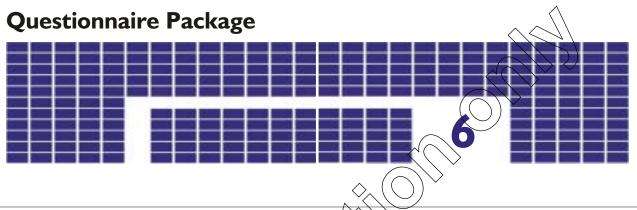


Housing, Family and Social Statistics Division General Social Survey 1991

# **Cycle 6: Health**



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Statistics Canada Statistique Canada Canadä

#### GENERAL SOCIAL SURVEY

### CYCLE 6 QUESTIONNAIRE PACKAGE

This package briefly describes the content, methodology and sample of the sixth cycle of the General Social Survey (GSS). Copies of the questionnaires used in Cycle 6 are attached as appendices.

Three questionnaires were used to conduct the interviews:

QUESTIONNAIRE	AGE GROUP	TITLE
GSS 6-1	All	Control Form
GSS6-1B *not included	Age 65 and over (LFS oversample only)	Control Form
GSS6-2	Age 15 and over	Health Questionnaire

The GSS 6-1 was completed for each telephone number selected in the sample. It lists all household members and collects basic demographic information, specifically, age, sex, marital status and relation to the household reference person. A respondent, 15 years of age or older was then randomly selected and a GSS6-2 was completed for this person. In cases where the selected respondent was either too ill or did not speak either official language, a proxy interview was conducted when possible. For the oversample of seniors, the GSS6-1B was used to select a respondent from household members age 65 or older.

The sixth cycle of the GSS marks the first repeat of the GSS core subject areas. Most of the Cycle 6 core content repeats that of Cycle 1 (1985) as well as that of the Canada Health Survey (1978/79). Data collection for this cycle will be monthly from January 1991 to December 1991.

The content of the main questionnaire includes:

Section

- A. Health status (chronic health problems)
- B. Two week disability
- C. 12 Month Health Care contacts
- D. Flu shots
- E. Health status indicators
- F. Limitations (long term disability)
- G. Physical condition and activity

- H. Sleep
- J. Smoking
- K. Alcohol
- M. Occupation and health
- N. Satisfaction measures
- P. Emotional well-being
- Q. Classification
- R. Contacts for follow-up

## Sample

The Cycle 6 sample includes persons 15 years of age or older selected from the ten provinces. The majority of the sample will be selected through random digit dialing (RDD).

Each computer generated telephone number in the sample is called and an interviewer completes a Control Form. When they contact a private household, all the members of the household are enumerated and then one member age 15 or over is randomly selected and interviewed.

The expected sample size for Cycle 6 is 11 500. This sample includes the standard 10,000 interviews of people age 15 and over and a supplementary sample of 1,500 people age 65 and over sponsored by the Seniors Secretariat, Health and Welfare Canada. The telephone numbers for the elderly oversample will be drawn from households that have recently been part of the Labour Force Survey and are thought to contain at least one individual age 65 or older. In these households, all members are enumerated then one member age 65 or older is selected and interviewed.



## General Social Survey Control Form

# Enquête sociale générale Formule de contrôle

GSS / ESG 6-1

CONFIDENTIAL when completed

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	Heure	Lui	n. Ma	r. Mei	r. Jeu.	Ven.	Sam.		Formule	forms Nombre de	Senior Interviewer
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12:0	1 - 16:0	0							GSS/ESG 6-1	1 1	Intervieweur principal seulement  20. Final Status
16:0	1 - 19:0	0							GSS/ESG		Etat final
19:0	1 - 21:0	10							6 - 2		

STC / HFS - 027 - 04085 SQC / SLF - 027 - 04085 8-4500-54: 1990-10-04

Statistics Statistique Canada Canada

21.	Hello, I'm from Statistics Canada. I'm calling you for a survey about the health of Canadians.	Nou	s vous	appelons concernant une des Canadiens.		
22.	I'd like to make sure that I've dialed the right number. Is this (read number)? Yes	nun	merais iero. S'a	m'assurer que j'aí con git-il du nº (lire le nume O	nposé éro)?	le bon
	No O — Dial again, if still wrong, END	Non		O> Composez de no encore d'un ma METTEZ FIN À L'	uvais i	numéro,
23.	All information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.	cett Voti	e enqui e partic	inseignements que vous ête volontaire resteront cipation est essentielle ent précis.	confide	entiels.
24.	Is this the number for a business, an institution or a private home?			u numéro d'une ent nt ou d'une maison prive		d'un
	Private home			maison privée . O	Passez a	27
	other non residence			résidentiel		$\langle \mathcal{I} \rangle$
25.	Does anyone use this telephone number as a home phone number?			tilise-t-il ce numero de téle connel?	phone	comme
	Yes O  No Thank respondent and END			-		/
	No → Inank respondent and END	Non		Remerciaz le METITEZ FIN	réponda A L'INTE	nt et RVIEW.
26.	How many people live or stay at this address and use this number as a home phone number?	Com cette télép	bien de adre phone c	e personnes vivent ou isse et utilisent ce omme numero personnel	demeu numéi ?	rent à ro de
	Less than 15	Moin	s de 15	9		
	15 or more	15 0	pfûs .	Fixez un rend	ez-vous	
27.	I need to select one person from your household for an interview. What is the first name and age of each person living or staying there who has no usual place of residence eisewhere? Please start with the oldest.	une pers pas	intervier onne qui d'autre	sit une personne de votre la Quel est le prénom et l' vit ou demeure à cet en lieu habituel de réside par la personne la plus âg	âge de d droit et ence. V	chaque qui n'a euillez
	(Enter names and ages in items Z3 and Z5.)	Ilnsc	rivez le	nom et l'âge aux rubrique	s 23 et 2	?5.)
28.	INTERVIEWER: Complete items 26 through 2121or each person recorded in item 23.	INTE	RVIEWE	UR: Remplissez les rubri pour chaque personi rubrique 23.		
	Refer to Interviewer Reference Card for instructions and codes.			Pour les instructions voir la Fiche de l'intervieweur.		
	Then go to item 29.			Puis, passez à la rut	orique 2	9.
		Z1.	Z2.	Z3.	Z4.	Z5.
1:	Telephone Number Numero de téléphone S	Page	Line	Names of Household Members	Sel. No.	Age
	SELECTION GRID LABEL ÉTIQUETTE GRULE DE SÉLECTION	Page	Ligne	Noms des membres du ménage	Nº de Sél.	Âge
			1		-	
A	= Eligible Membres Household admissibles		<del> </del>		_	
В	Members du ménage  = Selection Numéro de		2			Ш
	Number sélection		3			
			4			
			5		-	
			6		-	
			7		-	
			8		- 1	

