



Canadian Health Measures Survey



**Canadian Health Measures Survey**  
*Household Questionnaire*  
*May 1st, 2006*

FOR INFORMATION ONLY



Statistics  
Canada

Statistique  
Canada

Canada

FOR INFORMATION ONLY

## *Table of Contents*

HOUSEHOLD RECORD VARIABLES .....	5
INTRODUCTION .....	7
PERSON PROVIDING INFORMATION (PPI).....	8
GENERAL HEALTH (GEN) .....	9
PREGNANCY STATUS (PRS).....	12
SLEEP (SLP) .....	13
HEIGHT AND WEIGHT (HWT) .....	15
WEIGHT CHANGE (WTC) .....	19
MEAT AND FISH CONSUMPTION (MFC).....	22
MILK AND DAIRY PRODUCT CONSUMPTION (MDC) .....	27
GRAINS, FRUITS AND VEGETABLES CONSUMPTION (GFV) .....	30
DIETARY FAT CONSUMPTION (DFC) .....	36
WATER AND SOFT DRINK CONSUMPTION (WSD).....	37
SALT CONSUMPTION (SLT).....	42
PHYSICAL ACTIVITIES (PAC) .....	43
CHILDREN'S PHYSICAL ACTIVITY (CPA) .....	46
SEDENTARY ACTIVITIES (SAC) .....	49
SUN EXPOSURE (SEB) .....	51
ORAL HEALTH (OHM).....	52
CHRONIC CONDITIONS (CCC).....	56
PHLEGM (PLM).....	63
FAMILY MEDICAL HISTORY (FMH) .....	64
HEPATITIS (HEP) .....	67
MEDICATION USE (MED) .....	68
HEALTH UTILITY INDEX (HUI) .....	74
REQUEST FOR PARENT TO LEAVE (RPL).....	79
SMOKING (SMK).....	80

ALCOHOL USE (ALC).....	83
ILLCIT DRUG USE (IDU) .....	85
SEXUAL BEHAVIOUR (SXB).....	86
MATERNAL BREASTFEEDING (MBF).....	88
REQUEST FOR PARENT TO RETURN (RPR).....	89
REQUEST FOR CHILD TO LEAVE (RCL).....	90
PREGNANCY INFORMATION (PRG) .....	92
BIRTH INFORMATION (BIR) .....	93
BREASTFEEDING INFORMATION (BRI).....	95
STRENGTHS AND DIFFICULTIES (SDQ) .....	96
REQUEST FOR CHILD TO RETURN (RCR) .....	100
EXPOSURE TO SECOND-HAND SMOKE (ETS) .....	101
HOUSING CHARACTERISTICS (HSC).....	103
HOBBIES (HOB).....	106
GROOMING PRODUCT USE (GPU).....	108
LABOUR FORCE ACTIVITY (LBF).....	109
SOCIO-DEMOGRAPHIC CHARACTERISTICS (SDC) .....	118
EDUCATION (EDU).....	123
INCOME (INC).....	124
ADMINISTRATION (ADM) .....	128

## HOUSEHOLD RECORD VARIABLES

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

The following information is collected for each household member:

### Membership status

#### First name

#### Last name

#### Age

<i>AWC_Q01</i>	Date of birth (8 characters)
<i>DATD</i>	Day of birth (2 digits)
<i>DATM</i>	Month of birth (2 digits)
<i>DATY</i>	Year of birth (4 digits)
<i>AWC_Q03</i>	Age (age is calculated and confirmed with the respondent)

#### Sex

<i>SEX_Q01</i>	
1	Male
2	Female

#### Marital Status

<i>MSWC_Q02</i>	
1	Married
2	Living common-law
3	Widowed
4	Separated
5	Divorced
6	Single, never married

#### Education

<i>ED_Q01</i>	Highest grade of elementary or high school completed
1	Grade 8 or lower (Québec: Secondary II or lower)
2	Grade 9 - 10 (Québec: Secondary III or IV, Newfoundland and Labrador: 1st year of secondary)
3	Grade 11 - 13 (Québec: Secondary V, Newfoundland and Labrador: 2nd to 4th year of secondary)

#### *ED\_Q02* Graduation from high school

1	Yes
2	No

#### *ED\_Q03* Any other education that could be counted towards a degree, certificate or diploma from an educational institution

1	Yes
2	No

- ED\_Q04*      Highest degree, certificate or diploma
- 1      No post-secondary degree, certificate or diploma
  - 2      Trade certificate or diploma from a vocational school or apprenticeship training
  - 3      Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
  - 4      University certificate below bachelor's level
  - 5      Bachelor's degree
  - 6      University degree or certificate above bachelor's degree

**Relationships between household members**

*RWC\_Q2/RWC\_Q3*

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

## INTRODUCTION

1. Question text in **bold** font is read to the respondent. Text in normal font is not read to the respondent. Interviewer instructions are prefaced by the word “INTERVIEWER”, and are not read aloud.
2. Question text in **bold** font enclosed by brackets ( ) is read to the respondent at the discretion of the person asking the questions.
3. The options “Don’t Know” (DK) and “Refusal” (RF) are allowed on every question unless otherwise stated. However, the response categories are shown in this document only when the flow from these responses is not to the next question.

FOR INFORMATION ONLY

## Person Providing Information (PPI)

PPI\_N01 INTERVIEWER: Select the person who is providing the information. If the person is not on the list, select "Non-household member".

*Notes:*

A list of household members is available to choose from and it includes category "88" (Non-household member).

DK and RF are not allowed.

PPI\_C02 If non-proxy interview, go to PPI\_END.

PPI\_N02 INTERVIEWER: Is the person providing the information a parent or guardian of [RESPONDENT NAME]?

1 Yes

2 No

(Go to PPI\_END)

*Notes:*

DK and RF are not allowed.

PPI\_N03 INTERVIEWER: Is the person providing the information a birth or biological parent of [RESPONDENT NAME]?

1 Yes

2 No

*Notes:*

DK and RF are not allowed.

PPI\_END



## GENERAL HEALTH (GEN)

GEN\_R11 This survey deals with various aspects of [your/RESPONDENT NAME's] health. I'll be asking about such things as physical activity, nutrition, environment and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

GEN\_Q11 To start, in general, would you say [your/his/her] health is:

INTERVIEWER: Read categories to respondent.

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

GEN\_Q12 Compared to one year ago, how would you say [your/his/her] health is now? Is it:

INTERVIEWER: Read categories to respondent.

- 1 ... much better now than 1 year ago?
- 2 ... somewhat better now (than 1 year ago)?
- 3 ... about the same as 1 year ago?
- 4 ... somewhat worse now (than 1 year ago)?
- 5 ... much worse now (than 1 year ago)?

GEN\_C13 If proxy interview, go to GEN\_C15.

GEN\_Q13 How satisfied are you with your life in general?

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied

GEN\_Q14 In general, would you say your mental health is:

INTERVIEWER: Read categories to respondent.

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

GEN\_C15 If age < 15, go to GEN\_C16A.

GEN\_Q15 **Thinking about the amount of stress in [your/his/her] life, would you say that most days are:**

INTERVIEWER: Read categories to respondent.

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

GEN\_C16A If proxy interview, go to GEN\_Q20.

GEN\_C16B If age < 15 or age > 75, go to GEN\_Q18.

GEN\_Q16 **Have you worked at a job or business at any time in the past 12 months?**

- 1 Yes
- 2 No (Go to GEN\_Q18)  
DK, RF (Go to GEN\_Q18)

GEN\_Q17 **The next question is about your main job or business in the past 12 months.**

**Would you say that most days at work were:**

INTERVIEWER: Read categories to respondent.

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

GEN\_Q18 **How would you describe your sense of belonging to your local community? Would you say it is:**

INTERVIEWER: Read categories to respondent.

- 1 ... very strong?
- 2 ... somewhat strong?
- 3 ... somewhat weak?
- 4 ... very weak?

GEN\_Q19 **Would you rate your quality of life as:**

INTERVIEWER: Read categories to respondent.

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

GEN\_Q20      **[Do/Does] [you/RESPONDENT NAME] have a regular medical doctor?**

- 1      Yes
- 2      No

GEN\_END

FOR INFORMATION ONLY

## **PREGNANCY (PRS)**

PRS\_C11      If sex = male or age < 14 or age > 59, go to PRS\_END.

PRS\_Q11      **It is important to know when analyzing health whether or not the person is pregnant. [Are/Is] [you/she] pregnant?**

- 1      Yes
- 2      No

PRS\_END

FOR INFORMATION ONLY

## SLEEP (SLP)

SLP\_R11 **Now a few questions about [your/RESPONDENT NAME's] sleep.**

SLP\_Q11 **How many hours [do/does] [you/he/she] usually spend sleeping in a 24 hour period, excluding time spent resting?**

INTERVIEWER: Enter number of hours per 24 hour period. Record to the nearest half hour.

\_|\_|.\_| Hours

(MIN: 0.5) (MAX: 24)

DK, RF

(Go to SLP\_END)

SLP\_Q12 **How often [do/does] [you/he/she] have trouble going to sleep or staying asleep?**

INTERVIEWER: Read categories to respondent.

1 **Never** (Go to SLP\_Q14)

2 **Rarely** (Go to SLP\_Q14)

3 **Sometimes** (Go to SLP\_Q14)

4 **Most of the time**

5 **All of the time**

DK, RF

(Go to SLP\_Q14)

SLP\_Q13 **How long [have/has] [you/he/she] had this trouble?**

1 Less than 2 weeks

2 2 weeks to less than 6 months

3 6 months to less than one year

4 1 year to less than 2 years

5 2 years or more

SLP\_Q14 **How often [do/does] [you/he/she] find [your/his/her] sleep refreshing?**

INTERVIEWER: Read categories to respondent.

1 **Never**

2 **Rarely**

3 **Sometimes** (Go to SLP\_Q16)

4 **Most of the time** (Go to SLP\_Q16)

5 **All of the time** (Go to SLP\_Q16)

DK, RF

(Go to SLP\_Q16)

SLP\_Q15 **How long has [your/his/her] sleep not been refreshing?**

1 Less than 2 weeks

2 2 weeks to less than 6 months

3 6 months to less than one year

4 1 year to less than 2 years

5 2 years or more

SLP\_Q16 **How often [do/does] [you/he/she] find it difficult to stay awake during [your/his/her] your normal waking hours when [you/he/she] want[s] to?**

INTERVIEWER: Read categories to respondent.

- |   |                         |                 |
|---|-------------------------|-----------------|
| 1 | <b>Never</b>            | (Go to SLP_END) |
| 2 | <b>Rarely</b>           | (Go to SLP_END) |
| 3 | <b>Sometimes</b>        | (Go to SLP_END) |
| 4 | <b>Most of the time</b> |                 |
| 5 | <b>All of the time</b>  |                 |
|   | DK, RF                  | (Go to SLP_END) |

SLP\_Q17 **How long [have/has] [you/he/she] had difficulty staying awake when [you/he/she] want[s] to?**

- |   |                                |
|---|--------------------------------|
| 1 | Less than 2 weeks              |
| 2 | 2 weeks to less than 6 months  |
| 3 | 6 months to less than one year |
| 4 | 1 year to less than 2 years    |
| 5 | 2 years or more                |

SLP\_END

FOR INFORMATION ONLY

## HEIGHT AND WEIGHT (HWT)

HWT\_Q2      **The next questions are about height and weight. How tall [are/is] [you/RESPONDENT NAME] without shoes on?**

- |   |  |                 |
|---|--|-----------------|
| 0 | Less than 1' / 12" (less than 29.2 cm)         |                 |
| 1 | 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm)   |                 |
| 2 | 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm)   | (Go to HWT_N2B) |
| 3 | 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm)  | (Go to HWT_N2C) |
| 4 | 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm) | (Go to HWT_N2D) |
| 5 | 5'0" to 5'11" (151.1 to 181.5 cm)              | (Go to HWT_N2E) |
| 6 | 6'0" to 6'11" (181.6 to 212.0 cm)              | (Go to HWT_N2F) |
| 7 | 7'0" and over (212.1 cm and over)              | (Go to HWT_N2G) |
|   | DK, RF   | (Go to HWT_B3)  |

HWT\_N2A      INTERVIEWER: Select the exact height.

- |    |                               |
|----|-------------------------------|
| 0  | 1'0" / 12" (29.2 to 31.7 cm)  |
| 1  | 1'1" / 13" (31.8 to 34.2 cm)  |
| 2  | 1'2" / 14" (34.3 to 36.7 cm)  |
| 3  | 1'3" / 15" (36.8 to 39.3 cm)  |
| 4  | 1'4" / 16" (39.4 to 41.8 cm)  |
| 5  | 1'5" / 17" (41.9 to 44.4 cm)  |
| 6  | 1'6" / 18" (44.5 to 46.9 cm)  |
| 7  | 1'7" / 19" (47.0 to 49.4 cm)  |
| 8  | 1'8" / 20" (49.5 to 52.0 cm)  |
| 9  | 1'9" / 21" (52.1 to 54.5 cm)  |
| 10 | 1'10" / 22" (54.6 to 57.1 cm) |
| 11 | 1'11" / 23" (57.2 to 59.6 cm) |

Notes:

Go to HWT\_B3.

HWT\_N2B      INTERVIEWER: Select the exact height.

- |    |                               |
|----|-------------------------------|
| 0  | 2'0" / 24" (59.7 to 62.1 cm)  |
| 1  | 2'1" / 25" (62.2 to 64.7 cm)  |
| 2  | 2'2" / 26" (64.8 to 67.2 cm)  |
| 3  | 2'3" / 27" (67.3 to 69.8 cm)  |
| 4  | 2'4" / 28" (69.9 to 72.3 cm)  |
| 5  | 2'5" / 29" (72.4 to 74.8 cm)  |
| 6  | 2'6" / 30" (74.9 to 77.4 cm)  |
| 7  | 2'7" / 31" (77.5 to 79.9 cm)  |
| 8  | 2'8" / 32" (80.0 to 82.5 cm)  |
| 9  | 2'9" / 33" (82.6 to 85.0 cm)  |
| 10 | 2'10" / 34" (85.1 to 87.5 cm) |
| 11 | 2'11" / 35" (87.6 to 90.1 cm) |

Notes:

Go to HWT\_B3.

HWT\_N2C INTERVIEWER: Select the exact height.

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

Notes:

Go to HWT\_B3.

HWT\_N2D INTERVIEWER: Select the exact height.

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

Notes:

Go to HWT\_B3.

HWT\_N2E INTERVIEWER: Select the exact height.

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

Notes:

Go to HWT\_B3.



HWT\_N2F INTERVIEWER: Select the exact height.

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

*Notes:*

Go to HWT\_B3.

HWT\_N2G INTERVIEWER: Select the exact height.

- 0 7'0" (212.1 to 214.6 cm)
- 1 7'1" (214.7 to 217.1 cm)
- 2 7'2" (218.0 to 220.5 cm)
- 3 7'3" (220.6 to 223.1 cm)
- 4 7'4" (223.2 to 225.7 cm)
- 5 7'5" (225.8 to 228.3 cm)
- 6 7'6" (228.4 to 230.9 cm)
- 7 7'7" (231.0 to 233.5 cm)
- 8 7'8" (233.6 to 236.1 cm)
- 9 7'9" (236.2 to 238.7 cm)
- 10 7'10" (238.8 to 241.3 cm)
- 11 7'11" (241.4 to 243.8 cm)

HWT\_B3 **How much [do/does] [you/RESPONDENT NAME] weigh?**

INTERVIEWER: Enter amount only.

||| Weight  
(MIN: 1) (MAX: 575)  
DK, RF

(Go to HWT\_C4)

INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
- 2 Kilograms

*Notes:*

DK and RF are not allowed.

HWT\_C4 If proxy interview, go to HWT\_END.

HWT\_Q4      **Do you consider yourself:**

INTERVIEWER: Read categories to respondent.

- 1      ... **overweight?**
- 2      ... **underweight?**
- 3      ... **just about right?**

HWT\_END

FOR INFORMATION ONLY

## WEIGHT CHANGE (WTC)

WTC\_C11 If age < 18, go to WTC\_END.

WTC\_R11 **The next questions are about changes over time in [your/RESPONDENT NAME's] weight. If you don't remember [your/his/her] exact weight, please provide an estimate. [If [you/she] [were/was] pregnant at the time, please think about [your/her] weight just before the pregnancy.]**

WTC\_B11 **How much did [you/he/she] weigh a year ago?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Weight  
(MIN: 1) (MAX: 575)  
DK, RF (Go to WTC\_C12)

INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
- 2 Kilograms

*Notes:*

DK and RF are not allowed.

WTC\_C12 If there was a change of at least 10 pounds/4 kilograms between current weight and weight one year ago, go to WTC\_Q12. Otherwise go to WTC\_C21.

WTC\_Q12 **Was the change between [your/his/her] current weight and [your/his/her] weight a year ago intentional?**

- 1 Yes
- 2 No

WTC\_C21 If age < 28, go to WTC\_C22.

WTC\_B21 **How much did [you/he/she] weigh 10 years ago?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Weight  
(MIN: 1) (MAX: 575)  
DK, RF (Go to WTC\_C22)

INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
- 2 Kilograms

*Notes:*

DK and RF are not allowed.

