Canadian Community Health Survey (CCHS)

Questionnaire for Cycle 1.1

September, 2000 - November, 2001
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</tbody>
</table>
HOUSEHOLD RECORD VARIABLES

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

Type of contact
1 Telephone
2 Personal

Language preference
1 English
2 French
3 Either

The following information is collected for each household member:

Membership status
First name
Last name

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

Sex
1 Male
2 Female

Marital Status
1 Married
2 Living common-law
3 Widowed
4 Separated
5 Divorced
6 Single, never married
## Relationships of everyone to everyone else

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Foster Parent</th>
<th>Foster Child</th>
<th>Grandparent</th>
<th>Grandchild</th>
<th>In-laws</th>
<th>Other related</th>
<th>Unrelated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband / Wife</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Common-law partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same-sex partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father / Mother</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Birth</td>
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<td></td>
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<tr>
<td>Step</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoptive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Family ID code

A to Z (Assigned by the computer)

## Educational attainment

### Highest grade of elementary or high school completed

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grade 8 or lower (Quebec: Secondary II or lower)</td>
</tr>
<tr>
<td>2</td>
<td>Grade 9 – 10 (Quebec: Secondary III or IV; Newfoundland: 1st year of secondary)</td>
</tr>
<tr>
<td>3</td>
<td>Grade 11 – 13 (Quebec: Secondary V; Newfoundland: 2nd to 4th year of secondary)</td>
</tr>
</tbody>
</table>

### Highest degree, certificate or diploma

<table>
<thead>
<tr>
<th>Degree</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No postsecondary degree, certificate or diploma</td>
</tr>
<tr>
<td>2</td>
<td>Trades certificate or diploma from a vocational school or apprenticeship training</td>
</tr>
<tr>
<td>3</td>
<td>Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.</td>
</tr>
<tr>
<td>4</td>
<td>University certificate below bachelor’s level</td>
</tr>
<tr>
<td>5</td>
<td>Bachelor’s degree</td>
</tr>
<tr>
<td>6</td>
<td>University certificate or diploma above bachelor’s degree</td>
</tr>
</tbody>
</table>
Legal household check

Housing

The following information is collected once in each household:

Type of dwelling

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

Is this dwelling owned by a member of this household?

1. Yes
2. No

Is there a mortgage on this dwelling?

1. Yes
2. No

How many bedrooms are there in this dwelling?

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

[ ] [ ] Bedrooms
(MIN: 0) (MAX: 30)
Selection criteria applied.

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

**INTERVIEWER:** Enter language of interview

<table>
<thead>
<tr>
<th></th>
<th>Language</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>English</td>
<td>14</td>
<td>Tamil</td>
</tr>
<tr>
<td>2</td>
<td>French</td>
<td>15</td>
<td>Cree</td>
</tr>
<tr>
<td>3</td>
<td>Chinese</td>
<td>16</td>
<td>Afghan</td>
</tr>
<tr>
<td>4</td>
<td>Italian</td>
<td>17</td>
<td>Cantonese</td>
</tr>
<tr>
<td>5</td>
<td>Punjabi</td>
<td>18</td>
<td>Hindi</td>
</tr>
<tr>
<td>6</td>
<td>Spanish</td>
<td>19</td>
<td>Mandarin</td>
</tr>
<tr>
<td>7</td>
<td>Portuguese</td>
<td>20</td>
<td>Persian</td>
</tr>
<tr>
<td>8</td>
<td>Polish</td>
<td>21</td>
<td>Russian</td>
</tr>
<tr>
<td>9</td>
<td>German</td>
<td>22</td>
<td>Ukrainian</td>
</tr>
<tr>
<td>10</td>
<td>Vietnamese</td>
<td>23</td>
<td>Urdu</td>
</tr>
<tr>
<td>11</td>
<td>Arabic</td>
<td>24</td>
<td>Inuktitut</td>
</tr>
<tr>
<td>12</td>
<td>Tagalog</td>
<td>90</td>
<td>Other – Specify</td>
</tr>
<tr>
<td>13</td>
<td>Greek</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GENERAL HEALTH

GH_BEG

GH_QINT

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

INTERVIEWER: Press <Enter> to continue.

GH_Q01

I’ll start with a few questions concerning %your/his/her% health in general.

In general, would you say %your/his/her% health is:

INTERVIEWER: Read categories to respondent.

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

GH_Q02

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?
4  ... somewhat worse now than 1 year ago?
5  ... much worse now than 1 year ago?

GH_C03

If proxy interview, go to GH_C07.

GH_Q03

How long do you usually spend sleeping each night?

INTERVIEWER: Do not include time spent resting.

1  Under 2 hours
2  2 hours to less than 3 hours
3  3 hours to less than 4 hours
4  4 hours to less than 5 hours
5  5 hours to less than 6 hours
6  6 hours to less than 7 hours
7  7 hours to less than 8 hours
8  8 hours to less than 9 hours
9  9 hours to less than 10 hours
10  10 hours to less than 11 hours
11  11 hours to less than 12 hours
12  12 hours or more

GH_Q04

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

INTERVIEWER: Read categories to respondent.

1  Most of the time
2  Sometimes
3  Never
GH_Q05 How often do you find your sleep refreshing?
1 Most of the time  
2 Sometimes  
3 Never

GH_Q06 How often do you find it difficult to stay awake when you want to?
1 Most of the time  
2 Sometimes  
3 Never

GH_C07 If age < 18, go to GH_C08.

GH_Q07 Thinking about the amount of stress in your 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?

GH_C08 If proxy interview, go to GH_END.

GH_C08A If age < 15 or age > 75, go to GH_Q10.

GH_Q08 Have you worked at a job or business at any time in the past 12 months?
1 Yes  
2 No (Go to GH_Q10)  
   DK, R (Go to GH_Q10)

GH_Q09 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?

GH_Q10 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?

GH_END Go to next module
## CHANGES MADE TO IMPROVE HEALTH

**CI_BEG**
Selection of the module is indicated using a Health Region number or province code.

**CI_C1**
If proxy interview, go to CI_END.

**CI_Q1**
In the past 12 months, that is, from %12MOSAGO% to yesterday, did you do anything to improve your health? (For example, lost weight, quit smoking, increased exercise)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| 2 | No (Go to CI_Q3)  
   | DK, R (Go to CI_END) |

**CI_Q2**
What is the single most important change you have made?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increased exercise, sports or physical activity</td>
</tr>
<tr>
<td>2</td>
<td>Lost weight</td>
</tr>
<tr>
<td>3</td>
<td>Changed diet or eating habits</td>
</tr>
<tr>
<td>4</td>
<td>Quit smoking / reduced amount smoked</td>
</tr>
<tr>
<td>5</td>
<td>Drank less alcohol</td>
</tr>
<tr>
<td>6</td>
<td>Received medical treatment</td>
</tr>
<tr>
<td>7</td>
<td>Took vitamins</td>
</tr>
<tr>
<td>8</td>
<td>Other - Specify</td>
</tr>
</tbody>
</table>

**CI_Q3**
Do you think there is anything/anything else you should do to improve your physical health?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| 2 | No (Go to CI_END)  
   | DK, R (Go to CI_END) |

**CI_Q4**
What is the most important thing?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Increase exercise</td>
</tr>
<tr>
<td>2</td>
<td>Lose weight</td>
</tr>
<tr>
<td>3</td>
<td>Improve eating habits</td>
</tr>
<tr>
<td>4</td>
<td>Quit smoking</td>
</tr>
<tr>
<td>5</td>
<td>Take vitamins</td>
</tr>
<tr>
<td>6</td>
<td>Other - Specify</td>
</tr>
</tbody>
</table>

**CI_Q5**
Is there anything stopping you from making this improvement?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| 2 | No (Go to CI_Q7)  
   | DK, R (Go to CI_Q7) |
CI_Q6  What is that?
INTERVIEWER: Mark all that apply.

<table>
<thead>
<tr>
<th>CIHA_6A</th>
<th>1</th>
<th>Lack of - will power / self-discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIHA_6B</td>
<td>2</td>
<td>Lack of - time</td>
</tr>
<tr>
<td>CIHA_6C</td>
<td>3</td>
<td>Too tired</td>
</tr>
<tr>
<td>CIHA_6D</td>
<td>4</td>
<td>Too difficult</td>
</tr>
<tr>
<td>CIHA_6E</td>
<td>5</td>
<td>Too costly</td>
</tr>
<tr>
<td>CIHA_6F</td>
<td>6</td>
<td>Too stressed</td>
</tr>
<tr>
<td>CIHA_6G</td>
<td>7</td>
<td>Disability / health problem</td>
</tr>
<tr>
<td>CIHA_6H</td>
<td>8</td>
<td>Other - Specify</td>
</tr>
</tbody>
</table>

CI_Q7  Is there anything you intend to do to improve your physical health in the next year?

1  Yes
2  No (Go to CI_END)

CI_END  Go to next module

DK, R  (Go to CI_END)

CI_Q8  What is that?
INTERVIEWER: Mark all that apply.

<table>
<thead>
<tr>
<th>CIHA_8A</th>
<th>1</th>
<th>Start / increase exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIHA_8B</td>
<td>2</td>
<td>Lose weight</td>
</tr>
<tr>
<td>CIHA_8C</td>
<td>3</td>
<td>Improve eating habits</td>
</tr>
<tr>
<td>CIHA_8D</td>
<td>4</td>
<td>Quit smoking</td>
</tr>
<tr>
<td>CIHA_8E</td>
<td>5</td>
<td>Reduce amount smoked</td>
</tr>
<tr>
<td>CIHA_8F</td>
<td>6</td>
<td>Learn to manage stress</td>
</tr>
<tr>
<td>CIHA_8G</td>
<td>7</td>
<td>Reduce stress level</td>
</tr>
<tr>
<td>CIHA_8H</td>
<td>8</td>
<td>Take vitamins</td>
</tr>
<tr>
<td>CIHA_8I</td>
<td>9</td>
<td>Other - Specify</td>
</tr>
</tbody>
</table>
### HEIGHT / WEIGHT

**HW_BEG**

**HW_Q2**

**HWTA_2**

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Go to</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Less than 1' / 12&quot; (less than 29.2 cm.)</td>
<td>HW_Q3</td>
</tr>
<tr>
<td>1</td>
<td>1'0&quot; to 1'11&quot; / 12&quot; to 23&quot; (29.2 to 59.6 cm.)</td>
<td>HW_Q2B</td>
</tr>
<tr>
<td>2</td>
<td>2'0&quot; to 2'11&quot; / 24&quot; to 35&quot; (59.7 to 90.1 cm.)</td>
<td>HW_Q2C</td>
</tr>
<tr>
<td>3</td>
<td>3'0&quot; to 3'11&quot; / 36&quot; to 47&quot; (90.2 to 120.6 cm.)</td>
<td>HW_Q2D</td>
</tr>
<tr>
<td>4</td>
<td>4'0&quot; to 4'11&quot; / 48&quot; to 59&quot; (120.7 to 151.0 cm.)</td>
<td>HW_Q2E</td>
</tr>
<tr>
<td>5</td>
<td>5'0&quot; to 5'11&quot; (151.1 to 181.5 cm.)</td>
<td>HW_Q2F</td>
</tr>
<tr>
<td>6</td>
<td>6'0&quot; to 6'11&quot; (181.6 to 212.0 cm.)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>7'0&quot; and over (212.1 cm. and over)</td>
<td>HW_Q3</td>
</tr>
</tbody>
</table>

**HW_Q2A**

**HWTA_2A**

**INTERVIEWER:** Select the exact height.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Go to</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1'0&quot; / 12&quot; (29.2 to 31.7 cm.)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1'1&quot; / 13&quot; (31.8 to 34.2 cm.)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1'2&quot; / 14&quot; (34.3 to 36.7 cm.)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1'3&quot; / 15&quot; (36.8 to 39.3 cm.)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1'4&quot; / 16&quot; (39.4 to 41.8 cm.)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1'5&quot; / 17&quot; (41.9 to 44.4 cm.)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1'6&quot; / 18&quot; (44.5 to 46.9 cm.)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>1'7&quot; / 19&quot; (47.0 to 49.4 cm.)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>1'8&quot; / 20&quot; (49.5 to 52.0 cm.)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>1'9&quot; / 21&quot; (52.1 to 54.5 cm.)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>1'10&quot; / 22&quot; (54.6 to 57.1 cm.)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>1'11&quot; / 23&quot; (57.2 to 59.6 cm.)</td>
<td></td>
</tr>
</tbody>
</table>

Go to HW_Q3

**HW_Q2B**

**HWTA_2B**

**INTERVIEWER:** Select the exact height.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Go to</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2'0&quot; / 24&quot; (59.7 to 62.1 cm.)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2'1&quot; / 25&quot; (62.2 to 64.7 cm.)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2'2&quot; / 26&quot; (64.8 to 67.2 cm.)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2'3&quot; / 27&quot; (67.3 to 69.8 cm.)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>2'4&quot; / 28&quot; (69.9 to 72.3 cm.)</td>
<td></td>
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<tr>
<td>5</td>
<td>2'5&quot; / 29&quot; (72.4 to 74.8 cm.)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2'6&quot; / 30&quot; (74.9 to 77.4 cm.)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>2'7&quot; / 31&quot; (77.5 to 79.9 cm.)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>2'8&quot; / 32&quot; (80.0 to 82.5 cm.)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>2'9&quot; / 33&quot; (82.6 to 85.0 cm.)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>2'10&quot; / 34&quot; (85.1 to 87.5 cm.)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>2'11&quot; / 35&quot; (87.6 to 90.1 cm.)</td>
<td></td>
</tr>
</tbody>
</table>

Go to HW_Q3
**HW_Q2C**

**INTERVIEWER:** Select the exact height.

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

Go to HW_Q3

---

**HW_Q2D**

**INTERVIEWER:** Select the exact height.

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

Go to HW_Q3

---

**HW_Q2E**

**INTERVIEWER:** Select the exact height.

<table>
<thead>
<tr>
<th>0</th>
<th>5'0&quot; (151.1 to 153.6 cm.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5'1&quot; (153.7 to 156.1 cm.)</td>
</tr>
<tr>
<td>2</td>
<td>5'2&quot; (156.2 to 158.7 cm.)</td>
</tr>
<tr>
<td>3</td>
<td>5'3&quot; (158.8 to 161.2 cm.)</td>
</tr>
<tr>
<td>4</td>
<td>5'4&quot; (161.3 to 163.7 cm.)</td>
</tr>
<tr>
<td>5</td>
<td>5'5&quot; (163.8 to 166.3 cm.)</td>
</tr>
<tr>
<td>6</td>
<td>5'6&quot; (166.4 to 168.8 cm.)</td>
</tr>
<tr>
<td>7</td>
<td>5'7&quot; (168.9 to 171.4 cm.)</td>
</tr>
<tr>
<td>8</td>
<td>5'8&quot; (171.5 to 173.9 cm.)</td>
</tr>
<tr>
<td>9</td>
<td>5'9&quot; (174.0 to 176.4 cm.)</td>
</tr>
<tr>
<td>10</td>
<td>5'10&quot; (176.5 to 179.0 cm.)</td>
</tr>
<tr>
<td>11</td>
<td>5'11&quot; (179.1 to 181.5 cm.)</td>
</tr>
</tbody>
</table>

Go to HW_Q3
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.)

INTERVIEWER: How much %do/does% %you/FNAME% weigh?

INTERVIEWER: Enter amount only.

<table>
<thead>
<tr>
<th></th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 1) (MAX: 575)</td>
</tr>
</tbody>
</table>

DK, R (Go to HW_END)

INTERVIEWER: Was that in pounds or kilograms?

1  Pounds
2  Kilograms

(DK, R are not allowed)

If proxy interview, go to HW_END.

INTERVIEWER: Do you consider yourself:

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

Go to next module
TWO-WEEK DISABILITY

TW_BEG

TW_QINT The next few questions ask about %your/FNAME's% health during the past 14 days. It is important for you to refer to the 14-day period from %date two weeks ago% to %date yesterday%.

INTERVIEWER: Press <Enter> to continue.

TW_Q1 During that period, did %you/FNAME% stay in bed at all because of illness or injury, including any nights spent as a patient in a hospital?

1  Yes
2  No  (Go to TW_Q3)
    DK, R  (Go to TW_Q5)

TW_Q2 How many days did %you/FNAME% stay in bed for all or most of the day?

[ ] [ ] Days
(MIN: 0) (MAX: 14)
If 14 days, go to TW_Q5
    DK, R  (Go to TW_Q5)

TW_Q3 (Not counting days spent in bed) During those 14 days, were there any days that %you/FNAME% cut down on things %you/he/she% normally %do/does% because of illness or injury?

1  Yes
2  No  (Go to TW_Q5)
    DK, R  (Go to TW_Q5)

TW_Q4 How many days did %you/FNAME% cut down on things for all or most of the day?

[ ] [ ] Days
(MIN: 0) (MAX: 14 - days in TW_Q2)

TW_Q5 %Do/Does% %you/FNAME% have a regular medical doctor?

1  Yes
2  No

TW_END Go to next module
HEALTH CARE UTILIZATION

HC_BEG

HC_QINT1   Now I’d like to ask about %your/FNAME’s% contacts with health professionals during the past 12 months, that is, from %date one year ago% to yesterday.

INTERVIEWER: Press <Enter> to continue.

HC_Q01   In the past 12 months, %have/has% %you/FNAME% been a patient overnight in a hospital, nursing home or convalescent home?

   1   Yes
   2   No   (Go to HC_Q02)
   DK   (Go to HC_Q02)
   R   (Go to HC_END)

HC_Q01A   For how many nights in the past 12 months?

