

1996-97 National Population Health Survey

Yukon and Northwest Territories

Questionnaire

For information only

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For information only

Household Record Variables

(To be collected at initial contact from any knowledgeable person)

A-INT The first few questions will provide important basic information on the people in your household.

A1
DEMO_Q1 What are the names of all persons now living or staying here who have no usual place of residence elsewhere (in chronological order or starting with the eldest)?

A2
DEMO_Q2 Are there any persons away from this household attending school, visiting, travelling or in hospital who usually live here?

- 1 Yes
- 2 No

A3
DEMO_Q3 Does anyone else live at this dwelling such as relatives, roomers, boarders or employees?

- 1 Yes
- 2 No

(Note: For each person in the household do A4-A8)

A4 ...'s sex?

DHC6_SEX

- 1 Male
- 2 Female

A5 What is ...'s date of birth and age?

DHC6_AGE

| | | | | yrs | mo
 dd mm yy

A6 What is ...'s current marital status?

DHC6_MAR (If ages less than 15 marital status = single)

- 1 Now married
- 2 Common-law
- 3 Living with a partner
- 4 Single (never married)
- 5 Widowed
- 6 Separated
- 7 Divorced

A7 — Family code.

DHC6_FID [Enter code for each separate family unit (A, B, C, D etc.)]

Legal household check.

Reject household at this point if screening criteria are not met.

Selection criteria applied.

A8
DEMO_Q8

Relationship to selected health person

- | | | | |
|---|----------------|----|--------------------|
| 1 | Birth Parent | 10 | Common-law partner |
| 2 | Step Parent | 11 | In-law |
| 3 | Foster Parent | 12 | Other Relative |
| 4 | Birth Child | 13 | Unrelated |
| 5 | Step Child | 14 | Husband/Wife |
| 6 | Foster Child | 15 | Adopted Child |
| 7 | Sister/Brother | 16 | Adoptive Parent |
| 8 | Grandparent | 17 | Same sex partner |
| 9 | Grandchild | 18 | Self |

Dwelling

D1
DHC6_OWN

Now a few questions about your dwelling. Is this dwelling owned by a member of this household (even if being paid for)?

- 1 Yes
- 2 No

D3
DHC6_BED

How many bedrooms are there in this dwelling? (If no separate enclosed bedroom enter "99")

___ Number of bedrooms (2 digits)

D6
DHC6_DWE

Record type of dwelling (Ask if interview by phone)

- 1 Single detached house
 - 1 suite (separate unit with its own entrance)
- 2 Semi-detached or double (side-by-side)
 - 1 suite (separate unit with its own entrance)
- 3 Town-house or row house
 - 1 suite (separate unit with its own entrance)
- 4 Duplex (top and bottom)
 - 1 suite (separate unit with its own entrance)
- 5 Low-rise apartment (less than 5 stories)
- 6 High-rise apartment (5 or more stories)
- 7 Mobile home
- 8 Hotel, rooming or lodging house, logging or construction camp
- 9 Institution
- 10 Other (Specify _____)

D7
AM36_LNG

Record language of interview.

- 1 English
- 2 French
- 3 Other (Specify _____)

Income

U1 Thinking about your total household income, from which of the following sources did your household receive any income in the past 12 months?

(Read list. Mark all that apply)

- | | | |
|----------------|----|---|
| <i>INC6_1A</i> | 1 | Wages and salaries |
| <i>INC6_1B</i> | 2 | Income from self-employment |
| <i>INC6_1C</i> | 3 | Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc. |
| <i>INC6_1D</i> | 4 | Unemployment insurance |
| <i>INC6_1E</i> | 5 | Worker's compensation |
| <i>INC6_1F</i> | 6 | Benefits from Canada or Quebec Pension Plan |
| <i>INC6_1G</i> | 7 | Retirement pensions, superannuation and annuities |
| <i>INC6_1H</i> | 8 | Old Age Security and Guaranteed Income Supplement |
| <i>INC6_1I</i> | 9 | Child Tax Benefit |
| <i>INC6_1J</i> | 10 | Provincial, territorial or municipal social assistance or welfare |
| <i>INC6_1K</i> | 11 | Child Support |
| <i>INC6_1L</i> | 12 | Alimony |
| <i>INC6_1M</i> | 13 | Other Income (e.g. rental income, scholarships, other government income, etc.) |
| <i>INC6_1N</i> | 14 | None (Go to Agreement to Share) |

If more than one source, ask U2. Otherwise, ask U3.

U2 What was the main source of income?

(Do not read list. Mark one only.)

- | | | |
|---------------|----|---|
| <i>INC6_2</i> | 1 | Wages and salaries |
| | 2 | Income from self-employment |
| | 3 | Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc. |
| | 4 | Unemployment insurance |
| | 5 | Worker's compensation |
| | 6 | Benefits from Canada or Quebec Pension Plan |
| | 7 | Retirement pensions, superannuation and annuities |
| | 8 | Old Age Security and Guaranteed Income Supplement |
| | 9 | Child Tax Benefit |
| | 10 | Provincial, territorial or municipal social assistance or welfare |
| | 11 | Child Support |
| | 12 | Alimony |
| | 13 | Other Income (e.g. rental income, scholarships, other government income, etc.) |

U3

What is your best estimate of the total income before taxes and deductions of all household members from all sources in the past 12 months? Was the total household income:

- INC6_3A 1 Less than \$20,000?
- INC6_3B 2 Less than \$10,000?
- INC6_3C 3 Less than \$5,000? (Go to Agreement to Share)
- INC6_3D 4 \$5,000 and more? (Go to Agreement to Share)
- INC6_3E 5 \$10,000 and more?
- INC6_3F 6 Less than \$15,000? (Go to Agreement to Share)
- INC6_3G 7 \$15,000 and more? (Go to Agreement to Share)
- INC6_3H 8 \$20,000 and more?
- INC6_3I 9 Less than \$40,000?
- INC6_3J 10 Less than \$30,000? (Go to Agreement to Share)
- INC6_3K 11 \$30,000 and more? (Go to Agreement to Share)
- INC6_3L 12 \$40,000 and more?
- INC6_3M 13 Less than \$50,000? (Go to Agreement to Share)
- INC6_3N 14 \$50,000 to less than \$60,000? (Go to Agreement to Share)
- INC6_3O 15 \$60,000 to less than \$80,000? (Go to Agreement to Share)
- INC6_3P 16 \$80,000 and more? (Go to Agreement to Share)
- INC6_3Q 17 No income

Agreement to Share

AM66_SHA

To avoid duplication the Bureau of Statistics intends to share this survey with provincial and territorial ministries of Health, Health Canada, Human Resources Development Canada and Statistics Canada. These organizations have agreed to keep this information confidential and use it only for statistical purposes. Do you agree to share the information you have provided?

Health Survey: yes no

Parent/Children's Survey: yes no

Administration

COMPLETED BY:

NAME: _____

ID: _____

Health Questions

Respondent Name: _____

ID# [][]

Age: [][][][]

Sex: ___ Male ___ Female

H06-PI

If Proxy:

Completed by: _____

ID# [][]

Reason: _____

H06-INT

This part of the survey deals with various aspects of your health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being. I'll start with a few questions concerning your health in general.

General Health

A1

In general, would you say your health is:
(Read list. Mark one only.)

GHC6_1

- 1 Excellent?
- 2 Very good?
- 3 Good?
- 4 Fair?
- 5 Poor?

(If female between and including 15 and 49, ask A2. Otherwise, go to Height/Weight.)

A2

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

HWC6_1

- 1 Yes
- 2 No

Height/Weight

B1

How tall are you without shoes on?

HWC6_2INT

_____ feet _____ inches OR _____ centimetres

B2

How much do you weigh?

HWC6_3

_____ pounds OR _____ kilograms

Preventive Health Practices

(If Proxy, go to Two-Week Disability)

Now a few questions about your use of health care services.

C1 Have you ever had your blood pressure taken?

BPC6_10

- 1 Yes
- 2 No (Go to C1e)

C1a When was the last time?

(Do not read list. Mark one only.)

- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 5 years ago (Go To C1e)
- 5 5 or more years ago (Go To C1e)

C1b Why did you have it taken?

(If respondent says "Doctor Recommended It", PROBE for reason.)
(Do not read list. Mark all that apply.)