WTC\_C22 If age < 27 or age = 35, go to WTC\_B23.

WTC\_B22 **How much did [you/he/she] weigh at age 25?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Weight  
(MIN: 1) (MAX: 575)  
DK, RF (Go to WTC\_B23)

INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
- 2 Kilograms

*Notes:*

DK and RF are not allowed.

WTC\_B23 **What is the most [you/RESPONDENT NAME] [have/has] ever weighed [excluding during pregnancy]?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Weight  
(MIN: 1) (MAX: 575)  
DK, RF (Go to WTC\_C25)

INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
- 2 Kilograms

*Notes:*

DK and RF are not allowed.

WTC\_Q24 **How old [were/was] [you/he/she] when [you/he/she] first weighed this amount?**

INTERVIEWER: Maximum is age.

\_|\_|\_| Age in years  
(MIN: 0) (MAX: 79)

WTC\_C25 If age < 19, go to WTC\_END.

WTC\_B25 **What is the least [you/he/she] [have/has] ever weighed since age 18?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Weight  
(MIN: 1) (MAX: 575)  
DK, RF (Go to WTC\_Q26)

INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
- 2 Kilograms

WTC\_Q26 **How old [were/was] [you/he/she] when [you/he/she] first weighed this amount?**

INTERVIEWER: Maximum is age.

\_|\_|\_| Age in years  
(MIN: 18) (MAX: 79)

WTC\_R27 **Now, I'm going to ask you about weight changes that [you/RESPONDENT NAME] may have had since age 18. By "weight change" we mean a gain or a loss of at least [10 pounds/4 kilograms] in a single year. Please think about all the times this has happened to [you/him/her] since age 18. [Please do not include weight gain during pregnancy.]**

WTC\_Q27 **Since age 18, has [your/his/her] weight increased or decreased by [10 pounds/4 kilograms] or more in a single year?**

- 1 Yes
- 2 No (Go to WTC\_END)
- DK, RF (Go to WTC\_END)

WTC\_Q28 **How many times has this happened (gaining or losing [10 pounds/4 kilograms] or more in a single year)?**

INTERVIEWER: Enter number of times.

\_|\_|\_| Times  
(MIN: 1) (MAX: 995)

WTC\_END

## MEAT AND FISH CONSUMPTION (MFC)

MFC\_R11      **The next questions are about the foods [you/RESPONDENT NAME] usually eat[s] or drink[s]. Think about all the foods [you/he/she] eat[s], both meals and snacks, at home and away from home.**

MFC\_B11      **How often [do/does] [you/he/she] usually eat red meat, such as beef, hamburger, pork or lamb? (For example: twice a day, three times a week, once a month)**

INTERVIEWER: Enter amount only.

\_|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to MFC\_B12)

INTERVIEWER: Select the reporting period.

- 1      Per day
- 2      Per week
- 3      Per month
- 4      Per year

*Notes:*

DK and RF are not allowed.

MFC\_B12      **How often [do/does] [you/he/she] usually eat:  
... liver (including all types of liver such as beef, veal, pork or chicken, but excluding liverwurst and liver pâté)?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to MFC\_B13)

INTERVIEWER: Select the reporting period.

- 1      Per day
- 2      Per week
- 3      Per month
- 4      Per year

*Notes:*

DK and RF are not allowed.

MFC\_B13 How often [do/does] [you/he/she] usually eat:  
... **other organ meats such as kidneys, heart or giblets?**

INTERVIEWER: Enter amount only.

|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to MFC\_B14)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

MFC\_B14 How often [do/does] [you/he/she] usually eat:  
... **beef or pork hot dogs?**

INTERVIEWER: Enter amount only.

|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to MFC\_B15)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

MFC\_B15 How often [do/does] [you/he/she] usually eat:  
... **sausage or bacon (including all types of sausages such as breakfast, pepperoni and Kielbassa but excluding low-fat, light or turkey varieties)?**

INTERVIEWER: Enter amount only.

|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to MFC\_B16)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

Notes:

DK and RF are not allowed.

MFC\_B16

**How often [do/does] [you/RESPONDENT NAME] usually eat:  
... salt water fish such as salmon, tuna or fish sticks?**

INTERVIEWER: Enter amount only.

|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to MFC\_B17)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

Notes:

DK and RF are not allowed.

MFC\_B17

**How often [do/does] [you/he/she] usually eat:  
... fresh water fish such as trout, walleye or pickerel?**

INTERVIEWER: Enter amount only.

|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to MFC\_B18)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

Notes:

DK and RF are not allowed.



MFC\_B18 How often [do/does] [you/he/she] usually eat:  
**... shellfish, such as shrimp, mussels, scallops, lobster, clams, oysters or crab?**

INTERVIEWER: Enter amount only.

||| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to MFC\_B19)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

MFC\_B19 How often [do/does] [you/he/she] usually eat:  
**... eggs and egg dishes including the yolk (excluding all egg dishes made with only egg whites)? Egg dishes could include such things as eggs, omelette, frittata or quiche.**

INTERVIEWER: Enter amount only.

||| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to MFC\_B20)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

MFC\_B20 How often [do/does] [you/he/she] usually eat:  
**... cooked dried beans, such as refried beans, baked beans, pea soup or kidney beans, excluding green and yellow beans?**

INTERVIEWER: Enter amount only.

||| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to MFC\_B21)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

MFC\_B21

How often [do/does] [you/he/she] usually eat:  
**... peanuts, walnuts, seeds, or other nuts, excluding nut butters such as peanut butter?**

INTERVIEWER: Enter amount only.

||| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to MFC\_END)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

MFC\_END

## MILK AND DAIRY PRODUCT CONSUMPTION (MDC)

MDC\_R11 **Now, some questions about [your/RESPONDENT NAME's] consumption of milk and other dairy products. Remember, think about all the foods [you/he/she] eat[s] and drink[s], both meals and snacks, at home and away from home.**

MDC\_B11 **How often [do/does] [you/he/she] drink milk or enriched milk substitutes or use them on cereal? (For example: twice a day, three times a week, once a month)**

INTERVIEWER: Enter amount only.

\_|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to MDC\_C11)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

MDC\_C11 If MDC\_B11 = 0, go to MDC\_B13.

MDC\_Q12 **What kind of milk [do/does] [you/he/she] usually drink or use on cereal?**

INTERVIEWER: Mark all that apply.

- 1 3.25% (Whole or homo)
- 2 2%
- 3 1%
- 4 0.5%
- 5 Skim or Non-Fat (including powdered milk)
- 6 Flavoured milk beverages (such as Chocolate milk and flavoured milks such as Oh Henry! ®)
- 7 Rice (enriched)
- 8 Soya (enriched)
- 9 Other - specify

(Go to MDC\_C12)

MDC\_C12 If MDC\_Q21 = 9 (Other), go to MDC\_S12. Otherwise, go to MDC\_B13.

MDC\_S12 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

MDC\_B13 **How often [do/does] [you/he/she] usually eat cottage cheese?**

INTERVIEWER: Enter amount only.

[\_][\_][\_] Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to MDC\_B14)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

MDC\_B14 How often [do/does] [you/he/she] usually eat:  
**... yogurt, excluding frozen yogurt?**

INTERVIEWER: Enter amount only.

[\_][\_][\_] Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to MDC\_B15)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

MDC\_B15 How often [do/does] [you/he/she] usually eat:  
**... ice cream or frozen yogurt?**

INTERVIEWER: Enter amount only.

[\_][\_][\_] Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to MDC\_END)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

MDC\_END

FOR INFORMATION ONLY

## GRAINS, FRUITS AND VEGETABLES CONSUMPTION (GFV)

GFV\_R11 **Now, a few questions about grains, fruits and vegetables. Remember, think about all the foods [you/RESPONDENT NAME] eat[s], both meals and snacks, at home and away from home.**

GFV\_B11 **How often [do/does] [you/RESPONDENT NAME] usually eat hot or cold cereal? (For example: twice a day, three times a week, once a month)**

INTERVIEWER: Enter amount only.

\_|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to GFV\_B12)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_B12 **How often [do/does] [you/he/she] usually eat:  
... brown bread, including bagels, rolls, pita bread or tortillas?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to GFV\_B13)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_B13 **How often [do/does] [you/he/she] usually eat:  
... white bread, including bagels, rolls, pita bread or tortillas?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to GFV\_B14)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_B14 How often [do/does] [you/he/she] usually eat:  
**... any kind of pasta (including spaghetti, noodles, macaroni & cheese or pasta salad)?**

INTERVIEWER: Enter amount only.

||| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to GFV\_B15)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_B15 How often [do/does] [you/he/she] usually eat:  
**... any kind of rice?**

INTERVIEWER: Enter amount only.

||| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to GFV\_C16)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_C16 If GFV\_B15 = 0, go to GFV\_B17. Otherwise, go to GFV\_B16.

GFV\_B16 **How often [do/does] [you/RESPONDENT NAME] usually eat:  
... instant, seasoned or wild rice (such as Minute Rice®, Dainty®, Rice-a-  
Roni®)?**

INTERVIEWER: Enter amount only.

|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to GFV\_B17)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_B17 **How often [do/does] [you/he/she] usually eat:  
... fruit (fresh, frozen or canned)?**

INTERVIEWER: Enter amount only.

|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to GFV\_B18)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_B18 **How often [do/does] [you/he/she] usually eat:  
... tomatoes or tomato sauce, including salsa, tomato soup and spaghetti  
sauce but excluding tomato paste, ketchup or pizza sauce?**

INTERVIEWER: Enter amount only.

|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to GFV\_B19)



INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_B19 How often [do/does] [you/he/she] usually eat:  
**... lettuce or green leafy salad with or without other vegetables?**

INTERVIEWER: Enter amount only.

||| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to GFV\_B20)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_B20 How often [do/does] [you/he/she] usually eat:  
**... spinach, mustard greens or collards excluding kale?**

INTERVIEWER: Enter amount only.

||| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to GFV\_B21)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_B21 **How often [do/does] [you/RESPONDENT NAME] usually eat:  
... french fries, home fries, or hash brown potatoes?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to GFV\_B22)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_B22 **How often [do/does] [you/he/she] usually eat:  
... other potatoes including baked, boiled, mashed or in potato salad, but  
excluding sweet potatoes?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to GFV\_B23)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_B23 **How often [do/does] [you/he/she] usually eat:  
... all other types of vegetables excluding those already mentioned?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to GFV\_END)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GFV\_END

FOR INFORMATION ONLY

## DIETARY FAT CONSUMPTION (DFC)

DFC\_R11 Remember, think about **all** the foods [you/RESPONDENT NAME] eat[s], both meals and snacks, at home and away from home.

DFC\_B11 How often [do/does] [you/he/she] usually eat regular-fat salad dressing or mayonnaise (including on salads and sandwiches)? (For example: twice a day, three times a week, once a month)

INTERVIEWER: Enter amount only.

\_|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to DFC\_B12)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

DFC\_B12 How often [do/does] [you/he/she] usually eat: ... regular-fat potato chips, tortilla chips or corn chips (excluding low fat chips and pretzels)?

INTERVIEWER: Enter amount only.

\_|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to DFC\_END)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

DFC\_END

## WATER AND SOFT DRINK CONSUMPTION (WSD)

WSD\_R11 **Next, some questions about [your/RESPONDENT NAME's] drink consumption. Think about all the things [you/he/she] drink[s], both at home and away from home.**

WSD\_B11 **How often [do/does] [you/he/she] usually drink regular soft drinks? (For example: twice a day, three times a week, once a month)**

INTERVIEWER: Enter amount only.

[\_][\_][\_] Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to WSD\_B12)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

WSD\_B12 **How often [do/does] [you/he/she] usually drink:  
... diet soft drinks?**

INTERVIEWER: Enter amount only.

[\_][\_][\_] Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to WSD\_B13)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

WSD\_B13 How often [do/does] [you/he/she] usually drink:  
... **sport drinks, such as Gatorade® or Powerade®?**

INTERVIEWER: Enter amount only.

|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to WSD\_R14)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

WSD\_R14 **The next two questions are about the different kinds of juice or fruit flavoured drinks [you/he/she] usually drink[s]. When we say fruit juice, we mean 100% pure fruit juices such as apple, orange or grapefruit, whether or not they are made from concentrate. When we say fruit flavoured drinks, we mean drinks such as Sunny Delight®, fruit punch, or Kool-Aid®.**

WSD\_B14 **How often [do/does] [you/he/she] usually drink fruit juices?**

INTERVIEWER: Enter amount only.

|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to WSD\_B15)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

WSD\_B15 How often [do/does] [you/he/she] usually drink:  
... **fruit flavoured drinks?**

INTERVIEWER: Enter amount only.

|\_|\_| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to WSD\_B16)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

WSD\_B16 How often [do/does] [you/he/she] usually drink:  
**... vegetable juices?**

INTERVIEWER: Enter amount only.

||| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to WSD\_B21)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

WSD\_B21 How often [do/does] [you/he/she] usually drink:  
**... water?**

INTERVIEWER: Enter amount only.

||| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to WSD\_Q22)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

WSD\_Q22 **When [you/he/she] drink[s] water at home or away from home, what is [your/his/her] primary source of drinking water?**

- 1 Tap water
- 2 Bottled water
- 3 Other - Specify

WSD\_C22 If WSD\_Q22 = 3 (Other), go to WSD\_S22. Otherwise, go to WSD\_C23A.

WSD\_S22 INTERVIEWER: Specify

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

Notes:

DK and RF are not allowed.

WSD\_C23A If two persons selected in the household and age of current respondent > 11, go to WSD\_END.

WSD\_Q23 **What is the source of the tap water in this home?**

INTERVIEWER: Read categories to respondent.

- 1 **Municipally treated water**
- 2 **Private well**
- 3 **Surface source such as natural spring, lake, river, lagoon or dugout**
- 4 Other - Specify  
DK, RF (Go to WSD\_END)

WSD\_C23B If WSD\_Q23 = 4 (Other), go to WSD\_S23. Otherwise, go to WSD\_Q24.

WSD\_S23 INTERVIEWER: Specify

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

Notes:

DK and RF are not allowed.

WSD\_Q24 **Is the water in this home treated using:**

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

- 1 **... a filter, for example a Brita® filter?**
- 2 **... a water softener?**
- 3 **... an ultraviolet system?**
- 4 **... reverse osmosis?**
- 5 Other - specify
- 6 No treatment

WSD\_C24 If WSD\_Q24 = 5 (Other), go to WSD\_S24. Otherwise, go to WSD\_END.



WSD\_S24     INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

WSD\_END

FOR INFORMATION ONLY

## SALT CONSUMPTION (SLT)

SLT\_Q11 **How often [do/does] [you/RESPONDENT NAME] usually add salt to [your/his/her] food, excluding during cooking?**

INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Often**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** (Go to SLT\_C13)  
DK, RF (Go to SLT\_C13)

SLT\_Q12 **What type of salt is usually used?**

INTERVIEWER: Read categories to respondent.

- 1 **Ordinary table salt**
- 2 **Sea, Kosher, seasoned, or other flavoured salt**
- 3 **Light salt**
- 4 **Salt substitute**
- 5 **Other - Specify** (Go to SLT\_C12)

SLT\_C12 If SLT\_Q12 = 5 (Other), go to SLT\_S12. Otherwise, go to SLT\_C13.

SLT\_S12 INTERVIEWER: Specify

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

*Notes:*

DK, RF, and EMPTY are not allowed.

SLT\_C13 If two persons selected in the household and age of current respondent > 11, go to SLT\_END.

SLT\_Q13 **How often is ordinary table salt added during the cooking or preparation of foods in this household?**

INTERVIEWER: Read categories to respondent.

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

SLT\_END

## PHYSICAL ACTIVITIES (PAC)

PAC\_C11B If age < 12, go to PAC\_END.

PAC\_R11 **Now I'd like to ask you about some of [your/RESPONDENT NAME's] physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.**

PAC\_Q11 **[Have/Has] [you/he/she] done any of the following in the past 3 months, that is, from [date three months ago] to yesterday?**

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

1	<b>Walking for exercise</b>	13	<b>Downhill skiing or snowboarding</b>
2	<b>Gardening or yard work</b>	14	<b>Bowling</b>
3	<b>Swimming</b>	15	<b>Baseball or softball</b>
4	<b>Bicycling</b>	16	<b>Tennis</b>
5	<b>Popular or social dance</b>	17	<b>Weight-training</b>
6	<b>Home exercises</b>	18	<b>Fishing</b>
7	<b>Ice hockey</b>	19	<b>Volleyball</b>
8	<b>Ice skating</b>	20	<b>Basketball</b>
9	<b>In-line skating or rollerblading</b>	21	<b>Soccer</b>
10	<b>Jogging or running</b>	22	<b>Any other</b>
11	<b>Golfing</b>	23	No physical activity
12	<b>Exercise class or aerobics</b>		(Go to PAC_R21)
	DK, RF		(Go to PAC_END)

*Notes:*

If "Any other" is chosen as a response, go to PAC\_S11V. Otherwise, go to PAC\_Q12.

