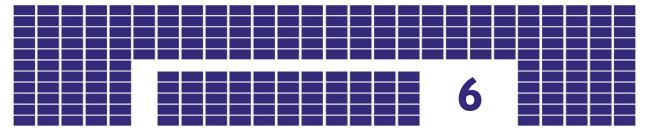


## Housing, Family and Social Statistics Division General Social Survey 1991

## **Cycle 6: Health**

### **Questionnaire Package**





Statistics Canada Statistique Canada



#### GENERAL SOCIAL SURVEY

#### CYCLE 6 QUESTIONNAIRE PACKAGE

This package briefly describes the content, methodology and sample of the sixth cycle of the General Social Survey (GSS). Copies of the questionnaires used in Cycle 6 are attached as appendices.

Three questionnaires were used to conduct the interviews:

QUESTIONNAIRE	AGE GROUP	TITLE
GSS 6-1	All	Control Form
GSS6-1B *not included	Age 65 and over (LFS oversample only)	Control Form
GSS6-2	Age 15 and over	Health Questionnaire

The GSS 6-1 was completed for each telephone number selected in the sample. It lists all household members and collects basic demographic information, specifically, age, sex, marital status and relation to the household reference person. A respondent, 15 years of age or older was then randomly selected and a GSS6-2 was completed for this person. In cases where the selected respondent was either too ill or did not speak either official language, a proxy interview was conducted when possible. For the oversample of seniors, the GSS6-1B was used to select a respondent from household members age 65 or older.

The sixth cycle of the GSS marks the first repeat of the GSS core subject areas. Most of the Cycle 6 core content repeats that of Cycle 1 (1985) as well as that of the Canada Health Survey (1978/79). Data collection for this cycle will be monthly from January 1991 to December 1991.

The content of the main questionnaire includes:

#### Section

- A. Health status (chronic health problems)
- B. Two week disability
- C. 12 Month Health Care contacts
- D. Flu shots
- E. Health status indicators
- F. Limitations (long term disability)
- G. Physical condition and activity

- H. Sleep
- J. Smoking
- K. Alcohol
- M. Occupation and health
- N. Satisfaction measures
- P. Emotional well-being
- Q. Classification
- R. Contacts for follow-up

#### Sample

The Cycle 6 sample includes persons 15 years of age or older selected from the ten provinces. The majority of the sample will be selected through random digit dialing (RDD).

Each computer generated telephone number in the sample is called and an interviewer completes a Control Form. When they contact a private household, all the members of the household are enumerated and then one member age 15 or over is randomly selected and interviewed.

The expected sample size for Cycle 6 is 11,500. This sample includes the standard 10,000 interviews of people age 15 and over and a supplementary sample of 1,500 people age 65 and over sponsored by the Seniors Secretariat, Health and Welfare Canada. The telephone numbers for the elderly oversample will be drawn from households that have recently been part of the Labour Force Survey and are thought to contain at least one individual age 65 or older. In these households, all members are enumerated then one member age 65 or older is selected and interviewed.



# Survey

# General Social Enquête sociale Survey générale

GSS / ESG 6-1

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	1 - 19:					1	<del>                                     </del>	6 - 1		20. Final Status Etat final

GSS/ESG

8-4500-54: 1990-10-04 STC / HFS - 027 - 04085 SQC / SLF - 027 - 04085

Statistics Statistique Canada Canada

19:01 - 21:00

21.		from Statistics Canada, for a survey about the health of	Not	is vous	i de Statist appelons concernant une des Canadiens.	ique ( etude a	Canada. au sujet	
22.	Is this Yes	_	J'aimerais m'assurer que j'ai composé le bon numero. S'agit-il du nº (lire le numero)? Oui					
	No	○	Non		O — Composez de noi encore d'un ma METTEZ FIN À L'I	uvais r	numéro.	
23.	be kept confiden	e collect in this voluntary survey will tial. Your participation is essential if s are to be accurate.	ceti Vot	te enqu re parti	enseignements que vous éte volontaire resteront cipation est essentielle lent précis.	confide	entiels.	
24.	private home?	er for a business, an institution or a	étai	iisseme	u numéro d'une enti nt ou d'une maison privé	e?		
	Private home	Go to 27	Mais	son privée	maison privée .	Passez a	27	
	Business, institutio	n or			ablissement ou autre			
	other non residence	<b>6</b> O			n résidentiel			
25.	Does anyone us phone number?	this telephone number as a home		iqu'un u néro pers	tilise-t-il ce numéro de télé sonnel?	phone	comme	
	Yes	_			-			
	No	Thank respondent and END	Non		Remerciez le METTEZ FIN I	réponda À L'INTE	nt et RVIEW.	
26.		e live or stay at this address and use home phone number?	cett	e adre	e personnes vivent ou esse et utilisent ce comme numéro personnel	numéi		
	Less than 15	0	Moir	ns de 15	0			
	15 or more	→ Make appointment	15 o	u plus .	Fixez un rende	ez-vous		
27.	an interview. Who	one person from your household for at is the first name and age of each taying there who has no usual place where? Please start with the oldest.	une pers pas	interviev onne qu d'autre	isir une personne de votre w. Quel est le prénom et l'á ií vit ou demeure à cet end lieu habituel de réside par la personne la plus àgé	ige de d froit et nce. V	chaque qui n'a euillez	
	(Enter names and a	ages in items Z3 and Z5.)	(Insc	rivez le	nom et l'âge aux rubriques	s 23 et 2	?5.)	
28.	INTERVIEWER:	Complete items Z6 through Z12 for each person recorded in item Z3.	INTE	RVIEWE	UR: Remplissez les rubrio pour chaque personr rubrique 23.			
		Refer to Interviewer Reference Card for instructions and codes.			Pour les instructions voir la Fiche de l'intervieweur.			
		Then go to item 29.			Puis, passez à la rub	rique 29	9.	
T			Z1.	Z2.	Z3.	Z4.	<b>Z5.</b>	
1:		per Numéro de téléphone S	Page	Line	Names of Household Members	Sel.	Age	
	·	·	Page	Ligne	Noms des	No	Âge	
		ECTION GRID LABEL TE GRILLE DE SÉLECTION			membres du ménage	de Sél.		
<u> </u>		. Williams	<b>-</b>					
A	= Eligible	Membres		1		11		
	Household Members	admissibles du ménage		2		.		
В	= Selection Number	Numéro de sélection		3				
				4				
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- 3 -

