

National Population Health Survey

**Household Component
Cycle 5 (2002-2003)**

Questionnaire

Statistics Canada

November, 2004

For information only

For information only

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Household Record Variables

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

AM32_TEL Type of contact

1 Telephone
2 Personal

The following information is collected for each household member:

Membership status
First name
Last name

Date of birth (8 characters)
DOB Day of birth (2 digits)
MOB Month of birth (2 digits)
YOB Year of birth (4 digits)
DHC2_AGE Age (age is calculated and confirmed with the respondent)

SEX Sex

1 Male
2 Female

DHC2_MAR Marital Status

1 Married
2 Living common-law
3 Widowed
4 Separated
5 Divorced
6 Single, never married

Relationships between household members

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

DHC2_FID Family ID code

A to Z (Assigned by the computer.)

Legal household check

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The following information is collected once in each household:

DHC2_DWE Type of dwelling

- 1 Single detached
- 2 Double
- 3 Row or Terrace
- 4 Duplex
- 5 Low-rise apartment (fewer than 5 stories) or flat
- 6 High-rise apartment (5 stories or more)
- 7 Institution
- 8 Hotel; rooming/lodging house; camp
- 9 Mobile home
- 10 Other - Specify

DHC2_OWN Is this dwelling owned by a member of this household?

- 1 Yes
- 2 No

DHC2_BED How many bedrooms are there in this dwelling?

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

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

Information source (i.e., the household member providing the information for the health questions).

AM32_PL **INTERVIEWER:** Select respondent's preferred language.

- | | | | |
|----|------------|----|-----------------|
| 1 | English | 14 | Tamil |
| 2 | French | 15 | Cree |
| 3 | Chinese | 16 | Afghan |
| 4 | Italian | 17 | Cantonese |
| 5 | Punjabi | 18 | Hindi |
| 6 | Spanish | 19 | Mandarin |
| 7 | Portuguese | 20 | Persian |
| 8 | Polish | 21 | Russian |
| 9 | German | 22 | Ukrainian |
| 10 | Vietnamese | 23 | Urdu |
| 11 | Arabic | 90 | Other - Specify |
| 12 | Tagalog | | |
| 13 | Greek | | |

Health Component

(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 the selected respondent?

GR_C2 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.**
GHC2_1 **In general, would you say [your/his/her] health is:**
INTERVIEWER: Read categories to respondent.

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

GH_C2 If age < 12, go to GH_Q3.

GH_Q2 **Thinking about the amount of stress in [your/his/her] life, would you say that most days are:**
GHC2_2 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?**

GH_Q3
GHC2_4

In general, would you say [your/his/her] eating habits are:

INTERVIEWER: Read categories to respondent.

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

Sleep

Focus Questions

SL_C1 If proxy interview or age < 12, go to next section.

SL_Q1
SL_2_1

How long do you usually spend sleeping each night?

INTERVIEWER: Do not include time spent resting.

- 1 Under 2 hours
 - 2 2 hours to less than 3 hours
 - 3 3 hours to less than 4 hours
 - 4 4 hours to less than 5 hours
 - 5 5 hours to less than 6 hours
 - 6 6 hours to less than 7 hours
 - 7 7 hours to less than 8 hours
 - 8 8 hours to less than 9 hours
 - 9 9 hours to less than 10 hours
 - 10 10 hours to less than 11 hours
 - 11 11 hours to less than 12 hours
 - 12 12 hours or more
- R (Go to next section)

SL_Q2
SL_2_2

How often do you have trouble going to sleep or staying asleep?

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**

SL_Q3
SL_2_3

How often do you find your sleep refreshing?

INTERVIEWER: If necessary, explain that "refreshing" means "restful".

- 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

SL_Q4 How often do you find it difficult to stay awake when you want to?

SL_2_4

- 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

Height and Weight

HW_Q2 How tall [are/is] [you/FNAME] without shoes on?

HWC2_2

- 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 INTERVIEWER: Select the exact height.

HWC2_2A

- 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 INTERVIEWER: Select the exact height.

HWC2_2B

- 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

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HW_Q2C INTERVIEWER: Select the exact height.
HWC2_2C

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

Go to HW_Q3

HW_Q2D INTERVIEWER: Select the exact height.
HWC2_2D

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

Go to HW_Q3

HW_Q2E INTERVIEWER: Select the exact height.
HWC2_2E

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

Go to HW_Q3

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HW_Q2F INTERVIEWER: Select the exact height.

HWC2_2F

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

HWC2_HT ___ Feet ___ Inches or ___ Centimetres

HW_Q3 **How much [do/does] [you/FNAME] weigh?**

HWC2_3

INTERVIEWER: Enter amount only.

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

HW_N4 INTERVIEWER: Was that in pounds or in kilograms?

HWC2_4

HWC2_3LB

HWC2_3KG

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

Body Image

Focus Questions

BI_C1 If proxy interview or age < 12, go to next section. If response to HW_Q3 is not valid, go to next section.

BI_Q1 **Do you consider yourself:**

HW_2_5

INTERVIEWER: Read categories to respondent.

- 1 ... **overweight?**
- 2 ... **underweight?** (Go to BI_Q3)
- 3 ... **just about right?** (Go to next section))
DK, R (Go to next section)

BI_Q2 **Are you presently trying to lose weight?**

HW_2_6

- 1 Yes
- 2 No

Go to BI_Q4

BI_Q3 **Are you presently trying to gain weight?**

HW_2_7

- 1 Yes
- 2 No

BI_Q4 **How much would you like to weigh?**
HW_2_8 INTERVIEWER: Enter amount only.

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

BI_N5 INTERVIEWER: Was that in pounds or in kilograms?

HW_2_9
HW_2_8LB 1 Pounds
HW_2_8KG 2 Kilograms
 (DK, R are not allowed)

Nutrition

Food choice

Focus Questions

NU_C1 If proxy interview or age < 15, go to next section

NU_QINT **Now, some questions about the foods you eat.**
INTERVIEWER: Press <Enter> to continue

NU_Q1A **Do you choose certain foods or avoid others:**

NU_2_1A **... because you are concerned about your body weight?**

1 Yes (or sometimes)
2 No
 DK, R (Go to FV_QINT)

NU_Q1B **... because you are concerned about heart disease?**

NU_2_1C

1 Yes (or sometimes)
2 No

NU_Q1C **... because you are concerned about cancer?**

NU_2_1D

1 Yes (or sometimes)
2 No

NU_Q1D **... because you are concerned about osteoporosis (brittle bones)?**

NU_2_1E

1 Yes (or sometimes)
2 No

NU_Q2A **Do you choose certain foods because of:**

NU_2_2A **... the lower fat content?**

1 Yes (or sometimes)
2 No

NU_Q2B ... the fibre content?
NU_2_2B
1 Yes (or sometimes)
2 No

NU_Q2C ... the calcium content?
NU_2_2C
1 Yes (or sometimes)
2 No

NU_Q3A Do you avoid certain foods because of:

NU_2_3A ... the fat content?
1 Yes (or sometimes)
2 No

NU_Q3B ... the type of fat they contain?
NU_2_3B
1 Yes (or sometimes)
2 No

NU_Q3C ... the salt content?
NU_2_3C
1 Yes (or sometimes)
2 No

NU_Q3D ... the cholesterol content?
NU_2_3D
1 Yes (or sometimes)
2 No

NU_Q3E ... the calorie content?
NU_2_3G
1 Yes (or sometimes)
2 No

Supplement use

NU_Q4A In the past 4 weeks, did you take any vitamin or mineral supplements?
NU_2_4A
1 Yes
2 No (Go to FV_QINT)
DK, R (Go to FV_QINT)

NU_Q4B Did you take them at least once a week?
NU_2_4B
1 Yes
2 No (Go to NU_Q4D)
DK, R (Go to FV_QINT)

NU_Q4C **Last week, on how many days did you take them?**

NU_2_4C

|| Days
(MIN: 1) (MAX: 7)

Go to FV_QINT.

NU_Q4D **In the past 4 weeks, on how many days did you take them?**

NU_2_4D

||_| Days
(MIN: 1) (MAX: 21)

Fruit and vegetable consumption

Focus Questions

FV_QINT **The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home.**
INTERVIEWER: Press <Enter> to continue.

FV_Q1A **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**
(For example: once a day, three times a week, twice a month)
INTERVIEWER: Enter amount only.

FV_2_1A

||_| Times
(MIN: 0) (MAX: 500)
0, DK (Go to FV_Q2A)
R (Go to next section)

FV_N1B INTERVIEWER: Select the reporting period.

FV_2_1B

- 1 Daily (hard edit if FV_Q1A more than 20; warning if more than 5)
- 2 Weekly (hard edit if FV_Q1A more than 90; warning if more than 10)
- 3 Monthly (hard edit if FV_Q1A more than 200; warning if more than 10)
- 4 Yearly (warning if FV_Q1A more than 12)

FV_2_1Y

FV_Q2A **Not counting juice, how often do you usually eat fruit?**

FV_2_2A

INTERVIEWER: Enter amount only.

||_| Times
(MIN: 0) (MAX: 500)
0 (Go to FV_Q3A)
DK, R (Go to FV_Q3A)

FV_N2B INTERVIEWER: Select the reporting period.

FV_2_2B

- 1 Daily (hard edit if FV_Q2A more than 20; warning if more than 5)
- 2 Weekly (hard edit if FV_Q2A more than 90; warning if more than 10)
- 3 Monthly (hard edit if FV_Q2A more than 200; warning if more than 10)
- 4 Yearly (warning if FV_Q2A more than 12)

FV_2_2Y

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FV_Q3A How often do you usually eat green salad?

FV_2_3A INTERVIEWER: Enter amount only.

____ Times
(MIN: 0) (MAX: 500)
0 (Go to FV_Q4A)
DK, R (Go to FV_Q4A)

FV_N3B INTERVIEWER: Select the reporting period.
FV_2_3B

- FV_2_3Y**
- 1 Daily (hard edit if FV_Q3A more than 20; warning if more than 2)
 - 2 Weekly (hard edit if FV_Q3A more than 90; warning if more than 5)
 - 3 Monthly (hard edit if FV_Q3A more than 200; warning if more than 5)
 - 4 Yearly (warning if FV_Q3A more than 12)

FV_Q4A How often do you usually eat potatoes, not including french fries, fried potatoes or potato chips?

FV_2_4A INTERVIEWER: Enter amount only.

____ Times
(MIN: 0) (MAX: 500)
0 (Go to FV_Q5A)
DK, R (Go to FV_Q5A)

FV_N4B INTERVIEWER: Select the reporting period.
FV_2_4B

- FV_2_4Y**
- 1 Daily (hard edit if FV_Q4A more than 20; warning if more than 2)
 - 2 Weekly (hard edit if FV_Q4A more than 90; warning if more than 10)
 - 3 Monthly (hard edit if FV_Q4A more than 200; warning if more than 10)
 - 4 Yearly (warning if FV_Q4A more than 12)

FV_Q5A How often do you usually eat carrots?

