

**NPHS: Health Institutions**

**1994-1995**

**Questionnaire**

**English**

For information only

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### Institution Policy Questions

Q1 Which of the following best describes this facility's smoking policy for residents?

*IPI4\_1* (Read list. Mark one only.)

- 1 Total prohibition - no smoking is permitted inside this facility
- 2 Smoking is restricted to a few designated areas inside this facility
- 3 Smoking is permitted throughout this facility
- 4 No policy on this topic

Q2 Some facilities have a policy that no alcohol may be consumed in the facility by the residents, while other facilities have a policy that residents may consume alcohol in the facility. Which of the following best describes this facility's policy on residents consuming alcohol in the facility?

*IPI4\_2* (Read list. Mark one only.)

- 1 Total prohibition - no alcohol may be consumed inside this facility
- 2 Alcohol may be consumed inside this facility
- 3 No policy on this topic

Q3 What is this facility's policy on husband and wives sharing a room?

*IPI4\_Q3* (Read list. Mark one only.)

- 1 High priority - spouses share a room if possible
- 2 Some effort is made to place spouses in the same room, but other factors, such as type or level of care required, take a higher priority
- 3 No priority is given to assigning spouses to the same room
- 4 Not applicable, this does not admit both spouses
- 5 No policy on this topic

Q4 Are regular organized physical activities provided for residents?

*IPI4\_4A*

- 1 Yes
- 2 No

Q5 Do pets visit the residents of this facility?

*IPI4\_Q5*

- 1 Yes
- 2 No

Q6

IPI4\_Q6

**As of today, how many long-term residents / patients are admitted to this facility?**

In Hospitals

By long-term patient, we mean those patients who are now admitted to long-term beds in this facility.

In Residential Care Facilities

By long-term resident, we mean those residents who have been here for six months or more, including any resident who is temporarily absent from the facility today, for example, visiting relatives or residents transferred to other institutions, such as hospitals, who have not been formally discharged. We would also like you to include those residents who have been here for less than six months, but who are not expected to be discharged to the community in the next six months.

---- Long-term residents / patients

Q7

IPI4\_FS

**Institution Response Code**

- 1 **Agrees to Participate**
- 2 **Refuses**
- 3 **No Contact**
- 4 **Other** (Specify in notes)

For information only

**A. Selected Resident Information**

The first set of questions will provide important basic information on the people we are interviewing.

Q1 Name of selected resident.  
(First and last names)

Q2 Enter or ask ( . . . 's) sex.

- DH14\_SEX
- 1 Male
  - 2 Female

Q3 Information Source.  
(Indicate only one.)

- DH14\_1
- 1 Selected Resident - Non-Proxy
  - 2 Proxy - Family member
  - 3 Proxy - Institutional Staff, Volunteers

Q4 **What is your ( . . . 's) date of birth?**

- 1 \_\_\_\_\_ Go to Q6  
Day Month Year
- 9 Don't know

DH14\_DOB  
DH14\_MOB  
DH14\_YOB

Q5 **What is your ( . . . 's) age? (In years)**  
(If age unknown, ask for estimated age.)

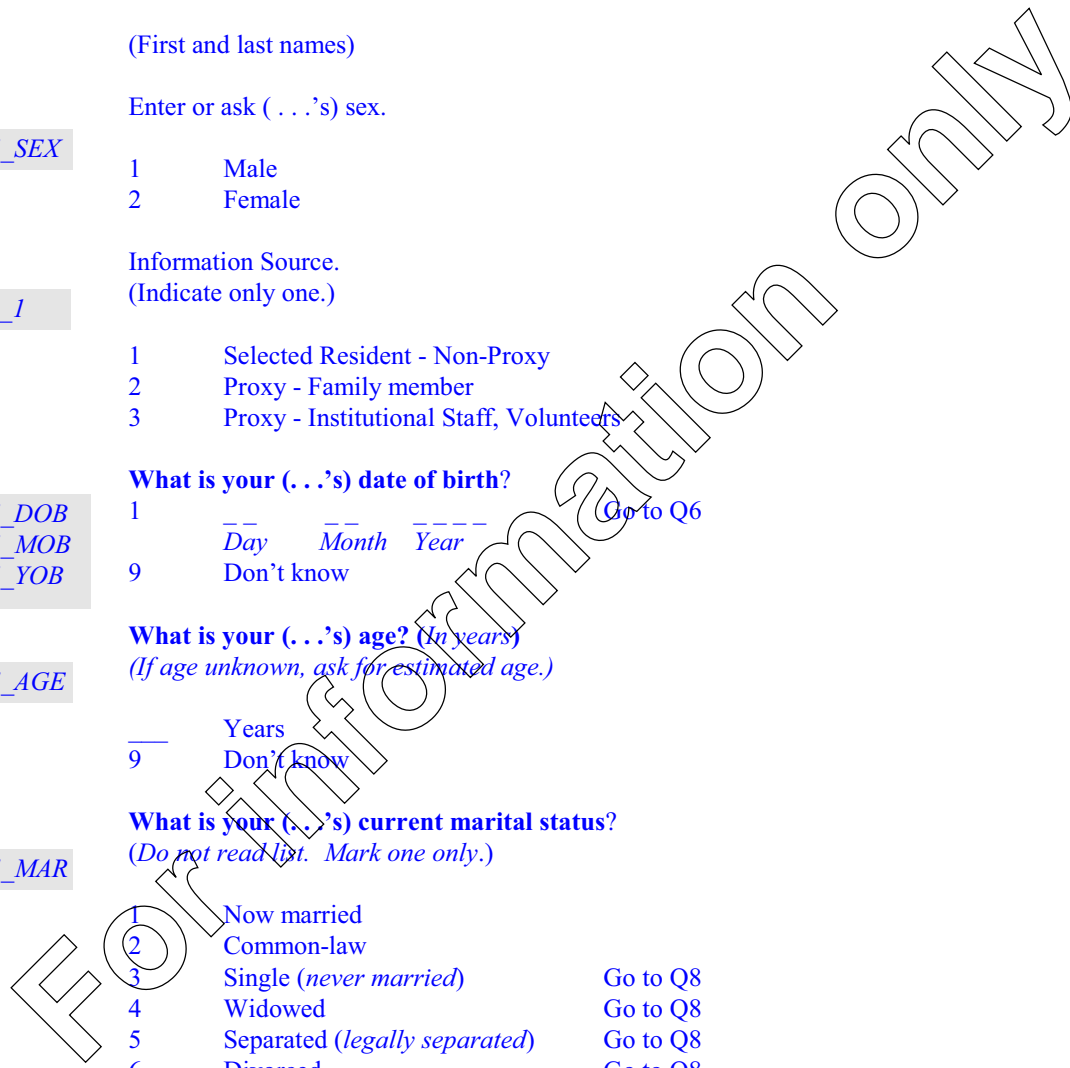
- DH14\_AGE
- \_\_\_\_\_ Years
  - 9 Don't know