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

HC_Q02   (Not counting when %you/FNAME% %were/was% an overnight patient) In the past 12 months, how many times %have/has% %you/FNAME% seen, or talked on the telephone, about %your/his/her% physical, emotional or mental health with:

   HCUA_02A   a) ... a family doctor or general practitioner?
   (include pediatrician if age < 18)
   MIN   MAX Warning After
   0   366   12

   HCUA_02B   b) ... an eye specialist (such as an ophthalmologist or optometrist)?
   MIN   MAX Warning After
   0   75   3

   HCUA_02C   c) ... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?
   MIN   MAX Warning After
   0   300   7

   HCUA_02D   d) ... a nurse for care or advice?
   MIN   MAX Warning After
   0   366   15

   HCUA_02E   e) ... a dentist or orthodontist?
   MIN   MAX Warning After
   0   99   4

   HCUA_02F   f) ... a chiropractor?
   MIN   MAX Warning After
   0   366   20

   HCUA_02G   g) ... a physiotherapist?
   MIN   MAX Warning After
   0   366   30

   HCUA_02H   h) ... a social worker or counsellor?
   MIN   MAX Warning After
   0   366   20

   HCUA_02I   i) ... a psychologist?
   MIN   MAX Warning After
   0   366   25

   HCUA_02J   j) ... a speech, audiology or occupational therapist?
   MIN   MAX Warning After
   0   200   12

For each response > 0 in a), c), or d), ask HC_Q03.
**HC_Q03**

Where did the most recent contact take place?

**INTERVIEWER:** If respondent says “hospital”, probe for details.

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

**HC_Q04A**

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

1. Yes
2. No

**HC_Q04**

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

1. Yes
2. No (Go to HC_C06)

**HC_C06**

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

**HCQ5**

Who did %you/FNAME% see or talk to?

**INTERVIEWER:** Mark all that apply.

1. Massage therapist
2. Acupuncturist
3. Homeopath or naturopath
4. Feldenkrais or Alexander teacher
5. Relaxation therapist
6. Biofeedback teacher
7. Rolf er
8. Herbalist
9. Reflexologist
10. Spiritual healer
11. Religious healer
12. Other - Specify
During the past 12 months, was there ever a time when %you/FNAME% felt that %you/he/she% needed health care but %you/he/she% didn’t receive it?

1 Yes
2 No (Go to HC_END)

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

INTERVIEWER: Mark all that apply.

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

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

INTERVIEWER: Mark all that apply.

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

Go to next module
**HOME CARE**

**HM_BEG** Selection of the module is indicated using a Health Region number or province code.

**HM_C09** If age < 18, go to HM_END.

**HM_Q1NT2** Home care services are health care or homememaker services received at home, with the cost being entirely or partially covered by government. Examples are: nursing care, help with bathing or housework, respite care and meal delivery.

INTERVIEWER: Press <Enter> to continue.

**HM_Q09** %Have/Has% %you/FNAME% received any home care in the past 12 months?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| 2 | No  (Go to HM_END)  
   | DK, R (Go to HM_END) |

**HM_Q10** What types of services %have/has% %you/he/she% received?

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nursing care (e.g., dressing changes, VON)</td>
</tr>
<tr>
<td>2</td>
<td>Other health care services (e.g., physiotherapy, nutrition counselling)</td>
</tr>
<tr>
<td>3</td>
<td>Personal care (e.g., bathing, foot care)</td>
</tr>
<tr>
<td>4</td>
<td>Housework (e.g., cleaning, laundry)</td>
</tr>
<tr>
<td>5</td>
<td>Meal preparation or delivery</td>
</tr>
<tr>
<td>6</td>
<td>Shopping</td>
</tr>
<tr>
<td>7</td>
<td>Respite care (i.e., caregiver relief program)</td>
</tr>
<tr>
<td>8</td>
<td>Other – Specify</td>
</tr>
</tbody>
</table>

**HM_END** Go to next module
RESTRICTION OF ACTIVITIES

RA_BEG

RA_QINT The next few questions deal with any health limitations which affect %your/FNAME's% daily activities. In these questions, ‘long-term conditions’ refer to conditions that have lasted or are expected to last 6 months or more.
INTERVIEWER: Press <Enter> to continue.

RA_Q1 %Do/Does% %you/FNAME% have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?
INTERVIEWER: Read categories to respondent.

1 Sometimes
2 Often
3 Never
(PS) R (Go to RA_END)

RA_Q2A Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity %you/he/she% can do:
… at home?
INTERVIEWER: Read categories to respondent.

1 Sometimes
2 Often
3 Never
(PS) R (Go to RA_END)

RA_Q2B … at work or at school?

1 Sometimes
2 Often
3 Never
4 Not applicable
(PS) R (Go to RA_END)

RA_Q2C … in other activities, for example, transportation or leisure?

1 Sometimes
2 Often
3 Never
(PS) R (Go to RA_END)

RA_C5 If has difficulty or is limited in activities (i.e. RA_Q1 = 1 or 2 or RA_Q2(A)-(C) = 1 or 2), ask RA_Q5. Otherwise, go to RA_Q6A.
RA_Q5  Which one of the following is the best description of the cause of this condition?

INTERVIEWER: Read categories to respondent.

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

RA_Q6A  The next few questions may not apply to %you/FNAME%, but we need to ask the same questions of everyone. Because of any condition or health problem, %do/does% %you/he/she% need the help of another person:

... in preparing meals?

1  Yes
2  No

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

1  Yes
2  No

RA_Q6C  ... in doing normal everyday housework?

1  Yes
2  No

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

1  Yes
2  No

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

1  Yes
2  No

RA_Q6F  ... in moving about inside the house?

1  Yes
2  No

RA_END  Go to next module
Now I'd like to ask about certain chronic health conditions which %you/FNAME% may have. We are interested in 'long-term conditions' that have lasted or are expected to last 6 months or more and that have been diagnosed by a health professional.

INTERVIEWER: Press <Enter> to continue.

%Do/Does% %you/FNAME% have food allergies?

1  Yes
2  No   (Go to CC_Q021)
    DK   (Go to CC_Q021)
    R    (Go to CC_END)

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

INTERVIEWER: Maximum is %current age%.

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

%Do/Does% %you/FNAME% have any other allergies?

1  Yes
2  No   (Go to CC_Q031)
    DK, R (Go to CC_Q031)

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

INTERVIEWER: If more than one other allergy, ask about the first one mentioned. Maximum is %current age%.

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

%Do/Does% %you/FNAME% have asthma?

1  Yes
2  No   (Go to CC_Q041)
    DK, R (Go to CC_Q041)

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

INTERVIEWER: Maximum is %current age%.

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

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

1  Yes
2  No
In the past 12 months, have you taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?

1. Yes
2. No

Remember, we’re interested in conditions diagnosed by a health professional. Do you have fibromyalgia?

1. Yes
2. No (Go to CC_Q051)
   DK, R (Go to CC_Q051)

How old were you when this was first diagnosed?

INTERVIEWER: Maximum is current age.

<table>
<thead>
<tr>
<th></th>
<th>Age in years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 0) (MAX: current age)</td>
</tr>
</tbody>
</table>

Do you have arthritis or rheumatism, excluding fibromyalgia?

1. Yes
2. No (Go to CC_Q061)
   DK, R (Go to CC_Q061)

How old were you when this was first diagnosed?

INTERVIEWER: Maximum is current age.

<table>
<thead>
<tr>
<th></th>
<th>Age in years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 0) (MAX: current age)</td>
</tr>
</tbody>
</table>

What kind of arthritis do you have?

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

(Remember, we’re interested in conditions diagnosed by a health professional.) Do you have back problems, excluding fibromyalgia and arthritis?

1. Yes
2. No (Go to CC_Q071)
   DK, R (Go to CC_Q071)

How old were you when this was first diagnosed?

INTERVIEWER: Maximum is current age.

<table>
<thead>
<tr>
<th></th>
<th>Age in years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 0) (MAX: current age)</td>
</tr>
</tbody>
</table>
%Do/Does% %you/FNAME% have high blood pressure?

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

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

INTERVIEWER: Maximum is %current age%.

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

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

1  Yes
2  No (Go to CC_Q091A)
DK, R (Go to CC_Q091A)

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

INTERVIEWER: Maximum is %current age%.

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

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

1  Yes
2  No (Go to CC_C091B)
DK, R (Go to CC_C091B)

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

INTERVIEWER: Maximum is %current age%.

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

If age < 30, go to CC_Q101.

%Do/Does% %you/FNAME% have emphysema or chronic obstructive pulmonary disease (COPD)?

1  Yes
2  No (Go to CC_Q101)
DK, R (Go to CC_Q101)

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

INTERVIEWER: Maximum is %current age%.

|___|___|___| Age in years
(MIN: 0) (MAX: current age)
CC_Q101 %Do/Does %you/FNAME% have diabetes?

CCCA_101

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

CC_Q102 How old %were/was% %you/he/she% when this was first diagnosed?

CCCA_102 INTERVIEWER: Maximum is %current age%.

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

CC_C10A If age < 15 or sex = male or CC_Q102 < 15, go to CC_Q10C.

CC_Q10A %Were/Was% %you/she% pregnant when %you/she% %were/was% first diagnosed with diabetes?

CCCA_10A

1  Yes
2  No (Go to CC_Q10C)
   DK, R (Go to CC_Q10C)

CC_Q10B Other than during pregnancy, has a health professional ever told %you/her% that %you/she% %have/has% diabetes?

CCCA_10B

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

CC_Q10C When %you/he/she% %were/was% first diagnosed with diabetes, how long was it before %you/he/she% %were/was% started on insulin?

CCCA_10C

1  Less than 1 month
2  1 month to less than 2 months
3  2 months to less than 6 months
4  6 months to less than 1 year
5  1 year or more
6  Never (Go to CC_Q111)

CC_Q105 %Do/Does %you/FNAME% currently take insulin for %your/his/her% diabetes?

CCCA_105

1  Yes
2  No (If CC_Q10C = 6, CC_Q105 will be filled with “No” during processing)

CC_Q111 %Do/Does %you/FNAME% have epilepsy?

CCCA_111

1  Yes
2  No (Go to CC_Q121)
   DK, R (Go to CC_Q121)
CC_Q112  How old %were/was% %you/he/she% when this was first diagnosed?

CCCA_112  INTERVIEWER: Maximum is %current age%.

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

CC_Q121  %Do/Does% %you/FNAME% have heart disease?

CCCA_121  
1  Yes  
2  No  (Go to CC_Q131)  
DK, R  (Go to CC_Q131)

CC_Q122  How old %were/was% %you/he/she% when this was first diagnosed?

CCCA_122  INTERVIEWER: Maximum is %current age%.

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

CC_Q12A  %Have/Has% %you/he/she% ever had a heart attack (damage to the heart muscle)?

CCCA_12A  
1  Yes  
2  No

CC_Q12J  %Do/Does% %you/he/she% currently have angina (chest pain, chest tightness)?

CCCA_12J  
1  Yes  
2  No

CC_Q12K  %Do/Does% %you/he/she% currently have congestive heart failure (inadequate heart beat, fluid build-up in the lungs or legs)?

CCCA_12K  
1  Yes  
2  No

CC_Q131  %Do/Does% %you/FNAME% have cancer?

CCCA_131  
1  Yes  
2  No  (Go to CC_Q141)  
DK, R  (Go to CC_Q141)

CC_Q132  How old %were/was% %you/he/she% when this was first diagnosed?

CCCA_132  INTERVIEWER: Maximum is %current age%.

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

CC_C133  If sex = male, go to CC_Q133B.
CC_Q133A  What type of cancer %do/does% %you/she% have?  
INTERVIEWER: Mark all that apply.

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

Go to CC_Q141

CC_Q133B  What type of cancer %do/does% %you/he% have?  
INTERVIEWER: Mark all that apply.

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

CC_Q141  (Remember, we're interested in conditions diagnosed by a health professional.) %Do/Does% %you/FNAME% have stomach or intestinal ulcers?  

1  Yes  
2  No  
   (Go to CC_Q151)  
DK, R  
   (Go to CC_Q151)

CC_Q142  How old %were/was% %you/he/she% when this was first diagnosed?  
INTERVIEWER: Maximum is %current age%.  

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

CC_Q151  %Do/Does% %you/FNAME% suffer from the effects of a stroke?  

1  Yes  
2  No  
   (Go to CC_Q161)  
DK, R  
   (Go to CC_Q161)

CC_Q152  How old %were/was% %you/he/she% when this was first diagnosed?  
INTERVIEWER: Maximum is %current age%.  

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

CC_Q161  %Do/Does% %you/FNAME% suffer from urinary incontinence?  

1  Yes  
2  No  
   (Go to CC_Q171)  
DK, R  
   (Go to CC_Q171)
How old were/was you/he/she when this was first diagnosed?

INTERVIEWER: Maximum is current age.

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Do/Does you/FNAME have a bowel disorder such as Crohn's Disease or colitis?

Yes
No (Go to CC_C181)
DK, R (Go to CC_C181)

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

INTERVIEWER: Maximum is current age.

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If age < 18, go to CC_C191.

(Remember, we're interested in conditions diagnosed by a health professional.) Do/Does you/FNAME have Alzheimer's Disease or any other dementia?

Yes
No (Go to CC_C191)
DK, R (Go to CC_C191)

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

INTERVIEWER: Maximum is current age.

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If age < 18, go to CC_C201.

Do/Does you/FNAME have cataracts?

Yes
No (Go to CC_C201)
DK, R (Go to CC_C201)

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

INTERVIEWER: Maximum is current age.

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If age < 18, go to CC_Q211.

Do/Does you/FNAME have glaucoma?

Yes
No (Go to CC_Q211)
DK, R (Go to CC_Q211)
CC_Q202 How old were/was you/he/she when this was first diagnosed?

INTERVIEWER: Maximum is current age.

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CC_Q211 Do/Does you/FNAME have a thyroid condition?

1 Yes
2 No (Go to CC_C231)
DK, R (Go to CC_C231)

CC_Q212 How old were/was you/he/she when this was first diagnosed?

INTERVIEWER: Maximum is current age.

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CC_C231 If age < 18, go to CC_C241.

CC_Q231 Do/Does you/FNAME have Parkinson’s disease?

1 Yes
2 No (Go to CC_C241)
DK, R (Go to CC_C241)

CC_Q232 How old were/was you/he/she when this was first diagnosed?

INTERVIEWER: Maximum is current age.

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CC_C241 If age < 18, go to CC_C251.

CC_Q241 Do/Does you/FNAME have multiple sclerosis?

1 Yes
2 No (Go to CC_Q251)
DK, R (Go to CC_Q251)

CC_Q242 How old were/was you/he/she when this was first diagnosed?

INTERVIEWER: Maximum is current age.

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CC_Q251 Remember, we’re interested in conditions diagnosed by a health professional. Do/Does you/FNAME have chronic fatigue syndrome?

1 Yes
2 No (Go to CC_Q261)
DK, R (Go to CC_Q261)
CC_Q252  How old %were/was% %you/he/she% when this was first diagnosed?

INTERVIEWER: Maximum is %current age%.

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

CC_Q261  %Do/Does% %you/FNAME% suffer from multiple chemical sensitivities?

1  Yes
2  No  (Go to CC_Q221)
   DK, R  (Go to CC_Q221)

CC_Q262  How old %were/was% %you/he/she% when this was first diagnosed?

INTERVIEWER: Maximum is %current age%.

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

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

1  Yes
2  No  (Go to CC_END)
   DK, R  (Go to CC_END)

CC_Q221S  INTERVIEWER: Specify.

________________________
(80 spaces)

CC_END  Go to next module
**DRUG USE**

**DG_BEG**  Selection of the module is indicated using a Health Region number or province code.

**DG_QINT**  Now I'd like to ask a few questions about %your/FNAME’s% use of medications, both prescription and over-the-counter.

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

**DG_Q1A**  In the past month, that is, from %date one month ago% to yesterday, did %you/FNAME% take:

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

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|   | R   | (Go to DG_END)

**DG_Q1B**  … tranquilizers such as Valium?

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**DG_Q1C**  … diet pills such as Redux, Ponderal or Fastin?

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

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**DG_Q1E**  … codeine, Demerol or morphine?

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**DG_Q1F**  … allergy medicine such as Seldane or Chlor-Tripolon?

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**DG_Q1G**  … asthma medications such as inhalers or nebulizers?

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**DG_Q1H**  … cough or cold remedies?

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**DG_Q1I**  … penicillin or other antibiotics?

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... medicine for the heart?
1  Yes
2  No

... medicine for blood pressure?
1  Yes
2  No

In the past month, that is, from %date one month ago% to yesterday, did %you/FNAME% take:
... diuretics or water pills?
1  Yes
2  No

... steroids?
1  Yes
2  No

... insulin?
1  Yes
2  No

... pills to control diabetes?
1  Yes
2  No

... sleeping pills?
1  Yes
2  No

... stomach remedies?
1  Yes
2  No

... laxatives?
1  Yes
2  No

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

... birth control pills?
1  Yes
2  No

If female & age >= 30, go to DG_Q1T. Otherwise, go to DG_Q1U.
... hormones for menopause or aging symptoms?

Yes
No (Go to DG_Q1U)
DK, R (Go to DG_Q1U)

What type of hormones are/is you/she taking?

INTERVIEWER: Read categories to respondent.

1 Estrogen only
2 Progesterone only
3 Both
4 Neither

When did you/she start this hormone therapy?

INTERVIEWER: Enter the year (minimum is year of birth + 30%; maximum is current year).

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

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

Yes
No

... any other medication?

Yes - Specify
No

Go to next module
BLOOD PRESSURE CHECK

BP_BEG

BP_C010 If proxy interview, go to BP_END.

BP_Q010 Now a few questions about your use of various health care services. Have you ever had your blood pressure taken?

1. Yes
2. No (Go to BP_C016)
   DK, R (Go to BP_END)

BP_Q012 When was the last time?

