

**Quebec Population Health Survey, 2014-2015**  
Questionnaire, English version

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GENERAL INTRODUCTION

This survey deals with different aspects of your health (by health, we mean not only the absence of disease or injury, but also well-being). There are questions about your physical and mental health, and also about some of your lifestyle habits.

GENERAL HEALTH AND ALLERGIES

1. (ETA\_1) To begin with, in general, would you say your health is:

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair..... 4
- Poor..... 5
- Don't know..... 8
- No response..... 9

2. (RHI\_1) In the past 12 months, that is, the period beginning on (date 12 months ago) and ending yesterday, did you have episodes of sneezing, or a dripping or stuffy nose **when you did not have a cold or flu?**

- Yes..... 1
- No..... 2 →Go to 7 (RHI\_6\_1)
- Don't know..... 8 →Go to 7 (RHI\_6\_1)
- No response..... 9 →Go to 7 (RHI\_6\_1)

3. (RHI\_2) In the past 12 months, were these nasal problems accompanied by watery and itchy eyes?

- Yes..... 1
- No..... 2
- Don't know..... 8
- No response..... 9

4. **(RHI\_3)** During which month or months over the past 12 months did you have these nasal problems?

Instructions to interviewer: DO NOT READ RESPONSE CATEGORIES. If the respondent answers by season, ask him/her to specify which month(s) (the seasons do not occur at the same time in all regions).

	Yes	No	Don't know	No response
<b>(RHI_3_1)</b> January	1	2	8	9
<b>(RHI_3_2)</b> February	1	2	8	9
<b>(RHI_3_3)</b> March	1	2	8	9
<b>(RHI_3_4)</b> April	1	2	8	9
<b>(RHI_3_5)</b> May	1	2	8	9
<b>(RHI_3_6)</b> June	1	2	8	9
<b>(RHI_3_7)</b> July	1	2	8	9
<b>(RHI_3_8)</b> August	1	2	8	9
<b>(RHI_3_9)</b> September	1	2	8	9
<b>(RHI_3_10)</b> October	1	2	8	9
<b>(RHI_3_11)</b> November	1	2	8	9
<b>(RHI_3_12)</b> December	1	2	8	9
<b>(RHI_3_13)</b> All the months of year	1	2	8	9

5. **(RHI\_4)** During the past 12 months, did these nasal problems limit your daily activities?

- Not at all ..... 1
- A little ..... 2
- A fair amount ..... 3
- A lot..... 4
- Don't know..... 8
- No response ..... 9

6. **(RHI\_5)** Did the following elements (causes) usually trigger or increase these nasal problems?

- Yes..... 1
- No ..... 2
- Don't know..... 8
- No response ..... 9

- a) **(RHI\_5\_1)** Dust mites or house dust
- b) **(RHI\_5\_2)** Pollen
- c) **(RHI\_5\_3)** Animals
- d) **(RHI\_5\_4)** Are there other elements (causes) that usually trigger or increase these nasal problems?

7. **(RHI\_6)** Has a doctor ever told you that:

a) **(RHI\_6\_1)** You have allergic rhinitis?

Yes..... 1  
No ..... 2  
Don't know..... 8  
No response ..... 9

b) **(RHI\_6\_2)** You have hay fever?

Yes..... 1  
No ..... 2  
Don't know..... 8  
No response ..... 9

c) **(RHI\_6\_3)** You are allergic to ragweed?

Yes..... 1  
No ..... 2  
Don't know..... 8  
No response ..... 9

8. **(TAR\_1)** When did you last see a general practitioner (doctor or family doctor), regardless of the reason for the consultation?

If you have never seen a general practitioner (doctor or family doctor), mark "5 or more years."

Less than 6 months ago ..... 1  
6 months to less than 1 year ago ..... 2  
1 year to less than 2 years ago ..... 3  
2 years to less than 5 years ago ..... 4  
5 or more years ago ..... 5 →Go to **10 (PAP\_1)**  
Don't know..... 8 →Go to **10 (PAP\_1)**  
No response ..... 9 →Go to **10 (PAP\_1)**

9. **(TAR\_2)** During that last consultation, was your blood pressure taken?

Yes..... 1  
No ..... 2  
Don't know..... 8  
No response ..... 9

**If the respondent is male, Go to the next section 12 (APH\_1\_1)**

10. **(PAP\_1)** Have you ever had a PAP smear test?

Yes..... 1  
No ..... 2 →Go to **12 (APH\_1\_1)**  
Don't know..... 8 →Go to **12 (APH\_1\_1)**  
No response ..... 9 →Go to **12 (APH\_1\_1)**

11. **(PAP\_2)** When was the last time?

- Less than 6 months ago ..... 1
- 6 months to less than 1 year ago ..... 2
- 1 year to less than 3 years ago ..... 3
- 3 years to less than 5 years ago ..... 4
- 5 or more years ago ..... 5
- Don't know..... 8
- No response ..... 9

## PHYSICAL ACTIVITY AS A MEANS OF TRANSPORTATION

The following questions are about physical activity associated with your getting from one place to another.

12. **(APH\_1\_1)** During the past 4 weeks, to get from one place to another such as work, school, a store, a friend's place or elsewhere, did you use a means of active transportation such as walking, cycling, rollerblading or other?

Instructions to interviewer : Other possible types of active transportation are skateboarding, using a non-motorized wheelchair, snowshoeing, skiing, jogging.

Yes.....1

No.....2 → Go to 17 **(APH\_2\_1)** "Physical activity during leisure time"

Don't know .....8 → Go to 17 **(APH\_2\_1)** "Physical activity during leisure time"

No response.....9 → Go to 17 **(APH\_2\_1)** "Physical activity during leisure time"

13. **(APH\_1\_2)** During the past 4 weeks, did you use this/these means of active transportation every week?

Yes.....1

No.....2 → Go to 17 **(APH\_2\_1)** "Physical activity during leisure time"

Don't know .....8 → Go to 17 **(APH\_2\_1)** "Physical activity during leisure time"

No response.....9 → Go to 17 **(APH\_2\_1)** "Physical activity during leisure time"

14. **(APH\_1\_3)** During the past 4 weeks, approximately how many days a week did you use this/these means of active transportation?

1 day a week ..... 1

2 days a week ..... 2

3 days a week ..... 3

4 days a week ..... 4

5 days a week ..... 5

6 days a week ..... 6

7 days a week ..... 7

Don't know..... 8

No response ..... 9

15. **(APH\_1\_4)** On a typical day, how much time in total did you spend on this/these means of active transportation? (Only calculate the time you were physically active.)

Less than 10 minutes .....1

From 10 to 19 minutes .....2

From 20 to 39 minutes .....3

From 40 to 59 minutes .....4

From 1 hour to 1 hour and 29 minutes ..... 5

From 1 hour and 30 minutes to 1 hour 59 minutes ... 6

2 or more hours .....7

Don't know.....8

No response .....9

16. **(APH\_1\_5)** When you used this/these means of active transportation, was your level of effort **most of the time**:

- Very low : your breathing and heart rate changed very little? ..... 1
- Low : your breathing and heart rate increased slightly? ..... 2
- Moderate : your breathing and heart rate were fairly rapid? ..... 3
- High : your breathing and heart rate were very rapid? ..... 4
- Don't know ..... 8
- No response..... 9

## PHYSICAL ACTIVITY DURING YOUR LEISURE TIME

The following questions are about your **leisure-time** physical activities. They can involve sports, outdoor recreation, physical conditioning (doing exercises, weight training, etc.), hiking, dance or simply taking a walk (in your neighbourhood, a park or any other place inside or outside).

**Instructions for respondents 15-24 years of age:** *Do not include* compulsory physical education classes if you are in high school or CEGEP.

17. **(APH\_2\_1)** During the past 4 weeks, did you engage in one or more of these physical activities during your leisure time?

Instructions for all respondents: Do not include your active transportation such as walking, cycling, rollerblading or other physical means to go from one place to another (to work, school, a store or elsewhere).

Yes ..... 1  
No ..... 2 → Go to 22 (BUC\_1) “next section”  
Don't know ..... 8 → Go to 22 (BUC\_1) “next section”  
No response ..... 9 → Go to 22 (BUC\_1) “next section”

18. **(APH\_2\_2)** During the past 4 weeks, did you engage in these types of physical activity every week?

Yes ..... 1  
No ..... 2 → Go to 22 (BUC\_1) “next section”  
Don't know ..... 8 → Go to 22 (BUC\_1) “next section”  
No response ..... 9 → Go to 22 (BUC\_1) “next section”

19. **(APH\_2\_3)** During the past 4 weeks, approximately how many days a week did you engage in these types of physical activity?

1 day a week ..... 1  
2 days a week ..... 2  
3 days a week ..... 3  
4 days a week ..... 4  
5 days a week ..... 5  
6 days a week ..... 6  
7 days a week ..... 7  
Don't know ..... 8  
No response ..... 9



20. **(APH\_2\_4)** On a typical day, how much time **in total** did you spend on these types of physical activity?  
(Only calculate the time you were physically active.)

- Less than 10 minutes ..... 1
- From 10 to 19 minutes ..... 2
- From 20 to 39 minutes ..... 3
- From 40 to 59 minutes ..... 4
- From 1 hour to 1 hour and 29 minutes ..... 5
- From 1 hour and 30 minutes to 1 hour and 59 minutes ..... 6
- 2 or more hours ..... 7
- Don't know ..... 8
- No response ..... 9

21. **(APH\_2\_5)** When you engaged in these types of physical activity, was your level of effort **most of the time**:

- Very low : your breathing and heart rate changed very little? ..... 1
- Low : your breathing and heart rate increased slightly? ..... 2
- Moderate : your breathing and heart rate were fairly rapid? ..... 3
- High : your breathing and heart rate were very rapid? ..... 4
- Don't know ..... 8
- No response ..... 9

DENTAL HEALTH

The following questions are about dental health.

22. **(BUC\_1)** In general, would you say that the state of health of your teeth and mouth is:

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair ..... 4
- Poor..... 5
- Don't know ..... 8
- No response..... 9

23. **(BUC\_2)** How often do you brush your teeth? (Includes dentures and denture brushing, but not soaking or other methods)

- More than twice a day..... 1
- Twice a day ..... 2
- Once a day..... 3
- Less than once a day but more than once a week ..... 4
- Once a week ..... 5
- Less than once a week ..... 6
- Never ..... 7
- Don't know ..... 8
- No response..... 9

24. **(BUC\_3)** Do you still have at least one natural tooth on the upper gums?

(One real tooth.)

