

# Mental Health and Access to Care Survey, 2022 — Questionnaire

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## Geography

### 1. In which province or territory do you live?

- 48 Alberta
- 59 British Columbia
- 46 Manitoba
- 13 New Brunswick
- 10 Newfoundland and Labrador
- 61 Northwest Territories
- 12 Nova Scotia
- 62 Nunavut
- 35 Ontario
- 11 Prince Edward Island
- 24 Quebec
- 47 Saskatchewan
- 60 Yukon
- 77 Outside of Canada

**2. To determine which geographic region you live in, provide your postal code.**

**3. Please confirm your postal code. Is it [postal code]?**

**4. What is your correct postal code?**

**5. Are you a full time member of the regular Canadian Armed Forces?**

- Yes
  - No
- 

## Marital status

**6. What is your marital status?**

**Is it:**

1. Married
  - For Quebec residents only, select "Married" category if your marital status is "civil union".
2. Living common law
  - Two people who live together as a couple but who are not married to each other.
3. Never married (not living common law)
4. Separated (not living common law)
5. Divorced (not living common law)
6. Widowed (not living common law)

## Survey Introduction

Your answers will be kept strictly confidential and will not be shared or disclosed without your consent. Statistics Canada will use your answers only for statistical purposes and will publish the information from this survey in aggregate form. While participation is voluntary, your assistance is essential if the results are to be accurate. Included with the introduction letter for this survey, there was a sheet providing information on how to learn more about mental health or find resources to help yourself or someone you know. I have a copy of that sheet and can provide you with this information at any time during the survey.

## Age of respondent

**For some of the questions I'll be asking, I need to know your exact date of birth.**

7. What is your date of birth?

8. What is your age?

Age in years

Don't know, refusal

## Sex and Gender

The following questions are about sex at birth and gender. Sex refers to sex assigned at birth. Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.

### 9. What was your sex at birth?

1. Male
2. Female
3. Refusal
4. Don't know

### What is your gender?

1. Male
2. Female
3. Or please specify
  - Specify your gender
4. Refusal
5. Don't know

## General Health

This survey deals with various aspects of your health. The following questions ask about physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

### 11. In general, how is your health?

Would you say:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Don't know, refusal

### 12. Compared to one year ago, how would you say your health is now?

1. Much better now than 1 year ago
2. Somewhat better now (than 1 year ago)
3. About the same as 1 year ago
4. Somewhat worse now (than 1 year ago)
5. Much worse now (than 1 year ago)
6. Don't know, refusal

**13. In general, how is your mental health?**

Would you say:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Don't know, refusal

**14. Compared to one year ago, how would you say your mental health is now?**

1. Much better now than 1 year ago
2. Somewhat better now (than 1 year ago)
3. About the same as 1 year ago
4. Somewhat worse now (than 1 year ago)
5. Much worse now (than 1 year ago)
6. Don't know, refusal

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

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
6. Don't know, refusal

**16. 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?**

- 00 Very dissatisfied
- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very satisfied

- Don't know, refusal

**17. Thinking about the amount of stress in your life, how would you describe most of your days?**

1. Not at all stressful
2. Not very stressful
3. A bit stressful
4. Quite a bit stressful
5. Extremely stressful
6. Don't know, refusal

**18. Have you worked at a job or business at any time in the past 12 months?**

- Yes
- No
- Don't know, refusal

**19. The next question is about your main job or business in the past 12 months. Would you say that most days at work were...?**

1. Not at all stressful
2. Not very stressful
3. A bit stressful
4. Quite a bit stressful
5. Extremely stressful
6. Don't know, refusal

**20. How would you describe your sense of belonging to your local community?**

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak
- Don't know, refusal

## Screening section

The next questions are about your well-being and areas of your life that could affect your physical and emotional health. Take your time to think about each question before answering.

**21. Have you ever in your life had a period lasting several days or longer when most of the day you felt sad, empty or depressed?**

- Yes
- No
- Don't know, refusal

**22. Have you ever had a period lasting several days or longer when most of the day you were very discouraged about how things were going in your life?**

- Yes

- No
- Don't know, refusal

Have you ever had a period lasting several days or longer when you lost interest in most things you usually enjoy like work, hobbies and personal relationships?

- Yes
- No
- Don't know, refusal

Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them. For example, they may drive too fast or spend too much money.

**24. During your life, have you ever had a period like this lasting several days or longer?**

- Yes
- No
- Don't know, refusal

**25. Have you ever had a period lasting several days or longer when most of the time you were very irritable, grumpy or in a bad mood?**

- Yes
- No
- Don't know, refusal

**26. Have you ever had a period lasting several days or longer when most of the time you were so irritable that you either started arguments, shouted at people or hit people?**

- Yes
- No
- Don't know, refusal

27. Did you ever have a time in your life when you were a "worrier"; that is, when you worried a lot more about things than other people with the same problems as you?

- Yes
- No
- Don't know, refusal

28. Did you ever have a time in your life when you were much more nervous or anxious than most other people with the same problems as you?

- Yes
- No
- Don't know, refusal

29. Did you ever have a period lasting 6 months or longer when you were anxious and worried most days?

- Yes
- No
- Don't know, refusal

30. Was there ever a time in your life when you felt very afraid or really, really shy with people, for example meeting new people, going to parties, going on a date or using a public bathroom?

- Yes
- No
- Don't know, refusal

31. Was there ever a time in your life when you felt very afraid or uncomfortable when you had to do something in front of a group of people, like giving a speech or speaking in class?

- Yes
- No
- Don't know, refusal

32. Was there ever a time in your life when you became very upset or nervous when you had to do something in front of a group?

33. Because of your fear, did you ever stay away from situations where you had to do something in front of a group whenever you could?

- Yes
- No
- Don't know, refusal

Do you think your fear was much stronger than it should have been?

- Yes
- No
- Don't know, refusal

## Chronic Conditions

Now I'd like to ask about certain long-term health conditions which you may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.

35. Do you have asthma?

- Yes
- No
- Don't know, refusal

36. Remember, we're interested in conditions diagnosed by a health professional and are expected to last or have already lasted 6 months or more.

Do you have arthritis, excluding fibromyalgia?

- Yes

- No
- Don't know, refusal

37. Do you have: back problems, excluding fibromyalgia and arthritis?

- Yes
- No
- Don't know, refusal

38. Do you have: fibromyalgia?

- Yes
- No
- Don't know, refusal

39. Remember, we're interested in conditions diagnosed by a health professional and are expected to last or have already lasted 6 months or more.

Do you have high blood pressure?

- Yes
- No
- Don't know, refusal

40. Have you ever been diagnosed with high blood pressure?

- Yes
- No
- Don't know, refusal

41. Remember, we're interested in conditions diagnosed by a health professional and are expected to last or have already lasted 6 months or more.

Do you have migraine headaches?

- Yes
- No
- Don't know, refusal

42. Do you have: chronic bronchitis, emphysema or chronic obstructive pulmonary disease (COPD)?

- Yes
- No
- Don't know, refusal

43. Do you have: diabetes?

- Yes
- No
- Don't know, refusal

44. Do you have: heart disease?



- Yes
- No
- Don't know, refusal

45. Do you have: cancer?

- Yes
- No
- Don't know, refusal

46. Have you ever been diagnosed with cancer?

- Yes
- No
- Don't know, refusal

47. Do you have a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?

- Yes
- No
- Don't know, refusal

48. What kind of bowel disease do you have?

49. Crohn's Disease

50. Ulcerative colitis

51. Irritable Bowel Syndrome

52. Bowel incontinence

53. Other

54. Don't know, refusal

49. Remember, we're interested in conditions diagnosed by a health professional and are expected to last or have already lasted 6 months or more.

Do you have chronic fatigue syndrome?

- Yes
- No
- Don't know, refusal

50. Do you have multiple chemical sensitivities?

- Yes
- No
- Don't know, refusal

51. Do you have schizophrenia?

- Yes
- No
- Don't know, refusal

52. Have you ever been diagnosed with schizophrenia?

- Yes
- No
- Don't know, refusal

53. Do you have any other psychosis?

- Yes
- No
- Don't know, refusal

54. Have you ever been diagnosed with any other psychosis?

- Yes
- No
- Don't know, refusal

55. Remember, we're interested in conditions diagnosed by a health professional and are expected to last or have already lasted 6 months or more.

Do you have a mood disorder such as depression, bipolar disorder, mania or dysthymia?

- Yes
- No
- Don't know, refusal

56. What kind of mood disorder do you have?

57. Depression

58. Bipolar disorder (manic depression)

59. Mania

60. Dysthymia

61. Other

62. Don't know, refusal

63. Do you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

- Yes
- No
- Don't know, refusal

58. What kind of anxiety disorder do you have?

59. Phobia

60. Obsessive-compulsive disorder (OCD)

61. Panic disorder

62. Other

63. Don't know, refusal

64. Do you have post-traumatic stress disorder?

- Yes
- No
- Don't know, refusal

60. Remember, we're interested in conditions diagnosed by a health professional and are expected to last or have already lasted 6 months or more.

- Yes
- No
- Don't know, refusal

61. Do you have: Attention Deficit Disorder?

- Yes
- No
- Don't know, refusal

62. Do you have: an eating disorder such as anorexia or bulimia?

- Yes
- No
- Don't know, refusal

63. Do you have any other long-term physical or mental health condition that has been diagnosed by a health professional?

- Yes
- No
- Don't know, refusal

## Pain and discomfort

The next set of questions asks about the level of pain or discomfort you usually experience. They are not about illnesses like colds that affect people for short periods of time.

64. Are you usually free of pain or discomfort?

- Yes
- No
- Don't know, refusal

65. How would you describe the usual intensity of your pain or discomfort?

66. Mild

67. Moderate

68. Severe

69. Don't know, refusal

70. How many activities does your pain or discomfort prevent?

71. None

72. A few

73. Some

74. Most

75. Don't know, refusal

## Physical Activity - Short Form

The next questions are about physical activity done for leisure, work, housework, or for transportation.

67. In the past 7 days, how many times did you participate in moderate or vigorous physical activity?

68. About how much time did you spend on each occasion?

69. 0 to 15 minutes

70. 16 to 30 minutes

71. 31 to 60 minutes

72. 61 minutes to 2 hours

73. More than 2 hours

74. Don't know, refusal

75. Have you experienced any of the following impacts due to the COVID-19 pandemic?

76. Loss of job or income

77. Difficulty meeting financial obligations or essential needs (e.g, rent or mortgage payments, utilities and groceries)

78. Difficulty accessing required childcare services

79. Difficulty accessing required medications

80. Difficulty accessing required health care services

81. Diagnosed with COVID-19

- 82. Hospitalized due to COVID-19
- 83. Severe illness of a family member, friend or someone you care about
- 84. Death of a family member, friend or someone you care about
- 85. Feelings of loneliness or isolation
- 86. Emotional distress (e.g, grief, anger, worry, etc.)
- 87. Physical health problems (e.g, weight gain or loss, high blood pressure, headaches, sleep problems, etc.)
- 88. Challenges in personal relationships with members of your household (e.g, children, spouse, parent, grandparents, etc.)
- 89. Other
- 90. None of the above
- 91. Don't know, refusal

## Positive Mental Health

The following questions are about how you have been feeling during the past month.

- 70. In the past month, how often did you feel happy?
- 71. Every day
- 72. Almost every day
- 73. About 2 or 3 times a week
- 74. About once a week
- 75. Once or twice
- 76. Never
- 77. Don't know, refusal
- 78. In the past month, how often did you feel interested in life?
- 79. Every day
- 80. Almost every day
- 81. About 2 or 3 times a week
- 82. About once a week
- 83. Once or twice
- 84. Never

85. Don't know, refusal
86. In the past month, how often did you feel satisfied with your life?
87. Every day
88. Almost every day
89. About 2 or 3 times a week
90. About once a week
91. Once or twice
92. Never
93. Don't know, refusal
94. In the past month, how often did you feel that you had something important to contribute to society?
95. Every day
96. Almost every day
97. About 2 or 3 times a week
98. About once a week
99. Once or twice
100. Never
101. Don't know, refusal
102. In the past month, how often did you feel that you belonged to a community (like a social group, your neighbourhood, your city, your school)?
103. Every day
104. Almost every day
105. About 2 or 3 times a week
106. About once a week
107. Once or twice
108. Never
109. Don't know, refusal
110. In the past month, how often did you feel that our society is becoming a better place for people like you?
111. Every day

112. Almost every day
113. About 2 or 3 times a week
114. About once a week
115. Once or twice
116. Never
117. Don't know, refusal
118. In the past month, how often did you feel that people are basically good?
119. Every day
120. Almost every day
121. About 2 or 3 times a week
122. About once a week
123. Once or twice
124. Never
125. Don't know, refusal
126. In the past month, how often did you feel that the way our society works makes sense to you?
127. Every day
128. Almost every day
129. About 2 or 3 times a week
130. About once a week
131. Once or twice
132. Never
133. Don't know, refusal
134. In the past month, how often did you feel that you liked most parts of your personality?
135. Every day
136. Almost every day
137. About 2 or 3 times a week
138. About once a week
139. Once or twice

140. Never

141. Don't know, refusal

142. In the past month, how often did you feel good at managing the responsibilities of your daily life?

143. Every day

144. Almost every day

145. About 2 or 3 times a week

146. About once a week

147. Once or twice

148. Never

149. Don't know, refusal

150. In the past month, how often did you feel that you had warm and trusting relationships with others?

151. Every day

152. Almost every day

153. About 2 or 3 times a week

154. About once a week

155. Once or twice

156. Never

157. Don't know, refusal

158. In the past month, how often did you feel that you had experiences that challenge you to grow and become a better person?

159. Every day

160. Almost every day

161. About 2 or 3 times a week

162. About once a week

163. Once or twice

164. Never

165. Don't know, refusal

166. In the past month, how often did you feel confident to think or express your own ideas and opinions?

167. Every day



- 168. Almost every day
- 169. About 2 or 3 times a week
- 170. About once a week
- 171. Once or twice
- 172. Never
- 173. Don't know, refusal
- 174. In the past month, how often did you feel that your life has a sense of direction or meaning to it?
- 175. Every day
- 176. Almost every day
- 177. About 2 or 3 times a week
- 178. About once a week
- 179. Once or twice
- 180. Never
- 181. Don't know, refusal

## Stress – Sources

Now a few questions about the stress in your life.

- 84. In general, how would you rate your ability to handle unexpected and difficult problems, for example, a family or personal crisis?
- 85. Excellent
- 86. Very good
- 87. Good
- 88. Fair
- 89. Poor
- 90. Don't know, refusal
- 91. 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?
- 92. Excellent
- 93. Very good
- 94. Good

- 95. Fair
- 96. Poor
- 97. Don't know, refusal
- 98. 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?
- 99. Time pressures / not enough time
- 100. Own physical health problem or condition
- 101. Own emotional or mental health problem or condition
- 102. Financial situation (e.g., not enough money, debt
- 103. Own work situation (e.g., hours of work, working conditions)
- 104. School
- 105. Employment status (e.g, unemployment)
- 106. Caring for - own children
- 107. Caring for - others
- 108. Other personal or family responsibilities
- 109. Personal relationships
- 110. Discrimination
- 111. Personal and family's safety
- 112. Health of family members
- 113. Other - Specify
- 114. Nothing
- 115. Don't know, refusal
- 116. Now think about this biggest source of stress in your day-to-day life. Please tell me how much you agree with the following statements.  
When faced with this source of stress, you can count on people that you know to help you deal with the situation. Do you...?
- 117. Strongly agree
- 118. Agree
- 119. Neither agree nor disagree
- 120. Disagree

- 121. Strongly disagree
- 122. Don't know, refusal
- 123. When faced with this source of stress, you have the personal ability to deal with the situation. Do you...?
- 124. Strongly agree
- 125. Agree
- 126. Neither agree nor disagree
- 127. Disagree
- 128. Strongly disagree
- 129. Don't know, refusal

## Distress

The following questions deal with feelings you may have had during the past month.