INTERVIEWER: Read categories to respondent.

1. Less than 6 months ago (Go to BP_END)
2. 6 months to less than 1 year ago (Go to BP_END)
3. 1 year to less than 2 years ago (Go to BP_END)
4. 2 years to less than 5 years ago (Go to BP_END)
5. 5 or more years ago
   DK, R (Go to BP_END)

BP_C016 If age < 25, go to BP_END.

BP_Q016 Why have you not had your blood pressure taken in the past 2 years?

INTERVIEWER: Mark all that apply.

BPCA_16A 1. Have not gotten around to it
BPCA_16B 2. Respondent - did not think it was necessary
BPCA_16C 3. Doctor - did not think it was necessary
BPCA_16D 4. Personal or family responsibilities
BPCA_16E 5. Not available - at time required
BPCA_16F 6. Not available - at all in the area
BPCA_16G 7. Waiting time was too long
BPCA_16H 8. Transportation - problems
BPCA_16I 9. Language - problem
BPCA_16J 10. Cost
BPCA_16K 11. Did not know where to go / uninformed
BPCA_16L 12. Fear (e.g. painful, embarrassing, find something wrong)
BPCA_16M 13. Other – Specify

BP_END Go to next module
PAP SMEAR TEST

PT_BEG

PT_C020 If proxy interview or male or age < 18, go to PT_END.

PT_Q020 (Now PAP tests) Have you ever had a PAP smear test?

1. Yes
2. No (Go to PT_Q026)
   DK, R (Go to PT_END)

PT_Q022 When was the last time?

INTERVIEWER: Read categories to respondent.

1. Less than 6 months ago (Go to PT_END)
2. 6 months to less than 1 year ago (Go to PT_END)
3. 1 year to less than 3 years ago (Go to PT_END)
4. 3 years to less than 5 years ago (Go to PT_END)
5. 5 or more years ago
   DK, R (Go to PT_END)

PT_Q026 Why have you not had a PAP smear test in the past 3 years?

INTERVIEWER: Mark all that apply.

PAPA_26A 1. Have not gotten around to it
PAPA_26B 2. Respondent - did not think it was necessary
PAPA_26C 3. Doctor - did not think it was necessary
PAPA_26D 4. Personal or family responsibilities
PAPA_26E 5. Not available - at time required
PAPA_26F 6. Not available - at all in the area
PAPA_26G 7. Waiting time was too long
PAPA_26H 8. Transportation - problems
PAPA_26I 9. Language - problem
PAPA_26J 10. Cost
PAPA_26K 11. Did not know where to go / uninformed
PAPA_26L 12. Fear (e.g. painful, embarrassing, find something wrong)
PAPA_26M 13. Have had hysterectomy
PAPA_26N 14. Hate / dislike having one done
PAPA_26O 15. Other – Specify

PT_END Go to next module
MAMMOGRAPHY

MA_BEG

MA_C030 If proxy interview or male, go to MA_END.

MA_C030A If (female and age < 35), go to MA_C037.

MA_Q030 (Now mammography)

MAMA_30 Have you ever had a mammogram, that is, a breast x-ray?

1 Yes
2 No (Go to MA_C036)
   DK, R (Go to MA_END)

MA_Q031 Why did you have it?

INTERVIEWER: Mark all that apply.
If respondent says “doctor recommended it”, probe for reason.

MAMA_31A 1 Family history of breast cancer
MAMA_31B 2 Part of regular check-up / routine screening
MAMA_31C 3 Age
MAMA_31D 4 Previously detected lump
MAMA_31E 5 Follow-up of breast cancer treatment
MAMA_31F 6 On hormone replacement therapy
MAMA_31G 7 Breast problem
MAMA_31H 8 Other - Specify

MA_Q032 When was the last time?

INTERVIEWER: Read categories to respondent.

1 Less than 6 months ago (Go to MA_C037)
2 6 months to less than 1 year ago (Go to MA_C037)
3 1 year to less than 2 years ago (Go to MA_C037)
4 2 years to less than 5 years ago (Go to MA_C037)
5 5 or more years ago
   DK, R (Go to MA_C037)

MA_C036 If age < 50 or age > 69, go to MA_C037.

MA_Q036 Why have you not had one in the past 2 years?

INTERVIEWER: Mark all that apply.

MAMA_36A 1 Have not gotten around to it
MAMA_36B 2 Respondent - did not think it was necessary
MAMA_36C 3 Doctor - did not think it was necessary
MAMA_36D 4 Personal or family responsibilities
MAMA_36E 5 Not available - at time required
MAMA_36F 6 Not available - at all in the area
MAMA_36G 7 Waiting time was too long
MAMA_36H 8 Transportation - problems
MAMA_36I 9 Language - problem
MAMA_36J 10 Cost
MAMA_36K 11 Did not know where to go / uninformed
MAMA_36L 12 Fear (e.g. painful, embarrassing, find something wrong)
MAMA_36M 13 Other – Specify
MA_C037 If (age < 15 or age > 49), go to MA_C038.

MA_Q037 It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?
  1 Yes (Go to MA_END) (MA_Q038 will be filled with "No" during processing)
  2 No

MA_C038 If age < 18, go to MA_END.

MA_Q038 Have you had a hysterectomy? (uterus removed)
  1 Yes
  2 No

MA_END Go to next module
BREAST EXAMINATIONS

BX_BEG  Selection of the module is indicated using a Health Region number or province code.

BX_C110  If proxy interview or male or age < 18, go to BX_END.

BX_Q110  (Now breast examinations)

BRXA_110  Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?

1  Yes
2  No  (Go to BX_Q116)
    DK, R  (Go to BX_END)

BX_Q112  When was the last time?

INTERVIEWER: Read categories to respondent.

1  Less than 6 months ago  (Go to BX_END)
2  6 months to less than 1 year ago  (Go to BX_END)
3  1 year to less than 2 years ago  (Go to BX_END)
4  2 years to less than 5 years ago  (Go to BX_END)
5  5 or more years ago  (Go to BX_END)
    DK, R

BX_Q116  Why have you not had a breast exam in the past 2 years?

INTERVIEWER: Mark all that apply.

BRXA_16A  1  Have not gotten around to it
BRXA_16B  2  Respondent - did not think it was necessary
BRXA_16C  3  Doctor - did not think it was necessary
BRXA_16D  4  Personal or family responsibilities
BRXA_16E  5  Not available - at time required
BRXA_16F  6  Not available - at all in the area
BRXA_16G  7  Waiting time was too long
BRXA_16H  8  Transportation - problems
BRXA_16I  9  Language - problem
BRXA_16J  10  Cost
BRXA_16K  11  Did not know where to go / uninformed
BRXA_16L  12  Fear (e.g. painful, embarrassing, find something wrong)
BRXA_16M  13  Other – Specify

BX_END  Go to next module
BREAST SELF EXAMINATIONS

BS_BEG  Selection of the module is indicated using a Health Region number or province code.

BS_C120  If proxy interview or male or age < 18, go to BS_END.

BS_Q120  (Now breast self examinations)

BSXA_120  Have you ever examined your breasts for lumps (tumours, cysts)?

1  Yes
2  No  (Go to BS_END)
   DK, R  (Go to BS_END)

BS_Q121  How often?

BSXA_121  INTERVIEWER: Read categories to respondent.

1  At least once a month
2  Once every 2 to 3 months
3  Less often than every 2 to 3 months

BS_Q122  How did you learn to do this?

BSXA_22A  1  Doctor
BSXA_22B  2  Nurse
BSXA_22C  3  Book / magazine / pamphlet
BSXA_22D  4  TV / video / film
BSXA_22E  5  Mother
BSXA_22F  6  Sister
BSXA_22G  7  Other - Specify

BS_END  Go to next module
**DENTAL VISITS**

**DV_BEG**  
Selection of the module is indicated using a Health Region number or province code.

**DV_C130**  
If proxy interview, go to DV_END.

**DV_C130A**  
If HC_Q02E = 0 (Has not seen or talked to a dentist in past 12 months), go to DV_Q132.

**DV_Q130**  
(Now dental visits)

It was reported earlier that you have “seen” or “talked to” a dentist in the past 12 months. Did you actually visit one?

1. Yes (Go to DV_END) (DV_Q132=1 will be filled during processing)
2. No  
   DK, R (Go to DV_END)

**DV_Q132**  
When was the last time that you went to a dentist?

INTERVIEWER: Read categories to respondent.

1. Less than 1 year ago  
   (Go to DV_END)
2. 1 year to less than 2 years ago  
   (Go to DV_END)
3. 2 years to less than 3 years ago  
   (Go to DV_END)
4. 3 years to less than 4 years ago  
5. 4 years to less than 5 years ago  
6. 5 or more years ago  
7. Never  
   DK, R  
   (Go to DV_END)

**DV_Q136**  
Why haven’t you been to a dentist in the past 3 years?

INTERVIEWER: Mark all that apply.

- **DENA_36A**  
  Have not gotten around to it
- **DENA_36B**  
  Respondent - did not think it was necessary
- **DENA_36C**  
  Dentist - did not think it was necessary
- **DENA_36D**  
  Personal or family responsibilities
- **DENA_36E**  
  Not available - at time required
- **DENA_36F**  
  Not available - at all in the area
- **DENA_36G**  
  Waiting time was too long
- **DENA_36H**  
  Transportation - problems
- **DENA_36I**  
  Language - problem
- **DENA_36J**  
  Cost
- **DENA_36K**  
  Did not know where to go / uninformed
- **DENA_36L**  
  Fear (painful, embarrassing, find something wrong, etc.)
- **DENA_36M**  
  Wears dentures
- **DENA_36N**  
  Other – Specify

**DV_END**  
Go to next module
EYE EXAMINATIONS

EX_BEG  Selection of the module is indicated using a Health Region number or province code.

EX_C140  If proxy interview, go to EX_END.

EX_C140A  If HC_Q02B = 0 (Has not seen or talked to an eye doctor in past 12 months), go to EX_Q142.

EX_Q140  (Now eye examinations)

EYXA_140  It was reported earlier that you have “seen” or “talked to” an optometrist or ophthalmologist in the past 12 months. Did you actually visit one?

1  Yes  (Go to EX_END) (EX_Q142=1 will be filled during processing)
2  No  DK, R  (Go to EX_END)

EX_Q142  When did you last have an eye examination?

EYXA_142  INTERVIEWER: Read categories to respondent.

1  Less than 1 year ago  (Go to EX_END)
2  1 year to less than 2 years ago  (Go to EX_END)
3  2 years to less than 3 years ago
4  3 or more years ago
5  Never  DK, R  (Go to EX_END)

EX_Q146  Why have you not had an eye examination in the past 2 years?

INTERVIEWER: Mark all that apply.

EYXA_46A  1  Have not gotten around to it
EYXA_46B  2  Respondent - did not think it was necessary
EYXA_46C  3  Doctor - did not think it was necessary
EYXA_46D  4  Personal or family responsibilities
EYXA_46E  5  Not available - at time required
EYXA_46F  6  Not available - at all in the area
EYXA_46G  7  Waiting time was too long
EYXA_46H  8  Transportation - problems
EYXA_46I  9  Language - problem
EYXA_46J  10  Cost
EYXA_46K  11  Did not know where to go / uninformed
EYXA_46L  12  Fear (e.g. painful, embarrassing, find something wrong)
EYXA_46M  13  Other – Specify

EX_END  Go to next module
PHYSICAL CHECK-UP

PC_BEG Selection of the module is indicated using a Health Region number or province code.

PC_C150 If proxy interview, go to PC_END.

PC_Q150 (Now physical check-ups)

PCUA_150 Have you ever had a physical check-up without having a specific health problem?

1 Yes (Go to PC_Q152)
2 No DK, R (Go to PC_END)

PC_Q151 Have you ever had one during a visit for a health problem?

PCUA_151

1 Yes (Go to PC_Q156)
2 No DK, R (Go to PC_END)

PC_Q152 When was the last time? INTERVIEWER: Read categories to respondent.

PCUA_152

1 Less than 1 year ago (Go to PC_END)
2 1 year to less than 2 years ago (Go to PC_END)
3 2 years to less than 3 years ago (Go to PC_END)
4 3 years to less than 4 years ago (Go to PC_END)
5 4 years to less than 5 years ago (Go to PC_END)
6 5 or more years ago DK, R (Go to PC_END)

PC_Q156 Why have you not had a check-up in the past 3 years? INTERVIEWER: Mark all that apply.

PCUA_56A 1 Have not gotten around to it (Go to PC_END)
PCUA_56B 2 Respondent - did not think it was necessary (Go to PC_END)
PCUA_56C 3 Doctor - did not think it was necessary (Go to PC_END)
PCUA_56D 4 Personal or family responsibilities (Go to PC_END)
PCUA_56E 5 Not available - at time required (Go to PC_END)
PCUA_56F 6 Not available - at all in the area (Go to PC_END)
PCUA_56G 7 Waiting time was too long (Go to PC_END)
PCUA_56H 8 Transportation - problems (Go to PC_END)
PCUA_56I 9 Language - problem (Go to PC_END)
PCUA_56J 10 Cost (Go to PC_END)
PCUA_56K 11 Did not know where to go / uninformed (Go to PC_END)
PCUA_56L 12 Fear (e.g. painful, embarrassing, find something wrong) (Go to PC_END)
PCUA_56M 13 Other - Specify (Go to PC_END)

PC_END Go to next module
**FLU SHOTS**

**FS_BEG** For Quarters 1, 2 and 3 sample, selection of the module is indicated using a Health Region number or province code. For Quarter 4 sample, the module was common content.

**FS_C160** If proxy interview, go to FS_END.

**FS_Q160** *(Now flu shots)*

**FLUA_160** Have you ever had a flu shot?

1  Yes
2  No  (Go to FS_C166)
    DK, R  (Go to FS_END)

**FS_Q162** When did you have your last flu shot?

**FLUA_162** INTERVIEWER: Read categories to respondent.

1  Less than 1 year ago  (Go to FS_END)
2  1 year to less than 2 years ago
3  2 years ago or more
    DK, R  (Go to FS_END)

**FS_C166** If age < 65, go to FS_END.

**FS_Q166** Why have you not had a flu shot in the past year?

**INTERVIEWER:** Mark all that apply.

- **FLUA_66A** Have not gotten around to it
- **FLUA_66B** Respondent - did not think it was necessary
- **FLUA_66C** Doctor - did not think it was necessary
- **FLUA_66D** Personal or family responsibilities
- **FLUA_66E** Not available - at time required
- **FLUA_66F** Not available - at all in the area
- **FLUA_66G** Waiting time was too long
- **FLUA_66H** Transportation - problems
- **FLUA_66I** Language - problem
- **FLUA_66J** Cost
- **FLUA_66K** Did not know where to go / uninformed
- **FLUA_66L** Fear (painful, embarrassing, find something wrong, etc.)
- **FLUA_66M** Bad reaction to previous shot
- **FLUA_66N** Other – Specify

**FS_END** Go to next module


**PSA TEST**

**PS_BEG**

**PS_C170** If proxy interview, go to PS_END.

**PS_C170A** If female or age < 40, go to PS_END.

**PS_Q170** *(Now PSA tests)*

**PSAA_170** Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?

1. Yes
2. No (Go to PS_END)

DK, R (Go to PS_END)

**PS_Q172** When was the last time?

**PSAA_172**

**INTERVIEWER:** Read categories to respondent.

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

**PS_Q173** Why did you have it?

**INTERVIEWER:** Mark all that apply. If respondent says ‘Doctor recommended it’, probe for reason.

**PSAA_73A** 1. Family history of prostate cancer
**PSAA_73B** 2. Part of regular check-up / routine screening
**PSAA_73C** 3. Age
**PSAA_73D** 4. Follow-up of previous problem
**PSAA_73E** 5. Follow-up of prostate cancer treatment
**PSAA_73F** 6. Other - Specify

**PS_END** Go to next module
FRUIT AND VEGETABLE CONSUMPTION

FV_BEG

FV_C1 If proxy interview, go to FV_END.

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

FV_Q1A How often do you usually drink fruit juices such as orange, grapefruit or tomato? (for example, once a day, three times a week, twice a month)
INTERVIEWER: Enter the reporting unit here and enter the number in the next screen.

1 Per day
2 Per week (Go to FV_Q1C)
3 Per month (Go to FV_Q1D)
4 Per year (Go to FV_Q1E)
5 Never (Go to FV_Q2A)
DK, R (Go to FV_END)

FV_Q1B INTERVIEWER: Enter number of times per day.

I_l_l_l Times
(MIN: 1) (MAX: 20)

Go to FV_Q2A

FV_Q1C INTERVIEWER: Enter number of times per week.

I_l_l_l Times
(MIN: 1) (MAX: 90)

Go to FV_Q2A

FV_Q1D INTERVIEWER: Enter number of times per month.

I_l_l_l_l Times
(MIN: 1) (MAX: 200)

Go to FV_Q2A

FV_Q1E INTERVIEWER: Enter number of times per year.