29	. 11	NTER	VIEW	ER:	persor	the Page- n giving the ation	Line Number of preceding	INTERVIEWEUR:	Inscrivez le nu personne renseignemen	qui do	nne les
					7		-Line Number of ehold respondent	_ 7	No.	umëro de pag pondant du n	ie-ligne du nénag <b>e</b>
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	,	res .		1	·O—	comp	r names and plete items Z5 gh Z12.	Oui		scrivez leu mplissez les 5 a Z12.	ir nom et rubriques
	١	۰ ۱۰۷		2	20			Non	2 🔾		
31		Does elativ	any /es, i	one	else liv ers, boa	e there, rders or en	such as other nployees?	Y a-t-il d'autres exemple des pers des pensionnaire	onnes appare	ntées, des c	nt là, par hambreurs,
	١	es.	• • •	3	0	comp	r names and plete items Z5 gh Z12.	Oui		scrivez leu mplissez les 5 à Z12.	r nom et rubriques
	١	۰ ۱۰		4	0			Non	40		
32	. 11	NTER	VIEW	ER:	years from (	of age and oldest to per of eligates  Numbers	er the people 15 d over, in order, youngest. Enter ible household her of eligible shold members	INTERVIEWEUR:	À la rubrique aux personnes - de la plus Inscrivez le admissibles du No	âgées de 15 âgée à la nombre de	ans et plus plus jeune. personnes sonnes
33	. 11	NTER	VIEW	1	by refe Label. selection respon Numbe	erring to the In item on number dent and it Page-	ected respondent e Selection Grid Z4 circle the of the selected enter Page-Line Line Number of	INTERVIEWEUR:		ette grille de Z4. encerclez lu répondant numéro de pa iméro de pag	e sélection. le numéro sélectionné age-ligne e-ligne du
				<u>9</u>	1 1	select	ed respondent	_ 9_	ré <sub>l</sub>	oondant sélec	tionné
34		The p				erview is .	(read name).	La personne que (lisez le nom). (Es	je vais intervie t-il/elle là?)	wer est	
	۲	es .		· · · ·	0-		Form GSS 6-2 egin interview.	Oui		ssez à la forr G 6-2 et mmencez l'in	
	١	No .			0		up appointment enter details in 6.	Non		cez un rend crivez les d orique 16.	
<b>Z</b> 6		Z7.				Z8.	Z9.			Number of:	0:
Sex					status? S 6-5)	Family	What is 's relationsh		Z10.	Z11.	Z12.
Sex	е	de	.? (Re	porte	trimonial :	Identifier Code-	(the family reference personal Quel est le lien de a	ivec	Spouse / Partner	Mother	Father
м	F		mule 6 W/V	SG 6- Sep. Div.		famille	(la personne de reference	de la famille)?	Conjoint partenaire	Mère	Père
0	2	3	<b>4</b>	5	6		If "0", specify	Si "0", précisez	199 n/a-s/0	299\(\sigma\) n/a-s/0	399○n/a-s/o
0	O	ő	7	å	9		If "0", specify	- Si "0", précisez	499 n/a-s/0	51 599 On/a-s/o	699\(\frac{1}{2}\). (699\(\frac{1}{2}\). (7a-s/0
-0	2 O	3	4	5	6		if "0", specify	- Si "0", précisez	199 n/a-s/0	299 n/a-s/o	31 399\n/a-s/o
ô	O	ô	7	8	9		If "0", specify	- Si "0", precisez	41 1 499 n/a-s/0	5] 599\(\int n/a-s/0\)	699\(\sigma\) rva-s/0
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If the last call to the household is recorded on this page, transcribe the information for this call to line 99 on page 1.

Si le dernier appel effectué pour ce ménage est enregistré sur cette page, veuillez transcrire l'information relative à cet appel à la ligne 99 de la page 1.



## General Social Survey Health Questionnaire

### Ages 15 years and over

#### Confidential when completed

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19

Telephone Number  Label Identification Number  Page-Line Number	Name of Interviewer
1 туре	
Proxy/Non-proxy  3 Non-proxy Go to A1  4 Proxy due to illness or disability  5 Proxy due to language problems  6 Page-line number of person who provided the proxy interview	
Interviewer: Complete at end of interview  Describe reason for proxy interview	GSS 6-2
8-4500-55.1: 1990-11-09 STC/HFS-027-04085	

Sect	ion A: Health Status	A8.	Do you have diabetes?			
A1.	INTERVIEWER: Repeat the Introduction below if the selected respondent is different from household respondent.	*	Yes¹O			
	Hello, I'm from Statistics Canada. I'm calling you	1	No <sup>2</sup> O			
	for a survey on the health of Canadians.		Don't know 30	o A10		
	All the information we collect in this voluntary survey will be kept strictly confidential. Your participation is essential if the survey results are to be accurate.		Refused40			
A2.	Compared to other people your age, how would you	A9.	At what age were you first diagnosed?			
	describe your state of health? Would you say it was		years of age			
	Excellent? <sup>5</sup>		Never diagnosed			
	Very Good?		Don't know <sup>98</sup>			
	Good? <sup>7</sup> ○	A10.	Do you have:			
	Fair? <sup>8</sup>		Yes No	Don't know		
	Poor?		a) Arthritis, rheumatism or bursitis?	<b>∞3</b> ○		
A3.	When did you last have your blood pressure checked by a doctor or nurse?		b) Asthma?	<b>%</b> O		
	Within the last 6 months ¹ O		c) Emphysema, chronic	1		
	7 to 12 months ago <sup>2</sup> O		bronchitis, persistent cough or shortness of breath? 07 0 08 0	<b>09</b> O		
	13 to 24 months ago <sup>3</sup> O		d) Hay fever?	120		
	More than 2 years ago4	j	e) Skin or other allergies? $^{13}$ $\bigcirc$ $^{14}$ $\bigcirc$	150		
	Never		f) Stomach uicer?	180		
	Don't know		g) Other digestive problems? . 19 $\bigcirc$ 20 $\bigcirc$	210		
	Refused		h) Recurring migraine headaches?	240		
A4.	Have you ever been told by a doctor or nurse that you have high blood pressure? (For women add: except		i) High blood cholesterol? <sup>25</sup> O <sup>26</sup> O	270		
	when you were pregnant)		j) Any emotional disorders? <sup>28</sup> O	30O		
	Yes <sup>7</sup> O	Section	on B: Two-Week Disability			
	No 60   Go to A6	B1.	During the last two weeks, was your main			
	Don't know90		working, going to school, keeping house, re something else? (Note: If sickness or short-ten is reported, ask for usual main activity)			
A5.	Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?		Working	İ		
	Yes <sup>1</sup> O		Going to school	İ		
	No <sup>2</sup> O		Keeping house	l		
	Don't know		Retired			
A6. ♦	Have you ever had trouble with your heart, such as heart attack, angina, heart failure or rheumatic heart disease?		Other (vacation, maternity/paternity leave, long term illness, etc.)			
	Yes <sup>4</sup> O		↓ (Specify)			
	No	 		]		
	Don't know			,		
	Refused					
A7.	At what age were you first diagnosed?	B2. ♦	During those 14 days, did you stay in be because of your health, including any nights a patient in a hospital?	d at all spent as		
Δ/.	years of age	ļ	Yes <sup>1</sup> O	}		
	Never diagnosed96					
	Don't know98		No	B7		
	CONTRIBUTE		Refused <sup>3</sup> O )			