PAC\_S11V **What was this activity?**

INTERVIEWER: Enter one activity only.

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

DK, RF

(Go to PAC\_Q12)

PAC\_Q11X **In the past 3 months, did [you/he/she] do any other physical activity for leisure?**

1 Yes

2 No

DK, RF

(Go to PAC\_Q12)

(Go to PAC\_Q12)

PAC\_S11X **What was this activity?**

INTERVIEWER: Enter one activity only.

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

DK, RF

(Go to PAC\_Q12)

PAC\_Q11Y **In the past 3 months, did [you/he/she] do any other physical activity for leisure?**

1 Yes

2 No

DK, RF

(Go to PAC\_Q12)

(Go to PAC\_Q12)

PAC\_S11Y **What was this activity?**

INTERVIEWER: Enter one activity only.

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

DK, RF

(Go to PAC\_Q12)

For each activity identified in PAC\_Q11, PAC\_S11V, PAC\_S11X and PAC\_S11Y, ask PAC\_Q12 and PAC\_Q13.

PAC\_Q12 **In the past 3 months, how many times did [you/he/she] [participate in identified activity]?**

[\_][\_][\_] Times

(MIN: 1) (MAX: 95) for each activity except the following:

Walking: MAX = 270

Bicycling: MAX = 200

Other activities: MAX = 200

DK, RF

(Go to next activity)

PAC\_Q13 **About how much time did [you/he/she] spend on each occasion?**

1 1 to 15 minutes

2 16 to 30 minutes

3 31 to 60 minutes

4 More than one hour

PAC\_R21 **Next, some questions about the amount of time spent in the past 3 months on physical activity at work, while doing daily chores around the house, or doing errands, but not leisure time activity.**

PAC\_Q21 **In a typical week in the past 3 months, how many hours did [you/RESPONDENT NAME] usually spend walking to work or to school or while doing errands?**

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

PAC\_Q22 **(In a typical week in the past 3 months,) How many hours did [you/he/she] usually spend bicycling to work or to school or while doing errands?**

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

PAC\_Q23 **Thinking back over the past 3 months, which of the following best describes [your/his/her] usual daily activities or work habits?**

INTERVIEWER: Read categories to respondent.

- 1 **Usually sit during the day and don't walk around very much**
- 2 **Stand or walk quite a lot during the day but don't have to carry or lift things very often**
- 3 **Usually lift or carry light loads, or have to climb stairs or hills often**
- 4 **Do heavy work or carry very heavy loads**

PAC\_END

## CHILDREN'S PHYSICAL ACTIVITY (CPA)

CPA\_C11 If age > 11, go to CPA\_END.

CPA\_R11A **Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. It can be done in sports, school activities, playing with friends, or walking to school.**

CPA\_R11B **Some examples of physical activity are running, brisk walking, dancing, swimming, rollerblading, skateboarding, biking, soccer, basketball and football.**

**For these next two questions, add up all the time [RESPONDENT NAME] spends in physical activity each day.**

CPA\_Q11 **Over the past 7 days, on how many days was [he/she] physically active for a total of at least 60 minutes per day?**

INTERVIEWER: Read categories to respondent.

- 1 **None (zero days)**
- 2 **1 day**
- 3 **2 to 3 days**
- 4 **4 days or more**

CPA\_Q12 **Over a typical or usual week, on how many days is [he/she] physically active for a total of at least 60 minutes per day?**

INTERVIEWER: Read categories to respondent.

- 1 **None (zero days)**
- 2 **1 day**
- 3 **2 to 3 days**
- 4 **4 days or more**

CPA\_Q13 **About how many hours a week does [he/she] usually take part in physical activity (that makes [him/her] out of breath or warmer than usual) in [his/her] free time at school (for example, at lunch)?**

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Less than 1 hour per week**
- 3 **2 to 3 hours per week**
- 4 **4 to 6 hours per week**
- 5 **7 or more hours per week**

CPA\_Q14 **About how many hours a week does [he/she] usually take part in physical activity (that makes [him/her] out of breath or warmer than usual) in [his/her] class time at school?**

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Less than 1 hour per week**
- 3 **2 to 3 hours per week**
- 4 **4 to 6 hours per week**
- 5 **7 or more hours per week**

CPA\_Q15 About how many hours a week does [he/she] usually take part in physical activity (that makes [him/her] out of breath or warmer than usual):

**... outside of school while participating in lessons or league or team sports?**

- 1 Never
- 2 Less than 1 hour per week
- 3 2 to 3 hours per week
- 4 4 to 6 hours per week
- 5 7 or more hours per week

CPA\_Q16 About how many hours a week does [he/she] usually take part in physical activity (that makes [him/her] out of breath or warmer than usual):

**... outside of school while participating in unorganized activities, either on [his/her] own or with friends?**

- 1 Never
- 2 Less than 1 hour per week
- 3 2 to 3 hours per week
- 4 4 to 6 hours per week
- 5 7 or more hours per week

CPA\_Q17 **On average, about how many hours a day does [RESPONDENT NAME] watch TV or videos or play video games?**

- 1 Doesn't watch TV or videos or play video games
- 2 Less than 1 hour a day
- 3 1 to 2 hours a day
- 4 3 to 4 hours a day
- 5 5 to 6 hours a day
- 6 7 or more hours a day

CPA\_Q18      **On average, about how many hours a day does [he/she] spend on a computer (working, playing games, e-mailing, chatting, surfing the Internet, etc.)?**

- 1      Doesn't use a computer
- 2      Less than 1 hour a day
- 3      1 to 2 hours a day
- 4      3 to 4 hours a day
- 5      5 to 6 hours a day
- 6      7 or more hours a day

CPA\_END

FOR INFORMATION ONLY



## SEDENTARY ACTIVITIES (SAC)

SAC\_C11A If age < 12, go to SAC\_END.

SAC\_R11 **Now, a few additional questions about activities [you/RESPONDENT NAME] [do/does] in [your/his/her] leisure time, that is, activities not at work or at school.**

SAC\_Q11 **In a typical week in the past 3 months, how much time did [you/he/she] usually spend on a computer, including using the Internet, playing computer games, e-mailing or chatting on-line?**

INTERVIEWER: Do not include time spent at work or at school.

- 1 None
- 2 Less than 1 hour
- 3 1 to 2 hours
- 4 3 to 5 hours
- 5 6 to 10 hours
- 6 11 to 14 hours
- 7 15 to 20 hours
- 8 More than 20 hours  
DK, RF (Go to SAC\_END)

SAC\_Q12 **In a typical week in the past 3 months, how much time did [you/he/she] usually spend:**

**... playing video games, such as XBOX, Nintendo and Playstation?**

- 1 None
- 2 Less than 1 hour
- 3 1 to 2 hours
- 4 3 to 5 hours
- 5 6 to 10 hours
- 6 11 to 14 hours
- 7 15 to 20 hours
- 8 More than 20 hours

SAC\_Q13 **In a typical week in the past 3 months, how much time did [you/he/she] usually spend:**

**... watching television, DVD's or videos?**

- 1 None
- 2 Less than 1 hour
- 3 1 to 2 hours
- 4 3 to 5 hours
- 5 6 to 10 hours
- 6 11 to 14 hours
- 7 15 to 20 hours
- 8 More than 20 hours

SAC\_Q14 In a typical week in the past 3 months, how much time did [you/he/she] usually spend:

**... reading, not counting at work or at school?**

INTERVIEWER: Include books, magazines, newspapers, homework.

- 1 None
- 2 Less than 1 hour
- 3 1 to 2 hours
- 4 3 to 5 hours
- 5 6 to 10 hours
- 6 11 to 14 hours
- 7 15 to 20 hours
- 8 More than 20 hours

SAC\_END

FOR INFORMATION ONLY

## SUN EXPOSURE (SEB)

SEB\_R11      **The next few questions are about [your/RESPONDENT NAME's] exposure to the sun.**

SEB\_R12      **For the next questions, think about a typical weekend or day off from work or school in the summer months.**

SEB\_Q12      **About how much time each day [do/does] [you/he/she] spend in the sun between 11 am and 4 pm?**

- |   |                              |                 |
|---|------------------------------|-----------------|
| 1 | None                         | (Go to SEB_END) |
| 2 | Less than 30 minutes         | (Go to SEB_END) |
| 3 | 30 to 59 minutes             |                 |
| 4 | 1 hour to less than 2 hours  |                 |
| 5 | 2 hours to less than 3 hours |                 |
| 6 | 3 hours to less than 4 hours |                 |
| 7 | 4 hours to less than 5 hours |                 |
| 8 | 5 hours                      |                 |
|   | DK, RF                       | (Go to SEB_END) |

SEB\_Q13      **In the summer months, on a typical weekend or day off, when [you/he/she] [are/is] in the sun for 30 minutes or more, how often [do/does] [you/he/she] use sunscreen?**

- |   |           |
|---|-----------|
| 1 | Always    |
| 2 | Often     |
| 3 | Sometimes |
| 4 | Rarely    |
| 5 | Never     |

SEB\_END

## ORAL HEALTH (OHM)

OHM\_R11 **Next, some questions about the health of [your/RESPONDENT NAME's] mouth, including [your/his/her] teeth or dentures, tongue, gums, lips and jaw joints.**

OHM\_Q11 **In general, would [you/he/she] say the health of [your/his/her] mouth is:**

INTERVIEWER: Read categories to respondent.

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

OHM\_Q12 **How satisfied [are/is] [you/he/she] with the appearance of [your/his/her] teeth and/or dentures?**

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
- 2 **Satisfied**
- 3 **Neither satisfied nor dissatisfied**
- 4 **Dissatisfied**
- 5 **Very dissatisfied**

OHM\_Q21 **In the past 12 months, that is, from [date one year ago] to yesterday, how often [have/has] [you/he/she] found it uncomfortable to eat any food because of problems with [your/his/her] mouth?**

INTERVIEWER: Read categories to respondent.

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

OHM\_Q22 **(In the past 12 months,) How often [have/has] [you/he/she] avoided eating particular foods because of problems with [your/his/her] mouth?**

INTERVIEWER: Read categories to respondent.

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

OHM\_Q23 **Remember, by mouth we mean teeth or dentures, tongue, gums, lips and jaw joints.**

**In the past 12 months, how often [have/has] [you/he/she] had any other persistent or on-going pain anywhere in [your/his/her] mouth?**

INTERVIEWER: Read categories to respondent.

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

OHM\_Q24 **(In the past 12 months,) [Have/Has] [you/RESPONDENT NAME] taken time away from work, school or [your/his/her] normal activities for dental check-ups or treatments or because of problems with [your/his/her] mouth?**

- 1 Yes
- 2 No (Go to OHM\_R31)  
DK, RF (Go to OHM\_R31)

OHM\_Q25 **(In the past 12 months,) How many hours [were/was] [you/he/she] away from [your/his/her] normal activities?**

INTERVIEWER: Record to the nearest 0.5 hour.

|||.|| Hours  
(MIN: 0.5) (MAX: 95.5)

OHM\_Q31 **Now a few questions about [your/RESPONDENT NAME's] regular dental care habits.**

**How often [does/does] [you/he/she] usually brush [your/his/her] teeth and/or dentures? (For example: twice a day, three times a week, once a month)**

INTERVIEWER: Enter amount only.

||||| Times  
(MIN: 0) (MAX: 500)

OHM\_C31 If OHM\_Q31 = 0, DK or RF, go to OHM\_Q32.

OHM\_N31 INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

OHM\_Q32 **How often [do/does] [you/he/she] usually floss [your/his/her] teeth?**

INTERVIEWER: Enter amount only.

|\_|\_|\_| Times  
(MIN: 0) (MAX: 500)

OHM\_C32 If OHM\_Q32 = DK or RF, go to OHM\_Q33.

OHM\_N32 INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 5 Never
- 6 Full set of dentures

*Notes:*

DK and RF are not allowed.

OHM\_Q33 **[Do/Does] [you/he/she] usually see a dental professional:**

INTERVIEWER: Read categories to respondent.

- 1 ... more than once a year for check-ups or treatment?
- 2 ... about once a year for check-ups or treatment?
- 3 ... less than once a year for check-ups or treatment?
- 4 ... only for emergency care?
- 5 ... never? (Go to OHM\_R41)  
DK, RF (Go to OHM\_R41)

OHM\_Q34 **When was the last time [you/he/she] saw a dental professional?**

- 1 Less than 1 year ago
- 2 1 year to less than 2 years ago
- 3 2 years to less than 3 years ago
- 4 3 years to less than 4 years ago
- 5 4 years to less than 5 years ago
- 6 5 or more years ago

OHM\_R41 **Now a few questions about the cost of [your/RESPONDENT NAME's] dental care. [It is important that we get this information from each individual that we interview, even those in the same family.]**

OHM\_Q41 **In the past 12 months, [have/has] [you/he/she] avoided going to a dental professional because of the cost of dental care?**

- 1 Yes
- 2 No

OHM\_Q42 **(In the past 12 months,) [Have/Has] [you/he/she] avoided having all the dental treatment that was recommended because of the cost?**

- 1 Yes
- 2 No

OHM\_Q43 **[Do/Does] [you/he/she] have insurance or a government program that covers all or part of [your/his/her] dental expenses?**

- 1 Yes
- 2 No (Go to OHM\_END)
- DK, RF (Go to OHM\_END)

OHM\_Q44 **Is it:**

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

- 1 ... an employer-sponsored plan?
- 2 ... a provincial program for children or seniors?
- 3 ... a private plan?
- 4 ... a government program for social service (welfare) clients?
- 5 ... a government program for First Nations and Inuit?

OHM\_END

## CHRONIC CONDITIONS (CCC)

CCC\_R11 **Now I'd like to ask about certain chronic health conditions which [you/RESPONDENT NAME] may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**

CCC\_Q11 **[Do/Does] [you/he/she] have asthma?**

- 1 Yes
- 2 No (Go to CCC\_C21)
- DK (Go to CCC\_C21)
- RF (Go to CCC\_END)

CCC\_Q12 **How old [were/was] [you/he/she] when this was first diagnosed?**

INTERVIEWER: Maximum is age.

[\_][\_][\_] Age in years  
(MIN: 0) (MAX: 79)

CCC\_Q13 **[Have/Has] [you/he/she] had any asthma symptoms or asthma attacks in the past 12 months?**

- 1 Yes
- 2 No

CCC\_C21 If age < 12 go to CCC\_Q41.

CCC\_Q21 **[Do/Does] [you/he/she] have fibromyalgia?**

- 1 Yes
- 2 No

CCC\_Q22 **[Do/Does] [you/he/she] have arthritis or rheumatism, excluding fibromyalgia?**

- 1 Yes
- 2 No (Go to CCC\_Q24)
- DK, RF (Go to CCC\_Q24)

CCC\_Q23 **What kind of arthritis [do/does] [you/he/she] have?**

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

CCC\_C23 If CCC\_Q23 = 4 (Other), go to CCC\_S23. Otherwise, go to CCC\_Q24.



CCC\_S23 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

CCC\_Q24 **[Do/Does] [you/he/she] have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes
- 2 No

CCC\_Q31 Remember, we're interested in conditions diagnosed by a health professional.

**[Do/Does] [you/RESPONDENT NAME] have high blood pressure?**

- 1 Yes
- 2 No

CCC\_Q32 **In the past month [have/has] [you/he/she] taken any medicine for high blood pressure?**

- 1 Yes
- 2 No

CCC\_Q33 **[Have/Has] [you/he/she] ever had [your/his/her] blood cholesterol measured?**

- 1 Yes
- 2 No (Go to CCC\_Q41)  
DK, RF (Go to CCC\_Q41)

CCC\_Q34 **[Have/Has] [you/he/she] ever been told by a health professional that [your/his/her] blood cholesterol was high?**

- 1 Yes
- 2 No

CCC\_Q41 Remember, we're interested in conditions diagnosed by a health professional.

**[Do/Does] [you/RESPONDENT NAME] have chronic bronchitis?**

- 1 Yes
- 2 No (Go to CCC\_C43)  
DK, RF (Go to CCC\_C43)

CCC\_Q42 **How old [were/was] [you/he/she] when this was first diagnosed?**

INTERVIEWER: Maximum is age.

[\_][\_][\_] Age in years  
(MIN: 0) (MAX: 79)

CCC\_C43 If age < 30, go to CCC\_Q51.

CCC\_Q43 **[Do/Does] [you/he/she] have emphysema?**

- 1 Yes
- 2 No (Go to CCC\_Q45)  
DK, RF (Go to CCC\_Q45)

CCC\_Q44 **How old [were/was] [you/he/she] when this was first diagnosed?**

INTERVIEWER: Maximum is age.

\_|\_|\_| Age in years  
(MIN: 0) (MAX: 79)

CCC\_Q45 **[Do/Does] [you/he/she] have chronic obstructive pulmonary disease (COPD)?**

- 1 Yes
- 2 No (Go to CCC\_Q51)  
DK, RF (Go to CCC\_Q51)

CCC\_Q46 **How old [were/was] [you/he/she] when this was first diagnosed?**

INTERVIEWER: Maximum is age.

\_|\_|\_| Age in years  
(MIN: 0) (MAX: 79)

CCC\_Q51 Remember, we're interested in conditions diagnosed by a health professional.

