

**National Population Health Survey**

**Household Component  
Cycle 1 (1994-1995)**

**Questionnaire**

**Statistics Canada**

May, 1994

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## Household Record Variables

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

DEMO\_INT     **The next few questions will provide important basic information on the people in your household.**

DEMO\_Q1     **What are the names of all persons now living or staying here who have no usual place of residence elsewhere?**  
(First and last names)

DEMO\_Q2     **Are there any persons away from this household attending school, visiting, travelling or in hospital who usually live here?**

DHC4\_3A

- \_\_\_ Yes (Go to DEMO-Q1)
- \_\_\_ No

DEMO\_Q3     **Does anyone else live at this dwelling such as young children, relatives, roomers, boarders or employees?**

DHC4\_3B

- \_\_\_ Yes (Go to DEMO-Q1)
- \_\_\_ No

DEMO\_Q4     **What is ... 's date of birth?**

DHC4\_DAT  
DHC4\_DOB  
DHC4\_MOB  
DHC4\_YOB  
DHC4\_AGE

DD/MM/YY (Age is calculated and confirmed with respondent.)

DEMO\_Q5     Enter or ask ... 's sex.

DHC4\_SEX

- \_\_\_ Male
- \_\_\_ Female

DEMO\_Q6     **What is ... current marital status?**  
(Note: if age < 15, marital status is automatically = single.)

DHC4\_MAR

- \_\_\_ Now married
- \_\_\_ Common-law
- \_\_\_ Living with a partner
- \_\_\_ Single (never married)
- \_\_\_ Widowed
- \_\_\_ Separated
- \_\_\_ Divorced

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DEMO\_Q7 Enter ... 's family Id code.

*DHC4\_FID* (A to Z)

*Legal household check.*

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

*Selection criteria applied.*

DEMO\_Q8 Relationships of everyone to everyone else

|                |                    |
|----------------|--------------------|
| Birth Parent   | Common law partner |
| Step Parent    | In-law             |
| Foster Parent  | Other Related      |
| Birth Child    | Unrelated          |
| Step Child     | Husband/Wife       |
| Foster Child   | Adopted Child      |
| Sister/brother | Adoptive Parent    |
| Grandparent    | Same-sex Partner   |
| Grandchild     |                    |

HHLD\_Q1 **Now a few questions about your dwelling. Is this dwelling owned by a member of this household (even if being paid for)?**

*DHC4\_OWN*

\_\_\_ Yes  
\_\_\_ No

HHLD\_Q3 **How many bedrooms are there in this dwelling?**

*DHC4\_BED*

(If no separate, enclosed bedroom enter "00".)

\_\_\_ Number of bedrooms (2 digits)

HHLD\_Q4 **Is there a pet in this household?**

*DH 4 P1*

\_\_\_ Yes  
\_\_\_ No (Go to HHLD-Q6)

HHLD\_Q5 **What kind of pet?**

*DH\_4DP2*

(Do not read list. Mark ALL that apply)

\_\_\_ Dog  
\_\_\_ Cat  
\_\_\_ Other (Go to HHLD-Q6)

HHLD\_Q5a **Does this pet or do any of these pets live mainly indoors?**

*DH 4 P3*

\_\_\_ Yes  
\_\_\_ No

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HHLD\_Q6 Record type of dwelling (by interviewer observation)

*DHC4\_DWE*

- \_\_\_ Single detached house
- \_\_\_ Semi-detached or double (side-by-side)
- \_\_\_ Garden house, town-house or row house
- \_\_\_ Duplex (one above the other)
- \_\_\_ Low-rise apartment (less than 5 stories)
- \_\_\_ High-rise apartment (5 or more stories)
- \_\_\_ Institution
- \_\_\_ Hotel, rooming or lodging house, logging or construction camp, Hutterite Colony
- \_\_\_ Mobile home
- \_\_\_ Other (Specify \_\_\_\_\_)

HHLD\_Q7 Information Source Indicator i.e. who is providing the information.

*AM34\_SRC*

HHLD\_Q8 Record language of interview

*AM34\_LNG*

- |           |                       |
|-----------|-----------------------|
| English   | Persian (Farsi)       |
| French    | Polish                |
| Arabic    | Portuguese            |
| Chinese   | Punjabi               |
| Cree      | Spanish               |
| German    | Tagalog (Filipino)    |
| Greek     | Ukrainian             |
| Hungarian | Vietnamese            |
| Italian   | Other (Specify _____) |
| Korean    |                       |

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## General Component (Form H05)

(To be completed for all members of the household.)

Note: In computer-assisted interviewing the options Don't Know (DK) and Refusal (R) are allowed on every question.

H05-P1 **Who is providing the information for this person's form?**

AM54\_SRC \_\_\_\_\_

### Two-Week Disability

TWOWK-INT **The first few questions ask about ... (r)'s health during the past 14 days.**

TWOWK-Q1 **It is important for you to refer to the 14-day period<sup>1</sup> from %2WKSAGO% to %YESTERDAY%. During that period, did ... stay in bed at all because of illness or injury including any nights spent as a patient in a hospital?**

TWC4\_1

- \_\_\_ Yes
- \_\_\_ No (Go to TWOWK-Q3)
- \_\_\_ DK, R (Go to TWOWK-Q5)

TWOWK-Q2 **How many days did ... stay in bed for all or most of the day?**

TWC4\_2

- \_\_\_ Days (Enter <0> if less than a day.)  
(If = 14 days go to TWOWK-Q5)
- \_\_\_ DK, R (Go to TWOWK-Q5)

TWOWK-Q3 **(Not counting days spent in bed) During those 14 days, were there any days that ... cut down on things you/he/she normally do/does because of illness or injury?**

TWC4\_3

- \_\_\_ Yes
- \_\_\_ No (Go to TWOWK-Q5)
- \_\_\_ DK, R (Go to TWOWK-Q5)

TWOWK-Q4 **How many days did ... cut down on things for all or most of the day?**

TWC4\_4

- \_\_\_ Days  
(Enter <0> if less than a day.)

TWOWK-Q5 **Do(es) ... have a regular medical doctor?**

TWC4\_5

- \_\_\_ Yes
- \_\_\_ No



**Health Care Utilization**

UTIL-CINT If age<12, go to next section.

UTIL-INT **Now I'd like to ask about ...(r/s) contacts with health professionals during the past 12 months.**

UTIL-Q1 **In the past 12 months, have/has ... been a patient overnight in a hospital, nursing home or convalescent home?**

HCC4\_1

- Yes
- No (Go to UTIL-Q2)
- DK (Go to UTIL-Q2)
- R (Go to next section)

UTIL-Q1a **For how many nights in the past 12 months?**

HCC4\_1A

Nights

UTIL-Q2 **(Not counting when ... were/was an overnight patient) In the past 12 months, how many times have/has ... seen or talked on the telephone with [fill category] about your/his/her physical, emotional or mental health:**

HCC4\_2A

HCC4\_2B

HCC4\_2C

HCC4\_2D

HCC4\_2E

HCC4\_2F

HCC4\_2G

HCC4\_2H

HCC4\_2I

HCC4\_2J

- a) **general practitioner or family physician**
- b) **eye specialist (such as an ophthalmologist or optometrist)**
- c) **other medical doctor (such as surgeon, allergist, gynaecologist, psychiatrist, etc.)**
- d) **a nurse for care or advice**
- e) **dentist or orthodontist**
- f) **chiropractor**
- g) **physiotherapist**
- h) **social worker or counsellor**
- i) **psychologist**
- j) **speech, audiology or occupational therapist**

For each response >0 in a), c), or d), ask UTIL-Q3.

UTIL-Q3 **Where did the most recent contact take place?**

HCC4\_3A

(Read list. Mark ONE only.)

- Walk-in clinic**
- Outpatient clinic in hospital**
- Hospital emergency room**
- Health professional's office**
- Community health centre /CLSC**
- At home**
- Telephone consultation only**
- Other (Specify \_\_\_\_\_)**

UTIL-Q4

HCC4\_4

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

- Yes
- No (Go to UTIL-Q6)
- DK, R (Go to UTIL-Q6)

UTIL-Q5

**Who did ... see or talk to?**  
(Do not read list. Mark ALL that apply.)

HCC4\_5A

HCC4\_5B

HCC4\_5C

HCC4\_5D

HCC4\_5E

HCC4\_5F

HCC4\_5G

HCC4\_5H

HCC4\_5I

HCC4\_5J

HCC4\_5K

HCC4\_4A

HCC4\_5L

- Massage therapist
- Acupuncturist
- Homeopath or naturopath
- Feldenkrais or Alexander teacher
- Relaxation therapist
- Biofeedback teacher
- Rolfer
- Herbalist
- Reflexologist
- Spiritual healer
- Religious healer
- Self help group (such as AA, cancer therapy, etc.)
- Other (Specify \_\_\_\_\_)

UTIL-Q6

HCC4\_6

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

- Yes
- No (Go to UTIL-C9)
- DK, R (Go to UTIL-C9)

UTIL-Q7

HCC4\_7WC

and

HCC4G7

**Thinking of the most recent time, why did ... not get care?**

- \_\_\_\_\_
- Difficulty getting access to health professional
- Financial constraints
- Felt health care provided inadequate
- Chose not to see health professional
- Other

UTIL-Q8

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

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

HCC4\_8A

HCC4\_8B

HCC4\_8C

HCC4\_8D

HCC4\_8E

- Treatment of a physical health problem
- Treatment of an emotional or mental health problem
- A regular check-up (or for regular pre-natal care)
- Care of an injury
- Any other reason (Specify \_\_\_\_\_)

UTIL-C9

IF age < 18 then go to next section.

UTIL-Q9 **Home care services are *health care or homemaker* services received at home, with the cost being entirely or partially covered by government. Examples are: nursing care; help with bathing; help around the home; physiotherapy; counselling; and meal delivery. Have/Has ... received any home care services in the past 12 months?**

HCC4\_9

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

UTIL-Q10 **What type of services have/has ... received?**  
(Specify \_\_\_\_\_)

HCC4\_SC  
and  
HCC4\_10A  
HCC4\_10C  
HCC4\_10D  
HCC4\_10E  
HCC4\_10F  
HCC4\_10H

- Nursing care
- Personal care
- Housework
- Meal preparation
- Shopping
- Other

### **Restriction of Activities**

RESTR-CINT If age<12, go to next section.

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

RESTR-Q1 **Because of a long-term physical or mental condition or a health problem, are/is ... limited in the kind or amount of activity you/he/she can do:**

RAC4\_1A

- a) **at home?**
- Yes
  - No
  - R (Go to next section)

RAC4\_1B

- b) **at school?**
- Yes
  - No
  - Not applicable
  - R (Go to next section)

RAC4\_1C

- c) **at work?**
- Yes
  - No
  - Not applicable
  - R (Go to next section)

**RAC4\_ID** d) **in other activities such as transportation to or from work or leisure time activities?**

Yes  
 No  
R (Go to next section)

**RESTR-Q2** **Do(es) ... have any long term disabilities or handicaps?**

**RAC4\_2**

Yes  
 No  
R (Go to next section)

If any yes in RESTR-Q1 (a)-(d), ask RESTR-Q3.  
If yes in RESTR-Q2 only, ask RESTR-Q4.  
Otherwise go to RESTR-Q6.

**RESTR-Q3** **What is the main condition or health problem causing ... to be limited in your/his/her activities?**

**RAC4\_3C** \_\_\_\_\_ (25 spaces) (Go to RESTR-Q5)

**RESTR-Q4** **What is the main condition or health problem causing ... to have a long term disability or handicap?**

**RAC4\_3C** \_\_\_\_\_ (25 spaces)

**RESTR-Q5** **Which one of the following is the best description of the cause of this condition?**  
(Read list. Mark ONE only.)

**RAC4\_5**

Injury - at home  
 Injury - sports or recreation  
 Injury - motor vehicle  
 Injury - work-related  
 Existed at birth  
 Work environment  
 Disease or illness  
 Natural aging process  
 Psychological or physical abuse  
 Other (Specify \_\_\_\_\_)

**RESTR-Q6** **The next question asks about help received. This may not apply to ... , but we need to ask the same question of everyone. Because of any condition or health problem, do(es) ... need the help of another person in:**  
(Read list. Mark ALL that apply.)

**RAC4\_6A**  preparing meals?  
**RAC4\_6B**  shopping for groceries or other necessities?  
**RAC4\_6C**  doing normal everyday housework?  
**RAC4\_6D**  doing heavy household chores such as washing walls, yard work, etc.?  
**RAC4\_6E**  personal care such as washing, dressing or eating?  
**RAC4\_6F**  moving about inside the house?  
**RAC4\_6G**  none of the above

**Chronic Conditions**

CHRON-CINT If age<12 go to next section.

CHRON-INT **Now I'd like to ask about any chronic health conditions ... may have. Again, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.**

CHRON-Q1 **Do(es) ... have any of the following long-term conditions that have been diagnosed by a health professional:**  
(Read list. Mark ALL that apply.)

