2005 National Survey of the Work and Health of Nurses (NSWHN)
Draft Questionnaire

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Questionnaire Notes

1. The majority of technical information used to program the questionnaire has been removed. This includes edits.
2. Section titles are not read aloud to respondents
3. All other text in bold font is read aloud to respondents.
4. Text in bold font within brackets is optional information that may or may not be read aloud to respondents.
5. "Don't Know" and "Refuse" were allowed on most questions, but do not appear in this document. Any references to these terms appear as "DK" and "RF".
6. Flow is to the next question unless specified otherwise.
7. A "DK" or "RF" to a key sensitive question could result in skipping a module or series of questions. These flows have been removed.
8. The use of the symbol "^" followed by a descriptor indicates that text was substituted with wording that was appropriate to the respondent. Most instances of this were determined either from a previous response, or the gender of the respondent.

Section: **Introduction and Demographics (ID)**

ID_BEG   Beginning of module

INT_R01   **I'm calling about a study we are doing about the work and health of nurses. Information from this national survey will help us to understand the relationships between the work and health of nurses, and will be used to develop programs and services to improve the work environment.**

This survey is being conducted under the authority of the Statistics Act.

INT_R02   **Your answers will be kept strictly confidential and used only for statistical purposes.**

While participation in this survey is voluntary, your cooperation is important to ensure that the information collected in this survey is as accurate and as comprehensive as possible.

(Registration #: STC/SSD-040-75371)

RI_R01   **Before we begin, I need to ask you some important basic information about the people in your household.**

USU_Q01   **What are the names of all persons who usually live here?**

ANDB_Q01   **What is [respondent name]'s age?**

|_|_|_| Age in years

SEX_Q01   INTERVIEWER: Enter [respondent name]'s sex.
               If necessary, ask: **(Is [respondent name] male or female?)**

1   Male
2   Female

MSNC_Q01   **What is [respondent name]'s marital status? Is [he/she]:**

1   **... married?**
2   **... living common-law?**
3   **... widowed?**
4   **... separated?**
5   **... divorced?**
6   **... single, never married?**

RNC_Q1   **What is the relationship of: [respondent name]**
                                        to: [respondent name]

01   Husband/Wife
02   Common-law partner
03   Father/Mother
04   Son/Daughter
05   Brother/Sister
06   Foster father/mother
07   Foster son/daughter
08   Grandfather/mother
09   Grandson/daughter
10   In-law
11   Other related
12   Unrelated

PC_Q01   **To determine the geographic region you live in, can you tell me your postal code?**

____ (6 spaces)

ID_END   End of module

Section: Nursing Registration (NR)

NR_BEG   Beginning of module

NR_R01   **Now, some questions about your nursing registration and education.**

NR_Q01   **Are you registered or licensed as a Registered Nurse, Licensed Practical Nurse, or a Registered Psychiatric Nurse?**

INTERVIEWER: Mark all that apply.

01   Registered Nurse (RN)
02   Licensed Practical Nurse (LPN)
03   Registered Psychiatric Nurse (RPN)
04   Nurses Assistant (Certified / Registered / Clinical)
05   Nurse Practitioner (Extended Class Nurse)
06   Registered Nurses Assistant / Practical Nurse
07   Student Nurse   (Go to NR_Q02)
08   Not currently registered
09   Other

Default: (Go to NR_END)

NR_Q02 **What type of student nurse are you: Registered Nurse, Licensed Practical Nurse, or Registered Psychiatric Nurse?**

1   Registered Nurse
2   Licensed Practical Nurse
3   Registered Psychiatric Nurse

NR_END   End of module

Section: Education in Nursing (ED)

ED_BEG   Beginning of module

ED_Q01   **What is your highest educational qualification in nursing?**

01   Certificate
02   Licensed/Registered Practical Nurse Diploma
03   Registered Psychiatric Nurse Diploma
04   Registered Nurse Diploma
05   Bachelor in Nursing
06   Bachelor in Psychiatric Nursing / Mental Health Nursing
07   Nursing Assistant (Quebec)
08   Masters in Nursing
09   PhD in Nursing
10   Other - Specify   (Go to ED_S01)

Default: (Go to ED_Q02)

ED_S01   What is your highest educational qualification in nursing?

        INTERVIEWER: Specify.

        _____ (80 spaces)

ED_Q02   **Have you obtained a degree or diploma in a discipline other than nursing?**

1   Yes
2   No   (Go to ED_END)

ED_Q03   **What is the highest degree or diploma you have obtained?**

1   Certificate
2   Diploma
3   Bachelor's degree
4   Masters
5   PhD

ED_END   End of module

Section: **Work History (WH)**

WH_BEG   Beginning of Module

WH_Q01   **Are you currently employed in nursing in Canada?**

1	Yes	(Go to WH_Q08)
2	No	

WH_Q02A   **Are you temporarily absent from a position in nursing?**

1	Yes	
2	No	(Go to WH_Q04)

WH_Q02B   **For how many weeks have you been absent?**

        ___ (3 spaces)

WH_Q03   **What is the main reason for the absence?**

01	Own illness or disability	(Go to WH_Q05)
02	Caring for own children	
03	Caring for elder relative (60 years of age or older)	
04	^MaternityPaternityE leave	
05	Other personal or family responsibilities	
06	Going to school	
07	Other	

Note: If Sex = Male then ^MaternityPaternityE = 'Paternity'
             If Sex = Female then MaternityPaternityE = 'Pregnancy/maternity'

Default: (Go to WH_Q08)

WH_Q04   **What is the main reason you are not working in nursing?**

01	Own illness or disability	(Go to WH_Q05)
02	Caring for own children	
03	Caring for elder relative (60 years of age or older)	
04	Pregnancy	
05	Other personal or family responsibilities	
06	Going to school	
07	Lost job, laid off or job ended	
08	Agency sold or closed down	
09	Changed residence / moved to a new community	
10	Dissatisfied with job / Poor working conditions	(Go to WH_Q06)
11	Retired	(Go to WH_D11A)
12	Cannot find work in nursing	
13	Working at a non-nursing job	
14	Other	

Default: (Go to WH_Q07)

Note: If Sex = Male do not display choice # 04 (pregnancy)

WH_Q05   **Is the illness or disability related to your work in nursing?**

1   Yes
2   No
3   Never worked in nursing   (Go to WH_D11A)

WH_C06   If WH_Q03 = 1 (temporarily absent due to illness), go to WH_Q08
                Otherwise go to WH_Q06

WH_Q06   **Are you planning to return to work in nursing?**

1   Yes
2   No   (Go to WH_Q07)

WH_Q07   **What, if anything, would encourage you to return to nursing?**

                _____ (50 spaces)

                Default: (Go to WH_D11A)

WH_Q08   **In what year did you first begin working as a nurse?**

                _____ (4 spaces)

WH_C10   If WH_Q08 > (Info.CurrentYear – 2), go to WH_Q10
                Otherwise go to WH_Q11

WH_Q10   **In what month of ^WH_Q08 did you begin working as a nurse?**

Note: ^WH_Q08 = WH_Q08

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

WH_C11   If (WH_Q08 < Info.CurrentYear) and (WH_Q10 < Info.CurrentMonth),
                go to WH_Q11
                Otherwise go to WH_D11A

WH_Q11   **Since you first began working in ^Yearstarted, how many years were you away from nursing for extended periods such as ^MaternityE leave, disability leave or some other reason?**

                <u>INTERVIEWER</u>: If never or less than one year, enter 0.