**[Do/Does] [you/RESPONDENT NAME] have diabetes?**

- 1 Yes
- 2 No (Go to CCC\_Q61)  
DK, RF (Go to CCC\_Q61)

CCC\_Q52 **[Were/Was] [you/he/she] diagnosed with:**

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

- 1 ... insulin dependent diabetes (Type 1)?
- 2 ... non-insulin dependent diabetes (Type 2)?
- 3 ... gestational diabetes?

CCC\_C53 If CCC\_Q52 = 3, go to CCC\_Q61

CCC\_Q53 **How old [were/was] [you/he/she] when this was first diagnosed?**

INTERVIEWER: Maximum is age.

\_|\_|\_| Age in years  
(MIN: 0) (MAX: 79)

CCC\_Q61 **[Do/Does] [you/RESPONDENT NAME] have heart disease?**

- 1 Yes
- 2 No (Go to CCC\_Q63)  
DK, RF (Go to CCC\_Q63)

CCC\_Q62 **How old [were/was] [you/he/she] when this was first diagnosed?**

INTERVIEWER: Maximum is age.

||| Age in years  
(MIN: 0) (MAX: 79)

CCC\_Q63 **[Have/Has] [you/he/she] ever been told by a health professional that [you/he/she] [have/has] had a heart attack?**

- 1 Yes
- 2 No

CCC\_Q71 Remember, we're interested in conditions diagnosed by a health professional.

**[Do/Does] [you/RESPONDENT NAME] have cancer?**

- 1 Yes (Go to CCC\_Q73)
- 2 No (Go to CCC\_C81)  
DK, RF

CCC\_Q72 **[Have/Has] [you/he/she] ever been diagnosed with cancer?**

- 1 Yes
- 2 No (Go to CCC\_C81)  
DK, RF (Go to CCC\_C81)

CCC\_Q73 **How old [were/was] [you/he/she] when this was first diagnosed?**

INTERVIEWER: Maximum is age.

||| Age in years  
(MIN: 0) (MAX: 79)

CCC\_C74 If sex = male, go to CCC\_Q75.

CCC\_Q74 **What type of cancer [do/does/did] [you/she] have?**

INTERVIEWER: Mark all that apply.

- 1 Breast
- 2 Colorectal
- 3 Skin - Melanoma
- 4 Skin - Non-melanoma
- 5 Other - Specify

CCC\_C74A If CCC\_Q74 = 5 (Other), go to CCC\_S74. Otherwise, go to CCC\_C81.

CCC\_S74 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

Go to CCC\_C81

CCC\_Q75 **What type of cancer [do/does/did] [you/he] have?**

INTERVIEWER: Mark all that apply.

- 1 Prostate
- 2 Colorectal
- 3 Skin - Melanoma
- 4 Skin - Non-melanoma
- 5 Other - Specify

CCC\_C75 If CCC\_Q75 = 5 (Other), go to CCC\_S75. Otherwise, go to CCC\_C81.

CCC\_S75 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

CCC\_C81 If age < 12 go to CCC\_Q83.

CCC\_Q81 Remember, we're interested in conditions diagnosed by a health professional.

**[Do/Does] [you/RESPONDENT NAME] suffer from the effects of a stroke?**

- 1 Yes
- 2 No

CCC\_Q82 **[Do/Does] [you/he/she] have a thyroid condition?**

- 1 Yes
- 2 No

CCC\_Q83 **[Do/Does] [you/he/she] have a mood disorder such as depression, bipolar disorder, mania or dysthymia?**

INTERVIEWER: Include manic depression.

- 1 Yes
- 2 No

CCC\_Q84 **[Do/Does] [you/he/she] have a learning disability?**

- 1 Yes
- 2 No (Go to CCC\_Q91)  
DK, RF (Go to CCC\_Q91)

CCC\_Q85 **What kind of learning disability [do/does] [you/he/she] have?**

INTERVIEWER: Mark all that apply.

- 1 Attention Deficit Disorder, no hyperactivity (ADD)
- 2 Attention Deficit Hyperactivity Disorder (ADHD)
- 3 Dyslexia
- 4 Other - Specify

CCC\_C85 If CCC\_Q85 = 4 (Other), go to CCC\_S85. Otherwise, go to CCC\_Q91.

CCC\_S85 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

CCC\_Q91 Remember, we're interested in conditions diagnosed by a health professional.

**[Do/Does] [you/RESPONDENT NAME] have an eating disorder such as anorexia or bulimia?**

- 1 Yes
- 2 No

CCC\_C92 If age < 12 go to CCC\_Q95.

CCC\_Q92 **[Do/Does] [you/he/she] suffer from kidney dysfunction or disease?**

- 1 Yes
- 2 No

CCC\_Q93 **[Do/Does] [you/he/she] have liver disease or gallbladder problems?**

- 1 Yes
- 2 No (Go to CCC\_Q95)  
DK, RF (Go to CCC\_Q95)

CCC\_Q94 **What kind of liver disease or gallbladder problem [do/does] [you/he/she] have?**

INTERVIEWER: Mark all that apply.

- 1 Hepatitis A
- 2 Hepatitis B
- 3 Hepatitis C
- 4 Jaundice
- 5 Cirrhosis
- 6 Gall Stones
- 7 Other - specify

CCC\_C94A If CCC\_Q94 = 7 (Other), go to CCC\_S94. Otherwise, go to CCC\_C94B.

CCC\_S94 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

CCC\_C94B If CCC\_Q94 = 1 or CCC\_Q94 = 2 or CCC\_Q94 = 3, go to CCC\_Q101.

CCC\_Q95 **[Do/Does] [you/he/she] have hepatitis?**

- 1 Yes
- 2 No (Go to CCC\_Q101)  
DK, RF (Go to CCC\_Q101)

CCC\_Q96 **What type of hepatitis [do/does] [you/he/she] have?**

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

- 1 **Hepatitis A**
- 2 **Hepatitis B**
- 3 **Hepatitis C**

CCC\_Q101 **[Do/Does] [you/RESPONDENT NAME] have any other long-term physical or mental health condition that has been diagnosed by a health professional?**

- 1 Yes
- 2 No

CCC\_C101 If CCC\_Q101 = 1 (Yes), go to CCC\_S101. Otherwise, go to CCC\_END.

CCC\_S101 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

CCC\_END

## PHLEGM (PLM)

PLM\_R11      **We asked you earlier about “long-term conditions” that have been diagnosed by a health professional. Now, a few questions about conditions that do not need to have been diagnosed by a health professional and that have lasted 3 months or more.**

PLM\_Q11      **During the past year, that is, from [date one year ago] to yesterday, [have/has] [you/RESPONDENT NAME] had a cough where [you/he/she] brought up phlegm that lasted 3 months or more?**

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    |                 |
| 2 | No     | (Go to PLM_END) |
|   | DK, RF | (Go to PLM_END) |

PLM\_Q12      **During the previous year, that is, from [date two years ago] to [date one year ago], did [you/he/she] [have/has] a cough where [you/he/she] brought up phlegm that lasted 3 months or more?**

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

PLM\_END

## FAMILY MEDICAL HISTORY (FMH)

FMH\_C11A If there is one person selected for the household then go to FMH\_R11. If there are two people selected for the household and age of current respondent < 12 or age of current respondent > 19 go to FMH\_R11. If there are two people selected for the household and age of current respondent is between 12 and 19 and the relationship between the two selected respondents is not a birth sibling go to FMH\_R11. Otherwise go to FMH\_END.

FMH\_R11 **The next set of questions is about the medical history of [your/RESPONDENT NAME's] immediate family members. [It is important that we get this information from each individual that we interview, even those in the same family.]**

**By immediate family, we mean only [your/his/her] birth parents, birth siblings and birth children - alive or deceased. We are only interested in conditions diagnosed by a health professional.**

FMH\_Q11 **Has anyone in [your/his/her] immediate family ever been diagnosed with heart disease (including heart attack or angina)?**

- 1 Yes
- 2 No (Go to FMH\_Q13)
- DK, RF (Go to FMH\_Q13)

FMH\_Q12 **What is the youngest age at which a member of [your/his/her] immediate family was first diagnosed with heart disease?**

INTERVIEWER: If diagnosed at death, then use age at death.

\_|\_|\_| Age in years  
(MIN: 0) (MAX: 130)

FMH\_Q13 **Has anyone in [your/his/her] immediate family ever had a stroke?**

- 1 Yes
- 2 No (Go to FMH\_Q15)
- DK, RF (Go to FMH\_Q15)

FMH\_Q14 **What is the youngest age at which a member of [your/his/her] immediate family had a stroke?**

INTERVIEWER: If diagnosed at death, then use age at death.

\_|\_|\_| Age in years  
(MIN: 0) (MAX: 130)

FMH\_Q15 **Has anyone in [your/his/her] immediate family ever had high blood pressure, excluding during pregnancy?**

- 1 Yes
- 2 No (Go to FMH\_Q17)
- DK, RF (Go to FMH\_Q17)



FMH\_Q16 **What is the youngest age at which a member of [your/his/her] immediate family was first diagnosed with high blood pressure?**

INTERVIEWER: If diagnosed at death, then use age at death.

|\_|\_| Age in years  
(MIN: 0) (MAX: 130)

FMH\_Q17 **Has anyone in [your/RESPONDENT NAME's] immediate family ever had arthritis?**

- 1 Yes
- 2 No (Go to FMH\_Q19)
- DK, RF (Go to FMH\_Q19)

FMH\_Q18 **What is the youngest age at which a member of [your/his/her] immediate family was first diagnosed with arthritis?**

INTERVIEWER: If diagnosed at death, then use age at death.

|\_|\_| Age in years  
(MIN: 0) (MAX: 130)

FMH\_Q19 **Has anyone in [your/his/her] immediate family ever had diabetes, excluding during pregnancy?**

- 1 Yes
- 2 No (Go to FMH\_Q23)
- DK, RF (Go to FMH\_Q23)

FMH\_Q21 **Was this:**

INTERVIEWER: Read categories to respondent.

- 1 ... insulin dependent diabetes (Type 1)?
- 2 ... non-insulin dependent diabetes (Type 2)?
- 3 ... both?

FMH\_Q22 **What is the youngest age at which a member of [your/his/her] immediate family was first diagnosed with diabetes?**

INTERVIEWER: If diagnosed at death, then use age at death.

|\_|\_| Age in years  
(MIN: 0) (MAX: 130)

FMH\_Q23 **Has anyone in [your/his/her] immediate family ever had asthma?**

- 1 Yes
- 2 No (Go to FHM\_END)
- DK, RF (Go to FHM\_END)

FMH\_Q24      **Was it one of [your/his/her] parents that was diagnosed with asthma?**

- 1      Yes
- 2      No

FMH\_END

FOR INFORMATION ONLY

## HEPATITIS (HEP)

HEP\_R11      **The next questions are about hepatitis vaccinations [you/RESPONDENT NAME] may have had.**

HEP\_Q11      **[Have/Has] [you/he/she] ever received a hepatitis A vaccination? This vaccine is given to people who travel outside of Canada. It has been available since the mid 1990s.**

- 1      Yes
- 2      No

RF      (Go to HEP\_END)

HEP\_Q12      **Hepatitis B vaccinations usually come in a 2 or 3 dose series. [Have/Has] [you/he/she] received a complete series of hepatitis B vaccines?**

- 1      Yes
- 2      No

HEP\_C13      **If age < (Reference Year – 1985) go to HEP\_END.**

HEP\_Q13      **Did [you/he/she] receive a blood transfusion in Canada between 1978 and 1985?**

- 1      Yes
- 2      No

HEP\_END

## MEDICATION USE (MED)

MED\_R100 Now I'd like to ask a few questions about [your/RESPONDENT NAME's] use of medications, including prescriptions, over-the-counter medications and herbal products and remedies. We will be collecting the names, drug identification numbers (DINs) and dosages of all the different kinds of medications [you/he/she] [are/is] currently taking. It would help us record this information more quickly if you would go and get all the bottles and containers for these products now.

### Prescription Medications

MED\_Q100A In the past month, that is, from [date last month] to yesterday, did [you/he/she] take any prescription medications? Prescribed medications could include such things as insulin, nicotine patches and birth control (pills, patches or injections).

- |   |     |                   |
|---|-----|-------------------|
| 1 | Yes |                   |
| 2 | No  | (Go to MED_Q200A) |
|   | DK  | (Go to MED_Q200A) |
|   | RF  | (Go to MED_END)   |

MED\_Q100B How many different prescribed medications did [you/he/she] take?

- |                      |             |                   |
|----------------------|-------------|-------------------|
| <input type="text"/> | Medications |                   |
| (MIN: 1) (MAX: 95)   |             |                   |
| DK, RF               |             | (Go to MED_Q200A) |

For the first 15 medications identified in MED\_Q100B, ask MED\_B101A through MED\_B101F.

MED\_B101A Is a Drug Identification Number (DIN) available for the [number, e.g., first] medication?

INTERVIEWER: If necessary, help the respondent to find the DIN on the bottle, tube or box.

- |   |     |                   |
|---|-----|-------------------|
| 1 | Yes |                   |
| 2 | No  | (Go to MED_B101D) |

Notes:

DK and RF are not allowed.

MED\_B101B **What is the DIN of the [number, e.g., first] medication?**

INTERVIEWER: Record DIN from the bottle, tube or box. Be sure to use eight digits; use leading zeros to fill the field if necessary (e.g., 00012345).

|\_|\_|\_|\_|\_|\_|\_| Drug Identification Number  
(MIN: 00000001) (MAX: 99999995)

*Notes:*

DK and RF are not allowed.  
Use trigram search.

If DIN found in DIN\_Database, set medication name from DIN\_Database.  
Otherwise go to MED\_B101D.

MED\_B101C INTERVIEWER: The name associated with DIN [number] is [name]. Please confirm.

1 Yes (Go to MED\_B101F)  
2 No

*Notes:*

DK and RF are not allowed.

MED\_B101D **What is the exact name and dosage of the [number, e.g., first] medication?**

INTERVIEWER: Record the exact name and dosage of the medication from the bottle, tube or box.

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

*Notes:*

Use trigram search.

If an entry on the source file is found, save the DIN in MED\_B101B.

If MED\_B101D = DK or RF, go to next medication.

If MED\_B101D = 1 (Other), go to MED\_B101E. Otherwise, go to MED\_B101F.

MED\_B101E INTERVIEWER: Record the exact name and dosage of the medication from the bottle, tube or box.

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

*Notes:*

DK and RF are not allowed.

MED\_B101F **When was the last time that [you/he/she] took that medication?**

INTERVIEWER: Read categories to respondent.

- 1 **Today**
- 2 **Yesterday**
- 3 **Within the last week**
- 4 **Within the last month**
- 5 **More than one month ago**

Non Prescription Medications

MED\_Q200A **In the past month did [you/he/she] take any over-the-counter medications? Over-the-counter medications could include such things as pain killers, antacids, allergy pills and hydrocortisone creams.**

- 1 Yes
- 2 No (Go to MED\_Q300A)  
DK, RF (Go to MED\_Q300A)

MED\_Q200B **How many different over-the-counter medications did [you/he/she] take?**

[\_|\_|] Medications  
(MIN: 1) (MAX: 95)  
DK, RF (Go to MED\_Q300A)

**For the first 15 medications identified in MED\_Q200B, ask MED\_B201A through MED\_B201F.**

MED\_B201A **Is a Drug Identification Number (DIN) available for the [number, e.g., first] medication?**

INTERVIEWER: If necessary, help the respondent to find the DIN on the bottle, tube or box.

- 1 Yes
- 2 No (Go to MED\_B201D)

Notes:

DK and RF are not allowed.

MED\_B201B **What is the DIN of the [number, e.g., first] medication?**

INTERVIEWER: Record DIN from the bottle, tube or box. Be sure to use eight digits; use leading zeros to fill the field if necessary (e.g., 00012345).

[\_|\_|\_|\_|\_|\_|\_|\_|] Drug Identification Number  
(MIN: 00000001) (MAX: 99999995)

Notes:

DK and RF are not allowed.  
Use trigram search.

If DIN found in DIN\_Database, set medication name from DIN\_Database.  
Otherwise go to MED\_B201D.

MED\_B201C **INTERVIEWER:** The name associated with DIN [number] is [name]. Please confirm.

- 1 Yes (Go to MED\_B201F)
- 2 No

*Notes:*

DK and RF are not allowed.

MED\_B201D **What is the exact name and dosage of the [number, e.g., first] medication?**

**INTERVIEWER:** Record the exact name and dosage of the medication from the bottle, tube or box.

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

*Notes:*

Use trigram search.

If an entry on the source file is found, save the DIN in MED\_B201B.

If MED\_B201D = DK or RF, go to next medication.

If MED\_B201D = 1 (Other), go to MED\_B201E. Otherwise, go to MED\_B201F.

MED\_B201E **INTERVIEWER:** Record the exact name and dosage of the medication from the bottle, tube or box.

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

*Notes:*

DK and RF are not allowed.