- 89. During the past month, that is, from January 24, 2022 to yesterday, about how often did you feel tired out for no good reason?
- 90. All of the time
- 91. Most of the time
- 92. Some of the time
- 93. A little of the time
- 94. None of the time
- 95. Don't know, refusal
- 96. During the past month, that is, from January 24, 2022 to yesterday, about how often did you feel nervous?
- 97. All of the time
- 98. Most of the time
- 99. Some of the time
- 100. A little of the time
- 101. None of the time
- 102. Don't know, refusal
- 103. During the past month, that is, from January 24, 2022 to yesterday, about how often did you feel so nervous that nothing could calm you down?

- 104. All of the time
- 105. Most of the time
- 106. Some of the time
- 107. A little of the time
- 108. None of the time
- 109. Don't know, refusal
- 110. During the past month, that is, from January 24, 2022 to yesterday, about how often did you feel hopeless?
- 111. All of the time
- 112. Most of the time
- 113. Some of the time
- 114. A little of the time
- 115. None of the time
- 116. Don't know, refusal
- 117. During the past month, that is, from January 24, 2022 to yesterday, about how often did you feel restless or fidgety?
- 118. All of the time
- 119. Most of the time
- 120. Some of the time
- 121. A little of the time
- 122. None of the time
- 123. Don't know, refusal
- 124. During the past month, that is, from January 24, 2022 to yesterday, about how often did you feel so restless you could not sit still?
- 125. All of the time
- 126. Most of the time
- 127. Some of the time
- 128. A little of the time
- 129. None of the time
- 130. Don't know, refusal

131. During the past month, that is, from January 24, 2022 to yesterday, about how often did you feel sad or depressed?
132. All of the time
133. Most of the time
134. Some of the time
135. A little of the time
136. None of the time
137. Don't know, refusal
138. During the past month, that is, from January 24, 2022 to yesterday, about how often did you feel so depressed that nothing could cheer you up?
139. All of the time
140. Most of the time
141. Some of the time
142. A little of the time
143. None of the time
144. Don't know, refusal
145. During the past month, that is, from January 24, 2022 to yesterday, about how often did you feel that everything was an effort?
146. All of the time
147. Most of the time
148. Some of the time
149. A little of the time
150. None of the time
151. Don't know, refusal
152. During the past month, that is, from January 24, 2022 to yesterday, about how often did you feel worthless?
153. All of the time
154. Most of the time
155. Some of the time
156. A little of the time

157. None of the time
158. Don't know, refusal
159. We just talked about feelings that occurred to different degrees during the past month. Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual or about the same as usual?
160. More often
161. Less often
162. About the same
163. Never have had any
164. Don't know, refusal
165. Is that a lot more, somewhat more or only a little more often than usual?
166. A lot
167. Somewhat
168. A little
169. Don't know, refusal
170. Is that a lot less, somewhat less or only a little less often than usual?
171. A lot
172. Somewhat
173. A little
174. Don't know, refusal
175. During the past month, how much did these feelings usually interfere with your life or activities?
176. A lot
177. Somewhat
178. A little
179. Don't know, refusal

## Depression

103. Earlier, you mentioned having periods that lasted several days or longer when you felt sad, empty or depressed most of the day. During such episodes, did you ever feel discouraged about how things were going in your life?
- Yes

- No
- Don't know, refusal

104. During the episodes of being sad, empty or depressed, did you ever lose interest in most things like work, hobbies or other things you usually enjoyed?

- Yes
- No
- Don't know, refusal

105. During the episodes of being sad, empty or depressed, did you ever lose interest in most things like work, hobbies or other things you usually enjoyed?

- Yes
- No
- Don't know, refusal

106. Earlier, you mentioned having periods that lasted several days or longer when you felt discouraged about how things were going in your life.

During such episodes, did you ever lose interest in most things like work, hobbies or other things you usually enjoy?

- Yes
- No
- Don't know, refusal

107. Earlier, you mentioned having periods that lasted several days or longer when you lost interest in most things like work, hobbies or other things you usually enjoy.

Did you ever have such a period that lasted for most of the day, nearly every day, for 2 weeks or longer?

- Yes
- No
- Don't know, refusal

108. Did you ever have a period of being sad or discouraged that lasted for most of the day, nearly every day, for 2 weeks or longer?

- Yes
- No
- Don't know, refusal

109. Think of periods lasting 2 weeks or longer when these problems with your mood were most severe and frequent. During those periods, did your feelings of being sad or discouraged usually last ...?

110. Less than one hour

111. 1 hour to less than 3 hours

112. 3 hours to less than 5 hours

113. 5 hours or more
114. Don't know, refusal
115. During those periods, how severe was your emotional distress?
116. Mild
117. Moderate
118. Severe
119. Very severe
120. Don't know, refusal
121. During those periods, how often was your emotional distress so severe that nothing could cheer you up
122. Often
123. Sometimes
124. Rarely
125. Never
126. Don't know, refusal
127. During those periods, how often was your emotional distress so severe that you could not carry out your daily activities?
128. Often
129. Sometimes
130. Rarely
131. Never
132. Don't know, refusal

People with episodes of being sad or discouraged often have other problems at the same time. These include things like feelings of low self-worth and changes in sleep, appetite, energy and ability to concentrate and remember.

113. Did you ever have problems like this during one of your episodes of being sad or discouraged?
- Yes
  - No
  - Don't know, refusal
114. Please think of an episode of being sad or discouraged that lasted 2 weeks or longer when, at the same time, you also had the largest number of these other problems. Is there one particular episode that stands out as the worst one you ever had?



- Yes
- No
- Don't know, refusal

115. How old were you when that worst episode started?

- Age in years
- Don't know, refusal

116. How long did it last (in terms of days, weeks, months or years)?

Number

1. Days
  2. Weeks
  3. Months
  4. Years
  5. Don't know, refusal
6. Think of the last time you had a bad episode of being sad or discouraged like this. How old were you when that last episode occurred?
- Age in years
  - Don't know, refusal

118. How long did that episode last?

Number

1. Days
2. Weeks
3. Months
4. Years
5. Don't know, refusal

In answering the next questions, think about the period of 2 weeks or longer when your feelings of being sad or discouraged and other problems were most severe and frequent. During that period, tell me which of the following problems you had for most of the day, nearly every day.

119. Did you feel sad, empty or depressed most of the day, nearly every day, during that period of 2 weeks or longer?

- Yes
- No
- Don't know, refusal

120. Nearly every day, did you feel so sad that nothing could cheer you up?

- Yes

- No
- Don't know, refusal

121. During that period of 2 weeks or longer, did you feel discouraged most of the day, nearly every day, about how things were going in your life?

- Yes
- No
- Don't know, refusal

122. Did you feel hopeless about the future nearly every day?

- Yes
- No
- Don't know, refusal

123. During that period of 2 weeks or longer, did you lose interest in almost all things like work, hobbies and things you like to do for fun?

- Yes
- No
- Don't know, refusal

124. Did you feel like nothing was fun even when good things were happening?

- Yes
- No
- Don't know, refusal

125. During that period of 2 weeks or longer, did you, nearly every day, have a much smaller appetite than usual?

- Yes
- No
- Don't know, refusal

126. Did you have a much larger appetite than usual nearly every day?

- Yes
- No
- Don't know, refusal

127. During that period of 2 weeks or longer, did you gain weight without trying to?

- Yes
- No
- Don't know, refusal

128. Was this weight gain due to a physical growth ?

- Yes
- No

- Don't know, refusal

129. How much did you gain?

- Weight
- Don't know, refusal
- Pounds
- Kilograms
- (Don't know, refusal not allowed)

130. Did you lose weight without trying to?

- Yes
- No
- Don't know, refusal

131. Was this weight loss a result of a diet or a physical illness?

- Yes
- No
- Don't know, refusal

132. How much did you lose?

- Weight
- Don't know, refusal
- Pounds
- Kilograms
- (Don't know, refusal not allowed)

133. During that period of 2 weeks or longer, did you have a lot more trouble than usual either falling asleep, staying asleep or waking up too early nearly every night?

- Yes
- No
- Don't know, refusal

134. During that period of 2 weeks or longer, did you sleep a lot more than usual nearly every night?

- Yes
- No
- Don't know, refusal

135. Did you sleep much less than usual and still not feel tired or sleepy?

- Yes
- No
- Don't know, refusal

136. During that period of 2 weeks or longer, did you feel tired or low in energy nearly every day, even when you had not been working very hard?

- Yes
- No
- Don't know, refusal

137. During that period of 2 weeks or longer, did you have a lot more energy than usual nearly every day?

- Yes
- No
- Don't know, refusal

138. Did you talk or move more slowly than is normal for you nearly every day?

- Yes
- No
- Don't know, refusal

139. Did anyone else notice that you were talking or moving slowly?

- Yes
- No
- Don't know, refusal

140. Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?

- Yes
- No
- Don't know, refusal

141. Did anyone else notice that you were restless?

- Yes
- No
- Don't know, refusal

142. During that period of 2 weeks or longer, did your thoughts come much more slowly than usual or seem mixed up nearly every day?

- Yes
- No
- Don't know, refusal

143. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?

- Yes
- No
- Don't know, refusal

144. Nearly every day, did you have a lot more trouble concentrating than is normal for you?

- Yes
- No

- Don't know, refusal

145. Were you unable to make up your mind about things you ordinarily have no trouble deciding about?

- Yes
- No
- Don't know, refusal

146. Did you lose your self-confidence?

- Yes
- No
- Don't know, refusal

147. Nearly every day, did you feel that you were not as good as other people?

- Yes
- No
- Don't know, refusal

148. Did you feel totally worthless nearly every day?

- Yes
- No
- Don't know, refusal

149. Did you feel guilty nearly every day?

- Yes
- No
- Don't know, refusal

150. Did you feel irritable, grouchy or in a bad mood nearly every day?

- Yes
- No
- Don't know, refusal

151. Did you feel nervous or anxious most days?

- Yes
- No
- Don't know, refusal

152. During that period of 2 weeks or longer, did you have any sudden attacks of intense fear or panic?

- Yes
- No
- Don't know, refusal

153. Did you feel that you could not cope with your everyday responsibilities?

- Yes

- No
- Don't know, refusal

154. Did you feel like you wanted to be alone rather than spend time with friends or relatives?

- Yes
- No
- Don't know, refusal

155. Did you feel less talkative than usual?

- Yes
- No
- Don't know, refusal

156. Were you often in tears?

- Yes
- No
- Don't know, refusal

157. Did you often think a lot about death, either your own, someone else's or death in general?

- Yes
- No
- Don't know, refusal

158. During that period, did you ever think that it would be better if you were dead?

- Yes
- No
- Don't know, refusal

159. Think of the period of 2 weeks or longer when your feelings of being sad or discouraged and other problems were most severe and frequent. During that time, did you seriously think about suicide or taking your own life?

- Yes
- No
- Don't know, refusal

## Suicide

160. Did you ever seriously think about suicide or taking your own life?

- Yes
- No
- Don't know, refusal

161. In the past 12 months, did you seriously think about suicide or taking your own life?

- Yes

- No
- Don't know, refusal

162. How old were you the last time you seriously thought about suicide or taking your own life?

- Age in years
- Don't know, refusal

163. During that period of 2 weeks or longer, did you make a plan for attempting suicide?

- Yes
- No
- Don't know, refusal

164. Did you ever make a plan for attempting suicide?

- Yes
- No
- Don't know, refusal

165. Did you make a plan for attempting suicide at any time in the past 12 months?

- Yes
- No
- Don't know, refusal

166. How old were you the last time you made a plan for attempting suicide?

- Age in years
- Don't know, refusal

167. During that period of 2 weeks or longer, did you attempt suicide or try to take your own life?

- Yes
- No
- Don't know, refusal

168. Have you ever attempted suicide or tried to take your own life?

- Yes
- No
- Don't know, refusal

169. How many times, in your lifetime, did you ever attempt suicide or try to take your own life?

- Number of times
- Don't know, refusal

170. During the last 12 months, did you attempt suicide or try to take your own life?

- Yes
- No
- Don't know, refusal

171. How old were you the last time you attempted suicide or tried to take your own life?

- Age in years
- Don't know, refusal

172. Did it result in an injury or poisoning?

- Yes
- No
- Don't know, refusal

173. Did it require medical attention following the most recent time you attempted suicide or tried to take your own life?

- Yes
- No
- Don't know, refusal

174. Were you hospitalized overnight or longer following this most recent time since you attempted suicide or tried to take your own life?

- Yes
- No
- Don't know, refusal

175. During the past 12 months, have you talked to a professional about your serious thoughts of suicide or taking your own life?

- Yes
- No
- Don't know, refusal

176. During the past 12 months, have you talked to a professional about your serious thoughts of suicide or taking your own life, or attempting suicide or trying to take your own life?

- Yes
- No
- Don't know, refusal

177. You mentioned having a number of the problems that I just asked you about. During that episode, how much did your feelings of being sad or discouraged and having these other problems interfere with either your work, your social life or your personal relationships?

178. Not at all

179. A little

180. Some

181. A lot

182. Extremely



183. Don't know, refusal

184. Earlier, you mentioned having a number of problems during the period of 2 weeks or longer when your feelings of being discouraged or uninterested were most frequent and severe. During that episode, how much did your feelings of being discouraged or uninterested and having these other problems interfere with either your work, your social life or your personal relationships?

185. Not at all

186. A little

187. Some

188. A lot

189. Extremely

190. Don't know, refusal

191. During that episode, how often were you unable to carry out your daily activities because of your feelings of being sad or discouraged?

192. Often

193. Sometimes

194. Rarely

195. Never

196. Don't know, refusal

197. Episodes of this sort sometimes occur as a result of a physical illness or injury or the use of medication, drugs or alcohol. Do you think your episodes of feeling sad or discouraged ever occurred as the result of physical causes, medication, drugs or alcohol?

- Yes
- No
- Don't know, refusal

181. Do you think your episodes were always the result of physical causes, medication, drugs or alcohol?

- Yes
- No
- Don't know, refusal

182. What were the causes?

183. Exhaustion

184. Hyperventilation

185. Hypochondria

186. Menstrual cycle
187. Pregnancy / postpartum
188. Thyroid disease
189. Cancer
190. Overweight
191. Medication (excluding illicit drugs)
192. Illicit drugs
193. Alcohol
194. Chemical Imbalance / Serotonin Imbalance
195. Chronic Pain
196. Caffeine
197. No specific diagnosis
198. Accident / Injury
199. Emotional, social or economic reason
200. Other - Specify
201. Don't know, refusal
202. Did your episodes of feeling sad or discouraged ever occur just after someone close to you died?
  - Yes
  - No
  - Don't know, refusal
184. Did your episodes of feeling sad or discouraged always occur just after someone close to you died?
  - Yes
  - No
  - Don't know, refusal

In the next questions, the word "episode" means a period lasting 2 weeks or longer when, nearly every day, you were sad or discouraged and you also had some of the other problems we just mentioned. The end of an episode is when you no longer have the problems for two weeks in a row.

