

Québec Population Health Survey, 2008

Version February 2008

Introduction 1: (Hello/Good evening), my name is <x>. I'm from the Institut de la statistique du Québec (Québec Institute of Statistics). We are currently conducting an important study on the health of the population on behalf of the ministère de la Santé et des Services sociaux du Québec. **[Pour les ménages qui n'ont pas été sélectionnés pour l'envoi de lettre, passez à II].** In the past few weeks, we have mailed out information letters on this subject.

Did you receive the letter?

Yes.....	1
No	2
Does not know	8
No response.....	9

II. Have I reached <telephone number>?

INTERVIEWER: If the answer is "No", check whether the numbers on the screen and the call display agree. – If they do not, enter the code for "Dialing error" and immediately dial the same number again without closing the file. – If the numbers agree, enter the code for "Crossed lines"

Yes	1
Dialing error	2
Lines crossed.....	3
Does not know	8
No response.....	9

III. Is this the number of your principal residence (a dwelling unit or a private home)?

Yes.....	1
No	2→Household ineligible
Does not know	8
No response.....	9

IV. Do you live in a private household, or in a collective household such as a rooming house, residential centre, a student residence or a residence for the elderly?

- Private household 1
- Collective household 2→**Household ineligible**
- Excluded population (Indian reserves)..... 3→**Household ineligible**
- Does not know 8
- No response 9

INTERVIEWER: Excluded from the survey are people living on Indian reserves, in second homes, cottages, businesses, residential and long-term care centers, rooms in residences for the elderly or students, as well as roomers who do not have a private or exclusive line.

INTERVIEWER: Included are people living in an apartment in a residential complex for the elderly (an apartment with a kitchen), in a private residence located on a military base (outside the camp), and in a room with a personal space to cook and a private and exclusive telephone number.

INSTRUCTIONS TO THE INTERVIEWER :

If the phone number starts with 418-745 (Chapais): ask what the postal code is in order to determine the eligibility of the household. Do not ask for the postal code further on in the questionnaire.

In all the other cases, continue with screening question 1.

First, in order to enable me to determine the eligibility of your household to participate in the survey, could you please give me your postal code?

_____ - _____

→ Validation:

If the postal code corresponds to region 10: pursue the interview with screening question 1

If the postal code corresponds to region 18: say thank you and end the interview

V. How many people 14 years of age or younger live in your home at least half of the time?

None	00
One	01
Two	02
Three	03
Four	04
Five	05
Six	06
Seven	07
Eight.....	08
Nine	09
Ten or more.....	10
Does not know	98
Refuses to respond.....	99

VI. Now, can you tell me how many people 15 years of age or more, including yourself, live in your home?

None	00	→Validate
One	01	
Two	02	
Three	03	
Four	04	
Five	05	
Six	06	
Seven	07	
Eight.....	08	
Nine	09	
Ten or more.....	10	
Does not know	98	
No response	99	

VII. Again including yourself, please tell me the sex and age of these <x> people 15 years of age or over, beginning with the **youngest person**. This will help randomly select which member of your household should take part in the survey. **INTERVIEWER:** If, and only if, there are 2 people of the same sex and age, ask for their given names.

*(If only 1 person in the household is eligible, that person is automatically selected.)
(If several people in the household are eligible)*

SELEC (Random selection of the respondent)

Insert the selection grid.

The person in your household who has been selected at random to participate in the study is

< FILTR: sex/age/given name (if indicated) >:

Can you tell me the given name of that person?

May I speak with that person?

1= Yes, it's me. ➔ **INTR2**

2= Yes, one moment please (a different person). ➔ **INTR1**

4= No, the person selected is not available. ➔ **FIN/Ask what the best time is to reach the person selected.**

5= No, the person selected is unable to respond because of a health problem or a handicap ➔ Ask if a third person, natural caregiver or tutor can respond for the person selected. If you are speaking to that person, continue with INTRO2; if the person is different, continue with INTRO1.

5 + REFUSAL ➔ **FIN**

Introduction 2: We would like to have your cooperation in answering a questionnaire about 20 minutes long. Your participation is voluntary but essential, because the ministère de la Santé et des Services sociaux needs your responses in order to know the state of health of the population to improve services and disease prevention. For that purpose, data will be sent to the Ministère and to the Institut national de santé publique (Québec Institute of Public Health). The *Act respecting the Institut de la statistique du Québec* guarantees the confidentiality of the information you provide.

To ensure the quality of this survey, a supervisor may listen to the telephone interview. However, interviews are not recorded.

SANTÉ GÉNÉRALE ET ALLERGIES

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

Q1. To begin with, in general, would you say your health is:

- Excellent..... 1
- Very good 2
- Good..... 3
- Fair..... 4
- Poor 5
- DK..... 8
- R 9

Q2. 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 have a dripping or stuffy nose **when you did not have a cold or flu?**

- Yes..... 1
- No 2 →Go to **Q7a**.
- Does not know 8 →Go to **Q7a**
- No response 9 →Go to **Q7a**

Q3. In the past 12 months, were these nasal problems accompanied by watery and itchy eyes?

- Yes..... 1
- No 2
- Does not know 8
- No response 9

Q4. During which month or months over the past 12 months did you have these nasal problems?

January.....	01
February.....	02
March.....	03
April.....	04
May.....	05
June.....	06
July.....	07
August.....	08
September.....	09
October.....	10
November.....	11
December.....	12
All the months of year.....	13
Does not know.....	98
No response.....	99

Q5. During the past 12 months, did these nasal problems limit your daily activities? (lire)

Not at all.....	01
A little.....	02
Somewhat.....	03
A lot.....	04
Does not know.....	98
No response.....	99

Q6. Did the following elements usually trigger or increase these nasal problems?

Yes..... 1

No 2

Does not know 8

No response 9

a) Dust mites or house dust

b) Pollen

c) Animals

d) Are there other elements (causes) that usually trigger or increase these nasal problems?

Yes Specify: 1

No 2

DK..... 8

R 9

Q7. Has a doctor ever told you that:

a) You have an allergic rhinitis?

Yes..... 1

No 2

Does not know 8

No response 9

b) You have hay fever?

Yes..... 1

No 2

Does not know 8

No response 9

c) You are allergic to ragweed?

Yes..... 1

No 2

Does not know 8

No response 9

Q8 When did you last see a general practitioner (doctor or family doctor), regardless of the reason for the consultation?

- 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
- Does not know 8 → Go to Q10
- No response 9 → Go to Q10

Q9 During that last consultation, was your blood pressure taken?

- Yes 1
- No 2
- Does not know 8
- No response 9

If the respondent is male, go to Q13

Q10. (Now PAP tests) Have you ever had a PAP smear test?

