

NPHS: Health Institutions

1999

Questionnaire

English

(March 10, 1999.)

For information only

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For information only

Respondent Questionnaire

UNIQUEID: 12345678910 **INSTID:** 12450112
ASSIGNID: 11100
RESPONDENT / RÉPONDANT: Margot Shields
Lang.: ENGLISH
Sunny Haven Home

SAMPLE / ÉCHANTILLON: I

Confidential when completed
 Collected under the authority of the Statistics Act,
 Revised Statutes of Canada, 1985, Chapter S19

Version française aussi disponible

Assignment No.

AMI8_ASG

<p>1. Location AMI8_LOC</p> <p>1 Institution 2 Household 3 Dead 4 Don't know</p> <p>2. Institution Control Form Sequence No. AMI8_SEQ</p> <p>OR</p> <p>9999 Household / dead</p> <p>3. Language of Interview AMI8_LNG</p> <p>5 English 6 French</p>	<p>4. Final Status AMI8_FS</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">000</td><td>Full data</td></tr> <tr><td>001</td><td>Partial data</td></tr> <tr><td>028</td><td>Death of respondent</td></tr> <tr><td>030</td><td>Refused</td></tr> <tr><td>034</td><td>No contact</td></tr> <tr><td>035</td><td>Unable to trace</td></tr> <tr><td>077</td><td>Core sample - household</td></tr> <tr><td>099</td><td>Other</td></tr> </table> <p>5. Interviewer: Record the reason for the non-interview AMI8_FSC</p> <p>----- (15 chars.) ----- (15 chars.) ----- (15 chars.)</p>	000	Full data	001	Partial data	028	Death of respondent	030	Refused	034	No contact	035	Unable to trace	077	Core sample - household	099	Other
000	Full data																
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099	Other																

Introduction:

Statistics Canada is conducting a national survey on the health of Canadians. This is a follow-up of a survey that we conducted in 1996 and 1997. The National Population Health Survey collects information on the health of people in Canada, on the use of health services and on some of the factors that can affect health.

Your answers will be kept strictly confidential and used only for statistical purposes. While participation is voluntary, your assistance is essential if the results are to be accurate.

A. Status of Longitudinal Respondent

A1. Does . . . still live at (read information on label)?

AMI8_1

- 1 Yes
- 2 No Go to A3

A2. Is the address information on the label correct and complete?

AMI8_2

- 3 Yes Go to A8
- 4 No (institution) *Make corrections on the Institution Control Form and go to A8*
- 5 No (household) *Go to A7 and Enter the complete correct address.*

A3. Where is . . . ?

AMI8_3

(Mark only one.)

- 01 Died
 - 02 Private household Go to A7
 - 03 Nursing home
 - 04 General hospital
 - 05 Residential care facility
 - 06 Other - Specify } Go to A6
- (26 chars.)

A4. When did . . . die?

DHI8_DOD

__ Day
(2 chars.)

DHI8_MOD

__ Month
(2 chars.)

DHI8_YOD

19__ Year
(4 chars.)

A5. In what city and province?

DHI8_DCY

1 City ----- (25 chars.)

DHI9_DPR

2 Province Code __ (2 chars.)

*Check "Dead" at Question 1- Location and "household / dead" at Question 2 - Sequence No. on the front cover.
Thank respondent and END interview.*

A6. **What is the name of the institution?**

IPI8_ADD

----- (50 chars.)

A7. **What is the mailing address?**

IPI8_NAM

1. Street / R.R.

----- (50 chars.)

IPI8_APT

2. Apartment

----- (15 chars.)

IPI8_CTY

3. City

----- (25 chars.)

IPI8_PC

4. Postal Code

----- (6 chars.)

IPI8_PR

5. Province Code

__ (2 chars.)

IPI8_TEL

6. Telephone Number (including area code)

----- (10 chars.)

A8. *Interviewer:*

AMI8_8

If respondent now lives in an institution 01

Complete Location and Sequence No. on the front cover and Go to Section B - Next-of-Kin Consent - page 5.

If respondent now lives in a household and Sample=I 02

Complete Location and Sequence No. on the front cover and Go to Section CC - Page 29.

If respondent now lives in a household and Sample=C 03

Complete Location and Sequence No. on the front cover and END interview.

FOR INFORMATION ONLY

INSTITUTION RESPONDENTS

B. Next-of-Kin Consent

AMI8_B0

Interviewer:

If the respondent is completing this questionnaire
(non-proxy) 04

Go to Section C - Selected
Respondent Information and
complete the questionnaire with the
respondent

If the next-of-kin agrees to complete the
questionnaire 05

Go to Section C - Selected
Respondent Information and
complete the questionnaire with the
next-of-kin about the respondent

If the next-of-kin does not agree to complete
the questionnaire 06

Continue with B1

B1. **Do you agree to have information provided to Statistics Canada for the National Population Health Survey about . . . by a person appointed by the institution?**

AMI8_PER

1 Yes

2 No *Enter a final status code of Refused on the front cover of the questionnaire and END interview.*

B2. **We are also seeking your permission to link information collected during this interview with provincial health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, physician's offices or other services provided by the province. This information will be used for statistical purposes only.**

AMI8_LNK

Do we have your permission?

3 Yes

4 No

B3. **To avoid duplication, Statistics Canada intends to share the information from all interviews conducted as part of 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.**

AMI8_SHR

Do you agree to share the information provided?

5 Yes

6 No

} *Thank respondent and contact the institution*

C. Selected Respondent Information

C1. *Interviewer:*

DHI8_1 *Who is completing the questionnaire?
(Mark one only.)*

- 7 Selected respondent (Non-proxy)
- 8 Family member or Next-of-Kin (Proxy)
- 9 Institutional staff, Volunteer, Other (Proxy)

C2. **I would like to confirm that I have the correct spelling of your (. . .)'s name. Is it** *(read label)?*
(Correct below if necessary.)

DHI8_2 1 Same as on label

OR

DHI8_FN 2 **Given name and initial**

----- (25 chars.)

DHI8_LN 3 **Last name**

----- (25 chars.)

C3. **What is your (. . .)'s current marital status?**
(Mark one only.)

DHI8_MAR

- 01 Married
 - 02 Common-law
 - 03 Living with a partner
 - 04 Single (never married)
 - 05 Widowed
 - 06 Separated
 - 07 Divorced
 - 08 Don't know
- } *Go to C5*

C4. **Does your (. . .)'s husband / wife / partner also live in this facility?**

DHI8_7

- 1 Yes
- 2 No

C5. Do you (Does . . .) have a room by yourself (him / herself)?