Q6 **What is your ( . . . 's) current marital status?**  
(Do not read list. Mark one only.)

- DH14\_MAR
- 1 Now married
  - 2 Common-law
  - 3 Single (never married) Go to Q8
  - 4 Widowed Go to Q8
  - 5 Separated (legally separated) Go to Q8
  - 6 Divorced Go to Q8
  - 9 Don't know Go to Q8

Q7 **Is your ( . . . 's) husband / wife also living in this facility?**

- DH14\_7
- 1 Yes
  - 2 No



Q8 Do you (Does . . .) live in a room by yourself (by him / herself)?

DHI4\_8

- 1 Yes
- 2 No

Q9 What was the date of your (. . .)'s admission to this facility?

(The most recent admission if admitted more than once.)

DHI4\_MOA

DHI4\_YOA

- 1
- 9 Don't know

Q10 Where were you (was . . .) living before being admitted to this facility? Were you

(Was . . .) living in:

(Read list. Mark one only.)

DHI4\_11

- 1 Your (. . .)'s own household
- 2 A relative's household
- 3 An unrelated persons' household
- 4 A residence for Senior Citizens
- 5 A nursing home
- 6 A hospital
- 7 A convalescent home
- 8 A group home
- 9 A hotel, rooming or lodging house
- 10 Other (*Specify*)
- 99 Don't know

## B. General Health

This part of the survey deals with various aspects of your (. . .)'s health. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

Q11 In general, would you say your (. . .)'s health is:

(Read list. Mark one only.)

GHI4\_1

- 1 Excellent?
- 2 Very Good?
- 3 Good?
- 4 Fair?
- 5 Poor?
- 9 Don't know

### C. Health Status

The next set of questions asks about your (. . .)'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 (. . .), but it is important that we ask the same questions of everyone.

#### Vision

Q12  
HSI4\_1 Are you (Is . . .) usually able to see well enough to read ordinary newsprint without glasses or contact lenses?

- 1 Yes Go to Q15
- 2 No
- 9 Don't know

Q13  
HSI4\_2 Are you (Is . . .) usually able to see well enough to read ordinary newsprint with glasses or contact lenses?

- 1 Yes Go to Q15
- 2 No
- 9 Don't know

Q14  
HSI4\_3 Are you (Is . . .) able to see at all?

- 1 Yes
- 2 No Go to Q17
- 9 Don't know Go to Q17

Q15  
HSI4\_4 Are you (Is . . .) able to see well enough without glasses or contact lenses to recognize a friend on the other side of the street?

- 1 Yes Go to Q17
- 2 No
- 9 Don't know

Q16  
HSI4\_5 Are you (Is . . .) usually able to see well enough with glasses or contact lenses to recognize a friend on the other side of the street?