- Yes 1
- No 2 → Go to Q12
- DK 8 → Go to Q12
- R 9 → Go to Q12

Q11. 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
- DK 8
- R 9

POIDS ET PERCEPTION DE SON APPARENCE PHYSIQUE

Poser Q12 seulement s'il s'agit d'une femme âgée de 15 à 49 ans :

Q12. Are you currently pregnant?

- Yes..... 1 →Go to **Q15**
- No 2
- DK..... 8
- R 9

Now about your height and weight

(CONSIGNE À L'INTERVIEWEUR : Au besoin, utiliser le format : 0.25, 0.50 ou 0.75 pour indiquer les fractions)

Q13a. How tall are you without shoes on?

The respondent answers in feet:

_____ feet _____ inches

The respondent answers in metres:

_____ metre _____ cm

Q13b – How much do you weigh?

The respondent answers in pounds:

_____ pounds

The respondent answers in kilograms:

_____ kilograms

Q14. Do you consider yourself:

INTERVIEWER: Read categories to respondent.

- Overweight? 1
- Underweight? 2
- Just about right?..... 3
- DK..... 8
- R 9

Q15. 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? (read)

- You tried to lose weight..... 1
- You tried to control (maintain) your weight 2→Go to **Q17**
- You tried to gain weight 3→Go to **Q19**
- You did not do anything about your weight..... 4→Go to **Q19**
- Does not know 8 →Go to **Q17**
- No response..... 9 →Go to **Q17**

Q16. In the past 6 months, how many attempts have you made to lose weight?
(Do not read the possible answers)

- One attempt..... 1
- 2 or 3 attempts 2
- 4 or more attempts..... 3
- I'm practically always trying to lose weight..... 4
- Does not know 8
- No response..... 9

Q17.1. In the past 6 months, how many times did you try the **following methods to lose or maintain your weight?**

- a) Follow a very low-calorie diet or a diet that eliminated one or more categories of food (for example, a 1200-calorie diet, the Atkins diet, the Montignac diet, the Zone diet, the modified- protein fasting diet, the Fit for Life diet or the blood group diet)?

- None 1
- 1 time 2
- 2 or 3 times..... 3
- 4 times or more 4
- DK..... 8
- R 9

- b) Follow a commercial weight-loss program (for example, Weight Watchers, Minçavi)?

- None 1
- 1 time 2
- 2 or 3 times..... 3
- 4 times or more 4
- DK..... 8
- R 9

c) Consult a health professional (for example, a nutritionist, doctor or fitness trainer)?

None	1
1 time	2
2 or 3 times.....	3
4 times or more	4
DK.....	8
R	9

Q17.2. 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
Does not know	8
No response.....	9

- a) Not eating for an entire day?
- b) Skipping meals?
- c) Eating meal substitutes such as NutriBar, Slim-Fast or other bars or puddings?
- d) Using laxative pills or suppositories?
- e) Taking diuretic pills to make you urinate?
- f) Taking appetite suppressants?
- g) Taking doctor-prescribed medication to lose weight?
- h) Taking weight-loss products (for example, Triolax, products containing bitter orange, ephedrine, chitosan, chromium picolinate or weight-loss teas)?
- i) Beginning or going back to smoking?
- j) Using creams, patches or devices like electronic abdominal exercise belts, etc.?
- k) Made yourself vomit?

Q18. Still in the past 6 months, did you use the following methods **to lose or maintain weight** ?

- Yes, almost every day 1
- Yes, occasionally 2
- No 3
- Does not know 8
- No response 9

- a) Doing physical exercise for a total of 30 minutes a day, in your leisure activities or as a mean of transportation (in order to lose or maintain weight)?
- b) Reducing portions (in order to lose or maintain weight)?
- c) 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)?

In the past 6 months, did you use the following methods **to lose or maintain weight**?

- d) Reducing snacking between meals (in order to lose or maintain weight)?
- e) Eating more fruits and vegetables (in order to lose or maintain weight)?
- f) Eating foods with less fat (in order to lose or maintain weight)?
- g) Eating less sugared food (in order to lose or maintain weight)?
- h) Reducing alcohol consumption (in order to lose or maintain weight)?
- i) 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) Replacing sugared beverages and drinks with water (in order to lose or maintain weight)?
- k) Cooking more (in order to lose or maintain weight)?
- l) Eating less fast food and delivered food (in order to lose or maintain weight)?
- m) Still during the past 6 months, have you used most days of the week other methods to lose or maintain your weight besides those mentioned? Specify.

HYGIÈNE ET SANTÉ BUCCODENTAIRE

Q19. 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
- Does not know..... 8
- No response..... 9

Q20. How often do you brush your teeth? (includes dentures and denture brushing, but not soaking or other methods) (Intervieweur: lire au besoin)

- 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
- DK..... 8
- R..... 9

Q21. Do you still have at least one natural tooth on the upper gums?

- Yes..... 1
- No..... 2
- Does not know..... 8
- No response..... 9

Q22. Do you still have at least one natural tooth on the lower gums?

- Yes..... 1
- No..... 2
- Does not know..... 8
- No response..... 9

Ask question 23 only if the person responded “Yes” to one or both of the preceding questions (Q21 and Q22).

Otherwise, go to Q24.

Q23. How often do you use dental floss? (Intervieweur: lire au besoin) (does not include other interdental system such as 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
- Does not know 8
- No response 9

BLESSURES (RELIÉES AUX MOUVEMENTS RÉPÉTITIFS ET AUTRES BLESSURES)

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.

Q24. 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 **Q27**
- DK 8 →Go to **Q27**
- R 9 →Go to **Q27**

Q25. Thinking about the most serious repetitive strain, what part of the body was affected?
(INTERVIEWER: Do not read the possible answers).

Head	01
Neck	02
Shoulder, upper arm	03
Elbow, lower arm.....	04
Wrist.....	05
Hand	06
Hip	07
Thigh.....	08
Knee, lower leg	09
Ankle, foot	10
Upper back or upper spine (excluding neck)	11
Lower back or lower spine	12
Chest (excluding back and spine)	13
Abdomen or pelvis (excluding back and spine)	14
Other, specify:	97
DK.....	98
R	99

Q26. What type of activity were you doing when you got this repetitive strain?

INTERVIEWER: Mark all that apply.

Sports or physical exercise (include school activities)..... 1

(INSTRUCTIONS TO THE INTERVIEWER:

If it is a physical activity, it goes under sports and not leisure. For example: Golf, bowling, pétanque, pool, etc.)

Leisure or hobby (include volunteering)..... 2

Working at a job or business (exclude travel to
or from work) 3

Travel to or from work..... 4

Household chores, other unpaid work or education 5

Sleeping, eating, personal care 6

Other, specify: 7

DK..... 8

R 9

Q27. Not counting 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 **S1**

DK..... 8 → Go to **S1**

R 9 → Go to **S1**

Q28. How many times were you injured?