185. During your life, how many episodes of feeling sad or discouraged with some other problems lasting two weeks or longer have you ever had?
  - Number of episodes
  - Don't know, refusal
186. Was that episode brought on by some stressful experience or did it happen out of the blue?

187. Brought on by stress

188. Out of the blue

189. Don't remember

190. Don't know, refusal

191. At any time in the past 12 months, did you have an episode lasting 2 weeks or longer when you felt discouraged or uninterested and also had some of the other problems already mentioned?

- Yes
- No
- Don't know, refusal

188. How recently was it?

189. During the past month

190. Between 1 and 6 months ago

191. More than 6 months ago

192. Don't know, refusal

193. During the past 12 months, about how many days out of 365 were you in such an episode? You may use any number between 1 and 365 to answer.

- Number of episodes
- Don't know, refusal

190. How old were you the last time you had one of these episodes?

- Age in years
- Don't know, refusal

191. What is the longest episode you ever had when, most of the day, nearly everyday, you were feeling discouraged or uninterested and you also had some of the other problems we just mentioned?

Number

1. Days

2. Weeks

3. Months

4. Years

5. Don't know, refusal

6. Earlier, you mentioned that you had several episode(s) of feeling discouraged or uninterested with some other problems lasting 2 weeks or longer in your life.

How many of these episodes were brought on by some stressful experience?

- Number of episodes
- Don't know, refusal

193. During this period, how often did you feel cheerful?

194. Often

195. Sometimes

196. Rarely

197. Never

198. Don't know, refusal

199. How often did you feel as if you were slowed down?

200. Often

201. Sometimes

202. Occasionally

203. Never

204. Don't know, refusal

205. How often could you enjoy a good book or radio or TV program?

206. Often

207. Sometimes

208. Occasionally

209. Never

210. Don't know, refusal

211. During this period, how often did you still enjoy the things you used to enjoy?

212. As much as usual

213. Not quite as much as usual

214. Only a little

215. Not at all

216. Don't know, refusal

217. How often could you laugh and see the bright side of things?

218. As much as usual

219. Not quite as much as usual

220. Only a little

221. Not at all

222. Don't know, refusal

223. How often did you take interest in your physical appearance?

224. As much as usual

225. Not quite as much as usual

226. Only a little

227. Not at all

228. Don't know, refusal

229. How often did you look forward to enjoying things?

230. As much as usual

231. Not quite as much as usual

232. Only a little

233. Not at all

234. Don't know, refusal

235. In the past 12 months, how much did your feelings of being discouraged or uninterested in things interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

201. How much did your feelings interfere with your ability to attend school?

00 No interference

- 01
- 02

- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

202. How much did they interfere with your ability to work at a job?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

203. Again thinking about that period of time lasting one month or longer during the past 12 months when your feelings of being discouraged or uninterested in things were most severe, how much did they interfere with your ability to form and maintain close relationships with other people? Remember that 0 means "no interference" and 10 "very severe interference".

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

204. How much did they interfere with your social life?

00 No interference

- 01

- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

205. In the past 12 months, about how many days out of 365 were you totally unable to work or carry out your normal activities because of your feelings of being discouraged or uninterested in things? You may use any number between 0 and 365 to answer.

- Number of days
- Don't know, refusal

206. Did you ever in your life talk to a medical doctor or other professional about your feelings of being discouraged or uninterested in things? By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.

- Yes
- No
- Don't know, refusal

207. During the past 12 months, did you receive professional treatment for your feelings of being discouraged or uninterested in things?

- Yes
- No
- Don't know, refusal

208. During your life, were you ever hospitalized overnight for your feelings of being discouraged or uninterested in things?

- Yes
- No
- Don't know, refusal

## Mania

Earlier, you mentioned having a period lasting several days or longer when you felt much more excited and full of energy than usual. During this same period, your mind also went too fast.

209. People who have periods like this often have changes in their thinking and behaviour at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate.

Tell me, did you ever have any of these changes during the periods when you were excited and full of energy?

- Yes
- No
- Don't know, refusal

210. Please think of the period of several days or longer when you were very excited and full of energy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?

- Yes
- No
- Don't know, refusal

211. How old were you when that episode occurred?

- Age in years
- Don't know, refusal

212. How long did that episode last (in terms of hours, days, weeks, months or years)?

Number

1. Days
2. Weeks
3. Months
4. Years
5. Don't know, refusal

6. Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?

- Age in years
- Don't know, refusal

214. How long did that episode last in terms of hours, days, weeks, months or years?

Number

1. Days
2. Weeks
3. Months
4. Years
5. Don't know, refusal

During that episode, tell me which of the following changes you experienced.

215. Were you so irritable or grouchy that you started arguments, shouted at people or hit people?



- Yes
- No
- Don't know, refusal

Earlier, you mentioned having a period lasting several days or longer when you became so irritable or grouchy that you either started arguments, shouted at people or hit people.

216. People who have periods of irritability like this often have changes in their thinking and behaviour at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate.

Tell me, did you ever have any of these changes during the periods when you were very irritable or grouchy?

- Yes
- No
- Don't know, refusal

217. Please think of the period of several days or longer when you were very irritable or grouchy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?

- Yes
- No
- Don't know, refusal

218. How old were you when that episode occurred?

- Age in years
- Don't know, refusal

219. How long did that episode last in terms of hours, days, weeks, months or years?

Number

Don't know, refusal

1. Hours
2. Days
3. Weeks
4. Months
5. Years
6. (Don't know, refusal not allowed)
7. Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?
  - Age in years
  - Don't know, refusal

221. How long did that episode last (in terms of hours, days, weeks, months or years)?

Number

Don't know, refusal

1. Hours
2. Days
3. Weeks
4. Months
5. Years
6. (Don't know, refusal not allowed)
7. Did you become so restless or fidgety that you paced up and down or couldn't stand still?
  - Yes
  - No
  - Don't know, refusal

223. Did you become overly friendly or outgoing with people?

- Yes
- No
- Don't know, refusal

224. Did you behave in any other way that you would ordinarily think is inappropriate, like talking about things you would normally keep private or acting in ways that you would usually find embarrassing?

- Yes
- No
- Don't know, refusal

225. Were you a lot more interested in sex than usual, or did you want to have sexual encounters with people you wouldn't ordinarily be interested in?

- Yes
- No
- Don't know, refusal

226. Did you try to do things that were impossible to do, like taking on large amounts of work?

- Yes
- No
- Don't know, refusal

227. Did you talk a lot more than usual or feel a need to keep talking all the time?

- Yes
- No

- Don't know, refusal

228. Did you constantly keep changing your plans or activities?

- Yes
- No
- Don't know, refusal

229. Were you so easily distracted that any little interruption could get your thinking "off track"?

- Yes
- No
- Don't know, refusal

230. Did your thoughts seem to jump from one thing to another or race through your head so fast that you couldn't keep track of them?

- Yes
- No
- Don't know, refusal

231. Did you sleep far less than usual and still not get tired or sleepy?

- Yes
- No
- Don't know, refusal

232. Did you get involved in foolish investments or schemes for making money?

- Yes
- No
- Don't know, refusal

233. Did you spend so much more money than usual that it caused you to have financial trouble?

- Yes
- No
- Don't know, refusal

234. Were you interested in seeking pleasure in ways that you would usually consider risky, like having casual or unsafe sex, going on buying sprees or driving recklessly?

- Yes
- No
- Don't know, refusal

235. Did you have a greatly exaggerated sense of self-confidence or believe you could do things you really couldn't do?

- Yes
- No
- Don't know, refusal

236. Did you have the idea that you were actually someone else, or that you had a special connection with a famous person that you really didn't have?

- Yes
- No
- Don't know, refusal

237. How many episodes lasting several days or longer have you ever had when you felt excited and full of energy and also had some other problems we just mentioned?

- Number
- Don't know, refusal

You just mentioned that you had episodes when you were very excited and full of energy and you also had some other problems.

238. How much did these episodes ever interfere with either your work, your social life or your personal relationships?

239. Not at all

240. A little

241. Some

242. A lot

243. Extremely

244. Don't know, refusal

245. During these episodes, how often were you unable to carry out your normal daily activities?

246. Often

247. Sometimes

248. Rarely

249. Never

250. Don't know, refusal

251. Episodes of this sort sometimes occur as a result of a physical illness or injury or the use of medication, drugs or alcohol.

Do you think your episodes ever occurred as the result of physical causes, medication, drugs or alcohol?

- Yes
- No
- Don't know, refusal

241. Do you think all of your episodes were the result of physical causes, medication, drugs, or alcohol?

- Yes
- No
- Don't know, refusal

242. What were the causes?

243. Exhaustion

244. Hyperventilation

245. Hypochondria

246. Menstrual cycle

247. Pregnancy / postpartum

248. Thyroid disease

249. Cancer

250. Overweight

251. Medication (excluding illicit drugs)

252. Illicit drugs

253. Alcohol

254. Chemical Imbalance / Serotonin Imbalance

255. Chronic Pain

256. Caffeine

257. No specific diagnosis

258. Accident / Injury

259. Emotional, social or economic reason

260. Other - Specify

261. Don't know, refusal

262. At any time in the past 12 months, did you have one of these episodes?

- Yes
- No
- Don't know, refusal

244. Did your episode occur at any time in the past 12 months?

- Yes
- No
- Don't know, refusal

245. How recently was it?

246. During the past month

247. Between 1 and 6 months ago

248. More than 6 months ago

249. Don't know, refusal

250. How many episodes did you have in the past 12 months?

- Number of episodes
- Don't know, refusal

247. How many weeks in the past 12 months were you having one of these episodes?

- Number of weeks
- Don't know, refusal

248. How old were you the last time you had one of these episodes?

- Age in years
- Don't know, refusal

249. During your life, how many episodes lasting a full week or longer have you ever had?

- Number of episodes
- Don't know, refusal

250. How many of these episodes were brought on by some stressful experience?

- Number of episodes
- Don't know, refusal

251. Was this episode brought on by some stressful experience or did it happen out of the blue?

252. Brought on by stress

253. Out of the blue

254. Don't remember

255. Don't know, refusal

256. How long was the longest episode you ever had?

Number

Don't know, refusal

1. Hours

2. Days

3. Weeks

4. Months
5. Years
6. (Don't know, refusal not allowed)
7. Was your episode brought on by some stressful experience or did it happen out of the blue?
8. Brought on by stress
9. Out of the blue
10. Don't remember
11. Don't know, refusal

In the past 12 months, think about the period of time lasting one month or longer when your episodes of being very excited and full of energy were most severe. Please tell me, what number best describes how much your episodes interfered with each of the following activities. For each activity, please answer with a number between 0 and 10; 0 means "no interference" while 10 means "very severe interference".

254. In the past 12 months, how much did your episodes interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

255. How much did your episodes interfere with your ability to attend school?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09

- 10 Very severe interference
- Don't know, refusal

256. How much did they interfere with your ability to work at a job?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

257. Again thinking about that period of time lasting one month or longer when your episodes were most severe, how much did they interfere with your ability to form and maintain close relationships with other people? Remember that 0 means "no interference" and 10 "very severe interference".

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

258. How much did they interfere with your social life?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09



- 10 Very severe interference
- Don't know, refusal

260. Did you ever in your life talk to a medical doctor or other professional about your episodes of being very excited and full of energy? By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.

- Yes
- No
- Don't know, refusal

261. Did you receive professional treatment for your episodes of being very excited and full of energy at any time in the past 12 months?

- Yes
- No
- Don't know, refusal

262. Were you ever hospitalized overnight for your episodes of being very excited and full of energy?

- Yes
- No
- Don't know, refusal

## Generalized Anxiety Disorder

263. Now, tell me which of these things were you worried, nervous or anxious about during that time?

264. Worrying about everything

265. Worrying about nothing in particular

266. Finances

267. Success at school or work

268. Social life

269. Love life

270. Relationships at school or work

271. Relationships with family

272. Physical appearance

273. Own physical health

274. Own mental health

275. Alcohol or drug use

276. Being away from home or apart from loved ones

277. The health or welfare of loved ones
278. Social phobias (e.g., meeting people)
279. Agoraphobia (e.g., leaving home alone)
280. Specific phobias (e.g., fears of bugs, heights or closed spaces)
281. Obsessions (e.g., worry about germs)
282. Compulsions (e.g., repetitive hand washing)
283. Crime / violence
284. Economy
285. Environment (e.g., global warming, pollution)
286. Moral decline of society (e.g., capitalism, decline of the family)
287. War / revolution
288. Other - Specify
289. Don't know, refusal
290. Is there anything else which you were worried, nervous or anxious about during that time?
291. Yes
- Specify
292. No
293. Don't know, refusal
294. Is there anything else which you were worried, nervous or anxious about during that time?
295. Yes
- Specify
296. No
297. Don't know, refusal
298. Do you think your feelings of being worried, nervous or anxious were ever excessive, unreasonable, or a lot stronger than they should have been?
- Yes
  - No
  - Don't know, refusal
267. How often did you find it difficult to control your worry, nervousness or anxiety?
268. Often

269. Sometimes

270. Rarely

271. Never

272. Don't know, refusal

273. How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried?

274. Often

275. Sometimes

276. Rarely

277. Never

278. Don't know, refusal

279. During your life, what is the longest period of months or years in a row when you were feeling worried, nervous or anxious most days?

Number

Don't know, refusal

1. Months

2. Years

3. (Don't know, refusal not allowed)

4. Did you ever have a period that lasted 6 months or longer?

- Yes
- No
- Don't know, refusal

Think of your worst period lasting 6 months or longer when you were worried, nervous or anxious. During that episode, tell me if you had any of the following problems.

271. Did you often feel restless, keyed up or on edge?

- Yes
- No
- Don't know, refusal

272. Did you often get tired easily?

- Yes
- No
- Don't know, refusal

273. Were you often more irritable than usual?

- Yes
- No
- Don't know, refusal

274. Did you often have difficulty concentrating or keeping your mind on what you were doing?

- Yes
- No
- Don't know, refusal

275. Did you often have tense, sore or aching muscles?

- Yes
- No
- Don't know, refusal

276. (During this worst episode lasting 6 months or longer,) did you often have trouble falling or staying asleep?

