the past month, that is, from %1MOAGO% to yesterday, did %you/FNAME% take any of the following medications:

DGC6_1A

... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?

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

DRG-Q1B

... tranquilizers such as Valium?

DGC6_1B

- 1 YES
- 2 NO

DRG-Q1C

... diet pills?

DGC6_1C

- 1 YES
- 2 NO

DRG-Q1D

... anti-depressants?

DGC6_1D

- 1 YES
- 2 NO

DRG-Q1E

... codeine, Demerol or morphine?

DGC6_1E

- 1 YES
- 2 NO

DRG-Q1F

... allergy medicine such as Seldane or Chlor-Tripolon?

DGC6_1F

- 1 YES
- 2 NO

DRG-Q1G ... asthma medications such as inhalers or nebulizers?

DGC6_1G

- 1 YES
- 2 NO

DRG-Q1H ... cough or cold remedies?

DGC6_1H

- 1 YES
- 2 NO

DRG-Q1I ... penicillin or other antibiotics?

DGC6_1I

- 1 YES
- 2 NO

DRG-Q1J ... medicine for the heart?

DGC6_1J

- 1 YES
- 2 NO

DRG-Q1K ... medicine for blood pressure?

DGC6_1K

- 1 YES
- 2 NO

DRG-Q1L ... diuretics or water pills?

DGC6_1L

- 1 YES
- 2 NO

DRG-Q1M ... steroids?

DGC6_1M

- 1 YES
- 2 NO

DRG-Q1N ... insulin?

DGC6_1N

- 1 YES
- 2 NO

DRG-Q1O ... pills to control diabetes?

DGC6_1O

- 1 YES
- 2 NO

DRG-Q1P ... sleeping pills?

DGC6_1P

- 1 YES
- 2 NO

DRG-Q1Q ... stomach remedies?

DGC6_1Q

- 1 YES
- 2 NO

DRG-Q1R ... laxatives?

DGC6_1R

- 1 YES
- 2 NO

DRG-C1S If female & age <= 49, go to DRG-Q1S.
Otherwise, go to DRG-C1T.

DRG-Q1S ... birth control pills?

DGC6_1S

- 1 YES
- 2 NO

DRG-C1T If female & age >= 30, go to DRG-Q1T.
Otherwise, go to DRG-Q1U.

DRG-Q1T ... hormones for menopause or aging symptoms?

DGC6_1T

- 1 YES
- 2 NO (Go to DRG-Q1U)
DK, R (Go to DRG-Q1U)

DRG-Q1T1 What type of hormones %are/is% %you/FNAME% taking?
(READ LIST. MARK ONE ONLY.)

DGC6_1T1

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

DRG-Q1T2 When did %you/FNAME% start this hormone therapy?
(ENTER YEAR.)

DGC6_1T2

||||| (MIN: YOB+30) (MAX: current year)

DRG-Q1U ... thyroid medication such as Synthroid or Levothyroxine?

DGC6_1U

- 1 YES
- 2 NO

DRG-Q1V ... any other medication?

DGC6_1V

- 1 YES (SPECIFY)
- 2 NO

DRG-C1 If any drug(s) specified in DRG-Q1A to DRG-Q1V, go to DRG-Q2. Otherwise, go to DRG-Q4.

DRG-Q2 Now, I am referring to the last 2 days, that is, yesterday and the day before yesterday. During those 2 days, how many different medications did %you/he/she% take?
DGC6_2

___ NUMBER OF DIFFERENT MEDICATIONS (MIN: 0 MAX: 99)
DK, R (Go to DRG-Q4.)

If number=0, then go to DRG-Q4.
For each number > 0 ask DRG-Q3... up to a maximum of 12.

DRG-Q3 What is the exact name of the medication that %you/FNAME% took? (ASK THE PERSON TO LOOK AT THE BOTTLE, TUBE OR BOX.)
DGC6_3nC

DRG-Q4 There are many other health products such as ointments, vitamins, herbs, minerals or protein drinks which people use to prevent illness or to improve or maintain their health. %Do/Does% %you/FNAME% use any of these or other health products?
DGC6_4

- 1 YES
- 2 NO (Go to DRG-Q6)
DK, R (Go to DRG-Q6)

DRG-Q5 What is the exact name of the health product that %you/FNAME% %use/s%? (ASK THE PERSON TO LOOK AT THE BOTTLE, TUBE OR BOX.) (UP TO 12 PRODUCTS)
DGC6_5nn

(If DK, R to using any product, go to DRG-Q6.)

DRG-Q6 %Do/Does% %you/FNAME% have insurance that covers all or part of the cost of %your/his/her% prescription medications? (Include any private, government or employer-paid plans.)
DGC6_6

- 1 YES
- 2 NO

Smoking

SMK-INT The next questions are about smoking.

SMK-Q1 Does anyone in this household smoke regularly inside the house?
SMC6_1

- 1 YES
- 2 NO

SMK-Q2 At the present time %do/does% %you/FNAME% smoke cigarettes daily, occasionally or not at all? (DO NOT READ LIST. MARK ONE ONLY.)
SMC6_2

- 1 DAILY
- 2 OCCASIONALLY (Go to SMK-Q5)
- 3 NOT AT ALL (Go to SMK-Q4A)
- DK, R (Go to next section)

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

SMC6_3
— AGE (MIN: 5) (MAX: current age)

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

SMC6_4
— NUMBER OF CIGARETTES (MIN: 1) (MAX: 99; warning after 60)

GO TO SMK-C9A

SMK-Q4A %Have/Has% %you/he/she% ever smoked cigarettes at all?

SMC6_4A
1 YES
2 NO (Go to next section)
DK, R (Go to next section)

SMK-Q5 %Have/Has% %you/he/she% ever smoked cigarettes daily?

SMC6_5
1 YES
2 NO (Go to SMK-C9A)
DK, R (Go to next section)

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

SMC6_6
— AGE (MIN: 5) (MAX: current age)

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

SMC6_7
— NUMBER OF CIGARETTES (MIN: 1) (MAX: 99; warning after 60)

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

SMC6_8
— AGE (MIN: age in SMK-Q6) (MAX: current age)

SMK-C9A

	SMOK94	SMOK96	Go to
Non-proxy only	Daily Occasional	Not at all	SMK-Q9
Non-proxy only	Not at all	Daily Occasional	SMK-Q10
Non-proxy only	Daily	Occasional	SMK-Q11
Non-proxy only	Occasional	Daily	SMK-Q12
Otherwise	-	-	Next section

SMK-Q9

SMC6_9

Compared to our interview in %MONTH% %YYYY%, you are reporting that you no longer smoke. Why did you quit?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 NEVER SMOKED
- 2 DIDN'T SMOKE AT LAST INTERVIEW
- 3 AFFECTED PHYSICAL HEALTH
- 4 COST
- 5 SOCIAL/FAMILY PRESSURES
- 6 ATHLETIC ACTIVITIES
- 7 PREGNANCY
- 8 SMOKING RESTRICTIONS
- 9 DOCTOR'S ADVICE
- 10 EFFECT OF SECOND-HAND SMOKE ON OTHERS
- 11 OTHER (SPECIFY)

GO TO NEXT SECTION

SMK-Q10

SMC6_10

Compared to our interview in %MONTH% %YYYY%, you are reporting that you currently smoke. Why did you start smoking?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 SMOKED AT LAST INTERVIEW
- 2 FAMILY/FRIENDS SMOKE
- 3 EVERYONE AROUND ME SMOKES
- 4 TO BE "COOL"
- 5 CURIOSITY
- 6 STRESS
- 7 STARTED AGAIN AFTER TRYING TO QUIT
- 8 COST
- 9 TO CONTROL WEIGHT
- 10 OTHER (SPECIFY)

GO TO NEXT SECTION

SMK-Q11

SMC6_11

Compared to our interview in %MONTH% %YYYY%, you are reporting that you smoke less. Why did you cut down?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 DIDN'T CUT DOWN
- 2 DIDN'T SMOKE AT LAST INTERVIEW
- 3 TRYING TO QUIT
- 4 AFFECTED PHYSICAL HEALTH
- 5 COST
- 6 SOCIAL/FAMILY PRESSURES
- 7 ATHLETIC ACTIVITIES
- 8 PREGNANCY
- 9 SMOKING RESTRICTIONS
- 10 DOCTOR'S ADVICE
- 11 EFFECT OF SECOND-HAND SMOKE ON OTHERS
- 12 OTHER (SPECIFY)

GO TO NEXT SECTION

SMK-Q12 Compared to our interview in %MONTH% %YYYY%, you are reporting that you smoke more. Why
SMC6_12 have you increased smoking?
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 HAVEN'T INCREASED
- 2 FAMILY/FRIENDS SMOKE
- 3 EVERYONE AROUND ME SMOKES
- 4 TO BE "COOL"
- 5 CURIOSITY
- 6 STRESS
- 7 INCREASED AFTER TRYING TO QUIT/REDUCE
- 8 COST
- 9 TO CONTROL WEIGHT
- 10 OTHER (SPECIFY)

General Health - Part 3 (HPS)

(Females 15 to 49 years old, and non-proxy only)

SGH3-C1B If recently gave birth (SGH2-Q1=1 (for core) or AGH2-Q1A= 1 (for RDD)) and is a current or former smoker (SMK-Q2=1 or SMK-Q2=2 or SMK-Q4A=1), go to SGH3-Q1. Otherwise, go to next section.

SGH3-Q1 Did you smoke during your last pregnancy?

GHS6_31

- 1 YES
- 2 NO (Go to SGH3-C3)
DK, R (Go to next section)

SGH3-Q2 On average, how many cigarettes did you smoke per day?

GHS6_32

— NUMBER OF CIGARETTES (MIN: 1) (MAX: 99; warning after 60)

SGH3-C3 If SGH2-Q4 is not equal to 1 (Didn't breastfeed last baby), go to next section.

SGH3-Q3 Did you smoke when you were breast-feeding (your last baby)?

GHS6_33

- 1 YES
- 2 NO (Go to SGH3-Q5)
DK, R (Go to SGH3-Q5)

SGH3-Q4 On average, how many cigarettes did you smoke per day?

GHS6_34

— NUMBER OF CIGARETTES (MIN: 1) (MAX: 99; warning after 60)

SGH3-Q5 Did anyone regularly smoke in your presence during or after the pregnancy (about 6 months after)?