B3.	How many days did you stay in bed for all or most of the day?	B10. On how many of those days were you not able to
	ino day.	work?
	bed days	go to school?
	Part of a day <sup>96</sup>	do housework?
B4.	Interviewer Check Item:	activity loss-cut down days
<b>♦</b>	Review 81.	
	Was the respondent	B11. During those 14 days, did you see or talk to a medical doctor about your health?
	<i>Working</i> ?⁴○	Yes
	Going to school?	No
	Keeping house?6	Refused
	Retired?	B12. What was the main reason for this contact?
	Other/Refused 8 O	
B5.	On how many of those days would you normally have	illness or health problem
	worked?	Medical check-up
	gone to school?	Shots, inoculations or vaccination
	done housework?	Pre or post-natal care
		Other
	activity loss-bed days	(Specify)
B6.	Not counting days spent in bed, did you cut down on	
<b>♦</b>	things you normally do during the day because of your health?	
	Yes ¹ ○ → Go to B8	0 11 0 10 11 11 11 0 0 0 0 1
	Yes	Section C: 12 Month Health Care Contacts
	No	Section C: 12 Month Health Care Contacts  C1. During the past 12 months, how many times did you see or talk to a
		C1. During the past 12 months, how many times did you
B7.	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general
B7. ◆	No	C1. During the past 12 months, how many times did you see or talk to a  Times None
B7. ◆	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?
B7. ◆	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?
B7. ◆	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?
B7. ◆	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a b) Medical specialist?  c) Dentist?  d) Nurse (excluding making
B7. ◆	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a b) Medical specialist?  c) Dentist?  d) Nurse (excluding making appointments?)
<b>♦</b>	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a b) Medical specialist?  c) Dentist?  d) Nurse (excluding making appointments?)  e) Optometrist or optician?  5 or 500
<b>♦</b>	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a b) Medical specialist?  c) Dentist?  d) Nurse (excluding making appointments?)
<b>♦</b>	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a b) Medical specialist?  c) Dentist?  d) Nurse (excluding making appointments?)  e) Optometrist or optician?  5 or 500
<b>♦</b>	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a  b) Medical specialist?  c) Dentist?  d) Nurse (excluding making appointments?)  e) Optometrist or optician?  f) Chiropractor?  g) Psychologist, social worker, or counsellor?  7 or 700
<b>♦</b>	Refused	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a b) Medical specialist?  c) Dentist?  d) Nurse (excluding making appointments?)  e) Optometrist or optician?  f) Chiropractor?  g) Psychologist, social worker, or counsellor?  h) Physiotherapist?  None  1 or 100
<b>♦</b>	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a  b) Medical specialist?  c) Dentist?  d) Nurse (excluding making appointments?)  e) Optometrist or optician?  f) Chiropractor?  g) Psychologist, social worker, or counsellor?  7 or 700
<b>♦</b>	Refused	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a b) Medical specialist?  c) Dentist?  d) Nurse (excluding making appointments?)  e) Optometrist or optician?  f) Chiropractor?  f) Chiropractor?  g) Psychologist, social worker, or counsellor?  h) Physiotherapist?  8
<b>♦</b>	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a b) Medical specialist?  c) Dentist?  d) Nurse (excluding making appointments?)  e) Optometrist or optician?  f) Chiropractor?  g) Psychologist, social worker, or counsellor?  h) Physiotherapist?  i) Any other health care professional?
<b>♦</b>	Refused	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a b) Medical specialist?  c) Dentist?  d) Nurse (excluding making appointments?)  e) Optometrist or optician?  f) Chiropractor?  g) Psychologist, social worker, or counsellor?  h) Physiotherapist?  i) Any other health care professional?
<b>♦</b>	No	C1. During the past 12 months, how many times did you see or talk to a  Times None  a) Family doctor or general practitioner about your own health?  What about a b) Medical specialist?  c) Dentist?  d) Nurse (excluding making appointments?)  e) Optometrist or optician?  f) Chiropractor?  g) Psychologist, social worker, or counsellor?  h) Physiotherapist?  i) Any other health care professional?

C2.	Did you spend any nights as a patient in a hospital, nursing home or convalescent home during the last 12 months?	D4.	Why did you not have a flu shot?  (Mark all that apply.)		
	Yes¹○ → C2A. How many patient nights?		My doctor never mentioned it		
	nights? 1 nights		• My doctor didn't think it was necessary <sup>02</sup> O		
C3.	Over the past 12 months, have you experienced any delays in obtaining health care?		• I never thought about it		
	Yes3		• Flu is not that serious		
	No		I haven't heard about it		
	Refused		•Too busy: never got around to it		
C4.	For which type of medical service did the delay oc-		I hardly ever get the flu		
	cur? (Note: if more than one delay, ask about most recent)		• Fear of side effects		
	Hospital emergency room treatment ¹ O		• I feel the flu shot doesn't work		
	Medical appointment with a general practitioner .2		• I feel it costs too much		
			• Other		
	Medical appointment with a specialist <sup>3</sup>		(Specify)		
	Hospital admission for surgery	<u> </u>			
	Hospital admission for other treatment <sup>5</sup>				
	Nursing home or long-term care facility <sup>6</sup> O		Don't know (Probe for a reason)		
ļ	Diagnostic test (eg. blood test, x-rays)	Section E: Health Status Indicators			
	Other medical treatment	E1.	The next set of questions ask about your day to day health. You may feel that some of these questions do not apply to you but it is important that we ask the same questions of everyone.		
	(00000)	Vision	1		
		E2. ◆	Are you usually able to see well enough to read ordinary newsprint without glasses or contact lenses?		
			Yes ¹○ → Go to E5		
C5.	How long was this delay?		No²O		
	Hours Days Weeks		Refused ³○ → Go to E7		
Secti	on D: Flu Shots	E3.	Can you see well enough to read ordinary newsprint with glasses or contact lenses?		
D1.	Did your doctor or nurse recommend that you get a flu shot during the fall or winter of 1990-1991?		Yes		
	Yes <sup>4</sup> O		No <sup>5</sup>		
	No		Don't know (Don't wear glasses or contacts)		
D2.					
	Comment: This vaccination is usually given in the fall and	E4.	Can you see at all?		
D3.	Comment: This vaccination is usually given in the fall and protects against influenza for about one year.	E4.	Can you see at all? Yes		
D3. ♦	Comment: This vaccination is usually given in the fall and	E4.	·		
D3. ◆	Comment: This vaccination is usually given in the fall and protects against influenza for about one year.  Did you have a flu shot during the fall or winter of 1990-	E4.	Yes <sup>7</sup> O		
D3. ◆	Comment: This vaccination is usually given in the fall and protects against influenza for about one year.  Did you have a flu shot during the fall or winter of 1990-1991?  Yes		Yes		