- Yes
- No
- Don't know, refusal

277. Did your heart often pound or race?

- Yes
- No
- Don't know, refusal

278. Transpiriez-vous souvent?

- Yes
- No
- Don't know, refusal

279. Did you often tremble or shake?

- Yes
- No
- Don't know, refusal

280. Avez-vous souvent eu la bouche sèche?

- Yes
- No
- Don't know, refusal

281. Were you sad or depressed most of the time?

- Yes

- No
- Don't know, refusal

282. During this episode lasting 6 months or longer, did you often feel dizzy or lightheaded?

- Yes
- No
- Don't know, refusal

283. Were you often short of breath?

- Yes
- No
- Don't know, refusal

284. Did you often feel like you were choking?

- Yes
- No
- Don't know, refusal

285. Did you often have pain or discomfort in your chest?

- Yes
- No
- Don't know, refusal

286. Did you often have pain or discomfort in your chest?

- Yes
- No
- Don't know, refusal

287. During this episode lasting 6 months or longer, did you often have nausea?

- Yes
- No
- Don't know, refusal

288. Did you often feel that you were unreal?

- Yes
- No
- Don't know, refusal

289. Did you often feel that things around you were unreal?

- Yes
- No
- Don't know, refusal

290. Were you often afraid that you might lose control or go crazy?

- Yes
- No
- Don't know, refusal

291. Were you often afraid that you might pass out?

- Yes
- No
- Don't know, refusal

292. During this episode lasting 6 months or longer, were you often afraid that you might die?

- Yes
- No
- Don't know, refusal

293. Did you often have hot flashes or chills?

- Yes
- No
- Don't know, refusal

294. Did you often have numbness or tingling sensations?

- Yes
- No
- Don't know, refusal

295. Did you often feel like you had a lump in your throat?

- Yes
- No
- Don't know, refusal

296. Were you easily startled?

- Yes
- No
- Don't know, refusal

297. How much emotional distress did you ever experience because you felt worried, nervous or anxious?

298. None

299. Mild

300. Moderate

301. Severe

302. Very severe

303. Don't know, refusal

304. How much did your feelings of being worried, nervous or anxious ever interfere with either your work, your social life or your personal relationships?

305. Not at all

306. A little

307. Some

308. A lot

309. Extremely

310. Don't know, refusal

311. How often were you unable to carry out your daily activities because you felt worried, nervous or anxious?

312. Often

313. Sometimes

314. Rarely

315. Never

316. Don't know, refusal

317. Feelings of being worried, nervous or anxious sometimes occur as a result of a physical illness or injury or the use of medication, drugs or alcohol. Do you think these feelings ever occurred as the result of physical causes, medication, drugs or alcohol?

- Yes
- No
- Don't know, refusal

301. Do you think your worry, nervousness or anxiety was always the result of physical causes, medication, drugs, or alcohol?

- Yes
- No
- Don't know, refusal

302. What were the causes?

303. Exhaustion

304. Hyperventilation

305. Hypochondria

306. Menstrual cycle

307. Pregnancy / postpartum

- 308. Thyroid disease
- 309. Cancer
- 310. Overweight
- 311. Medication (excluding illicit drugs)
- 312. Illicit drugs
- 313. Alcohol
- 314. Chemical Imbalance / Serotonin Imbalance
- 315. Chronic Pain
- 316. Caffeine
- 317. No specific diagnosis
- 318. Accident / Injury
- 319. Emotional, social or economic reason
- 320. Other - Specify
- 321. Don't know, refusal

In the next questions, the word "episode" means a period lasting 6 months or longer when, nearly every day, you were worried, nervous or anxious, and you also had some of the other problems we just mentioned. The end of an episode is when you no longer have these feelings for a full month.

303. During your life, how many episodes lasting 6 months or longer have you ever had when you felt worried, nervous or anxious?

- Number
- Don't know, refusal?

304. During the past 12 months, did you have an episode of being worried, nervous or anxious that lasted at least six months or longer?

- Yes
- No
- Don't know, refusal

305. How recently was it?

306. During the past month

307. Between 1 and 6 months ago

308. More than 6 months ago

309. Don't know, refusal



310. How old were you the last time you one of these episodes?

- Age in years
- Don't know, refusal

307. How many of these episodes were brought on by some stressful experience?

- Number
- Don't know, refusal?

308. Was this episode brought on by some stressful experience or did it happen out of the blue?

309. Brought on by stress

310. Out of the blue

311. Don't remember

312. Don't know, refusal

Think about the period of time lasting one month or longer when your feelings of being worried, nervous or anxious were most severe in the past 12 months. Please tell me what number best describes how much these feelings interfered with each of the following activities. For each activity, please answer with a number between 0 and 10; 0 means "no interference" while 10 means "very severe interference".

309. In the past 12 months, how much did your feelings of being worried, nervous or anxious interfere with your home responsibilities, like cleaning, shopping, and taking care of the house or apartment?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

310. How much did these feelings interfere with your ability to attend school?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06

- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

311. How much did these feelings interfere with your ability to work at a job?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

312. Again, thinking about the period of time that lasted one month or longer when your feelings of being worried, nervous or anxious were most severe, how much did these feelings interfere with your ability to form and maintain close relationships with other people? Remember that 0 means "no interference" and 10 means "very severe interference".

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

313. How much did these feelings interfere with your social life?

00 No interference

00 No interference

- 01
- 02
- 03

- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

314. In the past 12 months, about how many days out of 365 were you totally unable to work or carry out your normal activities because of your feelings of being worried, nervous or anxious? (You may use any number between 0 and 365 to answer.)

- Number
- Don't know, refusal?

315. Did you ever in your life talk to a medical doctor or other professional about your feelings of being worried, nervous or anxious? (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)

- Yes
- No
- Don't know, refusal

316. During the past 12 months, did you receive professional treatment for being anxious?

- Yes
- No
- Don't know, refusal

317. Were you ever hospitalized overnight for being anxious?

- Yes
- No
- Don't know, refusal

## Social Phobia

318. Meeting new people?

- Yes
- No
- Don't know, refusal

319. Talking to people in authority?

- Yes
- No
- Don't know, refusal

320. Speaking up in a meeting or class?

- Yes
- No
- Don't know, refusal

321. Going to parties or other social gatherings?

- Yes
- No
- Don't know, refusal

322. Have you ever felt very shy, afraid or uncomfortable when you were performing or giving a talk in front of an audience?

- Yes
- No
- Don't know, refusal

323. Taking an important exam or interviewing for a job, even though you were well prepared?

- Yes
- No
- Don't know, refusal

324. Working while someone watches you?

- Yes
- No
- Don't know, refusal

325. Entering a room when others are already present?

- Yes
- No
- Don't know, refusal

326. Talking with people you don't know very well?

- Yes
- No
- Don't know, refusal

327. Expressing disagreement to people you don't know very well?

- Yes
- No
- Don't know, refusal

328. Writing, eating or drinking while someone watches?

- Yes

- No
- Don't know, refusal

329. Have you ever felt very shy, afraid or uncomfortable when using a public bathroom or a bathroom away from home?

- Yes
- No
- Don't know, refusal

330. When going on a date?

- Yes
- No
- Don't know, refusal

331. In any other social or performance situation where you could be the centre of attention or where something embarrassing might happen?

- Yes
- No
- Don't know, refusal

Think of the time in your life when your fear or avoidance of these situations was most severe. When you were faced with these situations, or thought you would have to be, did you have any of the following experiences?

332. Did you ever blush or shake?

- Yes
- No
- Don't know, refusal

When you were faced with these situations, tell me if you ever had any of the following reactions.

333. Did you ever fear that you might lose control of your bowels or bladder?

- Yes
- No
- Don't know, refusal

334. Did you ever fear that you might vomit?

- Yes
- No
- Don't know, refusal

335. Did your heart ever pound or race?

- Yes
- No
- Don't know, refusal

336. Did you sweat?

- Yes
- No
- Don't know, refusal

337. Did you tremble?

- Yes
- No
- Don't know, refusal

338. Did you feel sick to your stomach?

- Yes
- No
- Don't know, refusal

339. Did you have a dry mouth?

- Yes
- No
- Don't know, refusal

340. Did you have hot flushes or chills?

- Yes
- No
- Don't know, refusal

341. Did you feel numbness or have tingling sensations?

- Yes
- No
- Don't know, refusal

342. Did you have trouble breathing normally?

- Yes
- No
- Don't know, refusal

343. Did you feel like you were choking?

- Yes
- No
- Don't know, refusal

344. Did you have pain or discomfort in your chest?

- Yes
- No

- Don't know, refusal

345. Did you feel dizzy or faint?

- Yes
- No
- Don't know, refusal

346. Were you afraid that you might die?

- Yes
- No
- Don't know, refusal

347. When you were faced with this situation did you ever fear that you might lose control, go crazy or pass out?

- Yes
- No
- Don't know, refusal

348. Did you feel like you were "not really there", like you were watching a movie of yourself?

- Yes
- No
- Don't know, refusal

349. Did you feel that things around you were not real or like a dream?

- Yes
- No
- Don't know, refusal

350. When you were in these situations, were you ever afraid that you might have a panic attack?

- Yes
- No
- Don't know, refusal

351. Did you ever have a panic attack in these situations?

- Yes
- No
- Don't know, refusal

352. Were you afraid that you might be trapped or unable to escape?

- Yes
- No
- Don't know, refusal

353. When you were in these situations, were you ever afraid that you might do something embarrassing or humiliating?

- Yes
- No
- Don't know, refusal

354. Were you afraid that you might embarrass other people?

- Yes
- No
- Don't know, refusal

355. Were you afraid that people might look at you, talk about you or think negative things about you?

- Yes
- No
- Don't know, refusal

356. Were you afraid that you might be the focus of attention?

- Yes
- No
- Don't know, refusal

357. There are several reasons why people are afraid when faced with different situations. Tell me, what was it you feared most about this situation? Did you think it was:

358. a real danger, like the danger associated with a car accident or a bank robbery?

359. or another reason?

360. Don't know, refusal

361. What was this danger?

362. What was this reason?

363. Was your fear related to embarrassment about having a physical, emotional or mental health problem or condition?

- Yes
- No
- Don't know, refusal

361. What was the problem or condition?

362. Emotional or mental health problem or condition

363. Alcohol or drug problem

364. Speech, vision or hearing problem

365. Movement or coordination problem



366. Facial or body disfigurement, weight or body image problem

367. Bad odour or sweating

368. Other physical health problem

369. Pregnancy

370. Don't know, refusal

371. How much did your fear or avoidance of these situations interfere with either your work, your social life or your personal relationships?

372. Not at all

373. A little

374. Some

375. A lot

376. Extremely

377. Don't know, refusal

378. Was there ever a time in your life when you felt emotionally upset, worried or disappointed with yourself because of your fear or avoidance of these situations?

- Yes
- No
- Don't know, refusal

364. When was the last time you either strongly feared or avoided any of these situations? Was it:

365. During the past month?

366. Between 1 and 6 months ago?

367. Between 7 and 12 months ago?

368. More than 12 months ago?

369. Don't know, refusal

370. How old were you the last time you either strongly feared or avoided this situation?

- |\_|\_|\_| Age in years
- Don't know, refusal

366. What if you were faced with one of these situations today? How strong would your fear be?

367. No fear

368. Mild

369. Moderate

370. Severe

371. Very severe

372. Don't know, refusal

373. During the past 12 months, how often did you avoid this situation?

374. All of the time

375. Most of the time

376. Some of the time

377. A little of the time

378. None of the time

379. Don't know, refusal

Think about the period of time that lasted one month or longer when your fear or avoidance of social and performance situations was most severe in the past 12 months. Please tell me what number best describes how much your fear or avoidance of situations interfered with each of the following activities. For each activity, please answer with a number between 0 and 10; 0 means "no interference" while 10 means "very severe interference".

368. In the past 12 months, how much did your fear or avoidance of social and performance situations interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

369. How much did it interfere with your ability to attend school?

00 No interference

- 01
- 02

- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

370. How much did it interfere with your ability to work at a job?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

371. Again, thinking about that period lasting one month or longer during the past 12 months when your fear or avoidance of social or performance situations was most severe, how much did this fear or avoidance interfere with your ability to form and maintain close relationships with other people? Remember that 0 means "no interference" and 10 means "very severe interference".

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

372. How much did it interfere with your social life?

00 No interference

- 01

- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

373. In the past 12 months, about how many days out of 365 were you totally unable to work or carry out your normal activities because of your fear or avoidance of situations? You may use any number between 0 and 365 to answer.

- Number of days
- Don't know, refusal

374. Did you ever see or talk on the phone to a medical doctor or other professional about your fear or avoidance of these situations? (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)

- Yes
- No
- Don't know, refusal

375. During the past 12 months, did you receive professional treatment for your fear?

- Yes
- No
- Don't know, refusal

376. Were you ever hospitalized overnight for your fear?

- Yes
- No
- Don't know, refusal

## Smoking

The next questions are about smoking.

377. In your lifetime, have you smoked a total of 100 or more cigarettes (about 4 packs)?

- Yes
- No
- Don't know, refusal

378. Have you ever smoked a whole cigarette?

- Yes
- No
- Don't know, refusal

379. At what age did you smoke your first whole cigarette?

- Age in years
- Don't know, refusal

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

381. Daily

382. Occasionally

383. Not at all

384. Don't know, refusal

385. At what age did you begin to smoke cigarettes daily

- Age in years
- Don't know, refusal

382. How many cigarettes do you smoke each day now?

- Cigarettes
- Don't know, refusal

383. On the days that you do smoke, how many cigarettes do you usually smoke?

- Cigarettes
- Don't know, refusal

384. In the past month, on how many days have you smoked 1 or more cigarettes?

- Cigarettes
- Don't know, refusal

385. Have you ever smoked cigarettes daily?

- Yes
- No
- Don't know, refusal

386. When did you stop smoking? Was it... ?

387. Less than one year ago

388. 1 year to less than 2 years ago

389. 2 years to less than 3 years ago

390. 3 or more years ago

391. Don't know, refusal

392. In what month did you stop?

393. January

394. February

395. March

396. April

397. May

398. June

399. July

400. August

401. September

402. October

403. November

404. December

405. Don't know, refusal

406. How many years ago was it?

- Years
- Don't know, refusal

389. At what age did you begin to smoke (cigarettes) daily?

- Age in years
- DK (RF not allowed)

390. How many cigarettes did you usually smoke each day?

- Cigarettes
- Don't know, refusal

391. When did you stop smoking daily? Was it... ?

392. Less than one year ago

393. 1 year to less than 2 years ago

394. 2 years to less than 3 years ago

395. 3 or more years ago

396. Don't know, refusal

397. When did you stop smoking daily? Was it... ?

398. Less than one year ago

399. 1 year to less than 2 years ago

400. 2 years to less than 3 years ago

401. 3 or more years ago

402. Don't know, refusal

403. In what month did you stop?

404. January

405. February

406. March

407. April

408. May

409. June

410. July

411. August

412. September

413. October

414. November

415. December

416. Don't know, refusal

417. How many years ago was it?

- Years
- Don't know, refusal

394. Was that when you completely quit smoking?

- Yes
- No
- Don't know, refusal

395. When did you stop smoking completely? Was it... ?

396. Less than one year ago

397. 1 year to less than 2 years ago

398. 2 years to less than 3 years ago

399. 3 or more years ago

400. Don't know, refusal

401. In what month did you stop?

402. January

403. February

404. March

405. April

406. May

407. June

408. July

409. August

410. September

411. October

412. November

413. December

414. Don't know, refusal

415. How many years ago was it?

- Years
- Don't know, refusal

## Alcohol Use, Abuse and Dependence

Now, some questions about your alcohol consumption.

