

# Canadian Community Health Survey Cycle 3.1

**DRAFT**  
23 JUNE 2004

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## AGE WITHOUT CONFIRMATION (AWC)

AWC\_BEG

AWC\_R01 **For some of the questions I'll be asking I need to know ^YOUR2 exact date of birth.**

AWC\_Q01 **What is ^YOUR2 date of birth?**

Call the Date block (see Appendix I).

AWC\_C02B Calculate age based on the entered date of birth. See Appendix II for detailed specifications for calculating age.

AWC\_Q02 **So ^YOUR2 age is [calculated age].  
Is that correct?**

- |   |  |                 |
|---|--|-----------------|
| 1 | Yes  | (Go to AWC_END) |
| 2 | No, return and correct date of birth       | (Go to AWC_Q01) |
| 3 | No, collect age<br>(DK, R are not allowed) | (Go to AWC_Q03) |

AWC\_Q03 **What is ^YOUR2 age?**

||\_| Age in years  
(MIN: 0) (MAX: 130)  
(DK, R are not allowed)

AWC\_END

## GENERAL HEALTH (GEN)

January 19, 2004

GEN\_BEG

GEN\_C01 If (do GEN =1), go to GEN\_END.  
Otherwise, go to GEN\_R01.

GEN\_R01 **This survey deals with various aspects of [your/FNAME's] health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**  
INTERVIEWER: Press <Enter> to continue.

GEN\_Q01 **I'll start with a few questions concerning [your/FNAME's] health in general. In general, would you say [your/his/her] health is:**  
INTERVIEWER: Read categories to respondent.

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

GEN\_Q02 **Compared to one year ago, how would you say [your/his/her] health is now? Is it:**  
INTERVIEWER: Read categories to respondent.

- 1 ... much better now than 1 year ago?
- 2 ... somewhat better now than 1 year ago?
- 3 ... about the same?
- 4 ... somewhat worse now than 1 year ago?
- 5 ... much worse now than 1 year ago?  
DK, R

GEN\_C02A If proxy interview, go to GEN\_C07.

GEN\_Q02A **How satisfied are you with your life in general?**  
INTERVIEWER: Read categories to respondent.

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

GEN\_Q02B **In general, would you say your mental health is:**

INTERVIEWER: Read categories to respondent.

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

GEN\_C07 If age < 15, go to GEN\_C08A.

GEN\_Q07 **Thinking about the amount of stress in [your/his/her] life, would you say that most days are:**

INTERVIEWER: Read categories to respondent.

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

GEN\_C08A If proxy interview, go to GEN\_END.

GEN\_C08B If age < 15 or age > 75, go to GEN\_Q10.

GEN\_Q08 **Have you worked at a job or business at any time in the past 12 months?**

- 1 Yes
  - 2 No (Go to GEN\_Q10)
- DK, R (Go to GEN\_Q10)

GEN\_Q09 **The next question is about your main job or business in the past 12 months.**

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

INTERVIEWER: Read categories to respondent.

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

GEN\_Q010 **How would you describe your sense of belonging to your local community? Would you say it is:**

INTERVIEWER: Read categories to respondent.

- 1 ... very strong?
  - 2 ... somewhat strong?
  - 3 ... somewhat weak?
  - 4 ... very weak?
- DK, R

GEN\_END

## VOLUNTARY ORGANIZATIONS (ORG)

ORG\_C1A If (ORG block = 2), go to ORG\_END.  
ORGnFDO Otherwise, go to ORG\_C1B.

ORG\_C1B If proxy interview, go to ORG\_END.  
Otherwise, go to ORG\_Q1.

ORG\_Q1 **Are you a member of any voluntary organizations or associations such as**  
ORGn\_1 **school groups, church social groups, community centres, ethnic**  
**associations or social, civic or fraternal clubs?**

- 1 Yes
- 2 No (Go to ORG\_END)
- DK, R (Go to ORG\_END)

ORG\_Q2 **How often did you participate in meetings or activities of these groups in**  
ORGn\_2 **the past 12 months? If you belong to many, just think of the ones in which**  
**you are most active.**

INTERVIEWER: Read categories to respondent.