FV_2_5A INTERVIEWER: Enter amount only.

____ Times
(MIN: 0) (MAX: 500)
0 (Go to FV_Q6A)
DK, R (Go to FV_Q6A)

FV_N5B INTERVIEWER: Select the reporting period.
FV_2_5B

- FV_2_5Y**
- 1 Daily (hard edit if FV_Q5A more than 20; warning if more than 2)
 - 2 Weekly (hard edit if FV_Q5A more than 90; warning if more than 10)
 - 3 Monthly (hard edit if FV_Q5A more than 200; warning if more than 10)
 - 4 Yearly (warning if FV_Q5A more than 12)

FV_Q6A Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?

FV_2_6A INTERVIEWER: Enter amount only.

____ Servings
(MIN: 0) (MAX: 500)
0 (Go to next section)
DK, R (Go to next section)

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FV_N6B INTERVIEWER: Select the reporting period.
FV_2_6B

1	Daily	(hard edit if FV_Q6A more than 20; warning if more than 5)
2	Weekly	(hard edit if FV_Q6A more than 90; warning if more than 10)
3	Monthly	(hard edit if FV_Q6A more than 200; warning if more than 10)
FV_2_6Y	4	Yearly (warning if FV_Q6A more than 12)

Preventive Health

PH_C1 If proxy interview or age < 12, go to next section. If respondent reported ever had blood pressure taken in previous interview, go to PH_Q1B (PH_Q1 was filled with "1" during processing).

PH_Q1 **Have you ever had your blood pressure taken?**
PHC2_1

1	Yes	
2	No	(Go to PH_C2)
	DK, R	(Go to next section)

PH_Q1B **When was the last time that you had your blood pressure taken?**
PHC2_1B 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 respondent reported ever had a pap smear test taken in previous interview, go to PH_Q2B (PH_Q2 was filled with "1" during processing).

PH_Q2 **Have you ever had a PAP smear test?**
PHC2_2

1	Yes	
2	No	(Go to PH_C3)
	DK, R	(Go to next section)

PH_Q2B **When was the last time that you had a PAP smear test?**
PHC2_2B 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 respondent reported ever had a mammogram taken in previous interview, go to PH_Q3B (PH_Q3 was filled with "1" during processing).

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PH_Q3 **Have you ever had a mammogram, that is, a breast x-ray?**

PHC2_3

- 1 Yes
- 2 No (Go to PH_C4)
- DK, R (Go to next section)

PH_Q3B **When was the last time that you had a mammogram?**

PHC2_3B

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.

- PHC2_3CA 1 Family history of breast cancer
- PHC2_3CB 2 Part of regular check-up / routine screening
- PHC2_3CC 3 Age
- PHC2_3CD 4 Previously detected lump
- PHC2_3CE 5 Follow-up of breast cancer treatment
- PHC2_3CF 6 On hormone replacement therapy
- PHC2_3CG 7 Breast problem
- PHC2_3CH 8 Other - Specify

PH_C4 If age > 49, go to PH_C5. If respondent reported ever had a hysterectomy in previous interview, go to next section (PH_Q4 was filled with "2", PH_Q4A was filled with "Not applicable", and PH_Q4B was filled with "2" during processing).

PH_Q4 **Now, a few questions for recent mothers. Since our interview in [month and year of last response interview], have you given birth?**

PHC2_4

INTERVIEWER: Do not include stillbirths.

- 1 Yes
- 2 No (Go to PH_Q4B)
- DK, R (Go to next section)

PH_Q4A **(For your last baby,) did you use the services of a doctor, a midwife or both?**

PHC2_4A

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

PH_Q4B **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**

PHC2_4B

- 1 Yes (Go to next section) (PH_Q5 was filled with "2" during processing)
- 2 No (Go to next section)
- DK, R (Go to next section)

PH_C5 If age < 18, go to next section. If respondent reported ever had a hysterectomy in previous interview, go to next section (PH_Q5 was filled with "1" during processing).

PH_Q5 **Have you had a hysterectomy (in other words, has your uterus been removed)?**
 PHC2_5

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

PH_Q5B **At what age?**
 PHC2_5B

|_|_| 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.

- PHC2_5CA 1 Cancer treatment
- PHC2_5CB 2 Cancer prevention
- PHC2_5CC 3 Endometriosis
- PHC2_5CD 4 Tubal pregnancy
- PHC2_5CE 5 Benign tumors (e.g., fibroids)
- PHC2_5CF 6 Menstrual problems / abnormal bleeding
- PHC2_5CG 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 **In the past 12 months, [have/has] [you/FNAME] been a patient overnight in a hospital, nursing home or convalescent home?**
 HCC2_1

- 1 Yes
- 2 No (Go to HC_C02)
- DK (Go to HC_C02)
- R (Go to next section)

HC_Q01A **For how many nights in the past 12 months?**
 HCC2_1A

|_|_| Nights
 (MIN: 1) (MAX: 366; warning after 100)

HC_C02 If proxy interview and age > 12, then the wording of HC_Q02 (A,D,G and J) is changed to: "In the past..., how many times has [FNAME] seen or talked on the telephone...about [FNAME's] physical..."
 If proxy interview (age < 12), then the wording of HC_Q02 (A,D,G and J) is changed to: "In the past..., how many times have you seen or talked on the telephone...about [FNAME's] physical..."

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HC_Q02A
HCC2_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
HCC2_2B ... an eye specialist (such as an ophthalmologist or optometrist)?

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

HC_Q02C
HCC2_2C ... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?

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

HC_Q02D
HCC2_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
HCC2_2E ... a dentist or orthodontist?

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

HC_Q02F
HCC2_2F ... a chiropractor?

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

HC_Q02G
HCC2_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
HCC2_2H ... a social worker or counsellor?

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

HC_Q02I
HCC2_2I ... a psychologist?
|_|_| Times
(MIN: 0) (MAX: 366; warning after 25)

HC_Q02J
HCC2_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_Q03
HCC2_3 [Do/Does] [you/FNAME] have a regular medical doctor?

- 1 Yes
- 2 No

HC_C04A If age < 12, go to next section.

HC_Q04A
HCC2_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
HCC2_4 People may also use alternative or complementary medicine. In the past 12 months, [have/has] [you/FNAME] seen or talked on the telephone 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.

- HCC2_5A 1 Massage therapist
- HCC2_5B 2 Acupuncturist
- HCC2_5C 3 Homeopath or naturopath
- HCC2_5D 4 Feldenkrais or Alexander teacher
- HCC2_5E 5 Relaxation therapist
- HCC2_5F 6 Biofeedback teacher
- HCC2_5G 7 Rolfer
- HCC2_5H 8 Herbalist
- HCC2_5I 9 Reflexologist
- HCC2_5J 10 Spiritual healer
- HCC2_5K 11 Religious healer
- HCC2_5L 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.

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HC_Q06 **During the past 12 months, was there ever a time when [you/FNAME] felt that**
HCC2_6 **[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.

- HCC2_7A 1 Not available - in the area
- HCC2_7B 2 Not available - at time required (e.g., doctor on holidays, inconvenient hours)
- HCC2_7C 3 Waiting time too long
- HCC2_7D 4 Felt would be inadequate
- HCC2_7E 5 Cost
- HCC2_7F 6 Too busy
- HCC2_7G 7 Didn't get around to it / Didn't bother
- HCC2_7H 8 Didn't know where to go
- HCC2_7I 9 Transportation problems
- HCC2_7J 10 Language problems
- HCC2_7K 11 Personal or family responsibilities
- HCC2_7L 12 Dislikes doctors / Afraid
- HCC2_7M 13 Decided not to seek care
- HCC2_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.

- HCC2_8A 1 Treatment of - a physical health problem
- HCC2_8B 2 Treatment of - an emotional or mental health problem
- HCC2_8C 3 A regular check-up (including regular pre-natal care)
- HCC2_8D 4 Care of an injury
- HCC2_8E 5 Other - Specify

Home Care

HC_C09 If age < 18, go to next section.

HC_QINT2 **Home care services are health care or homemaker services received at home.**
Examples are: nursing care, help with bathing or housework, respite care and meal
delivery.

HC_Q09 **[Have/Has] [you/FNAME] received any home care services in the past 12 months**
HCC2_9 **with the cost being entirely or partially covered by government?**

- 1 Yes
- 2 No (Go to HC_Q11)
- DK, R (Go to next section)

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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.

- HCC2_10A 1 **Nursing care (e.g., dressing changes)**
- HCC2_10B 2 **Other health care services (e.g., physiotherapy, nutrition counselling)**
- HCC2_10C 3 **Personal care (e.g., bathing, foot care)**
- HCC2_10D 4 **Housework (e.g., cleaning, laundry)**
- HCC2_10E 5 **Meal preparation or delivery**
- HCC2_10F 6 **Shopping**
- HCC2_10G 7 **Respite care (i.e., caregiver relief program)**
- HCC2_10H 8 **Other - Specify**

HC_Q11 **[Have/Has] [you/FNAME] received any [other] home care services in the past 12 months, with the cost not covered by government (for example care provided by a spouse or friends)?**

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

HC_Q12 **Who provided these [other] home care services [you/he/she] received?**
INTERVIEWER: Read categories to respondent. Mark ALL that apply.

- HCC2_12A 1 **Nurse from private agency**
- HCC2_12B 2 **Homemaker from private agency**
- HCC2_12C 3 **Neighbour or friend**
- HCC2_12D 4 **Family member**
- HCC2_12E 5 **Volunteer**
- HCC2_12F 6 **Other - Specify**

For each person identified in HC_Q12, ask HC_Q13.

HC_Q13 **What type of services [have/has] [you/he/she] received [from identified person]?**
INTERVIEWER: Mark ALL that apply.

- HCC2_3AA TO HCC2_3FA 1 **Nursing care (e.g., dressing changes)**
- HCC2_3AB TO HCC2_3FB 2 **Other health care services (e.g., physiotherapy, nutrition counselling)**
- HCC2_3AC TO HCC2_3FC 3 **Personal care (e.g., bathing, foot care)**
- HCC2_3AD TO HCC2_3FD 4 **Housework (e.g., cleaning, laundry)**
- HCC2_3AE TO HCC2_3FE 5 **Meal preparation or delivery**
- HCC2_3AF TO HCC2_3FF 6 **Shopping**
- HCC2_3AG TO HCC2_3FG 7 **Respite care (i.e., caregiver relief program)**
- HCC2_3AH TO HCC2_3FH 8 **Other - Specify**

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 **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:**

RAC2_1A **... at home?**

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

RA_C1B If age < 4, go to RA_C1C.

RA_Q1B **... at school?**

RAC2_1B

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

RA_C1C If age < 12, go to RA_Q1D.

