

National Population Health Survey

**Health Institutions Component
Cycle 5 (2002-2003)**

Questionnaire

For information only

For information only

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For information only

Institution Control Form

INST-Q1. **Which of the following best describes the smoking policy for residents of this facility?**
IPI2_1 (Mark ONE only.)

- 1 **Restricted completely**
- 2 **Allowed only in designated areas**
- 3 **Permitted throughout this facility**
- 4 **No policy on this topic**

INST-Q2. **Which of the following best describes this facility's policy regarding the consumption of alcohol by residents?**
IPI2_2 (Mark ONE only.)

- 1 **Cannot be consumed in this facility**
- 2 **Can be consumed in this facility**
- 3 **No policy on this topic**

INST-Q3. **Are activities organized regularly for residents?**
IPI2_3

- 1 Yes
- 2 No Go to INST-Q5

INST-Q4. **Which of the following activities are organized for the residents:**
(Mark ALL that apply.)

- IPI2_4A 1 ... **group physical activities such as exercise classes, dancing, swimming?**
IPI2_4B 2 ... **skills classes such as art and music classes?**
IPI2_4C 3 ... **social activities including card games, bingo?**
IPI2_4D 4 ... **religious services?**
IPI2_4E 5 ... **individualized activities (one-to-one activities)?**
IPI2_4F 6 ... **other? – Specify** _____ (26 chars.)

INST-Q5. **Are activities organized for members of the residents' families such as social activities, educational programs, or orientation sessions?**
IPI2_5

- 1 Yes
- 2 No

INST-Q6. **Are advance directives (living wills) completed for each resident prior to admission?**
IPI2_6 (Mark ONE only.)

- 1 **Always**
- 2 **Occasionally**
- 3 **Never**

INST-Q7. **Institutional Response Code**
IPI2_FS

- 1 Agrees to Participate
- 2 Refuses
- 3 No contact
- 4 Other (Specify in comments) _____ (200 chars.)

Respondent Questionnaire

Health Statistics Division

UNIQUEID : 123456789012 **INSTID** : 12345678
ASSIGNID : 12345
Name/nom : Name
Lang.: ENGLISH OR FRENCH
Name of institution
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.: 12345

AMI2_ASG

<p>1. Location AMI2_LOC</p> <p>1 Institution 2 Household 3 Deceased 7 Don't know</p>	<p>4. Final Status AMI2_FS</p> <p>070 Full data 071 Partial data 064 Death of respondent 080 Refused 010 No contact 036 Unable to trace 077 Core sample - household 090 Other</p>
<p>2. Institution Control Form Sequence No. AMI2_SEQ</p> <p>#### OR 9999 Household / deceased</p>	<p>5. Interviewer: AMI2_FSC</p> <p>Record the reason for the non-interview ----- (15 chars.) ----- (15 chars.) ----- (15 chars.)</p>
<p>3. Language of Interview AMI2_LNG</p> <p>1 English 2 French</p>	<p>6. Date of Interview AMI2_BDD AMI2_BMM AMI2_BY Y</p> <p>__ __ 2003 Day Month Year</p>

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 2000 and 2001. 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)?

AMI2_1

- 1 Yes
- 2 No Go to A3

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

AMI2_2

- 1 Yes Go to A8
- 2 No (institution) Make corrections on the Institution Control Form and Go to A8
- 3 No (household) Go to A7 and Enter the complete correct address

A3. **Where is . . . ?**

AMI2_3

(Mark only ONE.)

- 1 Died
 - 2 Private household Go to A7
 - 3 Nursing home
 - 4 General hospital
 - 5 Residential care facility
 - 6 Other – Specify _____ } Go to A6
- (26 chars.)

A4. **When did . . . die?**

DHI2_DOD __ (2 chars.) (01 – 31)
Day

DHI2_MOD __ (2 chars.) (01 – 12)
Month

DHI2_YOD ____ (4 chars.) (1900 – 2003)
Year

A5. **In what city and province?**

DHI2_DCY 1 City _____ (25 chars.)

DHI2_DPR 2 Province Code __ (2 chars.) (BC, AB, SK, MN, ON, QU, NB, NS, PE, NF, NT, NU, YK or US)

Check "Deceased" at Question 1 - Location and "household / deceased" at Question 2 - Sequence No. on front cover.

Thank respondent and END interview.

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

IPI2_NAM _____ (50 chars.)

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

IPI2_ADD 1 **Street / R.R.**
_____ (50 chars.)

IPI2_APT 2 **Apartment**
_____ (15 chars.)

IPI2_CTY 3 **City**
_____ (25 chars.)

IPI2_PC 4 **Postal Code**
_____ (ANANAN) (6 chars.)

IPI2_PR 5 **Province Code**
__ (BC, AB, SK, MN, ON, QU, NB, NS, PE, NF, NT, NU, YK or US) (2 chars.)