- Yes ..... 1
- No..... 2
- Don't know ..... 8
- No response..... 9

25. **(BUC\_4)** Do you still have at least one natural tooth on the lower gums?

- Yes ..... 1
- No..... 2
- Don't know ..... 8
- No response..... 9

**Ask question (BUC\_5) only if the person answered « yes » to one or the two previous questions (BUC\_3) and (BUC\_4).**

**Otherwise, go to (BOI\_1) « beverage consumption »**

26. **(BUC\_5)** How often do you use dental floss?

(Do not include interdental brushes for cleaning between the teeth such as a cylindrical brush or rubber-tipped brush.

- More than once a day..... 1
- Once a day..... 2
- Less than once a day but more than once a week..... 3
- Once a week ..... 4
- Less than once a week..... 5
- Never..... 6
- Don't know ..... 8
- No response..... 9

## BEVERAGE CONSUMPTION

The following questions are about beverage consumption.

27. **(BOI\_1)** How often do you usually drink the following beverages?

27.1.1 **(BOI\_1\_1)** Soft drinks: Coke, Diet Coke, 7UP, Pepsi, etc.

- Never ..... 1 → Go to 27.2.1 **(BOI\_1\_2)**
- Rarely ..... 2 → Go to 27.2.1 **(BOI\_1\_2)**
- 2 or 3 times a month..... 3 → Go to 27.2.1 **(BOI\_1\_2)**
- Once a week ..... 4 → Go to 27.2.1 **(BOI\_1\_2)**
- 2 to 6 times a week ..... 5
- Once a day ..... 6 → Go to 27.2.1 **(BOI\_1\_2)**
- Twice or more a day..... 7 → Go to 27.2.1 **(BOI\_1\_2)**
- Don't know ..... 8 → Go to 27.2.1 **(BOI\_1\_2)**
- No response ..... 9 → Go to 27.2.1 **(BOI\_1\_2)**

27.1.2 **(BOI\_2\_1)** You say 2 to 6 times a week, is it usually...

- 2 times a week? ..... 1
- 3 times a week? ..... 2
- 4 times a week? ..... 3
- 5 times a week? ..... 4
- 6 times a week? ..... 5
- Don't know..... 8
- No response ..... 9

27.2.1. **(BOI\_1\_2)** Fruit-flavoured drinks : Fruit punch, Slush, Fruitopia, Five Alive, Snapple, etc.  
(Instructions to interviewer : Do not include 100 % fruit juice or juice made from frozen concentrates.)

- Never ..... 1 → Go to 27.3.1 **(BOI\_1\_3)**
- Rarely ..... 2 → Go to 27.3.1 **(BOI\_1\_3)**
- 2 or 3 times a month..... 3 → Go to 27.3.1 **(BOI\_1\_3)**
- Once a week..... 4 → Go to 27.3.1 **(BOI\_1\_3)**
- 2 to 6 times a week ..... 5
- Once a day ..... 6 → Go to 27.3.1 **(BOI\_1\_3)**
- Twice or more a day..... 7 → Go to 27.3.1 **(BOI\_1\_3)**
- Don't know ..... 8 → Go to 27.3.1 **(BOI\_1\_3)**
- No response ..... 9 → Go to 27.3.1 **(BOI\_1\_3)**

27.2.2 (BOI\_2\_2) You say 2 to 6 times a week, is it usually...

- 2 times a week? ..... 1
- 3 times a week? ..... 2
- 4 times a week? ..... 3
- 5 times a week? ..... 4
- 6 times a week? ..... 5
- Don't know..... 8
- No response ..... 9

27.3.1. (BOI\_1\_3) Sports drinks: Gatorade, G2, Powerade, etc.

- Never ..... 1 → Go to 27.4.1 (BOI\_1\_4)
- Rarely..... 2 → Go to 27.4.1 (BOI\_1\_4)
- 2 or 3 times a month..... 3 → Go to 27.4.1 (BOI\_1\_4)
- Once a week ..... 4 → Go to 27.4.1 (BOI\_1\_4)
- 2 to 6 times a week ..... 5
- Once a day ..... 6 → Go to 27.4.1 (BOI\_1\_4)
- Twice or more a day..... 7 → Go to 27.4.1 (BOI\_1\_4)
- Don't know ..... 8 → Go to 27.4.1 (BOI\_1\_4)
- No response ..... 9 → Go to 27.4.1 (BOI\_1\_4)

27.3.2 (BOI\_2\_3) You say 2 to 6 times a week, is it usually...

- 2 times a week? ..... 1
- 3 times a week? ..... 2
- 4 times a week? ..... 3
- 5 times a week? ..... 4
- 6 times a week? ..... 5
- Don't know..... 8
- No response ..... 9

27.4.1. (BOI\_1\_4) Energy drinks: Red Bull, Monster, Red Rave, Energy, Rock Star, etc.

- Never ..... 1 → Go to 28 (ETA\_2)
- Rarely ..... 2 → Go to 28 (ETA\_2)
- 2 or 3 times a month..... 3 → Go to 28 (ETA\_2)
- Once a week ..... 4 → Go to 28 (ETA\_2)
- 2 to 6 times a week ..... 5
- Once a day ..... 6 → Go to 28 (ETA\_2)
- Twice or more a day..... 7 → Go to 28 (ETA\_2)
- Don't know ..... 8 → Go to 28 (ETA\_2)
- No response ..... 9 → Go to 28 (ETA\_2)

27.4.2 (BOI\_2\_4) You say 2 to 6 times a week, is it usually...

- 2 times a week? ..... 1
- 3 times a week? ..... 2
- 4 times a week? ..... 3
- 5 times a week? ..... 4
- 6 times a week? ..... 5
- Don't know..... 8
- No response ..... 9

WEIGHT AND BODY IMAGE

Now some questions about your height and weight.

**Ask (ETA\_2) only if the person is a woman between 15 and 49 years old.**

28. (ETA\_2) Are you currently pregnant?

- Yes..... 1 →Go to 37 (BLE\_1)
- No .....2
- Don't know..... 8 →Go to 37 (BLE\_1)
- No response ..... 9 →Go to 37 (BLE\_1)

29. (POI\_1) How tall are you without shoes on?

Instructions to interviewer: If needed, you can use fractions in the format of 0.25, 0.50 or 0.75.

You are providing your answer in feet 1  
\_\_\_\_\_ feet (POI\_1\_1\_1) \_\_\_\_\_ inches (PI\_1\_1\_2)

You are providing your answer in meters 2  
\_\_\_\_\_ meter (POI\_1\_2\_1) \_\_\_\_\_ cm (POI\_1\_2\_2)  
Don't know ..... 8  
No response..... 9

Cut-off points : Feet min 4 max 7; Inches 0 to 12  
Meters 1 to 2; Centimetres 0 to 99

30. (POI\_2) How much do you weigh?

You are providing your answer in pounds 1  
\_\_\_\_\_ pounds (POI\_2\_1)

You are providing your answer in kilos 2  
\_\_\_\_\_ kilograms (POI\_2\_2)  
Don't know .....8  
No response.....9

Cut-off points : Pounds 55 to 999, Kilos 40 to 500

31. **(POI\_3)** Do you consider yourself :

- Overweight..... 1
- Underweight.....2
- Just about right .....3
- Don't know .....8
- No response.....9

32. **(POI\_4)** In the past 6 months, that is, the period beginning on [date 6 months ago] and ending yesterday, did you do anything about your weight?

- You tried to lose weight ..... 1
- You tried to control (maintain) your weight .....2→Go to **34 (POI\_6)**
- You tried to gain weight .....3→Go to **37 (BLE\_1) (next section)**
- You did not do anything about your weight.....4→ Go to **37 (BLE\_1) (next section)**
- Don't know .....8→ Go to **37 (BLE\_1) (next section)**
- No response .....9→ Go to **37 (BLE\_1) (next section)**

33. **(POI\_5)** In the past 6 months, how many attempts have you made to lose weight?

- One attempt ..... 1
- 2 or 3 attempts ..... 2
- 4 or more attempts.....3
- I'm practically always watching or monitoring my weight.....4
- Don't know .....8
- No response.....9

34. **(POI\_6)** In the past 6 months, how many times did you try to follow a very low-calorie diet or a commercial weight-loss program such as Weight Watchers or Minçavi, **to lose or maintain your weight?**

- Not once ..... 1
- 1 time .....2
- 2 or 3 times.....3
- 4 times or more .....4
- Don't know.....8
- No response .....9

34. **(POI\_7)** I will now describe other methods that can be used to lose or maintain weight. For each of the following methods, can you tell me whether you tried it often, occasionally, rarely or never in the past 6 months?

- Often..... 1
- Occasionally..... 2
- Rarely ..... 3
- Never ..... 4
- Don't know..... 8
- No response ..... 9

- a) **(POI\_7\_1)** Not eating for an entire day?
- b) **(POI\_7\_2)** Skipping meals in order to lose or maintain weight?
- c) **(POI\_7\_3)** Eating meal substitutes such as Nutribar, Slim-Fast or other bars or puddings?
- d) **(POI\_7\_4)** Taking appetite suppressants, using laxatives or making yourself vomit?
- e) **(POI\_7\_5)** Starting to smoke or going back to smoking in order to lose or maintain weight?

36. **(POI\_8)** Still thinking of the past 6 months, did you use the following methods **to lose or maintain weight?**

Instructions to the interviewer: If the person says it “does not apply”, for example, he/she doesn’t drink alcohol or never eats snacks, the response is “No”.

- Yes, almost every day ..... 1
- Yes, occasionally ..... 2
- No ..... 3
- Don't know..... 8
- No response ..... 9

- a) **(POI\_8\_1)** Doing physical exercise for a total of 30 minutes a day, in your leisure activities or as a means of transportation (in order to lose or maintain weight)
- b) **(POI\_8\_2)** Reducing portions (in order to lose or maintain weight)
- c) **(POI\_8\_3)** Listening to signals of hunger and fullness ( paying attention to the sensation of being hungry and having eaten enough) (in order to lose or maintain weight)
- d) **(POI\_8\_4)** Reducing snacking between meals (in order to lose or maintain weight)
- e) **(POI\_8\_5)** Eating more fruits and vegetables (in order to lose or maintain weight)
- f) **(POI\_8\_6)** Eating foods with less fat (in order to lose or maintain weight)
- g) **(POI\_8\_7)** Eating less sugared food (in order to lose or maintain weight)
- h) **(POI\_8\_8)** Reducing alcohol consumption (in order to lose or maintain weight)
- i) **(POI\_8\_9)** Reducing the consumption of sugared drinks ( for example, soft drinks, energy drinks, sports drinks [Gatorade] or fruit drinks) (in order to lose or maintain weight)
- j) **(POI\_8\_10)** Replacing sugared beverages and drinks with water (in order to lose or maintain weight)
- k) **(POI\_8\_11)** Cooking more (in order to lose or maintain weight)
- l) **(POI\_8\_12)** Eating less fast food and delivered food (in order to lose or maintain weight)



## INJURIES DUE TO REPETITIVE STRAIN AND OTHER INJURIES

**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, tennis elbow or tendinitis.**

37. **(BLE\_1)** In the past 12 months, that is, from [date one year ago] to yesterday, did you have any injuries due to repetitive strain that were serious enough to limit your normal activities?