                __ (2 spaces)

Note: ^Yearstarted = WH_Q08

Note: If Sex = Male then MaternityE = "paternity"
              If Sex = Female thenMaternityE = "maternity"

WH_D11A   If WH_Q10 = RESPONSE and
                 (WH_Q08 = Info.CurrentYear or
                 ((WH_Q08<Info.CurrentYear) and (WH_Q10>Info.CurrentMonth))) then
                 LessThanYear = 1 (worked in nursing less than one year)
              Otherwise LessThanYear = 0 (Worked in nursing more than one year)

WH_D11B   If WH_Q01 = 1 or (WH_Q02A = 1 and WH_Q05 = (EMPTY or 1 or 2 or DK or RF))
              then Emp = 1 (employed in nursing)
              Else Emp = 2 (not employed in nursing)

WH_END   End of module

Section: Current Job (CJ)

CJ_BEG   Beginning of module

CJ_C01   If Emp = 1 (employed in nursing), go to CJ_Q01
              Else, go to CJ_END

CJ_Q01   **Do you have more than one nursing job?**

1   Yes
2   No   (Go to CJ_D02)

CJ_Q02   **How many in total?**

              __ (1 space)

CJ_Q03   **Do you have any other jobs or businesses outside of nursing?**

1   Yes
2   No   (Go to CJ_D04)

CJ_Q04   **How many in total?**

              __ (1 space)

CJ_Q05   **In which provinces or territories do you work in nursing?**

INTERVIEWER: Mark all that apply.

10   Newfoundland and Labrador
11   Prince Edward Island
12   Nova Scotia
13   New Brunswick
24   Quebec
35   Ontario
46   Manitoba
47   Saskatchewan
48   Alberta
59   British Columbia
60   Yukon
61   Northwest Territories
62   Nunavut

CJ_C06   If sampled from North (ProvReg = 60 or 61 or 62) and all provinces selected in
          CJ_Q05 are in South (CJ_Q05 < 60), go to CJ_Q06
          Otherwise go to CJ_D06A

CJ_Q06   **Did you also work in the Yukon, Northwest Territories or Nunavut in the past
          12 months?**

1   Yes
2   No

CJ_D06A   If (ProvReg = 60 or 61 or 62) and ((CJ_Q05 = 60 or 61 or 62) or (CJ_Q06 = 1))
            then North = 1 (North job)
          Else North = 0 (not North job)

CJ_D06B   If NumOthNurse > 0 and North = 1 and all responses to CJ_Q05 > 59
            (no south provs) then
            Job = 5 (Multiple nursing jobs, North sampled, all North jobs)
          If NumOthNurse > 0 and North = 1 and some responses to CJ_Q05 < 60
            (some south provs) then
            Job = 4 (Multiple nursing jobs, North sampled, also works in South)
          If NumOthNurse > 0 and North = 0 then
            Job = 3 (Multiple nursing jobs, not North sampled)
          If NumOthNurse = 0 and NumOth > 0 then
            Job = 2 (One nursing job only, other jobs)
          If NumOthNurse = 0 and NumOth = 0 then
            Job = 1 (One job only)

CJ_C07   If North=1, go to CJ_Q07
          Else go to CJ_END

CJ_Q07   **Do you do short-term relief work in the North?**

1   Yes
2   No

CJ_END   End of module

Section: **Main Job (MJ)**

MJ_BEG   Beginning of module

MJ_C01A   If Emp = 1 (employed in nursing), go to MJ_R01
                Otherwise, go to MJ_END

MJ_R01   **I am now going to ask for details about your ^WhichJobE.**

Note: If Job = 1 then WhichJobE = "job"
                If Job = 2 then WhichJobE = "nursing job"
                If Job = 3 then WhichJobE = "main nursing job, that is the job at which you work
                            the most hours"
                If Job = 4 then WhichJobE = "nursing job in the north"
                If Job = 5 then WhichJobE = "main nursing job in the north, that is the job at which
                            you work the most hours"

MJ_C01B   If more than one response in CJ_Q05 and Job = (1 or 2 or 3), go to MJ_Q01
                Otherwise, go to MJ_Q02

MJ_Q01   **In which province or territory is this job?**

                INTERVIEWER: If the respondent reports more than one province, ask for the
                province in which they work the most hours. If they spend equal time in multiple
                provinces, ask for the province in which their base office is located.

10   Newfoundland and Labrador
11   Prince Edward Island
12   Nova Scotia
13   New Brunswick
24   Quebec
35   Ontario
46   Manitoba
47   Saskatchewan
48   Alberta
59   British Columbia
60   Yukon
61   Northwest Territories
62   Nunavut

MJ_Q02   **In what year did you start working in your current position?**

                ____ (4 spaces)

MJ_C03   If MJ_Q02 > (Info.CurrentYear – 2), go to MJ_Q03
                Otherwise, go to MJ_Q04

MJ_Q03   **In what month did you start working at this job?**

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

MJ_Q04   **What type of facility do you work in: a hospital, long-term care facility, community health facility or other?**

1   Hospital
2   Long-term care facility
3   Community Health Facility
4   Other   (Go to MJ_Q05)

Default: (Go to MJ_D05A)

MJ_Q05   **What type of facility do you work in at this job?**

01   Hospital (general, maternal, paediatric, psychiatric)
02   Mental Health Centre
03   Nursing station (outpost or clinic)
04   Rehabilitation/Convalescent Centre
05   Nursing Home/Long-term Care Facility
06   Home Care Agency
07   Community Health Centre
08   Business/Industry/Occupational Health Office
09   Private Nursing Agency/Private Duty
10   Self-employed
11   Physician's Office/Family Practice Unit
12   Educational Institution
13   Association/Government
14   Other

MJ_D05A   If MJ_Q04 = 1 or (MJ_Q05 = 01 or 02 or 04) then WorkPlace = 1 (Hospital)
                Else if MJ_Q04 = 2 or MJ_Q05 = 05 then WorkPlace = 2 (Long-term care facility)
                Else if MJ_Q04 = 3 or (MJ_Q05 = 03 or 06 or 07) then WorkPlace = 3
                        (Community Health Facility)
                Else WorkPlace = 4 (Other)

MJ_D05B   If WorkPlace = 1 (Hospital) then PatientTypeE = "patient"
                Else if WorkPlace = 2 (long-term) then PatientTypeE = "resident"
                Else PatientTypeE = "client'

MJ_Q07   **Is this position permanent, temporary, casual or are you self employed?**

                INTERVIEWER: A response of permanent-casual is to be classified as casual / on call

1   Permanent
2   Temporary
3   Casual / on call
4   Self employed
5   Other

MJ_D07   If MJ_Q07 = 4 then SelfEmp = 1 (self-employed)
                Else SelfEmp = 2 (not self-employed)

MJ_Q08   **Are you working full-time or part-time?**

        INTERVIEWER: Full-time work is 30 or more hours per week.
                            Part-time is less than 30 hours per week.

1   Full-time
2   Part-time   (Go to MJ_Q10)

MJ_D08   If MJ_Q07 = 1 (permanent) and MJ_Q08 = 1 (full-time) then
        PermFT = 1 (Permanent full-time)
        Else PermFT =2 (Not permanent full-time)

MJ_Q09   **Do you want to work part-time?**

        INTERVIEWER: Part-time is less than 30 hours per week.

1   Yes
2   No

Default: (Go to MJ_Q12)

MJ_Q10   **Do you want to work full-time?**

        INTERVIEWER: Full-time work is 30 or more hours per week.

1   Yes
2   No

MJ_Q11   **What is the <u>main</u> reason for working part-time?**

01   Prefer fewer hours
02   Full-time positions are not available
03   Could not find full-time work in area of specialization
04   Flexible work hours
05   Overtime is not required
06   Under-qualified for a full-time position
07   Full-time positions are too demanding
08   Do not want to work shift work
09   Own illness or disability
10   Caring for own children
11   Caring for elderly relative
12   Going to school
13   Other – Specify   (Go to MJ_S11)

Default: (Go to MJ_Q12)

MJ_S11   What is the <u>main</u> reason for working part-time?