I_l_l_l_l Times
(MIN: 1) (MAX: 500)
<table>
<thead>
<tr>
<th>Question</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>FV_Q2A</td>
<td><strong>Not counting juice, how often do you usually eat fruit?</strong></td>
</tr>
<tr>
<td>FVCA_2A</td>
<td><strong>INTERVIEWER:</strong> Enter the reporting unit here and enter the number in the next screen.</td>
</tr>
</tbody>
</table>
|                   | 1 Per day  
|                   | 2 Per week (Go to FV_Q2C)  
|                   | 3 Per month (Go to FV_Q2D)   
|                   | 4 Per year (Go to FV_Q2E)   
|                   | 5 Never (Go to FV_Q3A)  |
| FV_Q2B            | **INTERVIEWER:** Enter number of times per day.  |
| FVCA_2B           | I_l_l_l Times  |
|                   | (MIN: 1) (MAX: 20)  |
|                   | Go to FV_Q3A  |
| FV_Q2C            | **INTERVIEWER:** Enter number of times per week.  |
| FVCA_2C           | I_l_l_l Times  |
|                   | (MIN: 1) (MAX: 90)  |
|                   | Go to FV_Q3A  |
| FV_Q2D            | **INTERVIEWER:** Enter number of times per month.  |
| FVCA_2D           | I_l_l_l_l Times  |
|                   | (MIN: 1) (MAX: 200)  |
|                   | Go to FV_Q3A  |
| FV_Q2E            | **INTERVIEWER:** Enter number of times per year.  |
| FVCA_2E           | I_l_l_l_l_l Times  |
|                   | (MIN: 1) (MAX: 500)  |
| FV_Q3A            | **How often do you (usually) eat green salad?**  |
| FVCA_3A           | **INTERVIEWER:** Enter the reporting unit here and enter the number in the next screen.  |
|                   | 1 Per day  
|                   | 2 Per week (Go to FV_Q3C)  
|                   | 3 Per month (Go to FV_Q3D)   
|                   | 4 Per year (Go to FV_Q3E)   
|                   | 5 Never (Go to FV_Q4A)  |
| FV_Q3B            | **INTERVIEWER:** Enter number of times per day.  |
| FVCA_3B           | I_l_l_l Times  |
|                   | (MIN: 1) (MAX: 20)  |
|                   | Go to FV_Q4A  |
FV_Q3C  INTERVIEWER: Enter number of times per week.
   _ _ _ _ _ Times
   (MIN: 1) (MAX: 90)
   Go to FV_Q4A

FV_Q3D  INTERVIEWER: Enter number of times per month.
   _ _ _ _ _ _ _ _ _ _ Times
   (MIN: 1) (MAX: 200)
   Go to FV_Q4A

FV_Q3E  INTERVIEWER: Enter number of times per year.
   _ _ _ _ _ _ _ _ _ _ _ _ _ _ Times
   (MIN: 1) (MAX: 500)

FV_Q4A  How often do you usually eat potatoes, not including french fries, fried potatoes, or potato chips?
   INTERVIEWER: Enter the reporting unit here and enter the number in the next screen.
   1 Per day
   2 Per week   (Go to FV_Q4C)
   3 Per month  (Go to FV_Q4D)
   4 Per year   (Go to FV_Q4E)
   5 Never      (Go to FV_Q5A)

FV_Q4B  INTERVIEWER: Enter number of times per day.
   _ _ _ _ Times
   (MIN: 1) (MAX: 20)
   Go to FV_Q5A

FV_Q4C  INTERVIEWER: Enter number of times per week.
   _ _ _ _ Times
   (MIN: 1) (MAX: 90)
   Go to FV_Q5A

FV_Q4D  INTERVIEWER: Enter number of times per month.
   _ _ _ _ _ Times
   (MIN: 1) (MAX: 200)
   Go to FV_Q5A
FV_Q4E INTERVIEWER: Enter number of times per year.

I_ _ _ _ Times

(MIN: 1) (MAX: 500)

FV_Q5A How often do you (usuall) eat carrots?

INTERVIEWER: Enter the reporting unit here and enter the number in the next screen.

1  Per day
2  Per week (Go to FV_Q5C)
3  Per month (Go to FV_Q5D)
4  Per year (Go to FV_Q5E)
5  Never (Go to FV_Q6A)

FV_Q5B INTERVIEWER: Enter number of times per day.

I _ _ _ Times

(MIN: 1) (MAX: 20)

Go to FV_Q6A

FV_Q5C INTERVIEWER: Enter number of times per week.

I _ _ _ Times

(MIN: 1) (MAX: 90)

Go to FV_Q6A

FV_Q5D INTERVIEWER: Enter number of times per month

I _ _ _ _ Times

(MIN: 1) (MAX: 200)

Go to FV_Q6A

FV_Q5E INTERVIEWER: Enter number of times per year.

I _ _ _ _ Times

(MIN: 1) (MAX: 500)

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

INTERVIEWER: Enter the reporting unit here and enter the number of servings in the next screen.

1  Per day
2  Per week (Go to FV_Q6C)
3  Per month (Go to FV_Q6D)
4  Per year (Go to FV_Q6E)
5  Never (Go to FV_END)
**FV_Q6B**

**INTERVIEWER:** Enter number of servings per **day**.

Servings

(MIN: 1) (MAX: 20)

Go to FV_END

**FV_Q6C**

**INTERVIEWER:** Enter number of servings per **week**.

Servings

(MIN: 1) (MAX: 90)

Go to FV_END

**FV_Q6D**

**INTERVIEWER:** Enter number of servings per **month**.

Servings

(MIN: 1) (MAX: 200)

Go to FV_END

**FV_Q6E**

**INTERVIEWER:** Enter number of servings per **year**.

Servings

(MIN: 1) (MAX: 500)

Go to next module
PHYSICAL ACTIVITIES

PA_BEG If proxy interview, go to PA_END.

PA_QINT1 Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.

INTERVIEWER: Press <Enter> to continue.

PA_Q1 Have you done any of the following in the past 3 months, that is, from %date three months ago% to yesterday?

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

<table>
<thead>
<tr>
<th>PACA_1A</th>
<th>1</th>
<th>Walking for exercise</th>
<th>PACA_1M</th>
<th>13</th>
<th>Downhill skiing or snowboarding</th>
</tr>
</thead>
<tbody>
<tr>
<td>PACA_1B</td>
<td>2</td>
<td>Gardening or yard work</td>
<td>PACA_1N</td>
<td>14</td>
<td>Bowling</td>
</tr>
<tr>
<td>PACA_1C</td>
<td>3</td>
<td>Swimming</td>
<td>PACA_1O</td>
<td>15</td>
<td>Baseball or softball</td>
</tr>
<tr>
<td>PACA_1D</td>
<td>4</td>
<td>Bicycling</td>
<td>PACA_1P</td>
<td>16</td>
<td>Tennis</td>
</tr>
<tr>
<td>PACA_1E</td>
<td>5</td>
<td>Popular or social dance</td>
<td>PACA_1Q</td>
<td>17</td>
<td>Weight-training</td>
</tr>
<tr>
<td>PACA_1F</td>
<td>6</td>
<td>Home exercises</td>
<td>PACA_1R</td>
<td>18</td>
<td>Fishing</td>
</tr>
<tr>
<td>PACA_1G</td>
<td>7</td>
<td>Ice hockey</td>
<td>PACA_1S</td>
<td>19</td>
<td>Volleyball</td>
</tr>
<tr>
<td>PACA_1H</td>
<td>8</td>
<td>Ice skating</td>
<td>PACA_1T</td>
<td>20</td>
<td>Basketball</td>
</tr>
<tr>
<td>PACA_1I</td>
<td>9</td>
<td>In-line skating or rollerblading</td>
<td>PACA_1U</td>
<td>21</td>
<td>Any other</td>
</tr>
<tr>
<td>PACA_1J</td>
<td>10</td>
<td>Jogging or running</td>
<td>PACA_1V</td>
<td>22</td>
<td>No physical activity</td>
</tr>
<tr>
<td>PACA_1K</td>
<td>11</td>
<td>Golfing</td>
<td></td>
<td></td>
<td>(Go to PA_QINT2)</td>
</tr>
<tr>
<td>PACA_1L</td>
<td>12</td>
<td>Exercise class or aerobics</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DK, R (Go to PA_END)

If “Any other” is chosen as a response, go to PA_Q1US. Otherwise, go to PA_Q1W.

PA_Q1US What was this activity?

INTERVIEWER: Enter one activity only.

_________________________(80 spaces)

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

<table>
<thead>
<tr>
<th>PACA_1W</th>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>No (Go to PA_Q2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DK, R (Go to PA_Q2)</td>
</tr>
</tbody>
</table>

PA_Q1WS What was this activity?

INTERVIEWER: Enter one activity only.

_________________________(80 spaces)

PA_Q1X In the past 3 months, did you do any other activity for leisure?

<table>
<thead>
<tr>
<th>PACA_1X</th>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>No (Go to PA_Q2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DK, R (Go to PA_Q2)</td>
</tr>
</tbody>
</table>
**PA_Q1XS**  **What was this activity?**

**INTERVIEWER:** Enter one activity only.

________________________

(80 spaces)

For each activity identified in PA_Q1, ask PA_Q2 and PA_Q3

**PA_Q2**  **In the past 3 months, how many times did you participate in %identified activity%?**

**PACA_2n**  **Times**

(MIN: 1) (MAX: 99 for each activity except the following:

Walking: MAX = 270
Bicycling: MAX = 200
Other activities: MAX = 200)

DK, R  (Go to next activity)

**PA_Q3**  **About how much time did you spend on each occasion?**

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

**PA_QINT2**  **Next, some questions about the amount of time you spent in the past 3 months on physical activity at work or while doing daily chores around the house, but not leisure time activity.**

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

**PA_Q4A**  **In a typical week in the past 3 months, how many hours did you usually spend walking to work or to school or while doing errands?**

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

**PA_Q4B**  **In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?**

1  None
2  Less than 1 hour
3  From 1 to 5 hours
4  From 6 to 10 hours
5  From 11 to 20 hours
6  More than 20 hours
Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?

INTERVIEWER: Read categories to respondent.

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

Go to next module
SEDENTARY ACTIVITIES

SA_BEG Selection of the module is indicated using a Health Region number or province code.

SA_CINT If proxy interview, go to SA_END.

SA_QINT Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.
INTERVIEWER: Press <Enter> to continue.

SA_Q1 In a typical week in the past 3 months, how much time did you usually spend on a computer, including playing computer games and using the Internet or World Wide Web?
INTERVIEWER: Do not include time spent at work or at school.

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

SA_C2 If age > 19, go to SA_Q3.

SA_Q2 In a typical week, how much time did you usually spend playing video games, such as SEGA, Nintendo and Playstation?

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

SA_Q3 In a typical week in the past 3 months, how much time did you usually spend watching television or videos?

1. None
2. Less than 1 hour
3. From 1 to 2 hours
4. From 3 to 5 hours
5. From 6 to 10 hours
6. From 11 to 14 hours
7. From 15 to 20 hours
8. More than 20 hours
In a typical week, how much time did you usually spend reading, not counting at work or at school?

INTERVIEWER: Include books, magazines, newspapers, homework.

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

Go to next module.
USE OF PROTECTIVE EQUIPMENT

PG_BEG Selection of the module is indicated using a Health Region number or province code.

PG_C1 If proxy interview, go to PG_END.

PG_CINT If bicycling was indicated as an activity in PA_Q1 or > "None" in PA_Q4B, or if in-line skating or rollerblading was indicated as an activity in PA_Q1, or if downhill skiing was indicated as an activity in PA_Q1, go to PG_QINT. Otherwise, go to PG_END.

PG_QINT Now a few questions about precautions you take while participating in physical activities.
INTERVIEWER: Press <Enter> to continue.

PG_C101 If bicycling was indicated as an activity in PA_Q1 or > "None" in PA_Q4B, ask PG_Q101. Otherwise, go to PG_C102.

PG_Q101 When riding a bicycle how often do you wear a helmet?
UPEA_101 INTERVIEWER: Read categories to respondent.

1 Always
2 Most of the time
3 Rarely
4 Never

PG_C102 If in-line skating or rollerblading was indicated as an activity in PA_Q1, ask PG_Q102A. Otherwise, go to PG_C103.

PG_Q102A When in-line skating or rollerblading, how often do you wear a helmet?
UPEA_02A INTERVIEWER: Read categories to respondent.

1 Always
2 Most of the time
3 Rarely
4 Never

PG_Q102B How often do you wear wrist guards or wrist protectors?
UPEA_02B INTERVIEWER: Read categories to respondent.

1 Always
2 Most of the time
3 Rarely
4 Never

PG_Q102C How often do you wear elbow pads?
UPEA_02C INTERVIEWER: Read categories to respondent.

1 Always
2 Most of the time
3 Rarely
4 Never
How often do you wear knee pads?

INTERVIEWER: Read categories to respondent.

1 Always
2 Most of the time
3 Rarely
4 Never

If downhill skiing or snowboarding was indicated as an activity in PA_Q1, ask PG_Q103. Otherwise, go to PG_END.

When downhill skiing or snowboarding, how often do you wear a helmet?

INTERVIEWER: Read categories to respondent.

1 Always
2 Most of the time
3 Rarely
4 Never

Go to next module
Repetitive strain

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

INTERVIEWER: Press <Enter> to continue.

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

1   Yes
2   No (Go to IJ_QINT)
    DK, R (Go to IJ_QINT)

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

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

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

INTERVIEWER: Mark all that apply.

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

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

INTERVIEWER: Press <Enter> to continue.

If RP_Q1 <> 1, use second part of phrase only in IJ_Q01.
**IJ_Q01**
(Not counting repetitive strain injuries,) In the past 12 months, that is, from %date one year ago% to yesterday, %were/was% %you/FNAME% injured?

1. Yes
2. No (Go to IJ_Q16)
   DK, R (Go to IJ_END)

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

<table>
<thead>
<tr>
<th></th>
<th>Times</th>
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<tbody>
<tr>
<td>MIN: 1</td>
<td>MAX: 30; warning after 6</td>
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</table>

DK, R (Go to IJ_END)

**IJ_C03**
If number of injuries = 1, use second part of phrase only in IJ_Q03.

**IJ_Q03**
(Thinking about the most serious injury,) In which month did it happen?

<table>
<thead>
<tr>
<th>Month</th>
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<tbody>
<tr>
<td>January</td>
<td>7</td>
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<td>February</td>
<td>8</td>
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<td>March</td>
<td>9</td>
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<td>May</td>
<td>11</td>
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<tr>
<td>June</td>
<td>12</td>
</tr>
</tbody>
</table>

DK, R (Go to IJ_Q05)

**IJ_C04**
If IJ_Q03 = current month, go to IJ_Q04. Otherwise, go to IJ_Q05.

**IJ_Q04**
Was that this year or last year?

1. This year
2. Last year

**IJ_Q05**
What type of injury did %you/he/she% have? For example, a broken bone or burn.

1. Multiple injuries
2. Broken or fractured bones
3. Burn, scald, chemical burn
4. Dislocation
5. Sprain or strain
6. Cut, puncture, animal bite (open wound)
7. Scrape, bruise, blister
8. Concussion or other brain injury (Go to IJ_Q08)
9. Poisoning (Go to IJ_Q08)
10. Injury to internal organs (Go to IJ_Q07)
11. Other - Specify

**IJ_Q06**
What part of the body was injured?

1. Multiple sites
2. Eyes
3. Head (excluding eyes)
4. Neck
5. Shoulder, upper arm
6. Elbow, lower arm
7. Wrist, hand
What part of the body was injured?

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

Where did the injury happen?

INTERVIEWER: If respondent says ‘At work’, probe for type of workplace.

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

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

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

Was the injury the result of a fall?

INTERVIEWER: Select ‘No’ for transportation accidents.

1. Yes
2. No (Go to IJ_Q12)
   DK, R (Go to IJ_Q12)
How did %you/he/she% fall?

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

Go to IJ_Q13

What caused the injury?

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

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

1. Yes
2. No (Go to IJ_Q16)
   DK, R (Go to IJ_Q16)

Where did %you/he/she% receive treatment?
INTERVIEWER: Mark all that apply.

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

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

1. Yes
2. No
Did %you/FNAME% have any other injuries in the past 12 months that were treated by a health professional, but did not limit %your/his/her% normal activities?

1  Yes
2  No  (Go to IJ_END)
    DK, R  (Go to IJ_END)

How many injuries?

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

Go to next module
HEALTH UTILITY INDEX (HUI)

UI_BEG

UI_QINT1 The next set of questions asks about %your/FNAME's% day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to %you/FNAME%, but it is important that we ask the same questions of everyone. INTERVIEWER: Press <Enter> to continue.

Vision

UI_Q01 %Are/is% %you/he/she% usually able to see well enough to read ordinary newsprint without glasses or contact lenses?

1 Yes (Go to UI_Q4)
2 No
DK, R (Go to UI_END)

UI_Q02 %Are/is% %you/he/she% usually able to see well enough to read ordinary newsprint with glasses or contact lenses?

1 Yes (Go to UI_Q4)
2 No

UI_Q03 %Are/is% %you/he/she% able to see at all?

1 Yes
2 No
DK, R (Go to UI_Q6)

UI_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 UI_Q6)
2 No
DK, R (Go to UI_Q6)

UI_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

UI_Q06 %Are/is% %you/FNAME% usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?

1 Yes (Go to UI_Q10)
2 No
DK, R (Go to UI_Q10)
%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 UI_Q8)
2. No

%Are/is %you/he/she% able to hear at all?

1. Yes
2. No (Go to UI_Q10)
   DK, R (Go to UI_Q10)

%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 UI_Q10)
2. No
   R (Go to UI_Q10)

%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

%Are/is %you/FNAME% usually able to be understood completely when speaking with strangers in %your/his/her% own language?

1. Yes (Go to UI_Q14)
2. No
   R (Go to UI_Q14)

%Are/is %you/he/she% able to be understood partially when speaking with strangers?

1. Yes
2. No

%Are/is %you/he/she% able to be understood completely when speaking with those who know %you/him/her% well?

1. Yes (Go to UI_Q14)
2. No
   R (Go to UI_Q14)

%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

#### UI_Q14

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

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>(Go to UI_Q21)</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>(Go to UI_Q21)</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
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</tbody>
</table>

#### UI_Q15

%Are/Is %you/he/she% able to walk at all?

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
<td>(Go to UI_Q18)</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
<td>(Go to UI_Q18)</td>
</tr>
</tbody>
</table>

#### UI_Q16

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

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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#### UI_Q17

%Do/Does %you/he/she% require the help of another person to be able to walk?