RA_Q1C **... at work?**

RAC2_1C

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

RA_Q1D **... in other activities such as transportation to or from work or school or leisure time activities?**

RAC2_1D

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

RA_Q2 **[Do/Does] [you/FNAME] have any long-term disabilities or handicaps?**

RAC2_2

- 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 2002. If **all of** RA_Q1A,B,C,D and RA_Q2 = 2 (no) or 3 (not applicable) or valid skip (question not asked) then Not Restricted in 2002. Else restriction is not known.

RA_C2B If restricted in 2002 but not in 2000, go to RA_Q2A. If restricted in 2000 but not in 2002, go to RA_Q2B. Otherwise, go to RA_C5.

RA_Q2A
RAC2_2A

Remember, for this survey it's important to measure 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
RAC2_2B

Remember, for this survey it's important to measure 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 one** of RA_Q1A,B,C,D = 1 (yes), 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
RAC2F3

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
RAC2_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 **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:**

RAC2_6A ... in preparing meals?

- 1 Yes
- 2 No

RA_Q6B ... in shopping for groceries or other necessities?

RAC2_6B

- 1 Yes
- 2 No

RA_Q6C ... in doing normal everyday housework?

RAC2_6C

- 1 Yes
- 2 No

RA_Q6D ... in doing heavy household chores such as washing walls or yard work?

RAC2_6D

- 1 Yes
- 2 No

RA_Q6E ... in personal care such as washing, dressing or eating?

RAC2_6E

- 1 Yes
- 2 No

RA_Q6F ... in moving about inside the house?

RAC2_6F

- 1 Yes
- 2 No

RA_Q6G ... in going outdoors in any weather?

RAC2_6G

- 1 Yes
- 2 No

For information only

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?**
CCC2_1A

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

Other Allergies

CC_Q021 **[Do/Does] [you/FNAME] have any other allergies?**
CCC2_1B

- 1 Yes
- 2 No

Asthma

CC_Q031 **[Do/Does] [you/FNAME] have asthma?**
CCC2_1C

- 1 Yes
- 2 No (Go to CC_C033)
- DK, R (Go to CC_C041)

CC_C032A If respondent had condition in last response interview, go to CC_Q035.

CC_Q032 **When [were/was] [you/FNAME] diagnosed with this?**

CCC2_C3M LLK Month
CCC2_C3Y LLKLL Year
(MIN: month and year of last interview) (MAX: current month and year)
DK, R (Go to CC_Q035)

CC_C032B If CC_Q032 is after date of last response interview, go to CC_Q035.

CC_Q032X **So [you/he/she] had asthma prior to our last interview in [month and year of last response interview]?**
CCC2_C4

- 1 Yes (Go to CC_Q035)
- 2 No (Return to CC_Q032)
- DK, R (Go to CC_Q035)

CC_C033 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q033. Otherwise, go to CC_C041.

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CC_Q033
CCC2_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?**

CCC2_C2M |__| Month
CCC2_C2Y |__|__| Year
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC_C041

CC_Q035
CCC2_C5 **[Have/Has] [you/FNAME] had any asthma symptoms or asthma attacks in the past 12 months?**

- 1 Yes
- 2 No

CC_Q036
CCC2_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
CCC2_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_C043)
DK, R (Go to CC_C051)

CC_C042A (If respondent had condition in last response interview, go to CC_Q045.

CC_Q042 **When [were/was] [you/FNAME] diagnosed with this?**

CCC2_X3M |__| Month
CCC2_X3Y |__|__| Year
(MIN: month and year of last interview) (MAX: current month and year)
DK, R (Go to CC_Q045)

CC_C042B If CC_Q042 is after date of last response interview, go to CC_Q045.

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CC_Q042X **So [you/he/she] had fibromyalgia prior to our last interview in [month and year of**
CCC2_X4 **last response interview]?**

- 1 Yes (Go to CC_Q045)
- 2 No (Return to CC_Q042)
- DK, R (Go to CC_Q045)

CC_C043 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q043. Otherwise, go to CC_C051.

CC_Q043 **During our last interview in [month and year of last response interview], it was**
CCC2_X1 **reported that [you/FNAME] had fibromyalgia, but this time it was not. Has the condition disappeared since then?**

- 1 Yes
- 2 No (Return to CC_Q041)
- 3 Never had fibromyalgia (Go to CC_C051)
- DK, R (Go to CC_C051)

CC_Q044 **When did it disappear?**

CCC2_X2M |_|_| Month
CCC2_X2Y |_|_|_|_| Year
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC_C051

CC_Q045 **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her]**
CCC2_X5 **fibromyalgia?**

- 1 Yes
- 2 No (Go to CC_C051)
- DK, R (Go to CC_C051)

CC_Q046 **What kind of treatment or medication?**
INTERVIEWER: Mark ALL that apply.

- CCC2_X6A 1 Drug
- CCC2_X6B 2 Diet
- CCC2_X6D 3 Exercise / physiotherapy
- CCC2_X6C 4 Other - Specify

Arthritis or Rheumatism excluding Fibromyalgia

CC_C051 If age < 12, go to CC_C061.

CC_Q051 **[Do/Does] [you/FNAME] have arthritis or rheumatism excluding fibromyalgia?**
CCC2_1D

- 1 Yes
- 2 No (Go to CC_C053)
- DK, R (Go to CC_C061)

CC_C052A If respondent had condition in last response interview, go to CC_Q055.

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CC_Q052 **When [were/was] [you/FNAME] diagnosed with this?**

CCC2_D3M
CCC2_D3Y

||| Month
||| Year
(MIN: month and year of last interview) (MAX: current month and year)
DK, R (Go to CC_Q055)

CC_C052B If CC_Q052 is after date of last response interview, go to CC_Q055.

CC_Q052X **So [you/he/she] had arthritis or rheumatism prior to our last interview in [month and year of last response interview]?**
CCC2_D4

- 1 Yes (Go to CC_Q055)
- 2 No (Return to CC_Q052)
DK, R (Go to CC_Q055)

CC_C053 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q053. Otherwise, go to CC_C061.

CC_Q053 **During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had arthritis or rheumatism, but this time it was not. Has the condition disappeared since then?**
CCC2_D1

- 1 Yes
- 2 No (Return to CC_Q051)
- 3 Never had arthritis or rheumatism (Go to CC_C061)
DK, R (Go to CC_C061)

CC_Q054 **When did it disappear?**

CCC2_D2M
CCC2_D2Y

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

Go to CC_C061

CC_Q055 **What kind of arthritis [do/does] [you/he/she] have?**
CCC2_D11

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

CC_Q056 **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her] arthritis or rheumatism?**
CCC2_D5

- 1 Yes
- 2 No (Go to CC_C061)
DK, R (Go to CC_C061)

CC_Q057 **What kind of treatment or medication?**
INTERVIEWER: Mark ALL that apply.

- CCC2_D6A
CCC2_D6B
CCC2_D6D
CCC2_D6C
- 1 Drug
 - 2 Diet
 - 3 Exercise / Physiotherapy
 - 4 Other – Specify

Back Problems

CC_C061 If age < 12, go to CC_C071.

CC_Q061 **Remember, we're interested in conditions diagnosed by a health professional.**
CCC2_1E **[Do/Does] [you/FNAME] have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes
- 2 No

High Blood Pressure

CC_C071 If age < 12, go to CC_Q081.

CC_Q071 **[Do/Does] [you/FNAME] have high blood pressure?**
CCC2_1F

- 1 Yes
- 2 No (Go to CC_C073)
DK, R (Go to CC_Q081)

CC_C072A If respondent had condition in last response interview, go to CC_Q075.

CC_Q072 **When [were/was] [you/FNAME] diagnosed with this?**

CCC2_F3M |_|_| Month
CCC2_F3Y |_|_|_| Year
(MIN: month and year of last interview) (MAX: current month and year)
DK, R (Go to CC_Q075)

CC_C072B If CC_Q072 is after date of last response interview, go to CC_Q075.

CC_Q072X **So [you/he/she] had high blood pressure prior to our last interview in [month and year of last response interview]?**
CCC2_F4

- 1 Yes (Go to CC_Q075)
- 2 No (Return to CC_Q072)
DK, R (Go to CC_Q075)

CC_C073 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, 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?**
CCC2_F1

- 1 Yes
- 2 No (Return to CC_Q071)
- 3 Never had high blood pressure (Go to CC_Q081)
DK, R (Go to CC_Q081)

CC_Q074 **When did it disappear?**

CCC2_F2M
CCC2_F2Y

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

Go to CC_Q081

CC_Q075 **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her] high blood pressure?**
CCC2_F5

- 1 Yes
- 2 No (Go to CC_Q081)
DK, R (Go to CC_Q081)

CC_Q076 **What kind of treatment or medication?**
INTERVIEWER: Mark ALL that apply.

CCC2_F6A
CCC2_F6B
CCC2_F6D
CCC2_F6C

- 1 Drug
- 2 Diet
- 3 Exercise / Physiotherapy
- 4 Other - Specify

Migraine Headaches

CC_Q081 **Remember, we're interested in conditions diagnosed by a health professional. [Do/Does] [you/FNAME] have migraine headaches?**
CCC2_1G

- 1 Yes
- 2 No (Go to CC_Q083)
DK, R (Go to CC_Q091)

CC_C082A If respondent had condition in last response interview, go to CC_Q085.

CC_Q082 **When [were/was] [you/FNAME] diagnosed with this?**

CCC2_G3M
CCC2_G3Y

||| Month
||| Year
(MIN: month and year of last interview) (MAX: current month and year)
DK, R (Go to CC_Q085)

CC_C082B If CC_Q082 is after date of last response interview, go to CC_Q085.

CC_Q082X **So [you/he/she] had migraine headaches prior to our last interview in [month and year of last response interview]?**
CCC2_G4

- 1 Yes (Go to CC_Q085)
- 2 No (Return to CC_Q082)
DK, R (Go to CC_Q085)

CC_C083 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q083. Otherwise, go to CC_C091.

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CC_Q102 **When [were/was] [you/FNAME] diagnosed with this?**

CCC2_J3M | | | Month
CCC2_J3Y | | | | Year
(MIN: month and year of last interview) (MAX: current month and year)
DK, R (Go to CC_Q105)

CC_C102B If CC_Q102 is after date of last response interview, go to CC_Q105.

CC_Q102X **So [you/he/she] had diabetes prior to our last interview in [month and year of last response interview]?**
CCC2_J4

- 1 Yes (Go to CC_Q105)
- 2 No (Return to CC_Q102)
DK, R (Go to CC_Q105)

CC_C103 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, 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?**
CCC2_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?**

CCC2_J2M | | | Month
CCC2_J2Y | | | | Year
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC_Q111

CC_Q105 **[Do/Does] [you/FNAME] currently take insulin for [your/his/her] diabetes?**
CCC2_J5

- 1 Yes
- 2 No

CC_Q106 **[Do/Does] [you/he/she] take any other treatment or medication for [your/his/her] diabetes?**
CCC2_J6

- 1 Yes
- 2 No (Go to CC_Q111)
DK, R (Go to CC_Q111)

CC_Q107 **What kind of treatment or medication?**

INTERVIEWER: Mark ALL that apply.