Yes.....1  
No .....2 →Go to **40 (BLE\_4)**  
Don't know.....8 →Go to **40 (BLE\_4)**  
No response .....9 →Go to **40 (BLE\_4)**

38. **(BLE\_2)** Still thinking of the past 12 months, did this injury (due to repetitive strain) occur...

(Instructions to interviewer: Ask each of the following questions, it is possible to answer «yes» to more than one activity.)

a) **(BLE\_2\_1)** While doing sports ( Including golf, bowling, billiards, bocce or pétanque, etc.) or physical exercise ( Including school activities)

(Instructions to interviewer: If it's a physical activity such as golfing, bowling, playing pool, bocce ball or pétanque, etc., the response goes under sports and not other activities or other circumstances.)

Yes .....1  
No.....2  
Don't know.....8  
No response .....9

b) **(BLE\_2\_1)** While working at a paid job or business (exclude travelling to or from work)?

Yes .....1  
No.....2  
Don't know.....8  
No response .....9

c) **(BLE\_2\_1)** During household chores, outdoor yard maintenance, home renovations or other unpaid work

Yes .....1  
No.....2  
Don't know.....8  
No response .....9

d) **(BLE\_2\_1)** While travelling to or from work?

Yes ..... 1  
No.....2  
Don't know.....8  
No response.....9

e) **(BLE\_2\_1)** During other activities or other circumstances?

Yes ..... 1  
No.....2  
Don't know.....8  
No response.....9

39. **(BLE\_3)** Thinking about the most serious repetitive strain injury, what part of the body was affected?

Head ..... 1  
Neck ..... 2  
Upper limbs (shoulder, arm, elbow, wrist, hand) ..... 3  
Lower limbs (hip, thigh, knee, leg, ankle, foot)..... 4  
Upper back or upper spine (excluding neck) ..... 5  
Lower back or lower spine ..... 6  
Other..... 7  
Don't know..... 8  
No response ..... 9

Now we are going to ask questions about injuries that were not due to repetitive strain, for example, a broken bone, a bad cut or burn, a sprain, etc.

40. **(BLE\_4)** Excluding repetitive strain injuries, in the past 12 months, were you injured seriously enough to limit your normal activities? For example, a broken bone, a bad cut or burn, a sprain (or poisoning).

Yes.....1  
No .....2 → Go to 49 **(BRU\_1)** next section  
Don't know.....8 → Go to 49 **(BRU\_1)** next section  
No response .....9 → Go to 49 **(BRU\_1)** next section

41. **(BLE\_5)** Still thinking of the past 12 months, did this injury (not due to repetitive strain) occur...

(Instructions to interviewer: Ask each of the following questions, it is possible to answer «yes» to more than one activity.)

a) **(BLE\_5\_1)** While doing sports (Including golf, bowling, billiards, bocce or pétanque, etc.) or physical exercise ( Including school activities)

(Instructions to interviewer: If it's a physical activity such as golfing, bowling, playing pool, bocce ball or pétanque, etc., the response goes under sports and not other activities or other circumstances.)

Yes.....1  
No .....2  
Don't know.....8  
No response .....9

b) **(BLE\_5\_2)** While working at a paid job or business (exclude travelling to or from work)?

Yes.....1  
No .....2  
Don't know.....8  
No response .....9

c) **(BLE\_5\_3)** During household chores, outdoor yard maintenance, home renovations or other unpaid work

Yes.....1  
No .....2  
Don't know.....8  
No response .....9

d) **(BLE\_5\_4)** While travelling to or from work?

Yes.....1  
No .....2  
Don't know.....8  
No response .....9

e) **(BLE\_5\_5)** During other activities or other circumstances?

Yes.....1  
No .....2  
Don't know.....8  
No response .....9

42. **(BLE\_6)** Thinking about the most serious injury (in the past 12 months), what type of injury did you have? For example, a broken bone or burn.

- Sprain or strain ..... 1
- Broken or fractured bone(s) ..... 2
- Cut, puncture, animal or human bite (open wound) ..... 3
- Scrape, bruise, blister ..... 4
- Dislocation ..... 5
- Burn, scald, chemical burn ..... 6
- Multiple injuries ..... 7
- Concussion or other brain injury ..... 8 → Go to 44 (BLE\_8)
- Poisoning ..... 9 → Go to 44 (BLE\_8)
- Injury to internal organs ..... 10 → Go to 44 (BLE\_8)
- Other, specify (BLE\_6P) ..... 97
- Don't know ..... 98
- No response ..... 99

43. **(BLE\_7)** What part of the body was injured?

- Multiple sites ..... 1
- Eyes ..... 2
- Head (excluding eyes) ..... 3
- Neck ..... 4
- Shoulder, upper arm ..... 5
- Elbow, lower arm ..... 6
- Wrist ..... 7
- Hand ..... 8
- Hip ..... 9
- Thigh ..... 10
- Knee, lower leg ..... 11
- Ankle, foot ..... 12
- Upper back or upper spine (excluding neck) ..... 13
- Lower back or lower spine ..... 14
- Chest (excluding back and spine) ..... 15
- Abdomen or pelvis (excluding back and spine) ..... 16
- Other, specify **(BLE\_7P)**: ..... 97
- Don't know ..... 98
- No response ..... 99

44. **(BLE\_8)** Still thinking of the most serious injury you had, did you receive any medical attention from a health professional in the 48 hours following the injury?

- Yes ..... 1
- No ..... 2 → Go to 47 (BLE\_10)
- Don't know ..... 8 → Go to 47 (BLE\_10)
- No response ..... 9 → Go to 47 (BLE\_10)

45. **(BLE\_9\_1)** Where did you receive treatment?

**(BLE\_9\_1\_1)** At the emergency ward

Yes.....1  
No .....2  
Don't know.....8  
No response .....9

**(BLE\_9\_1\_2)** In a medical clinic or a CLSC (walk-in or with an appointment)

Yes.....1  
No .....2  
Don't know.....8  
No response .....9

**(BLE\_9\_1\_3)** In another place (physiotherapy clinic, chiropractic clinic...)

Yes.....1  
No .....2  
Don't know.....8  
No response .....9

46. **(BLE\_9\_2)** Were you admitted to a hospital overnight or longer?

Yes.....1  
No .....2  
Don't know.....8  
No response .....9

47. **(BLE\_10)** In the past 12 months, did you have an injury **serious enough to limit your normal activities** that was the result of a fall?

Yes.....1  
No .....2 → Go to **49 (BRU\_1)** next section  
Don't know.....8 → Go to **49 (BRU\_1)** next section  
No response .....9 → Go to **49 (BRU\_1)** next section

48. **(BLE\_11)** Thinking about the most serious injury you had that was the result of a fall, where were you when this injury occurred?

**(INSTRUCTIONS TO INTERVIEWER:** If the respondent says « at work », ask for more details on the type of work place.)

- In your home or its surrounding areas (house, apartment ..... 1
- In someone else's home or its surrounding areas ..... 2
- At a sports facility, gym or athletics area whether in a school or elsewhere... .. 3
- Outdoors in the countryside ( forest, mountains, etc ..... 4
- In a public place ( road, sidewalk, commercial zone, church, etc.) ..... 5
- In an agricultural zone, industrial or construction area ..... 6
- Other, specify **(BLE\_11P)** ..... 7
- Don't know ..... 8
- No response ..... 9

## EXPOSURE TO NOISE (ENVIRONMENTAL HEALTH)

Now we are going to ask a few questions about the ambient noise you hear from various sources when you are at home. ("Ambient" means background noise or noise from your surroundings).

49. **(BRU\_1)** During the past 12 months, on a scale of 0 to 10, **to what extent has the noise, when you were at home, bothered or disturbed you**, "zero" meaning it **has not** disturbed you at all, and "ten" meaning it has been **extremely disturbing**?

(If you were not exposed to this noise, please respond "zero")

- 49.1. (BRU\_1\_1) The noise of traffic from cars, trucks, motorcycles or buses,  
49.2. (BRU\_1\_2) The noise of airplanes or an airport?  
49.3. (BRU\_1\_3) The noise of trains including noise from a train station, rail yard, train horn?  
49.4. (BRU\_1\_4) The noise of construction work or a construction site, when you were at home, bothered or disturbed you?  
49.5. (BRU\_1\_5) The noise of yard work, such as a lawnmower, or from a pool pump, air conditioner or heat pump?  
49.6. (BRU\_1\_6) The noise of people or animals coming from outdoors?  
49.7. (BRU\_1\_7) The noise of people or animals coming from inside another dwelling (such as another apartment, condo or house)?  
49.8. (BRU\_1\_8) The noise from bars, restaurants, discotheques, concert halls, theatres, when you were at home, bothered or disturbed you?  
49.9. (BRU\_1\_9) The noise from off-road recreational vehicles such as motocross motorcycles, all-terrain vehicles (ATVs), snowmobiles?  
49.10. (BRU\_1\_10) The noise from industrial or agricultural activities such as from a factory, plant, machinery, quarry or windmill(s)?

50. **(BRU\_2)** Again thinking of the past 12 months, has the ambient noise when you were at home, disturbed the quality of your sleep (for example, affected your ability to fall asleep or stay asleep, or woken you up)?

Often ..... 1  
Occasionally ..... 2  
Rarely ..... 3  
Never ..... 4  
Don't know ..... 8  
No response ..... 9

HEARING LOSS

51. **(SAT2\_1)** Are you deaf, or do you have a hearing problem in one or both of your ears?

- Yes..... 1→ Go to 53 (SAT2\_3)
- No .....2
- Don't know .....8
- No response .....9

52. **(SAT2\_2)** Do you use one or more assistive hearing devices or a hearing aid?

- Yes..... 1
- No .....2→ Go to 56 (SAT1\_1)
- Don't know .....8→ Go to 56 (SAT1\_1)
- No response .....9→ Go to 56 (SAT1\_1)

53. **(SAT2\_3)** At what age did you begin to be deaf or have a hearing problem in one or both of your ears?

Instructions to interviewer: If deaf since birth, mark "0."