DHI8_8

3 Yes

4 No

C6. Do you (Does . . .) have a telephone in your (his / her) room?

DHI8_9

5 Yes

6 No

C7. When were you (was . . .) admitted to this facility?
(The most recent admission if admitted more than once.)

DHI8_MOA __ (2 chars.)
Month

DHI8_YOB 19__ (4 chars.)
Year

For information only

D. 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.

D1. **In general, would you say your (. . .'s) health is:**

GHI8_1 *(Mark one only.)*

01 **excellent?**

02 **very good?**

03 **good?**

04 **fair?**

05 **poor?**

For information only

E. 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

E1. Are you (Is . . .) usually able to see well enough to read ordinary newsprint without glasses or contact lenses?

HSI8_1

1 Yes *Go to E4*

2 No

E2. Are you (Is . . .) usually able to see well enough to read ordinary newsprint with glasses or contact lenses?

HSI8_2

3 Yes *Go to E4*

4 No

E3. Are you (Is . . .) able to see at all?

HSI8_3

5 Yes

6 No *Go to E6 - Hearing*

E4. Are you (Is . . .) able to see well enough without glasses or contact lenses to recognize a friend on the other side of the street (across the room)?

HSI8_4

7 Yes *Go to E6 - Hearing*

8 No

E5. 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 (across the room)?

HSI8_5

1 Yes

2 No

Hearing

E6. **Are you (Is . . .) usually able to hear what is said in a group conversation with at least three other people without a hearing aid?**

HSI8_6

3 Yes *Go to E11- Speech*

4 No

E7. **Are you (Is . . .) usually able to hear what is said in a group conversation with at least three other people, with a hearing aid?**

HSI8_7

5 Yes *Go to E9*

6 No

E8. **Are you (Is . . .) able to hear at all?**

HSI8_8

7 Yes

8 No *Go to E11- Speech*

E9. **Are you (Is . . .) usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?**

HSI8_9

1 Yes *Go to E11- Speech*

2 No

E10. **Are you (Is . . .) usually able to hear what is said in a conversation with one other person in a quiet room, with a hearing aid?**

HSI8_10

3 Yes

4 No

For information only

Speech

E11. **Are you (Is . . .) usually able to be understood completely when speaking with strangers in your (. . .'s) own language?**

HSI8_11

5 Yes *Go to E15 - Getting Around*

6 No

E12. **Are you (Is . . .) able to be understood partially when speaking with strangers?**

HSI8_12

7 Yes

8 No

E13. **Are you (Is . . .) able to be understood completely when speaking with those who know you (him / her) well?**

HSI8_13

1 Yes *Go to E15 - Getting Around*

2 No

E14. **Are you (Is . . .) able to be understood partially when speaking with those who know you (him / her) well?**

HSI8_14

3 Yes

4 No

For information only

Getting Around

E15. **Are you (Is . . .) usually able to walk around without difficulty and without mechanical support such as braces, a cane or crutches?**

HSI8_15

- 5 Yes *Go to E22 - Agility*
- 6 No

E16. **Are you (Is . . .) able to walk at all?**

HSI8_16

- 7 Yes
- 8 No *Go to E19*

E17. **Do you (Does . . .) require mechanical support such as braces, a cane or crutches to be able to walk around?**

HSI8_17

- 1 Yes
- 2 No

E18. **Do you (Does . . .) require the help of another person to be able to walk?**

HSI8_18

- 3 Yes
- 4 No

E19. **Do you (Does . . .) require a wheelchair to get around?**

HSI8_19

- 5 Yes
- 6 No *Go to E22 - Agility*

E20. **How often do you (does . . .) use a wheelchair?**
(Mark one only.)

HSI8_20

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

E21. **Do you (Does . . .) need the help of another person to get around in the wheelchair?**

HSI8_21

- 5 Yes
- 6 No

Agility

E22. Do you (Does...) have any physical difficulty cutting your (his / her) own toenails?

HSI8_22

- 7 Yes
- 8 No

Hands and Fingers

E23. Are you (Is . . .) usually able to grasp and handle small objects such as a pencil or scissors?

HSI8_23

- 1 Yes *Go to E27 - Feelings*
- 2 No

E24. Do you (Does . . .) require the help of another person because of limitations in the use of hands or fingers?

HSI8_24

- 3 Yes
- 4 No *Go to E26*

E25. Do you (Does . . .) require the help of another person with:
(Mark one only.)

HSI8_25

- 5 some tasks?
- 6 most tasks?
- 7 almost all tasks?
- 8 all tasks?

E26. Do you (Does . . .) require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?

HSI8_26

- 1 Yes
- 2 No

Feelings

E27. **Would you describe yourself (. . .) as being usually:**
(Mark one only.)

HS18_27

- 3 **happy and interested in life?**
- 4 **somewhat happy?**
- 5 **somewhat unhappy?**
- 6 **unhappy with little interest in life?**
- 7 **so unhappy that life is not worthwhile?**

Memory

E28. **How would you describe your (. . .'s) usual ability to remember things? Are you (Is . . .):**
(Mark one only.)

HS18_28

- 01 **able to remember most things?** *Go to E30 - Thinking*
- 02 **somewhat forgetful?**
- 03 **very forgetful?**
- 04 **unable to remember anything at all?** *Go to E30 - Thinking*

E29. **Is this a problem with short-term memory, with long-term memory, or both short and long-term memory? (By short-term, we mean yesterday and today. By long-term, we mean remembering events that happened last year or many years ago.)**
(Mark one only.)

HS18_29

- 05 **Short-term memory only**
- 06 **Long-term memory only**
- 07 **Both short-term and long-term memory**

Thinking

E30. **How would you describe your (. . .'s) usual ability to think and solve day-to-day problems? Are you (Is . . .):**
(Mark one only.)

HS18_30

- 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

E31. Are you (Is . . .) **usually** free of pain or discomfort?

HSI8_31

- 6 Yes *Go to Section F - Chronic Conditions*
- 7 No

E32. How would you describe the **usual** intensity of your (. . .'s) pain or discomfort?
(Mark one only.)

HSI8_32

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

E33. How many activities does your (. . .'s) pain or discomfort prevent?
(Mark one only.)

HSI8_33

- 4 **None**
- 5 **A few**
- 6 **Some**
- 7 **Most**

For information only

F. Chronic Conditions

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

F1. Do you (Does . . .) have any of the following long-term conditions that have been diagnosed by a health professional?