IPI2_TEL 6 **Telephone Number (including area code)**
_____ - _____ (10 chars.)

A8. Interviewer:
AMI2_8

- | | | |
|---|----|---|
| If respondent now lives in an institution | 1) | Complete Question 1 - Location and Question 2 - Sequence No. on front cover and Go to Section B - Next-of-Kin Consent - page 5. |
| If respondent now lives in a household and Sample = I | 2) | Complete Question 1 - Location and Question 2 - Sequence No. on front cover and Go to Section CC - Page 29. |
| If respondent now lives in a household and Sample = C | 3) | Complete Question 1 - Location and Question 2 - Sequence No. on front cover and END interview. |

Institution Respondents

B. Next-of-Kin Consent

B0. Interviewer:
AMI2_B0

- If the respondent is completing this questionnaire (non-proxy) 1) Go to Section C - Selected Respondent Information and complete the questionnaire with the respondent
- If the next-of-kin agrees to complete the questionnaire 2) 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 3) 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?**
AMI2_PER

- 1 Yes
2 No Enter a final status code of Refused on Question 4 of the front cover of the questionnaire and END interview.

B2. **Statistics Canada and your provincial ministry of health would like your permission to link information collected during all interviews conducted as part of this survey. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics and doctor's offices. This linked information will be kept confidential and used only for statistical purposes.**
AMI2_LNK

Do we have your permission?

- 1 Yes
2 No

B3. **Statistics Canada would like your permission to share the information from all interviews conducted as part of this survey with provincial ministries of health and Health Canada. All information will be kept confidential and used only for statistical purposes.**
AMI2_SHA

Do you agree to share the information provided?

- 1 Yes }
2 No } Thank respondent and contact the institution

C. Selected Respondent Information

C1. Interviewer:
DHI2_1 Who is completing the questionnaire?
(Mark ONE only.)

- 1 Selected respondent (Non-proxy)
- 2 Family member or Next-of-Kin (Proxy)
- 3 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.)

DHI2_2 1 Same as on label

OR

DHI2_FN 2 **Given name and initial**
----- (25 chars.)

DHI2_LN 3 **Last name**
----- (25 chars.)

C3. **What is your (. . .)'s current marital status?**
DHI2_MAR (Mark ONE only.)

- 1 Married
 - 2 Common-law
 - 3 Living with a partner
 - 4 Single (never married)
 - 5 Widowed
 - 6 Separated
 - 7 Divorced
 - 97 Don't know
- } Go to C5

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

DHI2_7

- 1 Yes
- 2 No

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

DHI2_8

- 1 Yes
- 2 No

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

DHI2_9

- 1 Yes
- 2 No

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

DHI2_MOA __ __ (2 chars.) (01 – 12)
Month

DHI2_YOA _ _ _ _ (4 chars.) (1900 – 2003)
Year

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:**
GHI2_1 (Mark ONE only.)

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

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**
HSI2_1 **glasses or contact lenses?**

- 1 Yes Go to E4
- 2 No

E2. **Are you (Is . . .) usually able to see well enough to read ordinary newsprint with glasses**
HSI2_2 **or contact lenses?**

- 1 Yes Go to E4
- 2 No

E3. **Are you (Is . . .) able to see at all?**
HSI2_3

- 1 Yes
- 2 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)?**
HSI2_4

- 1 Yes Go to E6 - Hearing
- 2 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)?**
HSI2_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?**
HSI2_6

- 1 Yes Go to E11 - Speech
- 2 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?**
HSI2_7

- 1 Yes Go to E9
- 2 No

E8. **Are you (Is . . .) able to hear at all?**
HSI2_8

- 1 Yes
- 2 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?**
HSI2_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?**
HSI2_10

- 1 Yes
- 2 No

Speech

E11. **Are you (Is . . .) usually able to be understood completely when speaking with strangers in your (. . .)'s own language?**
HSI2_11

- 1 Yes Go to E15 - Getting Around
- 2 No

E12. **Are you (Is . . .) able to be understood partially when speaking with strangers?**
HSI2_12

- 1 Yes
- 2 No

E13. **Are you (Is . . .) able to be understood completely when speaking with those who know you (him / her) well?**
HSI2_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?**
HSI2_14

- 1 Yes
- 2 No

Getting Around

E15. **Are you (Is . . .) usually able to walk around without difficulty and without mechanical support such as braces, a cane or crutches?**
HSI2_15

- 1 Yes Go to E22 - Agility
- 2 No

E16. **Are you (Is . . .) able to walk at all?**
HSI2_16

- 1 Yes
- 2 No Go to E19

E17. **Do you (Does . . .) require mechanical support such as braces, a cane or crutches to be able to walk around?**
HSI2_17

- 1 Yes
- 2 No

E18. **Do you (Does . . .) require the help of another person to be able to walk?**
HSI2_18

- 1 Yes
- 2 No

E19. **Do you (Does . . .) require a wheelchair to get around?**
HSI2_19

- 1 Yes
- 2 No Go to E22 - Agility

E20. **How often do you (does . . .) use a wheelchair?**
HSI2_20 (Mark ONE only.)