- 1 **At least once a week**
- 2 **At least once a month**
- 3 **At least 3 or 4 times a year**
- 4 **At least once a year**
- 5 **Not at all**
- DK, R

ORG\_END

## SLEEP (SLP)

SLP\_C1            If (do SLP = 2), go to SLP\_END.  
SLPnFDO        Otherwise, go to SLP\_C2.

SLP\_C2            If proxy interview, go to SLP\_END.  
                      Otherwise, go to SLP\_Q01.

SLP\_Q01         **Now a few questions about sleep.**  
SLPn\_01

### **How long do you usually spend sleeping each night?**

INTERVIEWER: Do not include time spent resting.

- 1        Under 2 hours
- 2        2 hours to less than 3 hours
- 3        3 hours to less than 4 hours
- 4        4 hours to less than 5 hours
- 5        5 hours to less than 6 hours
- 6        6 hours to less than 7 hours
- 7        7 hours to less than 8 hours
- 8        8 hours to less than 9 hours
- 9        9 hours to less than 10 hours
- 10      10 hours to less than 11 hours
- 11      11 hours to less than 12 hours
- 12      12 hours or more
- DK
- R        (Go to SLP\_END)

SLP\_Q02         **How often do you have trouble going to sleep or staying asleep?**  
SLPn\_02         INTERVIEWER: Read categories to respondent.

- 1        **None of the time**
- 2        **A little of the time**
- 3        **Some of the time**
- 4        **Most of the time**
- 5        **All of the time**
- DK, R

SLP\_Q03         **How often do you find your sleep refreshing?**  
SLPn\_03

- 1        None of the time
- 2        A little of the time
- 3        Some of the time
- 4        Most of the time
- 5        All of the time
- DK, R

SLP\_Q04  
SLPn\_04

How often do you find it difficult to stay awake when you want to?

- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R

SLP\_END

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## CHANGES MADE TO IMPROVE HEALTH (CIH)

February 11, 2004

CIH\_BEG

CIH\_C1A If (do CIH block = 1), go to CIH\_C1B.  
Otherwise, go to CIH\_END.

CIH\_C1B If proxy interview, go to CIH\_END.  
Otherwise, go to CIH\_Q1.

CIH\_Q1 **Next, some questions about changes made to improve health.**

**In the past 12 months, did you do anything to improve your health? (For example, lost weight, quit smoking, increased exercise)**

- 1 Yes
- 2 No (Go to CIH\_Q3)
- DK, R (Go to CIH\_END)

CIH\_Q2 **What is the single most important change you have made?**

- 1 Increased exercise, sports / physical activity
- 2 Lost weight
- 3 Changed diet / improved eating habits
- 4 Quit smoking / reduced amount smoked
- 5 Drank less alcohol
- 6 Reduced stress level
- 7 Received medical treatment
- 8 Took vitamins
- 9 Other – Specify
- DK, R

CIH\_C2S If CIH\_Q2 = 9, go to CIH\_Q2S.  
Otherwise, go to CIH\_Q3.

CIH\_Q2S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

Note: If CIH\_Q1 = 1, use “anything else” in CIH\_Q3.  
Otherwise, use “anything” in CIH\_Q3.