GHS6_35

- 1 YES
- 2 NO

Smoking (HPS)

(Non-proxy only and valid answer in SMK-Q2)

SSMK-C8 If SMK-Q2=1(Daily smoker), go to SSMK-C8A.
Otherwise, go to SSMK-C13.

SSMK-C8A If Alberta RDD, go to SSMK-C12.

SSMK-Q8 How soon after you wake up do you smoke your first cigarette?
SMS6_8 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 WITHIN 5 MINUTES
- 2 6 TO 30 MINUTES AFTER WAKING
- 3 31 TO 60 MINUTES AFTER WAKING
- 4 MORE THAN 60 MINUTES AFTER WAKING
DK, R (Go to next section)

SSMK-Q9 Are you seriously considering quitting within the next 6 months?

SMS6_9

- 1 YES
- 2 NO

SSMK-C12 If not currently employed (LFS-WORK is equal to 0), go to SSMK-C13.

SSMK-Q12 At your place of work, what are the restrictions on smoking?
SMS6_12 (READ LIST. MARK ONE ONLY.)

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

SSMK-C13 If Alberta RDD, go to next section.

SSMK-I13 Now I'd like your opinion on some statements about smoking and second-hand smoke. Tell me whether you agree or disagree with the following.

SSMK-Q13A Children are more likely to start smoking if their parents smoke.
SMS6_13A (DO NOT READ LIST. MARK ONE ONLY.)

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION
DK, R (Go to next section)

SSMK-Q13B People are too concerned about the effect of second-hand smoke on their health.
SMS6_13B (DO NOT READ LIST. MARK ONE ONLY.)

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q13C Most non-smokers mind when people smoke in their presence.
(DO NOT READ LIST. MARK ONE ONLY.)
SMS6_13C

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q13D Children who are exposed to second-hand smoke, are more likely to suffer ill health and developmental problems than children who are not exposed to it.
(DO NOT READ LIST. MARK ONE ONLY.)
SMS6_13D

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q13E Pregnant women and others living with them, should not smoke in the home during the pregnancy.
(DO NOT READ LIST. MARK ONE ONLY.)
SMS6_13E

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q13F Non-smokers should be provided with a smoke-free environment at work.
(DO NOT READ LIST. MARK ONE ONLY.)
SMS6_13F

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q13G Smokers should ask permission before smoking in the presence of others.
(DO NOT READ LIST. MARK ONE ONLY.)
SMS6_13G

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q13H Lower cigarette prices lead to increased smoking.
(DO NOT READ LIST. MARK ONE ONLY.)
SMS6_13H

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q14 Do you ever feel unpleasant effects from second-hand smoke?
SMS6_14

- 1 YES
- 2 NO

SSMK-Q15 Our next questions are about the relationship between smoking and health. Do you believe that
SMS6_15 second-hand smoke can cause health problems in a non-smoker?

- 1 YES
- 2 NO (Go to SSMK-Q17)
- DK, R (Go to SSMK-Q17)

SSMK-I16 Tell me whether you agree or disagree with the following statements.

SSMK-Q16A Second-hand smoke can cause lung cancer in a non-smoker.
SMS6_16A (DO NOT READ LIST. MARK ONE ONLY.)

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q16B Second-hand smoke can cause heart disease or heart problems in a non-smoker.
SMS6_16B (DO NOT READ LIST. MARK ONE ONLY.)

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q16C Second-hand smoke can cause a stroke in a non-smoker.
SMS6_16C (DO NOT READ LIST. MARK ONE ONLY.)

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q16D Second-hand smoke can cause bronchitis, emphysema or asthma in a non-smoker.
SMS6_16D (DO NOT READ LIST. MARK ONE ONLY.)

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q17 Do you believe that smoking cigarettes can cause health problems in a smoker?

SMS6_17

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

SSMK-Q18A Tell me whether you agree or disagree with the following statements.

SMS6_18A

Smoking cigarettes can cause lung cancer in a smoker.
(DO NOT READ LIST. MARK ONE ONLY.)

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q18B Smoking cigarettes can cause heart disease or heart problems in a smoker.
SMS6_18B (DO NOT READ LIST. MARK ONE ONLY.)

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q18C Smoking cigarettes can cause a stroke in a smoker.
SMS6_18C (DO NOT READ LIST. MARK ONE ONLY.)

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SSMK-Q18D Smoking cigarettes can cause bronchitis, emphysema or asthma in a smoker.
SMS6_18D (DO NOT READ LIST. MARK ONE ONLY.)

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

Alcohol

ALC-INT1 Now, some questions about %your/FNAME%'s% alcohol consumption.

ALC-INT2 When we use the word drink it means:

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

ALC-Q1 During the past 12 months, that is, from %12MOSAGO% to yesterday, %have/has%
ALC6_1 %you/FNAME% had a drink of beer, wine, liquor or any other alcoholic beverage?

- 1 YES
- 2 NO (Go to ALC-Q5B)
- DK, R (Go to next section)

ALC-Q2 During the past 12 months, how often did %you/he/she% drink alcoholic beverages?
ALC6_2 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 LESS THAN ONCE A MONTH
- 2 ONCE A MONTH
- 3 2 TO 3 TIMES A MONTH
- 4 ONCE A WEEK
- 5 2 TO 3 TIMES A WEEK
- 6 4 TO 6 TIMES A WEEK
- 7 EVERY DAY

ALC-Q3 How often in the past 12 months %have/has% %you/he/she% had 5 or more drinks on one occasion?
ALC6_3 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 NEVER
- 2 LESS THAN ONCE A MONTH
- 3 ONCE A MONTH
- 4 2 TO 3 TIMES A MONTH
- 5 ONCE A WEEK
- 6 MORE THAN ONCE A WEEK

ALC-Q5 Thinking back over the past week, that is, from %1WKAGO% to yesterday, did %you/FNAME%
ALC6_5 have a drink of beer, wine, liquor or any other alcoholic beverage?

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

ALC-Q51 Starting with yesterday, that is %D1E%, how many drinks did %you/FNAME% have:

- | | | | |
|----------|---|------------|---|
| ALC6_5A1 | 1 | Monday? | (If R on first day then go to next section) |
| ALC6_5A2 | 2 | Tuesday? | (MIN: 0 MAX: 99 for each day) |
| ALC6_5A3 | 3 | Wednesday? | |
| ALC6_5A4 | 4 | Thursday? | |
| ALC6_5A5 | 5 | Friday? | |
| ALC6_5A6 | 6 | Saturday? | |
| ALC6_5A7 | 7 | Sunday? | |

GO TO NEXT SECTION

ALC-Q5B Have %you/he/she% ever had a drink?

ALC6_5B

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

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

ALC6_6

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

ALC-Q7 Why did %you/he/she% reduce or quit drinking altogether?
(DO NOT READ LIST. MARK ALL THAT APPLY)

- | | | |
|---------|----|--|
| ALC6_7A | 1 | DIETING |
| ALC6_7B | 2 | ATHLETIC TRAINING |
| ALC6_7C | 3 | PREGNANCY |
| ALC6_7D | 4 | GETTING OLDER |
| ALC6_7E | 5 | DRINKING TOO MUCH/DRINKING PROBLEM |
| ALC6_7F | 6 | AFFECTED WORK, STUDIES, EMPLOYMENT OPPORTUNITIES |
| ALC6_7G | 7 | INTERFERED WITH FAMILY OR HOME LIFE |
| ALC6_7H | 8 | AFFECTED - PHYSICAL HEALTH |
| ALC6_7I | 9 | AFFECTED - FRIENDSHIPS OR SOCIAL RELATIONSHIPS |
| ALC6_7J | 10 | AFFECTED - FINANCIAL POSITION |
| ALC6_7K | 11 | AFFECTED - OUTLOOK ON LIFE, HAPPINESS |
| ALC6_7L | 12 | INFLUENCE OF FAMILY OR FRIENDS |
| ALC6_7M | 13 | OTHER (SPECIFY) |

Alcohol (Alberta)

(Females 15 to 49 years old, non-proxy only, and in Alberta)

AALC-C1 If recently gave birth (SGH2-Q1=1 (for core) or AGH2-Q1A=1 (for RDD)) and is a current or former drinker (ALC-Q1=1 or ALC-Q5B=1), go to AALC-Q1.
Otherwise, go to next section.

AALC-Q1 Did you drink any alcohol during your last pregnancy?

- | | | |
|--------|---|--|
| ALP6_1 | 1 | YES |
| | 2 | NO (Go to AALC-C3)
DK, R (Go to next section) |

AALC-Q2 On average, how many drinks did you have?
(DO NOT READ LIST. MARK ONE ONLY.)

- | | | |
|--------|---|-----------------------------|
| ALP6_2 | 1 | LESS THAN 1 DRINK PER MONTH |
| | 2 | 1 TO 3 DRINKS PER MONTH |
| | 3 | 1 DRINK PER WEEK |
| | 4 | 2 TO 3 DRINKS PER WEEK |
| | 5 | 4 TO 6 DRINKS PER WEEK |
| | 6 | 1 DRINK PER DAY |
| | 7 | MORE THAN 1 DRINK PER DAY |

AALC-C3 If SGH2-Q4=1 (breastfed last baby), go to AALC-Q3.
Otherwise, go to next section.

AALC-Q3 Did you drink any alcohol while you were breastfeeding (your last baby)?

- | | | |
|--------|---|---|
| ALP6_3 | 1 | YES |
| | 2 | NO (Go to next section)
DK, R (Go to next section) |

AALC-Q4 On average how many drinks did you have?
(DO NOT READ LIST. MARK ONE ONLY.)
ALP6_4

- 1 LESS THAN 1 DRINK PER MONTH
- 2 1 TO 3 DRINKS PER MONTH
- 3 1 DRINK PER WEEK
- 4 2 TO 3 DRINKS PER WEEK
- 5 4 TO 6 DRINKS PER WEEK
- 6 1 DRINK PER DAY
- 7 MORE THAN 1 DRINK PER DAY

Alcohol (HPS excluding Alberta RDD)

(Non-proxy only, valid answer to ALC-Q1, and not Alberta RDD)

SALC-C1 If Alberta RDD, go to next section.

SALC-Q1 Now I'd like to ask your opinion on some statements about drinking. To start with, how would you
define moderate drinking?
ALS6_1 (READ LIST. MARK ONE ONLY.)