	Yes	No	Don't know
CCI8_1A a) Arthritis or rheumatism	01	02	03
CCI8_1B b) High blood pressure (hypertension)	04	05	06
CCI8_1C c) Asthma	07	08	09
CCI8_1D d) Chronic bronchitis or emphysema	10	11	12
CCI8_1E e) Diabetes	13	14	15
CCI8_1F f) Epilepsy	16	17	18
CCI8_1G g) Heart disease	19	20	21
CCI8_1H h) Effects of stroke (such as paralysis or speech problems)	22	23	24
CCI8_1I i) Paralysis, partial or complete, other than the effects of a stroke	25	26	27
CCI8_1J j) Urinary incontinence, that is, difficulty controlling bladder	28	29	30
CCI8_1K k) Difficulty controlling bowels	31	32	33
CCI8_1L l) Alzheimer's disease or any other dementia	34	35	36
CCI8_1M m) Osteoporosis or brittle bones	37	38	39
CCI8_1N n) Cataracts	40	41	42
CCI8_1O o) Glaucoma	43	44	45
CCI8_1P p) Stomach or intestinal ulcers	46	47	48
CCI8_1Q q) Kidney failure or disease	49	50	51
CCI8_1R r) A bowel disorder such as Crohn's disease or colitis	52	53	54
CCI8_1S s) A thyroid condition	55	56	57
CCI8_1T t) A developmental delay (such as autism, Down's Syndrome, mental retardation)	58	59	60
CCI8_1U u) Schizophrenia, depression, psychosis or other mental illness	61	62	63
CCI8_1W v) Cancer	64	65	66
CCI8_1V w) Any other long-term condition that has been diagnosed by a health professional	67	Specify 68	69

----- (50 chars.)

G. 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.

G1. 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:

		Yes	No
RAI8_1A	a) within the residence or institution?	1	2
RAI8_1B	b) outside the residence or institution in activities such as travel, recreation or leisure?	3	4

G2. Do you (Does . . .) have any long-term disabilities or handicaps?

- RAI8_2
- 5 Yes
- 6 No

Interviewer:

If "**YES**" to at least one of G1a, G1b, or G2 Go to G3

Otherwise Go to G8

G3. What is the main condition or health problem causing you (. . .) to be limited in your (his / her) activities or to have a long-term disability or handicap?

RAI8_3C
RAI8CIC1
RAI8G12A
RAI8G25A

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

G4. Which one of the following is the best description of the cause of this condition?
(Mark main cause only.)

RAI8_4

- 1 Injury
 - 2 Existed at birth
 - 3 Work environment
 - 4 Disease or illness
 - 5 Natural aging process
 - 6 Psychological or physical abuse
 - 7 Other - Specify
- (26 chars.)

G5. Do you (Does . . .) have another long-term condition or health problem causing you (. . .) to be limited in your (his / her) activities or to have a long-term disability or handicap?

RAI8_5
RAI8C1C2
RAI8G12B
RAI8G25B

8 Yes

9 No Go to G8

G6. What is this condition or health problem?
(Specify the second main condition / health problem)

RAI8_5C

----- (25 chars.)

G7. Which one of the following is the best description of the cause of this condition?
(Mark main cause only.)

RAI8_6

- 1 Injury
- 2 Existed at birth
- 3 Work environment
- 4 Disease or illness
- 5 Natural aging process
- 6 Psychological or physical abuse
- 7 Other - Specify

----- (26 chars.)

G8. The next few questions may not apply to you (. . .) but we need to ask the same questions of everyone. Because of any condition or health problem, do you (does . . .) need the help of another person with:

Yes No

RAI8_7A

a) personal care such as bathing, dressing or eating? 01 02

RAI8_7B

b) moving about **INSIDE** the residence or institution? 03 04

RAI8_7C

c) moving about **OUTSIDE** the residence or institution? 05 06

RAI8_7D

d) getting in and out of bed? 07 08

RAI8_7E

e) getting in or out of a chair or wheelchair? 09 10

G9. Are you (Is . . .) usually confined to a bed or chair for most of the day because of your (his / her) health?

RAI8_8

1 Yes

2 No

H. Balance

H1. During the past 12 months, have you (has . . .) fallen?

FLI8_1

- 3 Yes
4 No
5 Don't know
- } Go to Section I - Smoking

H2. How many times have you (has . . .) fallen?

FLI8_2

(Mark one only.)

- 6 Once
7 Twice
8 3 to 5 times
9 6 or more times

H3. Remember, we are talking about falls that occurred in the past 12 months. Were you (Was . . .) injured as a result of falling?

FLI8_3

- 1 Yes
2 No Go to H5

H4. What was the most serious injury you (. . .) had as a result of falling?

FLI8_4

(Mark one only.)

- 3 Broken or fractured hip
4 Break or fracture of bone or joint other than hip
5 Bruise, scrape or cut
6 Sprain or strain of joint or back
7 Lost consciousness or suffered a concussion
8 Other injury - Specify

----- (26 chars.)

H5. What caused you (. . .) to fall?

(Mark all that apply.)

- FLI8_5A 01 Dizziness / fainted
FLI8_5B 02 Illness
FLI8_5C 03 Weakness / frailty
FLI8_5D 04 Problems with balance
FLI8_5E 05 Fell asleep
FLI8_5F 06 Reaction to medication
FLI8_5G 07 Poor eyesight
FLI8_5H 08 Tripped over or bumped into an object
FLI8_5I 09 Misjudged distance
FLI8_5J 10 Other cause - Specify

----- (26 chars.)

I. Smoking

The next few questions are about smoking.

J1. **At the present time do you (does . . .) smoke cigarettes daily, occasionally or not at all?**
(Mark one only.)

SMI8_1

- 1 Daily
- 2 Occasionally *Go to I5*
- 3 Not at all *Go to I4*

I2. **At what age did you (. . .) begin smoking cigarettes daily?**

SMI8_2

- ____ years old
(3 chars.)
- 997 Don't know

I3. **How many cigarettes do you (does . . .) smoke each day now?**

SMI8_3

- ____ cigarettes } *Go to Section J - Alcohol*
(3 chars.)
- 997 Don't know }

I4. **Have you (Has . . .) ever smoked cigarettes at all?**

SMI8_4

- 4 Yes
- 5 No } *Go to Section J - Alcohol*
- 6 Don't know }

I5. **Have you (Has . . .) ever smoked cigarettes daily?**

SMI8_5

- 7 Yes
- 8 No } *Go to Section J - Alcohol*
- 9 Don't know }

I6. **At what age did you (. . .) begin to smoke (cigarettes) daily?**

SMI8_6

- ____ years old
(3 chars.)
- 997 Don't know

I7. **At what age did you (. . .) stop smoking (cigarettes) daily?**

SMI8_7

- ____ years old
(3 chars.)
- 997 Don't know

J. Alcohol

Now, some questions about 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 wine cooler;

one drink or cocktail with 1 and 1/2 ounces of liquor.

