

**2000 National Population Health Survey (Cycle 4)  
Content for June 2000**

June 30, 2001

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## Household Record Variables

(To be collected at initial contact from a knowledgeable household member)

**AM30\_TEL** Type of contact  
1 Telephone  
2 Personal

**AM30\_LP** Language preference  
1 English  
2 French  
3 Either

The following information is collected for each household member:

**DHC0\_MEM** Membership status  
**DHC0\_FN** First name  
**DHC0\_LN** Last name

**DHC0\_DAT** Date of birth (8 characters)  
**DHC0\_DOB** Day of birth (2 digits)  
**DHC0\_MOB** Month of birth (2 digits)  
**DHC0\_YOB** Year of birth (4 digits)  
**DHC0\_AGE** Age (age is calculated and confirmed with the respondent)

**DHC0\_SEX** Sex  
1 Male  
2 Female

**DHC0\_MAR** Marital Status  
1 Married  
2 Living common-law  
3 Widowed  
4 Separated  
5 Divorced  
6 Single, never married

Relationships of everyone to everyone else

Husband / Wife	Foster Parent
Common-law partner	Foster Child
Same-sex partner	Grandparent
Father / Mother	Grandchild
Birth	In-laws
Step	Other related
Adoptive	Unrelated
Child	Sister / Brother
Birth	Full
Step	Half
Adopted	Step
	Adopted
	Foster

**DHC0\_FID** Family ID code

A to Z (Assigned by the computer.)

*Legal household check*

The following information is collected once in each household:

**DHC0\_DWE** Type of dwelling

- 1 Single detached house
- 2 Semi-detached or double (side-by-side)
- 3 Garden house, town-house or row house
- 4 Duplex (one above the other)
- 5 Low-rise apartment (less than 5 stories)
- 6 High-rise apartment (5 or more stories)
- 7 Institution
- 8 Collective dwelling (such as a hotel/motel, rooming or boarding house, hutterite colony)
- 9 Mobile home
- 10 Other - Specify

**DHC0\_OW** Is this dwelling owned by a member of this household?

- 1 Yes
- 2 No

**DHC0\_BED** How many bedrooms are there in this dwelling?

**INTERVIEWER:** Enter '0' if no separate, enclosed bedroom.

||| Bedrooms  
(MIN: 0) (MAX: 20)

*Selection criteria applied.*

**AM30\_SRC** Information source (i.e., the household member providing the information for the previous questions)

**AM30\_LNG** INTERVIEWER: Enter language of interview

- |    |           |    |                    |
|----|-----------|----|--------------------|
| 1  | English   | 14 | Mandarin           |
| 2  | French    | 15 | Persian (Farsi)    |
| 3  | Afghan    | 16 | Polish             |
| 4  | Arabic    | 17 | Portuguese         |
| 5  | Cantonese | 18 | Punjabi            |
| 6  | Chinese   | 19 | Russian            |
| 7  | Cree      | 20 | Spanish            |
| 8  | German    | 21 | Tagalog (Filipino) |
| 9  | Greek     | 22 | Tamil              |
| 10 | Hindi     | 23 | Ukrainian          |
| 11 | Hungarian | 24 | Urdu               |
| 12 | Italian   | 25 | Vietnamese         |
| 13 | Korean    | 26 | Other - Specify    |

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## Health Component (H06)

(To be completed for selected respondent only)

(Proxy interview for those under 12 years old or unable to answer due to special circumstances)

- Notes:
1. Question text in **Bold** font is read to the respondent. Text in normal font is not read to the respondent. Interviewer instructions are prefaced by the word "INTERVIEWER", and are not read aloud.
  2. The options Don't Know (DK) and Refusal (R) are allowed on every question. However, the response categories are shown in this document only when the flow from these responses is not to the next question.

GR\_N1 INTERVIEWER: Who is providing the information for this person's component?

If age < 12 or non-proxy interview, go to GH\_QINT.

GR\_N2 INTERVIEWER: Record the reason why this component is being completed by proxy.

-----  
(80 spaces)

### General Health

GH\_QINT **This part of the survey deals with various aspects of %your/FNAME's% health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**

INTERVIEWER: Press <Enter> to continue.

GH\_Q1 **I'll start with a few questions concerning %your/FNAME's% health in general. In general, would you say %your/his/her% health is:**

GHC0\_1

INTERVIEWER: Read categories to respondent.

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

GH\_C2 If age < 18, go to next section.

GH\_Q2 **Thinking about the amount of stress in %your/his/her% life, would you say that most days are:**

STC0\_1

INTERVIEWER: Read categories to respondent.

- 1 ... not at all stressful?
- 2 ... not very stressful?
- 3 ... a bit stressful?
- 4 ... quite a bit stressful?
- 5 ... extremely stressful?



## **Height/Weight**

HW\_Q2  
HWC0\_2

**How tall %are/is% %you/FNAME% without shoes on?**

- |   |   |                |
|---|---|----------------|
| 0 | Less than 1' / 12" (less than 29.2 cm.)         | (Go to HW_Q3)  |
| 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 HW_Q2B) |
| 3 | 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.)  | (Go to HW_Q2C) |
| 4 | 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) | (Go to HW_Q2D) |
| 5 | 5'0" to 5'11" (151.1 to 181.5 cm.)              | (Go to HW_Q2E) |
| 6 | 6'0" to 6'11" (181.6 to 212.0 cm.)              | (Go to HW_Q2F) |
| 7 | 7'0" and over (212.1 cm. and over)              | (Go to HW_Q3)  |
|   | DK, R   | (Go to HW_Q3)  |

HW\_Q2A  
HWC0\_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.) |

Go to HW\_Q3

HW\_Q2B  
HWC0\_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.) |

Go to HW\_Q3

HW\_Q2C  
HWC0\_2C

INTERVIEWER: Select the exact height.

- 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.)

Go to HW\_Q3

HW\_Q2D  
HWC0\_2D

INTERVIEWER: Select the exact height.

- 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.)

Go to HW\_Q3

HW\_Q2E  
HWC0\_2E

INTERVIEWER: Select the exact height.

- 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.)

Go to HW\_Q3

HW\_Q2F  
HWC0\_2F

**INTERVIEWER:** Select the exact height.

- 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.)

HWC0\_HT

\_\_\_ feet \_\_\_ inches or \_\_\_ centimetres

HW\_Q3  
HWC0\_3

**How much %do/does% %you/FNAME% weigh?**

**INTERVIEWER:** Enter amount only.

[[[|]] Weight  
(MIN: 1) (MAX: 575)  
DK, R (Go to next section)

HW\_N4  
HWC0\_4

**INTERVIEWER:** Was that in pounds or in kilograms?

- 1 Pounds HWC0\_3LB
- 2 Kilograms HWC0\_3KG  
(DK, R are not allowed)

## **Preventive Health**

PH\_C1

If proxy interview or age < 12, go to next section. If reported ever had blood pressure taken in previous interview, go to PH\_Q1B (PH\_Q1 was filled with "1" during processing).

PH\_Q1  
BPC0\_10

**Have you ever had your blood pressure taken?**

- 1 Yes
- 2 No (Go to PH\_C2)  
DK, R (Go to next section)

PH\_Q1B  
BPC0\_12

**When was the last time that you had your blood pressure taken?**

**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 2 years ago**
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**

PH\_C2

If male or age < 15, go to next section. If age < 18, go to PH\_C3. If reported ever had a pap smear in previous interview, go to PH\_Q2B (PH\_Q2 was filled with "1" during processing).

PH\_Q2  
WHC0\_20

**Have you ever had a PAP smear test?**

- 1 Yes
- 2 No (Go to PH\_C3)
- DK, R (Go to next section)

PH\_Q2B  
WHC0\_22

**When was the last time that you had a PAP smear test?**

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**
- 5 **5 or more years ago**

PH\_C3

If age < 35, go to PH\_C4. If reported ever had a mammogram in previous interview, go to PH\_Q3B (PH\_Q3 was filled with "1" during processing).

PH\_Q3  
WHC0\_30

**Have you ever had a mammogram, that is, a breast x-ray?**

- 1 Yes
- 2 No (Go to PH\_C4)
- DK, R (Go to next section)

PH\_Q3B  
WHC0\_32

**When was the last time that you had a mammogram?**

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 2 years ago**
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**

PH\_Q3C

**Why did you have a mammogram?**

INTERVIEWER: Mark all that apply.

If respondent says 'Doctor recommended it', probe for reason.

WHC0\_33A  
WHC0\_33B  
WHC0\_33C  
WHC0\_33D  
WHC0\_33E  
WHC0\_33F  
WHC0\_33H  
WHC0\_33G

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

PH\_C4

If age > 49, go to PH\_C5. If reported ever had a hysterectomy in previous interview, go to next section (PH\_Q4 was filled with "2", PH\_Q4A was filled with "6", and PH\_Q4B was filled with "2" during processing).

PH\_Q4  
GHC0\_21

**Now, a few questions for recent mothers. Since our interview in %month and year of last response interview%, have you given birth?**

INTERVIEWER: Do not include stillbirths.

- 1 Yes
- 2 No (Go to PH\_Q4B)
- DK, R (Go to next section)

PH\_Q4A  
GHC0\_23

**(For your last baby,) did you use the services of a doctor, a midwife or both?**

- 1 Doctor only
- 2 Midwife only
- 3 Both doctor and midwife
- 4 Neither

PH\_Q4B  
HWC0\_1

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

- 1 Yes (Go to next section) (PH\_Q5 was filled with "2" during processing)
- 2 No (Go to next section)  
DK, R

PH\_C5

If age < 18, go to next section. If reported ever had a hysterectomy in previous interview, go to next section (PH\_Q5 was filled with "1" during processing).

PH\_Q5  
WHC0\_5

**Have you had a hysterectomy (uterus removed)?**

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

PH\_Q5B  
WHC0\_5A

**At what age?**

||| Age in years  
(MIN: 18) (MAX: current age)

PH\_Q5C

**Why did you have it?**

INTERVIEWER: Mark all that apply.

If respondent says 'Doctor recommended it', probe for reason.

WHC0\_5BA  
WHC0\_5BB  
WHC0\_5BC  
WHC0\_5BD  
WHC0\_5BE  
WHC0\_5BF  
WHC0\_5BG

- 1 Cancer treatment
- 2 Cancer prevention
- 3 Endometriosis
- 4 Tubal pregnancy
- 5 Benign tumors (e.g., fibroids)
- 6 Menstrual problems / abnormal bleeding
- 7 Other - Specify

## Health Care Utilization

HC\_QINT1

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

INTERVIEWER: Press <Enter> to continue.

HC\_Q01  
HCC0\_1

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

- 1 Yes
- 2 No (Go to HC\_C02)  
DK (Go to HC\_C02)  
R (Go to next section)

HC\_Q01A  
HCC0\_1A

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

[[[[]]]] Nights  
(MIN: 1) (MAX: 366; warning after 100)

HC\_C02

If age < 12, then the wording in HC\_Q02 is adapted to "have you seen or...about %FNAME's% physical..."

HC\_Q02A  
HCC0\_2A

**(Not counting when %you/FNAME% %were/was% an overnight patient) In the past 12 months, how many times %have/has% %you/FNAME% seen or talked on the telephone about %your/his/her% physical, emotional or mental health with: ... a family doctor %pediatrician% or general practitioner?**

[[[[]]]] Times  
(MIN: 0) (MAX: 366; warning after 12)

HC\_Q02B  
HCC0\_2B

**... an eye specialist (such as an ophthalmologist or optometrist)?**

[[[]]] Times  
(MIN: 0) (MAX: 75; warning after 3)

HC\_Q02C  
HCC0\_2C

**... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?**

[[[[]]]] Times  
(MIN: 0) (MAX: 300; warning after 7)

HC\_Q02D  
HCC0\_2D

**(Not counting when %you/FNAME% %were/was% an overnight patient) In the past 12 months, how many times %have/has% %you/FNAME% seen or talked on the telephone about %your/his/her% physical, emotional or mental health with: ... a nurse for care or advice?**

[[[[]]]] Times  
(MIN: 0) (MAX: 366; warning after 15)

HC\_Q02E  
HCC0\_2E

**... a dentist or orthodontist?**

[[[[]]]] Times  
(MIN: 0) (MAX: 99; warning after 4)

HC\_Q02F  
HCC0\_2F

**... a chiropractor?**

[[[[]]]] Times  
(MIN: 0) (MAX: 366; warning after 20)

HC\_Q02G  
HCC0\_2G

**(Not counting when %you/FNAME% %were/was% an overnight patient) In the past 12 months, how many times %have/has% %you/FNAME% seen or talked on the telephone about %your/his/her% physical, emotional or mental health with: ... a physiotherapist?**

[[[[]]]] Times  
(MIN: 0) (MAX: 366; warning after 30)

HC\_Q02H  
HCC0\_2H

**... a social worker or counsellor?**

[[[[]]]] Times  
(MIN: 0) (MAX: 366; warning after 20)

HC\_Q02I  
HCC0\_2I

... a psychologist?

[[[[]]] Times  
(MIN: 0) (MAX: 366; warning after 25)

HC\_Q02J  
HCC0\_2J

**(Not counting when %you/FNAME% were/was% an overnight patient) In the past 12 months, how many times %have/has% %you/FNAME% seen or talked on the telephone about %your/his/her% physical, emotional or mental health with: ... a speech, audiology or occupational therapist?**

[[[[]]] Times  
(MIN: 0) (MAX: 200; warning after 12)

HC\_Q3  
TWC0\_5

**%Do/Does% %you/FNAME% have a regular medical doctor?**

- 1 Yes
- 2 No

HC\_C04A

If age < 12, go to next section.

HC\_Q04A  
HCC0\_4A

**In the past 12 months, %have/has% %you/he/she% attended a meeting of a self-help group such as AA or a cancer support group?**

- 1 Yes
- 2 No

HC\_Q04  
HCC0\_4

**People may also use alternative or complementary medicine. In the past 12 months, %have/has% %you/FNAME% seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about %your/his/her% physical, emotional or mental health?**

- 1 Yes
- 2 No (Go to HC\_C06)
- DK, R (Go to HC\_C06)

HC\_Q05

**Who did %you/FNAME% see or talk to?**  
INTERVIEWER: Mark all that apply.

HCC0\_5A  
HCC0\_5B  
HCC0\_5C  
HCC0\_5D  
HCC0\_5E  
HCC0\_5F  
HCC0\_5G  
HCC0\_5H  
HCC0\_5I  
HCC0\_5J  
HCC0\_5K  
HCC0\_5L

- 1 Massage therapist
- 2 Acupuncturist
- 3 Homeopath or naturopath
- 4 Feldenkrais or Alexander teacher
- 5 Relaxation therapist
- 6 Biofeedback teacher
- 7 Rolfer
- 8 Herbalist
- 9 Reflexologist
- 10 Spiritual healer
- 11 Religious healer
- 12 Other - Specify

HC\_C06

If age < 18 or (if age >= 18 and non-proxy interview), ask the respondent's opinion of whether health care was needed. Otherwise, ask for the respondent's opinion of what FNAME's opinion was regarding the need for health care.

HC\_Q06  
HCC0\_6

**During the past 12 months, was there ever a time when %you/FNAME% felt that %you/he/she% needed health care but %you/he/she% didn't receive it?**

- 1 Yes
- 2 No (Go to HC\_C09)
- DK, R (Go to HC\_C09)

HC\_Q07

**Thinking of the most recent time, why didn't %you/he/she% get care?**

INTERVIEWER: Mark all that apply.

