

National Population Health Survey

**Household Component
Cycle 8 (2008/2009)**

Questionnaire

Draft

Statistics Canada

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Household Record Variables

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

AM3C_TEL Type of contact

1 Telephone

2 Personal

The following information is collected for each household member:

Membership status
 First name
 Last name

Date of birth (8 characters)
DOB Day of birth (2 digits)
MOB Month of birth (2 digits)
YOB Year of birth (4 digits)
DHCC_AGE Age (age is calculated and confirmed with the respondent)

SEX Sex

1 Male

2 Female

DHCC_MAR Marital Status

1 Married

2 Living common-law

3 Widowed

4 Separated

5 Divorced

6 Single, never married

Relationships between household members

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

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DHCC_FID Family ID code

A to Z (Assigned by the computer.)

Legal household check

The following information is collected once in each household:

DHCC_DWE Type of dwelling

- 1 Single detached
- 2 Double
- 3 Row or Terrace
- 4 Duplex
- 5 Low-rise apartment (fewer than 5 stories) or flat
- 6 High-rise apartment (5 stories or more)
- 7 Institution
- 8 Hotel; rooming/lodging house; camp
- 9 Mobile home
- 10 Other - Specify

DHCC_OWNS Is this dwelling owned by a member of this household?

- 1 Yes
- 2 No

DHCC_BED How many bedrooms are there in this dwelling?

INTERVIEWER: Enter '0' if no separate enclosed bedroom.

||| Bedrooms
(MIN: 0) (MAX: 20)

Information source (i.e., the household member providing the information for the health questions)

AM3C_PL INTERVIEWER: Select respondent's preferred language.

- | | | | |
|----|------------|----|-----------------|
| 1 | English | 14 | Tamil |
| 2 | French | 15 | Cree |
| 3 | Chinese | 16 | Afghan |
| 4 | Italian | 17 | Cantonese |
| 5 | Punjabi | 18 | Hindi |
| 6 | Spanish | 19 | Mandarin |
| 7 | Portuguese | 20 | Persian |
| 8 | Polish | 21 | Russian |
| 9 | German | 22 | Ukrainian |
| 10 | Vietnamese | 23 | Urdu |
| 11 | Arabic | 90 | Other - Specify |
| 12 | Tagalog | | |
| 13 | Greek | | |

Health Component

(To be completed for selected respondent only)

(Proxy interview for those under 12 years old or unable to answer due to special circumstances)

- Notes:
1. Question text in **Bold** font is read to the respondent. Text in normal font is not read to the respondent. Interviewer instructions are prefaced by the word "INTERVIEWER", and are not read aloud.
 2. The options Don't Know (DK) and Refusal (R) are allowed on every question. However, the response categories are shown in this document only when the flow from these responses is not to the next question.

GR_N1 INTERVIEWER: Who is providing the information for the selected respondent.

GR_C2 If age < 12 or non-proxy interview, go to GH_QINT.

GR_N2 INTERVIEWER: Record the reason why this component is being completed by proxy.

(80 spaces)

General Health

GH_QINT **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 and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**
INTERVIEWER: Press <Enter> to continue.

GH_Q1 **I'll start with a few questions concerning [your/FNAME's] health in general.**
GHCC_1 **In general, would you say [your/his/her] health is:**
INTERVIEWER: Read categories to respondent.

- 1 .. excellent?
- 2 ... very good?
- 3 ... good?
- 4 ... fair?
- 5 ... poor?

GH_C2 If age < 12, go to GH_Q3.

GH_Q2 **Thinking about the amount of stress in [your/his/her] life, would you say that most days are:**
GHCC_2 INTERVIEWER: Read categories to respondent.

- 1 ... not at all stressful?
- 2 ... not very stressful?
- 3 ... a bit stressful?
- 4 ... quite a bit stressful?
- 5 ... extremely stressful?

GH_Q3 **In general, would you say [your/his/her] eating habits are:**
GHCC_4 INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... very good?
- 3 ... good?
- 4 ... fair?
- 5 ... poor?

GH_C4 If proxy interview, go to next section.

GH_Q4 **How satisfied are you with your life in general? Would you say you are:**
GHCC_5 INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
- 2 ... satisfied?
- 3 ... neither satisfied nor dissatisfied?
- 4 ... dissatisfied?
- 5 ... very dissatisfied?

Sleep

SL_C1 If proxy interview or age < 12, go to next section.

SL_Q1 **How long do you usually spend sleeping each night?**
SLCC_1 INTERVIEWER: Do not include time spent resting.

- 1 Under 2 hours
 - 2 2 hours to less than 3 hours
 - 3 3 hours to less than 4 hours
 - 4 4 hours to less than 5 hours
 - 5 5 hours to less than 6 hours
 - 6 6 hours to less than 7 hours
 - 7 7 hours to less than 8 hours
 - 8 8 hours to less than 9 hours
 - 9 9 hours to less than 10 hours
 - 10 10 hours to less than 11 hours
 - 11 11 hours to less than 12 hours
 - 12 12 hours or more
- R (Go to next section)

SL_Q2 **How often do you have trouble going to sleep or staying asleep?**
SLCC_2 INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SL_Q3
SLCC_3

How often do you find your sleep refreshing?

INTERVIEWER: If necessary, explain that "refreshing" means "restful".

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SL_Q4
SLCC_4

How often do you find it difficult to stay awake when you want to?

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

Height and Weight

HW_Q2
HWCC_2

How tall [are/is] [you/FNAME] without shoes on?

- 0 Less than 1' / 12" (less than 29.2 cm.) (Go to HW_Q3)
 - 1 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.)
 - 2 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.) (Go to HW_Q2B)
 - 3 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.) (Go to HW_Q2C)
 - 4 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) (Go to HW_Q2D)
 - 5 5'0" to 5'11" (151.1 to 181.5 cm.) (Go to HW_Q2E)
 - 6 6'0" to 6'11" (181.6 to 212.0 cm.) (Go to HW_Q2F)
 - 7 7'0" and over (212.1 cm. and over) (Go to HW_Q3)
- DK, R (Go to HW_Q3)

HW_Q2A
HWCC_2A

INTERVIEWER: Select the exact height.

- 0 1'0" / 12" (29.2 to 31.7 cm.)
- 1 1'1" / 13" (31.8 to 34.2 cm.)
- 2 1'2" / 14" (34.3 to 36.7 cm.)
- 3 1'3" / 15" (36.8 to 39.3 cm.)
- 4 1'4" / 16" (39.4 to 41.8 cm.)
- 5 1'5" / 17" (41.9 to 44.4 cm.)
- 6 1'6" / 18" (44.5 to 46.9 cm.)
- 7 1'7" / 19" (47.0 to 49.4 cm.)
- 8 1'8" / 20" (49.5 to 52.0 cm.)
- 9 1'9" / 21" (52.1 to 54.5 cm.)
- 10 1'10" / 22" (54.6 to 57.1 cm.)
- 11 1'11" / 23" (57.2 to 59.6 cm.)

Go to HW_Q3

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HW_Q2B INTERVIEWER: Select the exact height.

HWCC_2B

- 0 2'0" / 24" (59.7 to 62.1 cm.)
- 1 2'1" / 25" (62.2 to 64.7 cm.)
- 2 2'2" / 26" (64.8 to 67.2 cm.)
- 3 2'3" / 27" (67.3 to 69.8 cm.)
- 4 2'4" / 28" (69.9 to 72.3 cm.)
- 5 2'5" / 29" (72.4 to 74.8 cm.)
- 6 2'6" / 30" (74.9 to 77.4 cm.)
- 7 2'7" / 31" (77.5 to 79.9 cm.)
- 8 2'8" / 32" (80.0 to 82.5 cm.)
- 9 2'9" / 33" (82.6 to 85.0 cm.)
- 10 2'10" / 34" (85.1 to 87.5 cm.)
- 11 2'11" / 35" (87.6 to 90.1 cm.)

Go to HW_Q3

HW_Q2C INTERVIEWER: Select the exact height.

HWCC_2C

- 0 3'0" / 36" (90.2 to 92.6 cm.)
- 1 3'1" / 37" (92.7 to 95.2 cm.)
- 2 3'2" / 38" (95.3 to 97.7 cm.)
- 3 3'3" / 39" (97.8 to 100.2 cm.)
- 4 3'4" / 40" (100.3 to 102.8 cm.)
- 5 3'5" / 41" (102.9 to 105.3 cm.)
- 6 3'6" / 42" (105.4 to 107.9 cm.)
- 7 3'7" / 43" (108.0 to 110.4 cm.)
- 8 3'8" / 44" (110.5 to 112.9 cm.)
- 9 3'9" / 45" (113.0 to 115.5 cm.)
- 10 3'10" / 46" (115.6 to 118.0 cm.)
- 11 3'11" / 47" (118.1 to 120.5 cm.)

Go to HW_Q3

HW_Q2D INTERVIEWER: Select the exact height.

HWCC_2D

- 0 4'0" / 48" (120.7 to 123.1 cm.)
- 1 4'1" / 49" (123.2 to 125.6 cm.)
- 2 4'2" / 50" (125.7 to 128.2 cm.)
- 3 4'3" / 51" (128.3 to 130.7 cm.)
- 4 4'4" / 52" (130.8 to 133.3 cm.)
- 5 4'5" / 53" (133.4 to 135.8 cm.)
- 6 4'6" / 54" (135.9 to 138.3 cm.)
- 7 4'7" / 55" (138.4 to 140.9 cm.)
- 8 4'8" / 56" (141.0 to 143.4 cm.)
- 9 4'9" / 57" (143.5 to 146.0 cm.)
- 10 4'10" / 58" (146.1 to 148.5 cm.)
- 11 4'11" / 59" (148.6 to 151.0 cm.)

Go to HW_Q3

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HW_Q2E INTERVIEWER: Select the exact height.

HWCC_2E

- 0 5'0" (151.1 to 153.6 cm.)
- 1 5'1" (153.7 to 156.1 cm.)
- 2 5'2" (156.2 to 158.7 cm.)
- 3 5'3" (158.8 to 161.2 cm.)
- 4 5'4" (161.3 to 163.7 cm.)
- 5 5'5" (163.8 to 166.3 cm.)
- 6 5'6" (166.4 to 168.8 cm.)
- 7 5'7" (168.9 to 171.4 cm.)
- 8 5'8" (171.5 to 173.9 cm.)
- 9 5'9" (174.0 to 176.4 cm.)
- 10 5'10" (176.5 to 179.0 cm.)
- 11 5'11" (179.1 to 181.5 cm.)

Go to HW_Q3

HW_Q2F INTERVIEWER: Select the exact height.

HWCC_2F

- 0 6'0" (181.6 to 184.1 cm.)
- 1 6'1" (184.2 to 186.6 cm.)
- 2 6'2" (186.7 to 189.1 cm.)
- 3 6'3" (189.2 to 191.7 cm.)
- 4 6'4" (191.8 to 194.2 cm.)
- 5 6'5" (194.3 to 196.8 cm.)
- 6 6'6" (196.9 to 199.3 cm.)
- 7 6'7" (199.4 to 201.8 cm.)
- 8 6'8" (201.9 to 204.4 cm.)
- 9 6'9" (204.5 to 206.9 cm.)
- 10 6'10" (207.0 to 209.5 cm.)
- 11 6'11" (209.6 to 212.1 cm.)

HWCC_HT ___ Feet ___ Inches or ___ Centimetres

HW_Q3 **How much [do/does] [you/FNAME] weigh?**

HWCC_3

INTERVIEWER: Enter amount only.

||| Weight

(MIN:) (MAX: 575)

DK, R (Go to next section)

HW_N4 INTERVIEWER: Was that in pounds or in kilograms?

HWCC_4

HWCC_3LB

HWCC_3KG

- 1 Pounds
 - 2 Kilograms
- (DK, R are not allowed)

Body Image

BI_C1 If proxy interview or age < 12, go to next section. If response to HW_Q3 is not valid, go to next section.

BI_Q1
HWCC_5 **Do you consider yourself:**
INTERVIEWER: Read categories to respondent.

- 1 ... overweight?
- 2 ... underweight? (Go to BI_Q3)
- 3 ... just about right? (Go to next section)
- DK, R (Go to next section)

BI_Q2
HWCC_6 **Are you presently trying to lose weight?**

- 1 Yes
- 2 No

Go to BI_Q4

BI_Q3
HWCC_7 **Are you presently trying to gain weight?**

- 1 Yes
- 2 No

BI_Q4
HWCC_8 **How much would you like to weigh?**
INTERVIEWER: Enter amount only.

||| Weight
(MIN: 1) (MAX: 575)
 DK, R (Go to next section)

BI_N5
HWCC_9 INTERVIEWER: Was that in pounds or in kilograms?

- HWCC_8LB 1 Pounds
- HWCC_8KG 2 Kilograms
 (DK, R are not allowed)

Nutrition

Focus Questions

Supplement use

NU_C4A If proxy interview or age < 12, go to next section.

NU_QINT2 **Now, some questions about the use of nutritional supplements.**
INTERVIEWER: Press <Enter> to continue.

NU_Q4A
NU_C_4A **In the past 4 weeks, did you take any vitamin or mineral supplements?**

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

NU_Q4B **Did you take them at least once a week?**

- NU_C_4B 1 Yes
- 2 No (Go to NU_Q4D)
- DK, R (Go to next section)

NU_Q4C **Last week, on how many days did you take them?**

NU_C_4C

[_] Days
(MIN: 1) (MAX: 7)

Go to next section.

NU_Q4D **In the past 4 weeks, on how many days did you take them?**

NU_C_4D

[_ _] Days
(MIN: 1) (MAX: 28)

Fruit and vegetable consumption

Focus questions

FV_C1 If proxy interview or age < 12, go to next section.

FV_QINT **The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home.**
INTERVIEWER: Press <Enter> to continue.

FV_Q1A **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**
(For example: once a day, three times a week, twice a month)

FV_C_1A

INTERVIEWER: Enter amount only.

[_ _ _] Times
(MIN: 0) (MAX: 500)
0, DK (Go to FV_Q2A)
R (Go to next section)

FV_N1B INTERVIEWER: Select the reporting period.

FV_C_1B

- 1 Daily (hard edit if FV_Q1A more than 20; warning if more than 5)
- 2 Weekly (hard edit if FV_Q1A more than 90; warning if more than 10)
- 3 Monthly (hard edit if FV_Q1A more than 200; warning if more than 10)
- 4 Yearly (warning if FV_Q1A more than 12)

FV_Q2A **Not counting juice, how often do you usually eat fruit?**

FV_C_2A

INTERVIEWER: Enter amount only.

[_ _ _] Times
(MIN: 0) (MAX: 500)
0 (Go to FV_Q3A)
DK, R (Go to FV_Q3A)

FV_N2B INTERVIEWER: Select the reporting period.

FV_C_2B

- 1 Daily (hard edit if FV_Q2A more than 20; warning if more than 5)
- 2 Weekly (hard edit if FV_Q2A more than 90; warning if more than 10)
- 3 Monthly (hard edit if FV_Q2A more than 200; warning if more than 10)
- 4 Yearly (warning if FV_Q2A more than 12)

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FV_Q3A How often do you usually eat green salad?

FV_C_3A INTERVIEWER: Enter amount only.

____ Times
(MIN: 0) (MAX: 500)
0 (Go to FV_Q4A)
DK, R (Go to FV_Q4A)

FV_N3B INTERVIEWER: Select the reporting period.

FV_C_3B

- 1 Daily (hard edit if FV_Q3A more than 20; warning if more than 2)
- 2 Weekly (hard edit if FV_Q3A more than 90; warning if more than 5)
- 3 Monthly (hard edit if FV_Q3A more than 200; warning if more than 5)
- 4 Yearly (warning if FV_Q3A more than 12)

FV_Q4A How often do you usually eat potatoes, not including french fries, fried potatoes or potato chips?

FV_C_4A INTERVIEWER: Enter amount only.

____ Times
(MIN: 0) (MAX: 500)
0 (Go to FV_Q5A)
DK, R (Go to FV_Q5A)

FV_N4B INTERVIEWER: Select the reporting period.