Age : \_\_\_\_

- Don't know .....998
- No response .....999

Filter: If age at **(SAT2\_3)** <16 → Go to **(SAT1\_1)**

54. **(SAT2\_4)** Have you ever told a doctor or other health care professional that your deafness or hearing problem was related to exposure to noise in your workplace?

- Yes..... 1
- No .....2
- I have never worked .....3→ Go to 78 (SM1\_1)
- Don't know .....8
- No response .....9

55. **(SAT2\_5)** Has a doctor or other health care professional ever told you that your deafness or hearing problem is related to exposure to noise in your workplace?

- Yes..... 1
- No .....2
- Don't know .....8
- No response.....9



HEALTH IN THE WORKPLACE

The following questions are on work conditions and health.

56. **(SAT1\_1)** Do you currently hold one (or more) paid job(s), full time or part time, salaried or self-employed, even though you may now be on vacation, parental leave, sick leave including because of a workplace accident, or on strike or in a lock-out situation?

- Yes ..... 1
- No ..... 2 → Go to **78 (SM1\_1)**
- Don't know ..... 8 → Go to **78 (SM1\_1)**
- No response ..... 9 → Go to **78 (SM1\_1)**

57. **(SAT1\_2)** Do you currently have more than one paid job?

- Yes ..... 1
- No ..... 2 → Go to **59 (SAT1\_4)**
- Don't know ..... 8 → Go to **59 (SAT1\_4)**
- No response ..... 9 → Go to **59 (SAT1\_4)**

58. **(SAT1\_3)** On average, how many hours a week do you usually work if you include all your jobs?

\_\_\_\_\_ hours/week

- Don't know ..... 999998
- No response ..... 999999

59. **(SAT1\_4)** In general, how well do your working hours fit in with your family or social commitments outside work

- Very well ..... 1
- Well ..... 2
- Not very well ..... 3
- Not at all well ..... 4
- Don't know ..... 8
- No response ..... 9

**If respondent has more than one job :** The following questions refer only to your main job, namely the one at which you work the most hours.

Instructions to interviewer : If the respondent has two jobs and works as many hours at one as he/she does for the other, choose the job for which he/she has worked the longest, or the one he/she considers as his/her main occupation.

60. **(SAT1\_5)** How many hours a week do you work at your (main) job?

If you have a changing schedule, give us the average number of hours per week.

\_\_\_\_\_ hours/week

- Don't know ..... 98
- No response ..... 99

61. **(SAT1\_6)** Is your (main) job permanent or temporary?

By temporary, we mean a job that has an ending date. Temporary or casual employees whose contracts are renewed from year to year are part of this group.

- Permanent (a regular job of undetermined duration) ..... 1
- Temporary (casual, seasonal or contract work) ..... 2
- Other type of work ..... 3
- Don't know ..... 8
- No response ..... 9

62. **(SAT1\_7)** At your (main) job, do you currently work as an employee for wages or salary, or are you self-employed, for example, as a business owner, consultant, free lancer or contractor?

- Wages or salary ..... 1
- Self-employed ..... 2 → Go to 64 **(SAT1\_9\_1)**
- Don't know ..... 8
- No response ..... 9

63. **(SAT1\_8)** At your (main) job, are you covered by a collective agreement or contract negotiated by a union?

- Yes ..... 1
- No ..... 2
- Don't know ..... 8
- No response ..... 9

64. **(SAT1\_9\_1)** In what type of business, company or organization do you work? We are not referring to the name of the business but only the type of products, services or activities of the business. Please provide a complete description, for example, cardboard box manufacturing, retail shoe store, school board or industry that manufactures and installs wrought iron staircases.

**(SAT1\_9\_1P)** Type of business -----

65. **(SAT1\_10)** In which municipality is the business located? Consider only the location where you work.

**(SAT1\_10P)** Municipality-----

66. **(SAT1\_11)** At the location where you work, approximately how many people are employed by the company or organization you work for?

- You are the only employee ..... 1
- Between 2 and 20..... 2
- Between 21 and 50..... 3
- Between 51 and 199 ..... 4
- Between 200 and 499 ..... 5
- 500 or more..... 6
- None (do not read)..... 7
- Don't know ..... 8
- No response ..... 9

If the respondent works for a government ministry, a hospital or school, ask him/her to give the number of employees in his/her workplace or organization, at the location where he/she works, and not the total number of people in the civil service or school board. In the same way, if the respondent works for a franchise, ask him/her to count only the people at the location where he/she works and not everyone working for all the franchises.

The work you do can have an impact on your health. That is why we would like to know the type of work you do exactly.

67. **(SAT1\_9\_2)** Please give a complete description of the type of work you do. For example, keeping accounts up to date, selling shoes, teaching in an elementary school or installing wrought iron staircases by welding them on site, etc. (INSTRUCTIONS TO THE INTERVIEWER: If the respondent has difficulty in answering this question, ask him/her to give you his/her job title or trade, and describe the most important activities or duties of the job.)

**(SAT1\_9\_2P)** Full description of the type of work -----

ORGANIZATIONAL ENVIRONMENT

68. (SAT1\_12) Thinking of your (main) job, do you strongly disagree (1), disagree (2), agree (3) or strongly agree (4) with each of the following statements:

- Don't know ..... 8
- No response ..... 9

- a) (SAT1\_12\_1) On my job, I have the freedom to decide how I do my work.
- b) (SAT1\_12\_2) I have a lot of say about what happens on my job.
- c) (SAT1\_12\_3) I am asked to do an excessive amount of work.
- d) (SAT1\_12\_4) People make conflicting demands on me. These demands may come from your superiors, co-workers, clientele, etc.
- e) (SAT1\_12\_5) My job requires working very fast.
- f) (SAT1\_12\_6) I have enough time to get the job done.
- g) (SAT1\_12\_7) My job requires working very hard; the job is mentally or physically very demanding
- h) (SAT1\_12\_8) I experience many interruptions and disturbances in my job.  
*Instructions to programmer: The next 4 items should not be asked for self-employed workers (SAT1\_7) not equal to 2)*
- i) (SAT1\_12\_9) People I work with are helpful in getting the job done.
- j) (SAT1\_12\_10) At work, I feel that I'm part of a team.
- k) (SAT1\_12\_11) My supervisor is helpful in getting the job done.
- l) (SAT1\_12\_12) My supervisor pays attention to what I am saying.

**Instructions to programmer : Items for all workers**

- m) (SAT1\_12\_13) My job security is poor.
- n) (SAT1\_12\_14) Given all my efforts and accomplishments, I get the respect and esteem I deserve at work.
- o) (SAT1\_12\_15) Given all my efforts and accomplishments, my prospects for promotion are satisfactory.
- p) (SAT1\_12\_16) Given all my efforts and accomplishments, my salary or work-related income is satisfactory.

69. (SAT1\_13) Thinking of your (main) job, during the past 12 months, were you subjected to psychological harassment, that is, repeated verbal harassment or actions that affected your dignity or personal integrity?

- Never ..... 1 → Go to 71 (SAT1\_15)
- Once ..... 2
- Occasionally ..... 3
- Often ..... 4
- Very often ..... 5
- Don't know ..... 8 → Go to 71 (SAT1\_15)
- No response ..... 9 → Go to 71 (SAT1\_15)

70. **(SAT1\_14)** Did this psychological harassment come from:

Mark all that apply.

**(SAT1\_14\_1)** One or more of your superiors (supervisors)?

Yes .....1  
No .....2  
Don't know.....8  
No response.....9

**(SAT1\_14\_2)** One or more employees under your responsibility?

Yes .....1  
No .....2  
Don't know.....8  
No response.....9

**(SAT1\_14\_3)** One or more of your co-workers?

Yes .....1  
No .....2  
Don't know.....8  
No response.....9

**(SAT1\_14\_4)** People outside of your organization (clients, customers, patients or their families, etc.)?

Yes .....1  
No .....2  
Don't know.....8  
No response.....9

PHYSICAL ENVIRONMENT

**Instructions to interviewer**

**If the respondent has more than one job, read:**

For the following questions, respond for all of your jobs

71. **(SAT1\_15)** In your current job(s), how often are you exposed to the following:

- Never ..... 1
- Occasionally ..... 2
- Often ..... 3
- All the time ..... 4
- Don't know ..... 8
- No response ..... 9

- a) **(SAT1\_15\_1)** Doing repetitive movements with your hands or arms. For example on an assembly line, data entry, or movements performed at a rhythm imposed by a machine. (**Exclude** occasional or non-continuous work on a keyboard.)
- b) **(SAT1\_15\_2)** Doing work that requires forceful exertion when using tools, machines or equipment.
- c) **(SAT1\_15\_3)** Handling heavy loads without lifting devices (for example lifting or carrying people or heavy objects such as cases or furniture).
- d) **(SAT1\_15\_4)** Being exposed to vibration from hand tools (that is hand-arm vibration).
- e) **(SAT1\_15\_5)** Being exposed to vibration from large machines or the floor (that is whole body vibration).
- f) **(SAT1\_15\_6)** Working in an environment where it is so noisy that it is difficult to hold a conversation with someone a few feet from you, even when shouting.

72. **(SAT1\_16)** In general, what proportion of your time do you work:

a) **(SAT1\_16\_1)** In a standing position?

- Never ..... 1
- A ¼ of the time or less..... 2
- ½ the time ..... 3
- ¾ of the time ..... 4
- All the time ..... 5 → Go to 73 (SAT1\_17)
- Don't know ..... 8
- No response ..... 9

b) **(SAT1\_16\_2)** In a seated position?

- Never ..... 1
- A ¼ of the time or less..... 2
- ½ the time ..... 3
- ¾ of the time ..... 4
- All the time ..... 5
- Don't know ..... 8
- No response ..... 9

**If the response is "never" to (SAT1\_16\_1) → Go to (TMS\_1\_1)**

73. **(SAT1\_17)** When you are working in a standing position, which of the following situations most often applies?

- Standing position with the possibility of sitting down whenever you want ..... 1
- Standing position with the possibility of sitting down occasionally ..... 2
- Standing position without any possibility of sitting down ..... 3
- Don't know ..... 8
- No response ..... 9

MUSCULO-SKELETAL DISORDERS

The following questions concern only the pain that you may have felt in your muscles, tendons, bones or joints, regardless of the cause.