E6.	Can you see well enough to recognize a friend on the other side of the street with glasses or contact lenses?	Getti	ng Around
	<del></del> ·	E15.	INTERVIEWER:
	Yes <sup>3</sup> No		If a respondent says "sometimes" to any of the follow- ing questions, E16-E20 and E22, please prompt with "Is that usually?" If it is not, mark No.
	Don't know (Don't wear glasses or contacts)	E16.	Are you able to walk around the neighbourhood without difficulty and without mechanical support
Hean	ing	1	such as braces, a cane or crutches?
E7.	Are you usually able to hear what is said in a group	1	Yes <sup>5</sup> ○ → Go to E23
<b>♦</b>	conversation with at least three other people <u>without</u> a hearing aid?		No
	Yes		Refused
	No <sup>2</sup> O	E17.	Can you walk at all?
	Refused		Yes <sup>8</sup> O
E8.	Can you hear what is said in a group conversation with at least three other people with a hearing aid?	<u> </u>	No
	Yes40	E18.	Do you require mechanical support such as braces, cane or crutches to walk around the neighbourhood?
	No <sup>5</sup> O		Yes <sup>1</sup> O
	Don't know (Don't wear a hearing aid)		No²O
E9.	Can you hear what is said in a conversation with one	E19.	Do you require the help of another person to walk?
	other person in a quiet room without a hearing aid?		Yes <sup>3</sup> O
	Yes		No <sup>4</sup> O
	No	E20.	Do you require a wheelchair to get around?
E10.	Can you hear what is said in a conversation with one other person in a quiet room with a hearing aid?		Yes <sup>5</sup> O
	Yes <sup>1</sup> O		No
	No	E21.	How often do you use a wheelchair
	Don't know (Don't wear a hearing aid) <sup>3</sup>		Always?
Spee	ch		Often? <sup>2</sup> O
E11.	Are you usually able to be understood completely when speaking with strangers in your own language?		Sometimes? <sup>3</sup> O
▼	Yes		Never
	No50	E22.	Do you need the help of another person to get around in the wheelchair?
	Refused $^6$ $\bigcirc$ $\longrightarrow$ Go to E16		Yes <sup>5</sup> O
E12.	Are you able to be understood partially when speaking with strangers?		No
	Yes <sup>7</sup>	Hand	s and Fingers
	No	E23. <b>♦</b>	Do you usually have the $\underline{\text{full use}}$ of two hands and ten fingers?
E13.	Are you able to be understood <u>completely</u> when speaking with those who know you well?		Yes <sup>7</sup> ○ → Go to E27
	Yes¹○ → Go to E16		No
	No²O		Refused <sup>9</sup> ○ → Go to E27
E14.	Are you able to be understood <u>partially</u> when speaking with those who know you well?	E24.	Do you require the help of another person because of limitations in the use of your hands and fingers?
	Yes3		Yes <sup>1</sup> O
	No40		No

E25	Do you require the help of another person with	E32	. How many activities does your pain and discomfort
	Some tasks? <sup>3</sup>		prevent
	Most tasks? 4		None?
	Almost all tasks? <sup>5</sup>		A few?
	All tasks? 6		Some?
E26.	Do you require special equipment, for example, devices to assist in dressing, because of limitations in the use of your hands or fingers?		Most?
	Yes <sup>7</sup> O	Sect	ion F: Limitations
	No8	F1.	Are you limited in the amount or kind of activity you can do at home, at work or at school because of a long
Feeli	ngs	1	term physical condition or health problem?
E27.	Would you describe yourself as usually	1	Yes <sup>1</sup> O
	Happy and interested in life? 1		No <sup>2</sup> O )
	Somewhat happy?		Refused <sup>3</sup> O Go to G1
	Somewhat unhappy? <sup>3</sup>	F2.	How are you limited? (Note: record limitation not problem)
	Very unhappy?		
	No opinion		
Mem	ory		
E28.	How would you describe your usual ability to remember things		
	Able to remember most things? 6	F3.	What is the main health problem which caused this
	Somewhat forgetful? <sup>7</sup>	0.	limitation?
	Very forgetful?		
	Unable to remember anything at ali?9		
Think	ing		
E29.	How would you describe your usual ability to think and solve day to day problems		
	Able to think clearly and solve problems? ¹ 〇	Secti	on G: Physical Condition and Activity
	Having a little difficulty?	G1.	The next few questions concern your physical condition and physical activity.
	Having some difficulty?	G2.	How tall are you without your shoes on?
	Having a great deal of difficulty?		4        or  5
	Unable to think or solve problems? <sup>5</sup> O		Feet Inches Centimetres
Pain a	and Discomfort		Don't know
E30.	In general, do you have any trouble with pain or discomfort?	G3.	How much do you weigh?
·	Yes <sup>6</sup> O		Pounds Kilograms
	No		9998
	Refused80		Don't know 9998
E31.	How would you describe you usual intensity of pain or discomfort	G4.	Do you consider yourself to be
	Mild?¹O		Overweight?
	Moderate? <sup>2</sup>		Underweight?
	Severe? <sup>3</sup> O		Just about right?