- | | | |
|-----------------|----|---|
| <i>BPC6_13A</i> | 1 | Part of regular check-up |
| <i>BPC6_13B</i> | 2 | Have high blood pressure/heart disease |
| <i>BPC6_13C</i> | 3 | Doctor always does it to see if OK |
| <i>BPC6_13D</i> | 4 | Health problem |
| <i>BPC6_13E</i> | 5 | Age |
| <i>BPC6_13F</i> | 6 | Job requirement |
| <i>BPC6_13G</i> | 7 | Pregnant |
| <i>BPC6_13H</i> | 8 | Was in hospital/clinic for other reason |
| <i>BPC6_13I</i> | 9 | When donating blood |
| <i>BPC6_13J</i> | 10 | Just for the "fun" of it |
| <i>BPC6_13K</i> | 11 | Other (Specify) |

C1c Have you ever had any problems obtaining a blood pressure test?

BPC6_14

- 1 Yes
- 2 No (Go to C-INT)

C1d What were they?

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

- | | | |
|-----------------|---|-------------------------------------|
| <i>BPC6_15A</i> | 1 | Not Available - at time required |
| <i>BPC6_15B</i> | 2 | Not Available - at all in the area |
| <i>BPC6_15C</i> | 3 | Waiting time was too long |
| <i>BPC6_15D</i> | 4 | Transportation - problems |
| <i>BPC6_15E</i> | 5 | Language - problem |
| <i>BPC6_15F</i> | 6 | Cost |
| <i>BPC6_15G</i> | 7 | Did Not Know where to go/uninformed |
| <i>BPC6_15H</i> | 8 | Other (Specify) |

GO TO C-INT

C1e Why have you not had your blood pressure taken in the past 2 years?
(Do not read list. Mark all that apply.)

- | | | |
|-----------------|----|---|
| <i>BPC6_16A</i> | 1 | Have not gotten around to it |
| <i>BPC6_16B</i> | 2 | Respondent – did not think it was necessary |
| <i>BPC6_16C</i> | 3 | Doctor – did not think it was necessary |
| <i>BPC6_16D</i> | 4 | Personal or family responsibilities |
| <i>BPC6_16E</i> | 5 | Not available – at time required |
| <i>BPC6_16F</i> | 6 | Not available – at all in the area |
| <i>BPC6_16G</i> | 7 | Waiting time was too long |
| <i>BPC6_16H</i> | 8 | Transportation - problems |
| <i>BPC6_16I</i> | 9 | Language- problem |
| <i>BPC6_16J</i> | 10 | Cost |
| <i>BPC6_16K</i> | 11 | Did not know where to go/uninformed |
| <i>BPC6_16L</i> | 12 | Fear (e.g. painful, embarrassing, find something wrong) |
| <i>BPC6_16M</i> | 13 | Other (Specify) |

C-INT

If male or if female less than 18 years old go to Two-week Disability.
If female greater than or equal to 18 years old and less than 35 (Go to C3).
If female greater than or equal to 35 years old (Go to C2).

C2 Have you ever had a mammogram, that is, a breast X-ray?

- | | | |
|----------------|---|---------------|
| <i>WHC6_30</i> | 1 | Yes |
| | 2 | No (Go to C3) |

C2a When was the last time?
(Do not read list. Mark one only.)

- | | | |
|----------------|---|------------------------------------|
| <i>WHC6_32</i> | 1 | Less than 6 months ago |
| | 2 | 6 months to less than one year ago |
| | 3 | 1 year to less than 2 years ago |
| | 4 | 2 years to less than 5 years ago |
| | 5 | 5 years or more ago |

C3 Have you ever had a PAP smear test?

- | | | |
|----------------|---|--------------------------------|
| <i>WHC6_20</i> | 1 | Yes |
| | 2 | No (Go to Two-week Disability) |

C3a When was the last time?
(Do not read list. Mark one only.)

- | | | |
|--|---|------------------------------------|
| | 1 | Less than 6 months ago |
| | 2 | 6 months to less than one year ago |
| | 3 | 1 year to less than 3 years ago |
| | 4 | 3 years to less than 5 years ago |
| | 5 | 5 years or more ago |

Two-Week Disability

D-INT The first few questions ask about your health during the past 14 days.

Two Weeks Ago: Weekday _____ Date ____ Month ____

D1 It is important for you to refer to the 14-day period from two weeks ago until yesterday, that is from DD,MM to yesterday. During that period, did you stay in bed at all because of illness or injury including any nights spent as a patient in a hospital?

TWC6_1

- 1 Yes
- 2 No (Go to D3)

D2 How many days did you stay in bed for all or most of the day?

TWC6_2

____ Days (Enter <0> if less than a day.)
(If days equal to 14 days, go to D5)

D3 (Not counting days spent in bed) During those 14 days, were there any days that you cut down on things you normally do because of illness or injury?

TWC6_3

- 1 Yes
- 2 No (Go to D5)

D4 How many days did you cut down on things for all or most of the day?

TWC6_4

____ Days
(Enter <0> if less than a day.)

D5 Do you have a regular medical doctor?

TWC6_5

- 1 Yes
- 2 No

Health Care Utilization

E-INT Now I'd like to ask about your contacts with health professionals during the past 12 months, that is from MM/DD/YY to yesterday.

Period: MM/YY ____ MM/YY ____

E1 In the past 12 months, have you been a patient overnight in a hospital, nursing home or convalescent home?

HCC6_1

- 1 Yes
- 2 No (Go to E2)

E1A For how many nights in the past 12 months?

HCC6_1A

____ Nights

E2 In the past 12 months (not counting when you were an overnight patient), have you seen or talked on the telephone with [fill category from a to j] about your physical, emotional or mental health? How many times?

- | | | |
|---------|----|---|
| HCC6_2A | a) | Family doctor or general practitioner |
| HCC6_2B | b) | Eye specialist (such as an ophthalmologist or optometrist) |
| HCC6_2C | c) | Other medical doctor (such as surgeon, allergist, gynecologist, psychiatrist, etc.) |
| HCC6_2D | d) | A nurse for care or advice |
| HCC6_2E | e) | Dentist or orthodontist |
| HCC6_2F | f) | Chiropractor |
| HCC6_2G | g) | Physiotherapist |
| HCC6_2H | h) | Social worker or counsellor |
| HCC6_2I | i) | Psychologist |
| HCC6_2J | j) | Speech, audiology or occupational therapist |

(For each response > 0 in a), c), or d), ask E3.)

E3 Where did the most recent contact take place?

HCC6_3n (Read list. Mark one only.)

- 1 Doctor's office
- 2 Hospital emergency room
- 3 Hospital outpatient clinic (e.g. day surgery, cancer)
- 6 Community Health Centre/Nursing Station
- 7 At work
- 8 At school
- 9 At home
- 10 Telephone consultation only
- 11 Other (Specify _____)

E4 In the past 12 months, have you attended a meeting of a self-help group such as AA or a cancer support group?

HCC6_4A

- 1 Yes
- 2 No

E5A People may also use alternative health care services. In the past 12 months, have you seen or talked to an alternative health care provider such as an acupuncturist, naturopath, homeopath or massage therapist about your physical, emotional or mental health?

HCC6_4A

- 1 Yes
- 2 No (Go to E6)

E5B Who did you see or talk to?
(Do not read list. Mark all that apply.)

- | | | |
|---------|----|----------------------------------|
| HCC6_5A | 1 | Massage therapist |
| HCC6_5B | 2 | Acupuncturist |
| HCC6_5C | 3 | Homeopath or naturopath |
| HCC6_5D | 4 | Feldenkrais or Alexander teacher |
| HCC6_5E | 5 | Relaxation therapist |
| HCC6_5F | 6 | Biofeedback teacher |
| HCC6_5G | 7 | Rolfer |
| HCC6_5H | 8 | Herbalist |
| HCC6_5I | 9 | Reflexologist |
| HCC6_5J | 10 | Spiritual/traditional healer |
| HCC6_5K | 11 | Religious healer |
| HCC6_5L | 12 | Other (Specify _____) |

E6 During the past 12 months, was there ever a time when you needed health care or advice but did not receive it?

- | | | |
|--------|---|---|
| HCC6_6 | 1 | Yes |
| | 2 | No (If less than 18 years old, go to Restriction of Activities. Otherwise go to E-Int.) |

E7 Thinking of the most recent time, why did you not get care?
(Do not read list. Mark all that apply.)