Enter the number of times ____ (minimum 1, maximum 30; warning after 6)

DK..... 98

R 99

Q29. [If many injuries: Thinking about the most serious injury,] in which month did it happen?

January.....	01
February.....	02
March.....	03
April.....	04
May.....	05
June.....	06
July.....	07
August.....	08
September.....	09
October.....	10
November.....	11
December.....	12
DK.....	98
R.....	99

If the month selected is the current month: (If not, go to Q31.)

Q30. Was that this year or last year?

This year.....	1
Last year.....	2
DK.....	8

Q31. What type of injury did you have? For example, a broken bone or burn.

INTERVIEWER: Do not read.

Multiple injuries.....	01
Broken or fractured bones.....	02
Burn, scald, chemical burn.....	03
Dislocation.....	04
Sprain or strain.....	05
Cut, puncture, animal or human bite (open wound).....	06
Scrape, bruise, blister.....	07
Concussion or other brain injury.....	08 →Go to Q34
Poisoning.....	09 →Go to Q34
Injury to internal organs.....	10 →Go to Q33
Other, specify:.....	97
DK.....	98

Q32. What part of the body was injured? INTERVIEWER: Do not read.

Multiple sites.....	01 →Go to Q34
Eyes.....	02 →Go to Q34
Head (excluding eyes)	03 →Go to Q34
Neck	04 →Go to Q34
Shoulder, upper arm	05 →Go to Q34
Elbow, lower arm.....	06 →Go to Q34
Wrist.....	07 →Go to Q34
Hand	08 →Go to Q34
Hip	09 →Go to Q34
Thigh.....	10 →Go to Q34
Knee, lower leg	11 →Go to Q34
Ankle, foot	12 →Go to Q34
Upper back or upper spine (excluding neck)	13 →Go to Q34
Lower back or lower spine	14 →Go to Q34
Chest (excluding back and spine)	15 →Go to Q34
Abdomen or pelvis (excluding back and spine)	16 →Go to Q34
Other, specify:	97 →Go to Q34
DK	98 →Go to Q34
R	99 →Go to Q34

Q33. What part of the body was injured? INTERVIEWER: Do not read.

Chest (within rib cage)	1
Abdomen or pelvis (below ribs)	2
Other, specify:	3
DK	8
R	9

Q34. Where were you when the injury happened?

INTERVIEWER: Do not read. If respondent says “At work”, probe for type of workplace.

In a home or its surrounding area (private housing, including it’s own farm)	01
Residential institution (residential centre, a student residence or a residence for the elderly).....	02
School, college, university (exclude sports areas).....	03
Sports or athletics area of school, college, university	04
Other sports or athletics area (exclude school sports areas)	05
Other institution (e.g., church, hospital, theatre, civic building).....	06
Street, highway, sidewalk	07
Commercial area (e.g., hotel, store, restaurant, office building, transport terminal)	08
Industrial or construction area	09
Farm (exclude farmhouse and its surrounding area)	10
Countryside, forest, lake, ocean, mountains, prairie, etc.....	11
Other, specify:	97
DK.....	98
R	99

Q35. What type of activity were you doing when you were injured?

Sports or physical exercise (include school activities)..... 1

(INTERVIEWER : Dès qu'il s'agit d'une activité physique, on le met dans sports et non dans loisirs. Par exemple : Golf, quilles, pétanque, billard, etc.)

Leisure or hobby (include volunteering)..... 2

Working at a job or business (exclude travel to or from work) 3

Travel to or from work..... 4

Household chores, other unpaid work or education..... 5

Sleeping, eating, personal care 6

Other, specify: 7

DK..... 8

R 9

Q36 – Was the injury the result of a fall?

INTERVIEWER: Select "No" for transportation accidents.

Yes..... 1

No 2 → Go to Q38

DK..... 8 → Go to Q38

R 9 → Go to Q38

Q37. How did you fall?

- While skating, skiing, snowboarding,
in-line skating or skateboarding..... 1→ Go to **Q39**
- Going up or down stairs/steps (icy or not)..... 2→ Go to **Q39**
- Slipped, tripped or stumbled on ice or snow 3→ Go to **Q39**
- Slipped, tripped or stumbled on any other surface 4→ Go to **Q39**
- From furniture (e.g., bed, chair)..... 5→ Go to **Q39**
- From elevated position (e.g., ladder, tree)..... 6→ Go to **Q39**
- Other, specify: 7→ Go to **Q39**
- DK..... 8→ Go to **Q39**
- R 9→ Go to **Q39**

Q38. What caused the injury?

- Transportation accident 01
- Accidentally bumped, pushed, bitten,
etc. by person or animal 02
- Accidentally struck or crushed by object(s)..... 03
- Accidental contact with sharp object,
tool or machine..... 04
- Smoke, fire, flames 05
- Accidental contact with hot object, liquid or gas 06
- Extreme weather or natural disaster 07
- Overexertion or strenuous movement..... 08
- Physical assault 09
- Other, specify: 97
- DK..... 98
- R 99

Q39. Did you receive any medical attention for the injury from a health professional in the 48 hours following the injury?

- Yes..... 1
- No 2
- DK..... 8
- R 9

ADMISSIBILITÉ À L'ENQUÊTE LIMITATIONS D'ACTIVITÉS

If the respondent is 65 years of age or older (all such households are selected automatically for the activity limitation survey), go to Q40.

I now have more general questions dealing with the current difficulties you may have in your daily activities because of a long-term health condition or problem, that is, a condition that has lasted at least 6 months or could last 6 months or more.

S1. Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

- Yes, sometimes..... 1
- Yes, often 2
- No 3
- Does not know 8
- No response..... 9

S2. a) Does a long term physical or mental condition or health problem reduce the amount or the kind of activities you can do at home?

- Yes, sometimes..... 1
- Yes, often 2
- No 3
- Does not know 8
- No response..... 9

b) Does a long term physical ~~condition~~ or mental condition or health problem reduce the amount or the kind of activities you can do at work or at school?

- Yes, sometimes..... 1
- Yes, often 2
- No 3
- Does not apply 7
- Does not know 8
- No response..... 9

c) Does a long term physical ~~condition~~ or mental condition or health problem reduce the amount or the kind of activities you can do in other activities, for example, transportation or leisure activities?

- Yes, sometimes..... 1
- Yes, often 2
- No 3
- Does not know 8
- No response..... 9

S3. Has a doctor, psychologist or other health professional ever said that you had a development disability or disorder? (These include, for example, Down syndrome (Trisomy 21), autism, Asperger syndrome and mental impairment due to a lack of oxygen at birth, etc.)