FV_C_4B

- 1 Daily (hard edit if FV_Q4A more than 20; warning if more than 2)
- 2 Weekly (hard edit if FV_Q4A more than 90; warning if more than 10)
- 3 Monthly (hard edit if FV_Q4A more than 200; warning if more than 10)
- 4 Yearly (warning if FV_Q4A more than 12)

FV_Q5A How often do you usually eat carrots?

FV_C_5A INTERVIEWER: Enter amount only.

____ Times
(MIN: 0) (MAX: 500)
0 (Go to FV_Q6A)
DK, R (Go to FV_Q6A)

FV_N5B INTERVIEWER: Select the reporting period.

FV_C_5B

- 1 Daily (hard edit if FV_Q5A more than 20; warning if more than 2)
- 2 Weekly (hard edit if FV_Q5A more than 90; warning if more than 10)
- 3 Monthly (hard edit if FV_Q5A more than 200; warning if more than 10)
- 4 Yearly (warning if FV_Q5A more than 12)

FV_Q6A Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?

FV_C_6A INTERVIEWER: Enter amount only.

____ Servings
(MIN: 0) (MAX: 500)
0 (Go to next section)
DK, R (Go to next section)

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FV_N6B INTERVIEWER: Select the reporting period.

FV_C_6B

- | | | |
|---|---------|--------------------------------------------------------------|
| 1 | Daily | (hard edit if FV_Q6A more than 20; warning if more than 5) |
| 2 | Weekly | (hard edit if FV_Q6A more than 90; warning if more than 10) |
| 3 | Monthly | (hard edit if FV_Q6A more than 200; warning if more than 10) |
| 4 | Yearly | (warning if FV_Q6A more than 12) |

Soft Drink Consumption

Focus questions

SK_C1 If proxy interview or age < 12, go to next section.

SK_Q1A **How often do you usually drink diet soft drinks?**

SK_C_1A **(For example: once a day, three times a week, twice a month)**

INTERVIEWER: Enter amount only.

____ Times
(MIN: 0) (MAX: 500)
0, DK (Go to SK_Q2A)
R (Go to next section)

SK_N1B INTERVIEWER: Select the reporting period.

SK_C_1B

- | | | |
|---|---------|--------------------------------------------------------------|
| 1 | Daily | (hard edit if SK_Q1A more than 20; warning if more than 5) |
| 2 | Weekly | (hard edit if SK_Q1A more than 90; warning if more than 10) |
| 3 | Monthly | (hard edit if SK_Q1A more than 200; warning if more than 10) |
| 4 | Yearly | (warning if SK_Q1A more than 12) |

SK_Q2A **How often do you usually drink regular soft drinks?**

SK_C_2A INTERVIEWER: Enter amount only.

____ Times
(MIN: 0) (MAX: 500)
0 (Go to next section)
DK R (Go to next section)

SK_N2B INTERVIEWER: Select the reporting period.

SK_C_2B

- | | | |
|---|---------|--------------------------------------------------------------|
| 1 | Daily | (hard edit if SK_Q2A more than 20; warning if more than 5) |
| 2 | Weekly | (hard edit if SK_Q2A more than 90; warning if more than 10) |
| 3 | Monthly | (hard edit if SK_Q2A more than 200; warning if more than 10) |
| 4 | Yearly | (warning if SK_Q2A more than 12) |

Milk Consumption

Focus questions

MK_C1 If proxy interview or age < 12, go to next section.

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MK_Q1A **How often do you usually drink milk?**
MK_C_1A INTERVIEWER: Enter amount only.

I__I Times
(MIN: 0) (MAX: 500)
0 (Go to next section)
DK, R (Go to next section)

MK_N1B INTERVIEWER: Select the reporting period.
MK_C_1B

1 Daily (hard edit if MK_Q1A more than 20; warning if more than 5)
2 Weekly (hard edit if MK_Q1A more than 90; warning if more than 10)
3 Monthly (hard edit if MK_Q1A more than 200; warning if more than 10)
4 Yearly (warning if MK_Q1A more than 12)

MK_Q2 **What type of milk do you usually drink?**
MK_C_2 INTERVIEWER: Read categories to respondent.

1 **Whole milk**
2 **2% milk**
3 **1% milk**
4 **Skimmed milk**
5 Other - specify

Preventive Health

PH_C1 If proxy interview or age < 12, go to next section. If respondent reported ever had blood pressure taken in previous interview, go to PH_Q1B (PH_Q1 was filled with "1" during processing).

PH_Q1 **Have you ever had your blood pressure taken?**
PHCC_1

1 Yes
2 No (Go to PH_C2)
DK, R (Go to next section)

PH_Q1B **When was the last time that you had your blood pressure taken?**
PHCC_1B INTERVIEWER: Read categories to respondent.

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**
5 **5 or more years ago**

PH_C2 If male or age < 15, go to next section. If age < 18, go to PH_C3. If respondent reported ever had a pap smear test taken in previous interview, go to PH_Q2B (PH_Q2 was filled with "1" during processing).

PH_Q2 **Have you ever had a PAP smear test?**
PHCC_2

1 Yes
2 No (Go to PH_C3)
DK, R (Go to next section)

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PH_Q2B **When was the last time that you had a PAP smear test?**

PHCC_2B INTERVIEWER: Read categories to respondent.

- 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**
- 5 **5 or more years ago**

PH_C3 If age < 35, go to PH_C4. If respondent reported ever had a mammogram taken in previous interview, go to PH_Q3B (PH_Q3 was filled with "1" during processing).

PH_Q3 **Have you ever had a mammogram, that is, a breast x-ray?**

PHCC_3

- 1 Yes
- 2 No (Go to PH_C4)
DK, R (Go to next section)

PH_Q3B **When was the last time that you had a mammogram?**

PHCC_3B INTERVIEWER: Read categories to respondent.

- 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**
- 5 **5 or more years ago**

PH_Q3C **Why did you have a mammogram?**

INTERVIEWER: Mark all that apply.

If respondent says 'Doctor recommended it', probe for reason.

- | | | |
|----------|---|----------------------------------------------|
| PHCC_3CA | 1 | Family history of breast cancer |
| PHCC_3CB | 2 | Part of regular check-up / routine screening |
| PHCC_3CC | 3 | Age |
| PHCC_3CD | 4 | Previously detected lump |
| PHCC_3CE | 5 | Follow-up of breast cancer treatment |
| PHCC_3CF | 6 | On hormone replacement therapy |
| PHCC_3CG | 7 | Breast problem |
| PHCC_3CH | 8 | Other - Specify |

PH_C4 If age > 49, go to PH_C5. If respondent reported ever had a hysterectomy in previous interview, go to next section (PH_Q4 was filled with "2", PH_Q4A was filled with "Not applicable", and PH_Q4B was filled with "2" during processing).

PH_Q4 **Now, a few questions for recent mothers. Since our interview in [month and year of last response interview], have you given birth?**

PHCC_4

INTERVIEWER: Do not include stillbirths.

- 1 Yes
- 2 No (Go to PH_Q4B)
DK, R (Go to next section)

NPHS, Household Component, Cycle 8 (2008/2009)

PH_Q4A (For your last baby,) did you use the services of a doctor, a midwife or both?

PHCC_4A

- 1 Doctor only
- 2 Midwife only
- 3 Both doctor and midwife
- 4 Neither

PH_Q4B It is important to know when analyzing health whether or not the person is pregnant.
PHCC_4B Are you pregnant?

- 1 Yes (Go to next section) (PH_Q5 was filled with "2" during processing)
- 2 No (Go to next section)
DK, R

PH_C5 If age < 18, go to next section. If respondent reported ever had a hysterectomy in previous interview, go to next section (PH_Q5 was filled with "1" during processing).

PH_Q5 Have you had a hysterectomy (in other words, has your uterus been removed)?

PHCC_5

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

PH_Q5B At what age?

PHCC_5B

[_][_][_] Age in years
(MIN: 18) (MAX: current age)

PH_Q5C Why did you have it?

INTERVIEWER: Mark all that apply.
If respondent says 'Doctor recommended it', probe for reason.

- PHCC_5CA 1 Cancer treatment
- PHCC_5CB 2 Cancer prevention
- PHCC_5CC 3 Endometriosis
- PHCC_5CD 4 Tubal pregnancy
- PHCC_5CE 5 Benign tumors (e.g., fibroids)
- PHCC_5CF 6 Menstrual problems / abnormal bleeding
- PHCC_5CG 7 Other - Specify

Health Care Utilization

HC_QINT1 Now I'd like to ask about [your/FNAME's] contacts with health professionals during the past 12 months, that is, from [date one year ago] to yesterday.

INTERVIEWER: Press <Enter> to continue.

HC_Q01 In the past 12 months, [have/has] [you/FNAME] been a patient overnight in a hospital,
HCCC_1 nursing home or convalescent home?

- 1 Yes
- 2 No (Go to HC_C02)
DK (Go to HC_C02)
R (Go to next section)

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HC_Q01A **For how many nights in the past 12 months?**

HCCC_1A

[[[[]]]] Nights
(MIN: 1) (MAX: 366; warning after 100)

HC_C02

If proxy interview and age > 12, then the wording of HC_Q02 (A,D,G and J) is changed to: "In the past..., how many times has [FNAME] seen or talked on the telephone...about [FNAME's] physical..."

If proxy interview (age < 12), then the wording of HC_Q02 (A,D,G and J) is changed to: "In the past..., how many times have you seen or talked on the telephone...about [FNAME's] physical..."

HC_Q02A

HCCC_2A

(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME/he/she] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:

... a family doctor [, pediatrician] or general practitioner?

[[[[]]]] Times
(MIN: 0) (MAX: 366; warning after 12)

HC_Q02B

HCCC_2B

... an eye specialist (such as an ophthalmologist or optometrist)?

[[[]]] Times
(MIN: 0) (MAX: 75; warning after 3)

HC_Q02C

HCCC_2C

... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?

[[[[]]]] Times
(MIN: 0) (MAX: 300; warning after 7)

HC_Q02D

HCCC_2D

(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME/he/she] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:

... a nurse for care or advice?

[[[[]]]] Times
(MIN: 0) (MAX: 366; warning after 15)

HC_Q02E

HCCC_2E

... a dentist or orthodontist?

[[[[]]]] Times
(MIN: 0) (MAX: 99; warning after 4)

HC_Q02F

HCCC_2F

... a chiropractor?

[[[[]]]] Times
(MIN: 0) (MAX: 366; warning after 20)

HC_Q02G
HCCC_2G (Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME/he/she] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:

... a physiotherapist?

||| Times
(MIN: 0) (MAX: 366; warning after 30)

HC_Q02H
HCCC_2H ... a social worker or counsellor?

||| Times
(MIN: 0) (MAX: 366; warning after 20)

HC_Q02I
HCCC_2I ... a psychologist?

||| Times
(MIN: 0) (MAX: 366; warning after 25)

HC_Q02J (Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME/he/she] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:

HCCC_2J ... a speech, audiology or occupational therapist?

||| Times
(MIN: 0) (MAX: 200; warning after 12)

HC_Q03
HCCC_3 [Do/Does] [you/FNAME] have a regular medical doctor?

- 1 Yes
- 2 No

HC_C04A If age < 12, go to next section.

HC_Q04A
HCCC_4A 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?

- 1 Yes
- 2 No

HC_Q04
HCCC_4 People may also use alternative or complementary medicine. In the past 12 months, [have/has] [you/FNAME] seen or talked on the telephone to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about [your/his/her] physical, emotional or mental health?

- 1 Yes
- 2 No (Go to HC_C06)
- DK, R (Go to HC_C06)

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HC_Q05 **Who did [you/FNAME] see or talk to?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|----------------------------------|
| HCCC_5A | 1 | Massage therapist |
| HCCC_5B | 2 | Acupuncturist |
| HCCC_5C | 3 | Homeopath or naturopath |
| HCCC_5D | 4 | Feldenkrais or Alexander teacher |
| HCCC_5E | 5 | Relaxation therapist |
| HCCC_5F | 6 | Biofeedback teacher |
| HCCC_5G | 7 | Rolfer |
| HCCC_5H | 8 | Herbalist |
| HCCC_5I | 9 | Reflexologist |
| HCCC_5J | 10 | Spiritual healer |
| HCCC_5K | 11 | Religious healer |
| HCCC_5L | 12 | Other - Specify |

HC_C06 If age < 18 or (if age >= 18 and non-proxy interview), 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.

HC_Q06 **During the past 12 months, was there ever a time when [you/FNAME] felt that**
HCCC_6 **[you/he/she] needed health care but [you/he/she] didn't receive it?**

- | | | |
|---|-------|----------------|
| 1 | Yes | |
| 2 | No | (Go to HC_C09) |
| | DK, R | (Go to HC_C09) |

HC_Q07 **Thinking of the most recent time, why didn't [you/he/she] get care?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--------------------------------------------------------------------------------|
| HCCC_7A | 1 | Not available - in the area |
| HCCC_7B | 2 | Not available - a time required (e.g., doctor on holidays, inconvenient hours) |
| HCCC_7C | 3 | Waiting time too long |
| HCCC_7D | 4 | Felt would be inadequate |
| HCCC_7E | 5 | Cost |
| HCCC_7F | 6 | Too busy |
| HCCC_7G | 7 | Didn't get around to it / didn't bother |
| HCCC_7H | 8 | Didn't know where to go |
| HCCC_7I | 9 | Transportation problems |
| HCCC_7J | 10 | Language problems |
| HCCC_7K | 11 | Personal or family responsibilities |
| HCCC_7L | 12 | Dislikes doctors / afraid |
| HCCC_7M | 13 | Decided not to seek care |
| HCCC_7N | 14 | Other - Specify |

HC_Q08 **Again, thinking of the most recent time, what was the type of care that was needed?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|------------------------------------------------------|
| HCCC_8A | 1 | Treatment of - a physical health problem |
| HCCC_8B | 2 | Treatment of - an emotional or mental health problem |
| HCCC_8C | 3 | A regular check-up (including pre-natal care) |
| HCCC_8D | 4 | Care of an injury |
| HCCC_8E | 5 | Other - Specify |

Home Care

HC_C09 If age < 18, go to next section.

HC_QINT2 **Home care services are health care or homemaker services received at home. Examples are: nursing care, help with bathing or housework, respite care and meal delivery.**

HC_Q09 **[Have/Has] [you/FNAME] received any home care services in the past 12 months with the cost entirely or partially covered by government?**
 HCCC_9

- 1 Yes
- 2 No (Go to HC_Q11)
DK, R (Go to next section)

HC_Q10 **What type of services [have/has] [you/he/she] received?**
 INTERVIEWER: Read categories to respondent. Mark all that apply.
 Cost must be entirely or partially covered by government.

- HCCC_10A 1 **Nursing care (e.g., dressing changes)**
- HCCC_10B 2 **Other health care services (e.g., physiotherapy, nutrition counselling)**
- HCCC_10C 3 **Personal care (e.g., bathing, foot care)**
- HCCC_10D 4 **Housework (e.g., cleaning, laundry)**
- HCCC_10E 5 **Meal preparation or delivery**
- HCCC_10F 6 **Shopping**
- HCCC_10G 7 **Respite care (i.e., caregiver relief program)**
- HCCC_10H 8 **Other - Specify**

HC_Q11 **[Have/Has] [you/FNAME] received any [other] home care services in the past 12 months, with the cost not covered by government (for example care provided by a spouse or friends)?**
 HCCC_11A

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

HC_Q12 **Who provided these [other] home care services?**
 INTERVIEWER: Read categories to respondent. Mark all that apply.

- HCCC_12A 1 **Nurse from private agency**
- HCCC_12B 2 **Homemaker from private agency**
- HCCC_12C 3 **Neighbour or friend**
- HCCC_12D 4 **Family member**
- HCCC_12E 5 **Volunteer**
- HCCC_12F 6 **Other - Specify**

For each person identified in HC_Q12, ask HC_Q13.