74. (TMS\_1)

a) (TMS\_1\_1) In the past 12 months, have you had any **major pain in your neck that bothered you during your daily activities?**

- Never ..... 1
- Occasionally ..... 2
- Often ..... 3
- All the time ..... 4
- Don't know ..... 8
- No response ..... 9

b) (TMS\_1\_2) In the past 12 months, have you had any **major pain in your back that bothered you during your daily activities?**

- Never ..... 1
- Occasionally ..... 2
- Often ..... 3
- All the time ..... 4
- Don't know ..... 8
- No response ..... 9

c) (TMS\_1\_3) In the past 12 months, have you had any **major pain in your upper limbs, that is, the shoulders, arms, elbows, forearms, wrists or hands that bothered you during your daily activities ?**

- Never ..... 1
- Occasionally ..... 2
- Often ..... 3
- All the time ..... 4
- Don't know ..... 8
- No response ..... 9

d) (TMS\_1\_4) In the past 12 months, have you had any **major pain in your lower limbs, that is, the hips, thighs, knees, legs, calves, ankles or feet that bothered you during your daily activities?**

- Never ..... 1
- Occasionally ..... 2
- Often ..... 3
- All the time ..... 4
- Don't know ..... 8
- No response ..... 9

Ask questions (TMS\_2) only if the answer is 2, 3 or 4 at one or more body parts at question (TMS\_1). Otherwise, go to (SM1\_1).



75. (TMS\_2)

a) (TMS\_2\_1) Do you think the pain in your **neck** is entirely, partly, or not at all related to your **current (main) job**?

- Yes, entirely ..... 1
- Yes, partly ..... 2
- Not related to current (main) job ..... 3
- Don't know ..... 8
- No response ..... 9

b) (TMS\_2\_2) Do you think the pain in your **back** is entirely, partly, or not at all related to your **current (main) job**?

- Yes, entirely ..... 1
- Yes, partly ..... 2
- Not related to current (main) job ..... 3
- Don't know ..... 8
- No response ..... 9

c) (TMS\_2\_3) Do you think the pain in your **upper limbs**, that is, the shoulders, arms, elbows, forearms, wrists or hands is entirely, partly, or not at all related to your **current (main) job**?

- Yes, entirely ..... 1
- Yes, partly ..... 2
- Not related to current (main) job ..... 3
- Don't know ..... 8
- No response ..... 9

d) (TMS\_2\_4) Do you think the pain in your **lower limbs**, that is, the hips, thighs, knees, legs, calves, ankles or feet is entirely, partly, or not at all related to your **current (main) job**?

- Yes, entirely ..... 1
- Yes, partly ..... 2
- Not related to current (main) job ..... 3
- Don't know ..... 8
- No response ..... 9

Ask questions (TMS\_3) only if the answer is 1 or 2 at one or more body parts at question (TMS\_2). Otherwise, go to (SM1\_1).

76. (TMS\_3)

a) (TMS\_3\_1) Is the pain in your **neck** due to an accident at work, for example, a fall or after you banged into or were struck by something, including a work-related road accident?

(Instructions to interviewer/respondent:) It could be an accident from a previous job.

- Yes..... 1
- No..... 2
- Don't know ..... 8
- No response ..... 9

b) (TMS\_3\_2) Is the pain in your **back** due to an accident at work, for example, a fall or after you banged into or were struck by something, including a work-related road accident?

(Instructions to interviewer/respondent:) It could be an accident from a previous job.

- Yes..... 1
- No..... 2
- Don't know ..... 8
- No response ..... 9

c) (TMS\_3\_3) Is the pain in your **upper limbs** due to an accident at work, for example, a fall or after you banged into or were struck by something, including a work-related road accident?

(Instructions to interviewer/respondent:) It could be an accident from a previous job.

- Yes..... 1
- No..... 2
- Don't know ..... 8
- No response ..... 9

d) (TMS\_3\_4) Is the pain in your **lower limbs** due to an accident at work, for example, a fall or after you banged into or were struck by something, including a work-related road accident?

(Instructions to interviewer/respondent:) It could be an accident from a previous job.

- Yes..... 1
- No..... 2
- Don't know ..... 8
- No response ..... 9

77. **(TMS\_4)** During the past 12 months, how many days of work, in all, did you miss because of this pain?  
(This refers to all the types of pain mentioned.)

Instructions to Interviewer: If the respondent indicates the number of weeks or number of months, make sure to do the calculation of the number of days by asking him/her to take into account the average number of days worked per week. Confirm the answer with him/her. If the respondent has difficulty answering, ask for an approximation.

- None..... 1 Go to 78 **(SM1\_1)**
- Your answer is in "days" ..... 2→ Go to 77.1 **(TMS\_4\_1)**
- Your answer is in "weeks"..... 3→ Go to 77.2 **(TMS\_4\_2)**
- Your answer is in "months" ..... 4→ Go to 77.3 **(TMS\_4\_3)**
- Does not apply (I did not work in the past 12 months) ..... 7→Go to 78 **(SM1\_1)**
- Don't know ..... 8→Go to 78 **(SM1\_1)**
- No response ..... 9→Go to 78 **(SM1\_1)**

77.1 **(TMS\_4\_1)** Your answer is in "days":  
\_\_\_\_\_ Days → Go to **78 (SM1\_1)**

77.2 **(TMS\_4\_2)** Your answer is in "weeks":  
\_\_\_\_\_ Weeks **(TMS\_4\_2\_1)** \_\_\_\_\_ days **(TMS\_4\_2\_2)** → Go to 77.4. **(TMS\_5\_1)**  
(Weeks, limits: 1-52) (Days, limits: 0-6)

77.3 **(TMS\_4\_3)** Your answer is in "months":  
\_\_\_\_\_ Months **(TMS\_4\_3\_1)** \_\_\_\_\_ weeks **(TMS\_4\_3\_2)** → Go to 77.5. **(TMS\_5\_2)**  
(Months, limits: 1-12) (Weeks, limits : 0-4)

77.4. **(TMS\_5\_1)** On average, how many days a week do you work?  
\_\_\_\_\_ days →Go to 78 (SM1\_1)

- Don't know ..... 8 →Go to 78 **(SM1\_1)**
- No response ..... 9 →Go to 78 **(SM1\_1)**

77.5. **(TMS\_5\_2)** On average, how many days a week do you work?  
\_\_\_\_\_ days →Go to 78 (SM1\_1)

- Don't know ..... 8 →Go to 78 **(SM1\_1)**
- No response ..... 9 →Go to 78 **(SM1\_1)**

MENTAL HEALTH AND WELL-BEING

The following section deals with your sense of well-being and feelings you may have experienced in life.

78. **(SM1\_1)** In general, how do you find your social life? (Such as with your family, friends or acquaintances)

Instructions to interviewer: At any moment during this section, you may mention to the respondent that if he/she would like to have help, you will give him/her a telephone helpline at the end of the questionnaire.

- Very satisfactory..... 1
- Quite satisfactory ..... 2
- Quite unsatisfactory ..... 3
- Very unsatisfactory ..... 4
- Don't know..... 8
- No response ..... 9

79. **(DPSY\_1)** During the past month, that is, from [date one month ago] to yesterday, about how often did you feel **nervous**?

- All of the time..... 1
- Most of the time ..... 2
- Some of the time ..... 3
- A little of the time ..... 4
- None of the time ..... 5
- Don't know..... 8
- No response ..... 9

80. **(DPSY\_2)** During the past month, about how often did you feel **hopeless**?

- All of the time..... 1
- Most of the time ..... 2
- Some of the time ..... 3
- A little of the time ..... 4
- None of the time ..... 5
- Don't know..... 8
- No response ..... 9

81. **(DPSY\_3)** During the past month, about how often did you feel **restless or fidgety**?

- All of the time ..... 1
- Most of the time..... 2
- Some of the time ..... 3
- A little of the time ..... 4
- None of the time ..... 5
- Don't know..... 8
- No response ..... 9

82. **(DPSY\_4)** During the past month, about how often did you feel **so depressed that nothing could cheer you up**?

- All of the time ..... 1
- Most of the time..... 2
- Some of the time..... 3
- A little of the time..... 4
- None of the time..... 5
- Don't know ..... 8
- No response ..... 9

83. **(DPSY\_5)** During the past month, about how often did you feel **that everything was an effort** (so tired that everything was an effort)?

- All of the time ..... 1
- Most of the time..... 2
- Some of the time ..... 3
- A little of the time..... 4
- None of the time..... 5
- Don't know ..... 8
- No response ..... 9

84. **(DPSY\_6)** During the past month, about how often did you feel **worthless**?

- All of the time ..... 1
- Most of the time..... 2
- Some of the time ..... 3
- A little of the time..... 4
- None of the time..... 5
- Don't know ..... 8
- No response ..... 9

Instructions to programmer: The following question is for current workers ((SAT1\_1) = 1 «Yes»). Ask (SAT3\_1) only if the response was 1, 2 or 3 at one or more questions from (DPSY\_1 to DPSY\_6).

85. **(SAT3\_1)** Do you think those feelings are entirely, partly, or not at all related to your current (main) job?

Instructions: If the respondent has more than one job, read what's in parentheses.

- Entirely related to my current (main) job ..... 1
- Partly related to my current (main) job ..... 2
- Not related to my current (main) job ..... 3
- Don't know..... 8
- No response ..... 9

**SUICIDE**

The following questions relate to the sensitive issue of suicide.

86. **(SUI\_1)** Have you ever seriously considered committing suicide or taking your own life?

Instructions to interviewer: At any moment during this section, you can mention to the respondent that if he/she wishes, you can provide him/her with a helpline telephone number at the end of the questionnaire.

- Yes ..... 1
- No ..... 2 → Go to **95 (CIG\_1)**
- Don't know ..... 8 → Go to **95 (CIG\_1)**
- No response ..... 9 → Go to **95 (CIG\_1)**

87. **(SUI\_2)** Has this happened in the past 12 months?

- Yes ..... 1
- No ..... 2 → Go to **95 (SUI\_5)**
- Don't know ..... 8 → Go to **90 (SUI\_5)**
- No response ..... 9 → Go to **90 (SUI\_5)**

88. **(SUI\_3)** Did you have a plan on how you would have done it?

- Yes ..... 1
- No ..... 2 → Go to **90 (SUI\_5)**
- Don't know ..... 8 → Go to **90 (SUI\_5)**
- No response ..... 9 → Go to **90 (SUI\_5)**

89. **(SUI\_4)** From the list of methods I will read, please specify how you planned on doing it.

Instructions to interviewer: As much as possible, read all the response categories. If the respondent gives a spontaneous answer and says he/she did not think of other methods, do not insist. Mark "no" for the other methods not mentioned, and continue.