- HCC0\_7A 1 Not available - in the area
- HCC0\_7B 2 Not available - at time required (e.g., doctor on holidays, inconvenient hours)
- HCC0\_7C 3 Waiting time too long
- HCC0\_7D 4 Felt would be inadequate
- HCC0\_7E 5 Cost
- HCC0\_7F 6 Too busy
- HCC0\_7G 7 Didn't get around to it / didn't bother
- HCC0\_7H 8 Didn't know where to go
- HCC0\_7I 9 Transportation problems
- HCC0\_7J 10 Language problems
- HCC0\_7K 11 Personal or family responsibilities
- HCC0\_7L 12 Dislikes doctors / afraid
- HCC0\_7M 13 Decided not to seek care
- HCC0\_7N 14 Other - Specify

HC\_Q08

**Again, thinking of the most recent time, what was the type of care that was needed?**

INTERVIEWER: Mark all that apply.

- HCC0\_8A 1 Treatment of - a physical health problem
- HCC0\_8B 2 Treatment of - an emotional or mental health problem
- HCC0\_8C 3 A regular check-up (including regular pre-natal care)
- HCC0\_8D 4 Care of an injury
- HCC0\_8E 5 Other - Specify

HC\_C09

If age < 18, go to next section.

HC\_QINT2

**Home care services are health care or homemaker services received at home, with the cost being entirely or partially covered by government. Examples are: nursing care, help with bathing or housework, respite care and meal delivery.**

INTERVIEWER: Press <Enter> to continue.

HC\_Q09  
HCC0\_9

**%Have/Has% %you/FNAME% received any home care services in the past 12 months?**

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



HC\_Q10

**What type of services %have/has% %you/he/she% received?**

**INTERVIEWER:** Read categories to respondent. Mark all that apply.  
Cost must be entirely or partially covered by government.

- |          |   |  |
|----------|---|--|
| HCC0_10A | 1 | <b>Nursing care (e.g., dressing changes, VON)</b>                              |
| HCC0_10B | 2 | <b>Other health care services (e.g., physiotherapy, nutrition counselling)</b> |
| HCC0_10C | 3 | <b>Personal care (e.g., bathing, foot care)</b>                                |
| HCC0_10D | 4 | <b>Housework (e.g., cleaning, laundry)</b>                                     |
| HCC0_10E | 5 | <b>Meal preparation or delivery</b>  |
| HCC0_10F | 6 | <b>Shopping</b>  |
| HCC0_10G | 7 | <b>Respite care (i.e., caregiver relief program)</b>                           |
| HCC0_10H | 8 | <b>Other - Specify</b>   |

### **Restriction of Activities**

RA\_QINT

**The next few questions deal with any health limitations which affect %your/FNAME's% daily activities. 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.

RA\_Q1A

RAC0\_1A

**Because of a long-term physical or mental condition or a health problem, %are/is% %you/FNAME% limited in the kind or amount of activity %you/he/she% can do:  
... at home?**

- |   |                      |
|---|----------------------|
| 1 | Yes                  |
| 2 | No                   |
| R | (Go to next section) |

RA\_C1B

If age < 4, go to RA\_C1C.

RA\_Q1B

RAC0\_1B

**... at school?**

- |   |                      |
|---|----------------------|
| 1 | Yes                  |
| 2 | No                   |
| 3 | Not applicable       |
| R | (Go to next section) |

RA\_C1C

If age < 12, go to RA\_Q1D.

RA\_Q1C

RAC0\_1C

**... at work?**

- |   |                      |
|---|----------------------|
| 1 | Yes                  |
| 2 | No                   |
| 3 | Not applicable       |
| R | (Go to next section) |

RA\_Q1D

RAC0\_1D

**... in other activities such as transportation to or from work or school or leisure time activities?**

- |   |                      |
|---|----------------------|
| 1 | Yes                  |
| 2 | No                   |
| R | (Go to next section) |

RA\_Q2  
RAC0\_2

**%Do/Does% %you/FNAME% have any long-term disabilities or handicaps?**

- 1 Yes
- 2 No
- R (Go to next section)

RA\_C2A

If **any one** of RA\_Q1A,B,C,D or RA\_Q2 = 1 (yes) then Restricted in 2000. If **all of** RA\_Q1A,B,C,D and RA\_Q2 = 2 (no) or 3 (not applicable) or valid skip (not asked) then Not Restricted in 2000. Else restriction is not known.

RA\_C2B

If restricted in 2000 but not in 1998, go to RA\_Q2A. If restricted in 1998 but not in 2000, go to RA\_Q2B. Otherwise, go to RA\_C5.

RA\_Q2A  
RAC0\_2A

**Remember, it's important that we understand reasons for change. During our last interview in %month and year of last response interview%, there were no activity restrictions or disabilities reported for %you/FNAME%, but this time there were. Is this due to a new activity restriction or disability or to the worsening of an old one?**

- 1 New since last interview
- 2 Worsening since last interview
- 3 No current activity restriction or disability (return to RA\_Q1A - RA\_Q2)
- 4 Same activity restriction or disability
- 5 Other - Specify

Go to RA\_C5

RA\_Q2B  
RAC0\_2B

**Remember, it's important that we understand reasons for change. During our last interview in %month and year of last response interview%, there were activity restrictions or disabilities reported for %you/FNAME%, but this time there were not. Is this due to the disappearance or improvement of an old activity restriction or disability, to the use of special equipment (for example, an artificial limb), or to something else?**

- 1 Disappeared or improved
- 2 Currently uses special equipment
- 3 None at last interview
- 4 Never had
- 5 Currently have/has activity restriction or disability (return to RA\_Q1A - RA\_Q2)
- 6 Other - Specify

RA\_C5

If any yes in RA\_Q1 (a)-(d), ask RA\_Q3 using the wording "to be limited in his/her activities". If yes in RA\_Q2 only, ask RA\_Q3 using the wording "to have a long-term disability or handicap". Otherwise, go to RA\_C6A.

RA\_Q3  
RAC0F3

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

-----  
(25 spaces)

RA\_Q5  
RAC0\_5

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

**INTERVIEWER:** Read categories to respondent.

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

RA\_C6A

If age < 12, go to next section.

RA\_Q6A  
RAC0\_6A

The next few questions may not apply to %you/FNAME%, but we need to ask the same questions of everyone. Because of any condition or health problem, %do/does% %you/he/she% need the help of another person:  
... in preparing meals?

- 1 Yes
- 2 No

RA\_Q6B  
RAC0\_6B

... in shopping for groceries or other necessities?

- 1 Yes
- 2 No

RA\_Q6C  
RAC0\_6C

... in doing normal everyday housework?

- 1 Yes
- 2 No

RA\_Q6D  
RAC0\_6D

... in doing heavy household chores such as washing walls or yard work?

- 1 Yes
- 2 No

RA\_Q6E  
RAC0\_6E

... in personal care such as washing, dressing or eating?

- 1 Yes
- 2 No

RA\_Q6F  
RAC0\_6F

... in moving about inside the house?

- 1 Yes
- 2 No

## Chronic Conditions

CC\_QINT      **Now I'd like to ask about certain chronic health conditions which %you/FNAME% may have. We are interested in 'long-term conditions' that have lasted or are expected to last 6 months or more and that have been diagnosed by a health professional.**  
**We also want to ask a few questions to help us understand any changes in these conditions.**

INTERVIEWER: Press <Enter> to continue.

### Food or Digestive Allergy

CC\_Q011      **%Do/Does% %you/FNAME% have food allergies?**

CCC0\_1A

- 1      Yes
- 2      No                    (Go to CC\_Q021)
- DK                (Go to CC\_Q021)
- R                    (Go to next section)

CC\_Q012      **How old %were/was% %you/he/she% when this was first diagnosed?**

CCC0\_A3

|||      Age in years  
(MIN: 0) (MAX: current age)

### Other Allergies

CC\_Q021      **%Do/Does% %you/FNAME% have any other allergies?**

CCC0\_1B

- 1      Yes
- 2      No                    (Go to CC\_Q031)
- DK, R                (Go to CC\_Q031)

### Asthma

CC\_Q031      **%Do/Does% %you/FNAME% have asthma?**

CCC0\_1C

- 1      Yes
- 2      No                    (Go to CC\_C033)
- DK, R                (Go to CC\_C041)

CC\_Q032      **How old %were/was% %you/he/she% when this was first diagnosed?**

CCC0\_C3

|||      Age in years  
(MIN: 0) (MAX: current age)

Go to CC\_Q035

CC\_C033      If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in previous survey, go to CC\_Q033. Otherwise, go to CC\_C041.

CC\_Q033  
CCC0\_C1

During our last interview in %month and year of last response interview%, it was reported that %you/FNAME% had asthma, but this time it was not. Has the condition disappeared since then?

- 1 Yes
- 2 No (Return to CC\_Q031)
- 3 Never had asthma (Go to CC\_C041)  
DK, R (Go to CC\_C041)

CC\_Q034 When did it disappear?

CCC0\_C2M  
CCC0\_C2Y

||| Month  
||||| Year  
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC\_C041

CC\_Q035  
CCC0\_C5

%Have/Has% %you/FNAME% had any asthma symptoms or asthma attacks in the past 12 months?

- 1 Yes
- 2 No

CC\_Q036  
CCC0\_C6

In the past 12 months, %have/has% %you/he/she% taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?

- 1 Yes
- 2 No

**Fibromyalgia**

CC\_C041 If age < 12, go to CC\_C051.

CC\_Q041  
CCC0\_1X

Remember, we're interested in conditions diagnosed by a health professional. %Do/Does% %you/FNAME% have fibromyalgia?

- 1 Yes
- 2 No (Go to CC\_C051)  
DK, R (Go to CC\_C051)

CC\_Q042  
CCC0\_X3

How old %were/was% %you/he/she% when this was first diagnosed?

||| Age in years  
(MIN: 0) (MAX: current age)

**Arthritis or Rheumatism excluding Fibromyalgia**

CC\_C051 If age < 12, go to CC\_C061.

CC\_Q051  
CCC0\_1D

%Do/Does% %you/FNAME% have arthritis or rheumatism excluding fibromyalgia?

- 1 Yes
- 2 No (Go to CC\_C061)  
DK, R (Go to CC\_C061)

CC\_Q052  
CCC0\_D3

**How old %were/was% %you/he/she% when this was first diagnosed?**

||| Age in years  
(MIN: 0) (MAX: current age)

**Focus Questions**

CC\_Q05A  
CC\_0\_D1

**What kind of arthritis %do/does% %you/he/she% have?**

- 1 Rheumatoid arthritis
- 2 Osteoarthritis
- 3 Other - Specify

CC\_Q05B  
CC\_0\_D2

**%Have/Has% %you/FNAME% had an operation or surgery because of %your/his/her% arthritis?**

- 1 Yes
- 2 No (Go to CC\_Q05D)  
DK, R (Go to CC\_Q05D)

CC\_Q05C

**What kind of operation or surgery?**

INTERVIEWER: Mark all that apply.

CC\_0\_D2A  
CC\_0\_D2B  
CC\_0\_D2C  
CC\_0\_D2D

- 1 Replacement - hip
- 2 Replacement - knee
- 3 Replacement - other joint
- 4 Other joint surgery

CC\_Q05D  
CC\_0\_D3

**%Do/Does% %you/he/she% receive any treatment or medication for %your/his/her% arthritis or %do/does% %you/he/she% do anything to relieve arthritis pain?**

- 1 Yes
- 2 No (Go to CC\_C061)  
DK, R (Go to CC\_C061)

CC\_Q05E

**What %do/does% %you/he/she% do?**

INTERVIEWER: Mark all that apply.

CC\_0\_D3A  
CC\_0\_D3B  
CC\_0\_D3C  
CC\_0\_D3D  
CC\_0\_D3E  
CC\_0\_D3F  
CC\_0\_D3G  
CC\_0\_D3H

- 1 Drug
- 2 Diet
- 3 Exercise
- 4 Physiotherapy
- 5 Heat or ice
- 6 Relaxation techniques
- 7 Splints, supports or other assistive devices
- 8 Other - Specify

CC\_C05F

If CC\_Q05E = "Drugs", go to CC\_Q05F. Otherwise, go to CC\_C061.

CC\_Q05F **What kind of drugs?**  
INTERVIEWER: Mark all that apply.

- CC\_0\_D4A 1 Prescription medication
- CC\_0\_D4B 2 Over-the-counter pain killers
- CC\_0\_D4C 3 Herbal or natural remedies

**Back Problems**

CC\_C061 If age < 12, go to CC\_C071.

CC\_Q061 **Remember, we're interested in conditions diagnosed by a health professional.**  
CCC0\_1E **%Do/Does% %you/FNAME% have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes
- 2 No (Go to CC\_C071)  
DK, R (Go to CC\_C071)

CC\_Q062 **How old %were/was% %you/he/she% when this was first diagnosed?**  
CCC0\_E3

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

**High Blood Pressure**

CC\_C071 If age < 12, go to CC\_C081.

CC\_Q071 **%Do/Does% %you/FNAME% have high blood pressure?**  
CCC0\_1F

- 1 Yes
- 2 No (Go to CC\_C073)  
DK, R (Go to CC\_C081)

CC\_Q072 **How old %were/was% %you/he/she% when this was first diagnosed?**  
CCC0\_F3

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

Go to CC\_Q075

CC\_C073 If non-proxy interview and respondent had condition in previous survey, go to CC\_Q073.  
Otherwise, go to CC\_Q081.

CC\_Q073 **During our last interview in %month and year of last response interview%, it was reported that %you/FNAME% had high blood pressure, but this time it was not. Has the condition disappeared since then?**  
CCC0\_F1

- 1 Yes
- 2 No (Return to CC\_Q071)
- 3 Never had high blood pressure (Go to CC\_C081)  
DK, R (Go to CC\_C081)

CC\_Q074 **When did it disappear?**

CCC0\_F2M  
CCC0\_F2Y

||| Month  
||||| Year  
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC\_C081

CC\_Q075 **%Do/Does% %you/he/she% receive any treatment or medication for**  
CCC0\_F5 **%your/his/her% high blood pressure?**

- 1 Yes
- 2 No (Go to CC\_C081)  
DK, R (Go to CC\_C081)

CC\_Q076 **What kind of treatment or medication?**  
INTERVIEWER: Mark all that apply.

- CCC0\_F6A 1 Drug
- CCC0\_F6B 2 Diet
- CCC0\_F6C 3 Exercise / physiotherapy
- CCC0\_F6D 4 Other - Specify

**Migraine Headaches**

CC\_C081 If age < 12, go to CC\_Q091.

CC\_Q081 **Remember, we're interested in conditions diagnosed by a health professional.**  
CCC0\_1G **%Do/Does% %you/FNAME% have migraine headaches?**

- 1 Yes
- 2 No (Go to CC\_C083)  
DK, R (Go to CC\_Q091)

CC\_Q082 **How old %were/was% %you/he/she% when this was first diagnosed?**  
CCC0\_G3

||||| Age in years  
(MIN: 0) (MAX: current age)

Go to CC\_Q085

CC\_C083 If non-proxy interview and respondent had condition in previous survey, go to CC\_Q083.  
Otherwise, go to CC\_Q091.

CC\_Q083 **During our last interview in %month and year of last response interview%, it was**  
CCC0\_G1 **reported that %you/FNAME% had migraine headaches, but this time it was not. Has**  
**the condition disappeared since then?**

- 1 Yes
- 2 No (Return to CC\_Q081)
- 3 Never had migraine headaches (Go to CC\_Q091)  
DK, R (Go to CC\_Q091)



CC\_Q084 **When did it disappear?**

CCC0\_G2M  
CCC0\_G2Y

||| Month  
||||| Year  
(MIN: month and year of last interview; MAX: current month and year)

Go to CC\_Q091

CC\_Q085 **%Do/Does% %you/he/she% receive any treatment or medication for  
CCC0\_G5 %your/his/her% migraine headaches?**

- 1 Yes
- 2 No (Go to CC\_Q091)  
DK, R (Go to CC\_Q091)

CC\_Q086 **What kind of treatment or medication?**  
**INTERVIEWER:** Mark all that apply.