CIH\_Q3 **Do you think there is [anything else / anything] you should do to improve your physical health?**

- 1 Yes
- 2 No (Go to CIH\_END)
- DK, R (Go to CIH\_END)

- CIH\_Q4      **What is the most important thing?**
- 1      Start / Increase exercise, sports / physical activity
  - 2      Lose weight
  - 3      Change diet / improve eating habits
  - 4      Quit smoking / reduce amount smoked
  - 5      Drink less alcohol
  - 6      Reduce stress level
  - 7      Receive medical treatment
  - 8      Take vitamins
  - 9      Other – Specify  
DK, R
- CIH\_C4S      If CIH\_Q4 = 9, go to CIH\_Q4S.  
Otherwise, go to CIH\_Q5.
- CIH\_Q4S      INTERVIEWER: Specify.
- \_\_\_\_\_
- (80 spaces)  
DK, R
- CIH\_Q5      **Is there anything stopping you from making this improvement?**
- 1      Yes
  - 2      No      (Go to CIH\_Q7)  
DK, R      (Go to CIH\_Q7)
- CIH\_Q6      **What is that?**  
INTERVIEWER: Mark all that apply.
- 1      Lack of will power / self-discipline
  - 2      Family responsibilities
  - 3      Work schedule
  - 4      Addiction to drugs / alcohol
  - 5      Physical condition
  - 6      Disability / health problem
  - 7      Too stressed
  - 8      Too costly / financial constraints
  - 9      Not available - in area
  - 10     Transportation problems
  - 11     Weather problems
  - 12     Other - Specify  
DK, R
- CIH\_C6S      If CIH\_Q6 = 12, go to CIH\_Q6S.  
Otherwise, go to CIH\_Q7.
- CIH\_Q6S      INTERVIEWER: Specify.
- \_\_\_\_\_
- (80 spaces)  
DK, R

CIH\_Q7      **Is there anything you intend to do to improve your physical health in the next year?**

- 1      Yes
- 2      No      (Go to CIH\_END)
- DK, R    (Go to CIH\_END)

CIH\_Q8      **What is that?**  
INTERVIEWER : Mark all that apply.

- 1      Start / Increase exercise, sports / physical activity
- 2      Lose weight
- 3      Change diet / improve eating habits
- 4      Quit smoking / reduce amount smoked
- 5      Drink less alcohol
- 6      Reduce stress level
- 7      Receive medical treatment
- 8      Take vitamins
- 9      Other – Specify
- DK, R

CIH\_C8S      If CIH\_Q8 = 9, go to CIH\_Q8S.  
Otherwise, go to CIH\_END.

CIH\_Q8S      INTERVIEWER: Specify.

\_\_\_\_\_

(80 spaces)  
DK, R

CIH\_END

## ORAL HEALTH 1 (OH1)

OH1\_BEG

OH1\_C20A If (do OH1 block = 1), go to OH1\_C20B.  
Otherwise, go to OH1\_END.

OH1\_C20B If proxy interview, go to OH1\_END.  
Otherwise, go to OH1\_QINT20.

OH1\_QINT20 **Next, some questions about the health of your teeth and mouth.**  
INTERVIEWER: Press <Enter> to continue.

OH1\_Q20 **In general, would you say the health of your teeth and mouth is:**  
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... very good?
  - 3 ... good?
  - 4 ... fair?
  - 5 ... poor?
- DK, R (Go to OH1\_END)

OH1\_Q21A **Now a few questions about your ability to chew different foods, whether you eat them or not. Can you:**

... chew firm foods (e.g., meat)?

- 1 Yes
  - 2 No
- DK, R

OH1\_Q21B **(Can you:)**

... bite off and chew a piece of fresh apple?

- 1 Yes
  - 2 No
- DK, R

OH1\_C21C If OH1\_Q21A = 1 or OH1\_Q21B = 1, go to OH1\_Q22;  
Otherwise, go to OH1\_Q21C.

Note: OH1\_Q21C will be filled with “Yes” during head office processing

OH1\_Q21C **(Can you:)**

... chew boiled vegetables?

- 1 Yes
  - 2 No
- DK, R

OH1\_Q22      **In the past month, how often have you had any pain or discomfort in your teeth or gums?**

INTERVIEWER: Read categories to respondent.