29.	INTERVIEWER:	persor	the Page- n giving the ation	Line Number of preceding	INTERVIEWEUR:	Inscrivez le nu personne renseignement	qui do	nne les
		7		-Line Number of ehold respondent	_ 7_	No.	umero de pag pondant du n	
30.	attending scho hospital who U	ool, visi ISUALLY	ting, trave 'live there		Y a-t-il d'autres ménage parce qu voyage ou à HABITUELLEMEN	r'elles sont au T'hôpital m	x études, e	n visite, en
	res	· () —-	comp	r names and plete items Z5 gh Z12.	Oui		scrivez leu mplissez les 5 a Z12.	
	No	20			Non	2 🔾		
31.	Does anyone relatives, room	else liv ers, boa	ve there, rders or en	such as other aployees?	Y a-t-il d'autres exemple des pers des pensionnaires	onnes appare	ntées, des c	ent là, par hambreurs,
	Yes	0	comp	r names and plete items Z5 ph Z12.	Oui	3 ○ <del></del>	scrivez leu mplissez les i a Z12.	r nom et
	No 4	0			Non		$\sqrt{c}$	
32.	INTERVIEWER:	years from (	of age and oldest to y er of eliga ers   Numb	er the people 15 1 over, in order, voungest. Enter ible household er of eligible shold members	l -	À la rubrique aux personnes - de la plus Inscrivez le i admissibles du	âgées de 15 âgée à la nombre de	ans et plus plus jeune. personnes sonnes
33.	INTERVIEWER:	by refe Label. selection	erring to the In item on number dent and of ir	ected respondent e Selection Grid Z4 circle the of the selected enter Page-Line		Déterminez le lutilisant l'étique de sélection de l'inscrivez le l	ette grille de 24. enc <b>ercle:</b> lu répond <b>ant</b>	e sélection. le numéro sélectionné ige-ligne
	9	1 1	Page- select	Line Number of ed respondent	9	rép	oondant sélec	
34.	The person I a (is he/she there		erview is .	(read name).	La personne que j		wer est	
	Yes	0-	→ Go to and b	Form GSS 62 egin interview	Oui		ssez à la forr G 6-2 et mmencez l'in	1
	No	o	and \tem 1	<u> </u>	Non		ez un rend crivez les d orique 16.	
Z6.	Z7.	<	<b>Z8.</b>	<b>Z9.</b>		Page-Line	Number of: page-ligne of	e:
Sex	What is marital (refer to form GS		Family Identifier	What is 's relationsh (the family reference person		Z10.	Z11.	Z12.
Sexe	Quei est l'état ma de? (Reporter la formule ESG 6-	z-vous a	Code- famille	Quel est le lien de a	ivec	Spouse / Partner	Mother	Father
м	Sep.	Single Cel.		( policinio de l'elerence		Conjoint partenaire	Mère	Père
0		0		If "0", specify	- Si "0", précisez	199\(\sigma\) n/a-s/0	299\(\sigma\) n/a-s/0	399\(\sigma_n/a-s/o\)
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00	3 4 5	ő		If "0", specify	- Si "0", précisez	11 1 199 n/a-s/o	21 299 O n/a-s/o	399On/a-s/o
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- 4 -

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If the last call to the household is recorded on this page, transcribe the information for this call to line 99 on page 1.

Si le dernier appel effectué pour ce ménage est enregistré sur cette page, veuillez transcrire l'information relative à cet appel à la ligne 99 de la page 1.



# General Social Survey Health Questionnaire

# Ages 15 years and over

## Confidential when completed

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19

1 Telephone Number	Name of Interviewer
5 Label Identification Number	
Page-Line Number	
1 туре	
Proxy/Non-proxy  ³○ Non-proxy ——→ Go to A1	
Proxy due to illness or disability  Page-line number of person who provided the proxy interview	
Interviewer: Complete at end of interview	GSS 6-2
Describe reason for proxy interview	
	1
8-4500-55.1: 1990-11-09 STC/HFS-027-04085	

Sect	ion A: Health Status	A8.	Do you have diabetes?
A1.	INTERVIEWER: Repeat the Introduction below if the selected respondent is different from household respondent.	•	Yes <sup>1</sup> O
	Hello, I'm from Statistics Canada. I'm calling you for a survey on the health of Canadians.		No
	All the information we collect in this voluntary survey will be kept strictly confidential. Your participation is		Refused
	essential if the survey results are to be accurate.	A9.	At what age were you first diagnosed?
A2.	Compared to other people your age, how would you describe your state of health? Would you say it was		years of age
	Excellent? <sup>5</sup>		Never diagnosed
	Very Good?		Don't know
	Good? <sup>7</sup> ○	A10.	Do you have:
	Fair?80		Yes No know
	Poor?		a) Arthritis, rhaumatism or
A3.	When did you last have your blood pressure checked by a doctor or nurse?		b) Asthma?
•	Within the last 6 months <sup>1</sup>		c) Emphysema, chronic
	7 to 12 months ago <sup>2</sup> O		bronchitis, persistent cough or shortness of breath? 070 080 090
	13 to 24 months ago <sup>3</sup>		d) Hay fever?
	More than 2 years ago 4 🔾		e) Skin or other allergies? 130 140 150
	Never		f) Stomach, ulcer?
	Don't know		g) Other digestive problems? .190 200 210
	Refused		h) Recurring migraine headaches?
A4.	Have you ever been told by a doctor or nurse that you have high blood pressure? (For women add: except		i) High blood cholesterol? <sup>25</sup>
	when you were pregnant)		Any emotional disorders? 28 0 29 0 30 0
	Yes <sup>7</sup> O	Section	on B: Two-Week Disability
	No	B1.	During the last two weeks, was your main activity working, going to school, keeping house, retired or
	Don't know		something else? (Note: If sickness or short-term illness is reported, ask for usual main activity)
A5.	Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?		Working
	Yes		Going to school
	No		Keeping house <sup>6</sup>
_	Don't know		Retired <sup>7</sup> O
A6. <b>♦</b>	Have you ever had trouble with your heart, such as heart attack, angina, heart failure or rheumatic heart disease?		Other (vacation, maternity/patemity leave, long term illness, etc.)
	Yes <sup>4</sup> O		<b>∀</b> (Specify)
	No	[ ]	
	Don't know	İ	
	Refused70		During those 14 days, dld you stay in bed at all
A7.	At what age were you first diagnosed?	•	because of your health, including any nights spent as a patient in a hospital?
	years of age	 	Yes <sup>1</sup> O
	Never diagnosed <sup>98</sup>		No <sup>2</sup> O )
	Don't know		Refused 30 Go to 87

ВЗ.	How many days did you stay in bed for all or most of the day?	B10. On how many of those days were you not able to	.
	ine way:	work?	
	bed days	go to school?	
	Part of a day	do housework?	
B4.	Interviewer Check Item:	111	
<b>♦</b>	Review B1.	activity loss-cut down days	
	Was the respondent	B11. During those 14 days, did you see or talk to a medica doctor about your health?	1
	Working?	Yes	
	Going to school? 5 .		
	Keeping house?	No	
	Retired?	Refused	K
	Other/Refused	B12. What was the main reason for this contact?	7
B5.	On how many of those days would you normally	illness or health problem	$\Big\}$
	have	Medical check-up	
	worked?	Shots, inoculations or vaccination	
	gone to school?	Pre or post-natal care	
	done housework?		
	1 1 1	Other50	
	activity loss-bed days	(Specify	"
B6. ▲	Not counting days spent in bed, did you cut down on things you normally do during the day because of your		]
•	health?		
	Yes	Section C: (2 Month Health Care Contacts	4
	10	©1. During the past 12 months, how many times did you	-
	No <sup>2</sup> O	see or talk to a	
	Refused 30 Go to B1.1	Times None	١
B7.	(During those 14 days) Did you cut down on things you	a) Family doctor or general	
<b>♦</b>	normally do during the day because of your health?	practitioner about your own health?	
	Yes	What about a	
	No	b) Medical specialist? 2   or 200	
		c) Dentist?	
	Refused Go for B11	d) Nurse (excluding making	
B8.	How many days did you cut down for all or most of	appointments?)	
	the day?	e) Optometrist or optician? 5 or 500	
	cut-down days	f) Chiropractor?	
	Part of a day <sup>96</sup>	g) Psychologist, social	
B9.	Interviewer Check Item:	worker, or counsellor? 7 or 700	
<b>♦</b>	Review B1.	h) Physiotherapist? or **eoo*	
	Was the respondent	i) Any other health care pro- fessional?	
	Working?1 O	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ì
	Going to school?	(Specify)	
	Keeping house? <sup>3</sup>		
	Retired?		
	Other/Refused 5		
			- 1