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

E21. **Do you (Does . . .) need the help of another person to get around in the wheelchair?**
HSI2_21

- 1 Yes
- 2 No

Agility

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

HSI2_22

- 1 Yes
- 2 No

Hands and Fingers

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

HSI2_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?

HSI2_24

- 1 Yes
- 2 No Go to E26

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

HSI2_25

- 1 ... some tasks?
- 2 ... most tasks?
- 3 ... almost all tasks?
- 4 ... 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?

HSI2_26

- 1 Yes
- 2 No

Feelings

E27. Would you describe yourself (. . .) as being usually:

HSI2_27

(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?

Memory

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

HSI2_28

- 1 ... able to remember most things? Go to E30 - Thinking
- 2 ... somewhat forgetful?
- 3 ... very forgetful?
- 4 ... 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.)**
HSI2_29
(Mark ONE only.)

- 1 Short-term memory only
- 2 Long-term memory only
- 3 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 . . .)**
HSI2_30
(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

E31. **Are you (Is . . .) usually free of pain or discomfort?**
HSI2_31

- 1 Yes Go to Section F - Chronic Conditions
- 2 No

E32. **How would you describe the usual intensity of your (. . .)'s pain or discomfort?**
HSI2_32
(Mark ONE only.)

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

E33. **How many activities does your (. . .)'s pain or discomfort prevent?**
HSI2_33
(Mark ONE only.)

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

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?**

CCI2_1A a) **Arthritis or rheumatism**

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

CCI2_1B b) **High blood pressure (hypertension)**

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

CCI2_1C c) **Asthma**

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

CCI2_1D d) **Chronic bronchitis or emphysema**

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

CCI2_1E e) **Diabetes**

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

CCI2_1F f) **Epilepsy**

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

CCI2_1G g) **Heart disease**

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

CCI2_1H h) **Effects of stroke (such as paralysis or speech problems)**

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

CCI2_1I i) **Paralysis, partial or complete, other than the effects of a stroke**

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

CCI2_1J j) **Urinary incontinence, that is, difficulty controlling bladder**

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

CCI2_1K k) **Difficulty controlling bowels**

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

CCI2_1L l) **Alzheimer's disease or any other dementia**

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

CCI2_1M m) **Osteoporosis or brittle bones**

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

CCI2_1N n) **Cataracts**

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

CCI2_1O o) **Glaucoma**

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

CCI2_1P p) **Stomach or intestinal ulcers**

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

CCI2_1Q q) **Kidney failure or disease**

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

CCI2_1L r) **A bowel disorder such as Crohn's disease or colitis**

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

CCI2_1S s) **A thyroid condition**

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

CCI2_1T t) **A developmental delay (such as autism, Downs Syndrome, mental retardation)**

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

CCI2_1U u) **Schizophrenia, depression, psychosis or other mental illness**

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

CCI2_1W v) **Cancer**

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

CCI2_1V w) **Any other long-term condition that has been diagnosed by a health professional**

- 1 Yes - Specify _____ (50 chars.)
- 2 No
- 7 Don't know

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:**

RAI2_1A a) **... within the residence or institution?**

- 1 Yes
- 2 No

RAI2_1B b) **... outside the residence or institution in activities such as travel, recreation or leisure?**

- 1 Yes
- 2 No

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

RAI2_2

- 1 Yes
- 2 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?**

RAI2_3C

RAI2F3

RAI2CIC1

RAI2G12A

RAI2G25A

(Specify ONE condition / health problem.)

----- (25 chars.)

G4. **Which one of the following is the best description of the cause of this condition?**

RAI2_4

(Mark MAIN cause only.)

- 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 / to have a long-term disability or handicap?**

RAI2_5

- 1 Yes
- 2 No Go to G8

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

RAI2_5C

RAI2F5

RAI2CIC2

RAI2G12B

RAI2G25B _____ (25 chars.)

G7. **Which one of the following is the best description of the cause of this condition?**

RAI2_6

(Mark MAIN cause only.)

- 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:**

RAI2_7A

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

- 1 Yes
- 2 No

RAI2_7B

b) **... moving about INSIDE the residence or institution?**

- 1 Yes
- 2 No

RAI2_7C

c) **... moving about OUTSIDE the residence or institution?**

- 1 Yes
- 2 No

RAI2_7D

d) **... getting in and out of bed?**

- 1 Yes
- 2 No

RAI2_7E

e) **... getting in or out of a chair or wheelchair?**

- 1 Yes
- 2 No

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

RAI2_8

- 1 Yes
- 2 No

H. **Balance**

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

FLI2_1

- 1 Yes
 - 2 No
 - 7 Don't know
- } Go to Section I - Smoking

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

FLI2_2

(Mark ONE only.)