- | | | |
|---------|----|--|
| HCC6_7A | 1 | Not available – in the area |
| HCC6_7B | 2 | Not available – at time required (e.g. doctor on holidays, inconvenient hours) |
| HCC6_7C | 3 | Waiting time too long |
| HCC6_7D | 4 | Felt would be inadequate |
| HCC6_7E | 5 | Cost |
| HCC6_7F | 6 | Too busy |
| HCC6_7G | 7 | Didn't get around to it/didn't bother |
| HCC6_7H | 8 | Didn't know where to go |
| HCC6_7I | 9 | Transportation problems |
| HCC6_7J | 10 | Language problems |
| HCC6_7K | 11 | Personal or family responsibilities |
| HCC6_7L | 12 | Dislike doctors/afraid |
| HCC6_7M | 13 | Decided not to seek care |
| HCC6_7N | 14 | Other (Specify _____) |

E8 Again, thinking of the most recent time, what was the type of care that was needed?
(Do not read list. Mark all that apply.)

- | | | |
|--------|---|---|
| HCC6_A | 1 | Treatment of a physical health problem |
| HCC6_B | 2 | Treatment of an emotional or mental health problem |
| HCC6_C | 3 | A regular check-up (including for regular pre-natal care) |
| HCC6_D | 4 | Care of an injury |
| HCC6_E | 5 | Any other reason - (Specify _____) |

E-Int If less than 18 years old, go to Restriction of Activities.

E9 Home care services are health care or homemaker services received at home, with the cost being entirely or partially covered by government. Examples are: nursing care; help with bathing or housework; respite care; and meal delivery. Have you received any home care services in the past 12 months?

HCC6_9

- 1 Yes
- 2 No (Go to Restriction of Activities)

E10 What type of services have you received?
(INTERVIEWER: Cost must be entirely or partially covered by Government.)
(Read list. Mark all that apply.)

- HCC6_10A 1 Nursing care (e.g. dressing changes)
- HCC6_10B 2 Other health care services (e.g. physiotherapy, nutrition counseling)
- HCC6_10C 3 Personal care (e.g. bathing, foot care)
- HCC6_10D 4 Housework (e.g. cleaning, laundry)
- HCC6_10E 5 Meal preparation or delivery
- HCC6_10F 6 Shopping
- HCC6_10G 7 Respite care (i.e. caregiver relief program)
- HCC6_10H 8 Other (SPECIFY)

Restriction of Activities

F-INT The next few questions deal with any health limitations *which* affect your *daily activities*. In these questions, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.

F1 Because of a long-term physical or mental condition or a health problem, are you limited in the kind or amount of activity you can do:

RAC6_1A a) at home?

- 1 Yes
- 2 No

RAC6_1B b) at school?

- 1 Yes
- 2 No
- 3 Not applicable

RAC6_1C c) at work?

- 1 Yes
- 2 No
- 3 Not applicable

RAC6_1D

d) in other activities such as transportation to or from work or leisure time activities?

- 1 Yes
- 2 No

RAC6_1E

e) in caring for children?

- 1 Yes
- 2 No
- 3 Not applicable

F2 Do you have any long term disabilities or handicaps?

RAC6_2

- 1 Yes
- 2 No

(If ANY Yes, ask F3. Else go to F6.)

F3 What is the main condition or health problem causing you to have limitations in your activities or to have a long term disability or handicap?

RAC6_3C

Main Condition: _____

F5 Which one of the following is the best description of the cause of this condition?
(Read list. Mark one only.)

RAC6_5

- 1 Injury - at home
- 2 Injury - sports or recreation
- 3 Injury - motor vehicle
- 4 Injury - work-related
- 5 Existed at birth
- 6 Work environment
- 7 Disease or illness
- 8 Natural aging process
- 9 Psychological or physical abuse
- 10 Other (Specify _____)

F6 The next question asks about help received, which may not apply to you, but we need to ask the same question of everyone. Because of any condition or health problem, do you need the help of another person in:

(Read list. Mark all that apply.)

RAC6_6A

(a) Preparing meals?

RAC6_6B

(b) Shopping for groceries or other necessities?

RAC6_6C

(c) Doing normal everyday housework?

RAC6_6D

(d) Doing heavy household chores such as washing walls or yard work?

RAC6_6E

(e) Personal care such as washing, dressing or eating?

RAC6_6F

(f) Moving about inside the house?

Chronic Conditions

G-INT Now I'd like to ask about certain chronic health conditions which you may have. We are interested in "long-term conditions" that have lasted or are expected to last 6 months or more and that have been diagnosed by a health professional.

G1 Do you have:
(Read list. Mark all that apply.)

- | | | |
|---------|-----|--|
| CCC6_1A | (a) | Food allergies? |
| CCC6_1B | (b) | Any other allergies? |
| CCC6_1C | (c) | Asthma? |
| CCC6_1D | (d) | Arthritis or rheumatism? |
| CCC6_1E | (e) | Back problems, excluding arthritis? |
| CCC6_1F | (f) | High blood pressure? |
| CCC6_1G | (g) | Migraine headaches? |
| CCC6_1H | (h) | Chronic bronchitis or emphysema? |
| CCC6_1I | (i) | Sinusitis? |
| CCC6_1J | (j) | Diabetes? |
| CCC6_1K | (k) | Epilepsy? |
| CCC6_1L | (l) | Heart disease? |
| CCC6_1M | (m) | Cancer? |
| CCC6_1N | (n) | Stomach or intestinal ulcers? |
| CCC6_1O | (o) | Effects of a stroke? |
| CCC6_1P | (p) | Urinary incontinence? |
| CCC6_1Q | (q) | A bowel disorder such as Crohn's disease or colitis? |

For persons aged < 18 years, go to (u).

- | | | |
|---------|-----|---|
| CCC6_1R | (r) | Alzheimer's disease or other dementia? |
| CCC6_1S | (s) | Cataracts? |
| CCC6_1T | (t) | Glaucoma? |
| CCC6_1U | (u) | A thyroid condition? |
| CCC6_1V | (v) | Any other long-term condition that has been diagnosed by a health professional? |

(Specify _____)

Smoking

H-INT The next few questions are about smoking.

H1 Does anyone in this household smoke regularly inside the house?

- | | | |
|--------|---|-----|
| SMC6_1 | 1 | Yes |
| | 2 | No |

H2 At the present time do you smoke cigarettes daily, occasionally or not at all?

- | | | |
|--------|---|-------------------------|
| SMC6_2 | 1 | Daily |
| | 2 | Occasionally (Go to H5) |
| | 3 | Not at all (Go to H4d) |

H3 At what age did you begin to smoke cigarettes daily?

SMC6_3

___ Age

H4 How many cigarettes do you smoke each day now?

SMC6_4

___ Number of cigarettes

H4a Is this number:

N/A

- 1 The same as two years ago? (Go to Alcohol)
- 2 More than two years ago? (Go to H4b)
- 3 Less than two years ago? (Go to H4c)

H4b Why have you increased smoking?
(Do not read list. Mark one only.)

SMC6_12

- 1 Family/friends smoke
- 2 Everyone around me smokes
- 3 To be "cool"
- 4 Curiosity
- 5 Stress
- 6 Increased after trying to quit/reduce
- 7 Cost
- 8 To control weight
- 9 Other (SPECIFY)

H4c Why did you cut down?
(Do not read list. Mark one only.)

SMC6_11

- 1 Trying to quit
- 2 Affected physical health
- 3 Cost
- 4 Social/family pressures
- 5 Athletic activities
- 6 Pregnancy
- 7 Smoking restrictions
- 8 Doctor's advice
- 9 Effect of second-hand smoke on others
- 10 Other (SPECIFY)

(Go to Alcohol)

H4d Have you ever smoked cigarettes at all?

SMC6_4A

- 1 Yes
- 2 No (Go to Alcohol)

H5 Have you ever smoked cigarettes daily?

SMC6_5

- 1 Yes
- 2 No (Go to Alcohol)

H6 At what age did you begin to smoke (cigarettes) daily?

SMC6_6

___ Age

H7 How many cigarettes did you usually smoke each day?

SMC6_7

___ Number of cigarettes

H8 At what age did you stop smoking (cigarettes) daily?

SMC6_8

___ Age

H9 Why did you quit?

SMC6_9

(Do not read list. Mark one only.)