HC_Q13 **What type of services [have/has] [you/he/she] received [from identified person]?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- | | | |
|----------------------|---|--------------------------------------------------------------------------------|
| HCCC_3AA TO HCCC_3FA | 1 | Nursing care (e.g., dressing changes) |
| HCCC_3AB TO HCCC_3FB | 2 | Other health care services (e.g., physiotherapy, nutrition counselling) |
| HCCC_3AC TO HCCC_3FC | 3 | Personal care (e.g., bathing, foot care) |
| HCCC_3AD TO HCCC_3FD | 4 | Housework (e.g., cleaning, laundry) |
| HCCC_3AE TO HCCC_3FE | 5 | Meal preparation or delivery |
| HCCC_3AF TO HCCC_3FF | 6 | Shopping |
| HCCC_3AG TO HCCC_3FG | 7 | Respite care (i.e., caregiver relief program) |
| HCCC_3AH TO HCCC_3FH | 8 | Other - Specify |

Restriction of Activities

RA_QINT **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.**
INTERVIEWER: Press <Enter> to continue.

RA_Q1A **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:**

RACC_1A ... at home?

- 1 Yes
- 2 No
- R (Go to next section)

RA_C1B If age < 4, go to RA_C1C

RA_Q1B ... at school?

RACC_1B

- 1 Yes
- 2 No
- 3 Not applicable
- R (Go to next section)

RA_C1C If age < 12, go to RA_Q1D.

RA_Q1C ... at work?

RACC_1C

- 1 Yes
- 2 No
- 3 Not applicable
- R (Go to next section)

RA_Q1D ... in other activities such as transportation to or from work or school or leisure time activities?

RACC_1D

- 1 Yes
- 2 No
- R (Go to next section)

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RA_Q2 [Do/Does] [you/FNAME] have any long-term disabilities or handicaps?
RACC_2

- 1 Yes
- 2 No
- R (Go to next section)

RA_C2A If **any one** of RA_Q1A,B,C,D or RA_Q2 = 1 (yes) then Restricted in 2008. If **all of** RA_Q1A,B,C,D and RA_Q2 = 2 (no) or 3 (not applicable) or valid skip (question not asked) then Not Restricted in 2008. Else restriction is not known.

RA_C2B If restricted in 2008 but not in 2006, go to RA_Q2A. If restricted in 2006 but not in 2008, go to RA_Q2B. Otherwise, go to RA_C5.

RA_Q2A **Remember, for this survey it's important to measure change.**
RACC_2A **During our last interview in [month and year of last response interview], there were no activity restrictions or disabilities reported for [you/FNAME], but this time there were. Is this due to a new activity restriction or disability or to the worsening of an old one?**

- 1 New since last interview
- 2 Worsening since last interview
- 3 No current activity restriction or disability (return to RA_Q1A - RA_Q2)
- 4 Same activity restriction or disability
- 5 Other - Specify

Go to RA_C5

RA_Q2B **Remember, for this survey it's important to measure change.**
RACC_2B **During our last interview in [month and year of last response interview], there were activity restrictions or disabilities reported for [you/FNAME], but this time there were not. Is this due to the disappearance or improvement of an old activity restriction or disability, to the use of special equipment (for example, an artificial limb), or to something else?**

- 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 (return to RA_Q1A – RA_Q2)
- 6 Other - Specify

RA_C5 If **any one** of RA_Q1A,B,C,D = 1 (yes), ask RA_Q3 using the wording “to be limited in his / her activities”. If yes in RA_Q2 only, ask RA_Q3 using the wording “to have a long-term disability or handicap”. Otherwise, go to RA_C6A.

RA_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)?**
RACCF3

(25 spaces)

RA_Q5
RACC_5 **Which one of the following is the best description of the cause of this condition?**
INTERVIEWER: Read categories to respondent.

- 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**

RA_C6A If age < 12, go to next section.

RA_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/he/she] need the help of another person:**

RACC_6A **... in preparing meals?**

- 1 Yes
- 2 No

RA_Q6B **... in shopping for groceries or other necessities?**

RACC_6B

- 1 Yes
- 2 No

RA_Q6C **... in doing normal everyday housework?**

RACC_6C

- 1 Yes
- 2 No

RA_Q6D **... in doing heavy household chores such as washing walls or yard work?**

RACC_6D

- 1 Yes
- 2 No

RA_Q6E **... in personal care such as washing, dressing or eating?**

RACC_6E

- 1 Yes
- 2 No

RA_Q6F **... in moving about inside the house?**

RACC_6F

- 1 Yes
- 2 No

RA_Q6G **... in going outdoors in any weather?**

RACC_6G

- 1 Yes
- 2 No

Chronic Conditions

CC_QINT **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.**
We also want to ask a few questions to help us understand any changes in these conditions.
INTERVIEWER: Press <Enter> to continue.

Food or Digestive Allergy

CC_Q011 **[Do/Does] [you/FNAME] have food allergies?**
 CCCC_1A

1 Yes
 2 No
 R (Go to next section)

Other Allergies

CC_Q021 **[Do/Does] [you/FNAME] have any other allergies?**
 CCCC_1B

1 Yes
 2 No

Asthma

CC_Q031 **[Do/Does] [you/FNAME] have asthma?**
 CCCC_1C

1 Yes
 2 No (Go to CC_C033)
 DK, R (Go to CC_C041)

CC_C032A If respondent had condition in last response interview, go to CC_Q035.

CC_Q032 **When [were/was] [you/FNAME] diagnosed with this?**

CCCC_C3M | | | Month
 CCCC_C3Y | | | | | Year
 (MIN. month and year of last interview) (MAX: current month and year)
 DK, R (Go to CC_Q035)

CC_C032B If CC_Q032 is after date of last response interview, go to CC_Q035.

CC_Q032X **So [you/he/she] had asthma prior to our last interview in [month and year of last response interview]?**
 CCCC_C4

1 Yes (Go to CC_Q035)
 2 No (Return to CC_Q032)
 DK, R (Go to CC_Q035)

CC_C033 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q033. Otherwise, go to CC_C041.

CC_Q033
CCCC_C1 **During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had asthma, but this time it was not. Has the condition disappeared since then?**

- 1 Yes
- 2 No (Return to CC_Q031)
- 3 Never had asthma (Go to CC_C041)
DK, R (Go to CC_C041)

CC_Q034 **When did it disappear?**

CCCC_C2M | | | Month
CCCC_C2Y | | | | | Year
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC_C041

CC_Q035
CCCC_C5 **[Have/Has] [you/he/she] had any asthma symptoms or asthma attacks in the past 12 months?**

- 1 Yes
- 2 No

CC_Q036
CCCC_C6 **In the past 12 months, [have/has] [you/he/she] taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**

- 1 Yes
- 2 No

Fibromyalgia

CC_C041 If age < 12, go to CC_C051.

CC_Q041
CCCC_1X **Remember, we're interested in conditions diagnosed by a health professional. [Do/Does] [you/FNAME] have fibromyalgia?**

- 1 Yes
- 2 No (Go to CC_C043)
DK, R (Go to CC_C051)

CC_C042A If respondent had condition in last response interview, go to CC_Q045.

CC_Q042 **When [were/was] [you/FNAME] diagnosed with this?**

CCCC_X3M | | | Month
CCCC_X3Y | | | | | Year
(MIN: month and year of last interview) (MAX: current month and year)
DK, R (Go to CC_Q045)

CC_C042B If CC_Q042 is after date of last response interview, go to CC_Q045.

CC_Q042X **So [you/he/she] had fibromyalgia prior to our last interview in [month and year of**
 CCCC_X4 **last response interview]?**

- 1 Yes (Go to CC_Q045)
- 2 No (Return to CC_Q042)
- DK, R (Go to CC_Q045)

CC_C043 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q043. Otherwise, go to CC_C051.

CC_Q043 **During our last interview in [month and year of last response interview], it was**
 CCCC_X1 **reported that [you/FNAME] had fibromyalgia, but this time it was not. Has the condition disappeared since then?**

- 1 Yes
- 2 No (Return to CC_Q041)
- 3 Never had fibromyalgia (Go to CC_C051)
- DK, R (Go to CC_C051)

CC_Q044 **When did it disappear?**

CCCC_X2M |__| Month
 CCCC_X2Y |__|__| Year
 (MIN: month and year of last interview) (MAX: current month and year)

Go to CC_C051

CC_Q045 **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her]**
 CCCC_X5 **fibromyalgia?**

- 1 Yes
- 2 No (Go to CC_C051)
- DK, R (Go to CC_C051)

CC_Q046 **What kind of treatment or medication?**
 INTERVIEWER: Mark all that apply.

- CCCC_X6A 1 Drug
- CCCC_X6B 2 Diet
- CCCC_X6D 3 Exercise / physiotherapy
- CCCC_X6C 4 Other - Specify

Arthritis or Rheumatism excluding Fibromyalgia

CC_C051 If age < 12, go to CC_C061.

CC_Q051 **[Do/Does] [you/FNAME] have arthritis or rheumatism excluding fibromyalgia?**
 CCCC_1D

- 1 Yes
- 2 No (Go to CC_C053)
- DK, R (Go to CC_C061)

CC_C052A If respondent had condition in last response interview, go to CC_Q055.

CC_Q052 **When [were/was] [you/FNAME] diagnosed with this?**

CCCC_D3M | | | Month
 CCCC_D3Y | | | | Year
 (MIN: month and year of last interview) (MAX: current month and year)
 DK, R (Go to CC_Q055)

CC_C052B If CC_Q052 is after date of last response interview, go to CC_Q055.

CC_Q052X **So [you/he/she] had arthritis or rheumatism prior to our last interview in [month and year of last response interview]?**
 CCCC_D4

- 1 Yes (Go to CC_Q055)
- 2 No (Return to CC_Q052)
- DK, R (Go to CC_Q055)

CC_C053 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q053. Otherwise, go to CC_C061.

CC_Q053 **During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had arthritis or rheumatism, but this time it was not. Has the condition disappeared since then?**
 CCCC_D1

- 1 Yes
- 2 No (Return to CC_Q051)
- 3 Never had arthritis or rheumatism (Go to CC_C061)
- DK, R (Go to CC_C061)

CC_Q054 **When did it disappear?**

CCCC_D2M | | | Month
 CCCC_D2Y | | | | Year
 (MIN: month and year of last interview) (MAX: current month and year)

Go to CC_C061

CC_Q055 **What kind of arthritis [do/does] [you/he/she] have?**
 CCCC_D11

- 1 Rheumatoid arthritis
- 2 Osteoarthritis
- 3 Other - Specify

CC_Q056 **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her] arthritis or rheumatism?**
 CCCC_D5

- 1 Yes
- 2 No (Go to CC_C061)
- DK, R (Go to CC_C061)

CC_Q057 **What kind of treatment or medication?**
 INTERVIEWER: Mark all that apply.

- CCCC_D6A 1 Drug
- CCCC_D6B 2 Diet
- CCCC_D6D 3 Exercise / physiotherapy
- CCCC_D6C 4 Other – Specify

Back Problems

CC_C061 If age < 12, go to CC_C071.

CC_Q061 **Remember, we're interested in conditions diagnosed by a health professional.**
CCCC_1E **[Do/Does] [you/FNAME] have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes
- 2 No

High Blood Pressure

CC_C071 If age < 12, go to CC_Q081.

CC_Q071 **[Do/Does] [you/FNAME] have high blood pressure?**

CCCC_1F

- 1 Yes
- 2 No (Go to CC_C073)
DK, R (Go to CC_Q081)

CC_C072A If respondent had condition in last response interview, go to CC_Q075.

CC_Q072 **When [were/was] [you/FNAME] diagnosed with this?**

CCCC_F3M

[_][_] Month

CCCC_F3Y

[_][_] Year

(MIN: month and year of last interview) (MAX: current month and year)

DK, R (Go to CC_Q075)

CC_C072B If CC_Q072 is after date of last response interview, go to CC_Q075.

CC_Q072X **So [you/he/she] had high blood pressure prior to our last interview in [month and**
CCCC_F4 **year of last response interview]?**

- 1 Yes (Go to CC_Q075)
- 2 No (Return to CC_Q072)
DK, R (Go to CC_Q075)

CC_C073 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q073. Otherwise, go to CC_Q081.

CC_Q073 **During our last interview in [month and year of last response interview], it was**
CCCC_F1 **reported that [you/FNAME] had high blood pressure, but this time it was not. Has the condition disappeared since then?**

- 1 Yes
- 2 No (Return to CC_Q071)
- 3 Never had high blood pressure (Go to CC_Q081)
DK, R (Go to CC_Q081)

CC_Q074 **When did it disappear?**

CCCC_F2M
CCCC_F2Y

||| Month
 ||||| Year
 (MIN: month and year of last interview) (MAX: current month and year)

Go to CC_Q081

CC_Q075 **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her] high blood pressure?**
 CCCC_F5

- 1 Yes
- 2 No (Go to CC_Q081)
 DK, R (Go to CC_Q081)

CC_Q076 **What kind of treatment or medication?**
 INTERVIEWER: Mark all that apply.

CCCC_F6A
 CCCC_F6B
 CCCC_F6D
 CCCC_F6C

- 1 Drug
- 2 Diet
- 3 Exercise / physiotherapy
- 4 Other - Specify

Migraine Headaches

CC_Q081 **Remember, we're interested in conditions diagnosed by a health professional.**
 CCCC_1G **[Do/Does] [you/FNAME] have migraine headaches?**

- 1 Yes
- 2 No (Go to CC_C083)
 DK, R (Go to CC_C091)

CC_C082A If respondent had condition in last response interview, go to CC_Q085.

CC_Q082 **When [were/was] [you/FNAME] diagnosed with this?**

CCCC_G3M
 CCCC_G3Y

||| Month
 ||||| Year
 (MIN: month and year of last interview) (MAX: current month and year)
 DK, R (Go to CC_Q085)

CC_C082B If CC_Q082 is after date of last response interview, go to CC_Q085.

CC_Q082X **So [you/he/she] had migraine headaches prior to our last interview in [month and year of last response interview]?**
 CCCC_G4

- 1 Yes (Go to CC_Q085)
- 2 No (Return to CC_Q082)
 DK, R (Go to CC_Q085)

CC_C083 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q083. Otherwise, go to CC_C091.

CC_Q102 **When [were/was] [you/FNAME] diagnosed with this?**

CCCC_J3M | | | Month
 CCCC_J3Y | | | | Year
 (MIN: month and year of last interview) (MAX: current month and year)
 DK, R (Go to CC_Q105)

CC_C102B If CC_Q102 is after date of last response interview, go to CC_Q105.

CC_Q102X **So [you/he/she] had diabetes prior to our last interview in [month and year of last response interview]?**
 CCCC_J4

- 1 Yes (Go to CC_Q105)
- 2 No (Return to CC_Q102)
- DK, R (Go to CC_Q105)

CC_C103 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q103. Otherwise, go to CC_Q111.

CC_Q103 **During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had diabetes, but this time it was not. Has the condition disappeared since then?**
 CCCC_J1

- 1 Yes
- 2 No (Return to CC_Q101)
- 3 Never had diabetes (Go to CC_Q111)
- DK, R (Go to CC_Q111)

CC_Q104 **When did it disappear?**

CCCC_J2M | | | Month
 CCCC_J2Y | | | | Year
 (MIN: month and year of last interview) (MAX: current month and year)

Go to CC_Q111

CC_Q105 **[Do/Does] [you/FNAME] currently take insulin for [your/his/her] diabetes?**
 CCCC_J5

- 1 Yes
- 2 No

CC_Q106 **[Do/Does] [you/he/she] take any other treatment or medication for [your/his/her] diabetes?**
 CCCC_J6

- 1 Yes
- 2 No (Go to CC_Q111)
- DK, R (Go to CC_Q111)

CC_Q107 **What kind of treatment or medication?**

INTERVIEWER: Mark all that apply.

- CCCC_J7A 1 Drug
- CCCC_J7B 2 Diet
- CCCC_J7D 3 Exercise / physiotherapy
- CCCC_J7C 4 Other - Specify

Epilepsy

CC_Q111 [Do/Does] [you/FNAME] have epilepsy?