- CCC4\_1A (a) **food allergies?**
- CCC4\_1B (b) **other allergies?**
- CCC4\_1C (c) **asthma?(If Yes ask CHRON-Q1cc1)**
- CCC4\_1D (d) **arthritis or rheumatism?**
- CCC4\_1E (e) **back problems excluding arthritis?**
- CCC4\_1F (f) **high blood pressure?**
- CCC4\_1G (g) **migraine headaches?**
- CCC4\_1H (h) **chronic bronchitis or emphysema?**
- CCC4\_1I (i) **sinusitis?**
- CCC4\_1J (j) **diabetes?**
- CCC4\_1K (k) **epilepsy?**
- CCC4\_1L (l) **heart disease?**
- CCC4\_1M (m) **cancer? (If Yes ask CHRON-Q1mm)**
- CCC4\_1N (n) **stomach or intestinal ulcers?**
- CCC4\_1O (o) **effects of stroke?**
- CCC4\_1P (p) **urinary incontinence?**
- CCC4\_1W (q) **acne requiring prescription medication? (Ask if age<30)**

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

- CCC4\_1R (r) **Alzheimer's disease or other dementia?**
- CCC4\_1S (s) **cataracts?**
- CCC4\_1T (t) **glaucoma?**
- CCC4\_1V (u) **any other long term condition? (Specify \_\_\_\_\_)**
- CCC4\_NON (v) **none**  
DK, R (Go to next section)

CHRON-Q1mm **What type(s) of cancer is this? For example, skin, lung or colon cancer.**

CCC4\_M1 \_\_\_\_\_

CHRON-Q1cc1 **Have/Has ... had an attack of asthma in the past 12 months?**

CCC4\_C7  
\_\_\_ Yes  
\_\_\_ No

CHRON-Q1cc2 **Have/Has ... had wheezing or whistling in the chest at any time in the past 12 months?**

CCC4\_C8  
\_\_\_ Yes  
\_\_\_ No

**Socio-demographic Characteristics**

SOCIO-INT Now I'd like to ask some general background questions about the characteristics of people in your household.

**Country of Birth/Year of Immigration**

SOCIO-Q1 In what country were/was ... born?  
(Do not read list. Mark ONE only.)

SDC4\_1

- |  |   |
|--|---|
| <input type="checkbox"/> Canada (Go to next section) | <input type="checkbox"/> Jamaica                |
| <input type="checkbox"/> China                       | <input type="checkbox"/> Netherlands            |
| <input type="checkbox"/> France                      | <input type="checkbox"/> Philippines            |
| <input type="checkbox"/> Germany                     | <input type="checkbox"/> Poland                 |
| <input type="checkbox"/> Greece                      | <input type="checkbox"/> Portugal               |
| <input type="checkbox"/> Guyana                      | <input type="checkbox"/> United Kingdom         |
| <input type="checkbox"/> Hong Kong                   | <input type="checkbox"/> United States          |
| <input type="checkbox"/> Hungary                     | <input type="checkbox"/> Viet Nam               |
| <input type="checkbox"/> India                       | <input type="checkbox"/> Other (Specify _____)  |
| <input type="checkbox"/> Italy                       | <input type="checkbox"/> Dk, R (Go to SOCIO-Q4) |

SOCIO-Q3 In what year did ... first immigrate to Canada?

SDC4\_3

\_\_\_\_ Year (4 digits)  
(Enter <1999> if Canadian citizen by birth.)

**Ethnicity**

SOCIO-Q4 To which ethnic or cultural group(s) did your/his/her ancestors belong? (For example: French, British, Chinese, etc.)  
(Do not read list. Mark ALL that apply.)

- |  |         |   |
|--|---------|---|
| <input type="checkbox"/> Canadian            | SDC4_4J | <input type="checkbox"/> Chinese  |
| <input type="checkbox"/> French              | SDC4_4K | <input type="checkbox"/> Jewish   |
| <input type="checkbox"/> English             | SDC4_4L | <input type="checkbox"/> Polish   |
| <input type="checkbox"/> German              | SDC4_4M | <input type="checkbox"/> Portuguese   |
| <input type="checkbox"/> Scottish            | SDC4_4N | <input type="checkbox"/> South Asian  |
| <input type="checkbox"/> Irish               | SDC4_4O | <input type="checkbox"/> Black  |
| <input type="checkbox"/> Italian             | SDC4_4P | <input type="checkbox"/> North American Indian                                |
| <input type="checkbox"/> Ukrainian           | SDC4_4Q | <input type="checkbox"/> Métis  |
| <input type="checkbox"/> Dutch (Netherlands) | SDC4_4R | <input type="checkbox"/> Inuit/Eskimo   |
|  | SDC4_4S | <input type="checkbox"/> Other ethnic or cultural group(s)<br>(Specify _____) |

**Language**

**SOCIO-Q5 In which languages can ... conduct a conversation?**  
(Do not read list. Mark ALL that apply.)

- |                |     |           |                |     |                       |
|----------------|-----|-----------|----------------|-----|-----------------------|
| <i>SDC4_5A</i> | ___ | English   | <i>SDC4_5K</i> | ___ | Persian (Farsi)       |
| <i>SDC4_5B</i> | ___ | French    | <i>SDC4_5L</i> | ___ | Polish                |
| <i>SDC4_5C</i> | ___ | Arabic    | <i>SDC4_5M</i> | ___ | Portuguese            |
| <i>SDC4_5D</i> | ___ | Chinese   | <i>SDC4_5N</i> | ___ | Punjabi               |
| <i>SDC4_5E</i> | ___ | Cree      | <i>SDC4_5O</i> | ___ | Spanish               |
| <i>SDC4_5F</i> | ___ | German    | <i>SDC4_5P</i> | ___ | Tagalog (Filipino)    |
| <i>SDC4_5G</i> | ___ | Greek     | <i>SDC4_5Q</i> | ___ | Ukrainian             |
| <i>SDC4_5H</i> | ___ | Hungarian | <i>SDC4_5R</i> | ___ | Vietnamese            |
| <i>SDC4_5I</i> | ___ | Italian   | <i>SDC4_5S</i> | ___ | Other (Specify _____) |
| <i>SDC4_5J</i> | ___ | Korean    |                |     |                       |

**SOCIO-Q6 What is the language that ... first learned at home in childhood and can still understand? (If ... can no longer understand the first language learned, choose the second language learned.)**  
(Do not read list. Mark ALL that apply.)

- |                |     |           |                |     |                       |
|----------------|-----|-----------|----------------|-----|-----------------------|
| <i>SDC4_6A</i> | ___ | English   | <i>SDC4_6K</i> | ___ | Persian (Farsi)       |
| <i>SDC4_6B</i> | ___ | French    | <i>SDC4_6L</i> | ___ | Polish                |
| <i>SDC4_6C</i> | ___ | Arabic    | <i>SDC4_6M</i> | ___ | Portuguese            |
| <i>SDC4_6D</i> | ___ | Chinese   | <i>SDC4_6N</i> | ___ | Punjabi               |
| <i>SDC4_6E</i> | ___ | Cree      | <i>SDC4_6O</i> | ___ | Spanish               |
| <i>SDC4_6F</i> | ___ | German    | <i>SDC4_6P</i> | ___ | Tagalog (Filipino)    |
| <i>SDC4_6G</i> | ___ | Greek     | <i>SDC4_6Q</i> | ___ | Ukrainian             |
| <i>SDC4_6H</i> | ___ | Hungarian | <i>SDC4_6R</i> | ___ | Vietnamese            |
| <i>SDC4_6I</i> | ___ | Italian   | <i>SDC4_6S</i> | ___ | Other (Specify _____) |
| <i>SDC4_6J</i> | ___ | Korean    |                |     |                       |

**Race**

**SOCIO-Q7 How would you best describe ...(r's) race or colour?**  
(Do not read list. Mark ALL that apply.)

- |                |     |   |
|----------------|-----|---|
| <i>SDC4_7A</i> | ___ | White (e.g. British, French, European, Latin/South American of European background)     |
| <i>SDC4_7D</i> | ___ | Black   |
| <i>SDC4_7K</i> | ___ | Korean  |
| <i>SDC4_7G</i> | ___ | Filipino  |
| <i>SDC4_7J</i> | ___ | Japanese  |
| <i>SDC4_7B</i> | ___ | Chinese   |
| <i>SDC4_7E</i> | ___ | Native/Aboriginal Peoples of North America (North American Indian, Métis, Inuit/Eskimo) |
| <i>SDC4_7C</i> | ___ | South Asian (e.g. Indian from India or Uganda, Pakistani, Punjabi, Tamil)               |
| <i>SDC4_7H</i> | ___ | South East Asian (e.g. Vietnamese, Thai, Laotian)                                       |
| <i>SDC4_7F</i> | ___ | West East Asian or North African (e.g. Armenian, Syrian, Moroccan)                      |
| <i>SDC4_7L</i> | ___ | Other (Specify _____)   |

**Education**

EDUC-C1 If age < 12, go to next section.

EDUC-Q1 **Excluding kindergarten, how many years of elementary and high school have/has ... successfully completed?**  
*EDC4\_4*  
(Do not read list. Mark ONE only.)

- |                          |                                   |                          |                            |
|--------------------------|-----------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | No schooling (Go to next section) | <input type="checkbox"/> | Ten                        |
| <input type="checkbox"/> | One to five years                 | <input type="checkbox"/> | Eleven                     |
| <input type="checkbox"/> | Six                               | <input type="checkbox"/> | Twelve                     |
| <input type="checkbox"/> | Seven                             | <input type="checkbox"/> | Thirteen                   |
| <input type="checkbox"/> | Eight                             | <input type="checkbox"/> | DK, R (Go to next section) |
| <input type="checkbox"/> | Nine                              |                          |                            |

(If age < 15 then go to next section.)

EDUC-Q2 **Have/has ... graduated from high school?**

*EDC4\_5*

- Yes  
 No

EDUC-Q3 **Have/has ... ever attended any other kind of school such as university, community college, business school, trade or vocational school, CEGEP or other post-secondary institution?**  
*EDC4\_6*

- Yes  
 No (Go to EDUC-C5)  
 DK, R (Go to next section)

EDUC-Q4 **What is the highest level of education that ... have/has attained?**

*EDC4\_7*

(Do not read list. Mark ONE only.)

- Some trade, technical, vocational school or business college  
 Some community college, CEGEP or nursing school  
 Some university  
 Diploma or certificate from trade, technical or vocational school, or business college  
 Diploma or certificate from community college, CEGEP, or nursing school  
 Bachelor's or undergraduate degree or teacher's college (e.g., B.A., B.Sc., LL.B.)  
 Master's (e.g. M.A., M. Sc., M.Ed.)  
 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)  
 Earned doctorate (e.g. Ph.D., D.Sc., D.Ed.)  
 Other (Specify \_\_\_\_\_)

EDUC-C5 If age >= 65, go to next section.

EDUC-Q5 **Are/Is ... currently attending a school, college or university?**

*EDC4\_1*

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



EDUC-Q6 **Are/Is ... enrolled as a full-time or part-time student?**  
EDC4\_2

- Full-time
- Part-time

**Labour Force**

LFS-C1 If age<15 go to next section.

LFS-Q1 **What do/does ... consider to be your/his/her current main activity? (For example, working for pay, caring for family.)**  
LFC4\_1 (Do not read list. Mark ONE only.)

- Caring for family
- Working for pay or profit
- Caring for family and working for pay or profit
- Going to school
- Recovering from illness/on disability
- Looking for work
- Retired
- Other (Specify)

LFS-I2 **The next section contains questions about jobs or employment which ... have/has had during the past 12 months. Please include such employment as part-time jobs, contract work, baby sitting and any other paid work.**

LFS-C2 If LFS-Q1 = 2 or 3 ---> go to LFS-Q3.1

LFS-Q2 **Have/has you/he/she worked for pay or profit at any time in the past 12 months?**  
LFC4\_2

- Yes (Go to LFS-Q3.1)
- No
- DK, R (Go to next section)

LFS-C2A If LFS-Q1=7 (retired) ---> go to LFS-C18 else go to LFS-Q17B

Note: Questions LFS-Q3 to LFS-Q11 are done as a roster allowing up to 6 jobs to be entered.

LFS-Q3.n **For whom/whom else have/has you/he/she worked for pay or profit in the past 12 months?**  
LFC4\_EnC \_\_\_\_\_ (50 chars)

LFS-Q4.n **Did you/he/she have that job 1 year ago, that is, on %12MOSAGO% without a break in employment since then?**  
LFC4\_4n

- Yes (Go to LFS-Q6.n)
- No
- DK, R (Go to next section)

LFS-Q5.n **When did you/he/she start working at this job or business?**

LFC4\_5nM  
LFC4\_5nD  
LFC4\_5nY

MM/DD/YY  
DK, R (Go to next section)

LFS-Q6.n **Do/Does you/he/she now have that job?**

LFC4\_6n

Yes (Go to LFS-Q8.n)  
 No  
DK, R (Go to next section)

LFS-Q7.n **When did you/he/she stop working at this job or business?**

LFC4\_7nM  
LFC4\_7nD  
LFC4\_7nY

MM/DD/YY  
DK, R (Go to next section)

LFS-Q8.n **About how many hours per week do/does/did you/he/she usually work at this job?**

LFC4\_8n

|\_| Hours

LFS-Q9.n **Which of the following best describes the hours you/he/she usually work/works/worked at this job?**

LFC4\_9n

(Read list. Mark ONE only.)

- Regular daytime schedule or shift
- Regular evening shift
- Regular night
- Rotating shift (change from days to evenings to nights)
- Split shift
- On call
- Irregular schedule
- Other (Specify \_\_\_\_\_)

LFS-Q10.n **Do/Does/Did you/he/she usually work on weekends at this job?**

LFC4\_10n

Yes  
 No

LFS-Q11.n **Did you/he/she do any other work for pay or profit in the past 12 months?**

LFC4\_11n

Yes  
 No  
DK, R (Go to LFS-Q12)

LFS-C12 If LFS-Q11.1 = No go to LFS-Q13.