- 1 No drinks
- 2 Less than 1 drink per week
- 3 1 to 3 drinks per week
- 4 4 to 6 drinks per week
- 5 1 or 2 drinks per day
- 6 3 drinks or more per day
DK, R (Go to next section)

SALC-I2 Please tell me whether you agree or disagree with the following statements.

SALC-Q2 Moderate drinking can be good for your health.
(DO NOT READ LIST. MARK ONE ONLY.)
ALS6_2

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SALC-Q3 Most people think it's alright to get drunk once in a while.
(DO NOT READ LIST. MARK ONE ONLY.)
ALS6_3

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SALC-Q4 You would rather pay for a taxi than see a friend drive after drinking.
(DO NOT READ LIST. MARK ONE ONLY.)
ALS6_4

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SALC-Q5 It's alright to get drunk once a week as long as you don't drink at all during the rest of the week.
(DO NOT READ LIST. MARK ONE ONLY.)
ALS6_5

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SALC-Q6 A pregnant woman should not drink any amount of alcohol during her pregnancy.
(DO NOT READ LIST. MARK ONE ONLY.)
ALS6_6

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

SALC-Q7 It's alright for a woman who is breastfeeding to drink occasionally.
(DO NOT READ LIST. MARK ONE ONLY.)
ALS6_7

- 1 AGREE
- 2 DISAGREE
- 3 NO OPINION

Alcohol Dependence

(Non-proxy only)

AD-C1 If ALC-Q3 > 2 (i.e. has at least 5 drinks once a month or more often), go to AD-INT.
Otherwise, go to next section.

AD-INT The next questions are about how drinking affects people in their activities. We will be referring to the past 12 months, that is, from %12MOSAGO% to yesterday.

AD-Q1 In the past 12 months, have you ever been drunk or hung-over while at work or school or while taking care of children?
AD_6_1

- 1 YES
- 2 NO (Go to AD-Q3)
- DK, R (Go to next section)

AD-Q2 How many times? Was it:
(READ LIST. MARK ONE ONLY.)
AD_6_2

- 1 Once or twice?
- 2 3 to 5 times?
- 3 6 to 10 times?
- 4 11 to 20 times?
- 5 More than 20 times?

AD-Q3 In the past 12 months, were you ever in a situation while drunk or hung-over which increased your chances of getting hurt? (For example, driving a boat, using guns, crossing against traffic, or during sports)
AD_6_3

- 1 YES
- 2 NO

AD-Q4
AD_6_4 In the past 12 months, have you had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?

- 1 YES
- 2 NO

AD-Q5
AD_6_5 In the past 12 months, have you had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?

- 1 YES
- 2 NO

AD-Q6
AD_6_6 In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?

- 1 YES
- 2 NO

AD-Q7
AD_6_7 In the past 12 months, did you ever drink much more or for a longer period of time than you intended?

- 1 YES
- 2 NO (Go to AD-Q9)
- DK, R (Go to AD-Q9)

AD-Q8
AD_6_8 How many times? Was it:
(READ LIST. MARK ONE ONLY.)

- 1 Once or twice?
- 2 3 to 5 times?
- 3 6 to 10 times?
- 4 11 to 20 times?
- 5 More than 20 times?

AD-Q9
AD_6_9 In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?

- 1 YES
- 2 NO

Mental Health

(Non-proxy only)

MH-Q1A Now some questions about mental and emotional well-being. During the past month, that is, from
MHC6_1A %1MOAGO% to yesterday, about how often did you feel ... so sad that nothing could cheer you up?
(READ LIST. MARK ONE ONLY.)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK, R (Go to MH-Q1K)

MH-Q1B During the past month, about how often did you feel nervous?
MHC6_1B (READ LIST. MARK ONE ONLY.)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK, R (Go to MH-Q1K)

MH-Q1C ... restless or fidgety?
MHC6_1C (READ LIST. MARK ONE ONLY.)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK, R (Go to MH-Q1K)

MH-Q1D ... hopeless?
MHC6_1D (READ LIST. MARK ONE ONLY.)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK, R (Go to MH-Q1K)

MH-Q1E ... worthless?
MHC6_1E (READ LIST. MARK ONE ONLY.)

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time
- DK, R (Go to MH-Q1k)

MH-Q1F During the past month, about how often did you feel that everything was an effort?
MHC6_1F (READ LIST. MARK ONE ONLY.)

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time
- DK, R (Go to MH-Q1k)

MH-C1G If MH-Q1a to MH-Q1f are all "None", go to MH-Q1k.

MH-I1G We have just been talking about feelings and experiences that occurred to different degrees during the past month.

MH-Q1G 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?
MHC6_1G (DO NOT READ LIST. MARK ONE ONLY.)

- 1 MORE OFTEN
 - 2 LESS OFTEN (Go to MH-Q1I)
 - 3 ABOUT THE SAME (Go to MH-Q1J)
 - 4 NEVER HAVE HAD ANY (Go to MH-Q1K)
- DK, R (Go to MH-Q1K)

MH-Q1H Is that a lot more, somewhat more or only a little more often than usual?
MHC6_1H (DO NOT READ LIST. MARK ONE ONLY.)

- 1 A LOT
 - 2 SOMEWHAT
 - 3 A LITTLE
- DK, R (Go to MH-Q1K)

GO TO MH-Q1J

MH-Q1I Is that a lot less, somewhat less or only a little less often than usual?
MHC6_1I (DO NOT READ LIST. MARK ONE ONLY.)

- 1 A LOT
 - 2 SOMEWHAT
 - 3 A LITTLE
- DK, R (Go to MH-Q1K)

MH-Q1J How much do these experiences usually interfere with your life or activities?
MHC6_1J (READ LIST. MARK ONE ONLY.)

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

MH-Q1K In the past 12 months, that is, from %12MOSAGO% to yesterday, have you seen or talked on the
MHC6_1K telephone to a health professional about your emotional or mental health?

- 1 YES
- 2 NO (Go to MH-Q2)
DK, R (Go to MH-Q2)

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

MHC6_1L

___ # OF TIMES (MIN: 1) (MAX: 366)

MH-Q1M Whom did you see or talk to?
(READ LIST. MARK ALL THAT APPLY.)

- MHC6_1MA 1 Family doctor or general practitioner
- MHC6_1MB 2 Psychiatrist
- MHC6_1MC 3 Psychologist
- MHC6_1MD 4 Nurse
- MHC6_1ME 5 Social worker or counselor
- MHC6_1MF 6 Other (SPECIFY)

MH-Q2 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or
MHC6_2 more in a row?

- 1 YES
- 2 NO (Go to MH-Q16)
DK, R (Go to next section)

MH-Q3 For the next few questions, please think of the 2-week period during the past 12 months when these
MHC6_3 feelings were the worst. During that time, how long did these feelings usually last?
(READ LIST. MARK ONE ONLY.)

- 1 All day long
- 2 Most of the day
- 3 About half of the day (Go to MH-Q16)
- 4 Less than half of a day (Go to MH-Q16)
DK, R (Go to next section)

MH-Q4 How often did you feel this way during those 2 weeks?
MHC6_4 (READ LIST. MARK ONE ONLY.)

- 1 Every day
- 2 Almost every day
- 3 Less often (Go to MH-Q16)
DK, R (Go to next section)

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

MHC6_5

- 1 YES (KEY PHRASE = LOSING INTEREST)
- 2 NO
DK, R (Go to next section)

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

MHC6_6

- 1 YES (KEY PHRASE = FEELING TIRED)
- 2 NO
DK, R (Go to next section)

MH-Q7 Did you gain weight, lose weight or stay about the same?
MHC6_7 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 GAINED WEIGHT (KEY PHRASE = GAINING WEIGHT)
- 2 LOST WEIGHT (KEY PHRASE = LOSING WEIGHT)
- 3 STAYED ABOUT THE SAME (Go to MH-Q9)
- 4 WAS ON A DIET (Go to MH-Q9)
DK, R (Go to next section)

MH-Q8 About how much did you %gain/lose%?

MHC6_8LB

MHC6_8KG

— POUNDS OR KILOGRAMS (MIN: 1) (MAX: 99)

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

MHC6_9

- 1 YES (KEY PHRASE = TROUBLE FALLING ASLEEP)
- 2 NO (Go to MH-Q11)
DK, R (Go to next section)

MH-Q10 How often did that happen?
MHC6_10 (READ LIST. MARK ONE ONLY.)

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

- MH-Q11
MHC6_11
- Did you have a lot more trouble concentrating than usual?
- 1 YES (KEY PHRASE = TROUBLE CONCENTRATING)
 - 2 NO
DK, R (Go to next section)
- MH-Q12
MHC6_12
- At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?
- 1 YES (KEY PHRASE = FEELING DOWN ON YOURSELF)
 - 2 NO
DK, R (Go to next section)
- MH-Q13
MHC6_13
- Did you think a lot about death - either your own, someone else's or death in general?
- 1 YES (KEY PHRASE = THOUGHTS ABOUT DEATH)
 - 2 NO
DK, R (Go to next section)
- MH-C14
- If any "YES" in MH-Q5, Q6, Q9, Q11, Q12 or Q13, or Q7 is "gain" or "lose", go to MH-Q14. Otherwise, go to next section.
- MH-X11C
- 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).
- MH-Q14
MHC6_14
- About how many weeks altogether did you feel this way during the past 12 months?
- # OF WEEKS (MIN: 2) (MAX: 53)
(If > 51 weeks, go to next section.)
DK, R (Go to next section)
- MH-Q15
MHC6_15
- Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?
(DO NOT READ LIST. MARK ONE ONLY.)
- | | | | |
|---|----------|----|-----------|
| 1 | JANUARY | 7 | JULY |
| 2 | FEBRUARY | 8 | AUGUST |
| 3 | MARCH | 9 | SEPTEMBER |
| 4 | APRIL | 10 | OCTOBER |
| 5 | MAY | 11 | NOVEMBER |
| 6 | JUNE | 12 | DECEMBER |
- GO TO NEXT SECTION.
- MH-Q16
MHC6_16
- 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?
- 1 YES
 - 2 NO (Go to next section)
DK, R (Go to next section)

MH-Q17

MHC6_17

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

(READ LIST. MARK ONE ONLY.)

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

MH-Q18

MHC6_18

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

(READ LIST. MARK ONE ONLY.)