- Yes..... 1
- No 2
- Does not know 8
- No response..... 9

S4. Do you have any emotional, psychological or psychiatric conditions that have lasted, or are expected to last, 6 months or more? These include phobias, depression, schizophrenia, drinking, or drug problems and others.

- Yes..... 1
- No 2
- Does not know 8
- No response..... 9

S5. Has a physician or another health professional said that you have a chronic disease or several chronic diseases that have lasted for at least 6 months or could last 6 months or more? Chronic illness means a long-term illness that generally requires medical follow-up or causes changes in the person's life (ex. changing life habits).

- Yes, one chronic disease..... 1
- Yes, two or more chronic diseases 2 →Go to **S5B**
- No 3 →Go to **Q40**
- Does not know 8 →Go to **Q40**
- No response 9 →Go to **Q40**

S5A. What is the chronic disease?

S5B. What chronic diseases do you have?

Code and corresponding choice (in alphabetical order) (Do not read; check all appropriate choices):

01. Cerebrovascular accident, stroke, cerebral thrombosis, cerebrovascular disease or vascular cerebral diseases
02. Food allergy
03. Non-food allergy
04. Alzheimer's, Alzheimer's disease, Alzheimer's type or other type dementia, cerebral dementia of any other form
05. Angina pectoris, coronary artery disease
06. Sleep apnea
07. Arthritis, osteoarthritis, rheumatoid arthritis, rheumatism
08. Asthma
09. Chronic bronchitis, chronic obstructive lung disease, emphysema
10. Cancer
11. Cataract
12. Cirrhosis of the liver, chronic liver disease
13. Ulcerative colitis
14. Irritable bowel syndrome
15. Macular degeneration
16. Chronic depression
17. Diabetes
18. Mood disorder, dysthymia, bipolar disorder, mania, maniaco-depression, mood disorder of any other form
19. Epilepsy
20. Fibromyalgia
21. Cystic fibrosis, mucoviscidosis
22. Glaucoma
23. Chronic hepatitis
24. Hemophilia
25. Hiatus hernia, diaphragmatic hernia
26. Hypercholesterolemia
27. Hypertension, high blood pressure
28. Urinary incontinence
29. Infarct
30. Heart failure, congestive heart failure
31. Kidney failure
32. Crohn's disease
33. Morbid obesity
34. Heart disease
35. Back pain, chronic lumbago

Code and corresponding choice (in alphabetical order) (Do not read; check all appropriate choices):

- 36. Migraines
- 37. Osteoporosis
- 38. Parkinson's disease
- 39. Thyroid problem
- 40. Schizophrenia; psychoses of any other form
- 41. Multiple sclerosis
- 42. Amyotrophic lateral sclerosis (ALS) ; Lou Gehrig's disease
- 43. Chemical sensitivity, multiple chemical sensitivity
- 44. Adult respiratory distress syndrome (further to surgery or trauma); respiratory failure
- 45. Chronic fatigue syndrome, chronic fatigue
- 46. Chronic pain syndrome, chronic pain
- 47. Heart rhythm disorders, heart arrhythmia, tachycardia
- 48. Anxiety disorder, panic attacks, chronic anxiety, generalized anxiety , compulsive obsessional disorder, agoraphobia, specific phobia, social phobia
- 49. Stomach ulcer or intestinal ulcer
- 50. HIV, Aids
- 97. Other, specify: _____
- 98. Does not know
- 99. No response

SANTÉ AU TRAVAIL

The following questions are on work conditions and health

Q40. Do you currently hold one (or more) paid jobs, full time or part time, employee or self-employed, although you may now be on vacation, on parental leave, on sick leave including for a workplace accident, on strike or in a lock-out situation?

- Yes..... 1
- No 2 → Go to **Q52**
- Does not know 8 → Go to **Q52**
- No response 9 → Go to **Q52**

Q41. Do you currently have more than one paid job?

- Yes..... 1
- No 2 → Go to **Q43**
- Does not know 8 → Go to **Q43**
- No response 9 → Go to **Q43**

Q42. On average, how many hours a week do you usually work if you include all your jobs?

_____ hours/week

Read only if the 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.

Q43. How many hours a week do you work in your main job?

(INTERVIEWER: If the respondent has a changing schedule, ask for an average number.)

_____ hours/week

- Does not know 98
- No response 99

Q44. Is your main job permanent or temporary?

- Permanent (a regular job of undetermined duration) 1
- Temporary (casual, seasonal or contract work) 2
- Other type of work, specify: _____ 3
- Does not know 8
- No response 9

Q45. In what type of business, company or organization do you work? I'm not referring to the name of the business but only the type of products, services or activities of the business. (Obtain a complete description, for example, cardboard box manufacturing, retail shoe store, school board or industry that manufactures and installs wrought iron staircases.)

Q46. In which municipality is the business located? Consider only the location where the person works.

Q47. Could you tell me what type of work you do and what your main tasks or activities are? (Obtain a complete description, for example, keeping accounts up to date, selling shoes, teaching in an elementary school or installing wrought iron staircases by welding them on site). (INTERVIEWER: If the respondent seems at a loss, ask for a description of his or her job title or trade, and the most important duties or activities at work.)

Organizational environment

Q48. Thinking of your main job (if the respondent has more than one job), tell me whether you strongly disagree (1), disagree (2), agree (3) or strongly agree (4) with each of the following statements:

- a) My job requires that I learn new things.
- b) My job involves a lot of repetitive work.
- c) On my job, I have the freedom to decide how I do my work.
- d) I am asked to do an excessive amount of work. (also apply if you are self-employed)
- e) I receive conflicting demands that others make. (INTERVIEWER: The demands may come from different groups, i.e., superiors, co-workers, the clientele and so on.)
- f) I experience many interruptions and disturbances in my job.
- g) People I work with are helpful in getting the job done. (INTERVIEWER: For example, the immediate superior or co-workers)
- h) I am exposed to hostility or conflict from my co-workers. (This includes an aggressive attitude)

(INTERVIEWER: For example, the immediate superior or co-workers)

- i) At work, my efforts are sufficiently appreciated. (INTERVIEWER: The appreciation may be on the part of superiors, co-workers, the clientele, etc.)

Read only if the respondent has more than one job: For the following questions, respond for all your jobs.