MED\_B201F **When was the last time that [you/he/she] took that medication?**

**INTERVIEWER:** Read categories to respondent.

- 1 **Today**
- 2 **Yesterday**
- 3 **Within the last week**
- 4 **Within the last month**
- 5 **More than one month ago**

Other Health Products and Herbal Remedies

MED\_Q300A **There are also many health products and herbal remedies such as vitamins, minerals, fish oils and other oils, and botanical or homeopathic preparations which people use to prevent illness or to improve or maintain their health.**

**In the past month did [you/RESPONDENT NAME] take any health products or herbal remedies?**

- 1 Yes
- 2 No (Go to MED\_END)  
DK, RF (Go to MED\_END)

MED\_Q300B **How many different health products or herbal remedies did [you/he/she] take?**

[\_|\_|] Medications  
(MIN: 1) (MAX: 95)  
DK, RF (Go to MED\_END)

For the first 15 health products identified in MED\_Q300B, ask MED\_B301A through MED\_B301F.

MED\_B301A **Is a Drug Identification Number (DIN) available for the [number, e.g., first] health product or herbal remedy?**

INTERVIEWER: If necessary, help the respondent to find the DIN on the bottle, tube or box.

- 1 Yes
- 2 No (Go to MED\_B301D)

*Notes:*

DK and RF are not allowed.

MED\_B301B **What is the DIN of the [number, e.g., first] health product or herbal remedy?**

INTERVIEWER: Record DIN from the bottle, tube or box. Be sure to use eight digits; use leading zeros to fill the field if necessary (e.g., 00012345).

[\_|\_|\_|\_|\_|\_|\_|\_|] Drug Identification Number  
(MIN: 00000001) (MAX: 99999995)

*Notes:*

DK and RF are not allowed.  
Use trigram search.

If DIN found in DIN\_Database, set medication name from DIN\_Database.  
Otherwise go to MED\_B301D.



MED\_B301C **INTERVIEWER:** The name associated with DIN [number] is [name]. Please confirm.

- 1 Yes (Go to MED\_B301F)  
2 No

*Notes:*

DK and RF are not allowed.

MED\_B301D **What is the exact name and dosage of the [number, e.g., first] health product or herbal remedy?**

**INTERVIEWER:** Record the exact name and dosage of the health product or herbal remedy from the bottle, tube or box.

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

*Notes:*

Use trigram search.

If an entry on the source file is found, save the DIN in MED\_B301B.

If MED\_B301D = DK or RF, go to next medication.

If MED\_B301D = 1 (Other), go to MED\_B301E. Otherwise, go to MED\_B301F.

MED\_B301E **INTERVIEWER:** Record the exact name and dosage of the health product or herbal remedy from the bottle, tube or box.

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

*Notes:*

DK and RF are not allowed.

MED\_B301F **When was the last time that [you/he/she] took that health product or herbal remedy?**

**INTERVIEWER:** Read categories to respondent.

- 1 **Today**  
2 **Yesterday**  
3 **Within the last week**  
4 **Within the last month**  
5 **More than one month ago**

MED\_END

## HEALTH UTILITY INDEX (HUI)

HUI\_R01      The next set of questions asks about [your/RESPONDENT NAME'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/RESPONDENT NAME], but it is important that we ask the same questions of everyone.

### Vision

HUI\_Q01      [Are/Is] [you/he/she] usually able to see [clearly, and without distortion, the words in a book/well enough to read ordinary newsprint] without glasses or contact lenses?

- 1      Yes      (Go to HUI\_Q04)
- 2      No  
          DK, RF      (Go to HUI\_END)

HUI\_Q02      [Are/Is] [you/he/she] usually able to see [clearly, and without distortion, the words in a book/well enough to read ordinary newsprint] with glasses or contact lenses?

- 1      Yes      (Go to HUI\_Q04)
- 2      No

HUI\_Q03      [Are/Is] [you/he/she] able to see at all?

- 1      Yes
- 2      No      (Go to HUI\_Q06)
- DK, RF      (Go to HUI\_Q06)

HUI\_Q04      [Are/Is] [you/he/she] able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

- 1      Yes      (Go to HUI\_Q06)
- 2      No  
          DK, RF      (Go to HUI\_Q06)

HUI\_Q05      [Are/Is] [you/he/she] usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?

- 1      Yes
- 2      No

### Hearing

HUI\_Q06      [Are/Is] [you/RESPONDENT NAME] usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?

- 1      Yes      (Go to HUI\_Q10)
- 2      No  
          DK, RF      (Go to HUI\_Q10)

HUI\_Q07 **[Are/Is] [you/he/she] usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?**

- 1 Yes (Go to HUI\_Q08)
- 2 No

HUI\_Q07A **[Are/Is] [you/he/she] able to hear at all?**

- 1 Yes
- 2 No (Go to HUI\_Q10)
- DK, RF (Go to HUI\_Q10)

HUI\_Q08 **[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?**

- 1 Yes (Go to HUI\_Q10)
- 2 No (Go to HUI\_Q10)
- RF (Go to HUI\_Q10)

HUI\_Q09 **[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?**

- 1 Yes
- 2 No

Speech

HUI\_Q10 **[The next few questions on day-to-day health are concerned with [RESPONDENT NAME's] abilities relative to other children the same age.]**

**[Are/Is] [you/RESPONDENT NAME] usually able to be understood completely when speaking with strangers in [your/his/her] own language?**

- 1 Yes (Go to HUI\_Q14)
- 2 No (Go to HUI\_Q14)
- RF (Go to HUI\_Q14)

HUI\_Q11 **[Are/Is] [you/he/she] able to be understood partially when speaking with strangers?**

- 1 Yes
- 2 No

HUI\_Q12 **[Are/Is] [you/he/she] able to be understood completely when speaking with those who know [you/him/her] well?**

- 1 Yes (Go to HUI\_Q14)
- 2 No (Go to HUI\_Q14)
- RF (Go to HUI\_Q14)

HUI\_Q13 **[Are/Is] [you/he/she] able to be understood partially when speaking with those who know [you/him/her] well?**

- 1 Yes
- 2 No

Getting Around

HUI\_Q14 **[Are/Is] [you/RESPONDENT NAME] usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

- 1 Yes (Go to HUI\_Q21)
- 2 No (Go to HUI\_Q21)  
DK, RF

HUI\_Q15 **[Are/Is] [you/he/she] able to walk at all?**

- 1 Yes
- 2 No (Go to HUI\_Q18)  
DK, RF (Go to HUI\_Q18)

HUI\_Q16 **[Do/Does] [you/he/she] require mechanical support such as braces, a cane or crutches to be able to walk [around the neighbourhood]?**

- 1 Yes
- 2 No

HUI\_Q17 **[Do/Does] [you/he/she] require the help of another person to be able to walk?**

- 1 Yes
- 2 No

HUI\_Q18 **[Do/Does] [you/he/she] require a wheelchair to get around?**

- 1 Yes
- 2 No (Go to HUI\_Q21)  
DK, RF (Go to HUI\_Q21)

HUI\_Q19 **How often [do/does] [you/he/she] use a wheelchair?**

INTERVIEWER: Read categories to respondent.

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

HUI\_Q20 **[Do/Does] [you/he/she] need the help of another person to get around in the wheelchair?**

- 1 Yes
- 2 No

Hands and Fingers

HUI\_Q21 **[Are/Is] [you/RESPONDENT NAME] usually able to grasp and handle small objects such as a pencil or scissors?**

- 1 Yes (Go to HUI\_Q25)
- 2 No (Go to HUI\_Q25)  
DK, RF

HUI\_Q22 **[Do/Does] [you/he/she] require the help of another person because of limitations in the use of hands or fingers?**

- 1 Yes
- 2 No (Go to HUI\_Q24)  
DK, RF (Go to HUI\_Q24)

HUI\_Q23 **[Do/Does] [you/he/she] require the help of another person with:**

INTERVIEWER: Read categories to respondent.

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

HUI\_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?**

- 1 Yes
- 2 No

Feelings

HUI\_Q25 **Would you describe [yourself/RESPONDENT NAME] as being usually:**

INTERVIEWER: Read categories to respondent.

- 1 ... happy and interested in life?
- 2 ... somewhat happy?
- 3 ... somewhat unhappy?
- 4 ... unhappy with little interest in life?
- 5 ... so unhappy that life is not worthwhile?

Memory

HUI\_Q26 **How would you describe [your/his/her] usual ability to remember things?**

INTERVIEWER: Read categories to respondent.

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

Thinking

HUI\_Q27 **How would you describe [your/his/her] usual ability to think and solve day-to-day problems?**

INTERVIEWER: Read categories to respondent.

- 1 **Able to think clearly and solve problems**
- 2 **Having a little difficulty**
- 3 **Having some difficulty**
- 4 **Having a great deal of difficulty**
- 5 **Unable to think or solve problems**

Pain and Discomfort

HUI\_Q28 **[Are/Is] [you/RESPONDENT NAME] usually free of pain or discomfort?**

- 1 **Yes** (Go to HUI\_END)
- 2 **No**  
**DK, RF** (Go to HUI\_END)

HUI\_Q29 **How would you describe the usual intensity of [your/his/her] pain or discomfort?**

INTERVIEWER: Read categories to respondent.

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

HUI\_Q30 **How many activities does [your/his/her] pain or discomfort prevent?**

INTERVIEWER: Read categories to respondent.

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

HUI\_END

## REQUEST FOR PARENT TO LEAVE (RPL)

RPL\_C11 If age < 12 or age > 19, go to RPL\_END.

RPL\_N11 INTERVIEWER: Is the parent or guardian in the room with the youth?

1 Yes

2 No (Go to RPL\_END)

*Notes:*

DK and RF are not allowed.

RPL\_R12 **The next set of questions deal with some sensitive topics such as smoking, drug use and sexual behaviour. To obtain honest and accurate answers, it is best when these questions are answered in private.**

RPL\_Q13 INTERVIEWER: Read to parent or guardian.

**Would you please leave the room for a few minutes? We will let you know when we have finished these questions and you will be welcome to return.**

INTERVIEWER: Is the selected respondent now alone?

1 Yes

2 No

*Notes:*

DK and RF are not allowed.

RPL\_END

## SMOKING (SMK)

SMK\_C11 If age < 12, go to SMK\_END.

SMK\_R11 **Now, I am going to ask you about cigarette smoking. By cigarettes, we mean both ready-made cigarettes and ones you roll yourself, excluding cigars, cigarillos, marijuana or pipes.**

SMK\_Q11 **In [your/his/her] lifetime, [have/has] [you/RESPONDENT NAME] smoked a total of 100 or more cigarettes (about 4 packs)?**

- 1 Yes
- 2 No

SMK\_Q12 **At the present time, [do/does] [you/he/she] smoke cigarettes daily, occasionally or not at all?**

- 1 Daily
- 2 Occasionally
- 3 Not at all

SMK\_C21A If SMK\_Q11 = 2 (No) and SMK\_Q12 = 3 (Not at all), go to SMK\_Q60.

SMK\_C21B If SMK\_Q11 = (DK or RF) and SMK\_Q12 = (DK or RF), go to SMK\_Q60.

SMK\_R21 **The next questions are about [your/his/her] smoking history. To begin, a question about when [you/he/she] started smoking. You may find it helpful to think back to what [you/he/she] [were/was] doing or who [you/he/she] [were/was] with when [you/he/she] started smoking.**

SMK\_Q21 **At what age did [you/he/she] smoke [your/his/her] first whole cigarette?**

INTERVIEWER: Minimum is 5; maximum is age.

|\_|\_| Age in years  
(MIN: 5) (MAX: 79)

SMK\_R22 **Now I'd like to know about changes in [your/his/her] smoking pattern from the time [you/he/she] smoked [your/his/her] first whole cigarette until today.**

SMK\_Q22 **How old [were/was] [you/he/she] when [you/he/she] started smoking at least 1 cigarette a month?**

INTERVIEWER: Minimum is [age smoked first whole cigarette]; maximum is age. If the respondent never smoked at least one cigarette a month, enter "0".

|\_|\_| Age in years  
(MIN: 0) (MAX: 79)

SMK\_C22 If SMK\_Q22 = 0, DK or RF, go to SMK\_Q60.



SMK\_Q23 **When [you/he/she] [were/was] [age started smoking one cigarette a month] years old, how many days in a typical month did [you/he/she] smoke at least one cigarette?**

INTERVIEWER: If the respondent smoked every day or daily, enter “31”.  
If the respondent smoked 30 days in a month, ask if this means every day. If so, enter “31”. If not, enter “30”.

[\_|\_|] Days  
(MIN: 1) (MAX: 31)

SMK\_Q24 **(When [you/he/she] [were/was] [age started smoking one cigarette a month] years old,) [How many cigarettes did [you/he/she] usually smoke each day/On the days [you/he/she] smoked, how many cigarettes did [you/he/she] usually smoke]?**

[\_|\_|] Cigarettes  
(MIN: 1) (MAX: 95)

SMK\_C25A If SMK\_Q12 = 1 (Daily) or SMK\_Q12 = 2 (Occasionally), go to SMK\_R25.  
Otherwise, go to SMK\_C31A.

SMK\_R25 **Next, a question about cigarette brand names. By brand name I mean the name on the package of cigarettes, including size and strength, such as King Size, Regular, Mild or Extra Mild.**

SMK\_Q25 **What brand of cigarettes [do/does] [you/he/she] currently smoke?**

INTERVIEWER: If necessary, probe for cigarette strength and size.

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

*Notes:*

Use trigram search.

SMK\_D25 Cigarette brand code

*Notes:*

Store code of cigarette brand associated with SMK\_Q25.

SMK\_C25B If SMK\_D25 = Other, go to SMK\_S25. Otherwise, go to SMK\_C31A.

Daily smoker (current)

SMK\_C31A If SMK\_Q12 = 1 (Daily), go to SMK\_Q31. Otherwise, go to SMK\_C41.

SMK\_Q31 **How many cigarettes [do/does] [you/RESPONDENT NAME] smoke each day now?**

[\_|\_|] Cigarettes  
(MIN: 1) (MAX: 95)

SMK\_C31B Go to SMK\_Q60.

Occasional smoker (current)

SMK\_C41 If SMK\_Q12 = 2, go to SMK\_Q41. Otherwise, go to SMK\_Q51.

SMK\_Q41 **On the days that [you/RESPONDENT NAME] smoke[s], how many cigarettes [do/does] [you/he/she] usually smoke?**

|\_| Cigarettes  
(MIN: 1) (MAX: 95)

SMK\_Q42 **In the past month, on how many days [have/has] [you/he/she] smoked 1 or more cigarettes?**

|\_| Days  
(MIN: 0) (MAX: 31)

Occasional smoker or non-smoker (current)

SMK\_Q51 **[Have/Has] [you/RESPONDENT NAME] ever smoked cigarettes daily?**

- 1 Yes
- 2 No (Go to SMK\_Q60)  
DK, RF (Go to SMK\_Q60)

SMK\_Q52 **At what age did [you/he/she] begin to smoke (cigarettes) daily?**

INTERVIEWER: Minimum is [age started smoking at least 1 cigarette a month]; maximum is age.

|\_| Age in years  
(MIN: 5) (MAX: 79)

SMK\_Q53 **How many cigarettes did [you/he/she] usually smoke each day?**

|\_| Cigarettes  
(MIN: 1) (MAX: 95)

SMK\_Q54 **At what age did [you/he/she] stop smoking cigarettes [daily/completely]?**

INTERVIEWER: Minimum is [age started smoking daily/age started smoking at least 1 cigarette a month]; maximum is age.

|\_| Age in years  
(MIN: 5) (MAX: 79)

SMK\_Q60 **In the past month, [have/has] [you/he/she] smoked cigars or a pipe or used snuff or chewing tobacco?**

- 1 Yes
- 2 No

SMK\_END

## ALCOHOL USE (ALC)

ALC\_C11 If age < 12, go to ALC\_END.

ALC\_R11 **Now, some questions about [your/RESPONDENT NAME's] alcohol consumption.**

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

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

ALC\_Q11 **During the past 12 months, that is, from [date one year ago] to yesterday, [have/has] [you/RESPONDENT NAME] had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to ALC\_Q17)
- DK, RF (Go to ALC\_END)

ALC\_Q12 **During the past 12 months, how often did [you/he/she] drink alcoholic beverages?**

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

ALC\_Q13 **How often in the past 12 months [have/has] [you/he/she] had 5 or more drinks on one occasion?**

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

ALC\_Q14 **Thinking back over the past week, that is, from [date last week] to yesterday, did [you/RESPONDENT NAME] have a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to ALC\_Q19)
- DK, RF (Go to ALC\_Q19)

ALC\_Q15 **(Starting with yesterday, that is) [day name], how many drinks did [you/he/she] have?**

- 1 Sunday?
- 2 Monday?
- 3 Tuesday?
- 4 Wednesday?
- 5 Thursday?
- 6 Friday?
- 7 Saturday?

Notes:

Ask ALC\_Q15 seven times, once for each day of the week, working backwards from yesterday.

If RF on first day, go to ALC\_C19.

MIN: 0 MAX: 95 for each day.

