

# Canadian Community Health Survey (CCHS)

Annual Component – 2017-2018

Questionnaire



Statistics  
Canada

Statistique  
Canada

Canada



Canadian Community Health Survey (CCHS)  
Annual Component – 2017-2018 (CAPI/CATI)

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## Introduction

1. CCHS content is comprised of four components:
  - a. **Core content** is asked of all respondents and remains relatively stable over time.
  - b. **Theme content** is asked of all respondents for one or two years and alternates from year to year.
  - c. **Optional content** is chosen by provincial and territorial stakeholders in coordination with health regions and is only asked in those provinces and territories that selected the module.
  - d. **Rapid Response** modules are cost-recovery projects asked of all respondents living in the ten provinces, usually for one or two collection period (3 or 6 months).
2. Question text in **bold** font is read to the respondent. Text in normal font is not read to the respondent. Interviewer instructions are prefaced by the word "INTERVIEWER", and are not read aloud.
3. Question text in **bold** font enclosed by brackets ( ) is read to the respondent at the discretion of the interviewer.
4. The options "Don't Know" (DK) and "Refusal" (RF) are allowed on every question unless otherwise stated. However, those response categories are not read aloud.
5. External variable names are highlighted in grey in the questionnaire. They are used in the microdata files.



# Canadian Community Health Survey (CCHS) Annual Component – 2017-2018 (CAPI/CATI)

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## Entry

### Contact component

Note: This section only includes part of the questions asked during the Contact portion of the CCHS interview. It includes what we believe may be of interest to data users.

### Contact (CN)

CN\_N01 INTERVIEWER: Record method of interview.

- 1 Telephone
  - 2 Personal
- (DK, RF not allowed)

CN\_N02 INTERVIEWER: Have you made contact?

- 1 Yes
  - 2 No
- (DK, RF not allowed)

### Interviewer introduction (II)

II\_R01 **Hello, I'm calling from Statistics Canada. My name is ...**

INTERVIEWER: Introduce yourself using both your given and last names.  
Press <ENTER> to continue.

### Language of Preference (LP)

LP\_Q01 **Would you prefer that I speak in English or in French?**

ADM\_LHH

- 1 English (Go to LP\_END)
  - 2 French (Go to LP\_END)
  - 3 Other
- (DK, RF not allowed)

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LP\_N02

INTERVIEWER: Select respondent's preferred non-official language.  
If necessary, ask: **(What language would you prefer?)**

- 03 Chinese
  - 04 Italian
  - 05 Punjabi
  - 06 Spanish
  - 07 Portuguese
  - 08 Polish
  - 09 German
  - 10 Vietnamese
  - 11 Arabic
  - 12 Tagalog
  - 13 Greek
  - 14 Tamil
  - 15 Cree
  - 16 Afghan
  - 17 Cantonese
  - 18 Hindi
  - 19 Mandarin
  - 20 Persian (Farsi)
  - 21 Russian
  - 22 Ukrainian
  - 23 Urdu
  - 24 Inuktitut
  - 25 Hungarian
  - 26 Korean
  - 27 Serbo-Croatian
  - 28 Gujarati
  - 29 Dari
  - 90 Other - Specify
- (DK, RF not allowed)

### Initial contact (IC)

IC\_R01

**I'm contacting you regarding the Canadian Community Health Survey.**

INTERVIEWER: Press <1> to continue.

IC\_R03

**This survey collects information related to the health and well-being of Canadians. Results will help communities as well as provincial and territorial ministries of health better understand and address issues, such as**

- access to local health care services;
- lifestyle choices affecting health; and
- chronic health conditions.

**Your participation in this survey is voluntary and your responses will be kept confidential.**

**Your information may also be used by Statistics Canada for other statistical and research purposes.**

INTERVIEWER: Press <1> to continue.

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## Child Confirmation (SRC)

Note: This section only includes part of the questions asked during the Child Confirmation portion of the CCHS interview, which is used to determine if we have made contact with the child (12 – 17 years old) who has been pre-selected, based on details from the Canada Child Benefit (CCB) frame. The section includes what we believe may be of interest to data users.

SRC\_R01                    **[Child name] has been selected to participate in our survey and in order to confirm we have found the correct household, I need to ask you a few questions.**

INTERVIEWER: Press <1> to continue.

SRC\_Q01                    **Does [child name] live or stay in this dwelling?**

1     Yes  
2     No                    (Go to SRC\_Q02)  
DK, RF

SRC\_Q02                    **Was [child name]'s address ever:  
^ADDRESS**

1     Yes  
2     No                    (Go to SRC\_END)  
DK, RF

(Go to SRC\_END)

SRC\_Q03                    **Our records show that [child name] is [child age] years old, can you confirm?**

1     Yes  
2     No                    (Go to SRC\_B05)  
DK, RF                    (Go to SRC\_B05)

SRC\_B05                    **What is [child name]'s date of birth?**

## **Sex (SEX)**

SEX\_Q01                    INTERVIEWER: Enter [child name]'s sex.  
DHH\_SEX                    If necessary, ask: **(Is [child name] male or female?)**

1     Male  
2     Female  
(DK, RF not allowed)

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## Household component

Note: This section only includes part of the questions asked during the Household component of the CCHS interview. It includes what we believe may be of interest to data users.

### Roster Introduction (RS)

RS\_R01                      **The next few questions ask for important basic information about the people in your household.**

INTERVIEWER: Press <1> to continue.

### Usual Roster (USU)

USU\_Q01                      **What are the names of all persons who usually live here?**  
(DK, RF not allowed)

### Roster (RS)

RS\_Q04                      **Are there any other persons who usually live here but are now away at school, in hospital, or somewhere else?**

1      Yes  
2      No  
DK, RF

### Age Without Date of Birth (ANDB)

Note: These demographic questions are not asked of the 12-17 year old respondents; their information is pre-filled.

ANDB\_Q01                      **What is [household member name]'s age?**  
DHH\_AGE

|\_|\_|\_| Age in years  
(MIN: 0)  
(MAX: 121)

(DK, RF not allowed)

### Sex (SEX)

SEX\_Q01                      INTERVIEWER: Enter [household member name]'s sex.  
DHH\_SEX                      If necessary, ask: (Is [household member name] male or female?)

1      Male  
2      Female  
(DK, RF not allowed)



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**Marital Status (MSNC)**

MSNC\_Q01  
DHH\_MS

**What is [household member name]'s marital status?  
Is [he/she]... ?**

INTERVIEWER: Read categories to respondent.

- 1 **Married**
- 2 **Living common-law**
- 3 **Widowed**
- 4 **Separated**
- 5 **Divorced**
- 6 **Single, never married**

DK, RF

**Educational Attainment (EHG2)**

EHG2\_Q01  
EHG2\_01

**What is the highest grade of elementary or high school [household member name] has ever completed?**

- 1 Grade 8 or lower (Québec: Secondary II or lower) (Go to EHG2\_Q03)
- 2 Grade 9 - 10 (Québec: Secondary III or IV, Newfoundland and Labrador: 1st year secondary) (Go to EHG2\_Q03)
- 3 Grade 11 - 13 (Québec: Secondary V, Newfoundland and Labrador: 2nd to 3rd year of secondary)

DK, RF

EHG2\_Q02  
EHG2\_02

**Did [household member name] complete a high school diploma or its equivalent?**

- 1 Yes
- 2 No

DK, RF

EHG2\_Q03  
EHG2\_03

**Has [household member name] received any other education that could be counted towards a certificate, diploma or degree from an educational institution?**

- 1 Yes (Go to EHG2\_Q04)
- 2 No

DK, RF

EHG2\_Q04  
EHG2\_04

**What is the highest certificate, diploma or degree that [household member name] has completed?**

- 1 Less than high school diploma or its equivalent
- 2 High school diploma or a high school equivalency certificate
- 3 Trade certificate or diploma
- 4 College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)
- 5 University certificate or diploma below the bachelor's level
- 6 Bachelor's degree (e.g. B.A., B.Sc., LL.B.)
- 7 University certificate, diploma, degree above the bachelor's level

DK, RF

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Canadian forces (CAF)

CAF\_Q01                      Is [household member name] a full time member of the regular Canadian Forces?  
CAF\_01

1      Yes  
2      No  
(DK, RF not allowed)

**Survey Introduction (INT)**

INT\_R01                      This survey is conducted under the authority of the *Statistics Act*, which ensures that the information you provide will be kept confidential.

INTERVIEWER: Press <1> to continue.

INT\_R03                      Although your participation in this survey is voluntary, the information you provide is important.

INTERVIEWER: Press <1> to continue.

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## Content

### Proxy interview (GR)

Core content

GR\_BEG

Core content

External variables required:

DOGR: do block flag, from the sample file.

DV\_HHSIZE: Household size from the Entry.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

GR\_N005

INTERVIEWER: Who is providing the information for this person's component?

01 MEMBER1  
02 MEMBER2  
03 MEMBER3  
04 MEMBER4  
05 MEMBER5  
06 MEMBER6  
07 MEMBER7  
08 MEMBER8  
09 MEMBER9  
10 MEMBER10  
11 MEMBER11  
12 MEMBER12  
13 MEMBER13  
14 MEMBER14  
15 MEMBER15  
16 MEMBER16  
17 MEMBER17  
18 MEMBER18  
19 MEMBER19  
20 MEMBER20  
88 Not a household member  
(DK, RF not allowed)

Programmer:

*Only display response categories 01 up to DV\_HHSIZE, and 88.*

GR\_C010

If selected respondent, go to GR\_END.  
Otherwise, go to GR\_N010.

GR\_N010

INTERVIEWER: Do you want to complete this component by proxy?

Go to GR E010

GR\_E010                      You may not proceed with the rest of this questionnaire. Please press  
   <F10> to exit, or return and update GR\_N005 or GR\_N010.

GR_N015	<p><u>INTERVIEWER</u>: Record the reason why this component is being completed by proxy. Proxy interviews are to occur only if the mental or physical health of the selected member makes it impossible to complete the interview during the collection period. If the reason for the proxy interview is neither of these choices, please press &lt;F10&gt; to exit the application and assign an appropriate outcome code.</p>
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GR\_N020 INTERVIEWER: Enter the condition.

(DK, RF not allowed)

GR\_END

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**Age of respondent (ANC1)**

	Core content
ANC1_BEG	Core content
	External variables required:
	DOANC1: do block flag, from the sample file.
	PROXYMODE: proxy identifier, from the GR block.
	PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy.
	AGE: Age of the selected respondent
	TR_Q01: Question from entry identifies if roster was done by the selected respondent or another hhld member
	REFERENCEDATEE: English text of reference date defined as CURRENTDATE
	CASEFLAG1: variable from the header sample file to identify frame being used (CASEFLAG1=0 means 18+ frame, CASEFLAG1=1 means 12-17 CCB frame)
	SRC_Q03: Question from Entry for age confirmation of 12-17
	PE_Q01: first name of specific respondent from USU block
	PE_Q02: last name of specific respondent from USU block
	Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space
ANC1_C001A	If DOANC1 = 2, go to ANC1_END. Otherwise, go to ANC1_C001B.
ANC1_C001B	If CASEFLAG1 = 1, go to ANC1_C001C. Otherwise, go to ANC1_B005.
ANC1_C001C	If SRC_Q03 = 1 (Confirmed age is 12-17), go to ANC1_B005. Otherwise, go to ANC1_END.
Processing:	<i>If SRC_Q03=2, then DATE_Q01 is given the value BCN1_DATE_Q01 DATE_Q02 is given the value BCN1_DATE_Q02 DATE_Q03 is given the value BCN1_DATE_Q03</i>
ANC1_B005	Call Sub-block "Age Without Confirmation" (ANC) from Harmonized Content
Programmer:	<i>AGE will be redefined by SPECRESPAGE from Harmonized content ANC block.</i>
ANC1_D010	Not Applicable
ANC1_C010A	If CASEFLAG1 = 1, go to ANC1_C010B. Otherwise, go to ANC1_C020.

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ANC1_C010B	If AGE < 12 years, go to ANC1_R010. Otherwise, go to ANC1_C015.
ANC1_R010	<b>Because ^YOU1 ^ARE less than 12 years old, ^YOU1 ^ARE not eligible to participate in the Canadian Community Health Survey.</b>  <u>INTERVIEWER</u> : Press <1> to continue.  Go to ANC1_END
ANC1_C015	If AGE > 17 years, go to ANC1_R015. Otherwise, go to ANC1_C025.
ANC1_R015	<b>Because ^YOU1 ^ARE more than 17 years old, ^YOU1 ^ARE not eligible to participate in the Canadian Community Health Survey.</b>  <u>INTERVIEWER</u> : Press <1> to continue.  Go to ANC1_END
ANC1_C020	If AGE < 18 years, go to ANC1_R020. Otherwise, go to ANC1_C025.
ANC1_R020	<b>Because ^YOU1 ^ARE less than 18 years old, ^YOU1 ^ARE not eligible to participate in the Canadian Community Health Survey.</b>  <u>INTERVIEWER</u> : Press <1> to continue.  Go to ANC1_END
ANC1_C025	If TR_Q01 =1 (respondent completed the roster), go to ANC1_END. Otherwise, go to ANC1_C030.
ANC1_C030	If CASEFLAG1 = 1, go to ANC1_END. Otherwise, go to ANC1_B030.
ANC1_B030	Call Sub-block "Update Name" (UN)
ANC1_END	



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**Age without confirmation (ANC)**

Harmonized content

ANC\_BEG

External variables required:

REFERENCEYEAR: numeric year of reference date

SPECRESPYEAR: year of birth of specific respondent

SPECRESPAGE: age of specific respondent

Variables created based on sample file data:

CURRENTYEAR: numeric year of current/system date

CURRENTMONTH: numeric month of current/system date

CURRENTDAY: numeric day of current/system date

CURRENTDATEE: English text of current/system date

CURRENTDATEF: French text of current/system date

REFERENCEDATEE: English text of reference date defined as

CURRENTDATE

REFERENCEDATEF: French text of reference date defined as

CURRENTDATE

SPECRESPNAME: name of specific respondent (one space separating first and last names)

SPECRESPBDATE: date of birth of specific respondent

Programmer:

*\*\*\*HARMONIZED CONTENT BLOCK\*\**

ANC\_B01

**What is ^SPECRESPNAME's date of birth?**

Call the Date block (DATE)

Help text:

Tag: Age Without Confirmation

Purpose:

*Used to calculate the age of the household member, which is necessary for determining question flows.*

Procedure:

*If the specific date of birth is unknown or refused, collect as much information as possible (e.g., the year and month if the day is not known).*

Programmer:

*Pre-fill the question text with the appropriate respondent name.*

ANC\_E01A

**Year cannot be before ^EARLIESTYEAR. Please return and correct.**

Rule:

*Trigger hard edit if ANC\_B01.Year < EARLIESTYEAR*

*EARLIESTYEAR = CURRENTYEAR - 121*

ANC\_E01B

**Date cannot be after ^CURRENTDATEE. Please return and correct.**

Rule:

*Trigger hard edit if date entered at ANC\_B01 is after the current/system date.*

ANC\_C02A

If ANC\_B01.Month = NONRESPONSE or ANC\_B01.Year = NONRESPONSE, go to ANC\_Q03.

Otherwise, go to ANC\_C02B.

ANC\_C02B

If ANC\_B01.Day = NONRESPONSE and ANC\_B01.Month = CURRENTMONTH, go to ANC\_Q03.

Otherwise, go to ANC\_D02A.

ANC\_D02A

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Source:	<p><i>DV_DOBDATEE = DT_DOBMONTHE + ANC_B01.Day + "," + ANC_B01.Year</i></p> <p><i>DV_CALCULATEDAGE = age calculated based on the entered date of birth. See Appendix II for detailed specifications for calculating age. (Display note: (1..121))</i></p> <p><i>DV_CALCULATEDAGE = 0 then</i>  <i>DV_CALCULATEDAGE = age in months</i></p>
ANC_D02B	<p>If ANC_B01.Month = 1, DT_DOBMONTHE = 'January'.          If ANC_B01.Month = 2, DT_DOBMONTHE = 'February'.          If ANC_B01.Month = 3, DT_DOBMONTHE = 'March'.          If ANC_B01.Month = 4, DT_DOBMONTHE = 'April'.          If ANC_B01.Month = 5, DT_DOBMONTHE = 'May'.          If ANC_B01.Month = 6, DT_DOBMONTHE = 'June'.          If ANC_B01.Month = 7, DT_DOBMONTHE = 'July'.          If ANC_B01.Month = 8, DT_DOBMONTHE = 'August'.          If ANC_B01.Month = 9, DT_DOBMONTHE = 'September'.          If ANC_B01.Month = 10, DT_DOBMONTHE = 'October'.          If ANC_B01.Month = 11, DT_DOBMONTHE = 'November'.          If ANC_B01.Month = 12, DT_DOBMONTHE = 'December'.          If DV_CALCULATEDAGE &gt; 0, DT_YEARSMONTHSE = 'EMPTY'.          If DV_CALCULATEDAGE = 0, DT_YEARSMONTHSE = 'months'.</p>
ANC_C02C	<p>If DV_DOBDATEE = BirthDate (from roster or sample file for CASEFLAG1=1), go to ANC_END.          Otherwise, go to ANC_Q02.</p>
ANC_Q02	<p><b>So ^SPECRESPNAME's age on ^REFERENCEDATEE was          ^DV_CALCULATEDAGE ^DT_YEARSMONTHSE.          Is that correct?</b></p> <p><u>INTERVIEWER:</u> Date of birth is ^DV_DOBDATEE.</p> <p>1 Yes          2 No, return and correct          date of birth          3 No, collect age          (DK, RF not allowed)</p>
Help text:	<p><u>Tag:</u> Age Without Confirmation</p> <p><u>Purpose:</u>  <i>The full set of date-of-birth information collected in the previous question is used to calculate the age of the household member.</i></p> <p><u>Functionality:</u>  <i>&lt;F5&gt; "Refusal" and &lt;F6&gt; "Don't Know" are disabled for this question.</i></p>
Programmer:	<p>Pre-fill the question text with the appropriate respondent name.</p>
ANC_E02A	<p>The respondent's age has been updated. Select &lt;Suppress&gt; to accept the answer and continue or &lt;Goto&gt; to return and correct.</p>
Rule:	<p>Trigger soft edit if SPECRESPAGE = RESPONSE and (ANC_Q02 = 1 AND            DV_CALCULATEDAGE - SPECRESPAGE   &gt; 3.</p>
ANC_E02B	<p><b>Return to ANC_B01 and correct the date of birth.</b></p>

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Rule:	Trigger hard edit if ANC_Q02 = 2.
ANC_C03	If ANC_Q02 = 1, go to ANC_END. Otherwise, go to ANC_Q03.
ANC_Q03	<b>What is ^SPECRESPNAME's age?</b>   _ _ _  Age in years (MIN: 0) (MAX: 121)  (DK, RF not allowed)
Help text:	<u>Tag:</u> Age Without Confirmation  <u>Purpose:</u> To collect the age of the household member if one or more parts of the date of birth were unknown or refused or if the calculated age was not verified as correct.  <u>Procedure:</u> If the respondent is unwilling or unable to provide a specific age for the household member, probe to obtain an estimate.  <u>Functionality:</u> If there is a valid feedback age and the entered age differs by more than three years from the feedback age, a soft edit will be triggered for confirmation. <F5> "Refusal" and <F6> "Don't Know" are disabled for this question.
Programmer:	Pre-fill the question text with the appropriate respondent name.
ANC_E03	The respondent's age has been updated. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
Rule:	Trigger soft edit if SPECRESPAGE = RESPONSE and ( ANC_Q03 - SPECRESPAGE  > 3).
ANC_END	

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**Date (DATE)**

Core content

DATE\_BEG

Import the following variables:

DV\_QTEXT\_E (What is ^SPECRESPNAME's date of birth?)

DATE\_Q01

**^DV\_QTEXT\_E**

INTERVIEWER: Enter the day.  
If necessary, ask: **(What is the day?)**

|\_|\_|  
(MIN: 1)  
(MAX: 31)

DK, RF

DATE\_Q02

**(^DV\_QTEXT\_E)**

INTERVIEWER: Select the month.  
If necessary, ask: **(What is the month?)**

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

DATE\_E02

**"An impossible day/month combination has been entered. Please return and correct."**

*Rule:*

*Trigger hard edit if an invalid day/month combination is entered (e.g., DATE\_Q01 = 30 and DATE\_Q02 = 02).*

*Help text:*

Functionality:  
*If a month is selected that is invalid in combination with the previously entered numeric day, a hard edit will be triggered.*

DATE\_Q03

**(^DV\_QTEXT\_E)**

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INTERVIEWER: Enter a four digit year.  
If necessary, ask **(What is the year?)**

|\_|\_|\_|  
(MIN: 0)  
(MAX: 9,997)

DK, RF

DATE\_E03

**"An impossible day/month/year combination has been entered.  
Please return and correct."**

*Rule:*

*Trigger hard edit if an invalid day/month/year combination is entered (e.g.,  
DATE\_Q01 = 29 and DATE\_Q02 = 02 and DATE\_Q03 = 1999).*

*Help text:*

*Functionality:*  
*If a year is entered that is invalid in combination with the previously entered month  
and day, a hard edit will be triggered.*

DATE\_END

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**Update name (UN)**

Core content

UN\_BEG

External variables required:

FNAME: Respondent's first name

LNAME: Respondent's last name

UN\_N01

INTERVIEWER: Please confirm the spelling of respondent's first name.  
Update first name, if necessary.

Original First Name: ^FNAME

Original Last Name: ^LNAME

---

(25 spaces)

(DK, RF not allowed)

Null is allowed

Programmer:

*Any lower case text characters typed into the field should be converted to upper case text characters after <Enter> is pressed.*

UN\_N02

INTERVIEWER: Please confirm the spelling of respondent's last name.  
Update last name, if necessary.

Original First Name: ^FNAME

Original Last Name: ^LNAME

---

(25 spaces)

(DK, RF not allowed)

Null is allowed

Programmer:

*Any lower case text characters typed into the field should be converted to upper case text characters after <Enter> is pressed.*

UN\_D02

Programmer:

*Set and return RESPNAME = UN\_N01 + UN\_N02 (separated by one space).*

UN\_END

# Canadian Community Health Survey (CCHS) Annual Component - 2017-2018 (CAPI/CATI)

## Relationship matrix (REL)

	Core content
REL_BEG	Import DV_HHSize (Household Size)
Programmer:	<i>If HHSize = 1, DV_DHHDLVG = 1.</i>
REL_C01	If DV_HHSize = 1, go to REL_END. Otherwise, go to REL_B01.
Programmer:	<i>If DV_HHSize = 1, DV_DHHDLVG = 1.</i>
REL_B01	Call the Relationship No Confirmation (RNC) block
Programmer:	<i>When calling this block, only ask relationships with the selected member, unless DV_DHHDLVG = 2 or 10 (then ask relationship for all members, i.e. full matrix)</i>
REL_D01	If Any relationship = Parent, DV_PARENT = True If Any relationship = Child and DV_CHILD = 0, DV_CHILD = 1 If Any relationship = Child and DV_CHILD <> 0, DV_CHILD = 2 If Any relationship = Other relative (Grandparent, Grandchild, In-Law, Father/Mother-in-law, Son/Daughter-in-law, Brother/Sister-in-law, Other in-law, Other Related, Uncle/Aunt, Cousin, Nephew/Niece, Other Relative), DV_OTHERREL = True If Any relationship = Non-relative (Foster Sister/Brother, Foster Parent, Foster Child, Unrelated, Boyfriend/Girlfriend, Room-mate, Other Unrelated), DV_NONREL = True If Any relationship = Spouse or common law, DV_SPOUSE = True If Any relationship is unknown, DV_UNKNOWN = True
REL_B02	Call the Sign Off (SO) block
REL_D02	If DV_UNKNOWN = True, DV_DHHDLVG = 99 If DV_HHSize = 1, DV_DHHDLVG = 1 If DV_PARENT = False and DV_CHILD = 0 and (DV_OTHERREL = True or DV_NONREL = True) and DV_SPOUSE = False, DV_DHHDLVG = 2 If DV_SPOUSE = True and DV_HHSize = 2, DV_DHHDLVG = 3 If DV_SPOUSE = True and DV_PARENT = True and DV_CHILD = 0 and DV_OTHERREL = False and DV_NONREL = False, DV_DHHDLVG = 4 If DV_SPOUSE = False and DV_PARENT = True and DV_CHILD = 0 and DV_OTHERREL = False and DV_NONREL = False, DV_DHHDLVG = 5 If DV_SPOUSE = False and DV_PARENT = False and DV_CHILD = 1 and DV_OTHERREL = False and DV_NONREL = False and DV_HHSize = 2, DV_DHHDLVG = 6 If DV_SPOUSE = False and DV_PARENT = False and DV_CHILD = 2 and DV_OTHERREL = False and DV_NONREL = False and DV_HHSize > 2, DV_DHHDLVG = 7 If DV_SPOUSE = False and DV_PARENT = False and DV_CHILD = 1 and DV_OTHERREL = False and DV_NONREL = False and DV_HHSize = 3, DV_DHHDLVG = 8 If DV_SPOUSE = False and DV_PARENT = False and DV_CHILD = 2 and DV_OTHERREL = False and DV_NONREL = False and DV_HHSize > 3, DV_DHHDLVG = 9 ELSE, DV_DHHDLVG = 10
REL_E02	Relationships of all members are needed.

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Rule:

*Trigger soft edit if DV\_DHHDLVG = 2 or 10*

Programmer:

*When suppressed, the flow should go to the first unanswered question in the RNC block, then flow to complete the matrix.*

REL\_END



**Canadian Community Health Survey (CCHS)  
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**Relationship without confirmation (RNC)**

Harmonized content

RNC\_BEG

External variables required:  
ROSTER: first and last names of every member of the household  
SPECRESPNAME1: name of specific respondent (one space separating first and last names)  
SPECRESPNAME2: name of secondary respondent (one space separating first and last names)  
SPECRESPAGE1: age of specific respondent  
SPECRESPAGE2: age of secondary respondent  
SEX\_Q01: sex of specific respondent (primary)  
SEX\_Q01: sex of secondary respondent  
DETAILREL: 1..2 (1 = minimal level of details - 1 question), (2 = detailed levels of relationship - 2 questions)  
SPECRESPMS: marital status of specific respondent  
DV\_DHHDLVG: living/family arrangement of selected respondent

Programmer:

*For households of 1 person, the RNC module is not required. For households of 2 or more people, pass through the RNC module to obtain all relationships between the selected respondent and all other household members.  
Based on these relationships, calculate the living arrangement (based on DV\_DHHDLVG) of the selected respondent.*

*For households of 2 or more people and where the living arrangement is an "Unattached individual living with others" or "Other" (DV\_DHHDLVG = 2 or 10), pass through the RNC module to obtain the relationships between all other household members (everyone to everyone matrix).*

RNC\_D1A

If SEX\_Q01 (primary) = 1, DT\_SPECRESPSEX1 = 'Male'.  
If SEX\_Q01 (primary) = 2, DT\_SPECRESPSEX1 = 'Female'.  
If SEX\_Q01 (secondary) = 1, DT\_SPECRESPSEX2 = 'Male'.  
If SEX\_Q01 (secondary) = 2, DT\_SPECRESPSEX2 = 'Female'.

RNC\_D1B

If SEX\_Q01 of SPECRESPNAME1 = 1 (male), DT\_HUSBAND\_WIFE = 'Husband'.

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If SEX\_Q01 of SPECRESNAME1 = 1 (male), DT\_FATHER\_MOTHER\_C = 'Father'.  
If SEX\_Q01 of SPECRESNAME1 = 1 (male), DT\_SON\_DAUGHTER\_C = 'Son'.  
If SEX\_Q01 of SPECRESNAME1 = 1 (male), DT\_BROTHER\_SISTER\_C = 'Brother'.  
If SEX\_Q01 of SPECRESNAME1 = 1 (male), DT\_GRAND\_FATHER\_MOTHER = 'Grandfather'.  
If SEX\_Q01 of SPECRESNAME1 = 1 (male), DT\_GRAND\_SON\_DAUGHTER = 'Grandson'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_HUSBAND\_WIFE = 'Wife'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_FATHER\_MOTHER\_C = 'Mother'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_SON\_DAUGHTER\_C = 'Daughter'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_BROTHER\_SISTER\_C = 'Sister'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_GRAND\_FATHER\_MOTHER = 'Grandmother'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_GRAND\_SON\_DAUGHTER = 'Granddaughter'.  
If SEX\_Q01 of SPECRESNAME1 = 1 (male), DT\_FATHER\_MOTHER = 'father'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_FATHER\_MOTHER = 'mother'.  
If SEX\_Q01 of SPECRESNAME1 = 1 (male), DT\_SON\_DAUGHTER = 'son'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_SON\_DAUGHTER = 'daughter'.  
If SEX\_Q01 of SPECRESNAME1 = 1 (male), DT\_BROTHER\_SISTER = 'brother'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_BROTHER\_SISTER = 'sister'.  
If SEX\_Q01 of SPECRESNAME1 = 1 (male), DT\_UNCLE\_AUNT = 'Uncle'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_UNCLE\_AUNT = 'Aunt'.  
If SEX\_Q01 of SPECRESNAME1 = 1 (male), DT\_NEPHEW\_NIECE = 'Nephew'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_NEPHEW\_NIECE = 'Niece'.  
If SEX\_Q01 of SPECRESNAME1 = 1 (male), DT\_BOYFRIEND\_GIRLFRIEND = 'Boyfriend'.  
If SEX\_Q01 of SPECRESNAME1 = 2 (female), DT\_BOYFRIEND\_GIRLFRIEND = 'Girlfriend'.

RNC\_Q1

**What is the relationship...**

**of: ^SPECRESPNAME1 (^SPECRESPAGE1, ^DT\_SPECRESPSEX1)**

**to: ^SPECRESPNAME2 (^SPECRESPAGE2, ^DT\_SPECRESPSEX2)?**

# Canadian Community Health Survey (CCHS) Annual Component - 2017-2018 (CAPI/CATI)

01 ^DT\_HUSBAND\_WIFE  
02 Common-law partner  
03 ^DT\_FATHER\_MOTHER\_C  
04 ^DT\_SON\_DAUGHTER\_C  
05 ^DT\_BROTHER\_SISTER\_C  
06 Foster  
^DT\_FATHER\_MOTHER  
07 Foster  
^DT\_SON\_DAUGHTER  
08  
^DT\_GRAND\_FATHER\_MO  
THER  
09  
^DT\_GRAND\_SON\_DAUG  
HTER  
10 In-law  
11 Other related  
12 Unrelated  
DK, RF

Help text:

Tag: Relationship Without Confirmation

Purpose:

to determine the relationship of one household member to another used to analyze and interpret changes in family and household characteristics and composition

Definition:

husband or wife: spouse by legal marriage (opposite or same sex)  
common-law partner: two people of the opposite or same sex who live together as a couple but are not legally married  
foster father or mother: a person paid to provide care for a child under the age of 18 who is not the child's birth or adoptive parent or the spouse of the child's mother or father  
foster son or daughter: a child under the age of 18 receiving care from someone being paid to provide that care who is not the child's birth or adoptive parent or the spouse of the child's mother or father  
in-law: a person related by marriage or common-law union

Programmer:

Pre-fill the question text with the appropriate respondent names.

RNC\_E1A

The category "^DT\_HUSBAND\_WIFE" has been selected for a household member less than 16 years old. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

Rule:

Trigger soft edit if the age of one or both of the respondents is less than 16 and "Husband/Wife" is selected as the relationship.

RNC\_E1C

The category "^DT\_HUSBAND\_WIFE" has been selected for household members who are not married. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

Rule:

Trigger soft edit if the marital status of one or both of the respondents is not "Married" and "Husband/Wife" is selected as the relationship.

RNC\_E1D

The category "Common-law partner" has been selected for a household member less than 16 years old. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

## Canadian Community Health Survey (CCHS) Annual Component - 2017-2018 (CAPI/CATI)

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<i>Rule:</i>	<i>Trigger soft edit if the age of one or both of the respondents is less than 16 and "Common-law partner" is selected as the relationship.</i>
RNC_E1F	The category "Common-law partner" has been selected for household members who are not living common-law. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
<i>Rule:</i>	<i>Trigger soft edit if the marital status of one or both of the respondents is not "Living common-law" and "Common-law partner" is selected as the relationship.</i>
RNC_E1G	The category "^DT_FATHER_MOTHER_C" has been selected. ^SPECRESPNAME1 is less than 12 years old. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
<i>Rule:</i>	<i>Trigger soft edit if the age of the primary respondent (i.e., the first person in the question) is less than 12 and "Father/Mother" is selected as the relationship.</i>
RNC_E1H	The category "^DT_SON_DAUGHTER_C" has been selected. ^SPECRESPNAME2 is less than 12 years old. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
<i>Rule:</i>	<i>Trigger soft edit if the age of the secondary respondent (i.e., the second person in the question) is less than 12 and "Son/Daughter" is selected as the relationship.</i>
RNC_E1I	The category "^DT_BROTHER_SISTER_C" has been selected for household members different in age by more than 34 years. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
<i>Rule:</i>	<i>Trigger soft edit if the age of the primary respondent (i.e., the first person in the question) and the age of the secondary respondent (i.e., the second person in the question) are different by more than 34 years and "Brother/Sister" is selected as the relationship.</i>
RNC_E1J	<b>The category "Foster ^DT_FATHER_MOTHER" cannot be selected.</b> <b>^SPECRESPNAME1 is less than 18 years old. Please return and correct.</b>
<i>Rule:</i>	<i>Trigger hard edit if the age of the primary respondent (i.e., the first person in the question) is less than 18 and "Foster father/mother" is selected as the relationship.</i>
RNC_E1K	<b>The category "Foster ^DT_FATHER_MOTHER" cannot be selected.</b> <b>^SPECRESPNAME2 is more than 17 years old. Please return and correct.</b>
<i>Rule:</i>	<i>Trigger hard edit if the age of the secondary respondent (i.e., the second person in the question) is more than 17 and "Foster father/mother" is selected as the relationship.</i>
RNC_E1L	<b>The category "Foster ^DT_SON_DAUGHTER" cannot be selected.</b> <b>^SPECRESPNAME1 is more than 17 years old. Please return and correct.</b>
<i>Rule:</i>	<i>Trigger hard edit if the age of the primary respondent (i.e., the first person in the question) is more than 17 and "Foster son/daughter" is selected as the relationship.</i>
RNC_E1M	<b>The category "Foster ^DT_SON_DAUGHTER" cannot be selected.</b> <b>^SPECRESPNAME2 is less than 18 years old. Please return and correct.</b>
<i>Rule:</i>	<i>Trigger hard edit if the age of the secondary respondent (i.e., the second person in the question) is less than 18 and "Foster son/daughter" is selected as the relationship.</i>

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RNC_E1N	The category "^DT_GRAND_FATHER_MOTHER" has been selected. ^SPECRESPNAME1 is less than 24 years old. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
<i>Rule:</i>	<i>Trigger soft edit if the age of the primary respondent (i.e., the first person in the question) is less than 24 and "Grandfather/mother" is selected as the relationship.</i>
RNC_E1O	The category "^DT_GRAND_FATHER_MOTHER" has been selected. ^SPECRESPNAME1 is younger than ^SPECRESPNAME2. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
<i>Rule:</i>	<i>Trigger soft edit if the age of the primary respondent (i.e., the first person in the question) is less than the age of the secondary respondent (i.e., the second person in the question) and "Grandfather/mother" is selected as the relationship.</i>
RNC_E1P	The category "^DT_GRAND_FATHER_MOTHER" has been selected for household members different in age by less than 25 years. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
<i>Rule:</i>	<i>Trigger soft edit if the age of the primary respondent (i.e., the first person in the question) and the age of the secondary respondent (i.e., the second person in the question) are different by less than 25 years and "Grandfather/mother" is selected as the relationship.</i>
RNC_E1Q	The category "^DT_GRAND_SON_DAUGHTER" has been selected. ^SPECRESPNAME2 is less than 24 years old. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
<i>Rule:</i>	<i>Trigger soft edit if the age of the secondary respondent (i.e., the second person in the question) is less than 24 and "Grandson/daughter" is selected as the relationship.</i>
RNC_E1R	The category "^DT_GRAND_SON_DAUGHTER" has been selected. ^SPECRESPNAME2 is younger than ^SPECRESPNAME1. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
<i>Rule:</i>	<i>Trigger soft edit if the age of the secondary respondent (i.e., the second person in the question) is less than the age of the primary respondent (i.e., the first person in the question) and "Grandson/daughter" is selected as the relationship.</i>
RNC_E1S	The category "^DT_GRAND_SON_DAUGHTER" has been selected for household members different in age by less than 25 years. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
<i>Rule:</i>	<i>Trigger soft edit if the age of the primary respondent (i.e., the first person in the question) and the age of the secondary respondent (i.e., the second person in the question) are different by less than 25 years and "Grandson/daughter" is selected as the relationship.</i>
RNC_C2A	If DETAILREL = 1 ( minimal level of details), go to RNC_END. Otherwise, go to RNC_C2B.
RNC_C2B	If RNC_Q1 = 3, go to RNC_Q2A. Otherwise, go to RNC_C2C.
RNC_C2C	If RNC_Q1 = 4, go to RNC_Q2B. Otherwise, go to RNC_C2D.

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RNC_C2D	If RNC_Q1 = 5, go to RNC_Q2C. Otherwise, go to RNC_C2E.
RNC_C2E	If RNC_Q1 = 10, go to RNC_Q2D. Otherwise, go to RNC_C2F.
RNC_C2F	If RNC_Q1 = 11, go to RNC_Q2E. Otherwise, go to RNC_C2G.
RNC_C2G	If RNC_Q1 = 12, go to RNC_Q2F. Otherwise, go to RNC_END.
RNC_Q2A	<p>What is the relationship...</p> <p>of: ^SPECRESPNAME1 (^SPECRESPAGE1, ^DT_SPECRESPSEX1)</p> <p>to: ^SPECRESPNAME2 (^SPECRESPAGE2, ^DT_SPECRESPSEX2)</p> <p><b>Is that a(n)... ?</b></p> <p><u>INTERVIEWER</u>: Read categories to respondent.</p> <p>1      <b>Birth</b> ^DT_FATHER_MOTHER</p> <p>2      <b>Step</b> ^DT_FATHER_MOTHER</p> <p>3      <b>Adoptive</b></p> <p>        ^DT_FATHER_MOTHER</p> <p>        DK, RF</p> <p>Go to RNC_END</p>
Help text:	<p><u>Tag</u>: Relationship Without Confirmation</p> <p><u>Purpose</u>: to determine a more specific relationship of one household member to another</p> <p><u>Definition</u>: stepfather or stepmother: the spouse or common-law partner of the child's birth or adoptive mother or father adoptive father or mother: a person who has signed legal documents giving him or her the right to raise the child as his or her own</p>
Programmer:	Pre-fill the question text with the appropriate respondent names.
RNC_E2AA	<p><b>The category "Birth ^DT_FATHER_MOTHER" has been selected.</b> <b>^SPECRESPNAME1 is younger than ^SPECRESPNAME2. Please return and correct.</b></p>
Rule:	Trigger hard edit if the age of the primary respondent (i.e., the first person in the question) is less than the age of the secondary respondent (i.e., the second person in the question) and RNC_Q2A = 1 "Birth father/mother" is selected as the relationship.
RNC_E2AB	<p>The category "Birth ^DT_FATHER_MOTHER" has been selected for household members different in age by less than 15 years. Select &lt;Suppress&gt; to accept the answer and continue or &lt;Goto&gt; to return and correct.</p>

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*Rule:* Trigger soft edit if the age of the primary respondent (i.e., the first person in the question) is less than 15 years more than the age of the secondary respondent (i.e., the second person in the question) and RNC\_Q2A = 1 "Birth father/mother" is selected as the relationship.

RNC\_E2AC The category "Birth mother" has been selected for household members different in age by more than 50 years. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

*Rule:* Trigger soft edit if the sex of the primary respondent (i.e., the first person in the question) is "Female" and the age of the primary respondent is more than 50 years more than the age of the secondary respondent (i.e., the second person in the question) and RNC\_Q2A = 1 "Birth mother" is selected as the relationship.

RNC\_E2AD The category "Step^DT\_FATHER\_MOTHER" has been selected. ^SPECRESPNAME1 is less than 15 years old. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

*Rule:* Trigger soft edit if the age of the primary respondent (i.e., the first person in the question) is less than 15 and RNC\_Q2A = 2 "Stepfather/mother" is selected as the relationship.

RNC\_E2AE **The category "Adoptive ^DT\_FATHER\_MOTHER" cannot be selected. ^SPECRESPNAME1 is less than 18 years old. Please return and correct.**

*Rule:* Trigger hard edit if the age of the primary respondent (i.e., the first person in the question) is less than 18 and RNC\_Q2A = 3 "Adoptive father/mother" is selected as the relationship.

RNC\_E2AF The category "Step^DT\_FATHER\_MOTHER" has been selected. ^SPECRESPNAME1 is younger than ^SPECRESPNAME2. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

*Rule:* Trigger soft edit if the age of the primary respondent (i.e., the first person in the question) is less than age of secondary respondent and RNC\_Q2A=2 "Stepfather/mother" is selected as the relationship.

RNC\_Q2B What is the relationship...

of: ^SPECRESPNAME1 (^SPECRESPAGE1, ^DT\_SPECRESPSEX1)

to: ^SPECRESPNAME2 (^SPECRESPAGE2, ^DT\_SPECRESPSEX2)

**Is that a(n)... ?**

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RNC\_E2BF                      The category "Adopted ^DT\_SON\_DAUGHTER" has been selected.  
^SPECRESPNAME2 is younger than ^SPECRESPNAME1. Select  
<Suppress> to accept the answer and continue or <Goto> to return  
and correct.

*Rule:*                              *Trigger soft edit if the age of the secondary respondent (i.e., the second person in  
the question) is less than the age of the primary respondent (i.e., the first person in  
the question) and RNC\_Q2B = 3 "Adopted son/daughter" is selected as the  
relationship.*

RNC\_Q2C                      What is the relationship...

of: ^SPECRESPNAME1 (^SPECRESPAGE1, ^DT\_SPECRESPSEX1)

to: ^SPECRESPNAME2 (^SPECRESPAGE2, ^DT\_SPECRESPSEX2)

**Is that a(n)... ?**

INTERVIEWER: Read categories to respondent.

1              **Full ^DT\_BROTHER\_SISTER**  
2              **Half ^DT\_BROTHER\_SISTER**  
3              **Step^DT\_BROTHER\_SISTER**  
4              **Adopted**  
              **^DT\_BROTHER\_SISTER**  
5              **Foster**  
              **^DT\_BROTHER\_SISTER**  
DK, RF

Go to RNC\_END

Help text:                      Tag: Relationship Without Confirmation

Purpose:  
                                      *to determine a more specific relationship of one household member to another*

Definition:  
                                      *half-brother or half-sister: a brother or sister related through one parent only (father or  
mother)*  
                                      *stepbrother or stepsister: the child of the father's or mother's spouse*

Programmer:                      Pre-fill the question text with the appropriate respondent names.

RNC\_E2C                      **The category "Foster ^DT\_BROTHER\_SISTER " cannot be selected for  
household members more than 17 years old. Please return and  
correct.**

*Rule:*                              *Trigger hard edit if the age of the primary respondent (i.e., the first person in the  
question) and the age of the secondary respondent (i.e., the second person in the  
question) are more than 17 and RNC\_Q2C = 5 "Foster brother/sister" is selected as the  
relationship.*

RNC\_Q2D                      What is the relationship...

of: ^SPECRESPNAME1 (^SPECRESPAGE1, ^DT\_SPECRESPSEX1)

to: ^SPECRESPNAME2 (^SPECRESPAGE2, ^DT\_SPECRESPSEX2)

**Is that a(n)... ?**

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INTERVIEWER: Read categories to respondent.

- 1        ^DT\_FATHER\_MOTHER\_C-  
in-law
- 2        ^DT\_SON\_DAUGHTER\_C-  
in-law
- 3        ^DT\_BROTHER\_SISTER\_C-  
in-law
- 4        Other in-law
- DK, RF

Go to RNC\_END

Help text:

Tag: Relationship Without Confirmation

Purpose:

to determine a more specific relationship of one household member to another

Definition:

father-in-law or mother-in-law: father or mother of one's spouse

son-in-law or daughter-in-law: spouse of one's daughter or son

brother-in-law or sister-in-law: brother or sister of the spouse, spouse of the brother or sister, or spouse of the brother-in-law or sister-in-law

Programmer:

Pre-fill the question text with the appropriate respondent names.

RNC\_Q2E

What is the relationship...

of: ^SPECRESPNAME1 (^SPECRESPAGE1, ^DT\_SPECRESPSEX1)

to: ^SPECRESPNAME2 (^SPECRESPAGE2, ^DT\_SPECRESPSEX2)

Is that a(n)... ?

INTERVIEWER: Read categories to respondent.

- 1        ^DT\_UNCLE\_AUNT
- 2        Cousin
- 3        ^DT\_NEPHEW\_NIECE
- 4        Other relative
- DK, RF

Go to RNC\_END

Help text:

Tag: Relationship Without Confirmation

Purpose:

to determine a more specific relationship of one household member to another

Programmer:

Pre-fill the question text with the appropriate respondent names.

RNC\_Q2F

What is the relationship...

of: ^SPECRESPNAME1 (^SPECRESPAGE1, ^DT\_SPECRESPSEX1)

to: ^SPECRESPNAME2 (^SPECRESPAGE2, ^DT\_SPECRESPSEX2)

Is that a(n)... ?

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INTERVIEWER: Read categories to respondent.

1  
^DT\_BOYFRIEND\_GIRLFRIE  
ND  
2  
Roommate/lodger/board  
er  
3 Other - Specify (Go to RNC\_S2F)  
DK, RF

Go to RNC\_END

Help text:

Tag: Relationship Without Confirmation

Purpose:

to determine a more specific relationship of one household member to another  
specify relationship of "Other" person living in the household  
examples of "Other" relationships include the roommate's son or daughter, lodger's  
husband or wife, employee, exchange student, etc.

Programmer:

Pre-fill the question text with the appropriate respondent names.

RNC\_S2F

(What is the relationship...

of: ^SPECRESPNAME1 (^SPECRESPAGE1, ^DT\_SPECRESPSEXE1)

to: ^SPECRESPNAME2 (^SPECRESPAGE2, ^DT\_SPECRESPSEXE2)

**Is that a(n)... ?)**

INTERVIEWER: Specify.

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(80 spaces)

DK, RF

Programmer:

Any lower case text typed into the field should be converted to upper case text  
after <Enter> is pressed.

RNC\_END

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**Main activity (MAC)**

	Core content
MAC_BEG	Core content
	External variables required:
	DOMAC: flag to activate the block from the sample file.
	SEX_Q01: sex of specific respondent
	AGE: Age of selected respondent
	PROXYMODE: proxy identifier, from the GR block.
	PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy
	PE_Q01: first name of specific respondent from USU block
	PE_Q02: last name of specific respondent from USU block
	Screen display:
	Display on header bar PE_Q01 and PE_Q02 separated by a space
MAC_C001A	If DOMAC = 2, go to MAC_END. Otherwise, go to MAC_C001B.
MAC_C001B	If AGE < 15, go to MAC_END. Otherwise, go to MAC_D005.
Programmer:	<i>If AGE &lt; 15, set DV_WORK12=2 and DV_SCHOOL = 1</i>
MAC_D005	Not Applicable
MAC_Q005	<b>Last week, was ^YOUR2 main activity working at a paid job or business, looking for paid work, going to school, caring for children, household work, retired or something else?</b>

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INTERVIEWER: Main activity means the activity on which the respondent spends most of his/her time: work, job seeking, studies, childcare, etc.  
If short-term illness or short-term schooling related to work is reported, ask for usual main activity.

- 01 Working at a paid job or business
  - 02 Vacation (from paid work)
  - 03 Looking for paid work
  - 04 Going to school (including vacation from school)
  - 05 Caring for children
  - 06 Household work
  - 07 Retired
  - 08 Maternity/paternity leave
  - 09 Long term illness
  - 10 Volunteering
  - 11 Care-giving other than for children
  - 12 Other
- DK, RF

Processing: *If AGE < 15, the variable MAC\_Q005 is given the value of 4.*

MAC\_E005A An unusual value has been entered. Please confirm.

Rule: *Trigger soft edit if MAC\_Q005 = 07 and AGE < 45*

MAC\_E005B An unusual value has been entered. Please confirm.

Rule: *Trigger soft edit if MAC\_Q005 = 08 and AGE < 18 or AGE > 55*

MAC\_C010 If AGE < 15 or AGE > 75 or MAC\_Q005 = 1 or 2, go to MAC\_D015.  
Otherwise, go to MAC\_Q010.

MAC\_Q010 **^HAVE\_C ^YOU1 worked at a job or business at any time in the past 12 months?**

- 1 Yes
  - 2 No
- DK, RF

Processing: *If AGE >= 15 and AGE <= 75 and respondent answered MAC\_Q005 = 1 or 2, the variable MAC\_Q010 is given the value of 1.*

MAC\_D015 If (MAC\_Q005 = 1 or 2) OR (MAC\_Q010 = 1), DV\_WORK12 = 1 {Worked at a job or business in the past 12 months}.  
Otherwise, DV\_WORK12 = 2 {Did not work or don't know if respondent worked in the past 12 months}.

MAC\_C015 If MAC\_Q005 <> 4, go to MAC\_B015.  
Otherwise, go to MAC\_Q020.

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Processing:	<i>If a respondent answered MAC_Q005 = 4 or AGE &lt; 15, the variable MAC_B015.ESC1_Q01 is given the value of 1.</i>
MAC_B015	Call Sub-block "Education - School attendance V.1" (ESC1) from Harmonized Content
MAC_C020	If MAC_B015.ESC1_Q01 = 1, go to MAC_Q020. Otherwise, go to MAC_D025.
MAC_Q020	<b>^ARE_C ^YOU1 enrolled as...?</b>  <u>INTERVIEWER:</u> Read categories to respondent.  1 <b>A full-time student</b> 2 <b>A part-time student</b> 3 <b>Both full-time and part-time student</b> DK, RF
Processing:	<i>If AGE &lt; 15, the variable MAC_Q020 is given the value of 1.</i>
MAC_D025	If (MAC_Q005 = 4) OR (MAC_B015.ESC1_Q01 = 1), DV_SCHOOL = 1 {Currently attending school}. Otherwise, DV_SCHOOL = 2 {Does not attend or don't know if respondent attends school}.
MAC_C025A	If PROXYMODE=1, go to MAC_END. Otherwise, go to MAC_C025B.
MAC_C025B	If SEX_Q01 = female and (14 < AGE < 56), go to MAC_Q025. Otherwise, go to MAC_END.
MAC_Q025	<b>To better understand the information you will provide on your health it is important to know if you are pregnant. Are you pregnant?</b>  1        Yes 2        No DK, RF
MAC_END	

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**Education - school attendance v.1 (ESC1)**

Harmonized content

ESC1\_BEG                      PROXYSEX: gender of targeted respondent and whether the interview  
is being conducted by proxy  
FNAME  
AGE: Age of selected respondent from ANC block  
Import: ARE\_C, YOU1

Programmer:                      *\*\*\*HARMONIZED CONTENT BLOCK\*\*\**  
*Add layout instruction to display all answer options*

ESC1\_Q01                      ^ARE\_C ^YOU1 currently attending school, college, CEGEP or  
university?

INTERVIEWER: Ask respondent to include attendance only for courses  
that can be used as credit towards a certificate, diploma or degree.

1              Yes  
2              No  
DK, RF

ESC1\_END

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**General health (GEN)**

	Core content										
GEN_BEG	Core content										
	External variables required:  PROXYMODE: proxy identifier, from the GR block. PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy. DOGEN: do block flag, from the sample file. DOMAC: do block flag, from the sample file. DV_WORK12: Worked in past 12 months  PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block  Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space										
GEN_C001	If DOGEN = 2, go to GEN_END. Otherwise, go to GEN_B005.										
GEN_B005	Call Sub-block "Health Minimum: Health - Perceived Block" (HM) from Harmonized Content										
Processing:	<i>HM_Q01 will be released as GEN_005.</i>										
GEN_C010	If PROXYMODE=1, go to GEN_C015. Otherwise, go to GEN_B010.										
GEN_B010	Call Sub-block "Subjective Well-being Minimum Block" (SLM) from Harmonized Content										
Processing:	<i>SLM_Q01 will be released as GEN_010.</i>										
GEN_C015	If PROXYMODE=1, go to GEN_Q020. Otherwise, go to GEN_Q015.										
GEN_Q015	<b>In general, would you say your mental health is...?</b>  <u>INTERVIEWER</u> : Read categories to respondent.  <table><tr><td>1</td><td><b>Excellent</b></td></tr><tr><td>2</td><td><b>Very good</b></td></tr><tr><td>3</td><td><b>Good</b></td></tr><tr><td>4</td><td><b>Fair</b></td></tr><tr><td>5</td><td><b>Poor</b></td></tr></table> DK, RF	1	<b>Excellent</b>	2	<b>Very good</b>	3	<b>Good</b>	4	<b>Fair</b>	5	<b>Poor</b>
1	<b>Excellent</b>										
2	<b>Very good</b>										
3	<b>Good</b>										
4	<b>Fair</b>										
5	<b>Poor</b>										
GEN_Q020	<b>Thinking about the amount of stress in ^YOUR1 life, would you say that most of ^YOUR1 days are...?</b>										



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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, RF

GEN\_C025A

If PROXYMODE=1, go to GEN\_END.  
Otherwise, go to GEN\_C025B.

GEN\_C025B

If DOMAC=1 and DV\_WORK12 not equal 1, go to GEN\_Q030.  
Otherwise, go to GEN\_R025.

GEN\_R025

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

INTERVIEWER: Press <1> to continue.

GEN\_Q025

**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, RF

GEN\_Q030

**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, RF

GEN\_END

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**Health minimum block (HM)**

Harmonized content

HM\_BEG

External variables required:

PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy  
FNAME  
Import: YOUR2

Programmer:

\*\*\*HARMONIZED CONTENT BLOCK\*\*\*  
*Add layout instruction to display all answer options*

HM\_D01

Not Applicable

HM\_R01

**The next questions are about ^YOUR2 health. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**

INTERVIEWER: Press <1> to continue.

HM\_Q01

**In general, would you say ^YOUR2 health is... ?**

INTERVIEWER: Read categories to respondent.

- 1      **Excellent**
  - 2      **Very good**
  - 3      **Good**
  - 4      **Fair**
  - 5      **Poor**
- DK, RF

Help text:

*Tag: Perceived health*

*Perceived health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as: incipient disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function. Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. Health means not only the absence of disease or injury but also physical, mental and social well being.*

HM\_END

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**Subjective well-being minimum (SLM)**

Harmonized content

SLM\_BEG

Core content

SLM\_Q01

Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how do you feel about your life as a whole right now?

0 Very dissatisfied

1 |

2 |

3 |

4 |

5 |

6 |

7 |

8 |

9 V

10 Very satisfied

|\_|\_|

(MIN: 0)

(MAX: 10)

DK, RF

SLM\_END

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**Height and weight - self-reported (HWT)**

Core content

HWT\_BEG

Core content

External variables required:

DOHWT: flag to activate the block from the sample file.

PROXYMODE: proxy identifier, from the GR block.

MAC\_Q025: Are you pregnant?

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

HWT\_C001A

If DOHWT=2, go to HWT\_END.

Otherwise, go to HWT\_C001B.

HWT\_C001B

If MAC\_Q025 = 1 (Pregnant) or PROXYMODE=1, go to HWT\_END.

Otherwise, go to HWT\_Q005.

HWT\_Q005

**The next questions are about height and weight. How tall are you 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.) (Go to HWT\_N015)

3 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.) (Go to HWT\_N020)

4 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) (Go to HWT\_N025)

5 5'0" to 5'11" (151.1 to 181.5 cm.) (Go to HWT\_N030)

6 6'0" to 6'11" (181.6 to 212.0 cm.) (Go to HWT\_N035)

7 7'0" and over (212.1 cm. and over) (Go to HWT\_Q040)

DK, RF (Go to HWT\_Q040)

HWT\_E005

An unusual height has been entered. Please confirm.

Rule:

Trigger soft edit if HWT\_Q005 < 3

HWT\_N010

INTERVIEWER: Select the exact height.