- CCC2_J7A 1 Drug
- CCC2_J7B 2 Diet
- CCC2_J7D 3 Exercise / Physiotherapy
- CCC2_J7C 4 Other - Specify

Epilepsy

CC_Q111 [Do/Does] [you/FNAME] have epilepsy?
 CCC2_1K

- 1 Yes
- 2 No (Go to CC_C113)
- DK, R (Go to CC_Q121)

CC_C112A If respondent had condition in last response interview, go to CC_Q121.

CC_Q112 When [were/was] [you/FNAME] diagnosed with this?

CCC2_K3M | | | Month
 CCC2_K3Y | | | | | Year
 (MIN: month and year of last interview) (MAX: current month and year)
 DK, R (Go to CC_C121)

CC_C112B If CC_Q112 is after date of last response interview, go to CC_Q121.

CC_Q112X So [you/he/she] had epilepsy prior to our last interview in [month and year of last response interview]?
 CCC2_K4

- 1 Yes (Go to CC_Q121)
- 2 No (Return to CC_Q112)
- DK, R (Go to CC_Q121)

CC_C113 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, 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?
 CCC2_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?

CCC2_K2M | | | Month
 CCC2_K2Y | | | | | Year
 (MIN: month and year of last interview) (MAX: current month and year)

Heart Disease

CC_Q121 [Do/Does] [you/FNAME] have heart disease?
 CCC2_1L

- 1 Yes
- 2 No (Go to CC_Q131)
- DK, R (Go to CC_Q131)

CC_Q122 [Have/Has] [you/he/she] ever had a heart attack (damage to the heart muscle)?
 CCC2_L1A

- 1 Yes
- 2 No

CC_Q123 [Do/Does] [you/he/she] currently have angina (chest pain, chest tightness)?
 CCC2_L6

- 1 Yes
- 2 No

CC_Q124 [Do/Does] [you/he/she] currently have congestive heart failure (inadequate heart
 beat, fluid build-up in the lungs or legs)?
 CCC2_L7

- 1 Yes
- 2 No

Cancer

CC_Q131 [Do/Does] [you/FNAME] have cancer?
 CCC2_1M

- 1 Yes
- 2 No

Intestinal or Stomach 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 intestinal or stomach ulcers?
 CCC2_1N

- 1 Yes
- 2 No (Go to CC_C143)
- DK, R (Go to CC_C151)

CC_C142A If respondent had condition in last response interview, go to CC_C151.

CC_Q142 When [were/was] [you/FNAME] diagnosed with this?

CCC2_N3M | | | Month
 CCC2_N3Y | | | | | Year
 (MIN: month and year of last interview) (MAX: current month and year)
 DK, R (Go to CC_C151)

CC_C142B If CC_Q142 is after date of last response interview, go to CC_C151.

CC_Q142X So [you/he/she] had intestinal or stomach ulcers prior to our last interview in
 [month and year of last response interview]?
 CCC2_N4

- 1 Yes (Go to CC_C151)
- 2 No (Return to CC_Q142)
- DK, R (Go to CC_Q151)

CC_C143 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q143. Otherwise, go to CC_C151.

CC_Q143
CCC2_N1 During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had intestinal or stomach ulcers, but this time it was not. Has the condition disappeared since then?

- 1 Yes
- 2 No (Return to CC_Q141)
- 3 Never had intestinal or stomach ulcers (Go to CC_C151)
DK, R (Go to CC_C151)

CC_Q144 When did it disappear?

CCC2_N2M |__| Month
CCC2_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
CCC2_10 [Do/Does] [you/FNAME] suffer from the effects of a stroke?

- 1 Yes
- 2 No (Go to CC_C153)
DK, R (Go to CC_C161)

CC_C152A If respondent had condition in last response interview, go to CC_C161.

CC_Q152 When [were/was] [you/FNAME] diagnosed with this?

CCC2_O3M |__| Month
CCC2_O3Y |__|__| Year
(MIN: month and year of last interview) (MAX: current month and year)
DK, R (Go to CC_C161)

CC_C152B If CC_Q152 is after date of last response interview, go to CC_C161.

CC_Q152X
CCC2_O4 So [you/he/she] suffered from the effects of a stroke prior to our last interview in [month and year of last response interview]?

- 1 Yes (Go to CC_C161)
- 2 No (Return to CC_Q152)
DK, R (Go to CC_Q161)

CC_C153 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q153. Otherwise, go to CC_C161.

CC_Q153
CCC2_O1 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?

- 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?**

CCC2_O2M

|||

Month

CCC2_O2Y

|||||

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?**

CCC2_1P

1 Yes

2 No

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**
colitis?

CCC2_1Q

1 Yes

2 No

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.**

[Do/Does] [you/FNAME] have Alzheimer's Disease or any other dementia (senility)?

CCC2_1R

1 Yes

2 No

Cataracts

CC_C191 If age < 18, go to CC_C201.

CC_Q191 **[Do/Does] [you/FNAME] have cataracts?**

CCC2_1S

1 Yes

2 No

Glaucoma

CC_C201 If age < 18, go to CC_C211.

CC_Q201 **[Do/Does] [you/FNAME] have glaucoma?**

CCC2_1T

1 Yes

2 No

Thyroid Condition

CC_C211 If age < 12, go to CC_Q221.

CC_Q211 **[Do/Does] [you/FNAME] have a thyroid condition?**

CCC2_1U

- 1 Yes
- 2 No

Other Long-Term Condition

CC_Q221 **[Do/Does] [you/FNAME] have any other long-term condition that has been diagnosed by a health professional?**

CCC2_1V

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

CC_Q221S **INTERVIEWER: Specify.**

CCC2F1V

(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:**

ISC2_1 **... the cost of [your/his/her] prescription medications?**

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

IS_Q2 **... [your/his/her] dental expenses?**

ISC2_2

- 1 Yes
- 2 No

IS_Q3 **... the costs of eye glasses or contact lenses?**

ISC2_3

- 1 Yes
- 2 No

IS_Q4 **... hospital charges for a private or semi-private room?**

ISC2_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 [you/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 If age < 12, replace the phrase "ordinary newsprint" with "the words in a book"

HS_Q01 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**
HSC2_1 without glasses or contact lenses?

- 1 Yes (Go to HS_Q4)
- 2 No
DK, R (Go to next section)

HS_Q02 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**
HSC2_2 with glasses or contact lenses?

- 1 Yes (Go to HS_Q4)
- 2 No

HS_Q03 **[Are/Is] [you/he/she] able to see at all?**
HSC2_3

- 1 Yes
- 2 No (Go to HS_Q6)
DK, R (Go to HS_Q6)

HS_Q04 **[Are/Is] [you/he/she] able to see well enough to recognize a friend on the other**
HSC2_4 side of the street without glasses or contact lenses?

- 1 Yes (Go to HS_Q6)
- 2 No
DK, R (Go to HS_Q6)

HS_Q05 **[Are/Is] [you/he/she] usually able to see well enough to recognize a friend on the**
HSC2_5 other side of the street with glasses or contact lenses?

- 1 Yes
- 2 No

Hearing

HS_Q06 **[Are/Is] [you/FNAME] usually able to hear what is said in a group conversation**
HSC2_6 with at least 3 other people without a hearing aid?

- 1 Yes (Go to HS_C10)
- 2 No
DK, R (Go to HS_C10)

HS_Q07
HSC2_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
HSC2_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
HSC2_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
HSC2_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
HSC2_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
HSC2_11 [Are/Is] [you/he/she] able to be understood partially when speaking with strangers?

- 1 Yes
- 2 No

HS_Q12
HSC2_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 [Are/Is] [you/he/she] able to be understood partially when speaking with those
HSC2_13 who know [you/him/her] well?

- 1 Yes
- 2 No

Getting Around

HS_Q14 [Are/Is] [you/FNAME] usually able to walk around the neighbourhood without
HSC2_14 difficulty and without mechanical support such as braces, a cane or crutches?

- 1 Yes (Go to HS_Q21)
- 2 No
DK, R (Go to HS_Q21)

HS_Q15 [Are/Is] [you/he/she] able to walk at all?
HSC2_15

- 1 Yes
- 2 No (Go to HS_Q18)
DK, R (Go to HS_Q18)

HS_Q16 [Do/Does] [you/he/she] require mechanical support such as braces, a cane or
HSC2_16 crutches to be able to walk around the neighbourhood?

- 1 Yes
- 2 No

HS_Q17 [Do/Does] [you/he/she] require the help of another person to be able to walk?
HSC2_17

- 1 Yes
- 2 No

HS_Q18 [Do/Does] [you/he/she] require a wheelchair to get around?
HSC2_18

- 1 Yes
- 2 No (Go to HS_Q21)
DK, R (Go to HS_Q21)

HS_Q19 How often [do/does] [you/he/she] use a wheelchair?
HSC2_19

INTERVIEWER: Read categories to respondent.

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

HS_Q20 [Do/Does] [you/he/she] need the help of another person to get around in the
HSC2_20 wheelchair?

- 1 Yes
- 2 No

Hands and Fingers

HS_Q21
HSC2_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
HSC2_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
HSC2_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
HSC2_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
HSC2_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
HSC2_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
HSC2_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
HSC2_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
HSC2_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
HSC2_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**

For information only

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.

- PAC2_1A 1 **Walking for exercise**
- PAC2_1B 2 **Gardening or yard work**
- PAC2_1C 3 **Swimming**
- PAC2_1D 4 **Bicycling**
- PAC2_1E 5 **Popular or social dance**
- PAC2_1F 6 **Home exercises**
- PAC2_1G 7 **Ice hockey**
- PAC2_1H 8 **Ice skating**
- PAC2_1Y 9 **In-line skating or rollerblading**
- PAC2_1J 10 **Jogging or running**
- PAC2_1K 11 **Golfing**
- PAC2_1L 12 **Exercise class or aerobics**
- PAC2_1I 13 **Downhill skiing or snowboarding**
- PAC2_1N 14 **Bowling**
- PAC2_1O 15 **Baseball or softball**
- PAC2_1P 16 **Tennis**
- PAC2_1Q 17 **Weight-training**
- PAC2_1R 18 **Fishing**
- PAC2_1S 19 **Volleyball**
- PAC2_1T 20 **Basketball**
- PAC2_1U 21 **Any other**
- PAC2_1V 22 **No physical activity** (Go to PA_QINT2)
 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 **What was this activity?**
 PAC2FC1 INTERVIEWER: Enter ONE activity only.

_____ (80 spaces)

PA_Q1W **In the past 3 months, did you do any other activity for leisure?**
 PAC2_1W

- 1 Yes
- 2 No (Go to PA_Q2)
- DK, R (Go to PA_Q2)

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PA_Q1WS
PAC2FC2 **What was this activity?**
INTERVIEWER: Enter ONE activity only.