When we use the word "drink" it means:

- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler (one whole bottle of wine counts as 5 drinks)
- one drink or cocktail with 1 and a 1/2 ounces of liquor

398. During the past 12 months, that is, from [date one year ago] to yesterday, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

- Yes
- No
- Don't know, refusal



399. During the past 12 months, how often did you drink alcoholic beverages?

400. Less than once a month

401. Once a month

402. 2 to 3 times a month

403. Once a week

404. 2 to 3 times a week

405. 4 to 6 times a week

406. Every day

407. Don't know, refusal

408. How often in the past 12 months have you had 5 or more drinks on one occasion?

409. Less than once a month

410. Once a month

411. 2 to 3 times a month

412. Once a week

413. 2 to 3 times a week

414. 4 to 6 times a week

415. Every day

416. Don't know, refusal

417. Have you ever had a drink?

- Yes
- No
- Don't know, refusal

402. Have you ever had 12 or more drinks in a year?

- Yes
- No
- Don't know, refusal

403. Les jours où vous avez bu au cours des 12 derniers mois, environ combien de verres avez-vous habituellement pris par jour?

- Drinks
- Don't know, refusal

404. Was there ever a year in your life when you drank more than you did in the past 12 months?

- Yes
- No
- Don't know, refusal

The next questions are about problems you may have had because of drinking at any time in your life.

405. Think about the years in your life when you drank most. During those years, how often did you usually have at least one drink?

406. Less than once a month

407. Once a month

408. 2 to 3 times a month

409. Once a week

410. 2 to 3 times a week

411. 4 to 6 times a week

412. Every day

413. Don't know, refusal

414. On the days you drank during those years, about how many drinks did you usually have per day?

- Drinks
- Don't know, refusal

407. First, was there ever a time in your life when your drinking or being hung over frequently interfered with your work or responsibilities at school, on a job, or at home?

- Yes
- No
- Don't know, refusal

408. Was there ever a time in your life when your drinking caused arguments or other serious or repeated problems with your family, friends, neighbours, or co-workers?

- Yes
- No
- Don't know, refusal

409. Did you continue to drink even though it caused problems with these people?

- Yes
- No
- Don't know, refusal

410. Were there times in your life when you were often under the influence of alcohol in situations where you could get hurt, for example when riding a bicycle, driving, or operating a machine?

- Yes

- No
- Don't know, refusal

411. Were you ever arrested or stopped by the police because of drunk driving or drunken behavior?

- Yes
- No
- Don't know, refusal

The next questions are about some other problems you may have had because of drinking.

412. How many times were you arrested or stopped by the police due to drinking?

- Number of times
- Don't know, refusal

413. You just reported that:

- your drinking interfered with your responsibilities
- your drinking caused problems with family, friends or others
- you continued to drink even though it caused problems
- you drank in situations where you could get hurt
- your drinking resulted in problems with the police.

How recently did you have [problem] because of drinking?

1. In the past 30 days
2. 1 month to less than 6 months ago
3. 6 to 12 months ago
4. More than 12 months ago
5. Don't know, refusal

6. How old were you the last time you had any of these problems because of drinking?

- Age in years
- Don't know, refusal

415. Was there ever a time in your life when you often had such a strong desire to drink that you couldn't stop yourself from taking a drink or found it difficult to think of anything else?

- Yes
- No
- Don't know, refusal

## Substance Use, Abuse and Dependence

The next questions are about substances that are often used non-medically. By "used non-medically" we mean:

- either used without the recommendation of a health professional,
- or used in greater amounts than your health professional told you to use them,
- or used for any reason other than what a health professional said you should use them for.

416. Did you ever need to drink a larger amount of alcohol to get an effect, or did you ever find that you could no longer get a "buzz" or a high on the amount you used to drink?

- Yes
- No
- Don't know, refusal

417. Did you ever have times when you stopped, cut down, or went without drinking and then experienced withdrawal symptoms like fatigue, headaches, diarrhea, the shakes, or emotional problems?

- Yes
- No
- Don't know, refusal

418. Did you ever have times when you took a drink to keep from having problems like these?

- Yes
- No
- Don't know, refusal

419. Did you ever have times when you started drinking even though you promised yourself you wouldn't, or when you drank a lot more than you intended?

- Yes
- No
- Don't know, refusal

420. Were there ever times when you drank more frequently or for more days in a row than you intended?

- Yes
- No
- Don't know, refusal

421. Did you have times when you started drinking and became drunk when you didn't want to?

- Yes
- No
- Don't know, refusal

422. Were there times when you tried to stop or cut down on your drinking and found that you were not able to do so?

- Yes
- No
- Don't know, refusal

423. Did you ever have periods of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?

- Yes
- No
- Don't know, refusal

424. Did you ever have a time when you gave up or greatly reduced important activities because of your drinking, like sports, work, or seeing friends and family?

- Yes
- No
- Don't know, refusal

425. Did you ever continue to drink when you knew you had a serious physical or emotional problem that might have been caused by or made worse by drinking?

- Yes
- No
- Don't know, refusal

You reported having a number of alcohol problems.

426. Did you ever have three or more of these problems in the same 12-month period?

- Yes
- No
- Don't know, refusal

427. How recently did you have any of these problems?

428. In the past 30 days

429. 1 month to less than 6 months ago

430. 6 to 12 months ago

431. More than 12 months ago

432. Don't know, refusal

433. How old were you the last time you had any of these problems?

- Age in years
- Don't know, refusal

429. Starting from the time you first began having any of these problems, about how many different times did you ever make a serious attempt to quit drinking?

- Number of times
- Don't know, refusal

Think about the period of time that lasted one month or longer in the past 12 months when you were drinking the most. Please tell me what number best describes how much your drinking interfered with each of the following activities. For each activity, answer with a number between 0 and 10; 0 means "no interference" while 10 means "very severe interference."

430. In the past 12 months, how much did your drinking interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

431. How much did your drinking interfere with your ability to attend school?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

432. How much did your drinking interfere with your ability to work at a job?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

433. Again, thinking about that period lasting one month or longer during the past 12 months when you were drinking the most, how much did your drinking interfere with your ability to form and maintain close relationships with other people? Remember that 0 means "no interference" and 10 means "very severe interference".

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

434. How much did your drinking interfere with your social life?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

435. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your drinking?

- Number of days
- Don't know, refusal

436. Did you ever in your life talk to a medical doctor or other professional about your use of alcohol? By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.

- Yes
- No
- Don't know, refusal

437. During the past 12 months, did you receive professional treatment for your use of alcohol?

- Yes
- No
- Don't know, refusal

438. During your life, were you ever hospitalized overnight for your use of alcohol?

- Yes
- No
- Don't know, refusal

439. The first group is sedatives or tranquilizers, sometimes called downers, benzos or tranks. These are substances people sometimes use to help them stay calm and relaxed or to sleep. Examples include Valium, Ativan, Xanax, Z-drugs, Rohypnol and GHB. Have you ever used a sedative or tranquilizer non-medically?

440. Yes, just once

441. Yes, more than once

442. No

443. Don't know, refusal

444. Have you ever used a sedative or tranquilizer that a doctor prescribed for you?

- Yes
- No
- Don't know, refusal

441. Was your use ever so regular that you felt that you could not stop using the sedative or tranquilizer prescribed for you?

- Yes
- No
- Don't know, refusal

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

- Yes
- No
- Don't know, refusal

443. How often did you use a sedative or tranquilizer in the past 12 months?

444. Less than once a month

445. Once a month

446. 2 to 3 times a month

447. Once a week

448. 2 to 3 times a week



449. 4 to 6 times a week

450. Every day

451. Don't know, refusal

452. The second group is stimulants, sometimes called pep pills or uppers. These are substances people sometimes use to stay awake, to improve their low mood, to concentrate or to lose weight. Examples include Ritalin, Concerta, Adderall, Dexedrine, methamphetamine, amphetamines, meth, speed, ice, glass, crystal and crank. Have you ever used a stimulant non-medically?

453. Yes, just once

454. Yes, more than once

455. No

456. Don't know, refusal

457. Have you ever used a stimulant that a doctor prescribed for you?

- Yes
- No
- Don't know, refusal

446. Was your use ever so regular that you felt that you could not stop using the stimulant prescribed for you?

- Yes
- No
- Don't know, refusal

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

- Yes
- No
- Don't know, refusal

448. How often did you use a stimulant in the past 12 months?

449. Less than once a month

450. Once a month

451. 2 to 3 times a month

452. Once a week

453. 2 to 3 times a week

454. 4 to 6 times a week

455. Every day

456. Don't know, refusal

457. The third group is opioid analgesics. These are substances people usually take as pain killers that contain codeine, morphine or oxycodone. Examples include Percocet, Vicodin, Tylenol 3, Abstral, Duragesic and Onsolis. Have you ever used a pain killer non-medically? Do not include Aspirin, Advil, regular Tylenol, etc.

458. Yes, just once

459. Yes, more than once

460. No

461. Don't know, refusal

462. Have you ever used a pain killer that a doctor prescribed for you?

- Yes
- No
- Don't know, refusal

451. Was your use ever so regular that you felt that you could not stop using the pain killer prescribed for you?

- Yes
- No
- Don't know, refusal

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

- Yes
- No
- Don't know, refusal

453. How often did you use a pain killer in the past 12 months?

454. Less than once a month

455. 1 to 3 times a month

456. Once a week

457. More than once a week

458. Every day

459. Don't know, refusal

The next questions are about your experience with several other types of substances.

454. Have you ever used or tried cannabis sometimes called marijuana, pot, weed, hash, budder, shatter or any other preparation of the cannabis plant such as edibles, concentrates or liquids or other products?

455. Yes, just once

456. Yes, more than once

457. No

458. Don't know, refusal

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

- Yes
- No
- Don't know, refusal

456. How often did you use cannabis in the past 12 months?

457. Less than once a month

458. 1 to 3 times a month

459. Once a week

460. More than once a week

461. Every day

462. Don't know, refusal

463. Did you ever have a period where you used cannabis more than you did in the past 12 months?

- Yes
- No
- Don't know, refusal

458. Thinking of the year when you used cannabis most, how often did you use it?

459. Less than once a month

460. 1 to 3 times a month

461. Once a week

462. More than once a week

463. Every day

464. Don't know, refusal

465. In your lifetime, how many times have you used cannabis?

- Number of times
- Don't know, refusal

460. Have you used cannabis more than 50 times in your lifetime?

- Yes
- No
- Don't know, refusal

461. Have you ever used or tried cocaine, sometimes called powder, crack, freebase, coke, blow or snow?

462. Yes, just once

463. Yes, more than once

464. No

465. Don't know, refusal

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

- Yes
- No
- Don't know, refusal

463. How often (did you use cocaine in the past 12 months)?

464. Less than once a month

465. 1 to 3 times a month

466. Once a week

467. More than once a week

468. Every day

469. Don't know, refusal

470. Have you ever used or tried club drugs such as ecstasy, MDMA, E, X, molly, ketamine or K?

471. Yes, just once

472. Yes, more than once

473. No

474. Don't know, refusal

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

- Yes
- No
- Don't know, refusal

466. How often did you use club drugs in the past 12 months?

467. Less than once a month

468. 1 to 3 times a month

469. Once a week

470. More than once a week

471. Every day

472. Don't know, refusal

473. Have you ever used or tried hallucinogens including LSD, PCP, angel dust, mushrooms, mescaline/peyote or acid?

474. Yes, just once

475. Yes, more than once

476. No

477. Don't know, refusal

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

- Yes
- No
- Don't know, refusal

469. How often did you use hallucinogens in the past 12 months?

470. Less than once a month

471. 1 to 3 times a month

472. Once a week

473. More than once a week

474. Every day

475. Don't know, refusal

476. Have you ever used or tried heroin, fentanyl or down, sometimes called horse, junk, smack, apache, China white, murder 8 or TNT?

477. Yes, just once

478. Yes, more than once

479. No

480. Don't know, refusal

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

- Yes
- No
- Don't know, refusal

472. How often did you use heroin, fentanyl or down in the past 12 months?

473. Less than once a month

474. 1 to 3 times a month

475. Once a week

476. More than once a week

477. Every day

478. Don't know, refusal

479. Have you ever used any inhalants or solvents such as nitrous oxide/whippets, glue, paint, gasoline or poppers?

480. Yes, just once

481. Yes, more than once

482. No

483. Don't know, refusal

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

- Yes
- No
- Don't know, refusal

475. How often (did you use inhalants or solvents in the past 12 months)?

476. Less than once a month

477. 1 to 3 times a month

478. Once a week

479. More than once a week

480. Every day

481. Don't know, refusal

482. Have you ever used any other illegal drug?

483. Yes, just once

484. Yes, more than once

485. No

486. Don't know, refusal

487. Have you used in the past 12 months?

- Yes
- No
- Don't know, refusal

478. How often (did you use in the past 12 months)?

479. Less than once a month

480. 1 to 3 times a month

481. Once a week

482. More than once a week

483. Every day

484. Don't know, refusal

Earlier, you reported using cannabis. The next questions are about any problems you ever had because of your use of cannabis

479. Was there ever a time in your life when your use of cannabis frequently interfered with your work or responsibilities at school, on a job, or at home?

- Yes
- No
- Don't know, refusal

480. Was there ever a time in your life when your use of cannabis caused arguments or other serious or repeated problems with your family, friends, neighbours, or co-workers?

- Yes
- No
- Don't know, refusal

481. Did you continue to use cannabis even though it caused problems with these people?

- Yes
- No
- Don't know, refusal

482. Were there times in your life when you were often under the influence of cannabis in situations where you could have gotten hurt, for example when riding a bicycle, driving, or operating a machine?

- Yes
- No
- Don't know, refusal

483. Were you arrested or stopped by the police more than once because of driving under the influence of cannabis or because of your behaviour while you were under the influence of cannabis?

- Yes
- No

- Don't know, refusal

484. Your use of cannabis:

- interfered with your work or responsibilities at school, on a job, or at home
- occurred in situations where you could have gotten hurt
- resulted in problems with the police

How recently did you have any of these problems because of using cannabis?

- In the past 30 days
- 1 month to less than 6 months ago
- 6 months to 12 months ago
- More than 12 months ago
- Don't know, refusal

485. How old were you the last time you had [problem] because of cannabis?

- Age in years
- Don't know, refusal

The next questions are about some other problems you may have had due to your use of cannabis.

486. Was there ever a time in your life when you often had such a strong desire to use cannabis that you couldn't stop using or found it difficult to think of anything else?

- Yes
- No
- Don't know, refusal

487. Did you ever need larger amounts of cannabis to get an effect, or did you ever find that you could no longer get high on the amount you used to use?

- Yes
- No
- Don't know, refusal

488. Did you ever have times when you stopped, cut down or went without using cannabis and then experienced withdrawal symptoms?

- Yes
- No
- Don't know, refusal

489. Did you ever have times when you used cannabis to keep from having problems like these?

- Yes
- No
- Don't know, refusal

490. Did you ever have times when you used cannabis even though you planned not to or when you used a lot more than you intended?



- Yes
- No
- Don't know, refusal

491. Were there ever times when you used cannabis more frequently or for more days in a row than you intended?

- Yes
- No
- Don't know, refusal

492. Were there times when you tried to stop or cut down on your use of cannabis and found that you were not able to do so?

- Yes
- No
- Don't know, refusal

493. Did you ever have several days or more when you spent so much time using or recovering from the effects of cannabis use that you had little time for anything else?

- Yes
- No
- Don't know, refusal

494. Did you ever have a time when you gave up or greatly reduced important activities because of your cannabis use - like sports, work, or seeing friends and family?