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00 Less than or equal to 1'0"  
/ 12" (29.2 to 31.7 cm.)  
01 1'1" / 13" (31.8 to 34.2  
cm.)  
02 1'2" / 14" (34.3 to 36.7  
cm.)  
03 1'3" / 15" (36.8 to 39.3  
cm.)  
04 1'4" / 16" (39.4 to 41.8  
cm.)  
05 1'5" / 17" (41.9 to 44.4  
cm.)  
06 1'6" / 18" (44.5 to 46.9  
cm.)  
07 1'7" / 19" (47.0 to 49.4  
cm.)  
08 1'8" / 20" (49.5 to 52.0  
cm.)  
09 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, RF

Go to HWT\_Q040

HWT\_N015

INTERVIEWER: Select the exact height.

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00 2'0" / 24" (59.7 to 62.1  
cm.)  
01 2'1" / 25" (62.2 to 64.7  
cm.)  
02 2'2" / 26" (64.8 to 67.2  
cm.)  
03 2'3" / 27" (67.3 to 69.8  
cm.)  
04 2'4" / 28" (69.9 to 72.3  
cm.)  
05 2'5" / 29" (72.4 to 74.8  
cm.)  
06 2'6" / 30" (74.9 to 77.4  
cm.)  
07 2'7" / 31" (77.5 to 79.9  
cm.)  
08 2'8" / 32" (80.0 to 82.5  
cm.)  
09 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, RF

Go to HWT\_Q040

HWT\_N020

INTERVIEWER: Select the exact height.

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00	3'0" / 36" (90.2 to 92.6 cm.)
01	3'1" / 37" (92.7 to 95.2 cm.)
02	3'2" / 38" (95.3 to 97.7 cm.)
03	3'3" / 39" (97.8 to 100.2 cm.)
04	3'4" / 40" (100.3 to 102.8 cm.)
05	3'5" / 41" (102.9 to 105.3 cm.)
06	3'6" / 42" (105.4 to 107.9 cm.)
07	3'7" / 43" (108.0 to 110.4 cm.)
08	3'8" / 44" (110.5 to 112.9 cm.)
09	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, RF

Go to HWT\_Q040

HWT\_N025

INTERVIEWER: Select the exact height.

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00 4'0" / 48" (120.7 to 123.1  
cm.)  
01 4'1" / 49" (123.2 to 125.6  
cm.)  
02 4'2" / 50" (125.7 to 128.2  
cm.)  
03 4'3" / 51" (128.3 to 130.7  
cm.)  
04 4'4" / 52" (130.8 to 133.3  
cm.)  
05 4'5" / 53" (133.4 to 135.8  
cm.)  
06 4'6" / 54" (135.9 to 138.3  
cm.)  
07 4'7" / 55" (138.4 to 140.9  
cm.)  
08 4'8" / 56" (141.0 to 143.4  
cm.)  
09 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, RF

Go to HWT\_Q040

HWT\_N030

INTERVIEWER: Select the exact height.

00 5'0" (151.1 to 153.6 cm.)  
01 5'1" (153.7 to 156.1 cm.)  
02 5'2" (156.2 to 158.7 cm.)  
03 5'3" (158.8 to 161.2 cm.)  
04 5'4" (161.3 to 163.7 cm.)  
05 5'5" (163.8 to 166.3 cm.)  
06 5'6" (166.4 to 168.8 cm.)  
07 5'7" (168.9 to 171.4 cm.)  
08 5'8" (171.5 to 173.9 cm.)  
09 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, RF

Go to HWT\_Q040

HWT\_N035

INTERVIEWER: Select the exact height.



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00 6'0" (181.6 to 184.1 cm.)  
01 6'1" (184.2 to 186.6 cm.)  
02 6'2" (186.7 to 189.1 cm.)  
03 6'3" (189.2 to 191.7 cm.)  
04 6'4" (191.8 to 194.2 cm.)  
05 6'5" (194.3 to 196.8 cm.)  
06 6'6" (196.9 to 199.3 cm.)  
07 6'7" (199.4 to 201.8 cm.)  
08 6'8" (201.9 to 204.4 cm.)  
09 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, RF

HWT\_Q040

**How much do you weigh?**

INTERVIEWER: Enter amount only.

|\_|\_|\_|  
(MIN: 1)  
(MAX: 575)

DK, RF

(Go to HWT\_END)

HWT\_N045

INTERVIEWER: Was that in pounds or kilograms?

1 Pounds  
2 Kilograms  
(DK, RF not allowed)

HWT\_E045

An unusual value has been entered. Please confirm.

*Rule:*

*Trigger soft edit if ((HWT\_Q040 > 300 and HWT\_N045 = 1) or (HWT\_Q040 > 136 and HWT\_N045 = 2)) or ((HWT\_Q040 < 60 and HWT\_N045 = 1) or (HWT\_Q040 < 27 and HWT\_N045 = 2)).*

HWT\_Q050

**Do you consider yourself...?**

INTERVIEWER: Read categories to respondent.

1 **Overweight**  
2 **Underweight**  
3 **Just about right**  
DK, RF

HWT\_END

### Chronic conditions (CCC)

CCC BEG

## Core content

DOCCC: do block flag, from the sample file.

PROXYMODE: proxy identifier, from the GR block.

AGE : Age of respondent

SEX\_Q01 : Respondent's sex

COLLYEAR: Collection year, based on value of "CYCLE" from the Unitinfo file

PROV: Province of residence from the Entry module.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

T1 - Theme content asked in collection years (COLLYEAR) 2015, 2016, 2019 and 2020

T2 - Theme content asked in collection years (COLLYEAR) 2017, 2018, 2021 and 2022. In 2018, a shorter version of T2 was asked in the provinces. Q150, Q170, Q175 and Q180 were asked only in the territories. As well, a new question (Q087) was asked but only in the provinces.

CCC C001A

If DOCCC = 2, go to CCC\_END.  
Otherwise, go to CCC\_C001B.

CCC\_C001B

If COLLYEAR = 2015 or 2016 or 2019 or 2020, go to CCC\_R005.  
Otherwise, go to CCC\_R015.

CCC\_R005

The next question refers to ^YOUR1 joints. Please do not include the back or neck.

INTERVIEWER: Press <1> to continue.

CCC Q005

During the past 30 days, ^HAVE ^YOU1 had any symptoms of pain, aching, or stiffness in or around a joint?

1 Yes (Go to CCC\_D010)  
2 No  
DK, RF

Go to CCC\_R015

CCC\_D010

Not Applicable

CCC\_Q010

Did ^YOUR1 joint symptoms first begin more than 3 months ago?



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	1        Yes 2        No DK, RF
CCC_Q040	<b>^DOVERB_C ^YOU1 have scoliosis?</b>
	1        Yes 2        No DK, RF
CCC_C045	If COLLYEAR = 2015 or 2016 or 2019 or 2020, go to CCC_R045. Otherwise, go to CCC_Q050.
CCC_R045	<b>Remember, we're interested in conditions diagnosed by a health professional and that are expected to last or have already lasted 6 months or more.</b>
	<u>INTERVIEWER</u> : Press <1> to continue.
CCC_Q045	<b>^DOVERB_C ^YOU1 have fibromyalgia?</b>
	1        Yes 2        No DK, RF
CCC_Q050	<b>^DOVERB_C ^YOU1 have arthritis, for example osteoarthritis, rheumatoid arthritis, gout or any other type, excluding fibromyalgia?</b>
	1        Yes 2        No DK, RF
CCC_C055	If COLLYEAR = 2015 or 2016 or 2019 or 2020, go to CCC_Q055. Otherwise, go to CCC_Q065.
CCC_Q055	<b>^DOVERB_C ^YOU1 have back problems, excluding scoliosis, fibromyalgia and arthritis?</b>
	1        Yes 2        No DK, RF
CCC_C060	If AGE < 40, go to CCC_Q065. Otherwise, go to CCC_Q060.
CCC_Q060	<b>^DOVERB_C ^YOU1 have osteoporosis?</b>
	1        Yes 2        No DK, RF
CCC_Q065	<b>^DOVERB_C ^YOU1 have high blood pressure?</b>

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	1        Yes 2        No DK, RF
CCC_Q070	<b>In the past month, ^HAVE ^YOU1 taken any medicine for high blood pressure?</b>
	1        Yes 2        No DK, RF
CCC_C075	If AGE < 18, go to CCC_Q085. Otherwise, go to CCC_Q075.
CCC_Q075	<b>^DOVERB_C ^YOU1 have high blood cholesterol or lipids?</b>
	<u>INTERVIEWER</u> : Blood cholesterol or lipids are a fatty substance found in blood.
	1        Yes 2        No DK, RF
CCC_Q080	<b>In the past month, ^HAVE ^YOU1 taken any medicine for high blood cholesterol or lipids?</b>
	1        Yes 2        No DK, RF
CCC_Q085	<b>^DOVERB_C ^YOU1 have heart disease?</b>
	1        Yes 2        No DK, RF
CCC_Q090	<b>^DOVERB_C ^YOU1 suffer from the effects of a stroke?</b>
	1        Yes 2        No DK, RF
CCC_Q095	<b>^DOVERB_C ^YOU1 have diabetes?</b>
	<u>INTERVIEWER</u> : Exclude respondents who have been told they have prediabetes. Only respondents with type 1, type 2 or gestational diabetes should answer yes to this question.
	1        Yes 2        No DK, RF
	(Go to CCC_Q100)
	Go to CCC_Q130
CCC_Q100	<b>How old ^WERE ^YOU1 when this was first diagnosed?</b>

|\_|\_|\_|  
(MIN: 1)  
(MAX: 121)

CCC\_E100 An impossible value has been entered. Please return and correct.

Trigger hard edit if CCC\_Q100 > AGE

CCC\_Q105 ^WERE\_C ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?

CCC\_Q110      Other than during pregnancy, has a health professional ever told  
^HIMHER that ^YOU1 ^HAVE diabetes?

CCC\_Q115                      When ^YOU1 ^WERE first diagnosed with diabetes, how long was it before ^YOU1 ^WERE started on insulin?

CCC\_Q120                      ^DOVERB\_C ^YOU1 currently take insulin for ^YOUR1 diabetes?

*In processing, if a respondent answered CCC\_Q115 = 6, the variable CCC\_Q120 is given the value of 2.*

CCC\_Q125 In the past month, did ^YOU1 take pills to control ^YOUR1 blood sugar?

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	1        Yes 2        No DK, RF	
CCC_Q130	<b>^DOVERB_C ^YOU1 have cancer?</b>	
	1        Yes 2        No DK RF	(Go to CCC_R140)  (Go to CCC_R140)
CCC_Q135	<b>^HAVE_C ^YOU1 ever been diagnosed with cancer?</b>	
	1        Yes 2        No DK, RF	
CCC_R140	<b>Remember, we're interested in conditions diagnosed by a health professional and that are expected to last or have already lasted 6 months or more.</b>	
	<u>INTERVIEWER:</u> Press <1> to continue.	
CCC_C140	If COLLYEAR = 2015 or 2016 or 2019 or 2020, go to CCC_Q140. Otherwise, go to CCC_C145.	
CCC_Q140	<b>^DOVERB_C ^YOU1 have migraine headaches?</b>	
	1        Yes 2        No DK, RF	
CCC_C145	If AGE > 40, go to CCC_Q145. Otherwise, go to CCC_C150.	
CCC_Q145	<b>^DOVERB_C ^YOU2 have Alzheimer's Disease or any other dementia?</b>	
	1        Yes 2        No DK, RF	
CCC_C150	If PROV = (60, 61, 62), go to CCC_Q150. Otherwise, go to CCC_C155.	
CCC_Q150	<b>^DOVERB_C ^YOU1 have intestinal or stomach ulcers?</b>	
	1        Yes 2        No DK, RF	
CCC_C155	If COLLYEAR = 2017 or 2018 or 2021 or 2022, go to CCC_Q155. Otherwise, go to CCC_C170.	
CCC_Q155	<b>^DOVERB_C ^YOU1 have a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?</b>	

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	1        Yes 2        No DK, RF	(Go to CCC_Q160)
	Go to CCC_C165	
CCC_Q160	<b>What kind of bowel disease ^DOVERB ^YOU1 have?</b>	
	1        Crohn's Disease 2        Ulcerative colitis 3        Irritable Bowel Syndrome 4        Bowel incontinence 5        Other DK, RF	
CCC_C165	If AGE < 25, go to CCC_C170. Otherwise, go to CCC_Q165.	
CCC_Q165	<b>^DOVERB_C ^YOU1 have urinary incontinence?</b>	
	<u>INTERVIEWER</u> : This means loss of bladder control which leads to involuntary releases of urine.	
	1        Yes 2        No DK, RF	
CCC_C170	If PROV = (60, 61, 62), go to CCC_Q170. Otherwise, go to CCC_C185.	
CCC_Q170	<b>As a result of allergy tests, ^WERE ^YOU1 ever told by a health professional that ^YOU1 had allergies?</b>	
	1        Yes 2        No DK, RF	(Go to CCC_C185) (Go to CCC_C185)
CCC_Q175	<b>What did ^YOUR1 health professional say ^YOU1 ^WERE allergic to?</b>	
	<u>INTERVIEWER</u> : Mark all that apply.	
	01        Certain foods 02        Certain animals 03        Dust mites 04        Mold 05        Pollens or grasses 06        Chemicals 07        Certain medicine 08        Other DK, RF	
CCC_Q180	<b>^WERE_C ^YOU1 ever told by a doctor that ^YOU1 ^HAVE hay fever or nasal allergy?</b>	



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	1        Yes 2        No DK, RF
CCC_C185	If COLLYEAR = 2015 or 2016 or 2019 or 2020, go to CCC_Q185. Otherwise, go to CCC_Q195.
CCC_Q185	<b>^DOVERB_C ^YOU1 have chronic fatigue syndrome?</b>  <u>INTERVIEWER</u> : Also known as CFS, it is a complex disorder characterized by profound fatigue that is not improved by bed rest. Includes myalgic encephalomyelitis.  1        Yes 2        No DK, RF
CCC_Q190	<b>^DOVERB_C ^YOU1 suffer from multiple chemical sensitivities?</b>  <u>INTERVIEWER</u> : Multiple chemical sensitivity (MCS) is a chronic condition where people are sensitive to low levels of multiple unrelated chemicals such as smoke or perfume - levels that do not cause symptoms in most people. He/she may experience symptoms such as fatigue, asthma, blocked nose or sore eyes.  1        Yes 2        No DK, RF
CCC_Q195	<b>^DOVERB_C ^YOU1 have a mood disorder such as depression, bipolar disorder, mania or dysthymia?</b>  <u>INTERVIEWER</u> : Include manic depression.  1        Yes 2        No DK, RF
CCC_Q200	<b>^DOVERB_C ^YOU1 have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?</b>  1        Yes 2        No DK, RF
CCC_END	

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**Washington Group - disability measure (WDM)**

Theme content

WDM\_BEG

Theme content

External variables required:

DOWDM: Flag to activate the block from the sample file.

CCC\_Q145: has Alzheimer's Disease, or any other dementia, that is expected to last or has already lasted 6 months or more.

PE\_Q01: first name of specific respondent from USU block

PE\_Q01: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

Source:

*The following set of questions can be found in the "Washington Group - Extended Question Set on Functioning" (WG WS-F) Version 9 November 2011.*

*For this module, CCHS only requires the "WG Short Set", as identified in the document. This list includes VIS\_2, HEAR\_2, MOB\_1, COG\_1, SC\_1, COM\_1, in the order given, but have been renamed according to the CCHS naming standards.*

*Please see the following webpage for more information about the Washington Group on Disability Statistics: <<[http://www.cdc.gov/nchs/washington\\_group.htm](http://www.cdc.gov/nchs/washington_group.htm)>>.*

*This module will be asked in place of the Health Utility Index (HUI) module.*

WDM\_C001

If DOWDM = 2, go to WDM\_END.

Otherwise, go to WDM\_R001.

WDM\_R001

**The next set of questions asks about ^YOUR2 ability to do different activities.**

INTERVIEWER: Press <1> to continue.

WDM\_Q005

**^DOVERB\_C ^YOU1 have difficulty seeing, even if wearing glasses?  
Would you say...?**

INTERVIEWER: Read categories to respondent.

- 1      **No difficulty**
- 2      **Some difficulty**
- 3      **A lot of difficulty**
- 4      **Cannot do at all / Unable**

**to do**

DK, RF

WDM\_Q010

**^DOVERB\_C ^YOU1 have difficulty hearing, even if using a hearing aid? Would you say...?**



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INTERVIEWER: Exclude difficulties due to the fact that the language spoken is not the respondent's mother tongue.

- 1 No difficulty
  - 2 Some difficulty
  - 3 A lot of difficulty
  - 4 Cannot do at all / Unable to do
- DK, RF

WDM\_END

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**Activities of daily living (ADL)**

Optional content

New Brunswick, Quebec, Prince  
Edward Island

ADL\_BEG

Optional content

External variables required:

DOADL: do block flag, from the sample file.

WDM\_Q015: Do you have difficulty walking or climbing steps?

WDM\_Q025: Do you have difficulty with self-care?

PROXYSEX: gender of targeted respondent and whether the interview  
is being conducted by proxy

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

ADL\_C001

If DOADL = 2, go to ADL\_END.

Otherwise, go to ADL\_R001.

ADL\_R001

**The next few questions are about common daily activities. These  
questions may not apply to ^YOU2, but we need to ask the same  
questions of everyone.**

INTERVIEWER: Press <1> to continue.

ADL\_D005

If PROXYSEX = 1, DT\_YOU1C = 'You'.

If PROXYSEX = 2, DT\_YOU1C = 'You'.

If PROXYSEX = 3, DT\_YOU1C = 'He'.

If PROXYSEX = 4, DT\_YOU1C = 'She'.

ADL\_Q005

**Because of any physical condition, mental condition or health  
problem, ^DOVERB ^YOU1 have any difficulty:**

**with preparing meals?**

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INTERVIEWER: Read categories to respondent.

- 1 No, ^YOU1 ^HAVE no difficulty
  - 2 Yes, ^YOU1 ^HAVE difficulty, but ^DOVERB not require help of others
  - 3 Yes, ^YOU1 ^HAVE difficulty, but can do it with the help of others
  - 4 ^DT\_YOU1C cannot do it at all
- DK, RF

ADL\_Q010

Because of any physical condition, mental condition or health problem, ^DOVERB ^YOU1 have any difficulty:

with running errands such as shopping for groceries?

INTERVIEWER: Read categories to respondent.

- 1 No, ^YOU1 ^HAVE no difficulty
  - 2 Yes, ^YOU1 ^HAVE difficulty, but ^DOVERB not require help of others
  - 3 Yes, ^YOU1 ^HAVE difficulty, but can do it with the help of others
  - 4 ^DT\_YOU1C cannot do it at all
- DK, RF

ADL\_Q015

(Because of any physical condition, mental condition or health problem, ^DOVERB ^YOU1 have any difficulty:)

with doing everyday housework?

- 1 No, ^YOU1 ^HAVE no difficulty
  - 2 Yes, ^YOU1 ^HAVE difficulty, but ^DOVERB not require help of others
  - 3 Yes, ^YOU1 ^HAVE difficulty, but can do it with the help of others
  - 4 ^DT\_YOU1C cannot do it at all
- DK, RF

ADL\_D020

Not Applicable

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ADL_Q020	<p>(Because of any physical condition, mental condition or health problem, ^DOVERB ^YOU1 have any difficulty:)</p> <p>with personal care such as bathing, dressing, eating or taking medication?</p> <p>1 No, ^YOU1 ^HAVE no difficulty</p> <p>2 Yes, ^YOU1 ^HAVE difficulty, but ^DOVERB not require help of others</p> <p>3 Yes, ^YOU1 ^HAVE difficulty, but can do it with the help of others</p> <p>4 ^DT_YOU1C cannot do it at all</p> <p>DK, RF</p>
ADL_E020A	<p>The respondent has indicated that he/she has no difficulty with personal care but has previously indicated that he/she cannot do own personal care at all. Please confirm.</p>
Rule:	<p>Trigger soft edit if ADL_Q020 = 1 (has no difficulty with personal care) and WDM_Q025 = 4 (self-care, cannot do at all).</p>
ADL_E020B	<p>The respondent has indicated that he/she cannot do own personal care at all but has previously indicated that he/she has no difficulty with personal care. Please confirm.</p>
Rule:	<p>Trigger soft edit if ADL_Q020 = 4 (personal care, cannot do it) and WDM_Q025 = 1 (has no difficulty with self-care).</p>
ADL_Q025	<p>Because of any physical condition, mental condition or health problem, ^DOVERB ^YOU1 have any difficulty:</p> <p>with moving about inside the house?</p> <p><u>INTERVIEWER:</u> Read categories to respondent.</p> <p>1 No, ^YOU1 ^HAVE no difficulty</p> <p>2 Yes, ^YOU1 ^HAVE difficulty, but ^DOVERB not require help of others</p> <p>3 Yes, ^YOU1 ^HAVE difficulty, but can do it with the help of others</p> <p>4 ^DT_YOU1C cannot do it at all</p> <p>DK, RF</p>
ADL_E025A	<p>The respondent has indicated that he/she has no difficulty moving about inside the house but has previously indicated that he/she cannot walk or climb steps at all. Please confirm.</p>
Rule:	<p>Trigger soft edit if ADL_Q025 = 1 (has no difficulty moving in house) and WDM_Q015 = 4 (walking or climbing stairs, cannot do it all).</p>

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ADL\_E025B                      The respondent has indicated that he/she cannot move about inside the house at all but has previously indicated that he/she has no difficulty walking or climbing steps. Please confirm.

*Rule:*                                      *Trigger soft edit if ADL\_Q025 = 4 (moving in house, cannot do at all) and WDM\_Q015 = 1 (walking or climbing stairs, has no difficulty).*

ADL\_D030                      Not Applicable

ADL\_Q030                      **(Because of any physical condition, mental condition or health problem, ^DOVERB ^YOU1 have any difficulty:)**

**with looking after ^YOUR1 personal finances such as making bank transactions or paying bills?**

- 1              No, ^YOU1 ^HAVE no difficulty
  - 2              Yes, ^YOU1 ^HAVE difficulty, but ^DOVERB not require help of others
  - 3              Yes, ^YOU1 ^HAVE difficulty, but can do it with the help of others
  - 4              ^DT\_YOU1C cannot do it at all
- DK, RF

ADL\_END



### Injuries (INJ)

INJ\_BEG

## Theme content

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

INJ\_C001

Otherwise, go to INJ\_R001.

INJ\_R001

INTERVIEWER: Press <1> to continue.

INJ\_Q005

In the past 12 months, did ^YOU2 have any injuries due to repetitive strain?

1 Yes

2 No

(Go to INJ D030A)

DK, RF

(Go to INJ\_D030A)

INJ\_Q010

Were these injuries serious enough to limit ^YOUR1 normal activities?

1 Yes

2 No

(Go to INJ D030A)

DK, RF

(Go to INJ\_D030A)

INJ\_Q015

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

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

INJ\_Q020

**What type of activity caused this repetitive strain injury?**

INTERVIEWER: Mark all that apply.

- 01 Walking
- 02 Sports or physical exercise (including school activities and running)
- 03 Leisure or hobby (include volunteering)
- 04 Household chores, outdoor yard maintenance, home renovations or other unpaid work
- 05 Computer use or typing
- 06 Driving a motor vehicle
- 07 Lifting or carrying an object or person
- 08 Other
- DK, RF (Go to INJ\_D030A)

INJ\_C025

If (MAC\_Q005 = 3 to 11) and (MAC\_Q010 = 2), go to INJ\_D030A.  
Otherwise, go to INJ\_Q025.

INJ\_Q025

**Was the activity something ^YOU1 did while working at ^YOUR1 job or business (excluding travel to or from work)?**

- 1 Yes
- 2 No
- DK, RF

INJ\_D030A

If INJ\_Q005=1, DT\_OTHINJ = 'other'.  
Otherwise, DT\_OTHINJ = 'null'.

INJ\_D030B

Not Applicable



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- 1 This year
- 2 Last year
- DK, RF

INJ\_Q050

**What type of injury did ^YOU1 have? For example, a broken bone or burn.**

- 01 Multiple serious injuries  
(excluding multiple minor injuries)
- 02 Broken or fractured  
bones
- 03 Burn, scald, chemical  
burn
- 04 Dislocation
- 05 Sprain or strain (including  
torn ligaments and muscles)
- 06 Cut, puncture, animal or  
human bite (open wound)
- 07 Scrape(s), bruise(s),  
blister(s) (including multiple minor  
injuries)
- 08 Concussion or other brain injury (Go to INJ\_Q060)
- 09 Poisoning (excluding food poisoning, poison ivy, other  
contact dermatitis, and allergies) (Go to INJ\_Q060)
- 10 Injury to internal organs
- 11 Other - Specify (Go to INJ\_S050)
- DK, RF

Go to INJ\_Q055

INJ\_S050

**(What type of injury did ^YOU1 have? For example, a broken bone or burn.)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Programmer:

*Any lower case text typed into the field should be converted to upper case text after <Enter> is pressed.*

INJ\_Q055

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

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- 01 Multiple sites
- 02 Eyes (excluding fracture  
of facial bones around the eye)
- 03 Head (including facial  
bones)
- 04 Neck
- 05 Shoulder, upper arm
- 06 Elbow, lower arm
- 07 Wrist
- 08 Hand
- 09 Hip
- 10 Thigh
- 11 Knee, lower leg
- 12 Ankle, foot
- 13 Upper back or upper  
spine (excluding neck)
- 14 Lower back or lower  
spine
- 15 Chest (excluding back  
and spine)
- 16 Abdomen or pelvis  
(excluding back and spine)
- 17 Other
- DK, RF

INJ\_Q060

Where ^WERE ^YOU1 when ^YOU1 ^WERE injured? For example,  
someone's house, an office building, construction site.

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

- 01 In a home or its surrounding area (including respondent's home or other homes)
  - 02 Residential institution (e.g., nursing home, long term care)
  - 03 School, college, university (exclude sports areas)
  - 04 Sports or athletics area of school, college, university
  - 05 Other sports or athletics area (exclude school sports areas)
  - 06 Other institution (e.g., church, hospital, theatre, civic building)
  - 07 Street, highway, sidewalk
  - 08 Commercial area (e.g., store, restaurant, office building, transport terminal)
  - 09 Industrial or construction area
  - 10 Farm (exclude farmhouse and its surrounding area)
  - 11 Countryside, forest, lake, ocean, mountains, prairie, etc.
  - 12 Other
- DK, RF

INJ\_Q065

What ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?

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- 01 Organized sports involving coaching and competitions
  - 02 Leisure sports or physical exercise, including school activities and running
  - 03 Non-sport leisure or hobby (including volunteering)
  - 04 Working at a job or business (excluding travel to and from work)
  - 05 Household chores, outdoor yard maintenance, home renovations or other unpaid work
  - 06 Sleeping, eating, personal care
  - 07 Going up and down stairs
  - 08 Driver or passenger in/on road motor vehicle (including motorcycles and trucks)
  - 09 Driver or passenger in/on off-road motor vehicle (including boat, ATV, snowmobile)
  - 10 Walking
  - 11 Other - Specify (Go to INJ\_S065)
- DK, RF

Go to INJ\_C070

Processing: *In processing, if a respondent answered INW\_Q005 = 3 and INJ\_Q065 = 4, the variables INW\_005 and INJ\_065 are set to 'not stated' (NS).*

INJ\_S065 **(What ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Programmer: *Any lower case text typed into the field should be converted to upper case text after <Enter> is pressed.*

INJ\_C070 If INJ\_Q050 = 9 (poisoning), go to INJ\_D090.  
Otherwise, go to INJ\_Q070.

INJ\_Q070 **Was the injury the result of a fall?**

---

D.K. Rf. (G0 to N) 0080

INJ_Q075	How did ^YOU1 fall?
----------	---------------------

02 While engaged in other

03 Going up or down stairs /

(C) 1987 INFL 00375

DK RE

Go to INJ\_Q085

INJ\_S075 (How did ^YOU1 fall?)

INTERVIEWER: Specify.

---



---

(80 spaces)

DK, RF

Go to INJ\_Q085

Programmer: *Any lower case text typed into the field should be converted to upper case text after <Enter> is pressed.*

INJ\_Q080 What caused the injury? For example, wrong movement, accidental



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- 01 Transportation accident
  - 02 Accidentally bumped, pushed, bitten, etc. by a person or animal
  - 03 Accidentally struck or crushed by object(s)
  - 04 Accidental contact with sharp object, tool or machine
  - 05 Smoke, fire, flames
  - 06 Accidental contact with hot object, liquid or gas
  - 07 Extreme weather or natural disaster
  - 08 Overexertion or strenuous movement
  - 09 Physical assault
  - 10 Intentional self-inflicted injury
  - 11 Other - Specify (Go to INJ\_S080)
- DK, RF

Go to INJ\_Q085

INJ\_S080

**(What caused the injury? For example, wrong movement, accidental contact with an object, transportation accident.)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Go to INJ\_Q085

Programmer:

*Any lower case text typed into the field should be converted to upper case text after <Enter> is pressed.*

INJ\_Q085

**At what time of day did ^YOUR1 injury occur?**

- 1 Morning (06:00-11:59)
- 2 Afternoon (12:00-17:59)
- 3 Evening (18:00-23:59)
- 4 Night (00:00-05:59)

DK, RF

INJ\_D090

Not Applicable

INJ\_Q090

**Did ^YOU2 receive any medical attention for the injury from a health professional in the 48 hours following the injury?**

- 1 Yes
  - 2 No (Go to INJ\_Q105)
- DK, RF (Go to INJ\_Q105)

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INJ_Q095	<p><b>Where did ^YOU1 initially go to receive treatment within the first 48 hours following the injury?</b></p> <p>01 Doctor's office  02 Hospital emergency room  03 Hospital outpatient clinic (e.g., day surgery)  04 Other clinic (e.g., walk-in, appointment, sports)  05 Physiotherapist or massage therapist's office  06 Community health centre / CLSC  07 Chiropractor's office  08 Where the injury happened/on-site (workplace, school, sports field, hotel, ski hill)  09 Other  DK, RF</p>
INJ_Q100	<p><b>^WERE_C ^YOU1 <u>admitted</u> to a hospital overnight because of this injury?</b></p> <p>1 Yes  2 No  DK, RF</p>
INJ_Q105	<p><b>At the present time, ^ARE ^YOU1 getting follow-up care from a health professional because of this injury?</b></p> <p>1 Yes  2 No  DK, RF</p>
INJ_D110A	<p>If INJ_Q005 = 1 (repetitive strain) or INJ_Q030 = 1 (other injuries), DT_PREVIOUSINJURIES = ', excluding injuries previously mentioned, did'. Otherwise, DT_PREVIOUSINJURIES = ', did'.</p>
INJ_D110B	<p>Not Applicable</p>
INJ_Q110	<p><b>In the past 12 months, ^DT_PREVIOUSINJURIES ^YOU2 have any other injuries that were treated by a health professional, but did <u>not</u> limit ^YOUR1 normal activities?</b></p> <p>1 Yes  2 No (Go to INJ_END)  DK, RF (Go to INJ_END)</p>
INJ_Q115	<p><b>How many injuries?</b></p> <p> _ _   (MIN: 1)  (MAX: 30)    DK, RF</p>

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INJ\_E115

An unusual value has been entered. Please confirm.

*Rule:*

*Trigger soft edit if INJ\_Q115 > 6*

INJ\_END



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INW_Q010	<b>What kind of business, industry or service ^WERE ^YOU2 working in when ^YOU1 ^WERE injured? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)</b>
	<hr/>
	(50 spaces)
	DK, RF
Processing:	<i>This will be released as the Yes/No flag INWF02; INWCSIC and INWCSOC are also released and are based on the responses to LBF and INW questions</i>
INW_Q015	<b>What kind of work ^WERE ^YOU1 doing? (For example: babysitting in own home, factory worker, forestry technician)</b>
	<hr/>
	(50 spaces)
	DK, RF
Processing:	<i>This will be released as the Yes/No flag INWF03; INWCSIC and INWCSOC are also released and are based on the responses to LBF and INW questions</i>
INW_Q020	<b>What were ^YOUR1 most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)</b>
	<hr/>
	(50 spaces)
	DK, RF
Processing:	<i>This will be released as the Yes/No flag INWF04; INWCSIC and INWCSOC are also released and are based on the responses to LBF and INW questions</i>
INW_END	

## Oral health (OHT)

Quebec, Ontario, Nunavut

## Optional content

DOOHT: Flag to activate the block from the sample file.

PROXYMODE: proxy identifier, from the GR block.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

OHT\_C001A

If DOOHT = 2, go to OHT\_END.

Otherwise, go to OHT\_C001B.

OHT\_C001B

If PROXYMODE = 1, go to OHT\_END.

Otherwise, go to OHT\_R001.

OHT R001

Now, some questions about the health of your mouth, including your teeth or dentures, tongue, gums, lips and jaw joints.

INTERVIEWER: Press <1> to continue.

OHT Q005

In general, would you say the health of your mouth is...?

INTERVIEWER: Read categories to respondent.

1	Excellent
2	Very good
3	Good
4	Fair
5	Poor

DK, RF

OHT\_Q010

How satisfied are you with the appearance of your teeth and/or dentures?

INTERVIEWER: Read categories to respondent.

1 Very satisfied  
2 Satisfied  
3 Neither satisfied nor  
dissatisfied  
4 Dissatisfied  
5 Very dissatisfied  
DK, RF

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OHT_Q015	<p><b>In the past 12 months, how often have you found it uncomfortable to eat any food because of problems with your mouth?</b></p> <p><u>INTERVIEWER:</u> Read categories to respondent.</p> <p>1        <b>Often</b> 2        <b>Sometimes</b> 3        <b>Rarely</b> 4        <b>Never</b> DK, RF</p>
OHT_Q020	<p><b>(In the past 12 months,) how often have you avoided eating particular foods because of problems with your mouth?</b></p> <p><u>INTERVIEWER:</u> Read categories to respondent.</p> <p>1        <b>Often</b> 2        <b>Sometimes</b> 3        <b>Rarely</b> 4        <b>Never</b> DK, RF</p>
OHT_Q025	<p><b>Remember, by mouth we mean teeth, dentures, tongue, gums, lips and jaw joints.</b></p> <p><b>In the past 12 months, how often have you had any other persistent or on-going pain anywhere in your mouth?</b></p> <p><u>INTERVIEWER:</u> Read categories to respondent.</p> <p>1        <b>Often</b> 2        <b>Sometimes</b> 3        <b>Rarely</b> 4        <b>Never</b> DK, RF</p>
OHT_Q030	<p><b>Do you have at least one of your own teeth?</b></p> <p>1        Yes 2        No DK, RF</p>
OHT_Q035	<p><b>Do you wear dentures, dental prosthesis or false teeth?</b></p> <p><u>INTERVIEWER:</u> If the respondent reports owning dentures but not wearing them, enter No.</p> <p>1        Yes 2        No DK, RF</p>
OHT_C040	<p>If OHT_Q030 = 2, go to OHT_Q045. Otherwise, go to OHT_Q040.</p>
OHT_Q040	<p><b>In the past 12 months, how often have you had bleeding gums, including while brushing or flossing your teeth?</b></p>

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INTERVIEWER: Read categories to respondent.

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

DK, RF

OHT\_Q045

**(In the past 12 months,) how often have you had persistent dry mouth?**

INTERVIEWER: Read categories to respondent.

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

DK, RF

OHT\_Q050

**(In the past 12 months,) how often have you had persistent bad breath?**

INTERVIEWER: Exclude morning breath.

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

DK, RF

OHT\_END



## Dental care (DEN)

Ontario, Yukon, Nunavut

## Optional content

DODEN: do block flag, from the sample file.

DOOHT: do block flag, from the sample file.

OHT\_Q030: Do you have one or more of your own teeth?

OHT\_Q035: Do you wear dentures or false teeth?

AGE: age of respondent

PROXYMODE: proxy identifier, from the GR block.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space.

If DODEN=2, go to DEN\_END.

Otherwise, go to DEN\_C001B.

If PROXYMODE = 1, go to DEN\_END.

Otherwise, go to DEN\_C001C.

If DOOHT = 1, go to DEN\_C001D.

Otherwise, go to DEN\_R001.

If OHT\_Q030 = 1 (have some own teeth), go to DEN\_Q010.

Otherwise, go to DEN\_C020A.

The next questions are about dental care.

INTERVIEWER: Press <1> to continue.

Do you have at least one of your own teeth?

1 Yes (Go to DEN\_Q010)

2 No

DK, RF

Go to DEN\_C020A

Processing:

If DODEN = 1 and DOOHT=1, put value of OHT\_Q030 in DEN\_Q005.

How often do you usually brush your teeth?

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	<p><u>INTERVIEWER</u>: Enter amount only.</p> <p> _ _ _  (MIN: 0) (MAX: 500)</p> <p>DK, RF</p>
DEN_C010A	<p>If DEN_Q010 = (0, DK or RF), go to DEN_Q015. Otherwise, go to DEN_N010A.</p>
DEN_N010A	<p><u>INTERVIEWER</u>: Select the reporting period.</p> <p>1 By day 2 By week 3 By month 4 By year (DK, RF not allowed)</p>
DEN_E010A	<p>An unusual value has been entered. Please confirm.</p> <p><i>Rule:</i> <i>Trigger soft edit if DEN_N010A = 1 (by day) and DEN_Q010 &gt; 10.</i></p>
DEN_E010B	<p>An unusual value has been entered. Please confirm.</p> <p><i>Rule:</i> <i>Trigger soft edit if DEN_N010A = 2 (by week) and DEN_Q010 &gt; 20.</i></p>
DEN_E010C	<p>An unusual value has been entered. Please confirm.</p> <p><i>Rule:</i> <i>Trigger soft edit if DEN_N010A = 3 (by month) and DEN_Q010 &gt; 90.</i></p>
DEN_E010D	<p>An unusual value has been entered. Please confirm.</p> <p><i>Rule:</i> <i>Trigger soft edit if DEN_N010A = 4 (by year) and DEN_Q010 &gt; 365.</i></p>
DEN_Q015	<p><b>How often do you usually floss your teeth?</b></p> <p><u>INTERVIEWER</u>: Enter amount only.</p> <p> _ _ _  (MIN: 0) (MAX: 500)</p> <p>DK, RF</p>
DEN_C015A	<p>If DEN_Q015 = (0, DK or RF), go to DEN_C020A. Otherwise, go to DEN_N015A.</p>
DEN_N015A	<p><u>INTERVIEWER</u>: Select the reporting period.</p> <p>1 By day 2 By week 3 By month 4 By year (DK, RF not allowed)</p>

DEN_E015A	An unusual value has been entered. Please confirm.
Rule:	Trigger soft edit if DEN_N015A = 1 (by day) and DEN_Q015 > 10.
DEN_E015B	An unusual value has been entered. Please confirm.
Rule:	Trigger soft edit if DEN_N015A = 2 (by week) and DEN_Q015 > 20.
DEN_E015C	An unusual value has been entered. Please confirm.
Rule:	Trigger soft edit if DEN_N015A = 3 (by month) and DEN_Q015 > 90.
DEN_E015D	An unusual value has been entered. Please confirm.
Rule:	Trigger soft edit if DEN_N015A = 4 (by year) and DEN_Q015 > 365.
DEN_C020A	If DOOHT=1, go to DEN_C020B. Otherwise, go to DEN_Q020.
DEN_C020B	If OHT_Q035=1 (wears dentures), go to DEN_Q025. Otherwise, go to DEN_Q030.
DEN_Q020	<b>Do you wear dentures, dental prosthesis or false teeth?</b>  <u>INTERVIEWER</u> : If the respondent reports <u>owning</u> dentures but <u>not wearing</u> them, enter 'No'. Do not include mouth guard, night guard, orthodontic retainers and snoring appliances.  1            Yes                                         (Go to DEN_Q025) 2            No DK, RF  Go to DEN_Q030
Processing:	If DODEN = 1 and DOOHT=1, put value of OHT_Q035 in DEN_Q020.
DEN_Q025	<b>How often do you usually clean your dentures or dental prosthesis?</b>  <u>INTERVIEWER</u> : Enter amount only.   _ _ _ _ (MIN: 0) (MAX: 500)  DK, RF
DEN_C025A	If DEN_Q025 = 0, DK or RF, go to DEN_Q030. Otherwise, go to DEN_N025A.
DEN_N025A	<u>INTERVIEWER</u> : Select the reporting period.  1            By day 2            By week 3            By month 4            By year (DK, RF not allowed)
DEN_E025A	An unusual value has been entered. Please confirm.

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*Rule:* Trigger soft edit if DEN\_N025A = 1 (by day) and DEN\_Q025 > 10.

DEN\_E025B An unusual value has been entered. Please confirm.

*Rule:* Trigger soft edit if DEN\_N025A = 2 (by week) and DEN\_Q025 > 20.

DEN\_E025C An unusual value has been entered. Please confirm.

*Rule:* Trigger soft edit if DEN\_N025A = 3 (by month) and DEN\_Q025 > 90.

DEN\_E025D An unusual value has been entered. Please confirm.

*Rule:* Trigger soft edit if DEN\_N025A = 4 (by year) and DEN\_Q025 > 365.

DEN\_Q030 **How often do you usually see a dental professional, such as a dentist, a dental hygienist or a denturologist?**

INTERVIEWER: Read categories to respondent. Other dental professionals include orthodontist, periodontist, dental surgeon and dental therapist.

- 1 More than once a year  
for check-ups or treatment
  - 2 About once a year (for  
check-ups or treatment)
  - 3 Less than once a year (for  
check-ups or treatment)
  - 4 Only for emergency care
  - 5 Never
- DK, RF

DEN\_Q035 **When was the last time you saw a dental professional?**

- 1 Less than 1 year to 1 year  
ago
  - 2 More than 1 year to 2  
years ago
  - 3 More than 2 years to 3  
years ago
  - 4 More than 3 years to 4  
years ago
  - 5 More than 4 years to 5  
years ago
  - 6 More than 5 years ago
  - 7 Never
- DK, RF

DEN\_Q040 **In the past 12 months, have you avoided going to a dental professional because of the cost of dental care?**

- 1 Yes
  - 2 No
- DK, RF

DEN\_Q045 **Do you have insurance or a government program that covers all or part of your dental expenses?**

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- 1 Yes  
2 No (Go to DEN\_END)  
DK, RF (Go to DEN\_END)

DEN\_Q050

Is it...?

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

- 1 An employer-sponsored plan  
2 A provincial or territorial government program for children or seniors  
3 A private plan  
4 A government program for social service (welfare) clients  
5 A government program for First Nations and Inuit  
6 Other  
DK, RF

Programmer:

*If AGE >= 18 or AGE < 65, do not display answer category 2.*

DEN\_END

### Changes made to improve health (CIH)

Newfoundland and Labrador,  
Prince Edward Island

## Optional content

DOCIH: do block flag, from sample file

PROXYMODE : proxy identifier, from the GR block.

PE\_Q02 : last name of specific respondent from USU block

Screen display :

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

CIH C001A

If DOCH = 2, go to CH\_END.

Otherwise, go to CIH\_C001B.

CIH C001B

If PROXYMODE = 1, go to CIH\_END.

Otherwise, go to CIH\_Q005.

CIH Q005

Now, 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\_D015)

DK, RF

(Go to CIH D015)

CIH\_Q010

What is the single most important change you have made?

01 Increased exercise, sports / physical activity

02 Lost weight

03 Changed diet / improved eating habits

04 Quit smoking / reduced amount smoked

05 Drank less alcohol

06 Reduced stress level

07	Received medical treatment
----	----------------------------

08 Took vitamins

08	Week 1
09	Other

DK, RF

CIH\_D015

If CIH\_Q005 = 1, DT\_ANYTHING = 'anything else'.

Otherwise, DT\_ANYTHING = 'anything'.

CIH\_Q015

Do you think there is ^DT\_ANYTHING you should do to improve your physical health?

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	1	Yes	
	2	No	(Go to CIH_END)
	DK, RF		(Go to CIH_END)
CIH_Q020	<b>What is the most important thing?</b>		
	01	Start / Increase exercise, sports / physical activity	
	02	Lose weight	
	03	Change diet / improve eating habits	
	04	Quit smoking / reduce amount smoked	
	05	Drink less alcohol	
	06	Reduce stress level	
	07	Receive medical treatment	
	08	Take vitamins	
	09	Other	
	DK, RF		
CIH_Q025	<b>Is there anything stopping you from making this improvement?</b>		
	1	Yes	
	2	No	(Go to CIH_Q035)
	DK, RF		(Go to CIH_Q035)
CIH_Q030	<b>What is that?</b>		
	<u>INTERVIEWER:</u> Mark all that apply.		
	01	Lack of will power / self- discipline	
	02	Family responsibilities	
	03	Work schedule	
	04	Addiction to drugs / alcohol	
	05	Disability / health condition	
	06	Too stressed	
	07	Too costly / financial constraints	
	08	Not available in area	
	09	Transportation problems	
	10	Weather problems	
	11	Other	
	DK, RF		
CIH_Q035	<b>Is there anything you intend to do to improve your physical health in the next year?</b>		
	1	Yes	
	2	No	(Go to CIH_END)
	DK, RF		(Go to CIH_END)
CIH_Q040	<b>What is that?</b>		

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INTERVIEWER: Mark all that apply.

- 01 Start / Increase exercise,  
sports / physical activity
- 02 Lose weight
- 03 Change diet / improve  
eating habits
- 04 Quit smoking / reduce  
amount smoked
- 05 Drink less alcohol
- 06 Reduce stress level
- 07 Receive medical  
treatment
- 08 Take vitamins
- 09 Other
- DK, RF

CIH\_END



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**Sleep (SLP)**

Optional content

Prince Edward Island, Quebec,  
Alberta, British Columbia, Yukon,  
Nunavut

SLP\_BEG

Optional content

External variables required:

PROXYMODE: proxy identifier, from the GR block.

DOSLP: do block flag, from the sample file.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

SLP\_C001A

If DOSLP = 2, go to SLP\_END.

Otherwise, go to SLP\_C001B.

SLP\_C001B

If PROXYMODE=1, go to SLP\_END.

Otherwise, go to SLP\_R001.

SLP\_R001

**Now a few questions about sleep.**

INTERVIEWER: Press <1> to continue.

SLP\_Q005

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

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INTERVIEWER: Do not include time spent resting.

- 01 Under 2 hours
- 02 2 hours to less than 3  
hours
- 03 3 hours to less than 4  
hours
- 04 4 hours to less than 5  
hours
- 05 5 hours to less than 6  
hours
- 06 6 hours to less than 7  
hours
- 07 7 hours to less than 8  
hours
- 08 8 hours to less than 9  
hours
- 09 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, RF

SLP\_Q010

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

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Most of the time**
- 5 **All of the time**
- DK, RF

SLP\_Q015

**How often do you find your sleep refreshing?**

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Most of the time**
- 5 **All of the time**
- DK, RF

SLP\_Q020

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

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- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Most of the time
- 5 All of the time
- DK, RF

SLP\_END



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FVC_N005A	<p><u>INTERVIEWER</u>: Select the reporting period that corresponds to FVC_Q005.</p> <p>1 Per day 2 Per week 3 Per month (DK, RF not allowed)</p>
FVC_E005A	<p>An unusual value has been entered. Please confirm.</p> <p><i>Rule:</i> <i>Trigger soft edit if FVC_N005A = 1 (Per day) and FVC_Q005 &gt; 20.</i></p>
FVC_E005B	<p>An unusual value has been entered. Please confirm.</p> <p><i>Rule:</i> <i>Trigger soft edit if FVC_N005A = 2 (Per week) and FVC_Q005 &gt; 90.</i></p>
FVC_E005C	<p>An unusual value has been entered. Please confirm.</p> <p><i>Rule:</i> <i>Trigger soft edit if FVC_N005A = 3 (Per month) and FVC_Q005 &gt; 200.</i></p>
FVC_Q009	<p><b>In the last month, not counting juice, did you eat fruit? Please remember to include frozen, dried or canned fruit.</b></p> <p><u>INTERVIEWER</u>: INCLUDE fruit you added to yogurt, cereal and other meal items. DO NOT include fruit jam, jelly or fruit preserves as well as baked goods containing fruit like banana bread.</p> <p>1 Yes (Go to FVC_Q010) 2 No DK, RF</p> <p>Go to FVC_Q014</p>
FVC_Q010	<p><b>How many times? (You can report per day, per week or per month.)</b></p> <p><u>INTERVIEWER</u>: Enter the number of times per day, per week or per month. Select the reporting period on the next screen.</p> <p> _ _ _  (MIN: 1) (MAX: 300)</p> <p>DK, RF (Go to FVC_Q014)</p>
Processing:	<p><i>In processing, if a respondent answered FVC_Q009 = 2, the variable FVC_Q010 is given the value of 0.</i></p>
FVC_N010A	<p><u>INTERVIEWER</u>: Select the reporting period that corresponds to FVC_Q010.</p> <p>1 Per day 2 Per week 3 Per month (DK, RF not allowed)</p>
FVC_E010A	<p>An unusual value has been entered. Please confirm.</p>

	Rule:	Trigger soft edit if FVC_N010A = 1 (Per day) and FVC_Q010 > 20.
FVC_E010B		An unusual value has been entered. Please confirm.
	Rule:	Trigger soft edit if FVC_N010A = 2 (Per week) and FVC_Q010 > 90.
FVC_E010C		An unusual value has been entered. Please confirm.
	Rule:	Trigger soft edit if FVC_N010A = 3 (Per month) and FVC_Q010 > 200.
FVC_Q014		<p>In the last month, did you eat dark green vegetables such as broccoli, green beans, peas and green peppers or dark leafy greens including romaine or spinach? Please remember to include (frozen or canned vegetables and) vegetables that were cooked in soups or mixed in salad.</p> <p>INTERVIEWER: DO NOT include Iceberg lettuce if respondent specifies type of lettuce. DO NOT include cucumber, celery and common cabbage.</p> <p>1 Yes (Go to FVC_Q015)</p> <p>2 No</p> <p>DK, RF</p> <p>Go to FVC_Q019</p>
FVC_Q015		<p>How many times? (You can report per day, per week or per month.)</p> <p>INTERVIEWER: Enter the number of times per day, per week or per month. Select the reporting period on the next screen.</p> <p> _ _ _   (MIN: 1)  (MAX: 300)</p> <p>DK, RF (Go to FVC_Q019)</p> <p>Processing: In processing, if a respondent answered FVC_Q014 = 2, the variable FVC_Q015 is given the value of 0.</p>
FVC_N015A		<p>INTERVIEWER: Select the reporting period that corresponds to FVC_Q015.</p> <p>1 Per day</p> <p>2 Per week</p> <p>3 Per month</p> <p>(DK, RF not allowed)</p>
FVC_E015A		An unusual value has been entered. Please confirm.
	Rule:	Trigger soft edit if FVC_N015A = 1 (Per day) and FVC_Q015 > 20.
FVC_E015B		An unusual value has been entered. Please confirm.
	Rule:	Trigger soft edit if FVC_N015A = 2 (Per week) and FVC_Q015 > 90.
FVC_E015C		An unusual value has been entered. Please confirm.



1 Yes (Go to FVC\_Q025)

2 No

DK, RF

2 No

DK, RF

FVC\_Q025 How many times? (You can report per day, per week or per month.)

||-||-||  
(MIN: 1)  
(MAX: 300)

(MIN: 1)

(MAX: 300)

DK, RF

(Go to FVC\_Q029)

FVC\_N025A INTERVIEWER: Select the reporting period that corresponds to FVC\_Q025.

**INTERVIEWER:** Select the reporting period that corresponds to FVC Q025.

FVC_E025A	An unusual value has been entered. Please confirm.
Rule:	Trigger soft edit if FVC_N025A = 1 (Per day) and FVC_Q025 > 20.

An unusual value has been entered. Please confirm.

Rule: Trigger soft edit if FVC\_N025A = 1 (Per day) and FVC\_Q025 > 20.

An unusual value has been entered. Please confirm.

FVC_E025B	An unusual value has been entered. Please confirm.
Rule:	Trigger soft edit if FVC_N025A = 2 (Per week) and FVC_Q025 > 90.

Trigger soft edit if FVC\_N025A = 2 (Per week) and FVC\_Q025 > 90.

An unusual value has been entered. Please confirm.

FVC_E025C	An unusual value has been entered. Please confirm.
Rule:	Trigger soft edit if FVC_N025A = 3 (Per month) and FVC_Q025 > 200.

Trigger soft edit if FVC\_N025A = 3 (Per month) and FVC\_Q025 > 200.

If FVC\_Q014 = 1 or FVC\_Q019 = 1 or FVC\_Q024 = 1, DT\_SEBREPORTED = 'Excluding the green and orange vegetables as well as the potatoes you have already reported, in'.  
Otherwise, DT\_SEBREPORTED = 'In'.

FVC_D029	<p>If FVC_Q014 = 1 or FVC_Q019 = 1 or FVC_Q024 = 1, DT_SEBREPORTED = 'Excluding the green and orange vegetables as well as the potatoes you have already reported, in'.</p> <p>Otherwise, DT_SEBREPORTED = 'In'.</p>
----------	--

^DT\_SEBREPORTED the last month, did you eat OTHER vegetables?  
Examples include cucumber, celery, corn, cabbage and vegetable  
juice.



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3. No

	-	-	-
--	---	---	---

1 Per day

[illegible]

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**Food choices (FDC)**

Optional content

British Columbia

FDC\_BEG

Optional content

External variables required:

DOFDC: do block flag, from the sample file.

PROXYMODE: proxy identifier, from the GR block.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

FDC\_C001A

If DOFDC = 2, go to FDC\_END.

Otherwise, go to FDC\_C001B.

FDC\_C001B

If PROXYMODE = 1, go to FDC\_END.

Otherwise, go to FDC\_R001.

FDC\_R001

**Now, some questions about the foods you eat.**

INTERVIEWER: Press <1> to continue.

FDC\_Q005

**Do you choose certain foods or avoid others:**

**because you are concerned about your body weight?**

1        Yes (or sometimes)

2        No

DK, RF

FDC\_Q010

**Do you choose certain foods or avoid others:**

**because you are concerned about heart disease?**

1        Yes (or sometimes)

2        No

DK, RF

FDC\_Q015

**(Do you choose certain foods or avoid others:)**

**because you are concerned about cancer?**

1        Yes (or sometimes)

2        No

DK, RF

FDC\_Q020

**(Do you choose certain foods or avoid others:)**

**because you are concerned about osteoporosis (brittle bones)?**

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1 Yes (or sometimes)  
2 No  
DK, RF

FDC\_Q025

**Do you choose certain foods because of:  
the lower fat content?**

1 Yes (or sometimes)  
2 No  
DK, RF

FDC\_Q030

**(Do you choose certain foods because of:)  
the fibre content?**

1 Yes (or sometimes)  
2 No  
DK, RF

FDC\_Q035

**(Do you choose certain foods because of:)  
the calcium content?**

1 Yes (or sometimes)  
2 No  
DK, RF

FDC\_Q040

**Do you avoid certain foods because of:  
the fat content?**

1 Yes (or sometimes)  
2 No  
DK, RF

FDC\_Q045

**(Do you avoid certain foods because of:)  
the type of fat they contain?**

1 Yes (or sometimes)  
2 No  
DK, RF

FDC\_Q050

**(Do you avoid certain foods because of:)  
the salt content?**

1 Yes (or sometimes)  
2 No  
DK, RF

FDC\_Q055

**Do you avoid certain foods because of:  
the cholesterol content?**

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1 Yes (or sometimes)  
2 No  
DK, RF

FDC\_Q060

(Do you avoid certain foods because of:  
the calorie content?

1 Yes (or sometimes)  
2 No  
DK, RF

FDC\_END

## Canada's Food Guide use (FGU)

Yukon

## Optional content

DV\_HHSIZE : Household size from the Entry  
DOFGU: do block flag, from the sample file  
PROXYMODE: proxy identifier, from the GR block.

PE\_Q01: first name of specific respondent from USU block  
PE\_Q02: last name of specific respondent from USU block

Screen display:  
Display on header bar PE\_Q01 and PE\_Q02 separated by a space

If DOFGU=2, go to FGU\_END.  
Otherwise, go to FGU\_C001B.

If PROXYMODE=1, go to FGU\_END.  
Otherwise, go to FGU\_Q005.

Have you ever seen or heard of Canada's Food Guide?