			Yes	No	Don't know	No response
89.1	<b>(SUI_4_1)</b>	With medication (for example, overdose of sleeping pills, etc.)	1	2	8	9
89.2	<b>(SUI_4_2)</b>	By deliberate motor vehicle crash or collision	1	2	8	9
89.3	<b>(SUI_4_3)</b>	With a gun	1	2	8	9
89.4	<b>(SUI_4_4)</b>	By hanging, suffocation	1	2	8	9
89.5	<b>(SUI_4_5)</b>	By slitting (cutting) wrists	1	2	8	9
89.6	<b>(SUI_4_6)</b>	By asphyxiation with car exhaust (carbon monoxide)	1	2	8	9
89.7	<b>(SUI_4_7)</b>	By jumping	1	2	8	9
89.8	<b>(SUI_4_8)</b>	With drugs or alcohol	1	2	8	9
89.9	<b>(SUI_4_9)</b>	Other method (Do not read)	1	2	8	9

90. **(SUI\_5)** Have you ever attempted to commit suicide or take your own life?

- Yes..... 1
- No ..... 2 → Go to **92 (SUI\_7)**
- Don't know..... 8 → Go to **92 (SUI\_7)**
- No response ..... 9 → Go to **92 (SUI\_7)**

91. **(SUI\_6)** Has this happened in the past 12 months?

- Yes..... 1
- No ..... 2
- Don't know..... 8
- No response ..... 9

**If YES at (SUI\_2), ask (SUI\_7) AND (SUI\_8)**

92. **(SUI\_7)** Have you consulted a health professional in person or by phone about your suicidal thoughts?

- Yes..... 1
- No ..... 2
- Don't know..... 8
- No response ..... 9

93. **(SUI\_8)** Have you called a telephone help line because of your suicidal thoughts?

- Yes..... 1
- No ..... 2
- Don't know..... 8
- No response ..... 9

**If yes at (SUI\_6), ASK (SUI\_9)**

94. **(SUI\_9)** After this suicide attempt, did you go to the emergency ward by yourself or were you taken there?

- Yes..... 1
- No ..... 2
- Don't know..... 8
- No reponse..... 9



LIFESTYLE HABITS (CIGARETTE, ALCOHOL, DRUGS AND SEXUAL BEHAVIOR)

The following section deals with your lifestyle habits.

CIGARETTE

95. **(CIG\_1)** In your lifetime, have you smoked a total of 100 or more cigarettes ( about 4 packs)?
- Yes ..... 1 → Go to 97 **(CIG\_3)**
  - No ..... 2
  - Don't know ..... 8
  - No response ..... 9

**(INSTRUCTIONS TO INTERVIEWER :** These questions are only about cigarette, no other tobacco products.)

96. **(CIG\_2)** Have you ever smoked a whole cigarette?
- Yes..... 1
  - No ..... 2
  - Don't know..... 8
  - No response ..... 9

If there is "No response" at **(CIG\_1)** AND **(CIG\_2)**, go to **(DRG1\_1)** (next section on drug consumption), if the person does not live in the health region 18.  
If the person lives in the health region 18, go to **(ALC\_Q1)** section about alcohol.

97. **(CIG\_3)** At the present time, do you smoke cigarettes daily, occasionally or not at all?
- Daily ..... 1 → Go to 102 **(DRG1\_1)** (or go to 99 **(ALC\_Q1)** for the region 18)
  - Occasionally ..... 2
  - Not at all ..... 3
  - Don't know ..... 8 → Go to 102 **(DRG1\_1)** (or go to 99 **(ALC\_Q1)** for the region 18)
  - No response ..... 9 → Go to 102 **(DRG1\_1)** (or go to 99 **(ALC\_Q1)** for the region 18)

If (CIG\_1) is different than "1", go to (DRG1\_1) (or go to (ALC\_Q1) for the health region 18).; if not, go to (CIG\_4).

98. **(CIG\_4)** Have you ever smoked cigarettes daily?
- Yes..... 1
  - No ..... 2
  - Don't know..... 8
  - No response ..... 9

ALCOHOL (health region 18 only)

This section on alcohol consumption only applies to the health region 18 respondents.

99. **(ALC\_Q1)** During the past 12 months that is, the period beginning on (date 12 months ago) and ending yesterday, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

**Instructions to the interviewer:**

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 one and a half ounces of liquor.

- Yes..... 1  
No ..... 2 → Go to 102 **(DRG1\_1)**  
Don't know..... 8 → Go to 102 **(DRG1\_1)**  
No response ..... 9 → Go to 102 **(DRG1\_1)**

100. **(ALC\_Q2)** During the past 12 months, how often did you drink alcoholic beverages?

- Less than once a month..... 1  
Once a month..... 2  
2 to 3 times a month ..... 3  
Once a week ..... 4  
2 to 3 times a week ..... 5  
4 to 6 times a week ..... 6  
Everyday ..... 7  
Don't know..... 8  
No response ..... 9

101. **(ALC\_Q3)** How often in the past 12 months have you had 5 or more drinks on one occasion?

- Never ..... 1  
Less than once a month ..... 2  
Once a month..... 3  
2 to 3 times a month ..... 4  
Once a week ..... 5  
More than once a week ..... 6  
Don't know..... 8  
No response ..... 9

## DRUG CONSUMPTION

We are now going to ask you some questions about drug use. They deal with about ten different drugs and we would like you to give an answer for each of them. We'd like to remind you that all your answers will remain strictly confidential.

102. **(DRG1\_1)** In the past 12 months, have you used or tried marijuana, cannabis, weed, pot or hashish?

- Yes..... 1
- No ..... 2 → Go to **104 (DRG2\_1)**
- Global refusal ..... 7 → Go to **110 (ITS\_1)**
- Don't know ..... 8 → Go to **104 (DRG2\_1)**
- No response ..... 9 → Go to **104 (DRG2\_1)**

103. **(DRG1\_2)** How often did you use it (marijuana, cannabis, weed, pot or hashish) in the past 12 months?

- Less than once a month..... 1
- 1 to 3 times a month..... 2
- Once a week..... 3
- More than once a week..... 4
- Every day..... 5
- Global refusal ..... 7 → Go to **110 (ITS\_1)**
- Don't know ..... 8
- No response ..... 9

104. **(DRG2\_1)** In the past 12 months, have you used or tried cocaine or crack (coke, snow, free base, powder)?

- Yes..... 1
- No ..... 2 → Go to **106 (DRG3\_1)**
- Global refusal ..... 7 → Go to **110 (ITS\_1)**
- Don't know ..... 8 → Go to **106 (DRG3\_1)**
- No response ..... 9 → Go to **106 (DRG3\_1)**

105. **(DRG2\_2)** How often did you use it (cocaine or crack (coke, snow, free base, powder) in the past 12 months?

- Less than once a month..... 1
- 1 to 3 times a month..... 2
- Once a week..... 3
- More than once a week..... 4
- Every day..... 5
- Global refusal ..... 7 → Go to **110 (ITS\_1)**
- Don't know ..... 8
- No response ..... 9

**106. In the past 12 months have you used or tried :**

		Yes	No	Don't know	No response
<b>(DRG3_1)</b>	Speed (amphetamines)?	1	2	8	9
<b>(DRG4_1)</b>	Ecstasy (MDMA, E, XTC, X, pill, dove, love drug) or other similar drugs?	1	2	8	9
<b>(DRG5_1)</b>	Hallucinogens, PCP, LSD, acid, blotters or mushrooms?	1	2	8	9
<b>(DRG6_1)</b>	Heroin (smack)?	1	2	8	9
<b>(DRG7_1)</b>	Crystal meth or methamphetamines (ice)?	1	2	8	9
<b>(DRG8_1)</b>	Ketamine (special K)?	1	2	8	9

107. **(DRG9\_1)** In the past 12 months, to get high or have a buzz, have you taken or tried medications that were not prescribed for you such as Dilaudid, or benzodiazepines as Valium or Ativan, etc. (Librium, Dalmane, Halcion, Ritalin, Morphine or Codeine, etc.)?

- Yes..... 1
- No ..... 2
- Global refusal ..... 7 → Go to **110 (ITS\_1)**
- Don't know..... 8
- No response ..... 9

108. **(DRG10\_1)** In the past 12 months, have you sniffed glue, gasoline or other solvents?

- Yes..... 1
- No ..... 2
- Global refusal ..... 7 → Go to **110 (ITS\_1)**
- Don't know..... 8
- No response ..... 9

109. **(DRG11\_1)** In your lifetime, have you ever injected or been injected with drugs using a syringe? (do not include injections received in hospital)

- Yes..... 1
- No ..... 2
- Don't know..... 8
- No response ..... 9

## SEXUAL BEHAVIOR

We are now going to ask you some questions about sexual behaviour, an important aspect of health. Again, we'd like to remind you that all your answers will remain strictly confidential. (We are asking these questions because sexual behaviour can have a major, long-term impact on health.)

110. **(ITS\_1)** Have you ever had sexual relations, whether oral, anal or vaginal? (penetration of the penis into the vagina, mouth or anus, or the mouth in contact with the vulva)?

Yes..... 1  
No ..... 2→ Go to **120 (SD1\_1)**  
Global refusal ..... 7→ Go to **120 (SD1\_1)**  
Don't know..... 8→ Go to **117 (ITS\_8)**  
No response ..... 9→ Go to **117 (ITS\_8)**

111. **(ITS\_2)** In the past 12 months, have you had sexual relations?

Yes..... 1  
No ..... 2→ Go to **117 (ITS\_8)**  
Global refusal ..... 7→ Go to **120 (SD1\_1)**  
Don't know ..... 8→ Go to **117 (ITS\_8)**  
No response ..... 9→ Go to **117 (ITS\_8)**

112. **(ITS\_3)** In the past 12 months, have you had sexual relations with:

**If the respondent is male**

- ah) (ITS\_3\_1\_1)** A woman (women)?

Yes..... 1  
No ..... 2  
Global refusal ..... 7→ Go to **120 (SD1\_1)**  
Don't know..... 8  
No response ..... 9

- bh) (ITS\_3\_1\_2)** A man (men)?

Yes..... 1  
No ..... 2  
Global refusal ..... 7→ Go to **120 (SD1\_1)**  
Don't know..... 8  
No response ..... 9

**If the respondent is female**

**cf) (ITS\_3\_2\_1) A man (men)?**

- Yes..... 1
- No ..... 2
- Global refusal ..... 7→ Go to **120 (SD1\_1)**
- Don't know..... 8
- No response ..... 9

**df) (ITS\_3\_2\_2) A woman (women)?**

- Yes..... 1
- No ..... 2
- Global refusal ..... 7→ Go to **120 (SD1\_1)**
- Don't know..... 8
- No response ..... 9

**113. (ITS\_4) Also during the past 12 months, with how many different partners, men or women, have you had sexual relations?**

- 1 partner ..... 1
- 2 to 4 partners ..... 2
- 5 to 9 partners ..... 3
- 10 to 14 partners ..... 4
- 15 partners or more ..... 5
- Global refusal ..... 7→ Go to **120 (SD1\_1)**
- Don't know..... 8
- No response ..... 9

**If the respondent is female and the response to (ITS\_3\_2\_1) = 2, go to (ITS\_8).**

**114. (ITS\_5) In the past 12 months, how frequently have you used a condom during sexual intercourse with vaginal or anal penetration?**

(Condoms may be used to prevent disease transmission and are not solely for birth control.)