C2.	Did you spend any nights as a patient in a hospital, nursing home or convalescent home during the last 12 months?	D4.	Why did you not have a flu shot?  (Mark all that apply.)
	Yes¹○ → C2A. How many patient		My doctor never mentioned it
	nights?		• My doctor didn't think it was necessary <sup>02</sup> O
C3.	Over the past 12 months, have you experienced any delays in obtaining health care?		• I never thought about it
	Yes30		• Flu is not that serious
	No	i i	I haven't heard about it
	Refused		•Too busy: never got around to it
C4.	For which type of medical service did the delay oc- cur? (Note: if more than one delay, ask about most		• I hardly ever get the flu
	recent)		• Fear of side effects
	Hospital emergency room treatment <sup>1</sup> O		• I feel the flu shot doesn't work.
	Medical appointment with a general practitioner .20		• I feel it costs too much.
	Medical appointment with a specialist <sup>3</sup> O		(Specify)
	Hospital admission for surgery		
	Hospital admission for other treatment5		
	Nursing home or long-term care facility <sup>6</sup>		• Don't know (Probe for a reason)
	Diagnostic test (eg. blood test, x-rays)	Section	on E: Health Status Indicators
	Other medical treatment	E1.	The next set of questions ask about your day to day health. You may feel that some of these questions do not apply to you but it is important that we ask the same questions of everyone.
	(Specify)	Vision	$\triangleright$
		E2.	Are you usually able to see well enough to read ordinary newsprint without glasses or contact lenses?
			Yes¹○ → Go to E5
C5.	How long was this delay?		No <sup>2</sup> O
	Hours Days Weeks		Refused
Secti	on D: Flu Shots	E3.	Can you see well enough to read ordinary newsprint with glasses or contact lenses?
D1.	Did your doctor or nurse recommend that you get a flu shot during the fall or winter of 1990-1991?		Yes
	Yes		No5
	No <sup>5</sup> O		Don't know (Don't wear glasses or contacts)
D2.	Comment: This vaccination is usually given in the fall and protects against influenza for about one year.	E4.	Can you see at ail?
D3.	Did you have a flu shot during the fall or winter of 1990-		Yes <sup>7</sup> O
•	1991?		No
	Yes	E5.	Can you see well enough to recognize a friend on the other side of the street without glasses or contact lenses?
	Don't know		Yes 1○ → Go to E7
	Refused 90 Go to E1		No <sup>2</sup> O

E6.	Can you see well enough to recognize a friend on the other side of the street with glasses or contact lenses?	Getti	ng Around
		E15.	INTERVIEWER:
	Yes <sup>3</sup> ○ No <sup>4</sup> ○		If a respondent says "sometimes" to any of the follow- ing questions. E16-E20 and E22, please prompt with "Is that usually?" If it is not, mark No.
	Don't know (Don't wear glasses or contacts)	E16.	Are you able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?
Hean	ing	]	Yes 5○ → Go to F23
E7. ♦	Are you usually able to hear what is said in a group conversation with at least three other people without a hearing aid?		No
	Yes		Refused
	No²O	E17.	Can you walk at all?
	Refused		Yes <sup>8</sup> O
E8.	Can you hear what is said in a group conversation with at least three other people with a hearing aid?		No
	Yes <sup>4</sup> O	E18.	Do you require mechanical support such as braces, cane or crutches to walk around the neighbourhood?
	No <sup>5</sup> O		Yes
	Don't know (Don't wear a hearing aid)		No <sup>2</sup> O
E9.	Can you hear what is said in a conversation with one	E19.	Do you require the help of another person to walk?
	other person in a quiet room without a hearing aid?	}	Yes
	Yes <sup>7</sup> ○ → Go to E11		No
	No <sup>8</sup> O	F20.	Do you require a wheelchair to get around?
E10.	Can you hear what is said in a conversation with one other person in a quiet room with a hearing aid?	(	Yes50
	Yes10		No
	No20	E21)	How often do you use a wheelchair
	Don't know (Don't wear a hearing aid)30	) Ť	Always?
Spee	ch		Often?
<u> </u>	Are you usually able to be understood completely		Sometimes? <sup>3</sup>
<b>♦</b>	when speaking with strangers in your own language?		Never
	Yes	E22.	Do you need the help of another person to get around in the wheelchair?
	Refused		Yes <sup>5</sup> O
E12.	Are you able to be understood partially when speaking with strangers?		No60
	Yes	Hands	and Fingers
	No <sup>8</sup> O	E23.	Do you usually have the <u>full use</u> of two hands and ten fingers?
E13.	Are you able to be understood <u>completely</u> when speaking with those who know you well?		Yes <sup>7</sup> ○ → Go to E27
	Yes¹○ → Go to E16		No
	No²		Refused
E14.	Are you able to be understood partially when speaking with those who know you well?	E24.	Do you require the help of another person because of limitations in the use of your hands and fingers?
	Yes <sup>3</sup>		Yes¹O
	No40		No

E25.	Do you require the help of another person with	E32.	How many activities does your pain and discomfort
	Some tasks? <sup>3</sup>	ĺ	prevent
	Most tasks?4		None? <sup>4</sup> O
i	Almost all tasks? <sup>5</sup>		A few? <sup>5</sup>
	All tasks? 6	ļ	Some? 6 O
E26.	Do you require special equipment, for example, devices to assist in dressing, because of limitations in the use of your hands or fingers?		Most?
	Yes	Secti	on F: Limitations
	No8	F1.	Are you limited in the amount or kind of activity you can do at home, at work or at school because of a long term physical condition or health problem?
Feeli	ngs		
E27.	Would you describe yourself as usually		Yes <sup>1</sup> O
	Happy and interested in life?		No
	Somewhat happy?		Refused 30
	Somewhat unhappy? <sup>3</sup>	F2.	How are you limited? (Note: record limitation not problem)
	Very unhappy?		
	No opinion		
Memo	pry		
E28.	How would you describe your usual ability to remember things		
	Able to remember most things? <sup>6</sup>	F3.	What is the main health problem which caused this
	Somewhat forgetful? <sup>7</sup>		IImitation?
	Very forgetful?		
	Unable to remember anything at all?		>
Think	ing	\	
E29.	How would you describe your usual ability to think and solve day to day problems	/	
	Able to think clearly and solve problems? 10	Section	on G: Physical Condition and Activity
	Having a little difficulty?	G1.	The next few questions concern your physical condition and physical activity.
	Having some difficulty?	G2.	How tall are you without your shoes on?
	Having a great deal of difficulty?40		4 or 5
	Unable to think or solve problems?		Feet Inches Centimetres
Pain a	and Discomfort		Don't know
E30. <b>♦</b>	In general, do you have any trouble with pain or discomfort?	G3.	How much do you weigh?
	Yes <sup>6</sup> O		Pounds Kilograms
	No		9998
	Refused		Don't know
E31.	How would you describe you usual intensity of pain or discomfort	G4.	Do you consider yourself to be
	Mild?		Overweight?
	Moderate? <sup>2</sup> O		Underweight?
	Severe?		Just about right?