J1 **During the past 12 months, have you (has . . .) had a drink of beer, wine, liquor or any other alcoholic beverage?**

AL18_1

- 1 Yes *Go to J3*
- 2 No

J2. **Have you (Has . . .) ever had a drink?**

AL18_3

- 3 Yes *Go to J4*
 - 4 No
 - 5 Don't know
- } *Go to Section K - Social Support*

J3. **During the past 12 months, how often did you (. . .) drink alcoholic beverages? (Mark one only.)**

AL18_2

- 01 Less than once a month
- 02 Once a month
- 03 2 to 3 times a month
- 04 Once a week
- 05 2 to 3 times week
- 06 4 to 6 times a week
- 07 Every day

J4. **Did you (. . .) ever regularly drink more than 12 drinks a week?**

AL18_4

- 6 Yes
- 7 No
- 8 Don't know

K. Social Support

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

K1. Do you (Does . . .) belong to any groups or participate in group activities **INSIDE** this facility such as a social club, a hobby group, or religious services or meetings?

SSI8_1

- 1 Yes
- 2 No *Go to K3*

K2. How often did you (. . .) participate in meetings or activities of these groups in the past 12 months? If you belong (. . . belongs) to many, just think of the one in which you are (he / she is) most active.

SSI8_2

(Mark one only.)

- 3 **Every day**
- 4 **At least once a week**
- 5 **At least once a month**
- 6 **Less than once a month**
- 7 **Not at all**

K3. Do you (Does . . .) take part in any one-to-one activities with a volunteer, therapist or other staff member?

SSI8_3A

- 8 Yes
- 9 No *Go to K5*

K4. How often did you (. . .) participate in these one-to-one activities in the past 12 months? (Mark one only.)

SSI8_3B

- 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**

K5. How many relatives do you (does . . .) feel close to?

SSI8_4

__ close relatives
(2 chars.)

If None Enter 00 and Go to K7

K6. **During the past 12 months how often did you (. . .) see any of these relatives?**
(Mark one only.)

SSI8_5

- 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**

K7. **Now a few questions about close friends. By close friends, we mean people that you feel (. . . feels) at ease with, can talk to about private matters or can call upon for help. Not counting relatives or staff, how many close friends do you (does . . .) have living INSIDE this facility?**

SSI8_6

__ close friends living INSIDE this facility
(2 chars.)

If None Enter 00

K8. **Again, not counting relatives or staff, how many close friends do you (does . . .) have living OUTSIDE this facility?**

SSI8_7

__ close friends living OUTSIDE this facility
(2 chars.)

If None Enter 00 and Go to K9i

K9. **During the past 12 months, how often did you (. . .) see your (his / her) close friends living OUTSIDE this facility? That is, how often did they visit you (. . .) or you (. . .) visit them?**
(Mark one only.)

SSI8_8

- 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**

K9i. Interviewer:

If K5=00 AND K8=00

Go to K11

K10. **Of your (. . .'s) friends or relatives living OUTSIDE this facility, whom did you (did . . .) see most often during the past 12 months?**

SSI8_9

(Mark one only.)

- 01 Husband / wife / partner
- 02 Daughter / daughter-in-law
- 03 Son / son-in-law
- 04 Parent / parent-in-law
- 05 Brother / sister
- 06 Grandchild
- 07 Other family member
- 08 Friend
- 09 Neighbour
- 10 Other - Specify

----- (26 chars.)

K11. **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?**

SSI8_10

__ staff members
(2 chars.)

If none Enter 00

K12. **During the past 12 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.**

SSI8_11

(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** *Go to K14*

K13. While you were (. . . was) outside the facility during these outings, did you (. . .):

		Yes	No
SSI8_12A	a) visit friends or relatives?	01	02
SSI8_12B	b) go shopping?	03	04
SSI8_12C	c) attend social events or religious services?	05	06
SSI8_12D	d) go to the library?	07	08
SSI8_12E	e) go to the movies?	09	10
SSI8_12F	f) go to a beauty shop?	11	12
SSI8_12G	g) attend music or craft classes?	13	14
SSI8_12H	h) go to a community club (bridge club, senior citizen club)?	15	16
SSI8_12I	i) go for a walk?	17	18
SSI8_12K	j) go for a drive?	19	20
SSI8_12L	k) go out for lunch or dinner?	21	22
SSI8_12J	l) do something else?	23 Specify	24

----- (25 chars.)

K14. Can you (. . .) change your (his / her) daily schedule, for example, choosing when to go to bed, when to get up, when to eat meals? Would you say your (. . .)'s daily schedule:
(Mark one only.)

SSI8_14

- 1 is very flexible
- 2 has some flexibility
- 3 has no flexibility, is very rigid

K15. How often do you (does . . .) speak on the telephone with a friend or relative?
(Mark one only.)

SSI8_13

- 4 Every day
- 5 At least once a week
- 6 At least once a month
- 7 Less often than once a month
- 8 Not at all

L. 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.

Income

L1. Thinking about your (. . .)'s own personal income, from which of the following sources did you (. . .) receive any income in the past 12 months?
(Mark all that apply.)

- INI8 1A 01 Old Age Security
 - INI8 1B 02 Benefits from Canada or Quebec Pension Plan
 - INI8 1C 03 Guaranteed Income Supplement
 - INI8 1D 04 Retirement pensions, superannuation and annuities
 - INI8 1E 05 Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.
 - INI8 1F 06 Provincial or municipal social assistance or welfare
 - INI8 1G 07 Wages, salaries, or income from self employment
 - INI8 1H 08 Other income (e.g. Worker's Compensation, Employment Insurance, rental income, scholarships, other government income, alimony, child support, etc.)
 - INI8 1L 09 None
 - 10 Don't know
- } Go to Section M - Contact Information

L2. 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 personal income:
(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 or more?
- 8 Don't know

M. Contact Information

This survey is part of 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 name, address and phone number 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

M1. **First name**

CII8 1A ----- (25 chars.)

M2. **Last name**

CII8 1B ----- (25 chars.)

M3. **Street / R.R.**

CII8 2A ----- (50 chars.)