- Every time ..... 1
- Most of the time..... 2
- Half the time ..... 3
- Less than half the time..... 4
- Never ..... 5→ Go to **116 (ITS\_7)**
- Not applicable (oral sex only) ..... 6→ Go to **116 (ITS\_7)**
- Global refusal ..... 7→ Go to **120 (SD1\_1)**
- Don't know..... 8
- No response ..... 9

115. **(ITS\_6)** Did you use a condom the last time you had sexual intercourse with penetration?

- Yes..... 1
- No .....2
- Global refusal .....7→ Go to **120 (SD1\_1)**
- Don't know.....8
- No response .....9

**Ask (ITS\_7) if the person is 1) a man of any age who answered “Yes” to (ITS\_3\_1\_1) or 2) a woman 15 to 49 years old who answered “Yes” to (ITS\_3\_2\_1).**

**Otherwise, go to (ITS\_8).**

116. **(ITS\_7)** In the past 12 months, what kind of birth control did you and your partner(s) usually use?

Ask every question

	Yes	No	Global refusal	Don't know	No response
<b>(ITS_7_1)</b> Condom (male or female condom)	1	2	7→ Go to <b>120 (SD1_1)</b>	8	9
<b>(ITS_7_2)</b> Birth control pill	1	2	7→ Go to <b>120 (SD1_1)</b>	8	9
<b>(ITS_7_3)</b> Vasectomy	1	2	7→ Go to <b>120 (SD1_1)</b>	8	9
<b>(ITS_7_4)</b> Tubal ligation	1	2	7→ Go to <b>120 (SD1_1)</b>	8	9
<b>(ITS_7_5)</b> IUD (intrauterine device) (copper or hormonal, ex. Mirena)	1	2	7→ Go to <b>120 (SD1_1)</b>	8	9
<b>(ITS_7_6)</b> Coitus interruptus (withdrawal)	1	2	7→ Go to <b>120 (SD1_1)</b>	8	9
<b>(ITS_7_7)</b> Other method to prevent pregnancy	1	2	7→ Go to <b>120 (SD1_1)</b>	8	9
<b>(ITS_7_8)</b> No method used to prevent pregnancy	1	2	7→ Go to <b>120 (SD1_1)</b>	8	9

117. **(ITS\_8)** Has a doctor or nurse ever told you that you had a sexually-transmitted disease or infection, such as chlamydia, gonorrhea, syphilis, genital herpes or condyloma?

- Yes..... 1
- No .....2→ Go to **119 (ITS\_10)**
- Don't know.....8→ Go to **119 (ITS\_10)**
- No response .....9→ Go to **119 (ITS\_10)**

118. **(ITS\_9)** Did this occur in the past 12 months? (that a doctor or nurse told you that you had a sexually-transmitted disease or infection)

- Yes ..... 1
- No..... 2
- Don't know ..... 8
- No response ..... 9

119. **(ITS\_10)** In the past 12 months, have you had a screening test for a sexually-transmitted disease or infection (such as chlamydia, gonorrhoea, syphilis, genital herpes or condyloma)?

- Yes ..... 1
- No ..... 2
- Don't know ..... 8
- No response ..... 9

**RESPONDENT'S PROFILE**

We are now coming to the last part of the questionnaire. Your responses will be used solely for statistical purposes.

120. **(SD1\_1)** Were you born in Canada?

- Yes ..... 1 → Go to **124 (SD1\_5)**
- No ..... 2
- Don't know ..... 8
- No response ..... 9

121. **(SD1\_2)** In what country were you born?

- Algeria ..... 01
- China ..... 02
- Colombia ..... 03
- United States ..... 04
- France ..... 05
- Haiti ..... 06
- Italy ..... 07
- Lebanon ..... 08
- Morocco ..... 09
- Romania ..... 10
- Other, specify : **(SD1\_2P)** \_\_\_\_\_ ..... 97
- Don't know ..... 98
- No response ..... 99

122. **(SD1\_3)** What year did you come to Canada in order to settle here?

\_\_ \_\_ \_\_ year (min: 2014 or 2015 minus age; max: 2014 or 2015) → Go to **124 (SD1\_5)**

- Don't know ..... 9998
- No response ..... 9999



123. **(SD1\_4)** How many years have you lived in Canada?

- Less than 5 years ..... 1
- 5 to 10 years..... 2
- More than 10 years ..... 3
- Don't know..... 8
- No response ..... 9

124. **(SD1\_5)** What language do you speak most often at home? You can indicate more than one language if you speak them equally often.

	Yes	No	Don't know	No response
<b>(SD1_5_1)</b> French	1	2	8	9
<b>(SD1_5_2)</b> English	1	2	8	9
<b>(SD1_5_3)</b> Arabic	1	2	8	9
<b>(SD1_5_4)</b> Chinese	1	2	8	9
<b>(SD1_5_5)</b> Creole	1	2	8	9
<b>(SD1_5_6)</b> Cri	1	2	8	9
<b>(SD1_5_7)</b> Spanish	1	2	8	9
<b>(SD1_5_8)</b> Italian	1	2	8	9
<b>(SD1_5_9)</b> Other	1	2	8	9

125. **(SD2\_1)** Including yourself, how many people live in your household?

- One (I live alone) .....1
- Two .....2
- Three .....3
- Four .....4
- Five .....5
- Six .....6
- Seven .....7
- Eight.....8
- Nine .....9
- 10 or more .....10
- Don't know.....98
- No response .....99

126. **(SD2\_2)** Which type of situation best describes the current composition of your household (home)?

Take all household members into account.

Person lives alone in the household .....	1
Couple without children in the same dwelling.....	2
Couple with a child or children in the same dwelling.....	3
Single-parent family (children of any age) .....	4
Family with other people.....	5
Related persons only (brothers and sisters, etc.) .....	6
Unrelated persons only (co-tenants).....	7
Other (family with a roomer, multiple families, etc.),.....	97
Don't know .....	98
No response.....	99

127. **(SD3\_1)** What is the highest level of education you have completed?

No diploma or degree .....	1
Elementary school .....	2
Partial high school (Secondary I to IV).....	3
High school diploma (Secondary V or 12th grade) (including the Following studies in the francophone education system : Cours commercial or incomplete cours classique, Belles-Lettres, Rhétorique, Philosophie) Partial studies in a Cegep, community college, trade school or vocational school.....	5
Diploma or certificate of studies from a Cegep, community college, trade school or vocational school .....	6
(including a DEP, DEC; complete cours classique)	
Partial university studies .....	7
University degree or diploma .....	8
Other.....	97
Don't know / Don't recall .....	98
No response .....	99

128. **(SD3\_2)** In the past 12 months, what was your main occupation?

Were you:

A full-time worker.....	1
A part-time worker .....	2
A student.....	3
Retired .....	4
At home (keeping house).....	5
On maternity/paternity leave .....	6
A recipient of employment insurance .....	7
A recipient of social aid (income security) .....	8
Other .....	97
Don't know .....	98
No response .....	99

129. **(SD3\_3)** How do you perceive your financial situation (your personal situation) compared with other people your own age?

- You feel comfortable financially..... 1
- You feel that your income is sufficient to meet your basic needs or those of your family ..... 2
- You consider yourself poor ..... 3
- You consider yourself very poor ..... 4

130. **(SD3\_4)** How long have you felt this way about your financial situation (your personal situation)?

- Less than a year..... 1
- Between 1 and 4 years ..... 2
- Between 5 and 9 years ..... 3
- 10 years or more ..... 4
- Don't know..... 8
- No response ..... 9

131. **(SD3\_5)** Do you feel that your financial situation is likely to improve?

- Yes, in the near future..... 1
- Yes, I don't know when but I am confident that it will improve ..... 2
- No, I don't think it's likely to change ..... 3
- No, I think it's likely to get worse ..... 4
- Don't know..... 8
- No response ..... 9

132. **(SD3\_6)** Do you consider yourself better or worse off financially than your parents were at your age?

- Better off ..... 1
- Neither better or worse off ..... 2
- Worse off ..... 3
- Don't know..... 8
- No response ..... 9

133. **(SD3\_7\_1)** There continues to be an important link between income and health. We would appreciate if you respond to the following question which would allow us to study this relationship.

For the past 12 months, what was the approximate total income (gross income), from all sources before taxes and other deductions, of all the members of your household?

This information serves to provide a portrait of groups of people whose incomes are similar, which then allows us to compare these groups to each other. Individual responses will not be compared.

\$\_\_\_\_\_ → Go to **134 (SD4\_1)**

Don't know.....9999998

No response.....9999999

133.1. **(SD3\_7\_2)** Can you tell us what category your household income was in?

- Less than \$10,000.....1→ Go to **134 (SD4\_1)**
- \$10,000 to less than \$20,000.....2→ Go to 133.2 **(SD3\_7\_3)**
- \$20,000 to less than \$30,000.....3→ Go to 133.3 **(SD3\_7\_4)**
- \$30,000 to less than \$40,000.....4→ Go to 133.4 **(SD3\_7\_5)**
- \$40,000 to less than \$50,000.....5→ Go to **134 (SD4\_1)**
- \$50,000 to less than \$60,000.....6→ Go to **134 (SD4\_1)**
- \$60,000 to less than \$80,000.....7→ Go to **134 (SD4\_1)**
- \$80,000 to less than \$100,000.....8→ Go to 134 (SD4\_1)
- \$100,000 to less than \$120 000 .....9→ Go to 134 (SD4\_1)
- \$120,000 to less than \$140,000 .....10→ Go to 134 (SD4\_1)
- \$140,000 or more .....11→ Go to **134 (SD4\_1)**
- Don't know .....98→ Go to **134 (SD4\_1)**
- No response .....99→ Go to **134 (SD4\_1)**

133.2 **(SD3\_7\_3)** Is it more than \$15,000?

- Yes .....1→ Go to **134 (SD4\_1)**
- No .....2→ Go to **134 (SD4\_1)**
- Don't know.....8→ Go to **134 (SD4\_1)**
- No response .....9→ Go to **134 (SD4\_1)**

133.3. **(SD3\_7\_4)** Is it more than \$25,000?