ALC\_Q16 **Is the amount [you/RESPONDENT NAME] drank over the last week more, about the same, or less compared to most weeks?**

- 1 More
- 2 About the same
- 3 Less

Notes:

Go to ALC\_C19

ALC\_Q17 **[Have/Has] [you/RESPONDENT NAME] ever had a drink?**

- 1 Yes
- 2 No (Go to ALC\_END)  
DK, RF (Go to ALC\_END)

ALC\_Q18 **Did [you/he/she] ever regularly drink more than 12 drinks a week?**

- 1 Yes
- 2 No

ALC\_Q19 **Not counting small sips, how old [were/was] [you/he/she] when [you/he/she] started drinking alcoholic beverages?**

INTERVIEWER: Drinking does not include having a few sips of wine for religious purposes.

Minimum is 5; maximum is age.

[\_][\_] Age in years  
(MIN: 5) (MAX: 79)

ALC\_END

## ILLICIT DRUG USE (IDU)

IDU\_C11 If age < 14 or proxy interview, go to IDU\_END.

IDU\_R11 **Now I am going ask you some questions about your use of drugs and other substances for recreational purposes. I would like to remind you that everything you say will remain strictly confidential.**

IDU\_Q11 **Have you ever used or tried marijuana, cannabis or hashish?**

- 1 Yes
- 2 No
- RF (Go to IDU\_END)

IDU\_Q12 **Have you ever used prescription drugs for recreational purposes?**

- 1 Yes
- 2 No

IDU\_Q13 **Have you ever used or tried street drugs such as cocaine, speed, solvents or steroids?**

- 1 Yes
- 2 No (Go to IDU\_END)
- DK, RF (Go to IDU\_END)

IDU\_Q14 **Have you ever injected drugs?**

- 1 Yes
- 2 No (Go to IDU\_END)
- DK, RF (Go to IDU\_END)

IDU\_Q15 **Have you ever lent injection equipment to another person?**

- 1 Yes
- 2 No
- RF (Go to IDU\_END)

IDU\_Q16 **Have you ever borrowed injection equipment from another person (excluding needle exchange programs)?**

- 1 Yes
- 2 No

IDU\_END

**SEXUAL BEHAVIOUR (SXB)**

SXB\_C11 If age < 14 or proxy interview, go to SXB\_END.

SXB\_R11 **I would like to ask you a few questions about sexual behaviour. We ask these questions because sexual behaviours can have very important and long-lasting effects on personal health. You can be assured that anything you say will remain confidential.**

SXB\_Q11 **Have you ever had sexual intercourse?**

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    |                 |
| 2 | No     | (Go to SXB_END) |
|   | DK, RF | (Go to SXB_END) |

SXB\_Q12 **In the past 12 months, have you had sexual intercourse?**

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    |                 |
| 2 | No     | (Go to SXB_Q21) |
|   | DK, RF | (Go to SXB_END) |

SXB\_Q13 **With how many different partners?**

- |   |                    |
|---|--------------------|
| 1 | 1 partner          |
| 2 | 2 partners         |
| 3 | 3 partners         |
| 4 | 4 or more partners |

SXB\_Q21 **Have you ever been diagnosed with a sexually transmitted disease?**

- |   |        |                  |
|---|--------|------------------|
| 1 | Yes    |                  |
| 2 | No     | (Go to SXB_C23A) |
|   | DK, RF | (Go to SXB_C23A) |

SXB\_Q22 **Which sexually transmitted disease[s] have you been diagnosed with?**

INTERVIEWER: Mark all that apply.

- |    |  |
|----|--|
| 1  | HIV (Human Immunodeficiency Virus)           |
| 2  | AIDS (Acquired Immunodeficiency Syndrome)    |
| 3  | Chlamydia                                    |
| 4  | Genital Herpes (Herpes Simplex Type II)      |
| 5  | Syphilis                                     |
| 6  | Gonorrhoea                                   |
| 7  | Genital Warts (Human Papilloma Virus or HPV) |
| 8  | Venereal disease                             |
| 9  | Hepatitis B                                  |
| 10 | Other - specify                              |

SXB\_C22 If SXB\_Q22 = 10 (Other), go to SXB\_S22. Otherwise, go to SXB\_C23A.

SXB\_S22      INTERVIEWER: Specify

\_\_\_\_\_

(80 spaces)

*Notes:*

DK and RF are not allowed.

SXB\_C23A      If SXB\_Q12 = 1 (had intercourse in last 12 months), go to SXB\_C23B.  
Otherwise, go to SXB\_END.

SXB\_C23B      If MSWC\_Q02 = [1 (Married) or 2 (Common-law)] and SXB\_Q13 = 1 (one  
partner), go to SXB\_END.

SXB\_Q23      **Did you or your partner use a condom the last time you had sexual  
intercourse?**

- 1      Yes
- 2      No

SXB\_Q24      **Do you or your partner usually use a condom when you have sexual  
intercourse?**

- 1      Yes
- 2      No

SXB\_END

## BREASTFEEDING (MBF)

MBF\_C11 If age < 14 or SEX = male or SXB\_Q11 = 2 (never had sexual intercourse) or proxy interview, go to MBF\_END.

MBF\_R11 **Now some questions about giving birth and breastfeeding experiences.**

MBF\_Q11 **Have you ever given birth?**

- 1 Yes
- 2 No (Go to MBF\_END)  
DK, RF (Go to MBF\_END)

MBF\_Q12 **How many live births have you had (excluding stillborns and miscarriages)?**

INTERVIEWER: Enter number of births.

[\_|\_] Births  
(MIN: 0) (MAX: 15)

MBF\_C21 If MBF\_Q12 = 0, DK or RF go to MBF\_END.

**For each birth identified in MBF\_Q12, ask MBF\_Q21 and MBF\_Q22.**

MBF\_Q21 **Did you breastfeed your [number, e.g. first] baby?**

- 1 Yes
- 2 No (Go to BRF\_END)  
DK, RF (Go to BRF\_END)

MBF\_Q22 **For how long did you breastfeed your [number, e.g. first] baby?**

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 weeks to less than 12 weeks
- 6 3 months (12 weeks to less than 16 weeks)
- 7 4 months (16 weeks to less than 20 weeks)
- 8 5 months (20 weeks to less than 24 weeks)
- 9 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year

MBF\_END



## REQUEST FOR PARENT TO RETURN (RPR)

RPR\_C11 If age < 12 or age > 19 or RPL\_Q13 = 2 (respondent not alone), go to RPR\_END.

RPR\_R11 **We have now finished the sensitive questions. If your parent or guardian is available, please ask him or her to [rejoin/join] us now.**

RPR\_N11 INTERVIEWER: Is the parent or guardian in the room?

- 1 Yes
- 2 No

*Notes:*

DK and RF are not allowed.

RPR\_END

FOR INFORMATION ONLY

## REQUEST FOR CHILD TO LEAVE (RCL)

RCL\_C11 If age > 17 or RPR\_N11 = 2 (parent or guardian not in the room), go to RCL\_END.

RCL\_N11 INTERVIEWER: Is the child in the room?

- 1 Yes
- 2 No (Go to RCL\_END)

*Notes:*

DK and RF are not allowed.

RCL\_R12 If proxy interview

INTERVIEWER: Read to parent or guardian.

**It is best when this next set of questions is answered by an adult in private.**

Else

INTERVIEWER: Read to respondent.

**This next set of questions deals with topics that are best answered by your parent or guardian in private. Is your parent or guardian available to answer the next set of questions?**

RCL\_N12 INTERVIEWER: Is the parent or guardian available to answer the next questions?

- 1 Yes
- 2 No (Go to RCL\_END)

*Notes:*

DK and RF are not allowed.

RCL\_Q13 If proxy interview

**Could [RESPONDENT NAME] please leave the room while we complete these questions? We will let [him/her] know when we have finished these questions and [he/she] may return.**

INTERVIEWER: Has the child left the room?

- 1 Yes
- 2 No

Else

**Would you please leave the room so that your parent or guardian may answer these questions in private? We will let you know when we have finished these questions and at that time we would like you to return.**

INTERVIEWER: Is the parent or guardian now alone?

- 1 Yes
- 2 No

*Notes:*

DK and RF are not allowed.

RCL\_END

FOR INFORMATION ONLY

## PREGNANCY INFORMATION (PRG)

PRG\_C11 If age > 11 or Person Providing Information is not a birth or biological parent, go to PRG\_END.

PRG\_R11 **Next some questions about [your pregnancy with RESPONDENT NAME/RESPONDENT NAME's biological mother's pregnancy with him/her].**

PRG\_Q11 **Did [you/she] smoke during [your/her] pregnancy with [RESPONDENT NAME]?**

- 1 Yes
- 2 No (Go to PRG\_END)  
DK, RF (Go to PRG\_END)

PRG\_Q12 **How many cigarettes per day did [you/she] smoke?**

INTERVIEWER: Enter number of cigarettes.

|\_| Cigarettes  
(MIN: 1) (MAX: 95)

PRG\_Q13 **At what stage in [your/her] pregnancy did [you/she] smoke [this amount]?**

INTERVIEWER: Mark all that apply.

- 1 During the first three months
- 2 During the second three months
- 3 During the third three months
- 4 Throughout

PRG\_END

## BIRTH INFORMATION (BIR)

BIR\_C11 If age > 11 or if Person Providing Information is not a parent/guardian, go to BIR\_END.

BIR\_R11 **The following questions concern [RESPONDENT NAME]'s birth.**

BIR\_Q11 **How much did [he/she] weigh at birth?**

INTERVIEWER: Is that in pounds or grams?

- |   |                   |                 |
|---|-------------------|-----------------|
| 1 | Pounds and Ounces |                 |
| 2 | Grams             | (Go to BIR_N14) |
|   | DK, RF            | (Go to BIR_Q21) |

BIR\_N12 INTERVIEWER: Enter pounds only

[\_][\_] Pounds  
(MIN: 0) (MAX: 20)

*Notes:*

DK and RF are not allowed.

BIR\_N13 INTERVIEWER: Enter ounces only

[\_][\_] Ounces  
(MIN: 0) (MAX: 15)

*Notes:*

DK and RF are not allowed.

Go to BIR\_Q21.

BIR\_N14 INTERVIEWER: Enter grams.

[\_][\_][\_][\_] Grams  
(MIN: 0) (MAX: 9995)

*Notes:*

DK and RF are not allowed.

BIR\_Q21 **Was [he/she] born before, after or on the due date?**

- |   |                     |                 |
|---|---------------------|-----------------|
| 1 | Before the due date |                 |
| 2 | After the due date  |                 |
| 3 | On the due date     | (Go to BIR_Q23) |
|   | DK, RF              | (Go to BIR_Q23) |

BIR\_Q22 **How many days [before/after] the due date was [he/she] born?**

INTERVIEWER: If less than one day, enter "0".

||| Days  
(MIN: 0) (MAX: 105)

BIR\_Q23 **Was this a single birth, or was it twins or triplets?**

- 1 Single birth
- 2 Twins
- 3 Triplets
- 4 More than triplets

BIR\_Q24 **Was [RESPONDENT NAME] admitted to a special neonatal unit or an intensive care unit immediately following birth, before [he/she] left the hospital?**

- 1 Yes
- 2 No (Go to BIR\_Q26)  
DK, RF (Go to BIR\_Q26)

BIR\_Q25 **For how many days, in total, was this care received?**

INTERVIEWER: If less than one day, enter "0".

||| Days  
(MIN: 0) (MAX: 995)

BIR\_Q26 **How old [were you/was RESPONDENT NAME's biological mother] when [RESPONDENT NAME] was born?**

INTERVIEWER: Minimum is 12; maximum is 59.

|| Age in years  
(MIN: 12) (MAX: 59)

BIR\_END

## BREASTFEEDING INFORMATION (BRI)

BRI\_C11 If age > 11 or Person Providing Information is not a birth or biological parent, go to BRI\_END.

BRI\_Q11 **Did [you/RESPONDENT NAME's biological mother] breastfeed [RESPONDENT NAME] as an infant, even if only for a short period of time?**

- 1 Yes
- 2 No (Go to BRI\_END)  
DK, RF (Go to BRI\_END)

BRI\_Q12 **For how long did [you/she] breastfeed?**

- 1 Less than one week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 to less than 12 weeks
- 6 3 to 6 months
- 7 7 to 9 months
- 8 10 to 12 months
- 9 More than 1 year

BRI\_Q13 **For how long was [RESPONDENT NAME] fed only breast milk?**

INTERVIEWER: Water, tea, juice or other liquids are not to be included. Medication and vitamins can be included.

- 1 Less than one week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 to less than 12 weeks
- 6 3 to 6 months
- 7 More than 6 months

BRI\_END

## STRENGTHS AND DIFFICULTIES (SDQ) © Robert Goodman

SDQ\_C11 If age > 17 or [age > 11 and age < 18 and (RPR\_N11 = 2 (parent or guardian not in the room) or RCL\_N12 = 2 (parent/guardian not available to answer questions))], go to SDQ\_END.

SDQ\_R11 **Now I'm going to read a series of statements. Please tell me if the statement is "Not true", "Somewhat true" or "Certainly true". It would help us if you answered all of the questions as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.**

SDQ\_Q11 **[RESPONDENT NAME] is considerate of other people's feelings.**

- 1 Not true
  - 2 Somewhat true
  - 3 Certainly true
- RF (Go to SDQ\_END)

SDQ\_Q12 **[He/She] is restless, overactive, cannot stay still for long.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q13 **[He/She] often complains of headaches, stomach-aches or sickness.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q14 **[[He/She] shares readily with other children, for example toys, treats, pencils. / [He/She] shares readily with other youth, for example CD's, games, food.]**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q15 **[He/She] often loses [his/her] temper.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q16 **[RESPONDENT NAME] is rather solitary, prefers to play alone. / [RESPONDENT NAME] would rather be alone than with other youth.]**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true



SDQ\_Q17 **[He/She] is generally well behaved, usually does what adults request.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q18 **[He/She] has many worries or often seems worried.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q19 **[He/She] is helpful if someone is hurt, upset, or feeling ill.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q20 **[He/She] is constantly fidgeting or squirming.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q21 **[RESPONDENT NAME] has at least one good friend.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q22 **[[He/She] often fights with other children or bullies them. / [He/She] often fights with other youth or bullies them.]**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q23 **[He/She] is often unhappy, depressed or tearful.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q24 **[[He/She] is generally liked by other children. / [He/She] is generally liked by other youth.]**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q25 **[He/She] is easily distracted, [his/her] concentration wanders.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q26 **[RESPONDENT NAME] is nervous or clingy in new situations, easily loses confidence. / [RESPONDENT NAME] is nervous in new situations, easily loses confidence.]**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q27 **[He/She] is kind to younger children.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q28 **[He/She] often lies or cheats.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q29 **[[He/She] is picked on or bullied by other children. / [He/She] is picked on or bullied by other youth.]**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q30 **[He/She] often offers to help others (parents, teachers, other children).**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q31 **[RESPONDENT NAME] thinks things out before acting.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q32 **[He/She] steals from home, school or elsewhere.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q33 **[[He/She] gets along better with adults than with other children. / [He/She] gets along better with adults than with other youth.]**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q34 **[He/She] has many fears, is easily scared.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_Q35 **[He/She] has a good attention span, sees chores or homework through to the end.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

SDQ\_END

FOR INFORMATION ONLY

## REQUEST FOR CHILD TO RETURN (RCR)

RCR\_C11      If age > 17 or RCL\_N12 = 2 (parent/guardian not available to answer questions), go to RCR\_END.

RCR\_R11      **We have now finished this set of questions.**

If proxy interview

**[RESPONDENT NAME] may return now if [he/she] wishes. [He/She] may help answer the remaining questions.**

Else

**[RESPONDENT NAME] should return now to answer the remaining questions in the survey. You may wish to remain in the room or close by to provide assistance to [RESPONDENT NAME] if needed.**

RCR\_N11      INTERVIEWER: Has the child returned to the room?

- 1      Yes
- 2      No

*Notes:*

DK and RF are not allowed.

RCR\_END

## EXPOSURE TO SECOND-HAND SMOKE (ETS)

ETS\_R11      **The next questions are about exposure to second-hand smoke. Second-hand smoke includes the smoke that smokers exhale and the smoke from burning cigarettes.**

ETS\_C11      If two persons selected in the household and age of current respondent > 11, go to ETS\_Q13.

ETS\_Q11      **Including both household members and regular visitors, does anyone smoke inside this home, every day or almost every day?**

INTERVIEWER: Include cigarettes, cigars and pipes.

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    |                 |
| 2 | No     | (Go to ETS_Q14) |
|   | DK, RF | (Go to ETS_END) |

ETS\_Q12      **How many people smoke inside this home every day or almost every day?**

INTERVIEWER: Include household members and regular visitors.

I\_|\_|      Number of people  
(MIN:1) (MAX:15)

ETS\_Q13      **Overall, [excluding [your/his/her] own smoking,] in the past month [were/was] [you/RESPONDENT NAME] exposed to second-hand smoke inside this home:**

INTERVIEWER: Read categories to respondent.