CCCC_1K

- 1 Yes
- 2 No (Go to CC_C113)
- DK, R (Go to CC_Q121)

CC_C112A If respondent had condition in last response interview, go to CC_Q121.

CC_Q112 When [were/was] [you/FNAME] diagnosed with this?

CCCC_K3M

||| Month

CCCC_K3Y

||||| Year

(MIN: month and year of last interview) (MAX: current month and year)

DK, R (Go to CC_Q121)

CC_C112B If CC_Q112 is after date of last response interview, go to CC_Q121.

CC_Q112X So [you/he/she] had epilepsy prior to our last interview in [month and year of last response interview]?

CCCC_K4

- 1 Yes (Go to CC_Q121)
- 2 No (Return to CC_Q112)
- DK, R (Go to CC_Q121)

CC_C113 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q113. Otherwise, go to CC_Q121.

CC_Q113 During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had epilepsy, but this time it was not. Has the condition disappeared since then?

CCCC_K1

- 1 Yes
- 2 No (Return to CC_Q111)
- 3 Never had epilepsy (Go to CC_Q121)
- DK, R (Go to CC_Q121)

CC_Q114 When did it disappear?

CCCC_K2M

||| Month

CCCC_K2Y

||||| Year

(MIN: month and year of last interview) (MAX: current month and year)

Heart Disease

CC_Q121 [Do/Does] [you/FNAME] have heart disease?

CCCC_1L

- 1 Yes
- 2 No (Go to CC_Q131)
- DK, R (Go to CC_Q131)

CC_Q122 [Have/Has] [you/he/she] ever had a heart attack (damage to the heart muscle)?
 CCCC_L1A

- 1 Yes
- 2 No

CC_Q123 [Do/Does] [you/he/she] currently have angina (chest pain, chest tightness)?
 CCCC_L6

- 1 Yes
- 2 No

CC_Q124 [Do/Does] [you/he/she] currently have congestive heart failure (inadequate heart
 CCCC_L7 beat, fluid build-up in the lungs or legs)?

- 1 Yes
- 2 No

Cancer

CC_Q131 [Do/Does] [you/FNAME] have cancer?
 CCCC_1M

- 1 Yes
- 2 No

Intestinal or Stomach Ulcers

CC_C141 If age < 12, go to CC_C151.

CC_Q141 Remember, we're interested in conditions diagnosed by a health professional.
 CCCC_1N [Do/Does] [you/FNAME] have intestinal or stomach ulcers?

- 1 Yes
- 2 No (Go to CC_C143)
- DK, R (Go to CC_C151)

CC_C142A If respondent had condition in last response interview, go to CC_C151.

CC_Q142 When [were/was] [you/FNAME] diagnosed with this?

CCCC_N3M | | | Month
 CCCC_N3Y | | | | Year
 (MIN: month and year of last interview) (MAX: current month and year)
 DK, R (Go to CC_C151)

CC_C142B If CC_Q142 is after date of last response interview, go to CC_C151.

CC_Q142X So [you/he/she] had intestinal or stomach ulcers prior to our last interview in
 CCCC_N4 [month and year of last response interview]?

- 1 Yes (Go to CC_C151)
- 2 No (Return to CC_Q142)
- DK, R (Go to CC_Q151)

CC_C143 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q143. Otherwise, go to CC_C151.

CC_Q154 **When did it disappear?**

CCCC_O2M

|||

Month

CCCC_O2Y

|||||

Year

(MIN: month and year of last interview) (MAX: current month and year)

Urinary Incontinence

CC_C161 If age < 12, go to CC_C171.

CC_Q161 **[Do/Does] [you/FNAME] suffer from urinary incontinence?**

CCCC_1P

1 Yes

2 No

Bowel Disorder

CC_C171 If age < 12, go to CC_C181.

CC_Q171 **[Do/Does] [you/FNAME] have a bowel disorder such as Crohn's Disease or**

CCCC_1Q

colitis?

1 Yes

2 No

Alzheimer's Disease or other Dementia

CC_C181 If age < 18, go to CC_C191.

CC_Q181 **Remember, we're interested in conditions diagnosed by a health professional.**

CCCC_1R

[Do/Does] [you/FNAME] have Alzheimer's Disease or any other dementia (senility)?

1 Yes

2 No

Cataracts

CC_C191 If age < 18, go to CC_C201.

CC_Q191 **[Do/Does] [you/FNAME] have cataracts?**

CCCC_1S

1 Yes

2 No

Glaucoma

CC_C201 If age < 18, go to CC_C211.

CC_Q201 **[Do/Does] [you/FNAME] have glaucoma?**

CCCC_1T

1 Yes

2 No

Thyroid Condition

CC_C211 If age < 12, go to CC_Q221.

CC_Q211 **[Do/Does] [you/FNAME] have a thyroid condition?**

CCCC_1U

- 1 Yes
- 2 No

Other Long-Term Condition

CC_Q221 **[Do/Does] [you/FNAME] have any other long-term condition that has been**
CCCC_1V **diagnosed by a health professional?**

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

CC_Q221S INTERVIEWER: Specify.

CCCCF1V

(80 spaces)

Health Status

HS_C00 If age < 4, go to next section.

HS_QINT1 **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. You may feel that some of these questions do not apply to [you/FNAME], but it is important that we ask the same questions of everyone.**
INTERVIEWER: Press <Enter> to continue.

Vision

HS_C01 If age < 12, replace the phrase "ordinary newsprint" with "the words in a book".

HS_Q01 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**
HSCC_1 **without glasses or contact lenses?**

- 1 Yes (Go to HS_Q04)
- 2 No (Go to next section)
DK, R

HS_Q02 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**
HSCC_2 **with glasses or contact lenses?**

- 1 Yes (Go to HS_Q04)
- 2 No

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HS_Q03
HSCC_3 **[Are/Is] [you/he/she] able to see at all?**

- 1 Yes
- 2 No (Go to HS_Q06)
- DK, R (Go to HS_Q06)

HS_Q04
HSCC_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_Q06)
- 2 No (Go to HS_Q06)
- DK, R (Go to HS_Q06)

HS_Q05
HSCC_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_Q06
HSCC_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_C10)
- 2 No (Go to HS_C10)
- DK, R (Go to HS_C10)

HS_Q07
HSCC_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_Q08)
- 2 No

HS_Q07A
HSCC_7A **[Are/Is] [you/he/she] able to hear at all?**

- 1 Yes
- 2 No (Go to HS_C10)
- DK, R (Go to HS_C10)

HS_Q08
HSCC_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_C10)
- 2 No (Go to HS_C10)
- R (Go to HS_C10)

HS_Q09
HSCC_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_C10 If age >= 12 then go to HS_Q10.

HS_QINT3 **The next few questions on day-to-day health are concerned with [FNAME's] abilities relative to other children the same age.**

INTERVIEWER: Press <Enter> to continue.

HS_Q10 **[Are/Is] [you/FNAME] usually able to be understood completely when speaking with strangers in [your/his/her] own language?**
HSCC_10

- 1 Yes (Go to HS_Q14)
- 2 No
R (Go to HS_Q14)

HS_Q11 **[Are/Is] [you/he/she] able to be understood partially when speaking with strangers?**
HSCC_11

- 1 Yes
- 2 No

HS_Q12 **[Are/Is] [you/he/she] able to be understood completely when speaking with those who know [you/him/her] well?**
HSCC_12

- 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 [you/him/her] well?**
HSCC_13

- 1 Yes
- 2 No

Getting Around

HS_Q14 **[Are/Is] [you/FNAME] usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**
HSCC_14

- 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?**
HSCC_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 to walk around the neighbourhood?**
HSCC_16

- 1 Yes
- 2 No

HS_Q17 [Do/Does] [you/he/she] require the help of another person to be able to walk?
HSCC_17

- 1 Yes
- 2 No

HS_Q18 [Do/Does] [you/he/she] require a wheelchair to get around?
HSCC_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?
HSCC_19

INTERVIEWER: Read categories to respondent.

- 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
HSCC_20 wheelchair?

- 1 Yes
- 2 No

Hands and Fingers

HS_Q21 [Are/Is] [you/FNAME] usually able to grasp and handle small objects such as a
HSCC_21 pencil or scissors?

- 1 Yes (Go to HS_Q25)
- 2 No (Go to HS_Q25)
- DK, R (Go to HS_Q25)

HS_Q22 [Do/Does] [you/he/she] require the help of another person because of limitations
HSCC_22 in the use of hands or fingers?

- 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:
HSCC_23

INTERVIEWER: Read categories to respondent.

- 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
HSCC_24 in dressing, because of limitations in the use of hands or fingers?

- 1 Yes
- 2 No

Feelings

HS_Q25 **Would you describe [yourself/FNAME] as being usually:**
HSCC_25 **INTERVIEWER:** Read categories to respondent.

- 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?**
HSCC_26 **INTERVIEWER:** Read categories to respondent.

- 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**
HSCC_27 **problems?**
INTERVIEWER: Read categories to respondent.

- 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] [your/FNAME] usually free of pain or discomfort?**
HSCC_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?**
HSCC_29 **INTERVIEWER:** Read categories to respondent.

- 1 **Mild**
- 2 **Moderate**
- 3 **Severe**

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HS_Q30 **How many activities does [your/his/her] pain or discomfort prevent?**
HSCC_30 INTERVIEWER: Read categories to respondent.

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

Physical Activities

PA_C1 If proxy interview or age < 12, go to next section.

PA_QINT1 **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.**
INTERVIEWER: Press <Enter> to continue.

PA_Q1 **Have you done any of the following in the past 3 months, that is, from [date three months ago] to yesterday?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- PACC_1A 1 **Walking for exercise**
- PACC_1B 2 **Gardening or yard work**
- PACC_1C 3 **Swimming**
- PACC_1D 4 **Bicycling**
- PACC_1E 5 **Popular or social dance**
- PACC_1F 6 **Home exercises**
- PACC_1G 7 **Ice hockey**
- PACC_1H 8 **Ice skating**
- PACC_1Y 9 **In-line skating or roller skating**
- PACC_1J 10 **Jogging or running**
- PACC_1K 11 **Golfing**
- PACC_1L 12 **Exercise class or aerobics**
- PACC_1I 13 **Downhill skiing or snowboarding**
- PACC_1N 14 **Bowling**
- PACC_1O 15 **Baseball or softball**
- PACC_1P 16 **Tennis**
- PACC_1Q 17 **Weight-training**
- PACC_1R 18 **Fishing**
- PACC_1S 19 **Volleyball**
- PACC_1T 20 **Basketball**
- PACC_1U 21 **Any other**
- PACC_1V 22 No physical activity (Go to PA_QINT2)
DK, R (Go to next section)

If "Any other" is chosen as a response, go to PA_Q1US. Otherwise, go to PA_Q1W.

PA_Q1US **What was this activity?**
PACCFC1 INTERVIEWER: Enter one activity only.

(80 spaces)

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PA_Q1W **In the past 3 months, did you do any other activity for leisure?**

PACC_1W

- 1 Yes
- 2 No (Go to PA_Q2)
- DK, R (Go to PA_Q2)

PA_Q1WS **What was this activity?**

PACCFC2

INTERVIEWER: Enter one activity only.

(80 spaces)

PA_Q1X **In the past 3 months, did you do any other activity for leisure?**

PACC_1X

- 1 Yes
- 2 No (Go to PA_Q2)
- DK, R (Go to PA_Q2)

PA_Q1XS **What was this activity?**

PACCFC3

INTERVIEWER: Enter one activity only.

(80 spaces)

For each activity identified in PA_Q1, ask PA_Q2 and PA_Q3.

PA_Q2 **In the past 3 months, how many times did you participate in [identified activity]?**

PACC_2A

TO

PACC_2Y

- ||| 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?**

PACC_3A

TO

PACC_3Y

- 1 1 to 15 minutes
- 2 16 to 30 minutes
- 3 31 to 60 minutes
- 4 More than one hour

PA_QINT2 **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.**

INTERVIEWER: Press <Enter> to continue.

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?**

PACC_4A

- 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
PACC_4B In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?

- 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_C5 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
PACC_5 **When riding a bicycle how often did you wear a helmet?**
INTERVIEWER: Read categories to respondent.

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

PA_Q6
PACC_6 **Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?**
INTERVIEWER: Read categories to respondent.

- 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**

UV Exposure

TU_C1 If proxy interview or age < 12, go to next section.

TU_QINT **A sunburn is any reddening or discomfort of your skin that lasts longer than 12 hours after exposure to the sun or other UV sources, such as tanning beds or sun lamps.**
INTERVIEWER: Press <Enter> to continue.

TU_Q1
TUCC_3 **In the past 12 months, has any part of your body been sunburnt?**

- 1 Yes
- 2 No

Repetitive Strain

RP_C1 If age < 12, go to next section.

RP_QINT **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.)**
INTERVIEWER: Press <Enter> to continue.

RP_Q1
RPCC_1 **In the past 12 months, that is, from [date one year ago] to yesterday, did [you/FNAME] have any injuries due to repetitive strain which were serious enough to limit [your/his/her] normal activities?**

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

RP_Q3
RPCC_3 **Thinking about the most serious repetitive strain, what part of the body was affected?**

- 1 Head
- 2 Neck
- 3 Shoulder, upper arm
- 4 Elbow, lower arm
- 5 Wrist, hand
- 6 Hip
- 7 Thigh
- 8 Knee, lower leg
- 9 Ankle, foot
- 10 Upper back or upper spine
- 11 Lower back or lower spine
- 12 Chest (excluding back and spine)
- 13 Abdomen or pelvis (excluding back and spine)

RP_Q4 **What type of activity [were/was] [you/he/she] doing when [you/he/she] got this repetitive strain?**

INTERVIEWER: Mark all that apply.

- RPCC_5A 1 Sports or physical exercise (include school activities)
- RPCC_5B 2 Leisure or hobby (include volunteering)
- RPCC_5C 3 Working at a job or business (include travel to or from work)
- RPCC_5D 4 Household chores, other unpaid work or education
- RPCC_5E 5 Sleeping, eating, personal care
- RPCC_5F 6 Other - Specify

Injuries

IJ_CINT If age < 12 or RP_Q1 <> "Yes", do not use the word "other" in IJ_QINT.

IJ_QINT **Now some questions about [other] 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.**

INTERVIEWER: Press <Enter> to continue.

IJ_C01 If RP_Q1 <> 1 then use only second part of phrase in IJ_Q01.

IJ_Q01
IJCC_1 **(Not counting repetitive strain injuries,) In the past 12 months, that is, from [date one year ago] to yesterday, [were/was] [you/FNAME] injured?**

- 1 Yes
- 2 No (Go to IJ_Q14)
- DK, R (Go to next section)

IJ_Q02 **How many times [were/was] [you/he/she] injured?**

IJCC_2

||| Times
(MIN: 1) (MAX: 30; warning after 6)
DK, R (Go to next section)

IJ_Q03 **(Thinking about the most serious injury,) What type of injury did [you/he/she] have? For example, a broken bone or burn.**

IJCC_3

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn, scald, chemical burn
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut, puncture, animal bite (open wound)
- 7 Scrape, bruise, blister
- 8 Concussion or other brain injury (Go to IJ_Q06)
- 9 Poisoning (Go to IJ_Q06)
- 10 Injury to internal organs (Go to IJ_Q05)
- 11 Other - Specify

IJ_Q04 **What part of the body was injured?**

IJCC_4

- 1 Multiple sites
- 2 Eyes
- 3 Head (excluding eyes)
- 4 Neck
- 5 Shoulder, upper arm
- 6 Elbow, lower arm
- 7 Wrist, hand
- 8 Hip
- 9 Thigh
- 10 Knee, lower leg
- 11 Ankle, foot
- 12 Upper back or upper spine
- 13 Lower back or lower spine
- 14 Chest (excluding back and spine)
- 15 Abdomen or pelvis (excluding back and spine)

Go to IJ_Q06

IJ_Q05 **What part of the body was injured?**

IJCC_4A

- 1 Chest (within rib cage)
- 2 Abdomen or pelvis (below ribs)
- 3 Other - Specify

IJ_Q06
IJCC_5

Where did the injury happen?