- 1      **Often**
  - 2      **Sometimes**
  - 3      **Rarely**
  - 4      **Never**
- DK, R

OH1\_END

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## HEIGHT and WEIGHT (HWT)

February 9, 2004

HWT\_BEG

HWT\_C1 If (do HWT block = 1), go to HWT\_Q2.  
Otherwise, go to HWT\_END.

HWT\_Q2 **Now some questions on height and weight.**

**How tall ^ARE ^YOU2 without shoes on?**

- |   |   |                 |
|---|---|-----------------|
| 0 | Less than 1' / 12" (less than 29.2 cm.)         |                 |
| 1 | 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.)   |                 |
| 2 | 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.)   |                 |
| 3 | 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.)  | (Go to HWT_N2C) |
| 4 | 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) | (Go to HWT_N2D) |
| 5 | 5'0" to 5'11" (151.1 to 181.5 cm.)              | (Go to HWT_N2E) |
| 6 | 6'0" to 6'11" (181.6 to 212.0 cm.)              | (Go to HWT_N2F) |
| 7 | 7'0" and over (212.1 cm. and over)              | (Go to HWT_Q3)  |
|   | DK, R   | (Go to HWT_Q3)  |

HWT\_E2 **The selected height is too short for a [age] year old respondent. Please return and correct.**

Note: Trigger hard edit if (HWT\_Q2 < 3).

HWT\_N2A INTERVIEWER: Select the exact height.

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

HWT\_N2B INTERVIEWER: Select the exact height.

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

HWT\_N2C INTERVIEWER: Select the exact height.

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

Go to HWT\_Q3

HWT\_N2D INTERVIEWER: Select the exact height.

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

Go to HWT\_Q3

HWT\_N2E INTERVIEWER: Select the exact height.

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

Go to HWT\_Q3

HWT\_N2F INTERVIEWER: Select the exact height.

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

HWT\_Q3 **How much ^DOVERB ^YOU2 weigh?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Weight  
 (MIN: 1) (MAX: 575)  
 DK, R (Go to HWT\_END)

\_|\_|\_| Weight  
 (MIN: 1) (MAX: 575; warning after 300 lb or 136 kg and warning under 60 lb or 27 kg)  
 DK, R (Go to HWT\_END)

HWT\_N4 INTERVIEWER: Was that in pounds or kilograms?

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

HWT\_E4 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if (HWT\_Q3 > 300 and HWT\_N4 = 1 or HWT\_Q3 > 136 and HWT\_N4 = 2) or (HWT\_Q3 < 60 and HWT\_N4 = 1 or HWT\_Q3 < 27 and HWT\_N4 = 2).

HWT\_C4 If proxy interview, go to HWT\_END.  
Otherwise, go to HWT\_Q4.

HWT\_Q4 **Do you consider yourself:**  
INTERVIEWER: Read categories to respondent.

- 1 ... overweight?
  - 2 ... underweight?
  - 3 ... just about right?
- DK, R

HWT\_END

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## CHRONIC CONDITIONS (CCC)

March 18, 2004

CHRONIC CONDITIONS (SectLabel)

CCC\_BEG Set HasSkinCancer = No

CCC\_C011 If (do CCC block = 1), go to CCC\_R011.  
Otherwise, go to CCC\_END.

CCC\_R011 **Now I'd like to ask about certain chronic health conditions which ^YOU2 may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**  
INTERVIEWER: Press <Enter> to continue.

CCC\_Q011 **^DOVERB\_C ^YOU2 have:**  
  
**... food allergies?**  
  
1 Yes  
2 No  
DK  
R (Go to CCC\_END)

CCC\_Q021 **(^DOVERB\_C ^YOU2 have:)**  
  
**... any other allergies?**  
  
1 Yes  
2 No  
DK, R

CCC\_Q031 **(^DOVERB\_C ^YOU2 have:)**  
  
**... asthma?**  
  
1 Yes  
2 No (Go to CCC\_Q041)  
DK, R (Go to CCC\_Q041)

CCC\_Q035 **^HAVE\_C ^YOU2 had any asthma symptoms or asthma attacks in the past 12 months?**  
  
