

For information only

Section A

Health

A1

These first questions are about your health.

In general, would you say your health is...

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

A2

The following questions are about activities you might do during a typical day.

Does your health now limit you in these activities?
If so, how much?

- | | Yes, limited
a lot | Yes, limited
a little | No, not limited
at all |
|---|-------------------------|--------------------------|---------------------------|
| a) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> |
| b) Climbing several flights of stairs. | 9 <input type="radio"/> | 10 <input type="radio"/> | 11 <input type="radio"/> |

A3

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- | | Yes | No |
|---|-------------------------|-------------------------|
| a) Accomplished less than you would like. | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) Were limited in the kind of work or other activities that you were able to do. | 3 <input type="radio"/> | 4 <input type="radio"/> |

A4

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- | | Yes | No |
|--|-------------------------|-------------------------|
| a) Accomplished less than you would like. | 5 <input type="radio"/> | 6 <input type="radio"/> |
| b) Didn't do work or other activities as carefully as usual. | 7 <input type="radio"/> | 8 <input type="radio"/> |

A5

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Would you say...

- 1 not at all?
- 2 a little bit?
- 3 moderately?
- 4 quite a bit?
- 5 extremely?

A6

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

- | | All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) have you felt calm and peaceful? | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 10 <input type="radio"/> | 11 <input type="radio"/> |
| b) did you have a lot of energy? | 12 <input type="radio"/> | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> | 16 <input type="radio"/> | 17 <input type="radio"/> |
| c) have you felt downhearted and blue? | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> | 21 <input type="radio"/> | 22 <input type="radio"/> | 23 <input type="radio"/> |

A7

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

Would you say...

- 1 all the time?
- 2 most of the time?
- 3 some of the time?
- 4 a little of the time?
- 5 none of the time?

Section B

Socio-Economic Status

B1 The next questions are about your work. Which of the following things is the main thing that you are currently doing?

MARK ONE ONLY.

1) Full-time paid employee (30 hours or more a week)

1

2) Part-time paid employee (under 30 hours a week)

2

3) Full-time self-employed

3

4) Part-time self-employed

4

5) Unemployed and seeking work

5

6) Temporarily sick/disabled (up to 6 months)

6

7) Permanently sick/disabled

7

8) Looking after home/family

8

9) Going to school full or part-time

9

10) Other

Specify: _____

10

Go to question B3

Go to next question

Go to question B8

Go to question B14

CURRENTLY EMPLOYED

B2 What is the name of your business?



Go to question B4

B3 For whom do you work?

B4 What kind of business, industry or service is this? (For example, federal government, secondary school, forestry services, retail shoe store.)

B5 What kind of work do you do? (For example, office clerk, factory worker, forestry technician.)

B6 What are your most important duties or activities? (For example, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

B7 How long have you been at this job?

- 1 Less than 1 month
- 2 1 month to less than 6 months
- 3 6 months to less than 1 year
- 4 1 to 2 years
- 5 More than 2 years



Go to question C1 on page 9

CURRENTLY UNEMPLOYED BUT SEEKING WORK

B8 How many weeks have you been unemployed and looking for work?

weeks

OR

years (if more than 52 weeks)

- 6 Not seeking work → Go to question B14
- 7 Have never worked → Go to question C1 on page 9
- 8 Don't know

B9 Thinking about your last job, for whom did you work?

→ Go to question B11

- 1 Self-employed → Go to next question

B10 What was the name of your business?

B11 What kind of business, industry or service was this? (For example, federal government, secondary school, forestry services, retail shoe store.)

B12 What kind of work were you doing? (For example, office clerk, factory worker, forestry technician.)

B13 What were your most important duties or activities? (For example, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

} → Go to question C1 on page 9

CURRENTLY UNEMPLOYED AND NOT SEEKING A JOB

B14 When did you last have a full-time job (30 or more hours per week)?

- 1 Within the last 6 months
- 2 6 months to less than 1 year ago
- 3 1 to 2 years ago
- 4 More than 2 years ago
- 5 Never → Go to question C1 on page 9
- 6 Don't know

B15 Thinking of your last full-time job, for whom did you work?

B16 What kind of business, industry or service was this? (For example, federal government, secondary school, forestry services, retail shoe store.)

B17 What kind of work were you doing? (For example, office clerk, factory worker, forestry technician.)

B18 What were your most important duties or activities? (For example, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

Section C

Education

C1

Now I'd like to ask you some questions about your education.

Excluding kindergarten, how many years of elementary and high school have you successfully completed?

1 1 to 6 years

2 7 years

3 8 years

4 9 years

5 10 years

6 11 years

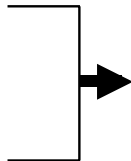
7 12 years

8 13 years

9 No schooling

10 Don't know

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Go to question D1 on page 13

C2 Have you graduated from high school?

3 Yes

4 No

C3 Have you ever attended university?

1 Yes

2 No → Go to question C5

C4 How many years of education have you completed at university?

Years

C5 Have you ever attended an institution other than a university, a secondary (high) school, or elementary school?

Include years of schooling at community colleges, technical institutes, CEGEP (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc.

3 Yes

4 No → Go to question C7

C6 How many years of education have you ever completed at an institution other than a university, a secondary (high) school or elementary school?