INTERVIEWER: If respondent says 'At work' probe for type of workplace.

- 1 In a home or its surrounding area
- 2 Residential institution
- 3 School, college, university (exclude sports areas)
- 4 Other institution (e.g., church, hospital, theatre, civic building)
- 5 Sports or athletics area (include school sports areas)
- 6 Street, highway, sidewalk
- 7 Commercial area (e.g., store, restaurant, office building, transport terminal)
- 8 Industrial or construction area
- 9 Farm (exclude farmhouse and its surrounding area)
- 10 Other - Specify

IJ_Q07
IJCC_9

What type of activity [were/was] [you/he/she] doing when [you/he/she] [were/was] injured?

- 1 Sports or physical exercise (include school activities)
- 2 Leisure or hobby (include volunteering)
- 3 Working at a job or business (include travel to or from work)
- 4 Household chores, other unpaid work or education
- 5 Sleeping, eating, personal care
- 6 Other - Specify

IJ_Q08
IJCC_10

Was the injury the result of a fall?

INTERVIEWER: Select 'No' for transportation accidents.

- 1 Yes
- 2 No (Go to IJ_Q10)
- DK, R (Go to IJ_Q10)

IJ_Q09
IJCC_10A

How did [you/he/she] fall?

- 1 While skating, skiing, snowboarding, in-line skating or skateboarding
- 2 Going up or down stairs / steps (icy or not)
- 3 Slip, trip or stumble on ice or snow
- 4 Slip, trip or stumble on any other surface
- 5 From furniture (e.g., bed, chair)
- 6 From elevated position (e.g., ladder, tree)
- 7 Other - Specify

Go to IJ_Q11

IJ_Q10
IJCC_10B

What caused the injury?

- 1 Transportation accident
- 2 Accidentally bumped, pushed, bitten, etc. by person or animal
- 3 Accidentally struck or crushed by object(s)
- 4 Accidental contact with sharp object, tool or machine
- 5 Smoke, fire, flames
- 6 Accidental contact with hot object, liquid or gas
- 7 Extreme weather or natural disaster
- 8 Overexertion or strenuous movement
- 9 Physical assault
- 10 Other – Specify

IJ_Q11
IJCC_11 **Did [you/FNAME] receive any medical attention for this injury from a health professional within 48 hours?**

- 1 Yes
- 2 No (Go to IJ_Q14)
- DK, R (Go to IJ_Q14)

IJ_Q12
IJCC_12 **Where did [you/he/she] receive treatment?**

- 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

IJ_Q13
IJCC_13 **[Were/Was] [you/he/she] admitted to a hospital overnight?**

- 1 Yes
- 2 No

IJ_Q14
IJCC_14 **Did [you/FNAME] have any other injuries in the past 12 months that were treated by a health professional, but did not limit [your/his/her] normal activities?**

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

IJ_Q15
IJCC_15 **How many injuries?**

Injuries
(MIN: 1) (MAX: 30; warning after 6)

Stress

ST_C100 If proxy interview or age < 12, go to next section.

Ongoing Problems

ST_QINT1A **The next part of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.**
INTERVIEWER: Press <Enter> to continue.

ST_QINT1B **I'll start by describing situations that sometimes come up in people's lives. As there are no right or wrong answers, the idea is to choose the answer best suited to your personal situation. I'd like you to tell me if these statements are true for you at this time by answering 'true' if it applies to you now or 'false' if it does not.**
INTERVIEWER: Press <Enter> to continue.

ST_Q101 **You are trying to take on too many things at once.**

STCC_C1

- 1 True
 - 2 False
- R (Go to ST_C300)

ST_Q102 **There is too much pressure on you to be like other people.**

STCC_C2

- 1 True
- 2 False

ST_Q103 **Too much is expected of you by others.**

STCC_C3

- 1 True
- 2 False

ST_C104 If age < 18, go to ST_Q112.

ST_Q104 **You don't have enough money to buy the things you need.**

STCC_C4

- 1 True
- 2 False

ST_C105 If marital status = married or living common-law go to ST_Q105. If marital status = single, widowed, separated or divorced go to ST_Q106. Otherwise (i.e., marital status is unknown) go to ST_Q109.

ST_Q105 **Your partner doesn't understand you.**

STCC_C5

- 1 True
- 2 False

ST_Q106 **Your partner doesn't show enough affection.**

STCC_C6

- 1 True
- 2 False

ST_Q107 **Your partner is not committed enough to your relationship.**

STCC_C7

- 1 True
- 2 False

Go to ST_Q109

ST_Q108 **You find it is very difficult to find someone compatible with you.**

STCC_C8

- 1 True
- 2 False

ST_Q109 **Do you have any children?**

STCC_C9

- 1 Yes
 - 2 No (Go to ST_Q112)
- DK, R (Go to ST_Q112)

ST_Q110
STCC_C10 **Remember I want to know if you feel any of these statements are true for you at this time.**
One of your children seems very unhappy.

- 1 True
- 2 False

ST_Q111
STCC_C11 **A child's behaviour is a source of serious concern to you.**

- 1 True
- 2 False

ST_Q112
STCC_C12 **Your work around the home is not appreciated.**

- 1 True
- 2 False

ST_C113 If age < 18, go to ST_Q118.

ST_Q113
STCC_C13 **Your friends are a bad influence.**

- 1 True
- 2 False

ST_Q114
STCC_C14 **You would like to move but you cannot.**

- 1 True
- 2 False

ST_Q115
STCC_C15 **Your neighbourhood or community is too noisy or too polluted.**

- 1 True
- 2 False

ST_Q116
STCC_C16 **You have a parent, a child or a partner who is in very bad health and may die.**

- 1 True
- 2 False

ST_Q117
STCC_C17 **Someone in your family has an alcohol or drug problem.**

- 1 True
- 2 False

ST_Q118
STCC_C18 **People are too critical of you or what you do.**

- 1 True
- 2 False

Childhood and Adult Stressors (“traumas”)

Focus questions

ST_C300 If age < 18, go to ST_C400.

ST_QINT3 **The next few questions ask about some things that may have happened to you while you were a child or a teenager, before you moved out of the house. Please tell me if any of these things have happened.**
INTERVIEWER: Press <Enter> to continue.

ST_Q301 **Did you spend 2 weeks or more in the hospital?**

ST_C_T1

- 1 Yes
 - 2 No
- R (Go to ST_C400)

ST_Q302 **Did your parents get a divorce?**

ST_C_T2

- 1 Yes
- 2 No

ST_Q303 **Did your father or mother not have a job for a long time when they wanted to be working?**

ST_C_T3

- 1 Yes
- 2 No

ST_Q304 **Did something happen that scared you so much you thought about it for years after?**

ST_C_T4

- 1 Yes
- 2 No

ST_Q305 **Were you sent away from home because you did something wrong?**

ST_C_T5

- 1 Yes
- 2 No

ST_Q306 **Did either of your parents drink or use drugs so often that it caused problems for the family?**

ST_C_T6

- 1 Yes
- 2 No

ST_Q307 **Were you ever physically abused by someone close to you?**

ST_C_T7

- 1 Yes
- 2 No

Work Stress

ST_C400 If age < 15 or age > 75, go to ST_C500.

ST_QINT4A **Now I'm going to read you a series of statements that might describe your job situation.**

INTERVIEWER: Press <Enter> to continue.

ST_Q400 **Do you currently work at a job or business?**

STCC_W1

- 1 Yes
- 2 No (Go to ST_C500)
- DK, R (Go to ST_C500)

ST_QINT4B **Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. If you have more than one job, just think about the main one.**

INTERVIEWER: Press <Enter> to continue.

ST_Q401 **Your job requires that you learn new things.**

STCC_W1A

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- R (Go to ST_C500)

ST_Q402 **Your job requires a high level of skill.**

STCC_W1B

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q403 **Your job allows you freedom to decide how you do your job.**

STCC_W1C

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q404 **Your job requires that you do things over and over.**

STCC_W1D

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q405 **Your job is very hectic.**
STCC_W1E

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q406 **You are free from conflicting demands that others make.**
STCC_W1F **INTERVIEWER:** If necessary, explain that the question refers to conflicting demands on the job.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q407 **Your job security is good.**
STCC_W1G

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q408 **Your job requires a lot of physical effort.**
STCC_W1H

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q409 **You have a lot to say about what happens in your job.**
STCC_W1I

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q410 **You are exposed to hostility or conflict from the people you work with.**
STCC_W1J

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q411 **Your supervisor is helpful in getting the job done.**
STCC_W1K

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q412 **The people you work with are helpful in getting the job done.**

STCC_W1L

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q413 **How satisfied are you with your job?**

STCC_W2

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
- 2 **Somewhat satisfied**
- 3 **Not too satisfied**
- 4 **Not at all satisfied**

Self-Esteem

Focus questions

ST_C500 If age < 12, go to ST_C600

ST_QINT5 **Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

INTERVIEWER: Press <Enter> to continue.

ST_Q501

ST_C_E1A

You feel that you have a number of good qualities.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- R (Go to ST_C600)

ST_Q502

ST_C_E1B

You feel that you're a person of worth at least equal to others.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q503

ST_C_E1C

You are able to do things as well as most other people.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q504 **You take a positive attitude toward yourself.**

ST_C_E1D

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q505 **On the whole you are satisfied with yourself.**

ST_C_E1E

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q506 **All in all, you're inclined to feel you're a failure.**

ST_C_E1F

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Mastery

ST_C600 If age < 12, go to next section.

ST_QINT6 **Now I am going to read you a series of statements that people might use to describe themselves.**

Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

INTERVIEWER: Press <Enter> to continue.

ST_Q601 **You have little control over the things that happen to you.**

STCC_M1A

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- R (Go to ST_C800)

ST_Q602 **There is really no way you can solve some of the problems you have.**

STCC_M1B

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q603 **There is little you can do to change many of the important things in your life.**

STCC_M1C

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q604 **You often feel helpless in dealing with problems of life.**

STCC_M1D

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q605 **Sometimes you feel that you are being pushed around in life.**

STCC_M1E

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q606 **What happens to you in the future mostly depends on you.**

STCC_M1F

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

ST_Q607 **You can do just about anything you really set your mind to.**

STCC_M1G

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Sense of Coherence

Focus questions

ST_C800 If age < 18, go to next section.

ST_QINT8 **Next is a series of questions relating to various aspects of people's lives. For each question please answer with a number between 1 and 7. Take your time to think about each question before answering.**

INTERVIEWER: Press <Enter> to continue.

ST_Q801
ST_C_H1

How often do you have the feeling that you don't really care about what goes on around you? (1 means very seldom or never and 7 means very often.)

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

|_| Number
(MIN: 1) (MAX: 7)
DK, R (Go to next section)

ST_Q802
ST_C_H2

How often in the past were you surprised by the behaviour of people whom you thought you knew well? (1 means it has never happened and 7 means it has always happened.)

- 1 Never happened
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Always happened

|_| Number
(MIN: 1) (MAX: 7)
DK, R

ST_Q803
ST_C_H3

How often have people you counted on disappointed you? (1 means it never happened and 7 means it always happened.)

- 1 Never happened
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ∇
- 7 Always happened

|_| Number
(MIN: 1) (MAX: 7)
DK, R

ST_Q804
ST_C_H4

How often do you have the feeling you're being treated unfairly?
(1 means very often and 7 means very seldom or never.)

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

| | Number
(MIN: 1) (MAX: 7)
DK, R

ST_Q805
ST_C_H5

How often do you have the feeling you are in an unfamiliar situation and don't know what to do? (1 means very often and 7 means very seldom or never.)

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

| | Number
(MIN: 1) (MAX: 7)
DK, R

ST_Q806
ST_C_H6

How often do you have very mixed-up feelings and ideas?
(1 means very often and 7 means very seldom or never.)

- 1 Very often
- 2 Δ
- 3 |
- 4 |
- 5 |
- 6 ▽
- 7 very seldom or never

| | Number
(MIN: 1) (MAX: 7)
DK, R

ST_Q807
ST_C_H7

How often do you have feelings inside that you would rather not feel?
(1 means very often and 7 means very seldom or never.)

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

|_| Number
(MIN: 1) (MAX: 7)
DK, R

ST_Q808
ST_C_H8

Many people -- even those with a strong character -- sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?
(1 means very seldom or never and 7 means very often.)

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

|_| Number
(MIN: 1) (MAX: 7)
DK, R

ST_Q809
ST_C_H9

How often do you have the feeling that there's little meaning in the things you do in your daily life? (1 means very often and 7 means very seldom or never.)

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

|_| Number
(MIN: 1) (MAX: 7)
DK, R

ST_Q810 **How often do you have feelings that you're not sure you can keep under control?**
ST_C_H10 (1 means very often and 7 means very seldom or never.)

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

|_| Number
(MIN: 1) (MAX: 7)
DK, R

ST_Q811 **Until now has your life had no clear goals or purpose or has it had very clear goals and purpose?**
ST_C_H11 (1 means no clear goals or purpose and 7 means very clear goals and purpose.)

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

|_| Number
(MIN: 1) (MAX: 7)
DK, R

ST_Q812 **When something happens, do you generally find that you overestimate or underestimate its importance or you see things in the right proportion?**
ST_C_H12 (1 means you overestimate or underestimate importance and 7 means you see things in the right proportion.)

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

|_| Number
(MIN: 1) (MAX: 7)
DK, R

ST_Q813 **Is doing the things you do every day a source of great pleasure and satisfaction or a**
ST_C_H13 **source of pain and boredom?** (1 means a source of great pleasure and satisfaction
and 7 means a source of pain and boredom.)

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

|_| Number
(MIN: 1) (MAX: 7)
DK, R (Go to next section)

Medication Use

DG_C1 If age < 12, go to next section.

DG_QINT **Now I'd like to ask a few questions about [you/FNAME's] use of medications, both prescription and over-the-counter, as well as other health products.**
INTERVIEWER: Press <Enter> to continue.

DG_Q1A **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**

DGCC_1A ... pain relievers such as Aspirin or Tylenol (including arthritis medicine and anti-inflammatory)?

- 1 Yes
- 2 No
- R (Go to next section)

DG_Q1B **... tranquilizers such as Valium or Ativan?**

DGCC_1B

- 1 Yes
- 2 No

DG_Q1C **... diet pills such as Ponderal, Dexatrim or Fastin?**

DGCC_1C

- 1 Yes
- 2 No

DG_Q1D **... anti-depressants such as Prozac, Paxil or Effexor?**

DGCC_1D

- 1 Yes
- 2 No

DG_Q1E **... codeine, Demerol or morphine?**

DGCC_1E

- 1 Yes
- 2 No

DG_Q1F ... allergy medicine such as Reactine or Allegra?

DGCC_1F

- 1 Yes
- 2 No

DG_Q1G In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:

DGCC_1G ... asthma medications such as inhalers or nebulizers?

- 1 Yes
- 2 No

DG_Q1H ... cough or cold remedies?

DGCC_1H

- 1 Yes
- 2 No

DG_Q1I ... penicillin or other antibiotics?

DGCC_1I

- 1 Yes
- 2 No

DG_Q1J ... medicine for the heart?

DGCC_1J

- 1 Yes
- 2 No

DG_Q1K ... medicine for blood pressure?

DGCC_1K

- 1 Yes
- 2 No

DG_Q1L In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:

DGCC_1L ... diuretic or water pills?

- 1 Yes
- 2 No

DG_Q1M ... steroids?

DGCC_1M

- 1 Yes
- 2 No

DG_Q1N ... insulin?

DGCC_1N

- 1 Yes
- 2 No

DG_Q1O ... pills to control diabetes?

DGCC_1O

- 1 Yes
- 2 No

DG_Q1P ... sleeping pills such as Imovane, Nytol or Starnoc?

DGCC_1P

- 1 Yes
- 2 No

DG_Q1Q ... stomach remedies?

DGCC_1Q

- 1 Yes
- 2 No

DG_Q1R ... laxatives?