G5.	of do	m now going to ask you questions about the amount time you spend on physical activity at work or while ing your daily chores, but not leisure time activity.  How many hours per day do you usually spend standing or walking but not carrying or lifting things. Would that be  None?		B. Thinking back over the past month, how many hours per week did you spend on moderate physical activity where your breathing was a lot faster than normal but talking was still possible? Would that be  None?
	8.	Don't know		C. Thinking back over the past month, how many hours per week did you spend on vigorous physical activity where your breathing was so fast that talking was very difficult or almost impossible? Would that be
		hills? Would that be		None?
		None?		One hour to less than 2 hours? <sup>36</sup>
		Less than 15 minutes?		Two hours to less than 3 hours? 37
		15 minutes to less than 2 hours? <sup>10</sup>		Three hours or more?380
		Two to less than 4 hours?		Don't know <sup>39</sup>
		Four to less than 6 hours?		
		Six hours or more?	G7.	Overall, do you consider the amount of physical activity you usually get to be
		Don't know		Too much?
	C.	How many hours per day do you usually spend doing heavy work or carrying very heavy loads? Would that be		Too little?
		None? <sup>15</sup>	Secti	on H: Sleep
		Less than 15 minutes?	H1.	Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health.
		15 minutes to less than 2 hours? <sup>17</sup>	H2.	
		Two to less than 4 hours?18		(Do not include time spent resting.)
		Four to less than 6 hours? <sup>19</sup>		hours minutes
		Six hours or more?		Don't know
		Don't know	нз.	Do you regularly have trouble going to sleep or staying asleep?
G6.	lan	n now going to ask you questions about the amount ime you spent on leisure time physical activity such		Yes10
	as 1	walking, sports, gardening or dancing during the itements.		No <sup>2</sup> O
		Thinking back over the past month, how many	H4.	How often do you find your sleep refreshing?
		hours per week did you spend on light physical activity so that your breathing was only a little faster than normal? Would that be		Most of the time? <sup>3</sup> O
		None?		Sometimes?
		Less than one hour?		Never?
		One hour to less than 2 hours? <sup>24</sup>	H5.	How often do you find it difficult to stay awake when you want to?
		Two hours to less than 3 hours? <sup>25</sup>		Most of the time?
		Three hours or more?		Sometimes?
		Don't know		Never?

Sect	on J: Smoking	K4.	In the past 12 months, how often on average, did you	
J1.	The next questions are about cigarette smoking.		drink alcoholic beverages?	
J2.	Do you smoke cigarettes		Was it	
•	Daily? <sup>1</sup>		Every day?	
	Occasionally?		4-6 times a week? <sup>2</sup>	
	Not at all? 30		2-3 times a week? <sup>3</sup>	
	Refused?		Once a week? <sup>4</sup> O	
J3.	About how many cigarettes do you smoke each day?		Once or twice a month? <sup>5</sup> O	
	5 daily cigarettes		Less often than once a month? <sup>6</sup>	
	Larry Cigarettes		Don't know	
J4.	At what age did you start smoking daily?	K5.	in the past seven days, have you taken a drink?	
	6 years of age → Go to J8	•	Yes <sup>7</sup> O	
J5.	Have you ever smoked cigarettes daily?		No	
•	Yes <sup>7</sup>		Refused9 Go to M1	
	No	K6.	Beginning with yesterday, how many drinks did you	
	Refused		have on each of the last 7 days?	
J6.	At what age did you start smoking daily?		(Interviewer: enter 00 on the days respondent had no drinks)	
	1   years of age		MONDAY?	
J7.	At what age did you last stop smoking daily?		SUNDAY? TUESDAY?	
	2   years of age			
J8.	How many people in your household, excluding yourself, smoke cigarettes daily?		SATURDAY? WEDNESDAY?	
	3 number of household smokers		FRIDAY?	
	Don't know	0 -11		
Section	on K: Alcohol	Section M: Occupation and Health		
K1.	Now I would like to ask you some questions about alcohol consumption.	M1. <b>♦</b>	During the past 12 months, what best describes your MAIN activity? Were you mainly	
	When we use the word drink it means:		Working at a job or business? ¹○ → Go to M12	
	- One beer		Looking for work? $^2\bigcirc$ $\rightarrow$ Go to M3	
	- One beer		A student?	
	- One small glass of wine		Keeping house?	
	- 1 1/2 ounces of liquor		Retired?	
K2.	Have you ever taken a drink?	!	Other	
•	Yes <sup>4</sup> O		(Specify)	
	No <sup>5</sup> O			
	Refused 60 Go to M1			
K3.	In the last 12 months, have you taken a drink?		Refused	
▼	Yes <sup>7</sup> O	M2.	Were you studying full-time or part-time?	
	No80 )		Full-time	
	Refused 9 Go to M1		Part-time	

M3. ♠	Did you have a job or were you self-employed at any time during the past 12 months?	M12. Did you do any work at a job or business last week?
Ť	Yes	Yes <sup>2</sup> ○ → Go to M16
	No	No <sup>3</sup> O
	Refused	Refused
M4.	Did you look for a job in the last four weeks?	M13. Last week, did you have a job to which you expected to return?
<b>♦</b>	Yes40	Yes
	No	No
	Refused 60 Go to M6	M14. Did you look for a job in the last four weeks?
M5.	How long have you been looking for a job?	♦ Yes <sup>7</sup> ○
	L weeks	No
M6.	Have you ever worked at a job, business or been self-	Refused9 Go to M16
<b>♦</b>	employed?	M15. How long have you been without a job and looking for
	Yes <sup>7</sup> O	one?
	No	weeks
	Refused90	Employment
M7. ♦	What kind of work did you do for the longest time? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)	M16. For how many weeks during the past 12 months were you employed or self-employed, include vacation, illness, strikes, lock- outs and maternity/paternity
		leave.
		2   weeks
		M17. During those weeks, how many hours per week did you usually work? (Include all jobs)
		3 hours
	Refused ¹○ → Go to M11	M18. Which of the following best describes the hours you usually worked
M8.	For how many years did you do this kind of work?	Regular day time schedule? 40
	years	Regular afternoon or evening
M9.	For whom did you work? (Name of business, government department or agency, or person).	schedule?
		Regular night shift? <sup>6</sup> O /
		Rotating shift? (One that changes periodically)? <sup>7</sup>
		Other
		M19. How often did you work a night shift? Was it
		Regularly? 1 🔾
M10.	What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail	Sometimes?
	shoe store, municipal board of education)	Never?
		M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).
1444		
M11.	In what year did you last work?  1   9   → Go to M40	
	GO to M40	

	What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)	d) Medical/surgical benefits beyond those provided by your provincial health care system?
į		Yes
		No
		Don't know
		e) Dental Care Benefits?
M22.	What kind of work were you doing? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)	, = 1
		No
		Don't know
		f) Counselling or referral services for personal problems?
1400		Yes
M23.	In that job, were you a paid worker or self-employed?  Paid worker	
	Self-employed5	No
	Other (e.g. unpaid family worker) <sup>6</sup> Go to M27	Don't know
	enefits  Comment: These questions refer to the job you just	g) Paid maternity or paternity leave, in addition to the benefits provided by Unemployment insurance?
	described. Include benefits that are either provided entirely by your employer or that are cost shared between you and the employer.	Yes <sup>7</sup> O
M25.	Does/Did your employer provide you with a	No
	Retirement pension plan (In.addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?	Don't know
	Yes	M26. Are you a member of a labour union?
	Yes	
		M26. Are you a member of a labour union?
	No	M26. Are you a member of a labour union?  Yes
	No	M26. Are you a member of a labour union?  Yes
	No	M26. Are you a member of a labour union?  Yes
	No	M26. Are you a member of a labour union?  Yes
	No	M26. Are you a member of a labour union?  Yes
	No	M26. Are you a member of a labour union?  Yes
	No	M26. Are you a member of a labour union?  Yes
	No	M26. Are you a member of a labour union?  Yes
	No	M26. Are you a member of a labour union?  Yes