- Yes .....1→ Go to **134 (SD4\_1)**
- No.....2→ Go to **134 (SD4\_1)**
- Don't know .....8→ Go to **134 (SD4\_1)**
- No response.....9→ Go to **134 (SD4\_1)**

133.4. **(SD3\_7\_5)** Is it more than \$35,000?

- Yes .....1→ Go to **134 (SD4\_1)**
- No.....2→ Go to 134 (SD4\_1)
- Don't know .....8→ Go to **134 (SD4\_1)**
- No response.....9→ Go to **134 (SD4\_1)**

134. **(SD4\_1)** Do you live in a private household or in a collective one such as a rooming house, health-care facility, group home, shelter, student residence, seniors' residence etc.?

Instructions to interviewer: The goal is to identify people living in a hospital, long-term health care facility (CHSLD), rehabilitation centre, prison, halfway house, youth centre, group home, nursing home, boarding school, etc., but not exclude them from the survey.

- Private household .....1→ Go to 137 **(SD5\_1)**
- Collective household .....2
- Don't know.....8→ Go to 137 **(SD5\_1)**
- No response .....9→Go to 137 **(SD5\_1)**

135. **(SD4\_2)** What type of place is it?

- Hospital.....1→ Go to 137 **(SD5\_1)**
- CHSLD (Centre hospitalier de soins de longue durée)  
(long-term health care facility) .....2→ Go to 137 **(SD5\_1)**
- Rehabilitation centre or youth centre (group home) .....3→ Go to 137 **(SD5\_1)**
- Seniors' residence .....4
- Other, please specify **(SD4\_2P)** \_\_\_\_\_5→ Go to 137 **(SD5\_1)**
- Don't know.....8→ Go to 137 **(SD5\_1)**
- No response.....9→ Go to 137 **(SD5\_1)**

136. **(SD4\_3)** Is it a room or an apartment...?

- With a kitchen .....1
- Without a kitchen .....2
- Don't know .....8
- No response.....9

142. **(SD7\_1)**

To do more in-depth analyses of the data being collected, Statistique Québec would like to match some of your responses with some of the information in your file at the Régie de l'assurance maladie du Québec for example, your visits to a doctor, a CLSC or your hospitalizations. Complete anonymity and confidentiality are guaranteed and the data will be used for statistical purposes only. Do you give permission to Statistique Québec to match the data?

- Yes .....1
- No.....2→ **Filter 1**
- Don't know .....8 →**Filter 1**
- No response.....9 →**Filter 1**

**INSTRUCTIONS TO INTERVIEWER:** Give helpline or reference numbers upon request or if needed.

In cases of psychological distress (if the person seems lonely, anxious, stressed, etc.) offer the Tel-Aide phone number or the SPC phone number (Suicide Prevention Centre). If necessary, you may transfer the respondent to the SPC directly. If the person is in imminent danger, determine the action to be taken with the Principal Interviewer on duty. Before ending the interview, note the type of intervention.

- No intervention taken.....0
- Phone number given .....1
- Transferred respondent directly .....2
- Called 911 (imminent danger).....3

On behalf of the Institut de la statistique du Québec (Québec Institute of Statistics), we would like to thank you for your cooperation and for the time you have devoted to our survey. Your responses will contribute to research in disease prevention and help improve health care services for all Quebecers.

## Annex - Content of the questionnaire and copyright

### Content of the questionnaire

The survey questionnaire was developed by the *Institut de la statistique du Québec* (ISQ) in collaboration with the *Ministère de la Santé et des Services sociaux* (MSSS) and experts in the health and social services sector. Many of the questions were taken from other surveys (1998 Health and Social Survey (ESS); 1999 Health and Social Survey of Children and Adolescents (ESSEA); 2008 Québec Population Health Survey (EQSP); 2007-2008 Québec Survey on Working, Employment and OHS Conditions (EQCOTESST) or surveys such as the Canadian Community Health Survey (CCHS) of Statistics Canada). In general, the exact wording of questions was maintained. However, the wording of certain questions was adapted to respond to the objectives of the Québec Population Health Survey. Members of the project's steering committee were consulted in this respect.

### Questions (owners and sources)

Question (position)	Owner			Source
	ISQ	MSSS	Third party	
Perception of health status				
ETA_1 (1)			X	Statistics Canada, CCHS, 2005
Allergic rhinitis				
RHI_1 to RHI_4 (2 to 5)	X	X		EQSP 2008, ISAAC (International Study of Asthma and Allergies in Childhood) (Asher et al., 1995).
RHI_5, RHI_6 (6-7)	X	X		EQSP 2008
Blood pressure				
TAR_1, TAR_2 (8-9)	X	X		EQSP 2008
Pap smear test				
PAP_1, PAP_2 (10-11)			X	Statistics Canada, CCHS, 2005
Physical activity				
APH1_1 to APH1_5 APH2_1 to APH2_5 (12 to 21)	X	X	X	Adapted from l'Actimètre (Nolin, 2004)

Dental health				
BUC_1, BUC_2 (22-23)			X	Statistics Canada, CCHS, 2005
BUC_3 to BUC_5 (24 to 26)	X	X		EQSP 2008
Beverage consumption				
BOI_1 (27)	X	X		Adapted from EQSJS 2010-2011
Weight and body image				
ETA_2 POI_1, POI_2 (28 to 30)			X	Statistics Canada, CCHS, 2005
POI_3 to POI_7 (31 to 35)	X			ESSEA 1999
POI_8 (36)	X	X		EQSP 2008 and adapted from <i>2004 Health Styles Surveys, É-U.</i>
Injuries due to repetitive strain and other injuries				
BLE_1 (37)			X	Statistics Canada, CCHS, 2005
BLE_2 (38)	X	X		Adapted from Statistics Canada, CCHS, 2005
BLE_3, BLE_4 (39-40)			X	Statistics Canada, CCHS, 2005
BLE_5 (41)	X	X		Adapted from Statistics Canada, CCHS
BLE_6 to BLE_9 (42-46)			X	Statistics Canada, CCHS, 2005
BLE_10 (47)	X	X		
BLE_11 (48)	X	X		Adapted from Statistics Canada, CCHS, 2005
Exposure to noise – environmental health				
BRU_1_1 to BRU_1_4, BRU_6 (49.1 to 49.4 and 49.6)	X	X		ISO/TS 15666 (2003)
BRU_1_5 and BRU_1_8 (49.5 and 49.8)	X	X		Adapted from enquête baromètre 2007 : <a href="http://www.inpes.sante.fr/CFESBases/catalogue/pdf/1114.pdf">http://www.inpes.sante.fr/CFESBases/catalogue/pdf/1114.pdf</a>
BRU_1_7 and BRU_1_10 (49.7 and 49.10)	X	X		
BRU_1_9 (49.9)	X	X		Adapted from Huppé, V., Lévesque B. et coll (2014) <a href="http://www.inspq.qc.ca/pdf/publications/1802_Mon_Habitat.pdf">http://www.inspq.qc.ca/pdf/publications/1802_Mon_Habitat.pdf</a>
BRU_2 (50)	X	X		Adapted from Michaud, D. S., Keith, S. E., McMurchy, D. (2008) Annoyance and disturbance of daily activities from road traffic noise in Canada, J Acoust. Soc Am, Vol. 123, No. 2, pp. 784-792
Hearing loss				

SAT2_1 to SAT2_5 (51 to 55)			X	National health Interview survey. 2003, Michigan
Health in the workplace				
SAT1_1 (56)	X			ESS 1998
SAT1_2, SAT1_3 (57- 58)	X	X		EQCOTESST 2007-2008
SAT1_4 (59)			X	European working conditions survey (EWCS), 2005
SAT1_5 (60)	X			ESS 1998
SAT1_6 to SAT1_8 (61-63)	X	X		EQCOTESST 2007-2008
SAT1_9_1, SAT1_10 (64-65)	X			ESS 1998
SAT1_11 (66)	X	X		Adapted from EQCOTESST 2007-2008
SAT1_9_2 (67)	X	X		EQCOTESST 2007-2008
SAT1_12_1 to SAT1_12_9 (68 a to i)			X	Karasek scale
SAT1_12_10 (68j)			X	Copenhagen Psychosocial Questionnaire (COPSOQ)
SAT1_12_11 and SAT1_12_12 (68k,l)			X	Karasek scale
SAT1_12_13 to SAT1_12_16 (68m to 68p)			X	Siegrist scale
SAT1_13 to SAT1_17 (69-73)	X	X		EQCOTESST 2007-2008
Musculo-skeletal disorders				
TMS_1 to TMS_4 (74 to 77)	X	X		EQCOTESST 2007-2008
Social life satisfaction				
SM1_1 (78)	X			ESS 1998
Psychological distress				
DPSY_1 to DPSY_6 (79 to 84)			X	Statistics Canada, CCHS, 2005, K6 Kessler scale
Link between psychological distress and work				
SAT3_1 (85)	X	X		Adapted from EQCOTESST, 2007-2008



Suicide and suicidal thoughts				
SUI_1 and SUI_2 (86-87)			X	Statistics Canada, CCHS, 2005
SUI_3, SUI_4 and SUI_9 (88-89, 94)	X			ESS 1998
SUI_5 to SUI_8 (90 to 93)			X	Statistics Canada, CCHS, 2005
Cigarette use				
CIG_1 to CIG_4 (95 to 98)			X	Statistics Canada, CCHS, 2005
Alcohol consumption				
ALC_Q1 to ALC_Q3 (99-101)			X	Statistics Canada, CCHS, 2005
Drug use				
DRG1_1 to DRG4_1 (102 to 106(2)), DRG6_1 (106(4)), DRG10_1 (108)			X	Statistics Canada, CCHS, 2005
DRG5_1 (106(3)), DRG7_1 (106(5)), DRG8_1 (106(6)), DRG9_1 (107), DRG11_1 (109)	X	X		EQSP 2008
Sexual behavior and STDs				
ITS_1 to ITS_6, ITS_8 (110 to 115, 117)	X	X		EQSP 2008
ITS_7, ITS_9, ITS_10 (116,118-119)	X	X		
Sociodemographic variables				
SD1_1 to SD3_2 (120 to 128)	X	X		EQSP 2008
Perception of the financial situation				
SD3_3 to SD3_6 (129 to 132)	X			ESS 1998
Income				
SD3_7_1-SD3_7_2 (133-133.1)	X	X		EQSP 2008
SD3_7_3 to SD3_7_5) (133.2 to 133.4)	X	X		