- 1 Affected physical health
- 2 Cost
- 3 Social/family pressures
- 4 Athletic activities
- 5 Pregnancy
- 6 Smoking restrictions
- 7 Doctor's advice
- 8 Effect of second hand smoke on others
- 10 Other (SPECIFY)

Alcohol

I-INT Now, some questions about your alcohol consumption. When we use the word drink it means:

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

Period: MM/YY ___ MM/YY ___

I1 During the past 12 months, that is from MM/DD/YY to yesterday have you had a drink of beer, wine, liquor or any other alcoholic beverage?

ALC6_1

- 1 Yes
- 2 No (Go to I5B)

I2 During the past 12 months, how often did you drink alcoholic beverages?
(Do not read list. Mark one only.)

ALC6_2

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

I3 How often in the past 12 months have you had 5 or more drinks on one occasion?

ALC6_3

- 1 Never
- 2 Less than once a month
- 3 Once a month
- 4 2-3 times a month
- 5 Once a week
- 6 More than once a week

I5 Thinking back over the past week, that is, from last [day of week yesterday] to yesterday, did you have a drink of beer, wine, liquor or any other alcoholic beverage?

ALC6_5

- 1 Yes
- 2 No (If answered 'Once a month' or more in I3, go to I8. Otherwise, go to Physical Activities)

I5A Starting with yesterday, how many drinks did you have on:

ALC6_5A1
ALC6_5A2
ALC6_5A3
ALC6_5A4
ALC6_5A5
ALC6_5A6
ALC6_5A7

- ___ Monday?
- ___ Tuesday?
- ___ Wednesday?
- ___ Thursday?
- ___ Friday?
- ___ Saturday?
- ___ Sunday?

I5B Have you ever had a drink?

ALC6_5B

- 1 Yes
- 2 No (Go to Physical Activities)

I6 Did you ever regularly drink more than 12 drinks a week?

ALC6_6

- 1 Yes
- 2 No (Go to Physical Activities)

I7 Why did you reduce or quit drinking altogether?
(Do not read list. Mark all that apply.)

- | | | |
|----------------|----|--|
| <i>ALC6_7A</i> | 1 | Dieting |
| <i>ALC6_7B</i> | 2 | Athletic training |
| <i>ALC6_7C</i> | 3 | Pregnancy |
| <i>ALC6_7D</i> | 4 | Getting older |
| <i>ALC6_7E</i> | 5 | Drinking too much/drinking problem |
| <i>ALC6_7F</i> | 6 | Affected work, studies, employment opportunities |
| <i>ALC6_7G</i> | 7 | Interfered with family or home life |
| <i>ALC6_7H</i> | 8 | Affected physical health |
| <i>ALC6_7I</i> | 9 | Affected friendships or social relationships |
| <i>ALC6_7J</i> | 10 | Affected financial position |
| <i>ALC6_7K</i> | 11 | Affected outlook on life, happiness |
| <i>ALC6_7L</i> | 12 | Influence of family or friends |
| <i>ALC6_7M</i> | 13 | Other (Specify _____) |

GO TO PHYSICAL ACTIVITIES

Alcohol Dependence

(If proxy, go to Physical Activities)

The next questions are about how drinking affects people in their activities.

I8 In the past 12 months, that is from MM/DD/YY to yesterday, have you ever been drunk or hung-over while at work or school or while taking care of children?

AD_6_1

- | | |
|---|----------------|
| 1 | Yes |
| 2 | No (Go to 18b) |

I8a How many times? Was it:
(Read list. Mark one only.)

AD_6_2

- | | |
|---|---------------------|
| 1 | Once or twice? |
| 2 | 3 to 5 times? |
| 3 | 6 to 10 times? |
| 4 | 11 to 20 times? |
| 5 | More than 20 times? |

I8b In the past 12 months, were you ever in a situation while drunk or hung-over which increased your chances of getting hurt? (For example, driving a boat, using guns, crossing against traffic, or during sports)

AD_6_3

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

I8c In the past 12 months, have you had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?

AD_6_4

- 1 Yes
- 2 No

I8d In the past 12 months, have you had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?

AD_6_5

- 1 Yes
- 2 No

I8e In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?

AD_6_6

- 1 Yes
- 2 No

I8f In the past 12 months, did you ever drink much more or for a longer period of time than you intended?

AD_6_7

- 1 Yes
- 2 No (Go to I8h)

I8g How many times? Was it:
(Read list. Mark one only.)

AD_6_8

- 1 Once or twice?
- 2 3 to 5 times?
- 3 6 to 10 times?
- 4 11 to 20 times?
- 5 More than 20 times?

I8h In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?

AD_6_9

- 1 Yes
- 2 No

Physical Activities

(If Proxy, go to Repetitive Strain Injuries)

J-INTa Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, *leisure time* activities.

Period: MM/YY ____ MM/YY ____

J1 Have you done any of the following in the past 3 months, that is from MM/YY to yesterday?
(Read list. Mark all that apply.)

- | | | | | | |
|----------------|-----|-------------------------|----------------|-----|----------------------|
| <i>PAC6_1A</i> | ___ | Walking for exercise | <i>PAC6_1M</i> | ___ | Cross-country skiing |
| <i>PAC6_1B</i> | ___ | Gardening, yard work | <i>PAC6_1N</i> | ___ | Bowling |
| <i>PAC6_1C</i> | ___ | Swimming | <i>PAC6_1O</i> | ___ | Baseball/softball |
| <i>PAC6_1D</i> | ___ | Bicycling | <i>PAC6_1P</i> | ___ | Tennis |
| <i>PAC6_1E</i> | ___ | Popular or social dance | <i>PAC6_1Q</i> | ___ | Weight-training |
| <i>PAC6_1F</i> | ___ | Home exercises | <i>PAC6_1R</i> | ___ | Fishing |
| <i>PAC6_1G</i> | ___ | Ice hockey | <i>PAC6_1S</i> | ___ | Volleyball |
| <i>PAC6_1H</i> | ___ | Ice Skating | <i>PAC6_1T</i> | ___ | Basketball |
| <i>PAC6_1I</i> | ___ | Downhill skiing | | ___ | Curling |
| <i>PAC6_1J</i> | ___ | Jogging/running | <i>PAC6_1U</i> | ___ | Other (specify) |
| <i>PAC6_1K</i> | ___ | Golfing | <i>PAC6_1W</i> | ___ | Other (specify) |
| <i>PAC6_1L</i> | ___ | Exercise class/aerobics | <i>PAC6_1X</i> | ___ | Other (specify) |

(For each Yes response, ask J2 and J3.)

J2 In the past 3 months, how many times did you participate in ___?

PAC6_2n ___ Number of times

J3 About how much time did you usually spend on each occasion?
(Do not read list. Mark one only.)

PAC6_3n

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

J-INTb Next, some questions about the amount of time you spent in the past 3 months on physical activity at work or while doing daily chores around the house, but **NOT** leisure time activity.

J4a In a typical week in the past 3 months, how many hours did you usually spend walking to work or to school or while doing errands?

PAC6_4A

(Do not read list. Mark one only.)

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 5 hours
- 4 From 6 to 10 hours
- 5 From 11 to 20 hours
- 6 More than 20 hours

J4b In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?
PAC6_4B (Do not read list. Mark one only.)

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 5 hours
- 4 From 6 to 10 hours
- 5 From 11 to 20 hours
- 6 More than 20 hours

(If Bicycling was indicated in J1 or in J4b, ask J5. Otherwise, go to J6.)

J5 When riding a bicycle how often did you wear a helmet?
(Read list. Mark one only.)

PAC6_5

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

J6 Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?
PAC6_6 (Read list. Mark one only.)

- 1 Usually sit during day and do not walk about very much
- 2 Stand or walk about quite a lot during the day but do not have to carry or lift things very often
- 3 Usually lift or carry light loads, or have to climb stairs or hills often
- 4 Do heavy work or carry very heavy loads

Repetitive Strain Injuries

RS-INT This next section deals with repetitive strain injuries. By this we mean injuries caused by overuse or by repeating the same movement frequently. (For example, carpal tunnel syndrome, tennis elbow or tendonitis.)

R1 In the past 12 months, that is, from MM/DD/YY to yesterday, did you have any injuries due to repetitive strain which were serious enough to limit your normal activities?
RPC6_1

- 1 Yes
- 2 No (Go to Injuries)

R2 How many injuries?

RPC6_2

□□ Injuries

INT If number of injuries=1, then use the second part of phrase only in R3.