        INTERVIEWER: Specify.

        _____ (80 spaces)

MJ_Q12   **Do you work in direct or non-direct ^PatientTypeE care?**

1   Direct care
2   Non-direct care   (Go to MJ_Q15)
3   Both direct and non-direct care

MJ_D12   If MJ_Q12 = 2 then DirectCare = 2 (Non-direct care)
    Else DirectCare = 1 (Direct care)

MJ_C13   If Workplace = 1 (hospital), go to MJ_Q13
    Else go to MJ_Q14

MJ_Q13   **What unit or department do you work in? (For example, maternal/newborn, emergency care, medical/surgical, palliative care)**

Note: The interviewer chooses the best match from a list of nursing descriptions. If not found, she types the response in the text box provided for other responses.

Default: (Go to MJ_Q16)

MJ_Q14   **What type of nursing do you do? (For example, do you provide community health care, palliative care, rehabilitation?)**

Note: The interviewer chooses the best match from a list of nursing descriptions. If not found, she types the response in the text box provided for other responses.

Default: (Go to MJ_Q16)

MJ_Q15   **What is your primary area of responsibility?**

1   Administration / management
2   Education
3   Research
4   Other area of responsibility

MJ_C16   If Selfemp = 2 (not Self-employed), go to MJ_Q16
    Else go to MJ_END

MJ_Q16   **Is your immediate supervisor a nurse?**

1   Yes
2   No

MJ_Q17   **Are you a member of a union, or covered by a union contract or collective agreement?**

1   Yes
2   No

MJ_END   End of module

Section: **Job Satisfaction (JS)**

JS_BEG   Beginning of section

JS_C01   If Emp = 1 (employed in nursing), go to JS_Q01
              Otherwise, go to JS_END

JS_Q01   **On the whole, how satisfied are you with this job?**

1	**Very satisfied**
2	**Somewhat satisfied**
3	**Somewhat dissatisfied**
4	**Very dissatisfied**

JS_Q02   **In the next 12 months, do you plan to leave this job?**

1	Yes	
2	No	(Go to JS_Q06)

JS_Q03   **In the next 12 months, do you plan to leave the nursing profession?**

1	Yes	
2	No	(Go to JS_Q06)

JS_Q04   **Why are you planning to leave?**

              <u>INTERVIEWER</u>: Mark all that apply.

01	Retirement
02	Career advancement
03	Career change
04	More time with family
05	Health problems
06	Physical demands of nursing
07	Too much responsibility
08	Inability to provide safe, competent care
09	Burnout
10	Poor salary
11	Workload
12	Management practices
13	Conflict with management
14	Lack of respect
15	Other

JS_C05   If JS_Q04 = 02 or 06 or 07 or 08 or 10 or 11 or 12 or 13 or 14, go to JS_Q05
              Otherwise, go to JS_Q06

JS_Q05   **If working conditions improved, would you delay leaving nursing?**

1	Yes
2	No

JS_Q06   **Independent of your present position, how satisfied are you with being a nurse?**

1   **Very satisfied**
2   **Somewhat satisfied**
3   **Somewhat dissatisfied**
4   **Very dissatisfied**

JS_END   End of module

Section: Hours of Work (HR)

HR_BEG   Beginning of module

HR_C01   If Emp = 1 (employed in nursing), go to HR_D01
            Else go to HR_END

HR_D01   If Job = 1 then ^MainE = "."
            If Job = 2 then ^MainE = " at your nursing job"
            If Job = 3 then ^MainE = " at your main nursing job"
            If Job = 4 then ^MainE = " at your nursing job in the North"
            If Job = 5 then ^MainE = " at your main nursing job in the North"

HR_R01   **The next questions are about your work hours^MainE.**

HR_Q01   **How far in advance do you know your weekly hours of work?**

1   Always known
2   More than one month (more than 31 days)
3   One month (22 to 31 days)
4   3 weeks (15 to 21 days)
5   2 weeks (8 to 14 days)
6   1 to 7 days
7   Less than one day

HR_Q02   **^ExclOTDoesE the number of paid hours vary from week to week?**

1   Yes
2   No

Note: If PermFT = 1 (permanent, full-time) then ^ExclOTDoesE = "Excluding overtime, does"
            Else ^ExclOTDoesE = "Does"

HR_Q03   **^ExclOTHowE many paid hours do you ^UsuallyWorkE per week?**

            INTERVIEWER: Average hours over past 4 weeks.

            __ (3 spaces)

Note: If PermFT = 1 (permanent, full-time) then ^ExclOTHowE = "Excluding overtime, how"
            Else ^ExclOTHowE = "How"

Note: If HR_Q02 = 1 (hours vary) then ^UsuallyWorkE = "usually work"
            Else ^UsuallyWorkE = "work"

HR_Q04   **How many hours of <u>paid</u> overtime do you usually work per week?**

             <u>INTERVIEWER</u>: Average hours over past 4 weeks.

             __ (2 spaces)

HR_Q05   **How many hours of <u>unpaid</u> overtime or extra time do you usually work per week?**

             <u>INTERVIEWER</u>: Average hours over past 4 weeks.

             __ (2 spaces)

HR_C06   If Selfemp = 2 (not Self-employed), go to HR_Q06
             Else go to HR_Q07

HR_Q06   **Do you feel your employer expects you to work ^OTExtraE?**

             <u>INTERVIEWER</u>: Include paid or unpaid overtime or extra time.

1   Yes
2   No

Note: If PermFT = 1 (permanent full-time) then ^OTExtraE = 'overtime'
             Else ^OTExtraE = 'extra shifts or extra time'

HR_Q07   **In the past 12 months, has the amount of ^OTExtraE:**

1   **Increased?**
2   **Remained the same?**
3   **Decreased?**

HR_Q08   **Do you usually work:**

1   **an 8-hour shift?**   (Go to HR_Q10)
2   **a 12-hour shift?**   (Go to HR_Q10)
3   **Some other shift?**
4   Various shifts   (Go to HR_Q10)

HR_Q09   **How many hours do you usually work per shift?**

             __ (2 spaces)

HR_Q10   **Do you usually work days, evenings, or nights?**

1   Days
2   Evenings
3   Nights
4   Mixed

HR_Q11　　　**In the past 2 weeks, how many times did you change shifts (for example, from days to evenings, or evenings to nights)?**

1　　　　　Once
2　　　　　Twice
3　　　　　3 times
4　　　　　4 times
5　　　　　5 times
6　　　　　More than 5 times
7　　　　　I did not change shifts
8　　　　　I did not work in the past 2 weeks

HR_END　　　End of module

Section:　　　**Hours at Other Jobs (HO)**

HO_BEG　　　Beginning of module

HO_C01　　　If Emp = 1 (employed in nursing) and NumOthNurse > 0
　　　　　　　　(has other nursing jobs), go to HO_R01
　　　　　　Else if Emp = 1 and NumOth > 0 (has non-nursing jobs), go to HO_Q08
　　　　　　Otherwise go to HO_END

HO_R01　　　**I would like you to think for a moment about your other nursing ^Jobs1E.**

Note:　　　If NumOthNurse = 1 then ^Jobs1E = "job"
　　　　　　Otherwise ^Jobs1E =
　　　　　　　"jobs, starting with the one at which you spend the most hours"

HO_Q01　　　**Is this other nursing job permanent, temporary, casual or are you self employed?**