- 1 Once
- 2 Twice
- 3 3 to 5 times
- 4 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?**

FLI2_3

- 1 Yes
 - 2 No
- Go to H5

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

FLI2_4

(Mark ONE only.)

- 1 Broken or fractured hip
- 2 Break or fracture of bone or joint other than hip
- 3 Bruise, scrape or cut
- 4 Sprain or strain of joint or back
- 5 Lost consciousness or suffered a concussion
- 6 Other injury – Specify _____ (26 chars.)

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

(Mark ALL that apply.)

FLI2_5A

1 Dizziness / fainted

FLI2_5B

2 Illness

FLI2_5C

3 Weakness / frailty

FLI2_5D

4 Problems with balance

FLI2_5E

5 Fell asleep

FLI2_5F

6 Reaction to medication

FLI2_5G

7 Poor eyesight

FLI2_5H

8 Tripped over or bumped into an object

FLI2_5I

9 Misjudged distance

FLI2_5J

10 Other cause - Specify _____ (26 chars.)

I. Smoking

The next few questions are about smoking.

11. **At the present time do you (does . . .) smoke cigarettes daily, occasionally or not at all?**
SMI2_1 (Mark ONE only.)

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

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

SMI2_2

- ___ Years old (3 chars.) (001 – 130)
- 997 Don't know

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

SMI2_3

- ___ Cigarettes (3 chars.) (001 – 099) } Go to Section J - Alcohol
- 997 Don't know

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

SMI2_4

- 1 Yes
- 2 No
- 7 Don't know } Go to Section J - Alcohol

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

SMI2_5

- 1 Yes
- 2 No
- 7 Don't know } Go to Section J - Alcohol

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

SMI2_6

- ___ Years old (3 chars.) (001 – 130)
- 997 Don't know

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

SMI2_7

- ___ Years old (3 chars.) (001 – 130)
- 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?**
ALI2_1

- 1 Yes Go to J3
- 2 No

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

ALI2_3

- 1 Yes Go to J4
- 2 No
- 7 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.)
ALI2_2

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day

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

ALI2_4

- 1 Yes
- 2 No
- 7 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?**
SS/2_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.**
(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**

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

- 1 Yes
- 2 No Go to K5

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

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

SS/2_4

__ Close relatives (2 chars.) (00 – 99)

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.)

SS/2_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?**

SS/2_6

__ Close friends living INSIDE this facility (2 chars.) (00 – 99)

If None Enter 00.

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

SS/2_7

__ Close friends living OUTSIDE this facility (2 chars.) (00 – 99)

If None Enter 00 and Go to K9i.

SSI2_12B b) ... go shopping?

- 1 Yes
- 2 No

SSI2_12C c) ... attend social events or religious services?

- 1 Yes
- 2 No

SSI2_12D d) ... go to the library?

- 1 Yes
- 2 No

SSI2_12E e) ... go to the movies?

- 1 Yes
- 2 No

SSI2_12F f) ... go to a beauty shop?

- 1 Yes
- 2 No

SSI2_12G g) ... attend music or craft classes?

- 1 Yes
- 2 No

SSI2_12H h) ... go to a community club (bridge club, senior citizen club)?

- 1 Yes
- 2 No

SSI2_12I i) ... go for a walk?

- 1 Yes
- 2 No

SSI2_12K j) ... go for a drive?

- 1 Yes
- 2 No

SSI2_12L k) ... go out for lunch or dinner?

- 1 Yes
- 2 No

SSI2_12J l) ... do something else?

- 1 Yes - Specify _____ (25 chars.)
- 2 No

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:**
SSI2_14 (Mark ONE only.)

- 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?**
SSI2_13 (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

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.)

- | | | | |
|---------|---|--|---|
| INI2_1A | 1 | Old Age Security | |
| INI2_1B | 2 | Benefits from Canada or Quebec Pension Plan | |
| INI2_1C | 3 | Guaranteed Income Supplement | |
| INI2_1D | 4 | Retirement pensions, superannuation and annuities | |
| INI2_1E | 5 | Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc. | |
| INI2_1F | 6 | Provincial or municipal social assistance or welfare | |
| INI2_1G | 7 | Wages, salaries, or income from self employment | |
| INI2_1H | 8 | Other income (e.g. Workers Compensation, Employment Insurance, rental income, scholarships, other government income, alimony, child support, etc.) | |
| INI2_1I | 9 | None | } Go to Section M - Contact Information |
| | | Don't know | |

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:**
INI2_2 (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?
- 97 ... 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. CII2_1A	First name -----	(25 chars.)
M2. CII2_1B	Last name -----	(25 chars.)
M3. CII2_2A	Street / R.R. -----	(50 chars.)
M4. CII2_2B	Apartment -----	(15 chars.)
M5. CII2_3	City -----	(25 chars.)
M6. CII2_4	Postal Code -----	(6 chars.)
M7. CII2_4P	Province Code --	(2 chars.)
M8. CII2_5	Telephone Number (including area code) ----- - ----	(10 chars.)
M9. CII2_6	How is this person related to you (. . .)? (Mark ONE only.)	
	1 Husband / Wife / Partner	
	2 Daughter / Daughter-in-law	
	3 Son / Son-in-law	
	4 Parent / Parent-in-law	
	5 Brother / Sister	
	6 Grandchild	
	7 Other family member	
	8 Friend	
	9 Employee of facility	
	10 Other – Specify _____	(26 chars.)

Second Contact Person

- M10. **First name**
CII2_7A ----- (25 chars.)
- M11. **Last name**
CII2_7B ----- (25 chars.)
- M12. **Street / R.R.**
CII2_8A ----- (50 chars.)
- M13. **Apartment**
CII2_8B ----- (15 chars.)
- M14. **City**
CII2_9 ----- (25 chars.)
- M15. **Postal Code**
CII2_10 ----- (6 chars.)
- M16. **Province Code**
CII2_10P -- (2 chars.)
- M17. **Telephone Number (including area code)**
CII2_11 ----- (10 chars.)
- M18. **How is this person related to you (. . .)?**
CII2_12 (Mark ONE only.)
- 1 Husband / Wife / Partner
 - 2 Daughter / Daughter-in-law
 - 3 Son / Son-in-law
 - 4 Parent / Parent-in-law
 - 5 Brother / Sister
 - 6 Grandchild
 - 7 Other family member
 - 8 Friend
 - 9 Employee of facility
 - 10 Other – Specify ----- (26 chars.)

N. Agreements

AMI2_NO

Interviewer:

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

1

Ask N1, N2 and N3

If interviewing a "staff member or other proxy"

2

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

N1.

AMI2_PER

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

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.

AMI2_LNK

Statistics Canada and your provincial ministry of health would like your permission to link information collected during all interviews conducted as part of this survey. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.

This linked information will be kept confidential and used only for statistical purposes.

Do we have your permission?

- 1 Yes
- 2 No

N3.

AMI2_SHA

Statistics Canada would like your permission to share the information from all interviews conducted as part of this survey with provincial ministries of health and Health Canada.

All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

- 1 Yes
- 2 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?**
DG12_2

__ Different medications (2 chars.) (00 – 12)

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?**

DG12C3A (Ask the person to look at the bottle, tube, or box.)
TO
DG12C3L (Report a maximum of 12 medications.)

DG12F3A a) _____ (25 chars.)

DG12F3B b) _____ (25 chars.)

DG12F3C c) _____ (25 chars.)

DG12F3D d) _____ (25 chars.)

DG12F3E e) _____ (25 chars.)

DG12F3F f) _____ (25 chars.)

DG12F3G g) _____ (25 chars.)

DG12F3H h) _____ (25 chars.)

DG12F3I i) _____ (25 chars.)

DG12F3J j) _____ (25 chars.)

DG12F3K k) _____ (25 chars.)

DG12F3L l) _____ (25 chars.)

For information only

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:

HC12_1A a) ... general practitioner?

- 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

HC12_1B b) ... eye specialist (such as ophthalmologist or optometrist)?

- 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

HC12_1C c) ... other medical doctor (such as geriatrician, surgeon, psychiatrist)?

- 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

HC12_1D d) ... nurse 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

HC12_1E e) ... physiotherapist

- 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

HC12_1F f) ... speech or audiology therapist

- 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

HCI2_1G g) ... occupational therapist?

- 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

HCI2_1H h) ... respiratory therapist?

- 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

HCI2_1I i) ... dentist, denture therapist or dental hygienist?

- 1 Every day Not applicable
- 2 At least once a week Not applicable
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**

HCI2_1J j) ... psychologist?

- 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

HCI2_1K k) ... social worker or counselor?

- 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

P2.
HCI2_2 In the past 12 months has . . . been temporarily transferred to an acute (short-term) care facility for a period of less than 21 days?

- 1 Yes
- 2 No

Thank respondent and END interview.

Household Respondents

CC. Selected Respondent Information

CC1. Interviewer:
DHI2_1 Who is completing the questionnaire?
(Mark ONE only.)

- 1 Selected respondent (Non-proxy)
- 2 Family member (Proxy)
- 3 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.)

DHI2_2 1 Same as on label

OR

DHI2_FN 2 **Given name and initial**
----- (25 chars.)

DHI2_LN 3 **Last name**
----- (25 chars.)

CC3. **What is your (. . . 's) current marital status?**
DHI2_MAR (Mark ONE only.)

- 1 Married
- 2 Common-law
- 3 Living with a partner
- 4 Single (never married)
- 5 Widowed
- 6 Separated
- 7 Divorced
- 97 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:**
GHI2_1 (Mark ONE only.)

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

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?**
HSI2_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?**
HSI2_2

- 1 Yes Go to EE4
- 2 No

EE3. **Are you (Is . . .) able to see at all?**
HSI2_3

- 1 Yes
- 2 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)?**
HSI2_4

- 1 Yes Go to EE6 - Hearing
- 2 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)?**
HSI2_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?**
HSI2_6

- 1 Yes Go to EE11 - Speech
- 2 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?**
HSI2_7

- 1 Yes Go to EE9
- 2 No

EE8. **Are you (Is . . .) able to hear at all?**
HSI2_8

- 1 Yes
- 2 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?**
HSI2_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?**
HSI2_10

- 1 Yes
- 2 No

Speech

EE11. **Are you (Is . . .) usually able to be understood completely when speaking with strangers in your (. . .'s) own language?**
HSI2_11

- 1 Yes Go to EE15 - Getting Around
- 2 No

EE12. **Are you (Is . . .) able to be understood partially when speaking with strangers?**
HSI2_12

- 1 Yes
- 2 No

EE13. **Are you (Is . . .) able to be understood completely when speaking with those who know you (him / her) well?**
HSI2_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?**
HSI2_14

- 1 Yes
- 2 No

Getting Around

EE15. **Are you (Is . . .) usually able to walk around without difficulty and without mechanical support such as braces, a cane or crutches?**
HSI2_15

- 1 Yes Go to EE22 - Agility
- 2 No

EE16. **Are you (Is . . .) able to walk at all?**
HSI2_16

- 1 Yes
- 2 No Go to EE19

EE17. **Do you (Does . . .) require mechanical support such as braces, a cane or crutches to be able to walk around?**
HSI2_17

- 1 Yes
- 2 No

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

HSI2_18

- 1 Yes
- 2 No

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

HSI2_19

- 1 Yes
- 2 No Go to EE22 - Agility

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

HSI2_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?

HSI2_21

- 1 Yes
- 2 No

Agility

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

HSI2_22

- 1 Yes
- 2 No

Hands and Fingers

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

HSI2_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?

HSI2_24

- 1 Yes
- 2 No Go to EE26

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

HSI2_25

(Mark ONE only.)

- 1 ... **some tasks?**
- 2 ... **most tasks?**
- 3 ... **almost all tasks?**
- 4 ... **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?**
HSI2_26

- 1 Yes
- 2 No

Feelings

EE27. **Would you describe yourself (. . .) as being usually:**
HSI2_27 (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?

Memory

EE28. **How would you describe your (. . .'s) usual ability to remember things? Are you (Is . . .):**
HSI2_28 (Mark ONE only.)

- 1 ... able to remember most things? Go to EE30 - Thinking
- 2 ... somewhat forgetful?
- 3 ... very forgetful?
- 4 ... 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.)**
HSI2_29 (Mark ONE only.)

- 1 Short-term memory only
- 2 Long-term memory only
- 3 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? Are you (Is . . .):**
HSI2_30 (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?**
HSI2_31

- 1 Yes Go to Section FF - Chronic Conditions
- 2 No

EE32. **How would you describe the usual intensity of your (. . .)'s pain or discomfort?**
HSI2_32 (Mark ONE only.)

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

EE33. **How many activities does your (. . .)'s pain or discomfort prevent?**
HSI2_33 (Mark ONE only.)

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

CCI2_1A a) **Arthritis or rheumatism**

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

CCI2_1B b) **High blood pressure (hypertension)**

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

CCI2_1C c) **Asthma**

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

CCI2_1D d) **Chronic bronchitis or emphysema**

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

CCI2_1E e) **Diabetes**

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

CCI2_1F f) **Epilepsy**

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

CCI2_1G g) **Heart disease**

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

CCI2_1H h) **Effects of stroke (such as paralysis or speech problems)**

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

CCI2_1I i) **Paralysis, partial or complete, other than the effects of a stroke**

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

CCI2_1J k) **Urinary incontinence, that is, difficulty controlling bladder**

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

CCI2_1K l) **Difficulty controlling bowels**

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

CCI2_1L l) **Alzheimer's disease or any other dementia**

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

CCI2_1M m) **Osteoporosis or brittle bones**

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

CCI2_1N n) **Cataracts**

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

CCI2_1O o) **Glaucoma**

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

CCI2_1P p) **Stomach or intestinal ulcers**

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

CCI2_1Q q) **Kidney failure or disease**

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

CCI2_1R r) **A bowel disorder such as Crohn's disease or colitis**

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

CCI2_1S s) **A thyroid condition**

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

CCI2_1T t) **A developmental delay (such as autism, Downs Syndrome, mental retardation)**

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

CCI2_1U u) **Schizophrenia, depression, psychosis or other mental illness**

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

CCI2_1W v) **Cancer**

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

CCI2_1V w) **Any other long-term condition that has been diagnosed by a health professional**

- 1 Yes – Specify_____ (50 chars.)
- 2 No
- 7 Don't know

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.

GG1. **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:**

RAI2_1A a) **... at home?**

- 1 Yes
- 2 No

RAI2_1B b) **... in activities such as travel, recreation or leisure?**

- 1 Yes
- 2 No

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

RAI2_2

- 1 Yes
- 2 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?**

RAI2_3C

RAI2F3

RAI2CIC1

RAI2G12A

RAI2G25A

(Specify ONE condition / health problem.)

_____ (25 chars.)

GG4. **Which one of the following is the best description of the cause of this condition?**

RAI2_4

(Mark MAIN cause only.)

- 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 / to have a long-term disability or handicap?**

RAI2_5

- 1 Yes
- 2 No Go to GG8

GG6. **What is this condition or health problem?**
RAI2_5C (Specify the SECOND main condition / health problem.)
RAI2F6
RAI2CIC2
RAI2G12B
RAI2G25B _____ (25 chars.)

GG7. **Which one of the following is the best description of the cause of this condition?**
RAI2_6 (Mark MAIN cause only.)

- 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:**

RAI2_7A a) **... personal care such as bathing, dressing or eating?**

- 1 Yes
- 2 No

RAI2_7B b) **... moving about INSIDE your home?**

- 1 Yes
- 2 No

RAI2_7C c) **... moving about OUTSIDE your home?**

- 1 Yes
- 2 No

RAI2_7D d) **... getting in and out of bed?**

- 1 Yes
- 2 No

RAI2_7E e) **... getting in or out of a chair or wheelchair?**

- 1 Yes
- 2 No

GG9. **Are you (Is . . .) usually confined to a bed or chair for most of the day because of your (his / her) health?**
RAI2_8

- 1 Yes
- 2 No

HH. Balance

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

FLI2_1

- 1 Yes
 - 2 No
 - 7 Don't know
- } Go to Section II - Smoking

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

FLI2_2

(Mark ONE only.)

- 1 Once
- 2 Twice
- 3 3 to 5 times
- 4 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?**

FLI2_3

- 1 Yes
 - 2 No
- Go to HH5

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

FLI2_4

(Mark ONE only.)

- 1 Broken or fractured hip
- 2 Break or fracture of bone or joint other than hip
- 3 Bruise, scrape or cut
- 4 Sprain or strain of joint or back
- 5 Lost consciousness or suffered a concussion
- 6 Other injury - Specify _____ (26 chars.)

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

(Mark ALL that apply.)

FLI2_5A

a) Dizziness / Fainted

FLI2_5B

b) Illness

FLI2_5C

c) Weakness / Frailty

FLI2_5D

d) Problems with balance

FLI2_5E

e) Fell asleep

FLI2_5F

f) Reaction to medication

FLI2_5G

g) Poor eyesight

FLI2_5H

h) Tripped over or bumped into an object

FLI2_5I

i) Misjudged distance

FLI2_5J

j) 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?**

SMI2_1

(Mark ONE only.)

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

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

SMI2_2

___ Years old (3 chars.) (001 – 130)
997 Don't know

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

SMI2_3

___ Cigarettes (3 chars.) (001 – 099) } Go to Section JJ - Alcohol
997 Don't know

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

SMI2_4

1 Yes
2 No
7 Don't know } Go to Section JJ - Alcohol

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

SMI2_5

1 Yes
2 No
7 Don't know } Go to Section JJ - Alcohol

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

SMI2_6

___ Years old (3 chars.) (001 – 130)
997 Don't know

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

SMI2_7

___ Years old (3 chars.) (001 – 130)
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?**

ALI2_1

1 Yes Go to JJ3
2 No

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

ALI2_3

1 Yes Go to JJ4
2 No
7 Don't know } Go to Section LL - Socio-demographic Characteristics

JJ3. **During the past 12 months, how often did you (. . .) drink alcoholic beverages?**
ALI2_2 (Mark ONE only.)

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day

JJ4. **Did you (. . .) ever regularly drink more than 12 drinks a week?**
ALI2_4

- 1 Yes
- 2 No
- 7 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.)

- | | | | |
|----------------|---|---|--|
| <u>INI2_1A</u> | 1 | Old Age Security | |
| <u>INI2_1B</u> | 2 | Benefits from Canada or Quebec Pension Plan | |
| <u>INI2_1C</u> | 3 | Guaranteed Income Supplement | |
| <u>INI2_1D</u> | 4 | Retirement pensions, superannuation and annuities | |
| <u>INI2_1E</u> | 5 | Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc. | |
| <u>INI2_1F</u> | 6 | Provincial or municipal social assistance or welfare | |
| <u>INI2_1G</u> | 7 | Wages, salaries, or income from self employment | |
| <u>INI2_1H</u> | 8 | Other income (e.g. Workers Compensation, Employment Insurance, rental income, scholarships, other government income, alimony, child support, etc.) | |
| <u>INI2_1I</u> | 9 | None
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:**
INI2_2 (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?
- 97 ... 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**
CII2_1A ----- (25 chars.)

MM2. **Last name**
CII2_1B ----- (25 chars.)

MM3. **Street / R.R.**
CII2_2A ----- (50 chars.)

MM4. **Apartment**
CII2_2B ----- (15 chars.)

MM5. **City**
CII2_3 ----- (25 chars.)

MM6. **Postal Code**
CII2_4 ----- (6 chars.)

MM7. **Province Code**
CII2_4P -- (2 chars.)

MM8. **Telephone Number (including area code)**
CII2_5 ----- (10 chars.)

MM9. **How is this person related to you (. . .)?**
CII2_6 (Mark ONE only.)

- 1 Husband / Wife / Partner
- 2 Daughter / Daughter-in-law
- 3 Son / Son-in-law
- 4 Parent / Parent-in-law
- 5 Brother / Sister
- 6 Grandchild
- 7 Other family member
- 8 Friend
- 9 Employee of facility
- 10 Other – Specify ----- (26 chars.)

Second Contact Person

MM10. **First name**
CII2_7A ----- (25 chars.)

MM11. **Last name**
CII2_7B ----- (25 chars.)

MM12. **Street / R.R.**
CII2_8A ----- (50 chars.)

MM13. **Apartment**
CII2_8B ----- (15 chars.)

MM14. **City**
CII2_9 ----- (25 chars.)

MM15. **Postal Code**
CII2_10 ----- (6 chars.)

MM16. **Province Code**
CII2_10P -- (2 chars.)

MM17. **Telephone Number (including area code)**
CII2_11 ----- (10 chars.)

MM18. **How is this person related to you (. . .)?**
CII2_12 (Mark ONE only.)

- 1 Husband / Wife / Partner
- 2 Daughter / Daughter-in-law
- 3 Son / Son-in-law
- 4 Parent / Parent-in-law
- 5 Brother / Sister
- 6 Grandchild
- 7 Other family member
- 8 Friend
- 9 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?**

DGI2_2 __ Different medications (2 chars.) (00 – 12)

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

OO2. **What is the exact name of the medication that . . . took in the last two days?**

DGI2C3A (Ask the person to look at the bottle, tube, or box.)

to DGI2C3L (Report a maximum of 12 medications.)

DGI2F3A a) _____ (25 chars.)

DGI2F3B b) _____ (25 chars.)

DGI2F3C c) _____ (25 chars.)

DGI2F3D d) _____ (25 chars.)

DGI2F3E e) _____ (25 chars.)

DGI2F3F f) _____ (25 chars.)

DGI2F3G g) _____ (25 chars.)

DGI2F3H h) _____ (25 chars.)

DGI2F3I i) _____ (25 chars.)

DGI20F3J j) _____ (25 chars.)

DGI2F3K k) _____ (25 chars.)

DGI2F3L l) _____ (25 chars.)

PP. Health Care Utilization

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

HCI2_1A a) ... general practitioner?

- 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

HCI2_1B b) ... eye specialist (such as ophthalmologist or optometrist)?

- 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

HCI2_1C c) ... other medical doctor (such as geriatrician, surgeon, psychiatrist)?

- 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

HCI2_1D d) ... nurse 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

HCI2_1E e) ... physiotherapist

- 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

HCI2_1F f) ... speech or audiology therapist

- 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

HCI2_1G g) ... occupational therapist?

- 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

HCI2_1H h) ... respiratory therapist?

- 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

HCI2_1I i) ... dentist, denture therapist or dental hygienist?

- | | | |
|---|-------------------------------|----------------|
| 1 | Every day | Not applicable |
| 2 | At least once a week | Not applicable |
| 3 | At least once a month | |
| 4 | Less than once a month | |
| 5 | Not at all | |

HCI2_1J j) ... psychologist?

- 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**

HCI2_1K k) ... social worker or counselor?

- 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**

QQ. Agreements

QQ2.
AMI2_LNK **Statistics Canada and your provincial ministry of health would like your permission to link information collected during all interviews conducted as part of this survey. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics and doctor's offices. This linked information will be kept confidential and used only for statistical purposes.**

Do we have your permission?

- 1 Yes
- 2 No

QQ3.
AMI2_SHA **Statistics Canada would like your permission to share the information from all interviews conducted as part of this survey with provincial ministries of health and Health Canada. All information will be kept confidential and used only for statistical purposes.**

Do you agree to share the information provided?

- 1 Yes
- 2 No

Interviewer: Thank respondent and END interview.