- Yes
- No
- Don't know, refusal

495. Did you ever continue to use cannabis when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using cannabis?

- Yes
- No
- Don't know, refusal

496. Did you ever have three or more of these problems in the same 12 month period during the time you were using cannabis?

- Yes
- No
- Don't know, refusal

497. How recently did you have either of these problems because of using cannabis?

498. In the past 30 days

499. 1 month to less than 6 months ago

500. 6 to 12 months ago

501. More than 12 months ago

502. Don't know, refusal

503. How old were you the last time you had any of these problems because of using cannabis?

- Age in years
- Don't know, refusal

499. Was there ever a time in your life when your use of drugs frequently interfered with your work or responsibilities at school, on a job, or at home?

- Yes
- No
- Don't know, refusal

500. Was there ever a time in your life when your use of drugs caused arguments or other serious or repeated problems with your family, friends, neighbours, or co-workers?

- Yes
- No
- Don't know, refusal

501. Did you continue to use drugs even though it caused problems with these people?

- Yes
- No
- Don't know, refusal

502. Were there times in your life when you were often under the influence of drugs in situations where you could have gotten hurt, for example when riding a bicycle, driving, or operating a machine?

- Yes
- No
- Don't know, refusal

503. Were you arrested or stopped by the police more than once because of driving under the influence of drugs or because of your behaviour while you were under the influence of drugs?

- Yes
- No
- Don't know, refusal

504. Your use of drugs, excluding cannabis:

- interfered with your work or responsibilities at school, on a job, or at home
- caused problems with family or friends
- occurred in situations where you could have gotten hurt
- resulted in problems with the police

How recently did you have any of these problems because of using drugs?

- In the past 30 days
- 1 month to less than 6 months ago
- 6 months to 12 months ago
- More than 12 months ago
- Don't know, refusal

505. How old were you the last time you had any of these problems because of drugs?

- Age in years
- Don't know, refusal

506. Was there ever a time in your life when you often had such a strong desire to use drugs that you couldn't stop using or found it difficult to think of anything else?

- Yes
- No
- Don't know, refusal

507. Did you ever need larger amounts of drugs to get an effect, or did you ever find that you could no longer get high on the amount you used to use?

- Yes
- No
- Don't know, refusal

508. Did you ever have times when you stopped, cut down or went without using drugs and then experienced withdrawal symptoms?

- Yes
- No
- Don't know, refusal

509. Did you ever have times when you used drugs to keep from having problems like these?

- Yes
- No
- Don't know, refusal

510. Did you ever have times when you used drugs even though you planned not to or when you used a lot more than you intended?

- Yes
- No
- Don't know, refusal

511. Were there ever times when you used drugs more frequently or for more days in a row than you intended?

- Yes
- No

- Don't know, refusal

512. Were there times when you tried to stop or cut down on your use of drugs and found that you were not able to do so?

- Yes
- No
- Don't know, refusal

513. Did you ever have several days or more when you spent so much time using or recovering from the effects of using drugs that you had little time for anything else?

- Yes
- No
- Don't know, refusal

514. Did you ever have a time when you gave up or greatly reduced important activities because of your use of drugs - like sports, work, or seeing friends and family?

- Yes
- No
- Don't know, refusal

515. Did you ever continue to use drugs when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using drugs?

- Yes
- No
- Don't know, refusal

516. Did you ever have three or more of these problems in the same 12 month period during the time you were using drugs, excluding cannabis?

- Yes
- No
- Don't know, refusal

517. How recently did you have any of these problems because of using drugs?

518. In the past 30 days

519. 1 month to less than 6 months ago

520. 6 to 12 months ago

521. More than 12 months ago

522. Don't know, refusal

523. How old were you the last time you had any of these problems because of using drugs?

- Age in years
- Don't know, refusal

Think about the period of time that lasted one month or longer in the past 12 months when you were using any of these drugs, including cannabis the most. Please tell me what number best describes how much your use of any of these drugs, including cannabis interfered with each of the following activities. For each activity, answer with a number between 0 and 10; 0 means "no interference" while 10 means "very severe interference."

519. In the past 12 months, how much did your use of drugs interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

520. How much did your use interfere with your ability to attend school?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

521. How much did your use interfere with your ability to work at a job?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07

- 08
- 09
- 10 Very severe interference
- Don't know, refusal

522. Again, think about the period lasting one month or longer in the past 12 months when you were using any of these drugs, including cannabis the most. How much did your use of drugs interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means "no interference" and 10 means "very severe interference".)

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

523. How much did your use of drugs interfere with your social life?

00 No interference

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 Very severe interference
- Don't know, refusal

524. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your use of any of these drugs, including cannabis?

- Number of days
- Don't know, refusal

525. Now, think about all of the drugs you have used in your lifetime. Did you ever in your life talk to a medical doctor or other professional about your drug use including cannabis? (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)

- Yes
- No
- Don't know, refusal

526. During the past 12 months, did you receive professional treatment for your drug use?

- Yes
- No
- Don't know, refusal

527. During your life, were you ever hospitalized overnight for your drug use?

- Yes
- No
- Don't know, refusal

## WHO Disability Assessment Schedule 2.0

The following questions are about the difficulties people may have because of any short or long lasting health condition related to diseases or illnesses, injuries, mental or emotional problems and problems with alcohol or drugs.

When reporting any difficulties, please think about the average amount of: increased effort, discomfort or pain, slowness, or changes in the way you do the activity over the last 30 days.

You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.

528. In the last 30 days, how much difficulty did you have in:  
... standing for long periods such as 30 minutes?

529. None

530. Mild

531. Moderate

532. Severe

533. Extreme/Cannot do

534. Don't know, refusal

535. (In the last 30 days, how much difficulty did you have in:)  
... taking care of your household responsibilities?

536. None

537. Mild

538. Moderate

539. Severe

540. Extreme/Cannot do

541. Don't know, refusal

542. (In the last 30 days, how much difficulty did you have in:  
... learning a new task, for example, learning how to get to a new place?

543. None

544. Mild

545. Moderate

546. Severe

547. Extreme/Cannot do

548. Don't know, refusal

549. In the last 30 days, how much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?

550. None

551. Mild

552. Moderate

553. Severe

554. Extreme/Cannot do

555. Don't know, refusal

556. In the last 30 days, how much have you been emotionally affected by your health problems?

557. None

558. Mild

559. Moderate

560. Severe

561. Extreme/Cannot do

562. Don't know, refusal

563. In the last 30 days, how much difficulty did you have in:  
... concentrating on doing something for 10 minutes?

564. None

565. Mild

566. Moderate



567. Severe

568. Extreme/Cannot do

569. Don't know, refusal

570. In the last 30 days, how much difficulty did you have in:  
... walking a long distance such as a kilometre (or 0.6 miles)?

571. None

572. Mild

573. Moderate

574. Severe

575. Extreme/Cannot do

576. Don't know, refusal

577. In the last 30 days, how much difficulty did you have in:  
... washing your whole body?

578. None

579. Mild

580. Moderate

581. Severe

582. Extreme/Cannot do

583. Don't know, refusal

584. In the last 30 days, how much difficulty did you have in:  
... getting dressed?

585. None

586. Mild

587. Moderate

588. Severe

589. Extreme/Cannot do

590. Don't know, refusal

591. In the last 30 days, how much difficulty did you have in:  
... dealing with people you do not know?

592. None

593. Mild

594. Moderate

595. Severe

596. Extreme/Cannot do

597. Don't know, refusal

598. In the last 30 days, how much difficulty did you have in:  
... maintaining a friendship?

599. None

600. Mild

601. Moderate

602. Severe

603. Extreme/Cannot do

604. Don't know, refusal

605. In the last 30 days, how much difficulty did you have in:  
...your day-to-day work or school activities?

606. None

607. Mild

608. Moderate

609. Severe

610. Extreme/Cannot do

611. Don't know, refusal

612. In the last 30 days, overall, how much did these difficulties interfere with your life?

613. None

614. Mild

615. Moderate

616. Severe

617. Extreme/Cannot do

618. Don't know, refusal

## Mental Health Services

Now I would like to ask you some questions about your contacts with health professionals as well as other people about problems with your emotions, mental health or use of alcohol or drugs.

541. During the past 12 months, were you hospitalized overnight or longer for problems with your emotions, mental health or use of alcohol or drugs?

- Yes
- No
- Don't know, refusal

542. During the past 12 months, how many times were you hospitalized overnight or longer for these problems?

- Number of times
- Don't know, refusal

543. How long did you stay in the hospital for these problems (during the past 12 months)?

- Nights in hospital
- Don't know, refusal

544. During the past 12 months, have you seen or talked on the telephone or over the Internet to any of the following people about problems with your emotions, mental health or use of alcohol or drugs?

545. Psychiatrist

546. Family doctor or general practitioner

547. Psychologist

548. Nurse

549. Social worker, counsellor, or psychotherapist

550. Family member

551. Friend

552. Co-worker, supervisor, or boss

553. Other - Specify

554. None

555. Don't know, refusal

556. How did you talk with a psychiatrist? Was it... ?

557. In person

558. Over the telephone (voice only)

559. Using video on a phone, tablet or computer

560. Text message or written chat

561. Don't know, refusal

562. Think of the psychiatrist you talked to the most often during the past 12 months.

How many times did you talk to this psychiatrist (about your problems with your emotions, mental health, or use of alcohol or drugs)?

- Number of times
- Don't know, refusal

547. (During the past 12 months,) about how long did each consultation with this psychiatrist last (in minutes)?

- Number of minutes
- Don't know, refusal

548. In general, how much would you say the psychiatrist helped you (for your problems with your emotions, mental health, or use of alcohol or drugs)?

549. A lot

550. Some

551. A little

552. Not at all

553. Don't know, refusal

554. Have you stopped talking to the psychiatrist?

- Yes
- No
- Don't know, refusal

550. Why did you stop?

551. You felt better

552. You completed the recommended treatment

553. You thought it was not helping

554. You thought the problem would get better without more professional help

555. You couldn't afford to pay

556. You were too embarrassed to see the professional

557. You wanted to solve the problem without professional help

558. You had problems with things like transportation, childcare or your schedule

559. The service or program was no longer available

560. You were not comfortable with the professional's approach

561. Because of discrimination or unfair treatment

562. Other - Specify

563. Don't know, refusal

564. How did you talk with a family doctor? Was it... ?

565. In person

566. Over the telephone (voice only)

567. Using video on a phone, tablet or computer

568. Text message or written chat

569. Don't know, refusal

570. Think of the family doctor or the general practitioner you talked to the most often during the past 12 months.

How many times did you talk to this family doctor or general practitioner about your problems with your emotions, mental health or use of alcohol or drugs?

- Number of times
- Don't know, refusal

553. (During the past 12 months,) about how long did each consultation with this family doctor or general practitioner last (for your problems with your emotions, mental health or use of alcohol or drugs) (in minutes)?

- Number of minutes
- Don't know, refusal

554. In general, how much would you say this family doctor or general practitioner helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?

555. A lot

556. Some

557. A little

558. Not at all

559. Don't know, refusal

560. Have you stopped talking to this family doctor or general practitioner about your problems with your emotions, mental health or use of alcohol or drugs?

- Yes
- No

- Don't know, refusal

556. Why did you stop?

557. You felt better

558. You completed the recommended treatment

559. You thought it was not helping

560. You thought the problem would get better without more professional help

561. You couldn't afford to pay

562. You were too embarrassed to see the professional

563. You wanted to solve the problem without professional help

564. You had problems with things like transportation, childcare or your schedule

565. The service or program was no longer available

566. You were not comfortable with the professional's approach

567. Because of discrimination or unfair treatment

568. Other - Specify

569. Don't know, refusal

570. How did you talk with a psychologist? Was it... ?

571. In person

572. Over the telephone (voice only)

573. Using video on a phone, tablet or computer

574. Text message or written chat

575. Don't know, refusal

576. Think of the psychologist you talked to the most often during the past 12 months.

How many times did you talk to this psychologist (about your problems with your emotions, mental health or use of alcohol or drugs)?

- Number of times
- Don't know, refusal

559. (During the past 12 months,) about how long did each consultation with this psychologist last (in minutes)?

- Number of minutes
- Don't know, refusal

560. In general, how much would you say this psychologist helped you (for your problems with your emotions, mental health, or use of alcohol or drugs)?

561. Not at all

562. A little

563. Some

564. A lot

565. Extremely

566. Don't know, refusal

567. Have you stopped talking to this psychologist?

- Yes
- No
- Don't know, refusal

562. Why did you stop?

563. You felt better

564. You completed the recommended treatment

565. You thought it was not helping

566. You thought the problem would get better without more professional help

567. You couldn't afford to pay

568. You were too embarrassed to see the professional

569. You wanted to solve the problem without professional help

570. You had problems with things like transportation, childcare or your schedule

571. The service or program was no longer available

572. You were not comfortable with the professional's approach

573. Because of discrimination or unfair treatment

574. Other - Specify

575. Don't know, refusal

576. How did you talk with a nurse? Was it... ?

577. In person

578. Over the telephone (voice only)

579. Using video on a phone, tablet or computer

580. Text message or written chat

581. Don't know, refusal

582. Think of the nurse you talked to the most often during the past 12 months.

How many times did you talk to this nurse about your problems with your emotions, mental health or use of alcohol or drugs?

- Number of times
- Don't know, refusal

565. (During the past 12 months,) about how long did each consultation with this nurse last (for your problems with your emotions, mental health or use of alcohol or drugs)(in minutes)?

- Number of minutes
- Don't know, refusal

566. In general, how much would you say this nurse helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?

567. A lot

568. Some

569. A little

570. Not at all

571. Don't know, refusal

572. Have you stopped talking to this nurse about your problems with your emotions, mental health or use of alcohol or drugs?

- Yes
- No
- Don't know, refusal

568. Why did you stop?

569. You felt better

570. You completed the recommended treatment

571. You thought it was not helping

572. You thought the problem would get better without more professional help

573. You couldn't afford to pay

574. You were too embarrassed to see the professional

575. You wanted to solve the problem without professional help

576. You had problems with things like transportation, childcare or your schedule



577. The service or program was no longer available
578. You were not comfortable with the professional's approach
579. Because of discrimination or unfair treatment
580. Other - Specify
581. Don't know, refusal
582. How did you talk with a social worker, counsellor, (case worker,) or psychotherapist? Was it... ?
583. In person
584. Over the telephone (voice only)
585. Using video on a phone, tablet or computer
586. Text message or written chat
587. Don't know, refusal
588. Think of the social worker, counsellor, (case worker,) or psychotherapist you talked to the most often during the past 12 months.

How many times did you talk to this professional (about your problems with your emotions, mental health or use of alcohol or drugs)?

- Number of times
  - Don't know, refusal
571. (During the past 12 months) about how long did each consultation with this professional last (in minutes)?
- Number of minutes
  - Don't know, refusal
572. In general, how much would you say this professional helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?
573. A lot
574. Some
575. A little
576. Not at all
577. Don't know, refusal
578. Have you stopped talking to this professional about your problems with your emotions, mental health or use of alcohol or drugs?
- Yes
  - No

- Don't know, refusal

574. Why did you stop?

575. You felt better

576. You completed the recommended treatment

577. You thought it was not helping

578. You thought the problem would get better without more professional help

579. You couldn't afford to pay

580. You were too embarrassed to see the professional

581. You wanted to solve the problem without professional help

582. You had problems with things like transportation, childcare or your schedule

583. The service or program was no longer available

584. You were not comfortable with the professional's approach

585. Because of discrimination or unfair treatment

586. Other - Specify

587. Don't know, refusal

588. How did you talk with a family member? Was it... ?

589. In person

590. Over the telephone (voice only)

591. Using video on a phone, tablet or computer

592. Text message or written chat

593. Don't know, refusal

594. Think of the family member you talked to the most often during the past 12 months.

How many times did you talk to this family member about your problems with your emotions, mental health or use of alcohol or drugs?

- Number of times
- Don't know, refusal

577. In general, how much would you say this family member helped you for your problems with your emotions, mental health or use of alcohol or drugs?

578. A lot

579. Some

580. A little

581. Not at all

582. Don't know, refusal

583. How did you talk with a friend? Was it... ?

584. In person

585. Over the telephone (voice only)

586. Using video on a phone, tablet or computer

587. Text message or written chat

588. Don't know, refusal

589. Think of the friend you talked to the most often during the past 12 months.

How many times did you talk to this friend about your problems with your emotions, mental health or use of alcohol or drugs?

- |\_|\_|\_| Number of times
- Don't know, refusal

580. In general, how much would you say this friend helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?

581. A lot

582. Some

583. A little

584. Not at all

585. Don't know, refusal

586. How did you talk with a co-worker, supervisor or boss? Was it... ?

587. In person

588. Over the telephone (voice only)

589. Using video on a phone, tablet or computer

590. Text message or written chat

591. Don't know, refusal

592. Think of the co-worker, supervisor or boss you talked to the most often during the past 12 months.

How many times did you talk to this co-worker, supervisor or boss about your problems with your emotions, mental health or use of alcohol or drugs?

- Number of times

- Don't know, refusal

583. In general, how much would you say this co-worker, supervisor or boss helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?

584. A lot

585. Some

586. A little

587. Not at all

588. Don't know, refusal

589. How did you talk with other people? Was it... ?

590. In person

591. Over the telephone (voice only)

592. Using video on a phone, tablet or computer

593. Text message or written chat

594. Don't know, refusal

595. Think of the other person you talked to the most often during the past 12 months.

How many times did you talk to this person (about your problems with your emotions, mental health or use of alcohol or drugs)?

- Number of times
- Don't know, refusal

586. In general, how much would you say this person helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?

587. A lot

588. Some

589. A little

590. Not at all

591. Don't know, refusal

592. During the past 12 months, did you receive help or services provided by your employer for problems with your emotions, mental health or use of alcohol or drugs, such as consultations with an Employee Assistance Program (EAP)?

- Yes
- No
- Don't know, refusal

588. During the past 12 months, did you use the Internet to get information, help or support for problems with your emotions, mental health or use of alcohol or drugs?

- Yes
- No
- Don't know, refusal

589. Did you use the Internet (for problems with your emotions, mental health or use of alcohol or drugs) ...?

590. To learn about symptoms (e.g. get an online diagnosis)

591. To find out where you could get help

592. To discuss with others through forums, support groups or Internet social networks

593. To get online therapy (e.g. e-therapy, online counselling)

594. Other - Specify

595. Don't know, refusal

596. During the past 12 months, (not counting internet support groups) did you go to a self-help group for help with problems with your emotions, mental health or use of alcohol or drugs?

- Yes
- No
- Don't know, refusal

591. What type of self-help group did you go to?

592. Emotional or mental health (e.g. groups for eating disorders, bipolar disorder, bereavement, etc.)

593. Alcohol or drug use (e.g. Alcoholics Anonymous, Narcotics Anonymous, etc.)

594. Other - Specify

595. Don't know, refusal

596. (During the past 12 months), how many times did you go to a meeting of a self-help group?

- Number of times
- Don't know, refusal

593. During the past 12 months, did you use a telephone or texting helpline for problems with your emotions, mental health or use of alcohol or drugs?

- Yes
- No
- Don't know, refusal

594. (During the past 12 months), how many times did you use a telephone or texting helpline?

- Number of times

- Don't know, refusal

595. During the past 12 months, was there ever a time when you felt that you needed help for your emotions, mental health or use of alcohol or drugs, but you didn't receive it?

- Yes
- No
- Don't know, refusal

The next question is about the money you spent over the past 12 months for services and products to help you with your problems with your emotions, mental health or use of alcohol or drugs. This includes all the money you and your family members paid "out-of-pocket" for visits, medications, tests and services associated with these problems.

596. Not counting any costs that were covered by insurance, about how much money have you and your family spent on such services and products during the past 12 months?

- Dollars
- Don't know, refusal

597. (During the past 12 months, did you feel that any health professional or other service provider held negative opinions about you or treated you unfairly:)

...because of your past or current problems with your emotions, mental health or use of alcohol or drugs?

- Yes
- No
- Don't know, refusal

598. During the past 12 months, did you feel that any health professional or other service provider held negative opinions about you or treated you unfairly:

...because of visible or non-visible characteristics such as your ethnicity, culture, race, skin colour, language or accent, religion or sexual orientation?

- Yes
- No
- Don't know, refusal

## Medication use

Now I'd like to ask a few questions about your use of medication, both prescription and over-the-counter.

599. In the past 12 months, that is, from February 27, 2021 to yesterday, did you take any medication to help you with problems with your emotions, mental health or use of alcohol or drugs?

- Yes
- No
- Don't know, refusal

600. Now, think about the last 2 days, that is, yesterday and the day before yesterday. During those 2 days, how many different medications did you take for problems with your emotions, mental health,

or use of alcohol or drugs?

- Medications
- Don't know, refusal

601. Do you have insurance that covers all or part of the cost of your prescription medication? Include any private, government or employee-paid insurance plans.

- Yes
- No
- Don't know, refusal

602. Many people use other health products such as herbs, minerals or homeopathic products for problems with emotions, alcohol or drug use, energy, concentration, sleep or ability to deal with stress.

In the past 12 months, have you used any of these health products?

- Yes
- No
- Don't know, refusal

## Perceived Need for Care

The following questions deal with the different kinds of help you received, or thought you needed, for problems with your emotions, mental health or use of alcohol or drugs.

603. During the past 12 months, did you receive the following kinds of help because of problems with your emotions, mental health or use of alcohol or drugs?

604. Information about these problems, treatments or available services

605. Medication

606. Counselling, therapy, or help for problems with personal relationships

607. Other - Specify

608. None

609. Don't know, refusal

610. You mentioned that you received:

- Information about these problems, treatments or available services
- Counselling, therapy, or help for problems with personal relationships

Do you think you got as much of each of these kinds of help as you needed (during the past 12 months)?

- Yes
- No
- Don't know, refusal

605. Which kind of help did you need more of (during the past 12 months)?
606. Information about these problems, treatments or available services
607. Medication
608. Counselling, therapy, or help for problems with personal relationships
609. Other - Specify
610. None
611. Don't know, refusal
612. Why didn't you get more information about these problems, treatments or available services (during the past 12 months)?
613. You preferred to manage yourself
614. You didn't know how or where to get this kind of help
615. You haven't gotten around to it (e.g., too busy)
616. Your job interfered (e. g., workload, hours of work or no cooperation from supervisor)
617. Help was not readily available
618. You didn't have confidence in health care system or social services
619. You couldn't afford to pay
620. Insurance did not cover
621. You were afraid of what others would think of you
622. Language problems
623. Help is ongoing
624. Other - Specify
625. Don't know, refusal
626. Which of the following best describes why you preferred to manage yourself rather than seek help (during the past 12 months)?
627. You didn't think they knew how to help
628. You were uncomfortable talking about these problems
629. You relied on faith and spirituality
630. You relied on family and friends
631. You felt you'd be treated differently if people thought you had these problems



- 632. You didn't feel ready to seek help
- 633. You couldn't get this kind of help where you live
- 634. Other - Specify
- 635. Don't know, refusal
- 636. Why didn't you get more medication (during the past 12 months)?
- 637. You preferred to manage yourself
- 638. You didn't know how or where to get this kind of help
- 639. You haven't gotten around to it (e.g., too busy)
- 640. Your job interfered (e. g., workload, hours of work or no cooperation from supervisor)
- 641. Help was not readily available
- 642. You didn't have confidence in health care system or social services
- 643. You couldn't afford to pay
- 644. Insurance did not cover
- 645. You were afraid of what others would think of you
- 646. Language problems
- 647. Help is ongoing
- 648. Other - Specify
- 649. Don't know, refusal
- 650. Which of the following best describes why you preferred to manage yourself rather than seek help (during the past 12 months)?
- 651. You didn't think they knew how to help
- 652. You were uncomfortable talking about these problems
- 653. You relied on faith and spirituality
- 654. You relied on family and friends
- 655. You felt you'd be treated differently if people thought you had these problems
- 656. You didn't feel ready to seek help
- 657. You couldn't get this kind of help where you live
- 658. Other - Specify
- 659. Don't know, refusal

660. Why didn't you get more counselling, therapy, or help for problems with personal relationships (during the past 12 months)?
661. You preferred to manage yourself
662. You didn't know how or where to get this kind of help
663. You haven't gotten around to it (e.g., too busy)
664. Your job interfered (e. g., workload, hours of work or no cooperation from supervisor)
665. Help was not readily available
666. You didn't have confidence in health care system or social services
667. You couldn't afford to pay
668. Insurance did not cover
669. You were afraid of what others would think of you
670. Language problems
671. Help is ongoing
672. Other - Specify
673. Don't know, refusal
674. Which of the following best describes why you preferred to manage yourself rather than seek help (during the past 12 months)?
675. You didn't think they knew how to help
676. You were uncomfortable talking about these problems
677. You relied on faith and spirituality
678. You relied on family and friends
679. You felt you'd be treated differently if people thought you had these problems
680. You didn't feel ready to seek help
681. You couldn't get this kind of help where you live
682. Other - Specify
683. Don't know, refusal
684. Why didn't you get more of the other kind of help you mentioned during the past 12 months?
685. You preferred to manage yourself
686. You didn't know how or where to get this kind of help

687. You haven't gotten around to it (e.g., too busy)
688. Your job interfered (e. g., workload, hours of work or no cooperation from supervisor)
689. Help was not readily available
690. You didn't have confidence in health care system or social services
691. You couldn't afford to pay
692. Insurance did not cover
693. You were afraid of what others would think of you
694. Language problems
695. Help is ongoing
696. Other - Specify
697. Don't know, refusal
698. Which of the following best describes why you preferred to manage yourself rather than seek help during the past 12 months?
699. You didn't think they knew how to help
700. You were uncomfortable talking about these problems
701. You relied on faith and spirituality
702. You relied on family and friends
703. You felt you'd be treated differently if people thought you had these problems
704. You didn't feel ready to seek help
705. You couldn't get this kind of help where you live
706. Other - Specify
707. Don't know, refusal
708. You mentioned that you did not receive:
- Information about these problems, treatments or available services
  - Medication
  - Counselling, therapy, or help for problems with personal relationships
  - Other - Specify

Do you think you needed any of these kinds of help (during the past 12 months)?

- Yes
- No
- Don't know, refusal

615. Which kind of help did you need more of during the past 12 months?
616. Information about these problems, treatments or available services
617. Medication
618. Counselling, therapy, or help for problems with personal relationships
619. Other - Specify
620. None
621. Don't know, refusal
622. Why didn't you get counselling, therapy, or help for problems with personal relationships during the past 12 months?
623. You preferred to manage yourself
624. You didn't know how or where to get this kind of help
625. You haven't gotten around to it (e.g., too busy)
626. Your job interfered (e. g., workload, hours of work or no cooperation from supervisor)
627. Help was not readily available
628. You didn't have confidence in health care system or social services
629. You couldn't afford to pay
630. Insurance did not cover
631. You were afraid of what others would think of you
632. Language problems
633. Help is ongoing
634. Other - Specify
635. Don't know, refusal
636. Which of the following best describes why you preferred to manage yourself rather than seek help during the past 12 months?
637. You didn't think they knew how to help
638. You were uncomfortable talking about these problems
639. You relied on faith and spirituality
640. You relied on family and friends
641. You felt you'd be treated differently if people thought you had these problems

- 642. You didn't feel ready to seek help
- 643. You couldn't get this kind of help where you live
- 644. Other - Specify
- 645. Don't know, refusal
- 646. Why didn't you get information about these problems, treatments or available services (during the past 12 months)?
- 647. You preferred to manage yourself
- 648. You didn't know how or where to get this kind of help
- 649. You haven't gotten around to it (e.g., too busy)
- 650. Your job interfered (e. g., workload, hours of work or no cooperation from supervisor)
- 651. Help was not readily available
- 652. You didn't have confidence in health care system or social services
- 653. You couldn't afford to pay
- 654. Insurance did not cover
- 655. You were afraid of what others would think of you
- 656. Language problems
- 657. Help is ongoing
- 658. Other - Specify
- 659. Don't know, refusal
- 660. Which of the following best describes why you preferred to manage yourself rather than seek help (during the past 12 months)?
- 661. You didn't think they knew how to help
- 662. You were uncomfortable talking about these problems
- 663. You relied on faith and spirituality
- 664. You relied on family and friends
- 665. You felt you'd be treated differently if people thought you had these problems
- 666. You didn't feel ready to seek help
- 667. You couldn't get this kind of help where you live
- 668. Other - Specify

- 669. Don't know, refusal
- 670. Why didn't you get medication (during the past 12 months)?
- 671. You preferred to manage yourself
- 672. You didn't know how or where to get this kind of help
- 673. You haven't gotten around to it (e.g., too busy)
- 674. Your job interfered (e. g., workload, hours of work or no cooperation from supervisor)
- 675. Help was not readily available
- 676. You didn't have confidence in health care system or social services
- 677. You couldn't afford to pay
- 678. Insurance did not cover
- 679. You were afraid of what others would think of you
- 680. Language problems
- 681. Help is ongoing
- 682. Other - Specify
- 683. Don't know, refusal
- 684. Which of the following best describes why you preferred to manage yourself rather than seek help (during the past 12 months)?
- 685. You didn't think they knew how to help
- 686. You were uncomfortable talking about these problems
- 687. You relied on faith and spirituality
- 688. You relied on family and friends
- 689. You felt you'd be treated differently if people thought you had these problems
- 690. You didn't feel ready to seek help
- 691. You couldn't get this kind of help where you live
- 692. Other - Specify
- 693. Don't know, refusal
- 694. Why didn't you get counselling, therapy, or help for problems with personal relationships (during the past 12 months)?
- 695. You preferred to manage yourself

- 696. You didn't know how or where to get this kind of help
- 697. You haven't gotten around to it (e.g., too busy)
- 698. Your job interfered (e. g., workload, hours of work or no cooperation from supervisor)
- 699. Help was not readily available
- 700. You didn't have confidence in health care system or social services
- 701. You couldn't afford to pay
- 702. Insurance did not cover
- 703. You were afraid of what others would think of you
- 704. Language problems
- 705. Help is ongoing
- 706. Other - Specify
- 707. Don't know, refusal
- 708. Which of the following best describes why you preferred to manage yourself rather than seek help (during the past 12 months)?
- 709. You didn't think they knew how to help
- 710. You were uncomfortable talking about these problems
- 711. You relied on faith and spirituality
- 712. You relied on family and friends
- 713. You felt you'd be treated differently if people thought you had these problems
- 714. You didn't feel ready to seek help
- 715. You couldn't get this kind of help where you live
- 716. Other - Specify
- 717. Don't know, refusal

## Mental Health Experiences

The following questions ask about your personal experiences with people who have had emotional or mental health problems. By this, we mean emotional or mental conditions that may need treatment from a health professional.

624. Have you ever received treatment for an emotional or mental health problem?
- Yes
  - No

- Don't know, refusal

625. Was this in the past 12 months?

- Yes
- No
- Don't know, refusal

626. During the past 12 months, did you feel that anyone held negative opinions about you or treated you unfairly because of your past or current emotional or mental health problem?

- Yes
- No
- Don't know, refusal

Please tell me how this affected you. For each question, answer with a number between 0 and 10; where 0 means you have not been affected while 10 means you have been severely affected.

627. During the past 12 months, on a scale of 0 to 10, how much did these negative opinions or unfair treatment affect:  
... your family relationships?

- Don't know, refusal.

628. During the past 12 months, on a scale of 0 to 10, how much did these negative opinions or unfair treatment affect:  
... your romantic life?

- Don't know, refusal

629. During the past 12 months, on a scale of 0 to 10, how much did these negative opinions or unfair treatment affect:  
...your work or school life?

- Don't know, refusal.

630. During the past 12 months, on a scale of 0 to 10, how much did these negative opinions or unfair treatment affect:  
...your financial situation?

- Don't know, refusal.

631. During the past 12 months, on a scale of 0 to 10, how much did these negative opinions or unfair treatment affect:  
...your housing situation?

- Don't know, refusal.

632. During the past 12 months, on a scale of 0 to 10, how much did these negative opinions or unfair treatment affect:  
... your health care for physical health problems?



- Don't know, refusal.

## Family Mental Health Impact

The next few questions are about the problems of your family members. These include your spouse or partner, children, parents, parents-in-law, grandparents, brothers and sisters, cousins, aunts, uncles, nieces, or nephews.

633. Do any of your family members have problems with their emotions, mental health or use of alcohol or drugs?

634. Yes

635. No

636. Not applicable / No family members

637. Don't know, refusal

638. Taking into consideration your time, energy, emotions, finances, and daily activities, would you say that their problems affect your life... ?

639. A lot

640. Some

641. A little

642. Not at all

643. Don't know, refusal

## Social Provisions Scale 10 Items

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.

635. There are people I can depend on to help me if I really need it.

636. Strongly agree

637. Agree

638. Disagree

639. Strongly disagree

640. Don't know, refusal

641. There are people who enjoy the same social activities I do.

642. Strongly agree

- 643. Agree
- 644. Disagree
- 645. Strongly disagree
- 646. Don't know, refusal
- 647. I have close relationships that provide me with a sense of emotional security and well-being.
- 648. Strongly agree
- 649. Agree
- 650. Disagree
- 651. Strongly disagree
- 652. Don't know, refusal
- 653. There is someone I could talk to about important decisions in my life.
- 654. Strongly agree
- 655. Agree
- 656. Disagree
- 657. Strongly disagree
- 658. Don't know, refusal
- 659. I have relationships where my competence and skill are recognized.
- 660. Strongly agree
- 661. Agree
- 662. Disagree
- 663. Strongly disagree
- 664. Don't know, refusal
- 665. There is a trustworthy person I could turn to for advice if I were having problems.
- 666. Strongly agree
- 667. Agree
- 668. Disagree
- 669. Strongly disagree
- 670. Don't know, refusal

671. I feel part of a group of people who share my attitudes and beliefs.

672. Strongly agree

673. Agree

674. Disagree

675. Strongly disagree

676. Don't know, refusal

677. I feel a strong emotional bond with at least one other person.

678. Strongly agree

679. Agree

680. Disagree

681. Strongly disagree

682. Don't know, refusal

683. There are people who admire my talents and abilities.

684. Strongly agree

685. Agree

686. Disagree

687. Strongly disagree

688. Don't know, refusal

689. There are people I can count on in an emergency.

690. Strongly agree

691. Agree

692. Disagree

693. Strongly disagree

694. Don't know, refusal

## Negative Social Interactions

The contact we have with others is not always pleasant. The next questions are about negative interaction with others.

645. Are there persons with whom you are in regular contact that are detrimental to your well-being because they are a source of discomfort and stress?

- Yes
- No
- Don't know, refusal

646. During the past month, how often have you felt that others made too many demands on you?

647. Never

648. Once in a while

649. Fairly often

650. Very often

651. Don't know, refusal

652. During the past month, how often have you felt that others were critical of you and things you did?

653. Never

654. Once in a while

655. Fairly often

656. Very often

657. Don't know, refusal

658. During the past month, how often have you felt that others did things that were thoughtless or inconsiderate?

659. Never

660. Once in a while

661. Fairly often

662. Very often

663. Don't know, refusal

664. During the past month, how often have you felt that others acted angry or upset with you?

665. Never

666. Once in a while

667. Fairly often

668. Very often

669. Don't know, refusal

## Childhood Experiences

The next few questions are about things that may have happened to you before you were 16 in your school, in your neighbourhood, or in your family. Your responses are important whether or not you have had any of these experiences. Remember that all information provided is strictly confidential.

650. Before age 16, how many times did you see or hear any one of your parents, step-parents or guardians hit each other or another adult in your home? By adult, I mean anyone 18 years and over.

651. Never

652. 1 or 2 times

653. 3 to 5 times

654. 6 to 10 times

655. More than 10 times

656. Don't know, refusal

657. Before age 16, how many times did an adult slap you on the face, head or ears or hit or spank you with something hard to hurt you?

658. Never

659. 1 or 2 times

660. 3 to 5 times

661. 6 to 10 times

662. More than 10 times

663. Don't know, refusal

664. Before age 16, how many times did an adult push, grab, shove or throw something at you to hurt you?

665. Never

666. 1 or 2 times

667. 3 to 5 times

668. 6 to 10 times

669. More than 10 times

670. Don't know, refusal

671. Before age 16, how many times did an adult kick, bite, punch, choke, burn you, or physically attack you in some way?

672. Never

673. 1 or 2 times

674. 3 to 5 times

675. 6 to 10 times

676. More than 10 times

677. Don't know, refusal

678. Before age 16, how many times did an adult force you or attempt to force you into any unwanted sexual activity, by threatening you, holding you down or hurting you in some way?

679. Never

680. 1 or 2 times

681. 3 to 5 times

682. 6 to 10 times

683. More than 10 times

684. Don't know, refusal

685. Before age 16, how many times did an adult touch you against your will in any sexual way? By this, I mean anything from unwanted touching or grabbing, to kissing or fondling.

686. Never

687. 1 or 2 times

688. 3 to 5 times

689. 6 to 10 times

690. More than 10 times

691. Don't know, refusal

692. Before age 16, did you ever see or talk to anyone from a child protection organization about difficulties at home?

- Yes
- No
- Don't know, refusal

### **Spirituality**

The following question is about your religious or spiritual beliefs.

657. In general, how important are religious or spiritual beliefs in your daily life?

658. Very important

659. Somewhat important

660. Not very important

661. Not at all important

662. Don't know, refusal

## Labour market activities minimal

658. Last week, did you work at a job or business?

Select "Yes" if you worked at least one hour:

- for pay (wages, salary, etc.)
- in self-employment.

Select "No" if you:

- were away from work for the entire week for a reason such as vacation, illness, work schedule or layoff
- did not have a job or business.
- Yes
- No

659. Last week, did you have a job or business from which you were absent?

Select "Yes" if you:

- were away from work for the entire week for a reason such as vacation, illness, parental leave or work schedule
- were self-employed with a business, but no work was available.

Select "No" if you:

- did not have a job or business
- had a casual job, but no work was available.
- Yes
- No

660. What was the main reason you were absent from work last week?

661. Vacation

662. Own illness or disability

663. Caring for own children

664. Caring for elder relative

Help text: 60 years of age or older

665. Maternity or parental leave

666. Other personal or family responsibilities

667. Labour dispute (strike or lockout)

Help text: Employees only

668. Temporary layoff due to business conditions

Help text: Employees only

669. Seasonal layoff

Help text: Employees only

670. Casual job, no work available

Help text: Employees only

671. Work schedule

Help text: e.g., 10 days on, 10 days off, employees only

672. Self-employed, no work available

Help text: Self-employed only

673. Seasonal business

Help text: Excluding employees

674. Other

(Don't know, refusal not allowed)

675. What kind of work were you doing?

Examples: legal secretary, plumber, fishing guide, wood furniture assembler, secondary school teacher, computer programmer

(50 spaces)

(Don't know, refusal not allowed)

662. What were your most important activities or duties?

Examples: prepared legal documents, installed residential plumbing, guided fishing parties, made wood furniture products, taught mathematics, developed software

(50 spaces)

(Don't know, refusal not allowed)

663. Your job required that you learn new things.

664. Strongly agree

665. Agree

666. Neither agree nor disagree

667. Disagree

668. Strongly disagree

669. Don't know, refusal



670. Your job required a high level of skill.
671. Strongly agree
672. Agree
673. Neither agree nor disagree
674. Disagree
675. Strongly disagree
676. Don't know, refusal
677. Your job allowed you freedom to decide how you did your job.
678. Strongly agree
679. Agree
680. Neither agree nor disagree
681. Disagree
682. Strongly disagree
683. Don't know, refusal
684. Your job required that you do things over and over.
685. Strongly agree
686. Agree
687. Disagree
688. Strongly disagree
689. Don't know, refusal
690. Your job was very hectic.
691. Strongly agree
692. Agree
693. Neither agree nor disagree
694. Disagree
695. Strongly disagree
696. Don't know, refusal
697. You were free from conflicting demands that others made.

- 698. Strongly agree
- 699. Agree
- 700. Neither agree nor disagree
- 701. Disagree
- 702. Strongly disagree
- 703. Don't know, refusal
- 704. Your job security was good.
- 705. Strongly agree
- 706. Agree
- 707. Neither agree nor disagree
- 708. Disagree
- 709. Strongly disagree
- 710. Don't know, refusal
- 711. Your job required a lot of physical effort.
- 712. Strongly agree
- 713. Agree
- 714. Neither agree nor disagree
- 715. Disagree
- 716. Strongly disagree
- 717. Don't know, refusal
- 718. You had a lot to say about what happened in your job.
- 719. Strongly agree
- 720. Agree
- 721. Neither agree nor disagree
- 722. Disagree
- 723. Strongly disagree
- 724. Don't know, refusal
- 725. You were exposed to hostility or conflict from the people you worked with.

- 726. Strongly agree
- 727. Agree
- 728. Neither agree nor disagree
- 729. Disagree
- 730. Strongly disagree
- 731. Don't know, refusal
- 732. Your supervisor was helpful in getting the job done.
- 733. Strongly agree
- 734. Agree
- 735. Neither agree nor disagree
- 736. Disagree
- 737. Strongly disagree
- 738. Don't know, refusal
- 739. The people you worked with were helpful in getting the job done.
- 740. Strongly agree
- 741. Agree
- 742. Neither agree nor disagree
- 743. Disagree
- 744. Strongly disagree
- 745. Don't know, refusal
- 746. How satisfied were you with your job?
- 747. Strongly agree
- 748. Agree
- 749. Neither agree nor disagree
- 750. Disagree
- 751. Strongly disagree
- 752. Don't know, refusal

## Socio-demographic characteristics

Now, some general questions which will help us compare the health of people in Canada.

676. Have you ever served in the Canadian military?

- Yes
- No
- Don't know, refusal

677. What is your sexual orientation?

678. Heterosexual

679. Lesbian or gay

680. Bisexual

681. Or please specify

## Place of birth, immigration and citizenship

678. Where were you born?

679. Born in Canada

680. Born outside Canada

Specify the province or territory

- 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
- (Don't know, refusal not allowed)

679. In what year did you first come to Canada to live?

- Year of arrival
- Year

680. Are you now, or have you ever been a landed immigrant?

- Yes
- No

681. In what year did you first become a landed immigrant?

- Year of immigration
- Year

### Indigenous Identity

682. Are you First Nations, Métis or Inuk (Inuit)?

683. No, not First Nations, Métis, or Inuk (Inuit)

684. Yes, First Nations (North American Indian)

685. Yes, Métis

686. Yes, Inuk (Inuit)

687. (Don't know, refusal not allowed)

### Population group

683. The following question collects information in accordance with the Employment Equity Act and its Regulations and Guidelines to support programs that promote equal opportunity for everyone to share in the social, cultural, and economic life of Canada.

684. White

685. South Asian

Help text: e.g., East Indian, Pakistani, Sri Lankan

686. Chinese

687. Black

688. Filipino

689. Arab

690. Latin American

691. Southeast Asian

Help text: e.g., Vietnamese, Cambodian, Laotian, Thai

692. West Asian

Help text: e.g., Iranian, Afghan

693. Korean

694. Japanese

695. Other

(Don't know, refusal not allowed)

### Education

684. What is the highest certificate, diploma or degree that you have completed?

685. Less than high school diploma or its equivalent

686. High school diploma or a high school equivalency certificate

687. Trades certificate or diploma

688. College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)

689. University certificate or diploma below the bachelor's level

690. Bachelor's degree

Help text: e.g., B.A., B.A. (Hons), B.Sc., B.Ed., LL.B.

691. University certificate, diploma or degree above the bachelor's level  
(Don't know, refusal not allowed)

## Administrative information

To enhance the data from this survey and to minimize the reporting burden for respondents, Statistics Canada will combine your responses with information from the tax data of all members of your household. Statistics Canada and your provincial ministry of health may also add information from other surveys or administrative sources.

685. Having a provincial or territorial health number will assist us in linking to this other information.

Do you have a [Province] health number?

- Yes
- No

686. What is your health number?

Health number

(12 spaces)

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 or territorial ministries of health may make the data available to local health authorities.

Data shared with your ministry of health may also include identifiers such as name, address, telephone number and health card number. Health Canada, the Public Health Agency of Canada, and local health authorities would receive only survey responses and the postal code.

687. These organizations have agreed to keep the data confidential and use it only for statistical purposes.

Do you agree to share the information provided?

- Yes
- No

688. To reduce the number of questions in this questionnaire, Statistics Canada will use information from your tax forms submitted to the Canada Revenue Agency. With your consent, Statistics Canada will share this information from your tax forms with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada. These organizations have agreed to keep the information confidential and to use it only for statistical and research purposes.

Do you give Statistics Canada permission to share your tax information with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada?

- Yes
- No

689. What is your telephone number?

(80 spaces)

690. What email address could we use to contact your household, if applicable?

(80 spaces)

691. Please confirm your email address.

(80 spaces)

692. Please verify that the following address is correct. You can change this address if it does not correspond to this dwelling.

**Address line 1**

(80 spaces)

**Address line 2**

(80 spaces)

**City, municipality, town, village, Indian reserve**

(80 spaces)

**Province/territory**

(80 spaces)

**Postal code**

(80 spaces)

693. Is the mailing address of this dwelling different from the one specified in the previous question?

- Yes
- No

**694. Do you have any comments about this questionnaire?**