1　　　　　Permanent
2　　　　　Temporary
3　　　　　Casual / on call
4　　　　　Self employed
5　　　　　Other

HO_Q02　　　**Are you working full-time or part-time?**

1　　　　　Full-time
2　　　　　Part-time

HO_Q03　　　**How many hours per week do you usually work at this other nursing job?**

　　　　　　__ (2 spaces)

HO_C04　　　If NumOthNurse > 1 (more than 2 nursing jobs), go to HO_R04
　　　　　　Otherwise go to HO_C08

HO_R04	**Next I would like to ask you about ^NurseJobE.**

Note:	If NumOthNurse = 2 (2 other nursing jobs) then NurseJobE = "your third nursing job" Otherwise (more than 2 other nursing jobs) NurseJobE = "the next nursing job at which you spend the most hours"

HO_Q04	**Is this other nursing job permanent, temporary, casual or are you self employed?**

1   Permanent
2   Temporary
3   Casual / on call
4   Self employed
5   Other

HO_Q05	**Are you working full-time or part-time?**

1   Full-time
2   Part-time

HO_Q06	**How many hours per week do you usually work at this other nursing job?**

__ (2 spaces)

HO_C07	If NumOthNurse > 2 (more than 2 other nursing jobs), go to HO_Q07 Otherwise go to HO_C08

HO_Q07	**How many hours per week do you usually work at all your other nursing jobs?**

__ (2 spaces)

HO_C08	If NumOth > 0 (has other jobs), go to HO_Q08 Otherwise go to HO_END

HO_Q08	**How many hours per week do you usually work at your non-nursing ^Jobs2E or ^BusinessE?**

__ (2 spaces)

Note:	If NumOth = 1 then ^Jobs2E = "job" and ^BusinessE = "business" Otherwise ^Jobs2E = "jobs" and ^BusinessE = "businesses"

HO_END	End of module

Section: **Role Overload (RO)**

RO_BEG   Beginning of module

RO_C01   If Emp = 1 (employed in nursing), go to RO_D01
          Else, go to RO_END

RO_D01   If Job = 1 then MainJobE = "job"
          If Job = 2 then MainJobE = "nursing job"
          If Job = 3 then MainJobE = "main nursing job"
          If Job = 4 then MainJobE = "nursing job in the North"
          If Job = 5 then MainJobE = "main nursing job in the North"

RO_R01   **I'm going to read a series of statements that might describe your ^MainJobE.
          Please tell me the extent to which you agree or disagree with each statement.**

RO_Q01   **I often have to arrive early or stay late to get my work done.**

1   **Strongly agree**
2   **Agree**
3   **Neither agree nor disagree**
4   **Disagree**
5   **Strongly disagree**

RO_Q02   **I often have to work through my breaks to complete my assigned workload.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

RO_Q03   **It often seems like I have too much work for one person to do.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

RO_Q04   **I am given enough time to do what is expected of me in my job.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

RO_Q05 **I have too much to do, to do everything well.**

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree

RO_END End of module

Section: Absences from Work (AW)

AW_BEG Beginning of module

AW_C01 If Emp = 1 (employed in nursing), go to AW_R01
Otherwise, go to AW_END

AW_R01 **Now some questions about absences from your ^MainJobE in the past 12 months. Please include absences due to work-related and non-work reasons.**

AW_Q01 **Did you miss work due to your own physical illness?**

1 Yes
2 No

AW_Q02 **Did you miss work due to your own mental health?**

1 Yes
2 No

AW_C03 If AW_Q01 = 1 (Absent due to physical illness) or AW_Q02 = 1 (Absent due to mental health), go to AW_Q03
Otherwise, go to AW_Q05

AW_Q03 **(In the past 12 months,) how many work days did you miss due to a short-term illness, excluding injuries?**

INTERVIEWER: Include absences of less than 10 days.

__ (2 spaces)

AW_Q04 **(In the past 12 months,) how many work days did you miss due to a long-term illness, excluding injuries?**

INTERVIEWER: Include absences of 10 days or more.

__ (3 spaces)

AW_Q05   **(In the past 12 months,) did you miss work due to an accident or injury to yourself?**

1   Yes
2   No   (Go to AW_Q10)

AW_Q06   **Was this injury related to your work as a nurse?**

1   Yes
2   No   (Go to AW_Q09)

AW_Q07   **Was this a musculoskeletal injury?**

        INTERVIEWER: Include injuries to bones, joints, ligaments, tendons, muscles, and nerves.

1   Yes   (Go to AW_Q09)
2   No

AW_Q08   **What was the nature of the injury?**

        _____ (50 spaces)

AW_Q09   **(In the past 12 months,) how many days did you miss due to the injury?**

        __ (3 spaces)

AW_Q10   **(In the past 12 months,) did you miss work due to a family illness, emergency or commitment?**

1   Yes
2   No

AW_Q12   **(In the past 12 months,) have you taken disability leave?**

1   Yes
2   No   (Go to AW_Q15)

AW_E12   **The total number of days reported is more than the number of days in a year. Please return and correct.**

Note: Trigger hard edit if ((AW_Q12 = 2 (no disability leave) or DK or RF) and (sum of AW_Q03, AW_Q04 and AW_Q09) > 366.

AW_Q13   **How many days have you taken?**

        __ (3 spaces)

AW_Q14   **Did you include these days with any other absences?**

1   Yes
2   No

AW_E14A   **The total number of days reported is more than the number of days in a year. Please return and correct.**

Note: Trigger hard edit if AW_Q14 = 1 (days were prev reported) and (sum of AW_Q03, AW_Q04 and AW_Q09) > 366.

AW_E14B   **The total number of days reported is more than the number of days in a year. Please return and correct.**

Note: Trigger hard edit if (AW_Q14 = 2 (days not prev reported) or DK or RF)) and (sum of AW_Q03, AW_Q04, AW_Q09 and AW_Q13) > 366.

AW_Q15   **In the past 12 months, have you reported a Workers Compensation injury?**

   INTERVIEWER: If necessary, explain that in Québec the more common term is la Commission de la santé et sécurité au travail (CSST).

1   Yes
2   No

AW_END   End of module

Section: **Employer Support Programs (ES)**

ES_BEG   Beginning of module

ES_C01   If Emp = 1 (employed in nursing) and SelfEmp = 2 (not self-employed), go to ES_R01
   Otherwise, go to ES_END.

ES_R01   **The next questions are about practices that aim to help employees balance their careers and personal lives.**

ES_Q01   **Does your employer offer help for <u>childcare</u> either through an on-site centre or assistance with external suppliers or informal arrangements?**

   INTERVIEWER: If respondent is unsure of which employer we are asking about, these questions are about their ^MainNursingE.