- CCC0\_G6A 1 Drug
- CCC0\_G6B 2 Diet
- CCC0\_G6C 3 Exercise / physiotherapy
- CCC0\_G6D 4 Other - Specify

**Chronic Bronchitis or Emphysema**

CC\_Q091 **%Do/Does% %you/FNAME% have chronic bronchitis or emphysema?**  
CCC0\_1H

- 1 Yes
- 2 No (Go to CC\_C101)  
DK, R (Go to CC\_C101)

CC\_Q092 **How old %were/was% %you/he/she% when this was first diagnosed?**  
CCC0\_H3

||||| Age in years  
(MIN: 0) (MAX: current age)

**Diabetes**

CC\_C101 If age < 12, go to CC\_Q111.

CC\_Q101 **%Do/Does% %you/FNAME% have diabetes?**  
CCC0\_1J

- 1 Yes
- 2 No (Go to CC\_C103)  
DK, R (Go to CC\_Q111)

CC\_Q102 **How old %were/was% %you/he/she% when this was first diagnosed?**  
CCC0\_J3

||||| Age in years  
(MIN: 0) (MAX: current age)

Go to CC\_C10A

CC\_C103 If non-proxy interview and respondent had condition in previous survey, go to CC\_Q103. Otherwise, go to CC\_Q111.

CC\_Q103 **During our last interview in %month and year of last response interview%, it was reported that %you/FNAME% had diabetes, but this time it was not. Has the condition disappeared since then?**

CCC0\_J1

- 1 Yes
- 2 No (Return to CC\_Q101)
- 3 Never had diabetes (Go to CC\_Q111)  
DK, R (Go to CC\_Q111)

CC\_Q104 **When did it disappear?**

CCC0\_J2M

||| Month

CCC0\_J2Y

||||| Year

(MIN: month and year of last interview) (MAX: current month and year)

Go to CC\_Q111

### Focus Questions

CC\_C10A If age < 15 or sex = male or CC\_Q102 < 15, go to CC\_Q10C.

CC\_Q10A **%Were/Was% %you/she% pregnant when %you/she% %were/was% first diagnosed with diabetes?**

CC\_0\_J3A

- 1 Yes
- 2 No (Go to CC\_Q10C)
- DK, R (Go to CC\_Q10C)

CC\_Q10B **Other than during pregnancy, has a health professional ever told %you/her% that %you/she% %have/has% diabetes?**

CC\_0\_J3B

- 1 Yes
- 2 No (Go to CC\_Q111)
- DK, R (Go to CC\_Q111)

CC\_Q10C **When %you/he/she% %were/was% first diagnosed with diabetes, how long was it before %you/he/she% %were/was% started on insulin?**

CC\_0\_J3C

- 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 (Go to CC\_Q106)

### Core Question

CC\_Q105 **%Do/Does% %you/FNAME% currently take insulin for %your/his/her% diabetes?**

CCC0\_J5

- 1 Yes
- 2 No (Go to CC\_Q106)
- DK, R (Go to CC\_Q106)

### Focus Questions

CC\_Q10D **%Do/Does% %you/he/she% take it every day?**  
CC\_0\_J4

- 1 Yes
- 2 No (Go to CC\_Q106)  
DK, R (Go to CC\_Q106)

CC\_Q10E **How many times per day?**  
CC\_0\_J4A

|\_| Times  
(MIN: 1) (MAX: 5)

CC\_Q10F **On average, how many units per day %do/does% %you/he/she% take?**  
CC\_0\_J4B **INTERVIEWER:** Insulin injections are in cubic centimeters or cc's.

|\_|\_| Units  
(MIN: 1) (MAX: 200; warning after 100)

### Core Questions

CC\_Q10G **%Do/Does% %you/he/she% take any other treatment or medication for**  
CCC0\_J6 **%your/his/her% diabetes?**

- 1 Yes
- 2 No (Go to CC\_Q10G)  
DK, R (Go to CC\_Q10G)

CC\_Q107 **What kind of treatment or medication?**

**INTERVIEWER:** Mark all that apply.

- CCC0\_J7A 1 Drug
- CCC0\_J7B 2 Diet
- CCC0\_J7C 3 Exercise / physiotherapy
- CCC0\_J7D 4 Other - Specify

### Focus Questions

CC\_Q10H **%Have/Has% %you/FNAME% ever taken a course or class on how to manage**  
CC\_0\_J5A **%your/his/her% diabetes?**

- 1 Yes (Go to CC\_Q10I)
- 2 No

CC\_Q10I **Has anyone else in %your/his/her% household ever taken a course or class on how**  
CC\_0\_J5B **to manage diabetes?**

- 1 Yes
- 2 No

CC\_Q10J **%Have/Has% %you/he/she% ever been given information by a health professional**  
CC\_0\_J5C **on what %you/he/she% should be eating?**

- 1 Yes
- 2 No (Go to CC\_Q10K)  
DK, R (Go to CC\_Q10K)

CC\_Q10J **From what type of health professional?**

INTERVIEWER: Mark all that apply.

- CC\_0\_J6A 1 Nurse
- CC\_0\_J6B 2 Registered dietitian
- CC\_0\_J6C 3 Family doctor or general practitioner
- CC\_0\_J6D 4 Other medical doctor or specialist
- CC\_0\_J6E 5 Other - Specify

CC\_Q10K **%Have/Has% %you/he/she% ever been taught how to check blood sugar levels?**

CC\_0\_J7A

- 1 Yes (Go to CC\_Q10M)
- 2 No (Go to CC\_Q10N)  
DK, R

CC\_Q10L **Has anyone else in %your/his/her% household ever been taught how to check blood sugar levels?**

CC\_0\_J7B

- 1 Yes
- 2 No (Go to CC\_Q10N)  
DK, R (Go to CC\_Q10N)

CC\_Q10M **In the past month, how often did %you/he/she% or anyone else in the household check %your/his/her% blood sugar levels?**

CC\_0\_J8A

- 1 More than once a day
- 2 Once a day
- 3 4 to 6 times a week
- 4 2 to 3 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 Not in the past month

CC\_Q10N **In the past month, how often did %you/he/she% or anyone else in the household check %your/his/her% feet?**

CC\_0\_J8B

- 1 Once a day
- 2 4 to 6 times a week
- 3 2 to 3 times a week
- 4 Once a week
- 5 2 to 3 times a month
- 6 Once a month
- 7 Not in the past month

**Epilepsy**

CC\_Q111 **%Do/Does% %you/FNAME% have epilepsy?**

CCC0\_1K

- 1 Yes
- 2 No (Go to CC\_C113)  
DK, R (Go to CC\_Q121)

CC\_Q112      **How old %were/was% %you/he/she% when this was first diagnosed?**

CCC0\_K3

|||      Age in years  
(MIN: 0) (MAX: current age)

Go to CC\_Q121

CC\_C113      If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in previous survey, go to CC\_Q113. Otherwise, go to CC\_Q121.

CC\_Q113      **During our last interview in %month and year of last response interview%, it was reported that %you/FNAME% had epilepsy, but this time it was not. Has the condition disappeared since then?**

CCC0\_K1

- 1      Yes
- 2      No      (Return to CC\_Q111)
- 3      Never had epilepsy      (Go to CC\_Q121)  
DK, R      (Go to CC\_Q121)

CC\_Q114      **When did it disappear?**

CCC0\_K2M

CCC0\_K2Y

||      Month  
||||      Year  
(MIN: month and year of last interview) (MAX: current month and year)

**Heart Disease**

CC\_Q121      **%Do/Does% %you/FNAME% have heart disease?**

CCC0\_L1

- 1      Yes
- 2      No      (Go to CC\_C131)  
DK, R      (Go to CC\_C131)

CC\_Q122      **How old %were/was% %you/he/she% when this was first diagnosed?**

CCC0\_L3

||||      Age in years  
(MIN: 0) (MAX: current age)

**Focus Questions**

CC\_Q12A      **%Have/Has% %you/he/she% ever had a heart attack (damage to the heart muscle)?**

CC\_0\_L1A

- 1      Yes
- 2      No      (Go to CC\_Q12J)  
DK, R      (Go to CC\_Q12J)

CC\_Q12B      **How many heart attacks %have/has% %you/he/she% had?**

CC\_0\_L1B

|      Heart attacks  
(MIN: 1) (MAX: 7)

CC\_Q12C      **How old %were/was% %you/he/she% when %you/he/she% had %your/his/her% (first) heart attack?**

CC\_0\_L1C

|||      Age in years  
(MIN: 0) (MAX: current age)

CC\_C12D If CC\_Q12B = 1, go to CC\_Q12E.

CC\_Q12D **How old %were/was% %you/he/she% when %you/he/she% had %your/his/her% most recent heart attack?**

CC\_0\_L1D

[\_][\_] Age in years  
(MIN: 0 or CC\_Q12C) (MAX: current age)

CC\_Q12E **%Have/Has% %you/he/she% ever been admitted to a hospital overnight due to a heart attack?**

CC\_0\_L1E

- 1 Yes
- 2 No

CC\_Q12F **What medical treatments %have/has% %you/he/she% received for %your/his/her% heart attack(s)?**

INTERVIEWER: Mark all that apply.

- CC\_0\_L4A 1 Bypass surgery
- CC\_0\_L4B 2 Angioplasty
- CC\_0\_L4C 3 Drugs
- CC\_0\_L4D 4 Other
- CC\_0\_L4E 5 No treatment received

CC\_Q12G **%Have/Has% %you/he/she% ever been referred to a cardiac rehabilitation program?**

CC\_0\_L5A

- 1 Yes
- 2 No (Go to CC\_Q12J)
- DK, R (Go to CC\_Q12J)

CC\_Q12H **Did %you/he/she% attend it?**

CC\_0\_L5B

- 1 Yes
- 2 No (Go to CC\_Q12J)
- DK, R (Go to CC\_Q12J)

CC\_Q12I **Did %you/he/she% complete it?**

CC\_0\_L5C

- 1 Yes
- 2 No
- 3 Still attending

CC\_Q12J **%Do/Does% %you/he/she% currently have angina (chest pain, chest tightness)?**

CC\_0\_L6

- 1 Yes
- 2 No

CC\_Q12K **%Do/Does% %you/he/she% currently have congestive heart failure (inadequate heart beat, fluid build-up in the lungs or legs)?**

CC\_0\_L7

- 1 Yes
- 2 No

**Cancer**

CC\_C131 If age < 12, go to CC\_C141.

CC\_Q131 **%Do/Does% %you/FNAME% have cancer?**

CCC0\_1M

- 1 Yes
- 2 No (Go to CC\_C141)  
DK, R (Go to CC\_C141)

CC\_Q132 **How old %were/was% %you/he/she% when this was first diagnosed?**

CCC0\_M3

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

**Stomach or Intestinal Ulcers**

CC\_C141 If age < 12, go to CC\_C151.

CC\_Q141 **Remember, we're interested in conditions diagnosed by a health professional. %Do/Does% %you/FNAME% have stomach or intestinal ulcers?**

CCC0\_1N

- 1 Yes
- 2 No (Go to CC\_C143)  
DK, R (Go to CC\_C151)

CC\_Q142 **How old %were/was% %you/he/she% when this was first diagnosed?**

CCC0\_N3

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

Go to CC\_C151

CC\_C143 If non-proxy interview and respondent had condition in previous survey, go to CC\_Q143. Otherwise, go to CC\_C151.

CC\_Q143 **During our last interview in %month and year of last response interview%, it was reported that %you/FNAME% had stomach or intestinal ulcers, but this time it was not. Has the condition disappeared since then?**

CCC0\_N1

- 1 Yes
- 2 No (Return to CC\_Q141)
- 3 Never had stomach or intestinal ulcers (Go to CC\_C151)  
DK, R (Go to CC\_C151)

CC\_Q144 **When did it disappear?**

CCC0\_N2M

\_|\_| Month

CCC0\_N2Y

\_|\_|\_|\_| Year

(MIN: month and year of last interview) (MAX: current month and year)

**Effects of a stroke**

CC\_C151 If age < 12, go to CC\_C161.

CC\_Q151 **%Do/Does% %you/FNAME% suffer from the effects of a stroke?**

CCC0\_10

- 1 Yes
- 2 No (Go to CC\_C153)  
DK, R (Go to CC\_C161)

CC\_Q152 **How old %were/was% %you/he/she% when this was first diagnosed?**

CCC0\_O3

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

Go to CC\_C161

CC\_C153 If non-proxy interview and respondent had condition in previous survey, go to CC\_Q153. Otherwise, go to CC\_C161.

CC\_Q153 **During our last interview in %month and year of last response interview%, it was reported that %you/FNAME% suffered from the effects of a stroke, but this time it was not. Has the condition disappeared since then?**

CCC0\_O1

- 1 Yes
- 2 No (Return to CC\_Q151)
- 3 Never had a stroke (Go to CC\_C161)  
DK, R (Go to CC\_C161)

CC\_Q154 **When did it disappear?**

CCC0\_O2M  
CCC0\_O2Y

\_|\_| Month  
\_|\_|\_| Year  
(MIN: month and year of last interview) (MAX: current month and year)

**Urinary Incontinence**

CC\_C161 If age < 12, go to CC\_C171.

CC\_Q161 **%Do/Does% %you/FNAME% suffer from urinary incontinence?**

CCC0\_1P

- 1 Yes
- 2 No (Go to CC\_C171)  
DK, R (Go to CC\_C171)

CC\_Q162 **How old %were/was% %you/he/she% when this was first diagnosed?**

CCC0\_P3

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)



### **Bowel Disorder**

CC\_C171 If age < 12, go to CC\_C181.

CC\_Q171 **%Do/Does% %you/FNAME% have a bowel disorder such as Crohn's Disease or**  
**CCC0\_1Q colitis?**

- 1 Yes
- 2 No (Go to CC\_C181)  
DK, R (Go to CC\_C181)

CC\_Q172 **How old %were/was% %you/he/she% when this was first diagnosed?**  
**CCC0\_Q3**

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

### **Alzheimer's Disease or other Dementia**

CC\_C181 If age < 18, go to CC\_C191.

CC\_Q181 **Remember, we're interested in conditions diagnosed by a health professional.**  
**CCC0\_1R %Do/Does% %you/FNAME% have Alzheimer's Disease or any other dementia?**

- 1 Yes
- 2 No (Go to CC\_C191)  
DK, R (Go to CC\_C191)

CC\_Q182 **How old %were/was% %you/he/she% when this was first diagnosed?**  
**CCC0\_R3**

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

### **Cataracts**

CC\_C191 If age < 18, go to CC\_C201.

CC\_Q191 **%Do/Does% %you/FNAME% have cataracts?**  
**CCC0\_1S**

- 1 Yes
- 2 No (Go to CC\_C201)  
DK, R (Go to CC\_C201)

CC\_Q192 **How old %were/was% %you/he/she% when this was first diagnosed?**  
**CCC0\_S3**

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

**Glaucoma**

CC\_C201 If age < 18, go to CC\_C211.

CC\_Q201 **%Do/Does% %you/FNAME% have glaucoma?**  
CCC0\_1T

- 1 Yes
- 2 No (Go to CC\_C211)  
DK, R (Go to CC\_C211)

CC\_Q202 **How old %were/was% %you/he/she% when this was first diagnosed?**  
CCC0\_T3

||| Age in years  
(MIN: 0) (MAX: current age)

**Thyroid Condition**

CC\_C211 If age < 12, go to CC\_Q221.

CC\_Q211 **%Do/Does% %you/FNAME% have a thyroid condition?**  
CCC0\_1U

- 1 Yes
- 2 No (Go to CC\_Q221)  
DK, R (Go to CC\_Q221)

CC\_Q212 **How old %were/was% %you/he/she% when this was first diagnosed?**  
CCC0\_U3

||| Age in years  
(MIN: 0) (MAX: current age)

**Other Long-Term Condition**

CC\_Q221 **%Do/Does% %you/FNAME% have any other long-term condition that has been  
diagnosed by a health professional?**  
CCC0\_1V

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

CC\_Q221S **INTERVIEWER: Specify.**  
CCC0F1V

\_\_\_\_\_  
(80 spaces)

**Insurance**

IS\_QINT **Now, turning to %your/FNAME's% insurance coverage. Please include any private,  
government or employer-paid plans.**  
INTERVIEWER: Press <Enter> to continue.