1 Yes  
2 No  
DK, R

CCC\_Q036 **In the past 12 months, ^HAVE ^YOU1 taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q041 **^DOVERB\_C ^YOU2 have fibromyalgia?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q051 **Remember, we're interested in conditions diagnosed by a health professional.**

**^DOVERB\_C ^YOU2 have arthritis or rheumatism, excluding fibromyalgia?**

- 1 Yes
- 2 No (Go to CCC\_Q061)  
DK, R (Go to CCC\_Q061)

CCC\_Q05A **What kind of arthritis ^DOVERB ^YOU1 have?**

- 1 Rheumatoid arthritis
- 2 Osteoarthritis
- 3 Rheumatism
- 4 Other - Specify  
DK, R

CCC\_C05AS If CCC\_Q05A = 4, go to CCC\_Q05AS.  
Otherwise, go to CCC\_Q061.

CCC\_Q05AS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CCC\_Q061 **(Remember, we're interested in conditions diagnosed by a health professional.)**

**^DOVERB\_C ^YOU2 have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q071 **^DOVERB\_C ^YOU2 have high blood pressure?**

- 1 Yes (Go to CCC\_Q073)
- 2 No  
DK  
R (Go to CCC\_Q081)

CCC\_Q072 **^HAVE\_C ^YOU1 ever been diagnosed with high blood pressure?**

- 1 Yes
- 2 No (Go to CCC\_Q081)
- DK, R (Go to CCC\_Q081)

CCC\_Q073 **In the past month, ^HAVE ^YOU1 taken any medicine for high blood pressure?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q074 **In the past month, did ^YOU1 do anything else, recommended by a health professional, to reduce or control ^YOUR1 blood pressure?**

- 1 Yes
- 2 No (Go to CCC\_Q081)
- DK, R (Go to CCC\_Q081)

CCC\_Q075 **What did ^YOU1 do?**

INTERVIEWER: Mark all that apply.

- 1 Changed diet (e.g., reduced salt intake)
- 2 Exercised more
- 3 Reduced alcohol intake
- 4 Other
- DK, R

CCC\_Q081 **Remember, we're interested in conditions diagnosed by a health professional.**

**^DOVERB\_C ^YOU2 have migraine headaches?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q091A **(Remember, we're interested in conditions diagnosed by a health professional.)**

**(^DOVERB ^YOU2] have:)**

**... chronic bronchitis?**

- 1 Yes
- 2 No
- DK, R

CCC\_C091E If age < 30, go to CCC\_Q101.  
Otherwise, go to CCC\_091E.

CCC\_Q091E (^DOVERB ^YOU2 have:)

... emphysema?

- 1 Yes
- 2 No  
DK, R

CCC\_Q091F (^DOVERB ^YOU2 have:)

... chronic obstructive pulmonary disease (COPD)?

- 1 Yes
- 2 No  
DK, R

CCC\_Q101 (^DOVERB ^YOU2 have:)

... diabetes?

- 1 Yes
- 2 No (Go to CCC\_Q111)  
DK, R (Go to CCC\_Q111)

CCC\_Q102 How old ^WERE ^YOU1 when this was first diagnosed?

INTERVIEWER: Maximum is [current age].

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

CCC\_C10A If age < 15 or sex = male or CCC\_Q102 < 15 or CCC\_Q102 > 49, go to CCC\_Q10C.  
Otherwise, go to CCC\_Q10A.

CCC\_Q10A ^WERE ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?

- 1 Yes
- 2 No (Go to CCC\_Q10C)  
DK, R (Go to CCC\_Q10C)

CCC\_Q10B Other than during pregnancy, has a health professional ever told ^YOU1 that ^YOU1 ^HAVE diabetes?