<b>м30</b> .	Have any of the for environment caused y past 12 months  (a) Too many deman hours of work?  (b) Risk of accident of the control of the con	ds or too many or injury? or inju	12 0 14 0 14 0 14 0 14 0 14 0 14 0 14 0	Yes  No Refused  M33. What did you Resigned wi Transferred by demanding Changed to demanding it	do? (Mark all that app thout having another jo to a less stressful or less g job with the same en a less stressful or less but with a different emp	Go to M34  bb lined up 10  is physical- inployer 20  is physically sloyer 40
	111111	(Spe	ocify)	without pay  • Took a retire	of absence or sabbatement pension beginn	ing before
			 		itude/learned to relax	
M31.	Interviewer Check Item	1:		• Other		•o
<b>V</b>	Review M30.  Are any of the responsives	10	o to M34			(Specify)
М34∙	M39. Over the past	12 months, did your  (A) No Yes	(B) How	roten?	(C) Do you feel negative impheaith? (Out later)	this has a pact on your come may be
M34.	Dust or fibres in the air?	01 02	Sometin	the time? <sup>03</sup> ○ mes?	→ 06○	07()
M35.	Dangerous chemicals or fumes?	08○ 09○ →	Sometii	the time? 100 mes?	13()	140
мз6.	Loud noise?	15 16	Sometin	the time? 17 ○ mes? 18 ○	→ 20○	21 🔾
м37.	Computer screens or display terminals?	22 23	Sometin	the time? 24	→ 27○	28
мз8.	Poor quality air?	29 30	Someti	the time? 31 O mes? 32 O 33 O	→ 34○	35 🔾
м39.	Any other dangers?	36 37 → → (Specify)	Sometic	f the time? <sup>38</sup> O	<b>→</b> 410	42 🔾
						L

M40	M40. Interviewer Check Item:			Section P: Emotional Well-Being							
•	Review GSS 6-1 (B), item Z7 for respondent only.  Is the respondent living with his/her spouse or partner?					P1.	P1. Here is a list that describes some of the ways people feel at different times. During the past few weeks, how often have you felt				
					artner?		often have you felt				
							Often Sometimes Never				
<u> </u>	No/Refused	<u> </u>	²C	→ Go to	N1		a) On top of the world?  Was it				
M41.		past 12 mon MAIN activity	ths, what be ? Was he/s	est describe he mainly	s your		b) Very lonely or remote				
	Working at	t a job or bus	siness? 3C				from other people? 04				
	Looking fo	r work?	4⊂	) ]			c) Particularly excited or interested in something?				
				į			d) Depressed or very				
	Keeping h	ou <b>se?</b>	°C	Go to	N1		unhappy? 10 11 12				
				1			e) Pleased about accomplishing something? 13				
	Other			) ,			f) Bored?				
		1 1 1 1	(Spec	cify)			g) Proud because				
		<del></del>	<del></del>				someone complimented				
							had done?				
					N1		h) So restless you couldn't sit long in a chair? <sup>22</sup>				
M42.		e working fui					i) That things were going your way?				
		<i></i>					i) Upset because someone criticized you? 28 29 30				
Section	on N: Satisfa	ction				Sect	ion Q: Classification				
N1.	Now some	general que	stions.			Q1.	In what type of dwelling are you now living?				
N2.	Are you sa	tisfied or dis	satisfied w	ith		Q1.	is it a				
			is that so	mewhat or	very?		Single detached house?				
				Somewhat	Very		Low-rise apartment of less than 5 stories? <sup>2</sup> O				
a) Yo	ur health?	Satisfied	01○→	020	озО		High-rise apartment of 5 or more stories? <sup>3</sup>				
		Dissatisfied	04○ →	05	<b>∞</b> O		Other				
		No opinion	07			-					
						Q2.	Comment: We ask about mortgages because, as an expense, they are a good indicator of an individual's or				
	ur job or iin activity?	Satisfied	<sup>08</sup> ○ →	°9 🔾	100	Q3.	family's overall economic situation.  Is this dwelling owned by a member of this household?				
		Dissatisfied	"○ →	120	130		Yes <sup>5</sup> ○ → Q3A. Is there a mortgage on				
		No opinion	140				this dwelling?				
c) You		Satisfied	15○ →	16 🔾	170		Yes				
in	general?	Dissatisfied	18○ →	19 🔿	200		No				
		No opinion	21 🔾				Don't know <sup>9</sup> O				
N3.	Would you	describe you	r life as			Q4.	What is your postal code? (Note: of residence)				
	•	fui?		)							
		stressfui?					Don't know <sup>1</sup> O				
	Not very st	ressful?	50	)		Q5.	Do you have more than one telephone in your home?				
	Not at all s	tressful?	6O	•			Yes				
	No opinion .		70	•			No				

Q6.	Do all the telephones have the same number?			Q12. In what year did you first immigrate to Canada?				
	Yes				1111			
	No	5			Canadian citizen by birth 998			
Q7.	Comment: Households with more than one telephone number have a greater chance of being selected by the survey. We ask these questions to adjust for this.  How many different numbers are there?		Q13.	. What is your date of birth?				
Q8.			•					
	111				Day Month Year			
					Refused	8○ → 6	0 to Q15	
Q9.		ese numbers for business use	only?	Q14.	interviewer Check Item:			
					Review year of birth in Q13.			
	No		o Q11		is year 1940 or earlier?			
Q10	How many ar	e for business use only?			Yes	10		
	busine	ess numbers			No			
Q11.	In what coun	try were you born?		Q15.	Did you have any war time ser forces of Canada or its allied	vice in the act i forces?	live military	
		- In which province or territory			Yes³○ → Q15A.	Which confi	ict or war?	
	<b>Junua</b> ()	Newfoundland/Labrador . 01 ()	`		No 40	(Mark all that		
		Prince Edward Island 02			110	World War I	⁵⊙	
		Nova Scotia				World War II	•0	
		New Brunswick04				Korean confi	int 7	
	Quebec							
		Ontario	Go to Q13			Other	°O	
		Manitoba		Q16.	Q16. What language did you first speak in childhood? (Accept multiple responses only if languages were us			
		Saskatchewan <sup>08</sup>			equally)			
		Alberta					ou still and that/	
		Yukon Territory <sup>11</sup> O					guage(s)?	
		Northwest Territories <sup>12</sup>				Yes	No	
		· •	<b>'</b>		English			
	Country <sup>2</sup> → outside	Specify			French	<b>→</b> <sup>23</sup> ○	240	
	Canada	England			Italian	<b>→</b> <sup>25</sup> ○	26	
		United States			German	<b>→</b> 27○	28	
		Germany ,			Ukrainian <sup>05</sup> —		30O	
		Scotland						
		Italy			Dutch	<b>→</b> 31○	320	
		Poland <sup>18</sup>			Chinese	→ ³³○	340	
		China			Hungarian	→ 35○	36	
		India			Portuguese	→ 37○	38	
		USSR			Polish	→ 39○	400	
		Philippines					420	
		Other			<b>+</b>		~	
		(Specify)			(Specify	<i>(</i> )		
			]					
			]					