1	Yes	
2	No	(Go to FGU_END)
DK, RF		

Have you ever used information from Canada's Food Guide?

1	Yes	
2	No	(Go to FGU_END)
DK, RF		

If DV\_HHSIZE > 1, DT\_HHMEMBERS = 'you or household members'.  
Otherwise, DT\_HHMEMBERS = 'you'.

What did you use the information for?

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

- 1 To choose foods for  
^DT\_HHMEMBERS
- 2 To determine how much  
^DT\_HHMEMBERS need to eat  
every day
- 3 To plan meals or to help  
with grocery shopping
- 4 To assess how well  
^DT\_HHMEMBERS are eating
- 5 Other
- 6 None of the above

DK, RF

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FGU\_E015

You cannot select "None of the above" and another category. Please return and correct.

Rule:

*Trigger hard edit if FGU\_Q015 = 6 (none) and any other response selected in FGU\_Q015*

FGU\_END

## Smoking (SMK)

SMK\_BEG

## Core content

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

SMK\_C001

Otherwise, go to SMK\_R001.

SMK R001

**INTERVIEWER:** Press <1> to continue. Include cigarettes that are bought ready-made as well as cigarettes that are self-made, but do not include electronic cigarettes, also known as "e-cigarettes".

SMK D001

DV AGEMINUS5 = AGE - 5

SMK D005

Not Applicable

SMK\_Q005

At the present time, ^DOVERB ^YOU2 smoke cigarettes every day, occasionally or not at all?

DK, RF

SMK\_Q010

In the past 30 days, did ^YOU1 smoke any cigarettes?

2 No

DK, RF

SMK\_E010

The respondent has indicated that he/she does not smoke at all at the present time, but he/she has smoked in the last 30 days. Please confirm.

*Rule:*

Trigger soft edit if  $SMK\_Q005 = 3$  and  $SMK\_Q010 = 1$

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SMK_C015	If SMK_Q005 = 1 (Every day) or SMK_Q010 = 1 (Smoked in the past 30 days), go to SMK_Q015. Otherwise, go to SMK_Q020.
SMK_Q015	<b>During the past 30 days, did ^YOU1 smoke every day?</b>  1        Yes 2        No DK, RF
SMK_Q020	<b>^HAVE_C ^YOU2 smoked more than 100 cigarettes (about 4 packs) in ^YOUR1 life?</b>  1        Yes 2        No DK, RF
SMK_D025	If SMK_Q005 = 1, DV_SMKSTA = 1 {Daily smoker}. Else if SMK_Q005 = 2, DV_SMKSTA = 2 {Occasional smoker}. Else if SMK_Q005 = 3 and SMK_Q020 = 1, DV_SMKSTA = 3 {Former smoker}. Else if SMK_Q005 = 3 and SMK_Q020 = 2, DV_SMKSTA = 4 {Never smoked}. Otherwise, DV_SMKSTA = 5 {Undetermined}.
SMK_C025	If DV_SMKSTA = 4 (Never smoked), go to SMK_Q025. Otherwise, go to SMK_C030.
SMK_Q025	<b>^HAVE_C ^YOU1 ever smoked a whole cigarette?</b>  1        Yes 2        No DK, RF
SMK_E025	The respondent has previously indicated that he/she quit smoking or reduced amount smoked to improve their health, but just reported that he/she has never smoked a whole cigarette in his/her lifetime. Please confirm.
Rule:	<i>Trigger soft edit if CIH_Q010 = 4 (Quit smoking/reduced amount smoked) and SMK_Q025 = 2</i>
SMK_C030	If (DV_SMKSTA = 2 (Occasional) and (SMK_Q010 not = 1 or SMK_Q015 not = 1)) or DV_SMKSTA = 3 (Former smoker), go to SMK_Q030. Otherwise, go to SMK_C035.
SMK_Q030	<b>^HAVE_C ^YOU1 ever smoked cigarettes daily?</b>  1        Yes 2        No DK, RF
SMK_C035	If DV_SMKSTA = 1 (Daily smoker) or DV_SMKSTA = 2 (Occasional smoker) or DV_SMKSTA = 3 (Former smoker) or SMK_Q025 = 1 (Ever smoked a whole cigarette), go to SMK_Q035. Otherwise, go to SMK_END.



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SMK_Q035	<p><b>At what age did ^YOU1 smoke ^YOUR1 first whole cigarette?</b></p> <p><u>INTERVIEWER</u>: Minimum is 5; maximum is ^AGE.</p> <p> _ _ _  (MIN: 5) (MAX: 121)</p> <p>DK, RF</p>
SMK_E035	<p><b>The entered age at which the respondent first smoked a whole cigarette is invalid. Please return and correct.</b></p> <p><i>Rule:</i> <i>Trigger hard edit if SMK_Q035 &gt; AGE.</i></p>
SMK_D040	<p>If SMK_Q035 has an entry, DT_AGEFIRSTCIG = 'SMK_Q035'. Otherwise, DT_AGEFIRSTCIG = '5'.</p>
SMK_C040A	<p>If DV_SMKSTA = 1 (Daily smoker) or SMK_Q030 = 1 (Ever smoked daily), go to SMK_Q040. Otherwise, go to SMK_C040B.</p>
SMK_C040B	<p>If DV_SMKSTA = 3 (Former smoker) and SMK_Q030 = 2 (never was a daily smoker), go to SMK_Q060. Otherwise, go to SMK_C040C.</p>
SMK_C040C	<p>If DV_SMKSTA = 2 (Occasional smoker), go to SMK_Q050. Otherwise, go to SMK_END.</p>
SMK_Q040	<p><b>At what age did ^YOU1 begin to smoke cigarettes daily?</b></p> <p><u>INTERVIEWER</u>: Minimum is ^DT_AGEFIRSTCIG; maximum is ^AGE.</p> <p> _ _ _  (MIN: 5) (MAX: 121)</p> <p>DK, RF</p>
SMK_E040A	<p><b>The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.</b></p> <p><i>Rule:</i> <i>Trigger hard edit if SMK_Q040 &gt; AGE.</i></p>
SMK_E040B	<p>The respondent has indicated that he/she began smoking cigarettes daily at a younger age than when he/she smoked their first whole cigarette. Please confirm.</p> <p><i>Rule:</i> <i>Trigger soft edit if SMK_Q035 &gt; SMK_Q040.</i></p>
SMK_C045A	<p>If DV_SMKSTA = 1 (Daily smoker), go to SMK_Q045. Otherwise, go to SMK_C045B.</p>
SMK_C045B	<p>If DV_SMKSTA = 2 (Occasional smoker), go to SMK_Q050. Otherwise, go to SMK_C045C.</p>

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SMK_C045C	If DV_SMKSTA = 3 (Former smoker) and SMK_Q030 = 1 (former daily smoker), go to SMK_Q075. Otherwise, go to SMK_END.
SMK_Q045	<p><b>How many cigarettes ^DOVERB ^YOU1 smoke each day now?</b></p> <p> _ _  (MIN: 1) (MAX: 99)</p> <p>DK, RF</p> <p>Go to SMK_END</p>
SMK_E045	An unusual value has been entered. Please confirm.
Rule:	Trigger soft edit if SMK_Q045 > 60
SMK_Q050	<p><b>On the days that ^YOU2 ^DOVERB smoke, how many cigarettes ^DOVERB ^YOU1 usually smoke?</b></p> <p> _ _  (MIN: 1) (MAX: 99)</p> <p>DK, RF</p>
SMK_E050	An unusual value has been entered. Please confirm.
Rule:	Trigger soft edit if SMK_Q050 > 60.
SMK_C055	If DV_SMKSTA = 2 (Occasional smoker) and (SMK_Q010 = 2 (did not smoke in last 30 days) or SMK_Q015 = 1 (smoked every day in last 30 days)), go to SMK_END. Otherwise, go to SMK_Q055.
SMK_Q055	<p><b>In the past month, on how many days ^HAVE ^YOU1 smoked one or more cigarettes?</b></p> <p> _ _  (MIN: 0) (MAX: 31)</p> <p>DK, RF</p> <p>Go to SMK_END</p>
Processing:	<p><i>In processing, if SMK_Q005=2 (occasional smoker) and SMK_Q015=1 (smoked every day in last 30 days), the question SMK_Q055 should be given the value 30.</i></p> <p><i>Otherwise, if SMK_Q005=2 (occasional smoker) and SMK_Q010=2 (did not smoke in past 30 days), the question SMK_Q055 should be given the value 0.</i></p>
SMK_E055A	The respondent has previously indicated that he/she smokes cigarettes occasionally, but just reported that he/she has smoked almost every day for the past month. Please confirm.

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Rule:

Trigger soft edit if DV\_SMKSTA = 2 and SMK\_Q055 > 27.

SMK\_E055B

The respondent has previously indicated that he/she has not smoked in the last 30 days, but just reported that he/she has smoked one or more cigarettes in the past month. Please confirm.

Rule:

Trigger soft edit if SMK\_Q010 = 2 and SMK\_Q055 > 0.

SMK\_Q060

**When did ^YOU1 stop smoking? Was it...?**

INTERVIEWER: Read categories to respondent.

- 1      **Less than one year ago**      (Go to SMK\_Q065)
  - 2      **1 year to less than 2 years ago**
  - 3      **2 years to less than 3 years ago**
  - 4      **3 or more years ago**      (Go to SMK\_Q070)
- DK, RF

Go to SMK\_END

Programmer:

*For SMK\_Q060: If AGE - SMK\_Q035 < 1, only display category 1.  
Else, if AGE - SMK\_Q035 < 2, only display categories 1 and 2.  
Else, if AGE - SMK\_Q035 < 3, only display categories 1, 2 and 3.  
Else, display all categories.*

SMK\_Q065

**In what month did ^YOU1 stop?**

- 01      January
  - 02      February
  - 03      March
  - 04      April
  - 05      May
  - 06      June
  - 07      July
  - 08      August
  - 09      September
  - 10      October
  - 11      November
  - 12      December
- DK, RF

Go to SMK\_END

SMK\_Q070

**How many years ago was it?**

INTERVIEWER: Minimum is 3; maximum is ^DV\_AGEMINUS5.

|\_|\_|\_|  
(MIN: 3)  
(MAX: 121)

DK, RF

Go to SMK\_END

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SMK\_E070                      The number of years ago that the respondent stopped smoking is invalid.  
Please return and correct.

Rule:                              Trigger hard edit if SMK\_Q070 > (AGE - 5).

SMK\_Q075                      When ^YOU2 smoked every day, how many cigarettes did ^YOU1 usually smoke each day?

|\_|\_|  
(MIN: 1)  
(MAX: 99)

DK, RF

SMK\_E075                      An unusual value has been entered. Please confirm.

Rule:                              Trigger soft edit if SMK\_Q075 > 60

SMK\_Q080                      When did ^YOU1 stop smoking daily? Was it...?

INTERVIEWER: Read categories to respondent.

- |   |                                  |                  |
|---|----------------------------------|------------------|
| 1 | Less than one year ago           | (Go to SMK_Q085) |
| 2 | 1 year to less than 2 years ago  |                  |
| 3 | 2 years to less than 3 years ago |                  |
| 4 | 3 or more years ago              | (Go to SMK_Q090) |
- DK, RF

Go to SMK\_C095

Programmer:                      For SMK\_Q080: If AGE - SMK\_Q040 < 1, only display category 1.  
Else, if AGE - SMK\_Q040 < 2, only display categories 1 and 2.  
Else, if AGE - SMK\_Q040 < 3, only display categories 1, 2 and 3.  
Else, display all categories.

SMK\_Q085                      In what month did ^YOU1 stop?

- |    |           |
|----|-----------|
| 01 | January   |
| 02 | February  |
| 03 | March     |
| 04 | April     |
| 05 | May       |
| 06 | June      |
| 07 | July      |
| 08 | August    |
| 09 | September |
| 10 | October   |
| 11 | November  |
| 12 | December  |
- DK, RF

Go to SMK\_C095

SMK\_Q090                      How many years ago was it?



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

DK, RF

Go to SMK\_END

SMK\_Q110

**How many years ago was it?**

INTERVIEWER: Minimum is 3; maximum is ^DV\_AGEMINUS5.

|\_|\_|\_|  
(MIN: 3)  
(MAX: 121)

DK, RF

SMK\_E110A

**The number of years ago that the respondent completely stopped smoking is invalid. Please return and correct.**

*Rule:*

*Trigger hard edit if SMK\_Q110 > (AGE - 5).*

SMK\_E110B

The respondent has indicated that he/she stopped smoking completely more years ago than he/she stopped smoking daily. Please confirm.

*Rule:*

*Trigger soft edit if SMK\_Q110 > SMK\_Q090.*

SMK\_END

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**Smoking cessation methods (SCA)**

Optional content

Nova Scotia, Alberta, Yukon,  
Nunavut

SCA\_BEG

Optional content

External variables required:

PROXYMODE: proxy identifier, from the GR block.

DOSCA: do block flag, from the sample file.

DOSCH: do block flag, from the sample file.

SMK\_Q005: Do you smoke cigarettes every day, occasionally or not at all?

SMK\_Q060: When did you stop smoking?

SMK\_Q080: When did you stop smoking daily?

SCH\_Q015: Quit smoking for 24 hours in past 12 months?

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

SCA\_C001A

If DOSCA = 2, go to SCA\_END.

Otherwise, go to SCA\_C001B.

SCA\_C001B

If PROXYMODE=1, go to SCA\_END.

Otherwise, go to SCA\_C001C.

SCA\_C001C

If SMK\_Q005 = 1 or 2 (current daily or occasional smoker), go to SCA\_C035A.

Otherwise, go to SCA\_C001D.

SCA\_C001D

If SMK\_Q060 = 1 or SMK\_Q080 = 1 (former smoker who quit less than 1 year ago), go to SCA\_Q005.

Otherwise, go to SCA\_END.

SCA\_Q005

**In the past 12 months, did you try a nicotine patch to reduce or quit smoking?**

1 Yes

2 No

DK, RF

(Go to SCA\_Q015)

(Go to SCA\_Q015)

SCA\_Q010

**How useful was that in helping you reduce or quit smoking?**

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INTERVIEWER: The answer should reflect the respondent's real objective (reduce or quit).

- 1 Very useful
  - 2 Somewhat useful
  - 3 Not very useful
  - 4 Not useful at all
- DK, RF

SCA\_Q015

**In the past 12 months, did you use nicotine gum such as 'Nicorette' to reduce or quit smoking?**

INTERVIEWER: The answer should reflect the respondent's real objective (reduce or quit).

- 1 Yes
  - 2 No (Go to SCA\_Q025)
- DK, RF (Go to SCA\_Q025)

SCA\_Q020

**How useful was that in helping you reduce or quit smoking?**

INTERVIEWER: The answer should reflect the respondent's real objective (reduce or quit)

- 1 Very useful
  - 2 Somewhat useful
  - 3 Not very useful
  - 4 Not useful at all
- DK, RF

SCA\_Q025

**In the past 12 months, did you try medication such as Zyban, Wellbutrin or Champix to reduce or quit smoking?**

- 1 Yes
  - 2 No (Go to SCA\_END)
- DK, RF (Go to SCA\_END)

SCA\_Q030

**How useful was that in helping you reduce or quit smoking?**

INTERVIEWER: The answer should reflect the respondent's real objective (reduce or quit)

- 1 Very useful
  - 2 Somewhat useful
  - 3 Not very useful
  - 4 Not useful at all
- DK, RF

Go to SCA\_END

SCA\_C035A

If SMK\_Q005 = 3, go to SCA\_END.  
Otherwise, go to SCA\_C035B.

SCA\_C035B

If DOSCH = 2, go to SCA\_Q035.  
Otherwise, go to SCA\_C035C.





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**Tobacco products alternatives (TAL)**

Optional content

Quebec, Ontario, Yukon

TAL\_BEG

Optional content

External variables required:

DOTAL: do block flag, from the sample file.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

TAL\_C001

If DOTAL=2, go to TAL\_END.

Otherwise, go to TAL\_R001.

TAL\_R001

**Now, I would like to ask you a few questions about tobacco products, other than cigarettes.**

INTERVIEWER: Press <1> to continue.

TAL\_Q005

**In the past 30 days, did ^YOU2 smoke any little cigars or cigarillos?**

1 Yes

(Go to TAL\_Q010)

2 No

DK, RF

Go to TAL\_Q015

TAL\_Q010

**Were these (little cigars or cigarillos) plain, flavoured or both?**

1 Plain

2 Flavoured

3 Both

DK, RF

TAL\_Q015

**In the past 30 days, did ^YOU1 smoke any cigars other than little cigars or cigarillos?**

1 Yes

2 No

DK, RF

TAL\_Q020

**In the past 30 days, did ^YOU1 use an electronic cigarette, also known as an 'e-cigarette'?**

1 Yes

2 No

DK, RF

TAL\_Q025

**(In the past 30 days), did ^YOU1 smoke a pipe?**

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1 Yes  
2 No  
DK, RF

TAL\_Q030

(In the past 30 days), did ^YOU1 use any chewing tobacco, pinch or snuff?

1 Yes  
2 No  
DK, RF

TAL\_Q035

In the past 30 days, did ^YOU1 smoke a tobacco water-pipe, also known as a hookah, shisha, nargeelay, hubble-bubble or gouza to smoke tobacco?

1 Yes  
2 No  
DK, RF

TAL\_END

### Exposure to second hand smoke (ETS)

Prince Edward Island, New Brunswick, Quebec

## Optional content

DOETS: Flag to activate this block from the sample file  
DOSMK: Flag to activate this block from the sample file.

PE\_Q01: first name of specific respondent from USU block  
PE\_Q02: last name of specific respondent from USU block

If DOETS = 2, go to ETS\_END.  
Otherwise, go to ETS\_R001.

The next questions are about exposure to second-hand smoke.

ETS Q005

Including both household members and regular visitors, does anyone smoke inside your home, every day or almost every day?

**INTERVIEWER:** Include cigarettes, cigars and pipes. Smoking inside the home excludes smoking inside the garage, whether attached or detached.

1	Yes	
2	No	(Go to ETS_C015)
DK, RF		(Go to ETS_END)

ETS Q010

How many people smoke inside your home every day or almost every day?

**INTERVIEWER:** Include household members and regular visitors. Include cigarettes, cigars and pipes.

| \_ | \_ |  
 (MIN: 1)  
 (MAX: 15)

DK, RF

ETS C015

If ETS\_Q005 = 1 (at least one person smokes inside the home), go to ETS\_C030A.  
Otherwise, go to ETS\_Q015.



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INTERVIEWER: Include cigarettes, cigars and pipes. Exclude respondent's own smoking.

1        Yes  
2        No  
DK, RF

ETS\_Q035

**In the past month, were you exposed to second-hand smoke, every day or almost every day, in a car or other private vehicle?**

INTERVIEWER: Include cigarettes, cigars and pipes. Exclude respondent's own smoking.

1        Yes  
2        No  
DK, RF

ETS\_Q040

**In the past month, were you exposed to second-hand smoke, every day or almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?**

INTERVIEWER: Include cigarettes, cigars and pipes. Exclude respondent's own smoking.

1        Yes  
2        No  
DK, RF

ETS\_END

### Alcohol use (ALC)

ALC BEG

## Core content

PE\_Q02: last name of specific respondent from USU block

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

ALC C001

Otherwise, go to ALC\_D001A.

ALC\_D001A

Not Applicable

ALC D001B

DV ONEYEARAGO = CURRENTDATE-1

ALC R001

- a glass or cocktail containing 1½ oz. of a spirit with 40% alcohol content.

INTERVIEWER: Press <1> to continue.

ALC\_Q005

^HAVE\_C ^YOU2 ever had a drink in ^YOUR1 lifetime?

DK, RF

Go to ALC END

ALC E005

The respondent has previously indicated that he/she drank less alcohol to improve their health, but just reported that he/she has never had a drink in his/her lifetime. Please confirm.

*Rule:*

Trigger soft edit if  $CLH\_Q010=5$  (Drank less alcohol) and  $ALC\_Q005 = 2$ .

ALC\_Q010

During the past 12 months, that is, from ^DV\_ONEYEARAGO to yesterday, ^HAVE ^YOU2 had a drink of beer, wine, liquor or any other alcoholic beverage?

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- 1 Yes (Go to ALC\_Q015)  
2 No  
DK, RF

Go to ALC\_END

ALC\_Q015 **During the past 12 months, how often did ^YOU1 drink alcoholic beverages?**

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

ALC\_D020 If SEX\_Q01 = male, DT\_BINGEDRINK = '5'.  
If SEX\_Q01 = female, DT\_BINGEDRINK = '4'.

ALC\_Q020 **How often in the past 12 months ^HAVE ^YOU1 had ^DT\_BINGEDRINK or more drinks on one occasion?**

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

ALC\_E020 The frequency in ALC\_Q020 is greater than the frequency in ALC\_Q015. Please confirm.

*Rule:* Trigger soft edit if (ALC\_Q020 = 6 and ALC\_Q015 = 1, 2, 3 or 4) or (ALC\_Q020 = 5 and ALC\_Q015 = 1, 2 or 3) or (ALC\_Q020 = 4 and ALC\_Q015 = 1 or 2) or (ALC\_Q020 = 3 and ALC\_Q015 = 1).

ALC\_END



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**Alcohol use during the past week (ALW)**

Optional content

Prince Edward Island, Ontario,  
British Columbia

ALW\_BEG

Optional content

External variables required:

DOALW: flag to activate the block from the sample file.

PROXYMODE: proxy identifier, from the GR block.

ALC\_Q005: Ever had a drink in your lifetime?

ALC\_Q010: Had a drink in past 12 months?

ALC\_Q020: Had more than 4 or 5 drinks on one occasion last 12 months?

DT\_BINGEDRINK : from ALC module - 5 drinks (male), 4 drinks (female)

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

ALW\_C001A

If DOALW = 2, go to ALW\_END.

Otherwise, go to ALW\_C001B.

ALW\_C001B

If (ALC\_Q005 = 2, DK or RF) or (ALC\_Q010=2, DK or RF) (Never drank, or has not drank in the last 12 months), go to ALW\_END.

Otherwise, go to ALW\_Q005.

ALW\_D001A

Programmer:

*DV\_YESTERDAY: If Yesterday = Sunday, DV\_YESTERDAY = 1; if Yesterday = Monday, DV\_YESTERDAY = 2, etc.*

ALW\_D001B

Programmer:

*DV\_DAYLASTWEEKE: English text for the day of the week 7 days ago (e.g. If current day is Saturday, then DV\_DAYLASTWEEKE = "Saturday")*

ALW\_Q005

**Thinking back over the past week, that is, from last**

**^DV\_DAYLASTWEEKE to yesterday, did ^YOU2 have a drink of beer, wine, liquor or any other alcoholic beverage?**

1 Yes

2 No

(Go to ALW\_END)

DK, RF

(Go to ALW\_END)

ALW\_D010

If DV\_YESTERDAY = 1, DT\_DAYE\_1 = 'Sunday'.

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If DV\_YESTERDAY = 1, DT\_DAYE\_2 = 'Saturday'.  
If DV\_YESTERDAY = 1, DT\_DAYE\_3 = 'Friday'.  
If DV\_YESTERDAY = 1, DT\_DAYE\_4 = 'Thursday'.  
If DV\_YESTERDAY = 1, DT\_DAYE\_5 = 'Wednesday'.  
If DV\_YESTERDAY = 1, DT\_DAYE\_6 = 'Tuesday'.  
If DV\_YESTERDAY = 1, DT\_DAYE\_7 = 'Monday'.  
If DV\_YESTERDAY = 2, DT\_DAYE\_1 = 'Monday'.  
If DV\_YESTERDAY = 2, DT\_DAYE\_2 = 'Sunday'.  
If DV\_YESTERDAY = 2, DT\_DAYE\_3 = 'Saturday'.  
If DV\_YESTERDAY = 2, DT\_DAYE\_4 = 'Friday'.  
If DV\_YESTERDAY = 2, DT\_DAYE\_5 = 'Thursday'.  
If DV\_YESTERDAY = 2, DT\_DAYE\_6 = 'Wednesday'.  
If DV\_YESTERDAY = 2, DT\_DAYE\_7 = 'Tuesday'.  
If DV\_YESTERDAY = 3, DT\_DAYE\_1 = 'Tuesday'.  
If DV\_YESTERDAY = 3, DT\_DAYE\_2 = 'Monday'.  
If DV\_YESTERDAY = 3, DT\_DAYE\_3 = 'Sunday'.  
If DV\_YESTERDAY = 3, DT\_DAYE\_4 = 'Saturday'.  
If DV\_YESTERDAY = 3, DT\_DAYE\_5 = 'Friday'.  
If DV\_YESTERDAY = 3, DT\_DAYE\_6 = 'Thursday'.  
If DV\_YESTERDAY = 3, DT\_DAYE\_7 = 'Wednesday'.  
If DV\_YESTERDAY = 4, DT\_DAYE\_1 = 'Wednesday'.  
If DV\_YESTERDAY = 4, DT\_DAYE\_2 = 'Tuesday'.  
If DV\_YESTERDAY = 4, DT\_DAYE\_3 = 'Monday'.  
If DV\_YESTERDAY = 4, DT\_DAYE\_4 = 'Sunday'.  
If DV\_YESTERDAY = 4, DT\_DAYE\_5 = 'Saturday'.  
If DV\_YESTERDAY = 4, DT\_DAYE\_6 = 'Friday'.  
If DV\_YESTERDAY = 4, DT\_DAYE\_7 = 'Thursday'.  
If DV\_YESTERDAY = 5, DT\_DAYE\_1 = 'Thursday'.  
If DV\_YESTERDAY = 5, DT\_DAYE\_2 = 'Wednesday'.  
If DV\_YESTERDAY = 5, DT\_DAYE\_3 = 'Tuesday'.  
If DV\_YESTERDAY = 5, DT\_DAYE\_4 = 'Monday'.  
If DV\_YESTERDAY = 5, DT\_DAYE\_5 = 'Sunday'.  
If DV\_YESTERDAY = 5, DT\_DAYE\_6 = 'Saturday'.  
If DV\_YESTERDAY = 5, DT\_DAYE\_7 = 'Friday'.  
If DV\_YESTERDAY = 6, DT\_DAYE\_1 = 'Friday'.  
If DV\_YESTERDAY = 6, DT\_DAYE\_2 = 'Thursday'.  
If DV\_YESTERDAY = 6, DT\_DAYE\_3 = 'Wednesday'.  
If DV\_YESTERDAY = 6, DT\_DAYE\_4 = 'Tuesday'.  
If DV\_YESTERDAY = 6, DT\_DAYE\_5 = 'Monday'.  
If DV\_YESTERDAY = 6, DT\_DAYE\_6 = 'Sunday'.  
If DV\_YESTERDAY = 6, DT\_DAYE\_7 = 'Saturday'.  
If DV\_YESTERDAY = 7, DT\_DAYE\_1 = 'Saturday'.  
If DV\_YESTERDAY = 7, DT\_DAYE\_2 = 'Friday'.  
If DV\_YESTERDAY = 7, DT\_DAYE\_3 = 'Thursday'.  
If DV\_YESTERDAY = 7, DT\_DAYE\_4 = 'Wednesday'.  
If DV\_YESTERDAY = 7, DT\_DAYE\_5 = 'Tuesday'.  
If DV\_YESTERDAY = 7, DT\_DAYE\_6 = 'Monday'.  
If DV\_YESTERDAY = 7, DT\_DAYE\_7 = 'Sunday'.

ALW\_Q010

Starting with yesterday, that is ^DT\_DAYE\_1, how many drinks did  
^YOU2 have?

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	<p> _ _  (MIN: 0) (MAX: 99)</p> <p>DK, RF</p>
ALW_E010A	<p>Inconsistent answers have been entered. The respondent reported never having had ^DT_BINGEDRINK or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK drinks or more on ^DT_DAYE_1.</p> <p><i>Rule:</i> <i>Trigger soft edit if ALC_Q020 = 1 and ALW_Q010=&gt; ^DT_BINGEDRINK.</i></p>
ALW_E010B	<p>An unusual value has been entered. Please confirm.</p> <p><i>Rule:</i> <i>Trigger soft edit if ALW_Q010 &gt; 12.</i></p>
ALW_C015	<p>If ALW_Q010 is RF, go to ALW_END. Otherwise, go to ALW_Q015.</p>
ALW_Q015	<p><b>How many drinks did ^YOU1 have: on ^DT_DAYE_2?</b></p> <p> _ _  (MIN: 0) (MAX: 99)</p> <p>DK, RF</p>
ALW_E015A	<p>Inconsistent answers have been entered. The respondent reported never having had ^DT_BINGEDRINK or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK drinks or more on ^DT_DAYE_2.</p> <p><i>Rule:</i> <i>Trigger soft edit if ALC_Q020 = 1 and ALW_Q015=&gt; ^DT_BINGEDRINK.</i></p>
ALW_E015B	<p>An unusual value has been entered. Please confirm.</p> <p><i>Rule:</i> <i>Trigger soft edit if ALW_Q015 &gt; 12.</i></p>
ALW_Q020	<p><b>(How many drinks did ^YOU1 have:) on ^DT_DAYE_3?</b></p> <p> _ _  (MIN: 0) (MAX: 99)</p> <p>DK, RF</p>
ALW_E020A	<p>Inconsistent answers have been entered. The respondent reported never having had ^DT_BINGEDRINK or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK drinks or more on ^DT_DAYE_3.</p>

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Rule: Trigger soft edit if  $ALC\_Q020 = 1$  and  $ALW\_Q020 \Rightarrow ^{DT\_BINGEDRINK}$ .

ALW\_E020B An unusual value has been entered. Please confirm.

Rule: Trigger soft edit if  $ALW\_Q020 > 12$ .

ALW\_Q025 **(How many drinks did ^YOU1 have:)**  
**on ^DT\_DAYE\_4?**

|\_|\_|  
(MIN: 0)  
(MAX: 99)

DK, RF

ALW\_E025A Inconsistent answers have been entered. The respondent reported never having had ^DT\_BINGEDRINK or more drinks on one occasion in the past 12 months but had ^DT\_BINGEDRINK drinks or more on ^DT\_DAYE\_4.

Rule: Trigger soft edit if  $ALC\_Q020 = 1$  and  $ALW\_Q025 \Rightarrow ^{DT\_BINGEDRINK}$ .

ALW\_E025B An unusual value has been entered. Please confirm.

Rule: Trigger soft edit if  $ALW\_Q025 > 12$ .

ALW\_Q030 **(How many drinks did ^YOU1 have:)**  
**on ^DT\_DAYE\_5?**

|\_|\_|  
(MIN: 0)  
(MAX: 99)

DK, RF

ALW\_E030A Inconsistent answers have been entered. The respondent reported never having had ^DT\_BINGEDRINK or more drinks on one occasion in the past 12 months but had ^DT\_BINGEDRINK drinks or more on ^DT\_DAYE\_5.

Rule: Trigger soft edit if  $ALC\_Q020 = 1$  and  $ALW\_Q030 \Rightarrow ^{DT\_BINGEDRINK}$ .

ALW\_E030B An unusual value has been entered. Please confirm.

Rule: Trigger soft edit if  $ALW\_Q030 > 12$ .

ALW\_Q035 **(How many drinks did ^YOU1 have:)**  
**on ^DT\_DAYE\_6?**

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	_ _  (MIN: 0) (MAX: 99)  DK, RF
ALW_E035A	Inconsistent answers have been entered. The respondent reported never having had ^DT_BINGEDRINK or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK drinks or more on ^DT_DAYE_6.
Rule:	Trigger soft edit if ALC_Q020 = 1 and ALW_Q035 => ^DT_BINGEDRINK.
ALW_E035B	An unusual value has been entered. Please confirm.
Rule:	Trigger soft edit if ALW_Q035 > 12.
ALW_Q040	<b>(How many drinks did ^YOU1 have:)</b>  <b>on ^DT_DAYE_7?</b>   _ _  (MIN: 0) (MAX: 99)  DK, RF
ALW_E040A	Inconsistent answers have been entered. The respondent reported never having had ^DT_BINGEDRINK or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK drinks or more on ^DT_DAYE_7.
Rule:	Trigger soft edit if ALC_Q020 = 1 and ALW_Q040 => ^DT_BINGEDRINK.
ALW_E040B	An unusual value has been entered. Please confirm.
Rule:	Trigger soft edit if ALW_Q040 > 12.
ALW_E040C	Inconsistent answers have been entered. The respondent had a drink in the past week but has not had any drinks in the last seven days.
Rule:	Trigger soft edit if (ALW_Q005 = 1) and (ALW_Q010 to ALW_Q040 all = 0).
ALW_END	

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**Medication use (MED)**

Optional content Northwest Territories

MED\_BEG

Optional content

External variables required:

DOMED: do block flag, from the sample file.

PROXYMODE: proxy identifier, from the GR block.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

MED\_C001A

If DOMED = 2, go to MED\_END.

Otherwise, go to MED\_C001B.

MED\_C001B

If PROXYMODE = 1, go to MED\_END.

Otherwise, go to MED\_R001.

MED\_R001

**The next series of questions are about various medications.**

**The first series of questions are about your use of various pain relievers.**

**By pain relievers, we mean products that contain opioids such as codeine or morphine, or related drugs. Most of these products require a prescription, although some codeine products are available without a prescription, for example, Tylenol #1 or 222s.**

**We are not interested in pain relievers such as Aspirin, Advil, regular Tylenol, Celebrex, etc.**

INTERVIEWER: Press <1> to continue.

MED\_Q005

**During the past 12 months, have you used any codeine products like Tylenol #3, Tylenol #1, 292s or 222s?**

INTERVIEWER: Tylenol Regular and Extra-strength do not contain codeine and are not counted. Tylenol 1, 2, 3, and 4 contain codeine and are counted.

1 Yes

2 No

DK, RF

MED\_Q010

**During the past 12 months, have you used any oxycodone products such as Percocet or Percodan?**

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INTERVIEWER: Include Oxycontin and oxy-neo. Consider pain relievers given to the respondent while he or she was a patient in hospital as prescribed.

- 1 Yes
- 2 No
- DK, RF

MED\_Q015

**(During the past 12 months,) have you used any other opioid products such as hydromorphone, Dilaudid, Hydromorph Contin, morphine, MS Contin, or Demerol?**

INTERVIEWER: Consider pain relievers given to the respondent while he or she was a patient in hospital as prescribed.

- 1 Yes
- 2 No
- DK, RF

MED\_C020

If MED\_Q005 = 1 or MED\_Q010 = 1 or MED\_Q015 = 1, go to MED\_Q020. Otherwise, go to MED\_R050.

MED\_Q020

**(During the past 12 months,) how often did you use any such pain relievers? Would you say...?**

INTERVIEWER: Read categories to respondent. Consider pain relievers given to the respondent while he or she was a patient in hospital as prescribed.

- 01 Once or twice
- 02 3 to 11 times a year
- 03 About once a month
- 04 2 or 3 times a month
- 05 About once or twice a week
- 06 3 or 4 times a week
- 07 Daily or almost daily
- 08 As needed, or following surgery
- DK, RF

MED\_Q025

**Thinking about all the pain relievers you have used during the past 12 months, were they prescribed for you?**

INTERVIEWER: Read categories to respondent. Consider pain relievers given to the respondent while he or she was a patient in hospital as prescribed.

- 1 No, none were prescribed (Go to MED\_Q035)
- 2 Yes, they all were prescribed
- 3 Some were prescribed and others were not
- DK, RF





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INTERVIEWER: Read categories to respondent. Consider stimulants given to the respondent while he or she was a patient in hospital as prescribed.

- 01      **Once or twice**
- 02      **3 to 11 times a year**
- 03      **About once a month**
- 04      **2 or 3 times a month**
- 05      **About once or twice a week**
- 06      **3 or 4 times a week**
- 07      **Daily or almost daily**
- 08      **As needed, or following surgery**
- DK, RF

MED\_Q060

**Thinking about all the stimulants you used during the past 12 months, were they prescribed for you?**

INTERVIEWER: Read categories to respondent. Consider stimulants given to the respondent while he or she was a patient in hospital as prescribed.

- 1      **No, none were prescribed** (Go to MED\_Q070)
- 2      **Yes, they all were prescribed**
- 3      **Some were prescribed and others were not**
- DK, RF

MED\_Q065

**Sometimes people do not take their pills as directed by a physician or pharmacist. Thinking about all the stimulants you have used during the past 12 months, did you ever take more pills or take them more often than you were supposed to?**

- 1      **Yes**
- 2      **No**
- DK, RF

MED\_Q070

**During the past 12 months, did you ever use stimulants only for the experience, the feeling they caused or to get high?**

- 1      **Yes**
- 2      **No**
- DK, RF

MED\_C075

If MED\_Q060 = (2, 3), go to MED\_Q075.  
Otherwise, go to MED\_R080.

MED\_Q075

**During the past 12 months, did you ever use stimulants for reasons other than why they were prescribed, for example, to study, to stay alert, to decrease your appetite or for any other reason?**

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- 1 Yes  
2 No  
DK, RF

MED\_R080

The next few questions are about your use of various sedatives or anti-anxiety medications.

By sedatives, we mean products that can be obtained from a doctor such as diazepam, Valium, lorazepam, Ativan, alprazolam, Xanax, clonazepam, Rivotril or others.

Sedatives are sometimes prescribed to help people sleep, calm down, or to relax their muscles.

INTERVIEWER: Press <1> to continue.

MED\_Q080

During the past 12 months, have you used any sedatives?

- 1 Yes  
2 No (Go to MED\_END)  
DK, RF (Go to MED\_END)

MED\_Q085

During the past 12 months, how often did you use any sedatives?  
Would you say...?

INTERVIEWER: Read categories to respondent. Consider sedatives given to the respondent while he or she was a patient in hospital as prescribed.

- 01 Once or twice  
02 3 to 11 times a year  
03 About once a month  
04 2 or 3 times a month  
05 About once or twice a  
week  
06 3 or 4 times a week  
07 Daily or almost daily  
08 As needed, or following  
surgery  
DK, RF

MED\_Q090

Thinking about all the sedatives you have used during the past 12 months, were they prescribed for you?

INTERVIEWER: Read categories to respondent. Consider sedatives given to the respondent while he or she was a patient in hospital as prescribed.

- 1 No, none were prescribed (Go to MED\_Q100)  
2 Yes, they all were prescribed  
3 Some were prescribed and others were not  
DK, RF

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MED\_Q095

Sometimes people do not take their pills as directed by a physician or pharmacist. Thinking about all the sedatives you have used during the past 12 months, did you ever take more pills or take them more often than you were supposed to?

- 1 Yes
- 2 No
- DK, RF

MED\_Q100

During the past 12 months, did you ever use sedatives only for the experience, the feeling they caused or to get high?

- 1 Yes
- 2 No
- DK, RF

MED\_END

## Drug use methods (DRM)

Manitoba

## Optional content

PROXYMODE: proxy identifier, from the GR block.

DODRM: Do block flag, from the sample file.

DODRG: Do block flag, from the sample file.

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

If DODRM = 2, go to DRM\_END.

Otherwise, go to DRM\_C001B.

If PROXYMODE=1, go to DRM\_END.

Otherwise, go to DRM\_R001.

The next questions are about various methods that are used when people use illicit drugs.

INTERVIEWER: Press <1> to continue.

Have you ever smoked illicit drugs?

1 Yes

(Go to DRM\_Q010)

2 No

DK, RF

Go to DRM\_Q015

Was this in the past 12 months?

1 Yes

2 No

DK, RF

Have you ever taken illicit drugs orally?

1 Yes

(Go to DRM\_Q020)

2 No

DK, RF

Go to DRM\_Q025

Was this in the past 12 months?

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	1	Yes	
	2	No	
	DK, RF		
DRM_Q025	<b>Have you ever snorted or sniffed illicit drugs?</b>		
	1	Yes	(Go to DRM_Q030)
	2	No	
	DK, RF		
	Go to DRM_C035		
DRM_Q030	<b>Was this in the past 12 months?</b>		
	1	Yes	
	2	No	
	DK, RF		
DRM_C035	If DODRG = 1, go to DRM_Q035. Otherwise, go to DRM_Q040.		
DRM_Q035	<b>Have you ever used a needle to inject or be injected with a drug not prescribed by a doctor?</b>		
	<u>INTERVIEWER:</u> Read categories to respondent.		
	1	<b>Yes, just once</b>	(Go to DRM_Q045)
	2	<b>Yes, more than once</b>	(Go to DRM_Q045)
	3	<b>No</b>	(Go to DRM_END)
	DK, RF		(Go to DRM_END)
DRM_Q040	<b>Have you ever used a needle to inject or be injected with a drug not prescribed by a doctor?</b>		
	1	Yes	
	2	No	(Go to DRM_END)
	DK, RF		(Go to DRM_END)
Processing:	<i>In processing, if DODRG = 1 and the respondent answered DRM_Q035, the variable DRM_Q040 is given the value: 1 if DRM_Q035 = 1,2 2 if DRM_Q035 = 3 DK if DRM_Q035 = DK RF if DRM_Q035 = RF</i>		
DRM_Q045	<b>Was this in the past 12 months?</b>		
	1	Yes	
	2	No	
	DK, RF		
DRM_END			

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**Drug use (DRG)**

Optional content

New Brunswick, Ontario,  
Manitoba, Yukon, Northwest  
Territories

DRG\_BEG

Optional content

External variables required:

PROXYMODE: proxy identifier, from the GR block.

DODRG: do block flag, from the sample file.

DODRM: Do block flag, from the sample file.

DRM\_Q035: ever used a needle for non prescribed drugs?  
DRM\_Q045: in past 12 months?

PE\_Q01: first name of specific respondent from USU block  
PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

DRG\_C001A

If DODRG = 2, go to DRG\_END.  
Otherwise, go to DRG\_C001B.

DRG\_C001B

If PROXYMODE=1, go to DRG\_END.  
Otherwise, go to DRG\_R005.

DRG\_R005

**I am now going to ask questions on your use of various drugs.**

INTERVIEWER: Press <1> to continue.

DRG\_Q005

**Have you ever used or tried marijuana or hashish?**

INTERVIEWER: Read categories to respondent.

1	<b>Yes, just once</b>	
2	<b>Yes, more than once</b>	
3	<b>No</b>	(Go to DRG_Q020)
DK		(Go to DRG_Q020)
RF		(Go to DRG_END)

DRG\_Q010

**Was this in the past 12 months?**

1	Yes	
2	No	(Go to DRG_Q020)
DK, RF		(Go to DRG_Q020)

DRG\_C015

If DRG\_Q005 = 1, go to DRG\_Q020.  
Otherwise, go to DRG\_Q015.

DRG\_Q015

**How often did you use marijuana or hashish in the past 12 months?**

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INTERVIEWER: Read categories to respondent.

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

DK, RF

DRG\_Q020

**Have you ever used or tried cocaine in any form, including crack, freebase, powder or snow?**

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q030)
- DK, RF (Go to DRG\_Q030)

DRG\_Q025

**Was this in the past 12 months?**

- 1 Yes
- 2 No

DK, RF

DRG\_Q030

**Have you ever used or tried amphetamines, speed, methamphetamines or crystal meth?**

INTERVIEWER: Read categories to respondent.

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q040)
- DK, RF (Go to DRG\_Q040)

DRG\_Q035

**Was this in the past 12 months?**

- 1 Yes
- 2 No

DK, RF

DRG\_Q040

**Have you ever used or tried ecstasy, also known as MDMA, E, Xtc, Adam or X?**

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q050)
- DK, RF (Go to DRG\_Q050)

DRG\_Q045

**Was this in the past 12 months?**

- 1 Yes
- 2 No

DK, RF

DRG\_Q050

**Have you ever used or tried hallucinogens such as PCP, LSD, acid, magic mushrooms, mescaline or angel dust?**

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INTERVIEWER: Salvia is also considered to be an hallucinogen.

- |        |                     |                  |
|--------|---------------------|------------------|
| 1      | Yes, just once      |                  |
| 2      | Yes, more than once |                  |
| 3      | No                  | (Go to DRG_Q060) |
| DK, RF |                     | (Go to DRG_Q060) |

DRG\_Q055

**Was this in the past 12 months?**

- |        |     |
|--------|-----|
| 1      | Yes |
| 2      | No  |
| DK, RF |     |

DRG\_Q060

**Have you ever sniffed glue, gasoline or other solvents to get high?**

INTERVIEWER: Read categories to respondent.

- |        |                            |                   |
|--------|----------------------------|-------------------|
| 1      | <b>Yes, just once</b>      |                   |
| 2      | <b>Yes, more than once</b> |                   |
| 3      | <b>No</b>                  | (Go to DRG_C070A) |
| DK, RF |                            | (Go to DRG_C070A) |

DRG\_Q065

**Was this in the past 12 months?**

- |        |     |
|--------|-----|
| 1      | Yes |
| 2      | No  |
| DK, RF |     |

DRG\_C070A

If DODRM=1, go to DRG\_C070B.  
Otherwise, go to DRG\_Q070.

DRG\_C070B

If DRM\_Q035 has values, go to DRG\_C075A.  
Otherwise, go to DRG\_Q070.

DRG\_Q070

**Have you ever used a needle to inject or be injected with a drug not prescribed by a doctor?**

- |        |                     |                   |
|--------|---------------------|-------------------|
| 1      | Yes, just once      | (Go to DRG_C075A) |
| 2      | Yes, more than once | (Go to DRG_C075A) |
| 3      | No                  | (Go to DRG_END)   |
| DK, RF |                     | (Go to DRG_END)   |

Processing:

*In processing, if DODRG = 1 and DODRM=1 and the respondent answered  
DRM\_Q035, assign value of DRM\_Q035 to DRG\_Q070.*

DRG\_C075A

If DODRM=1, go to DRG\_C075B.  
Otherwise, go to DRG\_Q075.

DRG\_C075B

If DRM\_Q045 has values, go to DRG\_Q080.  
Otherwise, go to DRG\_END.

DRG\_Q075

**Was this in the past 12 months?**



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- 1 Yes
- 2 No
- DK, RF

Processing: *In processing, if DODRG = 1 and DODRM=1 and the respondent answered DRM\_Q045, assign value of DRM\_Q045 to DRG\_Q075.*

DRG\_Q080 **Which of the following drugs have you injected using a needle?**

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

- 1 Cocaine
- 2 Heroin or opium
- 3 Methamphetamine
- 4 Steroids
- 5 Other
- 6 I have never injected a drug using a needle
- DK, RF

DRG\_E080A **You cannot select "I have never injected a drug using a needle" and another category. Please return and correct.**

Rule: *Trigger hard edit if DRG\_Q080 = 6 (Never) and any other response selected in DRG\_Q080.*

DRG\_E080B A response inconsistent with a response to a previous question has been entered. Please confirm.

Rule: *Trigger soft edit if DRG\_Q080 = 6 and DRM\_Q035 = 1 or 2 (has used a needle to inject or be injected with drugs).*

DRG\_END

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**Physical activities - adults 18 years and older (PAA)**

Core content

PAA\_BEG

Core content

External variables required:

AGE: age of respondent

DOPAA: do block flag from the sample file

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

PAA\_C001A

If DOPAA=2, go to PAA\_END.

Otherwise, go to PAA\_C001B.

PAA\_C001B

If AGE < 18, go to PAA\_END.

Otherwise, go to PAA\_R001.

PAA\_R001

**The following questions are about various types of physical activities done in the last 7 days. I want you to only think of activities ^YOU2 did for a minimum of 10 continuous minutes.**

INTERVIEWER: Press <1> to continue.

PAA\_D005

Not Applicable

Programmer:

*DT\_DAYLASTWEEKE = English text for the day of the week 7 days ago (e.g., if current day is Saturday, then DT\_DAYLASTWEEKE = "Saturday").*

PAA\_Q005

**In the last 7 days, that is from last ^DT\_DAYLASTWEEKE to yesterday, did ^YOU2 use active ways like walking or cycling to get to places such as work, school, the bus stop, the shopping centre or to visit friends?**

INTERVIEWER: Do not include walking, cycling or other activities done purely for leisure. These activities will be asked about later.

1        Yes

2        No

DK, RF

(Go to PAA\_D030)

(Go to PAA\_D030)

Programmer:

*Set DV\_PAATRavel = 0.*

PAA\_Q010

**In the last 7 days, on which days did ^YOU1 do these activities?**

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INTERVIEWER: Mark all that apply.

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Saturday
- 7 Sunday
- DK, RF

PAA\_Q015

How much time in total, in the last 7 days, did ^YOU1 spend doing these activities? Please only include activities that lasted a minimum of 10 continuous minutes.

INTERVIEWER: Enter the number of hours on this screen and the number of minutes on the next screen. If the respondent answers in minutes only, enter 0 hours on this screen and the number of minutes on the next screen.

If recall is too difficult for the respondent, ask for their best estimate.

|\_|\_|\_|  
(MIN: 0)  
(MAX: 168)

DK, RF (Go to PAA\_D025)

Processing: *If PAA\_Q005 = 2, the variable PAA\_Q015 is given the value 0.*

PAA\_C020  
If PAA\_Q015 = 168, go to PAA\_D025.  
Otherwise, go to PAA\_N020.

PAA\_N020  
INTERVIEWER: Enter number of minutes.

|\_|\_|\_|\_|  
(MIN: 0)  
(MAX: 9,995)

DK, RF (Go to PAA\_D025)

Processing: *If PAA\_Q005 = 2 or PAA\_Q015 = 168, the variable PAA\_N020 is given the value 0.*

PAA\_E020A  
**Inconsistent hours and minutes have been entered. Please return and correct.**

Rule: *Trigger hard edit if PAA\_Q015 > 0 and PAA\_N020 > 59.*

PAA\_E020B  
**No time has been entered. Please return and correct.**

Rule: *Trigger hard edit if PAA\_Q015 = 0 and PAA\_N020 = 0*

PAA\_E020C  
**The time spent being active is less than 10 minutes. Please return and correct.**

Rule: *Trigger hard edit if PAA\_Q015 = 0 and PAA\_N020 < 10*

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PAA\_D025

Programmer:

*If PAA\_Q015 = RESPONSE and PAA\_N020 = RESPONSE, set DV\_PAATRAVEL = PAA\_Q015\*60 + PAA\_N020.  
Otherwise if PAA\_Q015 = RESPONSE, set DV\_PAATRAVEL = PAA\_Q015\*60.  
Otherwise, set DV\_PAATRAVEL = 0.*

PAA\_E025

An unusual value has been entered. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

Rule:

*Trigger soft edit if DV\_PAATRAVEL > 420*

PAA\_D030

If PAA\_Q005 = 1, DT\_PAA30TEXTE = 'Not including activities you just reported, in'.  
Otherwise, DT\_PAA30TEXTE = 'In'.

PAA\_Q030

**^DT\_PAA30TEXTE the last 7 days, did ^YOU2 do sports, fitness or recreational physical activities, organized or non-organized, that lasted a minimum of 10 continuous minutes?**

**Examples are walking, home or gym exercise, swimming, cycling, running, skiing, dancing and all team sports.**

1	Yes	
2	No	(Go to PAA_Q060)
DK, RF		(Go to PAA_Q060)

Programmer:

*Set DV\_PAAREC = 0.*

PAA\_Q035

**Did any of these recreational physical activities make ^HIMHER sweat at least a little and breathe harder?**

1	Yes	
2	No	(Go to PAA_Q060)
DK, RF		(Go to PAA_Q060)

PAA\_Q040

**In the last 7 days, on which days did ^YOU1 do these recreational activities that made ^HIMHER sweat at least a little and breathe harder?**

INTERVIEWER: Mark all that apply.

1	Monday
2	Tuesday
3	Wednesday
4	Thursday
5	Friday
6	Saturday
7	Sunday
DK, RF	

PAA\_Q045

**(In the last 7 days), how much time in total did ^YOU1 spend doing these activities that made ^HIMHER sweat at least a little and breathe harder?**

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INTERVIEWER: Include only those physical activities that lasted at least 10 minutes at a time, including rest periods.

Enter the number of hours on this screen and the number of minutes on the next screen. If the respondent answers in minutes only, enter 0 hours on this screen and the number of minutes on the next screen.

If recall is too difficult for the respondent, ask for their best estimate.

|\_|\_|\_|  
(MIN: 0)  
(MAX: 168)

DK, RF (Go to PAA\_D055)

Processing: *If PAA\_Q030 = 2 or PAA\_Q035 = 2, the variable PAA\_Q045 is given the value 0.*

PAA\_C050 If PAA\_Q045 = 168, go to PAA\_D055.  
Otherwise, go to PAA\_N050.

PAA\_N050 INTERVIEWER: Enter number of minutes.

|\_|\_|\_|\_|  
(MIN: 0)  
(MAX: 9,995)

DK, RF (Go to PAA\_D055)

Processing: *If PAA\_Q030 = 2 or PAA\_Q035 = 2 or PAA\_Q045 = 168 the variable PAA\_N050 is given the value 0.*

PAA\_E050A **Inconsistent hours and minutes have been entered. Please return and correct.**

Rule: *Trigger hard edit if PAA\_Q045 > 0 and PAA\_N050 > 59.*

PAA\_E050B **No time has been entered. Please return and correct.**

Rule: *Trigger hard edit if PAA\_Q045 = 0 and PAA\_N050 = 0*

PAA\_E050C **The time spent being active is less than 10 minutes. Please return and correct.**

Rule: *Trigger hard edit if PAA\_Q045 = 0 and PAA\_N050 < 10*

PAA\_D055

Programmer: *If PAA\_Q045 = RESPONSE and PAA\_N050 = RESPONSE, set DV\_PAAREC = PAA\_Q045\*60 + PAA\_N050.  
Otherwise if PAA\_Q045 = RESPONSE, set DV\_PAAREC = PAA\_Q045\*60.  
Otherwise, set DV\_PAAREC = 0.*

PAA\_E055 An unusual value has been entered. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

Rule: *Trigger soft edit if DV\_PAAREC > 480*

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PAA\_Q060

**In the last 7 days, did ^YOU1 do any other physical activities while at work, in or around ^YOUR1 home or while volunteering?**

Examples are carrying heavy loads, shoveling, and household chores such as vacuuming or washing windows. Please remember to only include activities that lasted a minimum of 10 continuous minutes.

- |        |     |                  |
|--------|-----|------------------|
| 1      | Yes |                  |
| 2      | No  | (Go to PAA_D090) |
| DK, RF |     | (Go to PAA_D090) |

Programmer:

*Set DV\_PAAOTHER = 0.*

PAA\_Q065

**Did any of these other physical activities make ^HIMHER sweat at least a little and breathe harder?**

INTERVIEWER: Exclude physical activities already reported.

- |        |     |                  |
|--------|-----|------------------|
| 1      | Yes |                  |
| 2      | No  | (Go to PAA_D090) |
| DK, RF |     | (Go to PAA_D090) |

PAA\_Q070

**In the last 7 days, on which days did ^YOU1 do these other activities that made ^HIMHER sweat at least a little and breathe harder?**

INTERVIEWER: Mark all that apply.

- |        |           |
|--------|-----------|
| 1      | Monday    |
| 2      | Tuesday   |
| 3      | Wednesday |
| 4      | Thursday  |
| 5      | Friday    |
| 6      | Saturday  |
| 7      | Sunday    |
| DK, RF |           |

PAA\_Q075

**(In the last 7 days), how much time in total did ^YOU1 spend doing these activities that made ^HIMHER sweat at least a little and breathe harder?**

INTERVIEWER: Include only those physical activities that lasted at least 10 minutes at a time, including rest periods.

Enter the number of hours on this screen and the number of minutes on the next screen. If the respondent answers in minutes only, enter 0 hours on this screen and the number of minutes on the next screen.