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

MH-Q19

MHC6_19

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

- 1 YES (KEY PHRASE = FEELING TIRED)
 - 2 NO
- DK, R (Go to next section)

MH-Q20

MHC6_20

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

(DO NOT READ LIST. MARK ONE ONLY.)

- 1 GAINED WEIGHT (KEY PHRASE = GAINING WEIGHT)
 - 2 LOST WEIGHT (KEY PHRASE = LOSING WEIGHT)
 - 3 STAYED ABOUT THE SAME (Go to MH-Q22)
 - 4 WAS ON A DIET (Go to MH-Q22)
- DK, R (Go to next section)

MH-Q21

MHC6_21L

MHC6_21K

About how much did you %gain/lose%?

— POUNDS OR KILOGRAMS (MIN: 1) (MAX: 99)

MH-Q22

MHC6_22

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

- 1 YES (KEY PHRASE = TROUBLE FALLING ASLEEP)
 - 2 NO (Go to MH-Q24)
- DK, R (Go to next section)

MH-Q23

MHC6_23

How often did that happen?

(READ LIST. MARK ONE ONLY.)

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

MH-Q24

MHC6_24

Did you have a lot more trouble concentrating than usual?

- 1 YES (KEY PHRASE = TROUBLE CONCENTRATING)
- 2 NO
- DK, R (Go to next section)

MH-Q25

MHC6_25

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

- 1 YES (KEY PHRASE = FEELING DOWN ON YOURSELF)
- 2 NO
- DK, R (Go to next section)

MH-Q26

MHC6_26

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

- 1 YES (KEY PHRASE = THOUGHTS ABOUT DEATH)
- 2 NO
- DK, R (Go to next section)

MH-C27

If any "YES" in MH-Q19, Q22, Q24, Q25 or Q26, or Q20 is "gain" or "lose", go to MH-Q27. Otherwise, go to next section.

MX-Y11C

Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES).

MH-Q27

MHC6_27

About how many weeks did you feel this way during the past 12 months?

- # OF WEEKS (MIN: 2) (MAX: 53)
- (If > 51 weeks, go to next section.)
- DK, R (Go to next section)

MH-Q28

MHC6_28

Think about the last time you had 2 weeks in a row when you felt this way. In what month was that? (DO NOT READ LIST. MARK ONE ONLY.)

- | | | | |
|---|----------|----|-----------|
| 1 | JANUARY | 7 | JULY |
| 2 | FEBRUARY | 8 | AUGUST |
| 3 | MARCH | 9 | SEPTEMBER |
| 4 | APRIL | 10 | OCTOBER |
| 5 | MAY | 11 | NOVEMBER |
| 6 | JUNE | 12 | DECEMBER |

Social Support

(Non-proxy only)

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

SUP-Q1
SSC6_1 Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs?

- 1 YES
- 2 NO (Go to SUP-Q2A)
- DK, R (Go to next section)

SUP-Q2
SSC6_2 How often did you participate in meetings or activities of these groups in the past 12 months? If you belong to many, just think of the ones in which you are most active.
(READ LIST. MARK ONE ONLY.)

- 1 At least once a week
- 2 At least once a month
- 3 At least 3 or 4 times a year
- 4 At least once a year
- 5 Not at all

SUP-Q2A
SSC6_2A Other than on special occasions (such as weddings, funerals or baptisms), how often did you attend religious services or religious meetings in the past 12 months?
(READ LIST. MARK ONE ONLY.)

- 1 At least once a week
- 2 At least once a month
- 3 At least 3 or 4 times a year
- 4 At least once a year
- 5 Not at all

SSUP-Q1
SSS6_1 Do spiritual values or your faith play an important role in your life?

- 1 Yes
- 2 No
- DK, R (Go to SUP-Q3)

SSUP-Q2
SSS6_2 How religious or spiritual do you consider yourself to be?
(READ LIST. MARK ONE ONLY.)

- 1 Very
- 2 Moderately
- 3 Not very
- 4 Not at all

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

SSC6_3

- 1 YES
- 2 NO

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

SSC6_4

- 1 YES
- 2 NO

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

SSC6_5

- 1 YES
- 2 NO

SUP-Q6 Do you have someone who makes you feel loved and cared for?

SSC6_6

- 1 YES
- 2 NO

SUP-Q7 The next few questions are about your contact either in person, by phone, or by mail with persons who do not live with you. If you have more than one person in a category, for example, several sisters, think of the one with whom you have the most frequent contact.

SUP-Q7A In the past 12 months, how often did you have contact with ... your parents or parents-in-law? (READ LIST. MARK ONE ONLY.)

SSC6_7A

- 1 Don't have any or all live with you
- 2 Every day
- 3 At least once a week
- 4 2 or 3 times a month
- 5 Once a month
- 6 A few times a year
- 7 Once a year
- 8 Never

SUP-Q7B ... your grandparents?

(READ LIST. MARK ONE ONLY.)

SSC6_7B

- 1 Don't have any or all live with you
- 2 Every day
- 3 At least once a week
- 4 2 or 3 times a month
- 5 Once a month
- 6 A few times a year
- 7 Once a year
- 8 Never

SUP-Q7C
SSC6_7C

... your daughters or daughters-in-law? Remember, only think of those who do not live with you.
(READ LIST. MARK ONE ONLY.)

- 1 Don't have any or all live with you
- 2 Every day
- 3 At least once a week
- 4 2 or 3 times a month
- 5 Once a month
- 6 A few times a year
- 7 Once a year
- 8 Never

SUP-Q7D
SSC6_7D

... your sons or sons-in-law?
(READ LIST. MARK ONE ONLY.)

- 1 Don't have any or all live with you
- 2 Every day
- 3 At least once a week
- 4 2 or 3 times a month
- 5 Once a month
- 6 A few times a year
- 7 Once a year
- 8 Never

SUP-Q7E
SSC6_7E

... your brothers or sisters? (Remember, only think of those who do not live with you.)
(READ LIST. MARK ONE ONLY.)

- 1 Don't have any or all live with you
- 2 Every day
- 3 At least once a week
- 4 2 or 3 times a month
- 5 Once a month
- 6 A few times a year
- 7 Once a year
- 8 Never

SUP-Q7F
SSC6_7F

... other relatives (including in-laws)?
(READ LIST. MARK ONE ONLY.)

- 1 Don't have any or all live with you
- 2 Every day
- 3 At least once a week
- 4 2 or 3 times a month
- 5 Once a month
- 6 A few times a year
- 7 Once a year
- 8 Never

SUP-Q7G ... your close friends?
SSC6_7G (READ LIST. MARK ONE ONLY.)

- 1 Don't have any or all live with you
- 2 Every day
- 3 At least once a week
- 4 2 or 3 times a month
- 5 Once a month
- 6 A few times a year
- 7 Once a year
- 8 Never

SUP-Q7H ... your neighbours?
SSC6_7H (READ LIST. MARK ONE ONLY.)

- 1 Don't have any
- 2 Every day
- 3 At least once a week
- 4 2 or 3 times a month
- 5 Once a month
- 6 A few times a year
- 7 Once a year
- 8 Never

Social Support (HPS)

(Non-proxy only and valid response in SUP-Q1)

SSUP-Q3 Of the people you see socially, how many smoke cigarettes?
SSS6_3 (READ LIST. MARK ONE ONLY.)

- 1 None
 - 2 A few
 - 3 About half
 - 4 Most or all
- DK, R (Go to next section)

SSUP-Q4 How many would you say drink too much?
SSS6_4 (READ LIST. MARK ONE ONLY.)

- 1 None
- 2 A few
- 3 About half
- 4 Most or all

SSUP-C5 If married, common-law or living with a partner, go to SSUP-Q5A.
Otherwise, go to next section.

SSUP-Q5A Does your partner do any of the following:

SSS6_5A

... smoke cigarettes?

1 YES

2 NO

SSUP-Q5B ... exercise regularly?

SSS6_5B

1 YES

2 NO

SSUP-Q5C ... drink too much?

SSS6_5C

1 YES

2 NO

SSUP-Q5D ... overeat?

SSS6_5D

1 YES

2 NO

SSUP-Q5E ... use tranquilizers such as Valium?

SSS6_5E

1 YES

2 NO

Social Support (Alberta)

(Non-proxy only and in Alberta)

ASUP-Q1 In the past 12 months, have you received any care from a friend or relative because of a physical, emotional, or mental health problem?

SSP6_1

1 YES

2 NO (Go to ASUP-Q4)

DK, R (Go to next section)

ASUP-Q2 Was this in the past month?

SSP6_2

1 YES

2 NO

ASUP-C3 If ASUP-Q1=1 or ASUP-Q2=1, go to ASUP-Q3.

Otherwise, go to ASUP-Q4.

ASUP-Q3 How supportive or helpful were your family or friends when you needed help or had a problem?
SSP6_3 Were they...
(READ LIST. MARK ONE ONLY.)

- 1 Very helpful?
- 2 Somewhat helpful?
- 3 Not helpful?

ASUP-Q4 In the past month, have you helped to care for a relative or friend with a physical, emotional, or
SSP6_4 mental health problem?

- 1 YES
- 2 NO

Attitudes Towards Parents (Alberta)

(12 to 17 years old and non-proxy and in Alberta)

APAR-INT The next few questions ask your opinion about your relationship with your parents. I'd like you to tell
me whether you strongly agree, agree, disagree, or strongly disagree with the following statements.

APAR-Q1 Even when my parents are strict, I feel they are being so for my own good.
APP6_1 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 STRONGLY AGREE
 - 2 AGREE
 - 3 DISAGREE
 - 4 STRONGLY DISAGREE
- DK, R (Go to next section)

APAR-Q2 My parents do not understand me most of the time.
APP6_2 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE

APAR-Q3 I have a lot of arguments with my parents.
APP6_3 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE

APAR-Q4 What my parents think of me is important.
(DO NOT READ LIST. MARK ONE ONLY.)
APP6_4

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE

APAR-Q5 There are times when I would like to run away from home.
(DO NOT READ LIST. MARK ONE ONLY.)
APP6_5

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE

APAR-Q6 I have a happy home life.
(DO NOT READ LIST. MARK ONE ONLY.)
APP6_6

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE

APAR-Q7 I would raise my children differently from the way I was raised.
(DO NOT READ LIST. MARK ONE ONLY.)
APP6_7

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE

APAR-Q8 My parents expect too much of me.
(DO NOT READ LIST. MARK ONE ONLY.)
APP6_8

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE

APAR-Q9 I ask my parents for advice on serious matters.
(DO NOT READ LIST. MARK ONE ONLY.)
APP6_9

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE

APAR-Q10 My parents trust me.
(DO NOT READ LIST. MARK ONE ONLY.)
APP6_10

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE

Health Services (Alberta)

(Non-proxy only and in Alberta)

AHS-INT I'd like your opinion about the health care system in your province. Later I'll ask your opinion about the health care you have received.