DGCC_1R

- 1 Yes
- 2 No

DG_C1S If female & age <= 49, go to DG_Q1S. Otherwise, go to DG_C1T.

DG_Q1S ... birth control pills?

DGCC_1S

- 1 Yes
- 2 No

DG_C1T If female & age >= 30, go to DG_Q1T. Otherwise, go to DG_Q1U.

DG_Q1T ... hormones for menopause or aging symptoms?

DGCC_1T

- 1 Yes
- 2 No (Go to DG_Q1U)
- DK, R (Go to DG_Q1U)

DG_Q1T1 What type of hormones [a re/is] [you/she] taking?

DGCC_1T1

INTERVIEWER: Read categories to respondent.

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

DG_Q1T2 When did [you/she] start this hormone therapy?

DGCC_1T2

INTERVIEWER: Enter the year.

Year
(MIN: year of birth + 30) (MAX: current year)

DG_Q1U In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:

DGCC_1U ... thyroid medication such as Synthroid or Levothyroxine?

- 1 Yes
- 2 No

NPHS, Household Component, Cycle 8 (2008/2009)

DG_Q1V ... any other medication?

DGCC_1V

- 1 Yes (Specify)
- 2 No

DG_C2 If any drug(s) specified in DG_Q1A to DG_Q1V, go to DG_Q2. Otherwise, go to DG_Q4.

DG_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?**

DGCC_2

[_|_] Medications
(MIN: 0) (MAX: 99; warning after 10)
DK, R (Go to DG_Q4)

DG_C3 If number = 0, then go to DG_Q4. For each number > 0 ask DG_Q3nn and DG_Q3nnA, up to a maximum of 12.

DG_Q3nn **What is the exact name of the medication that [you/FN/ME] took?**

DGCCF3A

TO
DGCCF3L

INTERVIEWER: Ask respondent to look at the bottle, tube or box

(80 spaces)
DK, R (Go to DG_Q4.)

DG_Q3nnA **Was this a prescription from a medical doctor or dentist?**

DGCC_3AA

TO
DGCC_3LA

- 1 Yes
- 2 No

DG_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.**

DGCC_4

[Do/Does] [you/FN/ME] use any of these or other health products?

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

DG_Q4A **In the past 2 days, that is, yesterday and the day before yesterday, did [you/he/she] use any of these health products?**

DGCC_4A

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

DG_Q501 **Thinking of the past 2 days, what is the exact name of a health product that [you/he/she] used?**

DGCCF5A

INTERVIEWER: Ask respondent to look at the bottle, tube or box.

(80 spaces)
DK, R (Go to next section)

DG_Q5nnA **Did [you/he/she] use another health product?**

DGCC_5AA
TO
DGCC_5KA

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

DG_Q5nn **What is the exact name of this product?**

DGCCF5B
TO
DGCCF5L

INTERVIEWER: Ask respondent to look at the bottle, tube or box.

(80 spaces)
DK, R (Go to next section)

DG_C5 Ask DG_Q5nnA and DG_Q5nn for up to 12 products.

Smoking

SM_C101 If age < 12, go to next section.

SM_Q101
SMCC_1

The next questions are about smoking.
Does anyone in this household smoke regularly, inside the house?

- 1 Yes
- 2 No

SM_Q102
SMCC_2

At the present time [do/does] [you/HNAME] smoke cigarettes daily, occasionally or not at all?

- 1 Daily
- 2 Occasionally (Go to SM_Q105B)
- 3 Not at all (Go to SM_Q104A)
DK, R (Go to next section)

SM_C103 If reported was daily smoker in previous interview, go to SM_Q104. (SM_Q103 was filled during processing).

SM_Q103
SMCC_3

At what age did [you/he/she] begin to smoke cigarettes daily?

[_][_] Age in years
(MIN: 5) (MAX: current age)

SM_Q104
SMCC_4

How many cigarettes [do/does] [you/he/she] smoke each day now?

[_][_] Cigarettes
(MIN: 1) (MAX: 99; warning after 60)

Go to SM_C108B

SM_Q104A
SMCC_4A

[Have/Has] [you/he/she] ever smoked cigarettes at all?

- 1 Yes (Go to SM_Q105A)
- 2 No
DK, R (Go to SM_C113)

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SM_C104B If reported ever smoked in previous interview and non-proxy interview, go to SM_Q104B. Otherwise, go to SM_C113.

SM_Q104B **(Remember, for this survey it's important to measure change.)**
SMCC_4B **During our last interview in [month and year of last response interview], we recorded that you had previously smoked but this time we did not. In fact, have you ever smoked cigarettes?**

- 1 Yes (SM_Q104A was filled with "1" during processing)
- 2 No (Go to SM_C113)
- DK, R (Go to SM_C113)

SM_Q105B **On the days that [you/FNAME] [do/does] smoke, about how many cigarettes**
SMCC_5B **[do/does] [you/he/she] usually have?**

||| Cigarettes
(MIN: 1) (MAX: 99; warning after 20)

SM_Q105C **In the past month, on how many days [have/has] [you/he/she] smoked 1 or more**
SMCC_5C **cigarettes?**

||| Days
(MIN: 0) (MAX: 30)

SM_Q105A **In [your/his/her] lifetime, [have/has] [you/FNAME] smoked a total of 100 or more**
SMCC_5A **cigarettes (about 4 packs)?**

- 1 Yes
- 2 No

SM_C105D If reported was daily smoker in previous interview or reported ever was daily smoker in previous interview, go to SM_C108B (SM_Q105D was filled with "1" during processing).

SM_Q105D **[Have/Has] [you/he/she] ever smoked cigarettes daily?**
SMCC_5

- 1 Yes
- 2 No (Go to SM_C108B)
- DK, R (Go to SM_C113)

SM_Q106 **At what age did [you/he/she] begin to smoke (cigarettes) daily?**
SMCC_6

||||| Age in years
(MIN: 5) (MAX: current age)

SM_Q107 **How many cigarettes did [you/he/she] usually smoke each day?**
SMCC_7

||| Cigarettes
(MIN: 1) (MAX: 99; warning after 60)

SM_Q108 **At what age did [you/he/she] stop smoking (cigarettes) daily?**
SMCC_8

||||| Age in years
(MIN: 5 or age in SM_Q106) (MAX: current age)

SM_C108B If SM_Q102 = 3 (non-smoker), go to SM_C109.

NPHS, Household Component, Cycle 8 (2008/2009)

SM_Q108B **What brand of cigarettes [do/does] [you/he/she] usually smoke?**
INTERVIEWER: If necessary, probe for cigarette strength and size.

SM_Q108S INTERVIEWER: Specify.
 SMCCC8B

 (80 spaces)
 DK, R (Not allowed)

Go to SM_C109

SM_C109

	Smoke - 2006	Smoke - 2008	Go to
Non-proxy only	Daily or Occasionally	Not at all	SM_Q109
Non-proxy only	Not at all	Daily or Occasionally	SM_Q110
Non-proxy only	Daily	Occasionally	SM_Q111
Non-proxy only	Occasionally	Daily	SM_Q112
Otherwise	-	-	SM_C113

NOTE: If respondent says he/she "never smoked" even after probing in SM_Q104B, and there is a change from 2006 to 2008, no further probing is done.

If SM_Q104B = 2, then SM_Q109, SM_Q110, SM_Q111 and SM_Q112 are set to valid skips.

SM_Q109 **Compared to our interview in [month and year of last response interview], you are**
 SMCC_9 **reporting that you no longer smoke. Why did you quit?**

- 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 SM_C113.

SM_Q110 **Compared to our interview in [month and year of last response interview], you are**
SMCC_10 **reporting that you currently smoke. Why did you start smoking?**

- 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 SM_C113.

SM_Q111 **Compared to our interview in [month and year of last response interview], you are**
SMCC_11 **reporting that you smoke less. Why did you cut down?**

- 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 SM_C113.

SM_Q112 **Compared to our interview in [month and year of last response interview], you are**
SMCC_12 **reporting that you smoke more. Why have you increased smoking?**

- 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

SM_C113 If SM_Q102 = 1 (Daily Smoker) or SM_Q102 = 2 (Occasional Smoker) or [SM_Q102 = 3 (Non-Smoker) and (SM_Q104A = 1 or SM_Q104B = 1)], go to SM_Q114.

SM_Q113 **[Have/Has] [you/he/she] ever smoked a whole cigarette?**
SMCC_13

- 1 Yes
- 2 No (Go to SM_C200)
- DK, R (Go to SM_C200)

SM_Q114 **At what age did [you/he/she] smoke [your/his/her] first whole cigarette?**
SMCC_14

||_| Age in years
(MIN: 5) (MAX: current age)

SM_C200 If proxy interview, go to next section.

SM_C201 If SM_Q102 = 1 (Daily smoker), go to SM_Q201. Otherwise, go to SM_C202.

SM_Q201 **How soon after you wake up do you smoke your first cigarette?**
SMCC_201

- 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

SM_Q201A **Do you find it difficult to refrain from smoking in places where it is forbidden?**
SMCC_21A

- 1 Yes
- 2 No

SM_Q201B **Which cigarette would you most hate to give up?**
SMCC_21B INTERVIEWER: Read categories to respondent.

- 1 **The first one of the day**
- 2 **Another one**

SM_Q201C **Do you smoke more frequently during the first hours after waking, compared with the rest of the day?**
SMCC_21C

- 1 Yes
- 2 No

SM_Q201D **Do you smoke even if you are so ill that you are in bed most of the day?**
SMCC_21D

- 1 Yes
- 2 No

SM_C202 If SM_Q102 = 1 (Daily smoker) or SM_Q102 = 2 (Occasional smoker), go to SM_Q202. Otherwise, go to SM_C206.

SM_Q202 **Have you tried quitting in the past 6 months?**
SMCC_202

- 1 Yes
- 2 No (Go to SM_C206)
- DK, R (Go to SM_C206)

NPHS, Household Component, Cycle 8 (2008/2009)

SM_Q203 **How many times have you tried quitting (in the past 6 months)?**

SMCC_203

||| Times
(MIN:1) (MAX: 25)

SM_Q204 **Are you seriously considering quitting within the next 30 days?**

SMCC_204

1 Yes (Go to SM_C206)
2 No

SM_Q205 **Are you seriously considering quitting within the next 6 months?**

SMCC_205

1 Yes
2 No

SM_C206 If ST_Q400 = 1 (currently employed) and non-proxy interview, go to SM_Q206. Otherwise, go to next section.

SM_Q206 **At your place of work what are the restrictions on smoking?**

SMCC_206

INTERVIEWER: Read categories to respondent.

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

Alcohol

AL_C1 If age < 12, go to next section.

AL_QINT **Now, some questions about [your/FNAME's] alcohol consumption.**

When we use the word drink it means:

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

INTERVIEWER: Press <Enter> to continue.

AL_Q1A **Since our interview in [month and year of last response interview], [have/has]**
ALCC_1A **[you/FNAME] had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to AL_Q5B)
DK, R (Go to next section)

AL_Q1B **During the past 12 months, that is, from [date one year ago] to yesterday,**
ALCC_1 **[have/has] [you/FNAME] had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to AL_Q6)
DK, R (Go to next section)

NPHS, Household Component, Cycle 8 (2008/2009)

AL_Q2 **During the past 12 months, how often did [you/he/she] drink alcoholic beverages?**
ALCC_2

- 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

AL_Q3 **How often in the past 12 months [have/has] [you/he/she] had 5 or more drinks on one occasion?**
ALCC_3

- 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

AL_Q5 **Thinking back over the past week, that is, from [date last week] to yesterday, did [you/FNAME] have a drink of beer, wine, liquor or any other alcoholic beverage?**
ALCC_5

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

AL_Q5A **Starting with yesterday, that is [day name], how many drinks did [you/FNAME] have:**

- ALCC_5A1 1 ... on Sunday? (If R on first day, go to next section)
- ALCC_5A2 2 ... on Monday? (MIN: 0 MAX: 99; warning after 12 for each day)
- ALCC_5A3 3 ... on Tuesday?
- ALCC_5A4 4 ... on Wednesday?
- ALCC_5A5 5 ... on Thursday?
- ALCC_5A6 6 ... on Friday?
- ALCC_5A7 7 ... on Saturday?

Go to next section.

AL_Q5B **[Have/Has] [you/FNAME] ever had a drink?**
ALCC_5B

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

AL_Q6 **Did [you/he/she] ever regularly drink more than 12 drinks a week?**
ALCC_6

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

NPHS, Household Component, Cycle 8 (2008/2009)

AL_Q7 **Why did [you/he/she] reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|----------------------------------------------------|
| ALCC_7A | 1 | Dieting |
| ALCC_7B | 2 | Athletic training |
| ALCC_7C | 3 | Pregnancy |
| ALCC_7D | 4 | Getting older |
| ALCC_7E | 5 | Drinking too much / drinking problem |
| ALCC_7F | 6 | Affected - work, studies, employment opportunities |
| ALCC_7G | 7 | Interfered with family or home life |
| ALCC_7H | 8 | Affected - physical health |
| ALCC_7I | 9 | Affected - friendships or social relationships |
| ALCC_7J | 10 | Affected - financial position |
| ALCC_7K | 11 | Affected - outlook on life, happiness |
| ALCC_7L | 12 | Influence of family or friends |
| ALCC_7M | 13 | Other - Specify |

Mental Health

MH_C01 If proxy interview or age < 12, go to next section.

MH_QINT **Now some questions about mental and emotional well-being.**

INTERVIEWER: Press <Enter> to continue

MH_Q01A **During the past month, that is, from [date one month ago] to yesterday, about how often did you feel**

MHCC_1A **... so sad that nothing could cheer you up?**

INTERVIEWER: Read categories to respondent.

- 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_Q01K)

MH_Q01B **... nervous?**

MHCC_1B INTERVIEWER: Read categories to respondent.

- 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_Q01K)

NPHS, Household Component, Cycle 8 (2008/2009)

MH_Q01C ... **restless or fidgety?**
MHCC_1C INTERVIEWER: Read categories to respondent.

- 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_Q01K)

MH_Q01D ... **hopeless?**
MHCC_1D INTERVIEWER: Read categories to respondent.

- 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_Q01K)

MH_Q01E ... **worthless?**
MHCC_1E INTERVIEWER: Read categories to respondent.

- 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_Q01K)

MH_Q01F ... **that everything was an effort?**
MHCC_1F INTERVIEWER: Read categories to respondent.

- 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_Q01K)

MH_C01G If MH_Q01A to MH_Q01F are all "None of the time", go to MH_Q01K.

MH_Q01G **We have just been talking about feelings and experiences that occurred to**
MHCC_1G **different degrees during the past month.**
Taking them altogether, did these feelings occur more often in the past month than is
usual for you, less often than usual or about the same as usual?

- 1 More often
- 2 Less often (Go to MH_Q01I)
- 3 About the same (Go to MH_Q01J)
- 4 Never have had any (Go to MH_Q01K)
DK, R (Go to MH_Q01K)

NPHS, Household Component, Cycle 8 (2008/2009)

MH_Q01H
MHCC_1H **Is that a lot more, somewhat more or only a little more often than usual?**

- 1 A lot
- 2 Somewhat
- 3 A little
- DK, R (Go to MH_Q01K)

Go to MH_Q01J.

MH_Q01I
MHCC_1I **Is that a lot less, somewhat less or only a little less often than usual?**

- 1 A lot
- 2 Somewhat
- 3 A little
- DK, R (Go to MH_Q01K)

MH_Q01J
MHCC_1J **How much do these experiences usually interfere with your life or activities?**
INTERVIEWER: Read categories to respondent.