- 1 Yes
- 2 No (Go to CCC\_Q111)  
DK, R (Go to CCC\_Q111)

CCC\_Q10C **When ^YOU1 ^WERE first diagnosed with diabetes, how long was it before ^YOU1 ^WERE started on insulin?**

- 1 Less than 1 month
- 2 1 month to less than 2 months
- 3 2 months to less than 6 months
- 4 6 months to less than 1 year
- 5 1 year or more
- 6 Never (Go to CCC\_Q106)  
DK, R

CCC\_Q105 **^DOVERB\_C ^YOU2 currently take insulin for ^YOUR1 diabetes?**

- 1 Yes
- 2 No  
DK, R  
(If CCC\_Q10C = 6, CCC\_Q105 will be filled with “No” during processing)

CCC\_Q106 **In the past month, did ^YOU2 take pills to control ^YOUR1 blood sugar?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q111 **Remember, we’re interested in conditions diagnosed by a health professional.**

**^DOVERB\_C ^YOU2 have epilepsy?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q121 **(^DOVERB\_C ^YOU2 have:)**

**... heart disease?**

- 1 Yes
- 2 No (Go to CCC\_Q131)  
DK, R (Go to CCC\_Q131)

CCC\_Q131 **[^DOVERB\_C ^YOU2] have cancer?**

- 1 Yes (Go to CCC\_C133)
- 2 No  
DK  
R (Go to CCC\_Q141)

CCC\_Q132 **^HAVE ^YOU1 ever been diagnosed with cancer?**

- 1 Yes
- 2 No (Go to CCC\_Q141)  
DK, R (Go to CCC\_Q141)

CCC\_C133 If sex = male, go to CCC\_Q133B.  
Otherwise, go to CCC\_Q133A.

Note: If CCC\_Q131 = 1, use ^DOVERB (do/does) in CCC\_Q133A.  
If CCC\_Q131 <> 1, use "did" in CCC\_Q133A.

CCC\_Q133A **What type of cancer [^DOVERB/did] ^YOU1 have?**  
INTERVIEWER: Mark all that apply.

- 1 Breast
- 2 Colorectal
- 3 Skin – Melanoma
- 4 Skin - Non-melanoma
- 5 Other  
DK, R

Go to CCC\_D133

Note: If CCC\_Q131 = 1, use ^DOVERB (do/does) in CCC\_Q133B.  
If CCC\_Q131 <> 1, use "did" in CCC\_Q133B.

CCC\_Q133B **What type of cancer [^DOVERB/did] ^YOU1 have?**  
INTERVIEWER: Mark all that apply.

- 1 Prostate
- 2 Colorectal
- 3 Skin – Melanoma
- 4 Skin - Non-melanoma
- 5 Other  
DK, R

CCC\_D133 If CCC\_Q133A = 3 or CCC\_Q133A = 4 or CCC\_Q133B = 3 or CCC\_Q133B = 4,  
HasSkinCancer = Yes.

CCC\_Q141 **(Remember, we're interested in conditions diagnosed by a health professional.)**

**^DOVERB ^YOU2 have intestinal or stomach ulcers?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q151 **^DOVERB ^YOU2 suffer from the effects of a stroke?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q161 **(^DOVERB ^YOU2 suffer:)**  
**... from urinary incontinence?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q171    **^DOVERB\_C ^YOU2 suffer from a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?**

- 1        Yes
- 2        No        (Go to CCC\_C181)
- DK, R    (Go to CCC\_C181)

CCC\_Q171A   **What kind of bowel disease ^DOVERB ^YOU1 have?**

- 1        Crohn's Disease
- 2        Ulcerative colitis
- 3        Irritable Bowel Syndrome
- 4        Bowel incontinence
- 5        Other
- DK, R

CCC\_C181    If age < 18, go to CCC\_Q211.  
Otherwise, go to CCC\_Q181.