(80 spaces)

PA_Q1X
PAC2_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
PAC2FC3 **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 **In the past 3 months, how many times did you participate in [identified activity]?**

PAC2_2A
TO
PAC2_2Y | | | | 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 **About how much time did you spend on each occasion?**

- PAC2_3A
TO
PAC2_3Y
- 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 **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?**

- PAC2_4A
- 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
PAC2_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_C5 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
PAC2_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
PAC2_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
TUC2_3 **In the past 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 **In the past 12 months, that is, from [date one year ago] to yesterday, did**
RPC2_1 **[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 **Thinking about the most serious repetitive strain, what part of the body was**
RPC2_3 **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.

- RPC2_5A 1 Sports or physical exercise (include school activities)
- RPC2_5B 2 Leisure or hobby (include volunteering)
- RPC2_5C 3 Working at a job or business (include travel to or from work)
- RPC2_5D 4 Household chores, other unpaid work or education
- RPC2_5E 5 Sleeping, eating, personal care
- RPC2_5F 6 Other - Specify

Injuries

IJ_CINT If age < 12 or RP_Q1 <> "Yes", 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 only second part of phrase in IJ_Q01.

IJ_Q01 **(Not counting repetitive strain injuries,) In the past 12 months, that is, from [date one year ago] to yesterday, [were/was] [you/FNAME] injured?**

IJC2_1

- 1 Yes
- 2 No (Go to IJ_Q14)
DK, R (Go to next section)

IJ_Q02 **How many times [were/was] [you/he/she] injured?**

IJC2_2

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

IJ_Q03 **(Thinking about the most serious injury,) What type of injury did [you/he/she] have? For example, a broken bone or burn.**

IJC2_3

- 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
IJC2_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
IJC2_4A

What part of the body was injured?

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

IJ_Q06
IJC2_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
IJC2_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
IJC2_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
IJC2_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
IJC2_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
IJC2_11

Did [you/FNAME] receive any medical attention for this injury from a health professional within 48 hours?

- 1 Yes
- 2 No (Go to IJ_Q14)
- DK, R (Go to IJ_Q14)

IJ_Q12
IJC2_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
IJC2_13

[Were/Was] [you/he/she] admitted to a hospital overnight?

- 1 Yes
- 2 No

IJ_Q14
IJC2_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
IJC2_15 How many injuries?

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

Stress

ST_C100 If proxy interview, go to next section. If age < 12, go to next section.

Ongoing Problems

Focus Questions

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 statements 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_2_C1 **You are trying to take on too many things at once.**

- 1 True
- 2 False
R (Go to ST_C400)

ST_Q102
ST_2_C2 **There is too much pressure on you to be like other people.**

- 1 True
- 2 False

ST_Q103
ST_2_C3 **Too much is expected of you by others.**

- 1 True
- 2 False

ST_C104 If age < 18, go to ST_Q112.

ST_Q104
ST_2_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_2_C5 **Your partner doesn't understand you.**

- 1 True
- 2 False

ST_Q106
ST_2_C6 **Your partner doesn't show enough affection.**

- 1 True
- 2 False

ST_Q107
ST_2_C7 **Your partner is not committed enough to your relationship.**

- 1 True
- 2 False

Go to ST_Q109

ST_Q108
ST_2_C8 **You find it is very difficult to find someone compatible with you.**

- 1 True
- 2 False

ST_Q109
ST_2_C9 **Do you have any children?**

- 1 Yes
- 2 No (Go to ST_Q112)
- DK, R (Go to ST_Q112)

ST_Q110
ST_2_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_2_C11 **A child's behaviour is a source of serious concern to you.**

- 1 True
- 2 False

ST_Q112
ST_2_C12 **Your work around the home is not appreciated.**

- 1 True
- 2 False

ST_C113 If age < 18, go to ST_Q118.

ST_Q113 **Your friends are a bad influence.**
ST_2_C13

- 1 True
- 2 False

ST_Q114 **You would like to move but you cannot.**
ST_2_C14

- 1 True
- 2 False

ST_Q115 **Your neighbourhood or community is too noisy or too polluted.**
ST_2_C15

- 1 True
- 2 False

ST_Q116 **You have a parent, a child or a partner who is in very bad health and may die.**
ST_2_C16

- 1 True
- 2 False

ST_Q117 **Someone in your family has an alcohol or drug problem.**
ST_2_C17

- 1 True
- 2 False

ST_Q118 **People are too critical of you or what you do.**
ST_2_C18

- 1 True
- 2 False

Work Stress

ST_C400 If age < 15 or age > 75, go to ST_C600.

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_2_W1

- 1 Yes
- 2 No (Go to ST_C600)
- DK, R (Go to ST_C600)

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_2_W1A

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- R (Go to ST_C600)

ST_Q402 Your job requires a high level of skill.

ST_2_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_2_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_2_W1D

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

ST_Q405 Your job is very hectic.

ST_2_W1E

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

ST_Q406 You are free from conflicting demands that others make.

ST_2_W1F

INTERVIEWER: If necessary, explain that the question refers to conflicting demands on the job.

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

ST_Q407 Your job security is good.

ST_2_W1G

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

ST_Q408 Your job requires a lot of physical effort.

ST_2_W1H

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

ST_Q409 **You have a lot to say about what happens in your job.**

ST_2_W1I

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

ST_Q410 **You are exposed to hostility or conflict from the people you work with.**

ST_2_W1J

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

ST_Q411 **Your supervisor is helpful in getting the job done.**

ST_2_W1K

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

ST_Q412 **The people you work with are helpful in getting the job done.**

ST_2_W1L

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

ST_Q413 **How satisfied are you with your job?**

ST_2_W2

INTERVIEWER: Read categories to respondent.

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

Mastery

ST_C600 If age < 12, go to next section.

ST_QINT6 **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_Q601 **You have little control over the things that happen to you.**

PY_2_M1A

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

ST_Q602 **There is really no way you can solve some of the problems you have.**

PY_2_M1B

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

ST_Q603 **There is little you can do to change many of the important things in your life.**

PY_2_M1C

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

ST_Q604 **You often feel helpless in dealing with problems of life.**

PY_2_M1D

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

ST_Q605 **Sometimes you feel that you are being pushed around in life.**

PY_2_M1E

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

ST_Q606 **What happens to you in the future mostly depends on you.**

PY_2_M1F

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

ST_Q607 **You can do just about anything you really set your mind to.**

PY_2_M1G

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

Medication 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 [you/FNAME] take:**

DGC2_1A ... pain relievers such as Aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?

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

DG_Q1B ... tranquilizers such as Valium or Ativan?

DGC2_1B

- 1 Yes
- 2 No

DG_Q1C ... diet pills such as Ponderal, Dexatrim or Fastin?

DGC2_1C

- 1 Yes
- 2 No

DG_Q1D ... anti-depressants such as Prozac, Paxil or Effexor?

DGC2_1D

- 1 Yes
- 2 No

DG_Q1E ... codeine, Demerol or morphine?

DGC2_1E

- 1 Yes
- 2 No

DG_Q1F ... allergy medicine such as Reactine or Allegra?

DGC2_1F

- 1 Yes
- 2 No

DG_Q1G **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**

DGC2_1G ... asthma medications such as inhalers or nebulizers?

- 1 Yes
- 2 No

DG_Q1H ... cough or cold remedies?

DGC2_1H

- 1 Yes
- 2 No

NPHS, Household Component, Cycle 5 (2002-2003)

DG_Q1I ... penicillin or other antibiotics?
DGC2_1I

- 1 Yes
- 2 No

DG_Q1J ... medicine for the heart?
DGC2_1J

- 1 Yes
- 2 No

DG_Q1K ... medicine for blood pressure?
DGC2_1K

- 1 Yes
- 2 No

DG_Q1L In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:

DGC2_1L ... diuretics or water pills?

- 1 Yes
- 2 No

DG_Q1M ... steroids?
DGC2_1M

- 1 Yes
- 2 No

DG_Q1N ... insulin?
DGC2_1N

- 1 Yes
- 2 No

DG_Q1O ... pills to control diabetes?
DGC2_1O

- 1 Yes
- 2 No

DG_Q1P ... sleeping pills such as Imovane, Nytol or Starnoc?
DGC2_1P

- 1 Yes
- 2 No

DG_Q1Q ... stomach remedies?
DGC2_1Q

- 1 Yes
- 2 No

DG_Q1R ... laxatives?
DGC2_1R

- 1 Yes
- 2 No

DG_C1S If female & age <= 49, go to DG_Q1S. Otherwise, go to DG_C1T.

NPHS, Household Component, Cycle 5 (2002-2003)

DG_Q1S ... **birth control pills?**

DGC2_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?**

DGC2_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?**

DGC2_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?**

DGC2_1T2

INTERVIEWER: Enter the year.

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

DG_Q1U **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**

DGC2_1U ... **thyroid medication such as Synthroid or Levothyroxine?**

- 1 Yes
- 2 No

DG_Q1V ... **any other medication?**

DGC2_1V

- 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 **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?**

DGC2_2

|_| 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_Q3nn and DG_Q3nnA, up to a maximum of 12.

NPHS, Household Component, Cycle 5 (2002-2003)

DG_Q3nn **What is the exact name of the medication that [you/FNAME] took?**

DGC2F3A INTERVIEWER: Ask respondent to look at the bottle, tube or box.

TO
DGC2F3L

(80 spaces)

DK, R (Go to DG_Q4.)

DG_Q3nnA **Was this a prescription from a medical doctor or dentist?**

DGC2_3AA
TO
DGC2_3LA

- 1 Yes
- 2 No

DG_Q4 **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.**

DGC2_4

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

DGC2_4A

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

DG_Q501 **Thinking of the past 2 days, what is the exact name of a health product that [you/he/she] used?**

DGC2F5A

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

(80 spaces)

DG_Q5nnA **Did [you/he/she] use another health product?**

DGC2_5AA
TO
DGC2_5KA

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

DG_Q5nn **What is the exact name of this product?**

DGC2F5B INTERVIEWER: Ask respondent to look at the bottle, tube or box.

TO
DGC2F5L

(80 spaces)

DG_C5 Ask DG_Q5nnA and DG_Q5nn for up to 12 products.

Smoking

SM_C100 If age < 12, go to next section.