Go.	of do	m now going to ask you questions about the amount time you spend on physical activity at work or while bing your daily chores, but not leisure time activity.  How many hours per day do you usually spend standing or walking but not carrying or lifting things. Would that be		B. Thinking back over the past month, how many hours per week did you spend on moderate physical activity where your breathing was a lot faster than normal but talking was still possible? Would that be
		None?		Less than one hour? <sup>29</sup>
		Less than 15 minutes?		One hour to less than 2 hours? <sup>30</sup>
		15 minutes to less than 2 hours? 03		Two hours to less than 3 hours? <sup>31</sup>
		Two to less than 4 hours? <sup>04</sup>		Three hours or more?
		Four to less than 6 hours? 05		Don't know
		Six hours or more? <sup>06</sup>		C. Thinking back over the past month, how many
		Don't know		hours per week did you spend on vigorous physical activity where your breathing was so fast that talking was very difficult or almost impossible? Would
	8.	How many hours per day do you usually spend lifting or carrying light loads, climbing stairs or hills? Would that be		that be None?
		None? <sup>08</sup>		Less than one hour?
		Less than 15 minutes?		One hour to less than 2 hours?
		15 minutes to less than 2 hours? <sup>10</sup>		Two hours to less than 3 hours? <sup>37</sup> O
		Two to less than 4 hours? <sup>11</sup>		Three hours of more? <sup>38</sup> O
		Four to less than 6 hours?		Don't know
		Six hours or more?	G7.	Overall, do you consider the amount of physical activity you usually get to be
		Don't know		Too much?
	C.	How many hours per day do you usually spend doing heavy work or carrying very heavy loads? Would that be	Section	Too little?
		Less than 15 minutes?	H1.	Comment: Recent studies have shown that the amount
		15 minutes to less than 2 hours?	140	of sleep a person gets may be related to their health.
		Two to less than 4 hours?	H2.	How long do you usually spend sleeping each night? (Do not include time spent resting.)
		Four to less than 6 hours?		hours minutes
		Six hours or more?		Don't know
		Don't know 210	Н3.	Do you regularly have trouble going to sleep or staying asleep?
G6.	of 4	n now going to ask you questions about the amount ime you spent on leisure time physical activity such		Yes <sup>1</sup> O
		walking, sports, gardening or dancing during the transition.		No <sup>2</sup> O
	A.	Thinking back over the past month, how many	H4.	How often do you find your sleep refreshing?
		hours per week did you spend on light physical activity so that your breathing was only a little faster than normal? Would that be		Most of the time?
		None?		Sametimes? <sup>4</sup> O
		Less than one hour?	·	Never?
		One hour to less than 2 hours? <sup>24</sup> O	H5.	How often do you find it difficult to stay awake when you want to?
		Two hours to less than 3 hours? <sup>25</sup>		Most of the time? <sup>6</sup> O
		Three hours or more?		Sometimes?
		Don't know		Never?

Sect	ion J: Smoking	K4.	In the past 12 months, how often on average, did you drink alcoholic beverages?
J1.	The next questions are about cigarette smoking.		
J2.	Do you smoke cigarettes		Was it
•	Daily? <sup>1</sup> ○		Every day?
	Occasionally?		4-6 times a week? <sup>2</sup>
	Not at all? 30		2-3 times a week? <sup>3</sup>
	Refused?		Once a week? <sup>4</sup> O
J3.	About how many cigarettes do you smoke each day?		Once or twice a month? <sup>5</sup>
JJ.			Less often than once a month?
	5 daily cigarettes		Don't know
J4.	At what age did you start smoking daily?		<u> </u>
	6   years of age → Go to J8	K5.	In the past seven days, have you taken a dfink?  Yes
J5.	Have you ever smoked cigarettes daily?		No80
•	Yes		Refused
	No		
	Refused Go to J8	K6.	Beginning with yesterday, how many drinks did you have on each of the last 7 days?
J6.	At what age did you start smoking daily?		(Interviewer: enter 00 on the days respondent had no drinks)
	1 years of age		MONDAY?
J7.	At what age did you last stop smoking daily?		SUNDAY? TUESDAY?
	2 years of age		
J8.	How many people in your household, excluding yourself, smoke cigarettes daily?		SATURDAY? WEDNESDAY?
	number of household smokers		FRIDAY? THURSDAY?
	Don't know		
Section	on K: Alcohol		on M: Occupation and Health
K1.	Now I would like to ask you some questions about alcohol consumption.	M1. ♦	During the past 12 months, what best describes your MAIN activity? Were you mainly
	When we use the word drink it means:		Working at a job or business? ¹○ → Go to M12
			Looking for work? Go to M3
	- One beer		A student?
	- One small glass of wine		Keeping house?
	- 1 1/2 ounces of liquor		Retired? 5 Go to M3
K2.	Have you ever taken a drink?		Other
<b>♦</b>			(Specify)
	Yes <sup>4</sup> O		(0,000,17)
	No 50 Go to M1		
	Refused		
K3.	In the last 12 months, have you taken a drink?		Refused
•	Yes <sup>7</sup> O	M2.	Were you studying full-time or part-time?
	No80		Full-time
	Refused 9 Go to M1		Part-time
		L	

M3.	Did you have a job or were you self-employed at any time during the past 12 months?	M12. Did you do any work at a job or business last week?
•	Yes	Yes <sup>2</sup> ○ → Go to M16
	No²	No <sup>3</sup> O
	Refused	Refused
M4.	Did you look for a job in the last four weeks?	M13. Last week, did you have a job to which you expected to return?
<b>♦</b>	Yes40	Yes <sup>5</sup> ○ → Go to M16
	No	No
	Refused 6 Go to M6	M14. Did you look for a job in the last four weeks?
M5.	How long have you been looking for a job?	♦ Yes
	weeks	No
M6.	Have you ever worked at a job, business or been self-	Refused90 Go to Mito
•	employed?	M15. How long have you been without a job and looking for
	Yes <sup>7</sup>	one?
	No	weeks
	Refused90	Employment
M7. ♦	What kind of work did you do for the longest time? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)	M16. For how many weeks during the past 12 months were you employed of self-employed, include vacation, illness, strikes, lock- outs and maternity/paternity
		loave.
		2   weeks
		M17. During those weeks, how many hours per week did you usually work? (include all jobs)
		hours
	Refused¹○ → Go to Mil	M18. Which of the following best describes the hours you
M8.	For how many years did you do this kind of work?	usually worked
	years	Regular day time schedule?40
M9.	For whom did you work? (Name of business, govern-	Regular afternoon or evening schedule?
	ment department or agency or person).	Regular night shift? <sup>6</sup> O
		Rotating shift? (One that changes periodically)? <sup>7</sup>
		Other
		M19. How often did you work a night shift? Was it
		Regularly?¹O
M10.	What kind of business, industry or service was this?	Sometimes? <sup>2</sup> O
	(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)	Never?
		M20. For whom did you work for the longest time during the
		past 12 months? (Name of business, government department or agency, or person).
M11.	In what year did you last work?	
	1 9	
	1	1