- 1 Yes
- 2 No
- 9 Don't know

## Hearing

Q17 **Are you (Is . . .) usually able to hear what is said in a group conversation with at least three other people without the use of a hearing aid?**

HSI4\_6

- 1 Yes Go to Q22
- 2 No
- 9 Don't know

Q18 **Are you (Is . . .) usually able to hear what is said in a group conversation with at least three other people with the use of a hearing aid?**

HSI4\_7

- 1 Yes Go to Q20
- 2 No
- 9 Don't know

Q19 **Are you (Is . . .) able to hear at all?**

HSI4\_8

- 1 Yes
- 2 No Go to Q22
- 9 Don't know Go to Q22

Q20 **Are you (Is . . .) usually able to hear what is said in a conversation with one other person in a quiet room without the use of a hearing aid?**

HSI4\_9

- 1 Yes Go to Q22
- 2 No
- 9 Don't know

Q21 **Are you (Is . . .) usually able to hear what is said in a conversation with one other person in a quiet room with the use of a hearing aid?**

HSI4\_10

- 1 Yes
- 2 No
- 9 Don't know

## Speech

Q22 **Are you (Is . . .) usually able to be understood completely when speaking with strangers in your (. . .'s) own language?**

HSI4\_11

- 1 Yes Go to Q26
- 2 No
- 9 Don't know

Q23 **Are you (Is . . .) able to be understood partially when speaking with strangers?**

HSI4\_12

- 1 Yes
- 2 No
- 9 Don't know

Q24 **Are you (Is . . .) able to be understood completely when speaking with those who know you (him / her) well?**

HSI4\_13



- 1 Yes Go to Q26
- 2 No
- 9 Don't know

Q25 **Are you (Is . . .) able to be understood partially when speaking with those who know you (him / her) well?**

HSI4\_14

- 1 Yes
- 2 No
- 9 Don't know

### Getting Around

Q26 **Are you (Is . . .) usually able to walk around without difficulty and without mechanical support such as braces, a cane or crutches?**

HSI4\_15

- 1 Yes Go to Q33
- 2 No
- 9 Don't know

Q27 **Are you (Is . . .) able to walk at all?**

HSI4\_16

- 1 Yes
- 2 No Go to Q30
- 9 Don't know Go to Q30

Q28 **Do you (Does . . .) require mechanical support such as braces, a cane or crutches to be able to walk around?**

HSI4\_17

- 1 Yes
- 2 No
- 9 Don't know

Q29 **Do you (Does . . .) require the help of another person to be able to walk?**

HSI4\_18

- 1 Yes
- 2 No
- 9 Don't know

Q30 **Do you (Does . . .) require a wheelchair to get around?**

HSI4\_19

- 1 Yes
- 2 No Go to Q33
- 9 Don't know Go to Q33

Q31 **How often do you (does . . .) use a wheelchair?**  
(Read list. Mark one only.)

HSI4\_20

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Never
- 9 Don't know

Q32 **Do you (Does . . .) need the help of another person to get around in the wheelchair?**

HSI4\_21

- 1 Yes
- 2 No
- 9 Don't know

### Hands and Fingers

Q33 **Are you (Is . . .) usually able to grasp and handle small objects such as a pencil and scissors?**

HSI4\_23

- 1 Yes Go to Q37
- 2 No
- 9 Don't know

Q34 **Do you (Does . . .) require the help of another person because of limitations in the use of hands or fingers?**

HSI4\_24

- 1 Yes
- 2 No Go to Q36
- 9 Don't know Go to Q36

Q35 **Do you (Does . . .) require the help of another person with:**

HSI4\_25

(Read list. Mark one only.)

- 1 Some tasks?
- 2 Most tasks?
- 3 Almost all tasks?
- 4 All tasks?
- 9 Don't know

Q36 **Do you (Does . . .) require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?**

HSI4\_26

- 1 Yes
- 2 No
- 9 Don't know

## Feelings

Q37

HSI4\_27

**Would you describe yourself ( . . . ) as being usually:**

*(Read list. Mark one only.)*

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

## Memory

Q38

HSI4\_28

**How would you describe your ( . . . )'s usual ability to remember things? Are you (Is . . . ):**

*(Read list. Mark one only.)*

- 1 **Able to remember most things** Go to Q40
- 2 **Somewhat forgetful**
- 3 **Very forgetful**
- 4 **Unable to remember anything at all** Go to Q40
- 9 Don't know Go to Q40

Q39

HSI4\_29

**Is this a problem with short-term memory, with long-term memory, or with both short and long-term memory?**

**By short-term memory, we mean remembering yesterday and today. By long-term memory, we mean remembering events that happened last year or many years ago.**

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

- 1 Problem with short-term memory only
- 2 Problem with long-term memory only
- 3 Problem with both short-term and long-term memory
- 9 Don't know

## Thinking

Q40

HSI4\_30

**How would you describe your ( . . . )'s usual ability to think and solve day to day problems?**

**Are you (Is . . . ):**

*(Read list. Mark one only.)*

- 1 **Able to think clearly and solve problems?**
- 2 **Having a little difficulty?**
- 3 **Having some difficulty?**
- 4 **Having a great deal of difficulty?**
- 5 **Unable to think or solve problems?**
- 9 Don't know

## Pain and Discomfort

Q41 Are you (Is . . .) usually free of pain or discomfort?

HSI4\_31

- |   |            |                 |
|---|------------|-----------------|
| 1 | Yes        | Go to section D |
| 2 | No         |                 |
| 9 | Don't know |                 |

Q42 How would you describe the usual intensity of your (. . .)'s pain or discomfort?

(Read list. Mark one only.)