IS\_Q1 **%Do/Does% %you/FNAME% have insurance that covers all or part of:  
... the cost of %your/his/her% prescription medications?**  
ISC0\_1

- 1 Yes
- 2 No (Go to next section)  
R

IS\_Q2 ... %your/his/her% dental expenses?

ISC0\_2

- 1 Yes
- 2 No

IS\_Q3 ... the costs of eye glasses or contact lenses?

ISC0\_3

- 1 Yes
- 2 No

IS\_Q4 ... hospital charges for a private or semi-private room?

ISC0\_4

- 1 Yes
- 2 No

### **Health Status**

HS\_C00 If age < 4, go to next section.

HS\_QINT1 **The next set of questions asks about %your/FNAME's% day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to %you/FNAME%, but it is important that we ask the same questions of everyone.**  
INTERVIEWER: Press <Enter> to continue.

### **Vision**

HS\_C01 For children < 12 years old replace the phrase "ordinary newspaper" with "the words in a book".

HS\_Q01 **%Are/Is% %you/he/she% usually able to see well enough to read ordinary newspaper without glasses or contact lenses?**

HSC0\_1

- 1 Yes (Go to HS\_Q4)
- 2 No (Go to next section)  
DK, R

HS\_Q02 **%Are/Is% %you/he/she% usually able to see well enough to read ordinary newspaper with glasses or contact lenses?**

HSC0\_2

- 1 Yes (Go to HS\_Q4)
- 2 No

HS\_Q03 **%Are/Is% %you/he/she% able to see at all?**

HSC0\_3

- 1 Yes
- 2 No (Go to HS\_Q6)  
DK, R (Go to HS\_Q6)

HS\_Q04  
HSC0\_4      %Are/Is% %you/he/she% 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 HS\_Q6)
- 2      No                        (Go to HS\_Q6)
- DK, R                    (Go to HS\_Q6)

HS\_Q05  
HSC0\_5      %Are/Is% %you/he/she% 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

**Hearing**

HS\_Q06  
HSC0\_6      %Are/Is% %you/FNAME% 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 HS\_C10)
- 2      No                        (Go to HS\_C10)
- DK, R                    (Go to HS\_C10)

HS\_Q07  
HSC0\_7      %Are/Is% %you/he/she% 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 HS\_Q8)
- 2      No

HS\_Q07A  
HSC0\_7A      %Are/Is% %you/he/she% able to hear at all?

- 1      Yes
- 2      No                        (Go to HS\_C10)
- DK, R                    (Go to HS\_C10)

HS\_Q08  
HSC0\_8      %Are/Is% %you/he/she% 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 HS\_C10)
- 2      No                        (Go to HS\_C10)
- R                         (Go to HS\_C10)

HS\_Q09  
HSC0\_9      %Are/Is% %you/he/she% 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

**Speech**

HS\_C10      If age >= 12 then go to HS\_Q10.

HS\_QINT3      **The next few questions on day-to-day health are concerned with %FNAME's% abilities relative to other children the same age.**  
**INTERVIEWER:** Press <Enter> to continue.

HS\_Q10  
HSC0\_10      %Are/Is% %you/FNAME% usually able to be understood completely when speaking with strangers in %your/his/her% own language?

- 1      Yes                      (Go to HS\_Q14)
- 2      No                              (Go to HS\_Q14)
- R                              (Go to HS\_Q14)

HS\_Q11  
HSC0\_11      %Are/Is% %you/he/she% able to be understood partially when speaking with strangers?

- 1      Yes
- 2      No

HS\_Q12  
HSC0\_12      %Are/Is% %you/he/she% able to be understood completely when speaking with those who know %you/him/her% well?

- 1      Yes                      (Go to HS\_Q14)
- 2      No                              (Go to HS\_Q14)
- R                              (Go to HS\_Q14)

HS\_Q13  
HSC0\_13      %Are/Is% %you/he/she% able to be understood partially when speaking with those who know %you/him/her% well?

- 1      Yes
- 2      No

**Getting Around**

HS\_Q14  
HSC0\_14      %Are/Is% %you/FNAME% usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?

- 1      Yes                      (Go to HS\_Q21)
- 2      No                              (Go to HS\_Q21)
- DK, R                      (Go to HS\_Q21)

HS\_Q15  
HSC0\_15      %Are/Is% %you/he/she% able to walk at all?

- 1      Yes
- 2      No                              (Go to HS\_Q18)
- DK, R                      (Go to HS\_Q18)

HS\_Q16  
HSC0\_16      %Do/Does% %you/he/she% require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

- 1      Yes
- 2      No

HS\_Q17  
HSC0\_17      %Do/Does% %you/he/she% require the help of another person to be able to walk?

- 1      Yes
- 2      No

HS\_Q18  
HSC0\_18      %Do/Does% %you/he/she% require a wheelchair to get around?

- 1      Yes
- 2      No                              (Go to HS\_Q21)
- DK, R                      (Go to HS\_Q21)

HS\_Q19  
HSC0\_19

**How often %do/does% %you/he/she% use a wheelchair?**  
INTERVIEWER: Read categories to respondent.

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

HS\_Q20  
HSC0\_20

**%Do/Does% %you/he/she% need the help of another person to get around in the wheelchair?**

- 1 Yes
- 2 No

### Hands and Fingers

HS\_Q21  
HSC0\_21

**%Are/Is% %you/FNAME% usually able to grasp and handle small objects such as a pencil or scissors?**

- 1 Yes (Go to HS\_Q25)
- 2 No (Go to HS\_Q25)  
DK, R

HS\_Q22  
HSC0\_22

**%Do/Does% %you/he/she% require the help of another person because of limitations in the use of hands or fingers?**

- 1 Yes
- 2 No (Go to HS\_Q24)  
DK, R (Go to HS\_Q24)

HS\_Q23  
HSC0\_23

**%Do/Does% %you/he/she% 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?

HS\_Q24  
HSC0\_24

**%Do/Does% %you/he/she% require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?**

- 1 Yes
- 2 No

### Feelings

HS\_Q25  
HSC0\_25

**Would you describe %yourself/FNAME% 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?

## **Memory**

HS\_Q26  
HSC0\_26

**How would you describe %your/his/her% 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**

## **Thinking**

HS\_Q27  
HSC0\_27

**How would you describe %your/his/her% 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**

## **Pain and Discomfort**

HS\_Q28  
HSC0\_28

**%Are/Is% %you/FNAME% usually free of pain or discomfort?**

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

HS\_Q29  
HSC0\_29

**How would you describe (the usual intensity of %your/his/her% pain or discomfort?**

INTERVIEWER: Read categories to respondent.

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

HS\_Q30  
HSC0\_30

**How many activities does %your/his/her% pain or discomfort prevent?**

INTERVIEWER: Read categories to respondent.

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

## **Physical Activities**

PA\_C1 If proxy interview or age < 12, go to next section.

PA\_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.

PA\_Q1

**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.

PAC0_1A	1	Walking for exercise	PAC0_1I	13	Downhill skiing
PAC0_1B	2	Gardening or yard work	PAC0_1N	14	Bowling
PAC0_1C	3	Swimming	PAC0_1O	15	Baseball or softball
PAC0_1D	4	Bicycling	PAC0_1P	16	Tennis
PAC0_1E	5	Popular or social dance	PAC0_1Q	17	Weight-training
PAC0_1F	6	Home exercises	PAC0_1R	18	Fishing
PAC0_1G	7	Ice hockey	PAC0_1S	19	Volleyball
PAC0_1H	8	Ice skating	PAC0_1T	20	Basketball
PAC0_1Y	9	In-line skating or rollerblading	PAC0_1U	21	Any other
PAC0_1J	10	Jogging or running	PAC0_1V	22	No physical activity
PAC0_1K	11	Golfing			(Go to PA_QINT2)
PAC0_1L	12	Exercise class or aerobics		DK, R	(Go to next section)

If "Any other" is chosen as a response, go to PA\_Q1US. Otherwise, go to PA\_Q1W.

PA\_Q1US  
PAC0FC1

**What was this activity?**

INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
(80 spaces)

PA\_Q1W  
PAC0\_1W

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

- 1 Yes
- 2 No (Go to PA\_Q2)
- DK, R (Go to PA\_Q2)

PA\_Q1WS  
PAC0FC2

**What was this activity?**

INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
(80 spaces)

PA\_Q1X  
PAC0\_1X

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

- 1 Yes
- 2 No (Go to PA\_Q2)
- DK, R (Go to PA\_Q2)

PA\_Q1XS  
PAC0FC3

**What was this activity?**

INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
(80 spaces)

For each activity identified in PA\_Q1, ask PA\_Q2 and PA\_Q3.



PA\_Q2  
PAC0\_2n

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

[[[[]]]] Times  
(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)

PA\_Q3  
PAC0\_3n

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

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

PA\_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.

PA\_Q4A  
PAC0\_4A

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

- 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

PA\_Q4B  
PAC0\_4B

**In a typical week, how much time did you usually spend bicycling 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

PA\_C1

If bicycling was indicated as an activity in PA\_Q1 or > "None" in PA\_Q4B, ask PA\_Q5.  
Otherwise, go to PA\_Q6.

PA\_Q5  
PAC0\_5

**When riding a bicycle how often did you wear a helmet?**

INTERVIEWER: Read categories to respondent.

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

PA\_Q6  
PAC0\_6

Thinking back over the past 3 months, which of the following best describes 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

### UV Exposure

TU\_C1 If proxy interview or age < 12, go to next section.

TU\_QINT **A sunburn is any reddening or discomfort of your skin that lasts longer than 12 hours after exposure to the sun or other UV sources, such as tanning beds or sun lamps.**

INTERVIEWER: Press <Enter> to continue.

TU\_Q1  
TUC0\_3

**In the 12 months, has any part of your body been sunburnt?**

- 1 Yes
- 2 No

### Repetitive Strain

RP\_C1 If age < 12, go to next section.

RP\_QINT **This next section deals with repetitive strain injuries. By this we mean injuries caused by overuse or by repeating the same movement frequently. (For example, carpal tunnel syndrome, tennis elbow or tendinitis. )**

INTERVIEWER: Press <Enter> to continue.

RP\_Q1  
RPC0\_1

**In the past 12 months, that is, from %date one year ago% to yesterday, did %you/FNAME% have any injuries due to repetitive strain which were serious enough to limit %your/his/her% normal activities?**

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

RP\_Q3  
RPC0\_3

**Thinking about the most serious repetitive strain, what part of the body was affected?**

- 1 Head
- 2 Neck
- 3 Shoulder, upper arm
- 4 Elbow, lower arm
- 5 Wrist, hand
- 6 Hip
- 7 Thigh
- 8 Knee, lower leg
- 9 Ankle, foot
- 10 Upper back or upper spine
- 11 Lower back or lower spine
- 12 Chest (excluding back and spine)
- 13 Abdomen or pelvis (excluding back and spine)

RP\_Q4

**What type of activity were %you/he/she% doing when %you/he/she% got this repetitive strain?**

INTERVIEWER: Mark all that apply.

RPC0\_5A  
RPC0\_5B  
RPC0\_5C  
RPC0\_5D  
RPC0\_5E  
RPC0\_5F

- 1 Sports or physical exercise (include school activities)
- 2 Leisure or hobby (include volunteering)
- 3 Working at a job or business (include travel to or from work)
- 4 Household chores, other unpaid work or education
- 5 Sleeping, eating, personal care
- 6 Other - Specify

## **Injuries**

IJ\_CINT

If age < 12, do not use the word "other" in IJ\_QINT.

IJ\_QINT

**Now some questions about %other% injuries which occurred in the past 12 months, and were serious enough to limit %your/FNAME's% normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning.**

INTERVIEWER: Press <Enter> to continue.

IJ\_C01

If RP\_Q1 <> 1 then use second part of phrase only in IJ\_Q01.

IJ\_Q01

IJC0\_1

**(Not counting repetitive strain injuries,) In the past 12 months, that is, from %date one year ago% to yesterday, %were/was% %you/FNAME% injured?**

- 1 Yes
- 2 No (Go to IJ\_Q14)  
DK, R (Go to next section)

IJ\_Q02

IJC0\_2

**How many times %were/was% %you/he/she% injured?**

||| Times  
(MIN: 1) (MAX: 30; warning after 6)  
DK, R (Go to next section)

IJ\_Q03  
IJC0\_3

**(Thinking about the most serious injury,) What type of injury did %you/he/she% have? For example, a broken bone or burn.**

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn, scald, chemical burn
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut, puncture, animal bite (open wound)
- 7 Scrape, bruise, blister
- 8 Concussion or other brain injury (Go to IJ\_Q06)
- 9 Poisoning (Go to IJ\_Q06)
- 10 Injury to internal organs (Go to IJ\_Q05)
- 11 Other - Specify

IJ\_Q04  
IJC0\_4

**What part of the body was injured?**

- 1 Multiple sites
- 2 Eyes
- 3 Head (excluding eyes)
- 4 Neck
- 5 Shoulder, upper arm
- 6 Elbow, lower arm
- 7 Wrist, hand
- 8 Hip
- 9 Thigh
- 10 Knee, lower leg
- 11 Ankle, foot
- 12 Upper back or upper spine
- 13 Lower back or lower spine
- 14 Chest (excluding back and spine)
- 15 Abdomen or pelvis (excluding back and spine)

Go to IJ\_Q06

IJ\_Q05  
IJC0\_4A

**What part of the body was injured?**

- 1 Chest (within rib cage)
- 2 Abdomen or pelvis (below ribs)
- 3 Other - Specify

IJ\_Q06  
IJC0\_5

**Where did the injury happen?**

**INTERVIEWER:** If respondent says 'At work' probe for type of workplace.

- 1 In a home or its surrounding area
- 2 Residential institution
- 3 School, college, university (exclude sports areas)
- 4 Other institution (e.g., church, hospital, theatre, civic building)
- 5 Sports or athletics area (include school sports areas)
- 6 Street, highway, sidewalk
- 7 Commercial area (e.g., store, restaurant, office building, transport terminal)
- 8 Industrial or construction area
- 9 Farm (exclude farmhouse and its surrounding area)
- 10 Other - Specify

IJ\_Q07  
IJC0\_9

**What type of activity %were/was% %you/he/she% doing when %you/he/she% %were/was% injured?**

- 1 Sports or physical exercise (include school activities)
- 2 Leisure or hobby (include volunteering)
- 3 Working at a job or business (include travel to or from work)
- 4 Household chores, other unpaid work or education
- 5 Sleeping, eating, personal care
- 6 Other - Specify

IJ\_Q08  
IJC0\_10

**Was the injury the result of a fall?**

INTERVIEWER: Select 'No' for transportation accidents.