AHS-Q1 Thinking now about the health care system, *overall*, how would you rate it?
(READ LIST. MARK ONE ONLY.)
SVP6_1

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- DK, R (Go to next section)

AHS-C2 If age < 18, go to AHS-Q2.
Otherwise, go to AHS-Q4.

AHS-Q2 Overall, how would you rate the *availability* of health care services for people your age in your community?
(READ LIST. MARK ONE ONLY.)
SVP6_2

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

AHS-Q3 Overall, how would you rate the *quality* of health care services for people your age in your community?
(READ LIST. MARK ONE ONLY.)
SVP6_3

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

GO TO AHS-Q6.

AHS-Q4 Overall, how would you rate the *availability* of health care services in your community?
(READ LIST. MARK ONE ONLY.)

SVP6_4

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

AHS-Q5 Overall, how would you rate the *quality* of health care services in your community?
(READ LIST. MARK ONE ONLY.)

SVP6_5

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

AHS-Q6 How difficult is it for you to get the health care services that you need?
(READ LIST. MARK ONE ONLY.)

SVP6_6

- 1 Very easy
- 2 Easy
- 3 A bit difficult
- 4 Very difficult

AHS-C7 If UTIL-FLAG=1 (i.e. if UTIL-Q1=1 or if any UTIL-Q2 > 0), go to AHS-Q7.
Otherwise, go to next section.

AHS-Q7 Overall, how would you rate the quality of any health care *you* received in the past 12 months?
(READ LIST. MARK ONE ONLY.)

SVP6_7

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 DIDN'T RECEIVE ANY HEALTH CARE SERVICES

Sexual Health (HPS)

(Non-proxy only and persons aged 15 to 59 years of age)

SSH-INT I would like to ask you a few personal questions about sexual behavior because of its importance to personal health and social problems. You can be assured that anything you tell me will remain confidential.

SSH-Q1 Have you ever had sexual intercourse?

SHS6_1

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

SSH-Q2 How old were you when you first had sexual intercourse?
SHS6_2 _____ ENTER AGE (MIN: 10; warning before 12) (MAX: current age)

SSH-Q3 In the past 12 months have you had sexual intercourse?

- SHS6_3
- 1 YES
 - 2 NO (Go to SSH-Q8)
 - DK, R (Go to next section)

SSH-C4 If Alberta RDD, go to SSH-Q8.

SSH-Q4 With how many different partners?

- SHS6_4
- 1 1 PARTNER
 - 2 2 PARTNERS (Go to SSH-Q6)
 - 3 3 PARTNERS (Go to SSH-Q6)
 - 4 4 OR MORE PARTNERS (Go to SSH-Q6)
 - DK, R (Go to SSH-Q8)

SSH-C5 If married, common-law or living with a partner, go to SSH-Q8.

SSH-Q5 Did this relationship last 12 months or longer?

- SHS6_5
- 1 YES
 - 2 NO (Go to SSH-Q7)

GO TO SSH-Q8

SSH-Q6 Did any of these relationships last less than 12 months?

- SHS6_6
- 1 YES
 - 2 NO (Go to SSH-Q7A)
 - DK, R (Go to SSH-Q8)

SSH-Q7 For that(these) relationship(s) that lasted less than a year, how often did you use a condom in the past 12 months?

SHS6_7 (READ LIST. MARK ONE ONLY.)

- 1 Always (Go to SSH-Q8) (SSH-Q7A=1 was filled during processing)
- 2 Usually
- 3 Occasionally
- 4 Never (Go to SSH-Q8) (SSH-Q7A=2 was filled during processing)
- DK, R (Go to SSH-Q8)

SSH-Q7A Did you use a condom the last time?

- SHS6_7A
- 1 YES
 - 2 NO

SSH-Q8 Do you currently have, or in the past 2 years, have you had any of the following sexually transmitted diseases ... chlamydia?
SHS6_8

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

SSH-Q9 ... gonorrhea? (transmitted sexually)

SHS6_9

- 1 YES
- 2 NO

SSH-Q10 ... syphilis? (transmitted sexually)

SHS6_10

- 1 YES
- 2 NO

SSH-Q11 ... genital warts? (transmitted sexually)

SHS6_11

- 1 YES
- 2 NO

SSH-Q12 ... genital herpes? (transmitted sexually)

SHS6_12

- 1 YES
- 2 NO

SSH-Q13 ... Hepatitis B? (transmitted sexually)

SHS6_13

- 1 YES
- 2 NO

SSH-Q14 ... HIV/AIDS? (transmitted sexually)

SHS6_14

- 1 YES
- 2 NO

SSH-C15 If male, go to SSH-Q16.

SSH-Q15 .. pelvic inflammatory disease? (transmitted sexually)

SHS6_15

- 1 YES
- 2 NO

SSH-Q16 ... any other sexually transmitted disease?

SHS6_16

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

Sexual Health (Alberta)

(Non-proxy only, persons aged 15 to 59 years of age, and in Alberta. If DK or R in either SSH-Q1 or SSH-Q3, this section was not asked and the data were set to “not stated”.)

ASH-I1 I would now like your opinion on some ways, for people in general, to prevent getting a sexually transmitted disease or STD. After I read each one tell me if you think it is “very effective”, “somewhat effective”, or “not at all effective” in preventing STDs.

ASH-Q1 How effective do you think a condom is in preventing sexually transmitted diseases?
(DO NOT READ LIST. MARK ONE ONLY.)

SHP6_1

- 1 VERY
 - 2 SOMEWHAT
 - 3 NOT AT ALL
- DK, R (Go to next section)

ASH-Q2 How effective do you think the birth control pill is in preventing STDs?
(DO NOT READ LIST. MARK ONE ONLY.)

SHP6_2

- 1 VERY
- 2 SOMEWHAT
- 3 NOT AT ALL

ASH-Q3 ... a diaphragm or contraceptive sponge?
(DO NOT READ LIST. MARK ONE ONLY.)

SHP6_3

- 1 VERY
- 2 SOMEWHAT
- 3 NOT AT ALL

ASH-Q4 ... spermicidal jelly or foam?
(DO NOT READ LIST. MARK ONE ONLY.)

SHP6_4

- 1 VERY
- 2 SOMEWHAT
- 3 NOT AT ALL

ASH-Q5 How effective is ...asking if a partner has an STD?
(DO NOT READ LIST. MARK ONE ONLY.)

SHP6_5

- 1 VERY
- 2 SOMEWHAT
- 3 NOT AT ALL

ASH-Q6 ... having sex only with a regular partner?
(DO NOT READ LIST. MARK ONE ONLY.)

SHP6_6

- 1 VERY
- 2 SOMEWHAT
- 3 NOT AT ALL

ASH-Q7 ... asking a partner to go for testing.
(DO NOT READ LIST. MARK ONE ONLY.)

SHP6_7

- 1 VERY
- 2 SOMEWHAT
- 3 NOT AT ALL

ASH-Q8 Do you have any sources of information about preventing sexually transmitted diseases?

SHP6_8

- 1 YES
- 2 NO (Go to ASH-Q10)
- DK, R (Go to ASH-Q10)

ASH-Q9 What are your main sources?
(DO NOT READ LIST. MARK ALL THAT APPLY)

SHP6_9A

1 PARENTS

SHP6_9B

2 MEDICAL PROFESSIONAL

SHP6_9C

3 FRIENDS

SHP6_9D

4 SCHOOL

SHP6_9E

5 CHURCH

SHP6_9F

6 YOUTH CLUB

SHP6_9G

7 TV/RADIO

SHP6_9H

8 MAGAZINES/NEWSPAPER

SHP6_9I

9 INFORMATION PAMPHLETS

SHP6_9J

10 BOOKS

SHP6_9K

11 OTHER (SPECIFY)

ASH-Q10 What do you think your chances are of getting a sexually transmitted disease?
(READ LIST. MARK ONE ONLY.)

SHP6_10

- 1 High
- 2 Medium
- 3 Low
- 4 No chance at all
- 5 CURRENTLY HAVE AN STD

ASH-Q11 In the past two years, did you change your sexual behaviour so as to increase your protection from getting a sexually transmitted disease?

SHP6_11

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

ASH-Q12 To increase your protection against STDs have you started having sexual intercourse with only one partner?

SHP6_12

- 1 YES
- 2 NO

ASH-Q13 Have you started using condoms for protection?

SHP6_13

- 1 YES
- 2 NO

ASH-Q14 Have you started using spermicidal jellies and foams?

SHP6_14

- 1 YES
- 2 NO

ASH-Q15 Have you started being more careful in selecting partners?

SHP6_15

- 1 YES
- 2 NO

ASH-Q16 Have you started being tested for STDs (in the past 2 years)?

SHP6_16

- 1 YES
- 2 NO

ASH-Q17 Have you started insisting that partners be tested for STDs?

SHP6_17

- 1 YES
- 2 NO

ASH-Q18 Have you started to abstain from sexual intercourse?

SHP6_18

- 1 YES
- 2 NO

ASH-Q19 In the past 2 years, have you done anything else to increase your protection against STDs?

SHP6_19

- 1 YES (SPECIFY)
- 2 NO

Road Safety (HPS)

(Non-proxy only)

SRD-Q1 The following questions are about road safety. In the past 12 months, have you been a passenger with a driver who had too much to drink?

RSS6_1

- 1 YES
- 2 NO (Go to SRD-C4)
- DK, R (Go to next section)

SRD-Q2 On the most recent occasion did you try to prevent this person from driving?