If recall is too difficult for the respondent, ask for their best estimate.

|\_|\_|\_|  
(MIN: 0)  
(MAX: 168)

DK, RF	(Go to PAA_D085)
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Processing:

*If PAA\_Q060 = 2 or PAA\_Q065 = 2, the variable PAA\_Q075 is given the value 0.*

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PAA_E075	A response inconsistent with a response to a previous question has been entered. Please confirm.
Rule:	Trigger soft edit if PAA_Q070 = only one response selected and PAA_Q075 > 24.
PAA_C080	If PAA_Q075 = 168, go to PAA_D085. Otherwise, go to PAA_N080.
PAA_N080	<u>INTERVIEWER</u> : Enter number of minutes.   _ _ _ _  (MIN: 0) (MAX: 9,995)  DK, RF (Go to PAA_D085)
Processing:	If PAA_Q060 = 2 or PAA_Q065 = 2 or PAA_Q075 = 168, the variable PAA_N080 is given the value 0.
PAA_E080A	<b>Inconsistent hours and minutes have been entered. Please return and correct.</b>
Rule:	Trigger hard edit if PAA_Q075 > 0 and PAA_N080 > 59.
PAA_E080B	<b>No time has been entered. Please return and correct.</b>
Rule:	Trigger hard edit if PAA_Q075 = 0 and PAA_N080 = 0
PAA_E080C	<b>The time spent being active is less than 10 minutes. Please return and correct.</b>
Rule:	Trigger hard edit if PAA_Q075 = 0 and PAA_N080 < 10
PAA_E080D	A response inconsistent with a response to a previous question has been entered. Please confirm.
Rule:	Trigger soft edit if PAA_Q070 = only one response selected and PAA_N080 > 1440.
PAA_D085	
Programmer:	If PAA_Q075 = RESPONSE and PAA_N080 = RESPONSE, set DV_PAAOTHER = PAA_Q075*60 + PAA_N080. Otherwise if PAA_Q075 = RESPONSE, set DV_PAAOTHER = PAA_Q075*60. Otherwise, set DV_PAAOTHER = 0.
PAA_E085	An unusual value has been entered. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
Rule:	Trigger soft edit if DV_PAAOTHER > 780
PAA_D090	
Programmer:	DV_PAATOTAL = DV_PAATRAVEL + DV_PAAREC + DV_PAAOTHER
PAA_E090	<b>The total minutes of physical activity reported in the past 7 days is greater than the number of minutes in one week. Please return and correct.</b>

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Trigger hard edit if DV\_PAATOTAL > 10080

The following "Go to" options should be available under "Questions involved":  
PAA Q015, PAA N020, PAA Q045, PAA N050, PAA Q075 and PAA N080.

If DV\_PAATOTAL= 0, go to PAA\_END.  
Otherwise, go to PAA\_Q095.

You have reported a total of ^DV\_PAATOTAL minutes of physical activity. Of these activities, were there any of vigorous intensity, meaning they caused ^HIMHER to be out of breath?

1	Yes	
2	No	(Go to PAA_END)
DK, RF		(Go to PAA_END)

Set DV\_PAAVIG=0.

In the last 7 days, how much time in total did ^YOU1 spend doing vigorous activities that caused ^HIMHER to be out of breath?

**INTERVIEWER:** Include only those physical activities that lasted at least 10 minutes at a time, including rest periods.

Enter the number of hours on this screen and the number of minutes on the next screen. If the respondent answers in minutes only, enter 0 hours on this screen and number of minutes on the next screen.

If recall is too difficult for the respondent, ask for their best estimate.

| \_ | \_ | \_ |  
 (MIN: 0)  
 (MAX: 168)

DK, RF (Go to PAA\_END)

If (PAA\_Q005 = 2 and (PAA\_Q030 = 2 or PAA\_Q035 = 2) and (PAA\_Q060 = 2 or PAA\_Q065 = 2)) or PAA\_Q095 = 2, the variable PAA\_Q100 is given the value 0.

If PAA\_Q100 = 168, go to PAA\_D110.  
Otherwise, go to PAA\_N105.

INTERVIEWER: Enter number of minutes.

|\_|\_|\_|\_|  
(MIN: 0)  
(MAX: 9,995)

DK, RF (Go to PAA\_D110)

If (PAA\_Q005 = 2 and (PAA\_Q030 = 2 or PAA\_Q035 = 2) and (PAA\_Q060 = 2 or PAA\_Q065 = 2)) or PAA\_Q095 = 2 or PAA\_Q100 = 168, the variable PAA\_N105 is given the value 0.

Inconsistent hours and minutes have been entered. Please return and correct.



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*Rule:* Trigger hard edit if PAA\_Q100 > 0 and PAA\_N105 > 59.

PAA\_E105B **No time has been entered. Please return and correct.**

*Rule:* Trigger hard edit if PAA\_Q100 = 0 and PAA\_N105 = 0.

PAA\_D110

*Programmer:* If PAA\_Q100 = RESPONSE and PAA\_N105 = RESPONSE, set DV\_PAAVIG = PAA\_Q100\*60 + PAA\_N105.  
Otherwise if PAA\_Q100 = RESPONSE, set DV\_PAAVIG = PAA\_Q100\*60.  
Otherwise, set DV\_PAAVIG = 0.

PAA\_E110A An unusual value has been entered. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

*Rule:* Trigger soft edit if DV\_PAAVIG > 960

PAA\_E110B The number of minutes spent doing vigorous physical activity is greater than the total minutes of physical activity reported in the last 7 days. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

*Rule:* Trigger soft edit if DV\_PAAVIG > DV\_PAATOTAL.

*Programmer:* The following "Go to" options should be available under "Questions involved":  
PAA\_Q015, PAA\_N020, PAA\_Q045, PAA\_N050, PAA\_Q075, PAA\_N080, PAA\_Q100 and PAA\_N105.

PAA\_END

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**Physical activities for youth (PAY)**

	Core content
PAY_BEG	Core content
	External variables required:
	AGE: age of respondent DOPAY: do block flag, from the sample file.
	DV_PADDAY: Variable derived in PAD block
	PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block
	Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space
PAY_C001A	If DOPAY=2, go to PAY_END. Otherwise, go to PAY_C001B.
PAY_C001B	If AGE < 12 or AGE > 17, go to PAY_END. Otherwise, go to PAY_R001.
PAY_R001	<b>The following questions are about various types of physical activities that ^YOU2 ^HAVE done each day in the past week.</b>
	<u>INTERVIEWER:</u> Press <1> to continue.
PAY_D005	Not Applicable
Programmer:	Use PAY_DATE as reference date if set, else use system date.  DT_DAY2DAYSAGOE = English text for the day of the week 2 days ago (e.g., if current day is Saturday, then DT_DAY2DAYSAGOE = "Thursday").  DT_DAY3DAYSAGOE = English text for the day of the week 3 days ago (e.g., if current day is Saturday, then DT_DAY3DAYSAGOE = "Wednesday").  DT_DAY4DAYSAGOE = English text for the day of the week 4 days ago (e.g., if current day is Saturday, then DT_DAY4DAYSAGOE = "Tuesday").  DT_DAY5DAYSAGOE = English text for the day of the week 5 days ago (e.g., if current day is Saturday, then DT_DAY5DAYSAGOE = "Monday").  DT_DAY6DAYSAGOE = English text for the day of the week 6 days ago (e.g., if current day is Saturday, then DT_DAY6DAYSAGOE = "Sunday").  DT_DAYLASTWEEKE = English text for the day of the week 7 days ago (e.g., if current day is Saturday, then DT_DAYLASTWEEKE = "Saturday").
PAY_Q005	<b>During the last 7 days, that is from last ^DT_DAYLASTWEEKE to yesterday, did ^YOU2...?</b>

	<p><b>INTERVIEWER:</b> Read categories to respondent. Mark all that apply.</p> <p>1        <b>Attend school</b>  2        <b>Attend a day camp</b>  3        <b>Attend paid or unpaid work</b>  4        None of the above  DK, RF</p>
PAY_E005	<p><b>The category "None of the above" cannot be selected along with another category. Please return and correct.</b></p>
Rule:	<p><i>Trigger hard edit if PAY_Q005 = 4 and any other response selected.</i></p>
PAY_D010	<p>If PAY_Q005 = 1 and 3 or PAY_Q005 = 1 and 2 and 3, DT_ACTIVEWAYSE = 'school, the bus stop, the shopping centre, work'.  If PAY_Q005 = 1 or PAY_Q005 = 1 and 2, DT_ACTIVEWAYSE = 'school, the bus stop, the shopping centre'.  If PAY_Q005 = 3 or PAY_Q005 = 2 and 3, DT_ACTIVEWAYSE = 'the bus stop, the shopping centre, work'.  Otherwise, DT_ACTIVEWAYSE = 'the bus stop, the shopping centre'.</p>
PAY_Q010	<p><b>In the last 7 days, did ^YOU1 use active ways like walking or cycling to get to places such as ^DT_ACTIVEWAYSE or to visit friends?</b></p> <p><b>INTERVIEWER:</b> Do <u>not</u> include walking, cycling or other activities done purely for leisure. These activities will be asked about later.</p> <p>1        Yes  2        No (Go to PAY_C025)  DK, RF (Go to PAY_C025)</p>
Programmer:	<p><i>Set DV_PAYTRAVEL= 0.</i></p>
Tag:	<p><i>If a respondent answered yes, hours and minutes of active transportation were collected using the PAD sub-block. The individual responses are only used for the creation of PAY derived variables and are not released.</i></p>
PAY_B015A	<p>Call the Physical Activity Detail (PAD) block.</p>
Processing:	<p><i>PAY_B015A.PAD_Q005 will be renamed to the variable PAY_15A.  PAY_B015A.PAD_N010 will be renamed to the variable PAY_15AN.</i></p> <p><i>If PAY_Q010 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q15A, PAD_N15A).</i></p>
Programmer:	<p><i>Pass "DT_BoldQuestIntroE = <b>How much time did ^YOU1 spend using active ways to get to places...</b>" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...<b>yesterday?</b>" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 60" as parameter.</i></p>
PAY_C015B	<p>If PAY_B015A.PAD_Q005 = RF, go to PAY_C025.  Otherwise, go to PAY_B015B.</p>
PAY_B015B	<p>Call the Physical Activity Detail (PAD) block.</p>

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Processing:	<p><i>PAY_B015B.PAD_Q005 will be renamed to the variable PAY_15B.</i></p> <p><i>PAY_B015B.PAD_N010 will be renamed to the variable PAY_15BN.</i></p> <p><i>If PAY_Q010 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q15B, PAD_N15B).</i></p>
Programmer:	<p><i>Pass "DT_BoldQuestIntroE = <b>How much time (did ^YOU1 spend using active ways to get to places)...</b>" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY2DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 60" as parameter.</i></p>
PAY_B015C	Call the Physical Activity Detail (PAD) block.
Processing:	<p><i>PAY_B015C.PAD_Q005 will be renamed to the variable PAY_15C.</i></p> <p><i>PAY_B015C.PAD_N010 will be renamed to the variable PAY_15CN.</i></p> <p><i>If PAY_Q010 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q15C, PAD_N15C).</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (<b>How much time did ^YOU1 spend using active ways to get to places)...</b>" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY3DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 60" as parameter.</i></p>
PAY_B015D	Call the Physical Activity Detail (PAD) block.
Processing:	<p><i>PAY_B015D.PAD_Q005 will be renamed to the variable PAY_15D.</i></p> <p><i>PAY_B015D.PAD_N010 will be renamed to the variable PAY_15DN.</i></p> <p><i>If PAY_Q010 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q15D, PAD_N15D).</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (<b>How much time did ^YOU1 spend using active ways to get to places)...</b>" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY4DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 60" as parameter.</i></p>
PAY_B015E	Call the Physical Activity Detail (PAD) block.
Processing:	<p><i>PAY_B015E.PAD_Q005 will be renamed to the variable PAY_15E.</i></p> <p><i>PAY_B015E.PAD_N010 will be renamed to the variable PAY_15EN.</i></p> <p><i>If PAY_Q010 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q15E, PAD_N15E).</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (<b>How much time did ^YOU1 spend using active ways to get to places)...</b>" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY5DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 60" as parameter.</i></p>
PAY_B015F	Call the Physical Activity Detail (PAD) block.

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Processing:	<p>PAY_B015F.PAD_Q005 will be renamed to the variable PAY_15F. PAY_B015F.PAD_N010 will be renamed to the variable PAY_15FN.</p> <p>If PAY_Q010 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q15F, PAD_N15F).</p>									
Programmer:	<p>Pass "DT_NotReadQuestIntroE = (How much time did ^YOU1 spend using active ways to get to places)..." as parameter.</p> <p>Pass "DT_QuestionE =...on ^DT_DAY6DAYSAGOE?" as parameter.</p> <p>Pass "DV_SoftTime = 60" as parameter.</p>									
PAY_B015G	Call the Physical Activity Detail (PAD) block.									
Processing:	<p>PAY_B015G.PAD_Q005 will be renamed to the variable PAY_15G. PAY_B015G.PAD_N010 will be renamed to the variable PAY_15GN.</p> <p>If PAY_Q010 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q15G, PAD_N15G).</p>									
Programmer:	<p>Pass "DT_NotReadQuestIntroE = (How much time did ^YOU1 spend using active ways to get to places)..." as parameter.</p> <p>Pass "DT_QuestionE =...on ^DT_DAYLASTWEEKE?" as parameter.</p> <p>Pass "DV_SoftTime = 60" as parameter.</p>									
PAY_D020										
Programmer:	<p>DV_PAYTRAVEL = PAY_B015A.DV_PADDAY + PAY_B015B.DV_PADDAY + PAY_B015C.DV_PADDAY + PAY_B015D.DV_PADDAY + PAY_B015E.DV_PADDAY + PAY_B015F.DV_PADDAY + PAY_B015G.DV_PADDAY</p>									
PAY_C025	<p>If 1 or 2 is selected at PAY_Q005, go to PAY_D025. Otherwise, go to PAY_Q045.</p>									
PAY_D025	<p>If both 1 and 2 are selected at PAY_Q005, DT_SCHOOLE = 'school or day camp, including during physical education classes, during ^YOUR1 breaks and any other time ^YOU1 played indoors or outdoors'.</p> <p>Otherwise, if 1 is selected at PAY_Q005, DT_SCHOOLE = 'school, including during physical education classes, during ^YOUR1 breaks and any other time ^YOU1 played indoors or outdoors'.</p> <p>Otherwise, if 2 is selected at PAY_Q005, DT_SCHOOLE = 'day camp, including any time ^YOU1 played indoors or outdoors'.</p>									
PAY_Q025	<p><b>In the last 7 days, did ^YOU2 do sports, fitness or recreational physical activities while at ^DT_SCHOOLE?</b></p> <table><tr><td>1</td><td>Yes</td><td></td></tr><tr><td>2</td><td>No</td><td>(Go to PAY_Q045)</td></tr><tr><td>DK, RF</td><td></td><td>(Go to PAY_Q045)</td></tr></table>	1	Yes		2	No	(Go to PAY_Q045)	DK, RF		(Go to PAY_Q045)
1	Yes									
2	No	(Go to PAY_Q045)								
DK, RF		(Go to PAY_Q045)								
Programmer:	<p>Set DV_PAYSCHOOL= 0.</p>									
PAY_Q030	<p><b>Did any of these activities make ^HIMHER <u>sweat at least a little and breathe harder?</u></b></p>									

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Processing:	<p><i>PAY_B035C.PAD_Q005 will be renamed to the variable PAY_35C. PAY_B035C.PAD_N010 will be renamed to the variable PAY_35CN.</i></p> <p><i>In processing, if PAY_EDATE = 3 or 4, the variables PAY_35C and PAY_35CN is given the value 'Not applicable - NA'.</i></p> <p><i>If (PAY_Q005A = 2 and PAY_Q005B = 2) or PAY_Q025 = 2 or PAY_Q030 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q35G, PAD_N35G), with the exception of Saturday and Sunday, depending on the value in PAY_EDATE.</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (How much time did ^YOU1 spend doing these activities at ^DT_SCHOOL2E that made ^HIMHER <u>sweat at least a little and breathe harder...</u>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY3DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 240" as parameter.</i></p> <p><i>Please do not call PAD block if DT_DAY3DAYSAGOE = Saturday or Sunday</i></p>
PAY_B035D	Call the Physical Activity Detail (PAD) block.
Processing:	<p><i>PAY_B035D.PAD_Q005 will be renamed to the variable PAY_35D. PAY_B035D.PAD_N010 will be renamed to the variable PAY_35DN.</i></p> <p><i>In processing, if PAY_EDATE = 4 or 5, the variables PAY_35D and PAY_35DN is given the value 'Not applicable - NA'.</i></p> <p><i>If (PAY_Q005A = 2 and PAY_Q005B = 2) or PAY_Q025 = 2 or PAY_Q030 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q35G, PAD_N35G), with the exception of Saturday and Sunday, depending on the value in PAY_EDATE.</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (How much time did ^YOU1 spend doing these activities at ^DT_SCHOOL2E that made ^HIMHER <u>sweat at least a little and breathe harder...</u>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY4DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 240" as parameter.</i></p> <p><i>Please do not call PAD block if DT_DAY4DAYSAGOE = Saturday or Sunday</i></p>
PAY_B035E	Call the Physical Activity Detail (PAD) block.

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Processing:	<p><i>PAY_B035E.PAD_Q005 will be renamed to the variable PAY_35E. PAY_B035E.PAD_N010 will be renamed to the variable PAY_35EN.</i></p> <p><i>In processing, if PAY_EDATE = 5 or 6, the variables PAY_35E and PAY_35EN is given the value 'Not applicable - NA'.</i></p> <p><i>If (PAY_Q005A = 2 and PAY_Q005B = 2) or PAY_Q025 = 2 or PAY_Q030 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q35G, PAD_N35G), with the exception of Saturday and Sunday, depending on the value in PAY_EDATE.</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (How much time did ^YOU1 spend doing these activities at ^DT_SCHOOL2E that made ^HIMHER <u>sweat at least a little and breathe harder...</u>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY5DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 240" as parameter.</i></p> <p><i>Please do not call PAD block if DT_DAY5DAYSAGOE = Saturday or Sunday</i></p>
PAY_B035F	Call the Physical Activity Detail (PAD) block.
Processing:	<p><i>PAY_B035F.PAD_Q005 will be renamed to the variable PAY_35F. PAY_B035F.PAD_N010 will be renamed to the variable PAY_35FN.</i></p> <p><i>In processing, if PAY_EDATE = 6 or 7, the variables PAY_35F and PAY_35FN is given the value 'Not applicable - NA'.</i></p> <p><i>If (PAY_Q005A = 2 and PAY_Q005B = 2) or PAY_Q025 = 2 or PAY_Q030 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q35G, PAD_N35G), with the exception of Saturday and Sunday, depending on the value in PAY_EDATE.</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (How much time did ^YOU1 spend doing these activities at ^DT_SCHOOL2E that made ^HIMHER <u>sweat at least a little and breathe harder...</u>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY6DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 240" as parameter.</i></p> <p><i>Please do not call PAD block if DT_DAY6DAYSAGOE = Saturday or Sunday</i></p>
PAY_B035G	Call the Physical Activity Detail (PAD) block.



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Processing:	<p>PAY_B035G.PAD_Q005 will be renamed to the variable PAY_35G. PAY_B035G.PAD_N010 will be renamed to the variable PAY_35GN.</p> <p>In processing, if PAY_EDATE = 1 or 7, the variables PAY_35G and PAY_35GN is given the value 'Not applicable - NA'.</p> <p>If (PAY_Q005A = 2 and PAY_Q005B = 2) or PAY_Q025 = 2 or PAY_Q030 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q35G, PAD_N35G), with the exception of Saturday and Sunday, depending on the value in PAY_EDATE.</p>									
Programmer:	<p>Pass "DT_NotReadQuestIntroE = (How much time did ^YOU1 spend doing these activities at ^DT_SCHOOL2E that made ^HIMHER <u>sweat at least a little and breathe harder...</u>)" as parameter.</p> <p>Pass "DT_QuestionE = ...on ^DT_DAYLASTWEEKE?" as parameter.</p> <p>Pass "DV_SoftTime = 240" as parameter.</p> <p>Please do not call PAD block if DT_DAYLASTWEEKE = Saturday or Sunday</p>									
PAY_D040										
Programmer:	<p>DV_PAYSCHOOL= PAY_B035A.DV_PADDAY + PAY_B035B.DV_PADDAY + PAY_B035C.DV_PADDAY + PAY_B035D.DV_PADDAY + PAY_B035E.DV_PADDAY + PAY_B035F.DV_PADDAY + PAY_B035G.DV_PADDAY</p>									
PAY_Q045	<p>In the last 7 days, did ^YOU2 do physical activities in ^YOUR1 leisure time including exercising, playing an organized or non-organized sport or playing with ^YOUR1 friends?</p> <table><tr><td>1</td><td>Yes</td><td></td></tr><tr><td>2</td><td>No</td><td>(Go to PAY_D065A)</td></tr><tr><td>DK, RF</td><td></td><td>(Go to PAY_D065A)</td></tr></table>	1	Yes		2	No	(Go to PAY_D065A)	DK, RF		(Go to PAY_D065A)
1	Yes									
2	No	(Go to PAY_D065A)								
DK, RF		(Go to PAY_D065A)								
Programmer:	<p>Set DV_PAYREC = 0.</p>									
PAY_Q050	<p>Did any of these leisure-time activities make ^HIMHER <u>sweat at least a little and breathe harder?</u></p> <p><u>INTERVIEWER:</u> Exclude physical activities already reported.</p> <table><tr><td>1</td><td>Yes</td><td></td></tr><tr><td>2</td><td>No</td><td>(Go to PAY_D065A)</td></tr><tr><td>DK, RF</td><td></td><td>(Go to PAY_D065A)</td></tr></table>	1	Yes		2	No	(Go to PAY_D065A)	DK, RF		(Go to PAY_D065A)
1	Yes									
2	No	(Go to PAY_D065A)								
DK, RF		(Go to PAY_D065A)								
Tag:	<p>If a respondent answered yes, hours and minutes of activity in leisure time were collected using the PAD sub-block. The individual responses are only used for the creation of PAY derived variables and are not released.</p>									
PAY_B055A	<p>Call the Physical Activity Detail (PAD) block.</p>									

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Processing:	<p><i>PAY_B055A.PAD_Q005 will be renamed to the variable PAY_55A.</i>  <i>PAY_B055A.PAD_N010 will be renamed to the variable PAY_55AN.</i></p> <p><i>If PAY_Q045 = 2 or PAY_Q050 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q55A, PAD_N55A).</i></p>
Programmer:	<p><i>Pass "DT_BoldQuestIntroE = <b>How much time did ^YOU1 spend doing these leisure-time activities that made ^HIMHER <u>sweat at least a little and breathe harder...</u></b>" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...<b>yesterday?</b>" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 240" as parameter.</i></p>
PAY_C055B	<p>If PAY_B055A.PAD_Q005 = RF, go to PAY_D065A.  Otherwise, go to PAY_B055B.</p>
PAY_B055B	<p>Call the Physical Activity Detail (PAD) block.</p>
Processing:	<p><i>PAY_B055B.PAD_Q005 will be renamed to the variable PAY_55B.</i>  <i>PAY_B055B.PAD_N010 will be renamed to the variable PAY_55BN.</i></p> <p><i>If PAY_Q045 = 2 or PAY_Q050 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q55B, PAD_N55B).</i></p>
Programmer:	<p><i>Pass "DT_BoldQuestIntroE = <b>How much time (did ^YOU1 spend doing these leisure-time activities that made ^HIMHER <u>sweat at least a little and breathe harder...</u></b>" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...<b>on ^DT_DAY2DAYSAGOE?</b>" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 240" as parameter.</i></p>
PAY_B055C	<p>Call the Physical Activity Detail (PAD) block.</p>
Processing:	<p><i>PAY_B055C.PAD_Q005 will be renamed to the variable PAY_55C.</i>  <i>PAY_B055C.PAD_N010 will be renamed to the variable PAY_55CN.</i></p> <p><i>If PAY_Q045 = 2 or PAY_Q050 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q55C, PAD_N55C).</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (<b>How much time did ^YOU1 spend doing these leisure-time activities that made ^HIMHER <u>sweat at least a little and breathe harder...</u></b>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...<b>on ^DT_DAY3DAYSAGOE?</b>" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 240" as parameter.</i></p>
PAY_B055D	<p>Call the Physical Activity Detail (PAD) block.</p>

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Processing:	<p><i>PAY_B055D.PAD_Q005 will be renamed to the variable PAY_55D.</i></p> <p><i>PAY_B055D.PAD_N010 will be renamed to the variable PAY_55DN.</i></p> <p><i>If PAY_Q045 = 2 or PAY_Q050 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q55D, PAD_N55D).</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (How much time did ^YOU1 spend doing these leisure-time activities that made ^HIMHER <u>sweat at least a little and breathe harder...</u>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY4DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 240" as parameter.</i></p>
PAY_B055E	Call the Physical Activity Detail (PAD) block.
Processing:	<p><i>PAY_B055E.PAD_Q005 will be renamed to the variable PAY_55E.</i></p> <p><i>PAY_B055E.PAD_N010 will be renamed to the variable PAY_55EN.</i></p> <p><i>If PAY_Q045 = 2 or PAY_Q050 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q55E, PAD_N55E).</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (How much time did ^YOU1 spend doing these leisure-time activities that made ^HIMHER <u>sweat at least a little and breathe harder...</u>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY5DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 240" as parameter.</i></p>
PAY_B055F	Call the Physical Activity Detail (PAD) block.
Processing:	<p><i>PAY_B055F.PAD_Q005 will be renamed to the variable PAY_55F.</i></p> <p><i>PAY_B055F.PAD_N010 will be renamed to the variable PAY_55FN.</i></p> <p><i>If PAY_Q045 = 2 or PAY_Q050 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q55F, PAD_N55F).</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (How much time did ^YOU1 spend doing these leisure-time activities that made ^HIMHER <u>sweat at least a little and breathe harder...</u>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY6DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 240" as parameter.</i></p>
PAY_B055G	Call the Physical Activity Detail (PAD) block.
Processing:	<p><i>PAY_B055G.PAD_Q005 will be renamed to the variable PAY_55G.</i></p> <p><i>PAY_B055G.PAD_N010 will be renamed to the variable PAY_55GN.</i></p> <p><i>If PAY_Q045 = 2 or PAY_Q050 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q55G, PAD_N55G).</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (How much time did ^YOU1 spend doing these leisure-time activities that made ^HIMHER <u>sweat at least a little and breathe harder...</u>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAYLASTWEEKE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 240" as parameter.</i></p>
PAY_D060	



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Processing:	<p><i>PAY_B075B.PAD_Q005 will be renamed to the variable PAY_75B. PAY_B075B.PAD_N010 will be renamed to the variable PAY_75BN.</i></p> <p><i>If PAY_Q065 = 2 or PAY_Q070 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q75B, PAD_N75B).</i></p>
Programmer:	<p><i>Pass "DT_BoldQuestIntroE = <b>How much time (did ^YOU1 spend doing these other physical activities that made ^HIMHER sweat at least a little and breathe harder)...</b>" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY2DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 480" as parameter.</i></p>
PAY_B075C	Call the Physical Activity Detail (PAD) block.
Processing:	<p><i>PAY_B075C.PAD_Q005 will be renamed to the variable PAY_75C. PAY_B075C.PAD_N010 will be renamed to the variable PAY_75CN.</i></p> <p><i>If PAY_Q065 = 2 or PAY_Q070 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q75C, PAD_N75C).</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (<b>How much time did ^YOU1 spend doing these other physical activities that made ^HIMHER sweat at least a little and breathe harder...</b>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY3DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 480" as parameter.</i></p>
PAY_B075D	Call the Physical Activity Detail (PAD) block.
Processing:	<p><i>PAY_B075D.PAD_Q005 will be renamed to the variable PAY_75D. PAY_B075D.PAD_N010 will be renamed to the variable PAY_75DN.</i></p> <p><i>If PAY_Q065 = 2 or PAY_Q070 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q75D, PAD_N75D).</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (<b>How much time did ^YOU1 spend doing these other physical activities that made ^HIMHER sweat at least a little and breathe harder...</b>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY4DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 480" as parameter.</i></p>
PAY_B075E	Call the Physical Activity Detail (PAD) block.
Processing:	<p><i>PAY_B075E.PAD_Q005 will be renamed to the variable PAY_75E. PAY_B075E.PAD_N010 will be renamed to the variable PAY_75EN.</i></p> <p><i>If PAY_Q065 = 2 or PAY_Q070 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD_Q75E, PAD_N75E).</i></p>
Programmer:	<p><i>Pass "DT_NotReadQuestIntroE = (<b>How much time did ^YOU1 spend doing these other physical activities that made ^HIMHER sweat at least a little and breathe harder...</b>)" as parameter.</i></p> <p><i>Pass "DT_QuestionE = ...on ^DT_DAY5DAYSAGOE?" as parameter.</i></p> <p><i>Pass "DV_SoftTime = 480" as parameter.</i></p>
PAY_B075F	Call the Physical Activity Detail (PAD) block.

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If PAY\_Q065 = 2 or PAY\_Q070 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD\_Q75F, PAD\_N75F).

Pass "DT\_NotReadQuestIntroE = (How much time did ^YOU1 spend doing these other physical activities that made ^HIMHER sweat at least a little and breathe harder...)" as parameter.

Pass "DT QuestionE = ...on ^DT DAY6DAYSAGOE?" as parameter.

Pass "DV SoftTime = 480" as parameter.

Call the Physical Activity Detail (PAD) block.

PAY\_B075G.PAD\_Q005 will be renamed to the variable PAY\_75G.  
 PAY\_B075G.PAD\_N010 will be renamed to the variable PAY\_75GN.

If PAY\_Q065 = 2 or PAY\_Q070 = 2 then the hours and minutes should be given the value of 0 for every day of the week (PAD\_Q75G, PAD\_N75G).

Pass "DT\_NotReadQuestIntroE = (How much time did ^YOU1 spend doing these other physical activities that made ^HIMHER sweat at least a little and breathe harder...)" as parameter.

Pass "DT QuestionE = ...on ^DT DAYLASTWEEKE?" as parameter.

Pass "DV\_SoftTime = 480" as parameter.

PAY D080

DV\_PAYOTHER = PAY\_B075A.DV\_PADDAY + PAY\_B075B.DV\_PADDAY +  
PAY\_B075C.DV\_PADDAY + PAY\_B075D.DV\_PADDAY + PAY\_B075E.DV\_PADDAY +  
PAY\_B075F.DV\_PADDAY + PAY\_B075G.DV\_PADDAY

PAY D085

$$DV\_PAYTOTAL = DV\_PAYTRAVEL + DV\_PAYSCHOOL + DV\_PAYREC + DV\_PAYOTHER$$

The total minutes of physical activity reported in the last 7 days is greater than the number of minutes in one week. Please return and correct.

Trigger hard edit if DV\_PAYTOTAL > 10080

If DV\_PAYTOTAL = 0, go to PAY\_END.  
Otherwise, go to PAY\_D090.

Not Applicable

You have reported a total of ^DV\_PAYTOTAL minutes of physical activity. Of these activities, were there any of vigorous intensity, meaning they caused ^HIMHER to be out of breath?

1 Yes

2 No

(Go to PAY\_END)

DK, RF

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(Go to PAY_END)

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Set DV\_PAYVIG = 0.

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PAY\_Q095

**In the last 7 days, on which days did ^YOU1 do these vigorous activities that caused ^HIMHER to be out of breath?**

INTERVIEWER: Mark all that apply.

- 1 Yesterday
  - 2 ^DT\_DAY2DAYSAGOE
  - 3 ^DT\_DAY3DAYSAGOE
  - 4 ^DT\_DAY4DAYSAGOE
  - 5 ^DT\_DAY5DAYSAGOE
  - 6 ^DT\_DAY6DAYSAGOE
  - 7 ^DT\_DAYLASTWEEKE
- DK, RF

PAY\_E095

The respondent has indicated a day when he/she did vigorous activity, but did not previously report any minutes of activity for that day. Please verify.

*Rule:*

*Trigger soft edit if (PAY\_Q095=1 and PAY\_B015A.DV\_PADDAY + PAY\_B035A.DV\_PADDAY + PAY\_B055A.DV\_PADDAY + PAY\_B075A.DV\_PADDAY=0)  
or  
(PAY\_Q095=2 and PAY\_B015B.DV\_PADDAY + PAY\_B035B.DV\_PADDAY + PAY\_B055B.DV\_PADDAY + PAY\_B075B.DV\_PADDAY=0)  
or  
(PAY\_Q095=3 and PAY\_B015C.DV\_PADDAY + PAY\_B035C.DV\_PADDAY + PAY\_B055C.DV\_PADDAY + PAY\_B075C.DV\_PADDAY=0)  
or  
(PAY\_Q095=4 and PAY\_B015D.DV\_PADDAY + PAY\_B035D.DV\_PADDAY + PAY\_B055D.DV\_PADDAY + PAY\_B075D.DV\_PADDAY=0)  
or  
(PAY\_Q095=5 and PAY\_B015E.DV\_PADDAY + PAY\_B035E.DV\_PADDAY + PAY\_B055E.DV\_PADDAY + PAY\_B075E.DV\_PADDAY=0)  
or  
(PAY\_Q095=6 and PAY\_B015F.DV\_PADDAY + PAY\_B035F.DV\_PADDAY + PAY\_B055F.DV\_PADDAY + PAY\_B075F.DV\_PADDAY=0)  
or  
(PAY\_Q095=7 and PAY\_B015G.DV\_PADDAY + PAY\_B035G.DV\_PADDAY + PAY\_B055G.DV\_PADDAY + PAY\_B075G.DV\_PADDAY=0)*

PAY\_Q100

**(In the last 7 days), how much time in total did ^YOU1 spend doing vigorous activities that caused ^HIMHER to be out of breath?**

INTERVIEWER: Enter the number of hours here. Enter the number of minutes on the next screen. If respondent answers in minutes only, enter 0 hours on this screen and the number of minutes on the next screen.

If recall is too difficult for the respondent, ask for their best estimate.

|\_|\_|\_|  
(MIN: 0)  
(MAX: 168)

DK, RF

(Go to PAY\_END)

Processing:

*If (PAY\_Q010 = 2 and ((PAY\_Q005A = 2 and PAY\_Q005B = 2) or PAY\_Q025 = 2 or PAY\_Q030 = 2) and (PAY\_Q045 = 2 or PAY\_Q050 = 2) and (PAY\_Q065 = 2 or PAY\_Q070 = 2)) or PAY\_Q090 = 2, the variable PAY\_Q100 is given the value of 0.*

PAY\_E100

A response inconsistent with a response to a previous question has been entered. Please confirm.

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<i>Rule:</i>	<i>Trigger soft edit if PAY_Q095 = only one response selected and PAY_Q100 &gt; 24.</i>
PAY_C105	If PAY_Q100 = 168, go to PAY_D110. Otherwise, go to PAY_N105.
PAY_N105	<u>INTERVIEWER:</u> Enter number of minutes.   _ _ _ _  (MIN: 0) (MAX: 9,995)  DK, RF (Go to PAY_D110)
Processing:	<i>If (PAY_Q010 = 2 and ((PAY_Q005A = 2 and PAY_Q005B = 2) or PAY_Q025 = 2 or PAY_Q030 = 2) and (PAY_Q045 = 2 or PAY_Q050 = 2) and (PAY_Q065 = 2 or PAY_Q070 = 2)) or PAY_Q090 = 2 or PAY_Q100 = 168, the variable PAY_N105 is given the value of 0.</i>
PAY_E105A	<b>Inconsistent hours and minutes have been entered. Please return and correct.</b>
<i>Rule:</i>	<i>Trigger hard edit if PAY_Q100 &gt; 0 and PAY_N105 &gt; 59</i>
PAY_E105B	No time has been entered. Please return and correct.
<i>Rule:</i>	<i>Trigger soft edit if PAY_Q100 = 0 and PAY_N105 = 0</i>
PAY_E105C	A response inconsistent with a response to a previous question has been entered. Please confirm.
<i>Rule:</i>	<i>Trigger soft edit if PAY_Q095 = only one response selected and PAY_N105 &gt; 1440.</i>
PAY_D110	If PAY_Q100 = RESPONSE and PAY_N105 = RESPONSE, DV_PAYVIG = PAY_Q100*60 + PAY_N105 Otherwise if PAY_Q100 = RESPONSE, DV_PAYVIG = PAY_Q100*60 Otherwise, DV_PAYVIG = 0
PAY_E110A	An unusual value has been entered. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.
<i>Rule:</i>	<i>Trigger soft edit if DV_PAYVIG &gt; 660</i>



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PAY\_E110B

The number of minutes spent doing vigorous physical activity is greater than the total minutes of physical activity reported in the last 7 days. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

Total time by category is displayed below. To correct, go to the specified question.

Vigorous activities: ^DV\_PAYVIG minutes. Go to PAY\_Q100 to correct the number of hours or PAY\_N105 to correct the number of minutes.

Work or chores: ^DV\_PAYOTHER minutes. Go to PAY\_B075A.PAD\_Q005.

Leisure-time activities: ^DV\_PAYREC minutes. Go to PAY\_B055A.PAD\_Q005.

School or day camp: ^DV\_PAYSCHOOL minutes. Go to PAY\_B035A.PAD\_Q005.

Getting to places: ^DV\_PAYTRAVEL minutes. Go to PAY\_B015A.PAD\_Q005

Rule:

*Trigger soft edit if DV\_PAYVIG > DV\_PAYTOTAL*

Programmer:

*In the edit pop-up window, display the following "Questions involved": PAY\_Q100, PAY\_N105, PAY\_B075A.PAD\_Q005, PAY\_B055A.PAD\_Q005, PAY\_B035A.PAD\_Q005 and PAY\_B015A.PAD\_Q005.*

PAY\_D115

Programmer:

*If PAY\_Q065 = 1,2,DK,RF and PAY\_EDATE = EMPTY, then DO:*

*Set PAY\_EDATE = Current Day of the week (Sunday=1, Monday=2, etc..).*

*Set PAY\_DATE = Current Date.*

*ENDIF.*

*Add PAY\_EDATE and PAY\_DATE to the data file.*

PAY\_END

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**Physical activity detail (PAD)**

	Core content
PAD_BEG	Core Content
	Called block
	External variables required:
	DT_BoldQuestIntroE: English question introductory text - bold
	DT_NotReadQuestIntroE: English question introductory text - bold and parenthesis
	DT_QuestionE: English question text
	DV_SOFTTIME: Soft edit value for the time spent doing the physical activity.
PAD_Q005	<p><b>^DT_BoldQuestIntroE^DT_NotReadQuestIntroE</b></p> <p><b>^DT_QuestionE</b></p> <p><u>INTERVIEWER</u>: Enter the number of hours here. Enter the number of minutes on the next screen. If respondent answers in minutes only, enter 0 hours on this screen and the number of minutes on the next screen.</p> <p>If recall is too difficult for the respondent, ask for their best estimate.</p> <p> _ _  (MIN: 0) (MAX: 24)</p> <p>DK, RF (Go to PAD_D015)</p>
PAD_C010	If PAD_Q005 = 24, go to PAD_D015. Otherwise, go to PAD_N010.
PAD_N010	<p><u>INTERVIEWER</u>: Enter number of minutes.</p> <p> _ _ _  (MIN: 0) (MAX: 960)</p> <p>DK, RF</p>
Processing:	<p><i>If the number of hours given in the previous question is 24, this question should be given the value 0 (minutes).</i></p> <p><i>Only one note will be added to the PAD block for all iterations of the question (for all 7 days and all questions in PAD - PAD_N15(A-G), PAD_N35(A-G), PAD_N55(A-G) and PAD_N75(A-G))</i></p>
PAD_E010	<b>Inconsistent hours and minutes have been entered. Please return and correct.</b>
Rule:	Trigger hard edit if PAD_Q005 > 0 and PAD_N010 > 59
PAD_D015	

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Programmer:

*If PAD\_Q005 = RESPONSE and PAD\_N010 = RESPONSE, set DV\_PADDAY =  
PAD\_Q005\*60 + PAD\_N010.  
Otherwise if PAD\_Q005 = RESPONSE, set DV\_PADDAY = PAD\_Q005\*60.  
Otherwise, set DV\_PADDAY = 0 (EMPTY).*

PAD\_E015

An unusual value has been entered. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.

Rule:

*Trigger soft edit if DV\_PADDAY > DV\_SOFTTIME*

PAD\_END

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**Use of protective equipment (UPE)**

Theme content

UPE\_BEG

External variables required:

PROXYMODE: proxy identifier, from the GR block.

DOUPE: do block flag, from the sample file.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

UPE\_C001A

If DOUPE= 2, go to UPE\_END.

Otherwise, go to UPE\_C001B.

UPE\_C001B

If PROXYMODE = 1, go to UPE\_END.

Otherwise, go to UPE\_R005.

UPE\_R005

**Now a few questions about precautions you take while participating in some physical activities.**

INTERVIEWER: Press <1> to continue.

UPE\_Q005

**In the past 12 months, have you done any bicycling?**

1 Yes

2 No

(Go to UPE\_Q015)

DK, RF

(Go to UPE\_Q015)

UPE\_Q010

**When riding a bicycle, how often do you wear a helmet?**

INTERVIEWER: Read categories to respondent.

1 **Always**

2 **Most of the time**

3 **Rarely**

4 **Never**

DK, RF

UPE\_Q015

**In the past 12 months, have you done any in-line skating or rollerblading?**

1 Yes

2 No

(Go to UPE\_Q040)

DK, RF

(Go to UPE\_Q040)

UPE\_Q020

**When in-line skating or rollerblading, how often do you wear a helmet?**

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INTERVIEWER: Read categories to respondent.

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, RF

UPE\_Q025                      **How often do you wear wrist guards or wrist protectors?**

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, RF

UPE\_Q030                      **(How often do you wear) elbow pads?**

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, RF

UPE\_Q035                      **(How often do you wear) knee pads?**

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, RF

UPE\_Q040                      **In the past 12 months, did you do...?**

INTERVIEWER: Read categories to respondent.

- 1 Downhill skiing only
  - 2 Snowboarding only (Go to UPE\_Q050)
  - 3 Both
  - 4 Neither (Go to UPE\_Q060)
- DK, RF (Go to UPE\_Q060)

UPE\_Q045                      **When downhill skiing, how often do you wear a helmet?**

INTERVIEWER: Read categories to respondent.

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, RF

UPE\_C050                      If UPE\_Q040 = 3, go to UPE\_Q050.  
Otherwise, go to UPE\_Q060.

UPE\_Q050                      **When snowboarding, how often do you wear a helmet?**

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INTERVIEWER: Read categories to respondent.

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, RF

UPE\_Q055 (When snowboarding), how often do you wear wrist guards or wrist protectors?

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, RF

UPE\_Q060 In the past 12 months, have you done any skateboarding?

- 1 Yes
  - 2 No (Go to UPE\_Q080)
- DK, RF (Go to UPE\_Q080)

UPE\_Q065 How often do you wear a helmet?

INTERVIEWER: Read categories to respondent.

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, RF

UPE\_Q070 (How often do you wear) wrist guards or wrist protectors?

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, RF

UPE\_Q075 (How often do you wear) elbow pads?

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, RF

UPE\_Q080 In the past 12 months, have you played any ice hockey?

- 1 Yes
  - 2 No (Go to UPE\_END)
- DK, RF (Go to UPE\_END)

UPE\_Q085 When playing ice hockey, how often do you wear a mouth guard?

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INTERVIEWER: Read categories to respondent.

- 1        **Always**
  - 2        **Most of the time**
  - 3        **Rarely**
  - 4        **Never**
- DK, RF

UPE\_END

## Sun safety behaviours (SSB)

Manitoba

## Optional content

PROXYMODE: proxy identifier, from the GR block.  
DOSSB: do block flag, from the sample file.  
SEX\_Q01: Respondent's sex

PE\_Q01: first name of specific respondent from USU block  
PE\_Q02: last name of specific respondent from USU block

Screen display:  
Display on header bar PE\_Q01 and PE\_Q02 separated by a space

If DOSSB = 2, go to SSB\_END.  
Otherwise, go to SSB\_C001B.

If PROXYMODE = 1, go to SSB\_END.  
Otherwise, go to SSB\_R001.

The next questions are about exposure to the sun and various sun behaviours.

INTERVIEWER: Press <1> to continue.

In the past 12 months, has any part of your body been sunburnt?

**INTERVIEWER:** Sunburnt is defined as any reddening or discomfort of the skin that lasts longer than 12 hours after exposure to the sun or other UV sources.

1 Yes  
2 No  
DK, RF (Go to SSB\_END)

For the next questions, think about a typical weekend, or day off from work or school during the summer months.

INTERVIEWER: Press <1> to continue.

About how much time each day do you spend in the sun between 10 am and 4 pm?



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- |        |                             |                  |
|--------|-----------------------------|------------------|
| 1      | None                        | (Go to SSB_Q055) |
| 2      | Less than 30 minutes        | (Go to SSB_Q055) |
| 3      | 30 to 59 minutes            |                  |
| 4      | 1 hour to less than 2 hours |                  |
| 5      | 2 hours to less than 3      |                  |
|        | hours                       |                  |
| 6      | 3 hours to less than 4      |                  |
|        | hours                       |                  |
| 7      | 4 hours to 6 hours          |                  |
| DK, RF |                             | (Go to SSB_Q055) |

SSB\_Q015

**In the summer months, on a typical weekend or day off, when you are in the sun for periods of 30 minutes or more, how often do you:**

**seek shade?**

INTERVIEWER: Read categories to respondent.

- |        |                  |
|--------|------------------|
| 1      | <b>Always</b>    |
| 2      | <b>Often</b>     |
| 3      | <b>Sometimes</b> |
| 4      | <b>Rarely</b>    |
| 5      | <b>Never</b>     |
| DK, RF |                  |

SSB\_Q020

**(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)**

**wear a hat that shades your face, ears and neck?**

INTERVIEWER: Read categories to respondent.  
Exclude ball caps.

- |        |                  |
|--------|------------------|
| 1      | <b>Always</b>    |
| 2      | <b>Often</b>     |
| 3      | <b>Sometimes</b> |
| 4      | <b>Rarely</b>    |
| 5      | <b>Never</b>     |
| DK, RF |                  |

SSB\_D025

If SEX\_Q01 = 2, DT\_SKIRT = 'pants or a long skirt?'.  
Otherwise, DT\_SKIRT = 'pants?'.

SSB\_Q025

**(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)**

**wear long ^DT\_SKIRT**

- |        |           |
|--------|-----------|
| 1      | Always    |
| 2      | Often     |
| 3      | Sometimes |
| 4      | Rarely    |
| 5      | Never     |
| DK, RF |           |

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SSB\_Q030

(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)

wear sunglasses?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK, RF

SSB\_Q035

(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)

use sunscreen on your face?

INTERVIEWER: Read categories to respondent.

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely (Go to SSB\_Q045)
- 5 Never (Go to SSB\_Q045)
- DK, RF (Go to SSB\_Q045)

SSB\_Q040

What Sun Protection Factor (SPF) do you usually use on your face?

- 1 Less than 15
- 2 15 to 29
- 3 30 to 44
- 4 45 or higher
- DK, RF

SSB\_Q045

In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:

use sunscreen on your body?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely (Go to SSB\_Q055)
- 5 Never (Go to SSB\_Q055)
- DK, RF (Go to SSB\_Q055)

SSB\_Q050

What Sun Protection Factor (SPF) do you usually use on your body?

- 1 Less than 15
- 2 15 to 29
- 3 30 to 44
- 4 45 or higher
- DK, RF

SSB\_Q055

In the past 12 months, have you used a tanning bed or booth with tanning lamps?



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SSB\_END

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**Sedentary behaviours (SBE)**

	Theme content
SBE_BEG	Theme content
	External variables required:  DOSBE: Flag to activate the block from the sample file. DV_WORK12: Worked in past 12 months (from MAC module) DV_SCHOOL: Currently attending school (from MAC module)  PE_Q01: first name of specific respondent from USU block. PE_Q02: last name of specific respondent from USU block.  Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space.
SBE_C001	If DOSBE = 2, go to SBE_END. Otherwise, go to SBE_R001.
SBE_R001	<b>The next questions are about the time ^YOU2 spent sitting in the last 7 days.</b>  <u>INTERVIEWER</u> : Press <1> to continue.
SBE_C005	If DV_WORK12 = 2 and DV_SCHOOL = 2, go to SBE_D010. Otherwise, go to SBE_Q005.
SBE_Q005	<b>On a school or work day, how much of ^YOUR1 <u>free time</u> did ^YOU1 spend watching television or a screen on any electronic device while sitting or lying down?</b>  <u>INTERVIEWER</u> : Read categories to respondent. Some examples of electronic devices are mobile devices, computers, tablets, video game consoles or TV. If the time is not the same every day over the last week, ask the respondent to provide an average per day.  1 <b>2 hours or less per day</b> 2 <b>More than 2 hours but less than 4 hours</b> 3 <b>4 hours to less than 6 hours</b> 4 <b>6 hours to less than 8 hours</b> 5 <b>8 hours or more per day</b> 6        Was not at work or school DK, RF
SBE_D010	If (DV_WORK12=1 or DV_SCHOOL=1) and SBE_Q005 <> 6, DT_WORK = 'On a day that was not a school or workday, how'. Otherwise, DT_WORK = 'How'.
SBE_Q010	<b>^DT_WORK much of ^YOUR1 <u>free time</u> did ^YOU1 spend watching television or a screen on any electronic device while sitting or lying down?</b>

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INTERVIEWER: Read categories to respondent. Some examples of electronic devices are mobile devices, computers, tablets, video game consoles or TV. If the time is not the same every day over the last week, ask the respondent to provide an average per day.

- 1        2 hours or less per day
- 2        More than 2 hours but  
less than 4 hours
- 3        4 hours to less than 6  
hours
- 4        6 hours to less than 8  
hours
- 5        8 hours or more per day
- DK, RF

SBE\_END

## Maternal experiences (MEX)

MEX\_BEG

## Core content

SEX\_Q01; Sex of respondent

AGE: Age of selected respondent, from the ANC block

CURRENTDATE: System date

DOMEX: Flag to activate the block from the sample file

PROXYMODE: Proxy identifier, from the GR block

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

MEX\_C001A

If DOMEX = 2, go to MEX\_END.

Otherwise, go to MEX\_C001B.

MEX\_C001B

If PROXYMODE = 1 or SEX\_Q01 = male or AGE < 15 or AGE > 55, go to MEX END.

Otherwise, go to MEX\_R001.

MEX R001

The next questions are specific to women's health.

INTERVIEWER: Press <1> to continue.

MEX Q005

Are you taking a vitamin supplement containing folic acid?

**INTERVIEWER:** If respondent says she takes a prenatal vitamin but is unsure what the vitamin contains, please select 'Yes'.

1 Yes

2 No

DK, RF

MEX\_Q010

Have you given birth in the past 5 years?

INTERVIEWER: Do not include stillbirths.

1 Yes

2 No

DK, RF

(Go to MEX\_END)

```
(Go to MEX_END)
```

MEX\_Q015

What is the name of your last born child?

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INTERVIEWER: Enter the name of the last child born. If the last birth was a multiple birth, ask respondent to refer to the last baby born during this multiple birth.

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(50 spaces)

DK, RF

MEX\_D020

If MEX\_Q015 has an entry, DT\_BABYSNAME = 'MEX\_Q015'.  
Otherwise, DT\_BABYSNAME = 'your last child'.

MEX\_Q020

**What is ^DT\_BABYSNAME's date of birth?**

INTERVIEWER: Enter the day. If necessary, ask **(What is the day?)**

|\_|\_|  
(MIN: 1)  
(MAX: 31)

DK, RF

MEX\_Q025

**(What is ^DT\_BABYSNAME's date of birth?)**

INTERVIEWER: Enter the month. If necessary, ask **(What is the month?)**

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

DK, RF

MEX\_Q030

**(What is ^DT\_BABYSNAME's date of birth?)**

INTERVIEWER: Enter a four-digit year. If necessary, ask **(What is the year?)**

|\_|\_|\_|  
(MIN: 2,010)  
(MAX: 2,099)

DK, RF

MEX\_E030A

**The date that the child was born is in the future. Please return and correct.**

*Rule:*

*Trigger hard edit if MEX\_Q020/MEX\_Q025/MEX\_Q030 (date of birth) > CURRENTDATE*



MEX_E030B	The date that the child was born is in the future. Please return and correct.
Rule:	Trigger hard edit if MEX_Q020 in (DK,RF) and (MEX_Q030>CURRENTYEAR or (MEX_Q030=CURRENTYEAR and MEX_Q025>CURRENTMONTH)).
MEX_C030	If MEX_Q025 in (DK,RF) or MEX_Q030 in (DK,RF), go to MEX_END. Otherwise, go to MEX_D035.
Processing:	In processing, if MEX_Q025 in (DK,RF) or MEX_Q030 in (DK,RF), all questions from MEX_Q040 onwards should all be set to 'not stated' (NS).
MEX_D035	DV_CHILDAGE = calculated age in months
Programmer:	Calculate age based on the entered date of birth. Value should be kept as DV_CHILDAGE.  If MEX_Q020 in (1:31) and MEX_Q025 in (1:12) and MEX_Q030 in (2010:2099), calculate age in months. Else, if MEX_Q020 in (DK,RF) and MEX_Q025 in (1:12) and MEX_Q030 in (2010:2099), calculate age in months based only on the month and year of birth.
MEX_E035	This child is 6 years old or over. Please confirm.
Rule:	Trigger soft edit if DV_CHILDAGE>=72
MEX_C040	If DV_CHILDAGE < 72 months, go to MEX_R040. Otherwise, go to MEX_END.
MEX_R040	The next questions are about your maternal experiences related to ^DT_BABYSNAME.  <u>INTERVIEWER</u> : Press <1> to continue.
MEX_Q040	In the three months before you got pregnant with ^DT_BABYSNAME, did you take a folic acid supplement or a multivitamin containing folic acid?  <u>INTERVIEWER</u> : If respondent says she takes a prenatal vitamin but is unsure what the vitamin contains, please select 'Yes'.  1        Yes 2        No                                      (Go to MEX_Q050) DK, RF    (Go to MEX_Q050)
MEX_Q045	Did you take it every day or almost every day?  1        Yes 2        No DK, RF
MEX_Q050	During the first three months of your pregnancy (with ^DT_BABYSNAME), did you take a folic acid supplement or a multivitamin containing folic acid?

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INTERVIEWER: If respondent says she takes a prenatal vitamin but is unsure what the vitamin contains, please select 'Yes'.

- 1 Yes  
2 No (Go to MEX\_Q060)  
DK, RF (Go to MEX\_Q060)

MEX\_Q055

**Did you take it every day or almost every day?**

- 1 Yes  
2 No  
DK, RF

MEX\_Q060

**Before your pregnancy (with ^DT\_BABYSNAME), were you aware that taking folic acid before becoming pregnant can help prevent some birth defects?**

- 1 Yes  
2 No  
DK, RF

MEX\_Q065

**During your pregnancy (with ^DT\_BABYSNAME), did you take a vitamin supplement containing iron?**

INTERVIEWER: If respondent says she takes a prenatal vitamin but is unsure what the vitamin contains, please select 'Yes'.

- 1 Yes  
2 No  
DK, RF

MEX\_Q070

**Just before your pregnancy (with ^DT\_BABYSNAME), how much did you weigh?**

INTERVIEWER: Enter amount only.

|\_|\_|\_|  
(MIN: 1)  
(MAX: 700)

DK, RF (Go to MEX\_Q080)

MEX\_N075

INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds  
2 Kilograms  
(DK, RF not allowed)

MEX\_E075

An unusual value has been entered. Please confirm.

*Rule:*

*Trigger soft edit if ((MEX\_Q070 > 300 and MEX\_N075 = 1) or (MEX\_Q070 > 136 and MEX\_N075 = 2)) or ((MEX\_Q070 < 60 and MEX\_N075 = 1) or (MEX\_Q070 < 27 and MEX\_N075 = 2)).*

MEX\_Q080

**How much weight did you gain during that pregnancy?**

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INTERVIEWER: Enter amount only. If the respondent declares a weight loss during pregnancy, enter a negative value. If the weight loss or weight gain during pregnancy is more than the values permitted, just enter the minimum or maximum value.

|\_|\_|\_|  
(MIN: -50)  
(MAX: 199)

DK, RF (Go to MEX\_D090)

MEX\_N085

INTERVIEWER: Was that in pounds or kilograms?

1 Pounds  
2 Kilograms  
(DK, RF not allowed)

MEX\_E085A

An unusual value has been entered. Please confirm that the respondent has reported the amount of weight gained during pregnancy, not the total end weight.

*Rule:* Trigger soft edit if ((MEX\_Q080 < 996 and MEX\_Q070 < 996) and (MEX\_N075 = MEX\_N085) ) and (MEX\_Q080 => MEX\_Q070).

MEX\_E085B

An unusual value has been entered. Please confirm.

*Rule:* Trigger soft edit if ((MEX\_Q080 > 125 and MEX\_N085 = 1) or (MEX\_Q080 > 60 and MEX\_N085 = 2))

MEX\_D090

If DV\_CHILDAGE < 12 months, DT\_INFANTCHILD = 'How often does ^DT\_BABYSNAME'.  
Otherwise, DT\_INFANTCHILD = 'When ^DT\_BABYSNAME was less than one year old, how often did he/she'.