1   Yes
2   No   (Go to ES_Q03)

Note: If Job = 1 or Job = 2 then MainNursingE = "nursing job"
   If Job = 3 then MainNursingE = "main nursing job (where they usually work the most hours)"
   If Job = 4 then MainNursingE = "nursing job in the North"
   If Job = 5 then MainNursingE = "main nursing job in the North"

ES_Q02   **Did you use this help within the past 12 months?**

1   Yes
2   No

ES_Q03   **Does your employer offer <u>employee assistance</u>, such as counseling, substance abuse control, financial assistance, legal aid, etc.?**

1   Yes
2   No   (Go to ES_Q05)

ES_Q04   **Did you use this service within the past 12 months?**

1   Yes
2   No

ES_Q05   **Does your employer offer <u>fitness and recreation</u> services** (on-site or off-site)**?**

1   Yes
2   No   (Go to ES_Q07)

ES_Q06   **Did you use these services within the past 12 months?**

1   Yes
2   No

ES_Q07   **Does your employer provide a place where staff can purchase healthy food?**

1   Yes
2   No   (Go to ES_Q10)

ES_Q08   **Is this service available 24 hours a day?**

1   Yes   (Go to ES_Q10)
2   No

ES_Q09   **Is this service available during the shifts you work?**

1   Yes
2   No

ES_Q10   **Does your employer offer flexibility in the <u>days</u> nurses can choose to work?**

1   Yes
2   No   (Go to ES_Q12)

ES_Q11   **Did you choose the days you wish to work?**

1   Yes
2   No

ES_Q12   **Does your employer offer flexibility in the <u>hours</u> nurses can choose to work?**

1   Yes
2   No   (Go to ES_END)

ES_Q13   **Did you choose the hours you wish to work?**

1   Yes
2   No

ES_END   End of module

Section: **Perception of Quality of Care (PQ)**

PQ_BEG   Beginning of section

PQ_C01   If Emp = 1 (employed in nursing) and DirectCare = 1, go to PQ_R01
              Otherwise, go to PQ_END

PQ_R01   **Now some questions about nursing activities during the last shift you worked
              at your ^MainJobE.**

PQ_Q01   **Was your last shift during the day, evening or night?**

1   Day
2   Evening
3   Night

PQ_Q02   **Do you think the staffing level ^UnitSettingE was adequate?**

1   Yes
2   No

Note: If WorkPlace = 1 (hospital) then UnitSetting = "on your unit"
              Else UnitSetting = "in your work setting".

PQ_Q03   **Overall, how would you describe the quality of nursing care delivered by your
              nursing team during that shift?**

1   **Excellent**   (Go to PQ_Q05)
2   **Good**   (Go to PQ_Q05)
3   **Fair**
4   **Poor**
5   I did not work on a team   (Go to PQ_Q05)

PQ_Q04   **Why is that?**

              INTERVIEWER: Mark all that apply.

1   Not enough staff
2   Too many patients/residents/clients
3   Poor communication
4   Not enough supplies
5   Equipment not available or not working
6   Not trained adequately
7   Other

PQ_Q05   **How would you describe the quality of nursing care <u>you</u> provided during that shift?**

1   **Excellent**   (Go to PQ_Q07)
2   **Good**   (Go to PQ_Q07)
3   **Fair**
4   **Poor**

PQ_Q06   **Why is that?**

           <u>INTERVIEWER</u>: Mark all that apply.

1   Not enough staff
2   Too many patients/residents/clients
3   Poor communication
4   Not enough supplies
5   Equipment not available or not working
6   Not trained adequately
7   Other

PQ_Q07   **Overall, in the past 12 months, would you say the quality of ^PatientTypeE care in your ^UnitWorkplaceE has …**

1   **Improved?**
2   **Remained the same?**   Go to PQ_Q10)
3   **Deteriorated?**   (Go to PQ_Q09)

Note: If WorkPlace = 1 (hospital) then UnitWorkplaceE = "unit"
           Else UnitWorkplaceE = "workplace".

PQ_Q08   **Why do you feel the care has improved?**

           <u>INTERVIEWER</u>: Mark all that apply.

1   More staff
2   Fewer patients / residents / clients
3   Improved communication
4   Adequate / more supplies
5   Equipment available and/or improved
6   More / improved training
7   Improved management / reorganisation
8   Other

Default: (Go to PQ_Q10)

PQ_Q09   **Why do you feel the care has deteriorated?**

          INTERVIEWER: Mark all that apply.

1   Fewer staff
2   Too many patients / residents / clients
3   Poor communication
4   Less / not enough supplies
5   Equipment not available or not working
6   Less / not enough training
7   Inexperienced staff
8   Other

PQ_Q10   **The next questions are about possible incidents involving you or the ^PatientTypeEs you directly care for.**

          In the past 12 months, how often would you say:

          A ^PatientTypeE received the wrong medication or dose?

1   **Never**
2   **Rarely**
3   **Occasionally**
4   **Frequently**
5   Not applicable

PQ_Q11   In the past 12 months, how often would you say:

          Incidents of nosocomial infections occurred?

          INTERVIEWER: This is an infection that originates or occurs in a hospital or hospital-like setting.

1   Never
2   Rarely
3   Occasionally
4   Frequently
5   Not applicable

PQ_Q12   In the past 12 months, how often would you say:

          Complaints were received from ^PatientTypeEs or their families?

1   Never
2   Rarely
3   Occasionally
4   Frequently
5   Not applicable

PQ_Q13   In the past 12 months, how often would you say:

A ^PatientTypeE was injured during a fall?

1   Never
2   Rarely
3   Occasionally
4   Frequently
5   Not applicable

PQ_Q14   In the past 12 months, how often would you say:

You were injured while working?

1   Never
2   Rarely
3   Occasionally
4   Frequently
5   Not applicable

PQ_END   End of module

Section: **Work Equipment (WE)**

WE_BEG   Beginning of section

WE_C01   If Emp = 1 (employed in nursing) and DirectCare = 1, go to WE_R01
Otherwise, go to WE_END

WE_R01   **The next questions are about equipment at work.**

WE_Q01   **Does your job involve lifting or transferring ^PatientTypeEs?**

1   Yes
2   No   (Go to WE_END)

WE_Q02   **Do you have access to mechanical lifting devices such as floor or ceiling lifts for ^PatientTypeE handling?**

1   Yes
2   No   (Go to WE_END)

WE_Q03A   **Do you have access to floor lifts, ceiling lifts or both?**

1   Floor lifts only
2   Ceiling lifts only
3   Both floor and ceiling lifts
4   Neither floor or ceiling lifts

WE_Q03B   **Have you been properly trained to use a mechanical lifting device?**

1   Yes
2   No

WE_Q04   **How often do you use a mechanical lifting device for ^PatientTypeE handling?**

1   **Always**
2   **Often**
3   **Sometimes**
4   **Seldom**
5   **Never**   (Go to WE_END)

WE_Q05   **Do you prefer to lift or transfer ^PatientTypeEs manually, with a floor lift or with a ceiling lift?**

1   Manually
2   With a floor lift   (Go to WE_Q07)
3   With a ceiling lift   (Go to WE_Q07)
4   Other   (Go to WE_Q07)

WE_Q06   **Why do you prefer to do this manually?**

1   Faster
2   Do not see the benefit
3   Other - Specify   (Go to WE_S06)

Default: (Go to WE_Q07)

WE_S06   Why do you prefer to do this manually?

   INTERVIEWER: Specify.

   _____ (80 spaces)

WE_Q07   **How often are the mechanical lifting devices for ^PatientTypeE handling available when you need them?**

1   **Always**   (Go to WE_END)
2   **Often**
3   **Sometimes**
4   **Seldom**

WE_Q08   **What are the reasons for the ^PatientTypeE handling equipment not being available?**

   INTERVIEWER: Mark all that apply.