M4. **Apartment**

CII8 2B ----- (15 chars.)

M5. **City**

CII8 3 ----- (25 chars.)

M6. **Postal Code**

CII8 4 ----- (6 chars.)

M7. **Province Code**

CII8 4P -- (2 chars.)

M8. **Telephone Number (including area code)**

CII8 5 ----- (10 chars.)

M9. **How is this person related to you (. . .)?**

CII8 6 (Mark one only.)

- 01 Husband / wife / partner
- 02 Daughter / daughter-in-law
- 03 Son / son-in-law
- 04 Parent / parent-in-law
- 05 Brother / sister
- 06 Grandchild
- 07 Other family member
- 08 Friend
- 09 Employee of facility
- 10 Other - Specify

----- (26 chars.)

Second Contact Person

M10. **First name**

CII8 7A ----- (25 chars.)

M11. **Last name**

CII8 7B ----- (25 chars.)

M12. **Street / R.R.**

CII8 8A ----- (50 chars.)

M13. **Apartment**

CII8 8B ----- (15 chars.)

M14. **City**

CII8 9 ----- (25 chars.)

M15. **Postal Code**

CII8 10 ----- (6 chars.)

M16. **Province Code**

CII8 10P -- (2 chars.)

M17. **Telephone Number (including area code)**

CII8 11 ----- (10 chars.)

M18. **How is this person related to you (. . .)?**

CII8 12 (Mark one only.)

01 Husband / wife / partner

02 Daughter / daughter-in-law

03 Son / son-in-law

04 Parent / parent-in-law

05 Brother / sister

06 Grandchild

07 Other family member

08 Friend

09 Employee of facility

10 Other - Specify

----- (26 chars.)

N. Agreements

AMI8_NO

Interviewer:

If interviewing the RESPONDENT or a "next-of-kin proxy"

3

Ask N1, N2 and N3

If interviewing a "staff member or other proxy"

4

Refer to the consent information in Section B to complete N1 (=B1), N2 (=B2) and N3 (=B3)

N1. **We are asking your permission to obtain the following information from the staff of this facility (the facility in which . . . lives).**

AMI8_PER

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

Second, we would like to ask about how often you see or contact (. . . sees or contacts) health professionals, such as doctors, therapists and dentists.

Do we have your permission?

1 Yes

2 No

N2. **We are also seeking your permission to link information collected during this interview with health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, physician's offices or other services provided by the province. This information will be used for statistical purposes only.**

AMI8_LNK

Do we have your permission?

3 Yes

4 No

N3. **To avoid duplication, Statistics Canada intends to share the information from all interviews conducted as part of 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.**

AMI8_SHR

Do you agree to share the information provided?

5 Yes

6 No

Interviewer:

Thank respondent and END interview.

If N1 is "yes"

Arrange and complete an interview with a staff member of the facility to collect information on drug use and health care utilization (Sections O and P).

O. Drug Use

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

O1. **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?**

DGI8 2

__ different medications
(2 chars.)

If None Enter 00 and Go to Section P - Health Care Utilization

O2. **What is the exact name of the medication that . . . took in the last two days?**
(Ask the person to look at the bottle, tube, or box.)
Report a maximum of 12 medications.)

DGI8 3A

a) _____ (25 chars.)

DGI8 3B

b) _____ (25 chars.)

DGI8 3C

c) _____ (25 chars.)

DGI8 3D

d) _____ (25 chars.)

DGI8 3E

e) _____ (25 chars.)

DGI8 3F

f) _____ (25 chars.)

DGI8 3G

g) _____ (25 chars.)

DGI8 3H

h) _____ (25 chars.)

DGI8 3I

i) _____ (25 chars.)

DGI8 3J

j) _____ (25 chars.)

DGI8 3K

k) _____ (25 chars.)

DGI8 3L

l) _____ (25 chars.)

P. Health Care Utilization

P1. Now some questions on contacts with health care professionals . In the past 12 months how often has . . . seen or talked to the following types of health care providers about his / her physical, emotional or mental health:

		Every day	At least once a week	At least once a month	Less than once a month	Not at all
HC18 1A	a) general practitioner?	01	02	03	04	05
HC18 1B	b) eye specialist (such as ophthalmologist or optometrist)?	06	07	08	09	10
HC18 1C	c) other medical doctor (such as geriatrician, surgeon, psychiatrist)?	11	12	13	14	15
HC18 1D	d) nurse for care or advice?	16	17	18	19	20
HC18 1E	e) physiotherapist?	21	22	23	24	25
HC18 1F	f) speech or audiology therapist?	26	27	28	29	30
HC18 1G	g) occupational therapist?	31	32	33	34	35
HC18 1H	h) respiratory therapist?	36	37	38	39	40
HC18 1I	i) dentist, denture therapist or dental hygienist?	41	42	43	44	45
HC18 1J	j) psychologist?	46	47	48	49	50
HC18 1K	k) social worker or counselor?	51	52	53	54	55

P2. In the past 12 months has . . . been temporarily transferred to an acute (short-term) care facility for a period of less than 21 days?

HC18 2

- 1 Yes
- 2 No

Thank respondent and END interview.

HOUSEHOLD RESPONDENTS

CC. Selected Respondent Information

CC1. *Interviewer:*
DH18_1 *Who is completing the questionnaire?*
(Mark one only.)

- 7 Selected respondent (Non-proxy)
- 8 Family member (Proxy)
- 9 Other (Proxy)

CC2. **I would like to confirm that I have the correct spelling of your (. . .)'s name. Is it** *(read label)?*
(Correct below if necessary.)

DH18_2 1 Same as on label

OR

DH18_FN 2 **Given name and initial**

----- (25 chars.)

DH18_LN 3 **Last name**

----- (25 chars.)

CC3. **What is your (. . .)'s current marital status?**
DH18_MAR *(Mark one only.)*

- 01 Married
- 02 Common-law
- 03 Living with a partner
- 04 Single *(never married)*
- 05 Widowed
- 06 Separated
- 07 Divorced
- 08 Don't know

DD. 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.

DD1. In general, would you say your (. . .)'s health is:

GHI8_1 (Mark one only.)

01 excellent?

02 very good?

03 good?

04 fair?

05 poor?