RSS6_2

- 1 YES
- 2 NO (Go to SRD-C4)
- DK, R (Go to SRD-C4)

SRD-Q3 What did you do?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- RSS6_3A 1 DROVE HIM/HER HOME YOURSELF
- RSS6_3B 2 ASKED SOMEONE TO DRIVE HIM/HER HOME
- RSS6_3C 3 ASKED HIM/HER TO TAKE A TAXI
- RSS6_3D 4 HID HIS/HER CAR KEYS
- RSS6_3E 5 SERVED COFFEE
- RSS6_3F 6 KEPT THE PERSON AT HOME
- RSS6_3G 7 OTHER (SPECIFY)

SRD-C4 If age < 16, go to next section.

SRD-Q4 Do you have a valid driver's license for a motor vehicle?
(Include cars, vans, trucks, motorcycles.)

- RSS6_4
- 1 YES
 - 2 NO (Go to next section)
 - DK, R (Go to next section)

SRD-Q5 How often, when you are driving a car, do you insist that all passengers with you have their seat belts fastened and that all young children are in car seats?
(READ LIST. MARK ONE ONLY.)

RSS6_5

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely or never

SRD-Q6 How often, when you drive, do you drive at or below the posted speed limits?
(READ LIST. MARK ONE ONLY.)

RSS6_6

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely or never

SRD-Q7 In the past 12 months, how many times did you drive when you perhaps had too much to drink?

RSS6_7

- # of times (MIN: 0) (MAX: 99)
- R (Go to next section)

SRD-Q8 Do you ever go out with friends or family to a place where you will be consuming alcohol?

RSS6_8

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

SRD-Q9
RSS6_9 When people go out, one person can agree ahead of time to be the designated driver and to not drink any alcohol in order to drive the group home safely. When you go out with your friends, do you arrange to have a designated driver?

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

SRD-Q10
RSS6_10 How often do you make this arrangement?
(READ LIST. MARK ONE ONLY.)

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely or never

Violence and Personal Safety (Alberta)

(Non-proxy only and in Alberta)

AVIO-INT The next few questions ask your opinion on personal safety and violence in your community.

AVIO-Q1
VSP6_1 How often do you feel safe in your community?
(READ LIST. MARK ONE ONLY.)

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK, R (Go to next section)

AVIO-Q2
VSP6_2 How often do you feel safe in your home?
(READ LIST. MARK ONE ONLY.)

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK, R (Go to next section)

AVIO-C3 (If age > 17, go to next section.)

AVIO-C3A If EDUC-Q1 = 1 or if AINF-Q5=1, go to AVIO-Q4.
Otherwise, go to AVIO-Q8.

AVIO-Q4 How often do you feel safe at school?
(READ LIST. MARK ONE ONLY.)
VSP6_4

- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
- DK, R (Go to next section)

AVIO-Q5 During the last 12 months, while at school or on a school bus, how many times did someone ... say something personal about you that made you feel extremely uncomfortable, not just friendly teasing?
(DO NOT READ LIST. MARK ONE ONLY.)
VSP6_5

- 1 NEVER
 - 2 ONCE
 - 3 2 TIMES
 - 4 3 OR MORE TIMES
- DK, R (Go to next section)

AVIO-Q6 ... threaten to hurt you but not actually hurt you?
(DO NOT READ LIST. MARK ONE ONLY.)
VSP6_6

- 1 NEVER
 - 2 ONCE
 - 3 2 TIMES
 - 4 3 OR MORE TIMES
- DK, R (Go to next section)

AVIO-Q7 ... physically attack or assault you?
(DO NOT READ LIST. MARK ONE ONLY.)
VSP6_7

- 1 NEVER
 - 2 ONCE
 - 3 2 TIMES
 - 4 3 OR MORE TIMES
- DK, R (Go to next section)

AVIO-Q8 During the last 12 months, while outside of school, how many times did someone ... say something personal about you that made you feel extremely uncomfortable, not just friendly teasing?
(DO NOT READ LIST. MARK ONE ONLY.)
VSP6_8

- 1 NEVER
 - 2 ONCE
 - 3 2 TIMES
 - 4 3 OR MORE TIMES
- DK, R (Go to next section)

AVIO-Q9 ... threaten to hurt you but not actually hurt you?
(DO NOT READ LIST. MARK ONE ONLY.)
VSP6_9

- 1 NEVER
 - 2 ONCE
 - 3 2 TIMES
 - 4 3 OR MORE TIMES
- DK, R (Go to next section)

AVIO-Q10 ... physically attack or assault you?
(DO NOT READ LIST. MARK ONE ONLY.)
VSP6_10

- 1 NEVER
- 2 ONCE
- 3 2 TIMES
- 4 3 OR MORE TIMES

Coping (Alberta)

(Non-proxy only, and 18 years and older, and in Alberta)

ACOP-Q1 How would you rate your ability to handle the day-to-day demands in your life, for example, work,
family and volunteer responsibilities?
COP6_1 (READ LIST. MARK ONE ONLY.)

- 1 Excellent
 - 2 Very Good
 - 3 Good
 - 4 Fair
 - 5 Poor
- DK, R (Go to next section)

ACOP-Q2 How would you rate your ability to handle unexpected and difficult problems, for example, family or
personal crisis?
COP6_2 (READ LIST. MARK ONE ONLY.)

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

GO TO HEALTH NUMBER (Health number and H06 administration sections)

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

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

Child General Health

KGH-INT I am now going to ask you some additional questions about %FNAME%'s% health.

KGH-Q1 In general, would you say %FNAME%'s% health is:
GHC6_1 (READ LIST. MARK ONE ONLY.)

- 1 Excellent?
 - 2 Very good?
 - 3 Good?
 - 4 Fair?
 - 5 Poor?
- DK, R (Go to next section)

KGH-C1 If age < 2, go to KGH-Q3.

KGH-Q2 In your opinion, how physically active is %he/she% compared to other children of the same age and sex? Would you say %he/she% is:
GHK6_2 (READ LIST. MARK ONE ONLY.)

- 1 Much more active?
- 2 Moderately more active?
- 3 Equally active?
- 4 Moderately less active?
- 5 Much less active?

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?
RAC6F1

- 1 YES
- 2 NO

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

HWC6_HT

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

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

GHK6_5

____ (ENTER AMOUNT ONLY.) (MIN: 1) (MAX: 300)
DK, R (Go to KGH-Q6)

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

GHK6_C5

- 1 POUNDS *HWC6_3LB*
- 2 KILOGRAMS *HWC6_3KG*

KGH-Q6

How much did %he/she% weigh at birth?
(DO NOT READ LIST. MARK ONE ONLY.)

GHK6_6

- 1 Less than 1500g (less than 3 lbs. 5 oz.)
- 2 1500 g to 1749 g (3 lbs. 5 oz. to 3 lbs. 13 oz.)
- 3 1750 g to 1999 g (3 lbs. 14 oz. to 4 lbs. 5 oz.)
- 4 2000 g to 2249 g (4 lbs. 6 oz. to 4 lbs. 15 oz.)
- 5 2250 g to 2499 g (5 lbs. 0 oz. to 5 lbs. 7 oz.)
- 6 2500 g to 2749 g (5 lbs. 8 oz. to 6 lbs. 0 oz.)
- 7 2750 g to 2999 g (6 lbs. 1 oz. to 6 lbs. 9 oz.)
- 8 3000 g to 3249 g (6 lbs. 10 oz. to 7 lbs. 2 oz.)
- 9 3250 g to 3499 g (7 lbs. 3 oz. to 7 lbs. 11 oz.)
- 10 3500 g to 3749 g (7 lbs. 12 oz. to 8 lbs. 4 oz.)
- 11 3750 g to 3999 g (8 lbs. 5 oz. to 8 lbs. 13 oz.)
- 12 4000 g to 4249 g (8 lbs. 14 oz. to 9 lbs. 5 oz.)
- 13 4250 g to 4499 g (9 lbs. 6 oz. to 9 lbs. 15 oz.)
- 14 4500 g or over (greater than 9 lbs. 15 oz.)

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?

HCC6_1

- 1 YES
- 2 NO (Go to KUT-Q3)
- DK (Go to KUT-Q3)
- R (Go to next section)

KUT-Q2

For what reason?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

HCK6_2A

1 RESPIRATORY ILLNESS OR DISEASE

HCK6_2B

2 GASTROINTESTINAL ILLNESS OR DISEASE

HCK6_2C

3 INJURIES

HCK6_2D

4 AT BIRTH

HCK6_2E

5 OTHER (SPECIFY)

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?

		MIN	MAX	WARNING AFTER
HCC6_2A	a) Family doctor or general practitioner	0	366	12
HCC6_2A	b) Pediatrician	0	366	12
HCC6_2B	c) Eye specialist (such as an ophthalmologist or optometrist)	0	75	3
HCC6_2C	d) Other medical doctor (such as an orthopedist, surgeon, allergist or psychiatrist)	0	300	7
HCC6_2D	e) Nurse for care or advice	0	366	15
HCC6_2E	f) Dentist or orthodontist	0	99	4
HCC6_2F	g) Chiropractor	0	366	20
HCC6_2G	h) Physiotherapist	0	366	30
HCC6_2H	i) Child welfare worker or children's aid worker	0	366	20
HCC6_2I	j) Psychologist	0	366	25
HCC6_2J	k) Speech or audiology therapist	0	30	10

Child Chronic Conditions

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

KCHR-Q1 Thinking now about illnesses, how often does %FNAME% have nose or throat infections?
CCK6_1 (READ LIST. MARK ONE ONLY.)

- 1 Almost all the time
 - 2 Often
 - 3 From time to time
 - 4 Rarely
 - 5 Never
- DK, R (Go to KCHR-INT)

KCHR-Q2 Has %he/she% ever had otitis (an inner ear infection)?

CCK6_2

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

KCHR-Q3 How many times since birth?
CCK6_3 (DO NOT READ LIST. MARK ONE ONLY.)

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

KCHR-INT Now I'd like to ask about long-term conditions that have lasted or are expected to last 6 months or more and that have been diagnosed by a health professional.

KCHR-Q4 Does %FNAME% have asthma that has been diagnosed by a health professional?

CCC6_1C

- 1 YES
- 2 NO (Go to KCHR-Q7)
- DK, R (Go to next section)

KCHR-Q5 In the past 12 months, has %he/she% had any asthma symptoms or asthma attacks?

CCC6_C5

- 1 YES
- 2 NO

KCHR-Q6 In the past 12 months, has %he/she% taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?

CCC6_C6

- 1 YES
- 2 NO

KCHR-Q7 Does %FNAME% have food allergies?

CCC6_1A

- 1 YES
- 2 NO

KCHR-Q8 Any other allergies?