1   There is not enough equipment
2   The equipment is broken (in need of repair)
3   I cannot find the equipment
4   Other

WE_END   End of module

Section: **Nursing Work Index (WI)**

WI_BEG   Beginning of module

WI_C01   If Emp = 1 (employed in nursing) and DirectCare = 1 and
           SelfEmp = 2 (not self-employed), go to WI_R01
           Otherwise, go to WI_END

WI_R01   **Now some general statements about your ^MainJobE. Please tell me the
           extent to which you agree or disagree with each statement.**

WI_Q01   **Adequate support services allow me to spend time with my patients.**

1   **Strongly agree**
2   **Somewhat agree**
3   **Somewhat disagree**
4   **Strongly disagree**
5   Not applicable

WI_Q02   **Physicians and nurses have good working relation**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree
5   Not applicable

WI_Q03   **The supervisory staff is supportive of nurses.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree
5   Not applicable

WI_Q04   **Nursing controls its own practice.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree
5   Not applicable

WI_Q05   **There is enough time and opportunity to discuss patient care.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree
5   Not applicable

WI_Q06   **There are enough nurses on staff to provide quality patient care.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree
5   Not applicable

WI_Q07   **I have a nurse manager or immediate supervisor who is a good manager and leader.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree
5   Not applicable

WI_Q08   **There is enough staff to get the work done.**

1   **Strongly agree**
2   **Somewhat agree**
3   **Somewhat disagree**
4   **Strongly disagree**
5   Not applicable

WI_Q09   **I have the freedom to make important patient care and work decisions.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree
5   Not applicable

WI_Q10   **I am not placed in a position of having to do things that are against my nursing judgement.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree
5   Not applicable

WI_Q11   **There is a lot of team work between nurses and physicians.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree
5   Not applicable

WI_Q12 **I have a nurse manager or immediate supervisor who backs up the nursing staff in decision making, even if the conflict is with a physician.**

1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree
5 Not applicable

WI_Q13 **There is collaboration between nurses and physicians.**

1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree
5 Not applicable

WI_Q14 **I am given the opportunity to work on highly specialized patient care units.**

1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree
5 Not applicable

WI_Q15 **I am given assignments that foster continuity of care, that is, I continue to care for the same patient one day to the next.**

1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree
5 Not applicable

WI_END End of module

Section: Respect and Support (RS)

RS_BEG Beginning of module

RS_C01 If Emp = 1 and DirectCare = 1 and SelfEmp = 2 (not self-employed), go to RS_Q01
Else, go to RS_END

RS_Q01 **I receive the respect I deserve from my superiors.**

1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree
5 Not applicable

RS_Q02   **I receive the respect I deserve from my colleagues.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree
5   Not applicable

RS_Q03   **Considering all my efforts and achievements, I receive the respect and prestige I deserve.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree
5   Not applicable

RS_END   End of module

Section: **Exposure to Risk (EX)**

EX_BEG   Beginning of Section

EX_C01   If Emp = 1 (employed in nursing) and DirectCare = 1, go to EX_R01
            Otherwise, go to EX_END

EX_R01   **The next statements are about exposure to possible risk. Again, please tell me if you agree or disagree.**

EX_Q01   **My organization takes all the necessary precautions to prevent the spread of infectious diseases in my ^UnitWorkplaceE.**

1   **Strongly agree**
2   **Somewhat agree**
3   **Somewhat disagree**
4   **Strongly disagree**

Note: If WorkPlace = 1 (hospital) then UnitWorkplace = ''unit''
            Else UnitWorkplace = ''workplace''

EX_Q02   **I am concerned about the ability of my organization to effectively control an infectious disease outbreak if it occurs in my ^UnitWorkplaceE.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree

EX_Q03   **I am concerned about my own personal risk of contracting a serious infectious disease in my ^UnitWorkplaceE.**
1
            Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree

EX_Q04   **I am concerned about the availability of personal protective equipment, like masks, from my organization if an infectious disease outbreak occurs.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree

EX_Q05   **I am concerned about the effectiveness of existing personal protective equipment if a new outbreak occurs.**

1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree

EX_Q06   **During the past 12 months, did you experience a physical assault from a ^PatientTypeE?**

1   Yes
2   No

EX_Q07   **During the past 12 months, did you experience a physical assault from someone other than a ^PatientTypeE while working?**

1   Yes
2   No   (Go to EX_Q09)

EX_Q08   **Was the person a:**

         INTERVIEWER: Mark all that apply.

1   **Visitor?**
2   **Physician?**
3   **Nursing co-worker?**
4   **Manager?**
5   **Another co-worker?**
6   **Student?**
7   Other

EX_Q09   **During the past 12 months, did you experience emotional abuse from a ^PatientTypeE?**

1   Yes
2   No

EX_Q10   **During the past 12 months, did you experience emotional abuse from someone other than a ^PatientTypeE while working?**

1   Yes
2   No   (Go to EX_Q12)

EX_Q11   **Was the person a:**

           <u>INTERVIEWER</u>: Mark all that apply.

1   **Visitor?**
2   **Physician?**
3   **Nursing co-worker?**
4   **Manager?**
5   **Another co-worker?**
6   **Student?**
7   Other

EX_Q12   **Have you ever been stuck with a needle or sharp object that has been used on a ^PatientTypeE?**

1   Yes
2   No   (Go to EX_END)

EX_Q13   **How many times, in total, has this occurred in the past 12 months?**

           __ (2 spaces)

EX_END   End of module

Section: **General Health (GH)**

GH_BEG   Beginning of module

GH_C01   If Emp = 1 (employed in nursing), go to GH_R01
           Otherwise, go to GH_END

GH_R01   **The next set of questions are about your health.**

GH_Q01   **In general, would you say your health is:**

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

GH_Q02   **In general, would you say your mental health is:**

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

GH_END   End of module

Section:	**Height & Weight (HW)**
HW_BEG	Beginning of module
HW_C01	If Emp = 1 (employed in nursing) and Sex=2 (female) and Age < 50, go to HW_Q01 Else if Emp = 1 (employed in nursing), go to to HW_Q02 Otherwise, go to HW_END
HW_Q01	**It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**

1	Yes
2	No

HW_Q02	**The next questions are about height and weight.**
	How tall are you without shoes on?
Note:	Height is captured in both metric and imperial measures
HW_Q03	**How much do you weigh?**
	|_|_|_| Weight
HW_N04	<u>INTERVIEWER</u>: Was that in pounds or kilograms?

1	Pounds
2	Kilograms

HW_END	End of module

Section:	**Chronic Conditions (CC)**
CC_BEG	Beginning of module
CC_C01	If Emp = 1 (employed in nursing), go to CC_R01 Otherwise, go to CC_END
CC_R01	**Now I'd like to ask about certain chronic conditions which you may have. We are interested in <u>long-term conditions</u> that have lasted or are expected to last 6 months or more and that have been diagnosed by a health professional.**
CC_Q01	**Do you have:**
	… allergies?

1	Yes
2	No

CC_Q02   Do you have:

… asthma?

1   Yes
2   No

CC_Q03   Do you have:

… fibromyalgia?

1   Yes
2   No

CC_Q04   Do you have:

… arthritis or rheumatism, excluding fibromyalgia?

1   Yes
2   No

CC_Q05   Do you have:

… back problems, excluding fibromyalgia and arthritis?

1   Yes
2   No

CC_Q06   Do you have:

…high blood pressure?

1   Yes
2   No

CC_Q07   Do you have:

… high cholesterol levels?

1   Yes
2   No

CC_Q08   **Do you have:**

… migraine headaches?

1   Yes
2   No

CC_Q09   Do you have:

              … ^DiabetesE?

1   Yes
2   No

Note: If Sex = Male then DiabetesE = "diabetes"
              If Sex = Female then DiabetesE = "diabetes, other than during pregnancy"

CC_Q10   Do you have:

              … heart disease?

1   Yes
2   No

CC_Q11   Do you have:

              … cancer?

1   Yes
2   No

CC_Q12   Do you have:

              … stomach or intestinal ulcers?

1   Yes
2   No

CC_Q13   Do you have:

              … a sleep disorder (such as sleep apnea)?

1   Yes
2   No

CC_Q14   Do you have:

              … a bowel disorder such as Crohn's Disease or colitis?

1   Yes
2   No

CC_Q15   Do you have:

              … a thyroid condition?

1   Yes
2   No

CC_Q16   Do you have:

                … chronic fatigue syndrome?