HSI4\_32

- |   |                 |
|---|-----------------|
| 1 | <b>Mild</b>     |
| 2 | <b>Moderate</b> |
| 3 | <b>Severe</b>   |
| 9 | Don't know      |

Q43 How many activities does your (. . .)'s pain or discomfort prevent?

(Read list. Mark one only.)

HSI4\_33

- |   |              |
|---|--------------|
| 1 | <b>None</b>  |
| 2 | <b>A few</b> |
| 3 | <b>Some</b>  |
| 4 | <b>Most</b>  |
| 9 | Don't know   |

## D. Chronic Conditions

Now I'd like to ask about any chronic conditions you (. . .) may have. Chronic or "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.

Q44 Do you (Does . . .) have any of the following long-term conditions that have been diagnosed by a health professional?

(Read list)

CCI4\_1A

a) **Arthritis or rheumatism**

- |   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 9 | Don't know |

CCI4\_1B

b) **High blood pressure**

- |   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 9 | Don't know |

CCI4\_1C

c) **Asthma**

- |   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 9 | Don't know |

CCI4\_1D

d) **Chronic bronchitis, emphysema, or other lung or breathing condition**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_1E

e) **Diabetes**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_1F

f) **Epilepsy**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_1G

g) **Heart disease, angina, effects of a heart attack**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_1H

h) **Effects of stroke, such as paralysis or speech problems**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_1I

I) **Paralysis, partial or complete, other than the effects of a stroke**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_44J

j) **Incontinence, that is, difficulty controlling bladder or bowels**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_1K

k) **Alzheimer's disease or other dementia**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_1M

l) **Osteoporosis or brittle bones**

- 1 Yes
- 2 No
- 9 Don't know

m) **Cataracts**

CCI4\_1N

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_1O

n) **Glaucoma**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_44O

o) **Digestive conditions, such as stomach or intestinal ulcers**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_1Q

p) **Kidney failure or disease**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_44Q

q) **Cerebral palsy**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_44R

r) **Spina bifida**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_44S

s) **Cystic fibrosis**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_44T

t) **Muscular dystrophy**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_44U u) **Multiple sclerosis**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_44V v) **Deformity, orthopedic impairment or absence of arms, legs, hands or feet**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_1V w) **Any other long-term condition - Specify**

- 1 Yes
- 2 No
- 9 Don't know

CCI4\_44X x) **Cancer**

- 1 Yes Go to Q45
- 2 No Go to Section E
- 9 Don't know Go to Section E

Q45 **What type(s) of cancer is this? For example, skin, lung or colon cancer.**

- CCI4C45A
- 1 \_\_\_\_\_ (25 char.)
  - 9 Don't know

### ***E. Restriction of Activities***

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

Q46 **Because of a long-term physical or mental condition or a health problem, are you (is . . .) limited in the kind or amount of activity you (he / she) can do?**

RAI4\_46

- 1 Yes
- 2 No
- 9 Don't know

Q47 **Because of a long-term condition or health problem, do you (does . . .) need the help of another person in:**

RAI4\_7A

a) **Personal care such as bathing, dressing or eating?**

- 1 Yes
- 2 No
- 9 Don't know

RAI4\_7B

**b) Moving about inside the residence / facility?**

- 1 Yes
- 2 No
- 9 Don't know

RAI4\_7D

**c) Getting in and out of bed?**

- 1 Yes
- 2 No
- 9 Don't know

RAI4\_7E

**d) Getting in and out of a chair?**

- 1 Yes
- 2 No
- 9 Don't know

*(if Q46 = "NO" or "DON'T KNOW" then go to next section) re-coded during processing*

Q48

**Are you (Is . . .) usually confined to a bed or chair for most of the day because of your (his / her) health?**

RAI4\_8

- 1 Yes
- 2 No
- 9 Don't know

Q49

**What is the main condition or health problem causing you (. . .) to be limited in your (his / her) activities? (Specify one condition / health problem)**

RAI4\_3C

RAI4CIC1

RAI4G12A

RAI4G25A

- 1 ----- (25 chars.)
- 9 Don't know Go to Q57

*(Re-coded to 25 chars. during processing)*

Q50

**Which one of the following is the best description of the cause of this condition?**  
*(Read list. Mark main cause only.)*

RAI4\_4

- 1 **Injury - at home or in a facility where you were (. . .) was) living**
- 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**
- 99 Don't know

Q51

**Do you (Does . . .) have another condition or health problem causing you (. . .) to be limited in your (his / her) activities?**

RAI4\_5

RAI4CIC2

RAI4G12B

RAI4G25B

- 1 Yes- Specify one condition / health problem  
----- (25 chars.)



- 2 No Go to Q57
- 9 Don't know Go to Q57

Q52 Which one of the following is the best description of the cause of this condition?

(Read list. Mark main cause only.)

RAI4\_6

- 1 Injury - at home or in a facility where you were ( . . .was) living
- 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*
- 99 Don't know

Q53 Do you (Does . . .) have another condition or health problem causing you ( . . .) to be limited in your (his / her) activities?

RAI4\_53

RAI4CIC3

RAI4G12C

RAI4G25C

- 1 Yes - *Specify one condition / health problem* \_\_\_\_\_ (25 chars.)
- 2 No Go to Q57
- 9 Don't know Go to Q57

Q54 Which one of the following is the best description of the cause of this condition?