MEX\_Q090

**^DT\_INFANTCHILD sleep in the same bed with you or anyone else?**

INTERVIEWER: Read categories to respondent.

1 Every day or almost every day  
2 Once or twice a week  
3 A few times a month  
4 Less than once a month  
5 Never (Go to MEX\_Q100)  
DK, RF (Go to MEX\_Q100)

MEX\_D095

If DV\_CHILDAGE < 12 months, DT\_ISWAS = 'is'.  
Otherwise, DT\_ISWAS = 'was'.

MEX\_Q095

**What is the main reason that ^DT\_BABYSNAME ^DT\_ISWAS sleeping in the same bed with you or someone else?**

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- 1 To breastfeed
  - 2 So the baby would sleep  
/ So I could get some sleep
  - 3 Did not have room for a  
crib
  - 4 Could not afford a crib
  - 5 Believe that bedsharing  
was best for my child
  - 6 Child was sick
  - 7 Other
- DK, RF

Processing: *In processing, if a respondent answered MEX\_Q090= DK or RF, the variable MEX\_Q095 is set to 'not stated' (NS).*

MEX\_Q100 **Was ^DT\_BABYSNAME breastfed or given breast milk even for a short time?**

- 1 Yes (Go to MEX\_Q110)
  - 2 No (Go to MEX\_C170)
- DK, RF

MEX\_E100 The response "no - did not breastfeed baby" is inconsistent with the previous question "baby slept in the same bed to breastfeed". Please confirm responses.

Rule: *Trigger soft edit if MEX\_Q095=1 and MEX\_Q100=2.*

MEX\_Q105 **What is the main reason that you did not breastfeed or give breast milk?**

- 1 Bottle feeding is easier
  - 2 Formula is as good as  
breast milk
  - 3 Breastfeeding is  
unappealing
  - 4 Medical condition -  
mother
  - 5 Other - Specify (Go to MEX\_S105)
- DK, RF

Go to MEX\_C170

MEX\_S105 **(What is the main reason that you did not breastfeed or give breast milk?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Go to MEX\_C170

MEX\_Q110 **Are you still breastfeeding or giving breast milk to ^DT\_BABYSNAME?**



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MEX\_Q120                      **What is the main reason that you stopped breastfeeding or giving breast milk?**

- 01        Not enough breast milk
- 02        Baby was ready for solid foods
- 03        Inconvenience / fatigue due to breastfeeding
- 04        Difficulty with breastfeeding (e.g., sore nipples, engorged breasts, mastitis)
- 05        Medical condition - mother
- 06        Medical condition - baby
- 07        Planned to stop at this time
- 08        Child weaned him / herself (e.g., baby refusing breast, lack of interest)
- 09        Returned to work / school
- 10        Other - Specify                      (Go to MEX\_S120)
- DK, RF

Go to MEX\_D125A

MEX\_S120                      **(What is the main reason that you stopped breastfeeding or giving breast milk?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

MEX\_D125A                      If MEX\_Q110 = 1, DV\_STOPBREASTFEEDING = DV\_CHILDAGE

MEX\_D125B                      If (DV\_CHILDAGE < 12 months) and (MEX\_Q110 = 1 (still breastfed)), DT\_VITAMIND = 'Are you giving ^DT\_BABYSNAME a vitamin D supplement?'.  
 If (DV\_CHILDAGE >= 12 months) and (MEX\_Q110=1 (still breastfed)), DT\_VITAMIND = 'When ^DT\_BABYSNAME was less than a year old, did you give him/her a vitamin D supplement?'.  
 If (DV\_CHILDAGE >= 12 months) and (MEX\_Q110=2 (no longer breastfed)), DT\_VITAMIND = 'When ^DT\_BABYSNAME was less than one year old and fed breast milk, did you give him/her a vitamin D supplement?'.  
 Otherwise, if (DV\_CHILDAGE < 12 months) and (MEX\_Q110=2 (no longer breastfed)), DT\_VITAMIND = 'When ^DT\_BABYSNAME was fed breast milk, did you give him/her a vitamin D supplement?'.

MEX\_Q125                      ^DT\_VITAMIND

1	Yes	
2	No	(Go to MEX_D145)
DK, RF		(Go to MEX_D145)

MEX_D130	<p>If MEX_Q110=1 (still breastfed), DT_VITAMIND2 = 'Now that ^DT_BABYSNAME is more than a year old, are you still giving him/her a vitamin D supplement?'.  Otherwise, DT_VITAMIND2 = 'When ^DT_BABYSNAME was older than one and fed breast milk, did you continue to give him/her a vitamin D supplement?'.</p>
----------	--

MEX\_D135                      If MEX\_Q110=1 (still breastfed), DT\_DIDDO = 'do'.  
                                     Otherwise, if MEX\_Q110=2 (no longer breastfed), DT\_DIDDO = 'did'.

MEX_D145	If MEX_Q110 = (2, DK, RF), DT_LIQUIDS = 'While you were still breastfeeding, had'. Otherwise, DT LIQUIDS = 'Have'.
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INTERVIEWER: Enter amount only.

|\_|\_|\_|  
(MIN: 1)  
(MAX: 730)

DK, RF

(Go to MEX\_C170)

MEX\_N160

INTERVIEWER: Was this time in days, weeks, months or years?

If respondent reports less than 1 year but with a fraction, round the amount up. For example, 3 and ½ months would become 4 months.

If the respondent reports more than a year, with half values, report in months. For example, 2 ½ years = 30 months.

1 Days  
2 Weeks  
3 Months  
4 Years  
(DK, RF not allowed)

MEX\_E160A

An unusual value has been entered. Please confirm.

*Rule:*

*Trigger soft edit if MEX\_N160 = 1 (Days) and MEX\_Q155 > 365.*

MEX\_E160B

An unusual value has been entered. Please confirm.

*Rule:*

*Trigger soft edit if MEX\_N160 = 2 (Weeks) and MEX\_Q155 > 52.*

MEX\_E160C

An unusual value has been entered. Please confirm.

*Rule:*

*Trigger soft edit if MEX\_N160 = 3 (Months) and MEX\_Q155 > 12.*

MEX\_E160D

An unusual value has been entered. Please confirm.

*Rule:*

*Trigger soft edit if MEX\_N160 = 4 (Years) and MEX\_Q155 > 1.*

MEX\_D160

DV\_AGE LIQUIDS = calculated time in months

Programmer:

*Calculate age at introduction of liquids based on value entered. For any age less than one month, put one month. Value should be kept as DV\_ AGE LIQUIDS.*

MEX\_D165

If MEX\_Q015 has an entry, DT\_RESPBABY = 'MEX\_Q015'.  
Otherwise, DT\_RESPBABY = 'her last child'.

MEX\_E165A

The age when liquids were introduced is older than ^DT\_RESPBABY is.  
Please confirm.

*Rule:*

*Trigger soft edit if DV\_ AGE LIQUIDS > DV\_ CHIL DAGE.*

MEX\_E165B

The respondent has indicated that ^DT\_RESPBABY stopped breastfeeding after ^DV\_STOPBREASTFEEDING months, but that liquids were not introduced until the baby was ^DV\_AGE LIQUIDS months old.  
Please confirm.





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Programmer:	<i>Calculate age at introduction of solids based on value entered. For any age less than one month, put one month. Value should be kept as DV_AGESOLIDS.</i>
MEX_E185	The age when solid foods were introduced is older than ^DT_RESPBABY is. Please confirm.
Rule:	<i>Trigger soft edit if DV_AGESOLIDS &gt; DV_CHILDAGE.</i>
MEX_Q190	<p><b>What was the first solid food added to ^BABYNAME's feeds?</b></p> <p>1 Infant cereals  2 Meat, fish or poultry  3 Meat alternatives  (includes eggs, tofu, legumes, peas or lentils)  4 Fruits or vegetables  5 Other  DK, RF</p>
MEX_C195	<p>If MEX_Q150=1 or (MEX_Q170=1 or DV_CHILDAGE&gt;= 24 months), go to MEX_D195A.  Otherwise, go to MEX_END.</p>
MEX_D195A	<p>If MEX_Q150=1 (liquids added) and MEX_Q170 = 2, DK, RF (no solids added), DT_LIQUIDSOLID = 'other liquids'.  If MEX_Q150=2, DK, RF (liquids not added) and MEX_Q170=1 (solids added), DT_LIQUIDSOLID = 'solid foods'.  Otherwise, DT_LIQUIDSOLID = 'other liquids and solid foods'.</p>
MEX_D195B	<p>If MEX_Q170 = 1 (solid foods have been added) or DV_CHILDAGE&gt;=24 months, DT_READYSOLIDS = 'Baby was ready for solid foods'.  Otherwise, DT_READYSOLIDS = 'null'.</p>
MEX_Q195	<p><b>What is the main reason ^DT_LIQUIDSOLID were first added to ^DT_BABYNAME's feeds?</b></p> <p>01 Not enough breast milk  02 ^DT_READYSOLIDS  03 Inconvenience / fatigue due to breastfeeding  04 Difficulty with breastfeeding (e.g., sore nipples, engorged breasts, mastitis)  05 Medical condition - mother  06 Medical condition - baby  07 Advice from health professional / family  08 Returned to work / school  09 Formula equally healthy for baby  10 Other - Specify (Go to MEX_S195)  DK, RF</p> <p>Go to MEX_END</p>

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MEX\_S195

(What is the main reason ^DT\_LIQUIDSOLID were first added to  
^DT\_BABYSNAME's feeds?)

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

MEX\_END

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**Smoking during maternal experience (MXS)**

Theme content

MXS\_BEG

Theme content

External variables required:

PROXYMODE: proxy identifier, from the GR block.

DOMXS: do block flag, from the sample file.

DOMEX: do block flag, from the sample file.

SEX\_Q01- Sex of respondent

AGE: Respondent's age

DT\_BABYSNAME: Respondent's latest baby's name collected in MEX

MEX\_Q010 : Given birth in last 5 years

SMK\_Q005: Do you smoke cigarettes daily, occasionally or not at all?

SMK\_Q020: Have you smoked over 100 cigarettes in your lifetime?

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

MXS\_C001A

If DOMXS=2, go to MXS\_END.

Otherwise, go to MXS\_C001B.

MXS\_C001B

If PROXYMODE=1 or SEX\_Q01 = male or AGE < 15 or AGE > 55 or

DOMEX = 2 or MEX\_Q010 = (2,DK,RF), go to MXS\_END.

Otherwise, go to MXS\_C001C.

MXS\_C001C

If SMK\_Q005=(1,2) or SMK\_Q020=1, go to MXS\_Q005.

Otherwise, go to MXS\_END.

MXS\_Q005

**In the three months before your pregnancy with ^DT\_BABYSNAME, or  
before you realized you were pregnant, did you smoke cigarettes?**

INTERVIEWER: Read categories to respondent.

1        **Everyday**

2        **Almost everyday**

3        **About 2 or 3 times a  
week**

4        **About once a week**

5        **Once or twice**

6        **Never**

DK, RF

(Go to MXS\_Q020)

MXS\_Q010

**Once you found out you were pregnant (with ^DT\_BABYSNAME), did  
you smoke?**

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INTERVIEWER: Read categories to respondent. If needed, refer respondent to the time period prior to the last trimester of her pregnancy.

- 1        **Everyday**
- 2        **Almost everyday**
- 3        **About 2 or 3 times a**  
**week**
- 4        **About once a week**
- 5        **Once or twice**
- 6        **Never**
- DK, RF

MXS\_Q015

**During the last 3 months of your pregnancy (with ^DT\_BABYSNAME), did you smoke?**

INTERVIEWER: Read categories to respondent.

- 1        **Everyday**
- 2        **Almost everyday**
- 3        **About 2 or 3 times a**  
**week**
- 4        **About once a week**
- 5        **Once or twice**
- 6        **Never**
- DK, RF

MXS\_Q020

**Did anyone regularly smoke in your presence during your pregnancy with ^DT\_BABYSNAME?**

- 1        **Yes**
- 2        **No**
- DK, RF

MXS\_END

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---

**Alcohol use during maternal experience (MXA)**

Theme content

MXA\_BEG

Theme content

External variables required:

DOMXA: Flag to activate the block from the sample file.

DOMEX: Flag to activate the block from the sample file.

AGE: Age of selected respondent, from the ANC block

ALC\_Q005 : Ever had a drink

MEX\_Q100: Breastfed last baby

MEX\_Q015: Name of last baby

MEX\_Q010 : Given birth in last 5 years

SEX\_Q01: Sex of respondent

PROXYMODE: proxy identifier, from the GR block.

DT\_BABYSNAME: Respondent's latest baby's name collected in MEX

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

MXA\_C001A

If DOMXA=2, go to MXA\_END.

Otherwise, go to MXA\_C001B.

MXA\_C001B

If PROXYMODE=1 or SEX\_Q01 = male or AGE<15 or AGE>55 or  
DOMEX=2 or MEX\_Q010=(2,DK,RF), go to MXA\_END.

Otherwise, go to MXA\_C001C.

MXA\_C001C

If ALC\_Q005=2, DK or RF (never drank), go to MXA\_END.

Otherwise, go to MXA\_Q005.

MXA\_Q005

**In the three months before your pregnancy with ^DT\_BABYSNAME, or  
before you realized you were pregnant, did you drink any alcohol?**

1        Yes

2        No

(Go to MXA\_Q015)

DK

(Go to MXA\_Q015)

RF

(Go to MXA\_END)

MXA\_Q010

**How often did you drink?**

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INTERVIEWER: Read categories to respondent.

- 1 Less than once per month
- 2 Once per month
- 3 2 to 3 times per month
- 4 Once a week
- 5 2 to 3 times per week
- 6 4 to 6 times per week
- 7 Everyday

DK, RF

MXA\_Q015

Once you found out you were pregnant with ^DT\_BABYSNAME, did you drink any alcohol?

- 1 Yes
  - 2 No (Go to MXA\_C035)
- DK, RF (Go to MXA\_C035)

MXA\_Q020

How often did you drink?

INTERVIEWER: Read categories to respondent.

- 1 Less than once per month
- 2 Once per month
- 3 2 to 3 times per month
- 4 Once a week
- 5 2 to 3 times per week
- 6 4 to 6 times per week
- 7 Everyday

DK, RF

MXA\_Q025

During the last 3 months of your pregnancy (with ^DT\_BABYSNAME), did you drink any alcohol?

- 1 Yes
  - 2 No (Go to MXA\_C035)
- DK, RF (Go to MXA\_C035)

MXA\_Q030

How often did you drink?

- 1 Less than once per month
- 2 Once per month
- 3 2 to 3 times per month
- 4 Once a week
- 5 2 to 3 times per week
- 6 4 to 6 times per week
- 7 Everyday

DK, RF

MXA\_C035

If MEX\_Q100 = 1 (breastfed last baby), go to MXA\_Q035.  
Otherwise, go to MXA\_END.

MXA\_Q035

While you were breastfeeding (^DT\_BABYSNAME), did you drink any alcohol?

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- 1 Yes  
2 No (Go to MXA\_END)  
DK, RF (Go to MXA\_END)

MXA\_Q040

**How often did you drink?**

- 1 Less than once per  
month  
2 Once per month  
3 2 to 3 times per month  
4 Once a week  
5 2 to 3 times per week  
6 4 to 6 times per week  
7 Everyday  
DK, RF

MXA\_END



## Driving and safety (DRV)

Ontario, Alberta

## Optional content

PROXYMODE: proxy identifier, from the GR block.

DODRV: do block flag, from the sample file.

ALC Q010: drank alcohol in past 12 months

DRG Q005: ever used or tried marijuana or hashish

DRG\_Q020: ever used or tried cocaine in any form

DRG\_Q030: ever used or tried amphetamines

DRG\_Q040: ever used or tried ecstasy

DRG\_Q050: ever used or tried hallucinogens

DRG\_Q060: ever sniffed glue, gasoline or other solvents

DRG\_Q070: ever used a needle to inject or be injected with a drug not prescribed by doctor

DRM\_Q035: ever used a needle to inject or be injected with a drug not prescribed by doctor

AGE: Age of selected respondent, from the ANC block

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

If DODRV = 2, go to DRV\_END.

Otherwise, go to DRV C001B.

If PROXYMODE=1, go to DRV\_END.

Otherwise, go to DRV\_C001C.

If AGE < 16, go to DRV\_R060.

Otherwise, go to DRV\_R001.

The next questions are about the use of a motor vehicle.

INTERVIEWER: Press <1> to continue.

**In the past 12 months, excluding motorcycles and off-road vehicles, have you driven a motor vehicle such as a car, truck or a van?**

1 Yes

2 No

DK, RF

(Go to DRV\_Q060)

If DRV\_Q005 = 1, go to DRV\_Q010.

Otherwise, go to DRV\_Q030.

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DRV\_Q010

**In the past 12 months, how often did you use a hands-free device such as Bluetooth when talking on the cell phone while driving a motor vehicle?**

INTERVIEWER: Read categories to respondent. Exclude motorcycles and off-road vehicles.

If respondent does not use a cell phone, select "Never".

- 1       **Often**
- 2       **Sometimes**
- 3       **Rarely**
- 4       **Never**
- 5       Does not possess or have     (Go to DRV\_Q030)  
access to a cell phone
- DK, RF

Processing:

*In processing, if DRV\_Q010 = 5, assign value of 5 to DRV\_Q015, DRV\_Q020 and DRV\_Q025.*

DRV\_Q015

**In the past 12 months, excluding hands-free use, how often did you talk on a cell phone while driving a motor vehicle?**

INTERVIEWER: Read categories to respondent. Exclude motorcycles and off-road vehicles.

If respondent does not use a cell phone, select "Never".

- 1       **Often**
- 2       **Sometimes**
- 3       **Rarely**
- 4       **Never**
- 5       Does not possess or have     (Go to DRV\_Q030)  
access to a cell phone
- DK, RF

Processing:

*In processing, if DRV\_Q015 = 5, assign value of 5 to DRV\_Q020 and DRV\_Q025, and recode value in DRV\_Q010 to 5.*

DRV\_E015

A response inconsistent with a response to a previous question has been entered. Please confirm.

Rule:

*Trigger soft edit if DRV\_Q010 = 1,2,3 4 and DRV\_Q015 = 5*

DRV\_Q020

**In the past 12 months, how often did you text on a cell phone while driving a motor vehicle?**

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INTERVIEWER: Exclude motorcycles and off-road vehicles.

If respondent does not use a cell phone, select "Never".

- 1 Often
  - 2 Sometimes
  - 3 Rarely
  - 4 Never
  - 5 Does not possess or have access to a cell phone (Go to DRV\_Q030)
- DK, RF

Processing: *In processing, if DRV\_Q020 = 5, assign value of 5 to DRV\_Q025, and recode values in DRV\_Q010 and DRV\_Q015 to 5.*

DRV\_E020 A response inconsistent with a response to a previous question has been entered. Please confirm.

Rule: *Trigger soft edit if DRV\_Q010 = 1,2,3,4 and DRV\_Q020 = 5*

DRV\_Q025 **In the past 12 months, how often did you use a cell phone for any other reason while driving a motor vehicle, for example, to send or receive emails, use social media, look at maps, etc.?**

INTERVIEWER: Exclude motorcycles and off-road vehicles.

If respondent does not use a cell phone, select "Never".

- 1 Often
  - 2 Sometimes
  - 3 Rarely
  - 4 Never
  - 5 Does not possess or have access to a cell phone
- DK, RF

Processing: *If DRV\_Q025 = 5, recode values in DRV\_Q010, DRV\_Q015 and DRV\_Q020 to 5.*

DRV\_E025 A response inconsistent with a response to a previous question has been entered. Please confirm.

Rule: *Trigger soft edit if DRV\_Q010 = 1,2,3,4 and DRV\_Q025 = 5*

DRV\_Q030 **In the past 12 months, have you driven a motorcycle?**

- 1 Yes
  - 2 No
- DK, RF

DRV\_C035 If DRV\_Q005 = 2 (has not driven motor vehicle) and DRV\_Q030 = 2 (has not driven motorcycle) or DK or RF, go to DRV\_R060.  
Otherwise, go to DRV\_D035.

DRV\_D035 If DRV\_Q005=1 and DRV\_Q030=1, DT\_VEHICLE = 'drive any vehicle'.  
Otherwise, DT\_VEHICLE = 'drive'.

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DRV_Q035	<p><b>In the past 12 months, how often did you ^DT_VEHICLE when you were feeling tired?</b></p> <p><u>INTERVIEWER:</u> Read categories to respondent.</p> <table><tr><td>1</td><td><b>Often</b></td></tr><tr><td>2</td><td><b>Sometimes</b></td></tr><tr><td>3</td><td><b>Rarely</b></td></tr><tr><td>4</td><td><b>Never</b></td></tr></table> <p>DK, RF</p>	1	<b>Often</b>	2	<b>Sometimes</b>	3	<b>Rarely</b>	4	<b>Never</b>
1	<b>Often</b>								
2	<b>Sometimes</b>								
3	<b>Rarely</b>								
4	<b>Never</b>								
DRV_C040A	<p>If DRV_Q005 = 1 (drove a motor vehicle) or DRV_Q030 = 1 (drove a motorcycle), go to DRV_C040B. Otherwise, go to DRV_R060.</p>								
DRV_C040B	<p>If ALC_Q010 = 1 (drank alcohol in past 12 months), go to DRV_R040. Otherwise, go to DRV_Q050.</p>								
DRV_R040	<p><b>The next few questions are about substance use while driving. Please be assured that anything you say will remain confidential.</b></p> <p><u>INTERVIEWER:</u> Press &lt;1&gt; to continue.</p>								
DRV_Q040	<p><b>In the past 12 months, have you driven a motor vehicle after having 2 or more drinks <u>in the hour</u> before you drove?</b></p> <p><u>INTERVIEWER:</u> Include cars, trucks, vans and motorcycles. Exclude off-road vehicles.</p> <table><tr><td>1</td><td>Yes</td><td></td></tr><tr><td>2</td><td>No</td><td>(Go to DRV_Q050)</td></tr></table> <p>DK, RF (Go to DRV_Q050)</p>	1	Yes		2	No	(Go to DRV_Q050)		
1	Yes								
2	No	(Go to DRV_Q050)							
DRV_Q045	<p><b>How many times (in the past 12 months)?</b></p> <p> _ _  (MIN: 1) (MAX: 95)</p> <p>DK, RF</p>								
DRV_E045	<p>An unusual value has been entered. Please confirm.</p> <p><i>Rule:</i> <i>Trigger soft edit if DRV_Q045 &gt; 20.</i></p>								
DRV_Q050	<p><b>In the past 12 months, have you driven a motor vehicle under the influence of an illicit substance such as marijuana or hashish?</b></p> <p><u>INTERVIEWER:</u> Include cars, trucks, vans and motorcycles. Exclude off-road vehicles.</p> <table><tr><td>1</td><td>Yes</td><td></td></tr><tr><td>2</td><td>No</td><td>(Go to DRV_Q060)</td></tr></table> <p>DK, RF (Go to DRV_Q060)</p>	1	Yes		2	No	(Go to DRV_Q060)		
1	Yes								
2	No	(Go to DRV_Q060)							
DRV_E050	<p>The respondent just said he/she drove under the influence of drugs but previously mentioned never have taken any drugs. Please confirm.</p>								

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Rule:

Trigger soft edit if DRV\_Q050 = 1 (drove vehicle under the influence of illicit substance) and (DRG\_Q005=3 and DRG\_Q020=3 and DRG\_Q030=3 and DRG\_Q040=3 and DRG\_Q050=3 and DRG\_Q060=3 and (DRG\_Q070=3 or DRM\_Q035=3)) (never taken any drugs)

DRV\_Q055

How many times (in the past 12 months)?

|\_|\_|  
(MIN: 1)  
(MAX: 95)

DK, RF

DRV\_E055

An unusual value has been entered. Please confirm.

Rule:

Trigger soft edit if DRV\_Q055 > 20.

DRV\_R060

**Now some questions about driving leisure vehicles and being a passenger in different vehicles.**

INTERVIEWER: Press <1> to continue.

DRV\_Q060

**In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?**

1 Yes  
2 No (Go to DRV\_Q070)  
DK, RF (Go to DRV\_Q070)

DRV\_Q065

How many times (in the past 12 months)?

|\_|\_|  
(MIN: 1)  
(MAX: 95)

DK, RF

DRV\_E065

An unusual value has been entered. Please confirm.

Rule:

Trigger soft edit if DRV\_Q065 > 20.

DRV\_Q070

**In the past 12 months, have you been the driver of, or a passenger on, an ATV (all-terrain vehicle) or a snowmobile?**

1 Yes  
2 No (Go to DRV\_END)  
DK, RF (Go to DRV\_END)

DRV\_Q075

**How often do you wear a helmet when on an ATV or a snowmobile?**

- DK, RF

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Rule:

Trigger soft edit if DRV\_Q095 > 20.

DRV\_Q100

In the past 12 months, have you been a passenger on an ATV or snowmobile with a driver who had 2 or more drinks in the hour before driving?

1 Yes

2 No

(Go to DRV\_END)

DK, RF

(Go to DRV\_END)

DRV\_Q105

How many times (in the past 12 months)?

|\_|\_|

(MIN: 1)

(MAX: 95)

DK, RF

DRV\_E105

An unusual value has been entered. Please confirm.

Rule:

Trigger soft edit if DRV\_Q105 > 20.

DRV\_END

### Flu shots (FLU)

FLU\_BEG

## Core content

DOFLU: flag to activate the block from the sample file.

CURRENTMONTH: System month

PROXYMODE: proxy identifier, from the GR block.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

FLU\_C001A

If DOFLU = 2, go to FLU\_END.

Otherwise, go to FLU\_C001B.

FLU\_C001B

If PROXYMODE=1, go to FLU\_END.

Otherwise, go to FLU\_R001.

FLU R001

Now a few questions about your use of various health care services.

INTERVIEWER: Press <1> to continue.

FLU\_Q005

Have you ever had a seasonal flu shot, excluding the H1N1 flu shot?

1 Yes

2 No

(Go to FLU\_Q025)

DK, RF

(Go to FLU END)

FLU\_Q010

When did you have your last seasonal flu shot?

INTERVIEWER: Read categories to respondent.

1 Less than 1 year ago

2 1 year to less than 2 years

ago

3 2 years ago or more

DK, RF

(Go to FLU\_END)

FLU C015

If FLU\_Q010 = 2 or 3, go to FLU\_Q025.

Otherwise, go to FLU\_Q015.

FLU\_Q015

In which month did you have your last seasonal flu shot?



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

DK, RF

FLU\_C020                      If FLU\_Q015 = ^CURRENTMONTH, go to FLU\_Q020.  
Otherwise, go to FLU\_END.

FLU\_Q020                      **Was that this year or last year?**

- 1            This year
- 2            Last year

DK, RF

Go to FLU\_END

FLU\_Q025                      **What are the reasons that you have not had a seasonal flu shot in the  
past year?**

INTERVIEWER: Mark all that apply.

- 01            Lack of time
- 02            Respondent - did not  
think it was necessary
- 03            Doctor - did not think it  
was necessary
- 04            Not available - at time  
required
- 05            Did not know where to  
go / uninformed
- 06            Feelings of fear or  
discomfort
- 07            Bad reaction to previous  
flu shot
- 08            Bad reaction to previous  
vaccine other than flu shot
- 09            Unsure of / does not  
believe in benefits of vaccine
- 10            Does not want vaccine  
for fear of what it contains
- 11            Other

DK, RF

FLU\_END

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**Blood pressure check (BPC)**

Optional content Yukon

BPC\_BEG

Optional content

External variables required:  
DOBPC: do block flag, from sample file  
PROXYMODE: proxy identifier, from the GR block.

AGE : Age of the respondent  
SEX\_Q01 : Respondent's sex

PCU\_Q035: During your last general physical check-up, did a health professional check your blood pressure?  
CCC\_Q065: Do you have high blood pressure?

PE\_Q01 : first name of specific respondent from USU block  
PE\_Q02 : last name of specific respondent from USU block

Screen display :  
Display on header bar PE\_Q01 and PE\_Q02 separated by a space

BPC\_C001A

If DOBPC=2, go to BPC\_END.  
Otherwise, go to BPC\_C001B.

BPC\_C001B

If PROXYMODE=1, go to BPC\_END.  
Otherwise, go to BPC\_R001.

BPC\_R001

**Now, a few questions about blood pressure measurement.**

INTERVIEWER: Press <1> to continue.

BPC\_C005

If PCU\_Q035 = 1, go to BPC\_Q010.  
Otherwise, go to BPC\_Q005.

BPC\_Q005

**Have you ever had your blood pressure measured by a health professional?**

INTERVIEWER: Examples of health professionals are doctors, nurses, specialists and pharmacists.

1	Yes	
2	No	(Go to BPC_C015A)
DK, RF		(Go to BPC_END)

Processing:

*In processing, if a respondent answered PCU\_Q035 = 1 and DOBPC = 1, the variable BPC\_Q005 is given the value 1.*

BPC\_E005

A response inconsistent with a response to a previous question has been entered. Please confirm.

Rule:

*Trigger soft edit if CCC\_Q065=1 (has high blood pressure) and BPC\_Q005=2,DK,RF*

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BPC_Q010	<p><b>When was the last time you had your blood pressure measured (by a health professional)?</b></p> <p>1        Less than 1 year to 1 year ago 2        More than 1 year to 2 years ago 3        More than 2 years to 3 years ago 4        More than 3 years to 5 years ago 5        More than 5 years ago DK, RF</p>
BPC_C015A	If AGE>=25 and BPC_Q005=2, go to BPC_Q015. Otherwise, go to BPC_C015B.
BPC_C015B	If BPC_Q010=3 or 4 or 5 and AGE>=25, go to BPC_Q015. Otherwise, go to BPC_C020.
BPC_Q015	<p><b>What are the reasons that you have not had your blood pressure measured (by a health professional) in the past 2 years?</b></p> <p><u>INTERVIEWER:</u> Mark all that apply.</p> <p>1        Lack of time 2        Respondent did not think it was necessary 3        Doctor did not think it was necessary 4        Feelings of fear or discomfort 5        Don't have a doctor 6        Other DK, RF</p>
BPC_E015	You cannot select "Doctor did not think it was necessary" and "Don't have a doctor". Please return and correct.
Rule:	<i>Trigger soft edit if BPC_Q015=3 (Doctor did not think it was necessary) and BPC_Q015 = 5 (Don't have a doctor)</i>
BPC_C020	If SEX_Q01 = female and (14<AGE<56) and (BPC_Q005=1 or PCU_Q035=1), go to BPC_Q020. Otherwise, go to BPC_END.
BPC_Q020	<p><b>Were you pregnant the last time your blood pressure was measured (by a health professional)?</b></p> <p>1        Yes 2        No DK, RF</p>
BPC_END	

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**Pap smear test (PAP)**

Theme content

PAP\_BEG

Optional content

External variables required:

DOPAP: do block flag, from the sample file.

PROXYMODE: proxy identifier, from the GR block.

AGE: Age of the selected respondent

SEX\_Q01: Sex of the selected respondent

MAC\_Q025: Are you pregnant?

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

PAP\_C001A

If DOPAP = 2, go to PAP\_END.

Otherwise, go to PAP\_C001B.

PAP\_C001B

If PROXYMODE=1 or SEX\_Q01 = 1 (male) or AGE < 17 or AGE > 70, go to PAP\_END.

Otherwise, go to PAP\_Q005.

PAP\_Q005

**Have you ever had a Pap smear test?**

1 Yes

2 No

(Go to PAP\_Q015)

DK, RF

(Go to PAP\_END)

PAP\_Q010

**When was the last time?**

1 Less than 1 year to 1 year ago

2 More than 1 year to 2 years ago

3 More than 2 years to 3 years ago

4 More than 3 years to 5 years ago (Go to PAP\_Q015)

5 More than 5 years ago (Go to PAP\_Q015)

DK, RF

Go to PAP\_Q020

PAP\_D015

If MAC\_Q025 = 1 (pregnant), DT\_HYSTERECTOMY = 'null'.

Otherwise, DT\_HYSTERECTOMY = 'Had a complete hysterectomy'.

PAP\_Q015

**What are the reasons that you have not had a Pap smear test in the past 3 years?**

Canadian Community Health Survey (CCHS)  
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INTERVIEWER: Mark all that apply.

- 1 Lack of time
  - 2 Respondent did not think  
it was necessary
  - 3 Doctor did not think it  
was necessary/ he never brought  
it up
  - 4 Feelings of fear or  
discomfort
  - 5 Don't have a doctor
  - 6 ^DT\_HYSTERECTOMY
  - 7 Other
- DK, RF

Go to PAP\_END

PAP\_E015

You cannot select "Doctor did not think it was necessary/he never brought it up" and "Don't have a doctor". Please return and correct.

*Rule:*

*Trigger soft edit if PAP\_Q015 = 3 (Doctor did not think it was necessary/he never brought it up) and PAP\_Q015 = 5 (Don't have a doctor).*

PAP\_Q020

**How often do you usually have this test?**

- 1 It was the first time
  - 2 More than once a year
  - 3 Between once a year to  
less than every 3 years
  - 4 Every 3 years
  - 5 Less often than every 3  
years
  - 6 No fixed frequency
- DK, RF

PAP\_END

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**Mammography (MAM)**

Optional content

Newfoundland and Labrador,  
Nova Scotia, Nunavut, Northwest  
Territories, Yukon

MAM\_BEG

Optional content

External variables required:

DOMAM: do block flag, from the sample file.

PROXYMODE: proxy identifier, from the GR block.

AGE: Age of selected respondent

SEX\_Q01: Sex of selected respondent

CCC\_Q130: Do you have cancer?

CCC\_Q135: Have you ever been diagnosed with cancer?

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

MAM\_C001A

If DOMAM = 2, go to MAM\_END.

Otherwise, go to MAM\_C001B.

MAM\_C001B

If PROXYMODE=1 or SEX\_Q01 = 1 (male), go to MAM\_END.

Otherwise, go to MAM\_C001C.

MAM\_C001C

If SEX\_Q01 = 2 (female) and  $39 < AGE < 75$ , go to MAM\_Q005.

Otherwise, go to MAM\_END.

MAM\_Q005

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

1 Yes

2 No

DK, RF

(Go to MAM\_C020A)

(Go to MAM\_END)

MAM\_Q010

**When was the last time?**

1 Less than 1 year to 1 year  
ago

2 More than 1 year to 2  
years ago

3 More than 2 years to 3  
years ago

4 More than 3 years to 5  
years ago

5 More than 5 years ago

DK, RF

MAM\_Q015

**What were the reasons for having this mammogram?**

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

- 01 Family history of breast cancer
- 02 Part of regular check-up / routine screening
- 03 Age
- 04 Previously detected lump
- 05 Follow-up of breast cancer treatment
- 06 On hormone replacement therapy
- 07 Breast problem
- 08 Other
- DK, RF

MAM\_E015 The respondent has indicated that she has had a mammogram as a follow up to breast cancer but has previously indicated that she was never diagnosed with cancer. Please confirm.

*Rule:* Trigger soft edit if (CCC\_Q130 = NO (does not have cancer) and CCC\_Q135 = NO (has never been diagnosed with cancer)) AND MAM\_Q015 = 5 (reason for having mammogram - follow-up of breast cancer treatment).

MAM\_C020A If AGE < 50, go to MAM\_END.  
Otherwise, go to MAM\_C020B.

MAM\_C020B If MAM\_Q010 = 4, 5 or MAM\_Q005 = 2, go to MAM\_D020.  
Otherwise, go to MAM\_C025.

MAM\_D020 If MAM\_Q010 = 4, 5, DT\_MAME = 'mammogram in the past 3 years'.  
Otherwise, DT\_MAME = 'mammogram'.

MAM\_Q020 **What are the reasons you have not had a ^DT\_MAME?**

INTERVIEWER: Mark all that apply.

- 1 Lack of time
- 2 Respondent did not think it was necessary
- 3 Doctor did not think it was necessary/ he never brought it up
- 4 Feelings of fear or discomfort
- 5 Don't have a doctor
- 6 Had a bilateral mastectomy (both breasts were removed)
- 7 Other
- DK, RF

Go to MAM\_END

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MAM\_E020A

The respondent has indicated that she has had a bilateral mastectomy but has previously indicated that she was never diagnosed with cancer. Please confirm.

*Rule:*

*Trigger soft edit if Trigger a soft edit if (CCC\_Q130 = NO (does not have cancer) and CCC\_Q135 = NO (has never been diagnosed with cancer)) AND MAM\_Q020 = 6 (reason for not having mammogram - bilateral mastectomy).*

MAM\_E020B

You cannot select "Doctor did not think it was necessary/he never brought it up" and "Don't have a doctor". Please return and correct.

*Rule:*

*Trigger soft edit if MAM\_Q020 = 3 (Doctor did not think it was necessary/he never brought it up) and MAM\_Q020 = 5 (Don't have a doctor).*

MAM\_C025

If MAM\_Q005 = 2, go to MAM\_END.  
Otherwise, go to MAM\_Q025.

MAM\_Q025

**How often do you usually have this test?**

- 1 It was the first time
- 2 More than once a year
- 3 Between once a year to less than every 3 years
- 4 Every 3 years
- 5 Less often than every 3 years
- 6 No fixed frequency
- DK, RF

MAM\_END



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**Prostate cancer screening (PSA)**

Optional content British Columbia, Yukon

PSA\_BEG

Optional content

External variables required:

DOPSA: do block flag, from the sample file.

PROXYMODE: proxy identifier, from the GR block.

AGE: Age of selected respondent

SEX\_Q01: Sex of selected respondent

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

PSA\_C001A

If DOPSA=2, go to PSA\_END.

Otherwise, go to PSA\_C001B.

PSA\_C001B

If PROXYMODE=1, go to PSA\_END.

Otherwise, go to PSA\_C001C.

PSA\_C001C

If SEX\_Q01 = female or AGE<35, go to PSA\_END.

Otherwise, go to PSA\_R001.

PSA\_R001

**Now, a few questions related to prostate exams.**

INTERVIEWER: Press <1> to continue.

PSA\_Q005

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

1 Yes

2 No

(Go to PSA\_Q020)

DK

(Go to PSA\_Q020)

RF

(Go to PSA\_END)

PSA\_Q010

**When was the last time?**

1 Less than 1 year to 1 year ago

2 More than 1 year to 2 years ago

3 More than 2 years to 3 years ago

4 More than 3 years to 5 years ago

5 More than 5 years ago

DK, RF

PSA\_Q015

**Why did you have it?**

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INTERVIEWER: Mark all that apply.

If respondent says 'Doctor recommended it' or 'I requested it', probe for reason.

- 1 Family history of prostate cancer
  - 2 Part of regular check-up / routine screening
  - 3 Age
  - 4 Race
  - 5 Follow-up of problem
  - 6 Follow-up of prostate cancer treatment
  - 7 Other
- DK, RF

PSA\_Q020

**A Digital Rectal Exam is an exam in which a gloved finger is inserted into the rectum in order to feel the prostate gland.  
Have you ever had this exam?**

- 1 Yes
  - 2 No (Go to PSA\_END)
- DK, RF (Go to PSA\_END)

PSA\_Q025

**When was the last time?**

- 1 Less than 1 year to 1 year ago
  - 2 More than 1 year to 2 years ago
  - 3 More than 2 years to 3 years ago
  - 4 More than 3 years to 5 years ago
  - 5 More than 5 years ago
- DK, RF

PSA\_END

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**Colorectal cancer testing (CCT)**

Optional content  
Ontario, Yukon, Northwest Territories, Nunavut

CCT\_BEG

Optional content

External variables required:

DOCCT: do block flag, from the sample file  
PROXYMODE: proxy identifier, from the GR block  
AGE: Age of selected respondent

PE\_Q01: first name of specific respondent from USU block  
PE\_Q02: last name of specific respondent from USU block

Screen display: Display on header bar PE\_Q01 and PE\_Q02 separated by a space

CCT\_C001A

If DOCCT= 2, go to CCT\_END.  
Otherwise, go to CCT\_C001B.

CCT\_C001B

If PROXYMODE = 1 or AGE < 40 or AGE > 74, go to CCT\_END.  
Otherwise, go to CCT\_R001.

CCT\_R001

**Now a few questions about colorectal tests.**

INTERVIEWER: Press <1> to continue.

CCT\_Q005

**A fecal test is a test to check for blood in the stool, in which a stick is used to smear a small stool sample on a special card.**

**Have you ever had this test?**

INTERVIEWER: The fecal test is also called FOBT or FIT. FOBT stands for "Fecal Occult Blood Test". FIT stands for "Fecal Immunochemical Test".

1	Yes	
2	No	(Go to CCT_C015)
DK		(Go to CCT_R025)
RF		(Go to CCT_END)

CCT\_Q010

**When was the last time?**

1	6 months ago or less	
2	More than 6 months to 1 year ago	
3	More than 1 year to 2 years ago	
4	More than 2 years to 5 years ago	(Go to CCT_C015)
5	More than 5 years ago	(Go to CCT_C015)
DK		
RF		(Go to CCT_R025)

Go to CCT\_Q020

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CCT_C015	If AGE < 50, go to CCT_R025. Otherwise, go to CCT_D015.
CCT_D015	If CCT_Q010 = 4, 5, DT_FOBTE = 'in the past 2 years'. Otherwise, DT_FOBTE = 'Null'.
CCT_Q015	<b>What are the reasons you did not have a fecal test ^DT_FOBTE?</b>  <u>INTERVIEWER</u> : Mark all that apply.  01      Lack of time 02      No access to test (distance, clinic hours or cost) 03      Respondent did not think it was necessary 04      Doctor did not think it was necessary/ he never brought it up 05      Feelings of fear or discomfort 06      Don't have a doctor 07      Had a colonoscopy or sigmoidoscopy instead 08      Did not know it existed/it was a possibility 09      Other DK, RF  Go to CCT_R025
CCT_E015	You cannot select "Doctor did not think it was necessary/he never brought it up" and "Don't have a doctor". Please return and correct.
Rule:	<i>Trigger soft edit if CCT_Q015 = 4 (Doctor did not think it was necessary/he never brought it up) and CCT_Q015 = 6 (Don't have a doctor).</i>
CCT_Q020	<b>How often do you usually have this test?</b>  1        It was the first time 2        More than once a year 3        Every year 4        Every 2 years 5        Less than once every 2 years 6        No fixed frequency DK, RF
CCT_R025	<b>A sigmoidoscopy and a colonoscopy are two tests in which a tube is inserted into the rectum in order to detect signs of cancer or other health problems.</b>  <b>A colonoscopy examines the entire colon, while a sigmoidoscopy only examines the first section of the colon. The sigmoidoscopy requires less preparation.</b>  <u>INTERVIEWER</u> : Press <1> to continue.

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CCT_C025	If CCT_Q015 = 7 (had a colonoscopy or sigmoidoscopy instead), go to CCT_D035. Otherwise, go to CCT_Q025.																				
CCT_Q025	<p><b>Have you ever had either one of these tests?</b></p> <p><u>INTERVIEWER:</u> The sigmoidoscopy can be performed by a nurse or non-specialist physician. The colonoscopy preparation requires fasting for a 36-hour period and drinking a large quantity of liquid to empty the colon.</p> <table><tr><td>1</td><td>Yes</td><td>(Go to CCT_D035)</td></tr><tr><td>2</td><td>No</td><td>(Go to CCT_C030)</td></tr><tr><td>DK, RF</td><td></td><td>(Go to CCT_END)</td></tr></table>	1	Yes	(Go to CCT_D035)	2	No	(Go to CCT_C030)	DK, RF		(Go to CCT_END)											
1	Yes	(Go to CCT_D035)																			
2	No	(Go to CCT_C030)																			
DK, RF		(Go to CCT_END)																			
Processing:	<i>If CCT_Q015 = 7 (Had a colonoscopy or sigmoidoscopy instead), the variable CCT_Q025 is given the value of 1.</i>																				
CCT_C030	If AGE < 50, go to CCT_END. Otherwise, go to CCT_Q030.																				
CCT_Q030	<p><b>What are the reasons you have not had these tests?</b></p> <p><u>INTERVIEWER:</u> Mark all that apply.</p> <table><tr><td>01</td><td>Lack of time</td></tr><tr><td>02</td><td>No access to test (distance, clinic hours or cost)</td></tr><tr><td>03</td><td>Respondent did not think it was necessary</td></tr><tr><td>04</td><td>Doctor did not think it was necessary/ he never brought it up</td></tr><tr><td>05</td><td>Feelings of fear or discomfort</td></tr><tr><td>06</td><td>Don't have a doctor</td></tr><tr><td>07</td><td>Had a fecal test instead</td></tr><tr><td>08</td><td>Did not know it existed/it was a possibility</td></tr><tr><td>09</td><td>Other</td></tr><tr><td>DK, RF</td><td></td></tr></table> <p>Go to CCT_END</p>	01	Lack of time	02	No access to test (distance, clinic hours or cost)	03	Respondent did not think it was necessary	04	Doctor did not think it was necessary/ he never brought it up	05	Feelings of fear or discomfort	06	Don't have a doctor	07	Had a fecal test instead	08	Did not know it existed/it was a possibility	09	Other	DK, RF	
01	Lack of time																				
02	No access to test (distance, clinic hours or cost)																				
03	Respondent did not think it was necessary																				
04	Doctor did not think it was necessary/ he never brought it up																				
05	Feelings of fear or discomfort																				
06	Don't have a doctor																				
07	Had a fecal test instead																				
08	Did not know it existed/it was a possibility																				
09	Other																				
DK, RF																					
Programmer:	<i>If CCT_Q005 &lt;&gt; 1, do not display answer category 7.</i>																				
CCT_E030	You cannot select "Doctor did not think it was necessary/he never brought it up" and "Don't have a doctor". Please return and correct.																				
Rule:	<i>Trigger soft edit if CCT_Q030 = 4 (Doctor did not think it was necessary/he never brought it up) and CCT_Q030 = 6 (Don't have a doctor).</i>																				
CCT_D035	If CCT_Q015 = 7, DT_TESTE = ', a colonoscopy, a sigmoidoscopy or both'. Otherwise, DT_TESTE = 'Null'.																				
CCT_Q035	<b>Which of these tests have you had^DT_TESTE?</b>																				

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- 1 Colonoscopy
- 2 Sigmoidoscopy
- 3 Both
- DK, RF

CCT\_C040 If CCT\_Q035 = 2 or 3, go to CCT\_Q040.  
Otherwise, go to CCT\_C055.

CCT\_Q040 **When was the last time you had a sigmoidoscopy?**

- 1 1 year ago or less
- 2 More than 1 year to 2 years ago
- 3 More than 2 years to 5 years ago
- 4 More than 5 years to 10 years ago
- 5 More than 10 years ago (Go to CCT\_Q045)
- DK
- RF (Go to CCT\_C055)

Go to CCT\_Q050

CCT\_Q045 **What are the reasons you have not had this test in the past 10 years?**

INTERVIEWER: Mark all that apply.

- 01 Lack of time
- 02 No access to test (distance, clinic hours or cost)
- 03 Respondent did not think it was necessary
- 04 Doctor did not think it was necessary/ he never brought it up
- 05 Feelings of fear or discomfort
- 06 Don't have a doctor
- 07 Had a different colorectal test instead
- 08 Did not know it existed/it was a possibility
- 09 Other
- DK, RF

Go to CCT\_C055

Programmer: *If CCT\_Q005 <> 1 and CCT\_Q035 <> 1 or 3, do not display answer category 7.*

CCT\_E045 You cannot select "Doctor did not think it was necessary/he never brought it up" and "Don't have a doctor". Please return and correct.

Rule: *Trigger soft edit if CCT\_Q045 = 4 (Doctor did not think it was necessary/he never brought it up) and CCT\_Q045 = 6 (Don't have a doctor).*

CCT\_Q050 **How often do you usually have this test?**

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- 1 It was the first time
- 2 More than once every 5 years
- 3 Every 5 years
- 4 Less than once every 5 years
- 5 No fixed frequency
- DK, RF

CCT\_C055 If CCT\_Q035 = 1 or 3, go to CCT\_Q055.  
Otherwise, go to CCT\_C075.

CCT\_Q055 **When was the last time you had a colonoscopy?**

- 1 1 year ago or less
- 2 More than 1 year to 2 years ago
- 3 More than 2 years to 5 years ago
- 4 More than 5 years to 10 years ago
- 5 More than 10 years ago (Go to CCT\_Q065)
- DK
- RF (Go to CCT\_END)

Go to CCT\_C070

CCT\_Q065 **What are the reasons you have not had this test in the past 10 years?**

INTERVIEWER: Mark all that apply.

- 01 Lack of time
- 02 No access to test (distance, clinic hours or cost)
- 03 Respondent did not think it was necessary
- 04 Doctor did not think it was necessary/ he never brought it up
- 05 Feelings of fear or discomfort
- 06 Don't have a doctor
- 07 Had a different colorectal test instead
- 08 Did not know it existed/it was a possibility
- 09 Other
- DK, RF

Programmer: *If CCT\_Q005 <> 1 and CCT\_Q035 <> 2 or 3, do not display answer category 7.*

CCT\_E065 You cannot select "Doctor did not think it was necessary/he never brought it up" and "Don't have a doctor". Please return and correct.

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Rule:	Trigger soft edit if CCT_Q065 = 4 (Doctor did not think it was necessary/he never brought it up) and CCT_Q065 = 6 (Don't have a doctor).
CCT_C070	If CCT_Q055 = 1, 2, 3, 4, DK, go to CCT_Q070. Otherwise, go to CCT_C075.
CCT_Q070	<b>How often do you usually have this test?</b>  1        It was the first time 2        More than once every 10 years 3        Every 10 years 4        Less than once every 10 years 5        No fixed frequency DK, RF
CCT_C075	If CCT_Q005 =1 (had a fecal test) and (CCT_Q035 in (1, 2, 3) [had a sigmoidoscopy or colonoscopy or both], go to CCT_Q075. Otherwise, go to CCT_C080.
CCT_Q075	<b>Was the colonoscopy or sigmoidoscopy a follow-up of the results of a fecal test?</b>  1        Yes 2        No DK, RF
CCT_C080	If CCT_Q035 in (1, 2, 3) [had a sigmoidoscopy or colonoscopy or both], go to CCT_D080. Otherwise, go to CCT_END.
CCT_D080	If CCT_Q035 = 1, DT_PRESCORE = 'a colonoscopy'. If CCT_Q035 = 2, DT_PRESCORE = 'a sigmoidoscopy'. If CCT_Q035 = 3, DT_PRESCORE = 'one of these tests'.
CCT_Q080	<b>Were you prescribed ^DT_PRESCORE because of a family history, an inflammatory bowel disease, a colorectal cancer follow-up or other symptoms?</b>  <u>INTERVIEWER:</u> For example, you previously had colorectal cancer or polyps, have a history of colorectal cancer in at least one first degree blood relative, have an inflammatory bowel disease, have other symptoms indicating a predisposition to colorectal cancer.  1        Yes 2        No DK, RF
CCT_END	



### Diabetes care (DIA)

Newfoundland and Labrador

## Optional content

AGE: Respondent's age

CCC\_Q110: Other than during pregnancy, has a health professional ever told you that you have diabetes?

PE\_Q02: last name of specific respondent from USU block

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

Otherwise, go to DIA C001C.

Otherwise, go to DIA\_END.

Otherwise, go to DIA\_R001.

Otherwise, go to DIA\_END.

You reported earlier that ^YOU2 ^HAVE diabetes. The following questions are about diabetes care.

INTERVIEWER: Press <1> to continue.

In the past 12 months, has a health care professional tested ^HIMHER for haemoglobin "A-one-C"? (An "A-one-C" haemoglobin test measures the average level of blood sugar over a 3-month period.)

(Go to DIA\_Q015)

(Go to DIA\_Q015)

(Go to DIA\_END)

How many times? (In the past 12 months, has a health care professional tested ^HIMHER for haemoglobin "A-one-C"?)





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<i>Rule:</i>	<i>Trigger soft edit if DIA_N045A = 4 (per year) and DIA_Q045 &gt; 365.</i>
DIA_C050A	If DIA_Q015=3 (no feet), go to DIA_C055A. Otherwise, go to DIA_Q050.
DIA_Q050	<b>How often ^DOVERB ^YOU1 usually have ^YOUR1 feet checked for any sores or irritations by ^YOURSELF or by a family member or friend?</b>  <u>INTERVIEWER:</u> Enter amount only.   _ _ _ _  (MIN: 0) (MAX: 365)  DK, RF
DIA_C050B	If DIA_Q050 = (0,DK,RF), go to DIA_C055A. Otherwise, go to DIA_N050A.
DIA_N050A	<u>INTERVIEWER:</u> Select the reporting period.  1        Per day 2        Per week 3        Per month 4        Per year (DK, RF not allowed)
DIA_E050A	An unusual value has been entered. Please confirm.
<i>Rule:</i>	<i>Trigger soft edit if DIA_N050A = 1 (per day) and DIA_Q050 &gt; 10.</i>
DIA_E050B	An unusual value has been entered. Please confirm.
<i>Rule:</i>	<i>Trigger soft edit if DIA_N050A = 2 (per week) and DIA_Q050 &gt; 20.</i>
DIA_E050C	An unusual value has been entered. Please confirm.
<i>Rule:</i>	<i>Trigger soft edit if DIA_N050A = 3 (per month) and DIA_Q050 &gt; 90.</i>
DIA_E050D	An unusual value has been entered. Please confirm.
<i>Rule:</i>	<i>Trigger soft edit if DIA_N050A = 4 (per year) and DIA_Q050 &gt; 365.</i>
DIA_C055A	If AGE>=35, go to DIA_C055B. Otherwise, go to DIA_END.
DIA_C055B	If CCC_Q070=1, 2, DK, RF, go to DIA_C060. Otherwise, go to DIA_R055.
DIA_R055	<b>Now, a few questions about medication.</b>  <u>INTERVIEWER:</u> Press <1> to continue.
DIA_Q055	<b>In the past month, ^HAVE ^YOU1 taken any medicine for high blood pressure?</b>

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1        Yes  
2        No  
DK, RF

Processing:        *If a respondent answered CCC\_Q095 = 1 and (CCC\_Q105 <> 1 or CCC\_Q110 = 1) and CCC\_Q070 = 1, 2, DK, RF and DHH\_AGE >= 35 and DODIA = 1 and DIA\_Q005 <> RF, the variable DIA\_Q055 is given the value of CCC\_Q070.*

DIA\_C060        If CCC\_Q080=1, 2, DK, RF, go to DIA\_END.  
Otherwise, go to DIA\_Q060.

DIA\_Q060        **In the past month, ^HAVE ^YOU1 taken any medicine for high blood cholesterol or lipids?**

1        Yes  
2        No  
DK, RF

Processing:        *If a respondent answered CCC\_Q095 = 1 and (CCC\_Q105 <> 1 or CCC\_Q110 = 1) and CCC\_Q080 = 1, 2, DK, RF and DHH\_AGE >= 35 and DODIA = 1 and DIA\_Q005 <> RF, the variable DIA\_Q060 is given the value of CCC\_Q080.*

DIA\_END

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**Consultations about mental health (CMH)**

Optional content

Newfoundland and Labrador,  
Nunavut, Nova Scotia, Quebec

CMH\_BEG

Optional content

External variables required:

PROXYMODE: proxy identifier, from the GR block.

DOCMH: do block flag, from the sample file.

CURRENTDATE: System date

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

CMH\_C001A

If DOCMH = 2, go to CMH\_END.

Otherwise, go to CMH\_C001B.

CMH\_C001B

If PROXYMODE = 1, go to CMH\_END.

Otherwise, go to CMH\_R001.

CMH\_R001

**Now I would like to ask you some questions about mental and emotional well-being.**

INTERVIEWER: Press <1> to continue.

CMH\_D005

DV\_DATEONEYEARAGO = CURRENTDATE - 1

CMH\_Q005

**In the past 12 months, that is, from ^DV\_DATEONEYEARAGO to yesterday, have you seen or talked to a health professional about your emotional or mental health?**

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes

2 No

(Go to CMH\_END)

DK, RF

(Go to CMH\_END)

CMH\_Q010

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

|\_|\_|\_|

(MIN: 1)

(MAX: 366)

DK, RF

CMH\_E010

An unusual value has been entered. Please confirm.