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- LFS-Q12  
*LFC4FMN* **Which was the main job?**  
(Answer will be chosen from roster of jobs.)  
(Definition of main job will be supplied in the interviewers manual.)
- LFS-Q13  
*LFC4\_13C* **Thinking about this/the main job, what kind of business, service or industry is this? (For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school.)**  
\_\_\_\_\_ (50 chars)
- LFS-Q14  
*LFC4\_14C* **Again, thinking about this/the main job, what kind of work was/were ... doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit, food processing labourer.)**  
\_\_\_\_\_ (50 chars)
- LFS-Q15  
*LFC4\_15C* **In this work, what were your/his/her most important duties or activities? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)**  
\_\_\_\_\_ (50 chars)
- LFS-Q16  
*LFC4\_16* **Did you/he/she work mainly for others for wages or commission or in your/his/her own business, farm or practice?**  
(Do not read list. Mark ONE only.)
- \_\_\_ For others for wages, salary or commission
  - \_\_\_ In own business, farm or professional practice
  - \_\_\_ Unpaid family worker
- LFS-C17 **Check the calendar for gaps > 6 days.**  
If # gaps = 0 ---> go to LFS-C18
- LFS-C17A **If any LFS-Q6 = 1 (currently employed) ---> go to LFS-Q17A**  
Otherwise ---> go to LFS-Q17B
- LFS-Q17A  
*LFC4\_17A* **What was the reason that ... were/was not working for pay or profit during the most recent period away from work in the past year?**  
(Do not read list. Mark ONE only.)
- \_\_\_ Own illness or disability
  - \_\_\_ Pregnancy
  - \_\_\_ Caring for own children
  - \_\_\_ Caring for elder relative(s)
  - \_\_\_ Other personal or family responsibilities
  - \_\_\_ School or educational leave
  - \_\_\_ Labour dispute
  - \_\_\_ Temporary layoff due to seasonal conditions
  - \_\_\_ Temporary layoff - non-seasonal
  - \_\_\_ Permanent layoff
  - \_\_\_ Unpaid or partially paid vacation
  - \_\_\_ Other (Specify \_\_\_\_\_)
  - \_\_\_ No period not working for pay or profit in the past year

Go to LFS-C18.

LFS-Q17B **What is the reason that ... are/is currently not working for pay or profit?**  
 (Do not read list. Mark ONE only.)

LFC4\_17B

- Own illness or disability
- Pregnancy
- Caring for own children
- Caring for elder relative(s)
- Other personal or family responsibilities
- School or educational leave
- Labour dispute
- Temporary layoff due to seasonal conditions
- Temporary layoff - non-seasonal
- Permanent layoff
- Unpaid or partially paid vacation
- Other (Specify \_\_\_\_\_)
- No period not working for pay or profit in the past year

LFS-C18 If LFS-Q1 = 2 or 3 or any one of LFS-Q6.1 to LFS-Q6.6 = 1 (currently working) then  
 %LFS-WORK% =1;  
 Otherwise %LFS-WORK% =0;

**Income**

(Ask from knowledgeable person only.)

INCOM-Q1 **Thinking about your total household income, from which of the following sources did your household receive any income in the past 12 months?**  
 (Read list. Mark ALL that apply.)

- INC4\_1A  **Wages and salaries**
- INC4\_1B  **Income from self-employment**
- INC4\_1C  **Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.**
- INC4\_1D  **Unemployment insurance**
- INC4\_1E  **Worker's compensation**
- INC4\_1F  **Benefits from Canada or Quebec Pension Plan**
- INC4\_1G  **Retirement pensions, superannuation and annuities**
- INC4\_1H  **Old Age Security and Guaranteed Income Supplement**
- INC4\_1I  **Child Tax Benefit**
- INC4\_1J  **Provincial or municipal social assistance or welfare**
- INC4\_1K  **Child Support**
- INC4\_1L  **Alimony**
- INC4\_1M  **Other Income (eg. rental income, scholarships, other government income, etc.)**
- INC4\_1N  **None** (Go to next section)  
 DK, R (Go to next section)

If more than one source of income is indicated ask INCOM-Q2.  
 Otherwise ask INCOM-Q3.

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**INCOM-Q2**      **What was the main source of income?**  
*INC4\_2*            (Do not read list. Mark ONE only.)

- Wages and salaries
- Income from self-employment
- Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.
- Unemployment insurance
- Worker's compensation
- Benefits from Canada or Quebec Pension Plan
- Retirement pensions, superannuation and annuities
- Old Age Security and Guaranteed Income Supplement
- Child Tax Benefit
- Provincial or Municipal Social Assistance or Welfare
- Child Support
- Alimony
- Other Income (e.g. rental income, scholarships, other government income, etc.)

**INCOM-Q3**      **What is your best estimate of the total income before taxes and deductions of all household members from all sources in the past 12 months? Was the total household income:**

- INC4\_3A*       **less than \$20,000?**
- INC4\_3B*            **less than \$10,000?**
- INC4\_3C*             **less than \$5,000?**                    (Go to next section)
- INC4\_3C*             **\$5,000 and more?**                    (Go to next section)
- INC4\_3B*             **\$10,000 and more?**
- INC4\_3D*             **less than \$15,000?**                    (Go to next section)
- INC4\_3D*             **\$15,000 and more?**                    (Go to next section)
- INC4\_3A*             **\$20,000 and more?**
- INC4\_3E*             **less than \$40,000?**
- INC4\_3F*             **less than \$30,000?**                    (Go to next section)
- INC4\_3F*             **\$30,000 and more?**                    (Go to next section)
- INC4\_3E*             **\$40,000 and more?**
- INC4\_3G*             **less than \$50,000**                    (Go to next section)
- INC4\_3G*             **\$50,000 to less than \$60,000?**      (Go to next section)
- INC4\_3G*             **\$60,000 to less than \$80,000?**      (Go to next section)
- INC4\_3G*             **\$80,000 and more?**                    (Go to next section)
- INC4\_3A*             **no income**
- INC4\_3A*             **DK, R**      (Go to next section)

**Administration**

H05-P1 Was this interview conducted on the telephone or in person?

AM54\_TEL

- \_\_\_ On telephone
- \_\_\_ In person
- \_\_\_ Both (Specify in comments)

H05-P2 Record language of interview

AM54\_LNG

- |           |                       |
|-----------|-----------------------|
| English   | Persian (Farsi)       |
| French    | Polish                |
| Arabic    | Portuguese            |
| Chinese   | Punjabi               |
| Cree      | Spanish               |
| German    | Tagalog (Filipino)    |
| Greek     | Ukrainian             |
| Hungarian | Vietnamese            |
| Italian   | Other (Specify _____) |
| Korean    |                       |

For information only

## Health Component for Respondents Aged 12 Years and Older (Form H06)

(To be completed for selected respondent only and age $\geq$ 12.)  
(Proxy for those unable to answer due to special circumstances.)

H06-P1 **Who is providing the information for this person's form?**

AM64\_SRC \_\_\_\_\_

H06-INT **This part of the survey deals with various aspects of ... (r/s) health. I'll be asking about such things as physical activity, social relationships, health status and stress. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being. I'll start with a few questions concerning ... (r/s) health in general.**

### General Health

GENHLT-Q1 **In general, would you say ... r/s health is:**

GHC4\_1 (Read list. Mark ONE only.)

- \_\_\_ excellent?
- \_\_\_ very good?
- \_\_\_ good?
- \_\_\_ fair?
- \_\_\_ poor?

GENHLT-C2 Check item: If sex = female & (age  $\geq$  15 & age  $\leq$  49) ask GENHLT-Q2. Otherwise go to next section.

GENHLT-Q2 **It is important to know when analyzing health whether or not the person is pregnant. Are/Is... pregnant?**

HWC4\_1

- \_\_\_ Yes
- \_\_\_ No (Go to next section)
- \_\_\_ DK, R (Go to next section)

GENHLT-Q3 **Are/Is you/she planning to use the services of a physician, midwife or both?**

GHC4\_3 (Do not read list. Mark ONE only.)

- \_\_\_ Physician only
- \_\_\_ Midwife only
- \_\_\_ Both physician and midwife
- \_\_\_ Neither

**Height/Weight**

HTWT-Q1 **How tall are/is ... without shoes on?**

*HWC4\_2HT*

\_\_\_ Feet \_\_\_ Inches OR \_\_\_ Centimetres

HTWT-Q2 **How much do/does you/he/she weigh?**

*HWC4\_3LB*

*HWC4\_3KG*

\_\_\_ Pounds OR \_\_\_ Kilograms

**Preventive Health Practices**

(Non-proxy only.)

PHP-Q1

**When did you last have your blood pressure checked by a health professional?**

*BPC4\_1*

(Do not read list. Mark ONE only.)

- \_\_\_ Less than 6 months ago
- \_\_\_ 6 months to less than a year ago
- \_\_\_ 1 year to less than 2 years ago
- \_\_\_ 2 years to less than 5 years ago
- \_\_\_ 5 years or more ago
- \_\_\_ Never
- \_\_\_ R (Go to next section)

PHP-C2

If sex = female and age  $\geq$  35 then ask PHP-Q2.  
If sex = female and age  $\geq$  18 and age < 35 then ask PHP-Q3.  
If sex=male or females  $\leq$  17 then go to next section.

PHP-Q2

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

*WHC4\_30*

- \_\_\_ Yes
- \_\_\_ No (Go to PHP-Q3)
- \_\_\_ DK (Go to PHP-Q3)
- \_\_\_ R (Go to next section)

PHP-Q2a

**When was the last time?**

*WHC4\_32*

(Do not read list. Mark ONE only.)

- \_\_\_ Less than 6 months ago
- \_\_\_ 6 months to less than one year ago
- \_\_\_ 1 year to less than 2 years ago
- \_\_\_ 2 years or more ago

PHP-Q2b

**Why did you have your last mammogram?**

*WHC4\_33*

(Read list. Mark ONE only.)

- \_\_\_ **Breast problem**
- \_\_\_ **Check-up, no particular problem**
- \_\_\_ **Other (Specify\_\_\_\_\_)**



PHP-Q3 **Have you ever had a PAP smear test?**

WHC4\_20

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

PHP-Q3a **When was the last time?**

WHC4\_22

(Do not read list. Mark ONE only.)

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

### **Smoking**

SMOK-INT **The next few questions are about smoking.**

SMOK-Q1 **Does anyone in this household smoke regularly inside the house?**

SMC4\_1

- Yes
- No

SMOK-Q2 **At the present time do/does ... smoke cigarettes daily, occasionally or not at all?**

SMC4\_2

- Daily
- Occasionally (Go to SMOK-Q5)
- Not at all (Go to SMOK-Q4a)
- DK, R (Go to next section)

SMOK-Q3 **At what age did you/he/she begin to smoke cigarettes daily?**

SMC4\_3

- Age

SMOK-Q4 **How many cigarettes do/does you/he/she smoke each day now?**

SMC4\_4

- Number of cigarettes
- (Go to next section)

SMOK-Q4a **Have/has you/he/she ever smoked cigarettes at all?**

SMC4\_4A

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

SMOK-Q5 **Have/has you/he/she ever smoked cigarettes daily?**

SMC4\_5

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

SMOK-Q6 **At what age did you/he/she begin to smoke (cigarettes) daily?**

SMC4\_6

Age

SMOK-Q7 **How many cigarettes did you/he/she usually smoke each day?**

SMC4\_7

Number of cigarettes

SMOK-Q8 **At what age did you/he/she stop smoking (cigarettes) daily?**

SMC4\_8

Age

### **Alcohol**

ALCO-INT **Now, some questions about ... (r/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 straight or mixed drink with one and a half ounces of hard liquor.

ALCO-Q1 **During the past 12 months, have/has ... had a drink of beer, wine, liquor or any other alcoholic beverage?**

ALC4\_1

- Yes  
 No (Go to ALCO-Q5B)  
 DK, R (Go to next section)

ALCO-Q2 **During the past 12 months, how often did you/he/she drink alcoholic beverages?**  
(Do not read list. Mark ONE only.)

ALC4\_2

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

ALCO-Q3 **How many times in the past 12 months have/has you/he/she had 5 or more drinks on one occasion?**

ALC4\_3

Number of times

If PROXY=yes then go to ALCO-Q5.