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<tbody>
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<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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#### UI_Q18

%Do/Does %you/he/she% require a wheelchair to get around?

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>(Go to UI_Q21)</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>(Go to UI_Q21)</td>
</tr>
<tr>
<td></td>
<td>DK, R</td>
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</table>

#### UI_Q19

How often %do/does %you/he/she% use a wheelchair?

**INTERVIEWER:** Read categories to respondent.

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<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Always</td>
</tr>
<tr>
<td>2</td>
<td>Often</td>
</tr>
<tr>
<td>3</td>
<td>Sometimes</td>
</tr>
<tr>
<td>4</td>
<td>Never</td>
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</table>

#### UI_Q20

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

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>
**Hands and Fingers**

**UI_Q21**  
%Are/Is% %you/FNAME% usually able to grasp and handle small objects such as a pencil or scissors?  

1. Yes (Go to UI_Q25)  
2. No  
   DK, R (Go to UI_Q25)

**UI_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 UI_Q24)  
   DK, R (Go to UI_Q24)

**UI_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?

**UI_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**

**UI_Q25**  
Would you describe %yourself/FNAME% as being usually:  
INTERVIEWER: Read categories to respondent.

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

**Memory**

**UI_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

UI_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

UI_Q28  %Are/Is% %you/FNAME% usually free of pain or discomfort?

1  Yes  (Go to UI_END)
2  No
  DK, R  (Go to UI_END)

UI_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

UI_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

UI_END  Go to next module
WORK STRESS

WS_BEG Selection of the module is indicated using a Health Region number or province code.

WS_C400 If proxy interview, or if age < 15 or age > 75, or if GH_Q08 <> 1 (didn’t work in past 12 months), go to WS_END.

WS_QINT4 The next few questions are about your main job or business in the past 12 months. I’m going to read you a series of statements that might describe your job situation. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

INTERVIEWER: Press <Enter> to continue.

WS_Q401 Your job required that you learn new things.

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

WS_Q402 Your job required a high level of skill.

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

WS_Q403 Your job allowed you freedom to decide how you did your job.

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

WS_Q404 Your job required that you do things over and over.

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

WS_Q405 Your job was very hectic.

1  Strongly agree
2  Agree
3  Neither agree nor disagree
4  Disagree
5  Strongly disagree
You were free from conflicting demands that others made.

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

Your job security was good.

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

Your job required a lot of physical effort.

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

You had a lot to say about what happened in your job.

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

You were exposed to hostility or conflict from the people you worked with.

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

Your supervisor was helpful in getting the job done.

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

The people you worked with were helpful in getting the job done.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
How satisfied were you with your job?

INTERVIEWER: Read categories to respondent.

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

Go to next module
SELF-ESTEEM

SE_BEG Selection of the module is indicated using a Health Region number or province code.

SE_C500 If proxy interview, go to SE_END.

SE_QINT5 Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.
INTERVIEWER: Press <Enter> to continue.

SE_Q501 You feel that you have a number of good qualities.
   1  Strongly agree
   2  Agree
   3  Neither agree nor disagree
   4  Disagree
   5  Strongly disagree

   (Go to SE_END)

SE_Q502 You feel that you’re a person of worth at least equal to others.
   1  Strongly agree
   2  Agree
   3  Neither agree nor disagree
   4  Disagree
   5  Strongly disagree

SE_Q503 You are able to do things as well as most other people.
   1  Strongly agree
   2  Agree
   3  Neither agree nor disagree
   4  Disagree
   5  Strongly disagree

SE_Q504 You take a positive attitude toward yourself.
   1  Strongly agree
   2  Agree
   3  Neither agree nor disagree
   4  Disagree
   5  Strongly disagree

SE_Q505 On the whole you are satisfied with yourself.
   1  Strongly agree
   2  Agree
   3  Neither agree nor disagree
   4  Disagree
   5  Strongly disagree
**SE_Q506**  
**SFEA_506**  
All in all, you're inclined to feel you're a failure.  

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<tbody>
<tr>
<td>1</td>
<td>Strongly agree</td>
<td>2</td>
<td>Agree</td>
<td>3</td>
<td>Neither agree nor disagree</td>
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<tr>
<td>4</td>
<td>Disagree</td>
<td>5</td>
<td>Strongly disagree</td>
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</table>

**SE_END**  
Go to next module
MASTERY

MS_BEG Selection of the module is indicated using a Health Region number or province code.

MS_C600 If proxy interview, go to MS_END.

MS_C600A If self-esteem module selected, go to MS_Q601.

MS_QINT6 Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.
INTERVIEWER: Press <Enter> to continue.

MS_Q601 You have little control over the things that happen to you.
   1 Strongly agree
   2 Agree
   3 Neither agree nor disagree
   4 Disagree
   5 Strongly disagree
   R (Go to MS_END)

MS_Q602 There is really no way you can solve some of the problems you have.
   1 Strongly agree
   2 Agree
   3 Neither agree nor disagree
   4 Disagree
   5 Strongly disagree

MS_Q603 There is little you can do to change many of the important things in your life.
   1 Strongly agree
   2 Agree
   3 Neither agree nor disagree
   4 Disagree
   5 Strongly disagree

MS_Q604 You often feel helpless in dealing with problems of life.
   1 Strongly agree
   2 Agree
   3 Neither agree nor disagree
   4 Disagree
   5 Strongly disagree

MS_Q605 Sometimes you feel that you are being pushed around in life.
   1 Strongly agree
   2 Agree
   3 Neither agree nor disagree
   4 Disagree
   5 Strongly disagree
What happens to you in the future mostly depends on you.

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

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

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

Go to next module
SMOKING

SM_BEG

The next questions are about smoking.

Does anyone in this household smoke regularly inside the house?

1. Yes
2. No

SM_Q201A In %your/his/her% lifetime, %have/has% %you/FNAME% smoked a total of 100 or more cigarettes (about 4 packs)?

1. Yes (Go to SM_Q201C)
2. No

SM_Q201B %Have/Has% %you/he/she% ever smoked a whole cigarette?

1. Yes
2. No (Go to SM_Q202)
   DK, R (Go to SM_Q202)

SM_Q201C At what age did %you/he/she% smoke %your/his/her% first whole cigarette?

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

SM_Q202 At the present time, %do/does% %you/FNAME% smoke cigarettes daily, occasionally or not at all?

1. Daily
2. Occasionally (Go to SM_Q205B)
3. Not at all (Go to SM_C205D)
   DK, R (Go to SM_END)

SM_Q203 At what age did %you/he/she% begin to smoke cigarettes daily?

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

SM_Q204 How many cigarettes %do/does% %you/he/she% smoke each day now?

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

Go to SM_C300

SM_Q205B On the days that %you/FNAME% %do/does% smoke, about how many cigarettes %do/does% %you/he/she% usually have?

|__|__| Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
In the past month, on how many days %have/has% %you/he/she% smoked 1 or more cigarettes?

<table>
<thead>
<tr>
<th></th>
<th>Days</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>(MIN: 0) (MAX: 30)</td>
</tr>
</tbody>
</table>

If have not smoked 100 or more cigarettes lifetime (i.e. SM_Q201A <> 1), go to SM_C300.

%Have/Has% %you/FNAME% ever smoked cigarettes daily?

- 1 Yes (Go to SM_Q207)
- 2 No (Go to SM_END)
- DK, R (Go to SM_END)

If SM_Q202 = 2 (current occasional smoker), go to SM_C300.

When did %you/he/she% stop smoking? Was it:

1 ... Less than one year ago? (Go to SM_C300)
2 ... 1 to 2 years ago? (Go to SM_C300)
3 ... 3 to 5 years ago? (Go to SM_C300)
4 ... More than 5 years ago? (Go to SM_C300)
- DK, R (Go to SM_C300)

In what month did %you/he/she% stop?

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

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

<table>
<thead>
<tr>
<th></th>
<th>Age in years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 5) (MAX: current age)</td>
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</table>

How many cigarettes did %you/he/she% usually smoke each day?

<table>
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<tr>
<th></th>
<th>Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 1) (MAX: 99; warning after 60)</td>
</tr>
</tbody>
</table>

When did %you/he/she% stop smoking daily? Was it:

1 ... Less than one year ago? (Go to SM_C300)
2 ... 1 to 2 years ago? (Go to SM_C300)
3 ... 3 to 5 years ago? (Go to SM_C300)
4 ... More than 5 years ago? (Go to SM_C300)
- DK, R (Go to SM_C300)
**SM Q209B**

**In what month did %you/he/she% stop?**

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

**SM_C300** If SM_Q202 = 1 or 2 (current daily or occasional smokers), ask SM_Q300. Otherwise, go to SM_END.

**SM Q300**

**Where %do/does% %you/FNAME% usually get %your/his/her% cigarettes?**

1. Buy from - Vending machine  
2. Buy from - Small grocery / corner store  
3. Buy from - Supermarket  
4. Buy from - Drug store  
5. Buy from - Gas station  
6. Buy from - Other store  
7. Buy from - Friend or someone else  
8. Given them by - Brother or sister  
9. Given them by - Mother or father  
10. Given them by - Friend or someone else  
11. Take them from – Mother, father or sibling  
12. Other

**SM_END** Go to next module
SMOKING CESSATION AIDS

SQ_BEG  Selection of the module is indicated using a Health Region number or province code.

SQ_C1  If proxy interview, go to SQ_END.

SQ_C2  If SM_Q202 = 1 or 2 (current daily or occasional smoker), go to SQ_Q5. If SM_Q206A = 1 or SM_Q209A = 1 (former smoker who quit less than 1 year ago), ask SQ_Q1. Otherwise, go to SQ_END.

SQ_Q1  Did you try a nicotine patch to stop smoking?

SCAA_1  
1  Yes
2  No  (Go to SQ_Q3)

DK, R  (Go to SQ_END)

SQ_Q2  How useful was the nicotine patch in helping you quit?

SCAA_2  
1  Very useful
2  Somewhat useful
3  Not very useful
4  Not useful at all

SQ_Q3  Did you try Nicorettes or other nicotine gum or candy to stop smoking?

SCAA_3  
1  Yes
2  No  (Go to SQ_END)

DK, R  (Go to SQ_END)

SQ_Q4  How useful were the Nicorettes or other nicotine gum or candy in helping you quit?

SCAA_4  
1  Very useful
2  Somewhat useful
3  Not very useful
4  Not useful at all

Go to SQ_END

SQ_Q5  Have you tried quitting smoking in the past 12 months?

SCAA_5  
1  Yes
2  No  (Go to SQ_END)

DK, R  (Go to SQ_END)

SQ_Q6  Did you try a nicotine patch to stop smoking?

SCAA_6  
1  Yes
2  No

SQ_Q7  Did you try Nicorettes or other nicotine gum or candy to stop smoking?

SCAA_7  
1  Yes
2  No

SQ_END  Go to next module
EXPOSURE TO SECOND HAND SMOKE

ET_BEG

ET_C1 If SM_Q202 = 1 or 2 (current daily or occasional smoker) or if SM_Q202 = DK or R, go to ET_END.

ET_Q1 In the past month, %were/was% %you/he/she% exposed to second-hand smoke on most days?

1 Yes (Go to ET_Q3)
2 No
   DK, R (Go to ET_END)

ET_Q2A In the past month, %were/was% %you/he/she% exposed to second-hand smoke:
… at home?

1 Yes
2 No

ET_Q2B … in a car or other private vehicle?

1 Yes
2 No

ET_Q2C … in public places (bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?

1 Yes
2 No

ET_Q2D … when visiting friends or relatives?

1 Yes
2 No

ET_Q3 %Are/Is% %you/he/she% bothered by smoke from cigarettes?

1 Yes
2 No

ET_Q4 Does smoke from cigarettes cause %you/him/her% any physical irritation (for example, to %your/his/her% eyes, %your/his/her% breathing, %your/his/her% throat)?

1 Yes
2 No

ET_Q5 Are there any restrictions against smoking cigarettes in your home?

1 Yes (Go to ET_END)
2 No (Go to ET_END)
   DK, R (Go to ET_END)
**ET_Q6**  
How is smoking restricted in your home?  
**INTERVIEWER:** Read categories to respondent. Mark all that apply.

<table>
<thead>
<tr>
<th>ETSA_6A</th>
<th>1</th>
<th>Smokers are asked to refrain from smoking in the house</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETSA_6B</td>
<td>2</td>
<td>Smoking is allowed in certain rooms only</td>
</tr>
<tr>
<td>ETSA_6C</td>
<td>3</td>
<td>Smoking is restricted in the presence of young children</td>
</tr>
<tr>
<td>ETSA_6D</td>
<td>4</td>
<td>Other restriction</td>
</tr>
</tbody>
</table>

**ET_END**  
Go to next module
TOBACCO ALTERNATIVES

TA_BEG

TA_Q1  Now I’d like to ask about %your/his/her% use of tobacco other than cigarettes.
In the past month, %have/has% %you/he/she% smoked cigars?

1  Yes
2  No
DK, R  (Go to TA_END)

TA_Q2  In the past month, %have/has% %you/he/she% smoked a pipe?

1  Yes
2  No

TA_Q3  In the past month, %have/has% %you/he/she% used snuff?

1  Yes
2  No

TA_Q4  In the past month, %have/has% %you/he/she% used chewing tobacco?

1  Yes
2  No

TA_END  Go to next module
ALCOHOL

AL_BEG

AL_QINT Now, some questions about %your/FNAME's% alcohol consumption. When we use the word drink it means:
- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one drink or cocktail with 1 and a 1/2 ounces of liquor.

INTERVIEWER: Press <Enter> to continue.

AL_Q1

ALCA_1 During the past 12 months, that is, from %date one year ago% to yesterday, %have/has% %you/FNAME% had a drink of beer, wine, liquor or any other alcoholic beverage?

1  Yes (Go to AL_Q5B)
2  No   (Go to AL_END)

DK, R (Go to AL_END)

AL_Q2

ALCA_2 During the past 12 months, how often did %you/he/she% drink alcoholic beverages?

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

AL_Q3

ALCA_3 How often in the past 12 months %have/has% %you/he/she% had 5 or more drinks on one occasion?

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

AL_Q5

ALCA_5 Thinking back over the past week, that is, from %date last week% to yesterday, did %you/FNAME% have a drink of beer, wine, liquor or any other alcoholic beverage?

1  Yes (Go to AL_C8)
2  No   (Go to AL_C8)

DK, R (Go to AL_C8)
AL_Q5A  
**Starting with yesterday, that is %day name%, how many drinks did %you/FNAME% have:**

(If R on first day, go to AL_C8)
(MIN: 0  MAX: 99 for each day; warning after 12 for each day)

ALCA_5A1  1  Sunday?
ALCA_5A2  2  Monday?
ALCA_5A3  3  Tuesday?
ALCA_5A4  4  Wednesday?
ALCA_5A5  5  Thursday?
ALCA_5A6  6  Friday?
ALCA_5A7  7  Saturday?

Go to AL_C8

AL_Q5B  
**%Have/Has% %you/he/she% ever had a drink?**

ALCA_5B  1  Yes
2  No  (Go to AL_END)
DK, R  (Go to AL_END)

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

ALCA_6  1  Yes
2  No  (Go to AL_C8)
DK, R  (Go to AL_C8)

AL_Q7  
**Why did %you/he/she% reduce or quit drinking altogether?**

**INTERVIEWER:** Mark all that apply.

ALCA_7A  1  Dieting
ALCA_7B  2  Athletic training
ALCA_7C  3  Pregnancy
ALCA_7D  4  Getting older
ALCA_7E  5  Drinking too much / drinking problem
ALCA_7F  6  Affected - work, studies, employment opportunities
ALCA_7G  7  Interfered with family or home life
ALCA_7H  8  Affected - physical health
ALCA_7I  9  Affected - friendships or social relationships
ALCA_7J  10  Affected - financial position
ALCA_7K  11  Affected - outlook on life, happiness
ALCA_7L  12  Influence of family or friends
ALCA_7M  13  Other - Specify

AL_C8  If age > 19, go to AL_END.

AL_Q8  
**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.

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

AL_END  Go to next module
DRIVING UNDER INFLUENCE

DU_BEG Selection of the module is indicated using a Health Region number or province code.

DU_C1 If proxy interview, go to DU_END.

DU_Q1 The next questions are about drinking and driving. In the past 12 months, have you been a passenger with a driver who had too much to drink?

1 Yes
2 No
   DK, R  (Go to DU_END)

DU_C2 If age < 16, go to DU_END.

DU_Q2 Do you have a valid driver's license for a motor vehicle? (Include cars, vans, trucks, motorcycles.)

1 Yes
2 No  (Go to DU_END)
   DK, R  (Go to DU_END)

DU_Q3 In the past 12 months, how many times did you drive when you perhaps had too much to drink?

I_I_I Times  (MIN: 0)  (MAX: 99; warning after 20)
   R  (Go to DU_END)

DU_Q4 Do you ever go out with friends or family to a place where you will be consuming alcohol?

1 Yes
2 No  (Go to DU_END)
   DK, R  (Go to DU_END)

DU_Q5 When people go out, one person can agree ahead of time to be the designated driver and not to drink any alcohol in order to drive the group home safely. When you go out with your friends, do you arrange to have a designated driver?

1 Yes
2 No  (Go to DU_END)
   DK, R  (Go to DU_END)

DU_Q6 How often do you make this arrangement?

INTERVIEWER: Read categories to respondent.

1 Always
2 Most of the time
3 Sometimes
4 Rarely or never

DU_END Go to next module
ALCOHOL DEPENDENCE / ABUSE

AD_BEG

AD_C1 If proxy interview, go to AD_END.

AD_C1A If AL_Q3 > 2 (has at least 5 drinks at least once a month), go to AD_QINT. Otherwise, go to AD_END.