Years

C7

What is the highest degree, diploma or certificate you have ever obtained?

Include any qualifications obtained from secondary (high) schools, or trade schools and other postsecondary educational institutions.

MARK ONE ONLY.

- 1 Secondary (high) school graduation certificate or equivalent → Go to question C9
- 2 Trades certificate or diploma
- 3 Other non-university certificate or diploma (obtained at community college, CEGEP, technical institute, etc.)
- 4 University certificate or diploma **below** bachelor level
- 5 Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.)
- 6 University certificate or diploma **above** bachelor level
- 7 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
- 8 Degree above master's

C8

What was the major field of study or training of your highest degree, certificate or diploma (excluding secondary or high school graduation certificates)? For example, accounting, carpentry, civil engineering, history, legal secretary, welding.

C9

INTERVIEWER CHECK ITEM:

Please refer to question B1 to verify if respondent is currently going to school.

- 3 B1 = 9 (Going to school full or part-time) → Go to next question
- 4 Otherwise → Go to question D1 on page 13

C10

You mentioned earlier that you are attending school. What type of degree, diploma or certificate will you receive?

MARK ALL THAT APPLY.

- 1 None
- 2 Secondary (high) school graduation certificate or equivalent
- 3 Trades certificate or diploma
- 4 Other non-university certificate or diploma (obtained at community college, CEGEP, technical institute, etc.)
- 5 University certificate or diploma **below** bachelor level
- 6 Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.)
- 7 University certificate or diploma **above** bachelor level
- 8 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
- 9 Degree above master's
- 10 Other

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Section D

Income

D1 The following questions relate to YOUR income.

During the last tax year, what was your personal income before deductions from ALL sources?

\$, . → Go to question D5

0 No income → Go to question D5

1 Don't know
2 Refusal] → Go to next question

D2 Then, could you estimate in which of the following groups your total personal income falls?

Was your total personal income less than \$20,000 or \$20,000 or more?

5 Less than \$20,000
6 \$20,000 or more → Go to question D4

7 Don't know
8 Refusal] → Go to question D5

D3 Was your total personal income from all sources...

MARK ONE ONLY.

1 Less than \$4,999
2 \$5,000 to \$9,999
3 \$10,000 to \$14,999
4 \$15,000 to \$19,999] → Go to question D5

D4 Was your total personal income from all sources...

MARK ONE ONLY.

5 Less than \$30,000
6 \$30,000 to \$39,999
7 \$40,000 to \$49,999
8 \$50,000 to \$59,999
9 \$60,000 to \$79,999
10 \$80,000 or more

D5

What is your best estimate of your total household income from all sources in the last tax year, that is the total income from all household members, before taxes and deductions?

\$, .

➔ Go to question E1

0 No income ➔ Go to question E1

1 Don't know
2 Refusal } ➔ Go to next question

D6

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?

1 Less than \$20,000

2 \$20,000 or more ➔ Go to question D8

3 Don't know
4 Refusal } ➔ Go to question E1

D7

Was your total household income from all sources...

MARK ONE ONLY.

5 Less than \$5,000

6 \$5,000 to \$9,999

7 \$10,000 to \$14,999

8 \$15,000 to \$19,999

➔ Go to question E1

D8

Was your total household income from all sources...

MARK ONE ONLY.

1 Less than \$30,000

2 \$30,000 to \$39,999

3 \$40,000 to \$49,999

4 \$50,000 to \$59,999

5 \$60,000 to \$79,999

6 \$80,000 or more

Section E

Lifestyle Satisfaction

E1

Take a moment and consider each of the main areas in your life. Think about those things which are important to you and then tell me, in general, how satisfied you are with each of the following. Are you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied or very dissatisfied with...

	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
a) your health?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) your education?	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) your job or main activity?	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) your finances?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) your housing?	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) your neighbourhood?	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) your spouse, living partner or single status?	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) your relationship with friends and family members?	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) your life in general?	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>

F1 Statistics Canada conducts this survey in conjunction with McMaster University. The data will be kept strictly confidential and used only for statistical purposes. Do you agree to share the data with McMaster University?

1 Yes

2 No

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Section G

Contact Information

G1 Statistics Canada may want to contact you in the future for a further follow-up to the Ontario Child Health Study. In case you move or change telephone numbers, it would be helpful if you could provide the name, telephone number and address of someone, such as a relative or friend, who could help us contact you.

I want to emphasize that Statistics Canada will only contact this person if you move, and then only to obtain your new address or telephone number.

First Name																								

Last Name																								

Civic N°	Name of street	Ave., Street, Boul.	Apt. N°	

City / town	Province

Postal code				Telephone Number						

G2 What is the relationship of this person to you?

- 1 Father
- 2 Mother
- 3 Brother
- 4 Sister
- 5 Grandparent
- 6 Other relative
- 7 Friend
- 8 Other

Specify: _____

G3

In case we can't reach that person, we would like your permission to obtain your new address and telephone number from other government sources (such as Canada Customs and Revenue Agency (Revenue Canada) or provincial Motor Vehicle files). This would only be used to help us contact you. Do we have your permission?

3 Yes

4 No

COMMENTS:

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End of Interview

Thank you

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