R3 (Thinking about the most serious injury), what part of the body was affected?
(Do not read list. Mark one only.)

RPC6_3

- 1 Neck
- 2 Shoulder
- 3 Elbow
- 4 Wrist/hand/finger
- 5 Knee
- 6 Ankle/foot/toe
- 7 Back or spine
- 8 Hip
- 9 Other (SPECIFY)

R4 Was this injury the result of doing something:
(Read list. Mark all that apply.)

RPC6_4A

RPC6_4B

RPC6_4C

RPC6_4D

- 1 At home?
- 2 At work or school?
- 3 In leisure activities such as sports or hobbies?
- 4 Other (SPECIFY)?

Injuries

K-INT Now some questions about OTHER kinds of injuries, which occurred in the past 12 months, that is from MM/DD/YY to yesterday, that were serious enough to limit your normal activities. For example, a broken bone, a bad cut, a burn, a sprain or a poisoning.

Period: MM/YY ____ MM/YY ____

K1 In the past 12 months, did you have any injuries that were serious enough to limit your normal activities?

IJC6_1

- 1 Yes
- 2 No (Go to Health Status)

K2 How many times were you injured?

IJC6-2

____ Times

K3 Thinking about the most serious injury, what type of injury did you have? For example, a broken bone or burn.

IJC6_3

(Do not read list. Mark one only.)

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn or scald
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut or scrape
- 7 Bruise or abrasion
- 8 Concussion (Go to K5)
- 9 Poisoning by substance or liquid (Go to K5)
- 10 Internal injury (Go to K5)
- 11 Other (Specify _____)

K4 What part of your body was injured?

IJC6_4

(Do not read list. Mark one only.)

- 1 Multiple sites
- 2 Eyes
- 3 Head (excluding eyes)
- 4 Neck
- 5 Shoulder
- 6 Arms or hands
- 7 Hip
- 8 Legs or feet
- 9 Back or spine
- 10 Trunk (excluding back or spine) (including chest, internal organs, etc.)

K5 Where did the injury happen?

IJC6_5

(Do not read list. Mark one only.)

- 1 Home and surrounding area
- 2 Farm
- 3 Place for recreation or sport (e.g. golf course, basketball court, playground (including school))
- 4 Street or highway
- 5 Building used by general public (e.g. hotel, shopping plaza, restaurant, office building, school)
- 6 Residential institution (e.g. hospital, jail, etc.)
- 7 Mine
- 8 Industrial place or premise (e.g. dockyard)
- 9 On the land/In the bush
- 10 Other (Specify _____)

K6 What happened? For example, was the injury the result of a fall, motor vehicle accident, a physical assault, etc.?

IJC6_6

(Do not read list. Mark one only.)

- 1 Motor vehicle accident
- 2 Accidental fall
- 3 Fire, flames or resulting fumes
- 4 Accidentally struck by an object/person
- 5 Physical assault
- 6 Suicide attempt
- 7 Accidental injury caused by explosion
- 8 Accidental injury caused by natural/environmental factors (e.g. weather conditions, poison ivy, animal bites, stings)
- 9 Accidental near drowning or submersion
- 10 Accidental suffocation
- 11 Hot or corrosive liquids, foods or substances
- 12 Accident caused by machinery (e.g. farm machinery, forklift, woodworking machinery)
- 13 Accident caused by cutting and piercing instruments or objects (lawnmower, knife, stapler)
- 14 Accidental poisoning
- 15 Other (Specify _____)

K7 Was this a work-related injury?

IJC6_7

- 1 Yes
- 2 No

K8 We would like to know what precautions you are taking, if any, to prevent this kind of injury from happening again. What precautions are you taking?

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

- | | | |
|---------|---|--|
| IJC6_8A | 1 | Gave up the activity |
| IJC6_8B | 2 | Being more careful |
| IJC6_8C | 3 | Took safety training |
| IJC6_8D | 4 | Using protective gear/safety equipment |
| IJC6_8E | 5 | Changing physical situation |
| IJC6_8F | 6 | Other (Specify _____) |
| IJC6_8G | 7 | No precautions |

Health Status

M-INT The next set of questions ask about your 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

M1 Are you *usually* able to see well enough to read ordinary newsprint *without* glasses or contact lenses?

HSC6_1

- 1 Yes (Go to M4)
- 2 No

M2 Are you *usually* able to see well enough to read ordinary newsprint *with* glasses or contact lenses?

HSC6_2

- 1 Yes (Go to M4)
- 2 No

M3 Are you able to see at all?

HSC6_3

- 1 Yes
- 2 No (Go to M6)

M4 Are you able to see well enough to recognize a friend on the other side of the street *without* glasses or contact lenses ?

HSC6_4

- 1 Yes (Go to M6)
- 2 No

M5 Are you *usually* able to see well enough to recognize a friend on the other side of the street *with* glasses or contact lenses?

HSC6_5

- 1 Yes
- 2 No

Hearing

M6 Are you *usually* able to hear what is said in a group conversation with at least three other people *without* a hearing aid?

HSC6_6

- 1 Yes (Go to M10)
- 2 No

M7 Are you *usually* able to hear what is said in a group conversation with at least three other people *with* a hearing aid?

HSC6_7

- 1 Yes (Go to M8)
- 2 No

M7A Are you able to hear at all?

- HSC6_7A
- 1 Yes
 - 2 No (Go to M10)

M8 Are you *usually* able to hear what is said in a conversation with one other person in a quiet room *without* a hearing aid ?

- HSC6_8
- 1 Yes (Go to M10)
 - 2 No

M9 Are you *usually* able to hear what is said in a conversation with one other person in a quiet room *with* a hearing aid?

- HSC6_9
- 1 Yes
 - 2 No

Speech

M10 Are you *usually* able to be understood *completely* when speaking with strangers in your own language?

- HSC6_10
- 1 Yes (Go to M14)
 - 2 No

M11 Are you able to be understood *partially* when speaking with strangers?

- HSC6_11
- 1 Yes
 - 2 No

M12 Are you able to be understood *completely* when speaking with those who know you well?

- HSC6_12
- 1 Yes (Go to M14)
 - 2 No

M13 Are you able to be understood *partially* when speaking with those who know you well?

- HSC6_13
- 1 Yes
 - 2 No

Getting Around

M14 Are you *usually* able to walk around the neighbourhood *without* difficulty and *without* mechanical support such as braces, a cane or crutches?

- HSC6_14
- 1 Yes (Go to M21)
 - 2 No

M15 Are you able to walk at all?

- HSC6_15
- 1 Yes
 - 2 No (Go to M18)

M16 Do you require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

- HSC6_16
- 1 Yes
 - 2 No

M17 Do you require the help of another person to be able to walk?

- HSC6_17
- 1 Yes
 - 2 No

M18 Do you require a wheelchair to get around?

- HSC6_18
- 1 Yes
 - 2 No (Go to M21)

M19 How often do you use a wheelchair?
(Read list. Mark one only.)

- HSC6_19
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Never

M20 Do you need the help of another person to get around in the wheelchair?

- HSC6_20
- 1 Yes
 - 2 No

Hands and Fingers

M21 Are you *usually* able to grasp and handle small objects such as a pencil and scissors?

- HSC6_21
- 1 Yes (Go to M25)
 - 2 No

M22 Do you require the help of another person because of limitations in the use of hands or fingers?

- HSC6_22
- 1 Yes
 - 2 No (Go to M24)

M23 Do you require the help of another person with:
(Read list. Mark one only.)

HSC6_23

- 1 Some tasks?
- 2 Most tasks?
- 3 Almost all tasks?
- 4 All tasks?

M24 Do you require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?

HSC6_24

- 1 Yes
- 2 No

Feelings

M25 Would you describe yourself as being *usually*:
(Read list. Mark one only.)

HSC6_25

- 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

M26 How would you describe your *usual* ability to remember things? Are you:
(Read list. Mark one only.)

HSC6_26

- 1 Able to remember most things?
- 2 Somewhat forgetful?
- 3 Very forgetful?
- 4 Unable to remember anything at all? (PROXY use only)

Thinking

M27 How would you describe your *usual* ability to think and solve day to day problems? Are you:
(Read list. Mark one only.)

HSC6_27

- 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? (PROXY use only)

Pain and Discomfort

M28 Are you *usually* free of pain or discomfort?

- HSC6_28
- 1 Yes (Go to Drug Use)
 - 2 No

M29 How would you describe the *usual* intensity of your pain or discomfort?
(Read list. Mark one only.)