	(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)	d) Medical/surgical benefits beyond those provided by your provincial health care system?
		Yes'O
		No
		Don't know
		Boilt Now
M22	What kind of work were you doing? (Give full descrip-	e) Dental Care Benefits?
	tion: e.g. accounts clerk, dairy farmer, primary school teacher)	Yes10
		No
		Don't know
		f) Counselling or referral services for personal
		problems?
M23.	In that job, were you a paid worker or self-employed?	Yes40
	Paid worker	No50
	Self-employed	Don't know . (
	Other (e.g. unpaid family worker) 60	
	enefits	g) Paid maternity or paternity leave, in addition to the benefits provided by Unemployment (Insurance?
	Comment: These questions refer to the job you just described. Include benefits that are either provided entirely by your employer or that are cost shared between you and the employer.	Yes
M25.	Does/Did your employer provide you with a	No
	a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan	$\bigvee$
	a) Retirement pension plan (in.addition to the	No
	a) Retirement pension plan (in.addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?	No
	a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?  Yes	No
	a) Retirement pension plan (in.addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?  Yes  No  Don't know  9  Disability insurance to replace at least part of	No
	a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?  Yes  No  Don't know  9  Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec	No
	a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?  Yes  No  Don't know  9  Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec Pension Plan)?	No
	a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?  Yes  No  Don't know  9  Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec Pension Plan)?	No
	a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?  Yes  No  Don't know  9  Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec Pension Plan)?  Yes  1	No
	a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?  Yes  No  Don't know  9  Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec Pension Plan)?  Yes  1  No  2  Don't know  3	No
	a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?  Yes  No  Don't know  9  Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec Pension Plan)?  Yes  1  No  2  Don't know  3  C) Survivor benefits for your family in the event of your death (in addition to those provided by the Canada Pension Plan or the Quebec	No
	a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?  Yes  No  Don't know  9  Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec Pension Plan)?  Yes  1  No  2  Don't know  3  C) Survivor benefits for your family in the event of your death (in addition to those provided	No
	a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?  Yes  No  Don't know  9  Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec Pension Plan)?  Yes  1  No  2  Don't know  3  C) Survivor benefits for your family in the event of your death (in addition to those provided by the Canada Pension Plan or the Quebec Pension Plan)?	No

pa	nvironment caused yeast 12 months		oo , o. o		l ♥		3 🔿	
(a			Ye	s No	Yes			
	i) Too many deman	ds or to			No		40	)
	hours of work?		o many 	020	Refused .	· · · · · · · · · · · · · · · ·	50	Go to M34
(þ	) Risk of accident o	r injury?	· 03C	040	M33. What did	ou do? (Mari	k all that appi	(y)
(c	) Poor interpersonal	relation			• Resigned	without havi	ng another io	blined up 10
(d	i) Sexual harassmen	i <b>t?</b>	07			ed to a less st		•
(e	e) Other harassment	?	<sup>09</sup> C	) 100		ding job with		
(f)	) Discrimination of sex race ethnicity orientation)	y/disabilit	y/sexual	) 120		to a less stre ig job with a		
(g	) Threat of layoff or	job loss	? <sup>13</sup> C	140	Reduced	regular hours	s of work	4C
(h	) Other?		15	160	Changed	from full-time	to part-time	5
			(Spec			eave of absen		\ a X
L		111			• Took a s age 65.	etirement per	nsion beginni	ing before
L	1111	للل			Changed	attitude/learn	ed to relax (.	·).) 8C
M31. In:	terviewer Check Item	) <i>:</i>			• Other			<u>ب</u> و
♦ <sub>Re</sub>	eview M30.					$\langle$		∜ (Speci
Ai	re any of the respons	ses <u>Yes</u> ?						
Ye	es		.10				)1~1-1-	
					1. 1.			
	o/Refused			job ever ex		` (	Do you feel the same of the sa	act on your
<i>N</i> 6 M34∙M3			ns, did your		Often?		negative imp health? (Outo later)	act on your come may be
	39. Over the past	12 monti	ns, did your	job ever ex	Often?		negative imp health? (Out	act on your
		12 monti	ns, did your	job ever ex (B) How Was	often? (ft)		negative imp health? (Outo later)	act on your come may be
M34-M3	39. Over the past	12 monti	ns, did your	(B) How Was	Often?		negative imp health? (Outd later) Yes	act on your come may be No
M34-M3	Over the past of Dust or fibres in the air?	(A) No	Yes	(B) How Was Most of Sometin	often? (ft)  the time? 030 nes?040		negative imp health? (Outd later) Yes	act on your come may be No
M34-M3	Dust or fibres in the air?	12 monti	ns, did your	(B) How Was of Sometir Rarely?	often?  the time? 030  nes? 040		negative imp health? (Outd later) Yes	act on your come may be No
M34-M3	Over the past of Dust or fibres in the air?	(A) No	Yes	(B) How Was of Sometin Rarely?	often? (it		negative imp health? (Outd leter) Yes	No
M34-M3	Dust or fibres in the air?	(A) No	Yes	(B) How Was of Sometin Rarely?	often? (it		negative imp health? (Outd later)  Yes  08	No  No  14
M34-M3 M34.	Dust or fibres in the air?  Dangerous chemicals or fumes?	(A) No	Yes	(B) How Was of Sometin Rarely?  Most of Sometin Rarely?  Most of Sometin Sometin Rarely?	often?  it		negative imp health? (Outd leter) Yes	No
M34-M3 M34.	Dust or fibres in the air?  Dangerous chemicals or fumes?	(A) No	Yes	(B) How Was of Sometin Rarely?  Most of Sometin Rarely?  Most of Sometin Sometin Rarely?	often? (it		negative imp health? (Outd later)  Yes  08	No  No  14
M34-M3 M34.	Dust or fibres in the air?  Dangerous chemicals or fumes?  Loud noise?	(A) No	Yes	(B) How Was of Sometir Rarely?  Most of Sometir Rarely?  Most of Sometir Rarely?	often? (it)  the time? 03  nes? 04  05   the time? 11  12   the time? 17  nes? 18  19   the time? 24		negative imphealth? (Outdeleter)  Yes  06	No  14  21
M34-M3 M34. M35.	Dust or fibres in the air?  Dangerous chemicals or fumes?  Loud noise?  Computer screens or display	(A) No	Yes  O2  O4  O4  O4  O4  O4  O4  O4  O4  O4	(B) How Was of Sometin Rarely?  Most of Sometin Rarely?  Most of Sometin Rarely?	often? (it)  othe time? 03    nes?		negative imp health? (Outd later)  Yes  08	No  No  14
M34-M3 M34. M35.	Dust or fibres in the air?  Dangerous chemicals or fumes?  Loud noise?	(A) No	Yes  O2  O2  O2  O2  O2  O2  O2  O2  O2  O	(B) How Was of Sometin Rarely?  Most of Sometin Rarely?  Most of Sometin Rarely?	orten? (it)  othe time? 03   nes?		negative imphealth? (Outdeleter)  Yes  06	No  14  21
M34-M3 M34. M35.	Dust or fibres in the air?  Dangerous chemicals or fumes?  Loud noise?  Computer screens or display	(A) No	Yes  O2  O4  O4  O4  O4  O4  O4  O4  O4  O4	(B) How Was of Sometin Rarely?  Most of Sometin Rarely?  Most of Sometin Rarely?  Most of Sometin Rarely?	often? (ft)  othe time? 03    nes?		negative imphealth? (Outdeleter)  Yes  06	No  14  21
M34-M3 M34. M35.	Dust or fibres in the air?  Dangerous chemicals or fumes?  Loud noise?  Computer screens or display terminals?	12 montil  (A) No  01  15  22	Yes  O2  O2  O2  O2  O2  O2  O2  O2  O2  O	(B) How Was of Sometin Rarely?  Most of Sometin Rarely?  Most of Sometin Rarely?  Most of Sometin Rarely?  Most of Sometin Rarely?	often?  (it)  the time? 03 ○ nes? 04 ○ 05 ○  the time? 10 ○ nes? 11 ○ 12 ○  the time? 17 ○ nes? 18 ○ 19 ○ the time? 24 ○ nes? 25 ○ 26 ○ the time? 31 ○ mes? 32 ○		regative imphealth? (Outcleter)  Yes  06  13  20  27	No  14  21  28
M34-M3 M34. M35.	Dust or fibres in the air?  Dangerous chemicals or fumes?  Loud noise?  Computer screens or display terminals?	12 montil  (A) No  01  15  22  29	7es  02  16  23  30  30	(B) How Was of Sometin Rarely?  Most of Sometin Rarely?  Most of Sometin Rarely?  Most of Sometin Rarely?	often?  (f		regative imphealth? (Outcleter)  Yes  06  13  20  27	No  14  21  28
M34-M3 M34. M35.	Dust or fibres in the air?  Dangerous chemicals or fumes?  Loud noise?  Computer screens or display terminals?	12 montil  (A) No  01  15  22	Yes  O2  O2  O2  O2  O2  O2  O2  O2  O2  O	(B) How Was of Sometin Rarely?  Most of Sometin Rarely?	often?  (it)  the time? 03 ○ nes? 04 ○ 05 ○  the time? 10 ○ nes? 11 ○ 12 ○  the time? 17 ○ nes? 18 ○ 19 ○ the time? 24 ○ nes? 25 ○ 26 ○ the time? 31 ○ mes? 32 ○		regative imphealth? (Outcleter)  Yes  06  13  20  27	No  14  21  28