CCC6_1B

- 1 YES
- 2 NO

KCHR-Q9 Bronchitis?

CCC6_1H

- 1 YES
- 2 NO

KCHR-Q10 A heart condition or disease?

CCC6_1L

- 1 YES
- 2 NO

KCHR-Q11 Epilepsy?

CCC6_1K

- 1 YES
- 2 NO

KCHR-Q12 Cerebral palsy?

CCC6_1V

- 1 YES
- 2 NO

KCHR-Q13 Does %FNAME% have a kidney condition or disease?

CCC6_IV

- 1 YES
- 2 NO

KCHR-Q14 A mental handicap?

CCC6_IV

- 1 YES
- 2 NO

KCHR-C2 If age < 6, go to KCHR-Q17.

KCHR-Q15 A learning disability?

CCC6_IV

- 1 YES
- 2 NO

KCHR-Q16 An emotional, psychological or nervous condition?

CCC6_IV

- 1 YES
- 2 NO

KCHR-Q17 Any other long-term condition?

CCC6_IV

- 1 YES (SPECIFY)
- 2 NO

Child Health Status

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

KHS-INT The next set of questions asks about %you/FNAME%%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 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 (Is %he/she% usually able to see clearly, and without distortion, the words in a book *without* glasses or contact lenses?)

HSC6_1

- 1 YES (Go to KHS-Q4)
- 2 NO
DK, R (Go to next section)

KHS-Q2 Is %he/she% *usually* able to see clearly, and without distortion, the words in a book *with* glasses or contact lenses?
HSC6_2

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

KHS-Q3 Is %he/she% able to see at all?
HSC6_3

- 1 YES
- 2 NO (Go to KHS-Q6)
- DK, R (Go to KHS-Q6)

KHS-Q4 Is %he/she% able to see well enough to recognize a friend on the other side of the street *without* glasses or contact lenses?
HSC6_4

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

KHS-Q5 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?
HSC6_5

- 1 YES
- 2 NO

Hearing

KHS-Q6 Is %he/she% *usually* able to hear what is said in a group conversation with at least 3 other people *without* a hearing aid?
HSC6_6

- 1 YES (Go to KHS-IN2)
- 2 NO (Go to KHS-IN2)
- DK, R (Go to KHS-IN2)

KHS-Q7 Is %he/she% *usually* able to hear what is said in a group conversation with at least 3 other people *with* a hearing aid?
HSC6_7

- 1 YES (Go to KHS-Q8)
- 2 NO

KHS-Q7A Is %he/she% able to hear at all?
HSC6_7A

- 1 YES
- 2 NO (Go to KHS-IN2)
- DK, R (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?
HSC6_8

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

- KHS-Q9
HSC6_9
- 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?
- 1 YES
2 NO

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
HSC6_10
- Is %he/she% *usually* able to be understood *completely* when speaking with strangers in %his/her% own language?
- 1 YES (Go to KHS-Q14)
2 NO
R (Go to KHS-Q14)

- KHS-Q11
HSC6_11
- Is %he/she% able to be understood *partially* when speaking with strangers in %his/her% own language?
- 1 YES
2 NO

- KHS-Q12
HSC6_12
- Is %he/she% able to be understood *completely* when speaking with those who know %him/her% well?
- 1 YES (Go to KHS-Q14)
2 NO
R (Go to KHS-Q14)

- KHS-Q13
HSC6_13
- Is %he/she% able to be understood *partially* when speaking with those who know %him/her% well?
- 1 YES
2 NO

Getting Around

- KHS-Q14
HSC6_14
- Is %FNAME% *usually* able to walk around the neighbourhood *without* difficulty and *without* mechanical support such as braces, a cane or crutches?
- 1 YES (Go to KHS-Q21)
2 NO
DK, R (Go to KHS-Q21)

- KHS-Q15
HSC6_15
- Is %he/she% able to walk at all?
- 1 YES
2 NO (Go to KHS-Q18)
DK, R (Go to KHS-Q18)

KHS-Q16 Does %he/she% require mechanical support such as braces, a cane or crutches to be able to walk?

HSC6_16

- 1 YES
- 2 NO

KHS-Q17 Does %he/she% require the help of another person to be able to walk?

HSC6_17

- 1 YES
- 2 NO

KHS-Q18 Does %he/she% require a wheelchair to get around?

HSC6_18

- 1 YES
- 2 NO (Go to KHS-Q21)
DK, R (Go to KHS-Q21)

KHS-Q19 How often does %he/she% use a wheelchair?
(READ LIST. MARK ONE ONLY.)

HSC6_19

- 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?

HSC6_20

- 1 YES
- 2 NO

Hands and Fingers

KHS-Q21 Is %FNAME% usually able to grasp and handle small objects such as a pencil or scissors?

HSC6_21

- 1 YES (Go to KHS-Q25)
- 2 NO
DK, R (Go to KHS-Q25)

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

HSC6_22

- 1 YES
- 2 NO (Go to KHS-Q24)
DK, R (Go to KHS-Q24)

KHS-Q23 Does %he/she% require the help of another person with:
(READ LIST. MARK ONE ONLY.)

HSC6_23

- 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?
HSC6_24

- 1 YES
- 2 NO

Feelings

KHS-Q25 Would you describe %FNAME% as being *usually*:
HSC6_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?

KHS-Q25A Has %FNAME% ever experienced any event or situation that has caused %him/her% a great amount of worry or unhappiness?
HSK6_25A

- 1 YES
- 2 NO (Go to KHS-Q26)
- DK, R (Go to KHS-Q26)

KHS-Q25B What was this?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- 1 DEATH IN FAMILY
- 2 DIVORCE/SEPARATION OF PARENTS
- 3 MOVE
- 4 ILLNESS/INJURY OF A FAMILY MEMBER
- 5 CONFLICT BETWEEN PARENTS
- 6 OTHER (SPECIFY)

Memory

KHS-Q26 How would you describe %his/her% *usual* ability to remember things?
HSC6_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?
HSC6_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?
HSC6_28

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

KHS-Q29 How would you describe the *usual* intensity of %his/her% pain or discomfort?
HSC6_29 (READ LIST. MARK ONE ONLY.)

- 1 Mild
- 2 Moderate
- 3 Severe

KHS-Q30 How many activities does %his/her% pain or discomfort prevent?
HSC6_30 (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 were serious enough to require medical attention by a doctor, nurse, or dentist.

KIN-Q1 In the past 12 months, that is, from %12MOSAGO% to yesterday, was %FNAME% injured?
IJC6_1

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

KIN-Q2 How many times was %he/she% injured?
IJC6_2

- 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.)

- | | | | |
|------------------|----|-------------------------------------|---|
| <i>IJC6_3=2</i> | 1 | BROKEN OR FRACTURED BONES | |
| <i>IJC6_3=3</i> | 2 | BURN OR SCALD | |
| <i>IJC6_3=4</i> | 3 | DISLOCATION | |
| <i>IJC6_3=5</i> | 4 | SPRAIN OR STRAIN | |
| <i>IJC6_3=6</i> | 5 | CUT, SCRAPE OR BRUISE | |
| <i>IJC6_3=8</i> | 6 | CONCUSSION | (Go to KIN-Q5) (KIN-Q4=3 was filled during processing) |
| <i>IJC6_3=9</i> | 7 | POISONING BY SUBSTANCE
OR LIQUID | (Go to KIN-Q5) (KIN-Q4=11 was filled during processing) |
| <i>IJC6_3=10</i> | 8 | INTERNAL INJURY | (Go to KIN-Q5) (KIN-Q4=11 was filled during processing) |
| <i>IJC6_3=11</i> | 9 | DENTAL INJURY | (Go to KIN-Q5) (KIN-Q4=2 was filled during processing) |
| <i>IJC6_3=11</i> | 10 | OTHER (SPECIFY) | |
| <i>IJC6_3=1</i> | 11 | MULTIPLE INJURIES
DK, R | (Go to KIN-Q5)
(Go to next section) |

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

- | | | | |
|------------------|----|---|----------------------|
| <i>IJC6_4=2</i> | 1 | EYES | |
| <i>IJC6_4=3</i> | 2 | FACE OR SCALP (EXCLUDING EYES) | |
| <i>IJC6_4=3</i> | 3 | HEAD OR NECK (EXCLUDING EYES AND FACE OR SCALP) | |
| <i>IJC6_4=6</i> | 4 | ARMS OR HANDS | |
| <i>IJC6_4=8</i> | 5 | LEGS OR FEET | |
| <i>IJC6_4=9</i> | 6 | BACK OR SPINE | |
| <i>IJC6_4=10</i> | 7 | TRUNK (EXCLUDING BACK OR SPINE) (INCLUDING CHEST, INTERNAL
ORGANS) | |
| <i>IJC6_4=5</i> | 8 | SHOULDER | |
| <i>IJC6_4=7</i> | 9 | HIP | |
| <i>IJC6_4=1</i> | 10 | 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>IJC6_5=1</i> | 1 | INSIDE OWN HOME/APARTMENT | |
| <i>IJC6_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>IJC6_5=1</i> | 3 | IN OR AROUND OTHER PRIVATE RESIDENCE | |
| <i>IJC6_5=5</i> | 4 | INSIDE SCHOOL/DAYCARE CENTRE OR ON SCHOOL/CENTRE GROUNDS | |
| <i>IJC6_5=3</i> | 5 | AT AN INDOOR OR OUTDOOR SPORTS FACILITY (OTHER THAN SCHOOL) | |
| <i>IJC6_5=5</i> | 6 | OTHER BUILDING USED BY GENERAL PUBLIC | |
| <i>IJC6_5=4</i> | 7 | ON SIDEWALK/STREET/HIGHWAY IN NEIGHBOURHOOD | |
| <i>IJC6_5=4</i> | 8 | ON ANY OTHER SIDEWALK/STREET/HIGHWAY | |
| <i>IJC6_5=3</i> | 9 | IN A PLAYGROUND/PARK (OTHER THAN SCHOOL) | |
| <i>IJC6_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.)