- 1 Yes
- 2 No (Go to IJ\_Q10)  
DK, R (Go to IJ\_Q10)

IJ\_Q09  
IJC0\_10A

**How did %you/he/she% fall?**

- 1 While skating, skiing, snowboarding, in-line skating or skateboarding
- 2 Going up or down stairs/steps (icy or not)
- 3 Slip, trip or stumble on ice or snow
- 4 Slip, trip or stumble on any other surface
- 5 From furniture (e.g., bed, chair)
- 6 From elevated position (e.g., ladder, tree)
- 7 Other - Specify

Go to IJ\_Q11

IJ\_Q10  
IJC0\_10B

**What caused the injury?**

- 1 Transportation accident
- 2 Accidentally bumped, pushed, bitten, etc. by person or animal
- 3 Accidentally struck or crushed by object(s)
- 4 Accidental contact with sharp object, tool or machine
- 5 Smoke, fire, flames
- 6 Accidental contact with hot object, liquid or gas
- 7 Extreme weather or natural disaster
- 8 Overexertion or strenuous movement
- 9 Physical assault
- 10 Other - Specify

IJ\_Q11  
IJC0\_11

**Did %you/FNAME% receive any medical attention for the injury within 48 hours from a health professional?**

- 1 Yes
- 2 No (Go to IJ\_Q14)  
DK, R (Go to IJ\_Q14)

IJ\_Q12  
IJC0\_12

**Where did %you/he/she% receive treatment?**

- 1 Doctor's office
- 2 Hospital emergency room
- 3 Hospital outpatient clinic (e.g., day surgery, cancer)
- 4 Walk-in clinic
- 5 Appointment clinic
- 6 Community health centre / CLSC
- 7 At work
- 8 At school
- 9 At home
- 10 Telephone consultation only
- 11 Other - Specify

IJ\_Q13  
IJC0\_13

**%Were/Was% %you/he/she% admitted to a hospital overnight?**

- 1 Yes
- 2 No

IJ\_Q14  
IJC0\_14

**Did %you/FNAME% have any other injuries in the past 12 months that were treated by a health professional, but did not limit %your/his/her% normal activities?**

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

IJ\_Q15  
IJC0\_15

**How many injuries?**

[[ ]] Injuries  
(MIN: 1) (MAX: 30; warning after 6)

**Stress**

ST\_C100 If proxy interview, go to next section. If age < 18, go to ST\_C400.

**Ongoing Problems**

ST\_QINT1A **The next part of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.**

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

ST\_QINT1B **I'll start by describing situations that sometimes come up in people's lives. As there are no right or wrong answers, the idea is to choose the answer best suited to your personal situation. I'd like you to tell me if these things are true for you at this time by answering 'true' if it applies to you now or 'false' if it does not.**

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

ST\_Q101  
ST\_0\_C1

**You are trying to take on too many things at once.**

- 1 True
- 2 False  
R (Go to ST\_QINT2)

ST\_Q102  
ST\_0\_C2

**There is too much pressure on you to be like other people.**

- 1 True
- 2 False

ST\_Q103  
ST\_0\_C3

**Too much is expected of you by others.**

- 1 True
- 2 False

ST\_Q104  
ST\_0\_C4

**You don't have enough money to buy the things you need.**

- 1 True
- 2 False

ST\_C105

If marital status = married or living common-law go to ST\_Q105. If marital status = single, widowed, separated or divorced go to ST\_Q108. Otherwise (i.e., marital status is unknown) go to ST\_Q109.

ST\_Q105  
ST\_0\_C5

**Your partner doesn't understand you.**

- 1 True
- 2 False

ST\_Q106  
ST\_0\_C6

**Your partner doesn't show enough affection.**

- 1 True
- 2 False

ST\_Q107  
ST\_0\_C7

**Your partner is not committed enough to your relationship.**

- 1 True
- 2 False

Go to ST\_Q109

ST\_Q108  
ST\_0\_C8

**You find it is very difficult to find someone compatible with you.**

- 1 True
- 2 False

ST\_Q109  
ST\_0\_C9

**Do you have any children?**

- 1 Yes
- 2 No (Go to ST\_Q112)
- DK, R (Go to ST\_Q112)

ST\_Q110  
ST\_0\_C10

**Remember I want to know if you feel any of these statements are true for you at this time.**

**One of your children seems very unhappy.**

- 1 True
- 2 False

ST\_Q111  
ST\_0\_C11

**A child's behaviour is a source of serious concern to you.**

- 1 True
- 2 False

ST\_Q112  
ST\_0\_C12

**Your work around the home is not appreciated.**

- 1 True
- 2 False

ST\_Q113  
ST\_0\_C13

**Your friends are a bad influence.**

- 1 True
- 2 False

ST\_Q114  
ST\_0\_C14

**You would like to move but you cannot.**

- 1 True
- 2 False

ST\_Q115  
ST\_0\_C15

**Your neighbourhood or community is too noisy or too polluted.**

- 1 True
- 2 False

ST\_Q116  
ST\_0\_C16

**You have a parent, a child or a partner who is in very bad health and may die.**

- 1 True
- 2 False

ST\_Q117  
ST\_0\_C17

**Someone in your family has an alcohol or drug problem.**

- 1 True
- 2 False

ST\_Q118  
ST\_0\_C18

**People are too critical of you or what you do.**

- 1 True
- 2 False

**Recent Life Events**

ST\_QINT2

**Now I'd like to ask you about some things that may have happened in the past 12 months, that is, from %date one year ago% to yesterday. Some of these experiences happen to most people at one time or another, while some happen to only a few. First, I'd like to ask about yourself or anyone close to you (that is, your spouse or partner, children, relatives or close friends).**

INTERVIEWER: Press <Enter> to continue.

ST\_Q201  
ST\_0\_R1

**In the past 12 months, was any one of you beaten up or physically attacked?**

- 1 Yes
- 2 No
- R

(Go to ST\_QINT3)



ST\_Q202  
ST\_0\_R2

**Now I'd like you to think just about your family, that is, yourself and your spouse/partner or children, if any. In the past 12 months, did (you or) someone in your family, have an unwanted pregnancy?**

- 1 Yes
- 2 No

ST\_Q203  
ST\_0\_R3

**In the past 12 months, did (you or) someone in your family have an abortion or miscarriage?**

- 1 Yes
- 2 No

ST\_Q204  
ST\_0\_R4

**In the past 12 months, did you or someone in your family have a major financial crisis?**

- 1 Yes
- 2 No

ST\_Q205  
ST\_0\_R5

**In the past 12 months, did you or someone in your family fail school or a training program?**

- 1 Yes
- 2 No

ST\_C206

If marital status = married or living common-law include the phrase "or your partner" in ST\_Q206 and ST\_Q207.

ST\_Q206  
ST\_0\_R6

**Now I'd like you to think just about yourself %and your spouse or partner%. In the past 12 months, did you %or your partner% experience a change of job for a worse one?**

- 1 Yes
- 2 No

ST\_Q207  
ST\_0\_R7

**In the past 12 months, were you %or your partner% demoted at work or did %you/ either of you% take a cut in pay?**

- 1 Yes
- 2 No

ST\_C208

(If marital status = married or living common-law ask ST\_Q208. Otherwise go to ST\_Q209.

ST\_Q208  
ST\_0\_R8

**In the past 12 months, did you have increased arguments with your partner?**

- 1 Yes
- 2 No

ST\_Q209  
ST\_0\_R9

**Now, just you personally, in the past 12 months, did you go on Welfare?**

- 1 Yes
- 2 No

ST\_C210 If ST\_Q109 = yes (have children) ask ST\_Q210. Otherwise go to ST\_C300.

ST\_Q210 **In the past 12 months, did you have a child move back into the house?**

ST\_0\_R10

- 1 Yes
- 2 No

**Childhood and Adult Stressors (“traumas”)**

ST\_C300 Asked only of persons who were < 18 in 1994 and now are 18 years and over.

ST\_QINT3 **The next few questions ask about some things that may have happened to you while you were a child or a teenager, before you moved out of the house. Please tell me if any of these things have happened.**

INTERVIEWER: Press <Enter> to continue.

ST\_Q301 **Did you spend 2 weeks or more in the hospital?**

ST\_0\_T1

- 1 Yes
- 2 No
- R (Go to ST\_C400)

ST\_Q302 **Did your parents get a divorce?**

ST\_0\_T2

- 1 Yes
- 2 No

ST\_Q303 **Did your father or mother not have a job for a long time when they wanted to be working?**

ST\_0\_T3

- 1 Yes
- 2 No

ST\_Q304 **Did something happen that scared you so much you thought about it for years after?**

ST\_0\_T4

- 1 Yes
- 2 No

ST\_Q305 **Were you sent away from home because you did something wrong?**

ST\_0\_T5

- 1 Yes
- 2 No

ST\_Q306 **Did either of your parents drink or use drugs so often that it caused problems for the family?**

ST\_0\_T6

- 1 Yes
- 2 No

ST\_Q307 **Were you ever physically abused by someone close to you?**

ST\_0\_T7

- 1 Yes
- 2 No

**Work Stress**

ST\_C400 If age < 15 or age > 75, go to ST\_C500.

ST\_QINT4A **Now I'm going to read you a series of statements that might describe your job situation.**

INTERVIEWER: Press <Enter> to continue.

ST\_Q400 **Do you currently work at a job or business?**

ST\_0\_W1

- 1 Yes
- 2 No (Go to ST\_C500)
- DK, R (Go to ST\_C500)

ST\_QINT4B **Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. If you have more than one job, just think about the main one.**

INTERVIEWER: Press <Enter> to continue.

ST\_Q401 **Your job requires that you learn new things.**

ST\_0\_W1A

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- R (Go to ST\_C500)

ST\_Q402 **Your job requires a high level of skill.**

ST\_0\_W1B

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

ST\_Q403 **Your job allows you freedom to decide how you do your job.**

ST\_0\_W1C

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

ST\_Q404 **Your job requires that you do things over and over.**

ST\_0\_W1D

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

ST\_Q405  
ST\_0\_W1E

**Your job is very hectic.**

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

ST\_Q406  
ST\_0\_W1F

**You are free from conflicting demands that others make.**

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

ST\_Q407  
ST\_0\_W1G

**Your job security is good.**

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

ST\_Q408  
ST\_0\_W1H

**Your job requires a lot of physical effort.**

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

ST\_Q409  
ST\_0\_W1I

**You have a lot to say about what happens in your job.**

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

ST\_Q410  
ST\_0\_W1J

**You are exposed to hostility or conflict from the people you work with.**

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

ST\_Q411  
ST\_0\_W1K

**Your supervisor is helpful in getting the job done.**

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

ST\_Q412  
ST\_0\_W1L

**The people you work with are helpful in getting the job done.**

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

ST\_Q413  
ST\_0\_W2

**How satisfied are you with your job?**

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
- 2 **Somewhat satisfied**
- 3 **Not too satisfied**
- 4 **Not at all satisfied**

**Self-Esteem**

ST\_C500 If age < 12, go to ST\_C600

ST\_QINT5

**Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

INTERVIEWER: Press <Enter> to continue.

ST\_Q501  
PY\_0\_E1A

**You feel that you have a number of good qualities.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- R (Go to ST\_C600)

ST\_Q502  
PY\_0\_E1B

**You feel that you're a person of worth at least equal to others.**

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

ST\_Q503  
PY\_0\_E1C

**You are able to do things as well as most other people.**

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

ST\_Q504  
PY\_0\_E1D

**You take a positive attitude toward yourself.**

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

ST\_Q505  
PY\_0\_E1E

**On the whole you are satisfied with yourself.**

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

ST\_Q506  
PY\_0\_E1F

**All in all, you're inclined to feel you're a failure.**

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

**Mastery**

ST\_C600

If age < 12, go to next section.

ST\_Q601  
PY\_0\_M1A

**You have little control over the things that happen to you.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- R (Go to next section)

ST\_Q602  
PY\_0\_M1B

**There is really no way you can solve some of the problems you have.**

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

ST\_Q603  
PY\_0\_M1C

**There is little you can do to change many of the important things in your life.**

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

ST\_Q604  
PY\_0\_M1D

**You often feel helpless in dealing with problems of life.**

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

ST\_Q605  
PY\_0\_M1E

**Sometimes you feel that you are being pushed around in life.**

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

ST\_Q606  
PY\_0\_M1F

**What happens to you in the future mostly depends on you.**

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

ST\_Q607  
PY\_0\_M1G

**You can do just about anything you really set your mind to.**

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

## **Drug Use**

DG\_C1 If age < 12, go to next section.

DG\_QINT **Now I'd like to ask a few questions about %your/FNAME%'s% use of medications, both prescription and over-the-counter, as well as other health products.**  
INTERVIEWER: Press <Enter> to continue.

DG\_Q1A **In the past month, that is, from %date one month ago% to yesterday, did**  
DGC0\_1A **%you/FNAME% take:**  
**... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatory)?**

- 1 Yes
  - 2 No
- R (Go to next section)

DG\_Q1B **... tranquilizers such as Valium?**  
DGC0\_1B

- 1 Yes
- 2 No

DG\_Q1C  
DGC0\_1C

... diet pills such as Redux, Ponderal or Fastin?

- 1 Yes
- 2 No

DG\_Q1D  
DGC0\_1D

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

- 1 Yes
- 2 No

DG\_Q1E  
DGC0\_1E

... codeine, Demerol or morphine?

- 1 Yes
- 2 No

DG\_Q1F  
DGC0\_1F

... allergy medicine such as Seldane or Chlor-Tripolon?

- 1 Yes
- 2 No

DG\_Q1G  
DGC0\_1G

In the past month, that is, from %date one month ago% to yesterday, did %you/FNAME% take:

... asthma medications such as inhalers or nebulizers?

- 1 Yes
- 2 No

DG\_Q1H  
DGC0\_1H

... cough or cold remedies?

- 1 Yes
- 2 No

DG\_Q1I  
DGC0\_1I

... penicillin or other antibiotics?

- 1 Yes
- 2 No

DG\_Q1J  
DGC0\_1J

... medicine for the heart?

- 1 Yes
- 2 No

DG\_Q1K  
DGC0\_1K

... medicine for blood pressure?

- 1 Yes
- 2 No

DG\_Q1L  
DGC0\_1L

In the past month, that is, from %date one month ago% to yesterday, did %you/FNAME% take:

... diuretics or water pills?

- 1 Yes
- 2 No

DG\_Q1M  
DGC0\_1M

... steroids?

- 1 Yes
- 2 No



DG\_Q1N ... insulin?  
DGC0\_1N

- 1 Yes
- 2 No

DG\_Q1O ... pills to control diabetes?  
DGC0\_1O

- 1 Yes
- 2 No

DG\_Q1P ... sleeping pills?  
DGC0\_1P

- 1 Yes
- 2 No

DG\_Q1Q ... stomach remedies?  
DGC0\_1Q

- 1 Yes
- 2 No

DG\_Q1R ... laxatives?  
DGC0\_1R

- 1 Yes
- 2 No

DG\_C1S If female & age <= 49, go to DG\_Q1S. Otherwise, go to DG\_C1T.

DG\_Q1S ... birth control pills?  
DGC0\_1S

- 1 Yes
- 2 No

DG\_C1T If female & age >= 30, go to DG\_Q1T. Otherwise, go to DG\_Q1U.

DG\_Q1T ... hormones for menopause or aging symptoms?  
DGC0\_1T

- 1 Yes
- 2 No (Go to DG\_Q1U)
- DK, R (Go to DG\_Q1U)

DG\_Q1T1 **What type of hormones %are/is% %you/she% taking?**  
DGC0\_1T1

INTERVIEWER: Read categories to respondent.

- 1 **Estrogen only**
- 2 **Progesterone only**
- 3 **Both**
- 4 **Neither**

DG\_Q1T2 **When did %you/she% start this hormone therapy?**  
DGC0\_1T2

INTERVIEWER: Enter the year.

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

DG\_Q1U  
DGC0\_1U

**In the past month, that is, from %date one month ago% to yesterday, did %you/FNAME% take:  
... thyroid medication such as Synthroid or Levothyroxine?**

- 1 Yes
- 2 No

DG\_Q1V  
DGC0\_1V

**... any other medication?**

- 1 Yes (Specify)
- 2 No

DG\_C2

If any drug(s) specified in DG\_Q1A to DG\_Q1V, go to DG\_Q2. Otherwise, go to DG\_Q4.

DG\_Q2  
DGC0\_2

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

||| Medications  
(MIN: 0) (MAX: 99; warning after 10)  
DK, R (Go to DG\_Q4.)

DG\_C3

If number = 0, then go to DG\_Q4. For each number > 0 ask DG\_Q3 and DG\_Q3A, up to a maximum of 12.

DG\_Q3nn  
DGC0F3n

**What is the exact name of the medication that %you/FNAME% took?**  
INTERVIEWER: Ask respondent to look at the bottle, tube or box.