Q17.	What language do you speak most often at home? (Accept multiple responses only if languages are spoken equally)	Q21. What is the highest level of education that you have attained?
	English <sup>34</sup>	Masters (M.A., M.Sc., M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.)
	French	Degree in Medicine, Dentistry, Veterinary     Medicine, or Optometry (M.D., D.D.S., D.M.D., D.V.M., D.D.)     2
	Italian <sup>36</sup>	Bachelor or undergraduate degree, or
	German	teacher's college (e.g. B.A., B.Sc., B.A.Sc., LL.B)
	Ukrainian	Diploma or certificate from community college, CEGEP or nursing school
	Dutch	Diploma or certificate from trade, technical or vocational school, or business college <sup>5</sup>
I	Chinese	Some university
	Hungarian <sup>41</sup>	Some community college, CEGEP or nursing school
	Portuguese <sup>42</sup> O	Some trade, technical or vocational school, or business college
	Polish	
	Other	₩
	<b>∀</b> (Specify)	(Specify)
		Q22. What, if any, is your religion?
Q18.	Excluding kindergarten, how many years of elementary and high school education have you successfully com-	No religion
Q18.		No religion $^{01}\bigcirc\longrightarrow$ Go to Q24  Roman Catholic $^{02}\bigcirc$
Q18.	and high school education have you successfully completed?  No schooling	-
Q18.	and high school education have you successfully completed?  No schooling	Roman Catholic
Q18.	and high school education have you successfully completed?  No schooling	Roman Catholic
Q18.	and high school education have you successfully completed?  No schooling	Roman Catholic
Q18.	and high school education have you successfully completed?  No schooling	Roman Catholic
Q18.	and high school education have you successfully completed?  No schooling	Roman Catholic
Q18.	and high school education have you successfully completed?  No schooling	Roman Catholic       .02 ○         United Church       .03 ○         Anglican       .04 ○         Presbyterian       .05 ○         Lutheran       .06 ○         Baptist       .07 ○
Q18.	and high school education have you successfully completed?  No schooling .45 → Go to Q22  One to five years .48 ○ Six .47 ○ Seven .48 ○ Eight .49 ○ Ten .51 ○ Eleven .52 ○ Twelve .53 ○	Roman Catholic
Q18.	and high school education have you successfully completed?  No schooling .45 → Go to Q22  One to five years .48 → Six .47 → Go to Q20  Seven .48 → Go to Q20  Eight .49 → Go to Q20  Ten .51 → Go to Q20  Eleven .52 → Go to Q20	Roman Catholic       .02 ○         United Church       .03 ○         Anglican       .04 ○         Presbyterian       .05 ○         Lutheran       .06 ○         Baptist       .07 ○         Eastern Orthodox       .08 ○         Jewish       .09 ○
	and high school education have you successfully completed?  No schooling .45 → Go to Q22  One to five years .48 ○ Six .47 ○ Seven .48 ○ Eight .49 ○ Ten .51 ○ Eleven .52 ○ Twelve .53 ○	Roman Catholic       .02 ○         United Church       .03 ○         Anglican       .04 ○         Presbyterian       .05 ○         Lutheran       .06 ○         Baptist       .07 ○         Eastern Orthodox       .08 ○         Jewish       .09 ○         Islam (Muslim)       .10 ○
	and high school education have you successfully completed?  No schooling	Roman Catholic       .02 ○         United Church       .03 ○         Anglican       .04 ○         Presbyterian       .05 ○         Lutheran       .08 ○         Baptist       .07 ○         Eastern Orthodox       .08 ○         Jewish       .09 ○         Islam (Muslim)       .10 ○         Buddhist       .11 ○
	and high school education have you successfully completed?  No schooling	Roman Catholic       .02 ○         United Church       .03 ○         Anglican       .04 ○         Presbyterian       .05 ○         Lutheran       .06 ○         Baptist       .07 ○         Eastern Orthodox       .08 ○         Jewish       .09 ○         Islam (Muslim)       .10 ○         Buddhist       .11 ○         Hindu       .12 ○
Q19.	and high school education have you successfully completed?  No schooling	Roman Catholic       02 ○         United Church       03 ○         Anglican       04 ○         Presbyterian       05 ○         Lutheran       06 ○         Baptist       07 ○         Eastern Orthodox       08 ○         Jewish       09 ○         Islam (Muslim)       10 ○         Buddhist       11 ○         Hindu       12 ○         Sikh       13 ○
Q19.	and high school education have you successfully completed?  No schooling	Roman Catholic
Q19.	and high school education have you successfully completed?  No schooling	Roman Catholic       02 ○         United Church       03 ○         Anglican       04 ○         Presbyterian       05 ○         Lutheran       06 ○         Baptist       07 ○         Eastern Orthodox       08 ○         Jewish       09 ○         Islam (Muslim)       10 ○         Buddhist       11 ○         Hindu       12 ○         Sikh       13 ○         Jehovah's Witnesses       14 ○         Other       15 ○