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

MH_Q01K
MHCC_1K **In the past 12 months, that is, from [one year ago] to yesterday, have you seen or talked on the telephone with a health professional about your emotional or mental health?**

- 1 Yes
- 2 No (Go to MH_Q02)
- DK, R (Go to MH_Q02)

MH_Q01L
MHCC_1L **How many times (in the past 12 months)?**

||| Times
(MIN: 1) (MAX: 36; warning after 25)

MH_Q01M **Whom did you see or talk to?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- MHCC_1MA 1 **Family doctor or general practitioner**
- MHCC_1MB 2 **Psychiatrist**
- MHCC_1MC 3 **Psychologist**
- MHCC_1MD 4 **Nurse**
- MHCC_1ME 5 **Social worker or counsellor**
- MHCC_1MF 6 **Other – Specify**

MH_Q02
MHCC_2 **During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?**

- 1 Yes
- 2 No (Go to MH_Q16)
- DK, R (Go to next section)

NPHS, Household Component, Cycle 8 (2008/2009)

MH_Q03
MHCC_3 **For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst. During that time, how long did these feelings usually last?**
INTERVIEWER: Read categories to respondent.

- 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_Q04
MHCC_4 **How often did you feel this way during those 2 weeks?**
INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to MH_Q16)
 DK, R (Go to next section)

MH_Q05
MHCC_5 **During those 2 weeks did you lose interest in most things?**

- 1 Yes (KEY PHRASE = Losing interest)
- 2 No (Go to next section)
 DK, R

MH_Q06
MHCC_6 **Did you feel tired out or low on energy all of the time?**

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No (Go to next section)
 DK, R

MH_Q07
MHCC_7 **Did you gain weight, lose weight or stay about the same?**

- 1 Gained weight (KEY PHRASE = Gaining weight)
- 2 Lost weight (KEY PHRASE = Losing weight)
- 3 Stayed about the same (Go to MH_Q09)
- 4 Was on a diet (Go to MH_Q09)
 DK, R (Go to next section)

MH_Q08A
MHCC_8A **About how much did you [gain/lose]?**
INTERVIEWER: Enter amount only.

||| Weight
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)
 DK, R (Go to MH_Q09)

MH_Q08B
MHCC_8B INTERVIEWER: Was that in pounds or in kilograms?

- MHCC_8LB
MHCC_8KG
- 1 Pounds
 - 2 Kilograms
 (DK, R are not allowed)

MH_Q09 **Did you have more trouble falling asleep than you usually do?**

MHCC_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?**

MHCC_10

INTERVIEWER: Read categories to respondent.

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

MH_Q11 **Did you have a lot more trouble concentrating than usual?**

MHCC_11

- 1 Yes (KEY PHRASE = Trouble concentrating)
- 2 No (Go to next section)
- DK, R (Go to next section)

MH_Q12 **At these times, people sometimes feel down on themselves, no good or worthless.**

MHCC_12

Did you feel this way?

- 1 Yes (KEY PHRASE = Feeling down on yourself)
- 2 No (Go to next section)
- DK, R (Go to next section)

MH_Q13 **Did you think a lot about death—either your own, someone else’s or death in general?**

MHCC_13

- 1 Yes (KEY PHRASE =Thoughts about death)
- 2 No (Go to next section)
- DK, R (Go to next section)

MH_C14 If “Yes” in MH_Q05, MH_Q06, MH_Q09, MH_Q11, MH_Q12 or MH_Q13, or MH_Q07 is “gain” or “lose”, go to MH_Q14C. Otherwise, go to next section.

MH_Q14C **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).**

INTERVIEWER: Press <Enter> to continue.

MH_Q14 **About how many weeks altogether did you feel this way during the past 12 months?**

MHCC_14

- |_|_| Weeks
- (MIN: 2 MAX: 53)
- (If > 51 weeks, go to next section.)
- DK, R (Go to next section)

MH_Q15 **Think about the last time you felt this way for 2 weeks or more in a row. In what**
MHCC_15 **month was that?**

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

Go to next section.

MH_Q16 **During the past 12 months, was there ever a time lasting 2 weeks or more when**
MHCC_16 **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 **For the next few questions, please think of the 2-week period during the past 12**
MHCC_17 **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?
INTERVIEWER: Read categories to respondent.

- 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 **How often did you feel this way during those 2 weeks?**
MHCC_18 **INTERVIEWER:** Read categories to respondent.

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

MH_Q19 **During those 2 weeks did you feel tired out or low on energy all the time?**
MHCC_19

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No (Go to next section)
- DK, R (Go to next section)

NPHS, Household Component, Cycle 8 (2008/2009)

- MH_Q20
MHCC_20
- Did you gain weight, lose weight, or stay about the same?**
- 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_Q21A
MHCC_21A
- About how much did you [gain/lose]?**
INTERVIEWER: Enter amount only.
- [_] Weight
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)
DK, R (Go to MH_Q22)

- MH_Q21B
MHCC_21B
MHCC_21L
MHCC_21K
- INTERVIEWER: Was that in pounds or in kilograms?
- 1 Pounds
 - 2 Kilograms
- (DK, R are not allowed)

- MH_Q22
MHCC_22
- Did you have more trouble falling asleep than you usually do?**
- 1 Yes (KEY PHRASE = Trouble falling asleep)
 - 2 No (Go to MH_Q2+)
- DK, R (Go to next section)

- MH_Q23
MHCC_23
- How often did that happen?**
INTERVIEWER: Read categories to respondent.
- 1 **Every night**
 - 2 **Nearly every night**
 - 3 **Less often**
- DK, R (Go to next section)

- MH_Q24
MHCC_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
MHCC_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
MHCC_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)

NPHS, Household Component, Cycle 8 (2008/2009)

MH_C27 If any "Yes" in MH_Q19, MH_Q22, MH_Q24, MH_Q25 or MH_Q26, or MH_Q20 is "gain" or "lose", go to MH_Q27C. Otherwise, go to next section.

MH_Q27C **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).**

INTERVIEWER: Press <Enter> to continue.

MH_Q27 **About how many weeks did you feel this way during the past 12 months?**

MHCC_27

Weeks

(MIN: 2 MAX: 53)

(If > 51 weeks, go to next section.)

DK, R (Go to next section)

MH_Q28 **Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?**

MHCC_28

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

Social Support (Medical Outcomes Study questions)

SS_C01 If proxy interview or age < 12, go to next section.

SS_Q01 **Next are some questions about the social support that is available to you.**

SSCC_101

About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?

Close friends and relatives

(MIN: 0) (MAX: 99; warning after 20)

DK, R (Go to next section)

SS_QINT2 **People sometimes look to others for companionship, assistance, or other types of support.**

INTERVIEWER: Press <Enter> to continue.

SS_Q02 **How often is each of the following kinds of support available to you if you need it:**

SSCC_102 **... someone to help you if you were confined to bed?**

INTERVIEWER: Read categories to respondent.

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

SS_Q03 **... someone you can count on to listen to you when you need to talk?**

SSCC_103

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q04 **... someone to give you advice about a crisis?**

SSCC_104

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q05 **... someone to take you to the doctor if you needed it?**

SSCC_105

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q06 **... someone who shows you love and affection?**

SSCC_106

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q07 **How often is each of the following kinds of support available to you if you need it:**

SSCC_107 **... someone to have a good time with?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS_Q08 ... someone to give you information in order to help you understand a situation?
SSCC_108

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q09 ... someone to confide in or talk to about yourself or your problems?
SSCC_109

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q10 ... someone who hugs you?
SSCC_110

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q11 ... someone to get together with for relaxation?
SSCC_111

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q12 ... someone to prepare your meals if you were unable to do it yourself?
SSCC_112

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q13 ... someone whose advice you really want?
SSCC_113

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q14 **How often is each of the following kinds of support available to you if you need it:**

SSCC_114 **... someone to do things with to help you get your mind off things?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS_Q15 **... someone to help with daily chores if you were sick?**

SSCC_115

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q16 **... someone to share your most private worries and fears with?**

SSCC_116

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q17 **... someone to turn to for suggestions about how to deal with a personal problem?**

SSCC_117

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q18 **... someone to do something enjoyable with?**

SSCC_118

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q19 **... someone who understands your problems?**

SSCC_119

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS_Q20 ... someone to love you and make you feel wanted?

SSCC_120

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

Language

SD_QINT **Now some general background questions.**

INTERVIEWER: Press <Enter> to continue.

SD_Q5 **In what languages can [you/he/she] conduct a conversation?**

INTERVIEWER: Mark all that apply.

If baby, mark the language(s) being learned.

- SDCC_5A 1 English
- SDCC_5B 2 French
- SDCC_5C 3 Arabic
- SDCC_5D 4 Chinese
- SDCC_5E 5 Cree
- SDCC_5F 6 German
- SDCC_5G 7 Greek
- SDCC_5H 8 Hungarian
- SDCC_5I 9 Italian
- SDCC_5J 10 Korean
- SDCC_5K 11 Persian (Farsi)
- SDCC_5L 12 Polish
- SDCC_5M 13 Portuguese
- SDCC_5N 14 Punjabi
- SDCC_5O 15 Spanish
- SDCC_5P 16 Tagalog (Filipino)
- SDCC_5Q 17 Ukrainian
- SDCC_5R 18 Vietnamese
- SDCC_5S 19 Other - Specify

FOR INFORMATION ONLY

SD_Q6 **What is the language that [you/FNAME] first learned at home in childhood and can still understand?**

INTERVIEWER: Mark all that apply.

If person can no longer understand the first language learned, mark the second.

If baby, mark the language(s) of parent.

- | | | |
|---------|----|--------------------|
| SDCC_6A | 1 | English |
| SDCC_6B | 2 | French |
| SDCC_6C | 3 | Arabic |
| SDCC_6D | 4 | Chinese |
| SDCC_6E | 5 | Cree |
| SDCC_6F | 6 | German |
| SDCC_6G | 7 | Greek |
| SDCC_6H | 8 | Hungarian |
| SDCC_6I | 9 | Italian |
| SDCC_6J | 10 | Korean |
| SDCC_6K | 11 | Persian (Farsi) |
| SDCC_6L | 12 | Polish |
| SDCC_6M | 13 | Portuguese |
| SDCC_6N | 14 | Punjabi |
| SDCC_6O | 15 | Spanish |
| SDCC_6P | 16 | Tagalog (Filipino) |
| SDCC_6Q | 17 | Ukrainian |
| SDCC_6R | 18 | Vietnamese |
| SDCC_6S | 19 | Other - Specify |

Education

ED_C1 If age < 12, go to ED_Q8.

ED_Q1 **[Are/Is] [you/FNAME] currently attending a school, college or university?**

EDCC_1

- | | | |
|---|-------|---------------|
| 1 | Yes | |
| 2 | No | (Go to ED_C2) |
| | DK, R | (Go to ED_Q8) |

ED_Q2 **[Are/Is] [you/he/she] enrolled as a full-time student or a part-time student?**

EDCC_2

- | | |
|---|-----------|
| 1 | Full-time |
| 2 | Part-time |

Go to ED_C4A

ED_C2 If EDCBD3 = 1 or 2 or 3 or 4 and valid previous interview date, go to ED_Q3 (data were collected in a previous cycle). Otherwise, go to ED_Q4.

ED_Q3 **[Have/Has] [you/FNAME] attended a school, college or university since our last interview in [month and year of last response interview]?**

EDCC_3

- | | | |
|---|-------|---------------|
| 1 | Yes | |
| 2 | No | (Go to ED_Q8) |
| | DK, R | (Go to ED_Q8) |

NPHS, Household Component, Cycle 8 (2008/2009)

ED_C4A If EDCBD3 = 3 or 4 (i.e., 2008 highest level is above high school), go to ED_Q7. (ED_Q4 to ED_Q6 were filled during processing with data collected in a previous cycle)
If EDCBD3 = 2 (i.e., 2008 highest level is secondary graduation), go to ED_Q6. (ED_Q4 and ED_Q5 were filled during processing with data collected in a previous cycle)
Otherwise, go to ED_Q4.

ED_Q4 **Excluding kindergarten, how many years of elementary and high school**
EDCC_4 **[have/has] [you/FNAME] successfully completed?**

- 1 No schooling (Go to ED_Q8)
- 2 1 to 5 years
- 3 6 years
- 4 7 years
- 5 8 years
- 6 9 years
- 7 10 years
- 8 11 years
- 9 12 years
- 10 13 years
- DK, R (Go to ED_Q8)

ED_C4 If age < 15, go to ED_Q8.

ED_Q5 **[Have/Has] [you/FNAME] graduated from high school?**
EDCC_5

- 1 Yes
- 2 No

ED_Q6 **[Have/Has] [you/FNAME] ever attended any other kind of school such as a**
EDCC_6 **university, community college, business school, trade or vocational school, CEGEP**
or other post-secondary institution?

- 1 Yes
- 2 No (Go to ED_Q8)
- DK, R (Go to ED_Q8)

ED_Q7 **What is the highest level of education that [you/FNAME] [have/has] ever attained?**
EDCC_7

- 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., L.I.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

ED_C7 If ED_Q7 not 10 "Other-Specify", go to ED_Q8.

ED_Q8
EDCC_8 **Thinking about the level of education of all the members of your household. What is the highest level of education that has ever been attained by a member of your household?**

INTERVIEWER: Read categories to respondent.

- 1 **Some elementary or high school**
- 2 **High school diploma**
- 3 **Some post-secondary education**
- 4 **Post-secondary degree, certificate or diploma**

Labour Force

LF_C01 If age < 15 or if age > 75, go to next section.

LF_QINT1 **The next few questions concern [you/FNAME's] activities in the last 7 days. By the last 7 days, I mean beginning [date one week ago], and ending [date yesterday].**

INTERVIEWER: Press <Enter> to continue.

Job Attachment

LF_Q01
LSCC_1 **Last week, did [you/FNAME] work at a job or business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**

- 1 Yes (Go to LF_Q03)
- 2 No
- 3 Permanently unable to work (Go to LF_QINT2)
- DK, R (Go to next section)

LF_Q02
LSCC_2 **Last week, did [you/FNAME] have a job or business from which [you/he/she] [were/was] absent?**

- 1 Yes
- 2 No (Go to LF_Q11)
- DK, R (Go to next section)

LF_Q03
LSCC_3 **Did [you/he/she] have more than one job or business last week?**

- 1 Yes
- 2 No

Go to LF_C31

Job Search - Last 4 Weeks

LF_Q11
LSCC_11 **In the past 4 weeks, did [you/FNAME] do anything to find work?**

- 1 Yes (Go to LF_QINT2)
- 2 No
- DK, R (Go to LF_QINT2)

LF_Q12 **Last week, did [you/he/she] have a job to start at a definite date in the future?**
LSCC_12

- 1 Yes (Go to LF_QINT2)
- 2 No
 DK, R (Go to LF_QINT2)

LF_Q13 **What is the main reason that [you/FNAME] [are/is] not currently working at a**
LSCC_13 **job or business?**

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Pregnancy (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 School or educational leave
- 8 Retired
- 9 Believes no work available (in area or suited to skills)
- 10 Other - Specify

Past Job Attachment

LF_QINT2 **Now some questions about jobs or employment which [you/FNAME] [have/has]**
had during the past 12 months, that is, from [date one year ago] to yesterday.
INTERVIEWER: Press <Enter> to continue.

LF_Q21 **Did [you/he/she] work at a job or business at any time in the past 12 months?**
LSCC_21 **Please include part-time jobs, seasonal work, contract work, self-employment,**
baby-sitting and any other paid work, regardless of the number of hours worked.

- 1 Yes (Go to LF_Q23)
- 2 No

LF_C22 If LF_Q11 = 1, go to LF_Q71. Otherwise, go to LF_Q22.

LF_Q22 **During the past 12 months, did [you/he/she] do anything to find work?**
LSCC_22

- 1 Yes (Go to LF_Q71)
- 2 No (Go to next section)
- DK, R (Go to next section)

LF_Q23 **During that 12 months, did [you/he/she] work at more than one job or business at**
LSCC_23 **the same time?**

- 1 Yes
- 2 No

Job Description

LF_C31 If LF_Q01 = 1 or LF_Q02 = 1, then the following questions will be asked about the
current job. Otherwise, they will be asked about the most recent job.

LF_QINT3 **The next questions are about [your/FNAME's] [current/most recent] job or business.**
(If person currently holds more than one job or if the last time he/she worked it was at more than one job: INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.)
INTERVIEWER: Press <Enter> to continue.