- |   |                                      |
|---|--------------------------------------|
| 1 | ... every day?                       |
| 2 | ... almost every day?                |
| 3 | ... at least once a week?            |
| 4 | ... at least once in the past month? |
| 5 | ... never?                           |

ETS\_Q14      **In the past month, [were/was] [you/RESPONDENT NAME] exposed to second-hand smoke, every day or almost every day, in a car or other private vehicle?**

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

ETS\_Q15      **(In the past month,) [Were/Was] [you/he/she] exposed to second-hand smoke, every day or almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?**

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

ETS\_C16      If GEN\_Q16 = 1 (worked in past 12 months), go to ETS\_Q16. Otherwise, go to ETS\_Q17.

ETS\_Q16      **(In the past month,) [Were/Was] [you/he/she] exposed to second-hand smoke every day or almost every day at [your/his/her] place of work?**

- 1      Yes
- 2      No

ETS\_Q17      **Overall, [excluding your/his/her own smoking] [and] [excluding inside [your/his/her] own home], in the past month [were/was] [you/he/she] exposed to second-hand smoke:**

INTERVIEWER: Read categories to respondent.

- 1      ... every day?
- 2      ... almost every day?
- 3      ... at least once a week?
- 4      ... at least once in the past month?
- 5      ... never?

ETS\_END

FOR INFORMATION ONLY

## HOUSING CHARACTERISTICS (HSC)

HSC\_R11 **Now I'm going to ask you some questions about this home.**

HSC\_C11 If two persons selected in the household and age of current respondent > 11 go to HSC\_Q12.

HSC\_Q11 **How old is this home? Is it:**

INTERVIEWER: Read categories to respondent. If necessary state: **(If you do not know the exact age, please provide an estimate.)**

- 1 ... less than 10 years old?
  - 2 ... 10 years old to less than 20?
  - 3 ... 20 years old to less than 30?
  - 4 ... 30 years old to less than 40?
  - 5 ... 40 years old to less than 50?
  - 6 ... 50 or more years old?
- RF (Go to HSC\_END)

HSC\_Q12 **How long [have/has] [you/RESPONDENT NAME] lived in this home?**

INTERVIEWER: Minimum is 0; maximum is age.  
If less than one year enter "0".

[\_][\_] Years  
(MIN: 0) (MAX: 79)

HSC\_C13A If two persons selected in the household and age of current respondent > 11 go to HSC\_END.

HSC\_Q13 **What is the main source of heat in this home?**

INTERVIEWER: Mark all that apply.

- 1 Oil furnace
- 2 Gas furnace
- 3 Electric heat
- 4 Wood-burning stove
- 5 Wood-burning fireplace
- 6 Gas fireplace
- 7 Other - specify

HSC\_C13B If HSC\_Q13 = 7 (Other), go to HSC\_S13. Otherwise, go to HSC\_Q31.

HSC\_S13 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

HSC\_Q31 **In the past month, that is from [date last month] to yesterday, were any chemicals used to treat this home to control roaches, ants or termites, or were any insecticides used on indoor house plants?**

- 1 Yes
- 2 No (Go to HSC\_Q37)
- DK, RF (Go to HSC\_Q37)

HSC\_Q33 **In which area(s) of this home were these products used?**

INTERVIEWER: Mark all that apply.

- 1 Living room
- 2 Family room
- 3 Dining room
- 4 Kitchen
- 5 Bathroom(s)
- 6 Bedroom(s)
- 7 Other rooms (den, play room, rec room, etc.)
- 8 Outside (foundation of building)
- 9 Entire home

HSC\_Q34 **(In the past month,) When these chemical products were used to treat this home, how many times did someone living in this home personally apply these products?**

INTERVIEWER: Minimum is 0; maximum is 30.

Times  
(MIN: 0) (MAX: 30)

HSC\_Q35 **(In the past month, when these chemical products were used to treat this home,) How many times did a professional exterminator apply these products?**

INTERVIEWER: Minimum is 0; maximum is 30.

Times  
(MIN: 0) (MAX: 30)

HSC\_Q36 **(In the past month, when these chemical products were used to treat this home,) How many times did someone other than a professional or household member apply these products? (For example: a neighbour or relative living outside this home)**

INTERVIEWER: Minimum is 0; maximum is 30.

Times  
(MIN: 0) (MAX: 30)

HSC\_Q37 **In the past month, were any chemicals used in this home to control head lice on family members or fleas on pets?**

- 1 Yes
- 2 No



HSC\_Q41 **(In the past month,) Did anyone treat the lawn or yard of this home, or the surrounding fields, woods or orchards with chemical products to kill insects or weeds, or to control plant diseases?**

- 1 Yes
- 2 No (Go to HSC\_END)
- DK, RF (Go to HSC\_END)

HSC\_Q42 **(In the past month,) When these chemical products were used to treat the area around this home, how many times did someone living in this home personally apply these products?**

INTERVIEWER: Minimum is 0; maximum is 30.

|\_| Times  
(MIN: 0) (MAX: 30)

HSC\_Q43 **(In the past month, when these chemical products were used to treat the area around this home,) How many times did a professional apply these products?**

INTERVIEWER: Minimum is 0; maximum is 30.

|\_| Times  
(MIN: 0) (MAX: 30)

HSC\_Q44 **(In the past month, when these chemical products were used to treat the area around this home,) How many times did someone other than a professional or household member apply these products? (For example: a neighbour or relative living outside this home)**

INTERVIEWER: Minimum is 0; maximum is 30.

|\_| Times  
(MIN: 0) (MAX: 30)

HSC\_END

## HOBBIES (HOB)

HOB\_R11 **Now some questions about activities [you/RESPONDENT NAME] may have done recently.**

HOB\_Q11 If age < 12:

**In the past 3 months, that is from [date three months ago] to yesterday, [have/has] [you/RESPONDENT NAME] done any of the following in [your/his/her] leisure time or at school? For children this can include watching or helping a relative as well as participating themselves.**

If age > 11 and age < 20:

**In the past 3 months, that is from [date three months ago] to yesterday, [have/has] [you/RESPONDENT NAME] done any of the following in [your/his/her] leisure time or at school?**

Else:

**In the past 3 months, that is from [date three months ago] to yesterday, [have/has] [you/RESPONDENT NAME] done any of the following in [your/his/her] leisure time, that is outside of work?**

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

- 1 **Arts using paints, glazes, finger paints, water colours, crayons**
- 2 **Pottery and ceramics using a kiln**
- 3 **Model making using glues, solders, paints or metals**
- 4 **Making fishing sinkers or weights**
- 5 **Welding or soldering**
- 6 **Auto repairs**
- 7 **Electronics assembly, repairs of components**
- 8 **Plumbing**
- 9 **Refinishing furniture**
- 10 **Woodworking**
- 11 None (Go to HOB\_END)
- DK, RF (Go to HOB\_END)

For each activity identified in HOB\_Q11, ask HOB\_Q12 and HOB\_Q13.

HOB\_Q12 **(In the past three months,) How often did [you/he/she] usually [identified activity]? (For example: twice a day, three times a week, once a month)**

INTERVIEWER: Enter amount only.

||| Times  
(MIN: 0) (MAX: 500)  
0, DK, RF

(Go to next activity)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

HOB\_Q13 **About how much time did [you/he/she] spend on each occasion?**

- 1 Less than 30 minutes
- 2 30 to 60 minutes
- 4 61 to 90 minutes
- 4 More than an hour and a half

HOB\_END

FOR INFORMATION ONLY

## GROOMING PRODUCT USE (GPU)

GPU\_R11 **Now some questions about [your/RESPONDENT NAME's] use of grooming and cosmetic products [including "dress-up" use]. Some of these questions may not apply to [you/him/her], but we need to ask them to all respondents.**

GPU\_Q11 **In the past 3 months, that is from [date three months ago] to yesterday, [have/has] [you/he/she] used any of the following:**

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

- 1 ... fragrance (including perfumes, cologne and aftershave)?
- 2 ... eye make-up?
- 3 ... lipstick (including lip gloss)?
- 4 ... hair dye?
- 5 ... hair style products (including hair spray, gel, mousse and other hair styling products)?
- 6 ... manicure preparations?
- 7 ... scented body products (including lotion, cream and body wash)?
- 8 None (Go to GPU\_END)  
DK, RF (Go to GPU\_END)

For each activity identified GPU\_Q11, ask GPU\_Q12.

GPU\_Q12 **How often [do/does] [you/he/she] usually use [identified product]? (For example: twice a day, three times a week, once a month)**

INTERVIEWER: Enter amount only.

[\_] [\_] [\_] Times  
(MIN: 0) (MAX: 500)  
0, DK, RF (Go to next product)

INTERVIEWER: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

*Notes:*

DK and RF are not allowed.

GPU\_END

## LABOUR FORCE ACTIVITY (LBF)

LBF\_C01 If age < 15 or age > 75, go to LBF\_END. Otherwise, go to LBF\_R01.

LBF\_R01 **The next few questions concern [you/RESPONDENT NAME's] activities in the last 7 days. By the last 7 days, I mean beginning [date one week ago] and ending [date yesterday].**

### Job Attachment

LBF\_Q01 **Last week, did [you/RESPONDENT NAME] work at a job or a business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**

- |   |                                      |                                    |
|---|--------------------------------------|------------------------------------|
| 1 | Yes                                  | (Go to LBF_Q03)                    |
| 2 | No                                   |                                    |
| 3 | Permanently unable to work<br>DK, RF | (Go to LBF_R21)<br>(Go to LBF_END) |

LBF\_Q02 **Last week, did [you/RESPONDENT NAME] have a job or business from which [you/he/she] [was/were] absent?**

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    |                 |
| 2 | No     | (Go to LBF_Q11) |
|   | DK, RF | (Go to LBF_END) |

LBF\_Q03 **Did [you/he/she] have more than one job or business last week?**

- |   |     |  |
|---|-----|--|
| 1 | Yes |  |
| 2 | No  |  |

*Notes:*

Go to LBF\_R31

### Job Search – Last 4 Weeks

LBF\_Q11 **In the past 4 weeks, did [you/RESPONDENT NAME] do anything to find work?**

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    | (Go to LBF_R21) |
| 2 | No     |                 |
|   | DK, RF | (Go to LBF_R21) |

LBF\_Q13 **What is the main reason that [you/he/she] [are/is] not currently working at a job or business?**

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Pregnancy (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 School or educational leave
- 8 Retired
- 9 Believes no work available (in area or suited to skills)
- 10 Other - specify

LBF\_C13 If LBF\_Q13 = 10 (Other), go to LBF\_S13. Otherwise, go to LBF\_C14.

LBF\_S13 INTERVIEWER: Specify

\_\_\_\_\_

(80 spaces)

*Notes:*

DK and RF are not allowed.

LBF\_C14 If LBF\_Q13 = 1 (Own illness or disability), go to LBF\_Q14. Otherwise, go to LBF\_R21.

LBF\_Q14 **Is this due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason?**

- 1 Physical health
- 2 Emotional or mental health (including stress)
- 3 Use of alcohol or drugs
- 4 Another reason

Past Job Attachment

LBF\_R21 **Now some questions about jobs or employment which [you/RESPONDENT NAME] [have/has] had during the past 12 months, that is, from [date one year ago] to yesterday.**

LBF\_Q21 **Did [you/he/she] work at a job or a business at any time in the past 12 months? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**

- 1 Yes (Go to LBF\_Q23)
- 2 No

LBF\_C22 If LBF\_Q11 = 1 (looked for work), go to LBF\_Q71. Otherwise, go to LBF\_Q22.

LBF\_Q22 **During the past 12 months, did [you/he/she] do anything to find work?**

- 1 Yes (Go to LBF\_Q71)
- 2 No (Go to LBF\_END)
- DK, RF (Go to LBF\_END)

LBF\_Q23 **During that 12 months, did [you/he/she] work at more than one job or business at the same time?**

- 1 Yes
- 2 No

Occupation, Smoking Restrictions at Work

LBF\_R31 **The next questions are about [your/RESPONDENT NAME's] [current job or business/most recent job or business].**

If person currently holds more than one job or if the last time he/she worked it was at more than one job:

[INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.]

Notes:

DK and RF are not allowed.

LBF\_Q31 **[Are/Is/Were/Was] [you/he/she] an employee or self-employed?**

- 1 Employee (Go to LBF\_Q33)
- 2 Self-employed
- 3 Working in a family business without pay (Go to LBF\_Q33)
- DK, RF (Go to LBF\_Q33)

LBF\_Q31A **[Do/Does/Did] [you/he/she] have any employees?**

- 1 Yes
- 2 No

LBF\_Q32 **What [is/was] the name of [your/his/her] business?**

\_\_\_\_\_  
(50 spaces)

Notes:

Go to LBF\_Q34.

LBF\_Q33 **For whom [do/does/did] [you/he/she] work? (For example: name of business, government department or agency, or person)**

\_\_\_\_\_  
(50 spaces)

LBF\_Q34 **What kind of business, industry or service [is/was] this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)**

\_\_\_\_\_  
(50 spaces)

LBF\_Q35 **What kind of work [are/is/were/was] [you/he/she] doing? (For example: babysitting in own home, factory worker, forestry technician)**

\_\_\_\_\_  
(50 spaces)

Notes:

Use trigram search.

LBF\_C35 If LBF\_Q35 = Other, go to LBF\_S35. Otherwise, go to LBF\_Q36.

LBF\_S35 INTERVIEWER: Specify

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

Notes:

DK and RF are not allowed.

LBF\_Q36 **What [are/were] [your/his/her] most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)**

\_\_\_\_\_  
(50 spaces)

LBF\_Q36A **[Is/Was] [your/his/her] [job/business] permanent, or [is/was] there some way that it [is/was] not permanent? (For example: seasonal, temporary, term, casual)**

1 Permanent (Go to LBF\_Q37)

2 Not permanent  
DK, RF (Go to LBF\_Q37)

LBF\_Q36B **In what way [is/was] [your/his/her] [job/business] not permanent?**

- 1 Seasonal
- 2 Temporary, term or contract
- 3 Casual job
- 4 Work done through a temporary help agency
- 5 Other



LBF\_Q37 **At [your/his/her] place of work, what [are/were] the restrictions on smoking?**

INTERVIEWER: Read categories to respondent.

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

Absence / Hours

LBF\_C41A If LBF\_Q02 = 1 (Had a job), go to LBF\_Q41. Otherwise, go to LBF\_Q42.

LBF\_Q41 **What was the main reason [you/RESPONDENT NAME] [were/was] absent from work last week?**

- 1 Own illness or disability
- 2 Caring for – own children
- 3 Caring for – elder relatives
- 4 Maternity leave (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions (Employees only)
- 9 Seasonal layoff (Employees only)
- 10 Casual job, no work available (Employees only)
- 11 Work schedule (e.g., shift work) (Employees only)
- 12 Self-employed, no work available (Self-employed only)
- 13 Seasonal business (Excluding employees)
- 14 School or educational leave
- 15 Other - specify

LBF\_C41B If LBF\_Q41 = 15 (Other), go to LBF\_S41. Otherwise, go to LBF\_C41C.

LBF\_S41 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

LBF\_C41C If LBF\_Q41 = 1 (Own illness or disability), go to LBF\_Q41A. Otherwise, go to LBF\_Q42.

LBF\_Q41A **Was that due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason?**

- 1 Physical health
- 2 Emotional or mental health (including stress)
- 3 Use of alcohol or drugs
- 4 Another reason

LBF\_Q42 **About how many hours a week [do/does/did] [you/RESPONDENT NAME] usually work at [your/his/her] [job/business]? If [you/he/she] usually [work/works/worked] extra hours, paid or unpaid, please include these hours.**

\_|\_|\_| Hours  
(MIN: 1) (MAX: 168)

LBF\_Q44 **Which of the following best describes the hours [you/he/she] usually [work/works/worked] at [your/his/her] [job/business]?**

INTERVIEWER: Read categories to respondent.

- 1 **Regular - daytime schedule or shift** (Go to LBF\_Q46)
- 2 **Regular - evening shift**
- 3 **Regular - night shift**
- 4 **Rotating shift (change from days to evenings to nights)**
- 5 **Split shift**
- 6 **On call**
- 7 **Irregular schedule**
- 8 Other - specify  
DK, RF (Go to LBF\_Q46)

LBF\_C44 If LBF\_Q44 = 8 (Other), go to LBF\_S44. Otherwise, go to LBF\_Q45.

LBF\_S44 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

LBF\_Q45 **What is the main reason that [you/he/she] [work/works/worked] this schedule?**

- 1 Requirement of job / no choice
- 2 Going to school
- 3 Caring for - own children
- 4 Caring for - other relatives
- 5 To earn more money
- 6 Likes to work this schedule
- 7 Other - specify

LBF\_C45 If LBF\_Q45 = 7 (Other), go to LBF\_S45. Otherwise, go to LBF\_Q46.

LBF\_S45 INTERVIEWER: Specify

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

Notes:

DK and RF are not allowed.

LBF\_Q46 **[Do/Does/Did] [you/he/she] usually work on weekends at this [job/business]?**

- 1 Yes
- 2 No

Other Job

LBF\_C51 If LBF\_Q03 = 1 (More than 1 job past week) or LBF\_Q23 = 1 (More than 1 job past 12 months), go to LBF\_D51. Otherwise, go to LBF\_Q61.