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

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

1 Yes
2 No (Go to AD_Q3)
DK, R (Go to AD_END)

AD_Q2 How many times? Was it:

1 … Once or twice?
2 … 3 to 5 times?
3 … 6 to 10 times?
4 … 11 to 20 times?
5 … More than 20 times?

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

1 Yes
2 No

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

1 Yes
2 No

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

1 Yes
2 No
AD_Q6  In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?
1  Yes
2  No

AD_Q7  In the past 12 months, did you ever drink much more or for a longer period of time than you intended?
1  Yes
2  No  (Go to AD_Q9)
   DK, R  (Go to AD_Q9)

AD_Q8  How many times? Was it:
INTERVIEWER: Read categories to respondent.
1  ... Once or twice?
2  ... 3 to 5 times?
3  ... 6 to 10 times?
4  ... 11 to 20 times?
5  ... More than 20 times?

AD_Q9  In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?
1  Yes
2  No

AD_END  Go to next module
BREASTFEEDING

BF_BEG

BF_C01 If proxy interview or sex = male or age < 15 or age > 55, go to BF_END.

BF_Q01 Now a few questions for recent mothers.
Have you given birth in the past 5 years?
INTERVIEWER: Do not include stillbirths.

1 Yes
2 No (Go to BF_END)
   DK, R (Go to BF_END)

BF_Q01A In what year?
INTERVIEWER: Enter year of birth of last baby.

___ __ ___ __ ___ Year

(MIN: Current year - 5) (MAX: Current year)

BF_Q01B Did you take a vitamin supplement containing folic acid before your (last) pregnancy, that is, before you found out that you were pregnant?

1 Yes
2 No

BF_Q02 (For your last baby), did you breastfeed or try to breastfeed your child, even if only for a short time?

1 Yes (Go to BF_C10)
2 No (Go to BF_C10)
   DK, R (Go to BF_C10)

BF_Q03 Are you still breast-feeding?

1 Yes (Go to BF_C10)
2 No (Go to BF_C10)
   DK, R (Go to BF_C10)

BF_Q04 How long did you breastfeed (your last child)?

1 Less than 1 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
   DK, R (Go to BF_C10)
BF_Q05  What is the main reason that you stopped?

1  Not enough milk
2  Inconvenience / fatigue
3  Difficulty with BF techniques
4  Sore nipples / engorged breasts / mastitis
5  Illness
6  Planned to stop at this time
7  Child weaned him / herself
8  Advice of doctor
9  Returned to work / school
10  Advice of partner
11  Formula feeding preferable
12  Wanted to drink alcohol
13  Other - Specify

BF_C10  If a current or former smoker (SM_Q202 = 1 or SM_Q202 = 2 or SM_Q201A = 1 or SM_Q201B = 1), go to BF_Q10. Otherwise, go to BF_Q14.

BF_Q10  Did you smoke during your last pregnancy?

1  Yes
2  No  (Go to BF_C12)
   DK, R  (Go to BF_Q14)

BF_Q11  How many cigarettes did you usually smoke each day?

   Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)

BF_C12  If BF_Q02 <> 1 (Didn’t breastfeed last baby), go to BF_Q14.

BF_Q12  Did you smoke when you were breast-feeding (your last baby)?

1  Yes
2  No  (Go to BF_Q14)
   DK, R  (Go to BF_Q14)

BF_Q13  How many cigarettes did you usually smoke each day?

   Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)

BF_Q14  Did anyone regularly smoke in your presence during or after the pregnancy (about 6 months after)?

1  Yes
2  No

BF_C20  If ever drank (AL_Q1 = 1 or AL_Q5B = 1), go to BF_Q20. Otherwise, go to BF_END.

BF_Q20  Did you drink any alcohol during your last pregnancy?

1  Yes
2  No  (Go to BF_C22)
   DK, R  (Go to BF_END)
**BF_Q21**

**How often did you drink?**

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

**BF_C22**

If BF_Q02 <> 1 (did not breastfeed last baby), go to BF_END

**BF_Q22**

**Did you drink any alcohol while you were breastfeeding (your last baby)?**

1. Yes
2. No (Go to BF_END)
   DK, R (Go to BF_END)

**BF_Q23**

**How often did you drink?**

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

**BF_END**

Go to next module
SEXUAL BEHAVIOURS

SB_BEG Selection of the module is indicated using a Health Region number or province code.

SB_CINT If proxy interview or age < 15 or age > 59, go to SB_END.

SB_QINT I would like to ask you a few personal questions about sexual behavior because of its importance to personal health. You can be assured that anything you tell me will remain confidential.

SB_Q1 Have you ever had sexual intercourse?

1  Yes
2  No  (Go to SB_END)
    DK, R  (Go to SB_END)

SB_Q2 How old were you when you first had sexual intercourse?

INTERVIEWER: Maximum is %current age%.

I I I  Age in years
(MIN: 10; warning before 12)  (MAX: current age)

SB_Q3 In the past 12 months, have you had sexual intercourse?

1  Yes
2  No  (Go to SB_END)
    DK, R  (Go to SB_END)

SB_Q4 With how many different partners?

1  1 partner
2  2 partners  (Go to SB_Q6)
3  3 partners  (Go to SB_Q6)
4  4 or more partners  (Go to SB_Q6)
    DK, R  (Go to SB_END)

SB_C5 If married, common-law or living with a partner, go to SB_END.

SB_Q5 Did this relationship last 12 months or longer?

1  Yes  (Go to SB_END)
2  No  (Go to SB_Q7)
    DK, R  (Go to SB_END)

SB_Q6 Did any of these relationships last less than 12 months?

1  Yes
2  No  (Go to SB_END)
    DK, R  (Go to SB_END)
For %that/those% %relationship/relationships% that lasted less than a year, how often did you use a condom in the past 12 months?

INTERVIEWER: Read categories to respondent.

1  Always  (Go to SB_END)
2  Usually
3  Occasionally
4  Never   (Go to SB_END)
   DK, R    (Go to SB_END)

Did you use a condom the last time?

1  Yes
2  No

SB_END  Go to next module
SOCIAL SUPPORT (Medical Outcomes Study questions)

SS_BEG  Selection of the module is indicated using a Health Region number or province code.

SS_C01  If proxy interview, go to SS_END.

SS_Q01  Next are some questions about the support that is available to you.
About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?

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

SS_QINT2  People sometimes look to others for companionship, assistance, or other types of support.
INTERVIEWER: Press <ENTER> to continue.

SS_Q02  How often is each of the following kinds of support available to you if you need it:
... someone to help you if you were confined to bed?
INTERVIEWER: Read categories to respondent.

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

SS_Q03  ... someone you can count on to listen to you when you need to talk?
INTERVIEWER: Read categories to respondent.

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

SS_Q04  ... someone to give you advice about a crisis?
INTERVIEWER: Read categories to respondent.

1  None of the time
2  A little of the time
3  Some of the time
4  Most of the time
5  All of the time
<table>
<thead>
<tr>
<th>SS_Q05</th>
<th>... someone to take you to the doctor if you needed it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSMA_05</td>
<td>INTERVIEWER: Read categories to respondent.</td>
</tr>
<tr>
<td>1</td>
<td>None of the time</td>
</tr>
<tr>
<td>2</td>
<td>A little of the time</td>
</tr>
<tr>
<td>3</td>
<td>Some of the time</td>
</tr>
<tr>
<td>4</td>
<td>Most of the time</td>
</tr>
<tr>
<td>5</td>
<td>All of the time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SS_Q06</th>
<th>... someone who shows you love and affection?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSMA_06</td>
<td>INTERVIEWER: Read categories to respondent.</td>
</tr>
<tr>
<td>1</td>
<td>None of the time</td>
</tr>
<tr>
<td>2</td>
<td>A little of the time</td>
</tr>
<tr>
<td>3</td>
<td>Some of the time</td>
</tr>
<tr>
<td>4</td>
<td>Most of the time</td>
</tr>
<tr>
<td>5</td>
<td>All of the time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SS_Q07</th>
<th>How often is each of the following kinds of support available to you if you need it:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSMA_07</td>
<td>INTERVIEWER: Read categories to respondent.</td>
</tr>
<tr>
<td>... someone to have a good time with?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>None of the time</td>
</tr>
<tr>
<td>2</td>
<td>A little of the time</td>
</tr>
<tr>
<td>3</td>
<td>Some of the time</td>
</tr>
<tr>
<td>4</td>
<td>Most of the time</td>
</tr>
<tr>
<td>5</td>
<td>All of the time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SS_Q08</th>
<th>... someone to give you information in order to help you understand a situation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSMA_08</td>
<td>INTERVIEWER: Read categories to respondent.</td>
</tr>
<tr>
<td>1</td>
<td>None of the time</td>
</tr>
<tr>
<td>2</td>
<td>A little of the time</td>
</tr>
<tr>
<td>3</td>
<td>Some of the time</td>
</tr>
<tr>
<td>4</td>
<td>Most of the time</td>
</tr>
<tr>
<td>5</td>
<td>All of the time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SS_Q09</th>
<th>... someone to confide in or talk to about yourself or your problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSMA_09</td>
<td>INTERVIEWER: Read categories to respondent.</td>
</tr>
<tr>
<td>1</td>
<td>None of the time</td>
</tr>
<tr>
<td>2</td>
<td>A little of the time</td>
</tr>
<tr>
<td>3</td>
<td>Some of the time</td>
</tr>
<tr>
<td>4</td>
<td>Most of the time</td>
</tr>
<tr>
<td>5</td>
<td>All of the time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SS_Q10</th>
<th>... someone who hugs you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSMA_10</td>
<td>INTERVIEWER: Read categories to respondent.</td>
</tr>
<tr>
<td>1</td>
<td>None of the time</td>
</tr>
<tr>
<td>2</td>
<td>A little of the time</td>
</tr>
<tr>
<td>3</td>
<td>Some of the time</td>
</tr>
<tr>
<td>4</td>
<td>Most of the time</td>
</tr>
<tr>
<td>5</td>
<td>All of the time</td>
</tr>
</tbody>
</table>
### SS_Q11
**... someone to get together with for relaxation?**

**SSMA_11**

**INTERVIEWER:** Read categories to respondent.

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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</table>

### SS_Q12
**... someone to prepare your meals if you were unable to do it yourself?**

**SSMA_12**

**INTERVIEWER:** Read categories to respondent.

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
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</tbody>
</table>

### SS_Q13
**... someone whose advice you really want?**

**SSMA_13**

**INTERVIEWER:** Read categories to respondent.

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>A little of the time</th>
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</table>

### SS_Q14
**How often is each of the following kinds of support available to you if you need it:**

**... someone to do things with to help you get your mind off things?**

**SSMA_14**

**INTERVIEWER:** Read categories to respondent.

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>A little of the time</th>
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</table>

### SS_Q15
**... someone to help with daily chores if you were sick?**

**SSMA_15**

**INTERVIEWER:** Read categories to respondent.

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
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<th>All of the time</th>
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</tbody>
</table>

### SS_Q16
**... someone to share your most private worries and fears with?**

**SSMA_16**

**INTERVIEWER:** Read categories to respondent.

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
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</tbody>
</table>
SS_Q17  ... someone to turn to for suggestions about how to deal with a personal problem?

INTERVIEWER: Read categories to respondent.

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

SS_Q18  ... someone to do something enjoyable with?

INTERVIEWER: Read categories to respondent.

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

SS_Q19  ... someone who understands your problems?

INTERVIEWER: Read categories to respondent.

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

SS_Q20  ... someone to love you and make you feel wanted?

INTERVIEWER: Read categories to respondent.

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

SS_END  Go to next module
SPIRITUALITY

SY_BEG Selection of the module is indicated using a Health Region number or province code.

SY_C1 If proxy interview, go to SY_END.

SY_QINT Now a few questions about spirituality in your life.
INTERVIEWER: Press <Enter> to continue.

SY_Q1 In the past 12 months, how often did you attend religious services or religious meetings, not counting special occasions (such as weddings, funerals or baptisms)?
INTERVIEWER: Read categories to respondent.

1 Once a week or more
2 Once a month
3 3 or 4 times a year
4 Once a year
5 Not at all (Go to SY_END)

SY_Q2 Do spiritual values or your faith play an important role in your life?

1 Yes
2 No (Go to SY_END)

SY_Q3 How religious or spiritual do you consider yourself to be?
INTERVIEWER: Read categories to respondent.

1 Very
2 Moderately
3 Not very
4 Not at all

SY_END Go to next module
CONTACTS WITH MENTAL HEALTH PROFESSIONALS

CM_BEG

CM_C01 If proxy interview, go to CM_END.

CM_QINT Now some questions about mental and emotional well-being.
INTERVIEWER: Press <Enter> to continue.

CM_Q01K In the past 12 months, that is, from %date one year ago% to yesterday, have you seen, or talked on the telephone, to a health professional about your emotional or mental health?

1 Yes
2 No (Go to CM_END)
DK, R (Go to CM_END)

CM_Q01L How many times (in the past 12 months)?

____Times

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

CM_Q01M Whom did you see or talk to?
INTERVIEWER: Read categories to respondent. Mark all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>CMHA_1MA</td>
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<td>CMHA_1MB</td>
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<td>CMHA_1MC</td>
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<tr>
<td>CMHA_1MF</td>
<td>6</td>
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</tbody>
</table>

CM_END Go to next module
MOOD (Bradburn Affect Balance Scale)

MD_BEG  Selection of the module is indicated using a Health Region number or province code.

MD_C01  If proxy interview, go to MD_END.

MD_QINT  The next set of questions describes some of the ways people feel at different times. Please tell me if you have the feeling often, sometimes or never.
          INTERVIEWER: Press <Enter> to continue.

MD_Q1
          During the past few weeks, how often have you felt:
          … on top of the world?
          INTERVIEWER: Read categories to respondent.
          1  Often
          2  Sometimes
          3  Never
          DK, R  (Go to MD_END)

MD_Q2
          … very lonely or remote from other people?
          INTERVIEWER: Read categories to respondent.
          1  Often
          2  Sometimes
          3  Never

MD_Q3
          … particularly excited or interested in something?
          1  Often
          2  Sometimes
          3  Never

MD_Q4
          … depressed or very unhappy?
          1  Often
          2  Sometimes
          3  Never

MD_Q5
          During the past few weeks, how often have you felt:
          … pleased about having accomplished something?
          1  Often
          2  Sometimes
          3  Never

MD_Q6
          … bored?
          1  Often
          2  Sometimes
          3  Never
MD Q7  ... proud because someone complimented you on something you had done?  
MDBA_07

1  Often  
2  Sometimes  
3  Never

MD Q8  ... so restless you couldn't sit long in a chair?  
MDBA_08

1  Often  
2  Sometimes  
3  Never

MD Q9  ... that things were going your way?  
MDBA_09

1  Often  
2  Sometimes  
3  Never

MD Q10 During the past few weeks, how often have you felt:  
MDBA_10  ... upset because someone criticized you?  

1  Often  
2  Sometimes  
3  Never

MD Q11 Taking things all together, how would you say things are these days?  
MDBA_11  Would you say you're:  

INTERVIEWER: Read categories to respondent.  

1  ... very happy?  
2  ... pretty happy?  
3  ... not too happy?

MD_END  Go to next module
DISTRESS

DI_BEG  Selection of the module is indicated using a Health Region number or province code.

DI_C01  If proxy interview, go to DI_END.

DI_Q01A  During the past month, that is, from %date one month ago% to yesterday, about how often did you feel
... so sad that nothing could cheer you up?
INTERVIEWER: Read categories to respondent.

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

DI_Q01B  ... nervous?
INTERVIEWER: Read categories to respondent.

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

DI_Q01C  ... restless or fidgety?
INTERVIEWER: Read categories to respondent.

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

DI_Q01D  ... hopeless?
INTERVIEWER: Read categories to respondent.

1  All of the time
2  Most of the time
3  Some of the time
4  A little of the time
5  None of the time
   DK, R  (Go to DI_END)
... worthless?

INTERVIEWER: Read categories to respondent.

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

(DK, R (Go to DI_END))

... that everything was an effort?

INTERVIEWER: Read categories to respondent.

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

(DK, R (Go to DI_END))

If DI_Q01A to DI_Q01F are all “None of the time”, go to DI_END.

We have just been talking about feelings and experiences that occurred to different degrees during the past month. Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual or about the same as usual?

1. More often
2. Less often (Go to DI_Q01I)
3. About the same (Go to DI_Q01J)
4. Never have had any (Go to DI_END)

(DK, R (Go to DI_END))

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

1. A lot
2. Somewhat
3. A little

(DK, R (Go to DI_END))

Go to DI_Q01J

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

1. A lot
2. Somewhat
3. A little

(DK, R (Go to DI_END))
How much do these experiences usually interfere with your life or activities?

1. A lot
2. Some
3. A little
4. Not at all

Go to next module
**DEPRESSION**

DP_BEG  Selection of the module is indicated using a Health Region number or province code.

DP_C01  If proxy interview, go to DP_END.

DP_Q02  During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

1  Yes  (Go to DP_Q16)
2  No  (Go to DP_Q16)
    DK, R  (Go to DP_END)

DP_Q03  For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst. During that time, how long did these feelings usually last?

INTERVIEWER: Read categories to respondent.

1  All day long
2  Most of the day
3  About half of the day  (Go to DP_Q16)
4  Less than half of a day  (Go to DP_Q16)
    DK, R  (Go to DP_END)

DP_Q04  How often did you feel this way during those 2 weeks?

INTERVIEWER: Read categories to respondent.

1  Every day
2  Almost every day
3  Less often  (Go to DP_Q16)
    DK, R  (Go to DP_END)

DP_Q05  During those 2 weeks did you lose interest in most things?

1  Yes  (KEY PHRASE = Losing interest)
2  No  (Go to DP_END)

DP_Q06  Did you feel tired out or low on energy all of the time?