ALCO-Q4 **In the past 12 months, what is the highest number of drinks you had on one occasion?**  
 ALC4\_4

\_\_\_ Number of drinks

ALCO-Q5 **Thinking back over the past week, that is, from %1WKAGO% to yesterday, did ... have a drink of beer, wine, liquor or any other alcoholic beverage?**  
 ALC4\_5

\_\_\_ Yes  
 \_\_\_ No (Go to next section)  
 \_\_\_ DK, R (Go to next section)

ALCO-Q5A **Starting with yesterday, how many drinks did ... have on:**

ALC4\_5A1 \_\_\_ **Monday?** R on first day (Go to next section)  
 ALC4\_5A2 \_\_\_ **Tuesday?**  
 ALC4\_5A3 \_\_\_ **Wednesday?**  
 ALC4\_5A4 \_\_\_ **Thursday?**  
 ALC4\_5A5 \_\_\_ **Friday?**  
 ALC4\_5A6 \_\_\_ **Saturday?**  
 ALC4\_5A7 \_\_\_ **Sunday?**

(Go to next section)

ALCO-Q5B **Did you/he/she ever have a drink?**

ALC4\_5B  
 \_\_\_ Yes  
 \_\_\_ No (Go to next section)  
 \_\_\_ DK, R (Go to next section)

ALCO-Q6 **Did you/he/she ever regularly drink more than 12 drinks a week?**

ALC4\_6  
 \_\_\_ Yes  
 \_\_\_ No (Go to next section)  
 \_\_\_ DK, R (Go to next section)

ALCO-Q7 **Why did you/he/she reduce or quit drinking altogether?**

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

ALC4\_7A \_\_\_ **Dieting**  
 ALC4\_7B \_\_\_ **Athletic training**  
 ALC4\_7C \_\_\_ **Pregnancy**  
 ALC4\_7D \_\_\_ **Getting older**  
 ALC4\_7E \_\_\_ **Drinking too much/drinking problem**  
 ALC4\_7F \_\_\_ **Affected work, studies, employment opportunities**  
 ALC4\_7G \_\_\_ **Interfered with family or home life**  
 ALC4\_7H \_\_\_ **Affected physical health**  
 ALC4\_7I \_\_\_ **Affected friendships or social relationships**  
 ALC4\_7J \_\_\_ **Affected financial position**  
 ALC4\_7K \_\_\_ **Affected outlook on life, happiness**  
 ALC4\_7L \_\_\_ **Because of influence of family or friends**  
 ALC4\_7M \_\_\_ **Other (Specify \_\_\_\_\_)**

**Physical Activities**

(Non-proxy only.)

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

PHYS-Q1 **Have you done any of the following in the past 3 months?**  
(Read list. Mark ALL that apply.)

- |                |     |                                |                |     |                             |
|----------------|-----|--------------------------------|----------------|-----|-----------------------------|
| <i>PAC4_1A</i> | ___ | <b>Walking for exercise</b>    | <i>PAC4_1M</i> | ___ | <b>Cross-country skiing</b> |
| <i>PAC4_1B</i> | ___ | <b>Gardening, yard work</b>    | <i>PAC4_1N</i> | ___ | <b>Bowling</b>              |
| <i>PAC4_1C</i> | ___ | <b>Swimming</b>                | <i>PAC4_1O</i> | ___ | <b>Baseball/softball</b>    |
| <i>PAC4_1D</i> | ___ | <b>Bicycling</b>               | <i>PAC4_1P</i> | ___ | <b>Tennis</b>               |
| <i>PAC4_1E</i> | ___ | <b>Popular or social dance</b> | <i>PAC4_1Q</i> | ___ | <b>Weight-training</b>      |
| <i>PAC4_1F</i> | ___ | <b>Home exercises</b>          | <i>PAC4_1R</i> | ___ | <b>Fishing</b>              |
| <i>PAC4_1G</i> | ___ | <b>Ice hockey</b>              | <i>PAC4_1S</i> | ___ | <b>Volleyball</b>           |
| <i>PAC4_1H</i> | ___ | <b>Skating</b>                 | <i>PAC4_1Z</i> | ___ | <b>Yoga or tai-chi</b>      |
| <i>PAC4_1I</i> | ___ | <b>Downhill skiing</b>         | <i>PAC4_1U</i> | ___ | Other (Specify)             |
| <i>PAC4_1J</i> | ___ | <b>Jogging/running</b>         | <i>PAC4_1W</i> | ___ | Other (Specify)             |
| <i>PAC4_1K</i> | ___ | <b>Golfing</b>                 | <i>PAC4_1X</i> | ___ | Other (Specify)             |
| <i>PAC4_1L</i> | ___ | <b>Exercise class/aerobics</b> | <i>PAC4_1V</i> | ___ | None                        |
|                |     |                                |                |     | DK, R (Go to next section)  |

For each response ask PHYS-Q2 to PHYS-Q3.  
If "None" go to PHYS-INTb.

PHYS-Q2 **In the past 3 months, how many times did you participate in %ACTIVITY%?**

- PAC4\_2n*
- \_\_\_ Number of times  
\_\_\_ DK, R (Go to next activity)

PHYS-Q3 **About how much time did you usually spend on each occasion?**  
(Do not read list. Mark ONE only.)

- PAC4\_3n*
- \_\_\_ 1 to 15 minutes  
\_\_\_ 16 to 30 minutes  
\_\_\_ 31 to 60 minutes  
\_\_\_ More than one hour

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

PHYS-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?**

*PAC4\_4A* (Do not read list. Mark ONE only.)

- \_\_\_ None  
\_\_\_ Less than 1 hour  
\_\_\_ From 1 to 5 hours  
\_\_\_ From 6 to 10 hours  
\_\_\_ From 11 to 20 hours  
\_\_\_ More than 20 hours

**NPHS, Household Component, Cycle 1 (1994-1995)**

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PHYS-Q4b **In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?**  
*PAC4\_4B*  
(Do not read list. Mark ONE only.)

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

PHYS-C1 If Bicycling was indicated as an activity in PHYS-Q1 or not a "none" in PHYS-Q4b, ask PHYS-Q5. Otherwise go to PHYS-Q6.

PHYS-Q5 **When riding a bicycle how often did you wear a helmet?**  
*PAC4\_5*  
(Read list. Mark ONE only.)

- Always
- Most of the time
- Rarely
- Never

PHYS-Q6 **Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?**  
*PAC4\_6*  
(Read list. Mark ONE only.)

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

**Injuries**

INJ-INT **Now some questions about any injuries, which occurred in the past 12 months, that were serious enough to limit ... (r/'s) normal activities. For example, a broken bone, a bad cut or burn, a sore back or sprained ankle, or a poisoning.**

INJ-Q1 **In the past 12 months, did ... have any injuries that were serious enough to limit your/his/her normal activities?**  
*IJC4\_1*

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

INJ-Q2 **How many times were/was you/he/she injured?**

*IJC4\_2*

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

INJ-Q3

IJC4\_3

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

(Do not read list. Mark ONE only.)

- Multiple injuries
- Broken or fractured bones
- Burn or scald
- Dislocation
- Sprain or strain
- Cut or scrape
- Bruise or abrasion
- Concussion
- Poisoning by substance or liquid
- Internal injury
- Other (Specify \_\_\_\_\_)

INJ-Q4

IJC4\_4

**What part of your/his/her body was injured?**

(Do not read list. Mark ONE only.)

- Multiple sites
- Eyes
- Head (excluding eyes)
- Neck
- Shoulder
- Arms or hands
- Hip
- Legs or feet
- Back or spine
- Trunk (excluding back or spine) (including chest, internal organs, etc.)

INJ-Q5

IJC4\_5

**Where did the injury happen?**

(Do not read list. Mark ONE only.)

- Home and surrounding area
- Farm
- Place for recreation or sport (e.g. golf course, basketball court, playground (including school))
- Street or highway
- Building used by general public (e.g. hotel, shopping plaza, restaurant, office building, school)
- Residential institution (e.g. hospital, jail, etc.)
- Mine
- Industrial place or premise (e.g. dockyard)
- Other (Specify \_\_\_\_\_)

**NPHS, Household Component, Cycle 1 (1994-1995)**

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INJ-Q6

IJC4\_6

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

(Do not read list. Mark ONE only.)

- Motor vehicle accident
- Accidental fall
- Fire, flames or resulting fumes
- Accidentally struck by an object/person
- Physical assault
- Suicide attempt
- Accidental injury caused by explosion
- Accidental injury caused by natural/environmental factors (e.g. weather conditions, Poison ivy, animal bites, stings)
- Accidental drowning or submersion
- Accidental suffocation
- Hot or corrosive liquids, foods or substances
- Accident caused by machinery (e.g. farm machinery, forklift, woodworking machinery)
- Accident caused by cutting and piercing instruments or objects (lawnmower, knife, stapler)
- Accidental poisoning
- Other (Specify \_\_\_\_\_)

INJ-Q7

IJC4\_7

**Was this a work-related injury?**

- Yes
- No

INJ-Q8

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

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

IJC4\_8A

IJC4\_8B

IJC4\_8C

IJC4\_8H

IJC4\_8D

IJC4\_8E

IJC4\_8F

IJC4\_8G

- Gave up the activity
- Being more careful
- Took safety training
- Increased supervision of child
- Using protective gear/safety equipment (e.g. bike helmet, car safety restraint, etc.)
- Changing physical situation (e.g. removing rugs, storing medications out of reach, safety gates, etc.)
- Other (Specify \_\_\_\_\_)
- No precautions

**Stress**

(Age >= 18 and non-proxy only.)

STRESS-INT **The next portion 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.**

**Ongoing Problems**

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

CSTRESS-Q1 **You are trying to take on too many things at once.**

ST\_4\_C1

- True
- False
- R (Go to next section)

CSTRESS-Q2 **There is too much pressure on you to be like other people.**

ST\_4\_C2

- True
- False

CSTRESS-Q3 **Too much is expected of you by others.**

ST\_4\_C3

- True
- False

CSTRESS-Q4 **You don't have enough money to buy the things you need.**

ST\_4\_C4

- True
- False

If marital status =married or living with a partner or common-law go to CSTRESS-Q5.

If marital status=single, widowed, separated or divorced go to CSTRESS-Q8.

Otherwise (i.e. marital status is unknown) go to CSTRESS-Q9.

CSTRESS-Q5 **Your partner doesn't understand you.**

ST\_4\_C5

- True
- False

CSTRESS-Q6 **Your partner doesn't show enough affection.**

ST\_4\_C6

- True
- False



**CSTRESS-Q7 Your partner is not committed enough to your relationship.**

ST\_4\_C7

- True  
 False

Go to CSTRESS-Q9.

**CSTRESS-Q8 You find it is very difficult to find someone compatible with you.**

ST\_4\_C8

- True  
 False

**CSTRESS-Q9 Do you have any children?**

ST\_4\_C9

- Yes  
 No (Go to CSTRESS-Q12)  
 DK, R (Go to CSTRESS-Q12)

**CSTRESS-Q10 Remember I want to know if you feel any of these statements are true for you at this time.**

ST\_4\_C10

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

- True  
 False

**CSTRESS-Q11 A child's behaviour is a source of serious concern to you.**

ST\_4\_C11

- True  
 False

**CSTRESS-Q12 Your work around the home is not appreciated.**

ST\_4\_C12

- True  
 False

**CSTRESS-Q13 Your friends are a bad influence.**

ST\_4\_C13

- True  
 False

**CSTRESS-Q14 You would like to move but you cannot.**

ST\_4\_C14

- True  
 False

**CSTRESS-Q15 Your neighbourhood or community is too noisy or too polluted.**

ST\_4\_C15

- True  
 False

CSTRESS-Q16 **You have a parent, a child or partner who is in very bad health and may die.**

ST\_4\_C16  
 True  
 False

CSTRESS-Q17 **Someone in your family has an alcohol or drug problem.**

ST\_4\_C17  
 True  
 False

CSTRESS-Q18 **People are too critical of you or what you do.**

ST\_4\_C18  
 True  
 False

**Recent Life Events**

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

RECENT-Q1 **In the past 12 months, was any one of you beaten up or physically attacked?**

ST\_4\_R1  
 Yes  
 No  
 R (Go to next section)

RECENT-INTb **Now I'd like you to think just about your family, (that is, yourself and your spouse/partner or children, if any).**

RECENT-Q2 **In the past 12 months, did you or someone in your family, have an unwanted pregnancy?**

ST\_4\_R2  
 Yes  
 No

RECENT-Q3 **In the past 12 months, did you or someone in your family have an abortion or miscarriage?**

ST\_4\_R3  
 Yes  
 No

RECENT-Q4 **In the past 12 months, did you or someone in your family have a major financial crisis?**

ST\_4\_R4  
 Yes  
 No

**NPHS, Household Component, Cycle 1 (1994-1995)**

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**RECENT-Q5** In the past 12 months, did you or someone in your family fail school or a training program?  
*ST\_4\_R5*

- Yes
- No

**RECENT-INTc** Now I'd like you to think just about yourself and your spouse or partner.

If marital status = married/living together/common-law include the phrase "or your partner" in the RECENT-Q6 and RECENT-Q7.

**RECENT-Q6** In the past 12 months, did you (or your partner) experience a change of job for a worse one?  
*ST\_4\_R6*

- Yes
- No

**RECENT-Q7** In the past 12 months, were you (or your partner) demoted at work or did you/either of you take a cut in pay?  
*ST\_4\_R7*

- Yes
- No

If marital status = married/living together/common-law ask RECENT-Q8.  
Otherwise go to RECENT-Q9.

**RECENT-Q8** In the past 12 months, did you have increased arguments with your partner?  
*ST\_4\_R8*

- Yes
- No

**RECENT-Q9** Now, just you personally, in the past 12 months, did you go on Welfare?  
*ST\_4\_R9*

- Yes
- No

IF QSTRESS-Q9 = yes (have children) ask RECENT-Q10.  
Otherwise go to next section.

