General Social Survey

12F0043E
no.4
c.3

STATISTICS CANADA STATISTIQUE CANADA
NOV 14 1994
LIBRARY
BIBLIOTHÈQUE

WORKING PAPER #4

OVERVIEW OF 1991 GENERAL SOCIAL SURVEY ON HEALTH (GSS-6)

Statistics Canada Statistique Canada

Canada

OVERVIEW OF 1991 GENERAL SOCIAL SURVEY ON HEALTH (GSS-6)

Carol Strike

July 8, 1991

Preface

This report provides a history of the development of the 1991 General Social Survey (Cycle 6) from questionnaire design to data collection. Specifically, it examines changes and omissions from the 1985 GSS (Cycle 1) questionnaire and the reasons for these changes. In addition, it provides a summary of question comparability with other surveys.

Table of Contents

Preface

A. Background 5

B. Health Questionnaire Rationale 6

C. 1991 General Social Survey

1. General 8
2. Selection Control Form 8
3. Health Questionnaire 9

A. Health Status 9
B. Two-week Disability 10
C. Twelve-Month Health Care Contacts 10
D. Flu Shots 11
E. Health Status Indicators 11
F. Limitations 11
G. Physical Condition and Activity 11
H. Sleep 12
J. Smoking 12
K. Alcohol Consumption 12
M. Occupation and Health 13
N. Satisfaction Measures 13
P. Bradburn Emotional Health Scale 13
Q. Classification 14
R. Contacts for Follow-up 14

4. Operational Changes 15

D. Contacts 16

Appendix A Summary of Question Comparability
Appendix B 1985 GSS Questionnaire Cycle 1
Appendix C 1991 GSS Questionnaire Cycle 6

Background

The General Social Survey, conducted annually, provides policy makers and analysts with national statistical information on the living conditions and well being of Canadians. GSS has two main objectives: first, to monitor changes in Canadian society over time, and secondly to provide information on specific policy issues of a current or emerging nature.

GSS operates on a 5 year repeating cycle, each year examining one of five subject areas which form the core content of the survey. Cycle 5 (1990) on Family and Friends completed the final set of GSS cycles. The 1991 survey will be the first GSS cycle to return to previous core content: 1985 GSS-Health.

Health, time use, personal risk, education and work and the family are the five core content subjects which are rotated during each 5 year cycle. Core sections (refer to Figure 1) provide a data source for monitoring trends in Canadian society.

Focus content of the survey obtains statistical information on specific subject areas which are of particular interest to federal or provincial departments or other user groups. For example, focus content for Cycles 1,2 and 3 examined social support, language, and victims services, respectively (refer to Figure 1).

A third and final component of each GSS survey consists of classification which provides the means of delineating population groups and is used in the analysis of the core and focus data. Examples of classification variables include age, gender, education and income (See section Q of 1991 questionnaire).

While resources for classification and core are included as part of the standard GSS budget, costs associated with focus content are recovered from sponsors.

The sample size targeted for each GSS survey is 10,000, however, interested users can purchase additional sample size for specific target groups or provinces to meet special policy information needs. The sample size was increased in Cycles 1,2,5 and 6.

FIGURE 1

Cycle	End of Collection	Core Content	Focus Issue	Additional Sample	Target of Oversample
1	Oct 1985	Health	Social Support	yes	Population age 55 and over
2	Dec 1986	Time use, social mobility	Language	yes	Bilingual areas of Canada*
3	March 1988	Personal Risk	Victim Services	no	
4	March 1989	Education and Work	none	no	
5	April 1990	Family and Friends	none	yes	Ontario and population age 65 and over
6	Dec 1991	Health	Various topics**	yes	Population age 65 and over

*North and East New Brunswick; Montreal, Quebec; Eastern Townships, Quebec; Outaouais area, Quebec and Ontario; East and North East Ontario
**Flu shots, job benefits, sources of pension/disability income, health status indicators and emotional well-being.

B. Health Survey Rationale

Health is of major importance to all Canadians. Through all life-cycle stages, the concern for health plays a major role in our day-to-day life and well-being.

Until recently, a generally accepted view has been that the practice of medicine has been the basis for all improvements in health. However, it is now known that the level of medical care is only one factor in determining level of health, with lifestyle and the environment, as well as biomedical elements being others. For example: social excesses of alcohol may lead to motor vehicle accidents; cigarette smoking causes cancer of the lung; lack of exercise aggravates coronary-artery disease; crowding, high-rise living and the dearth of intensive use recreational areas in cities are all contributors to sickness in Canada. (See Lalonde[1] and Black reports[2].)