(Read list. Mark main cause only.)

RAI4\_54

- 1 Injury - at home or in a facility where you were ( . . .was) living
- 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*)
- 99 Don't know

Q55 Do you (Does . . .) have another condition or health problem causing you ( . . .) to be limited in your (his / her)activities?

RAI4\_55

RAI4CIC4

RAI4G12D

RAI4G25D

- 1 Yes - *Specify one condition / health problem* \_\_\_\_\_
- 2 No Go to Q57
- 9 Don't know Go to Q57

Q56 Which one of the following is the best description of the cause of this condition?  
(Read list. Mark main cause only.)

- RAI4\_56
- 1 Injury - at home or in a facility where you were (. . . was) living
  - 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*
  - 99 Don't know

**Balance**

Q57 During the past 12 months, have you (has . . .) fallen?

- FLI4\_1
- 1 Yes
  - 2 No Go to section F
  - 9 Don't know Go to section F

Q58 How many times have you (has . . .) fallen?

- FLI4\_2
- times (2 chars)
  - 9 Don't know

Q59 Were you (Was . . .) injured as a result of the fall / of any of these falls?

- FLI4\_3
- 1 Yes
  - 2 No Go to Q61
  - 9 Don't know Go to Q61

Q60 What was the most serious injury you (. . .) had as a result of falling?  
(Do not read list. Mark one only.)

- FLI4\_4
- 1 Broken or fractured hip
  - 2 Break or fracture of bone or joint other than hip
  - 3 Bruise, scrape or cut
  - 4 Lost consciousness
  - 5 Other injury - *Specify*
  - 9 Don't know

Q61

**Why did you (. . .) fall?**

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

FLI4_5A	1	Dizziness
FLI4_5B	2	Illness
FLI4_5C	3	Weakness / Frailty
FLI4_5D	4	Problems with balance
FLI4_61E	5	Fell out of bed
FLI4_61F	6	Hit or pushed by someone
FLI4_61G	7	Poor lighting
FLI4_61H	8	Condition of floor(for example, wet, loose rugs)
FLI4_61I	9	Weather conditions (for example, icy, wet)
FLI4_5J	10	Other - <i>Specify</i>
	99	Don't know

**F. Smoking**

The next few questions are about smoking.

Q62

**At the present time do you (does . . .) smoke cigarettes daily, occasionally or not at all?**

SMI4\_1

1	Daily	
2	Occasionally	Go to Q66
3	Not at all	Go to Q65
9	Don't know	Go to Q65

Q63

**At what age did you (. . .) begin to smoke cigarettes daily?**

SMI4\_2

---	years old (3 chars)	
9	Don't know	

Q64

**How many cigarettes do you (does . . .) smoke each day now?**

SMI4\_3

--	cigarettes (2 chars)	Go to section G
9	Don't know	Go to section G

Q65

**Have you (Has . . .) ever smoked cigarettes at all?**

SMI4\_4

1	Yes	
2	No	Go to section G
9	Don't know	Go to section G

Q66

**Have you (Has . . .) ever smoked cigarettes daily?**

SMI4\_5

1	Yes	
2	No	Go to section G
9	Don't know	Go to section G

Q67 At what age did you ( . . . ) begin to smoke (cigarettes) daily?

SMI4\_6

- Years old (3 chars.)  
9 Don't know

Q68 At what age did you ( . . . ) stop smoking (cigarettes) daily?

SMI4\_7

- Years old (3 chars.)  
9 Don't know

### G. Alcohol

Now, some questions about your ( . . . )'s alcohol consumption. When we use the word **drink** it means:

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

Q69 During the past 12 months, have you (has . . . ) had a drink of beer, wine, liquor or any other alcoholic beverage?

ALI4\_1

- 1 Yes  
2 No  
9 Don't know

Go to Q71  
Go to Q71

Q70 During the past 12 months, how often did you ( . . . ) drink alcoholic beverages?  
(Do not read list. Mark one only.)

ALI4\_2

- 1 Every day  
2 4-6 times a week  
3 2-3 times a week  
4 Once a week  
5 2-3 times a month  
6 Once a month  
7 Less than once a month  
9 Don't know

Go to Section H

Q71 Did you ( . . . ) ever have a drink?

ALI4\_3

- 1 Yes  
2 No  
9 Don't know

## H. Social Support

Now, some questions about your (. . .)'s contact with different groups and support from family and friends.

Q73  
SSI4\_1 Do you (Does . . .) belong to any groups or participate in group activities in this facility, such as bridge or social clubs, leisure or hobby groups, or religious services or meetings?

- 1 Yes
- 2 No Go to Q75
- 9 Don't know Go to Q75

Q74  
SSI4\_2 How often did you (. . .) participate in these group meetings or activities in the past 12 months? If you belong (. . . belongs) to many, just think of the ones in which you are (he / she is) most active.

- 1 Every day
- 2 At least once a week
- 3 At least once a month
- 4 Less than once a month
- 5 Not at all
- 9 Don't know

Q75  
SSI4\_4 How many relatives do you (does . . .) have that you feel (he / she feels) close to?