	Interviewer Check	көт:			ection P: Emotional	weil-Being		1
ı	Review GSS 6-1 (				feel at differen	hat describes son it times. During the	ne of the ways past few wee	people ks, how
'	is the respondent	living with his/he	r spouse or pa	artner?	often have you	u feit		
ł	Yes		•			Ofte	n Sometime	s Never
<u> </u>	No/Refused				a) On top of the	he world?	02	03 🔾
M41. I	During the past 12 spouse's MAIN a	? months, what i ctivity? Was he	best describes /she mainly .	s your	b) Very lonely from other (	or remote	050	08O
١	Working at a job	or business? 3	0	}	c) Particularly	excited or		
	Looking for work? A student?			ļ	interested in		) 08O	0 <b>9</b> O
<b>!</b>	Keeping house?		_	V1	d) Depressed (		) "0	120
	Retired?		İ				,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Other		-		e) Pleased abo plishing sor	nething? <sup>13</sup> C	140	190
		(Sp	∳ ecify)		f) Bored?	16	) '''	160
L					g) Proud becau someone co you on som	mplimented		>
L					had done?		200	210
	Refused			N1	h) So restiess sit long in a		23 🔿	240
	<b>Vas he/she worki</b> Full-time			1	i) That things		26	270
	Part-time				j) Upset becau	ise iticized you? <sup>28</sup> C	29()	30O
Section	N: Satisfaction	<del></del>				<u> </u>		
N1. N	low some genera	i questions.			ection Q: Classificat			
N2. A	Are you satisfied	or dissatisfied	with		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	f dwelling are you	I tion linuids	ĺ
		is that	somewhat or t	very?	is it a			
			Somewhat	Very		od house?		- 1
			~ // / /	/ ./. W	Low-rise aparts	nent of less than	5 stories?	<sup>2</sup> O [
a) Your	r health? Satisfic	ed 01○ →	(62)	المهو				. 1
a) Your	r health? Satisfic		$\rightarrow$ $\sim$		High-rise apart	ment of 5 or more		- 1
a) Your	Dissati	sfied 040	~~~	œ0 ∞0			stories?	
,	Dissati No op	sfied 040	030	<b>%</b> O	Other	ask about mortgare a good indicate	stories?	4O
b) Your	Dissati No op r job or Satisfin activity?	sfied 040	05.0	<b>%</b> O	Other  2. Comment: We expense, they a family's overall of	ask about mortge	ges because or of an individ	4 , as an dual's or
b) Your	No op r job or Satisfin activity?	sfied 040 70 100 100 100 100 100 100 100 100 100	05.0	<b>%</b> O	Other  2. Comment: We expense, they a family's overall of the state of the st	ask about mortgare a good indicate economic situation.  owned by a memb	a stories?	as an dual's or sehold?
b) Your	Dissati No op r job or Satisfin activity?	sfied 040 70 100 100 100 100 100 100 100 100 100	05.0	<b>%</b> O	Other  2. Comment: We expense, they a family's overall of the state of the st	ask about mortgare a good indicate economic situation.  owned by a memb	ges because or of an individence or of this house there a mortos s dwelling?	, as an itual's or sehold?
b) Your main	No op r job or Satisfir n activity?  Dissati	sfied 04 0 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	090	<b>%</b> O	Other  Comment: We expense, they is family's overall of this dwelling  Yes 5	ask about mortge are a good indicate economic situation.  owned by a memb	a stories?	as an dual's or sehold?
b) Your main	Dissati No op r job or Satisfir n activity?	sfied 04 0 08 0 08 0 08 0 08 0 08 0 08 0 08	090	100	Other  Comment: We expense, they is family's overall of this dwelling  Yes 5	ask about mortgare a good indicate economic situation.  owned by a memb	a stories?	as an dual's or sehold?
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b) Your mair	Dissati No op r job or Satisfic n activity? Dissati	sfied 04 0 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	05 09 12 16 19	06 () 10 () 13 ()	Other  Comment: We expense, they is family's overall of this dwelling  Yes 5	ask about mortgare a good indicate economic situation.  owned by a memb  O A Q3A. Is thi  Yes	a stories?	as an dual's or sehold?
b) Your main c) Your in go	Dissati No op r job or Satisfic n activity?  Dissati No op r life Satisfic eneral?  Dissati	sfied 04 0 inion 08 0 sfied 11 0 and 15 0 sfied 18 0 inion 21 0 se your life as	03 09 09 12 16 19	06 () 10 () 13 ()	Other  2. Comment: We expense, they a family's overall of the second seco	ask about mortgare a good indicate economic situation.  owned by a memb  O A Q3A. Is thi  Yes	a stories?	as an dual's or sehold?
b) Your mair c) Your in go	No op r job or Satisfir n activity?  Dissati No op Vould you describ	sfied 04 0 08 0 08 0 08 0 08 0 08 0 08 0 08	05 09 09 12 16 19 0	06 () 10 () 13 ()	Other  Comment: We expense, they a family's overall of the second of the	ask about mortgare a good indicate economic situation.  owned by a memb  O A Q3A. Is thi  Yes	ges because or of an individual of this house there a mortg s dwelling?	as an dual's or sehold?
b) Your mair  c) Your in go	Dissati No op r job or Satisfic n activity? Dissati No op Vould you describ	sfied 04 0 08 0 08 0 08 0 08 0 08 0 08 0 08	09 O 12 O 16 O 19 O O O O O O O O O O O O O O O O O	06 () 10 () 13 ()	Other  Comment: We expense, they a family's overall of the second of the	ask about mortgare a good indicate economic situation.  owned by a memb  O A Q3A. Is thi  Yes  No  Do  ostal code?	ges because or of an individer of this house there a morton dwelling?	as an dual's or sehold?
b) Your mair c) Your in go	Dissati No op r job or Satisfir n activity? Dissati No op Vould you describ Very stressful?	sfied 04 0 inion 08 0 sfied 11 0 sfied 15 0 sfied 18 0 inion 21 0 sfied 21 0 sfied 18 0	03 09 09 12 16 19 0	06 () 10 () 13 ()	Other  Comment: We expense, they a family's overall of solutions of so	ask about mortgare a good indicate economic situation.  owned by a memb  O A Q3A. Is thi  Yes  No  Do  costal code?	a stories?	as an dual's or sehold?