**RECENT-Q10** In the past 12 months, did you have a child move back into the house?  
*ST\_4\_R10*

- Yes
- No

**Childhood and Adult Stressors ("traumas")**

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

TRAUM-Q1 **Did you spend 2 weeks or more in the hospital?**

ST\_4\_T1

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

TRAUM-Q2 **Did your parents get a divorce?**

ST\_4\_T2

- Yes
- No

TRAUM-Q3 **Did your father or mother not have a job for a long time when they wanted to be working?**

ST\_4\_T3

- Yes
- No

TRAUM-Q4 **Did something happen that scared you so much you thought about it for years after?**

ST\_4\_T4

- Yes
- No

TRAUM-Q5 **Were you sent away from home because you did something wrong?**

ST\_4\_T5

- Yes
- No

TRAUM-Q6 **Did either of your parents drink or use drugs so often that it caused problems for the family?**

ST\_4\_T6

- Yes
- No

TRAUM-Q7 **Were you ever physically abused by someone close to you?**

ST\_4\_T7

- Yes
- No

**Work Stress**

(Age >= 15 and non-proxy only.)

Check item: ask only of those currently employed. If more than one job is held ask for the main job.

WSTRESS-Q1 **Now I'm going to read you a series of statements that might describe your job situation. Please tell me if you STRONGLY AGREE, AGREE, NEITHER AGREE NOR DISAGREE, DISAGREE, or STRONGLY DISAGREE with each of the following:**

- ST\_4\_W1A a) **your job requires that you learn new things** R on first item (Go to next section)
- ST\_4\_W1B b) **your job requires a high level of skill**
- ST\_4\_W1C c) **your job allows you freedom to decide how you do your job**
- ST\_4\_W1D d) **your job requires that you do things over and over**
- ST\_4\_W1E e) **your job is very hectic**
- ST\_4\_W1F f) **you are free from conflicting demands that others make**
- ST\_4\_W1G g) **your job security is good**
- ST\_4\_W1H h) **your job requires a lot of physical effort**
- ST\_4\_W1I i) **you have a lot to say about what happens in your job**
- ST\_4\_W1J j) **you are exposed to hostility or conflict from the people you work with**
- ST\_4\_W1K k) **your supervisor is helpful in getting the job done**
- ST\_4\_W1L l) **the people you work with are helpful in getting the job done**

WSTRESS-Q2 **How satisfied are you with your job?**

ST\_4\_W2 (Read list. Mark ONE only.)

- \_\_\_ **Very satisfied**
- \_\_\_ **Somewhat satisfied**
- \_\_\_ **Not too satisfied**
- \_\_\_ **Not at all satisfied**

For information only

**Self-Esteem and Mastery**

(Age >= 12 and non-proxy only.)

ESTMAST-INT **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 with each of the following:**

ESTEEM-Q1

- PY\_4\_EIA a) **you feel that you have a number of good qualities.**  
R on first item (Go to next section)
- PY\_4\_EIB b) **you feel that you're a person of worth at least equal to others.**
- PY\_4\_EIC c) **you are able to do things as well as most other people.**
- PY\_4\_EID d) **you take a positive attitude toward yourself.**
- PY\_4\_EIE e) **on the whole you are satisfied with yourself.**
- PY\_4\_EIF f) **all in all, you're inclined to feel you're a failure.**

(Age > 12 and non-proxy only)

MAST-Q1

- PY\_4\_MIA a) **you have little control over the things that happen to you**  
R on first item (Go to next section)
- PY\_4\_MIB b) **there is really no way you can solve some of the problems you have.**
- PY\_4\_MIC c) **there is little you can do to change many of the important things in your life.**
- PY\_4\_MID d) **you often feel helpless in dealing with problems of life.**
- PY\_4\_MIE e) **sometimes you feel that you are being pushed around in life.**
- PY\_4\_MIF f) **what happens to you in the future mostly depends on you.**
- PY\_4\_MIG g) **you can do just about anything you really set your mind to.**

**Sense of Coherence**

(Age >= 18 and non-proxy only.)

SCOH-INT **Next is a series of questions relating to various aspects of people's lives. For each question please answer with a number between 1 and 7. Take your time to think about each question before answering.**

SCOH-Q1 **In this first question 1 means very seldom or never and 7 means very often. How often do you have the feeling that you don't really care about what goes on around you?**

PY\_4\_HI

- 1 Very seldom or never
  - 2
  - 3 |
  - 4 |
  - 5 |
  - 6
  - 7 Very often
- DK, R (Go to next section)

SCOH-Q2

PY\_4\_H2

In this question 1 that means it has never happened and 7 means it has always happened. How often in the past were you surprised by the behaviour of people whom you thought you knew well?

- 1 Never happened
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 Always happened

SCOH-Q3

PY\_4\_H3

In this question 1 means that it has never happened and 7 means it has always happened. How often have people you counted on disappointed you?

- 1 Never happened
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 Always happened

SCOH-Q4

PY\_4\_H4

In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling you're being treated unfairly?

- 1 Very often
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 Very seldom or never

SCOH-Q5

PY\_4\_H5

In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling you are in an unfamiliar situation and don't know what to do?

- 1 Very often
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 Very seldom or never

SCOH-Q6 **In this question 1 means very often and 7 means very seldom or never. How often do you have very mixed-up feelings and ideas?**

PY\_4\_H6

- 1 Very often
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 Very seldom or never

SCOH-Q7 **In this question 1 means very often and 7 means very seldom or never. How often do you have feelings inside that you would rather not feel?**

PY\_4\_H7

- 1 Very often
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 Very seldom or never

SCOH-Q8 **In this question 1 means very seldom or never and 7 means very often. Many people -- even those with a strong character -- sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?**

PY\_4\_H8

- 1 Very seldom or never
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 Very often

SCOH-Q9 **In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling that there's little meaning in the things you do in your daily life?**

PY\_4\_H9

- 1 Very often
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 Very seldom or never



SCOH-Q10 **In this question 1 means very often and 7 means very seldom or never. How often do you have feelings that you're not sure you can keep under control?**

PY\_4\_H10

- 1 Very often
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 Very seldom or never

SCOH-Q11 **In this question 1 means no clear goals or purpose and 7 means very clear goals and purpose. Until now your life has had no clear goals or purpose or has it had very clear goals and purpose?**

PY\_4\_H11

- 1 No clear goals or no purpose at all
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 Very clear goals and purpose

SCOH-Q12 **In this question 1 means you overestimate or underestimate importance and 7 means you see things in the right proportion. When something happens, you generally find that you overestimate or underestimate its importance or you see things in the right proportion?**

PY\_4\_H12

- 1 Overestimate or underestimate its importance
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 See things in the right proportion

SCOH-Q13 **In this question 1 means a source of great pleasure and satisfaction and 7 means a source of pain and boredom. Is doing the things you do every day a source of great pleasure and satisfaction or a source of pain and boredom?**

PY\_4\_H13

- 1 A great deal of pleasure and satisfaction
- 2
- 3 |
- 4 |
- 5 |
- 6
- 7 A source of pain and boredom

## Health Status

HSTAT-INT     The next set of questions ask about ... (r/'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/him/her, but it is important that we ask the same questions of everyone.

### Vision

HSTAT-Q1     **Are/Is ... usually able to see well enough to read ordinary newsprint without glasses or contact lenses?**

HSC4\_1

- Yes     (Go to HSTAT-Q4)
- No
- DK, R   (Go to HSTAT-Q6)

HSTAT-Q2     **Are/Is you/he/she usually able to see well enough to read ordinary newsprint with glasses or contact lenses?**

HSC4\_2

- Yes     (Go to HSTAT-Q4)
- No

HSTAT-Q3     **Are/Is you/he/she able to see at all?**

HSC4\_3

- Yes
- No     (Go to HSTAT-Q6)
- DK, R   (Go to HSTAT-Q6)

HSTAT-Q4     **Are/Is you/he/she able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?**

HSC4\_4

- Yes     (Go to HSTAT-Q6)
- No
- DK, R   (Go to HSTAT-Q6)

HSTAT-Q5     **Are/Is you/he/she usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?**

HSC4\_5

- Yes
- No

### Hearing

HSTAT-Q6     **Are/Is ... usually able to hear what is said in a group conversation with at least three other people without a hearing aid?**

HSC4\_6

- Yes     (Go to HSTAT-Q10)
- No
- DK, R   (Go to HSTAT-Q10)

HSTAT-Q7 **Are/Is you/he/she usually able to hear what is said in a group conversation with at least three other people with a hearing aid?**  
HSC4\_7

- Yes (Go to HSTAT-Q8)  
 No

HSTAT-Q7a **Are/Is you/he/she able to hear at all?**

HSC4\_7A

- Yes  
 No (Go to HSTAT-Q10)  
 DK, R (Go to HSTAT-Q10)

HSTAT-Q8 **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?**

HSC4\_8

- Yes (Go to HSTAT-Q10)  
 No  
 R (Go to HSTAT-Q10)

HSTAT-Q9 **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?**

HSC4\_9

- Yes  
 No

**Speech**

HSTAT-Q10 **Are/Is ... usually able to be understood completely when speaking with strangers in your own language?**

HSC4\_10

- Yes (Go to HSTAT-Q14)  
 No  
 R (Go to HSTAT-Q14)

HSTAT-Q11 **Are/Is you/he/she able to be understood partially when speaking with strangers?**

HSC4\_11

- Yes  
 No

HSTAT-Q12 **Are/Is you/he/she able to be understood completely when speaking with those who know you/him/her well?**

HSC4\_12

- Yes (Go to HSTAT-Q14)  
 No  
 R (Go to HSTAT-Q14)

HSTAT-Q13 **Are/Is you/he/she able to be understood partially when speaking with those who know you/him/her well?**

HSC4\_13

- Yes  
 No

**Getting Around**

HSTAT-Q14 **Are/Is ... usually able to walk around the neighbourhood *without* difficulty and *without* mechanical support such as braces, a cane or crutches?**  
HSC4\_14

- Yes (Go to HSTAT-Q21)
- No
- DK, R (Go to HSTAT-Q21)

HSTAT-Q15 **Are/Is you/he/she able to walk at all?**  
HSC4\_15

- Yes
- No (Go to HSTAT-Q18)
- DK, R (Go to HSTAT-Q18)

HSTAT-Q16 **Do/Does you/he/she require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?**  
HSC4\_16

- Yes
- No

HSTAT-Q17 **Do/Does you/he/she require the help of another person to be able to walk?**  
HSC4\_17

- Yes
- No

HSTAT-Q18 **Do/Does you/he/she require a wheelchair to get around?**  
HSC4\_18

- Yes
- No (Go to HSTAT-Q21)
- DK, R (Go to HSTAT-Q21)

HSTAT-Q19 **How often do/does you/he/she use a wheelchair?**  
(Read list. Mark ONE only.)  
HSC4\_19

- Always
- Often
- Sometimes
- Never

HSTAT-Q20 **Do/Does you/he/she need the help of another person to get around in the wheelchair?**  
HSC4\_20

- Yes
- No

**Hands and Fingers**

HSTAT-Q21 **Are/Is ... usually able to grasp and handle small objects such as a pencil and scissors?**  
HSC4\_21

- Yes (Go to HSTAT-Q25)
- No
- DK, R (Go to HSTAT-Q25)

HSTAT-Q22 **Do/Does you/he/she require the help of another person because of limitations in the use of hands or fingers?**  
HSC4\_22

- Yes
- No (Go to HSTAT-Q24)
- DK, R (Go to HSTAT-Q24)

HSTAT-Q23 **Do/Does you/he/she require the help of another person with:**  
(Read list. Mark ONE only.)  
HSC4\_23

- some tasks?
- most tasks?
- almost all tasks?
- all tasks?

HSTAT-Q24 **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?**  
HSC4\_24

- Yes
- No

**Feelings**

HSTAT-Q25 **Would you describe yourself/... as being usually:**  
(Read list. Mark ONE only.)  
HSC4\_25

- happy and interested in life?
- somewhat happy?
- somewhat unhappy?
- unhappy with little interest in life?
- so unhappy that life is not worthwhile?

**Memory**

HSTAT-Q26 **How would you describe your/his/her usual ability to remember things? Are/Is you/he/she:**  
(Read list. Mark ONE only.)  
HSC4\_26

- able to remember most things?
- somewhat forgetful?
- very forgetful?
- unable to remember anything at all?

**Thinking**

HSTAT-Q27 **How would you describe your/his/her *usual* ability to think and solve day to day problems? Are/Is you/he/she:**

HSC4\_27

(Read list. Mark ONE only.)

- able to think clearly and solve problems?
- having a little difficulty?
- having some difficulty?
- having a great deal of difficulty?
- unable to think or solve problems?

**Pain and Discomfort**

HSTAT-Q28 **Are/Is ... *usually* free of pain or discomfort?**

HSC4\_28

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

HSTAT-Q29 **How would you describe the *usual* intensity of your/his/her pain or discomfort?**

HSC4\_29

(Read list. Mark ONE only.)

- Mild
- Moderate
- Severe

HSTAT-Q30 **How many activities does your/his/her pain or discomfort prevent?**

HSC4\_30

(Read list. Mark ONE only.)

- None
- A few
- Some
- Most

For information only

**Drug Use**

DRUG-INT **Now I'd like to ask a few questions about ... (r/s) use of medications, both prescription and over-the-counter as well as other health products.**

DRUG-Q1 **In the past month, did ... take any of the following medications?**  
(Read list. Mark ALL that apply.)