SM_Q101 **The next questions are about smoking.**
 SMC2_1 **Does anyone in this household smoke regularly inside the house?**

- 1 Yes
- 2 No

SM_Q102 **At the present time [do/does] [you/FNAME] smoke cigarettes daily, occasionally or**
 SMC2_2 **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 **At what age did [you/he/she] begin to smoke cigarettes daily?**
 SMC2_3

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

SM_Q104 **How many cigarettes [do/does] [you/he/she] smoke each day now?**
 SMC2_4

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

Go to SM_C108B

SM_Q104A **[Have/Has] [you/he/she] ever smoked cigarettes at all?**
 SMC2_4A

- 1 Yes (Go to SM_Q105A)
- 2 No
 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, for this survey it's important to measure change.)**
 SMC2_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)

NPHS, Household Component, Cycle 5 (2002-2003)

SM_Q105A **In [your/his] lifetime, [have/has] [you/FNAME] smoked a total of 100 or more**
SMC2_5A **cigarettes (about 4 packs)?**

- 1 Yes
- 2 No

Go to SM_Q105D

SM_Q105B **On the days that [you/FNAME] [do/does] smoke, about how many cigarettes**
SMC2_5B **[do/does] [you/he/she] usually have?**

||| 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**
SMC2_5C **cigarettes?**

||| 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_C108B (SM_Q105D was filled with "1" during processing).

SM_Q105D **[Have/Has] [you/he/she] ever smoked cigarettes daily?**
SMC2_5

- 1 Yes
- 2 No (Go to SM_C108B)
- DK, R (Go to SM_C200)

SM_Q106 **At what age did [you/he/she] begin to smoke (cigarettes) daily?**
SMC2_6

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

SM_Q107 **How many cigarettes did [you/he/she] usually smoke each day?**
SMC2_7

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

SM_Q108 **At what age did [you/he/she] stop smoking (cigarettes) daily?**
SMC2_8

|||| Age in years
(MIN: 5 or age in SM_Q106) (MAX: current age)

SM_C108B If SM_Q102 = 3 (non-smoker), go to SM_C109.

SM_Q108B **What brand of cigarettes [do/does] [you/he/she] usually smoke?**
INTERVIEWER: If necessary, probe for cigarette strength and size.

SM_Q108S INTERVIEWER: Specify.
SMC2C8B

(80 spaces)
DK, R (Go to SM_C109)

SM_C109

	Smoke - 2000	Smoke - 2002	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 2000 to 2002, 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
SMC2_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
SMC2_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 **Compared to our interview in [month and year of last response interview], you are**
SMC2_11 **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 **Compared to our interview in [month and year of last response interview], you are**
SMC2_12 **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 **How soon after you wake up do you smoke your first cigarette?**
SMC2_201

- 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

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 **Have you tried quitting in the past 6 months?**
SMC2_202

- 1 Yes
- 2 No (Go to SM_C206)
DK, R (Go to SM_C206)

SM_Q203 **How many times have you tried quitting (in the past 6 months)?**
SMC2_203

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

SM_Q204 **Are you seriously considering quitting within the next 30 days?**

SMC2_204

- 1 Yes (Go to SM_C206)
- 2 No

SM_Q205 **Are you seriously considering quitting within the next 6 months?**

SMC2_205

- 1 Yes
- 2 No

SM_C206 If ST_Q400 = 1 (currently employed), go to SM_Q206. Otherwise, go to next section.

SM_Q206 **At your place of work what are the restrictions on smoking?**

SMC2_206

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 [you/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 **Since our interview in [month and year of last response interview], [have/has]**
ALC2_1A **[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 **During the past 12 months, that is, from [date one year ago] to yesterday,**
ALC2_1 **[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)

NPHS, Household Component, Cycle 5 (2002-2003)

AL_Q2 **During the past 12 months, how often did [you/he/she] drink alcoholic beverages?**
ALC2_2

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

AL_Q3 **How often in the past 12 months [have/has] [you/he/she] had 5 or more drinks on one occasion?**
ALC2_3

- 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 **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?**
ALC2_5

- 1 Yes
- 2 No (Go to ALS_C1)
- DK, R (Go to ALS_C1)

AL_Q5A **Starting with yesterday, that is [day name], how many drinks did [you/FNAME] have:**

- ALC2_5A1 1 ... on Sunday? (If R on first day, go to next section)
- ALC2_5A2 2 ... on Monday? (MIN: 0 MAX: 99; warning after 12 for each day)
- ALC2_5A3 3 ... on Tuesday?
- ALC2_5A4 4 ... on Wednesday?
- ALC2_5A5 5 ... on Thursday?
- ALC2_5A6 6 ... on Friday?
- ALC2_5A7 7 ... on Saturday?

Go to next section.

AL_Q5B **Have [you/he/she] ever had a drink?**
ALC2_5B

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

AL_Q6 **Did [you/he/she] ever regularly drink more than 12 drinks a week?**
ALC2_6

- 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.

- | | | |
|---------|----|--|
| ALC2_7A | 1 | Dieting |
| ALC2_7B | 2 | Athletic training |
| ALC2_7C | 3 | Pregnancy |
| ALC2_7D | 4 | Getting older |
| ALC2_7E | 5 | Drinking too much / Drinking problem |
| ALC2_7F | 6 | Affected - work, studies, employment opportunities |
| ALC2_7G | 7 | Interfered with family or home life |
| ALC2_7H | 8 | Affected - physical health |
| ALC2_7I | 9 | Affected - friendships or social relationships |
| ALC2_7J | 10 | Affected - financial position |
| ALC2_7K | 11 | Affected - outlook on life, happiness |
| ALC2_7L | 12 | Influence of family or friends |
| ALC2_7M | 13 | Other - Specify |

Focus Questions

ALS_C1 If proxy interview or age < 12, go to next section. If response to AL_Q1B is not valid, go to next section.

ALS_Q1 **Now I'd like to ask your opinion on some statements about drinking.**

AL_2_1 **To start with, how would you define moderate drinking?**

INTERVIEWER: Read categories to respondent.

- 1 **No drinks**
 - 2 **Less than 1 drink per week**
 - 3 **1 to 3 drinks per week**
 - 4 **4 to 6 drinks per week**
 - 5 **1 or 2 drinks per day**
 - 6 **3 drinks or more per day**
- DK, R (Go to next section)

ALS_Q2 **Please tell me whether you agree or disagree with the following statements.**

AL_2_2 **Moderate drinking can be good for your health.**

- 1 Agree
- 2 Disagree
- 3 No opinion

ALS_Q3 **Most people think it's alright to get drunk once in a while.**

AL_2_3

- 1 Agree
- 2 Disagree
- 3 No opinion

ALS_Q4 **You would rather pay for a taxi than see a friend drive after drinking.**

AL_2_4

- 1 Agree
- 2 Disagree
- 3 No opinion

ALS_Q5
AL_2_5 **It's alright to get drunk once a week as long as you don't drink at all during the rest of the week.**

- 1 Agree
- 2 Disagree
- 3 No opinion

ALS_Q6
AL_2_6 **A pregnant woman should not drink any amount of alcohol during her pregnancy.**

- 1 Agree
- 2 Disagree
- 3 No opinion

ALS_Q7
AL_2_7 **It's alright for a woman who is breastfeeding to drink occasionally.**

- 1 Agree
- 2 Disagree
- 3 No opinion

Alcohol Dependence

Focus Questions

AD_C1 If proxy interview or age < 12, go to next section. If AL_Q3 > 2 (has at least 5 drinks at least once a month), go to AD_QINT. Otherwise, go to next section.

AD_QINT **The next questions are about how drinking affects people in their activities. We will be referring to the past 12 months, that is, from [date one year ago] to yesterday.**
INTERVIEWER: Press <Enter> to continue.

AD_Q1
AD_2_1 **In the past 12 months, have you ever been drunk or hung-over while at work or school or while taking care of children?**

- 1 Yes
- 2 No (Go to AD_Q3)
- DK, R (Go to next section)

AD_Q2
AD_2_2 **How many times? Was it:**
INTERVIEWER: Read categories to respondent.

- 1 ... once or twice?
- 2 ... 3 to 5 times?
- 3 ... 6 to 10 times?
- 4 ... 11 to 20 times?
- 5 ... more than 20 times?

AD_Q3
AD_2_3 **In the past 12 months, were you ever in a situation while drunk or hung-over which increased your chances of getting hurt? (For example: driving a boat, using guns, crossing against traffic, or during sports)**

- 1 Yes
- 2 No

AD_Q4
AD_2_4 **In the past 12 months, have you had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?**

- 1 Yes
- 2 No

AD_Q5
AD_2_5 **In the past 12 months, have you had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?**

- 1 Yes
- 2 No

AD_Q6
AD_2_6 **In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?**

- 1 Yes
- 2 No

AD_Q7
AD_2_7 **In the past 12 months, did you ever drink much more or for a longer period of time than you intended?**

- 1 Yes
- 2 No (Go to AD_Q9)
- DK, R (Go to AD_Q9)

AD_Q8
AD_2_8 **How many times? Was it:**
INTERVIEWER: Read categories to respondent.

- 1 ... once or twice?
- 2 ... 3 to 5 times?
- 3 ... 6 to 10 times?
- 4 ... 11 to 20 times?
- 5 ... more than 20 times?

AD_Q9
AD_2_9 **In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?**

- 1 Yes
- 2 No

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**

MHC2_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?**

MHC2_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?**

MHC2_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 **... hopeless?**

MHC2_1D 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)

NPHS, Household Component, Cycle 5 (2002-2003)

MH_Q01E
MHC2_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
MHC2_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
MHC2_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
MHC2_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
MHC2_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
MHC2_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**

NPHS, Household Component, Cycle 5 (2002-2003)

MH_Q01K
MHC2_1K **In the past 12 months, that is, from [date one year ago] to yesterday, have you seen or talked on the telephone with 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
MHC2_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.

- MHC2_1MA 1 **Family doctor or general practitioner**
- MHC2_1MB 2 **Psychiatrist**
- MHC2_1MC 3 **Psychologist**
- MHC2_1MD 4 **Nurse**
- MHC2_1ME 5 **Social worker or counsellor**
- MHC2_1MF 6 **Other - Specify**

MH_Q02
MHC2_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
MHC2_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
MHC2_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
MHC2_5 **During those 2 weeks did you lose interest in most things?**

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

MH_Q06 **Did you feel tired out or low on energy all of the time?**

MHC2_6

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

MH_Q07 **Did you gain weight, lose weight or stay about the same?**

MHC2_7

- 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 **About how much did you [gain/lose]?**

MHC2_8A

INTERVIEWER: Enter amount only.

||| Weight
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)
DK, R (Go to MH_Q09)

MH_Q08B INTERVIEWER: Was that in pounds or in kilograms?

MHC2_8B

MHC2_8LB

MHC2_8KG

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

MH_Q09 **Did you have more trouble falling asleep than you usually do?**

MHC2_9

- 1 Yes (KEY PHRASE = Trouble falling asleep)
- 2 No (Go to MH_Q11)
DK, R (Go to next section)

MH_Q10 **How often did that happen?**

MHC2_10

INTERVIEWER: Read categories to respondent.

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

MH_Q11 **Did you have a lot more trouble concentrating than usual?**

MHC2_11

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

MH_Q12 **At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?**

MHC2_12

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

NPHS, Household Component, Cycle 5 (2002-2003)

MH_Q13
MHC2_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).**

INTERVIEWER: Press <Enter> to continue.