Q6.	Do all the telephones have the same number?	Q12	. In what year did you first immigrate to Canada?
	Yes		11
	No50		Canadian citizen by birth 998
Q7.	Comment: Households with more than one telephone number have a greater chance of being selected by the	013	. What is your date of birth?
	survey. We ask these questions to adjust for this.	<b>♦</b>	
Q8.	How many different numbers are there?		Day Month Year
			Refused
Q9.	Are any of these numbers for business use only?	Q14.	Interviewer Check Item:
	Yes6		Review year of birth in Q13.
	No		is year 1940 or earlier?
Q10	How many are for business use only?		Yes <sup>1</sup> O
	business numbers		No
011		Q15.	Did you have any war time service in the active military forces of Canada or its allied forces?
Q11.	In what country were you born?		
	Canada <sup>1</sup> O - In which province or territory?		Yes <sup>3</sup> ○ → Q15A. Which conflict or war?  (Mark all that apply)
	Newfoundland/Labrador . 01 🔾		No40
	Prince Edward IslandººO		World War I <sup>5</sup> O
	Nova Scotia		World War II O
	New Brunswick <sup>04</sup> O Quebec <sup>05</sup> O		Korean conflict <sup>7</sup> O
	Go to		Other
	Manitoba	Q16.	What language did you first speak in childhood?
	Saskatchewan <sup>08</sup> O	6	(Accept multiple responses only if languages were used equally)
	Alberta <sup>09</sup> O	$\sqrt{}$	Do you still
	British Columbia 100	$\backslash \backslash$	Do you still understand that/ those language(s)?
	Yukon Territory 110	>	Yes No
	Northwest Territories		English <sup>01</sup>
	Country <sup>2</sup> ○ → Specify		French
	Canada England		Italian 03 → 25 ○ 28 ○
	United States		German
	Germany		Ukrainian
	Scottand		
	170		
	Poland		Chinese
	India		Hungarian
	USSR <sup>21</sup> O		Portuguese
	Philippines		Polish
	Other		Other¹¹○ → ⁴¹○ ⁴²○
	(Specify)		(Specify)
	(opeciiy)		

Q17.	What language do you speak most often at home? (Accept multiple responses only if languages are spoken equally)	Q21. What is the highest level of education that you have attained?
	English <sup>34</sup>	Masters (M.A., M.Sc., M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.)
	French	Degree in Medicine, Dentistry, Veterinary     Medicine, or Optometry (M.D., D.D.S., D.M.D., D.V.M., D.D.)     2
	Italian <sup>36</sup>	Bachelor or undergraduate degree, or
	German	teacher's college (e.g. B.A., B.Sc., B.A.Sc., LL.B)
	Ukrainian	Diploma or certificate from community college, CEGEP or nursing school
	Dutch	Diploma or certificate from trade, technical or vocational school, or business college 5
	Chinese	• Some university
	Hungarian <sup>41</sup>	Some community college, CEGEP or nursing school
	Portuguese <sup>42</sup>	Some trade, technical or vocational school, or
	Polish	business college
	Other	• Other
	. ↓	(Specify)
	(Specify)	
		Q22. What, it any, is your religion?
		- 1112
Q18.	Excluding kindergarten, how many years of elementary and high school education have you successfully com-	No religion
Q18.	Excluding kindergarten, how many years of elementary and high school education have you successfully completed?	No religion
Q18.	and high school education have you successfully completed?  No schooling	
Q18.	and high school education have you successfully completed?  No schooling	Roman Catholic
Q18.	and high school education have you successfully completed?  No schooling	Florman Catholic
Q18.	and high school education have you successfully completed?  No schooling	Florman Catholic
Q18.	and high school education have you successfully completed?  No schooling	Poman Catholic
Q18.	and high school education have you successfully completed?  No schooling .45  → Go to Q22  One to five years .48  Six .47  Seven .48  Go to Q20	Roman Catholic
Q18.	and high school education have you successfully completed?  No schooling 45	Roman Catholic
Q18.	and high school education have you successfully completed?  No schooling   45	Roman Catholic
Q18.	and high school education have you successfully completed?  No schooling 45	Roman Catholic
	and high school education have you successfully completed?  No schooling 45 → Go to Q22  One to five years 48  Six 47  Seven 48  Eight 49  For to Q20  Nine 50  Ten 51  Eleven 52  Twelve 53	Roman Catholic
	and high school education have you successfully completed?  No schooling 45	Roman Catholic
	and high school education have you successfully completed?  No schooling	Roman Catholic
Q19.	and high school education have you successfully completed?  No schooling	Roman Catholic
Q19.	and high school education have you successfully completed?  No schooling 45	Roman Catholic
Q19.	and high school education have you successfully completed?  No schooling	Roman Catholic