1   Yes
2   No

CC_Q17   **Do you suffer from multiple chemical sensitivities?**

1   Yes
2   No

CC_Q18   **Do you have/suffer from depression?**

1   Yes
2   No

CC_END   End of module

Section: **Pain Severity (PS)**

PS_BEG   Beginning of Module

PS_C01   If Emp = 1 (employed in nursing), go to PS_R01
                Else, go to PS_END

PS_R01   **Now some questions about body pain you may have experienced.**

PS_Q01   **In the past 12 months, have you had any pain or discomfort, aching or tingling anywhere in your body that prevented you from carrying out your normal activities, for example, work, housework, or hobbies?**

1   Yes
2   No   (Go to PS_END)

PS_Q02   **In the past 12 months, where was the pain or discomfort the most serious?**

1   Neck or shoulder
2   Arm, wrist or hand
3   Back or buttocks
4   Hips, thighs, legs, knees or feet
5   Head
6   Whole body
7   Multiple sites
8   Other

PS_Q03   **In the past 12 months, have you seen a health care professional for the pain in this body area?**

1   Yes
2   No

PS_Q04   **How would you describe your pain in this body area during the past 12 months?**

1   **Mild**
2   **Moderate**
3   **Severe**
4   **Unbearable**

PS_Q05   **How would you describe the pain in this body area during the last 7 days?**

1   **Mild**
2   **Moderate**
3   **Severe**
4   **Unbearable**
5   No pain

PS_Q06A   **In your opinion, was the pain in this body area the result of:**

1   **Work-related factors?**
2   **Non work-related factors?**   (Go to PS_Q07)
3   **Both work and non work-related factors?**

PS_Q06B   **Did these work-related factors include:**

    INTERVIEWER: Mark all that apply.

1   **Patient transfer activities such as lifting or turning?**
2   **Moving equipment while at work?**
3   **Repetitive movements while working?**
4   **Awkward postures while working?**
5   **A traumatic event such as an assault while at work?**
6   **Other work-related factors?**

PS_Q07   **In the past 6 months, how often did the pain in this body area limit or reduce your ability to do your job as a nurse?**

1   **Not at all**
2   **Some of the time**
3   **Most of the time**
4   **All of the time**

PS_END   End of module

Section: **Work Stress (WS)**

WS_BEG   Beginning of module

WS_C01   If Emp = 1 (employed in nursing), go to WS_R01
    Else, go to WS_END

WS_R01   **I'm going to read you a series of statements that might describe your ^MainJobE in the past 12 months. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

WS_Q01   **Your job required that you learn new things.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_Q02   **Your job required a high level of skill.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_Q03   **Your job allowed you freedom to decide how you did your job.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_Q04   **Your job required that you do things over and over.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_Q05   **Your job was very hectic.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_Q06   **You were free from conflicting demands that others made.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_Q07   **Your job security was good.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_Q08   **Your job required a lot of physical effort.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_Q09   **You had a lot to say about what happened in your job.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_Q10   **You were exposed to hostility or conflict from the people you worked with.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_Q11   **Your supervisor was helpful in getting the job done.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_Q12   **The people you worked with were helpful in getting the job done.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree

WS_END   End of module

Section: **Depression (DP)**

DP_C01   If Emp = 1 (employed in nursing), go to DP_R01
          Otherwise, go to DP_END

DP_R01   **The following questions deal with feelings you may have had**.

DP_Q02   **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?**

          1   Yes
          2   No   (Go to DP_Q16)

DP_Q03 **For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst. During that time, how long did these feelings usually last?**

      1   **All day long**
      2   **Most of the day**
      3   **About half of the day**   (Go to DP_Q16)
      4   **Less than half of a day**   (Go to DP_Q16)

DP_Q04 **How often did you feel this way during those 2 weeks?**

      1   **Every day**
      2   **Almost every day**
      3   **Less often**   (Go to DP_Q16)

DP_Q05 **During those 2 weeks did you lose interest in most things?**

      1   Yes   (KEY PHRASE = Losing interest)
      2   No

DP_Q06 **Did you feel tired out or low on energy all of the time?**

      1   Yes   (KEY PHRASE = Feeling tired)
      2   No

DP_Q07 **Did you gain weight, lose weight or stay about the same?**

      1   Gained weight   (KEY PHRASE = Gaining weight)
      2   Lost weight   (KEY PHRASE = Losing weight)
      3   Stayed about the same   (Go to DP_Q09)
      4   Was on a diet   (Go to DP_Q09)

DP_Q08A **About how much did you ^GainLose1E?**

      |_|_| Weight

Note: If DP_Q07 = 1 (gained weight) then GainLose1E = "gain"
Otherwise GainLose1E = "lose"

DP_Q08B INTERVIEWER: Was that in pounds or in kilograms?

      1   Pounds
      2   Kilograms

DP_Q09 **Did you have more trouble falling asleep than you usually do?**

      1   Yes   (KEY PHRASE = Trouble falling asleep)
      2   No   (Go to DP_Q11)

DP_Q10 **How often did that happen?**

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

DP_Q11   **Did you have a lot more trouble concentrating than usual?**

          1   Yes   (KEY PHRASE = Trouble concentrating)
          2   No

DP_Q12   **At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?**

          1   Yes   (KEY PHRASE = Feeling down on yourself)
          2   No

DP_Q13   **Did you think a lot about death - either your own, someone else's, or death in general?**

          1   Yes   (KEY PHRASE =Thoughts about death)
          2   No

DP_C14   If any "Yes" = 1 in DP_Q05, DP_Q06, DP_Q09, DP_Q11, DP_Q12 or DP_Q13, or DP_Q07 is "gained" or "lost", go to DP_Q14C
          Otherwise, go to DP_END.

DP_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).**

DP_Q14   **About how many weeks altogether did you feel this way during the past 12 months?**

          |_|_| Weeks
          (If > 51 weeks, go to DP_END)

DP_Q15   **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

Default: Go to DP_END

DP_Q16   **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 DP_END)

DP_Q17 **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?**

    1   **All day long**
    2   **Most of the day**
    3   **About half of the day**   (Go to DP_END)
    4   **Less than half of a day**   (Go to DP_END)

DP_Q18 **How often did you feel this way during those 2 weeks?**

    1   **Every day**
    2   **Almost every day**
    3   **Less often**   (Go to DP_END)

DP_Q19 **During those 2 weeks did you feel tired out or low on energy all the time?**

    1   Yes   (KEY PHRASE = Feeling tired)
    2   No

DP_Q20 **Did you gain weight, lose weight, or stay about the same?**

    1   Gained weight   (KEY PHRASE = Gaining weight)
    2   Lost weight   (KEY PHRASE = Losing weight)
    3   Stayed about the same   (Go to DP_Q22)
    4   Was on a diet   (Go to DP_Q22)

DP_Q21A **About how much did you ^GainLose2?**

    |_|_| Weight

Note: If DP_Q20 = 1 (gained weight) then GainLose2 = "gain"
Otherwise GainLose2 = "lose"

DP_Q21B INTERVIEWER: Was that in pounds or in kilograms?

    1   Pounds
    2   Kilograms

DP_Q22 **Did you have more trouble falling asleep than you usually do?**

    1   Yes   (KEY PHRASE = Trouble falling asleep)
    2   No   (Go to DP_Q24)

DP_Q23 **How often did that happen?**

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

DP_Q24   **Did you have a lot more trouble concentrating than usual?**

    1   Yes   (KEY PHRASE = Trouble concentrating)
    2   No

DP_Q25   **At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?**

    1   Yes   (KEY PHRASE = Feeling down on yourself)
    2   No

DP_Q26   **Did you think a lot about death - either your own, someone else's, or death in general?**

    1   Yes   (KEY PHRASE =Thoughts about death)
    2   No

DP_C27   If any "Yes" = 1 in DP_Q19, DP_Q22, DP_Q24, DP_Q25 or DP_Q26, or DP_Q20 is "gained" or "lost", go to DP_Q27C.
Otherwise, go to DP_END.