LF_Q31 **[Are/Is/Were/Was] [you/he/she] an employee or self-employed?**
LSCC_31

1	Employee	(Go to LF_Q33)
2	Self-employed	
3	Working in a family business without pay DK, R	(Go to LF_Q33) (Go to LF_Q33)

LF_Q32 **What [is/was] the name of [your/his/her] business?**
LSCCF32

Confirm pre-fill or enter response (50 spaces) (Go to LF_Q34)

LF_Q33 **For whom [do/does/did] [you/he/she] [currently/last] work? (For example: name of business, government department or agency, or person)**
LSCCF33

Confirm pre-fill or enter response (50 spaces)

LF_Q34 **What kind of business, industry or service [is/was] this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)**
LSCCF34

Confirm pre-fill or enter response (50 spaces)

LF_Q35 **What kind of work [are/is/were/was] [you/he/she] doing? (For example: babysitting in own home, factory worker, forestry technician)**
LSCCF35

Confirm pre-fill or enter response (50 spaces)

LF_Q36 **What [are/were] [your/his/her] most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)**
LSCCF36

Confirm pre-fill or enter response (50 spaces)

Absence/Hours

LF_C41 If LF_Q02 = 1, go to LF_Q41. Otherwise, go to LF_Q42.

LF_Q41 **What was the main reason [you/FNAME] [were/was] absent from work last week?**
 LSCC_41

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Maternity leave (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions (Employees only)
- 9 Seasonal layoff (Employees only)
- 10 Casual job, no work available (Employees only)
- 11 Work schedule (e.g., shift work, etc.) (Employees only)
- 12 Self-employed, no work available (Self-employed only)
- 13 Seasonal business (Excluding employees)
- 14 School or educational leave
- 15 Other - Specify

LF_Q42 **About how many hours a week [do/does/did] [you/FNAME] usually work at**
 LSCC_42 **[your/his/her] [job/business]? If [you/he/she] usually [work/works/worked] extra**
hours, paid or unpaid, please include these hours.

||_| Hours
 (MIN: 1) (MAX: 168; warning after 84)

LF_C43 If (LF_Q01=1 or LF_Q02=1) and LF_Q31=1, go to LF_Q43. Otherwise, go to LF_Q44.

LF_Q43 **Given the choice, at this job would [you/he/she] prefer to work:**
 LSCC_43 **INTERVIEWER:** Read categories to respondent.

- 1 ... fewer hours for less pay?
- 2 ... more hours for more pay?
- 3 ... the same hours for the same pay?

LF_Q44 **Which of the following best describes the hours [you/he/she] usually**
 LSCC_44 **[work/works/worked] at [your/his/her] [job/business]?**

INTERVIEWER: Read categories to respondent.

- 1 **Regular daytime schedule or shift** (Go to LF_Q46)
- 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**
 DK, R (Go to LF_Q46)

LF_Q45
LSCC_45 **What is the main reason that [you/he/she] [work/works/worked] this schedule?**

- 1 Requirement of job / no choice
- 2 Going to school
- 3 Caring for - own children
- 4 Caring for - other relatives
- 5 To earn more money
- 6 Likes to work this schedule
- 7 Other - Specify

LF_Q46
LSCC_46 **[Do/Does/Did] [you/he/she] usually work on weekends at this[job/business]?**

- 1 Yes
- 2 No

Other Job

LF_C51 If LF_Q03=1 or LF_Q23=1, go to LF_Q51. Otherwise, go to LF_Q61.

LF_Q51
LSCC_51 **You indicated that [you/FNAME] [have/has/had] more than one job. For how many weeks in a row [have/has/did] [you/he/she] [work/worked] at more than one job [(in the past 12 months)]?**
INTERVIEWER: Obtain best estimate.

[_][_] Weeks
(MIN: 1) (MAX: 52)

LF_Q52
LSCC_52 **What is the main reason that [you/he/she] [work/works/worked] at more than one job?**

- 1 To meet regular household expenses
- 2 To pay off debts
- 3 To buy something special
- 4 To save for the future
- 5 To gain experience
- 6 To build up a business
- 7 Enjoys the work of the second job
- 8 Other - Specify

LF_Q53
LSCC_53 **About how many hours a week [do/does/did] [you/he/she] usually work at [you/his/her] other job(s)? If [you/he/she] usually [work/works/worked] extra hours, paid or unpaid, please include these hours.**

[_][_] Hours
(MIN: 1) (MAX: 168 – LF_Q42; warning after 30)

LF_Q54
LSCC_54 **[Do/Does/Did] [you/he/she] usually work on weekends at [your/his/her] other job(s)?**

- 1 Yes
- 2 No

Weeks Worked

LF_Q61 **During the past 52 weeks, how many weeks did [you/FNAME] do any work at a job**
LSCC_61 **or a business? (Include paid vacation leave, paid maternity leave, and paid sick**
 leave.)

 |_|_| Weeks
 (MIN: 1) (MAX: 52)

Looking for Work

LF_C71 IF LF_Q61 = 52, go to next section.

LF_Q71 If LF_Q61 was answered, use the second wording. Otherwise, use the first wording.
LSCC_71

During the past 52 weeks, how many weeks [were/was] [you/he/she] looking for
work?

That leaves [52 - LF_Q61] week[s]. During [those/that] [52 - LF_Q61] week[s], how
many weeks [were/was] [you/he/she] looking for work?

 |_|_| Weeks
 (MIN: 0) (MAX: 52 - LF_Q61)

LF_C72 If either LF_Q61 or LF_Q71 are non-response, go to next section.
 If the total number of weeks reported in LF_Q61 and LF_Q71 = 52, go to next section.
 If LF_Q61 and LF_Q71 were answered, [WEEKS] = [52 - (LF_Q61 + LF_Q71)].
 If LF_Q61 was not answered, [WEEKS] = (52 - LF_Q71).

LF_Q72 **That leaves [WEEKS] week[s] during which [you/he/she] [were/was] neither**
LSCC_72 **working nor looking for work. Is that correct?**

- 1 Yes (Go to LF_C73)
- 2 No (Go to LF_C73)
- DK, R (Go to LF_C73)

LF_E72 **You have indicated that [you/he/she] worked for [LF_Q61] week[s] and that**
 [you/he/she] [were/was] looking for work for [LF_Q71] week[s], leaving [WEEKS]
 week[s] during which [you/he/she] [were/was] neither working nor looking for
 work. The total number of weeks must add to 52. Please return and correct.

LF_C73 If (LF_Q01 = 1 or LF_Q02 = 1 or LF_Q11 = 1 or LF_Q12 = 1), go to LF_Q73. Otherwise,
 go to next section.

LF_Q73 **What is the main reason that [you/he/she] [were/was] not looking for work?**
LSCC_73 **INTERVIEWER:** If more than one reason, choose the one that explains the most number of weeks.

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Pregnancy (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions
- 9 Seasonal layoff
- 10 Casual job, no work available
- 11 Work schedule (e.g., shift work, etc.)
- 12 School or educational leave
- 13 Retired
- 14 Believes no work available (in area or suited to skills)
- 15 Other - Specify

LF_C74 If LF_Q71 > 1 and LF_Q71 < 52, go to LF_Q74. Otherwise, go to next section.

LF_Q74 **Were those [LF_Q71] weeks when [you/he/she] [were/was] without work but**
LSCC_74 **looking for work?**
INTERVIEWER: Read categories to respondent.

- 1 ... all in one period?
- 2 ... in 2 separate periods?
- 3 ... in 3 or more periods?

Income

IN_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?
INTERVIEWER: Read categories to respondent. Mark all that apply.

- | | | |
|----------------|----|-------------------------------------------------------------|
| INCC_1A | 1 | Wages and salaries |
| INCC_1B | 2 | Income from self-employment |
| INCC_1C | 3 | Dividends and interest (e.g., on bonds, savings) |
| INCC_1D | 4 | Employment insurance |
| INCC_1E | 5 | Worker's compensation |
| INCC_1F | 6 | Benefits from Canada or Quebec Pension Plan |
| INCC_1G | 7 | Retirement pensions, superannuation and annuities |
| INCC_1H | 8 | Old Age Security and Guaranteed Income Supplement |
| INCC_1I | 9 | Child Tax Benefit |
| INCC_1J | 10 | Provincial or municipal social assistance or welfare |
| INCC_1K | 11 | Child support |
| INCC_1L | 12 | Alimony |
| INCC_1M | 13 | Other (e.g., rental income, scholarships) |
| INCC_1N | 14 | None (Go to IN_Q3)
DK, R (Go to next section) |

NPHS, Household Component, Cycle 8 (2008/2009)

IN_C2 If more than one source of income is indicated, ask IN_Q2. Otherwise, ask IN_Q3.
(IN_Q2 will be filled with IN_Q1 during processing.)

IN_Q2 **What was the main source of income?**

INCC_2

- 1 Wages and salaries
- 2 Income from self-employment
- 3 Dividends and interest (e.g., on bonds, savings)
- 4 Employment insurance
- 5 Worker's compensation
- 6 Benefits from Canada or Quebec Pension Plan
- 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)

IN_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?**

INCC_3

Income
|_|_|_|_|_|_|_| Income
(MIN: 0) (MAX: 500,000; warning after 150,000)
0 (Go to next section)
DK, R (Go to IN_Q3A)

Go to IN_C4

IN_Q3A **Can you estimate in which of the following groups your household income falls? Was the total household income less than \$20,000 or \$20,000 or more?**

INCC_3A

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to IN_Q3E)
- 3 No income (Go to next section)
- DK, R (Go to next section)

IN_Q3B **Was the total household income from all sources less than \$10,000 or \$10,000 or more?**

INCC_3B

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to IN_Q3D)
- DK, R (Go to IN_C4)

IN_Q3C **Was the total household income from all sources less than \$5,000 or \$5,000 or more?**

INCC_3C

- 1 Less than \$5,000
- 2 \$5,000 or more

Go to IN_C4

NPHS, Household Component, Cycle 8 (2008/2009)

IN_Q3D **Was the total household income from all sources less than \$15,000 or \$15,000 or**
INCC_3D **more?**

- 1 Less than \$15,000
- 2 \$15,000 or more

Go to IN_C4

IN_Q3E **Was the total household income from all sources less than \$40,000 or \$40,000 or**
INCC_3E **more?**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to IN_Q3G)
- DK, R (Go to IN_C4)

IN_Q3F **Was the total household income from all sources less than \$30,000 or \$30,000 or**
INCC_3F **more?**

- 1 Less than \$30,000
- 2 \$30,000 or more

Go to IN_C4

IN_Q3G **Was the total household income from all sources:**
INCC_3G **INTERVIEWER: Read categories to respondent.**

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 to less than \$100,000?
- 5 ... \$100,000 or more?

IN_C4 If age >= 15, ask IN_Q4. Otherwise, go to next section.

IN_Q4 **What is your best estimate of [your/FNAME's] total personal income, before taxes**
INCC_4 **and deductions, from all sources in the past 12 months?**

[[] [] [] [] Income
(Min: 0) (MAX: 500 000; warning after 150 000)
0 (Go to next section)
DK, R (Go to IN_Q4A)

Go to next section.

IN_Q4A **Can you estimate in which of the following groups [your/FNAME's] personal**
INCC_4A **income falls? Was [your/his/her] total personal income less than \$20,000 or \$20,000**
or more?

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to IN_Q4E)
- 3 No income (Go to next section)
- DK, R (Go to next section)

NPHS, Household Component, Cycle 8 (2008/2009)

IN_Q4B **Was [your/his/her] total personal income less than \$10,000 or \$10,000 or more?**
INCC_4B

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to IN_Q4D)
 DK, R (Go to next section)

IN_Q4C **Was [your/his/her] total personal income less than \$5,000 or \$5,000 or more?**
INCC_4C

- 1 Less than \$5,000
- 2 \$5,000 or more

Go to next section

IN_Q4D **Was [your/his/her] total personal income less than \$15,000 or \$15,000 or more?**
INCC_4D

- 1 Less than \$15,000
- 2 \$15,000 or more

Go to next section

IN_Q4E **Was [your/his/her] total personal income less than \$40,000 or \$40,000 or more?**
INCC_4E

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to IN_Q4G)
 DK, R (Go to next section)

IN_Q4F **Was [your/his/her] total personal income less than \$30,000 or \$30,000 or more?**
INCC_4F

- 1 Less than \$30,000
- 2 \$30,000 or more

Go to next section

IN_Q4G **Was [your/his/her] total personal income:**
INCC_4G **INTERVIEWER: Read categories to respondent.**

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 to less than \$100,000?
- 5 ... \$100,000 or more?

Food Insecurity

FI_Q1 **In the past 12 months, did you or anyone else in your household:**

FI_C_1 **... worry that there would not be enough to eat because of a lack of money?**

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

FI_Q2 **(In the past 12 months, did you or anyone else in your household:)**

FI_C_2 **... not have enough food to eat because of a lack of money?**

- 1 Yes
- 2 No

FI_Q3 **(In the past 12 months, did you or anyone else in your household:)**

FI_C_3 **... not eat the quality or variety of foods that you wanted to eat because of a lack of money?**

- 1 Yes
- 2 No

Provincial Health Number and Administration

Provincial Health Number

AM_Q01A **Statistics Canada and your provincial ministry of health would like your permission to link information collected during all interviews conducted as part of this survey. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.**
INTERVIEWER: Press <Enter> to continue.

AM_Q01B
AM6C_LNK **This linked information will be kept confidential and used only for statistical purposes.**
Do we have your permission?

- 1 Yes
- 2 No (Go to AM_Q04A)
 DK, R (Go to AM_Q04A)

AM_C02 If have a valid health number from a previous interview, go to AM_Q02. Otherwise, go to AM_Q03A.

AM_Q02
AM6C_HN **Has [your/FNAME's] health number changed since our interview in [month and year of last response interview]?**

- 1 Yes
- 2 No (Go to AM_Q04A)
 DK, R (Go to AM_Q04A)

NPHS, Household Component, Cycle 8 (2008/2009)

AM_Q03A
AM6C_H3A **(Having a provincial health number will assist us in linking to this other information.)**
[Do/Does] [you/he/she] have a health number for [province]?

- 1 Yes (Go to AM_HN)
- 2 No (Go to AM_Q04A)
- DK, R (Go to AM_Q04A)

AM_Q03B
AM6C_H3B **For which province is [your/his/her] health number?**

- 10 Newfoundland and Labrador
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 62 Nunavut
- 88 Do not have a provincial health number (Go to AM_Q04A)
- DK, R (Go to AM_Q04A)

AM_HN
AM6C_HNF
TO
AM6C_HNU **What is [your/FNAME's] provincial health number?**
INTERVIEWER: Enter a health number for [province]. Do not insert blanks, hyphens or commas between the numbers.

(8 - 12 spaces)

AM_Q04A **Statistics Canada would like your permission to share the information from all interviews conducted as part of this survey with provincial ministries of health, Health Canada and the Public Health Agency of Canada.**
INTERVIEWER: Press <Enter> to continue.

AM_Q04B
AM6C_SHA **All information will be kept confidential and used only for statistical purposes. Do you agree to share the information provided?**

- 1 Yes
- 2 No

Administration

AM_N05
AM6C_14 **INTERVIEWER:** Is this a fictitious name for the respondent?

- 1 Yes
- 2 No (Go to AM_N09)
- DK (Go to AM_N09)

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AM_N06 INTERVIEWER: Remind respondent about the importance of getting correct names for
AM6C_15 longitudinal studies.

Do you want to make corrections to:

- 1 ... first name only?
- 2 ... last name only? (Go to AM_N08)
- 3 ... both names?
- 4 ... no corrections? (Go to AM_N09)

AM_N07 INTERVIEWER: Enter the first name only.

AM6CF16

(25 spaces)

AM_C08 If AM_N06 is not "Both", go to AM_N09.

AM_N08 INTERVIEWER: Enter the last name only.

AM6CF17

(25 spaces)

AM_N09 INTERVIEWER: Was this interview conducted on the telephone or in person?

AM6C_TEL

- 1 On telephone
- 2 In person
- 3 Both

AM_N12 INTERVIEWER: Record language of interview.

AM6C_LNG

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