MH_Q14
MHC2_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
MHC2_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
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

Go to next section.

MH_Q16
MHC2_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
MHC2_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
MHC2_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
MHC2_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 (Go to next section)

MH_Q20
MHC2_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
MHC2_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
MHC2_21B

(INTERVIEWER: Was that in pounds or in kilograms?)

- MHC2_21L
MHC2_21K
- 1 Pounds
 - 2 Kilograms
 - (DK, R are not allowed)

MH_Q22
MHC2_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)

NPHS, Household Component, Cycle 5 (2002-2003)

MH_Q23
MHC2_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
MHC2_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
MHC2_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
MHC2_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).**
INTERVIEWER: Press <Enter> to continue.

MH_Q27
MHC2_27 **About how many weeks did you feel this way during the past 12 months?**

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

MH_Q28
MHC2_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
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

Social Support (Medical Outcomes Study questions)

SS_C01 If proxy interview or age < 12, go to next section.

SS_Q01
SSC2_101

Next are some questions about the social support that is available to you. 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 and relatives
(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:**

SSC2_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
SSC2_103

... someone you can count on to listen to you when you need to talk?

- 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?**

SSC2_104

- 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?**

SSC2_105

- 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?**

SSC2_106

- 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:**

SSC2_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?**

SSC2_108

- 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?**

SSC2_109

- 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?**

SSC2_110

- 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?**

SSC2_111

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

SSC2_112

- 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 ... **someone whose advice you really want?**

SSC2_113

- 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 **How often is each of the following kinds of support available to you if you need it:**

SSC2_114

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

SSC2_115

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

SSC2_116

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

SSC2_117

- 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?**

SSC2_118

- 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?**

SSC2_119

- 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?**

SSC2_120

- 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

Residence History

Focus Questions

RH_C01 If age > 11 and proxy interview, go to next section.

RH_R01 **The next few questions deal with places where [you/FNAME] [have/has] lived since 1980. These questions in combination with health information collected in this survey will be used to examine the possible link between health conditions and long-term exposure to environmental pollution.**
INTERVIEWER: Press <Enter> to continue.

NPHS, Household Component, Cycle 5 (2002-2003)

RH_R02 **In answering questions on places of residence, please be as precise as possible and include every city, town or village where [you/FNAME] lived for 3 months or more. You do not need to report moves within a city, town or village.**
INTERVIEWER: Press <Enter> to continue.

RH_Q03 **Do you prefer to start with where [you/FNAME] [live/lives] currently and work backwards, or with where [you/he/she] lived in [MinYear] and work forwards?**
RHS2_1

- 1 Start now and work backwards (Go to RH1_Q01M)
- 2 Start in 1980 (or year of birth) and work forwards(Go to RH2_Q01A)
DK, R (Go to RH_END)

Current year to 1980 (backwards alternative)

RH1_Q01M **Since what month and year [have/has] [you/he/she] lived in [city]?**
RHS2_B1M **INTERVIEWER:** Select the month.
When <F5> "Refusal" or <F6> "Don't know" is selected for this question, the system uses the default of "June" to determine flows.

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

RH1_Q01Y **Since what month and year [have/has] [you/he/she] lived in [city]?**
RHS2_B1Y **INTERVIEWER:** Enter a four-digit year.

- ||_||_||_||_ Year
(MIN: 1870) (MAX: 2003)
- DK (Go to RH1_C02)
 - R (Go to RH_END)

RH1_C01 (If RH1_Q01Y < 1980, go to RH1_Q03. Otherwise, go to RH1_D04.

RH1_C02 If Year of Birth >= 1980 go to RH1_Q02A. Otherwise go to RH1_Q02B.

RH1_Q02A **Did [you/he/she] move to [city] in [MinYear] or after [MinYear]?**
RHS2_B2A

- 1 In
- 2 After (Go to RH1_B04)
DK, R (Go to RH_END)

RH1_Q02B **Did [you/he/she] move to [city] before 1980, in 1980 or after 1980?**
RHS2_B2B

- 1 Before 1980
- 2 In 1980
- 3 After 1980 (Go to RH1_B04)
DK, R (Go to RH_END)

NPHS, Household Component, Cycle 5 (2002-2003)

RH1_Q03 **Did you consider temporary residences of 3 months or more and residences**
 RHS2_B3 **outside Canada?**

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

RH1_D04 RH1_Q01YM = (RH1_Q01Y-1870)*12+RH1_Q01M. (If RH1_Q01M = DK, R, use 6).

RH1_C04 If RH1_Q01YM > (earliest possible date) go to RH1_B04. Otherwise go to RH_END.

RH1_B04 Invoke the MOB block (MOB_Q01A, MOB_Q01B, MOB_Q01C, MOB_Q02M, MOB_Q02Y, MOB_Q03, MOB_END) a maximum of 20 times, as long as respondent continues to provide responses (no DK or R) and the reported date is greater than (earliest possible date).

MOB_Q01A **Where did [you/FNAME] live before [you/he/she] moved to [city]?**
 MBS2_A1A **INTERVIEWER:** Enter the city, town, village or municipality.
 TO If necessary, remind respondent: **(Please consider temporary residences of 3**
 MBS2_T1A **months or more and residences outside Canada.)**

 (30 spaces)
 DK, R (Go to MOB_END)

MOB_Q01B **Where did [you/FNAME] live before [you/he/she] moved to [city]?**
 MBS2_A1B **INTERVIEWER:** Select the province or territory.
 TO If necessary, remind respondent: **(Please consider temporary residences of 3**
 MBS2_T1B **months or more and residences outside Canada.)**

- 10 Newfoundland and Labrador
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 62 Nunavut
- 76 U.S.A.
- 77 Outside of Canada and U.S.A. (Go to MOB_Q01C)
DK, R (Go to MOB_END)

Go to MOB_Q02M

MOB_Q01C **Where did [you/FNAME] live before [you/he/she] moved to [city]?**
 MBS2CA1C **INTERVIEWER:** Type and select the country.
 TO If necessary, remind respondent: **(Please consider temporary residences of 3**
 MBS2CT1C **months or more and residences outside Canada.)**

DK, R (Go to MOB_END)

NPHS, Household Component, Cycle 5 (2002-2003)

MOB_Q02M **In what month and year did [you/he/she] move to [city]?**
MBS2_A2M INTERVIEWER: Select the month.
TO
MBS2_T2M When <F5> "Refusal" or <F6> "Don't know" is selected for this question, the system uses the default of "June" to determine flows.

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

MOB_Q02Y In what month and year did [you/he/she] move to [city]?
MBS2_A2Y INTERVIEWER: Enter a four-digit year.
TO
MBS2_T2Y |_|_|_| Year
 (MIN: 1870) (MAX: 2003)
 DK (Go to MOB_C03B)
 R (Go to MOB_END)

MOB_C03A Go to MOB_D04.

MOB_C03B If MinYear >= 1980 go to MOB_Q03A. Otherwise go to MOB_Q03B.

MOB_Q03A **Did [you/he/she] move to [MOB_Q01] in [MinYear] or after [MinYear]?**
MBS2_A3A
TO
MBS2_T3A 1 In
 2 After (Go to MOB_END)
 DK, R (Go to MOB_END)

MOB_Q03B **Did [you/he/she] move to [city] before 1980, in 1980 or after 1980?**
MBS2_A3B
TO
MBS2_T3B 1 Before 1980
 2 In 1980
 3 After 1980 (Go to MOB_END)
 DK, R (Go to MOB_END)

MOB_D04 MOVE_YM = (MOB_Q02Y - 1870) * 12 + MOB_Q02M. (If MOB_Q02M = DK, R, use 6).
For each move, ask MOB_Q01A, MOB_Q01B, MOB_Q01C, MPB_Q02M, MOB_Q02Y, up to a maximum of 20 times.

MOB_END

RH1_C05 If twentieth date is a response and is greater than (earliest possible date), go to RH1_Q05. Otherwise go to RH_END.

NPHS, Household Component, Cycle 5 (2002-2003)

RH1_Q05 **How many times did [you/he/she] move between [earliest possible month in text] [earliest possible year] and [your/his/her] move to [city]?**
RHS2_B5

- 1 Once
- 2 Twice
- 3 Three times
- 4 Four or more times

Go to RH_END

1980 to current year (forwards alternative)

RH2_Q01A **Where did [you/he/she] live in [earliest possible month in text] [earliest possible year]?**

INTERVIEWER: Enter the city, town, village or municipality.

(30 spaces)

DK, R

(Go to RH_END)

RH2_Q01B Where did [you/he/she] live in [earliest possible month in text] [earliest possible year]?

INTERVIEWER: Select the province or territory.

- 10 Newfoundland and Labrador
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 62 Nunavut
- 76 U.S.A.
- 77 Outside of Canada and U.S.A. (Go to RH2_Q01C)
- DK, R (Go to RH_END)

Go to RH2_Q01D

RH2_Q01C Where did [you/he/she] live in [earliest possible month in text] [earliest possible year]?

INTERVIEWER: Type and select the country.

DK, R

(Go to RH_END)

RH2_Q01D **[Have/Has] [you/he/she] lived anywhere else since then? Please consider temporary residences of 3 months or more and residences outside Canada.**

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

NPHS, Household Component, Cycle 5 (2002-2003)

RH2_B02 Invoke the MOF block (MOF_Q01A, MOF_Q01B, MOF_Q01C, MOF_Q02M, MOF_Q02Y, MOF_Q03, MOF_END), a maximum of 20 times, as long as respondent continues to provide responses (no DK or R) and the reported date is less than (latest possible month and year) and MOF_Q04 = 1 "Yes".

MOF_Q01A **Where did [you/FNAME] live after [you/he/she] left [city]?**
INTERVIEWER: Enter the city, town, village or municipality.
If necessary, remind respondent: **(Please consider temporary residences of 3 months or more and residences outside Canada.)**

(30 spaces)

DK, R

(Go to MOF_END)

MOF_Q01B Where did [you/FNAME] live after [you/he/she] left [city]?
INTERVIEWER: Select the province or territory.
If necessary, remind respondent: **(Please consider temporary residences of 3 months or more and residences outside Canada.)**

10 Newfoundland and Labrador

11 Prince Edward Island

12 Nova Scotia

13 New Brunswick

24 Quebec

35 Ontario

46 Manitoba

47 Saskatchewan

48 Alberta

59 British Columbia

60 Yukon

61 Northwest Territories

62 Nunavut

76 U.S.A.

77 Outside of Canada and U.S.A. (Go to MOF_Q01C)

DK, R

(Go to MOF_END)

Go to MOF_Q02M

MOF_Q01C Where did [you/FNAME] live after [you/he/she] left [city]?
INTERVIEWER: Type and select the country.
If necessary, remind respondent: **(Please consider temporary residences of 3 months or more and residences outside Canada.)**

DK, R

(Go to MOF_END)

NPHS, Household Component, Cycle 5 (2002-2003)

MOF_Q02M **In what month and year did [you/he/she] move to [city]?**

INTERVIEWER: Select the month.