1  Yes  (KEY PHRASE = Feeling tired)
2  No  (Go to DP_END)

DP_Q07  Did you gain weight, lose weight or stay about the same?

1  Gained weight  (KEY PHRASE = Gaining weight)
2  Lost weight  (KEY PHRASE = Losing weight)
3  Stayed about the same  (Go to DP_Q09)
4  Was on a diet  (Go to DP_Q09)
    DK, R  (Go to DP_END)
DP_Q08A  About how much did you %gain/lose%?

INTERVIEWER: Enter amount only.

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<thead>
<tr>
<th></th>
<th>Weight</th>
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<tbody>
<tr>
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<td>(MIN: 1; MAX: 99; warning after 20 pounds / 9 kilograms)</td>
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<tr>
<td>DK, R</td>
<td>(Go to DP_Q09)</td>
</tr>
</tbody>
</table>

DP_Q08B  INTERVIEWER: Was that in pounds or in kilograms?

1  Pounds
2  Kilograms

(DK, R are not allowed)

DP_Q09  Did you have more trouble falling asleep than you usually do?

1  Yes (KEY PHRASE = Trouble falling asleep)
2  No (Go to DP_Q11)

(DK, R (Go to DP_END)

DP_Q10  How often did that happen?

INTERVIEWER: Read categories to respondent.

1  Every night
2  Nearly every night
3  Less often

(DK, R (Go to DP_END)

DP_Q11  Did you have a lot more trouble concentrating than usual?

1  Yes (KEY PHRASE = Trouble concentrating)
2  No (Go to DP_END)

DP_Q12  At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?

1  Yes (KEY PHRASE = Feeling down on yourself)
2  No (Go to DP_END)

DP_Q13  Did you think a lot about death - either your own, someone else’s or death in general?

1  Yes (KEY PHRASE = Thoughts about death)
2  No (Go to DP_END)

DP_C14 If “Yes” in DP_Q5, DP_Q6, DP_Q9, DP_Q11, DP_Q12 or DP_Q13, or DP_Q7 is “gain” or “lose”, go to DP_Q14C. Otherwise, go to DP_END.

DP_Q14C  Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue or depressed and also had some other things like (KEY PHRASES).

INTERVIEWER: Press <Enter> to continue.
DP_Q14 About how many weeks altogether did you feel this way during the past 12 months?

|___| Weeks
(MIN: 2 MAX: 53)
(If > 51 weeks, go to DP_END)
DK, R (Go to DP_END)

DP_Q15 Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

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

Go to DP_END

DP_Q16 During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure?

1 Yes (Go to DP_END)
2 No (Go to DP_END)
DK, R (Go to DP_END)

DP_Q17 For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?

INTERVIEWER: Read categories to respondent.

1 All day long
2 Most of the day
3 About half of the day (Go to DP_END)
4 Less than half of a day (Go to DP_END)
DK, R (Go to DP_END)

DP_Q18 How often did you feel this way during those 2 weeks?

INTERVIEWER: Read categories to respondent.

1 Every day
2 Almost every day
3 Less often (Go to DP_END)
DK, R (Go to DP_END)

DP_Q19 During those 2 weeks did you feel tired out or low on energy all the time?

1 Yes (KEY PHRASE = Feeling tired)
2 No
DK, R (Go to DP_END)
DP_Q20
Did you gain weight, lose weight, or stay about the same?

1 Gained weight (KEY PHRASE = Gaining weight)
2 Lost weight (KEY PHRASE = Losing weight)
3 Stayed about the same (Go to DP_Q22)
4 Was on a diet (Go to DP_Q22)
   DK, R (Go to DP_END)

DP_Q21A
About how much did you %gain/lose%?
INTERVIEWER: Enter amount only.

|___| Weight
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)
   DK, R (Go to DP_Q22)

DP_Q21B
INTERVIEWER: Was that in pounds or in kilograms?

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

DP_Q22
Did you have more trouble falling asleep than you usually do?

1 Yes (KEY PHRASE = Trouble falling asleep)
2 No (Go to DP_Q24)
   DK, R (Go to DP_END)

DP_Q23
How often did that happen?
INTERVIEWER: Read categories to respondent.

1 Every night
2 Nearly every night
3 Less often
   DK, R (Go to DP_END)

DP_Q24
Did you have a lot more trouble concentrating than usual?

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

DP_Q25
At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

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

DP_Q26
Did you think a lot about death - either your own, someone else’s, or death in general?

1 Yes (KEY PHRASE = Thoughts about death)
2 No
   DK, R (Go to DP_END)
If any “Yes” in DP_Q19, DP_Q22, DP_Q24, DP_Q25 or DP_Q26, or DP_Q20 is “gain” or “lose”, go to DP_Q27C. Otherwise, go to DP_END.

Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES).

INTERVIEWER: Press <Enter> to continue.

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

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<thead>
<tr>
<th></th>
<th>Weeks</th>
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<tbody>
<tr>
<td></td>
<td>(MIN: 2  MAX: 53)</td>
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<tr>
<td>(If &gt; 51 weeks, go to DP_END)</td>
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<tr>
<td>DK, R  (Go to DP_END)</td>
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</tbody>
</table>

Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?

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<tbody>
<tr>
<td>1</td>
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<td>11</td>
<td>November</td>
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<td>6</td>
<td>June</td>
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<tr>
<td>12</td>
<td>December</td>
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</tbody>
</table>

Go to next module
**SUICIDAL THOUGHTS AND ATTEMPTS**

**SU_BEG**
Selection of the module is indicated using a Health Region number or province code.

**SU_C1**
If proxy interview or if age < 15, go to **SU_END**.

**SU_QINT**
The following questions relate to the sensitive issue of suicide.
INTERVIEWER: Press <Enter> to continue.

**SU_Q1**
Have you ever seriously considered committing suicide or taking your own life?

1. Yes
2. No (Go to **SU_END**)
   DK, R (Go to **SU_END**)

**SU_Q2**
Has this happened in the past 12 months?

1. Yes
2. No (Go to **SU_END**)
   DK, R (Go to **SU_END**)

**SU_Q3**
Have you ever attempted to commit suicide or tried taking your own life?

1. Yes
2. No (Go to **SU_END**)
   DK, R (Go to **SU_END**)

**SU_Q4**
Did this happen in the past 12 months?

1. Yes
2. No (Go to **SU_END**)
   DK, R (Go to **SU_END**)

**SU_Q5**
Did you see, or talk on the telephone, to a health professional following your attempt to commit suicide?

1. Yes
2. No (Go to **SU_END**)
   DK, R (Go to **SU_END**)

**SU_Q6**
Whom did you see or talk to?
INTERVIEWER: Read categories to respondent. Mark all that apply.

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

**SU_END**
Go to next module
SOCIO-DEMOGRAPHIC CHARACTERISTICS

SD_BEG

SD_Q1

Now some general background questions which will help us compare the health of people in Canada.

INTERVIEWER: Press <Enter> to continue.

SD_Q1 In what country %were/was% %you/FNAME% born?

SDCA_1

1. Canada (Go to SD_Q4)
2. China
3. France
4. Germany
5. Greece
6. Guyana
7. Hong Kong
8. Hungary
9. India
10. Italy
11. Jamaica
12. Netherlands / Holland
13. Philippines
14. Poland
15. Portugal
16. United Kingdom
17. United States
18. Viet Nam
19. Other - Specify

DK, R (Go to SD_Q4)

SD_Q2 %Were/Was% %you/he/she% born a Canadian citizen?

SDCA_2

1. Yes (Go to SD_Q4)
2. No

DK, R (Go to SD_Q4)

SD_Q3 In what year did %you/FNAME% first come to Canada to live?

SDCA_3

INTERVIEWER: Minimum is %year of birth%; maximum is %current year%.

| | | | | | Year

(MIN: year of birth) (MAX: current year)

SD_Q4 To which ethnic or cultural group(s) did %your/FNAME’s% ancestors belong? (For example: French, Scottish, Chinese)

INTERVIEWER: Mark all that apply.
If “Canadian” is the only response, probe. If the respondent hesitates, do not suggest Canadian.

SDCA_4A

1. Canadian

SDCA_4B

2. French

SDCA_4C

3. English

SDCA_4D

4. German

SDCA_4E

5. Scottish

SDCA_4F

6. Irish

SDCA_4G

7. Italian

SDCA_4H

8. Ukrainian

SDCA_4I

9. Dutch (Netherlands)

SDCA_4J

10. Chinese

SDCA_4K

11. Jewish

SDCA_4L

12. Polish

SDCA_4M

13. Portuguese

SDCA_4N

14. South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)

SDCA_4O

15. Black

SDCA_4P

16. North American Indian

SDCA_4Q

17. Métis

SDCA_4R

18. Inuit / Eskimo

SDCA_4S

19. Other - Specify
**SD_Q5**

In what languages can %you/he/she% conduct a conversation?

INTERVIEWER: Mark all that apply.

<table>
<thead>
<tr>
<th>Code</th>
<th>Language</th>
<th>Code</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDCA_6A</td>
<td>English</td>
<td>SDCA_5K</td>
<td>Persian (Farsi)</td>
</tr>
<tr>
<td>SDCA_6B</td>
<td>French</td>
<td>SDCA_5L</td>
<td>Polish</td>
</tr>
<tr>
<td>SDCA_6C</td>
<td>Arabic</td>
<td>SDCA_5M</td>
<td>Portuguese</td>
</tr>
<tr>
<td>SDCA_6D</td>
<td>Chinese</td>
<td>SDCA_5N</td>
<td>Punjabi</td>
</tr>
<tr>
<td>SDCA_6E</td>
<td>Cree</td>
<td>SDCA_5O</td>
<td>Spanish</td>
</tr>
<tr>
<td>SDCA_6F</td>
<td>German</td>
<td>SDCA_5P</td>
<td>Tagalog (Filipino)</td>
</tr>
<tr>
<td>SDCA_6G</td>
<td>Greek</td>
<td>SDCA_5Q</td>
<td>Ukrainian</td>
</tr>
<tr>
<td>SDCA_6H</td>
<td>Hungarian</td>
<td>SDCA_5R</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>SDCA_6I</td>
<td>Italian</td>
<td>SDCA_5S</td>
<td>Other - Specify</td>
</tr>
<tr>
<td>SDCA_6J</td>
<td>Korean</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SD_Q6**

What is the language that %you/FNAME% first learned at home in childhood and can still understand?

INTERVIEWER: Mark all that apply.
If person can no longer understand the first language learned, mark the second.

<table>
<thead>
<tr>
<th>Code</th>
<th>Language</th>
<th>Code</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDCA_6A</td>
<td>English</td>
<td>SDCA_6K</td>
<td>Persian (Farsi)</td>
</tr>
<tr>
<td>SDCA_6B</td>
<td>French</td>
<td>SDCA_6L</td>
<td>Polish</td>
</tr>
<tr>
<td>SDCA_6C</td>
<td>Arabic</td>
<td>SDCA_6M</td>
<td>Portuguese</td>
</tr>
<tr>
<td>SDCA_6D</td>
<td>Chinese</td>
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<tr>
<td>SDCA_6E</td>
<td>Cree</td>
<td>SDCA_6O</td>
<td>Spanish</td>
</tr>
<tr>
<td>SDCA_6F</td>
<td>German</td>
<td>SDCA_6P</td>
<td>Tagalog (Filipino)</td>
</tr>
<tr>
<td>SDCA_6G</td>
<td>Greek</td>
<td>SDCA_6Q</td>
<td>Ukrainian</td>
</tr>
<tr>
<td>SDCA_6H</td>
<td>Hungarian</td>
<td>SDCA_6R</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>SDCA_6I</td>
<td>Italian</td>
<td>SDCA_6S</td>
<td>Other - Specify</td>
</tr>
<tr>
<td>SDCA_6J</td>
<td>Korean</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SD_Q7**

People living in Canada come from many different cultural and racial backgrounds. Are %you/he/she%:

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDCA_7A</td>
<td>...White?</td>
</tr>
<tr>
<td>SDCA_7B</td>
<td>...Chinese?</td>
</tr>
<tr>
<td>SDCA_7C</td>
<td>...South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)?</td>
</tr>
<tr>
<td>SDCA_7D</td>
<td>...Black?</td>
</tr>
<tr>
<td>SDCA_7E</td>
<td>...Filipino?</td>
</tr>
<tr>
<td>SDCA_7F</td>
<td>...Latin American?</td>
</tr>
<tr>
<td>SDCA_7G</td>
<td>...Southeast Asian (e.g., Cambodian, Indonesion, Laotian, Vietnamese, etc.)?</td>
</tr>
<tr>
<td>SDCA_7H</td>
<td>...Arab?</td>
</tr>
<tr>
<td>SDCA_7I</td>
<td>...West Asian (e.g., Afghan, Iranian, etc.)?</td>
</tr>
<tr>
<td>SDCA_7J</td>
<td>...Japanese?</td>
</tr>
<tr>
<td>SDCA_7K</td>
<td>...Korean?</td>
</tr>
<tr>
<td>SDCA_7L</td>
<td>...Aboriginal Peoples of North America (North American Indian, Métis, Inuit / Eskimo)?</td>
</tr>
<tr>
<td>SDCA_7M</td>
<td>Other – Specify</td>
</tr>
<tr>
<td>SD_Q8</td>
<td>%Are/Is% %you/FNAME% currently attending a school, college or university?</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>1  Yes</td>
</tr>
<tr>
<td></td>
<td>2  No (Go to SD_END)</td>
</tr>
<tr>
<td></td>
<td>DK, R (Go to SD_END)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SD_Q9</th>
<th>%Are/Is% %you/he/she% enrolled as a full-time student or a part-time student?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1  Full-time</td>
</tr>
<tr>
<td></td>
<td>2  Part-time</td>
</tr>
</tbody>
</table>

| SD_END | Go to next module            |
LABOUR FORCE

LF_BEG

LF_C01 If age < 15 or if age > 75, go to LF_END.

LF_QINT1 The next few questions concern %your/FNAME’s% activities in the last 7 days. By the last 7 days, I mean beginning %date one week ago%, and ending %date yesterday%.
INTERVIEWER: Press <Enter> to continue.

Job Attachment

LF_Q01 Last week, did %you/FNAME% work at a job or 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 LF_Q03)
2 No
3 Permanently unable to work (Go to LF_QINT2)
   DK, R (Go to LF_END)

LF_Q02 Last week, did %you/he/she% %were/was% absent?

1 Yes
2 No (Go to LF_Q11)
   DK, R (Go to LF_END)

LF_Q03 Did %you/he/she% have more than one job or business last week?

1 Yes
2 No

Go to LF_C31

Job Search – Last 4 Weeks

LF_Q11 In the past 4 weeks, did %you/FNAME% do anything to find work?

1 Yes (Go to LF_QINT2)
2 No
   DK, R (Go to LF_QINT2)
What is the main reason that %you/FNAME% %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

Now some questions about jobs or employment which %you/FNAME% %have/has% had during the past 12 months, that is, from %date one year ago% to yesterday.

INTERVIEWER: Press <Enter> to continue.

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 LF_Q23)
2. No

If LF_Q11 = 1, go to LF_Q71. Otherwise, go to LF_Q22.

During the past 12 months, did %you/he/she% do anything to find work?

1. Yes (Go to LF_Q71)
2. No (Go to LF_END)
   DK, R (Go to LF_END)

During that 12 months, did %you/he/she% work at more than one job or business at the same time?

1. Yes
2. No

The next questions are about %your/FNAME’s% %current/most recent% job or business.

(If person currently holds more than one job or if the last time he/she worked it was at more than one job: INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.)

INTERVIEWER: Press <Enter> to continue.
**LF_Q31** %Are/Is/Were/Was% %you/he/she% an employee or self-employed?

1. Employee
2. Self-employed
3. Working in a family business without pay

**LF_Q31A** Which of the following best describes %your/his/her% occupation?

INTERVIEWER: Read categories to respondent.

1. Management
2. Professional (including accountants)
3. Technologist, Technician or Technical occupation
4. Administrative, Financial or Clerical
5. Sales or Service
6. Trades, Transport or Equipment operator
7. Occupation in Farming, Forestry, Fishing or Mining
8. Occupation in Processing, Manufacturing or Utilities
9. Other - Specify

**LF_Q35** 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**

**LF_C41** If LF_Q02 = 1, go to LF_Q41. Otherwise, go to LF_Q42.

**LF_Q41** What was the main reason %you/FNAME% %were/was% absent from work last week?

1. Own illness or disability
2. Caring for - own children
3. Caring for - elder relatives
4. Maternity leave (Females only)
5. Other personal or family responsibilities
6. Vacation
7. Labour dispute (strike or lockout)
8. Temporary layoff due to business conditions (Employees only)
9. Seasonal layoff (Employees only)
10. Casual job, no work available (Employees only)
11. Work schedule (e.g. shift work, etc.) (Employees only)
12. Self-employed, no work available (Self-employed only)
13. Seasonal business (Excluding employees)
14. School or educational leave
15. Other - Specify
About how many hours a week do/does/did you/FNAME% usually work at your/his/her %job/business%? If you/he/she% usually %work/works/worked% extra hours, paid or unpaid, please include these hours.

| | | | Hours
(MIN: 1) (MAX: 168; warning after 84)

If (LF_Q01=1 or LF_Q02=1) and LF_Q31=1, go to LF_Q43. Otherwise, go to LF_Q44.

Given the choice, would you/he/she% prefer to work:

INTERVIEWER: Read categories to respondent.

1  ... fewer hours for less pay at this job?
2  ... more hours for more pay (at this job)?
3  ... the same hours for the same pay?

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 LF_Q46)
2  Regular evening shift
3  Regular night shift
4  Rotating shift (change from days to evenings to nights)
5  Split shift
6  On call
7  Irregular schedule
8  Other - Specify
   DK, R (Go to LF_Q46)

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

%Do/Does/Did% you/he/she% usually work on weekends at this %job/business%?