\_\_\_\_\_  
(80 spaces)  
DK, R (Go to DG\_Q4.)

DG\_Q3nnA  
DGC0\_3nA

**Was this a prescription from a medical doctor or dentist?**

- 1 Yes
- 2 No

DG\_Q4  
DGC0\_4

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

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

DG\_Q4A  
DGC0\_4A

**In the past 2 days, that is, yesterday and the day before yesterday, did %you/he/she% use any of these health products?**

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

DG\_Q501  
DGC0F5A

**Thinking of the past 2 days, what is the exact name of the health product that %you/he/she% used?**

INTERVIEWER: Ask respondent to look at the bottle, tube or box.

\_\_\_\_\_  
(80 spaces)

DG\_Q5nnA  
DGC0\_5nA

**Did %you/he/she% use any other health products?**

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

DG\_Q5nn  
DGC0F5n

**What is the exact name of the next health product?**

INTERVIEWER: Ask respondent to look at the bottle, tube or box.

\_\_\_\_\_  
(80 spaces)

Ask DG\_Q5nnA and DG\_Q5nn for up to 12 products.

## **Smoking**

SM\_C100 If age < 12, go to next section.

SM\_Q101  
SMC0\_1

**The next questions are about smoking.**

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

- 1 Yes
- 2 No

SM\_Q102  
SMC0\_2

**At the present time %do/does% %you/FNAME% smoke cigarettes daily, occasionally or not at all?**

- 1 Daily
- 2 Occasionally (Go to SM\_Q105B)
- 3 Not at all (Go to SM\_Q104A)
- DK, R (Go to next section)

SM\_C103 If reported was daily smoker in previous interview, go to SM\_Q104 (SM\_Q103 was filled during processing).

SM\_Q103  
SMC0\_3

**At what age did %you/he/she% begin to smoke cigarettes daily?**

|\_|\_|\_| Age in years  
(MIN: 5) (MAX: current age)

SM\_Q104  
SMC0\_4

**How many cigarettes %do/does% %you/he/she% smoke each day now?**

|\_| Cigarettes  
(MIN: 1) (MAX: 99; warning after 60)

Go to SM\_C109

SM\_Q104A  
SMC0\_4A

**%Have/Has% %you/he/she% ever smoked cigarettes at all?**

- 1 Yes (Go to SM\_Q105A)
- 2 No (Go to SM\_C200)
- DK, R (Go to SM\_C200)

SM\_C104B If reported ever smoked in previous interview and non-proxy interview, go to SM\_Q104B. Otherwise, go to SM\_C200.

SM\_Q104B **(Remember, it's important to understand change.)**  
SMC0\_4B **During our last interview in %month and year of last response interview%. we recorded that you had previously smoked but this time we did not. In fact, have you ever smoked cigarettes?**

- 1 Yes (SM\_Q104A was filled with "1" during processing)
- 2 No (Go to SM\_C200)
- DK, R (Go to SM\_C200)

SM\_Q105A **In %your/his% lifetime, %have/has% %you/FNAME% smoked a total of 100 or more cigarettes (about 4 packs)?**

SMC0\_5A

- 1 Yes
- 2 No

Go to SM\_Q105D

SM\_Q105B **On the days that %you/FNAME% %do/does% smoke, about how many cigarettes %do/does% %you/he/she% usually have?**

SMC0\_5B

||| Cigarettes  
(MIN: 1) (MAX: 99; warning after 20)

SM\_Q105C **In the past month, on how many days %have/has% %you/he/she% smoked 1 or more cigarettes?**

SMC0\_5C

||| Days  
(MIN: 0) (MAX: 30)

SM\_C105D If reported was daily smoker in previous interview or reported ever was daily smoker in previous interview, go to SM\_C109 (SM\_Q105D was filled with "1" during processing).

SM\_Q105D **%Have/Has% %you/he/she% ever smoked cigarettes daily?**

SMC0\_5

- 1 Yes
- 2 No (Go to SM\_C109)
- DK, R (Go to SM\_C200)

SM\_Q106 **At what age did %you/he/she% begin to smoke (cigarettes) daily?**

SMC0\_6

||| Age in years  
(MIN: 5) (MAX: current age)

SM\_Q107 **How many cigarettes did %you/he/she% usually smoke each day?**

SMC0\_7

||| Cigarettes  
(MIN: 1) (MAX: 99; warning after 60)

SM\_Q108 **At what age did %you/he/she% stop smoking (cigarettes) daily?**

SMC0\_8

||| Age in years  
(MIN: 5 or age in SM\_Q106) (MAX: current age)

SM\_C109

	Smoke - 1998	Smoke - 2000	Go to
Non-proxy only	Daily or Occasionally	Not at all	SM_Q109
Non-proxy only	Not at all	Daily or Occasionally	SM_Q110
Non-proxy only	Daily	Occasionally	SM_Q111
Non-proxy only	Occasionally	Daily	SM_Q112
Otherwise	-	-	SM_C200

NOTE: If respondent says he/she "never smoked" even after probing in SM\_Q104B, and there is a change from 1998 to 2000, no further probing is done.

If SM\_Q104B = 2, then SM\_Q109, SM\_Q110, SM\_Q111 and SM\_Q112 are set to valid skips.

SM\_Q109  
SMC0\_9

**Compared to our interview in %month and year of last response interview%, you are reporting that you no longer smoke. Why did you quit?**

- 1 Never smoked
- 2 Didn't smoke at last interview
- 3 Affected physical health
- 4 Cost
- 5 Social/family pressures
- 6 Athletic activities
- 7 Pregnancy
- 8 Smoking restrictions
- 9 Doctor's advice
- 10 Effect of second-hand smoke on others
- 11 Other - Specify

Go to SM\_C200.

SM\_Q110  
SMC0\_10

**Compared to our interview in %month and year of last response interview% you are reporting that you currently smoke. Why did you start smoking?**

- 1 Smoked at last interview
- 2 Family / friends smoke
- 3 Everyone around me smokes
- 4 To be "cool"
- 5 Curiosity
- 6 Stress
- 7 Started again after trying to quit
- 8 Cost
- 9 To control weight
- 10 Other - Specify

Go to SM\_C200.

SM\_Q111  
SMC0\_11

**Compared to our interview in %month and year of last response interview%, you are reporting that you smoke less. Why did you cut down?**

- 1 Didn't cut down
- 2 Didn't smoke at last interview
- 3 Trying to quit
- 4 Affected physical health
- 5 Cost
- 6 Social / family pressures
- 7 Athletic activities
- 8 Pregnancy
- 9 Smoking restrictions
- 10 Doctor's advice
- 11 Effect of second-hand smoke on others
- 12 Other - Specify

Go to SM\_C200.

SM\_Q112  
SMC0\_12

**Compared to our interview in %month and year of last response interview%, you are reporting that you smoke more. Why have you increased smoking?**

- 1 Haven't increased
- 2 Family / friends smoke
- 3 Everyone around me smokes
- 4 To be "cool"
- 5 Curiosity
- 6 Stress
- 7 Increased after trying to quit / reduce
- 8 Cost
- 9 To control weight
- 10 Other - Specify

SM\_C200

If proxy interview, go to next section.

SM\_C201

If SM\_Q102 = 1 (Daily smoker), go to SM\_Q201.  
Otherwise, go to SM\_C202.

SM\_Q201  
SMC0\_2\_1

**How soon after you wake up do you smoke your first cigarette?**

- 1 Within 5 minutes
- 2 6 to 30 minutes after waking
- 3 31 to 60 minutes after waking
- 4 More than 60 minutes after waking  
DK, R (Go to next section)

SM\_C202

If SM\_Q102 = 1 (Daily smoker) or SM\_Q102 = 2 (Occasional smoker), go to SM\_Q202.  
Otherwise, go to SM\_C206.

SM\_Q202  
SMC0\_2\_2

**Have you tried quitting in the past 6 months?**

- 1 Yes
- 2 No (Go to SM\_C206)  
DK, R (Go to SM\_C206)

SM\_Q203  
SMC0\_2\_3

**How many times have you tried quitting (in the past 6 months)?**

||| Times  
(MIN:1) (MAX: 25)

SM\_Q204  
SMC0\_2\_4

**Are you seriously considering quitting within the next 30 days?**

- 1 Yes (Go to SM\_C206)
- 2 No

SM\_Q205  
SMC0\_2\_5

**Are you seriously considering quitting within the next 6 months?**

- 1 Yes
- 2 No

SM\_C206

If ST\_Q400 = 1 (currently employed), go to SM\_Q206. Otherwise, go to next section.

SM\_Q206  
SMC0\_2\_6

**At your place of work what are the restrictions on smoking?**

INTERVIEWER: Read categories to respondent.

- 1 **Restricted completely**
- 2 **Allowed in designated areas**
- 3 **Restricted only in certain places**
- 4 **Not restricted at all**

## **Alcohol**

AL\_C1

If age < 12, go to next section.

AL\_QINT

**Now, some questions about %your/FNAME's% alcohol consumption.**

**When we use the word drink it means:**

- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one drink or cocktail with 1 and a 1/2 ounces of liquor.

INTERVIEWER: Press <Enter> to continue.

AL\_Q1A  
ALC0\_1A

**Since %our interview in month and year of last response interview%, %have/has% %you/FNAME% had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to AL\_Q5B)
- DK, R (Go to next section)

AL\_Q1B  
ALC0\_1

**During the past 12 months, that is, from %date one year ago% to yesterday, %have/has% %you/FNAME% had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to AL\_Q6)
- DK, R (Go to next section)

AL\_Q2  
ALC0\_2

During the past 12 months, how often did %you/he/she% 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

AL\_Q3  
ALC0\_3

How often in the past 12 months %have/has% %you/he/she% had 5 or more drinks on one occasion?

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

AL\_Q5  
ALC0\_5

Thinking back over the past week, that is, from %date last week% to yesterday, did %you/FNAME% have a drink of beer, wine, liquor or any other alcoholic beverage?

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

AL\_Q5A

Starting with yesterday, that is %day name%, how many drinks did %you/FNAME% have:

ALC0\_5A1  
ALC0\_5A2  
ALC0\_5A3  
ALC0\_5A4  
ALC0\_5A5  
ALC0\_5A6  
ALC0\_5A7

- 1 **Sunday?** (If R on first day, go to next section)
- 2 **Monday?** (MIN: 0 MAX: 99; warning after 12 for each day)
- 3 **Tuesday?**
- 4 **Wednesday?**
- 5 **Thursday?**
- 6 **Friday?**
- 7 **Saturday?**

Go to next section.

AL\_Q5B  
ALC0\_5B

Have %you/he/she% ever had a drink?

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

AL\_Q6  
ALC0\_6

Did %you/he/she% ever regularly drink more than 12 drinks a week?

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



AL\_Q7

**Why did %you/he/she% reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

- |         |    |  |
|---------|----|--|
| ALC0_7A | 1  | Dieting  |
| ALC0_7B | 2  | Athletic training                                  |
| ALC0_7C | 3  | Pregnancy  |
| ALC0_7D | 4  | Getting older                                      |
| ALC0_7E | 5  | Drinking too much / drinking problem               |
| ALC0_7F | 6  | Affected - work, studies, employment opportunities |
| ALC0_7G | 7  | Interfered with family or home life                |
| ALC0_7H | 8  | Affected - physical health                         |
| ALC0_7I | 9  | Affected - friendships or social relationships     |
| ALC0_7J | 10 | Affected - financial position                      |
| ALC0_7K | 11 | Affected - outlook on life, happiness              |
| ALC0_7L | 12 | Influence of family or friends                     |
| ALC0_7M | 13 | Other - Specify                                    |

## **Mental Health**

MH\_C01 If proxy interview or age < 12, go to next section.

MH\_QINT **Now some questions about mental and emotional well-being.**

INTERVIEWER: Press <Enter> to continue.

MH\_Q01A **During the past month, that is, from %date one month ago% to yesterday, about how often did you feel**

MHC0\_1A

**... so sad that nothing could cheer you up?**

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to MH\_Q01K)

MH\_Q01B **... nervous?**

MHC0\_1B

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to MH\_Q01K)

MH\_Q01C **... restless or fidgety?**

MHC0\_1C

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to MH\_Q01K)

MH\_Q01D  
MHC0\_1D

... hopeless?

INTERVIEWER: Read categories to respondent.

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
  - 5 None of the time
- DK, R (Go to MH\_Q01K)

MH\_Q01E  
MHC0\_1E

... worthless?

INTERVIEWER: Read categories to respondent.

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
  - 5 None of the time
- DK, R (Go to MH\_Q01K)

MH\_Q01F  
MHC0\_1F

... that everything was an effort?

INTERVIEWER: Read categories to respondent.

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
  - 5 None of the time
- DK, R (Go to MH\_Q01K)

MH\_C01G

If MH\_Q01A to MH\_Q01F are all "None of the time", go to MH\_Q01K.

MH\_Q01G  
MHC0\_1G

**We have just been talking about feelings and experiences that occurred to different degrees during the past month.**

**Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual or about the same as usual?**

- 1 More often
  - 2 Less often (Go to MH\_Q01I)
  - 3 About the same (Go to MH\_Q01J)
  - 4 Never have had any (Go to MH\_Q01K)
- DK, R (Go to MH\_Q01K)

MH\_Q01H  
MHC0\_1H

**Is that a lot more, somewhat more or only a little more often than usual?**

- 1 A lot
  - 2 Somewhat
  - 3 A little
- DK, R (Go to MH\_Q01K)

Go to MH\_Q01J.

MH\_Q01I  
MHC0\_1I

Is that a **lot** less, **somewhat** less or only a **little** less often than usual?

- 1 A lot
- 2 Somewhat
- 3 A little
- DK, R (Go to MH\_Q01K)

MH\_Q01J  
MHC0\_1J

How much do these experiences usually interfere with your life or activities?

INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **Some**
- 3 **A little**
- 4 **Not at all**

MH\_Q01K  
MHC0\_1K

In the past 12 months, that is, from %date one year ago% to yesterday, have you seen or talked on the telephone to a health professional about your emotional or mental health?

- 1 Yes
- 2 No (Go to MH\_Q02)
- DK, R (Go to MH\_Q02)

MH\_Q01L  
MHC0\_1L

How many times (in the past 12 months)?

||| Times  
(MIN: 1) (MAX: 366; warning after 25)

MH\_Q01M

Whom did you see or talk to?

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

MHC0\_1MA  
MHC0\_1MB  
MHC0\_1MC  
MHC0\_1MD  
MHC0\_1ME  
MHC0\_1MF

- 1 **Family doctor or general practitioner**
- 2 **Psychiatrist**
- 3 **Psychologist**
- 4 **Nurse**
- 5 **Social worker or counsellor**
- 6 **Other - Specify**

MH\_Q02  
MHC0\_2

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 MH\_Q16)
- DK, R (Go to next section)

MH\_Q03  
MHC0\_3

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?

INTERVIEWER: Read categories to respondent.

- 1 **All day long**
- 2 **Most of the day**
- 3 **About half of the day** (Go to MH\_Q16)
- 4 **Less than half of a day** (Go to MH\_Q16)
- DK, R (Go to next section)

MH\_Q04  
MHC0\_4

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

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to MH\_Q16)  
DK, R (Go to next section)

MH\_Q05  
MHC0\_5

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

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

MH\_Q06  
MHC0\_6

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

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

MH\_Q07  
MHC0\_7

**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 MH\_Q09)
- 4 Was on a diet (Go to MH\_Q09)  
DK, R (Go to next section)

MH\_Q08A  
MHC0\_8A

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

INTERVIEWER: Enter amount only.

Weight  
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)  
DK, R (Go to MH\_Q09)

MH\_Q08B  
MHC0\_8B

INTERVIEWER: Was that in pounds or in kilograms?