The success of the Canadian health care system, particularly in the treatment of disease, is unquestioned however it is very costly to operate and maintain. As well, there is growing evidence to support the contention that future improvements in the level of health of Canadians will have to rely increasingly on improvements to lifestyle and the

environment (Lalonde).

For government planners responsible for the development of health programmes, a step forward to improving the health of Canadians would be the availability of data on the current health status of the population and barriers and bridges to a better level of health. Collection of health status and lifestyle data, obtained on a periodic basis, will enable the health status of the Canadian population, both in total and by group, to be monitored over time.

Periodic collection of health status information will enable the health level of Canadians to be monitored, and groups with both low and high levels of health to be identified. As well, data on factors which relate both positively and negatively to health status need to be collected in order to identify where intervention in a factor can produce benefits to health which require less resources than those needed by medical care services.

In determining the set of measures to be used for data collection, a number of criteria were used. The first criterion is that the data should be appropriate for collection via household surveys i.e. biomedical data such as level of cholesterol, glucose and uric acid in the blood are not appropriate for collection by GSS. A second criterion is that data should concentrate on the factors where the relationship with health is substantiated. Thirdly, emphasis should be placed on those factors where there are relevant measurement instruments. Fourthly, preference should be given to factors where there already exists previously collected and comparable data, thus facilitating measurement of change over time by GSS. Happily these criteria are not independent of each other since, for example, factors where the relationship is better substantiated are often those for which measurement instruments have been developed, and there is some past data. Recognizing these criteria, the content of Cycle 1 included: short and long term disability, well-being, height and weight, health problems, smoking, alcohol use, physical activity, sleep and use of health care services[3].

C. 1991 GENERAL SOCIAL SURVEY

1.GENERAL

The core content for 1991 GSS, health, is based primarily on the core variables used in the 1985 GSS 1 (Appendix B). The following are the subjects which are common to both.

-chronic health problems
-two week disability
-health care utilization
-height and weight
-physical activity
-tobacco usage
-alcohol use
-sleep patterns
-satisfaction measures

As well, measures of health care delays and occupational health were identified as appropriate additions to the core content.

It should be noted that the focus content for the 1985 survey, social support for the elderly, is not part of the 1991 survey. Social support questions were included as part of core content (for all age groups) in the 1990 GSS on Family and Friends. Focus content for 1991 includes, flu shot inoculation, health status indicators, emotional wellbeing, job benefits and income security benefits.

The target sample size for 1991 is 11,500. This sample includes the standard 10,000 interviews of people age 15 and over and a supplementary sample of 1,500 people age 65 and over sponsored by the Seniors Secretariat, Health and Welfare Canada. The oversample portion will be drawn from households which have recently been part of the Labour Force Survey.

2.SELECTION CONTROL FORM

The data from each cycle of the GSS are collected using two forms: (1) selection control form (6-1); and (2) the questionnaire (GSS 6-2). The selection control form is used to ensure that the telephone number reached belongs to an eligible household, to record demographic data for each household member (age, sex, marital status and relationship to a reference person) and to randomly select a respondent aged 15 and over[4]. For the 1991 survey, only minor changes were made to the 1990 Survey selection control form. The ordering of questions and the household grid were altered at the request of the interviewers who found the form difficult to follow. As a result, the household grid was organized in an alpha-numeric format in order to isolate it from the instruction items. In addition, the last 2 lines of Item 10 were changed so that in instances where the number of calls exceeded 23, the information pertaining to the last call would be transposed from the last page (this page is not data captured) to page 1. It is important to capture data on the last call as it is the most important call because it indicates, for example, whether the call resulted in a completed interview, selected person refusal or a phone number which is

out of scope for the GSS.

3. HEALTH QUESTIONNAIRE

The 1991 survey content (See Appendix C) was designed to be comparable, where possible, with the 1985 GSS and to a lesser extent other GSS cycles, the Canada Health Survey (CHS) and the Health Promotion Survey (HPS). Appendix A presents a question by question summary of comparability.

For 1991, the focus section is comprised of many elements. Health and Welfare Canada sponsored focus content for this cycle. The specific sponsoring units within Health and Welfare Canada are noted later in the text. Health status indicators were sponsored by program interests within Statistics Canada.