- close relatives (2 chars.)
- 2 None Go to Q77
- 9 Don't know Go to Q77

Q76  
SSI4\_5 During the past twelve months how often did you (. . .) see any of these relatives?  
(Read list. Mark one only.)

- 1 Every day
- 2 At least once a week
- 3 At least once a month
- 4 Less than once a month
- 5 Not at all
- 9 Don't know

Q77  
SSI4\_6 Not counting your (. . .)'s relatives or the staff of this facility, how many close friends do you (does he / she) have living here **INSIDE** this facility?  
By close friends, I mean people that you feel (. . . feels) at ease with, can talk to about private matters or can call upon for help?

- close friends living **INSIDE** this facility (2 chars.)
- 2 None
- 9 Don't know

Q78  
SSI4\_7 Not counting your (. . .)'s relatives or the staff of this facility, how many close friends do you (does . . .) have living **OUTSIDE** this facility?

- close friends living **OUTSIDE** this facility (2 chars.)
- 2 None Go to Q80
- 9 Don't know Go to Q80

Q79

SSI4\_8

**During the past twelve months, how often did you (. . .) see your (his / her) close friends living OUTSIDE this facility? That is, how often did they visit you (. . .) here or you (. . .) visit them outside this facility?**

*(Read list. Mark one only.)*

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 9 **Don't know**

Q80

SSI4\_10

**How many staff members of this facility do you (does . . .) have a close relationship with, that is, feel at ease with or can talk to about private matters?**

-- staff members you feel (. . .feels) close to *(2 chars.)*

- 2 **None**
- 9 **Don't know**

Q81

SSI4\_11

**During the past twelve months, how often did you (. . .) leave this facility for social or recreational purposes, such as outings, visits or trips? Do not include trips to obtain medical care or treatment.**

*(Read list. Mark one only.)*

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 9 **Don't know**

Q82

SSI4\_82

**Can you (. . .) change your (his / her) daily schedule, for example, choosing when to go to bed, when to get up, when to eat meals?**

*(Read list. Mark one only.)*

- 1 **Daily schedule is very flexible**
- 2 **Daily schedule has some flexibility**
- 3 **Daily schedule has no flexibility, is very rigid**
- 9 **Don't know**

## I. Socio-demographic Characteristics

Now I'd like to ask some general questions which will allow us to study the relationship between health and factors which may be related to health.

### Country of Birth / Year of Immigration

Q83 **In what country were you (was . . .) born?**

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

- |    |                                    |           |    |                |
|----|------------------------------------|-----------|----|----------------|
| 1  | Canada                             | Go to Q85 | 10 | Italy          |
| 2  | China                              |           | 11 | Jamaica        |
| 3  | France                             |           | 12 | Netherlands    |
| 4  | Germany                            |           | 13 | Philippines    |
| 5  | Greece                             |           | 14 | Poland         |
| 6  | Guyana                             |           | 15 | Portugal       |
| 7  | Hong Kong                          |           | 16 | United Kingdom |
| 8  | Hungary                            |           | 17 | United States  |
| 9  | India                              |           | 18 | Viet Nam       |
| 19 | Other – <i>Specify (26 chars.)</i> |           |    |                |
| 99 | Don't know                         |           |    |                |

Q84 **In what year did you (is . . .) first immigrate to Canada?**

- (4 chars.)*
- year (4 chars.)
- 9 Don't know

### Ethnicity

Q85 **What was the ethnic or cultural background of your (. . .)'s ancestors? (For example: French, British, Chinese, etc.)** *(Do not read list. Mark all the apply.)*

- |         |    |  |    |                       |         |
|---------|----|--|----|-----------------------|---------|
| SD14_3A | 1  | Canadian   | 10 | Chinese               | SD14_3J |
| SD14_3B | 2  | French   | 11 | Jewish                | SD14_3K |
| SD14_3C | 3  | English  | 12 | Polish                | SD14_3L |
| SD14_3D | 4  | German   | 13 | Portuguese            | SD14_3M |
| SD14_3E | 5  | Scottish   | 14 | South Asian           | SD14_3P |
| SD14_3F | 6  | Irish  | 15 | Black                 | SD14_3Q |
| SD14_3G | 7  | Italian  | 16 | North American Indian | SD14_3R |
| SD14_3H | 8  | Ukrainian  | 17 | Métis                 | SD14_3S |
| SD14_3I | 9  | Dutch(Netherlands)   | 18 | Inuit / Eskimo        | SD14_3T |
| SD14_3U | 19 | Other ethnic or cultural group(s) – <i>Specify (26 chars.)</i> |    |                       |         |
|         | 99 | Don't know   |    |                       |         |

## Language

Q86 **Which languages can you (. . .) speak or understand now?**  
(Do not read list. Mark all that apply.)

SDI4_5A	1	English
SDI4_5B	2	French
SDI4_5C	3	Other
SDI4_5D	4	Not able to speak or to understand spoken language
	99	Don't know

Q87 **What is the language that you (. . .) first learned at home in childhood and can still understand? (If you (. . .) can no longer understand the first language learned, choose the second language learned.)** (Do not read list. Mark all that apply.)