Physical environment and ambient conditions

Q49. In your current job(s), how frequently do you do the following:

- Never 1
- Occasionally 2
- Often 3
- All the time 4
- Does not know 8
- No response 9

- a) 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) Do work that requires forceful exertion when using tools, machines or equipment.
- c) Handling heavy loads without lifting devices (for example lifting or carrying people or heavy objects such as cases or furniture).
- d) Being exposed to vibration from hand tools (that is hand-arm vibration).
- e) Being exposed to vibration from large machines or the floor (that is to whole body vibration).
- f) Inhaling vapors of solvents such as paint strippers, oil paint, thinners, varnish, Varsol, turpentine, etc.
- g) Breathe wood dust.
- h) Breathe welding fumes.
- i) 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.

Q50. In general, what proportion of your time do you work:

- a) 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 **Q51**
 - Does not know 8
 - No response 9
- b) 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
 - Does not know 8
 - No response 9

If the response is “never” to Q50a) → Go to Q52.

Q51. When you are working in a standing position, which of the following situations most often applies?

- Standing position you can sit down when you want..... 1
- Standing position you can sit down occasionally 2
- Standing position you cannot sit down 3
- Does not know 8
- No response..... 9

Musculo-skeletal disorders

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

Q52. a) In the past 12 months, have you had **major pain in your neck that disturbs you during your daily activities?**

- Never 1
- Occasionally 2
- Often 3
- All the time 4
- Does not know 8
- No response 9

b) In the past 12 months, have you had **major pain in your back that disturbs you during your daily activities?**

c) In the past 12 months, have you had **major pain in your** upper limbs, that is, the shoulders, arms, elbows, forearms, wrists or hands **that disturbs you during your daily activities ?**

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

Ask the questions 53, 54, and 55 only if the response to the preceding question (Q52) was 2, 3 or 4 for one or more areas of the body. (Programmation indépendante à 53 et 54 pour a) b) c) et d). If not, go to Q56.

Q53a). Do you think the pain in your neck is entirely, partly or not at all related to your **current or previous work**?

- Yes, entirely 1
- Yes, partly 2
- Not work-related..... 3
- Never worked 4 →Go to **Q56**
- Does not know 8
- No response..... 9

- b) Do you think the pain in your back is entirely, partly or not at all related to your **current or previous work**?
- c) 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 or previous work**?
- d) 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 or previous work**?

If the response is 3, 8 or 9 to a), b), c) and d), go to Q55.

If response 2, 8 or 9 to Q40 : Go to question Q55

Q54a). Do you think that 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 work-related..... 3
- Does not know 8
- No response..... 9

- b) Do you think the pain in your back is entirely, partly or not at all related to your **current main job**?
- c) 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**?
- d) 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**?

Q55. How many days of work in all did you miss because of that pain during the last 12 months?
days, weeks, months

The respondent answers in days:
_____ Days

The respondent answers in weeks:
_____ Weeks _____ days

The respondent answers in months:
_____ Months _____ weeks

Does not apply (did not work in the past 12 months)..... 97
DK 98
R..... 99

BIEN-ÊTRE ET SANTÉ MENTALE

Introduction: **The following section deals with your sense of well-being and the feelings you may have had.**

Q56. In general, how do you find your social life? [If needed: i.e. your relationships with the people around you (family, friends)]

Very satisfactory..... 1
Quite satisfactory 2
Quite unsatisfactory 3
Very unsatisfactory 4
Does not know 8
No response..... 9

Q57. 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
DK..... 8
R 9

Q58. 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
- DK..... 8
- R 9

Q59. 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
- DK..... 8
- R 9

Q60. 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
- DK..... 8
- R 9

Q61. During the past month, about how often did you feel: **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
- DK..... 8
- R 9

Q62. 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
- DK..... 8
- R 9

Suicide

We are now going to talk about a delicate subject: suicide.

Q63. Have you ever seriously considered committing suicide or taking your own life?

- Yes..... 1
- No 2 → Go to **Q68**
- DK..... 8 → Go to **Q68**
- R 9 → Go to **Q68**

Q64. Has this happened in the past 12 months?

- Yes..... 1
- No 2
- DK..... 8
- R 9

Q65. Have you ever attempted to commit suicide or take your own life?

- Yes..... 1
- No 2 → Go to **Q67a**
- DK..... 8 → Go to **Q67a**
- R 9 → Go to **Q67a**

Q66. Has this happened in the past 12 months?

- Yes..... 1
- No 2
- DK..... 8
- R 9

Q67a). Have you consulted a health professional in person or by phone about your suicidal thoughts?

- Yes..... 1
- No 2
- Does not know 8
- No response..... 9

Q67b). Have you called a telephone help line because of your suicidal thoughts?

- Yes..... 1
- No 2
- Does not know 8
- No response..... 9

HABITUDES DE VIE (TABAC, DROGUE ET SEXUALITÉ)

The following section deals with your lifestyle.

Q68. At the present time, do you smoke cigarettes daily, occasionally or not at all?

- Daily..... 1
- Occasionally 2
- Not at all 3
- DK..... 8
- R 9

I am going to ask some questions about drug use. They deal with ten or so drugs and I would like you to respond in regard to each one. I want to remind you again that everything you say will remain strictly confidential.

Q69. Have you ever used or tried marijuana, cannabis or hashish?

- Yes, just once..... 1
- Yes, more than once..... 2
- No 3 → Go to **Q72**
- DK..... 8 → Go to **Q72**
- R 9 → Go to **Q72**

Q70. Have you used it in the past 12 months?

- Yes..... 1
- No 2 → Go to **Q72**
- Refus global 7 → Go to **Q94**
- DK..... 8 → Go to **Q72**
- R 9 → Go to **Q72**

Q71. How often (did you use marijuana, cannabis 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
- Refus global 7 → Go to **Q94**
- DK..... 8
- R 9

Q72. Have you ever used or tried cocaine or crack?

- Yes, just once..... 1
- Yes, more than once..... 2
- No 3 → Go to **Q75**
- Refus global 7 → Go to **Q94**
- DK..... 8 → Go to **Q75**
- R 9 → Go to **Q75**

Q73. Have you used it in the past 12 months?

- Yes..... 1
- No 2 → Go to **Q75**
- Refus global 7 → Go to **Q94**
- DK..... 8 → Go to **Q75**
- R 9 → Go to **Q75**

Q74. How often (did you use cocaine or crack 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
- Refus global 7 → Go to **Q94**
- DK..... 8
- R 9

Q75. Have you ever used or tried speed (amphetamines)?

- Yes, just once..... 1
- Yes, more than once..... 2
- No 3 → Go to **Q77**
- Refus global 7 → Go to **Q94**
- DK..... 8 → Go to **Q77**
- R 9 → Go to **Q77**

Q76. Have you used it in the past 12 months?

- Yes..... 1
- No 2
- Refus global 7 → Go to **Q94**
- DK..... 8
- R 9

Q77. Have you ever used or tried ecstasy (MDMA) or other similar drugs?