LBF\_Q51 **You indicated that [you/RESPONDENT NAME] [have/has/had] more than one job. For how many weeks in a row [have/has/did] [you/he/she] [work/worked] at more than one job (in the past 12 months)?**

INTERVIEWER: Obtain best estimate.

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

LBF\_Q52 **What is the main reason that [you/he/she] [work/works/worked] at more than one job?**

- 1 To meet regular household expenses
- 2 To pay off debts
- 3 To buy something special
- 4 To save for the future
- 5 To gain experience
- 6 To build up a business
- 7 Enjoys the work of the second job
- 8 Other - specify

LBF\_C52 If LBF\_Q52 = 8 (Other), go to LBF\_S52. Otherwise, go to LBF\_Q53.

LBF\_S52 INTERVIEWER: Specify

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

Notes:

DK and RF are not allowed.

LBF\_Q53 **About how many hours a week [do/does/did] [you/he/she] usually work at [your/his/her] other job[s]? If [you/he/she] usually [work/works/worked] extra hours, paid or unpaid, please include these hours.**

INTERVIEWER: Minimum is 1; maximum is 168.

\_|\_|\_| Hours  
(MIN: 1) (MAX: 168)

LBF\_Q54 **[Do/Does/Did] [you/he/she] usually work on weekends at [your/his/her] other job[s]?**

1 Yes  
2 No

Weeks Worked

LBF\_Q61 **During the past 52 weeks, how many weeks did [you/RESPONDENT NAME] do any work at a job or a business? (Include paid vacation leave, paid maternity leave, and paid sick leave.)**

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

Looking For Work

LBF\_C71 If LBF\_Q61 = 52, go to LBF\_END. If LBF\_Q61 = 51, go to LBF\_Q71A.

LBF\_Q71 **[During the past 52 weeks / That leaves [52 - LBF\_Q61] weeks. During those [52 - LBF\_Q61] weeks], how many weeks [were/was] [you/he/she] looking for work?**

INTERVIEWER: Minimum is 0; maximum is 52.

\_|\_| Weeks  
(MIN: 0) (MAX: 52)

Notes:

Go to LBF\_C72.

LBF\_Q71A **That leaves 1 week. During that week, did [you/he/she] look for work?**

1 Yes (set LBF\_Q71 = 1)  
2 No (set LBF\_Q71 = 0)

LBF\_C72 If LBF\_Q61 = (DK or RF) or LBF\_Q71 = (DK or RF), go to LBF\_END. If LBF\_Q61 + LBF\_Q71 = 52, go to LBF\_END. If LBF\_Q61 and LBF\_Q71 were answered, [WEEKS] = [52 - (LBF\_Q61 + LBF\_Q71)]. If LBF\_Q61 was not answered, [WEEKS] = (52 - LBF\_Q71).

LBF\_Q72 **That leaves [WEEKS] week[s] during which [you/he/she] [were/was] neither working nor looking for work. Is that correct?**

- 1 Yes
- 2 No

LBF\_C73A If (LBF\_Q01 = 1 or LBF\_Q02 = 1 or LBF\_Q11 = 1), go to LBF\_Q73. Otherwise, go to LBF\_END.

LBF\_Q73 **What is the main reason that [you/he/she] [were/was] not looking for work?**

INTERVIEWER: If more than one reason, choose the one that explains the most number of weeks.

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Pregnancy (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions
- 9 Seasonal layoff
- 10 Casual job, no work available
- 11 Work schedule (e.g., shift work)
- 12 School or educational leave
- 13 Retired
- 14 Believes no work available (in area or suited to skills)
- 15 Other - specify

LBF\_C73B If LBF\_Q73 = 15 (Other), go to LBF\_S73. Otherwise, go to LBF\_C74.

LBF\_S73 INTERVIEWER: Specify

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

Notes:

DK and RF are not allowed.

LBF\_C74 If LBF\_Q73 = 1 (Own illness or disability), go to LBF\_Q74. Otherwise, go to LBF\_END.

LBF\_Q74 **Was that due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason?**

- 1 Physical health
- 2 Emotional or mental health (including stress)
- 3 Use of alcohol or drugs
- 4 Another reason

LBF\_END

## SOCIODEMOGRAPHIC CHARACTERISTICS (SDC)

SDC\_R11 **Now some general background questions which will help us compare the health of people in Canada. [It is important that we get this information from each individual that we interview, even those in the same family.]**

SDC\_Q11 **In what country [were/was] [you/RESPONDENT NAME] born?**

- |    |                        |    |                       |
|----|------------------------|----|-----------------------|
| 1  | Canada (Go to SDC_Q21) | 11 | Jamaica               |
| 2  | China                  | 12 | Netherlands / Holland |
| 3  | France                 | 13 | Philippines           |
| 4  | Germany                | 14 | Poland                |
| 5  | Greece                 | 15 | Portugal              |
| 6  | Guyana                 | 16 | United Kingdom        |
| 7  | Hong Kong              | 17 | United States         |
| 8  | Hungary                | 18 | Viet Nam              |
| 9  | India                  | 19 | Sri Lanka             |
| 10 | Italy                  | 20 | Other - specify       |
|    | DK, RF (Go to SDC_Q21) |    |                       |

SDC\_C11 If SDC\_Q11 = 20, go to SDC\_S11. Otherwise, go to SDC\_Q12.

SDC\_S11 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

SDC\_Q12 **[Were/Was] [you/he/she] born a Canadian citizen?**

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    | (Go to SDC_Q21) |
| 2 | No     |                 |
|   | DK, RF | (Go to SDC_Q21) |

SDC\_Q13 **In what year did [you/he/she] first come to Canada to live?**

INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

[\_][\_][\_][\_] Year  
(MIN: year of birth) (MAX: current year)

SDC\_Q21 **To which ethnic or cultural groups did [your/RESPONDENT NAME's] ancestors belong? (For example: French, Scottish, Chinese, East Indian)**

INTERVIEWER: Mark all that apply.

If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian. If the respondent answers "Eskimo", enter "20".

- |    |                     |    |   |
|----|---------------------|----|---|
| 1  | Canadian            | 12 | Polish  |
| 2  | French              | 13 | Portuguese  |
| 3  | English             | 14 | South Asian (e.g. East Indian, Pakistani, Sri Lankan) |
| 4  | German              | 15 | Norwegian   |
| 5  | Scottish            | 16 | Welsh   |
| 6  | Irish               | 17 | Swedish   |
| 7  | Italian             | 18 | North American Indian                                 |
| 8  | Ukrainian           | 19 | Métis   |
| 9  | Dutch (Netherlands) | 20 | Inuit   |
| 10 | Chinese             | 21 | Other - specify                                       |
| 11 | Jewish              |    |   |

SDC\_C21 If SDC\_Q21 = 21 (Other), go to SDC\_S21. Otherwise, go to SDC\_Q22.

SDC\_S21 INTERVIEWER: Specify

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

Notes:

DK and RF are not allowed.

SDC\_Q22 **[Are/Is] [you/he/she] an Aboriginal person, that is, North American Indian, Métis or Inuit?**

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    |                 |
| 2 | No     | (Go to SDC_Q24) |
|   | DK, RF | (Go to SDC_Q31) |

SDC\_Q23 **[Are/Is] [you/he/she]:**

INTERVIEWER: Read categories to respondent. Mark all that apply. If respondent answers "Eskimo", enter "3".

- |   |                            |
|---|----------------------------|
| 1 | ... North American Indian? |
| 2 | ... Métis?                 |
| 3 | ... Inuit?                 |

Notes:

Go to SDC\_Q31.

SDC\_Q24 **People living in Canada come from many different cultural and racial backgrounds. [Are/Is] [you/he/she]:**

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

- 1 ... White?
- 2 ... Chinese?
- 3 ... South Asian (e.g., East Indian, Pakistani, Sri Lankan)?
- 4 ... Black?
- 5 ... Filipino?
- 6 ... Latin American?
- 7 ... Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)?
- 8 ... Arab?
- 9 ... West Asian (e.g., Afghan, Iranian)?
- 10 ... Japanese?
- 11 ... Korean?
- 12 Other - specify

SDC\_C24 If SDC\_Q24 = 12 (Other), go to SDC\_S24. Otherwise, go to SDC\_Q31.

SDC\_S24 INTERVIEWER: Specify

\_\_\_\_\_

(80 spaces)

Notes:

DK and RF are not allowed.

SDC\_Q31 **In what languages can [you/he/she] conduct a conversation?**

INTERVIEWER: Mark all that apply.

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

SDC\_C31 If SDC\_Q31 = 23 (Other), go to SDC\_S31. Otherwise, go to SDC\_Q32.



SDC\_S31 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

SDC\_Q32 **What language [do/does] [you/he/she] speak most often at home?**

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

SDC\_C32 If SDC\_Q32 = 23 (Other), go to SDC\_S32. Otherwise, go to SDC\_Q33.

SDC\_S32 INTERVIEWER: Specify

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

*Notes:*

DK and RF are not allowed.

SDC\_Q33 **What is the language that [you/RESPONDENT NAME] first learned at home in childhood and can still understand?**

INTERVIEWER: Mark all that apply.

If person can no longer understand the first language learned, mark the second.

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

SDC\_C33 If SDC\_Q33 = 23 (Other), go to SDC\_S33. Otherwise, go to SDC\_END.

SDC\_S33      INTERVIEWER: Specify

\_\_\_\_\_

(80 spaces)

*Notes:*

DK and RF are not allowed.

SDC\_END

FOR INFORMATION ONLY



## INCOME (INC)

INC\_C11A If two persons selected in the household and age of current respondent > 11 and age of current respondent <15, go to INC\_END.

INC\_R11 **Although many health expenses are covered by [provincial/territorial] health insurance, there is still a relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.**

INC\_C11B If two persons selected in the household and age of current respondent > 11, go to INC\_C31.

INC\_Q11 **Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**

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

- 1 **Wages and salaries**
- 2 **Income from self-employment**
- 3 **Dividends and interest (e.g., on bonds, savings)**
- 4 **Employment insurance**
- 5 **Worker's compensation**
- 6 **Benefits from Canada or Quebec Pension Plan**
- 7 **Retirement pensions, superannuation and annuities**
- 8 **Old Age Security and Guaranteed Income Supplement**
- 9 **Child Tax Benefit**
- 10 **Provincial or municipal social assistance or welfare**
- 11 **Child support**
- 12 **Alimony**
- 13 **Other (e.g., rental income, scholarships)**
- 14 None (Go to INC\_Q21)  
DK, RF (Go to INC\_END)

INC\_C12 If more than one source of income is indicated, go to INC\_Q12. Otherwise, go to INC\_Q21.

INC\_Q12 **What was the main source of income?**

- 1 Wages and salaries
- 2 Income from self-employment
- 3 Dividends and interest (e.g., on bonds, savings)
- 4 Employment insurance
- 5 Worker's compensation
- 6 Benefits from Canada or Quebec Pension Plan
- 7 Retirement pensions, superannuation and annuities
- 8 Old Age Security and Guaranteed Income Supplement
- 9 Child Tax Benefit
- 10 Provincial or municipal social assistance or welfare
- 11 Child support
- 12 Alimony
- 13 Other (e.g., rental income, scholarships)

INC\_Q21 **What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?**

Income (Go to INC\_C31)  
 (MIN: 0) (MAX: 500,000)

0 (Go to INC\_END)  
 DK, RF (Go to INC\_Q22)

INC\_Q22 **Can you estimate in which of the following groups your household income falls? Was the total household income less than \$20,000 or \$20,000 or more?**

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to INC\_Q26)
- 3 No income (Go to INC\_END)
- DK, RF (Go to INC\_END)

INC\_Q23 **Was the total household income from all sources less than \$10,000 or \$10,000 or more?**

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to INC\_Q25)
- DK, RF (Go to INC\_C31)

INC\_Q24 **Was the total household income from all sources less than \$5,000 or \$5,000 or more?**

- 1 Less than \$5,000
- 2 \$5,000 or more

Notes:

Go to INC\_C31.

INC\_Q25 **Was the total household income from all sources less than \$15,000 or \$15,000 or more?**

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

Notes:

Go to INC\_C31.

INC\_Q26 **Was the total household income from all sources less than \$40,000 or \$40,000 or more?**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to INC\_Q28)
- DK, RF (Go to INC\_C31)

INC\_Q27 **Was the total household income from all sources less than \$30,000 or \$30,000 or more?**

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

Notes:

Go to INC\_C31.

INC\_Q28 **Was the total household income from all sources:**

INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 to less than \$100,000?
- 5 ... \$100,000 or more?

INC\_C31 If age < 15, go to INC\_END.

INC\_Q31 **What is your best estimate of [your/RESPONDENT NAME's] total personal income, before taxes and other deductions, from all sources in the past 12 months?**

- Income (Go to INC\_END)
- (MIN: 0) (MAX: 500,000)
- 0 (Go to INC\_END)
- DK, RF (Go to INC\_Q32)

INC\_Q32 **Can you estimate in which of the following groups [your/his/her] personal income falls? Was [your/his/her] total personal income less than \$20,000 or \$20,000 or more?**

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to INC\_Q36)
- 3 No income (Go to INC\_END)
- DK, RF (Go to INC\_END)

INC\_Q33 **Was [your/his/her] total personal income less than \$10,000 or \$10,000 or more?**

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to INC\_Q35)
- DK, RF (Go to INC\_END)

INC\_Q34 **Was [your/his/her] total personal income less than \$5,000 or \$5,000 or more?**

- 1 Less than \$5,000
- 2 \$5,000 or more

Notes:

Go to INC\_END

INC\_Q35 **Was [your/his/her] total personal income less than \$15,000 or \$15,000 or more?**

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

*Notes:*

Go to INC\_END

INC\_Q36 **Was [your/his/her] total personal income less than \$40,000 or \$40,000 or more?**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to INC\_Q38)
- DK, RF (Go to INC\_END)

INC\_Q37 **Was [your/his/her] total personal income less than \$30,000 or \$30,000 or more?**

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

*Notes:*

Go to INC\_END

INC\_Q38 **Was [your/his/her] total personal income:**

INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 to less than \$100,000?
- 5 ... \$100,000 or more?

INC\_END

## ADMINISTRATION (ADM)

ADM\_N31 INTERVIEWER: Is this a fictitious name for the respondent?

- |   |     |                 |
|---|-----|-----------------|
| 1 | Yes |                 |
| 2 | No  | (Go to ADM_N35) |
|   | DK  | (Go to ADM_N35) |

*Notes:*

RF is not allowed.

ADM\_N32 INTERVIEWER: Remind respondent about the importance of getting correct names. Do you want to make corrections to:

- |   |                      |                 |
|---|----------------------|-----------------|
| 1 | ... first name only? |                 |
| 2 | ... last name only?  | (Go to ADM_N34) |
| 3 | ... both names?      |                 |
| 4 | ... no corrections?  | (Go to ADM_N35) |

*Notes:*

DK, RF are not allowed.

ADM\_N33 INTERVIEWER: Enter the first name only.

\_\_\_\_\_

(25 spaces)

*Notes:*

DK, RF are not allowed.

ADM\_C34 If ADM\_N32 does not equal "both names", go to ADM\_N35.

ADM\_N34 INTERVIEWER: Enter the last name only.

\_\_\_\_\_

(25 spaces)

*Notes:*

DK, RF are not allowed.

ADM\_N35 INTERVIEWER: Was this interview conducted on the telephone or in person?

- |   |              |
|---|--------------|
| 1 | On telephone |
| 2 | In person    |
| 3 | Both         |

*Notes:*

DK and RF are not allowed.



ADM\_C36 If age < 12, go to ADM\_N38.

ADM\_N36 INTERVIEWER: Was the respondent alone when you asked the health component questions?

- 1 Yes (Go to ADM\_N38)  
2 No

*Notes:*

DK and RF are not allowed.

ADM\_N37 INTERVIEWER: Do you think that the answers of the respondent were affected by someone else being there?

- 1 Yes  
2 No

*Notes:*

DK and RF are not allowed.

ADM\_N38 INTERVIEWER: Select the language of interview.

- |    |            |    |                 |
|----|------------|----|-----------------|
| 01 | English    | 16 | Afghan          |
| 02 | French     | 17 | Cantonese       |
| 03 | Chinese    | 18 | Hindi           |
| 04 | Italian    | 19 | Mandarin        |
| 05 | Punjabi    | 20 | Persian (Farsi) |
| 06 | Spanish    | 21 | Russian         |
| 07 | Portuguese | 22 | Ukrainian       |
| 08 | Polish     | 23 | Urdu            |
| 09 | German     | 24 | Inuktitut       |
| 10 | Vietnamese | 25 | Hungarian       |
| 11 | Arabic     | 26 | Korean          |
| 12 | Tagalog    | 27 | Serbo-Croatian  |
| 13 | Greek      | 28 | Gujarati        |
| 14 | Tamil      | 29 | Dari            |
| 15 | Cree       | 90 | Other - specify |

*Notes:*

DK and RF are not allowed.

ADM\_C38 If ADM\_N38 does not equal 90, go to ADM\_END.

ADM\_S38 INTERVIEWER: Specify

---

(80 spaces)

*Notes:*

DK and RF are not allowed.

ADM\_END