For information only

EE. 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

EE1. **Are you (Is . . .) usually able to see well enough to read ordinary newsprint without glasses or contact lenses?**

HSI8_1

- 1 Yes *Go to EE4*
- 2 No

EE2. **Are you (Is . . .) usually able to see well enough to read ordinary newsprint with glasses or contact lenses?**

HSI8_2

- 3 Yes *Go to EE4*
- 4 No

EE3. **Are you (Is . . .) able to see at all?**

HSI8_3

- 5 Yes
- 6 No *Go to EE6 - Hearing*

EE4. **Are you (Is . . .) able to see well enough without glasses or contact lenses to recognize a friend on the other side of the street (across the room)?**

HSI8_4

- 7 Yes *Go to EE6 - Hearing*
- 8 No

EE5. **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 (across the room)?**

HSI8_5

- 1 Yes
- 2 No

Hearing

EE6. Are you (Is . . .) **usually** able to hear what is said in a group conversation with at least three other people **without** a hearing aid?

HSI8_6

- 3 Yes *Go to EE11 - Speech*
- 4 No

EE7. Are you (Is . . .) **usually** able to hear what is said in a group conversation with at least three other people, **with** a hearing aid?

HSI8_7

- 5 Yes *Go to EE9*
- 6 No

EE8. Are you (Is . . .) able to hear at all?

HSI8_8

- 7 Yes
- 8 No *Go to EE11 - Speech*

EE9. Are you (Is . . .) **usually** able to hear what is said in a conversation with one other person in a quiet room **without** a hearing aid?

HSI8_9

- 1 Yes *Go to EE11 - Speech*
- 2 No

EE10. Are you (Is . . .) **usually** able to hear what is said in a conversation with one other person in a quiet room, **with** a hearing aid?

HSI8_10

- 3 Yes
- 4 No

For information only

Speech

EE11. Are you (Is . . .) usually able to be understood completely when speaking with strangers in our (. . .'s) own language?

HS18 11

5 Yes *Go to EE15 - Getting Around*

6 No

EE12. Are you (Is . . .) able to be understood partially when speaking with strangers?

HS18 12

7 Yes

8 No

EE13. Are you (Is . . .) able to be understood completely when speaking with those who know you (him / her) well?

HS18 13

1 Yes *Go to EE15 - Getting Around*

2 No

EE14. Are you (Is . . .) able to be understood partially when speaking with those who know you (him / her) well?

HS18 14

3 Yes

4 No

For information only

Getting Around

EE15. Are you (Is . . .) usually able to walk around without difficulty and without mechanical support such as braces, a cane or crutches?

HSI8 15

- 5 Yes *Go to EE22 - Agility*
- 6 No

EE16. Are you (Is . . .) able to walk at all?

HSI8 16

- 7 Yes
- 8 No *Go to EE19*

EE17. Do you (Does . . .) require mechanical support such as braces, a cane or crutches to be able to walk around?

HSI8 17

- 1 Yes
- 2 No

EE18. Do you (Does . . .) require the help of another person to be able to walk?

HSI8 18

- 3 Yes
- 4 No

EE19. Do you (Does . . .) require a wheelchair to get around?

HSI8 19

- 5 Yes
- 6 No *Go to EE22 - Agility*

EE20. How often do you (does . . .) use a wheelchair?

HSI8 20

(Mark one only.)

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

EE21. Do you (Does . . .) need the help of another person to get around in the wheelchair?

HSI8 21

- 5 Yes
- 6 No

Agility

EE22. Do you (Does . . .) have any physical difficulty cutting your (his / her) own toenails?

HSI8_22

- 7 Yes
- 8 No

Hands and Fingers

EE23. Are you (Is . . .) usually able to grasp and handle small objects such as a pencil or scissors?

HSI8_23

- 1 Yes *Go to EE27 - Feelings*
- 2 No

EE24. Do you (Does . . .) require the help of another person because of limitations in the use of hands or fingers?

HSI8_24

- 3 Yes
- 4 No *Go to EE26*

EE25. Do you (Does . . .) require the help of another person with:
(Mark one only.)

HSI8_25

- 5 some tasks?
- 6 most tasks?
- 7 almost all tasks?
- 8 all tasks?

EE26. Do you (Does . . .) require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?

HSI8_26

- 1 Yes
- 2 No

Feelings

EE27. **Would you describe yourself (. . .) as being usually:**
(Mark one only.)

HSI8_27

- 3 **happy and interested in life?**
- 4 **somewhat happy?**
- 5 **somewhat unhappy?**
- 6 **unhappy with little interest in life?**
- 7 **so unhappy that life is not worthwhile?**

Memory

EE28. **How would you describe your (. . .)'s usual ability to remember things? Are you (Is . . .):**
(Mark one only.)

HSI8_2

- 01 **able to remember most things?** *Go to EE30 - Thinking*
- 02 **somewhat forgetful?**
- 03 **very forgetful?**
- 04 **unable to remember anything at all?** *Go to EE30 - Thinking*

EE29. **Is this a problem with short-term memory, with long-term memory, or both short and long-term memory? (By short-term, we mean yesterday and today. By long-term, we mean remembering events that happened last year or many years ago.)**
(Mark one only.)

HSI8_2

- 05 **Short-term memory only**
- 06 **Long-term memory only**
- 07 **Both short-term and long-term memory**

Thinking

EE30. How would you describe your (. . .)'s usual ability to think and solve day-to-day problems?

HSI8_3

Are you (Is . . .):

(Mark one only.)

- 1 able to think clearly and solve problems?
- 2 having a little difficulty?
- 3 having some difficulty?
- 4 having a great deal of difficulty?
- 5 unable to think or solve problems?

Pain and Discomfort

EE31. Are you (Is . . .) usually free of pain or discomfort?

HSI8_31

6 Yes *Go to Section FF - Chronic Conditions*

7 No

EE32. How would you describe the usual intensity of your (. . .)'s pain or discomfort?

HSI8_3

(Mark one only.)

- 1 Mild
- 2 Moderate
- 3 Severe

EE33. How many activities does your (. . .)'s pain or discomfort prevent?

HSI8_33

(Mark one only.)

- 4 None
- 5 A few
- 6 Some
- 7 Most

FF. Chronic Conditions

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

FF1. Do you (Does . . .) have any of the following long-term conditions that have been diagnosed by a health professional?