SDI4_4A	1	English	10	Korean	SDI4_87J
SDI4_4B	2	French	11	Persian (Farsi)	SDI4_87K
SDI4_87C	3	Arabic	12	Polish	SDI4_4K
SDI4_4C	4	Chinese	13	Portuguese	SDI4_4L
SDI4_4D	5	Cree	14	Punjabi	SDI4_4M
SDI4_4G	6	German	15	Spanish	SDI4_4N
SDI4_4H	7	Greek	16	Tagalog (Filipino)	SDI4_87P
SDI4_4I	8	Hungarian	17	Ukrainian	SDI4_4Q
SDI4_4J	9	Italian	18	Vietnamese	SDI4_87R
SDI4_4R	19	Other – Specify (26 chars.)			
	99	Don't know			

## Race

Q88 **How would you best describe your (. . .)'s race or colour?**  
(Do not read list. Mark all that apply.)

SDI4_6A	1	White (e.g. British, French, European, Latin / South American of European background)
	2	Black
SDI4_6D	3	Korean
SDI4_6K	4	Filipino
SDI4_6G	5	Japanese
SDI4_6J	6	Chinese
SDI4_6B	7	Native / Aboriginal Peoples of North America (North American Indian, Métis, Inuit / Eskimo)
SDI4_6E	8	South Asian (e.g. Indian from India or Uganda, Pakistani, Punjabi, Tamil)
SDI4_6C	9	South East Asian (e.g. Vietnamese, Thai, Laotian)
SDI4_6H	10	West East Asian or North African (e.g. Armenian, Syrian, Moroccan)
SDI4_6F	11	Other – Specify (26 chars.)
SDI4_6L	99	Don't know



## Education

Q89

EDI4\_1

**What is the highest level of education that you have (. . . has) completed?**

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

- 1 None or no formal schooling
- 2 Elementary only
- 3 Some secondary (without certificate)
- 4 Secondary or high school graduation certificate or equivalent
- 5 Post-secondary without degree, certificate or diploma
- 6 Trades certificate or diploma
- 7 Other non-university certificate or diploma obtained at community college, CEGEP or institute of technology
- 8 University certificate or degree
- 9 Don't know

## Income

Q90

**Thinking about your (. . .)'s own personal income, from which of the following sources did you(. . .) receive any income in the past 12 months?**

*(Read list. Mark all that apply.)*

- |          |    |   |
|----------|----|---|
| INI4_1B  | 1  | <b>Benefits from Canada or Quebec Pension Plan</b>  |
| INI4_1A  | 2  | <b>Old Age Security</b>   |
| INI4_1C  | 3  | <b>Guaranteed Income Supplement</b>   |
| INI4_1D  | 4  | <b>Retirement pensions, superannuation and annuities</b>  |
| INI4_1F  | 5  | <b>Provincial or municipal social assistance or welfare</b>   |
| INI4_90F | 6  | <b>Worker's compensation</b>  |
| INI4_90G | 7  | <b>Unemployment insurance</b>   |
| INI4_1E  | 8  | <b>Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.</b>                      |
| INI4_1G  | 9  | <b>Wages, salaries, or income from self employment</b>  |
| INI4_1H  | 10 | <b>Other income (e.g. rental income, scholarships, other government income, alimony, child support, etc.)</b> |
| INI4_1I  | 11 | <b>None</b> Go to Section J   |
|          | 99 | Don't know  |

Q91

INI4\_2

**What is your best estimate of your (. . .)'s total personal income before taxes and deductions from all sources in the past 12 months? Was your (. . .)'s total income:**

*(Read list. Mark one only.)*

- 1 **Less than \$5,000 ?**
- 2 **\$5,000 to less than \$10,000 ?**
- 3 **\$10,000 to less than \$15,000 ?**
- 4 **\$15,000 to less than \$20,000 ?**
- 5 **\$20,000 to less than \$30,000 ?**
- 6 **\$30,000 to less than \$40,000 ?**
- 7 **\$40,000 to less than \$50,000 ?**
- 8 **\$50,000 to less than \$60,000 ?**
- 9 **\$60,000 to less than \$80,000 ?**
- 10 **\$80,000 and more ?**
- 11 **No income**
- 99 **Don't know**

## J. Contact Information

This survey is the first interview in a longer-term study to look at the health of Canadians.

We will need to re-contact you ( . . ) two years from now to ask a few more questions about your ( . . )'s health.

We would like the names, addresses and phone numbers of two friends or relatives (of . . .) we could call in case there are difficulties in reaching you. This would only be used to help us make contact with you ( . . ).

### First Contact Person

Q92	<b>Name</b>	
CII6_1A	First name	_____ (33 chars.)
CII6_1B	Last name	_____ (33 chars.)
Q93	<b>Address</b>	
CII6_2A	Street	_____ (33 chars.)
CII6_2B	Apartment	_____ (33 chars.)
Q94	<b>City</b>	_____ (33 chars.)
CII6_3		
Q95	<b>Postal Code</b>	_____ (6 chars.)
CII6_4		
Q96	<b>Telephone number</b>	
CII6_5	( ) _____ (10 chars.) (including area code)	

### Second Contact Person

Q97	<b>Name</b> (First and last names)	
CII4_7A	( ) _____	
CII4_7B		
CII4_10	<b>Address</b>	
CII4_8A	( ) _____	
CII4_8B		
Q99	<b>City</b>	( ) _____
CII4_9		
Q100	<b>Postal Code</b>	_____
Q101	<b>Telephone number</b> (including area code)	( ) _____ - _____

## **K. Agreements**

(If interviewing the resident or a proxy who is his / her next of kin, ask the questions in this section.)