- Yes, just once..... 1
- Yes, more than once..... 2
- No 3 → Go to **Q79**
- Refus global 7 → Go to **Q94**
- DK..... 8 → Go to **Q79**
- R 9 → Go to **Q79**

Q78. Have you used it in the past 12 months?

- Yes..... 1
- No 2
- Refus global 7 → Go to **Q94**
- DK..... 8
- R 9

Q79. Have you ever used or tried hallucinogens, PCP, LSD (acid) or mushrooms?

- Yes, just once..... 1
- Yes, more than once..... 2
- No 3 → Go to **Q81**
- Refus global 7 → Go to **Q94**
- DK..... 8 → Go to **Q81**
- R 9 → Go to **Q81**

Q80. Have you used them in the past 12 months?

- Yes..... 1
- No 2
- Refus global 7 → Go to **Q94**
- DK..... 8
- R 9

Q81. Have you ever used or tried heroin (smack)?

- Yes, just once..... 1
- Yes, more than once..... 2
- No 3 → Go to **Q83**
- Refus global 7 → Go to **Q94**
- DK..... 8 → Go to **Q83**
- R 9 → Go to **Q83**

Q82. Have you used it in the past 12 months?

- Yes..... 1
- No 2
- Refus global 7 → Go to **Q94**
- DK..... 8
- R 9

Q83. Have you ever used or tried crystal meth or methamphetamines (ice)?

- Yes, just once..... 1
- Yes, more than once..... 2
- No 3 → Go to **Q85**
- Refus global 7 → Go to **Q94**
- DK..... 8 → Go to **Q85**
- R 9 → Go to **Q85**

Q84. Have you used it in the past 12 months?

- Yes..... 1
- No 2
- Refus global 7 → Go to **Q94**
- DK..... 8
- R 9

Q85. Have you ever used or tried ketamine (special K)?

- Yes, just once..... 1
- Yes, more than once..... 2
- No 3 → Go to **Q87**
- Refus global 7 → Go to **Q94**
- DK..... 8 → Go to **Q87**
- R 9 → Go to **Q87**

Q86. Have you used it in the past 12 months?

- Yes..... 1
- No 2
- Refus global 7 → Go to **Q94**
- DK..... 8
- R 9

Q87. In order to get a high or a buzz, have you ever 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, just once..... 1
- Yes, more than once..... 2
- No 3 → Go to **Q89**
- Refus global 7 → Go to **Q94**
- DK..... 8 → Go to **Q89**
- R 9 → Go to **Q89**

Q88. Have you used them in the past 12 months?

- Yes..... 1
- No 2
- Refus global 7 → Go to **Q94**
- DK..... 8
- R 9

Q89. Have you ever sniffed glue, gasoline or other solvents?

- Yes, just once..... 1
- Yes, more than once..... 2
- No 3 → Go to **Q91**
- Refus global 7 → Go to **Q94**
- Does not know 8 → Go to **Q91**
- No response..... 9 → Go to **Q91**

Q90. Have you sniffed them in the past 12 months?

- Yes..... 1
- No 2
- Refus global 7 → Go to **Q94**
- Does not know 8
- No response..... 9

Ask the following question if at least one “Yes” is given to Q69 or Q72 or Q75 or Q77 or Q79 or Q81 or Q83 or Q85 or Q87 or Q89.

Q91. Have you ever injected or been injected with drugs using a syringe? (Instruction: does not include injections received in hospital)

- Yes..... 1
- No 2
- Refus global 7 → Go to **Q94**
- Does not know 8
- No response..... 9

Q92. Have you ever used or tried steroids (such as testosterone or dianabol) or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?

- Yes, just once..... 1
- Yes, more than once..... 2
- No 3 → Go to **Q94**
- Refus global 7 → Go to **Q94**
- DK..... 8 → Go to **Q94**
- R 9 → Go to **Q94**

Q93. Did you use them during the past 12 months?

- Yes..... 1
- No 2 → Go to **Q94**
- Refus global 7 → Go to **Q94**
- Does not know 8 → Go to **Q94**
- No response 9 → Go to **Q94**

I am now going to ask you some questions about sexual behaviour, an important part of health. Let me repeat that you can be certain everything you say will remain strictly confidential.

If necessary (the respondent asks questions or protests): We are asking these questions because sexual behaviour can have a major, long-term impact on health.

Q94. Have you ever had sexual intercourse, whether oral, vaginal, anal ? (If necessary, say the following: the penis enters the vagina, the mouth or the anus, or the mouth is in contact with the vulva)?

- Yes..... 1
- No 2 → Go to **QIX**
- Refus global 7 → Go to **QIX**
- DK..... 8 → Go to **Q102**
- R 9 → Go to **Q102**

Q95. In the past 12 months, have you had sexual intercourse?

- Yes..... 1
- No 2 → Go to **Q102**
- Refus global 7 → Go to **QIX**
- DK..... 8 → Go to **Q102**
- R 9 → Go to **Q102**

If the respondent is male, ask Q96a), followed by b).

If the respondent is female, ask Q96b), followed by a).

Q96. In the past 12 months, have you had sexual intercourse with:

a) A woman (women)?

- Yes..... 1
- No 2
- Refus global 7 → Go to **QIX**
- Does not know 8
- No response 9

b) A man (men)?

- Yes..... 1
- No 2
- Refus global 7 → Go to **QIX**
- Does not know 8
- No response 9

If the response is "No" to Q96a) and Q96b), validate the response in Q95.

And if the response is "No" to Q96a) and Q96b) and Q95, go to Q102.

Q97. Also during the past 12 months, with how many different partners, men or women, have you had sexual intercourse? (read the answers)

- 1 partner 1
- 2 to 4 partners 2
- 5 to 9 partners 3
- 10 to 14 partners 4
- 15 partners or more 5
- Refus global 7 → Go to **QIX**
- Does not know 8
- No response 9

If the respondent is female and the response to Q96b = 2, go to Q102.

Q98. In the past 12 months, how frequently have you used a condom during sexual intercourse with vaginal or anal penetration?

(If necessary: Condoms may be used to prevent disease transmission and 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 **Q100**
- Not applicable (oral intercourse only)..... 6 → Go to **Q100**
- Refus global 7 → Go to **QIX**
- Does not know 8
- No response..... 9

Q99. Did you use a condom the last time you had sexual intercourse with penetration??

- Yes..... 1
- No 2
- Refus global 7 → Go to **QIX**
- DK..... 8
- R 9

Ask Q100 if the person is 1) a man of any age who answered “Yes” to Q96a) or 2) a woman 15 to 49 years old who answered “Yes” to Q96b).

Otherwise, go to Q102.

Q100. In the past 12 months, did you and your partner usually use birth control?

- Yes..... 1
- No 2 → Go to **Q102**
- Refus global 7 → Go to **QIX**
- DK..... 8 → Go to **Q102**
- R 9 → Go to **Q102**

Q101. What kind of birth control did you and your partner(s) usually use?

INTERVIEWER: Indicate all that apply.

Condom (male or female condom)	01
Birth control pill	02
Vasectomy.....	03
Tubal ligation	04
Diaphragm.....	05
IUD.....	06
Spermicide (e.g., foam, jelly, film)	07
Birth control injection (Depovera).....	08
Other, specify: _____	09
REFUS GLOBAL.....	88 → Go to QIX
DK.....	98
R	99

Q102. Has a doctor or nurse ever told you that you had an infection caught through sexual intercourse, such as chlamydia, gonorrhea, syphilis, genital herpes or condyloma?

Yes.....	1
No	2
Does not know	8
No response.....	9

SECTION SUR LES ENFANTS

If there is no child in the household → Go to Q109.

The following section concerns the children in the household.

IX. Of how many children 3 to 14 years of age, living in your household at least half the time, are you the parent (step parent, adoptive parent) or the tutor?

None	00
One	01
Two	02
Three	03
Four	04
Five	05
Six	06
Seven	07
Eight.....	08
Nine	09
Ten.....	10
Does not know	98
No response	99

(If the adult lives with only 1 child, the child is automatically selected.)

(If the adult lives with several children):

X. Please tell me the sex and age of the <x> children, beginning with the youngest. INTERVIEWER: If, and only if, there are two children of the same sex and the same age, ask for their given names.

SELEC *(Random selection of the child)*

Insert the selection grid.

The following questions concern the <age, sex> child (if there is more than one child)/your child (if there is only one child).

XI. In your household, does the child live with:

Both parents (step parents, tutors).....	1
Only one parent (step parent, tutor)	2
Does not know	8
No response	9

Q103. On the basis of your child's behaviour over the past six months, tell me if the following statements are Not True (1), Somewhat True (2) or Certainly True (3). (If, for instance, you find that the statement does not apply at all to your child, please answer "Not True".) (It would be helpful if you answered all items as best you can, even if you are not absolutely certain or if you feel the statement is unclear).

CONSIGNE À L'INTERVIEWEUR : Si le répondant émet des commentaires ou critique les énoncés ou l'échelle, vous pouvez lui dire que ces questions et choix de réponses proviennent d'un questionnaire utilisé ailleurs dans le monde et que, pour pouvoir se comparer, nous devons utiliser exactement les mêmes questions.

Your child ...

- a) Is considerate of other people's feelings
- b) Is restless, overactive, cannot stay still for long
- c) Often complains of headaches, stomach-aches or sickness
- d) Shares readily with other children, for example toys, treats, pencils
- e) Often loses temper
- f) Is rather solitary, prefers to play alone
- g) Is generally well behaved, usually does what adults request
- h) Has many worries or often seems worried
- i) Is helpful if someone is hurt, upset or feeling ill
- j) Is constantly fidgeting or squirming
- k) Has at least one good friend
- l) Often fights with other children or bullies them
- m) Is often unhappy, depressed or tearful
- n) Is generally liked by other children
- o) Is easily distracted, concentration wanders
- p) Is nervous or clingy in new situations, easily loses confidence
- q) Is kind to younger children

If the child is 5 to 14 years of age → Go to Q103s

- r) Is often argumentative with adults → Go to Q105t
- s) Often lies or cheats
- t) Is picked on or bullied by other children
- u) Often offers to help others (parents, teachers, other children)

If the child is 5 to 14 years of age → Go to Q103w

- v) Can stop and think things out before acting → Go to Q105x
- w) Thinks things out before acting

If the child is 5 to 14 years of age → Go to Q103y

- x) Can be spiteful to others → Go to Q105z.
- y) Steals from home, school or elsewhere
- z) Gets along better with adults than with other children
- aa) Has many fears, is easily scared
- bb) Has a good attention span, sees work through to the end

Q104. Overall, do you think that <child> has difficulties with one or more of the following areas: emotions, concentration, behaviour, or being able to get along with other people?

- Yes..... 1
- No 2 → Go to **Q107a**
- Does not know 8 → Go to **Q107a**
- No response 9 → Go to **Q107a**

Q105. Would you describe these difficulties as minor, moderate, or severe?

- Minor..... 1
- Moderate 2
- Severe 3
- Does not know 8
- No response 9

Q106. Overall, would you say <child>'s mental and emotional health puts a burden on your family a great deal, a medium amount, a little or not at all?

- A great deal 1
- A medium amount 2
- A little 3
- Not at all 4
- Does not know 8
- No response 9

Q107. Has a doctor or health professional ever told you that <child> has any of the following conditions?

a) Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or ADHD?

- Yes 1
- No 2
- Does not know 8
- No response 9

b) Depression or anxiety problems?

c) Behavioural or conduct problems?

d) Autism?

e) Any developmental delay or physical impairment?

If the response to Q107a) = 2, 8 or 9 → Go to Q109.

Q108. Is <child> currently taking medication for ADD or ADHD?

- Yes 1
- No 2
- Does not know 8
- No response 9

PROFIL DES RÉPONDANTS

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

Q109. Were you born in Canada?

- Yes..... 1 → Go to **Q112**
- No 2
- Does not know 8
- No response 9

Q110. 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: _____ 97

- Does not know 98
- No response 99

Q111. What year did you come to Canada in order to settle here?

____ year (min: 2008 minus age; max: 2008) → Go to **Q112**

Q111a. How many years have you lived in Canada?

- Less than 5 years..... 1
- 5 to 10 years..... 2
- More than 10 years 3
- Does not know 8
- No response 9

Q112. What language do you speak most often at home? You can indicate more than one language if you speak them equally often.

INTERVIEWER: Do not read. Check several choices if required.

French	01
English	02
Arabic	03
Chinese	04
Creole	05
Cri	06
Spanish.....	07
Italian	08
Other, specify: _____	97
Does not know	8
No response	9

Q113. Which type of situation best describes the current composition of your household (home)?

(INTERVIEWER : Read the choices or help the respondent by telling him to take all household members into account)

People living alone in the household.....	01 → Go to Q114
Couple without children in the same dwelling	02 → Go to Q114
Couple with a child or children in the same dwelling	03
Single-parent family (children of any age).....	04 → Go to Q114
Family with other people	05
Related persons only (brothers and sisters, etc.)	06 → Go to Q114
Co-tenants (unrelated persons only)	07 → Go to Q114
Other (family with a roomer, etc.), specify: _____	08 → Go to Q114
Does not know	98 → Go to Q114
No response	99 → Go to Q114

Q113a). Does your household include:

Only children born of the spouses' current union	1
Only children born of the previous union of either spouse or both spouses	2
Children born of the current union and the previous union.....	3
Does not know	8
No response.....	9

Q114. What is the highest level of schooling you have completed (READ THE CHOICES)?

No diploma	01
Elementary school	02
Partial secondary school studies (I to IV).....	03
Secondary school diploma (sec. V or 12th grade)	04
Partial studies in a Cegep, trade school or vocational school.....	05
Diploma or certificate of studies from a Cegep, trade school or vocational school	06
Partial university studies	07
University diploma	08
Other, specify: _____	09
Does not know/Does not recall.....	98
No response.....	99

Q115. In the past 12 months, what was your main occupation? (read the possible answers)

Was it:

Full-time worker.....	01
Part-time worker.....	02
Student	03
Retired person (rentier).....	04
At home (keeping house).....	05
On maternity/paternity leave	06
Employment insurance recipient	07
Social aid (income security) recipient.....	08
Other, specify: _____.....	97
Does not know	98
No response	99

Q116. How do you perceive your financial situation compared with other people your own age? (If need be : your personal situation)

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

Q117. How long have you felt this way about you financial situation? (If need be : 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
Does not know	8
No response	9

- Q118. Do you feel that your financial situation is likely to improve?
- Yes, in the near future..... 1
 - Yes, you don't know when but you are confident that
it will improve..... 2
 - No, you don't think it's likely to change 3
 - No, you think it's likely to get worse 4
 - Does not know 8
 - No response..... 9

- Q119. 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
 - Does not know 8
 - No response..... 9

Q120. For the past 12 months, what was the approximate total income, from all sources before taxes and other deductions, of all the members of your household?

\$_____ → Go to **ADM_Q1**

Does not know

No response

Q120a. Can you tell me what group your household income was in? Was the total household income less than \$20 000 or \$20 000 or more?

- Less than 10 000 \$ 01
- 10 000 \$ to less than 20 000 \$ 02
- 20 000 \$ to less than 30 000 \$ 03
- 30 000 \$ to less than 40 000 \$ 04
- 40 000 \$ to less than 50 000 \$ 05
- 50 000 \$ to less than 60 000 \$ 06
- 60 000 \$ to less than 80 000 \$ 07
- 80 000 \$ to less than 100 000 \$ 08
- 100 000 \$ or more 09
- Does not know 98
- No response 99

ADM_Q1. Currently, how many telephone numbers (different lines) can be used to reach your household, excluding cell phones and pagers? (**Exclude** those used for a business and those reserved exclusively to a fax; **include** the children's numbers.)

- 1 number only 1
- 2 numbers 2
- 3 numbers 3
- 4 numbers 4
- 5 numbers 5
- 6 numbers 6
- 7 numbers or more..... 7
- Does not know 8
- No response 9

ADM_Q2. For regional analysis purposes, can you give me your postal code?

--- - ---

INTERVIEWER: If the person refuses, ask for the first 3 characters.

ADM_Q3. The Institut de la statistique du Québec (the Québec Statistics Institute) would like to link your answers with some information from your Régie de l'assurance maladie du Québec (RAMQ, Québec Health Insurance Board) file, such as your medical consultations (for better data analysis). This information will remain strictly confidential and will neither be sent to the Ministère nor the Institut national de santé publique (National Institute for Public Health). May we have your permission to cross-match these two data sources?

- Yes..... 1
- No 2 → **Filtre 1**
- DK..... 8 → **Filtre 1**
- R 9 → **Filtre 1**

ADM_Q4 If you accept to share your health insurance number, it will be easier for us to link your answers with your file information. Are you willing to provide us with your Québec health insurance number, and will you allow us to send this number to the Régie de l'assurance maladie du Québec (Québec Health Insurance Board , RAMQ)?

- Yes..... 1
- Yes (does not have it at hand) 2
- DK..... 8
- R 9 → **Filtre 1**

Note the number:

_____ (12 spaces) → Go to filtre 1

If the respondent doesn't have his card or hesitate (answer DK to ADM_Q4):

ADM_Q5. In that case, would you be willing to give us your first name, last name, and date of birth, and allow us to send them to the Québec Health Insurance Board (Régie de l'assurance maladie du Québec, RAMQ)?

Agrees 1
Refuses 9 → Go to filtre 1
First name _____
Last name _____
Date of birth (Day, Month, Year) _____

ADM_Q6. May I ask you for the first letter of your first name, the first three letters of your last name, and your date of birth?

Agrees 1
Refuses 9 → Thank you
First name _____
Last name _____
Date of birth (Day, Month, Year) _____

RAPPEL POUR LES MÉNAGES ADMISSIBLES À L'ENQUÊTE LIMITATIONS D'ACTIVITÉS

FILTRE1: If at least one "Yes" is given to questions S1 to S5 (if S1 = 1 or 2 or S2a = 1 or 2 or S2b = 1 or 2 or S2c = 1 or 2 or S3 = 1 or S4 = 1 or S5 = 1 or 2) or if the household contains at least one person 65 years of age or older, ou si le répondant est représenté par un tiers because of a health problem or a handicap, go to FILTRE2. If not, since there is no person eligible for the activity limitation and aging survey, go to the end of the questionnaire.

FILTRE2: The Institut also conducts an activity limitation and aging survey, and in that framework, your household may be contacted again in a few weeks in order to respond to a telephone questionnaire.

If the household contains at least one person 65 years of age or older, other than the respondent, go to QS6A.

If the household does not contain any person 65 years of age or older, other than the respondent, go to QS6B.

Ask QS6A for each person 65 years of age or older, other than the respondent.

S6A. Can person "X" of ___ years of age in your household respond by himself or herself to a questionnaire or would he or she need the help of a relative, an interpreter or a tutor?

- The person can respond by himself or herself..... 1
- The person needs help 2
- Does not know 8
- No response 9

S6B. What is the best time to contact your household again?

- A weekday during the day 1
- A weekday during the evening, ~~on weekday~~ 2
- On the weekend 3
- At any time 4
- Does not know 8
- No response 9

S6C. Should we be unable to reach you at this telephone number (for example, because you have moved or changed your telephone number), could you give us a second number where we might reach you?

- Yes (enter the number here (area code) ___ - _____) Go to question **S6D**
- No→ End

S6D. Is this number:

- The number of a family member? 1
- The number of a friend? 2
- Your work number? 3
- aAcell phone number? 4
- Other (please specify: _____) 5

INSTRUCTION: Give helpline or reference numbers upon request or if needed.

In cases of psychological distress (if the person seems alone, 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 crisis (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, I want to thank you for your cooperation and for the time you have devoted to the survey. Your responses will help to improve services and disease prevention.

Thank you!