- | | | |
|-----------|----|---|
| IJC6_6=1 | 1 | MOTOR VEHICLE COLLISION - PASSENGER |
| IJC6_6=1 | 2 | MOTOR VEHICLE COLLISION - PEDESTRIAN |
| IJC6_6=1 | 3 | MOTOR VEHICLE COLLISION - RIDING BICYCLE |
| IJC6_6=15 | 4 | OTHER BICYCLE ACCIDENT |
| IJC6_6=2 | 5 | FALL (EXCLUDING BICYCLE OR SPORTS) |
| IJC6_6=15 | 6 | SPORTS (EXCLUDING BICYCLE) |
| IJC6_6=5 | 7 | PHYSICAL ASSAULT |
| IJC6_6=11 | 8 | SCALDED BY HOT LIQUIDS OR FOOD |
| IJC6_6=14 | 9 | ACCIDENTAL POISONING |
| IJC6_6=14 | 10 | SELF-INFLICTED POISONING |
| IJC6_6=15 | 11 | OTHER INTENTIONALLY SELF-INFLICTED INJURIES |
| IJC6_6=8 | 12 | NATURAL/ENVIRONMENTAL FACTORS (E.G. ANIMAL BITE, STING) |
| IJC6_6=3 | 13 | FIRE/FLAMES OR RESULTING FUMES |
| IJC6_6=9 | 14 | NEAR DROWNING |
| IJC6_6=15 | 15 | OTHER (SPECIFY) |

Child Prescription Drugs

KDRG-Q1 Does %FNAME% take any of the following prescribed medication on a regular basis ... Ventolin or other inhalants?
DGK6_1

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

KDRG-Q3 ... tranquilizers or nerve pills?

DGK6_3

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

KDRG-Q4 ... anti-convulsants or anti-epileptic pills?

DGK6_4

- 1 YES
- 2 NO

Child Health Services

(Alberta and Manitoba RDD only)

ABCSRV-C1 If not Alberta and Manitoba RDD, go next section.

ABCSRV-IN1 Now I'd like your opinion about the health care system for children in your province. Later I'll ask your opinion about the health care that %FNAME% has received.

ABCSRV-Q1 How would you rate the health care system, overall, in terms of providing services for children?
SVB6_1 Would you say it is:
(READ LIST. MARK ONE ONLY.)

- 1 Excellent?
- 2 Good?
- 3 Fair?
- 4 Poor?
- DK, R (Go to next section)

ABCSRV-Q2 How would you rate the *quality* of health care services for children in your community? Would you say the *quality* is:
SVB6_2 (READ LIST. MARK ONE ONLY.)

- 1 Excellent?
- 2 Good?
- 3 Fair?
- 4 Poor?
- DK, R (Go to next section)

ABCSRV-Q3 How would you rate the *availability* of health care services for children in your community? Would you say the *availability* is:
SVB6_3 (READ LIST. MARK ONE ONLY.)

- 1 Excellent?
- 2 Good?
- 3 Fair?
- 4 Poor?
- DK, R (Go to next section)

ABCSRV-IN2 Now I'd like your opinion about the health care that %FNAME% has received.

ABCSRV-Q4 How difficult is it for you to get the health care services you need for %FNAME%? Would you say it is:
SVB6_4 (READ LIST. MARK ONE ONLY.)

- 1 Very easy?
- 2 Easy?
- 3 A bit difficult?
- 4 Very difficult?
- DK, R (Go to next section)

ABCSRV-C5 If ABCUTL-Q1 = 1 (been in hospital) or if (any ABCUTL-Q3 > 0), go to ABCSRV-Q5.
Otherwise, go to next section.

ABCSRV-Q5 Overall, how would you rate the quality of care that %FNAME% received in the past 12 months?
SVB6_5 Would you say it was:
(READ LIST. MARK ONE ONLY.)

- 1 Excellent?
- 2 Good?
- 3 Fair?
- 4 Poor?
- 5 DIDN'T RECEIVE ANY HEALTH CARE SERVICES

Health Number and H06 Administration

Health Number

(All ages excluding RDD selected children)

LINK-C1 If Alberta or Manitoba RDD selected child (Isselkid = 1), go to next section.

LINK-INT 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, doctor's offices or other services provided by the province.

LINK-PERM This information will be used for statistical purposes only. Do we have your permission?

AM66_LNK

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

LINK-CHK If longitudinal respondent, go to LINK-CHG.
Otherwise, go to LINK-INTPERM.

LINK-CHG Has %your/FNAME's% health number changed since our interview in %MONTH%, YYYY%?

AM66_HN

- 1 YES (Go to LINK-PROV)
- 2 NO (Go to next section) (LINK-PROV was filled with health number from Cycle 1 during processing.)
DK, R (Go to next section)

LINK-INTPERM Having a provincial health number will assist us in linking to this other information.

LINK-PROV What is %your/FNAME's% provincial health number?

HNC6_nn _____

Agreement to Share

(All ages)

H06SH-C1 If Alberta or Manitoba RDD selected child (Isselkid = 1), go to next section.

H06-SHARE1 To avoid duplication, Statistics Canada intends to share the information from this survey with provincial ministries of health and Health Canada. These organizations have undertaken to keep this information confidential and use it only for statistical purposes.

H06-SHARE2 Do you agree to share the information you have provided?

AM66_SHA

- 1 YES
- 2 NO

Administration

H06AD-C1 If Alberta or Manitoba RDD selected child (Isselkid = 1), go to H06-LANG.

H06-C1 If Alberta RDD, use the wording "may" in H06-I1.
Otherwise, use the wording "will".

H06-I1 This survey is part of a longer term study to look at the health of Canadians. We %may/will% need to recontact %you/FNAME% two years from now.

H06-Q1
AM66_5 Could we have the name, address and phone number of a friend or relative we could call in case there are difficulties in reaching %you/FNAME%? This would only be used to help us make contact with %you/him/her%.

- 1 YES
- 2 NO (Go to H06-Q10)
DK, R (Go to H06-Q10)

H06-Q2
AM66_6 INTERVIEWER: ENTER FIRST AND LAST NAME OF CONTACT.
_____ (50 CHARS)

H06-Q3
AM66_7 INTERVIEWER: ENTER THE STREET ADDRESS.
_____ (50 CHARS)

H06-Q3A
AM66_7A INTERVIEWER: IS THERE AN APARTMENT NUMBER?
1 YES
2 NO (Go to H06-Q4)
DK, R (Go to H06-Q4)

H06-Q3B
AM66_7B INTERVIEWER: ENTER APARTMENT NUMBER.
_____ (15 CHARS)

H06-Q4
AM66_8 INTERVIEWER: ENTER THE CITY.
_____ (25 CHARS)

H06-Q5
AM66_9 INTERVIEWER: ENTER THE POSTAL CODE e.g. A1A1A1.
(DO NOT INSERT BLANKS OR DASHES)
_____ (6 CHARS)

H06-Q6
AM66_10 What is the telephone number, starting with the area code?
(INTERVIEWER: DO NOT ENTER DASHES AND BRACKETS)
_____ (10 CHARS)

H06-Q7 How is this person related to %you/FNAME%?
AM66_11 (DO NOT READ LIST. MARK ONE ONLY.)

- 1 PARENT/PARENT-IN-LAW
- 2 GRANDPARENT
- 3 DAUGHTER/DAUGHTER-IN-LAW
- 4 SON/SON-IN-LAW
- 5 BROTHER/SISTER
- 6 OTHER RELATIVE
- 7 FRIEND
- 8 NEIGHBOUR
- 9 OTHER (SPECIFY)

H06-C8 If not currently employed (LFS-WORK is equal to 0), go to H06-Q10.

H06-Q8 Could I please have %your/FNAME's% phone number at work? This will only be used to help make
AM66_12 contact with %you/him/her% 2 years from now.

- 1 YES
- 2 NO (Go to H06-Q10)

H06-Q9 What is the telephone number starting with the area code?
AM66_13 (INTERVIEWER: DO NOT ENTER DASHES AND BRACKETS)

XXXXXXXXXX (10 alpha characters)

H06-Q10 INTERVIEWER: IS THIS A FICTITIOUS NAME FOR THE RESPONDENT?
AM66_14

- 1 YES
- 2 NO (Go to H06-CTEL)
- 3 DK, R (Go to H06-CTEL)

H06-Q11 INTERVIEWER: REMIND RESPONDENT ABOUT THE IMPORTANCE OF GETTING
AM66_15 CORRECT NAMES FOR LONGITUDINAL REASONS.

DO YOU WANT TO MAKE CORRECTIONS TO...?

- 1 FIRST NAME ONLY
- 2 LAST NAME ONLY (Go to H06-Q13)
- 3 BOTH NAMES
- 4 NO CORRECTIONS (Go to H06-CTEL)
- 5 DK, R (Go to H06-CTEL)

H06-Q12 INTERVIEWER: ENTER FIRST NAME ONLY.
AM66_16 _____ (25 CHARS)

H06-C13 If H06-Q11 is not equal to 3, go to H06-CTEL.

H06-Q13 INTERVIEWER: ENTER LAST NAME ONLY.
AM66_17 _____ (25 CHARS)

H06-CTEL If RDD, go to H06-LANG.

H06-TEL WAS THIS INTERVIEW CONDUCTED ON THE TELEPHONE OR IN PERSON?

AM66_TEL

- 1 ON TELEPHONE
- 2 IN PERSON
- 3 BOTH

H06-CTXT WAS THE RESPONDENT ALONE WHEN YOU ASKED THIS HEALTH QUESTIONNAIRE?

AM66_ALO

- 1 YES (Go to H06-LANG)
- 2 NO
DK, R (Go to H06-LANG)

H06-CTXT1 DO YOU THINK THAT THE ANSWERS OF THE RESPONDENT WERE AFFECTED BY
AM66_AFF SOMEONE ELSE BEING THERE?

- 1 YES
- 2 NO

H06-LANG RECORD LANGUAGE OF INTERVIEW

AM66_LNG

- | | | | |
|----|-----------|----|--------------------|
| 1 | ENGLISH | 11 | PERSIAN (FARSI) |
| 2 | FRENCH | 12 | POLISH |
| 3 | ARABIC | 13 | PORTUGUESE |
| 4 | CHINESE | 14 | PUNJABI |
| 5 | CREE | 15 | SPANISH |
| 6 | GERMAN | 16 | TAGALOG (FILIPINO) |
| 7 | GREEK | 17 | UKRAINIAN |
| 8 | HUNGARIAN | 18 | VIETNAMESE |
| 9 | ITALIAN | 19 | OTHER (SPECIFY) |
| 10 | KOREAN | | |