If interviewing a proxy who is not the next of kin of the resident, refer to the consent form to complete this section.)

**We are asking your permission to obtain the following information from the staff of this facility (the facility in which . . . lives.)**

### **Drug Use and Health Care Utilization**

Q102 **First we would like to ask the number and names of the medications you take (. . .takes), both prescription and over the counter.**

AMI4\_PER

**Second, we would like to ask about the frequency of your (. . .'s) contacts with health professionals, such as doctors, dentists and therapists.**

**Do we have your permission?**

- 1 Yes
- 2 No (Check "Refused" in Q107 and Q109)

### **Health Number**

Q103 **We are also seeking your permission to link information collected during this interview with provincial health information.**

AMI4\_LNK

**This would include information on past and continuing use of services such as visits to hospitals, clinics, physician's offices or other services provided by the province.**

**This information will be used for statistical purposes only.**

**Do we have your permission?**

- 1 Yes
- 2 No (Check "Refused" in Q110)

Q104 **Having your (. . .'s) provincial health number will assist us in linking to this other information.**

AMI4\_HNI

**Do we have your permission?**

- 1 Yes
- 2 No (Check "Refused" in Q110)

## Agreement to Share

Q105

AMI4\_SHR

To avoid duplication Statistics Canada intends to share the information from this survey with provincial ministries of health, Health Canada, and Human Resources Development Canada.

These organizations have undertaken to keep this information confidential and use it only for statistical purposes.

Do you agree to share the information you have provided?

- 1 Yes
- 2 No

*(Thank and end interview)*

*(If any YES in Q102, Q103 or Q104, arrange and complete interview with staff member of facility to complete Q106, Q107, Q108, Q109 and Q110)*

## L. Drug Use

We have the permission of . . . (. . .'s next of kin) to obtain information from you about his / her use of medications and contact with health professionals.

Having the name of the staff member who provided us with the information will assist us should we need to clarify the information later. Your name will be kept confidential.

Q106

Name of staff member providing this information.

*(First and last names)*

Q107

DGI4\_2

Now, I am referring to yesterday and the day before yesterday. During those two days, how many different medications, both prescription and over the counter, did . . . take?

- |   |                                 |                 |
|---|---------------------------------|-----------------|
| — | Number of different medications |                 |
| 2 | None                            | Go to section M |
| 8 | Refused                         | Go to section M |
| 9 | Don't know                      | Go to section M |

Q108

**What is the exact name of the medication that . . . took in the last two days?**  
(Report a maximum of 12.)

- DGI4C3A a) (\_\_\_\_\_) (30 char)
- DGI4C3B b) (\_\_\_\_\_) (30 char)
- DGI4C3C c) (\_\_\_\_\_) (30 char)
- DGI4C3D d) (\_\_\_\_\_) (30 char)
- DGI4C3E e) (\_\_\_\_\_) (30 char)
- DGI4C3F f) (\_\_\_\_\_) (30 char)
- DGI4C3G g) (\_\_\_\_\_) (30 char)
- DGI4C3H h) (\_\_\_\_\_) (30 char)
- DGI4C3I i) (\_\_\_\_\_) (30 char)
- DGI4C3J j) (\_\_\_\_\_) (30 char)
- DGI4C3K k) (\_\_\_\_\_) (30 char)
- DGI4C3L l) (\_\_\_\_\_) (30 char)

8 Refused

**M. Health Care Utilization**

Q109

**I'd like to ask how often in the past 12 months . . . has seen the following types of health care providers about his / her physical, emotional or mental health: (Read list.)**

HCI4\_Q1A

**a) Doctors, including psychiatrists**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 Not at all
- 7 Don't know
- 8 Refused

HCI4\_1D

**b) Nurses for care or advice**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 Not at all
- 7 Don't know
- 8 Refused

HCI4\_Q1C

**c) Therapists, such as speech, audiology, occupational, respiratory, or physiotherapists**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 Not at all
- 7 Don't know
- 8 Refused

HCI4\_1I

d) Dentists, denture therapists or dental hygienists

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 Not at all
- 7 Don't know
- 8 Refused

HCI4\_Q1E

e) Psychologists, counsellors or social workers

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 Not at all
- 7 Don't know
- 8 Refused

HCI4\_Q1F

f) Other health care providers, such as optometrists, podiatrists, chiropractors, pharmacists

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 Not at all
- 7 Don't know
- 8 Refused

*(If no to question Q103 or Q104 thank and end interview)*

#### ***N. Provincial Health Number***

We also have the permission of ... (...'s next of kin) to obtain his / her provincial health number.

Q110 **What is ...'s provincial health number?**

HNI4\_1

- 1 (\_\_\_\_\_)
- 8 Refused