1  Yes
2  No
Other Job

IF LF_Q03=1 or LF_Q23=1, go to LF_Q51. Otherwise, go to LF_Q61.

You indicated that %you/FNAME% %have/has/had% more than one job. For how many weeks in a row %have/has/did% %you/he/she% %worked/work% at more than one job (%in the past 12 months%)%?

INTERVIEWER: Obtain best estimate.

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

What is the main reason that %you/he/she% %work/works/worked% at more than one job?

1. To meet regular household expenses
2. To pay off debts
3. To buy something special
4. To save for the future
5. To gain experience
6. To build up a business
7. Enjoys the work of the second job
8. Other - Specify

About how many hours a week %do/does/did% %you/he/she% usually work at %your/his/her% other job(s)? If %you/he/she% usually %work/works/worked% extra hours, paid or unpaid, please include these hours.

|___| Hours
(MIN: 1) (MAX: 168 – LF_Q42; warning after 30)

%Do/Does/Did% %you/he/she% usually work on weekends at %your/his/her% other job(s)?

1. Yes
2. No

During the past 52 weeks, how many weeks did %you/FNAME% 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)

IF LF_Q61 = 52, go to LF_END.
LF_Q71 If LF_Q61 was answered, use the second wording. Otherwise, use the first wording.

During the past 52 weeks, how many weeks %were/was% %you/he/she% looking for work?

That leaves %52 - LF_Q61% week%s%. During %those/that% %52 - LF_Q61% week%s%, how many weeks %were/was% %you/he/she% looking for work?

|   | Weeks
(MIN: 0) (MAX: 52 - LF_Q61)

LF_C72 If either LF_Q61 or LF_Q71 are non-response, go to LF_END.
If the total number of weeks reported in LF_Q61 and LF_Q71 = 52, go to LF_END.
If LF_Q61 and LF_Q71 were answered, %WEEKS% = [52 - (LF_Q61 + LF_Q71)].
If LF_Q61 was not answered, %WEEKS% = (52 - LF_Q71).

LF_Q72 That leaves %WEEKS% week%s% during which %you/he/she% %were/was% neither working nor looking for work? Is that correct?

1 Yes (Go to LF_C73)
2 No
   DK, R (Go to LF_C73)

LF_E72 You have indicated that %you/he/she% %were/was% worked for %LF_Q61% week%s% and that %you/he/she% %were/was% looking for work for %LF_Q71% week%s%, leaving %WEEKS% week%s% during which %you/he/she% %were/was% neither working nor looking for work. The total number of weeks must add to 52. Please return and correct.

LF_C73 If (LF_Q01 = 1 or LF_Q02 = 1 or LF_Q11 = 1 or LF_Q12 = 1), go to LF_Q73.
Otherwise, go to LF_END.

LF_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, etc.)
12 School or educational leave
13 Retired
14 Believes no work available (in area or suited to skills)
15 Other - Specify
If LF_Q71 > 1 and LF_Q71 < 52, go to LF_Q74. Otherwise, go to LF_END.

Were those %LF_Q71% weeks when %you/he/she% %were/was% without work but looking for work:
INTERVIEWER: Read categories to respondent.

1 ... all in one period?
2 ... in 2 separate periods?
3 ... in 3 or more periods?

Go to next module
INCOME

IN_BEG

IN_C1 If INFLAG = 1 (i.e. one Health Form has already been done for the household), go to IN_C4.

IN_QINT Although many health expenses are covered by 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.
INTERVIEWER: Press <Enter> to continue.

IN_Q1 Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?
INTERVIEWER: Read categories to respondent. Mark all that apply.

INCA_1A 1 Wages and salaries
INCA_1B 2 Income from self-employment
INCA_1C 3 Dividends and interest (e.g. on bonds, savings)
INCA_1D 4 Employment insurance
INCA_1E 5 Worker’s compensation
INCA_1F 6 Benefits from Canada or Quebec Pension Plan
INCA_1G 7 Retirement pensions, superannuation and annuities
INCA_1H 8 Old Age Security and Guaranteed Income Supplement
INCA_1I 9 Child Tax Benefit
INCA_1J 10 Provincial or municipal social assistance or welfare
INCA_1K 11 Child support
INCA_1L 12 Alimony
INCA_1M 13 Other (e.g. rental income, scholarships)
INCA_1N 14 None (Go to IN_Q3)
DK, R (Go to IN_END)

IN_C2 If more than one source of income is indicated, ask IN_Q2. Otherwise, ask IN_Q3. (IN_Q2 will be filled with IN_Q1 during processing.)

IN_Q2 What was the main source of income?

INCA_2 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 (category created during processing)
IN_Q3  
**INCA_3**

What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

| | | | | | | Income (Go to IN_C4)  
| (MIN: 0) (MAX: 500,000; warning after 150,000) | | | | | | 0 (Go to IN_END) 
| | | | | | | DK, R (Go to IN_END)

IN_Q3A  
**INCA_3A**

Can you estimate in which of the following groups your household income falls? Was the total **household** income less than $20,000 or $20,000 or more?

1. Less than $20,000  
2. $20,000 or more (Go to IN_Q3E)  
3. No income (Go to IN_END) 
   
   DK, R (Go to IN_END)

IN_Q3B  
**INCA_3B**

Was the total **household** income from all sources less than $10,000 or $10,000 or more?

1. Less than $10,000  
2. $10,000 or more (Go to IN_Q3D)  
   
   DK, R (Go to IN_C4)

IN_Q3C  
**INCA_3C**

Was the total **household** income from all sources less than $5,000 or $5,000 or more?

1. Less than $5,000  
2. $5,000 or more 
   
   Go to IN_C4

IN_Q3D  
**INCA_3D**

Was the total **household** income from all sources less than $15,000 or $15,000 or more?

1. Less than $15,000  
2. $15,000 or more 
   
   Go to IN_C4

IN_Q3E  
**INCA_3E**

Was the total **household** income from all sources less than $40,000 or $40,000 or more?

1. Less than $40,000  
2. $40,000 or more (Go to IN_Q3G)  
   
   DK, R (Go to IN_C4)

IN_Q3F  
**INCA_3F**

Was the total **household** income from all sources less than $30,000 or $30,000 or more?

1. Less than $30,000  
2. $30,000 or more 
   
   Go to IN_C4
IN_Q3G
Was the total **household** income from all sources:

INTERVIEWER: Read categories to respondent.

1  ... less than $50,000?
2  ... $50,000 to less than $60,000?
3  ... $60,000 to less than $80,000?
4  ... $80,000 or more?

IN_C4
If age >= 15, ask IN_Q4. Otherwise, go to IN_END.

IN_Q4
**What is your best estimate of %your/FNAME's% total personal income, before taxes and deductions, from all sources in the past 12 months?**

<table>
<thead>
<tr>
<th></th>
<th>Income (Go to IN_END)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MIN: 0) (MAX: 500,000; warning after 150,000)</td>
</tr>
<tr>
<td>0</td>
<td>(Go to IN_END)</td>
</tr>
<tr>
<td>DK, R</td>
<td>(Go to IN_Q4A)</td>
</tr>
</tbody>
</table>

IN_Q4A
Can you estimate in which of the following groups %your/FNAME's% personal income falls? **Was %your/his/her% total personal income less than $20,000 or $20,000 or more?**

1  Less than $20,000
2  $20,000 or more (Go to IN_Q4E)
3  No income (Go to IN_END)
   DK, R (Go to IN_END)

IN_Q4B
Was %your/his/her% total personal income less than $10,000 or $10,000 or more?

1  Less than $10,000
2  $10,000 or more (Go to IN_Q4D)
   DK, R (Go to IN_END)

IN_Q4C
Was %your/his/her% total personal income less than $5,000 or $5,000 or more?

1  Less than $5,000
2  $5,000 or more
   Go to IN_END

IN_Q4D
Was %your/his/her% total personal income less than $15,000 or $15,000 or more?

1  Less than $15,000
2  $15,000 or more
   Go to IN_END

IN_Q4E
Was %your/his/her% total personal income less than $40,000 or $40,000 or more?

1  Less than $40,000
2  $40,000 or more (Go to IN_Q4G)
   DK, R (Go to IN_END)
IN_Q4F  Was %your/his/her% total personal income less than $30,000 or $30,000 or more?
1    Less than $30,000
2    $30,000 or more

Go to IN_END

IN_Q4G  Was %your/his/her% total personal income:

INTERVIEWER: Read categories to respondent.

1    ... less than $50,000?
2    ... $50,000 to less than $60,000?
3    ... $60,000 to less than $80,000?
4    ... $80,000 or more?

IN_END  Go to next module
FOOD INSECURITY

FI_BEG

FI_C1 If FIFLAG = 1 (i.e. the Food Insecurity module has already been done for the household), go to FI_END.

FI_Q1 In the past 12 months, how often did you or anyone else in your household: 
… worry that there would not be enough to eat because of a lack of money? 
INTERVIEWER: Read categories to respondent.

1 Often
2 Sometimes
3 Never
   DK, R (Go to FI_END)

FI_Q2 … not have enough food to eat because of a lack of money?

1 Often
2 Sometimes
3 Never
   DK, R

FI_Q3 … not eat the quality or variety of foods that you wanted to eat because of a lack of money?

1 Often
2 Sometimes
3 Never
   DK, R

FI_END Go to next module
PATIENT SATISFACTION

ST_BEG For Quarters 1, 2, and 3 sample, the module was not included. For Quarter 4 sample, the module was included as common content.

ST_C10 If proxy interview, or if age < 15, go to ST_END.

ST_QINT1 Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the quality of the care you received.

INTERVIEWER: Press <Enter> to continue.

ST_Q11 In the past 12 months, have you received any health care services?

SATA_11

1  Yes
2  No  (Go to ST_END)
   DK, R  (Go to ST_END)

ST_Q12 Overall, how would you rate the quality of health care you received? Would you say it was:

INTERVIEWER: Read categories to respondent.

1  ... excellent?
2  ... good?
3  ... fair?
4  ... poor?
   DK, R

ST_Q13 Overall, how satisfied were you with the way health care services were provided? Were you:

INTERVIEWER: Read categories to respondent.

1  ...very satisfied?
2  ...somewhat satisfied?
3  ...neither satisfied nor dissatisfied?
4  ...somewhat dissatisfied?
5  ...very dissatisfied?
   DK, R

ST_Q21A In the past 12 months, have you received any health care services at a hospital, either as an inpatient, an outpatient or an emergency room patient?

SATA_21A

1  Yes
2  No  (Go to ST_31A)
   DK, R  (Go to ST_31A)
Thinking of your most recent hospital visit, were you:

**INTERVIEWER**: Read categories to respondent.

1  ... an inpatient?
2  ... an outpatient?
3  ... an emergency room patient?
   DK, R  (Go to ST_31A)

(Thinking of this most recent hospital visit:)
... how would you rate the quality of the care you received? Would you say it was:

**INTERVIEWER**: Read categories to respondent.

1  ... excellent?
2  ... good?
3  ... fair?
4  ... poor?
   DK, R

(Thinking of this most recent hospital visit:)
... how satisfied were you with the way hospital services were provided? Were you:

**INTERVIEWER**: Read categories to respondent.

1  ... very satisfied?
2  ... somewhat satisfied?
3  ... neither satisfied nor dissatisfied?
4  ... somewhat dissatisfied?
5  ... very dissatisfied?
   DK, R

In the past 12 months, not counting hospital visits, have you received any health care services from a family doctor or other physician?

1  Yes
2  No  (Go to ST_QINT2)
   DK, R  (Go to ST_QINT2)

Thinking of the most recent time, was care provided by:

**INTERVIEWER**: Read categories to respondent.

1  ... a family doctor (general practitioner)?
2  ... a medical specialist?
   DK, R  (Go to ST_QINT2)
ST_Q32

(Thinking of this most recent care from a physician:)

... how would you rate the quality of the care you received? Would you say it was:

INTERVIEWER: Read categories to respondent.

1  ... excellent?
2  ... good?
3  ... fair?
4  ... poor?
   DK, R

ST_Q33

(Thinking of this most recent care from a physician:)

... how satisfied were you with the way physician care was provided? Were you:

INTERVIEWER: Read categories to respondent.

1  ... very satisfied?
2  ... somewhat satisfied?
3  ... neither satisfied nor dissatisfied?
4  ... somewhat dissatisfied?
5  ... very dissatisfied?
   DK, R

ST_QINT2

Community-based health care includes any health care received outside of a hospital or doctor’s office.

Examples are: home nursing care, home-based counselling or therapy, personal care and community walk-in clinics.

INTERVIEWER: Press <Enter> to continue.

ST_Q41

In the past 12 months, have you received any community-based care?

1  Yes
2  No    (Go to ST_END)
   DK, R  (Go to ST_END)

ST_Q42

Overall, how would you rate the quality of the community-based care you received? Would you say it was:

INTERVIEWER: Read categories to respondent.

1  ... excellent?
2  ... good?
3  ... fair?
4  ... poor?
   DK, R
Overall, how satisfied were you with the way community-based care was provided? Were you:

INTERVIEWER: Read categories to respondent.

1  ... very satisfied?
2  ... somewhat satisfied?
3  ... neither satisfied nor dissatisfied?
4  ... somewhat dissatisfied?
5  ... very dissatisfied?
   DK, R

Go to next module
We are seeking your permission to link information collected during this interview with provincial health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, doctor's offices or other services provided by the province.

INTERVIEWER: Press <Enter> to continue.

This information will be used for statistical purposes only. Do we have your permission?

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

%Do/Does %you/she/he% have a(n) %province% health number?

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

For which province is %your/FNAME's% health number?

10 Newfoundland 47 Saskatchewan
11 Prince Edward Island 48 Alberta
12 Nova Scotia 59 British Columbia
13 New Brunswick 60 Yukon
24 Quebec 61 Northwest Territories
35 Ontario 62 Nunavut
46 Manitoba 88 No provincial health number (Go to AM_Q04A)
   DK, R (Go to AM_Q04A)

What is %your/FNAME's% provincial health number?

INTERVIEWER: Enter a health number for %province%. Do not insert blanks, hyphens or commas between the numbers.

_____________
(8 – 12 spaces)
**Data Sharing – All Provinces (excluding Québec and the territories)**

**AM_Q04A** Statistics Canada would like to share the information collected in this survey with Health Canada and provincial and territorial ministries of health. Your provincial ministry of health may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.

INTERVIEWER: Press <Enter> to continue.

**AM_Q04B** All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

1 Yes
2 No

**Data Sharing – NWT, Yukon, Nunavut**

**AM_Q04A** Statistics Canada would like to share the information collected in this survey with Health Canada and provincial and territorial ministries of health.

INTERVIEWER: Press <Enter> to continue.

**AM_Q04B** All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

1 Yes
2 No

**Data Sharing – Québec**

**AM_Q04A** Statistics Canada would like to share the information collected in this survey with provincial and territorial ministries of health, the «l'Institut de la Statistique du Québec» and Health Canada. The «l'Institut de la Statistique du Québec» may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.

INTERVIEWER: Press <Enter> to continue.

**AM_Q04B** All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

1 Yes
2 No
Frame Evaluation

**FE_C1**
If RDD or if FEFLAG = 1 (i.e. the frame evaluation questions have been done for the household), go to AM_N05.

**FE_QINT**
And finally, a few questions to evaluate the way households were selected for this survey.
INTERVIEWER: Press <Enter> to continue.

**FE_Q1**
How many different telephone numbers are there for your household, not counting cellular phone numbers and phone numbers used strictly for business purposes?

1. 1
2. 2
3. 3 or more
4. None (Go to AM_N05)
   DK, R (Go to AM_N05)

**FE_Q2**
What is %your/main% phone number, including the area code?
INTERVIEWER: Do not include cellular or business phone numbers.
Telephone number: %telnum%.

**ADMA_F2C**
CODE1 INTERVIEWER: Enter the area code.

**ADMA_F2T**
TEL1 INTERVIEWER: Enter the telephone number.

Go to FE_C3

DK (Go to AM_N05)

**FE_Q2A**
Could you tell me the area code and the first 5 digits of your phone number? Even that will help evaluate the way households were selected.

I_I_I_I_I_I_I_I_I

DK, R (Go to AM_N05)

**FE_C3**
If FE_Q1 = 1 (1 phone), go to AM_N05.

**FE_Q3**
What is %your/another of your phone numbers% phone number, including the area code?
INTERVIEWER: Do not include cellular or business phone numbers.
Telephone number: %telnum%.

**ADMA_F3C**
CODE2 INTERVIEWER: Enter the area code.

**ADMA_F3T**
TEL2 INTERVIEWER: Enter the telephone number.

(Go to AM_N05)

DK (Go to AM_N05)

**FE_Q3A**
Could you tell me the area code and the first 5 digits of %your/another of your phone numbers%? (Even that will help evaluate the way households were selected.)

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

1 Yes
2 No (Go to AM_C09)
   DK, R (Go to AM_C09)

INTERVIEWER: Remind respondent of the importance of getting correct names.
Do you want to make corrections to:

1 ... first name only?
2 ... last name only? (Go to AM_N08)
3 ... both names?
4 ... no corrections? (Go to AM_C09)
   DK, R (Go to AM_C09)

INTERVIEWER: Enter the first name only.

_________________________
(25 spaces)

If AM_N06 <> "both names", go to AM_C09.

INTERVIEWER: Enter the last name only.

_________________________
(25 spaces)

If RDD, go to AM_N10.

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

1 On telephone
2 In person
3 Both

INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

1 Yes (Go to AM_N12)
2 No (Go to AM_N12)
   DK, R (Go to AM_N12)

INTERVIEWER: Do you think that the answers of the respondent were affected by someone else being there?

1 Yes
2 No
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