DP_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).**

DP_Q27   **About how many weeks did you feel this way during the past 12 months?**

    |_|_| Weeks

    (If > 51 weeks, go to DP_END)

DP_Q28   **Think about the last time you had 2 weeks in a row when you felt this way. 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

DP_END   End of module

Section: **Smoking (SM)**

SM_BEG   Beginning of module

SM_C01   If Emp = 1 (employed in nursing) , go to SM_R01
Otherwise, go to SM_END

SM_R01   **The next questions are about smoking.**

SM_Q01　　　**At the present time, do you smoke cigarettes daily, occasionally or not at all?**

1　　　　　　Daily　　　　　(Go to SM_END)
2　　　　　　Occasionally
3　　　　　　Not at all

SM_Q02　　　**Have you ever smoked cigarettes daily?**

1　　　　　　Yes　　　　　(Go to SM_Q04)
2　　　　　　No

SM_Q03　　　**Have you ever smoked a whole cigarette?**

1　　　　　　Yes
2　　　　　　No　　　　　(Go to SM_END)

SM_Q04　　　**In your lifetime, have you smoked a total of 100 or more cigarettes (about 4 packs)?**

1　　　　　　Yes
2　　　　　　No

SM_END　　　End of module

Section:　　　**Alcohol (AL)**

AL_BEG　　　Beginning of module

AL_C01　　　If Emp = 1 (employed in nursing), go to AL_R01
　　　　　　　Otherwise, go to AL_END

AL_R01　　　**Now, some questions about your alcohol consumption.**

AL_Q01　　　**During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?**

1　　　　　　Yes
2　　　　　　No　　　　　(Go to AL_Q03)

AL_Q02　　　**During the past 12 months, how often did you drink alcoholic beverages?**

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

Default:　　　(Go to AL_END)

AL_Q03   **Have you ever had a drink?**

1   Yes
2   No

AL_END   End of module

Section: **Medication Use (MU)**

MU_BEG   Beginning of module

MU_C01   If Emp = 1 (employed in nursing), go to MU_R01
Otherwise, go to MU_END

MU_R01   **Now I'd like to ask a few questions about your use of medications, both prescription and over-the-counter.**

MU_Q01   **In the past month, did you take:**

      ... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?

1   Yes
2   No

MU_Q02   In the past month, did you take:

      ... tranquilizers such as Valium or Ativan?

1   Yes
2   No

MU_Q03   In the past month, did you take:

      ... diet pills such Dexatrim, Ponderal or Fastin?

      1   Yes
      2   No

MU_Q04   In the past month, did you take:

      ... anti-depressants such as Prozac, Paxil or Effexor?

      <u>INTERVIEWER</u>: If one of the examples provided is taken for something other than treating depression, then the response is 'No'.

      1   Yes
      2   No

MU_Q05   In the past month, did you take:

... codeine, Demerol or morphine?

INTERVIEWER: This refers to prescription medications only; over-the-counter medications that contain small amounts of these drugs such as Tylenol with codeine are not included.

1   Yes
2   No

MU_Q06   **In the past month, did you take:**

... medicine for blood pressure?

1   Yes
2   No

MU_Q07   In the past month, did you take:

... diuretics or water pills?

1   Yes
2   No

MU_Q08   In the past month, did you take:

... sleeping pills such as Imovane, Nytol or Starnoc?

1   Yes
2   No

MU_Q09   In the past month, did you take:

... stomach remedies?

1   Yes
2   No

MU_END   End of module

Section   Work Limitations (WL)

WL_BEG   Beginning of module

WL_C01   If Emp = 1 (employed in nursing), go to WL_Q01
Else, go to WL_END

WL_Q01 **In the past 4 weeks, how often did your physical health make it difficult for you to handle your workload as a nurse?**

1 **None of the time**
2 **Some of the time**
3 **Half of the time**
4 **Most of the time**
5 **All of the time**

WL_Q02 **In the past 4 weeks, how often did your mental health make it difficult for you to handle your workload as a nurse?**

1 None of the time
2 Some of the time
3 Half of the time
4 Most of the time
5 All of the time

WL_END End of module

Section: Household (HH)

HH_BEG Beginning of module

HH_C01 If Emp = 1 (employed in nursing) , go to HH_R01
Otherwise, go to HH_END

HH_R01 **The next set of questions will help us analyze the survey information.**

HH_Q01 **In what languages can you conduct a conversation?**

INTERVIEWER: Mark all that apply.

01 English
02 French
03 Arabic
04 Chinese
05 Cree
06 German
07 Greek
08 Hungarian
09 Italian
10 Korean
11 Persian (Farsi)
12 Polish
13 Portuguese
14 Punjabi
15 Spanish
16 Tagalog (Filipino)
17 Ukrainian
18 Vietnamese
19 Other

HH_Q02 **Are you an Aboriginal person, that is, North American Indian, Métis or Inuit?**

1 Yes
2 No (Go to HH_Q04)

HH_Q03 **Are you ...?**

INTERVIEWER: Mark all that apply.

1 **North American Indian**
2 **Métis**
3 **Inuit (Eskimo)**

HH_Q04 **To which ethnic or cultural group(s) did your ancestors belong? (For example: French, Scottish, Chinese, South Asian, Haitian)**

INTERVIEWER: Mark all that apply

01 Canadian
02 Chinese
03 Dutch (Netherlands)
04 East Indian
05 English.
07 German
08 Inuit / Eskimo
09 Irish
10 Italian
11 Jewish
12 Métis
13 North American Indian
14 Norwegian
15 Filipino
16 Polish
17 Portuguese
18 Russian
19 Ukrainian
20 Scottish
21 Welsh
22 Other – Specify (Go to HH_S04)

Default: (Go to HH_Q05)

HH_S04 To which ethnic or cultural group(s) did your ancestors belong? (For example: French, Scottish, Chinese, South Asian, Haitian)

INTERVIEWER: Specify.

_____ (80 spaces)

HH_Q05 **What is your best estimate of ^IncomeYourE <u>total</u> income, before taxes and deductions, ^IncomeAllE all sources in the past 12 months?**

01   Less than $5,000
02       $5,000 to less than $10,000
03       $10,000 to less than $15,000
04       $15,000 to less than $20,000
05       $20,000 to less than $30,000
06       $30,000 to less than $40,000
07       $40,000 to less than $50,000
08       $50,000 to less than $60,000
09       $60,000 to less than $80,000
10       $80,000 to less than $100,000
11       $100,000 to less than $150,000
12       $150,000 to less than $200,000
13       $200,000 or more

Note: If Mems15plus = 01 (only one person in household who is 15 or older) then ^IncomeYourE = ''your'' and ^IncomeAllE = ''from''
Else ^IncomeYourE = ''the'' and ^IncomeAllE = ''of all household members from''

HH_END   End of module

Section: **Permission to Share (PTS)**

PTS_BEG   Beginning of module

PTS_R01   **To avoid duplication, Statistics Canada intends to share the information from the interviews conducted as part of this survey with the Canadian Institute for Health Information and Health Canada.**

PTS_Q02   **These organizations have undertaken to keep this information confidential and use it only for statistical purposes.**

      Do you agree to share the information provided?

      1   Yes
      2   No

PTS_END   End of module

CAI_SO   End of Interview