*Rule:*

*Trigger soft edit if CMH\_Q010 > 25.*

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CMH\_Q015

**Whom did you see or talk to?**

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

- 1      **Family doctor or general practitioner**
  - 2      **Psychiatrist**
  - 3      **Psychologist**
  - 4      **Nurse**
  - 5      **Social worker or counsellor**
  - 6      Other - Specify                      (Go to CMH\_S015)
- DK, RF

Go to CMH\_END

CMH\_S015

**(Whom did you see or talk to?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

CMH\_END

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**Satisfaction with life (SWL)**

Optional content

Nova Scotia, Quebec, Alberta,  
Yukon

SWL\_BEG

Optional content

External variables required:

DOSWL: do block flag, from the sample file.

PROXYMODE: proxy identifier, from the GR block.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

SWL\_C001A

If DOSWL = 2, go to SWL\_END.

Otherwise, go to SWL\_C001B.

SWL\_C001B

If PROXYMODE = 1, go to SWL\_END.

Otherwise, go to SWL\_R001.

SWL\_R001

**Now, I'd like to ask about your satisfaction with various aspects of your life. For each question, please tell me whether you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied or very dissatisfied.**

INTERVIEWER: Press <1> to continue.

SWL\_Q005

**How satisfied are you with your job or main activity?**

INTERVIEWER: Read categories to respondent.

1        **Very satisfied**

2        **Satisfied**

3        **Neither satisfied nor  
dissatisfied**

4        **Dissatisfied**

5        **Very dissatisfied**

DK, RF

(Go to SWL\_END)

SWL\_Q010

**How satisfied are you with your leisure activities?**

INTERVIEWER: Read categories to respondent.

1        **Very satisfied**

2        **Satisfied**

3        **Neither satisfied nor  
dissatisfied**

4        **Dissatisfied**

5        **Very dissatisfied**

DK, RF



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SWL\_Q015 (How satisfied are you) with your financial situation?

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

SWL\_Q020 (How satisfied are you) with yourself?

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

SWL\_Q025 How satisfied are you with the way your body looks?

INTERVIEWER: Read categories to respondent.

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

SWL\_Q030 (How satisfied are you) with your relationships with family members?

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

SWL\_Q035 (How satisfied are you) with your relationships with friends?

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

SWL\_Q040 How satisfied are you with your housing?

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INTERVIEWER: Read categories to respondent.

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

SWL\_Q045

**(How satisfied are you) with your neighbourhood?**

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

SWL\_END

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**Distress (DIS)**

Optional content Yukon, Northwest Territories

DIS\_BEG

Optional content

External variables required:

PROXYMODE: proxy identifier, from the GR block.

DODIS: do block flag, from the sample file.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

DIS\_C001A

If DODIS = 2, go to DIS\_END.

Otherwise, go to DIS\_C001B.

DIS\_C001B

If PROXYMODE = 1, go to DIS\_END.

Otherwise, go to DIS\_R001.

DIS\_R001

**The following questions deal with feelings you may have had during the past month.**

INTERVIEWER: Press <1> to continue.

DIS\_D001

DV\_DATEONEMONTHAGO = CURRENTDATE-1 {Calculates the date one month ago from today}.

DIS\_Q005

**During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel:**

**tired out for no good reason?**

INTERVIEWER: Read categories to respondent.

1        **All of the time**

2        **Most of the time**

3        **Some of the time**

4        **A little of the time**

5        **None of the time**

DK, RF

(Go to DIS\_END)

DIS\_Q010

**During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel:**

**nervous?**

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- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time (Go to DIS\_Q020)
- DK, RF (Go to DIS\_Q020)

DIS\_Q015 (During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel:)

so nervous that nothing could calm you down?

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

Processing: *In processing, if a respondent answered DIS\_Q010 = 5 (none of the time), the variable DIS\_Q015 will be given the value of 5 (none of the time).*

DIS\_Q020 (During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel: )

hopeless?

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

DIS\_Q025 During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel:

restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time (Go to DIS\_Q035)
- DK, RF (Go to DIS\_Q035)

DIS\_Q030 (During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel: )

so restless you could not sit still?

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

Processing: *In processing, if a respondent answered DIS\_Q025 = 5 (none of the time), the variable DIS\_Q030 will be given the value of 5 (none of the time).*

DIS\_Q035 **(During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel: )**

**sad or depressed?**

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time (Go to DIS\_Q045)
- DK, RF (Go to DIS\_Q045)

DIS\_Q040 **(During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel: )**

**so depressed that nothing could cheer you up?**

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

Processing: *In processing, if a respondent answered DIS\_Q035 = 5 (none of the time), the variable DIS\_Q040 will be given the value of 5 (none of the time).*

DIS\_Q045 **(During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel: )**

**that everything was an effort?**

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

DIS\_Q050 **(During the past month, that is, from ^DV\_DATEONEMONTHAGO to yesterday, about how often did you feel: )**

**worthless?**

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	1	All of the time	
	2	Most of the time	
	3	Some of the time	
	4	A little of the time	
	5	None of the time	
	DK, RF		
DIS_C055	If (DIS_Q010 = 5, DK, RF), and (DIS_Q020 = 5, DK, RF), and (DIS_Q025 = 5, DK, RF), and (DIS_Q035 = 5, DK, RF), and (DIS_Q045 = 5, DK, RF), and (DIS_Q050 = 5, DK, RF), go to DIS_END. Otherwise, go to DIS_Q055.		
DIS_Q055	<b>We just talked about feelings that occurred to different degrees during the past month. Putting them all together, did these feelings occur <u>more often</u> in the past month than is usual for you, <u>less often</u> than usual or <u>about the same</u> as usual?</b>		
	1	More often	
	2	Less often	(Go to DIS_Q065)
	3	About the same	(Go to DIS_Q070)
	4	Never have had any	(Go to DIS_END)
	DK, RF		(Go to DIS_END)
DIS_Q060	<b>Is that <u>a lot</u> more, <u>somewhat</u> more or only <u>a little</u> more often than usual?</b>		
	1	A lot	
	2	Somewhat	
	3	A little	
	DK, RF		
	Go to DIS_Q070		
DIS_Q065	<b>Is that <u>a lot</u> less, <u>somewhat</u> less or only <u>a little</u> less often than usual?</b>		
	1	A lot	
	2	Somewhat	
	3	A little	
	DK, RF		
DIS_Q070	<b>During the past month, how much did these feelings usually interfere with your life or activities?</b>		
	<u>INTERVIEWER</u> : Read categories to respondent.		
	1	<b>A lot</b>	
	2	<b>Some</b>	
	3	<b>A little</b>	
	4	<b>Not at all</b>	
	DK, RF		
DIS_END			

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**Depression (DEP)**

Optional content

Northwest Territories, Prince  
Edward Island

DEP\_BEG

Optional content

This module is a validated instrument to measure self-reported depression. It is called PHQ-9 and was developed by Spitzer et al (1999). It was first introduced in the CCHS in 2015.

External variables required:

DODEP: do block flag, from the sample file.  
PROXYMODE: proxy identifier.

PE\_Q01 : first name of specific respondent from USU block  
PE\_Q02 : last name of specific respondent from USU block

Screen display:  
Display on header bar PE\_Q01 and PE\_Q02 separated by a space

DEP\_C001A

If DODEP = 2, go to DEP\_END.  
Otherwise, go to DEP\_C001B.

DEP\_C001B

If PROXYMODE = 1, go to DEP\_END.  
Otherwise, go to DEP\_R001.

DEP\_R001

**The following questions deal with problems you may have had during the last two weeks.**

INTERVIEWER: Press <1> to continue.

DEP\_Q005

**Over the last two weeks, how often have you:**

**had little interest or pleasure in doing things?**

INTERVIEWER: Read categories to respondent. If the respondent tries to classify himself/herself as 1 or 2 days (or a few days) rather than several days, please choose "Not at all".

- 1      **Not at all**
- 2      **Several days**
- 3      **More than half the days**
- 4      **Nearly every day**

DK

RF

(Go to DEP\_END)

DEP\_Q010

**Over the last two weeks, how often have you:**

**felt down, depressed, or hopeless?**

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INTERVIEWER: Read categories to respondent. If the respondent tries to classify himself/herself as 1 or 2 days (or a few days) rather than several days, please choose "Not at all".

- 1        **Not at all**
  - 2        **Several days**
  - 3        **More than half the days**
  - 4        **Nearly every day**
- DK, RF

DEP\_Q015

**(Over the last two weeks, how often have you:)**

**had trouble falling or staying asleep, or sleeping too much?**

INTERVIEWER: If the respondent tries to classify himself/herself as 1 or 2 days (or a few days) rather than several days, please choose "Not at all".

- 1        Not at all
  - 2        Several days
  - 3        More than half the days
  - 4        Nearly every day
- DK, RF

DEP\_Q020

**(Over the last two weeks, how often have you:)**

**felt tired or had little energy?**

INTERVIEWER: If the respondent tries to classify himself/herself as 1 or 2 days (or a few days) rather than several days, please choose "Not at all".

- 1        Not at all
  - 2        Several days
  - 3        More than half the days
  - 4        Nearly every day
- DK, RF

DEP\_Q025

**Over the last two weeks, how often have you:**

**had poor appetite or overate?**

INTERVIEWER: Read categories to respondent. The term "poor appetite" refers to not being hungry, or eating less than usual. If the respondent tries to classify himself/herself as 1 or 2 days (or a few days) rather than several days, please choose "Not at all".

- 1        **Not at all**
  - 2        **Several days**
  - 3        **More than half the days**
  - 4        **Nearly every day**
- DK, RF



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DEP\_Q030

**(Over the last two weeks, how often have you:)**

**felt bad about yourself, or that you are a failure or have let yourself or your family down?**

INTERVIEWER: If the respondent tries to classify himself/herself as 1 or 2 days (or a few days) rather than several days, please choose "Not at all".

- 1 Not at all
  - 2 Several days
  - 3 More than half the days
  - 4 Nearly every day
- DK, RF

DEP\_Q035

**(Over the last two weeks, how often have you:)**

**had trouble concentrating on things, such as reading the newspaper or watching television?**

INTERVIEWER: If the respondent tries to classify himself/herself as 1 or 2 days (or a few days) rather than several days, please choose "Not at all".

- 1 Not at all
  - 2 Several days
  - 3 More than half the days
  - 4 Nearly every day
- DK, RF

DEP\_Q040

**Over the last two weeks, how often have you:**

**been moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual?**

INTERVIEWER: If the respondent tries to classify himself/herself as 1 or 2 days (or a few days) rather than several days, please choose "Not at all".

- 1 Not at all
  - 2 Several days
  - 3 More than half the days
  - 4 Nearly every day
- DK, RF

DEP\_Q045

**(Over the last two weeks, how often have you:)**

**had thoughts that you would be better off dead, or of hurting yourself?**

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INTERVIEWER: If the respondent tries to classify himself/herself as 1 or 2 days (or a few days) rather than several days, please choose "Not at all".

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- DK, RF

DEP\_C050

If (DEP\_Q005 = 2, 3, 4 or DEP\_Q010 = 2, 3, 4 or DEP\_Q015 = 2, 3, 4 or DEP\_Q020 = 2, 3, 4 or DEP\_Q025 = 2, 3, 4 or DEP\_Q030 = 2, 3, 4 or DEP\_Q035 = 2, 3, 4 or DEP\_Q040 = 2, 3, 4 or DEP\_Q045 = 2, 3, 4), go to DEP\_Q050.  
Otherwise, go to DEP\_END.

DEP\_Q050

**How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

INTERVIEWER: Read categories to respondent.

- 1 Not difficult at all
- 2 Somewhat difficult
- 3 Very difficult
- 4 Extremely difficult
- DK, RF

DEP\_END

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**Sources of stress (STS)**

Optional content

Quebec, Alberta, British  
Columbia, Northwest Territories

STS\_BEG

Optional content

External variables required:

DOSTS: Do block flag, from the sample file.

PROXYMODE: proxy identifier, from the GR block.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

STS\_C001A

If DOSTS = 2, go to STS\_END.

Otherwise, go to STS\_C001B.

STS\_C001B

If PROXYMODE=1, go to STS\_END.

Otherwise, go to STS\_R001.

STS\_R001

**Now a few questions about the stress in your life.**

INTERVIEWER: Press <1> to continue.

STS\_Q005

**In general, how would you rate your ability to handle unexpected and difficult problems, for example, a family or personal crisis? Would you say your ability is...?**

INTERVIEWER: Read categories to respondent.

1        **Excellent**

2        **Good**

3        **Fair**

4        **Poor**

DK, RF

STS\_Q010

**In general, how would you rate your ability to handle the day-to-day demands in your life, for example, handling work, family and volunteer responsibilities? Would you say your ability is...?**

INTERVIEWER: Read categories to respondent.

1        **Excellent**

2        **Good**

3        **Fair**

4        **Poor**

DK, RF

STS\_Q015

**Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?**

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INTERVIEWER: Read categories to respondent.

- 01      **Work**
- 02      **Financial concerns**
- 03      **Family**
- 04      **School work**
- 05      **Time pressures / not  
enough time**
- 06      **Health**
- 07      Other - Specify                      (Go to STS\_S015)
- 08      None
- DK, RF

Go to STS\_END

STS\_S015

**(Thinking about stress in your day-to-day life, what would you say is  
the most important thing contributing to feelings of stress you may  
have?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

STS\_END

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**Social provisions (SPS)**

Optional content

Newfoundland and Labrador,  
Prince Edward Island, Alberta,  
British Columbia

SPS\_BEG

Optional content

External variables required:

PROXYMODE - proxy interview

DOSPS: do block flag, from the sample file.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

SPS\_C001A

If DOSPS = 2, go to SPS\_END.

Otherwise, go to SPS\_C001B.

SPS\_C001B

If PROXYMODE=1, go to SPS\_END.

Otherwise, go to SPS\_R001.

SPS\_R001

**The next questions are about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people.**

INTERVIEWER: Press <1> to continue.

SPS\_Q005

**There are people I can depend on to help me if I really need it.**

INTERVIEWER: Read categories to respondent.

1        **Strongly agree**

2        **Agree**

3        **Disagree**

4        **Strongly disagree**

DK, RF

SPS\_Q010

**There are people who enjoy the same social activities I do.**

INTERVIEWER: Read categories to respondent.

1        **Strongly agree**

2        **Agree**

3        **Disagree**

4        **Strongly disagree**

DK, RF

SPS\_Q015

**I have close relationships that provide me with a sense of emotional security and wellbeing.**

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- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- DK, RF

SPS\_Q020                      **There is someone I could talk to about important decisions in my life.**

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- DK, RF

SPS\_Q025                      **I have relationships where my competence and skill are recognized.**

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- DK, RF

SPS\_Q030                      **There is a trustworthy person I could turn to for advice if I were having problems.**

INTERVIEWER: Read categories to respondent.

- 1 **Strongly agree**
- 2 **Agree**
- 3 **Disagree**
- 4 **Strongly disagree**
- DK, RF

SPS\_Q035                      **I feel part of a group of people who share my attitudes and beliefs.**

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- DK, RF

SPS\_Q040                      **I feel a strong emotional bond with at least one other person.**

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- DK, RF

SPS\_Q045                      **There are people who admire my talents and abilities.**

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- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- DK, RF

SPS\_Q050

**There are people I can count on in an emergency.**

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- DK, RF

SPS\_END

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**Primary health care (PHC)**

Core content

PHC\_BEG

Core content

In 2018, for the Provinces only, three questions were removed.

External variables required:

DOPHC: Flag to activate the block from the sample file.

PROXYMODE: proxy identifier, from the GR block.

PROV: Province of residence

PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy

COLLYEAR: Collection year, based on value of "CYCLE" from the Unitinfo file

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display: Display on header bar PE\_Q01 and PE\_Q02 separated by a space

Note: This module is slightly different as of 2018. Three questions (Q015, Q045, Q050) have not been asked in the provinces (but kept for the Territories), identified as less of a priority by stakeholders, to reduce the length of the survey.

PHC\_C001

If DOPHC=2, go to PHC\_END.

Otherwise, go to PHC\_R001.

PHC\_R001

**Now I'd like to ask about ^YOUR2 primary health care. It is often the first point of entry to the Canadian health system. It incorporates diagnosis, treatment and management of health problems.**

INTERVIEWER: Press <1> to continue.

PHC\_D005A

If PROXYMODE=1, DT\_GO = 'goes'.

Otherwise, DT\_GO = 'go'.

PHC\_D005B

If PROXYMODE=1, DT\_NEED = 'needs'.

Otherwise, DT\_NEED = 'need'.

PHC\_Q005

**Is there a place that ^YOU1 usually ^DT\_GO to when ^YOU1 ^DT\_NEED immediate care for a minor health problem?**

INTERVIEWER: If respondent has more than one place he/she went to in the last 12 months, please refer to the one place he/she went to the most often.

1 Yes

2 No

DK, RF

(Go to PHC\_C015A)

(Go to PHC\_C015A)

PHC\_D010

If PROV=24, DT\_CLSC = 'or CLSC'.

Otherwise, DT\_CLSC = 'null'.





<p><u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.</p>	
	<p>1            ^DOVERB_C not need one in particular, but ^YOU1 ^HAVE a usual place of care</p> <p>2            No one available in the area</p> <p>3            No one in the area is taking new patients</p> <p>4            ^DT_YOU1C ^HAVE not tried to find one</p> <p>5            Had one who left or retired</p> <p>6            Other</p> <p>DK, RF</p>
	Go to PHC_END
PHC_E025	A response inconsistent with a response to a previous question has been entered. Please confirm.
Rule:	Trigger soft edit if PHC_Q025 = 1 (Don't need one in particular, I have a usual place of care) and PHC_Q005 = (2, DK, RF)
PHC_Q030	<p><b>Is that regular health care provider a...?</b></p> <p><u>INTERVIEWER</u>: Read categories to respondent. If respondent wants to report more than one doctor, ask for the one he/she consults the most. Additional examples of specialists are oncologist or psychiatrist. Examples of "Other" regular health care providers are psychologist or physiotherapist.</p> <p>1            Family doctor or general practitioner</p> <p>2            Medical specialist such as a cardiologist or a pediatrician</p> <p>3            Nurse practitioner</p> <p>4            Other</p> <p>DK, RF</p>
PHC_D035A	<p>If PHC_Q030 = 1, DT_PHC_E = 'family physician'. Otherwise, if PHC_Q030 = 2, DT_PHC_E = 'specialist'. Otherwise, if PHC_Q030 = 3, DT_PHC_E = 'nurse practitioner'. Otherwise, DT_PHC_E = 'regular health care provider'.</p>
PHC_D035B	Not Applicable
PHC_D035C	<p>If PHC_Q015=1, DT_SOLO = '?'. Otherwise, DT_SOLO = ', or another care provider from the same office?'. Otherwise, DT_SOLO = 'DK, RF'.</p>
PHC_Q035	<p><b>When ^YOU2 ^DT_NEED <u>immediate</u> care for a minor health problem, how long ^DOVERB ^YOU1 usually have to wait before ^YOU1 can have an appointment with this ^DT_PHC_E^DT_SOLO</b></p>

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INTERVIEWER: Minor health problem can include fever, headache, a sprained ankle, vomiting or an unexplained rash.

- 1 On the same day
- 2 The next day
- 3 In 2 to 3 days
- 4 In 4 to 6 days
- 5 In 1 to 2 weeks
- 6 Between 2 weeks and one month
- 7 One month or more
- DK, RF

PHC\_Q040 **^DOVERB\_C ^YOU1 usually speak in English, in French or in another language with this ^DT\_PHC\_E?**

- 1 English
- 2 French
- 3 English and French
- 4 English and another language
- 5 French and another language
- 6 Another language
- DK, RF

PHC\_C045 If PROV = (60, 61, 62), go to PHC\_Q045.  
Otherwise, go to PHC\_Q055.

PHC\_Q045 **Is there one or more nurses working with ^YOUR1 ^DT\_PHC\_E who are regularly involved in ^YOUR1 health care?**

- 1 Yes
- 2 No
- DK, RF

PHC\_C050 If PHC\_Q010 = (2,3,4,5,6), go to PHC\_Q050.  
Otherwise, go to PHC\_Q055.

PHC\_Q050 **Other than doctors and nurses, are there other health professionals like nutritionists working in the same office where ^YOU1 get^S ^YOUR1 regular health care?**

INTERVIEWER: The respondent might not use/need the services of these other professionals in the same office but is aware that they are available.

- 1 Yes
- 2 No
- DK, RF

PHC\_Q055 **Other than from ^YOUR1 ^DT\_PHC\_E, who ^DOVERB ^YOU1 receive regular health care from?**

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INTERVIEWER: Read categories to respondent. Mark all that apply.  
Regular health care can also be considered as routine health care.

- 01      **Another family doctor or  
general practitioner**
  - 02      **Specialist doctor**
  - 03      **Nurse / Nurse practitioner**
  - 04      **Chiropractor**
  - 05      **Registered dietician**
  - 06      **Pharmacist**
  - 07      **Physiotherapist**
  - 08      **Psychologist / Mental  
Health Professional**
  - 09      **Social Worker**
  - 10      **Other**
  - 11      **None**
- DK, RF

PHC\_E055

**You cannot select "None" and another category. Please return and correct.**

*Rule:*

*Trigger hard edit if Trigger hard edit if PHC\_Q055 = 11 (None) and any other response selected in PHC\_Q055.*

PHC\_C060

If PHC\_Q020 = 1 (has a regular health care provider) and PHC\_Q055 <> 11 (receives regular health care from any other professionals), go to PHC\_Q060.  
Otherwise, go to PHC\_END.

PHC\_Q060

**In general, how would ^YOU1 rate the level of coordination between ^YOUR1 ^DT\_PHC\_E and other health professionals who provide ^HIMHER with regular care? Would ^YOU1 say the coordination is...?**

INTERVIEWER: Read categories to respondent. Examples of care coordination are: sending test results on time; communicating diagnostic or treatment plans to other health providers.

- 1      **Excellent**
  - 2      **Very good**
  - 3      **Good**
  - 4      **Fair**
  - 5      **Poor**
  - 6      **Not applicable**
- DK, RF

PHC\_END

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**Medical doctor attachment (MDA)**

Optional content Manitoba, British Columbia

MDA\_BEG

Optional content

PROXYMODE: proxy identifier, from the GR block.

DOMDA: do block flag, from the sample file.

PHC\_Q005: Is there a place that you usually go to when you need immediate care for a minor health problem?

PHC\_Q015: Is it..? (asked to find out type of doctor office, when that is indicated in PHC\_Q010)

PHC\_Q020: Do you have a regular health care provider?

PHC\_Q025: What are the reasons why you do not have a regular health care provider?

PHC\_Q030: Type of regular health care provider

MDA\_C001A

If DOMDA = 2, go to MDA\_END.

Otherwise, go to MDA\_C001B.

MDA\_C001B

If PHC\_Q030 = (2, 3, 4, DK, RF, BLANK) (regular health care provider (RHCP) is not a family doctor or general practitioner), go to MDA\_C010. Otherwise, go to MDA\_Q005.

MDA\_Q005

**How long ^HAVE ^YOU2 had ^YOUR1 family doctor or general practitioner for?**

INTERVIEWER: Read categories to respondent. If needed, you can prompt the respondent 'This is the doctor previously indicated as being consulted regularly'.

- 1      **Less than 6 months**
- 2      **6 months to less than 1**
- year**
- 3      **1 year to less than 2**
- years**
- 4      **2 years or more**
- DK, RF

Go to MDA\_END

MDA\_C010

If PHC\_Q020 = (DK, RF) (nonresponse to the RHCP question) or PHC\_Q025 = 4 (not looking for a RHCP) or PHC\_Q030 = (DK, RF) (nonresponse to the type of RHCP question), go to MDA\_C015. Otherwise, go to MDA\_D010.

MDA\_D010

If PROXYMODE=1, DT\_NAE = '^FNAME already has one'.  
Otherwise, DT\_NAE = 'I already have one'.

MDA\_Q010

**^ARE\_C ^YOU2 currently looking for a family doctor or general practitioner?**

---

1 Yes

- MDA\_C015 If PLIC\_C005 (2 DK RF) (does not have a usual place of care or

MDA D015	Not Applicable
----------	----------------

MDA\_Q015 Earlier you said that ^YOU? ^HAVE a usual place to go when ^YOU1

- ```
MDA D0320 IF PROXYMODE 1 DT GO 'does'
```

MDA\_Q030 When ^YOU1 ^DT GO to that usual place, how often ^ARE ^YOU1

INTERVIEWER: Read categories to respondent

- MDA END

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**Contacts with health professionals - extended block (CP2)**

Optional content Manitoba

CP2\_BEG

Optional content

External variables required:

PROXYMODE: proxy identifier, from the GR block.

DOCP2: do block flag, from the sample file.

CHP\_Q025: has been a patient overnight in a hospital.

CMH\_Q015: Seen or talked to health professional about emotional or mental health in past 12 months?

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

CP2\_C001

If DOCP2 = 2, go to CP2\_END.

Otherwise, go to CP2\_D001.

CP2\_D001

If CHP\_Q025 = 1, DT\_COUNT = 'Not counting when ^YOU1 ^WERE an overnight patient, in the past 12 months'.

Otherwise, DT\_COUNT = 'In the past 12 months'.

CP2\_Q005

**^DT\_COUNT, ^HAVE ^YOU2 seen or talked to any of the following health professionals about ^YOUR1 physical, emotional or mental health:**

**a chiropractor?**

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes

2 No

(Go to CP2\_Q015)

DK, RF

(Go to CP2\_Q015)

CP2\_Q010

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

|\_|\_|\_|

(MIN: 1)

(MAX: 366)

DK, RF

Processing:

*In processing, if a respondent answered CP2\_Q005 = 2, the variable CP2\_Q010 is replaced with the value 0.*

CP2\_E010

An unusual value has been entered. Please confirm.

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Rule: Trigger soft edit if CP2\_Q010 > 20

CP2\_Q015 (^DT\_COUNT, ^HAVE ^YOU1 seen or talked to)

**a physiotherapist?**

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes  
2 No (Go to CP2\_Q025)  
DK, RF (Go to CP2\_Q025)

CP2\_Q020 How many times (in the past 12 months)?

|\_|\_|\_|  
(MIN: 1)  
(MAX: 366)

DK, RF

Processing: In processing, if a respondent answered CP2\_Q015 = 2, the variable CP2\_Q020 is replaced with the value 0.

CP2\_E020 An unusual value has been entered. Please confirm.

Rule: Trigger soft edit if CP2\_Q020 > 30

CP2\_Q025 (^DT\_COUNT, ^HAVE ^YOU1 seen or talked to)

**a psychologist (about ^YOUR1 physical, emotional or mental health)?**

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes  
2 No (Go to CP2\_Q035)  
DK, RF (Go to CP2\_Q035)

CP2\_E025 Inconsistent answers have been entered. The respondent has just reported not seeing or talking with a psychologist in the past 12 months but previously reported that he or she did. Please confirm, but be sure to exclude those times when the respondent was an overnight patient in a hospital.

Rule: Trigger soft edit if CMH\_Q015 = 3 (saw a psychologist) and CP2\_Q025 = 2

CP2\_Q030 How many times (in the past 12 months)?

|\_|\_|\_|  
(MIN: 1)  
(MAX: 366)

DK, RF

Processing: In processing, if a respondent answered CP2\_Q025 = 2, the variable CP2\_Q030 is replaced with the value 0.

CP2\_E030 An unusual value has been entered. Please confirm.



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Rule: Trigger soft edit if CP2\_Q030 > 25

CP2\_Q035 ^DT\_COUNT, ^HAVE ^YOU2 seen or talked to:

**a social worker or counsellor?**

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes  
2 No (Go to CP2\_Q045)  
DK, RF (Go to CP2\_Q045)

CP2\_E035 Inconsistent answers have been entered. The respondent has just reported not seeing or talking with a social worker or counsellor in the past 12 months but previously reported that he or she did. Please confirm, but be sure to exclude those times when the respondent was an overnight patient in a hospital.

Rule: Trigger soft edit if CMH\_Q015 = 5 (saw a social worker or counsellor) and CP2\_Q035 = 2.

CP2\_Q040 **How many times (in the past 12 months)?**

|\_|\_|\_|  
(MIN: 1)  
(MAX: 366)

DK, RF

Processing: In processing, if a respondent answered CP2\_Q035 = 2, the variable CP2\_Q040 is replaced with the value 0.

CP2\_E040 An unusual value has been entered. Please confirm.

Rule: Trigger soft edit if CP2\_Q040 > 20

CP2\_Q045 (^DT\_COUNT, ^HAVE ^YOU1 seen or talked to)

**an audiologist, a speech or occupational therapist?**

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes  
2 No (Go to CP2\_Q055)  
DK, RF (Go to CP2\_Q055)

CP2\_Q050 **How many times (in the past 12 months)?**

|\_|\_|\_|  
(MIN: 1)  
(MAX: 200)

DK, RF

Processing: In processing, if a respondent answered CP2\_Q045 = 2, the variable CP2\_Q050 is replaced with the value 0.

|              |                                                                                                                                                                                                                                                                                                             |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CP2_E050     | An unusual value has been entered. Please confirm.                                                                                                                                                                                                                                                          |
| <i>Rule:</i> | <i>Trigger soft edit if CP2_Q050 &gt; 12</i>                                                                                                                                                                                                                                                                |
| CP2_Q055     | (^DT_COUNT, ^HAVE ^YOU1 seen or talked to)<br><br>a dietician or nutritionist?<br><br><u>INTERVIEWER</u> : Include both face to face and telephone contacts.<br><br>1            Yes<br>2            No                         (Go to CP2_Q065)<br>DK, RF                                 (Go to CP2_Q065) |
| CP2_Q060     | How many times (in the past 12 months)?<br><br> _ _ _ _<br>(MIN: 1)<br>(MAX: 366)<br><br>DK, RF                                                                                                                                                                                                             |
| Processing:  | In processing, if a respondent answered CP2_Q055 = 2, the variable CP2_Q060 is replaced with the value 0.                                                                                                                                                                                                   |
| CP2_E060     | An unusual value has been entered. Please confirm.                                                                                                                                                                                                                                                          |
| <i>Rule:</i> | <i>Trigger soft edit if CP2_Q060 &gt; 30</i>                                                                                                                                                                                                                                                                |
| CP2_Q065     | ^DT_COUNT, ^HAVE ^YOU2 consulted with or sought advice from a pharmacist?<br><br><u>INTERVIEWER</u> : Include both face to face and telephone contacts.<br><br>1            Yes<br>2            No                         (Go to CP2_END)<br>DK, RF                                 (Go to CP2_END)        |
| CP2_Q070     | How many times (in the past 12 months)?<br><br> _ _ _ _<br>(MIN: 1)<br>(MAX: 366)<br><br>DK, RF                                                                                                                                                                                                             |
| Processing:  | In processing, if a respondent answered CP2_Q065 = 2, the variable CP2_Q070 is replaced with the value 0.                                                                                                                                                                                                   |
| CP2_E070     | An unusual value has been entered. Please confirm.                                                                                                                                                                                                                                                          |
| <i>Rule:</i> | <i>Trigger soft edit if CP2_Q070 &gt; 30</i>                                                                                                                                                                                                                                                                |
| CP2_END      |                                                                                                                                                                                                                                                                                                             |

### Patient satisfaction - community-based care (PSC)

Newfoundland and Labrador

## Optional content

CP2 Q005 to CP2 Q065

If DOPSC=2, go to PSC\_END.  
Otherwise, go to PSC\_C001B.

If PROXYMODE=1 or AGE<15, go to PSC\_END.  
Otherwise, go to PSC\_C001C.

If CP2\_Q005 = 1 (Consulted with a chiropractor) or  
 CP2\_Q015 = 1 (Consulted with a physiotherapist) or  
 CP2\_Q025 = 1 (Consulted with a psychologist) or  
 CP2\_Q035 = 1 (Consulted with a social worker or counsellor) or  
 CP2\_Q045 = 1 (Consulted with an audiologist, a speech or  
 occupational therapist) or  
 CP2\_Q055 = 1 (Consulted with a dietician or nutritionist) or  
 CP2\_Q065 = 1 (Consulted with a pharmacist) or  
 DOCP2 = 2, go to PSC\_R001.  
 Otherwise, go to PSC\_END.

The next questions are about community-based health care which include other health care services received outside of a hospital or doctor's office.

Examples are: home nursing care, home-based counselling or therapy, personal care and community health clinics.

INTERVIEWER: Press <1> to continue.

In the past 12 months, have you received any community-based care?

Go to PSC\_END

Overall, how would you rate the quality of the community-based care you received? Would you say it was...?

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INTERVIEWER: Read categories to respondent.

- 1      **Excellent**
  - 2      **Good**
  - 3      **Fair**
  - 4      **Poor**
- DK, RF

PSC\_Q015

Using a scale of 0 to 5, where 0 means "Very dissatisfied" and 5 means "Very satisfied", overall, how satisfied were you with the way community-based care was provided?

- 0      Very dissatisfied
  - 1      |
  - 2      |
  - 3      |
  - 4      V
  - 5      Very satisfied
- DK, RF

PSC\_Q020

In the past 12 months, have you received any home nursing care?

- 1      Yes
  - 2      No      (Go to PSC\_Q035)
- DK, RF      (Go to PSC\_Q035)

PSC\_Q025

Overall, how would you rate the quality of the home nursing care you received? Would you say it was...?

INTERVIEWER: Read categories to respondent.

- 1      **Excellent**
  - 2      **Good**
  - 3      **Fair**
  - 4      **Poor**
- DK, RF

PSC\_Q030

Using a scale of 0 to 5, where 0 means "Very dissatisfied" and 5 means "Very satisfied", overall, how satisfied were you with the way the home nursing care was provided?

- 0      Very dissatisfied
  - 1      |
  - 2      |
  - 3      |
  - 4      V
  - 5      Very satisfied
- DK, RF

PSC\_Q035

In the past 12 months, have you received any home-based counselling or therapy?

- 1      Yes
  - 2      No      (Go to PSC\_Q050)
- DK, RF      (Go to PSC\_Q050)

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PSC\_Q040

**Overall, how would you rate the quality of the home-based counselling or therapy you received? Would you say it was...?**

INTERVIEWER: Read categories to respondent.

- 1      **Excellent**
- 2      **Good**
- 3      **Fair**
- 4      **Poor**

DK, RF

PSC\_Q045

**Using a scale of 0 to 5, where 0 means "Very dissatisfied" and 5 means "Very satisfied", overall, how satisfied were you with the way the home-based counselling or therapy was provided?**

- 0      Very dissatisfied
- 1      |
- 2      |
- 3      |
- 4      V
- 5      Very satisfied

DK, RF

PSC\_Q050

**In the past 12 months, have you received any personal care services?**

- 1      Yes
- 2      No      (Go to PSC\_Q065)

DK, RF

(Go to PSC\_Q065)

PSC\_Q055

**Overall, how would you rate the quality of the personal care service you received? Would you say it was...?**

INTERVIEWER: Read categories to respondent.

- 1      **Excellent**
- 2      **Good**
- 3      **Fair**
- 4      **Poor**

DK, RF

PSC\_Q060

**Using a scale of 0 to 5, where 0 means "Very dissatisfied" and 5 means "Very satisfied", overall, how satisfied were you with the way the personal care service was provided?**

- 0      Very dissatisfied
- 1      |
- 2      |
- 3      |
- 4      V
- 5      Very satisfied

DK, RF

PSC\_Q065

**In the past 12 months, have you received any services from a community walk-in clinic?**

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- 1 Yes  
2 No (Go to PSC\_END)  
DK, RF (Go to PSC\_END)

PSC\_Q070

**Overall, how would you rate the quality of the service you received at the community walk-in clinic? Would you say it was...?**

INTERVIEWER: Read categories to respondent.

- 1 **Excellent**  
2 **Good**  
3 **Fair**  
4 **Poor**  
DK, RF

PSC\_Q075

**Using a scale of 0 to 5, where 0 means "Very dissatisfied" and 5 means "Very satisfied", overall, how satisfied were you with the way the community walk-in clinic service was provided?**

- 0 Very dissatisfied  
1 |  
2 |  
3 |  
4 V  
5 Very satisfied  
DK, RF

PSC\_END

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**Consultations with health professionals on smoking (SPC)**

Optional content

Northwest Territories

SPC\_BEG

Optional content

External variables required:

DOSPC: Flag to activate the block from the sample file.

DOPHC: Flag to activate the block from the sample file.

DODEN: Flag to activate the block from the sample file.

SMK\_Q005: Do you smoke cigarettes every day, occasionally or not at all?

SMK\_Q060: When did you stop smoking?

SMK\_Q080: When did you stop smoking daily?

PHC\_Q020: Do you have a regular health care provider?

PHC\_Q030: Is that regular health care provider a...?

DEN\_Q035: When was the last time you saw a dental professional?

PROXYMODE: proxy identifier, from the GR block

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

SPC\_D001

If SMK\_Q005 = 1 or 2, DT\_SMOKING = 'smoke'.

If SMK\_Q060 = 1 or SMK\_Q080 = 1, DT\_SMOKING = 'smoked'.

SPC\_C001A

If DOSPC = 2, go to SPC\_END.

Otherwise, go to SPC\_C001B.

SPC\_C001B

If PROXYMODE=1, go to SPC\_END.

Otherwise, go to SPC\_C001C.

SPC\_C001C

If SMK\_Q005 = (1 or 2) or SMK\_Q060 = 1 or SMK\_Q080 = 1, go to SPC\_C001D.

Otherwise, go to SPC\_END.

SPC\_C001D

If (DOPHC = 1) and (PHC\_Q020 = 1) (i.e. has a regular health care provider), go to SPC\_Q005.

Otherwise, go to SPC\_C025.

SPC\_Q005

**Does your ^DT\_PHC\_E know that you ^DT\_SMOKING cigarettes?**

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|          |                                                                                                                                  |                                                                      |                  |
|----------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------|
|          | 1                                                                                                                                | Yes                                                                  |                  |
|          | 2                                                                                                                                | No                                                                   | (Go to SPC_C025) |
|          | DK, RF                                                                                                                           |                                                                      | (Go to SPC_C025) |
| SPC_Q010 | <b>In the past 12 months, did your ^DT_PHC_E advise you to reduce or quit smoking?</b>                                           |                                                                      |                  |
|          | 1                                                                                                                                | Yes                                                                  |                  |
|          | 2                                                                                                                                | No                                                                   |                  |
|          | 3                                                                                                                                | Did not see or talk to him or her                                    | (Go to SPC_C025) |
|          | DK, RF                                                                                                                           |                                                                      | (Go to SPC_C025) |
| SPC_Q015 | <b>(In the past 12 months,) did your ^DT_PHC_E give you any specific help or information to reduce or quit smoking?</b>          |                                                                      |                  |
|          | 1                                                                                                                                | Yes                                                                  |                  |
|          | 2                                                                                                                                | No                                                                   | (Go to SPC_C025) |
|          | DK, RF                                                                                                                           |                                                                      | (Go to SPC_C025) |
| SPC_Q020 | <b>What type of help did the ^DT_PHC_E give?</b>                                                                                 |                                                                      |                  |
|          | <u>INTERVIEWER:</u> Mark all that apply.                                                                                         |                                                                      |                  |
|          | 01                                                                                                                               | Referral to a one-on-one cessation program                           |                  |
|          | 02                                                                                                                               | Referral to a group cessation program                                |                  |
|          | 03                                                                                                                               | Recommended use of nicotine patch or nicotine gum                    |                  |
|          | 04                                                                                                                               | Recommended Zyban or other medication                                |                  |
|          | 05                                                                                                                               | Provided self-help information (e.g., pamphlet, referral to website) |                  |
|          | 06                                                                                                                               | Referral to a 1-800 telephone quit line or other smoker help lines   |                  |
|          | 07                                                                                                                               | ^DT_PHC_E offered counselling                                        |                  |
|          | 08                                                                                                                               | Other                                                                |                  |
|          | DK, RF                                                                                                                           |                                                                      |                  |
| SPC_C025 | If (DODEN = 1) and (DEN_Q035 = 1) (visited dental professional less than 1 year ago), go to SPC_Q025. Otherwise, go to SPC_Q045. |                                                                      |                  |
| SPC_Q025 | <b>Does your dental professional know that you ^DT_SMOKING cigarettes?</b>                                                       |                                                                      |                  |



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- SPO-0025      (U)      119      (U)      \      d      i      l      e      t      e      r      f      o      r      m      a      t      i      o      n

What type of help did the pharmacist give?

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INTERVIEWER: Mark all that apply.

- 1 Referral to a one-on-one cessation program
  - 2 Referral to a group cessation program
  - 3 Recommended use of nicotine patch or nicotine gum
  - 4 Recommended Zyban or other medication
  - 5 Provided self-help information (e.g., pamphlet, referral to website)
  - 6 Referral to a 1-800 telephone quit line or other smoker help lines
  - 7 Other
- DK, RF

SPC\_END

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**Access to health care services (ACC)**

Optional content

Nova Scotia, Nunavut

ACC\_BEG

Optional content

External variables required:

DOACC: do block flag, from sample file

DOPHC: do block flag, from sample file

^DT\_SPECIALIST: from CHP block - urologist (male), gynecologist (female).

PHC\_Q020: Have a usual health care provider?

PROXYMODE: proxy identifier, from the GR block.

AGE: Respondent's age

SEX\_Q01: Respondent's sex

PROV: Province of residence

DV\_HHSIZE: Number of members in household

PE\_Q01 : first name of specific respondent from USU block

PE\_Q02 : last name of specific respondent from USU block

Screen display :

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

ACC\_C001A

If DOACC = 2, go to ACC\_END.

Otherwise, go to ACC\_C001B.

ACC\_C001B

If PROXYMODE = 1 or if AGE < 15, go to ACC\_END.

Otherwise, go to ACC\_R001.

ACC\_R001

**The next questions are about the use of various health care services.**

**I will start by asking about your experiences getting health care from a medical specialist such as a cardiologist, endocrinologist, allergist, ^DT\_SPECIALIST or psychiatrist (excluding an optometrist).**

INTERVIEWER: Press <1> to continue.

ACC\_Q005

**In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation?**

1 Yes

2 No

DK, RF

(Go to ACC\_R020)

(Go to ACC\_R020)

ACC\_Q010

**In the past 12 months, did you ever experience any difficulties getting the specialist care you needed for a diagnosis or consultation?**

1 Yes

2 No

DK, RF

(Go to ACC\_R020)

(Go to ACC\_R020)

ACC\_Q015

**What types of difficulties did you experience?**

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INTERVIEWER: Mark all that apply.

- 01      Difficulty getting a referral
- 02      Difficulty getting an  
appointment
- 03      Waited too long  
between booking appointment  
and visit
- 04      Waited too long to see  
the specialist (i.e. in-office  
waiting)
- 05      Service not available at  
time required
- 06      Service not available in  
the area
- 07      Transportation problems
- 08      Language problem
- 09      Cost
- 10      General deterioration of  
health
- 11      Appointment cancelled  
or deferred by specialist
- 12      Unable to leave the  
house because of a health  
problem
- 13      Other
- DK, RF

ACC\_D020      If SEX\_Q01 = female, DT\_CAESAREAN = ', caesarean sections'.  
If SEX\_Q01 = male, DT\_CAESAREAN = ','.

ACC\_R020      **The following questions are about any surgery, not provided in an  
emergency, that you may have required, such as cardiac surgery,  
joint surgery - knee or hip^DT\_CAESAREAN and cataract surgery,  
excluding laser eye surgery.**

INTERVIEWER: Press <1> to continue.

ACC\_Q020      **In the past 12 months, did you require any non-emergency surgery?**

- 1      Yes
- 2      No      (Go to ACC\_R035)
- DK, RF      (Go to ACC\_R035)

ACC\_Q025      **In the past 12 months, did you ever experience any difficulties getting  
the surgery you needed?**

- 1      Yes
- 2      No      (Go to ACC\_R035)
- DK, RF      (Go to ACC\_R035)

ACC\_Q030      **What types of difficulties did you experience?**

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INTERVIEWER: Mark all that apply.

- 01      Difficulty getting an appointment
  - 02      Difficulty getting a diagnosis including obtaining a diagnostic test
  - 03      Waited too long for a hospital bed to become available
  - 04      Waited too long for surgery
  - 05      Service not available at time required
  - 06      Service not available in the area
  - 07      Transportation problems
  - 08      Language problem
  - 09      Cost
  - 10      General deterioration of health
  - 11      Appointment cancelled or deferred by surgeon or hospital
  - 12      Unable to leave the house because of a health problem
  - 13      Other
- DK, RF

ACC\_R035

**Now, some questions about MRIs, CAT Scans and angiographies provided in a non-emergency situation.**

INTERVIEWER: Press <1> to continue.

ACC\_Q035

**In the past 12 months, did you require one of these tests?**

- 1      Yes
  - 2      No (Go to ACC\_D050A)
- DK, RF (Go to ACC\_D050A)

ACC\_Q040

**In the past 12 months, did you ever experience any difficulties getting the tests you needed?**

- 1      Yes
  - 2      No (Go to ACC\_D050A)
- DK, RF (Go to ACC\_D050A)

ACC\_Q045

**What types of difficulties did you experience?**

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INTERVIEWER: Mark all that apply.

- 01      Difficulty getting a referral
  - 02      Difficulty getting an  
appointment
  - 03      Waited too long to get  
an appointment
  - 04      Waited too long to get  
test (i.e. in-office waiting)
  - 05      Service not available at  
time required
  - 06      Service not available in  
the area
  - 07      Transportation problems
  - 08      Language problem
  - 09      Cost
  - 10      General deterioration of  
health
  - 11      Did not know where to  
go (i.e. information problems)
  - 12      Unable to leave the  
house because of a health  
problem
  - 13      Other
- DK, RF

ACC\_D050A      If DV\_HHSIZE = 1, DT\_YOURFAMILY = 'null'.  
Otherwise, DT\_YOURFAMILY = 'for yourself or a family member'.

ACC\_D050B      If DV\_HHSIZE = 1, DT\_FAMILY = 'you'.  
Otherwise, DT\_FAMILY = 'you or a family member'.

ACC\_C050      If DV\_HHSIZE = 1, go to ACC\_R050B.  
Otherwise, go to ACC\_R050A.

ACC\_R050A      **Now, I'd like you to think about yourself and family members living in  
your dwelling.**

**The next questions are about your experiences getting health  
information or advice when you needed it for yourself or a family  
member living in your dwelling.**

INTERVIEWER: Press <1> to continue.

Go to ACC\_Q050

ACC\_R050B      **The next questions are about your experiences getting health  
information or advice when you needed it.**

INTERVIEWER: Press <1> to continue.

ACC\_Q050      **In the past 12 months, have you required health information or advice  
^DT\_YOURFAMILY?**

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|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
|          | 1 Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
|          | 2 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Go to ACC_C095A) |
|          | DK, RF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Go to ACC_C095A) |
| ACC_D055 | If PROV = 24, DT_CLSC = 'or CLSC'.<br>Otherwise, DT_CLSC = 'null'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |
| ACC_Q055 | <b>Whom did you contact when you needed health information or advice ^DT_YOURFAMILY?</b><br><br><u>INTERVIEWER</u> : Read categories to respondent.<br>Mark all that apply.<br><br>01 A doctor's office<br>02 A community health<br>centre ^DT_CLSC<br>03 A walk-in clinic<br>04 A telephone health line<br>(for example, HealthLinks,<br>Telehealth Ontario, Health-Line,<br>TeleCare, Info-Santé)<br>05 Internet (for example,<br>AboutKidsHealth)<br>06 An emergency<br>department or emergency room<br>07 A hospital outpatient<br>clinic<br>08 Other - Specify (Go to ACC_S055)<br>DK, RF<br><br>Go to ACC_Q060 |                   |
| ACC_S055 | <b>(Whom did you contact when you needed health information or advice ^DT_YOURFAMILY?)</b><br><br><u>INTERVIEWER</u> : Specify.<br><br><hr/> (80 spaces)<br><br>DK, RF                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
| ACC_Q060 | <b>In the past 12 months, did you ever experience any difficulties getting the health information or advice ^DT_YOURFAMILY?</b><br><br>1 Yes<br>2 No (Go to ACC_C095A)<br>DK, RF (Go to ACC_C095A)                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |
| ACC_Q065 | <b>Did you experience difficulties during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |

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INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

- 1 Yes (Go to ACC\_Q070)
- 2 No
- 3 Not required at this time
- DK, RF

Go to ACC\_Q075

ACC\_Q070

**What types of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- 01 Difficulty contacting a physician or nurse
- 02 Did not have a phone number
- 03 Could not get through (i.e. no answer)
- 04 Waited too long to speak to someone
- 05 Did not get adequate info or advice
- 06 Language problem
- 07 Did not know where to go / call / uninformed
- 08 Unable to leave the house because of a health problem
- 09 Other
- DK, RF

ACC\_Q075

**Did you experience difficulties getting health information or advice during evenings and weekends (that is, 5:00 pm to 9:00 pm Monday to Friday, or 9:00 am to 5:00 pm, Saturdays and Sundays)?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

- 1 Yes (Go to ACC\_Q080)
- 2 No
- 3 Not required at this time
- DK, RF

Go to ACC\_Q085

ACC\_Q080

**What types of difficulties did you experience?**



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INTERVIEWER: Mark all that apply.

- 01      Difficulty contacting a  
physician or nurse
- 02      Did not have a phone  
number
- 03      Could not get through  
(i.e. no answer)
- 04      Waited too long to speak  
to someone
- 05      Did not get adequate  
info or advice
- 06      Language problem
- 07      Did not know where to  
go / call / uninformed
- 08      Unable to leave the  
house because of a health  
problem
- 09      Other
- DK, RF

ACC\_Q085

**Did you experience difficulties getting health information or advice during the middle of the night?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

- 1      Yes      (Go to ACC\_Q090)
- 2      No
- 3      Not required at this time
- DK, RF

Go to ACC\_C095A

ACC\_Q090

**What types of difficulties did you experience?**

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INTERVIEWER: Mark all that apply.

- 01      Difficulty contacting a  
physician or nurse
- 02      Did not have a phone  
number
- 03      Could not get through  
(i.e. no answer)
- 04      Waited too long to speak  
to someone
- 05      Did not get adequate  
info or advice
- 06      Language problem
- 07      Did not know where to  
go / call / uninformed
- 08      Unable to leave the  
house because of a health  
problem
- 09      Other
- DK, RF

ACC\_C095A      If DV\_HHSIZE = 1, go to ACC\_R095B.  
Otherwise, go to ACC\_R095A.

ACC\_R095A      **Now, some questions about your experiences when you needed  
health care services for routine or on-going care such as a medical or  
dental exam or follow-up for yourself or a family member living in your  
dwelling.**

INTERVIEWER: Press <1> to continue.

Go to ACC\_C095B

ACC\_R095B      **Now, some questions about your experiences when you needed  
health care services for routine or on-going care such as a medical or  
dental exam or follow-up.**

INTERVIEWER: Press <1> to continue.

ACC\_C095B      If DOPHC = 2 or PHC\_Q020 = BLANK (no answer for regular health care  
provider), go to ACC\_Q095.  
Otherwise, go to ACC\_Q100.

ACC\_Q095      **Do you have a regular health care provider?**

- 1          Yes
- 2          No
- DK, RF

Processing:      *If ACC\_Q095 is blank and DOACC = 1, assign value of PHC\_Q020 to ACC\_Q095.*

ACC\_Q100      **In the past 12 months, did you require any routine or on-going care  
^DT\_YOURFAMILY?**

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|          |                                                                                                                                         |                                                                          |                  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------|
|          | 1                                                                                                                                       | Yes                                                                      |                  |
|          | 2                                                                                                                                       | No                                                                       | (Go to ACC_R130) |
|          | DK, RF                                                                                                                                  |                                                                          | (Go to ACC_R130) |
| ACC_Q105 | <b>In the past 12 months, did you ever experience any difficulties getting the routine or on-going care ^DT_FAMILY needed?</b>          |                                                                          |                  |
|          | 1                                                                                                                                       | Yes                                                                      |                  |
|          | 2                                                                                                                                       | No                                                                       | (Go to ACC_R130) |
|          | DK, RF                                                                                                                                  |                                                                          | (Go to ACC_R130) |
| ACC_Q110 | <b>Did you experience difficulties getting such care during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?</b> |                                                                          |                  |
|          | <u>INTERVIEWER:</u> It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".   |                                                                          |                  |
|          | 1                                                                                                                                       | Yes                                                                      | (Go to ACC_Q115) |
|          | 2                                                                                                                                       | No                                                                       |                  |
|          | 3                                                                                                                                       | Not required at this time                                                |                  |
|          | DK, RF                                                                                                                                  |                                                                          |                  |
|          | Go to ACC_Q120                                                                                                                          |                                                                          |                  |
| ACC_Q115 | <b>What types of difficulties did you experience?</b>                                                                                   |                                                                          |                  |
|          | <u>INTERVIEWER:</u> Mark all that apply.                                                                                                |                                                                          |                  |
|          | 01                                                                                                                                      | Difficulty contacting a health care provider                             |                  |
|          | 02                                                                                                                                      | Difficulty getting an appointment                                        |                  |
|          | 03                                                                                                                                      | Do not have a regular health care provider                               |                  |
|          | 04                                                                                                                                      | Waited too long to get an appointment                                    |                  |
|          | 05                                                                                                                                      | Waited too long to see the health care provider (i.e. in-office waiting) |                  |
|          | 06                                                                                                                                      | Service not available at time required                                   |                  |
|          | 07                                                                                                                                      | Service not available in the area                                        |                  |
|          | 08                                                                                                                                      | Transportation problems                                                  |                  |
|          | 09                                                                                                                                      | Language problem                                                         |                  |
|          | 10                                                                                                                                      | Cost                                                                     |                  |
|          | 11                                                                                                                                      | Did not know where to go (i.e. information problems)                     |                  |
|          | 12                                                                                                                                      | Unable to leave the house because of a health problem                    |                  |
|          | 13                                                                                                                                      | Other                                                                    |                  |
|          | DK, RF                                                                                                                                  |                                                                          |                  |

## ACC\_Q120

|        |                           |                  |
|--------|---------------------------|------------------|
| 1      | Yes                       | (Go to ACC_Q125) |
| 2      | No                        |                  |
| 3      | Not required at this time |                  |
| DK, RF |                           |                  |

ACC Q125

- 01 Difficulty contacting a health care provider
- 02 Difficulty getting an appointment
- 03 Do not have a regular health care provider
- 04 Waited too long to get an appointment
- 05 Waited too long to see the health care provider (i.e. in-office waiting)
- 06 Service not available at time required
- 07 Service not available in the area
- 08 Transportation problems
- 09 Language problem
- 10 Cost
- 11 Did not know where to go (i.e. information problems)
- 12 Unable to leave the house because of a health problem
- 13 Other

DK, RF

ACC R130

INTERVIEWER: Press <1> to continue.

ACC\_Q130

|        |     |                 |
|--------|-----|-----------------|
| 1      | Yes |                 |
| 2      | No  | (Go to ACC_END) |
| DK, RF |     | (Go to ACC_END) |



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INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

- 1 Yes (Go to ACC\_Q155)
  - 2 No
  - 3 Not required at this time
- DK, RF

Go to ACC\_Q160

ACC\_Q155

**What types of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- 01 Difficulty contacting a health care provider
  - 02 Difficulty getting an appointment
  - 03 Do not have a regular health care provider
  - 04 Waited too long to get an appointment
  - 05 Waited too long to see the health care provider (i.e. in-office waiting)
  - 06 Service not available at time required
  - 07 Service not available in the area
  - 08 Transportation problems
  - 09 Language problem
  - 10 Cost
  - 11 Did not know where to go (i.e. information problems)
  - 12 Unable to leave the house because of a health problem
  - 13 Other
- DK, RF

ACC\_Q160

**Did you experience difficulties getting such care during the middle of the night?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

- 1 Yes (Go to ACC\_Q165)
  - 2 No
  - 3 Not required at this time
- DK, RF

Go to ACC\_END

ACC\_Q165

**What types of difficulties did you experience?**

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INTERVIEWER: Mark all that apply.