- DGC4\_1A* \_\_\_ **Pain relievers such as Aspirin or Tylenol (includes arthritis medicine and anti-inflammatories)**
- DGC4\_1B* \_\_\_ **Tranquilizers such as Valium**
- DGC4\_1C* \_\_\_ **Diet pills**
- DGC4\_1D* \_\_\_ **Anti-depressants**
- DGC4\_1E* \_\_\_ **Codeine, Demerol or Morphine**
- DGC4\_1F* \_\_\_ **Allergy medicine such as "Sinutab"**
- DGC4\_1G* \_\_\_ **Asthma medications**
- DGC4\_1H* \_\_\_ **Cough or cold remedies**
- DGC4\_1I* \_\_\_ **Penicillin or other antibiotic**
- DGC4\_1J* \_\_\_ **Medicine for the heart**
- DGC4\_1K* \_\_\_ **Medicine for blood pressure**
- DGC4\_1L* \_\_\_ **Diuretics or water pills**
- DGC4\_1M* \_\_\_ **Steroids**
- DGC4\_1N* \_\_\_ **Insulin**
- DGC4\_1O* \_\_\_ **Pills to control diabetes**
- DGC4\_1P* \_\_\_ **Sleeping pills**
- DGC4\_1Q* \_\_\_ **Stomach remedies**
- DGC4\_1R* \_\_\_ **Laxatives**
- DGC4\_1T* \_\_\_ **Hormones for menopause or aging symptoms** (check item: sex=female, age >= 30)
- DGC4\_1S* \_\_\_ **Birth control pills** (check item: sex=female, age >= 12 & age <= 49)
- DGC4\_1V* \_\_\_ **Any other medication** (Specify \_\_\_\_\_)
- DGC4\_NON* \_\_\_ **None of the above**

DRUG-C1 If any drug(s) specified in DRUG-Q1 go to DRUG-Q2. Otherwise go to DRUG-Q4.

DRUG-Q2 **Now, I am referring to yesterday and the day before yesterday. During those two days, how many different medications did you/he/she take?**

*DGC4\_2* \_\_\_ **Number of different medications**  
DK, R (Go to DRUG-Q4)

If number=0 then go to DRUG-Q4  
For each number >0 ask DRUG-Q3...up to a maximum of 12.

DRUG-Q3 **What is the exact name of the medication that ... took?** (Ask the person to look at the bottle, tube or box.)

*DGC4\_3nC* \_\_\_\_\_  
DK, R to any medication (Go to next section)

DRUG-Q4  
*DGC4\_4* There are many other health products such as ointments, vitamins, herbs, minerals, teas or protein drinks which people use to prevent illness or to improve or maintain their health. Do/Does ... use any of these or other health products?

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

DRUG-Q5  
*DGC4\_5mn* What is the exact name of the health product that ... use(s)? (Ask the person to look at the bottle, tube or box.) (Up to 12 products.)

\_\_\_\_\_

### **Mental Health**

(Non-proxy only.)

MHLTH-INTa Now some questions about mental and emotional well-being. During the past month, about how often did you feel:

MHLTH-Q1a ... so sad that nothing could cheer you up?  
*MHC4\_1A* (Read list. Mark ONE only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- DK, R (Go to MHLTH-Q1k)

MHLTH-Q1b ... nervous?  
*MHC4\_1B* (Read list. Mark ONE only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- DK, R (Go to MHLTH-Q1k)

MHLTH-Q1c ... restless or fidgety?  
*MHC4\_1C* (Read list. Mark ONE only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- DK, R (Go to MHLTH-Q1k)



MHLTH-Q1d ... **hopeless?**  
(Read list. Mark ONE only.)  
*MHC4\_1D*

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

DK, R (Go to MHLTH-Q1k)

MHLTH-Q1e ... **worthless?**  
(Read list. Mark ONE only.)  
*MHC4\_1E*

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

DK, R (Go to MHLTH-Q1k)

MHLTH-Q1f **During the past month, about how often did you feel that everything was an effort?**  
(Read list. Mark ONE only.)  
*MHC4\_1F*

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

DK, R (Go to MHLTH-Q1k)

MHLTH-C1g IF MHLTH-Q1a to MHLTH-Q1f are all "none" go to MHLTH-Q1k.

MHLTH-Q1g **We have just been talking about feelings and experiences that occurred to different degrees during the past month. Taking them altogether, did these feelings occur *more often* in the past month than is usual for you, *less often* than usual, or *about the same* as usual?**  
(Do not read list. Mark ONE only.)  
*MHC4\_1G*

- More often
- Less often (Go to MHLTH-Q1i)
- About the same (Go to MHLTH-Q1j)
- Never have had any (Go to MHLTH-Q1k)
- DK, R (Go to MHLTH-Q1k)

MHLTH-Q1h **Is that a *lot* more, *somewhat* or only a *little* more often than usual?**  
(Do not read list. Mark ONE only.)  
*MHC4\_1H*

- A lot more
- Somewhat more
- A little more
- DK, R (Go to MHLTH-Q1k)

(Go to Q1j)

MHLTH-Q1i **Is that a *lot* less, *somewhat* or only a *little* less often than usual?**  
MHC4\_1I (Do not read list. Mark ONE only.)

- A lot less
- Somewhat less
- A little less
- DK, R (Go to MHLTH-Q1k)

MHLTH-Q1j **How much do these experiences usually interfere with your life or activities?**  
MHC4\_1J (Read list. Mark ONE only.)

- A lot
- Some
- A little
- Not at all

MHLTH-Q1k **In the past 12 months, have you seen or talked on the telephone to a health professional about your emotional or mental health?**  
MHC4\_1K

- Yes
- No (Go to MHLTH-Q2.)
- DK, R (Go to MHLTH-Q2)

MHLTH-Q1l **How many times (in the past 12 months)?**  
MHC4\_1L

- # of times

MHLTH-Q2 **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?**  
MHC4\_2

- Yes
- No (Go to MHLTH-Q16.)
- DK, R (Go to next section)

MHLTH-Q3 **For the next few questions, please think of the 2-week period during the past 12 months when these feelings were worst. During that time how long did these feelings usually last?**  
MHC4\_3 (Read list. Mark ONE only.)

- All day long
- Most of the day
- About half of the day (Go to MHLTH-Q16.)
- Less than half the day (Go to MHLTH-Q16.)
- DK, R (Go to next section)

MHLTH-Q4 **How often did you feel this way during those 2 weeks?**  
MHC4\_4 (Read list. Mark ONE only.)

- Every day
- Almost every day
- Less often (Go to MHLTH-Q16.)
- DK, R (Go to next section)

**NPHS, Household Component, Cycle 1 (1994-1995)**

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**MHLTH-Q5 During those 2 weeks did you lose interest in most things?**

*MHC4\_5*

- Yes (KEY PHRASE = LOSING INTEREST)
- No
- DK, R (Go to next section)

**MHLTH-Q6 Did you feel tired out or low on energy all of the time?**

*MHC4\_6*

- Yes (KEY PHRASE = FEELING TIRED)
- No
- DK, R (Go to next section)

**MHLTH-Q7 Did you gain weight, lose weight or stay about the same?**

(Do not read list. Mark ONE only.)

*MHC4\_7*

- Gained weight (KEY PHRASE = GAINING WEIGHT)
- Lost weight (KEY PHRASE = LOSING WEIGHT)
- Stayed about the same (Go to MHLTH-Q9.)
- Was on a diet (Go to MHLTH-Q9.)
- DK, R (Go to next section)

**MHLTH-Q8 About how much did you (gain/lose)?**

*MHC4\_8LB*

*MHC4\_8KG*

- Pounds OR Kilograms

**MHLTH-Q9 Did you have more trouble falling asleep than you usually do?**

*MHC4\_9*

- Yes (KEY PHRASE = TROUBLE FALLING ASLEEP)
- No (Go to MHLTH-Q11.)
- DK, R (Go to next section)

**MHLTH-Q10 How often did that happen?**

(Read list. Mark ONE only.)

*MHC4\_10*

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

**MHLTH-Q11 Did you have a lot more trouble concentrating than usual?**

*MHC4\_11*

- Yes (KEY PHRASE = TROUBLE CONCENTRATING)
- No
- DK, R (Go to next section)

**MHLTH-Q12 At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?**

*MHC4\_12*

- Yes (KEY PHRASE = FEELING DOWN ON YOURSELF)
- No
- DK, R (Go to next section)

**NPHS, Household Component, Cycle 1 (1994-1995)**

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MHLTH-Q13 **Did you think a lot about death - either your own, someone else's, or death in general?**  
MHC4\_13

- Yes (KEY PHRASE =THOUGHTS ABOUT DEATH)
- No
- DK, R (Go to next section)

MHLTH-C14 If any "yes" in Q5, Q6, Q9, Q11, Q12 or Q13, or Q7 is "gain" or "lose" then go to MHLTH-Q14.  
Otherwise go to next section.

MHLTH-Q14 **Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like (KEY PHRASES). About how many weeks altogether did you feel this way during the past 12 months?**  
MHC4\_14

- # of weeks (IF >51 weeks then go to next section.)
- DK, R (Go to next section)

MHLTH-Q15 **Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?**  
MHC4\_15

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> July      |
| <input type="checkbox"/> February | <input type="checkbox"/> August    |
| <input type="checkbox"/> March    | <input type="checkbox"/> September |
| <input type="checkbox"/> April    | <input type="checkbox"/> October   |
| <input type="checkbox"/> May      | <input type="checkbox"/> November  |
| <input type="checkbox"/> June     | <input type="checkbox"/> December  |

Go to next section.

MHLTH-Q16 **During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?**  
MHC4\_16

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

MHLTH-Q17 **For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?**  
MHC4\_17  
(Read list. Mark ONE only.)

- All day long
- Most of the day
- About half of the day (Go to next section)
- Less than half the day (Go to next section)
- DK, R (Go to next section)

MHLTH-Q18 **How often did you feel this way during those 2 weeks?**

MHC4\_18 (Read list. Mark ONE only.)

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

MHLTH-Q19 **During those 2 weeks did you feel tired out or low on energy all the time?**

MHC4\_19

- Yes (KEY PHRASE = FEELING TIRED)
- No
- DK, R (Go to next section)

MHLTH-Q20 **Did you gain weight, lose weight, or stay about the same?**

MHC4\_20

(Do not read list. Mark ONE only.)

- Gained weight (KEY PHRASE = GAINING WEIGHT)
- Lost weight (KEY PHRASE = LOSING WEIGHT)
- Stayed about the same (Go to MHLTH-Q22)
- Was on a diet (Go to MHLTH-Q22)
- DK, R (Go to next section)

MHLTH-Q21 **About how much did you (gain/lose)?**

MHC4\_21L

MHC4\_21K

- Pounds OR Kilograms

MHLTH-Q22 **Did you have more trouble falling asleep than you usually do?**

MHC4\_22

- Yes (KEY PHRASE = TROUBLE FALLING ASLEEP)
- No (Go to MHLTH-Q24)
- DK, R (Go to next section)

MHLTH-Q23 **How often did that happen during those 2 weeks?**

MHC4\_23

(Read list. Mark ONE only.)

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

MHLTH-Q24 **Did you have a lot more trouble concentrating than usual?**

MHC4\_24

- Yes (KEY PHRASE = TROUBLE CONCENTRATING)
- No
- DK, R (Go to next section)

MHLTH-Q25 **At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?**

MHC4\_25

- Yes (KEY PHRASE = FEELING DOWN ON YOURSELF)
- No
- DK, R (Go to next section)

**NPHS, Household Component, Cycle 1 (1994-1995)**

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MHLTH-Q26 **Did you think a lot about death - either your own, someone else's, or death in general?**  
MHC4\_26

- Yes (KEY PHRASE =THOUGHTS ABOUT DEATH)
- No
- DK, R (Go to next section)

MHLTH-C27 If any "yes" in Q19, Q22, Q24, Q25 or Q26, or Q20 is "gain" or "lose" then go to MHLTH-Q27.  
Otherwise go to next section.

MHLTH-Q27 **Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES). About how many weeks did you feel this way during the past 12 months?**  
MHC4\_27

- # of weeks (IF >51 weeks then go to next section.)
- DK, R (Go to next section)

MHLTH-Q28 **Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?**  
MHC4\_28

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> July      |
| <input type="checkbox"/> February | <input type="checkbox"/> August    |
| <input type="checkbox"/> March    | <input type="checkbox"/> September |
| <input type="checkbox"/> April    | <input type="checkbox"/> October   |
| <input type="checkbox"/> May      | <input type="checkbox"/> November  |
| <input type="checkbox"/> June     | <input type="checkbox"/> December  |

**Social Support**

(Non-proxy only.)

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

SOCSUP-Q1 **Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs?**  
SSC4\_1

- Yes
- No (Go to SOCSUP-Q2a)
- DK, R (Go to SOCSUP-Q2a)

SOCSUP-Q2 **How often did you participate in meetings or activities sponsored by these groups in the past 12 months? If you belong to many, just think of the ones in which you are most active.**

SSC4\_2

(Read list. Mark ONE only.)

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

SOCSUP-Q2a **Other than on special occasions (such as weddings, funerals or baptisms), how often did you attend religious services or religious meetings in the past 12 months?**

SSC4\_2A

(Read list. Mark ONE only.)

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

SOCSUP-Q3 **Do you have someone you can confide in, or talk to about your private feelings or concerns?**

SSC4\_3

- Yes
- No

SOCSUP-Q4 **Do you have someone you can really count on to help you out in a crisis situation?**

SSC4\_4

- Yes
- No

SOCSUP-Q5 **Do you have someone you can really count on to give you advice when you are making important personal decisions?**

SSC4\_5

- Yes
- No

SOCSUP-Q6 **Do you have someone that makes you feel loved and cared for?**

SSC4\_6

- Yes
- No

SOCSUP-Q7 The next few questions are about your contact in the past 12 months with persons *who do not live with you* either in person, by phone, or by mail. If you have more than one person in a category, for example, several sisters, think of the one with whom you have the most contact. How often did you have contact with [fill with categories below]?