When <F5> "Refusal" or <F6> "Don't know" is selected for this question, the system uses the default of "June" to determine flows.

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

MOF_Q02Y **In what month and year did [you/he/she] move to [city]?**

INTERVIEWER: Enter a four-digit year.

||_|_| Year
(MIN: 1870) (MAX: 2003)
DK, R

(Go to MOF_END)

MOF_C03 If the month/year combination is less than 3 months before the current month and year, go to MOF_END. Otherwise, go to MOF_D03.

MOF_D03 $MOVE_YM = (MOF_Q02Y - 1870) * 12 + MOF_Q02M$. (If MOF_Q02M = DK, R, use 6). For each move ask MOF_Q01A, MOF_Q01B, MOF_Q01C, MOF_Q02M, MOF_Q02Y, up to a maximum of 20 times.

MOF_Q04 **[Have/Has] [you/he/she] lived anywhere else since then? Please consider temporary residences of 3 months or more and residences outside Canada.**

- 1 Yes
- 2 No

MOF_END

RH2_C03 (If twentieth date is a response and it is less than (latest possible month and year), go to RH2_Q03. Otherwise go to RH_END.

RH2_Q03 **How many times [have/has] [you/he/she] moved since then?**

- 1 Once
- 2 Twice
- 3 Three times
- 4 Four or more times

RH_END

Language

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

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.

- SDC2_5A 1 English
- SDC2_5B 2 French
- SDC2_5C 3 Arabic
- SDC2_5D 4 Chinese
- SDC2_5E 5 Cree
- SDC2_5F 6 German
- SDC2_5G 7 Greek
- SDC2_5H 8 Hungarian
- SDC2_5I 9 Italian
- SDC2_5J 10 Korean
- SDC2_5K 11 Persian (Farsi)
- SDC2_5L 12 Polish
- SDC2_5M 13 Portuguese
- SDC2_5N 14 Punjabi
- SDC2_5O 15 Spanish
- SDC2_5P 16 Tagalog (Filipino)
- SDC2_5Q 17 Ukrainian
- SDC2_5R 18 Vietnamese
- SDC2_5S 19 Other - Specify

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.

- SDC2_6A 1 English
- SDC2_6B 2 French
- SDC2_6C 3 Arabic
- SDC2_6D 4 Chinese
- SDC2_6E 5 Cree
- SDC2_6F 6 German
- SDC2_6G 7 Greek
- SDC2_6H 8 Hungarian
- SDC2_6I 9 Italian
- SDC2_6J 10 Korean
- SDC2_6K 11 Persian (Farsi)
- SDC2_6L 12 Polish
- SDC2_6M 13 Portuguese
- SDC2_6N 14 Punjabi
- SDC2_6O 15 Spanish
- SDC2_6P 16 Tagalog (Filipino)
- SDC2_6Q 17 Ukrainian
- SDC2_6R 18 Vietnamese
- SDC2_6S 19 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?**
EDC2_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?**
EDC2_2

- 1 Full-time
- 2 Part-time

Go to ED_C4A

ED_C2 If EDC0D3 = 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]?**
EDC2_3

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

ED_C4A If EDC0D3 = 3 or 4 (i.e., 2000 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 EDC0D3 = 2 (i.e., 2000 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?**
EDC2_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?**
EDC2_5

- 1 Yes
- 2 No

ED_Q6
EDC2_6

[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?

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

ED_Q7
EDC2_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., LI.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
LSC2_1

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.

- 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
LSC2_2

Last week, did [you/FNAME] have a job or business from which [you/he/she] [were/was] absent?

- 1 Yes
- 2 No (Go to LF_Q11)
- DK, R (Go to next section)

LF_Q03
LSC2_3

Did [you/he/she] have more than one job or business last week?

- 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?**
LSC2_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?**
LSC2_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 job or business?**
LSC2_13

- 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?**
LSC2_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?**
LSC2_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 at the same time?**
LSC2_23

- 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 **[Are/Is/Were/Was] [you/he/she] an employee or self-employed?**
LSC2_31

1	Employee	(Go to LF_Q33)
2	Self-employed	
3	Working in a family business without pay DK, R	(Go to LF_Q33) (Go to LF_Q33)

LF_Q32 **What [is/was] the name of [your/his/her] business?**
LSC2F32

Confirm pre-fill or enter response (50 spaces) (Go to LF_Q34)

LF_Q33 **For whom [do/does/did] [you/he/she] [currently/last] work? (For example: name of business, government department or agency, or person)**
LSC2F33

Confirm pre-fill or enter response (50 spaces)

LF_Q34 **What kind of business, industry or service [is/was] this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)**
LSC2F34

Confirm pre-fill or enter response (50 spaces)

LF_Q35 **What kind of work [are/is/were/was] [you/he/she] doing? (For example: babysitting in own home, factory worker, forestry technician)**
LSC2F35

Confirm pre-fill or enter response (50 spaces)

LF_Q36 **What [are/were] [your/his/her] most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)**
LSC2F36

Confirm pre-fill or enter response (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?**
LSC2_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**
LSC2_42 **[your/his/her] [job/business]? If [you/he/she] usually [work/works/worked] extra**
hours, paid or unpaid, please include these hours.

|_|_| 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:**
LSC2_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**
LSC2_44 **[work/works/worked] at [your/his/her] [job/business]?**

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)

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LF_Q45
LSC2_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
LSC2_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
LSC2_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/worked] at more than one job [(in the past 12 months)]?**
INTERVIEWER: Obtain best estimate.

||| Weeks
(MIN: 1) (MAX: 52)

LF_Q52
LSC2_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
LSC2_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
LSC2_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 job**
LSC2_61 **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.
LSC2_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] neither**
LSC2_72 **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.

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LF_Q73
LSC2_73 **What is the main reason that [you/he/she] [were/was] not looking for work?**
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
LSC2_74 **Were those [LF_Q71] weeks when [you/he/she] [were/was] without work but looking for work?**
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.

- | | | |
|---------|----|---|
| INC2_1A | 1 | Wages and salaries |
| INC2_1B | 2 | Income from self-employment |
| INC2_1C | 3 | Dividends and interest (e.g., on bonds, savings) |
| INC2_1D | 4 | Employment insurance |
| INC2_1E | 5 | Worker's compensation |
| INC2_1F | 6 | Benefits from Canada or Quebec Pension Plan |
| INC2_1G | 7 | Retirement pensions, superannuation and annuities |
| INC2_1H | 8 | Old Age Security and Guaranteed Income Supplement |
| INC2_1I | 9 | Child Tax Benefit |
| INC2_1J | 10 | Provincial or municipal social assistance or welfare |
| INC2_1K | 11 | Child support |
| INC2_1L | 12 | Alimony |
| INC2_1M | 13 | Other (e.g., rental income, scholarships) |
| INC2_1N | 14 | None (Go to IN_Q3)
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.)

NPHS, Household Component, Cycle 5 (2002-2003)

IN_Q2
INC2_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
INC2_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
INC2_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
INC2_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
INC2_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
INC2_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

NPHS, Household Component, Cycle 5 (2002-2003)

IN_Q3E
INC2_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
INC2_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
INC2_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
INC2_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
INC2_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
INC2_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
INC2_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

NPHS, Household Component, Cycle 5 (2002-2003)

IN_Q4D **Was [your/his/her] total personal income less than \$15,000 or \$15,000 or more?**
INC2_4D

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

Go to next section

IN_Q4E **Was [your/his/her] total personal income less than \$40,000 or \$40,000 or more?**
INC2_4E

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to IN_Q4G)
DK, R (Go to next section)

IN_Q4F **Was [your/his/her] total personal income less than \$30,000 or \$30,000 or more?**
INC2_4F

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

Go to next section

IN_Q4G **Was [your/his/her] total personal income:**
INC2_4G 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?

Provincial Health Number and Administration

Provincial Health Number

AM_Q01A **Statistics Canada and your provincial ministry of health would like your permission to link information collected during all interviews conducted as part of this survey. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.**
INTERVIEWER: Press <Enter> to continue.

AM_Q01B **This linked information will be kept confidential and used only for statistical purposes.**
AM62_LNK **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 a previous interview, go to AM_Q02. Otherwise, go to AM_Q03A.

AM_Q02 **Has [your/FNAME's] health number changed since our interview in [month and**
AM62_HN **year of last response interview]?**

- 1 Yes
- 2 No (Go to AM_Q04A)
- DK, R (Go to AM_Q04A)

AM_Q03A **(Having a provincial health number will assist us in linking to this other**
AM62_H3A **information.)**
[Do/Does] [you/he/she] 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 **For which province is [your/his/her] health number?**
AM62_H3B

- 10 Newfoundland and Labrador
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 62 Nunavut
- 88 Do not have a provincial health number (Go to AM_Q04A)
- DK, R (Go to AM_Q04A)

AM_HN **What is [your/FNAME's] provincial health number?**

AM62_HNF **INTERVIEWER:** Enter a health number for [province]. Do not insert blanks, hyphens or
TO commas between the numbers.
AM62_HNU

(8 < 12 spaces)

AM_Q04A **Statistics Canada would like your permission to share the information from all**
interviews conducted as part of this survey with provincial ministries of health and
Health Canada.

INTERVIEWER: Press <Enter> to continue.

AM_Q04B **All information will be kept confidential and used only for statistical purposes.**
AM62_SHA **Do you agree to share the information provided?**

- 1 Yes
- 2 No

Administration

AM_N05 INTERVIEWER: Is this a fictitious name for the respondent?

AM62_14

- 1 Yes
- 2 No (Go to AM_N09)
- DK (Go to AM_N09)

AM_N06 INTERVIEWER: Remind respondent about the importance of getting correct names for longitudinal studies.

AM62_15

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 INTERVIEWER: Enter the first name only.

AM62F16

(25 spaces)

AM_C08 If AM_N06 is not "Both", go to AM_N09.

AM_N08 INTERVIEWER: Enter the last name only.

AM62F17

(25 spaces)

AM_N09 INTERVIEWER: Was this interview conducted on the telephone or in person?

AM62_TEL

- 1 On telephone
- 2 In person
- 3 Both

AM_N12 INTERVIEWER: Record language of interview.

AM62_LNG

- 1 English
- 2 French
- 3 Arabic
- 4 Chinese
- 5 Cree
- 6 German
- 7 Greek
- 8 Hungarian
- 9 Italian
- 10 Korean
- 11 Persian (Farsi)
- 12 Polish
- 13 Portuguese
- 14 Punjabi
- 15 Spanish
- 16 Tagalog (Filipino)
- 17 Ukrainian
- 18 Vietnamese
- 19 Other - Specify