- 01      Difficulty contacting a  
health care provider
  - 02      Difficulty getting an  
appointment
  - 03      Do not have a regular  
health care provider
  - 04      Waited too long to get  
an appointment
  - 05      Waited too long to see  
the health care provider (i.e. in-  
office waiting)
  - 06      Service not available at  
time required
  - 07      Service not available in  
the area
  - 08      Transportation problems
  - 09      Language problem
  - 10      Cost
  - 11      Did not know where to  
go (i.e. information problems)
  - 12      Unable to leave the  
house because of a health  
problem
  - 13      Other
- DK, RF

ACC\_END

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**Home care services (HMC)**

Optional content

Newfoundland and Labrador,  
Nova Scotia, New Brunswick,  
Manitoba

HMC\_BEG

Optional content

External variables required:

DV\_HHSIZE: Household size from household block.

AGE : Age of respondent

DOHMC: do block flag, from the sample file.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

HMC\_C001A

If DOHMC = 2, go to HMC\_END.

Otherwise, go to HMC\_C001B.

HMC\_C001B

If AGE < 18, go to HMC\_END.

Otherwise, go to HMC\_D005.

HMC\_D005

If DV\_HHSIZE = 1, DT\_HHLDMEMBERS = '^YOU2'.

If DV\_HHSIZE > 1, DT\_HHLDMEMBERS = '^YOU2 or anyone in your household'.

HMC\_R005

**Now some questions on home care services that ^DT\_HHLDMEMBERS may have received because of a health condition or a limitation in daily activities. These include services provided in your own home such as nursing care, meal preparation, someone to help with bathing or housework, etc. Do not include the help from family, friends or neighbours.**

INTERVIEWER: Press <1> to continue.

HMC\_Q005

**In the past 12 months, what type of home care services ^HAVE ^DT\_HHLDMEMBERS received?**



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INTERVIEWER: Read categories to respondent. Mark all that apply. Do not include post-partum care.

- 1        **Nursing care (e.g.,  
dressing changes, preparing  
medications, V.O.N. visits)**
- 2        **Other health care  
services (e.g., physiotherapy,  
occupational or speech therapy,  
nutrition counselling)**
- 3        **Medical equipment or  
supplies (e.g., wheelchair, pads  
for incontinence, help with using  
a ventilator or oxygen  
equipment)**
- 4        **Personal or home support  
(such as bathing, housekeeping,  
meal preparation)**
- 5        **Other services (such as  
transportation, meals-on-wheels)**
- 6        **No one in the household**        (Go to HMC\_D040)  
         **received any home care services**  
DK, RF                                        (Go to HMC\_END)

Programmer:                                        *For each home care service identified in HMC\_Q005 (except if HMC\_Q005 = 6), ask HMC\_Q010, HMC\_Q015 and HMC\_Q020.*

HMC\_E005                                        **You cannot select "None" and another category. Please return and correct.**

Rule:                                                *Trigger hard edit if HMC\_Q005 = 6 and any other response selected in HMC\_Q005.*

HMC\_D010                                        If HMC\_Q005= 01, DT\_SERVICE = 'the nursing care'.  
                                                          If HMC\_Q005= 02, DT\_SERVICE = 'the other health care'.  
                                                          If HMC\_Q005= 03, DT\_SERVICE = 'the medical equipment or supplies'.  
                                                          If HMC\_Q005= 04, DT\_SERVICE = 'the personal or home support'.  
                                                          If HMC\_Q005= 05, DT\_SERVICE = 'the other'.

HMC\_C010                                        If DV\_HHSIZE =1, then set all iterations of HMC\_Q010 equal to 1  
                                                          (corresponding to answers of HMC\_Q005)., go to HMC\_D015A.  
                                                          Otherwise, go to HMC\_Q010.

HMC\_Q010                                        **Were ^DT\_SERVICE services provided for ^YOURSELF or someone else  
living in your household?**

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INTERVIEWER: If the interview is being completed by proxy, the proxy respondent should report "2" (Home care provided to other household member only) if the service is for themselves. If the service is for the selected respondent, "1" (Home care provided to selected respondent only) should be reported.

- 1 Home care provided to selected respondent only
- 2 Home care provided to other household member only
- 3 Home care provided to selected respondent and other household member
- DK, RF

Processing: *The answers to the five instances of HMC\_Q010 will be released as HMC\_10\_1, HMC\_10\_2, HMC\_10\_3, HMC\_10\_4, and HMC\_10\_5.*

Programmer: *For each home care service identified in HMC\_Q005 (except if HMC\_Q005 = 6), ask HMC\_Q010, HMC\_Q015 and HMC\_Q020 together, for each iteration.*

*If HMC\_Q010=DK/RF, skip to the next instance of HMC\_Q010 for the next service (if any).*

HMC\_D015A If HMC\_Q010(A-E) = 1 or 3, DT\_YOUTHEY = '^HAVE ^YOU2'.  
If HMC\_Q010(A-E) = 2, DT\_YOUTHEY = 'have other household members'.

HMC\_D015B Not Applicable

HMC\_C015 If HMC\_Q010(A-E) = 1 or 2, go to HMC\_Q015.  
Otherwise, go to HMC\_R015.

HMC\_R015 **For the next two questions please only report for the home care services provided for ^YOU2.**

INTERVIEWER: Press <1> to continue.

HMC\_Q015 **How long ^DT\_YOUTHEY been receiving ^DT\_SERVICE services?**

INTERVIEWER: If more than one household member is receiving this service, choose the longest period of time for which this service was provided.

- 1 Less than 1 month
- 2 1 month to less than 3 months
- 3 3 months to less than 6 months
- 4 6 months to less than 1 year
- 5 1 year to 3 years
- 6 More than 3 years
- DK, RF

Processing: *The answers to the five instances of HMC\_Q015 will be released as HMC\_15\_1, HMC\_15\_2, HMC\_15\_3, HMC\_15\_4, and HMC\_15\_5.*

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HMC\_Q020

In a typical month over the past 12 months, how much ^DT\_YOUTHEY paid for ^DT\_SERVICE services?

INTERVIEWER: If more than one household member is receiving this service, choose the highest cost paid for this service.

- 01      \$0
- 02      \$1 to less than \$50
- 03      \$50 to less than \$100
- 04      \$100 to less than \$200
- 05      \$200 to less than \$300
- 06      \$300 to less than \$400
- 07      \$400 to less than \$1000
- 08      \$1000 and more
- DK, RF

Processing:

*The answers to the five instances of HMC\_Q020 will be released as HMC\_20\_1, HMC\_20\_2, HMC\_20\_3, HMC\_20\_4, and HMC\_20\_5.*

HMC\_Q025

**Who paid for these services?**

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

- 1      **Out of your / their own pocket**
- 2      **Family or friend living in the same household**
- 3      **Someone living outside the household (e.g., family, friends, volunteer organization)**
- 4      **Insurance**
- 5      **Government**
- 6      **Other**
- DK, RF

Programmer:

*Do not display answer category #1 if HMC\_Q020 (A-E) are all equal to 1 (none of the services cost money).*

HMC\_D030

If all occurrences of HMC\_Q010 = 1 or (1 and Blank), DT\_YOUTHEY2 = '^WERE ^YOU2'.  
Otherwise, if all occurrences of HMC\_Q010 = 2 or (2 and Blank), DT\_YOUTHEY2 = 'were the other household members'.  
Otherwise, DT\_YOUTHEY2 = '^WERE ^YOU2 and other household members'.

HMC\_Q030

**Overall, how satisfied ^DT\_YOUTHEY2 with the home care services received?**

^DT\_YOUTHEY2...?

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INTERVIEWER: Read categories to respondent.

- 1        **Very satisfied**
- 2        **Somewhat satisfied**
- 3        **Neither satisfied nor  
dissatisfied**
- 4        **Somewhat dissatisfied**        (Go to HMC\_D035)
- 5        **Very dissatisfied**        (Go to HMC\_D035)
- DK, RF

Go to HMC\_D040

HMC\_D035        If all occurrences of HMC\_Q010 = 1 or (1 and Blank), DT\_YOUTHEY3 = '^YOU2 ^WERE'.  
Otherwise, if all occurrences of HMC\_Q010 = 2 or (2 and Blank),  
DT\_YOUTHEY3 = 'the other household members were'.  
Otherwise, DT\_YOUTHEY3 = '^YOU2 and other household members  
were'.

HMC\_Q035        **What are the reasons why ^DT\_YOUTHEY3 not satisfied?**

INTERVIEWER: Mark all that apply.

- 1        Poor quality (i.e.  
concerns about provider  
competence, reliability of  
services, etc.)
- 2        Services did not address  
perceived needs
- 3        Services provided were  
insufficient
- 4        Long wait times to  
receive services
- 5        Other reason
- DK, RF

HMC\_D040        If DV\_HHSIZE =1, DT\_ANYONE\_ELSE = '^YOU2'.  
Otherwise, DT\_ANYONE\_ELSE = '^YOU2 + 'or anyone in your  
**household"**.

HMC\_Q040        **During the past 12 months, was there ever a time when  
^DT\_ANYONE\_ELSE felt that home care services were needed but were  
not received?**

- 1        Yes
- 2        No        (Go to HMC\_END)
- DK, RF        (Go to HMC\_END)

HMC\_C045        If DV\_HHSIZE =1, then set HMC\_Q045=1, go to HMC\_D050A.  
Otherwise, go to HMC\_Q045.

HMC\_Q045        **Were these (home care) services needed for ^YOURSELF or someone  
else living in your household?**

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INTERVIEWER: INTERVIEWER: If the interview is being completed by proxy, the proxy respondent should report "2" (Other household member only) if the service is for themselves. If the service is for the selected respondent, "1" (Selected Respondent only) should be reported.

- 1 Selected Respondent only
- 2 Other household member only
- 3 Selected respondent and other household member
- DK, RF (Go to HMC\_END)

HMC\_D050A If HMC\_Q045 = 1 or 3, DT\_YOUTHEY4 = '^YOU2'.  
If HMC\_Q045 = 2, DT\_YOUTHEY4 = 'they'.

HMC\_D050B Not Applicable

HMC\_C050 If HMC\_Q045 = 1 or 2, go to HMC\_Q050.  
Otherwise, go to HMC\_R050.

HMC\_R050 **For the following questions, please only report for the home care services ^YOU2 (personally) needed.**

INTERVIEWER: Press <1> to continue.

HMC\_Q050 **Thinking of the most recent time, what type of home care was needed?**

INTERVIEWER: Mark all that apply.

- 1 Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)
- 2 Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)
- 3 Medical equipment or supplies (e.g., wheelchair, pads for incontinence, help with using a ventilator or oxygen equipment)
- 4 Personal or home support (such as bathing, housekeeping, meal preparation)
- 5 Other services (such as transportation, meals-on-wheels)
- DK, RF

HMC\_Q055 **Again, thinking of the most recent time, why didn't ^DT\_YOUTHEY4 get these services?**

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---

INTERVIEWER: Mark all that apply.

- 01 Not available in the area
  - 02 Not available at time  
required (e.g., inconvenient  
hours)
  - 03 Waiting time too long
  - 04 Cost
  - 05 Didn't get around to it /  
didn't bother
  - 06 Didn't know where to go  
/ call
  - 07 Language barrier
  - 08 Decided not to seek  
services
  - 09 Doctor did not think it  
was necessary
  - 10 Not eligible for home  
care
  - 11 Still waiting for home care
  - 12 Other
- DK, RF

HMC\_Q060

**Where did ^DT\_YOUTHEY4 try to get these home care services?**

INTERVIEWER: Mark all that apply.

- 1 A government Home  
Care Program (e.g., CLSC in  
Quebec, CCAC in Ontario, Extra-  
Mural Program in New Brunswick)
  - 2 A private agency
  - 3 A family member, friend  
or neighbour
  - 4 A volunteer organization
  - 5 Nowhere - did not try to  
get service
  - 6 Other
- DK, RF

HMC\_END

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**Unmet health care needs (UCN)**

Optional content

Nova Scotia, New Brunswick,  
Ontario, Alberta, Manitoba

UCN\_BEG

Optional content

External variables required:

DOUCN: do block flag, from the sample file.

PROV: Province of residence.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

UCN\_C001

If DOUCN = 2, go to UCN\_END.

Otherwise, go to UCN\_Q005.

UCN\_Q005

**During the past 12 months, was there ever a time when ^YOU2 felt that ^YOU1 needed health care, other than homecare services, but ^YOU1 did not receive it?**

1 Yes

2 No

(Go to UCN\_END)

DK, RF

(Go to UCN\_END)

UCN\_Q010

**Thinking of the most recent time ^YOU2 felt this way, why didn't ^YOU1 get care?**

INTERVIEWER: Mark all that apply.

01 Care not available in the area

02 Care not available at time required (e.g., doctor busy, away from office or no longer at that practice, inconvenient hours)

03 Do not have a regular health care provider

04 Waiting time too long

05 Appointment was cancelled

06 Felt would receive inadequate care

07 Cost

08 Decided not to seek care

09 Doctor didn't think it was necessary

10 Transportation issue

11 Other

DK, RF

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---

UCN\_Q015

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

INTERVIEWER: Mark all that apply.

- 01 Treatment of a chronic physical health condition diagnosed by a health professional
- 02 Treatment of a chronic mental health condition diagnosed by a health professional
- 03 Treatment of an acute infectious disease (e.g., cold, flu and stomach flu)
- 04 Treatment of an acute physical condition (non-infectious)
- 05 Treatment of an acute mental health condition (e.g., acute stress reaction)
- 06 A regular check-up (including pre-natal care)
- 07 Care of an injury
- 08 Dental care
- 09 Medication / Prescription refill
- 10 Other
- DK, RF

UCN\_Q020

**Did ^YOU1 actively try to obtain the health care that was needed?**

- 1 Yes
- 2 No (Go to UCN\_END)
- DK, RF (Go to UCN\_END)

UCN\_D025

If PROV = 24, DT\_CLSC = 'or CLSC'.  
Otherwise, DT\_CLSC = 'null'.

UCN\_Q025

**Where did ^YOU1 try to get the service ^YOU1 ^WERE seeking?**

INTERVIEWER: Mark all that apply.

- 1 A doctor's office
- 2 A hospital outpatient clinic
- 3 A community health centre ^DT\_CLSC
- 4 A walk-in clinic
- 5 An emergency department or emergency room
- 6 Other
- DK, RF

UCN\_END





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**Labour force (LBF)**

|             |                                                                                                                                                                                          |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | Core content                                                                                                                                                                             |
| LBF_BEG     | Core content                                                                                                                                                                             |
|             | External variables required:                                                                                                                                                             |
|             | PROXYMODE: proxy identifier, from the GR block.                                                                                                                                          |
|             | PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy.                                                                                           |
|             | MAC_Q005: Main activity last week                                                                                                                                                        |
|             | AGE: Age of selected respondent from ANC block                                                                                                                                           |
|             | DOLBF: flag to activate the block from the sample file.                                                                                                                                  |
|             | REFBEG: English date defined as CURRENTDATE - 7                                                                                                                                          |
|             | REFENDE: English date defined as CURRENTDATE - 1                                                                                                                                         |
|             | PE_Q01: first name of specific respondent from USU block                                                                                                                                 |
|             | PE_Q02: last name of specific respondent from USU block                                                                                                                                  |
|             | Screen display:                                                                                                                                                                          |
|             | Display on header bar PE_Q01 and PE_Q02 separated by a space                                                                                                                             |
| LBF_C001A   | If DOLBF = 2, go to LBF_END.<br>Otherwise, go to LBF_C001B.                                                                                                                              |
| LBF_C001B   | If AGE < 15 or AGE > 75, go to LBF_END.<br>Otherwise, go to LBF_B005.                                                                                                                    |
| LBF_B005    | Call Sub-block "Labour Market Activities Minimal" (LMAM) from Harmonized Content                                                                                                         |
| Processing: | <i>LMAM_Q01 will be released as LBF_01.</i><br><i>LMAM_Q02 will be released as LBF_02.</i><br><i>LMAM_Q03 will be released as LBF_03.</i>                                                |
| LBF_C010    | If (LBF_B005.LMAM_Q01 = 1) or ((LBF_B005.LMAM_Q01 = 2) and (LBF_B005.LMAM_Q02 = 1) and (LBF_B005.LMAM_Q03 = 1,2,3,4,5,6,7,11,12,13 or 14)), go to LBF_D010.<br>Otherwise, go to LBF_END. |
| LBF_D010    | Not Applicable                                                                                                                                                                           |
| LBF_R010    | <b>The next questions are about ^YOUR2 current job or business.</b>                                                                                                                      |
|             | <u>INTERVIEWER</u> : If person currently holds more than one job, report on the job for which the number of hours worked per week is the greatest.                                       |
|             | Press <1> to continue.                                                                                                                                                                   |
| LBF_B010    | Call Sub-block "Class of Worker" (LMA3) from Harmonized Content                                                                                                                          |
| Processing: | <i>LMA3_Q10 will be released as LBF_10.</i>                                                                                                                                              |
| LBF_B015    | Call Sub-block "Industry" (LMA4) from Harmonized Content                                                                                                                                 |



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**Labour market activities minimal (LMAM)**

Harmonized content

LMAM\_BEG

External variables required for this block:

RESPNAME

given name and surname of respondent, e.g., Joseph Smith  
(maximum of 51 characters, corresponding to 25 characters for each  
of the given name and surname, separated by a space)  
this information will typically come from a previously completed  
module such as a household roster, or from a sample file

FNAME

given name of respondent, e.g., Joseph (maximum of 25 characters)  
this information will typically come from a previously completed  
module such as a household roster, or from a sample file

PROXYSEX

proxy reporting status cross-classified with gender of respondent

REFBEG = CURRENTDATE - 7

English date corresponding to the first day of reference week,  
e.g., Sunday, January 9; Wednesday, January 12  
(maximum of 23 characters)

this information will typically come from a sample file or a survey  
control file, or may be derived elsewhere within the application during  
data collection (e.g., it may be based on the current system date so  
that it will correspond to the first day of the most recently completed  
seven-day period)

REFENDE = CURRENTDATE - 1

English date corresponding to the last day of reference week,  
e.g., Saturday, January 15; Tuesday, January 18  
(maximum of 23 characters)

this information will typically come from a sample file or a survey  
control file, or may be derived elsewhere within the application during  
data collection (e.g., it may be based on the current system date so  
that it will correspond to the last day of the most recently completed  
seven-day period)

PROXYSEX: gender of targeted respondent and whether the interview  
is being conducted by proxy

MAC\_Q005: Main activity last week

Import: YOU2, YOU1, WERE

Programmer:

*\*\*\*HARMONIZED CONTENT BLOCK\*\*\*  
Add layout instruction to display all answer options*

LMAM\_D01

If Non-Proxy, male = 1, LMAM\_D01E = "your".  
If Non-Proxy, female = 2, LMAM\_D01E = "your".  
If Proxy, male = 3, LMAM\_D01E = "^RESPNAME + 's".  
If Proxy, female = 4, LMAM\_D01E = "^RESPNAME + 's".

LMAM\_Q01

Many of the following questions concern ^LMAM\_D01E activities last week. By last week, I mean the week beginning on ^REFBEGE, and ending ^REFENDE.

Last week, did ^YOU2 work at a job or business?  
(regardless of the number of hours)

1 Yes  
2 No (Go to LMAM\_Q02)  
DK, RF

Go to LMAM\_END

LMAM\_E01

A response inconsistent with a response to a previous question has been entered. Please confirm.

Rule:

Trigger soft edit if MAC\_Q005 = 1 (Main activity last week is working at paid job or business) and LMAM\_Q01 NE 1.

LMAM\_Q02

Last week, did ^YOU2 have a job or business from which ^YOU1 ^WERE absent?

1 Yes (Go to LMAM\_Q03)  
2 No  
DK, RF

Go to LMAM\_END

LMAM\_Q03

What was the main reason ^YOU2 ^WERE absent from work last week?

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- 01 Own illness or disability
  - 02 Caring for own children
  - 03 Caring for elder relative  
(60 years of age or older)
  - 04 Maternity or parental  
leave
  - 05 Other personal or family  
responsibilities
  - 06 Vacation
  - 07 Labour dispute (strike or  
lockout) (Employees only)
  - 08 Temporary layoff due to  
business conditions (Employees  
only)
  - 09 Seasonal layoff  
(Employees only)
  - 10 Casual job, no work  
available (Employees only)
  - 11 Work schedule (e.g., shift  
work) (Employees only)
  - 12 Self-employed, no work  
available (Self-employed only)
  - 13 Seasonal business  
(Excluding employees)
  - 14 Other - Specify (Go to LMAM\_S03)
- DK, RF

Go to LMAM\_END

LMAM\_S03

**(What was the main reason ^YOU2 ^WERE absent from work last week?)**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

LMAM\_END

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---

**Class of worker (LMA3)**

Harmonized content

LMA3\_BEG

External variables required for this block:

FNAME

given name of respondent, e.g., Joseph  
(maximum of 25 characters)

this information will typically come from a previously completed  
module such as a household roster, or from a sample file

LMAM\_Q01

the response to LMAM\_Q01 from the LMAM minimum content block:

1 Yes

2 No

DK

RF

LMAM\_Q02

the response to LMAM\_Q02 from the LMAM minimum content block:

1 Yes

2 No

DK

RF

Empty

LMAM\_Q03

the response to LMAM\_Q03 from the LMAM minimum content block:

1 Own illness or disability

2 Caring for own children

3 Caring for elder relative (60 years of age or older)

4 Maternity or parental leave

5 Other personal or family responsibilities

6 Vacation

7 Labour dispute (strike or lockout) (Employees only)

8 Temporary layoff due to business conditions (Employees only)

9 Seasonal layoff (Employees only)

10 Casual job, no work available (Employees only)

11 Work schedule (e.g., shift work) (Employees only)

12 Self-employed, no work available (Self-employed only)

13 Seasonal business (excluding employees)

14 Other - Specify

DK

RF

Empty

PROXYSEX: gender of targeted respondent and whether the interview  
is being conducted by proxy

FNAME

Import: WERE\_C, YOU2

Programmer:

\*\*\*HARMONIZED CONTENT BLOCK\*\*\*

Add layout instruction to display all answer options

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|          |                                                                                                                                                                      |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LMA3_C10 | If ((LMAM_Q01=1) or ((LMAM_Q01=2) and (LMAM_Q02=1) and (LMAM_Q03=1, 2, 3, 4, 5, 6, 7, 11, 12, 13 or 14))), go to LMA3_Q10.<br>Otherwise, go to LMA3_END.             |
| LMA3_D10 | Not Applicable                                                                                                                                                       |
| LMA3_Q10 | <b>^WERE_C ^YOU2 an employee or self-employed?</b><br><br>1       Employee<br>2       Self-employed<br>3       Working in a family<br>business without pay<br>DK, RF |
| LMA3_END |                                                                                                                                                                      |



Industry (LMA4)

Harmonized content

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---

LMA4\_BEG

External variables required for this block:

FNAME

given name of respondent, e.g., Joseph

(maximum of 25 characters)

this information will typically come from a previously completed module such as a household roster, or from a sample file

LMAM\_Q01

the response to LMAM\_Q01 from the LMAM minimum content block:

1 Yes

2 No

DK

RF

LMAM\_Q02

the response to LMAM\_Q02 from the LMAM minimum content block:

1 Yes

2 No

DK

RF

Empty

LMAM\_Q03

the response to LMAM\_Q03 from the LMAM minimum content block:

1 Own illness or disability

2 Caring for own children

3 Caring for elder relative (60 years of age or older)

4 Maternity or parental leave

5 Other personal or family responsibilities

6 Vacation

7 Labour dispute (strike or lockout) (Employees only)

8 Temporary layoff due to business conditions (Employees only)

9 Seasonal layoff (Employees only)

10 Casual job, no work available (Employees only)

11 Work schedule (e.g., shift work) (Employees only)

12 Self-employed, no work available (Self-employed only)

13 Seasonal business (excluding employees)

14 Other - Specify

DK

RF

Empty

LMA3\_Q10

the response to LMA3\_Q10 from the LMA3 extended content block:

1 Employee

2 Self-employed

3 Working in a family business without pay

DK

RF

Empty

**Canadian Community Health Survey (CCHS)  
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|             |                                                                                                                                                                                                                                                  |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy<br>FNAME<br>Import: YOUR2, YOU2                                                                                                                    |
| Programmer: | <i>***HARMONIZED CONTENT BLOCK***<br/>Add layout instruction to display all answer options</i>                                                                                                                                                   |
| LMA4_C11A   | If ((LMAM_Q01=1) or ((LMAM_Q01=2) and (LMAM_Q02=1) and (LMAM_Q03=1, 2, 3, 4, 5, 6, 7, 11, 12, 13 or 14))), go to LMA4_C11B.<br>Otherwise, go to LMA4_END.                                                                                        |
| LMA4_C11B   | If (LMA3_Q10=2), go to LMA4_Q11.<br>Otherwise, go to LMA4_Q12.                                                                                                                                                                                   |
| LMA4_Q11    | <b>What was the name of ^YOUR2 business?</b><br><br><u>INTERVIEWER</u> : Enter the full name of the business.<br>If there is no business name, enter the respondent's full name.<br><br><hr/><br>(50 spaces)<br><br>DK, RF<br><br>Go to LMA4_Q13 |
| Programmer: | <i>Any lower case text typed into the field should be converted to upper case text after &lt;Enter&gt; is pressed.</i>                                                                                                                           |
| LMA4_Q12    | <b>For whom did ^YOU2 work?</b><br><br><u>INTERVIEWER</u> : Enter the full name of the company, business, government department or agency, or person.<br><br><hr/><br>(50 spaces)<br><br>DK, RF                                                  |
| Programmer: | <i>Any lower case text typed into the field should be converted to upper case text after &lt;Enter&gt; is pressed.</i>                                                                                                                           |
| LMA4_Q13    | <b>What kind of business, industry or service was this?</b>                                                                                                                                                                                      |

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INTERVIEWER: Enter a detailed description.

For example:  
new home construction  
primary school  
municipal police  
wheat farm  
retail shoe store  
food wholesale  
car parts factory  
federal government

---

(50 spaces)

DK, RF

Programmer:

*Any lower case text typed into the field should be converted to upper case text after <Enter> is pressed.*

LMA4\_END

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Occupation (LMA5)

Harmonized content

LMA5\_BEG

External variables required for this block:

FNAME

given name of respondent, e.g., Joseph  
(maximum of 25 characters)

this information will typically come from a previously completed  
module such as a household roster, or from a sample file

LMAM\_Q01

the response to LMAM\_Q01 from the LMAM minimum content block:

1 Yes

2 No

DK

RF

LMAM\_Q02

the response to LMAM\_Q02 from the LMAM minimum content block:

1 Yes

2 No

DK

RF

Empty

LMAM\_Q03

the response to LMAM\_Q03 from the LMAM minimum content block:

1 Own illness or disability

2 Caring for own children

3 Caring for elder relative (60 years of age or older)

4 Maternity or parental leave

5 Other personal or family responsibilities

6 Vacation

7 Labour dispute (strike or lockout) (Employees only)

8 Temporary layoff due to business conditions (Employees only)

9 Seasonal layoff (Employees only)

10 Casual job, no work available (Employees only)

11 Work schedule (e.g., shift work) (Employees only)

12 Self-employed, no work available (Self-employed only)

13 Seasonal business (excluding employees)

14 Other - Specify

DK

RF

Empty

PROXYSEX: gender of targeted respondent and whether the interview  
is being conducted by proxy

Import: YOUR2, YOUR1

Programmer:

\*\*\*HARMONIZED CONTENT BLOCK\*\*\*

Add layout instruction to display all answer options

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|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LMA5_C14 | If ((LMAM_Q01=1) or ((LMAM_Q01=2) and (LMAM_Q02=1) and (LMAM_Q03=1, 2, 3, 4, 5, 6, 7, 11, 12, 13 or 14))), go to LMA5_D14.<br>Otherwise, go to LMA5_END.                                                                                                                                                                                                                                                                                                                                                    |
| LMA5_D14 | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| LMA5_Q14 | <p><b>What was ^YOUR2 work or occupation?</b></p> <p><u>INTERVIEWER</u>: Enter a detailed description.</p> <p>For example:<br/> legal secretary<br/> plumber<br/> fishing guide<br/> wood furniture assembler<br/> secondary school teacher<br/> computer programmer</p> <hr/> <p>(50 spaces)</p> <p>DK, RF</p> <p>Programmer: <i>Any lower case text typed into the field should be converted to upper case text after &lt;Enter&gt; is pressed.</i></p>                                                   |
| LMA5_D15 | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| LMA5_Q15 | <p><b>In this work, what were ^YOUR1 main activities?</b></p> <p><u>INTERVIEWER</u>: Enter a detailed description.</p> <p>For example:<br/> prepared legal documents<br/> installed residential plumbing<br/> guided fishing parties<br/> made wood furniture products<br/> taught mathematics<br/> developed software</p> <hr/> <p>(50 spaces)</p> <p>DK, RF</p> <p>Programmer: <i>Any lower case text typed into the field should be converted to upper case text after &lt;Enter&gt; is pressed.</i></p> |
| LMA5_END |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

Usual hours of work (LMA6)

Harmonized content

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LMA6\_BEG

External variables required for this block:

FNAME

given name of respondent, e.g., Joseph

(maximum of 25 characters)

this information will typically come from a previously completed module such as a household roster, or from a sample file

LMAM\_Q01

the response to LMAM\_Q01 from the LMAM minimum content block:

1 Yes

2 No

DK

RF

LMAM\_Q02

the response to LMAM\_Q02 from the LMAM minimum content block:

1 Yes

2 No

DK

RF

Empty

LMAM\_Q03

the response to LMAM\_Q03 from the LMAM minimum content block:

1 Own illness or disability

2 Caring for own children

3 Caring for elder relative (60 years of age or older)

4 Maternity or parental leave

5 Other personal or family responsibilities

6 Vacation

7 Labour dispute (strike or lockout) (Employees only)

8 Temporary layoff due to business conditions (Employees only)

9 Seasonal layoff (Employees only)

10 Casual job, no work available (Employees only)

11 Work schedule (e.g., shift work) (Employees only)

12 Self-employed, no work available (Self-employed only)

13 Seasonal business (excluding employees)

14 Other - Specify

DK

RF

Empty

LMA3\_Q10

the response to LMA3\_Q10 from the LMA3 extended content block:

1 Employee

2 Self-employed

3 Working in a family business without pay

DK

RF

Empty



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|             |                                                                                                                                                                                                                                      |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy                                                                                                                                        |
|             | Import: DOVERB, YOU2                                                                                                                                                                                                                 |
| Programmer: | <i>***HARMONIZED CONTENT BLOCK***<br/>Add layout instruction to display all answer options</i>                                                                                                                                       |
| LMA6_C16    | If ((LMAM_Q01=1) or<br>((LMAM_Q01=2) and (LMAM_Q02=1) and (LMAM_Q03=1, 2, 3, 4, 5, 6,<br>7, 11, 12, 13 or 14))), go to LMA6_D16.<br>Otherwise, go to LMA6_END.                                                                       |
| LMA6_D16    | If (LMA3_Q10=1), DT_LMA6_D16E = 'On average, how many hours<br>^DOVERB ^YOU2 <u>usually</u> work per week?'.<br>Otherwise, DT_LMA6_D16E = 'On average, how many hours ^DOVERB<br>^YOU2 <u>usually</u> work per week?'.<br><br>DK, RF |
| LMA6_Q16    | <b>^DT_LMA6_D16E</b><br><br>(MIN: 0.0)<br>(MAX: 168.0)<br><br>DK, RF                                                                                                                                                                 |
| LMA6_E16    | An unusual value has been entered. Please confirm.                                                                                                                                                                                   |
| Rule:       | <i>Trigger soft edit if (LMA6_Q16 &gt; 84).</i>                                                                                                                                                                                      |
| LMA6_END    |                                                                                                                                                                                                                                      |

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**Socio-demographic characteristics (SDC)**

Core content

SDC\_BEG

Core content

External variables required:

AGE: Age of respondent

DATE\_Q03: Respondent's year of birth

CURRENTYEAR: Year of survey collection

DOSDC: flag to activate this block from the sample file.

PROXYMODE: proxy identifier, from the GR block.

PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

SDC\_C001

If DOSDC = 2, go to SDC\_END.

Otherwise, go to SDC\_R001.

SDC\_R001

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

INTERVIEWER: Press <1> to continue.

SDC\_B005

Call Sub-block "Immigration minimum block" (IMM) from Harmonized Content

Processing:

*SDC.SDC\_B005.IMM\_Q01 will be released as the code variable SDCCCCOB*

SDC\_D010

Not Applicable

SDC\_Q010

**To which ethnic or cultural groups did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese, East Indian)**

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INTERVIEWER: Mark all that apply. An ancestor is usually more distant than a grandparent. If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian. If the respondent answers "Eskimo", enter "20".

- 01 Canadian
- 02 French
- 03 English
- 04 German
- 05 Scottish
- 06 Irish
- 07 Italian
- 08 Ukrainian
- 09 Dutch (Netherlands)
- 10 Chinese
- 11 Jewish
- 12 Polish
- 13 Portuguese
- 14 South Asian (e.g., East Indian, Pakistani, Sri Lankan)
- 15 Norwegian
- 16 Welsh
- 17 Swedish
- 18 First Nations (North American Indian)
- 19 Métis
- 20 Inuit
- 21 Other - Specify (Go to SDC\_S010)
- DK, RF

Go to SDC\_C015

SDC\_S010 **(To which ethnic or cultural groups did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese, East Indian))**

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

SDC\_C015 If DV\_CNTRYCODE = Canada, United States, Germany or Greenland, go to SDC\_B015.  
Otherwise, go to SDC\_C020.

SDC\_B015 Call Sub-block "Aboriginal Minimum" (AMB) from Harmonized Content

SDC\_C020 If SDC\_B015.AMB\_Q01 = 1, go to SDC\_B025.  
Otherwise, go to SDC\_B020.

SDC\_B020 Call Sub-block "Population Group" (PG) from Harmonized Content

SDC\_B025 Call Sub-block "Language Minimum" (LAN) from Harmonized Content

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|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Processing: | <p><i>SDC_B025.LAN_B02_LLU_Q01 will be released as the yes/no flags SDCF2_1, SDCF2_2, SDCF2_3</i></p> <p><i>SDC_B025.LAN_B02.LANGCODE will be released as the code variables SDCC2_1, SDCC2_2, SDCC2_3</i></p> <p><i>SDC_B025.LAN_B03_LLU_Q01 will be released as the yes/no flags SDCF3_1, SDCF3_2, SDCF3_3</i></p> <p><i>SDC_B025.LAN_B03.LANGCODE will be released as the code variables SDCC3_1, SDCC3_2, SDCC3_3</i></p>                                                                                                                                                                                                            |
| SDC_R030    | <p><b>Now a question about the dwelling in which you live.</b></p> <p><u>INTERVIEWER</u>: Press &lt;1&gt; to continue.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SDC_Q030    | <p><b>Is this dwelling...?</b></p> <p><u>INTERVIEWER</u>: Read categories to respondent. If the respondent's household contains both owners and renters, such as a boarder, the dwelling should be considered owned.</p> <p>1            <b>Owned by you or a member of this household, even if it is still being paid for</b></p> <p>2            <b>Rented, even if no cash rent is paid</b></p> <p>DK, RF</p>                                                                                                                                                                                                                         |
| Help text:  | <p><i>Tag: Owned or rented</i></p> <p><i>Choose 'Owned' if the respondent and/or another member of this household own the dwelling in which they live, even if the dwelling is on rented or leased land, or if it is part of a condominium, or if it is still being paid for by the respondent or another member of your household.</i></p> <p><i>Choose 'Rented' in all other cases, even if the dwelling occupied by the respondent is provided without cash rent or at a reduced rent (for example, a clergy's residence or a superintendent's dwelling in an apartment building), or the dwelling is part of a co-operative.</i></p> |
| Source:     | <p><i>This question and help text can be found in the "Dwelling Extended Block" (DEB) from Harmonized Content (DEB_Q01).</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SDC_C035    | <p>If PROXYMODE=1 or AGE &lt; 15, go to SDC_END.<br/>Otherwise, go to SDC_R035.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SDC_R035    | <p><b>Now, one additional background question which will help us compare the health of people in Canada.</b></p> <p><u>INTERVIEWER</u>: Press &lt;1&gt; to continue.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SDC_Q035    | <p><b>Do you consider yourself to be...?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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INTERVIEWER: Read categories to respondent.

- 1        Heterosexual (sexual  
relations with people of the  
opposite sex)
- 2        Homosexual, that is  
lesbian or gay (sexual relations  
with people of your own sex)
- 3        Bisexual (sexual relations  
with people of both sexes)
- DK, RF

SDC\_END

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**Immigration minimum block (IMM)**

Harmonized content

IMM\_BEG                      CURRENTYEAR: the year during which the information is collected  
DATE\_Q03: Respondent's year of birth

FNAME  
Import: WERE, YOU2, ARE\_C, YOU1, HAVE

Programmer:                      *\*\*\*HARMONIZED CONTENT BLOCK\*\*\**  
*Add layout instruction to display all answer options*

IMM\_D01                      DV\_CNTRYTEXT = (String 80) = IMM\_Q01  
DV\_CNTRYCODE = (0..99990) = IMM\_Q01  
DV\_AGE = (0..121) Age of Respondent

IMM\_Q01                      **In what country ^WERE ^YOU2 born?**

INTERVIEWER: Ask the respondent to specify country of birth according to current boundaries.

Start typing the name of the country to activate function.

Enter "CAN" to select Canada.

Enter "Other - Specify" if the country is not part of the list.

1              Search  
2              Other - Specify                      (Go to IMM\_S01)  
DK, RF

Go to IMM\_C01

Programmer:                      *Call Trigram Search. Null is not allowed. Don't know and Refused are allowed. The Search File to be used corresponds to the Excel file "Country\_Pays\_LookUpList\_With\_StdCodeFinal.xls"*  
  
*The DV\_CNTRYCODE and the DV\_CNTRYTEXT are the two fields that should be displayed on the pop-up screen when the Search File is called. However, the corresponding DV\_CNTRYCODE also needs to be saved and used as the key to indicate exactly which unique entry in the Search File was selected.*

IMM\_C01                      If DV\_CNTRYCODE = 90000 (Other-Specify), go to IMM\_S01.  
Otherwise, go to IMM\_C02.

IMM\_C02                      If DV\_CNTRYCODE = 11124 (Canada), go to IMM\_Q02.  
Otherwise, go to IMM\_Q03.

IMM\_S01                      **(In what country ^WERE ^YOU2 born?)**

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---

INTERVIEWER: Specify.

---

(80 spaces)

DK, RF

Go to IMM\_Q03

IMM\_Q02

**In which province or territory ^WERE ^YOU2 born?**

INTERVIEWER: Ask the respondent to specify province or territory of birth according to current boundaries.

- 10 Newfoundland and Labrador
  - 11 Prince Edward Island
  - 12 Nova Scotia
  - 13 New Brunswick
  - 24 Quebec
  - 35 Ontario
  - 46 Manitoba
  - 47 Saskatchewan
  - 48 Alberta
  - 59 British Columbia
  - 60 Yukon
  - 61 Northwest Territories
  - 62 Nunavut
- DK, RF

Go to IMM\_END

Processing:

*If DV\_CNTRYCODE = DK, RF, NS and IMM\_Q03 = 1 then IMM\_Q02 = VS.  
If DV\_CNTRYCODE = DK, RF, NS and IMM\_Q03 <> 1 then IMM\_Q02 = NS.*

IMM\_Q03

**^ARE\_C ^YOU1 now, or ^HAVE ^YOU1 ever been a landed immigrant in Canada?**

INTERVIEWER: A landed immigrant, or permanent resident, is a person who has been granted the right to live in Canada permanently by immigration authorities.

- 1 Yes (Go to IMM\_Q04)
  - 2 No
- DK, RF

Go to IMM\_END

IMM\_Q04

**In what year did ^YOU1 first become a landed immigrant in Canada?**

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INTERVIEWER: If respondent cannot give exact year of immigration, ask for a best estimate of the year.

|\_|\_|\_|\_| Year  
(MIN: 1,870)  
(MAX: 2,100)

DK, RF

IMM\_E04A

**The year that the respondent first became a landed immigrant or permanent resident to Canada is in the future. Please return and correct.**

*Rule:*

*Trigger hard edit if IMM\_Q04 > CURRENTYEAR*

IMM\_E04B

**The year that the respondent first became a landed immigrant or permanent resident to Canada is before the year of birth. Please return and correct.**

*Rule:*

*Trigger hard edit if IMM\_Q04 < DATE\_Q03*

IMM\_END



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---

**Aboriginal minimum (AMB)**

Harmonized content

AMB\_BEG

External variables required:

FNAME: first name of respondent

PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy

Import: ARE\_C, YOU2, YOU1

Programmer:

*\*\*\*HARMONIZED CONTENT BLOCK\*\*\**

*Add layout instruction to display all answer options*

AMB\_D01

Not Applicable

AMB\_Q01

**^ARE\_C ^YOU2 an Aboriginal person, that is, First Nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians.**

INTERVIEWER: The terms "First Nations" and "North American Indian" can be interchanged. Some respondents may prefer one term over the other.

"Inuit" is the plural form of "Inuk".

1        Yes

(Go to AMB\_Q02)

2        No

DK, RF

Go to AMB\_END

Help text:

*Tag: Aboriginal group*

*This question should be answered regardless of whether or not this person is an Aboriginal person of North America.*

*Aboriginal people are usually those with ancestors who resided in North America prior to European contact and who identify with one of the three Aboriginal groups listed on the questionnaire: First Nations (North American Indian), Métis and Inuk.*

*Persons who consider themselves to be East Indian or Asian Indian, or who have ethnic roots on the subcontinent of India, should respond "No, not an Aboriginal person" to this question.*

*Individuals who refer to themselves as Métis in the context of mixed ancestry, but who do not have North American Aboriginal ancestry (for example, those from Africa, the Caribbean and South America) should respond "No, not an Aboriginal person".*

AMB\_Q02

INTERVIEWER: If the respondent has already specified the Aboriginal group(s), select the group(s) from the list below; if not, ask:

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^ARE\_C ^YOU1 First Nations, Métis or Inuk (Inuit)?

INTERVIEWER: Mark all that apply.

First Nations (North American Indian) includes Status and Non-Status Indians.

The terms "First Nations" and "North American Indian" can be interchanged. Some respondents may prefer one term over the other.

"Inuit" is the plural form of "Inuk".

- 1 First Nations (North American Indian)
- 2 Métis
- 3 Inuk (Inuit)
- DK, RF

AMB\_E02

You have entered "Don't know" or "Refusal" for AMB\_Q02. Respondents sometimes get confused with the terminology used to describe different Aboriginal groups. If you wish to change the entry, return to AMB\_Q02 and enter the appropriate answer. Otherwise, please confirm.

*Rule:*

*Trigger soft edit if AMB\_Q02 = DK or RF*

AMB\_END

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---

**Population group (PG)**

Harmonized content

PG\_BEG

External variables required:

PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy  
Import: YOU2\_C, ARE\_C, YOU1

Programmer:

*\*\*\*HARMONIZED CONTENT BLOCK\*\*\*  
Add layout instruction to display all answer options*

PG\_D01

Not Applicable

PG\_Q01

**^YOU2\_C may belong to one or more racial or cultural groups on the following list.**

**^ARE\_C ^YOU1... ?**

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INTERVIEWER: Read categories to respondent and mark up to 4 responses that apply.

If respondent answers "mixed", "bi-racial" or "multi-racial", etc, probe for specific groups and mark each one separately (e.g., White, Black, Chinese).

Aboriginal people or First Nations are not included in the list of response categories because the *Employment Equity Act* defines visible minorities as "persons, other than Aboriginal persons, who are non-Caucasian in race or non-white in colour". Guidelines state that "Due to their status as First Nation people, Aboriginal peoples are specifically excluded from the definition".

Under the *Employment Equity Act*, Aboriginal Peoples are considered to be a separate designated group.

- 01      **White**
- 02      **South Asian (e.g., East Indian, Pakistani, Sri Lankan)**
- 03      **Chinese**
- 04      **Black**
- 05      **Filipino**
- 06      **Latin American**
- 07      **Arab**
- 08      **Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)**
- 09      **West Asian (e.g., Iranian, Afghan)**
- 10      **Korean**
- 11      **Japanese**
- 12      Other - Specify                      (Go to PG\_S01)
- DK, RF

Go to PG\_END

Help text:

*Tag: Racial or cultural group*

*All response categories and examples must be read aloud, even if the respondent has already given a response.*

*If the respondent provides a response that is not on the list, do not reclassify it into one of the given categories. For example, do not select "White" if the respondent says "Caucasian". Instead, record "Caucasian" in the "Other - Specify" category.*

*If no preceding aboriginal question block is on the survey, and an aboriginal respondent answers that they are First Nations, Métis or Inuk (Inuit), select <12 Other - Specify> and enter "NA".*

PG\_S01

**(^YOU2\_C may belong to one or more racial or cultural groups on the following list.**

**^ARE\_C ^YOU1... ?)**

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---

INTERVIEWER: Specify.

---

(80 spaces)

(DK, RF not allowed)

Programmer:

*Any lower case text typed into the field should be converted to upper case text after <Enter> is pressed.*

PG\_END

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Language minimum (LAN)

Harmonized content

LAN\_BEG

External variables required:

PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy

FNAME

Import: DOVERB, YOU2, YOU1. S

Programmer:

\*\*\*HARMONIZED CONTENT BLOCK\*\*\*

Add layout instruction to display all answer options

LAN\_D01

Not Applicable

LAN\_Q01

**Of English or French, which language(s) ^DOVERB ^YOU2 speak well enough to conduct a conversation? Is it... ?**

INTERVIEWER: Read categories to respondent.

1        **English only**

2        **French only**

3        **Both English and French**

4        Neither English nor French

DK, RF

Help text:

*Tag: Knowledge of official languages*

*For a child who has not yet learned to speak:*

*Report the language(s) that the child is learning to speak at home: English, French, both or neither.*

LAN\_B02

Call LanguageLookUp block (LLU) a maximum of three times. Always call it the first time; call subsequent items if the previous instances LAN\_B02.LangCode is a response other than 90000000 (No more languages).

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Help text:

*Tag: Home language spoken most often*

*For a child who has not yet learned to speak:*

*Report the language spoken most often to this child at home. If two languages are spoken, report the language spoken most often. If both languages are used equally often, report both languages.*

*For a person who lives alone, report the language in which the respondent feels most comfortable (this can be the language the respondent would use to talk on the telephone, entertain friends at home, etc.).*

*Some languages like Chinese (Cantonese, Mandarin or other Chinese language) and those used by Jewish communities (such as Hebrew or Yiddish) have regional dialects which should be reported as separate response options. Probe the respondent for the correct language.*

Programmer:

*Pass via parameter (question text, interviewer instruction, instance number):*

*QTEXT = What language ^DOVERB ^YOU1 speak most often at home?*

*ITEXT = Mark up to three responses. Multiple responses are accepted only if languages are spoken equally often at home.*

*INSTNUM = (min: 1 - max: 3)*

LAN\_E02A

**The answer category "111 - No more languages" cannot be selected as the first response for this question. If the respondent cannot provide an answer to this question, please select DK or RF.**

*Rule:*

*Trigger hard edit if at the first iteration of the question, the interviewer selects "111 - No more languages" DV\_LANGCODE = 90000000.*

LAN\_E02B

**The same language has been selected a second time. Please return and correct.**

*Rule:*

*Trigger hard edit if any two language codes (LAN\_B02.LangCode) are equal. DV\_LANGCODE = 22240000 (Other-Specify) is an exception to this edit: multiple other-specify responses are acceptable.*

LAN\_B03

Call LanguageLookUp block (LLU) a maximum of three times. Always call it the first time; call subsequent items if the previous instances LAN\_B03.LangCode is a response other than 90000000 (No more languages).

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Help text:

*Tag: Mother tongue*

*This question should be asked of children between the ages of 0-5 years where their main introduction to the first language learned at home would be through their parents and siblings.*

*For a child who has not yet learned to speak:  
Report the language spoken most often to this child at home. Report two languages only if both languages are spoken equally often so that the child learns both languages at the same time.*

*Some languages like Chinese (Cantonese, Mandarin or other Chinese language) and those used by Jewish communities (such as Hebrew or Yiddish) have regional dialects which should be reported as separate response options. Probe the respondent for the correct language.*

Programmer:

*Pass via parameter (question text, interviewer instruction, instance number):*

*QTEXT = What is the language that ^YOU1 first learned at home in childhood and still understand^S?*

*ITEXT = Mark up to three responses. If the respondent no longer understands the first language learned, indicate the second language learned. Accept multiple responses only if languages were learned at the same time.*

*INSTNUM = (min: 1 - max: 3)*

LAN\_E03A

**The answer category "111 - No more languages" cannot be selected as the first response for this question. If the respondent cannot provide an answer to this question, please select DK or RF.**

Rule:

*Trigger hard edit if at the first iteration of the question, the interviewer selects "111 - No more languages" DV\_LANGCODE = 90000000.*

LAN\_E03B

**The same language has been selected a second time. Please return and correct.**

Rule:

*Trigger hard edit if any two language codes (LAN\_B03.LangCode) are equal. DV\_LANGCODE = 22240000 (Other-Specify) is an exception to this edit: multiple other-specify responses are acceptable.*

LAN\_END



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**Language look-up (LLU)**

Harmonized content

LLU\_BEG

Content block

Import the following variables:

QTEXT     {STRING}   Question text     (English)  
ITEXT     {STRING}   Instruction text   (English)  
HTEXTID   {STRING}   Help text identifier (English)  
INSTNUM   {Integer}   Instance number of this block

LLU\_D01

DV\_LANGTEXT = (String 80) and LANGCODE (0..99999990)

LLU\_Q01

**^QTEXT**

INTERVIEWER: ^ITEXT

Start typing name of language to activate the search function.  
Enter "Other - Specify" if the language is not part of the list.  
Start typing "111" to select the item which indicates no (more)  
languages.

DK, RF

Programmer:

*Use the Language\_LookUpList\_With\_StdCodeFinal.xls for "Other-Search" -  
Alpha/Trigram (Trigram default). Please ensure that an orange triangle appears  
beside the field-id in the header line in the question text area of the screen.*

*The 2nd and 3rd iteration of ^QTEXT should be displayed in black bold parenthesis.*

*In the form pane, the tags should be displayed as:*

*LLU\_Q01 [1]  
LLU\_S01 [1]  
LLU\_Q01 [2]  
LLU\_S01 [2]  
LLU\_Q01 [3]  
LLU\_S01 [3]*

LLU\_C01

If DV\_LANGCODE = 22240000 (Other - Specify), go to LLU\_S01.  
Otherwise, go to LLU\_END.

LLU\_S01

**(^QTEXT)**

INTERVIEWER: Specify.

---

(80 spaces)

(DK, RF not allowed)

Programmer:

*Use MakeUpperNotBlank procedure on LLU\_S01.*

*DK, RF not allowed*

LLU\_END

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**Person most knowledgeable about household situation (PMK)**

Core content

PMK\_BEG

Core content

External variables required:

PROXYMODE: proxy identifier, from the GR block.

DOPMK: do block flag, from the sample file.

DV\_HHSIZE: Household size from the Entry.

PROV: Province of residence from the Entry module

AGE: Age of selected respondent

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

PMK\_C001A

If DOPMK = 2, go to PMK\_END.

Otherwise, go to PMK\_C001B.

PMK\_C001B

If PROXYMODE = 1, go to PMK\_END.

Otherwise, go to PMK\_C001C.

PMK\_C001C

If Maximum age in household < 18, go to PMK\_END.

Otherwise, go to PMK\_C001D.

PMK\_C001D

If DV\_HHSIZE = 1 (respondent lives alone) or if AGE > 17, go to PMK\_END.

Otherwise, go to PMK\_C001E.

PMK\_C001E

If AGE < 14, go to PMK\_R010.

Otherwise, go to PMK\_C001F.

PMK\_C001F

If PROV = 24 (Quebec), go to PMK\_R005C.

Otherwise, go to PMK\_C001G.

PMK\_C001G

If PROV = 60, 61 or 62 (Yukon, N.W.T. or Nunavut), go to PMK\_R005B.

Otherwise, go to PMK\_R005A.

PMK\_R005A

**To avoid duplication of surveys, Statistics Canada has signed agreements to share the data from this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.**

**Provincial ministries of health may make the data available to local health authorities. With the exception of postal code, names, addresses, telephone numbers and health numbers will not be provided.**

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INTERVIEWER: With the exception of postal codes, no personal identifiers (names, addresses and telephone numbers) will be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.

Press <1> to continue.

Go to PMK\_Q005

PMK\_R005B

**To avoid duplication of surveys, Statistics Canada has signed agreements to share the data from this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.**

**Territorial ministries of health may make the data available to local health authorities. With the exception of postal code, names, addresses, telephone numbers and health numbers will not be provided.**

INTERVIEWER: With the exception of postal codes, no personal identifiers (names, addresses and telephone numbers) will be provided to Health Canada or the Public Health Agency of Canada.

Press <1> to continue.

Go to PMK\_Q005

PMK\_R005C

**To avoid duplication of surveys, Statistics Canada has signed agreements to share the data from this survey with provincial and territorial ministries of health, the "Institut de la Statistique du Québec", Health Canada and the Public Health Agency of Canada.**

**The "Institut de la Statistique du Québec" and provincial ministries of health may make the data available to local health authorities. With the exception of postal code, names, addresses, telephone numbers and health numbers will not be provided.**

INTERVIEWER: With the exception of postal codes, no personal identifiers (names, addresses and telephone numbers) will be provided to Health Canada or the Public Health Agency of Canada.

Press <1> to continue.

PMK\_Q005

**These organizations have agreed to keep the data confidential and use it only for statistical purposes.**

**Do you agree to share the data provided?**

- 1        Yes
- 2        No
- DK, RF

PMK\_R010

**For the last few questions, I would like to speak with someone who would be best able to answer questions about the entire household such as household income and food purchases.**

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INTERVIEWER: Press <1> to continue.

PMK\_Q010

**Who would this person be?**

INTERVIEWER: Select most knowledgeable person from the household roster.

01 MEMBER1  
02 MEMBER2  
03 MEMBER3  
04 MEMBER4  
05 MEMBER5  
06 MEMBER6  
07 MEMBER7  
08 MEMBER8  
09 MEMBER9  
10 MEMBER10  
11 MEMBER11  
12 MEMBER12  
13 MEMBER13  
14 MEMBER14  
15 MEMBER15  
16 MEMBER16  
17 MEMBER17  
18 MEMBER18  
19 MEMBER19  
20 MEMBER20  
(DK, RF not allowed)

Programmer:

*Programmer: Display household members by personID in ascending order so as to ensure that category values match the personID variable.*

PMK\_E010

The minimum age required to complete the remaining questions in the survey is 18 years of age or older. Please choose another household member as the person most knowledgeable (PMK).

Rule:

*Trigger soft edit if age of PMK\_Q010 < 18.*

PMK\_D010

If PMK\_Q010 is the respondent or age of PMK\_Q010 < 18, DV\_PMKFLAG = 2  
Otherwise, DV\_PMKFLAG = 1

PMK\_C015

If DV\_PMKFLAG=2, go to PMK\_D020.  
Otherwise, go to PMK\_D015.

PMK\_D015

If PMK\_Q010 = 1, DT\_MEMBERNAME = 'MEMBER1'.

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If PMK\_Q010 = 2, DT\_MEMBERNAME = 'MEMBER2'.  
If PMK\_Q010 = 3, DT\_MEMBERNAME = 'MEMBER3'.  
If PMK\_Q010 = 4, DT\_MEMBERNAME = 'MEMBER4'.  
If PMK\_Q010 = 5, DT\_MEMBERNAME = 'MEMBER5'.  
If PMK\_Q010 = 6, DT\_MEMBERNAME = 'MEMBER6'.  
If PMK\_Q010 = 7, DT\_MEMBERNAME = 'MEMBER7'.  
If PMK\_Q010 = 8, DT\_MEMBERNAME = 'MEMBER8'.  
If PMK\_Q010 = 9, DT\_MEMBERNAME = 'MEMBER9'.  
If PMK\_Q010 = 10, DT\_MEMBERNAME = 'MEMBER10'.  
If PMK\_Q010 = 11, DT\_MEMBERNAME = 'MEMBER11'.  
If PMK\_Q010 = 12, DT\_MEMBERNAME = 'MEMBER12'.  
If PMK\_Q010 = 13, DT\_MEMBERNAME = 'MEMBER13'.  
If PMK\_Q010 = 14, DT\_MEMBERNAME = 'MEMBER14'.  
If PMK\_Q010 = 15, DT\_MEMBERNAME = 'MEMBER15'.  
If PMK\_Q010 = 16, DT\_MEMBERNAME = 'MEMBER16'.  
If PMK\_Q010 = 17, DT\_MEMBERNAME = 'MEMBER17'.  
If PMK\_Q010 = 18, DT\_MEMBERNAME = 'MEMBER18'.  
If PMK\_Q010 = 19, DT\_MEMBERNAME = 'MEMBER19'.  
If PMK\_Q010 = 20, DT\_MEMBERNAME = 'MEMBER20'.