- HSC6_29
- 1 Mild
 - 2 Moderate
 - 3 Severe

M30 How many activities does your pain or discomfort prevent?
(Read list. Mark one only.)

- HSC6_30
- 1 None
 - 2 A few
 - 3 Some
 - 4 Most

For information only

Drug Use

Period: MM/YY ____ MM/YY ____

N-INT Now I'd like to ask a few questions about your use of medications, both prescription and over-the-counter as well as other health products.

N1 In the past month, that is from MM/DD to yesterday, did you take any of the following medications?
(Read list. Mark all that apply.)

- | | | |
|----------------|--------------------------|--|
| <i>DGC6_1A</i> | <input type="checkbox"/> | Pain relievers such as aspirin or Tylenol (includes arthritis medicine) and anti-inflammatories) |
| <i>DGC6_1B</i> | <input type="checkbox"/> | Tranquilizers such as Valium |
| <i>DGC6_1C</i> | <input type="checkbox"/> | Diet pills |
| <i>DGC6_1D</i> | <input type="checkbox"/> | Anti-depressants |
| <i>DGC6_1E</i> | <input type="checkbox"/> | Codeine, Demerol or morphine |
| <i>DGC6_1F</i> | <input type="checkbox"/> | Allergy medicine such as "Seldane" or "Chlor-Tripolon" |
| <i>DGC6_1G</i> | <input type="checkbox"/> | Asthma medications such as inhalers or nebulizers |
| <i>DGC6_1H</i> | <input type="checkbox"/> | Cough or cold remedies |
| <i>DGC6_1I</i> | <input type="checkbox"/> | Penicillin or other antibiotics |
| <i>DGC6_1J</i> | <input type="checkbox"/> | Medicine for the heart |
| <i>DGC6_1K</i> | <input type="checkbox"/> | Medicine for blood pressure |
| <i>DGC6_1L</i> | <input type="checkbox"/> | Diuretics or water pills |
| <i>DGC6_1M</i> | <input type="checkbox"/> | Steroids |
| <i>DGC6_1N</i> | <input type="checkbox"/> | Insulin |
| <i>DGC6_1O</i> | <input type="checkbox"/> | Pills to control diabetes |
| <i>DGC6_1P</i> | <input type="checkbox"/> | Sleeping pills |
| <i>DGC6_1Q</i> | <input type="checkbox"/> | Stomach remedies |
| <i>DGC6_1R</i> | <input type="checkbox"/> | Laxatives (If male go to Thyroid. If female >49 go to Hormones) |
| <i>DGC6_1S</i> | <input type="checkbox"/> | Birth control pills (If female <30 go to Thyroid) |
| <i>DGC6_1T</i> | <input type="checkbox"/> | Hormones for menopause or aging symptoms (If YES ask N1a and N1b) |

N1a What type of hormones are you taking?

- | | | | |
|------------|--------------------------|---|-------------------|
| <i>N/A</i> | <input type="checkbox"/> | 1 | Estrogen only |
| | <input type="checkbox"/> | 2 | Progesterone only |
| | <input type="checkbox"/> | 3 | Both |
| | <input type="checkbox"/> | 4 | Neither |

N1b When did you start this hormone therapy?

N/A Year

- | | | |
|----------------|--------------------------|---|
| <i>DGC6_1U</i> | <input type="checkbox"/> | Thyroid medication such as Synthroid or Levothyroxine |
| <i>DGC6_1V</i> | <input type="checkbox"/> | Any other medication (Specify _____) |

(If ANY drugs YES, go to N2. Otherwise go to N4.)

N2 Now, I am referring to yesterday and the day before yesterday. During those two days, how many different medications did you take?

DGC6_2

___ Number of different medications

(If "0" go to N4. Otherwise go to N3 ... up to a maximum of 12 products.)

N3 What is the exact name of the medication that you took? (Ask the person to look at the bottle, tube or box.) (e.g. Extra strength Tylenol)

DGC6_3n

N4 There are many other HEALTH PRODUCTS such as ointments, vitamins, herbs, minerals, or protein drinks which people use to prevent illness or to improve or maintain their health. Do you use any of these or other health products?

DGC6_4

- 1 Yes
- 2 No (Go to Mental Health)

N5 What is the exact name of the health product that you use? (Ask the person to look at the bottle, tube or box.) (up to 12 products)

DGC6_5nn

Mental Health

Period: MM/YY ___ MM/YY ___

(If Proxy, go to Social Support.)

O-INTa Now some questions about mental and emotional well-being. During the past month, that is from MM/DD to yesterday about how often did you feel:

O1a ... so sad that nothing could cheer you up?
(Read list. Mark one only.)

MHC6_1A

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

O1b ... nervous?
(Read list. Mark one only.)

MHC6_1B

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

O1c ... restless or fidgety?
(Read list. Mark one only.)

MHC6_1C

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

O1d ... hopeless?
(Read list. Mark one only.)

MHC6_1D

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

O1e ... worthless?
(Read list. Mark one only.)

MHC6_1E

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

O1f ...everything was an effort?
(Read list. Mark one only.)

MHC6_1F

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

(If all "None" go to O1k.)

O1g We have just been talking about feelings and experiences that occurred to different degrees during the past month. Taking them altogether, did these feelings occur *more often* in the past month than is usual for you, *less often* than usual, or *about the same* as usual?
(Do not read list. Mark one only.)

MHC6_1G

- 1 More often
- 2 Less often (Go to O1i)
- 3 About the same (Go to O1j)
- 4 Never have had any (Go to O1k)

O1h Is that *a lot* more, *somewhat* or only *a little* more often than usual?
(Do not read list. Mark one only.)

MHC6_1H

- 1 A lot
- 2 Somewhat
- 3 A little

(Go to Q1J)

O1i Is that *a lot* less, *somewhat* or only *a little* less often than usual?
(Do not read list. Mark one only.)

MHC6_1I

- 1 A lot
- 2 Somewhat
- 3 A little

O1j How much do these experiences usually interfere with your life or activities?
(Read list. Mark one only.)

MHC6_1J

- 1 A lot
- 2 Somewhat
- 3 A little
- 4 Not at all

O1k In the past 12 months, that is from MM/DD/YY to yesterday, have you seen or talked on the telephone to a health professional about your emotional or mental health?

MHC6_1K

- 1 Yes
- 2 No (Go to O2)

O1 How many times (in the past 12 months)?

MHC6_1L

___ # of times

O2 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

MHC6_2

- 1 Yes
- 2 No (Go to O16)

O3 For the next few questions, please think of the 2-week period during the past 12 months when these feelings were worst. During that time how long did these feelings usually last? (Read list. Mark one only.)

MHC6_

- 1 All day long
- 2 Most of the day
- 3 About half of the day (Go to O16)
- 4 Less than half the day (Go to O16)

O4 How often did you feel this way during those 2 weeks? (Read list. Mark one only.)

MHC6_4

- 1 Every day
- 2 Almost every day
- 3 Less often (Go to O16)

O5 During those 2 weeks did you lose interest in most things?

MHC6_5

- 1 Yes (KEY PHRASE = LOSING INTEREST)
- 2 No

O6 Did you feel tired out or low on energy all of the time?

MHC6_6

- 1 Yes (KEY PHRASE = FEELING TIRED)
- 2 No

O7 Did you gain weight, lose weight or stay about the same? (Do not read list. Mark one only.)

MHC6_7

- 1 Gained weight (KEY PHRASE = GAINING WEIGHT)
- 2 Lost weight (KEY PHRASE = LOSING WEIGHT)
- 3 Stayed about the same (Go to O9)
- 4 Was on a diet (Go to O9)

O8 About how much did you (gain/lose)?

MHC6_8

___ pounds OR ___ kilograms

O9 Did you have more trouble falling asleep than you usually do?

MHC6_9

- 1 Yes (KEY PHRASE = TROUBLE FALLING ASLEEP)
- 2 No (Go to O11)

O10 How often did that happen?
(Read list. Mark one only.)

MHC6_10

- 1 Every night
- 2 Nearly every night
- 3 Less often

O11 Did you have a lot more trouble concentrating than usual?

MHC6_11

- 1 Yes (KEY PHRASE = TROUBLE CONCENTRATING)
- 2 No

O12 At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

MHC6_12

- 1 Yes (KEY PHRASE = FEELING DOWN ON YOURSELF)
- 2 No

O13 Did you think a lot about death - either your own, someone else's, or death in general?

MHC6_13

- 1 Yes (KEY PHRASE = THOUGHTS ABOUT DEATH)
- 2 No

(If YES to any, go to O14. Else, go to Social Support.)

O14 Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like (KEY PHRASES). About how many weeks altogether did you feel this way during the past 12 months?

MHC6_14

of weeks (IF greater than 51 weeks, go to Social Support)

O15 Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

MHC6_15

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

(Go to Social Support)

O16 During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

MHC6_16

- 1 Yes
- 2 No (Go to Social Support)

O17 For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?

MHC6_17

(Read list. Mark one only.)

- 1 All day long
- 2 Most of the day
- 3 About half of the day (Go to Social Support)
- 4 Less than half the day (Go to Social Support)

O18 How often did you feel this way during those 2 weeks?

MHC6_18

(Read list. Mark one only.)

- 1 Every day
- 2 Almost every day
- 3 Less often (Go to Social Support)

O19 During those 2 weeks did you feel tired out or low on energy all the time?

MHC6_19

- 1 Yes (KEY PHRASE = FEELING TIRED)
- 2 No

O20 Did you gain weight, lose weight, or stay about the same?

MHC6_20

(Do not read list. Mark one only.)

- 1 Gained weight (KEY PHRASE = GAINING WEIGHT)
- 2 Lost weight (KEY PHRASE = LOSING WEIGHT)
- 3 Stayed about the same (Go to O22)
- 4 Was on a diet (Go to O22)

O21 About how much did you (gain/lose)?

MHC6_21

— pounds OR — kilograms

O22 Did you have more trouble falling asleep than you usually do?

MHC6_22

- 1 Yes (KEY PHRASE = TROUBLE FALLING ASLEEP)
- 2 No (Go to O24)

O23 How often did that happen during those 2 weeks?
(Read list. Mark one only.)

MHC6_23

- 1 Every night
- 2 Nearly every night
- 3 Less often

O24 Did you have a lot more trouble concentrating than usual?

MHC6_24

- 1 Yes (KEY PHRASE = TROUBLE CONCENTRATING)
- 2 No

O25 At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

MHC6_25

- 1 Yes (KEY PHRASE = FEELING DOWN ON YOURSELF)
- 2 No

O26 Did you think a lot about death - either your own, someone else's, or death in general?

MHC6_26

- 1 Yes (KEY PHRASE = THOUGHTS ABOUT DEATH)
- 2 No

(If any YES in O19, O20, O22, O24, O25 or O26, go to O27. Else, go to Social Support.)

O27 Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES). About how many weeks did you feel this way during the past 12 months?

MHC6_27

___ # of weeks (If greater than 51 weeks, go to Social Support)

O28 Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?

MHC6_28

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

Social Support

(If Proxy, go to Health Number)

P-INT Now, a few questions about your contact with different groups and support from family and friends.

P1
SSC6_1 Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs?

- 1 Yes
- 2 No (Go to P2a)

P2
SSC6_2 How often did you participate in meetings or activities sponsored by these groups in the past 12 months? If you belong to many, just think of the ones in which you are most active.
(Read list. Mark one only.)

- 1 At least once a week
- 2 At least once a month
- 3 At least 3 or 4 times a year
- 4 At least once a year
- 5 Not at all

P2a
N/A Other than on special occasions (such as weddings, funerals, potlatches, or baptisms), how often did you attend religious services or religious meetings in the past 12 months?
(Read list. Mark one only.)

- 1 At least once a week
- 2 At least once a month
- 3 At least 3 or 4 times a year
- 4 At least once a year
- 5 Not at all

P3 Do you have someone you can confide in, or talk to about your private feelings or concerns?

SSC6_3

- 1 Yes
- 2 No

P4 Do you have someone you can really count on to help you out in a crisis situation?

SSC6_4

- 1 Yes
- 2 No

P5 Do you have someone you can really count on to give you advice when you are making important personal decisions?

SSC6_5

- 1 Yes
- 2 No

P6 Do you have someone that makes you feel loved and cared for?

SSC6_6

- 1 Yes
- 2 No

P7 The next few questions are about your contact in the past 12 months either in person, by phone, or by mail with persons *who do not live with you*. If you have more than one person in a category, for example, several sisters, think of the one with whom you have the most contact. How often did you have contact with?

SSC6_7A

___ Your parents or parents-in-law

SSC6_7B

___ Your grandparents

SSC6_7C

___ Your daughters or daughters-in-law

SSC6_7D

___ Your sons or sons-in-law

SSC6_7E

___ Your brothers or sisters

SSC6_7F

___ Other relatives (including in-laws)

SSC6_7G

___ Your close friends

SSC6_7H

___ Your neighbours

Choice of responses are:
(Do not read list. Mark one only for each category.)

- 1 Don't have any/lives with
- 2 Every day
- 3 At least once a week
- 4 2 or 3 times a month
- 5 Once a month
- 6 A few times a year
- 7 Once a year
- 8 Never

Health Number

Q1 We are seeking your permission to link information collected during this interview with territorial 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 territory. This information will be used for statistical purposes only. Do we have your permission?

AMC6_SHR

- 1 Yes
- 2 No (Go to Education)

Q2 Having a territorial health number will assist us in linking to this other information. Has your health number changed since our last interview?

HNC6_nn

- 1 Yes (Specify below)

Yukon _____

N.W.T. _____

- 2 No (Go to Education)

(THIS SECTION WAS NOT ASKED IN 1996 – DATA FROM 1994 WAS COPIED FORWARD)

Socio-demographic Characteristics

R-INT Now I'd like to ask some general questions.

Country of Birth/Year of Immigration

R1 In what country were you born?
(Do not read list. Mark one only.)

SDC6_1

- | | | | |
|----|--------------------------|----|-----------------------|
| 1 | Canada (Go to Ethnicity) | | |
| 2 | China | 11 | Jamaica |
| 3 | France | 12 | Netherlands |
| 4 | Germany | 13 | Philippines |
| 5 | Greece | 14 | Poland |
| 6 | Guyana | 15 | Portugal |
| 7 | Hong Kong | 16 | United Kingdom |
| 8 | Hungary | 17 | United States |
| 9 | India | 18 | Viet Nam |
| 10 | Italy | 19 | Other (Specify _____) |

R2A Of what country are you a citizen?

N/A

- 1 Canada, citizen by birth (Go to Ethnicity)
- 2 Canada, by naturalization
- 3 Same as country of birth
- 4 Other country

R2b Are you now, or have you ever been a landed immigrant?

N/A

- 1 Yes
- 2 No

R3 In what year did you first immigrate to Canada?

SDC6_3

____ Year (4 digits)

Ethnicity

R4 To which ethnic or cultural group(s) did your ancestors belong? (For example: French, British, Chinese, etc.)
(Do not read list. Mark all that apply.)

SDC6_4

- | | | | | | |
|---------|---|---------------------|---------|----|-----------------------|
| SDC6_4A | 1 | Canadian | SDC6_4J | 10 | Chinese |
| SDC6_4B | 2 | French | SDC6_4K | 11 | Jewish |
| SDC6_4C | 3 | English | SDC6_4L | 12 | Polish |
| SDC6_4D | 4 | German | SDC6_4M | 13 | South Asian |
| SDC6_4E | 5 | Scottish | SDC6_4N | 14 | Black |
| SDC6_4F | 6 | Irish | SDC6_4O | 15 | North American Indian |
| SDC6_4G | 7 | Italian | SDC6_4P | 16 | Métis |
| SDC6_4H | 8 | Ukrainian | SDC6_4Q | 17 | Inuit/Eskimo |
| SDC6_4I | 9 | Dutch (Netherlands) | SDC6_4R | 18 | Other (Specify _____) |

Language

R5 In which languages can you conduct a conversation?
(Do not read list. Mark all that apply.)

N/A

- 1 English
- 2 French
- 3 Other (Specify _____)
- 4 Other (Specify _____)

R6 What is the language that you first learned at home in childhood and can still understand? (If you can no longer understand the first language learned, choose the second language learned.)
(Do not read list. Mark all that apply.)

N/A

- 1 English
- 2 French
- 3 Other (Specify _____)
- 4 Other (Specify _____)

Race

R6B Do you consider yourself to be a First Nations person that is Indian, Métis, or Inuit?