Q23.	Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend	Q26.	Are you receiving		
	services or meetings connected with your religion in			\ <b>4</b>	A.I
	the last 12 months? Was it			Yes	No
	At least once a week?		Basic Old Age Security benefits paid by the Federal Government?	01 (	02
	At least once a month?		These benefits are paid monthly by the		
	A few times a year?		Federal Government to all Canadians and Landed Immigrants who are 65 years of		
	At least once a year?		age of older and meet the minimum residency requirements. This benefit increases every 3 months in relation to the		
	Not at ail?		cost of living.		
Q24.	The ancestors of Canadians come from many ethnic and cultural groups such as Inuit, French, Scottish and Chinese. To which ethnic or cultural group(s) did your ancestors belong? (Accept multiple responses)		b) Supplements to the Old Age Security pension: the Guaranteed Income Supplement or the Spouse's Allowance?	03O	040 (
	English		The Guaranteed Income Supplement is paid by the Federal Government to Old Age Security Pensioners who have little		
	French		or no income. The pensioner must reapply every year to receive it.	$\langle \langle \langle \rangle \rangle$	$\bigvee$
	German		Spouse's Allowance is paid by the Federal Government if a person is between 60		>
	Scottish		and 65 years of age, has little or no income, and is widowed or is the spouse		
	italian <sup>05</sup>		of a pensioner.		
	Irish		Both the Guaranteed Income Supplement and the Spouse's Allowance are increas- ed every 3 grouths in relation to the cost		
	Ukrainian		of living.		
	Chinese		c) A retirement pension from Canada Pension Plan or Quebec Pension Plan?	05	080
	Dutch (Netherlands) <sup>09</sup>		The paris is said by the Federal or		
	Jewish		This pension is paid by the Federal or Quebec government to individuals who have contributed to the plan. Benefits		
	Polish	$\rightarrow$	dsually begin when the individual reaches 65 years of age but may be applied for as early as 60 years of age. This pension		
	Black	>	is increased in January of each year in relation to the cost of living.		
	North American Indian		d) A retirement pension from a former		
	Métis			07	080
	Inuit/Eskimo		This pension is paid by a former employer upon retirement. It may be a pension that		
	Other		was either cost shared with your employer or one provided entirely by your employer.		
	(Specify)				
			e) A survivor benefit plan from the Canada Pension Plan or Quebec Pen- sion Plan?	o <del>9</del> ()	100
			This benefit is paid by the Federal or		
	Canadian (probe: Any other group?) 17		Quebec Government to surviving spouses of individuals who have contributed to the		
	Don't know		Canada or Quebec Pension Plan. An in- dividual must apply for these benefits. This pension is increased in January of		
Q25.	Are you currently receiving any income from a retirement pension, old age security or survivor		each year in relation to the cost of living.		
•	benefits? (Exclude lump sum payments).		f) A survivor benefit plan from some source other than the Canada		
	Yes		Pension Plan or Quebec Pension Plan?	"0	120
	No <sup>7</sup> O \		This benefit is paid by a source other than		
	Refused 8 Go to Q27		the Federal or Quebec government to a surviving spouse.		

Q27.	disability pensi	on. (Exclude lump		Q31.		old receiv	red income from an	other people in your y source, during the
			•		8	people	la.	
		20	Go to O20	-				
	Hetused	3	<del></del>	Q32.	Interview		k item	ĺ
Q28.	Are you receiving	ng	Yes No	] `	Review (	Q31.		1
	a) A disability	nanalan dasar Oss		ł	Is Q31 =	= 00?		i
	Pension Plan	pension from Car or Quebec Pen	sion	l	Yes			○ → Go to R1
					No/Refus	sed	2(	0
	Government to in disabled and who if or Quebec Pensic Beneficiaries mus Canada or Quebe	by the Federal or Quindividuals who bechave applied for a Calon Plan Disability Bethave contributed to the Central Plan. The ased in January of the cost of living.	ome nada nefit. o the nese	Q33. ◆	househo	id memi		total income of all tes during the past old income  Less than \$5,000?
	benefit plan?	nsion from an empi	60 70				Less than \$10,000? <sup>24</sup>	\$5,000
	This is a pension p as a result of a di	aid by a former empl sability.	oyer		ss than			and more? 29
	source other Plan, the Quel	pension from settlen Canada Pension Plan central plan cen	sion or an		20,000?	19 0	\$10,000 and more? 25	Less than \$15,000? 30
Q29.			old income are need- in individual's overall		•	$\Diamond_{\wedge}$ (	and Hide	15,000 and more? <sup>31</sup>
		on and his/her healt		ļ	<b>\</b>			
Q30.			wn income from all he past 12 months?	<b>[</b>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		>	Less than \$30,000? 32
	Was your income	<b>0</b>			(70	>	Less than \$40,000? 26 O	
		CLess than	Less than \$5,000? 100				V.O,OO	\$30,000 and more? <sup>33</sup>
1.0	ess than	\$10,0007 06	\$5,000 and more? 1		20,000 d more?	20 \		Less than \$60,000? 34
	20,000? 010 <	\$10,000 and more?	Less than \$15,800? 12				\$40,000 and more? <sup>27</sup>	\$60,000 to less than \$80,000 <sup>35</sup>
		and more;	15,000 and more? <sup>13</sup>					\$80,000 and more? <sup>36</sup>
		(</td <td>Less than \$30,000? 140</td> <td>No</td> <td>income .</td> <td>.210</td> <td></td> <td></td>	Less than \$30,000? 140	No	income .	.210		
	$\rightarrow$ ( $\cap$	Less than \$40,000? 08		Don	't know .	. 22 🔾		
		349,000 ? ***	\$30,000		used	_		
	\ \		and more? 150	]				
	20,000 d more? 620		Less than \$60,000? 16					
		\$40,000 and more? <sup>09</sup>	\$60,000 to less than \$80,000 17					
			\$80,000 and more? <sup>18</sup>					
No	incomeº3O		`					
	i't know º4〇							
	used <sup>05</sup> O							
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Sect	ion R: Contacts for follow-up
R1.	INTERVIEWER
•	Read the following section for each person interviewed.
	This survey is part of a longer-term project to investigate the relationship between health and other social issues.
Ì	For this reason, we may need to contact your household in a year or more from now.
	In case you move or change phone numbers, we would like to obtain your complete name and address. This information will be kept strictly confidential and will only be used to maintain contact with you.
	Refused to provide information
<u> </u>	Refused to participate in future surveys
R2.	Name of Respondent
	Given Name
	Surname
R3.	Address of Respondent
	Street and Number/ Lot and Concession
	City, Town, Village Municipality
	Province/
	Territory
	Postal Code
R4. ◆	Would you please give me the name, address and telephone number of someone we could contact if you move, such as a friend, relative or neighbour. (I want to emphasize that we will contact this person only if you move and then only to obtain your new address or telephone number.)
	Refused to provide contact5 Go to #8
R5.	Refused to provide contact
R5.	
R5.	Name of Contact
R5.	Name of Contact  Given Name
	Name of Contact  Given Name  Surname  Address of Contact  Street and Number/ Lot and Concession  City, Town, Village Municipality  Province/
	Name of Contact  Given Name
R6.	Name of Contact  Given Name
R6.	Name of Contact  Given Name  Surname  Address of Contact  Street and Number/ Lot and Concession  City, Town, Village Municipality  Province/ Territory  Postal Code  Home Telephone of Contact
R6.	Name of Contact  Given Name  Surname  Address of Contact  Street and Number/ Lot and Concession  City, Town, Viliage Municipality  Province/ Territory  Home Telephone of Contact  (Area code)
R6.	Name of Contact  Given Name  Surname  Address of Contact  Street and Number/ Lot and Concession  City, Town, Village Municipality  Province/ Territory  Home Telephone of Contact  (Area code)
R6.	Name of Contact  Given Name  Surname  Address of Contact  Street and Number/ Lot and Concession  City, Town, Village Municipality  Province/ Territory  Home Telephone of Contact  (Area code)  Interviewer:  Thank the respondent and end interview.
R6.	Name of Contact  Given Name  Surname  Address of Contact  Street and Number/ Lot and Concession  City, Town, Village Municipality  Province/ Territory  Postal Code  Interviewer:  Thank the respondent and end interview.  INTERVIEWER CHECK ITEM:

99.	COMMENTS	
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