Q23.	Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend	Q26. Are you receiving		
	services or meetings connected with your religion in		Yes	No
	the last 12 months? Was it		163	INO
	At least once a week?	a) Basic Old Age Security benefits paid     by the Federal Government?	010	020
1	At least once a month?	These benefits are paid monthly by the		
	A few times a year?	Federal Government to all Canadians and Landed Immigrants who are 65 years of age of older and meet the minimum		
	At least once a year?	residency requirements. This benefit in- creases every 3 months in relation to the		
	Not at all?	cost of living.		
Q24.	The ancestors of Canadians come from many ethnic and cultural groups such as inuit, French, Scottish and Chinese. To which ethnic or cultural group(s) did your ancestors belong? (Accept multiple responses)	b) Supplements to the Old Age Security pension: the Guaranteed income Sup- plement or the Spouse's Allowance?	<sub>03</sub> ()	040
	English <sup>01</sup>	The Guaranteed Income Supplement is paid by the Federal Government to Old Age Security Pensioners who have little		
	French	or no income. The pensioner must reapply every year to receive it.		
	German	Spouse's Allowance is paid by the Federal Government if a person is between 60		
	Scottish	and 65 years of age, has little or no in- come, and is widowed or is the spouse of a pensioner.		
	italian <sup>05</sup>	·		
	irish <sup>08</sup>	Both the Guaranteed Income Supplement and the Spouse's Allowance are increas- ed every 3 months in relation to the cost		
	Ukrainian	of living.		
	Chinese	<ul> <li>c) A retirement pension from Canada Pension Plan or Quebec Pension Plan?</li> </ul>	05	080
	Dutch (Netherlands) <sup>09</sup>	This pension is paid by the Federal or		
	Jewish	Quebec government to individuals who have contributed to the plan. Benefits usually begin when the individual reaches		
	Polish	65 years of age but may be applied for as early as 60 years of age. This pension		ŀ
	Black	is increased in January of each year in relation to the cost of living.		
	North American Indian <sup>13</sup> O	d) A retirement pension from a former	07 ()	080
	Métis		•••	
	Inuit/Eskimo	This pension is paid by a former employer upon retirement. It may be a pension that was either cost shared with your		
	Other	employer or one provided entirely by your employer.		
	(Opecny)	e) A survivor benefit plan from the		
		Conoda Deneion Plan or Quehec Pen-	o <del>9</del> O	100
		This benefit is paid by the Federal or		
	Canadian (probe: Any other group?)	Quebec Government to surviving spouses of individuals who have contributed to the Canada or Quebec Pension Plan. An in-		
	Don't know	dividual must apply for these benefits.  This pension is increased in January of each year in relation to the cost of living.		
Q25. <b>♦</b>	Are you currently receiving any income from a retirement pension, old age security or survivor			
	benefits? (Exclude lump sum payments).	<ul> <li>f) A survivor benefit plan from some source other than the Canada</li> </ul>		
	Yes60	Pension Plan or Quebec Pension Plan?	110	120
	No	This benefit is paid by a source other than the Federal or Quebec government to a		
	Refused 80 Go to Q27	surviving spouse.		

Q27. <b>♦</b>	27. Are you currently receiving any income from a disability pension. (Exclude lump sum payments)  Yes			Q31. Not including yourself, how many other people in your household received income from any source, during the past 12 months?			
	No			8 peop	le		
	Refused		Go to Q30	Q32. Interviewer Chec	k Item		
Q28.	Are you receivi	ng		Review Q31.			
į			Yes No	Is <b>Q31 =</b> 00?		į	
	Pension Plan	pension from Car 1 or Quebec Pen	sion	Yes	1○→6	io to R1	
				No/Refused	²O	]	
	Government to it disabled and who or Quebec Pensic Beneficiaries mus Canada or Quebe	by the Federal or Quindividuals who bechood applied for a Cabon Plan Disability Betho the Contributed the Pension Plan. These of in January of the cost of living.	come nada nefit. o the hese	household mem	st estimate of the total in bers from all sources during the total household incom Less t	ng the past	
		nsion from an empi			Less than	00? <sup>28</sup>	
	·				\$10,000? <sup>24</sup> O }	00	
	This is a pension p as a result of a di	aid by a former empl sability.	oyer	Less than	and m	ore? <sup>29</sup> O	
		pension from s		\$20,000? <sup>19</sup>	Less	han	
	Plan, the Que	than Canada Pen bec Pension Plan o efit plan?	or an		\$10,000	00? <sup>30</sup> O	
029		<del></del>	old income are need-		and more? <sup>25</sup> 15,0	00	
	ed to study the rel		an individual's overall		and m	ore? <sup>31</sup>	
Q30.			own income from all he past 12 months?			han 00? <sup>32</sup> 〇	
	Was your incom	<b>0</b>			Less than \$40,000? <sup>26</sup>		
i ·		Less than \$10,000? 06 0	\$5,000? 10	\$20,000		ore? <sup>33</sup>	
	ess than	\$10,0007	\$5,000 and more? <sup>11</sup>	and more? 20	Less 1 \$60,0	han 00? <sup>34</sup> 〇	
\$2	20,000? 010	\$10,000 and more? <sup>07</sup>	Less than \$15,000? 12		\$40,000 s60,00 less t \$80,0	han	
			15,000 and more? <sup>13</sup>		\$80,0 and m	000 ore? <sup>36</sup>	
			Less than \$30,000? 14	No income 21 🔾			
		Less than \$40,000? 08	}	Don't know <sup>22</sup>			
			\$30,000 and more? <sup>15</sup>	Refused <sup>23</sup> O	_		
	20,000 d more? 020 -		Less than \$60,000? 16				
		\$40,000 and more? <sup>09</sup>	\$60,000 to less than \$80,000 17				
			\$80,000 and more? <sup>18</sup>				
	income º³〇 ı't know º⁴〇						
	used °⁵○						
Uen	203 <b>0</b>						

	ion R: Contacts for follow-up						
R1.	INTERVIEWER						
•	Read the following section for each person interviewed.						
	This survey is part of a longer-term project to investigate the relationship between health and other social issues.						
	For this reason, we may need to contact your household in a year or more from now.						
	in case you move or change phone numbers, we would like to obtain your complete name and address.  This information will be kept strictly confidential and will only be used to maintain contact with you.						
	Refused to provide information						
	Refused to participate in future surveys						
R2.	Name of Respondent						
	Given Name						
	Surname						
R3.	Address of Respondent						
	Street and Number/ Lot and Concession						
	City, Town, Village  Municipality						
	Province/						
	Territory						
	Postal Code						
R4. ♦	Would you please give me the name, address and telephone number of someone we could contact if you move, such as a friend, relative or neighbour. (I want to emphasize that we will contact this person only if you move and then only to obtain your new address or telephone number.)						
	Refused to provide contact						
R5.	Refused to provide contact						
R5.							
R5.	Name of Contact						
R5.	Name of Contact  Given Name						
	Name of Contact  Given Name						
	Name of Contact  Given Name						
	Name of Contact  Given Name						
	Name of Contact  Given Name						
	Name of Contact  Given Name						
	Name of Contact  Given Name						
R6.	Name of Contact  Given Name						
R6.	Name of Contact  Given Name						
R6.	Name of Contact  Given Name						
R6.	Name of Contact  Given Name						
R6.	Name of Contact  Given Name						
R6.	Name of Contact  Given Name						

99.	COMMENTS	
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