	Yes	No	Don't know
CCI8_1A a) Arthritis or rheumatism	01	02	03
CCI8_1B b) High blood pressure (hypertension)	04	05	06
CCI8_1C c) Asthma	07	08	09
CCI8_1D d) Chronic bronchitis or emphysema	10	11	12
CCI8_1E e) Diabetes	13	14	15
CCI8_1F f) Epilepsy	16	17	18
CCI8_1G g) Heart disease	19	20	21
CCI8_1H h) Effects of stroke (such as paralysis or speech problems)	22	23	24
CCI8_1I i) Paralysis, partial or complete, other than the effects of a stroke	25	26	27
CCI8_1J j) Urinary incontinence, that is, difficulty controlling bladder	28	29	30
CCI8_1K k) Difficulty controlling bowels	31	32	33
CCI8_1L l) Alzheimer's disease or any other dementia	34	35	36
CCI8_1M m) Osteoporosis or brittle bones	37	38	39
CCI8_1N n) Cataracts	40	41	42
CCI8_1O o) Glaucoma	43	44	45
CCI8_1P p) Stomach or intestinal ulcers	46	47	48
CCI8_1Q q) Kidney failure or disease	49	50	51
CCI8_1R r) A bowel disorder such as Crohn's disease or colitis	52	53	54
CCI8_1S s) A thyroid condition			
CCI8_1T t) A developmental delay (such as autism, Down's Syndrome, mental retardation)	55	56	57
CCI8_1U u) Schizophrenia, depression, psychosis or other mental illness	58	59	60
CCI8_1V v) Cancer	61	62	63
CCI8_1W w) Any other long-term condition that has been diagnosed by a health professional	64	65	66
	67	Specify68	69

----- (50 chars.)

GG. 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.

G1. 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:

Yes No

RAI8_1A a) at home? 1 2

RAI8_1B b) in activities such as travel, recreation or leisure? 3 4

GG2. Do you (Does . . .) have any long-term disabilities or handicaps?

RAI8_2
5 Yes
6 No

Interviewer:

If "YES" to at least one of GG1a, GG1b, or GG2 Go to GG3

Otherwise Go to GG8

GG3. What is the main condition or health problem causing you (. . .) to be limited in your (his / her) activities or to have a long-term disability or handicap?
(Specify one condition / health problem)

RAI8_3C
RAI8C1C1
RAI8G12A
RAI8G25A

----- (25 chars.)

GG4. Which one of the following is the best description of the cause of this condition?
(Mark main cause only.)

RAI8_4

- 1 Injury
- 2 Existed at birth
- 3 Work environment
- 4 Disease or illness
- 5 Natural aging process
- 6 Psychological or physical abuse
- 7 Other - Specify

----- (26 chars.)

GG5. Do you (Does . . .) have another long-term condition or health problem causing you (. . .) to be limited in your (his / her) activities or to have a long-term disability or handicap?

RAI8_5
RAI8CIC2
RAI8G12B
RAI8G25B

8 Yes

9 No Go to GG8

GG6. What is this condition or health problem?
(Specify the second main condition / health problem)

RAI8_5C

----- (25 chars.)

GG7. Which one of the following is the best description of the cause of this condition?
(Mark main cause only.)

RAI8_6

- 1 Injury
- 2 Existed at birth
- 3 Work environment
- 4 Disease or illness
- 5 Natural aging process
- 6 Psychological or physical abuse
- 7 Other - Specify

----- (26 chars.)

GG8. The next few questions may not apply to you (. . .) but we need to ask the same questions of everyone. Because of any condition or health problem, do you (does . . .) need the help of another person with:

Yes No

RAI8_7A

a) personal care such as bathing, dressing or eating? 01 02

RAI8_7B

b) moving about **INSIDE** your home? 03 04

RAI8_7C

c) moving about **OUTSIDE** your home? 05 06

RAI8_7D

d) getting in and out of bed? 07 08

RAI8_7E

e) getting in or out of a chair or wheelchair? 09 10

GG9. Are you (Is . . .) usually confined to a bed or chair for most of the day because of your (his / her) health?

RAI8_8

1 Yes

2 No

HH. Balance

HH1. During the past 12 months, have you (has . . .) fallen?

FLI8_1

- 3 Yes
 - 4 No
 - 5 Don't know
- } *Go to Section II - Smoking*

HH2. How many times have you (has . . .) fallen?

FLI8_2

(Mark one only.)

- 6 Once
- 7 Twice
- 8 3 to 5 times
- 9 6 or more times

HH3. Remember, we are talking about falls that occurred in the past 12 months. Were you (Was . . .) injured as a result of falling?

FLI8_3

- 1 Yes
- 2 No *Go to HH5*

HH4. What was the most serious injury you (. . .) had as a result of falling?

FLI8_4

(Mark one only.)

- 3 Broken or fractured hip
- 4 Break or fracture of bone or joint other than hip
- 5 Bruise, scrape or cut
- 6 Sprain or strain of joint or back
- 7 Lost consciousness or suffered a concussion
- 8 Other injury - *Specify*

----- (26 chars.)

HH5. What caused you (. . .) to fall?

(Mark all that apply.)

RAI8_5A

01 Dizziness / fainted

RAI8_5B

02 Illness

RAI8_5C

03 Weakness / frailty

RAI8_5D

04 Problems with balance

RAI8_5E

05 Fell asleep

RAI8_5F

06 Reaction to medication

RAI8_5G

07 Poor eyesight

RAI8_5H

08 Tripped over or bumped into an object

RAI8_5I

09 Misjudged distance

RAI8_5J

10 Other cause - *Specify*

----- (26 chars.)

II. Smoking

The next few questions are about smoking.

II1. **At the present time do you (does . . .) smoke cigarettes daily, occasionally or not at all?**
(Mark one only.)

SMI8_1

- 1 Daily
- 2 Occasionally *Go to II5*
- 3 Not at all *Go to II4*

II2. **At what age did you (. . .) begin smoking cigarettes daily?**

SMI8_2

- ____ years old
(3 chars.)
- 997 Don't know

II3. **How many cigarettes do you (does . . .) smoke each day now?**

SMI8_3

- ____ cigarettes
(3 chars.)
 - 997 Don't know
- } *Go to Section JJ - Alcohol*

II4. **Have you (Has . . .) ever smoked cigarettes at all?**

SMI8_4

- 4 Yes
 - 5 No
 - 6 Don't know
- } *Go to Section JJ - Alcohol*

II5. **Have you (Has . . .) ever smoked cigarettes daily?**

SMI8_5

- 7 Yes
 - 8 No
 - 9 Don't know
- } *Go to Section JJ - Alcohol*

II6. **At what age did you (. . .) begin to smoke (cigarettes) daily?**

SMI8_6

- ____ years old
(3 chars.)
- 997 Don't know

II7. **At what age did you (. . .) stop smoking (cigarettes) daily?**

SMI8_7

- ____ years old
(3 chars.)
- 997 Don't know

JJ. Alcohol

Now, some questions about 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 wine cooler;

one drink or cocktail with 1 and 1/2 ounces of liquor.