N/A

- | | | | | |
|---|-----|---------|---|-----------------------|
| 1 | Yes | Is that | 1 | North American Indian |
| 2 | No | | 2 | Métis |
| | | | 3 | Inuit |

(If yes, go to Education)

R7 How would you best describe your race or colour?
(Do not read list. Mark all that apply.)

- | | | |
|---------|----|---|
| SDC6-7A | 1 | White (e.g. British, French, European, Latin/South American or European background) |
| SDC6-7B | 2 | Black |
| SDC6-7C | 3 | Korean |
| SDC6-7D | 4 | Filipino |
| SDC6-7E | 5 | Japanese |
| SDC6-7F | 6 | Chinese |
| SDC6-7G | 7 | Native/Aboriginal Peoples of North America
(North American Indian, Métis, Inuit) |
| SDC6-7H | 8 | South Asian (e.g. Indian from India, Pakistani, Punjabi, Tamil) |
| SDC6-7I | 9 | South East Asian (e.g. Vietnamese, Thai, Laotian) |
| SDC6-7J | 10 | West East Asian or North African (e.g. Armenian, Syrian, Moroccan) |
| SDC6-7K | 11 | Other (Specify _____) |

Education

S1 Excluding kindergarten, how many years of elementary and high school have you successfully completed?

EDC6_4

(Do not read list. Mark one only.)

- | | |
|----|-----------------------------------|
| 1 | No schooling (Go to Labour Force) |
| 2 | One to five years |
| 3 | Six |
| 4 | Seven |
| 5 | Eight |
| 6 | Nine |
| 7 | Ten |
| 8 | Eleven |
| 9 | Twelve |
| 10 | Thirteen |

(If age less than 15 years, go to S5)

S2 Have you graduated from high school?

EDC6_5

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

S3 Have you ever attended any other kind of school such as university, community college, business school, trade or vocational school, CEGEP or other post-secondary institution?

EDC6_3

- 1 Yes
- 2 No (Go to S5)

S4 What is the highest level of education that you have attained?
(Do not read list. Mark one only.)

EDC6_7

- 1 Some trade, technical, vocational school or business college
- 2 Some community college, CEGEP or nursing school
- 3 Some university
- 4 Diploma or certificate from trade, technical or vocational school, or business college
- 5 Diploma or certificate from community college, CEGEP, or nursing school
- 6 Bachelor's or undergraduate degree or teacher's college (e.g., B.A., B.Sc., LL.B.)
- 7 Master's (e.g. M.A., M.Sc., M.Ed.)
- 8 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- 9 Earned doctorate (e.g. Ph.D., D.Sc., D.Ed.)
- 10 Other - Specify (e.g. GED) _____

S5 Are you currently attending a school, college or university?

EDC6_1

- 1 Yes
- 2 No (Go to Labour Force)

S6 Are you enrolled as a full-time or part-time student?

EDC6_2

- 1 Full-time
- 2 Part-time

Labour Force

(If age < 15 or > 75, go to Administration.)

INT The next section contains questions about jobs or employment which you have had during the past 12 months.

T2 Have you worked for pay or profit at any time in the past 12 months? Please include such employment as part-time jobs, seasonal work, contract work, self-employment, babysitting and any other paid work.

LFC6_2

- 1 Yes
- 2 No (Go to T14)

Note: Questions LFS-Q3 to LFS-Q7 and LFS-Q11 are done as a roster allowing up to 3 jobs to be entered.

JOB #1

T3.1 For whom have you worked for pay or profit in the past 12 months? (MM/YY-MM/YY)

LFC6_EIC

T4.1 Did you have that job 1 year ago, that is, on DD/MM/YY without a break in employment since then?

LFC6_41

- 1 Yes (Go to T6.1)
- 2 No

T5.1 When did you start working at this job or business?

LFC6_51M
LFC6_51D
LFC6_51Y

_ _	_ _	_ _
dd	mm	yy

T6.1 Do you now have that job? (If on any "paid leave" mark 'yes')

LFC6_61

- 1 Yes (Go to T8.1)
- 2 No

T7.1 When did you stop working at this job or business?

LFC6_71M
LFC6_71D
LFC6_71Y

_ _	_ _	_ _
dd	mm	yy

T8.1 Did you do any other work for pay or profit in the past 12 months?

LFC6_111

- 1 Yes
- 2 No (Go to T9.1)

JOB #2

T3.2 For whom else have you worked for pay or profit in the past 12 months?

LFC6_E2C

T4.2 Did you have that job 1 year ago, that is, on DD/MM/YY without a break in employment since then?

LFC6_42

- 1 Yes (Go to T6.2)
- 2 No

T5.2 When did you start working at this job or business?

LFC6_52M
LFC6_52D
LFC6_52Y

□□□ □□□ □□□
dd mm yy

T6.2 Do you now have that job? (If on any “paid leave” mark ‘yes’)

LFC6_62

1 Yes (Go to T8.2)
2 No

T7.2 When did you stop working at this job or business?

LFC6_72M
LFC6_72D
LFC6_72Y

□□□ □□□ □□□
dd mm yy

T8.2 Did you do any other work for pay or profit in the past 12 months?

LFC6.112

1 Yes
2 No (Go to T9)

JOB #3

T3.3 For whom else have you worked for pay or profit in the past 12 months?

LFC6_E3C

T4.3 Did you have that job 1 year ago, that is, on DD/MM/YY without a break in employment since then?

LFC6_43

1 Yes (Go to T6.3)
2 No

T5.3 When did you start working at this job or business?

LFC6_53M
LFC6_53D
LFC6_53Y

□□□ □□□ □□□
dd mm yy

T6.3 Do you now have that job? (If on any “paid leave” mark ‘yes’)

LFC6_63

1 Yes (Go to T8.3)
2 No

T7.3 When did you stop working at this job or business?

LFC6_73M
LFC6_73D
LFC6_73Y

□□□ □□□ □□□
dd mm yy

T8.3 Did you do any other work for pay or profit in the past 12 months?

LFC6_1

- 1 Yes
- 2 No

T9 Which was the main job? Remember, your main job is the job with the most hours worked. If you are not currently working, your main job is the one you worked the most hours at in the past year.

LFC6_12

Enter job number 1 to 3

The next few questions are about your main job at (name of workplace (T9)).

T9.1 About how many hours per week did/do you usually work at this main job?

LFC6_8n

Hours

T9.2 At this main job, which of the following best describes the hours you usually worked/work? (Read list. Mark one only.)

LFC6_9n

- 1 Regular - daytime schedule or shift
- 2 Regular - evening shift
- 3 Regular - night shift
- 4 Rotating shift (change from days to evenings to nights)
- 5 Other (Specify _____)
- 6 Split shift
- 7 On call
- 8 Irregular schedule

T9.3 At this main job, did/do you usually work on weekends?

LFC6_10n

- 1 Yes
- 2 No

T10 What kind of business, service or industry is/was this?

LFC6_13C

T11 What kind of work are/were you doing?

LFC6_14C

T12 At this work, what are/were your most important duties or activities?

LFC6_15C

T13 At this job, do/did you work mainly for others for wages, salary or commission or in your own business, farm or professional practice?
LFC6_16 (Do not read list. Mark one only.)

- 1 For others for wages, salary or commission
- 2 In own business, farm or professional practice
- 3 Unpaid family worker

T8.4 Are you currently or have you been without a job for 1 week or longer any time in the past 12 months?
N/A

- 1 Yes
- 2 No (Go to Administration)

T8.4a Did it last 4 weeks or more?
N/A

- 1 Yes
- 2 No

T8.4b How many weeks in total, did you work for pay or profit during the past 12 months?
N/A (Include paid vacation and sick leave in this total)

Number of weeks

T14 What is the reason that you are currently were not working for pay or profit?
LFC6_17B (Do not read list. Mark one only.)

- 1 Own illness or disability
- 2 Pregnancy
- 3 Caring for – own children
- 4 Caring for – elder relative(s)
- 5 Other personal or family responsibilities
- 6 School or educational leave
- 7 Labour dispute
- 8 Temporary layoff – due to season conditions
- 9 Temporary layoff – non-seasonal
- 10 Permanent layoff
- 11 Retired
- 12 Unpaid or partially paid leave
- 13 Looking for work
- 14 Disabled/recovering from illness
- 15 Resigned
- 16 Other (SPECIFY)

Administration
COMPLETED BY: _____

END TIME: _____