- SSC4\_7A  Your parents or parents-in-law
- SSC4\_7B  Your grandparents
- SSC4\_7C  Your daughters or daughters-in-law
- SSC4\_7D  Your sons or sons-in-law
- SSC4\_7E  Your brothers or sisters
- SSC4\_7F  Other relatives (including in-laws)
- SSC4\_7G  Your close friends
- SSC4\_7H  Your neighbours

**Choice of responses are:**  
(Read list. Mark ONE only.)

- don't have any
- every day
- at least once a week
- 2 or 3 times a month
- once a month
- a few times a year
- once a year
- never

For information only



**Health Number**

H06-HLTH# **We are seeking your permission to link information collected during this interview with provincial health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, physician's offices or other services provided by the province. This information will be used for statistical purposes only. Do we have your permission?**  
*AM64\_LNK*

- Yes
- No (Go to H06-SHARE)
- DK, R (Go to next section)

H06-HLTH# **Having a provincial health number will assist us in linking to this other information. What is ...r/s provincial health number?**  
*HNC4\_mn*

\_\_\_\_\_

**Agreement to Share**

H06-SHARE **To avoid duplication Statistics Canada intends to share the information from this survey with provincial ministries of health, Health Canada, and Employment and Immigration Canada. These organizations have undertaken to keep this information confidential and use it only for statistical purposes. Do you agree to share the information you have provided?**  
*AM64\_SHA*

- Yes
- No

H06-TEL **Was this interview conducted on the telephone or in person?**

*AM64\_TEL*

- On telephone
- In person
- Both (Specify reason)

H06-CTEXT **Was the respondent alone when you asked this health questionnaire?**

*AM64\_ALO*

- Yes (Go to H06-P2)
- No

H06-CTEXT1 **Do you think that the answers of the respondent were affected by someone else being there?**

*AM64\_AFF*

- Yes (Specify)
- No

H06-P2 Record language of interview

AM64\_LNG

|           |                       |
|-----------|-----------------------|
| English   | Persian (Farsi)       |
| French    | Polish                |
| Arabic    | Portuguese            |
| Chinese   | Punjabi               |
| Cree      | Spanish               |
| German    | Tagalog (Filipino)    |
| Greek     | Ukrainian             |
| Hungarian | Vietnamese            |
| Italian   | Other (Specify _____) |
| Korean    |                       |

### **Manitoba Buy-in Questions**

(Age >= 18 and non-proxy only.)

SPR6-INTA **The next questions are being asked for your provincial government. They deal with the day-to-days demands in your life.**

SPR6-INTB **When relating to people, some people rely heavily on their thinking, rational side. Others rely much more on their emotional side. In the following questions, I will be asking about your primary style of relating to people. Please answer either "Yes" or "No" to each question. If you are not sure, it is usually best to respond with your first impression.**

SPR6-Q1 **Do you always try to do what is reasonable and logical?**

RTP4\_1

\_\_\_ Yes  
\_\_\_ No

SPR6-Q2 **Do you always try to understand people and their behaviour, to avoid responding emotionally?**

RTP4\_2

\_\_\_ Yes  
\_\_\_ No

SPR6-Q3 **When dealing with other people do you always try to act rationally?**

RTP4\_3

\_\_\_ Yes  
\_\_\_ No

SPR6-Q4 **Do you try to overcome all conflicts with other people by intelligence and reason, trying hard not to show your emotions?**

RTP4\_4

\_\_\_ Yes  
\_\_\_ No

SPR6-Q5 **If someone deeply hurts your feelings, do you nevertheless try to treat him or her rationally and to understand his or her way of behaving?**  
RTP4\_5

Yes  
 No

SPR6-Q6 **Do you succeed in avoiding most conflicts with other people by relying on your reason and logic, even if this is not how you feel at the time?**  
RTP4\_6

Yes  
 No

SPR6-Q7 **If someone acts against your needs and desires, do you nevertheless try to understand that person?**  
RTP4\_7

Yes  
 No

SPR6-Q8 **Do you behave so rationally in most life situations that your behaviour is rarely influenced by only your emotions?**  
RTP4\_8

Yes  
 No

SPR6-Q9 **Do your emotions frequently influence your behaviour to such a degree that your behaviour might be considered harmful to yourself and others?**  
RTP4\_9

Yes  
 No

SPR6-Q10 **Do you try to understand others even if you don't like them?**  
RTP4\_10

Yes  
 No

SPR6-Q11 **Does your rationality prevent you from verbally attacking or criticizing others, even if there are sufficient reasons for doing so?**  
RTP4\_11

Yes  
 No

SPR6-INTQ12 **In the next few questions, you will be asked to imagine yourself in a particular situation. It is not important for you to have actually experienced the situation. Simply pretend you are in the described situation.**

SPR6-Q12 **Imagine you are afraid of the dentist and you have to get some dental work done. Which of the following things would you do to help you overcome your fears?**  
(Read list. Mark ALL that apply.)

- RTP4\_12A*    \_\_\_    **Ask the dentist exactly what he is doing**
- RTP4\_12B*    \_\_\_    **Take a tranquilizer or have a drink before going**
- RTP4\_12C*    \_\_\_    **Try to think about other things, like pleasant memories**
- RTP4\_12D*    \_\_\_    **Have the dentist tell you when you would feel pain**
- RTP4\_12E*    \_\_\_    **Try to sleep**
- RTP4\_12F*    \_\_\_    **Watch all the dentist's movements and listen for the sound of the drill**
- RTP4\_12G*    \_\_\_    **Watch the flow of water from your mouth to see if it contained blood**
- RTP4\_12H*    \_\_\_    **Do mental puzzles in your mind**
- RTP4\_12I*    \_\_\_    **Other (Specify\_\_\_\_\_)**

SPR6-Q13 **Imagine that you are a salesperson and get along well with your fellow workers. It has been rumoured that, due to a large drop in sales, several people in your department will be laid off. The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?**  
(Read list. Mark ALL that apply.)

- RTP4\_13A*    \_\_\_    **Talk to your fellow workers to see if they know anything about the supervisor's evaluation of you**
- RTP4\_13B*    \_\_\_    **Review the list of duties for your present job and try to figure out if you had accomplished all of them**
- RTP4\_13C*    \_\_\_    **Watch TV, go to the movies or do something like that, to take your mind off things**
- RTP4\_13D*    \_\_\_    **Try to remember any arguments or disagreements you might have had with your supervisor that might have lowered his or her opinion of you**
- RTP4\_13E*    \_\_\_    **Push all thoughts of being laid off out of your mind**
- RTP4\_13F*    \_\_\_    **If it came up during a conversation say that you would rather not discuss your chances of being laid off**
- RTP4\_13G*    \_\_\_    **Try to think which employees in your department the supervisor might evaluate more poorly than you**
- RTP4\_13H*    \_\_\_    **Continue doing your work as if nothing special was happening**
- RTP4\_13I*    \_\_\_    **Other (Specify\_\_\_\_\_)**

**Alberta Buy-in Questions**

(Age >= 18 and non-proxy only.)

SPR8-INT      **The next questions are being asked for your provincial government. They deal with the day-to-days demands in your life.**

SPR8-Q1      **How would you rate your ability to handle the day-to-day demands in your life, for example, work, family and volunteer responsibilities?**  
*COP4\_1*      (Read list. Mark ONE only.)

- Excellent**
- Very Good**
- Good**
- Fair**
- Poor**

SPR8-Q2      **If the day-to-day demands in your life were causing you to feel under stress, which of the following would you do?**  
(Read list. Mark ALL that apply.)

- COP4\_2A*            **Try not to think about the situation and keep yourself busy to prevent thinking about it**
- COP4\_2B*            **Try to see the situation in a different light that makes it seem more bearable**
- COP4\_2C*            **Think about ways to change the situation or do something to solve the problem causing the stress**
- COP4\_2D*            **Express your emotions to reduce your tension, anxiety or frustration**
- COP4\_2E*            **Admit to yourself that the situation is stressful, but otherwise do nothing**
- COP4\_2F*            **Talk about the situation with others**
- COP4\_2G*            **Do something you enjoy in order to relax**
- COP4\_2H*            **Pray or otherwise seek comfort or strength through religious faith**
- COP4\_2I*            **Do something else (Specify \_\_\_\_\_)**

SPR8-Q3      **How would you rate your ability to handle unexpected and difficult problems, for example, family or personal crisis?**  
*COP4\_3*      (Read list. Mark ONE only.)

- Excellent**
- Very Good**
- Good**
- Fair**
- Poor**

SPR8-Q4 **If an unexpected problem or situation was causing you to feel under stress, which of the following would you do?**  
(Read list. Mark ALL that apply.)

- |                |     |   |
|----------------|-----|---|
| <i>COP4_4A</i> | ___ | <b>Try not to think about the situation and keep yourself busy to prevent thinking about it</b>         |
| <i>COP4_4B</i> | ___ | <b>Try to see the situation in a different light that makes it seem more bearable</b>                   |
| <i>COP4_4C</i> | ___ | <b>Think about ways to change the situation or do something to solve the problem causing the stress</b> |
| <i>COP4_4D</i> | ___ | <b>Express your emotions to reduce your tension, anxiety or frustration</b>                             |
| <i>COP4_4E</i> | ___ | <b>Admit to yourself that the situation is stressful, but otherwise do nothing</b>                      |
| <i>COP4_4F</i> | ___ | <b>Talk about the situation with others</b>   |
| <i>COP4_4G</i> | ___ | <b>Do something you enjoy in order to relax</b>   |
| <i>COP4_4H</i> | ___ | <b>Pray or otherwise seek comfort or strength through religious faith</b>                               |
| <i>COP4_4I</i> | ___ | <b>Do something else (Specify _____)</b>  |

**Notes:**

1. Past 2 weeks refers to the 2 weeks leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 2 weeks include August 27, 1993 to September 9, 1993.
2. Past 12 months refers to the 12 months leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 12 months include September 10, 1992 to September 9, 1993.
3. Past 3 months refers to the 3 months leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 3 months include June 10, 1993 to September 9, 1993.
4. Past month refers to the month leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past month includes August 10, 1993 to September 9, 1993.

## APPENDIX A

### Health Component for Respondents Aged 0 to 11 Years Old (Form H06)

(Proxy only, to be completed for selected respondent only and age <= 11.)

**NOTE:**

The data for the 1994-95 NPHS selected child 0 to 11 years old were collected by the National Longitudinal Survey of Children and Youth (NLSCY). The data were picked up from NLSCY and were reformatted to fit into the NPHS processing system. The question names used here were assigned during processing to be consistent with 1996. When question wording was similar, the wording from NPHS was used. If the wording was sufficiently different that concepts may vary, the NLSCY wording was used. See National Longitudinal Survey of Children Survey Instruments for 1994-95 Data Collection, Cycle 1 Catalogue No. 95-01 for exact order and wording of the questions. For complete details on the 1994-95 sample design, see *Sample Design of the National Population Health Survey, Health Reports 1995, Vol. 7, No.1.*

#### Child General Health

KGH-Q1 **In general, would you say %FNAME's% health is:**  
*GHC4\_1* (Read list. Mark ONE only.)

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

KGH-Q3 **Does %FNAME% have any long-term physical or mental condition or a health problem which prevents or limits %his/her% participation in school, at play, or in any other activity for a child %his/her% age?**  
*RAC4F1*

- 1 Yes
- 2 No

KGH-Q4 **How tall is %he/she% without shoes on?**

*HWC4\_HT* ----- Feet ----- Inches OR ----- Centimetres

KGH-Q5 **How much does %he/she% weigh?**

\_\_\_\_\_ (Enter amount only.) (MIN: 1) (MAX: 300)  
DK, R (Go to next section)

KGH-C5 INTERVIEWER: Was that in pounds or in kilograms?

- HWC4\_3LB* 1 Pounds
- HWC4\_3KG* 2 Kilograms

**Child Health Care Utilization**

KUT-INT Now I'd like to ask about %FNAME's% contacts with health professionals during the past 12 months, that is, from %12MOSAGO% to yesterday.

KUT-Q1 In the past 12 months, has %FNAME% been an overnight patient in a hospital?

HCC4\_1

- 1 Yes
- 2 No

KUT-Q3 (Not counting when %FNAME% was an overnight patient) In the past 12 months, how many times have you seen or talked on the telephone with a/an/any [fill category] about %his/her% physical, emotional or mental health? (Exclude at time of birth for babies.)

|          |  | MIN | MAX |
|----------|--|-----|-----|
| HCC4_2A  | a) A general practitioner, family physician  | 0   | 366 |
| HCC4_2A  | b) A pediatrician  | 0   | 366 |
| HCC4_2C  | c) An other medical doctor (such as an orthopedist, or eye specialist)                                       | 0   | 300 |
| HCC4_2D  | d) A public health nurse or nurse practitioner   | 0   | 366 |
| HCC4_2E  | e) A dentist or orthodontist   | 0   | 99  |
| HCC4_2I  | f) A psychiatrist or psychologist  | 0   | 366 |
| HCC4_2H  | g) Child welfare worker or children's aid worker   | 0   | 366 |
| HCK4_2OT | h) Any other person trained to provide treatment or counsel, for example a speech therapist, a social worker | 0   | 366 |

**Child Chronic Conditions**

KCHR-C1 If age > 3, go to KCHR-Q4.

KCHR-Q1 Thinking now about illnesses, how often does %FNAME% have nose or throat infections?

CCK4\_1

(Read list. Mark ONE only.)

- 1 Almost all the time
- 2 Often
- 3 From time to time
- 4 Rarely
- 5 Never

KCHR-Q2 Since %his/her% birth, has %he/she% ever had an ear infection (otitis)?

CCK4\_2

- 1 Yes
- 2 No (Go to KCHR-Q4)
- DK, R (Go to KCHR-Q4)



**NPHS, Household Component, Cycle 1 (1994-1995)**

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**KCHR-Q3**      **How many times?**  
*CCK4\_3*      (Do not read list. Mark ONE only.)

- 1      Once
- 2      2 times
- 3      3 times
- 4      4 or more times

**KCHR-Q4**      **The following questions are about asthma. Has %FNAME% ever had asthma that has**  
*CCC4\_1C*      **been diagnosed by a health professional?**

- 1      Yes
- 2      No      (Go to KCHR1-INT)
- DK, R      (Go to KCHR1-INT)

**KCHR-Q5**      **Has %he/she% had an attack of asthma in the past 12 months?**  
*CCC4\_C5*

- 1      Yes
- 2      No

**KCHR-Q6**      **Has %he/she% had wheezing or whistling in the chest at any time in the past 12**  
*CCC4\_C6*      **months?**

- 1      Yes
- 2      No

**KCHR1-INT**      **In the following questions long-term conditions refer to conditions that have lasted**  
                         **or are expected to last 6 months or more.**

**KCHR1-Q1**      **Does %FNAME% have any of the following long-term conditions that have been**  
                         **diagnosed by a health professional?**

- CCK4\_1AB*      a)      **Allergies?**
- CCC4\_1H*      b)      **Bronchitis?**
- CCC4\_1L*      c)      **Heart condition or disease?**
- CCC4\_1K*      d)      **Epilepsy?**
- CCC4\_1V*      e)      **Cerebral palsy?**
- CCC4\_1V*      f)      **Kidney condition or disease?**
- CCC4\_1V*      g)      **Mental handicap?**
- CCC4\_1W*      h)      **A learning disability?**      (Ask only age>=6)
- CCC4\_1V*      i)      **An emotional, psychological or nervous condition?**      (Ask only age>=6)
- CCC4\_1V*      j)      **Any other long-term condition?**
- CCC4\_NON*      k)      **None**

### **Child Health Status**

KHS-C1 If age < 4, go to next section.

KHS-INT **The next set of questions asks about %you/FNAME%%r/s% day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned about a person's usual abilities.**

KHS-INTA **You may feel that some of these questions do not apply to %you/him/her%, but it is important that we ask the same questions of everyone.**

### **Vision**

KHS-Q1 **Is %he/she% usually able to see clearly, and without distortion, the words in a book without glasses or contact lenses?**

HSC4\_1

- 1 Yes (Go to KHS-Q4)
- 2 No

KHS-Q2 **Is %he/she% usually able to see clearly, and without distortion, the words in a book with glasses or contact lenses?**

HSC4\_2

- 1 Yes (Go to KHS-Q4)
- 2 No
- 3 Doesn't wear glasses or contact lenses

KHS-Q3 **Is %he/she% able to see at all?**

HSC4\_3

- 1 Yes
- 2 No (Go to KHS-Q6)

KHS-Q4 **Is %he/she% able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?**

HSC4\_4

- 1 Yes (Go to KHS-Q6)
- 2 No

KHS-Q5 **Is %he/she% usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?**

HSC4\_5

- 1 Yes
- 2 No
- 3 Doesn't wear glasses or contact lenses

### **Hearing**

KHS-Q6 **Is %he/she% usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?**

HSC4\_6

- 1 Yes (Go to KHS-IN2)
- 2 No

KHS-Q7  
HSC4\_7

Is %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 KHS-Q8)
- 2 No
- 3 Doesn't wear a hearing aid

KHS-Q7A  
HSC4\_7A

Is %he/she% able to hear at all?

- 1 Yes
- 2 No (Go to KHS-IN2)

KHS-Q8  
HSC4\_8

Is %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 KHS-IN2)
- 2 No

KHS-Q9  
HSC4\_9

Is %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
- 3 Doesn't wear a hearing aid

### Speech

KHS-IN2

The next few questions on day-to-day health are concerned with %FNAME%'s abilities relative to *other children the same age*.

KHS-Q10  
HSC4\_10

Is %he/she% *usually* able to be understood *completely* when speaking with strangers in %his/her% own language?

- 1 Yes (Go to KHS-Q14)
- 2 No

KHS-Q11  
HSC4\_11

Is %he/she% able to be understood *partially* when speaking with strangers in %his/her% own language?

- 1 Yes
- 2 No

KHS-Q12  
HSC4\_12

Is %he/she% able to be understood *completely* when speaking with those who know %him/her% well?

- 1 Yes (Go to KHS-Q14)
- 2 No

KHS-Q13  
HSC4\_13

Is %he/she% able to be understood *partially* when speaking with those who know %him/her% well?

- 1 Yes
- 2 No

**Getting Around**

KHS-Q14      **Is %FNAME% usually able to walk around the neighbourhood *without* difficulty and *without* mechanical support such as braces, a cane or crutches?**  
HSC4\_14

- 1      Yes      (Go to KHS-Q21)
- 2      No

KHS-Q15      **Is %he/she% able to walk at all?**

HSC4\_15

- 1      Yes
- 2      No      (Go to KHS-Q18)

KHS-Q16      **Does %he/she% require mechanical support such as braces, a cane or crutches to be able to walk?**

HSC4\_16

- 1      Yes
- 2      No

KHS-Q17      **Does %he/she% require the help of another person to be able to walk?**

HSC4\_17

- 1      Yes
- 2      No

KHS-Q18      **Does %he/she% require a wheelchair to get around?**

HSC4\_18

- 1      Yes
- 2      No      (Go to KHS-Q21)

KHS-Q19      **How often does %he/she% use a wheelchair?**

HSC4\_19

(Read list. Mark ONE only.)

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

KHS-Q20      **Does %he/she% need the help of another person to get around in the wheelchair?**

HSC4\_20

- 1      Yes
- 2      No

**Hands and Fingers**

KHS-Q21      **Is %FNAME% usually able to grasp and handle small objects such as a pencil or scissors?**

HSC4\_21

- 1      Yes      (Go to KHS-Q25)
- 2      No

KHS-Q22 **Does %he/she% require the help of another person because of limitations in the use of hands or fingers?**  
HSC4\_22

- 1 Yes
- 2 No (Go to KHS-Q24)

KHS-Q23 **Does %he/she% require the help of another person with:**  
HSC4\_23  
(Read list. Mark ONE only.)

- 1 **some tasks?**
- 2 **most tasks?**
- 3 **almost all tasks?**
- 4 **all tasks?**

KHS-Q24 **Does %he/she% require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?**  
HSC4\_24

- 1 Yes
- 2 No

### **Feelings**

KHS-Q25 **Would you describe %FNAME% as being *usually*:**  
HSC4\_25  
(Read list. Mark ONE only.)

- 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**

KHS-Q26 **How would you describe %his/her% *usual* ability to remember things?**  
HSC4\_26  
(Read list. Mark ONE only.)

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

### **Thinking**

KHS-Q27 **How would you describe %his/her% *usual* ability to think and solve day-to-day problems?**  
HSC4\_27  
(Read list. Mark ONE only.)

- 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**

KHS-Q28      **Is %FNAME% usually free of pain or discomfort?**

HSC4\_28

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

KHS-Q29      **How would you describe the *usual* intensity of %his/her% pain or discomfort?**

HSC4\_29

(Read list. Mark ONE only.)

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

KHS-Q30      **How many activities does %his/her% pain or discomfort prevent?**

HSC4\_30

(Read list. Mark ONE only.)

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

**Child Injuries**

KIN-INT      **The following questions refer to injuries, such as a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle, which occurred in the past 12 months and were serious enough to require medical attention by a doctor, nurse, or dentist.**

KIN-Q1      **In the past 12 months, was %FNAME% injured?**

IJC4\_1

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

KIN-Q2      **How many times was %he/she% injured?**

IJC4\_2

- ||| Times (MIN: 1) (MAX: 30)
- DK, R (Go to next section)

**NPHS, Household Component, Cycle 1 (1994-1995)**

**KIN-Q3 (For the most serious injury,) what type of injury did %he/she% have?**  
(Do not read list. Mark ONE only.)

- |                  |    |  |
|------------------|----|--|
| <i>IJC4_3=2</i>  | 1  | Broken or fractured bones  |
| <i>IJC4_3=3</i>  | 2  | Burn or scald  |
| <i>IJC4_3=4</i>  | 3  | Dislocation  |
| <i>IJC4_3=5</i>  | 4  | Sprain or strain   |
| <i>IJC4_3=6</i>  | 5  | Cut, scrape or bruise  |
| <i>IJC4_3=8</i>  | 6  | Concussion (Go to KIN-Q5) (KIN-Q4=3 was filled during processing)                        |
| <i>IJC4_3=9</i>  | 7  | Poisoning by substance or liquid (Go to KIN-Q5) (KIN-Q4=11 was filled during processing) |
| <i>IJC4_3=10</i> | 8  | Internal injury (Go to KIN-Q5) (KIN-Q4=11 was filled during processing)                  |
| <i>IJC4_3=11</i> | 9  | Dental injury (Go to KIN-Q5) (KIN-Q4=2 was filled during processing)                     |
| <i>IJC4_3=11</i> | 10 | Other (Specify)  |
| <i>IJC4_3=1</i>  | 11 | Multiple injuries (Go to KIN-Q5)<br>DK, R (Go to next section)                           |

**KIN-Q4 What part of %your/his/her% body was injured?**  
(Do not read list. Mark ONE only.)

- |                  |    |   |
|------------------|----|---|
| <i>IJC4_4=2</i>  | 1  | Eyes  |
| <i>IJC4_4=3</i>  | 2  | Face or scalp (excluding eyes)  |
| <i>IJC4_4=3</i>  | 3  | Head or neck (excluding eyes and face or scalp)                             |
| <i>IJC4_4=6</i>  | 4  | Arms or hands   |
| <i>IJC4_4=8</i>  | 5  | Legs or feet  |
| <i>IJC4_4=9</i>  | 6  | Back or spine   |
| <i>IJC4_4=10</i> | 7  | Trunk (excluding back or spine) (including chest, internal organs)          |
| <i>IJC4_4=5</i>  | 8  | Shoulder  |
| <i>IJC4_4=7</i>  | 9  | Hip   |
| <i>IJC4_4=1</i>  | 9  | Multiple sites  |
|                  | 11 | Systemic (category created during processing)<br>DK, R (Go to next section) |

**KIN-Q5 Where did the injury happen, for example, at home, on the street, in the playground or at school?**  
(Do not read list. Mark ONE only.)

- |                 |    |   |
|-----------------|----|---|
| <i>IJC4_5=1</i> | 1  | Inside own home/apartment   |
| <i>IJC4_5=1</i> | 2  | Outside home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room |
| <i>IJC4_5=1</i> | 3  | In or around other private residence  |
| <i>IJC4_5=5</i> | 4  | Inside school/daycare centre or on school/centre grounds  |
| <i>IJC4_5=3</i> | 5  | At an indoor or outdoor sports facility (other than school)   |
| <i>IJC4_5=5</i> | 6  | Other building used by general public   |
| <i>IJC4_5=4</i> | 7  | On sidewalk/street/highway in neighbourhood   |
| <i>IJC4_5=4</i> | 8  | On any other sidewalk/street/highway  |
| <i>IJC4_5=3</i> | 9  | In a playground/park (other than school)  |
| <i>IJC4_5=9</i> | 10 | Other (Specify)<br>DK, R (Go to next section)   |

KIN-Q6

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

(Do not read list. Mark ONE only.)

- |                  |    |   |
|------------------|----|---|
| <i>IJC4_6=1</i>  | 1  | Motor vehicle collision - passenger                     |
| <i>IJC4_6=1</i>  | 2  | Motor vehicle collision - pedestrian                    |
| <i>IJC4_6=1</i>  | 3  | Motor vehicle collision - riding bicycle                |
| <i>IJC4_6=15</i> | 4  | Other bicycle accident                                  |
| <i>IJC4_6=2</i>  | 5  | Fall (excluding bicycle or sports)                      |
| <i>IJC4_6=15</i> | 6  | Sports (excluding bicycle)                              |
| <i>IJC4_6=5</i>  | 7  | Physical assault  |
| <i>IJC4_6=11</i> | 8  | Scalded by hot liquids or food                          |
| <i>IJC4_6=14</i> | 9  | Accidental poisoning                                    |
| <i>IJC4_6=14</i> | 10 | Self-inflicted poisoning                                |
| <i>IJC4_6=15</i> | 11 | Other intentionally self-inflicted injuries             |
| <i>IJC4_6=8</i>  | 12 | Natural/Environmental factors (e.g. animal bite, sting) |
| <i>IJC4_6=3</i>  | 13 | Fire/Flames or resulting fumes                          |
| <i>IJC4_6=9</i>  | 14 | Near drowning   |
| <i>IJC4_6=15</i> | 15 | Other (Specify)   |

For information only