PMK\_Q015

**Is ^DT\_MEMBERNAME available?**

1        Yes  
2        No  
3        Person most  
knowledgeable about household  
refuses to participate.  
(DK, RF not allowed)

PMK\_D020

If DV\_PMKFLAG=1 and PMK\_Q015=1, DV\_PMKPROXY = 1  
Otherwise, DV\_PMKPROXY = 2

PMK\_C025A

If DV\_PMKPROXY=1, go to PMK\_R035.  
Otherwise, go to PMK\_C025B.

PMK\_C025B

If DV\_PMKFLAG=2 or PMK\_Q015 = 3, go to PMK\_R025.  
Otherwise, go to PMK\_R030.

PMK\_R025

**This completes your portion of the interview. On behalf of Statistics  
Canada, I would like to thank you very much for your time.**

INTERVIEWER: Press <1> to continue.

Go to PMK\_END

Programmer:

*This case will be taken to the OC\_N01 screen, where the interviewer can determine  
the status of the case*

PMK\_R030

**This completes your portion of the interview. On behalf of Statistics  
Canada, I would like to thank you very much for your time. I would  
now like to try and find the best time to speak with ^DT\_MEMBERNAME.**

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INTERVIEWER: Press <1> to continue.

Go to PMK\_END

Programmer:

*This case will be taken to the OC\_N01 screen where the interview can book an appointment to re-contact the PMK at a later time.*

PMK\_R035

**This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to speak with ^MEMBERNAME.**

INTERVIEWER: You should continue with the most knowledgeable person about the household.

Press < 1> to continue.

PMK\_R040

**Hello, My name is... I've just completed the main portion of the interview with <Respondent's name>. At this point I need to finish the interview with a few general questions on your household's situation. <Respondent's name> said you would be the best person to answer these types of questions.**

INTERVIEWER: Press <1> to continue.

Programmer:

*Fill <Respondent's name> with PE\_Q01 from USU block.*

PMK\_END

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**Health insurance coverage (INS)**

Optional content Manitoba

INS\_BEG

Optional content

External variables required:

DOINS: do block flag, from the sample file.

PROXYMODE: proxy identifier, from the GR block.

DV\_PMKProxy: PMK identifier from the PMK block.

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

INS\_C001A

If DOINS = 2, go to INS\_END.

Otherwise, go to INS\_C001B.

INS\_C001B

If DV\_PMKProxy = 2, go to INS\_END.

Otherwise, go to INS\_D001A.

INS\_D001A

Not Applicable

INS\_D001B

If DV\_PMKProxy=1, DT\_YOUR2 = '^FNAME's'.

Otherwise, DT\_YOUR2 = '^YOUR2'.

INS\_D001C

If DV\_PMKProxy=1 and SEX\_Q01 = 1, DT\_DOYOU = 'Does he'.

Otherwise, if DV\_PMKProxy=1 and SEX\_Q01 = 2, DT\_DOYOU = 'Does she'.

Otherwise, DT\_DOYOU = '^DOVERB\_C ^YOU1'.

INS\_D001D

If DV\_PMKProxy=1 and SEX\_Q01 = 1, DT\_YOUR1 = 'his'.

Otherwise, if DV\_PMKProxy=1 and SEX\_Q01 = 2, DT\_YOUR1 = 'her'.

Otherwise, DT\_YOUR1 = '^YOUR1'.

INS\_R001

**Now, turning to ^DT\_YOUR2 health insurance coverage. Please include any private, government or employer-paid plans.**

INTERVIEWER: Press <1> to continue.

INS\_Q005

**^DT\_DOYOU have insurance that covers all or part of the cost of ^DT\_YOUR1 prescription medications?**

1 Yes

2 No

(Go to INS\_Q015)

DK

(Go to INS\_Q015)

RF

(Go to INS\_END)

INS\_Q010

**Is it...?**

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

- 1        **A government-sponsored plan**
  - 2        **An employer-sponsored benefit plan**
  - 3        **A plan sponsored through an association such as a union, trade association or student organization**
  - 4        **Other, such as your own private plan purchased from an insurance company**
- DK, RF

INS\_Q015

**^DT\_DOYOU have insurance that covers all or part of ^DT\_YOUR1 long-term care costs, including home care?**

- 1        Yes
  - 2        No
- DK, RF
- (Go to INS\_END)  
(Go to INS\_END)

INS\_Q020

**Is it...?**

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

- 1        **A government-sponsored plan**
  - 2        **An employer-sponsored benefit plan**
  - 3        **A plan sponsored through an association such as a union, trade association or student organization**
  - 4        **Other, such as your own private plan purchased from an insurance company**
- DK, RF

INS\_END



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## Food security (FSC)

FSC\_BEG

Theme content

Theme content

External variables required:

DOFSC: do block flag, from the sample file.

DV\_PMKProxy: PMK identifier from the PMK block

DV\_HHSIZE: Household size

DV\_DHHDLVG: Living/Family Arrangement of selected respondent, from the RNC block.

DV\_YOUNGKIDS: number of persons in the household aged 0 to 15 years

DV\_OLDERKIDS: number of persons in the household aged 16 or 17 living with an older relative

DV\_YOUNGADULTS: number of persons in the household aged 16 or 17 not living with an older relative

DV\_ADULTS: number of persons in the household aged 18 years and older

DV\_CHILDFNAME: first name of child in single child households

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

Programmer:

*The variable DV\_DHHDLVG identifies the family relationships between the selected respondent and the rest of the household.*

*All relationships with the selected respondent within each sample (relationship of selected respondent to each other person within the household) are used in creating this variable.*

-----

*Derive DV\_OLDERKIDS and DV\_YOUNGADULTS before the module using:*

*If DV\_HHSIZE=1 and AGE<18, DV\_OLDERKIDS=0, DV\_YOUNGADULTS=1, DV\_ADULTS=0, DV\_YOUNGKIDS=0.*

*If DV\_HHSIZE=1 and AGE>17 then set DV\_ADULTS=1 and DV\_OLDERKIDS=0, DV\_YOUNGKIDS=0, DV\_YOUNGADULTS=0.*

*Else, if DV\_HHSIZE=2 or DV\_DHHDLVG in (2,10),*

*DV\_OLDERKIDS=Number of persons in the household aged 16 or 17 living with an older relative (based on the relationship data from RNC)*

*DV\_YOUNGADULTS = number of persons in the household aged 16 or 17 not living with an older relative (based on the relationship data from RNC)*

*Derive these using the same code as last year.*

*Else, DV\_OLDERKIDS=Number of persons in the household aged 16 or 17.*

FSC\_C001A

If DOFSC = 2, go to FSC\_END.

Otherwise, go to FSC\_C001B.

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|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FSC_C001B | <p>If DV_PMKProxy = 2, go to FSC_END.<br/>Otherwise, go to FSC_D010.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| FSC_D010  | <p>If DV_HHSIZE = 1, DT_YOUANDOTHERS = 'you'.<br/>If DV_HHSIZE = 1, DT_YOUANDOTHERS_C = 'You'.<br/>If DV_HHSIZE &lt;&gt; 1, DT_YOUANDOTHERS = 'you and other household members'.<br/>If DV_HHSIZE &lt;&gt; 1, DT_YOUANDOTHERS_C = 'You and other household members'.<br/>If DV_OlderKids + DV_YoungKids = 1, DT_CHILDFNAME = '^DV_ChildFName'.<br/>If DV_OlderKids + DV_YoungKids = 1, DT_CHILDWAS = '^DV_ChildFName + was'.<br/>If DV_OlderKids + DV_YoungKids = 1, DT_ANYCHILD = '^DV_ChildFName'.<br/>If DV_OlderKids + DV_YoungKids = 1, DT_ANYCHILDS = '^DV_ChildFName + 's'.<br/>If DV_OlderKids + DV_YoungKids = 1, DT_WASANYCHILD = 'was + ^DV_ChildFName'.<br/>If DV_OlderKids + DV_YoungKids &lt;&gt; 1, DT_CHILDFNAME = 'the children'.<br/>If DV_OlderKids + DV_YoungKids &lt;&gt; 1, DT_CHILDWAS = 'The children were'.<br/>If DV_OlderKids + DV_YoungKids &lt;&gt; 1, DT_ANYCHILD = 'any of the children'.<br/>If DV_OlderKids + DV_YoungKids &lt;&gt; 1, DT_ANYCHILDS = 'any of the children's'.<br/>If DV_OlderKids + DV_YoungKids &lt;&gt; 1, DT_WASANYCHILD = 'were any of the children'.<br/>If (DV_Adults + DV_YoungAdults) = 1, DT_YOOTHERADULTS = 'you'.<br/>If (DV_Adults + DV_YoungAdults) = 1, DT_YOOTHERADULTS_C = 'You'.<br/>If (DV_Adults + DV_YoungAdults) &lt;&gt; 1, DT_YOOTHERADULTS = 'you or other adults in your household'.<br/>If (DV_Adults + DV_YoungAdults) &lt;&gt; 1, DT_YOOTHERADULTS_C = 'You or other adults in your household'.</p> |
| FSC_R010  | <p><b>The following questions are about the food situation for your household in the past 12 months. I'm going to read you several statements that may be used to describe the food situation for a household. Please tell me if the statement was <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for ^DT_YOUANDOTHERS in the past 12 months.</b></p> <p><u>INTERVIEWER</u>: Press &lt;1&gt; to continue.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| FSC_Q010  | <p><b>The first statement is: ^DT_YOUANDOTHERS_C worried that food would run out before you got money to buy more. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?</b></p> <p>1        Often true<br/>2        Sometimes true<br/>3        Never true<br/>DK, RF</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FSC_Q015  | <p><b>The food that ^DT_YOUANDOTHERS bought just didn't last, and there wasn't any money to get more. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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|           |                                                                                                                                                                                                                                                                                                                             |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | <p>1 Often true<br/>2 Sometimes true<br/>3 Never true<br/>DK, RF</p>                                                                                                                                                                                                                                                        |
| FSC_Q020  | <p><b>^DT_YOUANDOTHERS_C couldn't afford to eat balanced meals. In the past 12 months was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true?</b></p> <p>1 Often true<br/>2 Sometimes true<br/>3 Never true<br/>DK, RF</p>                                                                                 |
| FSC_C025  | <p>If (DV_OlderKids + DV_YoungKids &gt; 0), go to FSC_R025.<br/>Otherwise, go to FSC_C035A.</p>                                                                                                                                                                                                                             |
| FSC_R025  | <p><b>Now, I'm going to read a few statements that may describe the food situation for households with children.</b></p> <p><u>INTERVIEWER</u>: Press &lt;1&gt; to continue.</p>                                                                                                                                            |
| FSC_Q025  | <p><b>^DT_YOUOTHERADULTS_C relied on only a few kinds of low-cost food to feed ^DT_CHILDNAME because you were running out of money to buy food. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?</b></p> <p>1 Often true<br/>2 Sometimes true<br/>3 Never true<br/>DK, RF</p> |
| FSC_Q030  | <p><b>^DT_YOUOTHERADULTS_C couldn't feed ^DT_CHILDNAME a balanced meal, because you couldn't afford it. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?</b></p> <p>1 Often true<br/>2 Sometimes true<br/>3 Never true<br/>DK, RF</p>                                         |
| FSC_C035A | <p>If ([FSC_Q010 or FSC_Q015 or FSC_Q020 or FSC_Q025 or FSC_Q030] &lt;= 2) and [DV_OlderKids + DV_YoungKids] &gt; 0), go to FSC_Q035.<br/>Otherwise, go to FSC_C035B.</p>                                                                                                                                                   |
| FSC_C035B | <p>If ([FSC_Q010 or FSC_Q015 or FSC_Q020 or FSC_Q025 or FSC_Q030] &lt;= 2), go to FSC_C040.<br/>Otherwise, go to FSC_END.</p>                                                                                                                                                                                               |
| FSC_Q035  | <p><b>^DT_CHILDWAS not eating enough because ^DT_YOUOTHERADULTS just couldn't afford enough food. Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true in the past 12 months?</b></p>                                                                                                                              |



FSC\_Q065

In the past 12 months, did ^DT\_YOUDOTHERADULTS ever not eat for a whole day because there wasn't enough money for food?

1 Yes  
2 No (Go to FSC\_C075)  
DK, RF (Go to FSC\_C075)

FSC\_Q070

How often did this happen? Was it...?

INTERVIEWER: Read categories to respondent.

1 Almost every month  
2 Some months but not every month  
3 Only 1 or 2 months  
DK, RF

FSC\_C075

If DV\_OlderKids + DV\_YoungKids <> 0, go to FSC\_R075.  
Otherwise, go to FSC\_END.

FSC\_R075

Now, a few questions on the food experiences for children in your household.

INTERVIEWER: Press <1> to continue.

FSC\_Q075

In the past 12 months, did ^DT\_YOUDOTHERADULTS ever cut the size of ^DT\_ANYCHILDS meals because there wasn't enough money for food?

1 Yes  
2 No  
DK, RF

FSC\_Q080

In the past 12 months, did ^DT\_ANYCHILD ever skip meals because there wasn't enough money for food?

1 Yes  
2 No (Go to FSC\_Q090)  
DK, RF (Go to FSC\_Q090)

FSC\_Q085

How often did this happen? Was it...?

INTERVIEWER: Read categories to respondent.

1 Almost every month  
2 Some months but not every month  
3 Only 1 or 2 months  
DK, RF

FSC\_Q090

In the past 12 months, ^DT\_WASANYCHILD ever hungry but you just couldn't afford more food?

1 Yes  
2 No  
DK, RF

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FSC\_Q095

In the past 12 months, did ^DT\_ANYCHILD ever not eat for a whole day  
because there wasn't enough money for food?

- 1 Yes
- 2 No
- DK, RF

FSC\_END

## Administration information (ADM)

ADM BEG

## Core content

DOADM: flag to activate the block from the sample file.

PROXYMODE: proxy identifier, from the GR block.

DV\_PMKProxy: PMK identifier from the PMK block.

PROV: Province of residence from the Entry module.

TAXFLAG: Tax-data linkable flag, based on value of "M152" from the Unitinfo file.

LMAM\_Q01: Worked last week

LMAM\_Q02: Absent from job last week

DV\_HHSIZE: Household size from the Entry

CURRENTYEAR: the year during which the information is collected

PLATFORM: The mode of collection

The PLATFORM is defined as tCaseType and there are 3 answer categories:

0. CTCAPI

1. CTCATL

1. CTCATIDwelling

PE\_Q01: first name of specific respondent from USU block

PE\_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE\_Q01 and PE\_Q02 separated by a space

Processing:

If CAPI (Caseman) then PLATFORM = 0

*If CATI:*

If mode = 1 and CaseFlag1 = 0 then PLATFORM = 2 (CATI Dwelling)

Otherwise, PLATFORM = 1 (CCB - respondents aged 12 to 17)

ADM\_C001A

If DOADM = 2, go to ADM\_END.

Otherwise, go to ADM\_C001B.

ADM\_C001B

If DV\_PMKProxy = 2, go to ADM\_END.

Otherwise, go to ADM\_C001C.

ADM\_C001C

If TAXFLAG=1, go to ADM\_D001A.

Otherwise, go to ADM\_B001.

ADM\_B001

Call Sub-block "Income" (INC).

ADM\_D001A

If PROV = 60, 61 or 62, DT\_PROVTERRE = 'territorial'.

Otherwise, DT\_PROVTERRE = 'provincial'.

ADM\_D001B

If PROV = 24, DT\_STAT = 'Statistics Canada, ^YOUR2 ^DT\_PROVTERRE  
ministry of health and the "Institut de la Statistique du Québec".

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|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | Otherwise, DT_STAT = 'Statistics Canada and ^YOUR2 ^DT_PROVTERRE ministry of health'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ADM_D001C | If DV_PMKProxy=1, DT_YOUR = 'your responses and ^FNAME's'.<br>Otherwise, DT_YOUR = '^YOUR2 responses'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ADM_D005A | If TAXFLAG = 1, DT_LINKSTE = 'To minimize the number of questions asked'.<br>Otherwise, DT_LINKSTE = 'To enhance the information you have provided'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ADM_D005B | If DV_HHSIZE > 1, DT_HHLD = 'the tax data of all members of the household'.<br>Otherwise, DT_HHLD = '^YOUR1 tax data'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ADM_Q005  | <b>^DT_LINKSTE, Statistics Canada will combine ^DT_YOUR with information from ^DT_HHLD. ^DT_STAT may also combine ^DT_YOUR with information from other survey or administrative sources. This may include information on past and continuing use of health services such as visits to hospitals, clinics and doctors' offices.</b>                                                                                                                                                                                                                                                                                                                                         |
|           | <u>INTERVIEWER</u> : Press <1> to continue, unless respondent objects to combining responses with other data sources.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|           | 1 Continue (Go to<br>ADM_D010A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|           | 2 Respondent does not<br>want his or her responses<br>combined with other sources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|           | 3 Other [e.g., respondent (Go to ADM_END)<br>hung up, interview suspended or<br>interrupted]<br>(DK, RF not allowed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|           | Go to ADM_C025A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ADM_D010A | If PROV = 10, DT_PROVINCEE = 'a Newfoundland and Labrador'.<br>If PROV = 11, DT_PROVINCEE = 'a Prince Edward Island'.<br>If PROV = 12, DT_PROVINCEE = 'a Nova Scotia'.<br>If PROV = 13, DT_PROVINCEE = 'a New Brunswick'.<br>If PROV = 24, DT_PROVINCEE = 'a Quebec'.<br>If PROV = 35, DT_PROVINCEE = 'an Ontario'.<br>If PROV = 46, DT_PROVINCEE = 'a Manitoba'.<br>If PROV = 47, DT_PROVINCEE = 'a Saskatchewan'.<br>If PROV = 48, DT_PROVINCEE = 'an Alberta'.<br>If PROV = 59, DT_PROVINCEE = 'a British Columbia'.<br>If PROV = 60, DT_PROVINCEE = 'a Yukon'.<br>If PROV = 61, DT_PROVINCEE = 'a Northwest Territories'.<br>If PROV = 62, DT_PROVINCEE = 'a Nunavut'. |
| ADM_D010B | If PROXYMODE = 1 or DV_PMKProxy=1, DT_DOYOU2 = 'Does ^FNAME'.<br>Otherwise, DT_DOYOU2 = '^DOVERB_C ^YOU2'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ADM_D010C | If DV_PMKProxy=1 and SEX_Q01 = 1, DT_YOUR1 = 'his'.<br>Otherwise, if DV_PMKProxy=1 and SEX_Q01 = 2, DT_YOUR1 = 'her'.<br>Otherwise, DT_YOUR1 = '^YOUR1'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



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|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADM_Q010  | <p>Having a provincial or territorial health number will assist us in linking to this other information.</p> <p>^DT_DOYOU2 have ^DT_PROVINCEE health number?</p> <p>1 Yes (Go to ADM_D020)</p> <p>2 No (Go to ADM_C025A)</p> <p>DK, RF (Go to ADM_C025A)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ADM_Q015  | <p>For which province or territory is ^DT_YOUR1 health number?</p> <p>10 Newfoundland and Labrador</p> <p>11 Prince Edward Island</p> <p>12 Nova Scotia</p> <p>13 New Brunswick</p> <p>24 Quebec</p> <p>35 Ontario</p> <p>46 Manitoba</p> <p>47 Saskatchewan</p> <p>48 Alberta</p> <p>59 British Columbia</p> <p>60 Yukon</p> <p>61 Northwest Territories</p> <p>62 Nunavut</p> <p>88 Does not have a Canadian health number (Go to ADM_C025A)</p> <p>DK, RF (Go to ADM_C025A)</p> <p>Go to ADM_D020</p>                                                                                                                                                                                            |
| ADM_E015  | <p>The province selected is the same as the province from the last question, for which the respondent said they do not have a health number. Please confirm</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Rule:     | <p>Trigger soft edit if ADM_Q010 = 2 and ADM_Q015 = PROV.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ADM_D020  | <p>If PROV=10 and ADM_Q010=1, DV_HNPROV = 10</p> <p>If PROV=11 and ADM_Q010=1, DV_HNPROV = 11</p> <p>If PROV=12 and ADM_Q010=1, DV_HNPROV = 12</p> <p>If PROV=13 and ADM_Q010=1, DV_HNPROV = 13</p> <p>If PROV=24 and ADM_Q010=1, DV_HNPROV = 24</p> <p>If PROV=35 and ADM_Q010=1, DV_HNPROV = 35</p> <p>If PROV=46 and ADM_Q010=1, DV_HNPROV = 46</p> <p>If PROV=47 and ADM_Q010=1, DV_HNPROV = 47</p> <p>If PROV=48 and ADM_Q010=1, DV_HNPROV = 48</p> <p>If PROV=59 and ADM_Q010=1, DV_HNPROV = 59</p> <p>If PROV=60 and ADM_Q010=1, DV_HNPROV = 60</p> <p>If PROV=61 and ADM_Q010=1, DV_HNPROV = 61</p> <p>If PROV=62 and ADM_Q010=1, DV_HNPROV = 62</p> <p>Otherwise, DV_HNPROV = ADM_Q015</p> |
| ADM_B020  | <p>Call HN Algorithm.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ADM_C025A | <p>If (DV_HHSIZE=1 and ADM_Q005=1) or TAXFLAG=2, go to ADM_D025.</p> <p>Otherwise, go to ADM_B025.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADM_B025  | Call Sub-block "Income" (INC).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ADM_D025  | <p>If ADM_Q005 = 1, DT_SHARE1 = 'names, addresses, telephone numbers and health numbers will not be provided'.<br/>Otherwise, DT_SHARE1 = 'names, addresses and telephone numbers will not be provided'.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ADM_C025B | <p>If PROV = 24 (Quebec), go to ADM_R030.<br/>Otherwise, go to ADM_R025.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ADM_R025  | <p><b>To avoid duplication of surveys, Statistics Canada has signed agreements to share the data from this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.</b></p> <p><b>Provincial ministries of health may make the data available to local health authorities. With the exception of postal code, ^DT_SHARE1.</b></p> <p><u>INTERVIEWER:</u> With the exception of postal codes, no personal identifiers (names, addresses and telephone numbers) will be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.</p> <p>Press &lt;1&gt; to continue.</p> <p>Go to ADM_Q035</p>                                                                                       |
| ADM_R030  | <p><b>To avoid duplication of surveys, Statistics Canada has signed agreements to share the data from this survey with provincial and territorial ministries of health, the "Institut de la Statistique du Québec", Health Canada and the Public Health Agency of Canada.</b></p> <p><b>The "Institut de la Statistique du Québec" and provincial ministries of health may make this data available to local health authorities. With the exception of postal code, ^DT_SHARE1.</b></p> <p><u>INTERVIEWER:</u> With the exception of postal codes, no personal identifiers (names, addresses, telephone numbers and health numbers) will be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.</p> <p>Press &lt;1&gt; to continue.</p> |
| ADM_Q035  | <p><b>These organizations have agreed to keep the data confidential and use it only for statistical purposes.</b></p> <p><b>Do you agree to share the data provided?</b></p> <p>1        Yes<br/>2        No<br/>DK, RF</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ADM_C037  | <p>If ADM_Q005=2 (did not agree to link) or ADM_Q035=2, DK, RF (did not agree to share) or DV_HHSIZE &gt;1 or PROXYMODE=1, go to ADM_C040. Otherwise, go to ADM_D037.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |



Canadian Community Health Survey (CCHS)  
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---

- 01 English
- 02 French
- 03 Chinese
- 04 Italian
- 05 Punjabi
- 06 Spanish
- 07 Portuguese
- 08 Polish
- 09 German
- 10 Vietnamese
- 11 Arabic
- 12 Tagalog (Filipino)
- 13 Greek
- 14 Tamil
- 15 Cree
- 16 Afghan (Dari, Pashto)
- 17 Cantonese
- 18 Hindi
- 19 Mandarin
- 20 Persian (Farsi, Dari, Tajiki)
- 21 Russian
- 22 Ukrainian
- 23 Urdu
- 24 Inuktitut
- 90 Other - Specify (Go to ADM\_S055)
- (DK, RF not allowed)

Go to ADM\_END

ADM\_S055 (Record language of interview.)

INTERVIEWER: Specify.

---

(80 spaces)

(DK, RF not allowed)

ADM\_END

# Canadian Community Health Survey (CCHS) Annual Component - 2017-2018 (CAPI/CATI)

## Health number validation (HN)

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | Core content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| HN_BEG      | Core content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|             | External variables required:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|             | DV_HNPROV: Province of respondent's health card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | SEX_Q01: Sex of respondent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|             | DV_PMKProxy: PMK identifier from the PMK block.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | DV_HNGood: Yes/no flag created by HN validation algorithm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Programmer: | <i>Derive DV_HNGood flag from HN validation algorithm.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| HN_D001A    | <p>If DV_HNPROV=10, DT_HNPROVE = 'Newfoundland and Labrador'.<br/>         If DV_HNPROV=11, DT_HNPROVE = 'Prince Edward Island'.<br/>         If DV_HNPROV=12, DT_HNPROVE = 'Nova Scotia'.<br/>         If DV_HNPROV=13, DT_HNPROVE = 'New Brunswick'.<br/>         If DV_HNPROV=24, DT_HNPROVE = 'Quebec'.<br/>         If DV_HNPROV=35, DT_HNPROVE = 'Ontario'.<br/>         If DV_HNPROV=46, DT_HNPROVE = 'Manitoba'.<br/>         If DV_HNPROV=47, DT_HNPROVE = 'Saskatchewan'.<br/>         If DV_HNPROV=48, DT_HNPROVE = 'Alberta'.<br/>         If DV_HNPROV=59, DT_HNPROVE = 'British Columbia'.<br/>         If DV_HNPROV=60, DT_HNPROVE = 'Yukon'.<br/>         If DV_HNPROV=61, DT_HNPROVE = 'the Northwest Territories'.<br/>         If DV_HNPROV=62, DT_HNPROVE = 'Nunavut'.</p> |
| HN_D001B    | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| HN_D001C    | <p>If DV_HNPROV=10, DT_DIGITSE = 'twelve numbers'.<br/>         If DV_HNPROV=11, DT_DIGITSE = 'eight numbers'.<br/>         If DV_HNPROV=12 or 59, DT_DIGITSE = 'ten numbers'.<br/>         If DV_HNPROV=13, 46, 47, 48 or 62, DT_DIGITSE = 'nine numbers'.<br/>         If DV_HNPROV=24, DT_DIGITSE = 'four letters followed by eight numbers'.<br/>         If DV_HNPROV=35, DT_DIGITSE = 'ten numbers. Do not include the two letters at the end for green health cards'.<br/>         If DV_HNPROV=60, DT_DIGITSE = 'nine numbers, beginning with 002'.<br/>         If DV_HNPROV=61, DT_DIGITSE = 'one letter followed by seven numbers'.</p>                                                                                                                                             |
| HN_D001D    | <p>If DV_HNPROV=46, DT_HNSPECE = 'Note: In Manitoba, health numbers of families can be listed on the same card. Be sure to capture the intended respondent's health number if there is more than one on the card.'.<br/>         If DV_HNPROV=59, DT_HNSPECE = 'Note: In British Columbia, residents may have a combined driver's license and health card. If the respondent has a combined card, the health number is on the back above the barcode'.<br/>         Otherwise, DT_HNSPECE = 'null'.</p>                                                                                                                                                                                                                                                                                        |
| HN_D001E    | <p>If DV_PMKProxy=1 and SEX_Q01 = 1, DT_YOUR1 = 'his'.<br/>         Otherwise, if DV_PMKProxy=1 and SEX_Q01 = 2, DT_YOUR1 = 'her'.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## Canadian Community Health Survey (CCHS) Annual Component - 2017-2018 (CAPI/CATI)

HN\_Q005

**What is ^DT\_YOUR1 health number?**

INTERVIEWER: Enter a health number for ^DT\_HNPROVE. In ^DT\_HNPROVE, the health number is made up of ^DT\_DIGITSE. Do not insert blanks, hyphens or commas between the numbers.

^DT\_HNSPECE

---

(12 spaces)

DK, RF

Processing:

*This is the variable associated with LNK\_HN on release.*

Programmer:

*Response can only be a maximum length of the corresponding DV\_HNPROV variable.*

HN\_E005A

An invalid health number has been entered. Please return and correct.

Rule:

*Trigger soft edit if DV\_HNPROV = (10,11,12,13,35,46,47,48) and HN\_Q005 is all zeroes*

HN\_E005B

Health number must be 12 numeric characters.

Rule:

*Trigger soft edit if DV\_HNPROV=10 and (HN\_Q005<12 characters or HN\_Q005 contains a non-numeric character)*

HN\_E005C

Health number must be 8 numeric characters.

Rule:

*Trigger soft edit if DV\_HNPROV=11 and (HN\_Q005<>8 characters or HN\_Q005 contains a non-numeric character)*

HN\_E005D

Health number must be 10 numeric characters.

Rule:

*Trigger soft edit if DV\_HNPROV=12,35 and (HN\_Q005<>10 characters or HN\_Q005 contains a non-numeric character)*

HN\_E005E

Health number must be 9 numeric characters.

Rule:

*Trigger soft edit if DV\_HNPROV=13,46,47,48,60,62 and (HN\_Q005<>9 characters or HN\_Q005 contains a non-numeric character)*

HN\_E005F

Health number must be 12 characters.

Rule:

*Trigger soft edit if DV\_HNPROV=24 and HN\_Q005<12 characters*

HN\_E005G

The first four characters must be alphabetic.

Rule:

*Trigger soft edit if DV\_HNPROV=24 and HN\_Q005=12 characters and one or more of the first four characters is numeric.*

HN\_E005H

The last eight characters must be numeric.

Rule:

*Trigger soft edit if DV\_HNPROV=24 and HN\_Q005=12 digits and the first four characters are alphabetic and one or more of the last eight is not numeric*

HN\_E005I

First character of health number must be 9.

## Canadian Community Health Survey (CCHS) Annual Component - 2017-2018 (CAPI/CATI)

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|              |                                                                                                                                                                         |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Rule:</i> | <i>Trigger soft edit if DV_HNPROV=59 and HN_Q005 first character not 9</i>                                                                                              |
| HN_E005J     | Health number must be 10 numeric characters.                                                                                                                            |
| <i>Rule:</i> | <i>Trigger soft edit if DV_HNPROV=59 and HN_Q005 first character=9 and (HN_Q005&lt;&gt;10 characters or HN_Q005 contains a non-numeric character)</i>                   |
| HN_E005K     | The first three digits must be 002.                                                                                                                                     |
| <i>Rule:</i> | <i>Trigger soft edit if DV_HNPROV=60 and HN_Q005=9 numeric characters and the first three characters are not 002</i>                                                    |
| HN_E005L     | Health number must be 8 characters.                                                                                                                                     |
| <i>Rule:</i> | <i>Trigger soft edit if DV_HNPROV=61 and HN_Q005&lt;&gt;8 characters.</i>                                                                                               |
| HN_E005M     | The first character must be alphabetic.                                                                                                                                 |
| <i>Rule:</i> | <i>Trigger soft edit if DV_HNPROV=61 and HN_Q005=8 characters and the first character is not alphabetic.</i>                                                            |
| HN_E005N     | An invalid health number has been entered. Please return and correct.                                                                                                   |
| <i>Rule:</i> | <i>Trigger soft edit if DV_HNPROV=61 and HN_Q005=8 characters and the first character is alphabetic but not in the valid range.</i>                                     |
| HN_E005O     | The last seven characters must be numeric.                                                                                                                              |
| <i>Rule:</i> | <i>Trigger soft edit if DV_HNPROV=61 and HN_Q005=8 characters and the first character of HN_Q005 is a valid letter but one or more of the last seven is not numeric</i> |
| HN_E005P     | The first character of the health number must be 1.                                                                                                                     |
| <i>Rule:</i> | <i>Trigger soft edit if DV_HNPROV=62 and HN_Q005=9 characters and the first character is not 1</i>                                                                      |
| HN_E005Q     | An invalid health number has been entered. Please return and correct.                                                                                                   |
| <i>Rule:</i> | <i>Trigger soft edit if DV_HNGood=No</i>                                                                                                                                |
| HN_END       |                                                                                                                                                                         |

**Canadian Community Health Survey (CCHS)  
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**Income (INC)**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | Core content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| INC_BEG   | Core content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|           | External variables required:<br><br>LMAM_Q01: Worked last week<br>LMAM_Q02: Absent from job last week<br><br>PROXYMODE: proxy identifier, from the GR block.<br>PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy.<br><br>DV_PMKProxy: PMK identifier from the PMK block<br>CURRENTYEAR: the year during which the information is collected<br><br>PE_Q01: first name of specific respondent from USU block<br>PE_Q02: last name of specific respondent from USU block<br><br>Screen display:<br>Display on header bar PE_Q01 and PE_Q02 separated by a space |
| INC_C001B | If DV_PMKProxy = 2, go to INC_END.<br>Otherwise, go to INC_D001.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| INC_D001  | DV_PASTYEAR = CURRENTYEAR [minus] 1 {(e.g. 2008 - 1 = 2007)}.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| INC_R001  | <b>Although many health expenses are covered by health insurance, there is still an important relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.</b>                                                                                                                                                                                                                                                                                                                                         |
|           | <u>INTERVIEWER</u> : Press <1> to continue.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| INC_Q005  | Thinking about the total income for all household members, from which of the following sources did ^YOUR2 household receive any income in the year ending December 31, ^DV_PASTYEAR?                                                                                                                                                                                                                                                                                                                                                                                                                      |



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

- 01      Wages and salaries
- 02      Income from self-employment
- 03      Dividends and interest (e.g., on bonds, savings)
- 04      Employment insurance
- 05      Workers' compensation
- 06      Benefits from Canada or Quebec Pension Plan (Go to INC\_Q010)
- 07      Job-related retirement pensions, superannuation and annuities
- 08      RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
- 09      Old Age Security and Guaranteed Income Supplement
- 10      Provincial or municipal social assistance or welfare (Go to INC\_Q010)
- 11      Child Tax Benefit or family allowances
- 12      Child support
- 13      Alimony
- 14      Other (e.g., rental income, scholarships)
- 15      None
- DK, RF (Go to INC\_END)

Go to INC\_C015

INC\_E005A      **You cannot select "None" and another category. Please return and correct.**

*Rule:*      *Trigger hard edit if INC\_Q005 = 15 (None) and any other response selected in INC\_Q005.*

INC\_E005B      A response inconsistent with a response to a previous question has been entered. Please confirm.

*Rule:*      *Trigger soft edit if (INC\_Q005 <> 1 or 2) and (LMAM\_Q01 = 1 or LMAM\_Q02 = 1).*

INC\_Q010      **Does this amount include a supplement for people with disabilities?**

- 1      Yes
- 2      No
- DK, RF

INC\_C015      If more than one source of income is indicated in INC\_Q005, go to INC\_Q015.  
Otherwise, go to INC\_B020.

INC\_Q015      **What was the main source of household income?**

**Canadian Community Health Survey (CCHS)  
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---

- 01 Wages and salaries
  - 02 Income from self-employment
  - 03 Dividends and interest (e.g., on bonds, savings)
  - 04 Employment insurance
  - 05 Workers' compensation
  - 06 Benefits from Canada or Quebec Pension Plan
  - 07 Job-related retirement pensions, superannuation and annuities
  - 08 RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
  - 09 Old Age Security and Guaranteed Income Supplement
  - 10 Provincial or municipal social assistance or welfare
  - 11 Child Tax Benefit or family allowances
  - 12 Child support
  - 13 Alimony
  - 14 Other (e.g., rental income, scholarships)
  - 15 None
- DK, RF

Processing: *In processing, if the respondent reported only one source of income in INC\_Q005, the variable INC\_Q015 will be given its value.*

Programmer: *Only display answer categories that were selected in INC\_Q005.*

INC\_B020 Call Sub-block "Total Household Income" (THI) from Harmonized Content

INC\_E020A A response inconsistent with a response to a previous question has been entered. Respondent declared sources of income in INC\_Q005 but no income value was reported in THI\_Q01. Please confirm.

Rule: *Trigger soft edit if (THI\_Q01 = 0 and INC\_Q005 <> 15 (None))*

INC\_E020B A response inconsistent with a response to a previous question has been entered. Respondent declared an income value in THI\_Q01 but no source of income was reported in INC\_Q005. Please confirm.

Rule: *Trigger soft edit if (INC\_Q005 = 15 and (THI\_Q01 > 0 or THI\_Q02 = 2 or (THI\_Q02 = 1 and THI\_Q03 > 1)))*

INC\_END

**Canadian Community Health Survey (CCHS)  
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**Total household income (THI)**

Harmonized content

THI\_BEG

External variables required:  
PROXYSEX: gender of targeted respondent and whether the interview is being conducted by proxy  
FNAME: first name of respondent  
CURRENTYEAR: the year during which the information is collected  
Import: YOUR1

Programmer:

*\*\*\*HARMONIZED CONTENT BLOCK\*\*\*  
Add layout instruction to display all answer options*

THI\_D01

DV\_PASTYEAR = CURRENTYEAR [minus] 1  
(e.g. 2008 - 1 = 2007)

THI\_Q01

**Now a question about ^YOUR1 total household income.**

**What is your best estimate of ^YOUR1 total household income received by all household members, from all sources, before taxes and deductions, during the year ending December 31, ^DV\_PASTYEAR?**

**Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, spousal support (alimony) and rental income.**

INTERVIEWER: Capital gains should not be included in the household income.

|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
(MIN: -9,000,000)  
(MAX: 90,000,000)

DK, RF

Processing:

*In processing, responses reported in THI\_Q01 will also be recoded into the cascade categories of THI\_Q02 to THI\_Q04.*

THI\_E01

An unusual value has been entered. Please confirm.

Rule:

*Trigger soft edit if THI\_Q01 > 250000 or THI\_Q01 < -150000*

THI\_C02

If THI\_Q01 = DK or RF, go to THI\_Q02.  
Otherwise, go to THI\_END.

THI\_Q02

**Can you estimate in which of the following groups ^YOUR1 household income falls? Was the total household income during the year ending December 31, ^DV\_PASTYEAR... ?**

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---

INTERVIEWER: Read categories to respondent.

- |        |                                              |                 |
|--------|----------------------------------------------|-----------------|
| 1      | Less than \$50,000,<br>including income loss | (Go to THI_Q03) |
| 2      | \$50,000 and more                            | (Go to THI_Q04) |
| DK, RF |                                              |                 |

Go to THI\_END

THI\_Q03

Please stop me when I have read the category which applies to  
^YOUR1 household.

Was it... ?

INTERVIEWER: Read categories to respondent.

- |        |                                   |
|--------|-----------------------------------|
| 1      | Less than \$5,000                 |
| 2      | \$5,000 to less than<br>\$10,000  |
| 3      | \$10,000 to less than<br>\$15,000 |
| 4      | \$15,000 to less than<br>\$20,000 |
| 5      | \$20,000 to less than<br>\$30,000 |
| 6      | \$30,000 to less than<br>\$40,000 |
| 7      | \$40,000 to less than<br>\$50,000 |
| DK, RF |                                   |

Go to THI\_END

THI\_Q04

Please stop me when I have read the category which applies to  
^YOUR1 household.

Was it... ?

INTERVIEWER: Read categories to respondent.

- |        |                                     |
|--------|-------------------------------------|
| 1      | \$50,000 to less than<br>\$60,000   |
| 2      | \$60,000 to less than<br>\$70,000   |
| 3      | \$70,000 to less than<br>\$80,000   |
| 4      | \$80,000 to less than<br>\$90,000   |
| 5      | \$90,000 to less than<br>\$100,000  |
| 6      | \$100,000 to less than<br>\$150,000 |
| 7      | \$150,000 and over                  |
| DK, RF |                                     |

THI\_END

**Canadian Community Health Survey (CCHS)  
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## Canadian Community Health Survey (CCHS) Annual Component – 2017-2018 (CAPI/CATI)

### Exit

Note: This section only includes part of the questions asked during the Exit portion of the CCHS interview. It includes what we believe may be of interest to data users.

#### Exit Introduction (EI)

EI\_R01 Before we finish, I would like to ask you a few other questions.

INTERVIEWER: Press <1> to continue.

#### Permission to Share (PS)

Note: The Permission to Share (PS) questions are asked of partial interviews of respondents 14 years-old and more.

##### Data Sharing - All Provinces (excluding Quebec)

PS\_R01\_1 To avoid duplication of surveys, Statistics Canada has signed agreements to share the data from this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.

Provincial ministries of health may make this data available to local health authorities. With the exception of postal codes, names, addresses and telephone numbers will not be provided.

Go to PS\_Q02

##### Data Sharing - Territories

PS\_R01\_2 To avoid duplication of surveys, Statistics Canada has signed agreements to share the data from this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.

Provincial and territorial ministries of health may make this information available to local health authorities. With the exception of postal codes, names, addresses and telephone numbers will not be provided.

Go to PS\_Q02

##### Data Sharing - Quebec

PS\_R01\_3 To avoid duplication of surveys, Statistics Canada has signed agreements to share the data from this survey with provincial and territorial ministries of health, the "Institut de la Statistique du Québec", Health Canada and the Public Health Agency of Canada.

The "Institut de la Statistique du Québec" and provincial ministries of health may make this information available to local health authorities. With the exception of postal codes, names, addresses and telephone numbers will not be provided.

INTERVIEWER: Press <1> to continue.

**Canadian Community Health Survey (CCHS)  
Annual Component – 2017-2018 (CAPI/CATI)**

---

PS\_Q02

These organizations have agreed to keep the data confidential and use it only for statistical purposes.

Do you agree to share the data provided?

1 Yes

2 No

DK, RF

**Thank You (TY3)**

TY3\_R01

That is the end of the survey. We appreciate your time and your participation in the Canadian Community Health Survey. Thank you.

INTERVIEWER: Press <1> to continue.



## Appendix A – Canadian Community Health Survey. Two-year content overview for national estimates (2017-2018).

### Core content (all health regions)

- |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Alcohol use (ALC)</li><li>• Chronic conditions (CCC)</li><li>• Flu shots (FLU)</li><li>• General health (GEN)</li><li>• Height and weight – self-reported (HWT)</li></ul> | <ul style="list-style-type: none"><li>• Maternal experiences (MEX)</li><li>• Physical activities – adults 18 years and older (PAA)</li><li>• Physical activities for youth (PAY)</li><li>• Primary health care (PHC)</li><li>• Smoking (SMK)</li></ul> | <b>Administration and socio-demographics</b> <ul style="list-style-type: none"><li>• Administration information (ADM)</li><li>• Age of respondent (ANC1)</li><li>• Income (INC)</li><li>• Labour force (LBF)</li><li>• Main activity (MAC)</li><li>• Person most knowledgeable about household situation (PMK)</li><li>• Socio-demographic characteristics (SDC)</li></ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Two-year theme content (all health regions)

- Chronic conditions (CCC – theme 2)<sup>1</sup>
- Food security (FSC)
- Injuries (INJ)
- Alcohol use during maternal experience (MXA)
- Smoking during maternal experience (MXS)
- Sedentary behaviours (SBE)
- Washington Group – disability measure (WDM)

<sup>1</sup> In 2017 and 2018, CCC core content was asked in the provinces and territories. In 2017, theme 2 content was asked in the provinces and territories. In 2018, a shorter version of theme 2 was asked in the provinces, while a regular version of theme 2 was asked in the territories. In 2018, one new question (CCC\_087) was asked only in the provinces. For details, please see the CCC table at the end of Appendix A.

## Appendix A – Canadian Community Health Survey. Provincial content overview (2017-2018).

### Core content (provinces)

- |                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Alcohol use (ALC)</li> <li>• Chronic conditions (CCC)</li> <li>• Flu shots (FLU)</li> <li>• General health (GEN)</li> <li>• Height and weight – self-reported (HWT)</li> </ul> | <ul style="list-style-type: none"> <li>• Maternal experiences (MEX)</li> <li>• Physical activities – adults 18 years and older (PAA)</li> <li>• Physical activities for youth (PAY)</li> <li>• Primary health care (PHC)</li> <li>• Smoking (SMK)</li> </ul> | <b>Administration and socio-demographics</b> <ul style="list-style-type: none"> <li>• Administration information (ADM)</li> <li>• Age of respondent (ANC1)</li> <li>• Income (INC)</li> <li>• Labour force (LBF)</li> <li>• Main activity (MAC)</li> <li>• Person most knowledgeable about household situation (PMK)</li> <li>• Socio-demographic characteristics (SDC)</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Two-year theme content (provinces)

- Chronic conditions (CCC – theme 2)<sup>1</sup>
- Food security (FSC)
- Injuries (INJ)
- Alcohol use during maternal experience (MXA)
- Smoking during maternal experience (MXS)
- Sedentary behaviours (SBE)
- Washington Group – disability measure (WDM)

<sup>1</sup> In 2017 and 2018, CCC core content was asked in the provinces and territories. In 2017, theme 2 content was asked in the provinces and territories. In 2018, a shorter version of theme 2 was asked in the provinces, while a regular version of theme 2 was asked in the territories. In 2018, one new question (CCC\_087) was asked only in the provinces. For details, please see the CCC table at the end of Appendix A.

### One-year theme content (provinces)

#### 2017

- Colorectal cancer testing (CCT)
- Fruit and vegetable consumption (FVC)
- Mammography (MAM)
- Pap smear test (PAP)
- Use of protective equipment (UPE)

#### 2018

- Dental care (DEN)
- Home care services – with palliative care (HMC)
- Prescriptions – cost-related non-adherence (short version) (PCN2)
- Perceived need for care (PNC)
- Pain relief medication (PRM)
- Stress and relationships (STR)

### Rapid response (provinces)

#### 2017

Barriers to physical activity (BPA) (July – December)

#### 2018

Antibiotic medication use (AMU) (January – June)

Gambling (GAM) (July – December)

## Appendix A – Canadian Community Health Survey. Territorial content overview (2017-2018).

### Core content (territories)

- |                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Alcohol use (ALC)</li> <li>• Chronic conditions (CCC)</li> <li>• Flu shots (FLU)</li> <li>• General health (GEN)</li> <li>• Height and weight – self-reported (HWT)</li> </ul> | <ul style="list-style-type: none"> <li>• Maternal experiences (MEX)</li> <li>• Physical activities – adults 18 years and older (PAA)</li> <li>• Physical activities for youth (PAY)</li> <li>• Primary health care (PHC)</li> <li>• Smoking (SMK)</li> <li>▪ Fruit and vegetable consumption (FVC)</li> </ul> | <p><b>Administration and socio-demographics</b></p> <ul style="list-style-type: none"> <li>• Administration information (ADM)</li> <li>• Age of respondent (ANC1)</li> <li>• Income (INC)</li> <li>• Labour force (LBF)</li> <li>• Main activity (MAC)</li> <li>• Person most knowledgeable about household situation (PMK)</li> <li>• Socio-demographic characteristics (SDC)</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Two-year theme content (territories)<sup>2</sup>

- Chronic conditions (CCC – theme 2)<sup>1</sup>
- Food security (FSC)
- Injuries (INJ)
- Alcohol use during maternal experience (MXA)
- Smoking during maternal experience (MXS)
- Sedentary behaviours (SBE)
- Washington Group – disability measure (WDM)
- Colorectal cancer testing (CCT)
- Mammography (MAM)
- Pap smear test (PAP)
- Use of protective equipment (UPE)

<sup>1</sup> In 2017 and 2018, CCC core content was asked in the provinces and territories. In 2017, theme 2 content was asked in the provinces and territories. In 2018, a shorter version of theme 2 was asked in the provinces, while a regular version of theme 2 was asked in the territories. In 2018, one new question (CCC\_087) was asked only in the provinces. For details, please see the CCC table at the end of Appendix A.

<sup>2</sup> There is no one-year theme content for the territories because a module must be asked for both 2017 and 2018 in order to be disseminated for a territory.

## Appendix A – Canadian Community Health Survey. Chronic conditions (CCC) – 2017-2018

| Content type and year           |   | Provinces                                                                                 |   | Territories                                                                                 |
|---------------------------------|---|-------------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------------------------|
| Core content                    | Y | Core content – 2017-2018                                                                  | Y | Core content – 2017-2018                                                                    |
| 2017 – theme 2 content          | Y | T2 content                                                                                | Y | T2 content                                                                                  |
| 2018 – theme 2 content          | Y | T2 content (short version) – <u>excludes</u> questions CCC_150, CCC_170, CCC_175, CCC_180 | Y | T2 content (regular version) – <u>includes</u> questions CCC_150, CCC_170, CCC_175, CCC_180 |
| New question (CCC_087) for 2018 | Y | Question CCC_087 – asked in 2018 only                                                     | N | Question CCC_087 – not asked in 2018                                                        |

| Chronic conditions 2017-2018 |                                                                     | Provinces |      |           | Territories |      |           |
|------------------------------|---------------------------------------------------------------------|-----------|------|-----------|-------------|------|-----------|
| Question                     | Concept                                                             | 2017      | 2018 | 2017-2018 | 2017        | 2018 | 2017-2018 |
| CCC_005                      | Joint pain – 30 d                                                   | N         | N    | N         | N           | N    | N         |
| CCC_010                      | Joint pain symptoms – 3 mo                                          | N         | N    | N         | N           | N    | N         |
| CCC_015                      | Has asthma                                                          | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_020                      | Asthma – had symptoms / attacks – 12 mo                             | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_025                      | Asthma – took medication – 12 mo                                    | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_030                      | Has a COPD                                                          | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_035                      | Has sleep apnea                                                     | N         | N    | N         | N           | N    | N         |
| CCC_040                      | Has scoliosis                                                       | N         | N    | N         | N           | N    | N         |
| CCC_045                      | Has fibromyalgia                                                    | N         | N    | N         | N           | N    | N         |
| CCC_050                      | Has arthritis (e.g. osteoarthritis, rheumatoid arthritis, gout)     | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_055                      | Has back problems (excluding scoliosis, fibromyalgia and arthritis) | N         | N    | N         | N           | N    | N         |
| CCC_060                      | Has osteoporosis                                                    | N         | N    | N         | N           | N    | N         |
| CCC_065                      | Has high blood pressure                                             | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_070                      | High blood pressure – took medication – 1 mo                        | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_075                      | Has high blood cholesterol / lipids                                 | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_080                      | High blood cholesterol / lipids - took medication – 1 mo            | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_085                      | Has heart disease                                                   | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_087                      | Has been diagnosed with heart disease - lifetime                    | N         | Y    | N         | N           | N    | N         |
| CCC_090                      | Suffers from the effects of a stroke                                | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_095                      | Has diabetes                                                        | Y         | Y    | Y         | Y           | Y    | Y         |

### Content type and year

Core content: 2015-16 and 2017-18

Theme 2: 2017-2018

Theme 1: 2015-2016

| Chronic conditions 2017-2018 |                                                                       | Provinces |      |           | Territories |      |           |
|------------------------------|-----------------------------------------------------------------------|-----------|------|-----------|-------------|------|-----------|
| Question                     | Concept                                                               | 2017      | 2018 | 2017-2018 | 2017        | 2018 | 2017-2018 |
| CCC_100                      | Diabetes – age first diagnosed                                        | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_105                      | Diabetes – diagnosed – during pregnancy                               | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_110                      | Diabetes – diagnosed – other than during pregnancy                    | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_115                      | Diabetes – time between diagnosis and start of insulin                | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_120                      | Diabetes – currently takes insulin                                    | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_125                      | Diabetes – took pills to control blood sugar – 1 mo                   | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_130                      | Has cancer                                                            | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_135                      | Has been diagnosed with cancer – lifetime                             | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_140                      | Has migraine headaches                                                | N         | N    | N         | N           | N    | N         |
| CCC_145                      | Has Alzheimer's Disease or any other dementia                         | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_150                      | Has intestinal or stomach ulcers                                      | Y         | N    | N         | Y           | Y    | Y         |
| CCC_155                      | Has a bowel disorder (Crohn's, ulcerative colitis, IBS, incontinence) | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_160                      | Type of bowel disease                                                 | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_165                      | Has urinary incontinence                                              | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_170                      | Has allergies – was told by a health professional                     | Y         | N    | N         | Y           | Y    | Y         |
| CCC_175                      | Source(s) of allergy                                                  | Y         | N    | N         | Y           | Y    | Y         |
| CCC_180                      | Had hay fever or nasal allergy – lifetime                             | Y         | N    | N         | Y           | Y    | Y         |
| CCC_185                      | Has chronic fatigue syndrome                                          | N         | N    | N         | N           | N    | N         |
| CCC_190                      | Suffers from multiple chemical sensitivities                          | N         | N    | N         | N           | N    | N         |
| CCC_195                      | Has a mood disorder (depression, bipolar, mania, dysthymia)           | Y         | Y    | Y         | Y           | Y    | Y         |
| CCC_200                      | Has an anxiety disorder (phobia, OCD, panic)                          | Y         | Y    | Y         | Y           | Y    | Y         |

#### Content type and year

Core content: 2015-16 and 2017-18

Theme 2: 2017-2018

Theme 1: 2015-2016

## *Appendix B – Content availability by province and territory (2017-2018)*

| Description                                             | N.L.                                | P.E.I.                              | N.S.                                | N.B.                                | Que.                                | Ont.                                | Man.                                | Sask.                               | Alta.                               | B.C.                                | Y.T.*                               | N.W.T.*                             | Nvt*                                |
|---------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ACC Access to health care services                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| ADL Activities of daily living                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| ADM Administration information                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| ALC Alcohol use                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| ALW Alcohol use during the past week                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| ANC1 Age of respondent                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| BPC Blood pressure check                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| CCC Chronic conditions                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| CCT Colorectal cancer testing                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| CIH Changes made to improve health                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| CMH Consultations about mental health                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| CP2 Contacts with health professionals - extended block | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| DEN Dental care                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| DEP Depression                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| DIA Diabetes care                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| DIS Distress                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| DRG Drug use                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| DRM Drug use methods                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| DRV Driving and safety                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| EHG2 Educational Attainment                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| ETS Exposure to second hand smoke                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| FDC Food choices                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

| Description                                         | N.L.                                | P.E.I.                              | N.S.                                | N.B.                                | Que.                                | Ont.                                | Man.                                | Sask.                               | Alta.                               | B.C.                                | Y.T.*                               | N.W.T.*                             | Nvt*                                |
|-----------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| FGU Canada's Food Guide use                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| FLU Flu shots                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| FSC Food security                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| FVC Fruit and vegetable consumption                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| GEN General health                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| HMC Home care services - with palliative care       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| HWT Height and weight - self reported               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| INC Income                                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| INJ Injuries                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| INS Health insurance coverage                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| INW Workplace injury                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| LBF Labour force                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| MAC Main activity                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| MAM Mammography                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| MDA Medical doctor attachment                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| MED Medication use                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| MEX Maternal experiences                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| MXA Alcohol use during maternal experience          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| MXS Smoking during maternal experience              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| OHT Oral health                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| PAA Physical activities - adults 18 years and older | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| PAP Pap smear test                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| PAY Physical activities for youth                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| PHC Primary health care                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |



| Description |                                                     | N.L.                                | P.E.I.                              | N.S.                                | N.B.                                | Que.                                | Ont.                                | Man.                                | Sask.                               | Alta.                               | B.C.                                | Y.T.*                               | N.W.T.*                             | Nvt*                                |
|-------------|-----------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| PMK         | Person most knowledgeable about household situation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| PSA         | Prostate cancer screening                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| PSC         | Patient satisfaction - community-based care         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| SBE         | Sedentary behaviours                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| SCA         | Smoking cessation methods                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| SDC         | Socio-demographic characteristics                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| SLP         | Sleep                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| SMK         | Smoking                                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| SPC         | Consultations with health professionals on smoking  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| SPS         | Social provisions                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| SSB         | Sun safety behaviours                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| STS         | Sources of stress                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| SWL         | Satisfaction with life                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| TAL         | Tobacco products alternatives                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| UCN         | Unmet health care needs                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| UPE         | Use of protective equipment                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| WDM         | Washington Group - disability measure               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |