

**Joint Canada/United States
Survey of Health
Questionnaire**

Final

June 2004

TABLE OF CONTENT

| | Page |
|---|------|
| HOUSEHOLD VARIABLES..... | 1 |
| GENERAL HEALTH | 2 |
| RESTRICTION OF ACTIVITIES..... | 3 |
| CHRONIC CONDITIONS | 5 |
| DEPRESSION | 10 |
| CONTACT WITH MENTAL HEALTH PROFESSIONALS..... | 15 |
| SMOKING..... | 16 |
| HEALTH STATUS (HEALTH UTILITY INDEX - HUI)..... | 19 |
| Vision | 19 |
| Hearing | 20 |
| Speech..... | 20 |
| Getting Around..... | 21 |
| Hands and Fingers..... | 22 |
| Feelings | 23 |
| Memory | 23 |
| Thinking | 23 |
| Pain and Discomfort..... | 23 |
| HEIGHT / WEIGHT | 25 |
| HEALTH CARE UTILIZATION | 28 |
| UNMET NEEDS – HEALTH CARE UTILIZATION | 29 |
| USE OF MEDICATIONS | 30 |
| U.S. LIMITATION OF ACTIVITIES..... | 31 |
| PAP SMEAR TEST | 36 |
| MAMMOGRAPHY | 38 |
| DENTAL VISITS | 40 |
| INSURANCE..... | 41 |
| VOCATIONAL RESTRICTION OF ACTIVITIES | 44 |
| PATIENT SATISFACTION | 46 |
| PHYSICAL ACTIVITIES | 50 |
| SOCIO-DEMOGRAPHIC CHARACTERISTICS | 53 |
| INCOME AND WEALTH..... | 57 |

HOUSEHOLD VARIABLES

The following information is collected for each household member:

DHJ1_YOB Year of Birth

DHJ1_AGE Age (Age is calculated and confirmed with respondent.)

DHJ1_SEX Sex

- 1 Male
- 2 Female

GENERAL HEALTH

GEN_BEG

GEN_QINT **This survey deals with various aspects of your health. I'll be asking about such things as your day-to-day health, long-term conditions, and health care.**

INTERVIEWER: Press <Enter> to continue.

GEN_Q01
GHJ1_01

In general, would you say your health is:

INTERVIEWER: Read categories to respondent.

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

GEN_END Go to next section.

RESTRICTION OF ACTIVITIES

RAC_BEG

RAC_QINT **The next few questions deal with any limitations in your daily activities caused by a health condition or problem. In these questions, “long-term conditions” refer to conditions that have lasted or are expected to last 6 months or more.**

INTERVIEWER: Press <Enter> to continue.

RAC_Q1
RAJ1_1

Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

INTERVIEWER: Read categories to respondent.

- 1 **Sometimes**
- 2 **Often**
- 3 **Never**
- DK
- R (Go to RAC_END)

RAC_Q2A
RAJ1_2A

How often does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity you can do:

... at home?

INTERVIEWER: Read categories to respondent.

- 1 **Sometimes**
- 2 **Often**
- 3 **Never**
- DK
- R (Go to RAC_END)

RAC_Q2B_1
RAJ1_2B1

(How often does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity you can do:)

... at school?

INTERVIEWER: Read if necessary.

- 1 Sometimes
- 2 Often
- 3 Never
- 4 Not applicable
- DK
- R (Go to RAC_END)

RAC_Q2B_2 (How often does a long-term physical condition or mental condition or health
RAJ1_2B2 problem, reduce the amount or the kind of activity you can do:)

... at work?

INTERVIEWER: Read if necessary.

- 1 Sometimes
 - 2 Often
 - 3 Never
 - 4 Not applicable
- DK
R (Go to RAC_END)

RAC_Q2C (How often does a long-term physical condition or mental condition or health
RAJ1_2C problem, reduce the amount or the kind of activity you can do:)

... in other activities, for example, transportation or leisure?

INTERVIEWER: Read if necessary.

- 1 Sometimes
 - 2 Often
 - 3 Never
- DK
R

RAC_END Go to next section.

CHRONIC CONDITIONS

CHC_BEG

CHC_QINT **Now I'd like to ask about long term health conditions that have lasted, or are expected to last 6 months or more and that have been diagnosed by a doctor or other health professional.**

INTERVIEWER: Press <Enter> to continue.

CHC_Q1
CHJ1_1 **Have you ever been told by a doctor or other health professional that you have asthma?**

- 1 Yes
- 2 No (Go to CHC_Q3)
- DK, R (Go to CHC_Q3)

CHC_Q2A
CHJ1_2A **Do you still have asthma?**

- 1 Yes
- 2 No
- DK, R

CHC_Q2B
CHJ1_2B **In the past 12 months, have you taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**

- 1 Yes
- 2 No
- DK, R

CHC_Q2C
CHJ1_2C **During the past 12 months, have you had an episode of asthma or asthma attack?**

- 1 Yes
- 2 No
- DK, R

CHC_Q3
CHJ1_3 **Have you ever been told by a doctor or other health professional that you have arthritis, not including fibromyalgia?**

- 1 Yes
- 2 No (Go to CHC_Q5)
- DK, R (Go to CHC_Q5)

CHC_Q4A
CHJ1_4A **Do you still have arthritis?**

- 1 Yes
- 2 No (Go to CHC_Q5)
- DK, R (Go to CHC_Q5)

CHC_Q4B **What kind of arthritis do you have?**

CHJ1_4B

- 1 Rheumatoid arthritis
- 2 Osteoarthritis
- 3 Other – Specify
DK, R

CHC_C4B If CHC_Q4B <> 3, go to CHC_Q5.

CHC_Q4BS INTERVIEWER: Specify.

CHCJF4BS

(80 spaces)

CHC_Q5 **Have you ever been told by a doctor or other health professional that you**
CHJ1_5 **have high blood pressure, also called hypertension?**

- 1 Yes
- 2 No (Go to CHC_C6)
DK, R (Go to CHC_C6)

CHC_Q5A **Do you still have high blood pressure?**

CHJ1_5A

- 1 Yes
- 2 No (Go to CHC_C6)
DK, R (Go to CHC_C6)

CHC_Q5B **In the past 12 months, have you received any treatment or taken any**
CHJ1_5B **medicine for high blood pressure?**

- 1 Yes
- 2 No
DK, R

CHC_C6 If age < 40, go to CHC_C7.

CHC_Q6 **Have you ever been told by a doctor or other health professional that you**
CHJ1_6 **have emphysema or chronic obstructive pulmonary disease (COPD)?**

- 1 Yes
- 2 No (Go to CHC_C7)
DK, R (Go to CHC_C7)

CHC_Q6A **Do you still have emphysema or chronic obstructive pulmonary disease**
CHJ1_6A **(COPD)?**

- 1 Yes
- 2 No (Go to CHC_C7)
DK, R (Go to CHC_C7)

CHC_Q6B
CHJ1_6B

In the past 12 months, have you received any treatment or taken any medicine for emphysema or chronic obstructive pulmonary disease (COPD)?

- 1 Yes
- 2 No
DK, R

CHC_C7

If sex = Male, go to CHC_Q7A.
If sex = Female, go to CHC_Q7B.

CHC_Q7A
CHJ1_7A

Have you ever been told by a doctor or other health professional that you have diabetes?

- 1 Yes (Go to CHC_Q7C)
- 2 No (Go to CHC_Q8)
DK, R (Go to CHC_Q8)

CHC_Q7B
CHJ1_7B

Other than during pregnancy, have you ever been told by a doctor or health care professional that you have diabetes?

- 1 Yes
- 2 No (Go to CHC_Q8)
DK, R (Go to CHC_Q8)

CHC_Q7C
CHJ1_7C

Do you still have diabetes?

- 1 Yes
- 2 No (Go to CHC_Q7E)
DK, R (Go to CHC_Q7E)

CHC_Q7D
CHJ1_7D

Do you currently take insulin for your diabetes?

- 1 Yes
- 2 No
DK, R

CHC_Q7E
CHJ1_7E

When you were first diagnosed with diabetes, how long was it before you were started on insulin?

- 1 Less than 1 month
- 2 1 month to less than 2 months
- 3 2 months to less than 6 months
- 4 6 months to less than 1 year
- 5 1 year or more
- 6 Never
DK, R

CHC_Q7F
CHJ1_7F

Are you currently taking diabetic pills to lower your blood sugar?
INTERVIEWER: Read if necessary: **(These are sometimes called oral agents or hypoglycaemic agents.)**

- 1 Yes
- 2 No
DK, R

CHC_Q8
CHJ1_8 **Have you ever been told by a doctor or other health professional that you have heart disease?**

- 1 Yes
- 2 No (Go to CHC_Q9)
DK, R (Go to CHC_Q9)

CHC_Q8A
CHJ1_8A **Do you still have heart disease?**

- 1 Yes
- 2 No (Go to CHC_Q9)
DK, R (Go to CHC_Q9)

CHC_Q8B
CHJ1_8B **In the past 12 months, have you received any treatment or taken any medicine for heart disease?**

- 1 Yes
- 2 No
DK, R

CHC_Q9
CHJ1_9 **Have you ever been told by a doctor or other health professional that you have coronary heart disease?**

- 1 Yes
- 2 No (Go to CHC_Q10)
DK, R (Go to CHC_Q10)

CHC_Q9A
CHJ1_9A **Do you still have coronary heart disease?**

- 1 Yes
- 2 No (Go to CHC_Q10)
DK, R (Go to CHC_Q10)

CHC_Q9B
CHJ1_9B **In the past 12 months, have you received any treatment or taken any medicine for coronary heart disease?**

- 1 Yes
- 2 No
DK, R

CHC_Q10
CHJ1_10 **Have you ever been told by a doctor or other health professional that you have angina, also called angina pectoris (chest pain, chest tightness)?**

- 1 Yes
- 2 No (Go to CHC_Q11)
DK, R (Go to CHC_Q11)

CHC_Q10A
CHJ1_10A **Do you still have angina (chest pain, chest tightness)?**

- 1 Yes
- 2 No (Go to CHC_Q11)
DK, R (Go to CHC_Q11)

CHC_Q10B
CHJ1_10B

In the past 12 months, have you received any treatment or taken any medicine for angina?

- 1 Yes
- 2 No
DK, R

CHC_Q11
CHJ1_11

Have you ever been told by a doctor or other health professional that you have had a heart attack (damage to the heart muscle)?

- 1 Yes
- 2 No
DK, R

CHC_END

Go to next section.

DEPRESSION

DPR_BEG

DPR_QINT Now some questions about mental health and emotional well-being.
INTERVIEWER: Press <Enter> to continue.

DPR_Q02 **During the past 12 months, was there ever a time when you felt sad, blue,
DPJ1_02 or depressed for 2 weeks or more in a row?**

- 1 Yes
- 2 No (Go to DPR_Q16)
- DK, R (Go to DPR_END)

DPR_Q03 **For the next few questions, please think of the 2-week period during the
DPJ1_03 past 12 months when these feelings were the worst. During that time, how
 long did these feelings usually last?**

INTERVIEWER: Read categories to respondent.

- 1 **All day long**
- 2 **Most of the day**
- 3 **About half of the day** (Go to DPR_Q16)
- 4 **Less than half of a day** (Go to DPR_Q16)
- DK, R (Go to DPR_END)

DPR_Q04 **How often did you feel this way during those 2 weeks?**
DPJ1_04 **INTERVIEWER:** Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to DPR_Q16)
- DK, R (Go to DPR_END)

DPR_Q05 **During those 2 weeks did you lose interest in most things?**
DPJ1_05

- 1 Yes (KEY PHRASE = Losing interest)
- 2 No (Go to DPR_END)
- DK, R

DPR_Q06 **Did you feel tired out or low on energy all of the time?**
DPJ1_06

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No (Go to DPR_END)
- DK, R

DPR_Q07 **Did you gain weight, lose weight or stay about the same?**
DPJ1_07

- 1 Gained weight (KEY PHRASE = Gaining weight)
- 2 Lost weight (KEY PHRASE = Losing weight)
- 3 Stayed about the same (Go to DPR_Q09)
- 4 Was on a diet (Go to DPR_Q09)
- DK, R (Go to DPR_END)

DPR_Q08A **About how much did you %gain/lose%?**

DPJ1_08A INTERVIEWER: Enter amount only.

[_|_|] Weight
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)
DK (Go to DPR_Q09)
R (Go to DPR_Q09)

DPR_Q08B INTERVIEWER: Was that in pounds or in kilograms?

DPJ1_08B

1 Pounds
2 Kilograms
(DK, R are not allowed)

DPR_Q09 **Did you have more trouble falling asleep than you usually do?**

DPJ1_09

1 Yes (KEY PHRASE = Trouble falling asleep)
2 No (Go to DPR_Q11)
DK, R (Go to DPR_END)

DPR_Q10 **How often did that happen?**

DPJ1_10

INTERVIEWER: Read categories to respondent.

1 **Every night**
2 **Nearly every night**
3 **Less often**
DK, R (Go to DPR_END)

DPR_Q11 **Did you have a lot more trouble concentrating than usual?**

DPJ1_11

1 Yes (KEY PHRASE = Trouble concentrating)
2 No (Go to DPR_END)
DK, R (Go to DPR_END)

DPR_Q12 **At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?**

DPJ1_12

1 Yes (KEY PHRASE = Feeling down on yourself)
2 No (Go to DPR_END)
DK, R (Go to DPR_END)

DPR_Q13 **Did you think a lot about death - either your own, someone else's or death in general?**

DPJ1_13

1 Yes (KEY PHRASE =Thoughts about death)
2 No (Go to DPR_END)
DK, R (Go to DPR_END)

DPR_C14 If "Yes" in DPR_Q5, DPR_Q6, DPR_Q9, DPR_Q11, DPR_Q12 or DPR_Q13, or DPR_Q7 is "gain" or "lose", go to DPR_Q14C. Otherwise, go to DPR_END.

DPR_Q14C **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).**

INTERVIEWER: Press <Enter> to continue.

DPR_Q14
DPJ1_14 **About how many weeks altogether did you feel this way during the past 12 months?**

|_|_| Weeks
(MIN: 2 MAX: 52)
(If > 51 weeks, go to DPR_END)
DK, R (Go to DPR_END)

DPR_Q15
DPJ1_15 **Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?**

- | | | | |
|---|----------|----|-----------|
| 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 DPR_END

DPR_Q16
DPJ1_16 **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?**

- 1 Yes
- 2 No (Go to DPR_END)
DK, R (Go to DPR_END)

DPR_Q17
DPJ1_17 **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?**

INTERVIEWER: Read categories to respondent.

- 1 **All day long**
- 2 **Most of the day**
- 3 **About half of the day** (Go to DPR_END)
- 4 **Less than half of a day** (Go to DPR_END)
DK, R (Go to DPR_END)

DPR_Q18 **How often did you feel this way during those 2 weeks?**

DPJ1_18 INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to DPR_END)
DK, R (Go to DPR_END)

DPR_Q19 **During those 2 weeks did you feel tired out or low on energy all the time?**
DPJ1_19

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No
 DK, R (Go to DPR_END)

DPR_Q20 **Did you gain weight, lose weight, or stay about the same?**
DPJ1_20

- 1 Gained weight (KEY PHRASE = Gaining weight)
- 2 Lost weight (KEY PHRASE = Losing weight)
- 3 Stayed about the same (Go to DPR_Q22)
- 4 Was on a diet (Go to DPR_Q22)
- DK, R (Go to DPR_END)

DPR_Q21A **About how much did you %gain/lose%?**
DPJ1_21A INTERVIEWER: Enter amount only.

[_|_] Weight
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)
DK, R (Go to DPR_Q22)

DPR_Q21B INTERVIEWER: Was that in pounds or in kilograms?
DPJ1_21B

- 1 Pounds
- 2 Kilograms
- (DK, R are not allowed)

DPR_Q22 **Did you have more trouble falling asleep than you usually do?**
DPJ1_22

- 1 Yes (KEY PHRASE = Trouble falling asleep)
- 2 No (Go to DPR_Q24)
- DK, R (Go to DPR_END)

DPR_Q23 **How often did that happen?**
DPJ1_23 INTERVIEWER: Read categories to respondent.

- 1 **Every night**
- 2 **Nearly every night**
- 3 **Less often**
- DK, R (Go to DPR_END)

DPR_Q24 **Did you have a lot more trouble concentrating than usual?**
DPJ1_24

- 1 Yes (KEY PHRASE = Trouble concentrating)
- 2 No
 DK, R (Go to DPR_END)

DPR_Q25 **At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?**
DPJ1_25

- 1 Yes (KEY PHRASE = Feeling down on yourself)
- 2 No
 DK, R (Go to DPR_END)

DPR_Q26 **Did you think a lot about death - either your own, someone else's, or death**
DPJ1_26 **in general?**

- 1 Yes (KEY PHRASE =Thoughts about death)
- 2 No
 DK, R (Go to DPR_END)

DPR_C27 If any "Yes" in DPR_Q19, DPR_Q22, DPR_Q24, DPR_Q25 or DPR_Q26, or
 DPR_Q20 is "gain" or "lose", go to DPR_Q27C. Otherwise, go to DPR_END.

DPR_Q27C **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).
 INTERVIEWER: Press <Enter> to continue.

DPR_Q27 **About how many weeks did you feel this way during the past 12 months?**
DPJ1_27

- [_|_] Weeks
- (MIN: 2 MAX: 52)
- (If > 51 weeks, go to DPR_END)
- DK, R (Go to DPR_END)

DPR_Q28 **Think about the last time you had 2 weeks in a row when you felt this way. In**
DPJ1_28 **what month was that?**

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

DPR_END Go to next section.

SMOKING

SMK_BEG

SMK_QINT **The next questions are about smoking.**
INTERVIEWER: Press <Enter> to continue.

SMK_Q1 **Have you smoked at least 100 cigarettes in your entire life?**
SMJ1_01A

- 1 Yes (Go to SMK_Q3)
 - 2 No
- DK, R

SMK_Q2 **Have you ever smoked a whole cigarette?**
SMJ1_01B

- 1 Yes
 - 2 No (Go to SMK_END)
- DK, R (Go to SMK_END)

SMK_Q3 **At what age did you smoke your first whole cigarette?**
SMJ1_01C

|_|_|_| Age in years
(MIN: 5) (MAX: current age)
DK, R

SMK_Q4 **Do you now smoke cigarettes every day, some days or not at all?**
SMJ1_4

- 1 Every Day (Go to SMK_Q5)
 - 2 Some Days (Go to SMK_Q7)
 - 3 Not at all (Go to SMK_C5)
- DK, R (Go to SMK_END)

SMK_C5 If SMK_Q1 = 2 (No) or DK, R, go to SMK_END.
Otherwise, go to SMK_Q9.

SMK_Q5 **How old were you when you first started to smoke (cigarettes) daily?**
SMJ1_5

|_|_|_| Age in years
(MIN: 5) (MAX: current age)
DK, R

SMK_Q6 **How many cigarettes do you smoke each day now?**
SMJ1_6

|_|_| Cigarettes
(MIN: 1) (MAX: 99: warning after 60)
DK, R

SMK_C6 Go to SMK_Q9

SMK_Q7
SMJ1_7 **In the past month, on how many days have you smoked 1 or more cigarettes?**

|_|_| Days
(MIN: 0) (MAX: 30)
DK, R

SMK_C7 If SMK_Q7 = (MIN: 0), go to SMK_Q9.

SMK_Q8
SMJ1_8 **On these days, about how many cigarettes do you smoke each day?**

|_|_| Cigarettes
(MIN: 1) (MAX: 99: warning after 60)
DK, R

SMK_Q9
SMJ1_9 **Have you ever smoked cigarettes daily for more than 3 months?**

- 1 Yes (Go to SMK_C10)
- 2 No (Go to SMK_Q11)
- DK, R (Go to SMK_Q11)

SMK_C10 If SMK_Q4 = 1 (Every day), go to SMK_Q11. Otherwise, go to SMK_Q10

SMK_Q10
SMJ1_10 **At what age did you begin to smoke (cigarettes) everyday?**

|_|_|_| Age in years
(MIN: 5) (MAX: current age)
DK, R

SMK_Q11
SMJ1_11 **When you smoked your most, how many cigarettes did you usually smoke each day?**

|_|_| Cigarettes
(MIN: 1) (MAX: 99: warning after 60)
DK, R

SMK_C12 If SMK_Q9 = 1 (Yes) and SMK_Q4 = 2 or 3 (Some days or not at all), go to SMK_Q12. Otherwise, go to SMK_END

SMK_Q12
SMJ1_12 **When did you stop smoking everyday? Was it:**
INTERVIEWER: Read categories to respondent.

- 1 **Less than one year ago?**
- 2 **1 year to less than 2 years ago?**
- 3 **2 years to less than 3 years ago?**
- 4 **3 or more years ago?**
- DK, R

SMK_Q13
SMJ1_13

In what month did you stop?

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

SMK_END Go to next section.

HEALTH STATUS (HEALTH UTILITY INDEX - HUI)

HUI_BEG

HUI_QINT

The next set of questions asks 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.
INTERVIEWER: Press <Enter> to continue.

Vision

HUI_Q01
HUJ1_01

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

- 1 Yes (Go to HUI_Q04)
- 2 No (Go to HUI_END)
- DK (Go to HUI_END)
- R (Go to HUI_END)

HUI_Q02
HUJ1_02

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

- 1 Yes (Go to HUI_Q04)
- 2 No
- DK
- R

HUI_Q03
HUJ1_03

Are you able to see at all?

- 1 Yes
- 2 No (Go to HUI_Q06)
- DK (Go to HUI_Q06)
- R (Go to HUI_Q06)

HUI_Q04
HUJ1_04

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

- 1 Yes (Go to HUI_Q06)
- 2 No (Go to HUI_Q06)
- DK, R (Go to HUI_Q06)

HUI_Q05
HUJ1_05

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

- 1 Yes
- 2 No
- DK
- R

Hearing

HUI_Q06
HUJ1_06 **Are you usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?**

- 1 Yes (Go to HUI_Q10)
- 2 No
 DK, R (Go to HUI_Q10)

HUI_Q07
HUJ1_07 **Are you usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?**

- 1 Yes (Go to HUI_Q8)
- 2 No
 DK, R

HUI_Q07A
HUJ1_07A **Are you able to hear at all?**

- 1 Yes
- 2 No (Go to HUI_Q10)
 DK, R (Go to HUI_Q10)

HUI_Q08
HUJ1_08 **Are you usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?**

- 1 Yes (Go to HUI_Q10)
- 2 No
 DK, R (Go to HUI_Q10)

HUI_Q09
HUJ1_09 **Are you usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?**

- 1 Yes
- 2 No
 DK, R

Speech

HUI_Q10
HUJ1_10 **Are you usually able to be understood completely when speaking with strangers in your own language?**

- 1 Yes (Go to HUI_Q14)
- 2 No
 DK (Go to HUI_Q14)
 R (Go to HUI_Q14)

HUI_Q11
HUJ1_11 **Are you able to be understood partially when speaking with strangers?**

- 1 Yes
- 2 No
 DK (Go to HUI_Q14)
 R (Go to HUI_Q14)

HUI_Q12
HUJ1_12 **Are you able to be understood completely when speaking with those who know you well?**

- 1 Yes (Go to HUI_Q14)
- 2 No (Go to HUI_Q14)
- DK (Go to HUI_Q14)
- R (Go to HUI_Q14)

HUI_Q13
HUJ1_13 **Are you able to be understood partially when speaking with those who know you well?**

- 1 Yes
- 2 No
- DK
- R

Getting Around

HUI_Q14
HUJ1_14 **Are you usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

- 1 Yes (Go to HUI_Q21)
- 2 No (Go to HUI_Q21)
- DK, R (Go to HUI_Q21)

HUI_Q15
HUJ1_15 **Are you able to walk at all?**

- 1 Yes
- 2 No (Go to HUI_Q18)
- DK, R (Go to HUI_Q18)

HUI_Q16
HUJ1_16 **Do you require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?**

- 1 Yes
- 2 No
- DK, R

HUI_Q17
HUJ1_17 **Do you require the help of another person to be able to walk?**

- 1 Yes
- 2 No
- DK, R

HUI_Q18
HUJ1_18 **Do you require a wheelchair to get around?**

- 1 Yes
- 2 No (Go to HUI_Q21)
- DK (Go to HUI_Q21)
- R (Go to HUI_Q21)

HUI_Q19
HUJ1_19

How often do you use a wheelchair?
INTERVIEWER: Read categories to respondent.

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

HUI_Q20
HUJ1_20

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

- 1 Yes
- 2 No
- DK
- R

Hands and Fingers

HUI_Q21
HUJ1_21

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

- 1 Yes (Go to HUI_Q25)
- 2 No (Go to HUI_Q25)
- DK (Go to HUI_Q25)
- R (Go to HUI_Q25)

HUI_Q22
HUJ1_22

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

- 1 Yes
- 2 No (Go to HUI_Q24)
- DK, R (Go to HUI_Q24)

HUI_Q23
HUJ1_23

Do you require the help of another person with:
INTERVIEWER: Read categories to respondent.

- 1 **... some tasks?**
- 2 **... most tasks?**
- 3 **... almost all tasks?**
- 4 **... all tasks?**
- DK, R

HUI_Q24
HUJ1_24

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

- 1 Yes
- 2 No
- DK
- R

Feelings

HUI_Q25
HUJ1_25

Would you describe yourself as being usually:

INTERVIEWER: Read categories to respondent.

- 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?
- DK
R

Memory

HUI_Q26
HUJ1_26

How would you describe your usual ability to remember things?

INTERVIEWER: Read categories to respondent.

- 1 **Able to remember most things**
 - 2 **Somewhat forgetful**
 - 3 **Very forgetful**
 - 4 Unable to remember anything at all
- DK
R

Thinking

HUI_Q27
HUJ1_27

How would you describe your usual ability to think and solve day-to-day problems?

INTERVIEWER: Read categories to respondent.

- 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
- DK
R

Pain and Discomfort

HUI_Q28
HUJ1_28

Are you usually free of pain or discomfort?

- 1 Yes (Go to HUI_END)
- 2 No
DK, R (Go to HUI_END)

HUI_Q29
HUJ1_29

How would you describe the usual intensity of your pain or discomfort?

INTERVIEWER: Read categories to respondent.

- 1 **Mild**
 - 2 **Moderate**
 - 3 **Severe**
- DK, R

HUI_Q30
HUJ1_30

How many activities does your pain or discomfort prevent?

INTERVIEWER: Read categories to respondent.

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

HUI_END

Go to next section.

HEIGHT / WEIGHT

HWT_Q02
HWJ1_2

How tall are you without shoes?

- | | | |
|---|---|------------------|
| 0 | Less than 1' / 12" (less than 29.2 cm.) | (Go to HWT_Q03) |
| 1 | 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.) | |
| 2 | 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.) | (Go to HWT_Q02B) |
| 3 | 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.) | (Go to HWT_Q02C) |
| 4 | 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) | (Go to HWT_Q02D) |
| 5 | 5'0" to 5'11" (151.1 to 181.5 cm.) | (Go to HWT_Q02E) |
| 6 | 6'0" to 6'11" (181.6 to 212.0 cm.) | (Go to HWT_Q02F) |
| 7 | 7'0" and over (212.1 cm. and over) | (Go to HWT_Q03) |
| | DK, R | (Go to HWT_Q03) |

HWT_Q02A
HWJ1_2A

INTERVIEWER: Select the exact height.

- | | |
|----|--------------------------------|
| 0 | 1'0" / 12" (29.2 to 31.7 cm.) |
| 1 | 1'1" / 13" (31.8 to 34.2 cm.) |
| 2 | 1'2" / 14" (34.3 to 36.7 cm.) |
| 3 | 1'3" / 15" (36.8 to 39.3 cm.) |
| 4 | 1'4" / 16" (39.4 to 41.8 cm.) |
| 5 | 1'5" / 17" (41.9 to 44.4 cm.) |
| 6 | 1'6" / 18" (44.5 to 46.9 cm.) |
| 7 | 1'7" / 19" (47.0 to 49.4 cm.) |
| 8 | 1'8" / 20" (49.5 to 52.0 cm.) |
| 9 | 1'9" / 21" (52.1 to 54.5 cm.) |
| 10 | 1'10" / 22" (54.6 to 57.1 cm.) |
| 11 | 1'11" / 23" (57.2 to 59.6 cm.) |
| | DK, R |

Go to HWT_Q03

HWT_Q02B
HWJ1_2B

INTERVIEWER: Select the exact height.

- | | |
|----|--------------------------------|
| 0 | 2'0" / 24" (59.7 to 62.1 cm.) |
| 1 | 2'1" / 25" (62.2 to 64.7 cm.) |
| 2 | 2'2" / 26" (64.8 to 67.2 cm.) |
| 3 | 2'3" / 27" (67.3 to 69.8 cm.) |
| 4 | 2'4" / 28" (69.9 to 72.3 cm.) |
| 5 | 2'5" / 29" (72.4 to 74.8 cm.) |
| 6 | 2'6" / 30" (74.9 to 77.4 cm.) |
| 7 | 2'7" / 31" (77.5 to 79.9 cm.) |
| 8 | 2'8" / 32" (80.0 to 82.5 cm.) |
| 9 | 2'9" / 33" (82.6 to 85.0 cm.) |
| 10 | 2'10" / 34" (85.1 to 87.5 cm.) |
| 11 | 2'11" / 35" (87.6 to 90.1 cm.) |
| | DK, R |

Go to HWT_Q03

HWT_Q02C INTERVIEWER: Select the exact height.
HWJ1_2C

- 0 3'0" / 36" (90.2 to 92.6 cm.)
 - 1 3'1" / 37" (92.7 to 95.2 cm.)
 - 2 3'2" / 38" (95.3 to 97.7 cm.)
 - 3 3'3" / 39" (97.8 to 100.2 cm.)
 - 4 3'4" / 40" (100.3 to 102.8 cm.)
 - 5 3'5" / 41" (102.9 to 105.3 cm.)
 - 6 3'6" / 42" (105.4 to 107.9 cm.)
 - 7 3'7" / 43" (108.0 to 110.4 cm.)
 - 8 3'8" / 44" (110.5 to 112.9 cm.)
 - 9 3'9" / 45" (113.0 to 115.5 cm.)
 - 10 3'10" / 46" (115.6 to 118.0 cm.)
 - 11 3'11" / 47" (118.1 to 120.6 cm.)
- DK, R

Go to HWT_Q03

HWT_Q02D INTERVIEWER: Select the exact height.
HWJ1_2D

- 0 4'0" / 48" (120.7 to 123.1 cm.)
 - 1 4'1" / 49" (123.2 to 125.6 cm.)
 - 2 4'2" / 50" (125.7 to 128.2 cm.)
 - 3 4'3" / 51" (128.3 to 130.7 cm.)
 - 4 4'4" / 52" (130.8 to 133.3 cm.)
 - 5 4'5" / 53" (133.4 to 135.8 cm.)
 - 6 4'6" / 54" (135.9 to 138.3 cm.)
 - 7 4'7" / 55" (138.4 to 140.9 cm.)
 - 8 4'8" / 56" (141.0 to 143.4 cm.)
 - 9 4'9" / 57" (143.5 to 146.0 cm.)
 - 10 4'10" / 58" (146.1 to 148.5 cm.)
 - 11 4'11" / 59" (148.6 to 151.0 cm.)
- DK, R

Go to HWT_Q03

HWT_Q02E INTERVIEWER: Select the exact height.
HWJ1_2E

- 0 5'0" (151.1 to 153.6 cm.)
 - 1 5'1" (153.7 to 156.1 cm.)
 - 2 5'2" (156.2 to 158.7 cm.)
 - 3 5'3" (158.8 to 161.2 cm.)
 - 4 5'4" (161.3 to 163.7 cm.)
 - 5 5'5" (163.8 to 166.3 cm.)
 - 6 5'6" (166.4 to 168.8 cm.)
 - 7 5'7" (168.9 to 171.4 cm.)
 - 8 5'8" (171.5 to 173.9 cm.)
 - 9 5'9" (174.0 to 176.4 cm.)
 - 10 5'10" (176.5 to 179.0 cm.)
 - 11 5'11" (179.1 to 181.5 cm.)
- DK, R

Go to HWT_Q03

HWT_Q02F INTERVIEWER: Select the exact height.
HWJ1_2F

- 0 6'0" (181.6 to 184.1 cm.)
 - 1 6'1" (184.2 to 186.6 cm.)
 - 2 6'2" (186.7 to 189.1 cm.)
 - 3 6'3" (189.2 to 191.7 cm.)
 - 4 6'4" (191.8 to 194.2 cm.)
 - 5 6'5" (194.3 to 196.8 cm.)
 - 6 6'6" (196.9 to 199.3 cm.)
 - 7 6'7" (199.4 to 201.8 cm.)
 - 8 6'8" (201.9 to 204.4 cm.)
 - 9 6'9" (204.5 to 206.9 cm.)
 - 10 6'10" (207.0 to 209.5 cm.)
 - 11 6'11" (209.6 to 212.0 cm.)
- DK, R

HWT_Q03 **How much do you weigh?**
HWJ1_3 INTERVIEWER: Enter amount only.

||_| Weight
(MIN: 1) (MAX: 575)
DK, R (Go to HWT_END)

HWT_N04 INTERVIEWER: Was that in pounds or kilograms?
HWJ1_N4

- 1 Pounds
 - 2 Kilograms
- (DK, R are not allowed)

HWT_E03 Soft range check for HWT_Q03
If HWT_N4 = 1, warning if HWT_Q03 < 60 or HWT_Q03 > 300.
If HWT_N4 = 2, warning if HWT_Q03 < 27 or HWT_Q03 > 136.

HWT_Q04 **Do you consider yourself:**
HWJ1_4 INTERVIEWER: Read categories to respondent.

- 1 ... **overweight?**
 - 2 ... **underweight?**
 - 3 ... **just about right?**
- DK, R

HWT_END Go to next section.

HEALTH CARE UTILIZATION

HCU_BEG

HCU_QINT1 **Now I'd like to ask about your contacts with health professionals during the past 12 months, that is, from %date one year ago% to yesterday.**

INTERVIEWER: Press <Enter> to continue.

HCU_Q01AA **Do you have a regular medical doctor?**

HCJ1_1AA

- 1 Yes
- 2 No
DK, R

HCU_Q01BA **In the past 12 months, have you been a patient overnight in a hospital, nursing home or convalescent home?**

HCJ1_01

- 1 Yes
- 2 No (Go to HCU_Q02)
- DK (Go to HCU_Q02)
- R (Go to HCU_END)

HCU_Q01BB **For how many nights in the past 12 months?**

HCJ1_01A

[_][_] Nights
(MIN: 1) (MAX: 366; warning after 100)
DK, R

HCU_Q02 **In the past 12 months, how many times have you seen, or talked with the following health care professionals about your own health:**

| | | MIN | MAX | Warning After |
|---------|--|-----|-----|------------------|
| HCJ1_2A | a) ... your family doctor or general practitioner? | 0 | 366 | 12 |
| HCJ1_2B | b) ... an eye doctor including other people that prescribe lenses (such as an ophthalmologist or optometrist)? | 0 | 75 | 3 |
| HCJ1_2C | c) ... a chiropractor? | 0 | 366 | 20 |
| HCJ1_2D | d) ... a nurse for care or advice? | 0 | 366 | 15 |
| HCJ1_2E | e) ... a dentist or orthodontist? | 0 | 99 | 4 |
| HCJ1_2F | f) ... a physiotherapist? | 0 | 366 | 30 |
| HCJ1_2G | g) ... a psychologist? | 0 | 366 | 25 |
| HCJ1_2H | h) ... a speech, audiology or occupational therapist? | 0 | 200 | 12 |
| HCJ1_2I | i) ... any other medical doctor (such as a surgeon, allergist, orthopaedist, gynaecologist or psychiatrist)? | 0 | 300 | 7 |
| | DK, R | | | |

UNMET NEEDS – HEALTH CARE UTILIZATION

HCU_Q03 **During the past 12 months, was there ever a time when you felt that you
HCJ1_06 needed health care but you didn't receive it?**

- 1 Yes
- 2 No (Go to HCU_END)
- DK, R (Go to HCU_END)

HCU_Q04 **Thinking of the most recent time, why didn't you get care?**
INTERVIEWER: Mark all that apply.

- HCJ1_07A 1 Not available - in the area
- HCJ1_07B 2 Not available - at time required (e.g. doctor on holidays, inconvenient hours)
- HCJ1_07C 3 Waiting time too long
- HCJ1_07D 4 Felt would be inadequate
- HCJ1_07E 5 Cost
- HCJ1_07F 6 Too busy
- HCJ1_07G 7 Didn't get around to it / didn't bother
- HCJ1_07H 8 Didn't know where to go
- HCJ1_07I 9 Transportation problems
- HCJ1_07J 10 Language problems
- HCJ1_07K 11 Personal or family responsibilities
- HCJ1_07L 12 Dislikes doctors / afraid
- HCJ1_07M 13 Decided not to seek care
- HCJ1_07N 14 Other - Specify
- DK, R

HCU_C04 If HCU_Q04 <> 14, go to HCU_Q05.

HCU_Q04S INTERVIEWER: Specify.
HCUJF04S

(80 spaces)

HCU_Q05 **Again, thinking of the most recent time, what was the type of care that was
needed?**
INTERVIEWER: Mark all that apply.

- HCJ1_08A 1 Treatment of a physical health problem
- HCJ1_08B 2 Treatment of an emotional or mental health problem
- HCJ1_08C 3 A regular check-up (including regular pre-natal care)
- HCJ1_08D 4 Care of an injury
- HCJ1_08E 5 Other - Specify
- DK, R

HCU_C05 If HCU_Q05 <> 5, go to HCU_END.

HCU_Q05S INTERVIEWER: Specify.
HCUJF05S

(80 spaces)

HCU_END Go to next section.

USE OF MEDICATIONS

DGU_BEG

DGU_QINT **Now I'd like to ask a few questions about your use of prescription medications.**

INTERVIEWER: Press <Enter> to continue.

DGU_Q01 **In the past month, did you take any prescription medication?**
MEJ1_01

- 1 Yes
- 2 No (Go to DGU_Q05)
- DK, R (Go to DGU_Q05)

DGU_C02 If female & age >= 30, go to DGU_Q02.
Otherwise, go to DGU_Q04.

DGU_Q02 **In the past month, that is, from %date one month ago% to yesterday, did you take:**
MEJ1_1T

... hormones for menopause or aging symptoms?

- 1 Yes
- 2 No (Go to DGU_Q04)
- DK, R (Go to DGU_Q04)

DGU_Q03 **When did you start taking these hormones?**

MEJ1_1T2 INTERVIEWER: Enter the year (minimum is %year of birth + 30%; maximum is %current year%).

|_|_|_| Year
(MIN: year of birth + 30) (MAX: current year)

DGU_Q04 **Now, I am referring to the last 2 days, that is, yesterday and the day before yesterday. During those 2 days, how many different prescription medications did you take?**
MEJ1_04

|_| Medications
(MIN: 0) (MAX: 99; warning after 10)
DK, R

DGU_Q05 **During the past 12 months, was there ever a time when you needed prescription medicines but didn't get it because you couldn't afford it?**
MEJ1_05

- 1 Yes
- 2 No
- DK, R

DGU_END Go to next module

U.S. LIMITATION OF ACTIVITIES

AHS_BEG

AHS_Q01
AHJ1_01

Do you now have any health problems that require you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- 1 Yes
- 2 No
- DK, R

AHS_QINT

The next questions ask about difficulties you may have doing certain activities because of a health problem. By health problem, we mean any physical, mental or emotional problem or illness (not including pregnancy).

INTERVIEWER: Press <Enter> to continue.

AHS_C02A

If Samptype = 01, use "half a kilometre"
If Samptype = 02, use "quarter of a mile"

AHS_Q02A
AHJ1_02A

By yourself, and without using any special equipment, how difficult is it for you:

... to walk a %quarter of a mile/half a kilometre% - about 3 city blocks?

INTERVIEWER: Read categories to respondent.

- 1 **Not at all difficult**
- 2 **Only a little difficult** (KEY PHRASE = walking about 3 blocks)
- 3 **Somewhat difficult** (KEY PHRASE = walking about 3 blocks)
- 4 **Very difficult** (KEY PHRASE = walking about 3 blocks)
- 5 **Can't do at all** (KEY PHRASE = walking about 3 blocks)
- 6 **Do not do this activity**
- DK, R

AHS_Q02B
AHJ1_02B

(By yourself, and without using any special equipment, how difficult is it for you:)

... to walk up 10 steps without resting?

INTERVIEWER: Read categories to respondent.

- 1 **Not at all difficult**
- 2 **Only a little difficult** (KEY PHRASE = walking up 10 steps without rest)
- 3 **Somewhat difficult** (KEY PHRASE = walking up 10 steps without rest)
- 4 **Very difficult** (KEY PHRASE = walking up 10 steps without rest)
- 5 **Can't do at all** (KEY PHRASE = walking up 10 steps without rest)
- 6 **Do not do this activity**
- DK, R

AHS_Q02C
AHJ1_02C

(By yourself, and without using any special equipment, how difficult is it for you:)

... to stand or be on your feet for about 2 hours?

INTERVIEWER: Read if necessary.

- 1 Not at all difficult
- 2 Only a little difficult (KEY PHRASE = being on your feet for about 2 hours)
- 3 Somewhat difficult (KEY PHRASE = being on your feet for about 2 hours)
- 4 Very difficult (KEY PHRASE = being on your feet for about 2 hours)
- 5 Can't do at all (KEY PHRASE = being on your feet for about 2 hours)
- 6 Do not do this activity
DK, R

AHS_Q02D
AHJ1_02D

(By yourself, and without using any special equipment, how difficult is it for you:)

... to sit for about 2 hours?

INTERVIEWER: Read if necessary.

- 1 Not at all difficult
- 2 Only a little difficult (KEY PHRASE = sitting for about 2 hours)
- 3 Somewhat difficult (KEY PHRASE = sitting for about 2 hours)
- 4 Very difficult (KEY PHRASE = sitting for about 2 hours)
- 5 Can't do at all (KEY PHRASE = sitting for about 2 hours)
- 6 Do not do this activity
DK, R

AHS_Q02E
AHJ1_02E

(By yourself, and without using any special equipment, how difficult is it for you:)

... to stoop, bend, or kneel?

INTERVIEWER: Read if necessary.

- 1 Not at all difficult
- 2 Only a little difficult (KEY PHRASE = stooping, bending or kneeling)
- 3 Somewhat difficult (KEY PHRASE = stooping, bending or kneeling)
- 4 Very difficult (KEY PHRASE = stooping, bending or kneeling)
- 5 Can't do at all (KEY PHRASE = stooping, bending or kneeling)
- 6 Do not do this activity
DK, R

AHS_Q02F
AHJ1_02F

(By yourself, and without using any special equipment, how difficult is it for you:)

... to reach up over your head?

INTERVIEWER: Read if necessary.

- 1 Not at all difficult
- 2 Only a little difficult (KEY PHRASE = reaching over your head)
- 3 Somewhat difficult (KEY PHRASE = reaching over your head)
- 4 Very difficult (KEY PHRASE = reaching over your head)
- 5 Can't do at all (KEY PHRASE = reaching over your head)
- 6 Do not do this activity
DK, R

AHS_Q02G
AHJ1_02G

(By yourself, and without using any special equipment, how difficult is it for you:)

... to use your fingers to grasp or handle small objects?

INTERVIEWER: Read if necessary.

- | | | |
|---|-------------------------|---|
| 1 | Not at all difficult | |
| 2 | Only a little difficult | (KEY PHRASE = grasping or handling small objects) |
| 3 | Somewhat difficult | (KEY PHRASE = grasping or handling small objects) |
| 4 | Very difficult | (KEY PHRASE = grasping or handling small objects) |
| 5 | Can't do at all | (KEY PHRASE = grasping or handling small objects) |
| 6 | Do not do this activity | |
- DK, R

AHS_Q02H
AHJ1_02H

(By yourself, and without using any special equipment, how difficult is it for you:)

... to lift or carry something as heavy as 10 pounds such as a full bag of groceries?

INTERVIEWER: Read if necessary.

- | | | |
|---|-------------------------|--|
| 1 | Not at all difficult | |
| 2 | Only a little difficult | (KEY PHRASE = lifting or carrying something as heavy as 10 pounds) |
| 3 | Somewhat difficult | (KEY PHRASE = lifting or carrying something as heavy as 10 pounds) |
| 4 | Very difficult | (KEY PHRASE = lifting or carrying something as heavy as 10 pounds) |
| 5 | Can't do at all | (KEY PHRASE = lifting or carrying something as heavy as 10 pounds) |
| 6 | Do not do this activity | |
- DK, R

AHS_Q02I
AHJ1_02I

(By yourself, and without using any special equipment, how difficult is it for you:)

... to push or pull large objects like a living room chair?

INTERVIEWER: Read if necessary.

- | | | |
|---|-------------------------|---|
| 1 | Not at all difficult | |
| 2 | Only a little difficult | (KEY PHRASE = pushing or pulling large objects) |
| 3 | Somewhat difficult | (KEY PHRASE = pushing or pulling large objects) |
| 4 | Very difficult | (KEY PHRASE = pushing or pulling large objects) |
| 5 | Can't do at all | (KEY PHRASE = pushing or pulling large objects) |
| 6 | Do not do this activity | |
- DK, R

AHS_Q02J
AHJ1_02J

(By yourself, and without using any special equipment, how difficult is it for you:)

... to go out to things like shopping, movies, or sporting events?

INTERVIEWER: Read if necessary.

- | | | |
|---|----------------------------------|---|
| 1 | Not at all difficult | |
| 2 | Only a little difficult | (KEY PHRASE = outings like shopping, movie or sporting events) |
| 3 | Somewhat difficult | (KEY PHRASE = outings like shopping, movies or sporting events) |
| 4 | Very difficult | (KEY PHRASE = outings like shopping, movies or sporting events) |
| 5 | Can't do at all | (KEY PHRASE = outings like shopping, movies or sporting events) |
| 6 | Do not do this activity DK, R | |

AHS_Q02K
AHJ1_02K

(By yourself, and without using any special equipment, how difficult is it for you:)

... to participate in social activities such as visiting friends, attending clubs and meetings or going to parties?

INTERVIEWER: Read if necessary.

- | | | |
|---|----------------------------------|---|
| 1 | Not at all difficult | |
| 2 | Only a little difficult | (KEY PHRASE = participating in social activities) |
| 3 | Somewhat difficult | (KEY PHRASE = participating in social activities) |
| 4 | Very difficult | (KEY PHRASE = participating in social activities) |
| 5 | Can't do at all | (KEY PHRASE = participating in social activities) |
| 6 | Do not do this activity DK, R | |

AHS_Q02L
AHJ1_02L

(By yourself, and without using any special equipment, how difficult is it for you:)

... to do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)?

INTERVIEWER: Read categories to respondent.

- | | | |
|---|----------------------------------|---|
| 1 | Not at all difficult | |
| 2 | Only a little difficult | (KEY PHRASE = relaxing at home or leisure activities) |
| 3 | Somewhat difficult | (KEY PHRASE = relaxing at home or leisure activities) |
| 4 | Very difficult | (KEY PHRASE = relaxing at home or leisure activities) |
| 5 | Can't do at all | (KEY PHRASE = relaxing at home or leisure activities) |
| 6 | Do not do this activity DK, R | |

AHS_C03

If any of AHS_Q02_A to AHS_Q02_L = 2, 3, 4 or 5, (only a little difficult, somewhat difficult, very difficult, or can't do at all) then go to AHS_Q03. Otherwise, go to AHS_END.

AHS_Q03 **What condition or health problem causes you to have difficulty with %names of up to 3 specified activities%?**

INTERVIEWER: Mark all that apply up to 5 (but do not probe).

If old age is reported, probe for specific condition(s) caused by old age.

- | | | |
|----------|----|--|
| AHJ1_03A | 1 | Vision / problem seeing |
| AHJ1_03B | 2 | Hearing problem |
| AHJ1_03C | 3 | Arthritis / rheumatism |
| AHJ1_03D | 4 | Back or neck problem |
| AHJ1_03E | 5 | Fractures, bone / joint injury |
| AHJ1_03F | 6 | Other injury |
| AHJ1_03G | 7 | Heart problem |
| AHJ1_03H | 8 | Stroke problem |
| AHJ1_03I | 9 | Hypertension / high blood pressure |
| AHJ1_03J | 10 | Diabetes |
| AHJ1_03K | 11 | Lung / breathing problem |
| AHJ1_03L | 12 | Cancer |
| AHJ1_03M | 13 | Birth defect |
| AHJ1_03N | 14 | Mental retardation |
| AHJ1_03O | 15 | Other developmental problem (e.g., cerebral palsy) |
| AHJ1_03P | 16 | Senility |
| AHJ1_03Q | 17 | Depression / anxiety / emotional problem |
| AHJ1_03R | 18 | Weight problem |
| AHJ1_03S | 19 | Other impairment /problem |
| | | DK, R |

AHS_END Go to next section.

PAP SMEAR TEST

PST_BEG

PST_C01 If male, go to PST_END.

PST_Q01 **(Now Pap tests)**
PSJ1_020 **Have you ever had a PAP smear test?**

- 1 Yes
- 2 No (Go to PST_Q03)
- DK, R (Go to PST_END)

PST_Q02A **When was the last time you had a PAP smear?**
PSJ1_022 **INTERVIEWER: Read categories to respondent.**

- 1 **Less than 6 months ago**
- 2 **6 months to less than 1 year ago**
- 3 **1 year to less than 3 years ago**
- 4 **3 years to less than 5 years ago** (Go to PST_Q03)
- 5 **5 or more years ago** (Go to PST_Q03)
- DK, R

PST_Q02B **Does your doctor advise you to get a PAP smear on a regular basis?**
PSJ1_02B

- 1 Yes
- 2 No
- DK, R

PST_Q02C **Do you have a PAP smear done on a regular basis?**
PSJ1_02C

- 1 Yes
- 2 No
- DK, R

Go to PST_END.

PST_Q03 **Why have you not had a PAP smear test in the past 3 years?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|---|
| PSJ1_26A | 1 | Have not gotten around to it |
| PSJ1_26B | 2 | Respondent - did not think it was necessary |
| PSJ1_26C | 3 | Doctor - did not think it was necessary |
| PSJ1_26D | 4 | Personal or family responsibilities |
| PSJ1_26E | 5 | Not available - at time required |
| PSJ1_26F | 6 | Not available - at all in the area |
| PSJ1_26G | 7 | Waiting time was too long |
| PSJ1_26H | 8 | Transportation - problems |
| PSJ1_26I | 9 | Language - problem |
| PSJ1_26J | 10 | Cost |
| PSJ1_26K | 11 | Did not know where to go / uninformed |
| PSJ1_26L | 12 | Fear (e.g. painful, embarrassing, find something wrong) |
| PSJ1_26M | 13 | Have had hysterectomy |
| PSJ1_26N | 14 | Hate / dislike having one done |
| PSJ1_26O | 15 | Other – Specify DK, R |

PST_C03 If PST_Q03 <> 15, go to PST_END.

PST_Q03S INTERVIEWER: Specify.

PSTJF03S

(80 spaces)

PST_END Go to next section.

MAMMOGRAPHY

MAM_BEG

MAM_C01 If male, go to MAM_END.
If female and age < 30, go to MAM_Q04.

MAM_Q01 **(Now mammography)**
MAJ1_030 **Have you ever had a mammogram?**
INTERVIEWER: Read if necessary: **(A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.)**

- 1 Yes
- 2 No (Go to MAM_Q03)
DK, R (Go to MAM_C04)

MAM_Q02A **Why did you have it?**
INTERVIEWER: Mark all that apply.
If respondent says "doctor recommended it", probe for reason.

- MAJ1_31A 1 Family history of breast cancer
- MAJ1_31B 2 Part of regular check-up / routine screening
- MAJ1_31C 3 Age
- MAJ1_31D 4 Previously detected lump
- MAJ1_31E 5 Follow-up of breast cancer treatment
- MAJ1_31F 6 On hormone replacement therapy
- MAJ1_31G 7 Breast problem
- MAJ1_31H 8 Other - Specify

MAM_C02A If MAM_Q2A <> 8, go to MAM_Q2B.

MAM_Q02S INTERVIEWER: Specify.
MAMJF02S

(80 spaces)

MAM_Q02B **When was the last time?**
MAJ1_032 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to MAM_C04)
- 2 **6 months to less than 1 year ago** (Go to MAM_C04)
- 3 **1 year to less than 2 years ago** (Go to MAM_C04)
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**
DK, R (Go to MAM_C04)

MAM_Q03 **Why have you not had one in the past 2 years?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|---|
| MAJ1_36A | 1 | Have not gotten around to it |
| MAJ1_36B | 2 | Respondent - did not think it was necessary |
| MAJ1_36C | 3 | Doctor - did not think it was necessary |
| MAJ1_36D | 4 | Personal or family responsibilities |
| MAJ1_36E | 5 | Not available - at time required |
| MAJ1_36F | 6 | Not available - at all in the area |
| MAJ1_36G | 7 | Waiting time was too long |
| MAJ1_36H | 8 | Transportation - problems |
| MAJ1_36I | 9 | Language - problem |
| MAJ1_36J | 10 | Cost |
| MAJ1_36K | 11 | Did not know where to go / uninformed |
| MAJ1_36L | 12 | Fear (e.g. painful, embarrassing, find something wrong) |
| MAJ1_36M | 13 | Other – Specify |

MAM_C03 If MAM_Q3 <> 13, go to MAM_C04.

MAM_Q03S INTERVIEWER: Specify.

MAMJF03S

(80 spaces)

MAM_C04 If age > 49, go to MAM_C05.

MAM_Q04 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**

MAJ1_037

- | | | |
|---|-------------|---|
| 1 | Yes | (Go to MAM_END) (MAM_Q05 will be filled with “No” during processing) |
| 2 | No DK, R | |

MAM_Q05 **Have you had a hysterectomy? (In other words, has your uterus been removed)?**

MAJ1_038

- | | |
|---|-------------|
| 1 | Yes |
| 2 | No DK, R |

MAM_END Go to next section

INSURANCE

INS_BEG

INS_Q01
ISJ1_2

Do you have insurance that covers all or part of your dental expenses? Include any private, government or employer-paid insurance plans.

- 1 Yes
- 2 No
DK, R

INS_Q02
ISJ1_1

**Do you have insurance that covers all or part of:
... the cost of your prescription medications?**

- 1 Yes
- 2 No
DK, R

INS_Q03
ISJ1_3

**Do you have insurance that covers all or part of:
... the costs of eye glasses or contact lenses?**

- 1 Yes
- 2 No
DK, R

INS_Q04
ISJ1_4

**Do you have insurance that covers all or part of:
... hospital charges for private or semi-private room?**

- 1 Yes
- 2 No
DK, R

INS_C5

If Samptype = 1, go to INS_END.

INS_Q05
ISJ1_05

Are you covered by private insurance, that is health insurance obtained through employment or unions or purchased directly?

- 1 Yes
- 2 No
DK, R

INS_Q06
ISJ1_06

Are you covered by military health care, such as TRICARE, VA OR CHAMP-VA?

- 1 Yes
- 2 No
DK, R

INS_Q06A **Are you covered by Medicare, an insurance program for older people and
ISJ1_06A people with certain disabilities?**

- 1 Yes
- 2 No
 DK, R

INS_Q07 **Are you covered by the Indian Health Service?**
ISJ1_07

- 1 Yes
- 2 No
 DK, R

INS_Q07A **Are you covered by Medicaid, a health insurance program for low-income
ISJ1_07A families?**

- 1 Yes
- 2 No
 DK, R

INS_Q08 **Are you covered by any other kind of health insurance or health care plan
ISJ1_08 that pays for services obtained from hospitals, doctors, or other health
 care professionals?**

- 1 Yes
- 2 No
 DK, R

INS_C09 Count instances where INS_Q05 through INS_Q08 = 1(Yes)
 If INS_C09 >=1 then go to INS_Q10.

INS_Q09 **It appears that you do not have any health insurance coverage to help pay
ISJ1_09 for services from hospitals, doctors and other health professionals. Is that
 correct?**

- 1 Yes (Go to INS_Q09B)
- 2 No (Go to INS_Q09B)
 DK, R

INS_Q09A **What kind of health coverage do you have?**
 INTERVIEWER: Mark all that apply.

- ISJ1_9AA 1 Medicaid
- ISJ1_9AB 2 Medicare
- ISJ1_9AC 3 Medigap
- ISJ1_9AD 4 Military
- ISJ1_9AE 5 Indian Health Service
- ISJ1_9AF 6 Private Insurance
- ISJ1_9AG 7 Single Service Plan Covering Only Dental, Vision, Prescriptions, etc.
- ISJ1_9AH 8 SCHIP
- ISJ1_9AI 9 Other
 DK, R

Go to INS_Q10.

INS_Q09B **Was there any time during the past 12 months when you did have health insurance or were covered by a health plan?**
ISJ1_09B

- 1 Yes
- 2 No (Go to INS_END)
- DK, R (Go to INS_END)

INS_Q09C **How many months (during the past 12 months) did you have health insurance?**
ISJ1_09C

INTERVIEWER: If less than 1 month, enter <1>.

|_|_| Months
(MIN: 1) (MAX: 12)
DK, R

Go to INS_END.

INS_Q10 **Was there any time during the past 12 months when you did not have health insurance or were not covered by a health plan?**
ISJ1_10

- 1 Yes
- 2 No (Go to INS_END)
- DK, R (Go to INS_END)

INS_Q10A **How many months during the past 12 months did you not have health insurance or were not covered by a health plan?**
ISJ1_10A

|_|_| Months
(MIN: 1) (MAX: 12)
DK, R

INS_END Go to next section.

VOCATIONAL RESTRICTION OF ACTIVITIES

RAV_BEG

RAV_Q01
RSJ1_1

Because of a physical, mental or emotional problem, do you need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside your home?

- 1 Yes
- 2 No
- DK
- R

RAV_Q02
RSJ1_2

Because of physical, mental or emotional problems, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1 Yes
- 2 No
- DK
- R

RAV_Q03
RSJ1_3

Does a physical, mental or emotional problem now keep you from working at a job or business?

- 1 Yes
- 2 No
- DK
- R

RAV_Q04
RSJ1_4

Are you limited in the kind or amount of work you can do because of a physical, mental or emotional problem?

- 1 Yes
- 2 No
- DK
- R

RAV_Q05
RSJ1_5

Are you limited in any way in any activities because of physical, mental or emotional problems?

- 1 Yes
- 2 No
- DK
- R

RAV_Q06
RSJ1_6

Do you consider yourself to have a disability?

- 1 Yes
- 2 No
- DK
- R

RAV_Q07
RSJ1_7

Would other people consider you to have a disability?

- 1 Yes
- 2 No
- DK
- R

RAV_END Go to next section.

PATIENT SATISFACTION

PAT_BEG

PAT_QINT1 **Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the quality of the care you received.**

INTERVIEWER: Press <Enter> to continue.

PAT_C11D If HCU_Q01BA = 1 (0 (overnight patient) or at least one of HCU_Q02A to HCU_Q02J > (saw or talked on telephone to health professional), go to PAT_Q12.
Otherwise, go to PAT_Q11.

PAT_Q11 **In the past 12 months, have you received any health care services?**

SAJ1_11

- 1 Yes
- 2 No (Go to PAT_END)
- DK, R (Go to PAT_END)

PAT_Q12 **Overall, how would you rate the quality of the health care you received? Would you say it was:**

SAJ1_11A

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... good?
- 3 ... fair?
- 4 ... poor?
- DK, R

PAT_Q13 **Overall, how satisfied were you with the way health care services were provided? Were you:**

SAJ1_13

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
- 2 ... somewhat satisfied?
- 3 ... neither satisfied nor dissatisfied?
- 4 ... somewhat dissatisfied?
- 5 ... very dissatisfied?
- DK, R

PAT_Q21A **In the past 12 months, have you received any health care services at a hospital, for any diagnostic or day surgery service, overnight stay, or as an emergency room patient?**

SAJ1_21A

- 1 Yes
- 2 No (Go to PAT_Q31A)
- DK, R (Go to PAT_Q31A)

PAT_Q21B
SAJ1_21B **Thinking of your most recent hospital visit, were you:**
INTERVIEWER: Read categories to respondent.

- 1 ... admitted overnight or longer (an inpatient)?
 - 2 ... a patient at a diagnostic or day surgery clinic (an outpatient)?
 - 3 ... an emergency room patient?
- DK, R (Go to PAT_Q31A)

PAT_Q22
SAJ1_22 **(Thinking of this most recent hospital visit:)**

... how would you rate the quality of the care you received? Would you say it was:

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... good?
 - 3 ... fair?
 - 4 ... poor?
- DK, R

PAT_Q23
SAJ1_23 **(Thinking of this most recent hospital visit:)**

... how satisfied were you with the way hospital services were provided? Were you:

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
 - 2 ... somewhat satisfied?
 - 3 ... neither satisfied nor dissatisfied?
 - 4 ... somewhat dissatisfied?
 - 5 ... very dissatisfied?
- DK, R

PAT_Q31A
SAJ1_31A **In the past 12 months, not counting hospital visits, have you received any health care services from a family doctor or other physician?**

- 1 Yes
 - 2 No (Go to PAT_QINT2)
- DK, R (Go to PAT_QINT2)

PAT_Q31B
SAJ1_31B **Thinking of the most recent time, was care provided by:**
INTERVIEWER: Read categories to respondent.

- 1 ... a family doctor (general practitioner)?
 - 2 ... a medical specialist?
- DK, R (Go to PAT_QINT2)

PAT_Q32
SAJ1_32

(Thinking of this most recent care from a physician:)

... how would you rate the quality of the care you received? Would you say it was:

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... good?
 - 3 ... fair?
 - 4 ... poor?
- DK, R

PAT_Q33
SAJ1_33

(Thinking of this most recent care from a physician:)

... how satisfied were you with the way physician care was provided? Were you:

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
 - 2 ... somewhat satisfied?
 - 3 ... neither satisfied nor dissatisfied?
 - 4 ... somewhat dissatisfied?
 - 5 ... very dissatisfied?
- DK, R

PAT_QINT2

The next questions are about community-based health care which includes any health care received outside of a hospital or doctor's office.

Examples are: home nursing care, home-based counselling or therapy, personal care and community walk-in clinics.

INTERVIEWER: Press <Enter> to continue.

PAT_Q41
SAJ1_41

In the past 12 months, have you received any community-based care?

- 1 Yes
 - 2 No (Go to PAT_END)
- DK, R (Go to PAT_END)

PAT_Q42
SAJ1_42

Overall, how would you rate the quality of the community-based care you received? Would you say it was:

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... good?
 - 3 ... fair?
 - 4 ... poor?
- DK, R

PAT_Q43
SAJ1_43

Overall, how satisfied were you with the way community-based care was provided? Were you:

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
 - 2 ... somewhat satisfied?
 - 3 ... neither satisfied nor dissatisfied?
 - 4 ... somewhat dissatisfied?
 - 5 ... very dissatisfied?
- DK, R

PAT_END

Go to next section.

PHYSICAL ACTIVITIES

PAC_BEG

PAC_QINT1 **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.**

INTERVIEWER: Press <Enter> to continue.

PAC_Q01 **Have you done any of the following in the past 3 months, that is, from %date three months ago% to yesterday?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

| | | | | | |
|---------|-------|----------------------------------|---------|----|----------------------|
| PAJ1_1A | 1 | Walking for exercise | PAJ1_1M | 13 | Downhill skiing |
| PAJ1_1B | 2 | Gardening or yard work | PAJ1_1N | 14 | Bowling |
| PAJ1_1C | 3 | Swimming | PAJ1_1O | 15 | Baseball or softball |
| PAJ1_1D | 4 | Bicycling | PAJ1_1P | 16 | Tennis |
| PAJ1_1E | 5 | Popular or social dance | PAJ1_1Q | 17 | Weight-training |
| PAJ1_1F | 6 | Home exercises | PAJ1_1R | 18 | Fishing |
| PAJ1_1G | 7 | Ice hockey | PAJ1_1S | 19 | Volleyball |
| PAJ1_1H | 8 | Ice skating | PAJ1_1T | 20 | Basketball |
| PAJ1_1I | 9 | In-line skating or rollerblading | PAJ1_1Z | 21 | Soccer |
| PAJ1_1J | 10 | Jogging or running | PAJ1_1U | 22 | Any other |
| PAJ1_1K | 11 | Golfing | PAJ1_1V | 23 | No physical activity |
| PAJ1_1L | 12 | Exercise class or aerobics | | | (Go to PAC_QINT2) |
| | DK, R | (Go to PAC_END) | | | |

If "Any other" is chosen as a response, go to PAC_Q1US. Otherwise, go to PAC_Q1W.

If interviewer select #22 and another category, pop up a soft edit with the following text: "You cannot select "No physical activity" and another category. Please return and correct."

PAC_Q01US **What was this activity?**

PACJF1US INTERVIEWER: Enter one activity only.

(80 spaces)

PAC_Q01W **In the past 3 months, did you do any other activity for leisure?**

PAJ1_1W

- 1 Yes
2 No (Go to PAC_Q2)
DK, R (Go to PAC_Q2)

PAC_Q01WS **What was this activity?**

PACJF1WS INTERVIEWER: Enter one activity only.

(80 spaces)

PAC_Q01X **In the past 3 months, did you do any other activity for leisure?**
PAJ1_1X

- 1 Yes
- 2 No (Go to PAC_Q2)
- DK, R (Go to PAC_Q2)

PAC_Q01XS **What was this activity?**
PACJF1XS INTERVIEWER: Enter one activity only.

(80 spaces)

For each activity identified in PAC_Q1, ask PAC_Q2 and PAC_Q3

PAC_Q02 **In the past 3 months, how many times did you participate in %identified**
PAJ1_2A **activity%?**

 TO |_|_| Times
PAJ1_2Z (MIN: 1) (MAX: 99 for each activity except the following:

- WALKING: MAX = 270
- Bicycling: MAX = 200
- Other activities: MAX = 200)

DK, R (Go to next activity)

PAC_Q03 **About how much time did you spend on each occasion?**

- PAJ1_3A
 TO
PAJ1_3Z
- 1 1 to 15 minutes
 - 2 16 to 30 minutes
 - 3 31 to 60 minutes
 - 4 More than one hour
 - DK, R

PAC_QINT2 **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.**
INTERVIEWER: Press <Enter> to continue.

PAC_Q04A **In a typical week in the past 3 months, how many hours did you usually**
PAJ1_4A **spend walking to work or to school or while doing errands?**

- 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
- DK, R

PAC_Q04B **In a typical week, how much time did you usually spend bicycling to work or
PAJ1_4B to school or while doing errands?**

- 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
- DK, R

PAC_Q06 **Thinking back over the past 3 months, which of the following best describes
PAJ1_6 your usual daily activities or work habits?**

INTERVIEWER: Read categories to respondent.

- 1 **Usually sit during the day and don't walk around very much**
 - 2 **Stand or walk quite a lot during the day but don't 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**
- DK, R

PAC_END Go to next section.

SOCIO-DEMOGRAPHIC CHARACTERISTICS

SDE_BEG

SDE_QINT1 **Now some general background questions.**
INTERVIEWER: Press <Enter> to continue.

SDE_Q01 **What is your marital status? Is it:**
DHJ1_MS INTERVIEWER: Read categories to respondent.

- 1 ... married?
 - 2 ... living common-law?
 - 3 ... living with a partner?
 - 4 ... widowed?
 - 5 ... separated?
 - 6 ... divorced?
 - 7 ... single, never married?
- DK, R

SDE_Q02 **What is the HIGHEST level of school you have completed or the highest degree you have received?**
EDJ1_02

- 1 Less than High School
 - 2 High School degree or equivalent (GED)
 - 3 Trades certificate or diploma from a vocational school or apprenticeship training
 - 4 Non-university/college certificate or diploma from a community college, CEGEP, school of nursing, etc.
 - 5 University or College certificate below bachelor's level, i.e. associates degree
 - 6 Bachelor's degree
 - 7 Master's degree (Example: MA, MS, MEng, MEd, MBA), a Professional School degree (Example: MD, DDS, DVM, JD) or a Doctoral degree (Example: PhD, EdD)
- DK, R

SDE_Q03 **In what country were you born?**
SDJ1_03

- 1 Canada
 - 2 China
 - 3 Dominican Republic
 - 4 Germany
 - 5 India
 - 6 Italy
 - 7 Mexico
 - 8 Netherlands/Holland
 - 9 United Kingdom
 - 10 United States
 - 11 Other - Specify
- DK, R

SDE_C03 If SDE_Q03 <> 11, and Samptype = 1, go to SDE_Q04.
If SDE_Q03 = 1 and Samptype = 1, go to SDE_Q04B.
If SDE_Q03 <> 11 and Samptype = 2, go to SDE_05.
If SDE_Q03 = 10 and Samptype = 2, go to SDE_06.

SDE_Q03S INTERVIEWER: Specify.
SDEJF03S

(80 spaces)

If Samptype = 2, go to SDE_Q05.

SDE_Q04 **Were you born a Canadian citizen?**
SDJ1_2

- 1 Yes (Go to SDE_Q04B)
- 2 No (Go to SDE_Q04B)
- DK, R (Go to SDE_Q04B)

SDE_Q04A **In what year did you first come to Canada to live?**
SDJ1_3 INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

[_][_][_][_] Year
(MIN: year of birth) (MAX: current year)

DK, R (Go to SDE_Q04B)

SDE_E04A If SDE_Q04A >= year of birth or SDE_Q04A <= current year, go to SDE_Q04B.
Else, show pop-up edit as follows.

Year must be between ^Info.YearofBirth and ^Info.CurrentYear.

SDE_Q04B **People living in Canada come from many different cultural and racial backgrounds. Are you:**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- SDJ1_7A 1 ... White?
- SDJ1_7B 2 ... Chinese?
- SDJ1_7C 3 ... South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)?
- SDJ1_7D 4 ... Black?
- SDJ1_7E 5 ... Filipino?
- SDJ1_7F 6 ... Latin American?
- SDJ1_7G 7 ... Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese, etc.)?
- SDJ1_7H 8 ... Arab?
- SDJ1_7I 9 ... West Asian (e.g., Afghan, Iranian, etc.)?
- SDJ1_7J 10 ... Japanese?
- SDJ1_7K 11 ... Korean?
- SDJ1_7L 12 ... North American Indian, Métis, Inuit (Eskimo)?
- SDJ1_7M 13 Other – Specify

SDE_C04 If SDE_Q04B <> 13, go to SDE_QINT9.

SDE_Q04S INTERVIEWER: Specify.
SDEJF04S

(80 spaces)

Go to SDE_QINT9

SDE_Q05 **Were you born a citizen of the United States?**
SDJ1_05

- 1 Yes (Go to SDE_Q06)
- 2 No
 DK, R (Go to SDE_Q06)

SDE_Q05A **In what year did you first come to the United States of America to live?**
SDJ1_05A INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

|_|_|_| Year
(MIN: year of birth) (MAX: current year)

DK, R

SDE_E05A If SDE_Q05A >= year of birth or SDE_Q05A <= current year, go to SDE_Q06.
Else, show pop-up edit as follows.

Year must be between ^Info.YearofBirth and ^Info.CurrentYear.

SDE_Q06 **Do you consider yourself to be Hispanic or Latino (i.e. where did your
ancestors come from)?**
SDJ1_06

INTERVIEWER: Read if necessary.

- Puerto Rican
- Cuban/Cuban American
- Dominican (Republic)
- Mexican
- Mexican American
- Central or South American
- Other Latin American
- Other Hispanic/Latino

- 1 Yes
- 2 No
 DK, R

SDE_Q07 **What race or races do you consider yourself to be?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- SDJ1_07A 1 ... **American Indian or Alaska Native?**
- SDJ1_07B 2 ... **Asian?**
- SDJ1_07C 3 ... **Black/African American?**
- SDJ1_07D 4 ... **Native Hawaiian or Pacific Islander?**
- SDJ1_07E 5 ... **White?**
- SDJ1_07F 6 Other - Specify
 DK, R

SDE_C07 If SDE_Q07 <> 6, go to SDE_C08.

SDE_Q07S INTERVIEWER: Specify.
SDEJF07S

(80 spaces)

SDE_C08 If count of responses in SDE_Q07 >= 2, go to SDE_Q08.

SDE_Q08 **Which one of these groups would you say BEST represents your race?**
SDJ1_08

INTERVIEWER: Read categories to respondent.

- | | | | |
|---|-------------------------------|----|------------------------|
| 1 | White | 10 | Chinese |
| 2 | Black/African American | 11 | Filipino |
| 3 | Native American | 12 | Japanese |
| 4 | Alaska Native | 13 | Korean |
| 5 | Native Hawaiian | 14 | Vietnamese |
| 6 | Guamanian | 15 | Other Asian |
| 7 | Samoaan | 16 | Other - Specify |
| 8 | Other Pacific Islander | | DK |
| 9 | Asian Indian | | R |

SDE_C08A If SDE_Q08 <>16, go to SDE_QINT9.

SDE_Q08AS INTERVIEWER: Specify.
SDEJF8AS

(80 spaces)

INCOME AND WEALTH

SDE_QINT9 **Although many health expenses are covered by health insurance, there is still a relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.**

INTERVIEWER: Press <Enter> to continue.

SDE_Q09
1WJ1_09 **Thinking about the total income for all household members, what is the main source of income?**

INTERVIEWER: Read categories to respondent.

- 1 **Wages and salaries**
 - 2 **Income from self-employment**
 - 3 **Dividends and interest (e.g. on bonds, savings)**
 - 4 **Employment insurance**
 - 5 **Worker's compensation**
 - 6 **Retirement pensions, superannuation and annuities**
 - 7 **Old Age Security and Guaranteed Income Supplement**
 - 8 **Social assistance or welfare**
 - 9 **Child support**
 - 10 **Alimony**
 - 11 **Social Security**
 - 12 **Other (e.g. rental income, scholarships)**
 - 13 **None (category created during processing)**
- DK, R

SDE_Q10
1WJ1_3 **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?**

|_|_|_|_|_| Income (Go to SDE_Q12)
(MIN: 0) (MAX: 500,000; warning after 150,000)

check point 0 (Go to SDE_Q14)
DK, R (Go to SDE_Q11A)

SDE_Q11A
1WJ1_3A **Can you estimate in which of the following groups your household income falls? Was the total household income less than \$20,000 or \$20,000 or more?**

- 1 Less than \$20,000
 - 2 \$20,000 or more (Go to SDE_Q11E)
 - 3 No income (Go to SDE_Q14)
- DK, R (Go to SDE_Q14)

SDE_Q11B
1WJ1_3B **Was the total household income from all sources less than \$10,000 or \$10,000 or more?**

- 1 Less than \$10,000
 - 2 \$10,000 or more (Go to SDE_Q11D)
- DK, R (Go to SDE_Q12)

SDE_Q11C **Was the total household income from all sources less than \$5,000 or
1WJ1_3C \$5,000 or more?**

- 1 Less than \$5,000
- 2 \$5,000 or more
 DK, R

Go to SDE_Q12

SDE_Q11D **Was the total household income from all sources less than \$15,000 or
1WJ1_3D \$15,000 or more?**

- 1 Less than \$15,000
- 2 \$15,000 or more
 DK, R

Go to SDE_Q12

SDE_Q11E **Was the total household income from all sources less than \$40,000 or
1WJ1_3E \$40,000 or more?**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to SDE_Q11G)
 DK, R (Go to SDE_Q12)

SDE_Q11F **Was the total household income from all sources less than \$30,000 or
1WJ1_3F \$30,000 or more?**

- 1 Less than \$30,000
- 2 \$30,000 or more
 DK, R

Go to SDE_Q12

SDE_Q11G **Was the total household income from all sources:
1WJ1_3G INTERVIEWER: Read categories to respondent.**

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 or more?
 DK, R

SDE_Q12 **What is your best estimate of your total personal income, before taxes and
1WJ1_4 other deductions, from all sources in the past 12 months?**

- |_|_|_|_|_| Income (Go to SDE_Q14)
- (MIN: 0) (MAX: 500,000; warning after 150,000)
- 0 (Go to SDE_Q14)
- DK, R

SDE_Q13A
1WJ1_4A **Can you estimate in which of the following groups your personal income falls? Was your total personal income less than \$20,000 or \$20,000 or more?**

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to SDE_Q13E)
- 3 No income (Go to SDE_Q14)
DK, R (Go to SDE_Q14)

SDE_Q13B
1WJ1_4B **Was your total personal income less than \$10,000 or \$10,000 or more?**

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to SDE_Q13D)
DK, R (Go to SDE_Q14)

SDE_Q13C
1WJ1_4C **Was your total personal income less than \$5,000 or \$5,000 or more?**

- 1 Less than \$5,000
- 2 \$5,000 or more
DK, R

Go to SDE_Q14.

SDE_Q13D
1WJ1_4D **Was your total personal income less than \$15,000 or \$15,000 or more?**

- 1 Less than \$15,000
- 2 \$15,000 or more
DK, R

Go to SDE_Q14.

SDE_Q13E
1WJ1_4E **Was your total personal income less than \$40,000 or \$40,000 or more?**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to SDE_Q13G)
DK, R (Go to SDE_Q14)

SDE_Q13F
1WJ1_4F **Was your total personal income less than \$30,000 or \$30,000 or more?**

- 1 Less than \$30,000
- 2 \$30,000 or more
DK, R

Go to SDE_Q14.

SDE_Q13G
1WJ1_4G **Was your total personal income:**
INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 or more?

SDE_Q14 **Do you currently rent your principle place of residence, or the place where
1WJ1_14 you usually live?**

- 1 Own
- 2 Rent (Go to SDE_END)
- 3 Other (Go to SDE_END)
 DK, R (Go to SDE_END)

SDE_Q15 **What was the purchase price?**

1WJ1_15

I _ _ _ _ _ _ _ _ Price of residence
 (MIN: 0) (MAX: 1,000,000; warning after 500,000)
 DK, R

SDE_Q16 **How much would this property sell for today?**

1WJ1_16

I _ _ _ _ _ _ _ _ Price of residence
 (MIN: 0) (MAX: 1,000,000; warning after 500,000)
 DK, R

SDE_Q17 **How much is now owed on the first (or only) mortgage on this property?**

1WJ1_17

I _ _ _ _ _ _ _ _ Current balance
 (MIN: 0) (MAX: 1,000,000; warning after 500,000)
 DK, R

SDE_Q18 **Do you have a second mortgage on this property?**

1WJ1_18

- 1 Yes
- 2 No (Go to SDE_END)
 DK, R (Go to SDE_END)

SDE_Q19 **How much is now owed on the second mortgage on this property?**

1WJ1_19

I _ _ _ _ _ _ _ _ Current balance
 (MIN: 0) (MAX: 1,000,000; warning after 500,000)
 DK, R

SDE_END Go to next section.