CCC\_Q181    **(Remember, we're interested in conditions diagnosed by a health professional.)**

**(^DOVERB\_C ^YOU2] have:)**

**... Alzheimer's Disease or any other dementia?**

- 1        Yes
- 2        No
- DK, R

CCC\_Q191    **(^DOVERB\_C ^YOU2 have:)**

**... cataracts?**

- 1        Yes
- 2        No
- DK, R

CCC\_Q201    **(^DOVERB\_C ^YOU2 have:)**

**... glaucoma?**

- 1        Yes
- 2        No
- DK, R

CCC\_Q211    **(^DOVERB\_C ^YOU2 have:)**

**... a thyroid condition?**

- 1        Yes
- 2        No
- DK, R

CCC\_Q251 **Remember, we're interested in conditions diagnosed by a health professional.**

**^DOVERB\_C ^YOU2 have chronic fatigue syndrome?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q261 **^DOVERB\_C ^YOU2 suffer from multiple chemical sensitivities?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q271 **^DOVERB\_C ^YOU2 have schizophrenia?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q280 **Remember, we're interested in conditions diagnosed by a health professional.**

**^DOVERB\_C ^YOU2 have a mood disorder such as depression, bipolar disorder, mania or dysthymia?**

INTERVIEWER: Include manic depression.

- 1 Yes
- 2 No  
DK, R

CCC\_Q290 **(Remember, we're interested in conditions diagnosed by a health professional.)**

**^DOVERB\_C ^YOU2 have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q321 **^DOVERB\_C ^YOU2 have autism or any other developmental disorder such as Down's syndrome, Asperger's syndrome or Rett syndrome?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q331 **(Remember, we're interested in conditions diagnosed by a health professional.)**

**^DOVERB\_C ^YOU2 have a learning disability?**

- 1 Yes
- 2 No (Go to CCC\_Q341)
- DK, R (Go to CCC\_Q341)

CCC\_Q331A **What kind of learning disability ^DOVERB ^YOU2 have?**  
INTERVIEWER: Mark all that apply.

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

CCC\_C331AS If CCC\_Q331A = 4, go to CCC\_Q331S.  
Otherwise, go to CCC\_Q341.

CCC\_Q331AS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CCC\_Q341 **^DOVERB\_C ^YOU2 have an eating disorder such as anorexia or bulimia?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q901 **^DOVERB\_C ^YOU2 have any other long-term physical or mental health condition that has been diagnosed by a health professional?**

- 1 Yes
- 2 No (Go to CCC\_END)
- DK, R (Go to CCC\_END)

CCC\_C901S If CCC\_Q901S = 1, go to CCC\_Q901S.  
Otherwise, go to CCC\_END.

CCC\_Q901S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CCC\_END

## DIABETES CARE (DIA)

March 9, 2004

DIA\_BEG

DIA\_C01A If (do DIA block = 1), go to DIA\_C01B.  
Otherwise, go to DIA\_END.

DIA\_C01B If (CCC\_Q101 = 1), go to DIA\_C01C.  
Otherwise, go to DIA\_END.

DIA\_C01C If (CCC\_Q10A = 1), go to DIA\_END.  
Otherwise, go to DIA\_R01.

DIA\_R01 **It was reported earlier that ^YOU2 ^HAVE diabetes. The following questions are about diabetes care.**  
INTERVIEWER: Press <Enter> to continue.

DIA\_Q01 **In the past 12 months, has a health care professional tested ^YOU2 for hemoglobin “A-one-C”? (An “A-one-C” hemoglobin test measures the average level of blood sugar over a 3-month period.)**

- 1 Yes
- 2 No (Go to DIA\_Q03)
- DK (Go to DIA\_Q03)
- R (Go to DIA\_END)

DIA\_Q02 **How many times? (In the past 12 months, has a health care professional tested ^YOU2 for hemoglobin “A-one-C”?)**

|\_| Times  
(MIN: 1) (MAX: 99)  
DK, R

DIA\_Q03 **In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?**

- 1 Yes
- 2 No (Go to DIA\_Q05)
- 3 No feet (Go to DIA\_Q05)
- DK, R (Go to DIA\_Q05)

DIA\_Q04 **How many times? (In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?)**

|\_| Times  
(MIN: 1) (MAX: 99)  
DK, R

- DIA\_Q05      **In the past 12 months, has a health care professional tested ^YOUR1 urine for protein (i.e., Microalbumin)?**
- 1      Yes
  - 2      No  
         DK, R
- DIA\_Q06      **^HAVE\_C ^YOU2 ever had an eye exam where the pupils of ^YOUR1 eyes were dilated? (This procedure would have made ^HIMHER temporarily sensitive to light.)**
- 1      Yes
  - 2      No                                    (Go to DIA\_R08)  
         DK, R                                (Go to DIA\_R08)
- DIA\_Q07      **When was the last time?**  
INTERVIEWER: Read categories to respondent.
- 1      **Less than one month ago**
  - 2      **1 month to less than 1 year ago**
  - 3      **1 year to less than 2 years ago**
  - 4      **2 or more years ago**  
         DK, R
- DIA\_R08      **Now some questions about diabetes care not provided by a health care professional.**  
INTERVIEWER: Press <Enter> to continue.
- DIA\_Q08      **How often ^DOVERB ^YOU2 usually have ^YOUR1 blood checked for glucose or sugar by ^YOURSELF or by a family member or friend?**  
INTERVIEWER: Select the reporting period here and enter the number in the next screen.
- 1      Per day
  - 2      Per week                            (Go to DIA\_N08C)
  - 3      Per month                            (Go to DIA\_N08D)
  - 4      Per year                                (Go to DIA\_N08E)
  - 5      Never                                    (Go to DIA\_C09)  
         DK, R                                (Go to DIA\_C09)
- DIA\_N08B      INTERVIEWER: Enter number of times per day.
- I\_I\_I    Times  
         (MIN: 1) (MAX: 99)  
         DK, R
- Go to DIA\_C09

DIA\_N08C INTERVIEWER: Enter number of times per week.

I\_\_I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C09

DIA\_N08D INTERVIEWER: Enter number of times per month.

I\_\_I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C09

DIA\_N08E INTERVIEWER: Enter number of times per year.

I\_\_I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C09

DIA\_C09 If DIA\_Q03 = 3 (no feet), go to DIA\_C10.  
Otherwise, go to DIA\_Q09.

DIA\_Q09 **How often ^DOVERB ^YOU2 usually have ^YOUR1 feet checked for any sores or irritations by ^YOURSELF or by a family member or friend?**  
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to DIA\_N09C)
- 3 Per month (Go to DIA\_N09D)
- 4 Per year (Go to DIA\_N09E)
- 5 Never (Go to DIA\_C10)
- DK, R (Go to DIA\_C10)

DIA\_N09B INTERVIEWER: Enter number of times per day.

I\_\_I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C10

DIA\_N09C INTERVIEWER: Enter number of times per week.

I\_\_I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C10

DIA\_N09D INTERVIEWER: Enter number of times per month.  
  
I\_I\_I Times  
(MIN: 1) (MAX: 99)  
DK, R  
  
Go to DIA\_C10

DIA\_N09E INTERVIEWER: Enter number of times per year.  
  
I\_I\_I Times  
(MIN: 1) (MAX: 99)  
DK, R  
  
Go to DIA\_C10

DIA\_C10 If age >= 35, go to DIA\_R10.  
Otherwise, go to DIA\_END.

DIA\_R10 Now a few questions about medication.  
INTERVIEWER: Press <Enter> to continue

DIA\_Q10 **In the past month, did ^YOU2 take aspirin or other ASA (acetylsalicylic acid) medication every day or every second day?**  
  
1 Yes  
2 No  
DK, R

DIA\_Q11 **In the past month, did ^YOU1 take prescription medications such as Lipitor or Zocor to control ^YOUR1 blood cholesterol levels?**  
  
1 Yes  
2 No  
DK, R

DIA\_END













































































































































































































































































































































































































































































































































































