JJ1. **During the past 12 months, have you (has . . .) had a drink of beer, wine, liquor or any other alcoholic beverage?**

ALI8_1

- 1 Yes *Go to JJ3*
- 2 No

JJ2. **Have you (Has . . .) ever had a drink?**

ALI8_3

- 3 Yes *Go to JJ4*
 - 4 No
 - 5 Don't know
- } *Go to Section LL - Socio-demographic Characteristics*

JJ3. **During the past 12 months, how often did you (. . .) drink alcoholic beverages?**
(Mark one only.)

ALI8_2

- 01 Less than once a month
- 02 Once a month
- 03 2 to 3 times a month
- 04 Once a week
- 05 2 to 3 times week
- 06 4 to 6 times a week
- 07 Every day

JJ4. **Did you (. . .) ever regularly drink more than 12 drinks a week?**

ALI8_4

- 6 Yes
- 7 No
- 8 Don't know

LL. 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.

Income

LL1. Thinking about your (. . .)'s own personal income, from which of the following sources did you (. . .) receive any income in the past 12 months?
(Mark all that apply.)

- INI8_1A 01 Old Age Security
 - INI8_1B 02 Benefits from Canada or Quebec Pension Plan
 - INI8_1C 03 Guaranteed Income Supplement
 - INI8_1D 04 Retirement pensions, superannuation and annuities
 - INI8_1E 05 Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.
 - INI8_1F 06 Provincial or municipal social assistance or welfare
 - INI8_1G 07 Wages, salaries, or income from self employment
 - INI8_1H 08 Other income (e.g. Worker's Compensation, Employment Insurance, rental income, scholarships, other government income, alimony, child support, etc.)
 - INI8_1L 09 None
 - 10 Don't know
- } Go to Section MM - Contact Information

LL2. 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 personal income:
(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 or more?
- 8 Don't know

MM. Contact Information

This survey is part of 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 name, address and phone number 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

MM1. **First name**

CII8 1A ----- (25 chars.)

MM2. **Last name**

CII8 1B ----- (25 chars.)

MM3. **Street / R.R.**

CII8 2A ----- (50 chars.)

MM4. **Apartment**

CII8 2B ----- (15 chars.)

MM5. **City**

CII8 3 ----- (25 chars.)

MM6. **Postal Code**

CII8 4 ----- (6 chars.)

MM7. **Province Code**

CII8 4P -- (2 chars.)

MM8. **Telephone Number (including area code)**

CII8 5 ----- - ----- (10 chars.)

MM9. **How is this person related to you (. . .)?**

CII8 6 (Mark one only.)

01 Husband / wife / partner

02 Daughter / daughter-in-law

03 Son / son-in-law

04 Parent / parent-in-law

05 Brother / sister

06 Grandchild

07 Other family member

08 Friend

09 Employee of facility

10 Other – *Specify*

----- (26 chars.)

Second Contact Person

MM10. **First name**

CII8 7A ----- (25 chars.)

MM11. **Last name**

CII8 7B ----- (25 chars.)

MM12. **Street / R.R.**

CII8 8A ----- (50 chars.)

MM13. **Apartment**

CII8 8B ----- (15 chars.)

MM14. **City**

CII8 9 ----- (25 chars.)

MM15. **Postal Code**

CII8 10 ----- (6 chars.)

MM16. **Province Code**

CII8 10P -- (2 chars.)

MM17. **Telephone Number (including area code)**

CII8 11 ----- (10 chars.)

MM18. **How is this person related to you (. . .)?**

CII8 12 (Mark one only.)

01 Husband / wife / partner

02 Daughter / daughter-in-law

03 Son / son-in-law

04 Parent / parent-in-law

05 Brother / sister

06 Grandchild

07 Other family member

08 Friend

09 Employee of facility

10 Other - Specify

----- (26 chars.)

OO. Drug Use

OO1. **Now, I have a few questions about your (. . .)'s use of medications, both prescription and over-the-counter. 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 you (. . .) take?**

DGI8 2 __ different medications
(2 chars.)

If None Enter 00 and Go to Section PP - Health Care Utilization

OO2. **What is the exact name of the medication that you (. . .) took in the last two days?**
(Ask the respondent to look at the bottle, tube, or box.)
(Report a maximum of 12 medications.)

DGI8 3A a) ----- (25 chars.)

DGI8 3B b) ----- (25 chars.)

DGI8 3C c) ----- (25 chars.)

DGI8 3D d) ----- (25 chars.)

DGI8 3E e) ----- (25 chars.)

DGI8 3F f) ----- (25 chars.)

DGI8 3G g) ----- (25 chars.)

DGI8 3H h) ----- (25 chars.)

DGI8 3I i) ----- (25 chars.)

DGI8 3J j) ----- (25 chars.)

DGI8 3K k) ----- (25 chars.)

DGI8 3L l) ----- (25 chars.)

For information only

PP. Health Care Utilization

PP1. Now some questions on contacts with health care professionals. In the past 12 months how often has . . . seen or talked to the following types of health care providers about his / her physical, emotional or mental health:

		Every day	At least once a week	At least once a month	Less than once a month	Not at all
HC18 1A	a) general practitioner?	01	02	03	04	05
HC18 1B	b) eye specialist (such as ophthalmologist or optometrist)?	06	07	08	09	10
HC18 1C	c) other medical doctor (such as geriatrician, surgeon, psychiatrist)?	11	12	13	14	15
HC18 1D	d) nurse for care or advice?	16	17	18	19	20
HC18 1E	e) physiotherapist?	21	22	23	24	25
HC18 1F	f) speech or audiology therapist?	26	27	28	29	30
HC18 1G	g) occupational therapist?	31	32	33	34	35
HC18 1H	h) respiratory therapist?	36	37	38	39	40
HC18 1I	i) dentist, denture therapist or dental hygienist?	41	42	43	44	45
HC18 1J	j) psychologist?	46	47	48	49	50
HC18 1K	k) social worker or counselor?	51	52	53	54	55

For information only

QQ. Agreements

QQ2.

AMI8 LNK

We are seeking your permission to link information collected during this interview with provincial health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, physician's offices or other services provided by the province. This information will be used for statistical purposes only.

Do we have your permission?

3 Yes

4 No

QQ3.

AMI8 SHR

To avoid duplication, Statistics Canada intends to share the information from all interviews conducted as part of 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 provided?

5 Yes

6 No

Interviewer:

Thank respondent and END interview.

For information only