- 1 Pounds MHC0\_8LB
- 2 Kilograms MHC0\_8KG  
(DK, R are not allowed)

MH\_Q09  
MHC0\_9

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

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

MH\_Q10  
MHC0\_10

**How often did that happen?**

INTERVIEWER: Read categories to respondent.

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

MH\_Q11  
MHC0\_11

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

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

MH\_Q12  
MHC0\_12

**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 (Go to next section)
- DK, R

MH\_Q13  
MHC0\_13

**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 (Go to next section)
- DK, R

MH\_C14

If "Yes" in MH\_Q5, MH\_Q6, MH\_Q9, MH\_Q11, MH\_Q12 or MH\_Q13, or MH\_Q7 is "gain" or "lose", go to MH\_Q14C. Otherwise, go to next section.

MH\_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).**

MH\_Q14  
MHC0\_14

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

- ||| Weeks (MIN: 2 MAX: 53)
- (If > 51 weeks, go to next section.)
- DK, R (Go to next section)

MH\_Q15  
MHC0\_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 next section.

MH\_Q16  
MHC0\_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 next section)
- DK, R (Go to next section)

MH\_Q17  
MHC0\_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 next section)
- 4 **Less than half of a day** (Go to next section)  
DK, R (Go to next section)

MH\_Q18  
MHC0\_18

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

INTERVIEWER: Read categories to respondent.

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

MH\_Q19  
MHC0\_19

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

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

MH\_Q20  
MHC0\_20

**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 MH\_Q22)
- 4 Was on a diet (Go to MH\_Q22)  
DK, R (Go to next section)

MH\_Q21A  
MHC0\_21A

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

INTERVIEWER: Enter amount only.

[ ] Weight  
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)  
DK, R (Go to MH\_Q22)

MH\_Q21B  
MHC0\_21B

INTERVIEWER: Was that in pounds or in kilograms?

- 1 Pounds MHC0\_21L
- 2 Kilograms MHC0\_21K  
(DK, R are not allowed)

MH\_Q22  
MHC0\_22

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

- 1 Yes (KEY PHRASE = Trouble falling asleep)
- 2 No (Go to MH\_Q24)  
DK, R (Go to next section)

MH\_Q23  
MHC0\_23

**How often did that happen?**

INTERVIEWER: Read categories to respondent.

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

MH\_Q24  
MHC0\_24

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

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

MH\_Q25  
MHC0\_25

**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  
DK, R (Go to next section)

MH\_Q26  
MHC0\_26

**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  
DK, R (Go to next section)

MH\_C27

If any "Yes" in MH\_Q19, MH\_Q22, MH\_Q24, MH\_Q25 or MH\_Q26, or MH\_Q20 is "gain" or "lose", go to MH\_Q27C. Otherwise, go to next section.

MH\_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).**

MH\_Q27  
MHC0\_27

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

- ||| Weeks  
(MIN: 2 MAX: 53)  
(If > 51 weeks, go to next section.)
- DK, R (Go to next section)

MH\_Q28  
MHC0\_28

**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  |

## **Social Support (Medical Outcomes Study questions)**

SS\_C01 If proxy interview or age < 12, go to next section.

SS\_Q01 **Next are some questions about the support that is available to you.**  
SSC0\_101 **About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?**

||| Close friends  
(MIN: 0) (MAX: 99; warning after 20)  
DK, R (Go to next section)

SS\_QINT2 **People sometimes look to others for companionship, assistance, or other types of support.**

INTERVIEWER: Press <Enter> to continue.

SS\_Q02 **How often is each of the following kinds of support available to you if you need it :**  
SSC0\_102 **... someone to help you if you were confined to bed?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
  - 2 **A little of the time**
  - 3 **Some of the time**
  - 4 **Most of the time**
  - 5 **All of the time**
- DK, R (Go to next section)

SS\_Q03 **... someone you can count on to listen to you when you need to talk?**

SSC0\_103 INTERVIEWER: Read categories to respondent.

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

SS\_Q04 **... someone to give you advice about a crisis?**

SSC0\_104 INTERVIEWER: Read categories to respondent.

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

SS\_Q05 **... someone to take you to the doctor if you needed it?**

SSC0\_105 INTERVIEWER: Read categories to respondent.

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



SS\_Q06 ... someone who shows you love and affection?  
SSC0\_106 INTERVIEWER: Read categories to respondent.

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

SS\_Q07 How often is each of the following kinds of support available to you if you need it :  
SSC0\_107 ... someone to have a good time with?  
INTERVIEWER: Read categories to respondent.

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

SS\_Q08 ... someone to give you information in order to help you understand a situation?  
SSC0\_108 INTERVIEWER: Read categories to respondent.

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

SS\_Q09 ... someone to confide in or talk to about yourself or your problems?  
SSC0\_109 INTERVIEWER: Read categories to respondent.

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

SS\_Q10 ... someone who hugs you?  
SSC0\_110 INTERVIEWER: Read categories to respondent.

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

SS\_Q11 ... someone to get together with for relaxation?  
SSC0\_111 INTERVIEWER: Read categories to respondent.

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

SS\_Q12  
SSC0\_112

... someone to prepare your meals if you were unable to do it yourself?

INTERVIEWER: Read categories to respondent.

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

SS\_Q13  
SSC0\_113

... someone whose advice you really want?

INTERVIEWER: Read categories to respondent.

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

SS\_Q14  
SSC0\_114

How often is each of the following kinds of support available to you if you need it :  
... someone to do things with to help you get your mind off things?

INTERVIEWER: Read categories to respondent.

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

SS\_Q15  
SSC0\_115

... someone to help with daily chores if you were sick?

INTERVIEWER: Read categories to respondent.

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

SS\_Q16  
SSC0\_116

... someone to share your most private worries and fears with?

INTERVIEWER: Read categories to respondent.

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

SS\_Q17  
SSC0\_117

... someone to turn to for suggestions about how to deal with a personal problem?

INTERVIEWER: Read categories to respondent.

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

SS\_Q18 ... someone to do something enjoyable with?  
 SSC0\_118 INTERVIEWER: Read categories to respondent.

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

SS\_Q19 ... someone who understands your problems?  
 SSC0\_119 INTERVIEWER: Read categories to respondent.

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

SS\_Q20 ... someone to love you and make you feel wanted?  
 SSC0\_120 INTERVIEWER: Read categories to respondent.

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

**Socio-demographic Characteristics**

SD\_QINT **Now some general background questions.**  
 INTERVIEWER: Press <Enter> to continue.

**Ethnicity**

SD\_Q4 **To which ethnic or cultural group(s) did %your/FNAME's% ancestors belong? (For example: French, Scottish, Chinese)**  
 INTERVIEWER: Mark all that apply.

- |         |    |                     |         |    |   |
|---------|----|---------------------|---------|----|---|
| SDC0_4A | 1  | Canadian            | SDC0_4L | 12 | Polish  |
| SDC0_4B | 2  | French              | SDC0_4M | 13 | Portuguese  |
| SDC0_4C | 3  | English             | SDC0_4N | 14 | South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan) |
| SDC0_4D | 4  | German              |         |    |   |
| SDC0_4E | 5  | Scottish            | SDC0_4O | 15 | Black   |
| SDC0_4F | 6  | Irish               | SDC0_4P | 16 | North American Indian   |
| SDC0_4G | 7  | Italian             | SDC0_4Q | 17 | Métis   |
| SDC0_4H | 8  | Ukrainian           | SDC0_4R | 18 | Inuit / Eskimo  |
| SDC0_4I | 9  | Dutch (Netherlands) | SDC0_4S | 19 | Other - Specify   |
| SDC0_4J | 10 | Chinese             |         |    |   |
| SDC0_4K | 11 | Jewish              |         |    |   |

## Language

SD\_Q5

**In what languages can %you/he/she% conduct a conversation?**

INTERVIEWER: Mark all that apply.

If baby, mark the language(s) being learned.

SDC0_5A	1	English	SDC0_5K	11	Persian (Farsi)
SDC0_5B	2	French	SDC0_5L	12	Polish
SDC0_5C	3	Arabic	SDC0_5M	13	Portuguese
SDC0_5D	4	Chinese	SDC0_5N	14	Punjabi
SDC0_5E	5	Cree	SDC0_5O	15	Spanish
SDC0_5F	6	German	SDC0_5P	16	Tagalog (Filipino)
SDC0_5G	7	Greek	SDC0_5Q	17	Ukrainian
SDC0_5H	8	Hungarian	SDC0_5R	18	Vietnamese
SDC0_5I	9	Italian	SDC0_5S	19	Other - Specify
SDC0_5J	10	Korean			

SD\_Q6

**What is the language that %you/FNAME% first learned at home in childhood and can still understand?**

INTERVIEWER: Mark all that apply.

If person can no longer understand the first language learned, mark the second.

If baby, mark the language(s) of parent.

SDC0_6A	1	English	SDC0_6K	11	Persian (Farsi)
SDC0_6B	2	French	SDC0_6L	12	Polish
SDC0_6C	3	Arabic	SDC0_6M	13	Portuguese
SDC0_6D	4	Chinese	SDC0_6N	14	Punjabi
SDC0_6E	5	Cree	SDC0_6O	15	Spanish
SDC0_6F	6	German	SDC0_6P	16	Tagalog (Filipino)
SDC0_6G	7	Greek	SDC0_6Q	17	Ukrainian
SDC0_6H	8	Hungarian	SDC0_6R	18	Vietnamese
SDC0_6I	9	Italian	SDC0_6S	19	Other - Specify
SDC0_6J	10	Korean			

## Race

SD\_Q7

**How would you best describe %your/FNAME's% race or colour?**

INTERVIEWER: Mark all that apply.

SDC0_7A	1	White			
SDC0_7B	2	Chinese			
SDC0_7C	3	South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)			
SDC0_7D	4	Black			
SDC0_7E	5	Native / Aboriginal Peoples of North America (North American Indian, Métis, Inuit / Eskimo)			
SDC0_7F	6	Arab / West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)			
SDC0_7G	7	Filipino			
SDC0_7H	8	South East Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)			
SDC0_7I	9	Latin American			
SDC0_7J	10	Japanese			
SDC0_7K	11	Korean			
SDC0_7L	12	Other - Specify			

## Education

ED\_C1 If age < 12, go to next section.

ED\_Q1 **%Are/Is% %you/FNAME% currently attending a school, college or university?**

EDC0\_1

- 1 Yes
- 2 No (Go to ED\_C2)
- DK, R (Go to next section)

ED\_Q2 **%Are/Is% %you/he/she% enrolled as a full-time student or a part-time student?**

EDC0\_2

- 1 Full-time
- 2 Part-time

Go to ED\_C4A

ED\_C2 If DVEDC398 = 1 or 2 or 3 or 4 and valid previous interview date, go to ED\_Q3 (data were collected in a previous cycle). Otherwise, go to ED\_Q4.

ED\_Q3 **%Have/Has% %you/FNAME% attended a school, college or university since our last interview in %month and year of last response interview%?**

EDC0\_3

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

ED\_C4A If DVEDC398 = 3 or 4 (i.e., 1998 highest level is above high school), go to ED\_Q7. (ED\_Q4 to ED\_Q6 were filled during processing with data collected in a previous cycle)  
If DVEDC398 = 2 (i.e., 1998 highest level is secondary graduation), go to ED\_Q6. (ED\_Q4 and ED\_Q5 were filled during processing with data collected in a previous cycle)  
Otherwise, go to ED\_Q4.

ED\_Q4 **Excluding kindergarten, how many years of elementary and high school %have/has% %you/FNAME% successfully completed?**

EDC0\_4

- 1 No schooling (Go to next section)
- 2 1 to 5 years
- 3 6 years
- 4 7 years
- 5 8 years
- 6 9 years
- 7 10 years
- 8 11 years
- 9 12 years
- 10 13 years
- DK, R (Go to next section)

ED\_C4 If age < 15, go to next section.

ED\_Q5 **%Have/Has% %you/FNAME% graduated from high school?**

EDC0\_5

- 1 Yes
- 2 No

ED\_Q6 **%Have/Has% %you/FNAME% ever attended any other kind of school such as a university, community college, business school, trade or vocational school, CEGEP or other post-secondary institution?**

EDC0\_6

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

ED\_Q7  
EDCO\_7

What is the highest level of education that %you/FNAME% %have/has% ever attained?

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

### **Labour Force**

LF\_C01 If age < 15 or if age > 75, go to next section.

LF\_QINT1 **The next few questions concern %your/FNAME%'s% activities in the last 7 days. By the last 7 days, I mean beginning %date one week ago%, and ending %date yesterday%.**  
INTERVIEWER: Press <Enter> to continue.

### **Job Attachment**

LF\_Q01 **Last week, did %you/FNAME% work at a job or business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**  
LSC0\_1

- 1 Yes (Go to LF\_Q03)
- 2 No
- 3 Permanently unable to work (Go to LF\_QINT2)  
DK, R (Go to next section)

LF\_Q02 **Last week, did %you/FNAME% have a job or business from which %you/he/she% %were/was% absent?**  
LSC0\_2

- 1 Yes
- 2 No (Go to LF\_Q11)  
DK, R (Go to next section)

LF\_Q03 **Did %you/he/she% have more than one job or business last week?**  
LSC0\_3

- 1 Yes
- 2 No

Go to LF\_C31

### **Job Search - Last 4 Weeks**

LF\_Q11 **In the past 4 weeks, did %you/FNAME% do anything to find work?**  
LSC0\_11

- 1 Yes (Go to LF\_QINT2)
- 2 No  
DK, R (Go to LF\_QINT2)

LF\_Q12      **Last week, did %you/he/she% have a job to start at a definite date in the future?**  
 LSC0\_12

1      Yes                    (Go to LF\_QINT2)  
 2      No  
       DK, R                    (Go to LF\_QINT2)

LF\_Q13      **What is the main reason that %you/FNAME% %are/is% not currently working at a  
 LSC0\_13      job or business?**

1      Own illness or disability  
 2      Caring for - own children  
 3      Caring for - elder relatives  
 4      Pregnancy (Females only)  
 5      Other personal or family responsibilities  
 6      Vacation  
 7      School or educational leave  
 8      Retired  
 9      Believes no work available (in area or suited to skills)  
 10     Other - Specify

**Past Job Attachment**

LF\_QINT2    **Now some questions about jobs or employment which %you/FNAME%  
 %have/has% had during the past 12 months, that is, from %date one year ago% to  
 yesterday.**  
 INTERVIEWER: Press <Enter> to continue.

LF\_Q21      **Did %you/he/she% work at a job or business at any time in the past 12 months?  
 LSC0\_21      Please include part-time jobs, seasonal work, contract work, self-employment,  
 baby-sitting and any other paid work, regardless of the number of hours worked.**

1      Yes                    (Go to LF\_Q23)  
 2      No

LF\_C22      If LF\_Q11 = 1, go to LF\_Q71. Otherwise, go to LF\_Q22.

LF\_Q22      **During the past 12 months, did %you/he/she% do anything to find work?**  
 LSC0\_22

1      Yes                    (Go to LF\_Q71)  
 2      No                      (Go to next section)  
       DK, R                    (Go to next section)

LF\_Q23      **During that 12 months, did %you/he/she% work at more than one job or business  
 LSC0\_23      at the same time?**

1      Yes  
 2      No

**Job Description**

LF\_C31      If LF\_Q01 = 1 or LF\_Q02 = 1, then the following questions will be asked about the current  
 job. Otherwise, they will be asked about the most recent job.

LF\_QINT3

**The next questions are about %your/FNAME's% %current/most recent% job or business.**

(If person currently holds more than one job or if the last time he/she worked it was at more than one job: **INTERVIEWER:** Report on the job for which the number of hours worked per week is the greatest.)

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

LF\_Q31

LSC0\_31

**%Are/Is/Were/Was% %you/he/she% an employee or self-employed?**

- |   |  |                |
|---|--|----------------|
| 1 | Employee                                 | (Go to LF_Q33) |
| 2 | Self-employed                            |                |
| 3 | Working in a family business without pay | (Go to LF_Q33) |
|   | DK, R                                    | (Go to LF_Q33) |

LF\_Q32

LSC0F32

**What %is/was% the name of %your/his/her% business?**

\_\_\_\_\_ (50 spaces) (Go to LF\_Q34)

LF\_Q33

LSC0F33

**For whom %do/does/did% %you/he/she% %currently/last% work? (For example: name of business, government department or agency, or person)**

\_\_\_\_\_ (50 spaces)

LF\_Q34

LSC0F34

**What kind of business, service or industry %is/was% this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)**

\_\_\_\_\_ (50 spaces)

LF\_Q35

LSC0F35

**What kind of work %are/is/were/was% %you/he/she% doing? (For example: babysitting in own home, factory worker, forestry technician)**

\_\_\_\_\_ (50 spaces)

LF\_Q36

LSC0F36

**What %are/were% %your/his/her% most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)**

\_\_\_\_\_ (50 spaces)



**Absence/Hours**

LF\_C41 If LF\_Q02 = 1, go to LF\_Q41. Otherwise, go to LF\_Q42.

LF\_Q41 **What was the main reason %you/FNAME% %were/was% absent from work last week?**  
LSC0\_41

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Maternity leave (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions (Employees only)
- 9 Seasonal layoff (Employees only)
- 10 Casual job, no work available (Employees only)
- 11 Work schedule (e.g., shift work, etc.) (Employees only)
- 12 Self-employed, no work available (Self-employed only)
- 13 Seasonal business (Excluding employees)
- 14 School or educational leave
- 15 Other - Specify

LF\_Q42 **About how many hours a week %do/does/did% %you/FNAME% usually work at %your/his/her% %job/business%? If %you/he/she% usually %work/works/worked% extra hours, paid or unpaid, please include these hours.**  
LSC0\_42

||| Hours  
(MIN: 1) (MAX: 168; warning after 84)

LF\_C43 If (LF\_Q01=1 or LF\_Q02=1) and LF\_Q31=1, go to LF\_Q43. Otherwise, go to LF\_Q44.

LF\_Q43 **Given the choice, at this job would %you/he/she% prefer to work:**  
LSC0\_43 INTERVIEWER: Read categories to respondent.

- 1 ... fewer hours for less pay?
- 2 ... more hours for more pay?
- 3 ... the same hours for the same pay?

LF\_Q44 **Which of the following best describes the hours %you/he/she% usually %work/works/worked% at %your/his/her% %job/business%?**  
LSC0\_44

INTERVIEWER: Read categories to respondent.

- 1 **Regular daytime schedule or shift** (Go to LF\_Q46)
- 2 **Regular evening shift**
- 3 **Regular night shift**
- 4 **Rotating shift** (change from days to evenings to nights)
- 5 **Split shift**
- 6 **On call**
- 7 **Irregular schedule**
- 8 **Other - Specify**  
DK, R (Go to LF\_Q46)

LF\_Q45  
LSC0\_45

**What is the main reason that %you/he/she% %work/works/worked% this schedule?**

- 1 Requirement of job / no choice
- 2 Going to school
- 3 Caring for - own children
- 4 Caring for - other relatives
- 5 To earn more money
- 6 Likes to work this schedule
- 7 Other - Specify

LF\_Q46  
LSC0\_46

**%Do/Does/Did% %you/he/she% usually work on weekends at this %job/business%?**

- 1 Yes
- 2 No

**Other Job**

LF\_C51

If LF\_Q03=1 or LF\_Q23=1, go to LF\_Q51. Otherwise, go to LF\_Q61.

LF\_Q51  
LSC0\_51

**You indicated that %you/FNAME% %have/has/had% more than one job. For how many weeks in a row %have/has/did% %you/he/she% work at more than one job %(%in the past 12 months%)%?**

INTERVIEWER: Obtain best estimate.

||| Weeks  
(MIN: 1) (MAX: 52)

LF\_Q52  
LSC0\_52

**What is the main reason that %you/he/she% %work/works/worked% at more than one job?**

- 1 To meet regular household expenses
- 2 To pay off debts
- 3 To buy something special
- 4 To save for the future
- 5 To gain experience
- 6 To build up a business
- 7 Enjoys the work of the second job
- 8 Other - Specify

LF\_Q53  
LSC0\_53

**About how many hours a week %do/does/did% %you/he/she% usually work at %your/his/her% other job(s)? If %you/he/she% usually %work/works/worked% extra hours, paid or unpaid, please include these hours.**

|||| Hours  
(MIN: 1) (MAX: 168 - LF\_Q42; warning after 30)

LF\_Q54  
LSC0\_54

**%Do/Does/Did% %you/he/she% usually work on weekends at %your/his/her% other job(s)?**

- 1 Yes
- 2 No

**Weeks Worked**

LF\_Q61      During the past 52 weeks, how many weeks did %you/FNAME% do any work at a  
LSC0\_61      job or a business? (Include paid vacation leave, paid maternity leave, and paid sick  
                 leave.)

    |\_|              Weeks  
(MIN: 1) (MAX: 52)

**Looking for Work**

LF\_C71      IF LF\_Q61 = 52, go to next section.

LF\_Q71      If LF\_Q61 was answered, use the second wording. Otherwise, use the first wording.  
LSC0\_71

**During the past 52 weeks, how many weeks %were/was% %you/he/she% looking for work?**

**That leaves %52 - LF\_Q61% week%s%. During %those/that% %52 - LF\_Q61% week%s%, how many weeks %were/was% %you/he/she% looking for work?**

    |\_|              Weeks  
(MIN: 0) (MAX: 52 - LF\_Q61)

LF\_C72      If either LF\_Q61 or LF\_Q71 are non-response, go to next section.  
                 If the total number of weeks reported in LF\_Q61 and LF\_Q71 = 52, go to next section.  
                 If LF\_Q61 and LF\_Q71 were answered, %WEEKS% = [52 - (LF\_Q61 + LF\_Q71)].  
                 If LF\_Q61 was not answered, %WEEKS% = (52 - LF\_Q71).

LF\_Q72      That leaves %WEEKS% week%s% during which %you/he/she% %were/was%  
LSC0\_72      neither working nor looking for work? Is that correct?

- 1      Yes              (Go to LF\_C73)
- 2      No                  (Go to LF\_C73)
- DK, R              (Go to LF\_C73)

LF\_E72      You have indicated that %you/he/she% worked for %LF\_Q61% week%s% and that  
                 %you/he/she% %were/was% looking for work for %LF\_Q71% week%s%, leaving  
                 %WEEKS% week%s% during which %you/he/she% %were/was% neither working  
                 nor looking for work. The total number of weeks must add to 52. Please return and  
                 correct.

LF\_C73 If (LF\_Q01 = 1 or LF\_Q02 = 1 or LF\_Q11 = 1 or LF\_Q12 = 1), go to LF\_Q73. Otherwise, go to next section.

LF\_Q73 **What is the main reason that %you/he/she% %were/was% not looking for work?**  
LSC0\_73 **INTERVIEWER:** If more than one reason, choose the one that explains the most number of weeks.

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Pregnancy (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions
- 9 Seasonal layoff
- 10 Casual job, no work available
- 11 Work schedule (e.g., shift work, etc.)
- 12 School or educational leave
- 13 Retired
- 14 Believes no work available (in area or suited to skills)
- 15 Other - Specify

LF\_C74 If LF\_Q71 > 1 and LF\_Q71 < 52, go to LF\_Q74. Otherwise, go to next section.

LF\_Q74 **Were those %LF\_Q71% weeks when %you/he/she% %were/was% without work but looking for work?**  
LSC0\_74 **INTERVIEWER:** Read categories to respondent.

- 1 ... all in one period?
- 2 ... in 2 separate periods?
- 3 ... in 3 or more periods?

## Income

IN\_Q1 **Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**  
**INTERVIEWER:** Read categories to respondent. Mark all that apply.

- |         |    |   |
|---------|----|---|
| INC0_1A | 1  | <b>Wages and salaries</b>                                   |
| INC0_1B | 2  | <b>Income from self-employment</b>                          |
| INC0_1C | 3  | <b>Dividends and interest (e.g., on bonds, savings)</b>     |
| INC0_1D | 4  | <b>Employment insurance</b>                                 |
| INC0_1E | 5  | <b>Worker's compensation</b>                                |
| INC0_1F | 6  | <b>Benefits from Canada or Quebec Pension Plan</b>          |
| INC0_1G | 7  | <b>Retirement pensions, superannuation and annuities</b>    |
| INC0_1H | 8  | <b>Old Age Security and Guaranteed Income Supplement</b>    |
| INC0_1I | 9  | <b>Child Tax Benefit</b>                                    |
| INC0_1J | 10 | <b>Provincial or municipal social assistance or welfare</b> |
| INC0_1K | 11 | <b>Child support</b>  |
| INC0_1L | 12 | <b>Alimony</b>  |
| INC0_1M | 13 | <b>Other (e.g., rental income, scholarships)</b>            |
| INC0_1N | 14 | None (Go to IN_Q3)<br>DK, R (Go to next section)            |

IN\_C2 If more than one source of income is indicated, ask IN\_Q2. Otherwise, ask IN\_Q3.  
(IN\_Q2 will be filled with IN\_Q1 during processing.)

IN\_Q2  
INC0\_2

**What was the main source of income?**

- 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 Benefits from Canada or Quebec Pension
- 7 Retirement pensions, superannuation and annuities
- 8 Old Age Security and Guaranteed Income Supplement
- 9 Child Tax Benefit
- 10 Provincial or municipal social assistance or welfare
- 11 Child support
- 12 Alimony
- 13 Other (e.g., rental income, scholarships)
- 14 None (category created during processing)

IN\_Q3  
INC0\_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  
(MIN: 0) (MAX: 500,000; warning after 150,000)  
0 (Go to next section)  
DK, R (Go to IN\_Q3A)

Go to IN\_C4

IN\_Q3A  
INC0\_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 IN\_Q3E)
- 3 No income (Go to next section)  
DK, R (Go to next section)

IN\_Q3B  
INC0\_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 IN\_Q3D)  
DK, R (Go to IN\_C4)

IN\_Q3C  
INC0\_3C

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

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

Go to IN\_C4

IN\_Q3D  
INC0\_3D

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

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

Go to IN\_C4

IN\_Q3E  
INC0\_3E

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

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to IN\_Q3G)
- DK, R (Go to IN\_C4)

IN\_Q3F  
INC0\_3F

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

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

Go to IN\_C4

IN\_Q3G  
INC0\_3G

Was the total household income from all sources:  
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?

IN\_C4

If age >= 15, ask IN\_Q4. Otherwise, go to next section.

IN\_Q4  
INC0\_4

What is your best estimate of %your/FNAME's% total personal income, before taxes and deductions, from all sources in the past 12 months?

Income  
(MIN: 0) (MAX: 500,000; warning after 150,000)  
0 (Go to next section)  
DK, R (Go to IN\_Q4A)

Go to next section.

IN\_Q4A  
INC0\_4A

Can you estimate in which of the following groups %your/FNAME's% personal income falls? Was %your/his/her% total personal income less than \$20,000 or \$20,000 or more?

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to IN\_Q4E)
- 3 No income (Go to next section)
- DK, R (Go to next section)

IN\_Q4B  
INC0\_4B

Was %your/his/her% total personal income less than \$10,000 or \$10,000 or more?

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to IN\_Q4D)
- DK, R (Go to next section)

IN\_Q4C  
INC0\_4C

Was %your/his/her% total personal income less than \$5,000 or \$5,000 or more?

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

Go to next section

IN\_Q4D  
INC0\_4D

Was %your/his/her% total personal income less than \$15,000 or \$15,000 or more?

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

Go to next section

IN\_Q4E  
INC0\_4E

Was %your/his/her% total personal income less than \$40,000 or \$40,000 or more?

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to IN\_Q4G)  
DK, R (Go to next section)

IN\_Q4F  
INC0\_4F

Was %your/his/her% total personal income less than \$30,000 or \$30,000 or more?

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

Go to next section

IN\_Q4G  
INC0\_4G

Was %your/his/her% 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?

## Health Number and Administration

### Health Number

AM\_Q01A

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

INTERVIEWER: Press <Enter> to continue.

AM\_Q01B  
AM60\_LNK

This information will be used for statistical purposes only. Do we have your permission?

- 1 Yes
- 2 No (Go to AM\_Q04A)  
DK, R (Go to AM\_Q04A)

AM\_C02

If have a valid health number from the previous interview, go to AM\_Q02. Otherwise, go to AM\_Q03A.

AM\_Q02  
AM60\_HN **Has %your/FNAME's% health number changed since our interview in %month and year of last response interview%?**

- 1 Yes
- 2 No (Go to AM\_Q04A)  
DK, R (Go to AM\_Q04A)

AM\_Q03A  
AM60\_H3A **(Having a provincial health number will assist us in linking to this other information.) Do you have a health number for %province%?**

- 1 Yes (Go to AM\_HN)
- 2 No (Go to AM\_Q04A)  
DK, R (Go to AM\_Q04A)

AM\_Q03B  
AM60\_H3B **For which province is your health number?**

- |    |                       |    |  |
|----|-----------------------|----|--|
| 10 | Newfoundland          | 47 | Saskatchewan                           |
| 11 | Prince Edward Island  | 48 | Alberta                                |
| 12 | Nova Scotia           | 59 | British Columbia                       |
| 13 | New Brunswick         | 60 | Yukon                                  |
| 24 | Quebec                | 61 | Northwest Territories                  |
| 35 | Ontario               | 62 | Nunavut                                |
| 46 | Manitoba              | 88 | Do not have a provincial health number |
|    | DK, R (Go to AM_Q04A) |    | (Go to AM_Q04A)                        |

AM\_HN  
HNC0\_nn **What is %your/FNAME's% provincial health number?**

**INTERVIEWER:** Enter a health number for %province%. Do not insert blanks, hyphens or commas between the numbers.

\_\_\_\_\_  
(8 - 12 spaces)

AM\_Q04A **To avoid duplication, Statistics Canada intends to share the information from all interviews conducted as part of this survey with provincial ministries of health and Health Canada.**

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

AM\_Q04B  
AM60\_SHA **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

**Administration**

AM\_N05  
AM60\_14 **INTERVIEWER:** Is this a fictitious name for the respondent?

- 1 Yes
- 2 No (Go to AM\_N09)  
DK (Go to AM\_N09)



AM\_N06  
AM60\_15

INTERVIEWER: Remind respondent about the importance of getting correct names for longitudinal reasons.

Do you want to make corrections to:

- 1 ... first name only?
- 2 ... last name only? (Go to AM\_N08)
- 3 ... both names?
- 4 ... no corrections? (Go to AM\_N09)

AM\_N07  
AM60\_16

INTERVIEWER: Enter the first name only.

\_\_\_\_\_  
(25 spaces)

AM\_C08

If AM\_N06 is not "Both", go to AM\_N09.

AM\_N08  
AM60\_17

INTERVIEWER: Enter the last name only.

\_\_\_\_\_  
(25 spaces)

AM\_N09  
AM60\_TEL

INTERVIEWER: Was this interview conducted on the telephone or in person?

- 1 On telephone
- 2 In person
- 3 Both

AM\_N12  
AM60\_LNG

INTERVIEWER: Record language of interview.

- |    |           |    |                    |
|----|-----------|----|--------------------|
| 1  | English   | 11 | Persian (Farsi)    |
| 2  | French    | 12 | Polish             |
| 3  | Arabic    | 13 | Portuguese         |
| 4  | Chinese   | 14 | Punjabi            |
| 5  | Cree      | 15 | Spanish            |
| 6  | German    | 16 | Tagalog (Filipino) |
| 7  | Greek     | 17 | Ukrainian          |
| 8  | Hungarian | 18 | Vietnamese         |
| 9  | Italian   | 19 | Other - Specify    |
| 10 | Korean    |    |                    |