The following sections describe the contents of the health questionnaire and indicate changes that have been made in comparison to the 1985 GSS-1.

A: Health Status

This section collects information on the prevalence of chronic health problems. All 1985 GSS chronic health indicators were repeated, however, the self-rated health status question (A2) was updated to provide comparability with the 1990 HPS. The format of the questions on chronic health problems (A10) changed to the format of the Canada Health Survey (CHS). As well, a number of chronic health problems have been added to the 1985 survey (eg. hay fever, stomach ulcer, high blood cholesterol) from Health and Welfare's list of health status indicators for which there was a lack of statistical data. Many of the chronic health problems listed on the 1990 questionnaire are comparable to those of the Canada Health Survey CHS.

B: Two-week Disability

Questions in this section pertain to two-week disability and, for the most part, are a repeat of the 1985 GSS questions; however, a few changes were made. Instead of referring to a specific two-week period starting on a Sunday and ending on a Saturday, the 1991 GSS asks respondents to refer to the previous two weeks. This change was made to simplify the reference period concept for respondents. Most of the questions in this section are also comparable to the CHS.

C: Twelve-Month Health Care Contacts

This section deals with contacts with the health care system. Specifically, respondents are asked about contacts with health care professionals (C1), overnight hospital stays (C2) and any delays in obtaining health care services (C3-C5) in the previous 12 months. 1991 GSS respondents are asked about contacts with:

-Family Doctor/General Practitioner

-Medical Specialist
-Dentist
-Nurse
*Optometrists or opticians
*Chiropractors
*Psychologists, social workers or counsellors
*Physiotherapists
*Other health care professionals (specified)

(* items new to 1991 GSS)

Questions dealing with over night hospital stays are common to both the 1985 GSS and the CHS.

Questions about delays in obtaining health care over the past 12 months are new to the core content. These 3 questions collect information on the number of people who have experienced a delay, the type of medical service for which the delay occurred and the duration of the delay.

D: Flu Shots
These questions were sponsored and developed by the Laboratory Centre for Disease Control. This section collects data on the use of the influenza vaccination in the general population and is designed to provide an assessment of physician recommendation, usage of flu shots (eg. seniors) and to identify groups who did not, but should get flu shots.

E: Health Status Indicators
This section is new to the 1991 survey and replaces the 1985 GSS Section D: Activities of Daily Living (ADL). This substitution was made because of the overlap in content of the health status questions and those of the ADL and also because the issue of long term disability will be extensively covered in a 1991 post-censal disability survey. This battery of questions was used by the Ontario Health Survey (OHS) and they form part of a Global Health Index being developed by the OHS[5].

F: Limitations
This section collects data on the prevalence of activity limitation, the type of limitation and the cause of limitation. The first two questions are a repeat of 1985 GSS questions while the third question is new. All questions are similar to those of the CHS.

G: Physical Condition and Activity (Core)
Measures of height (G2), weight (G3) and self-perceived weight (G4) are the same as 1985 GSS with one change: for the self-perceived weight adequacy question, the final response category "**About the proper weight**" was changed to "**Just about right**" as this

was thought to be more conversational and a response better suited to a telephone survey.

On the advice of Fitness and Amateur Sport, questions in the physical activity section have been replaced (G5-G7). The intent was to provide comparability between GSS data and data collected by Fitness and Amateur Sport and the Canadian Fitness and Lifestyle Research Institute. Another reason for the change was that the 1985 GSS questions focused primarily on vigorous physical activity. At present, the health promotion emphasis is on moderate and light activity. Thus the new questions will accommodate current and future data requirements. The question on adequacy of physical exercise (G7) is the only exercise question common to the 1985 GSS.

H: Sleep

The 1991 GSS section on sleep was changed substantially from that of the 1985 GSS based on the advice of a number of sleep researchers. While the 1985 GSS provided estimates of all time spent in bed over a 24 hour period (including time spent resting/reading) and time spent sleeping, the 1991 GSS collects data on time spent sleeping each night excluding resting and reading. In addition, the 1991 GSS includes questions pertaining to sleep problems.

J: Smoking

In order to allow for other health questions to be added, a few of the 1985 questions were eliminated from the 1991 questionnaire. Specifically, the question on brand of cigarette smoked and the "pipe, cigar and cigarillo" question were eliminated because it was felt that the level of detail provided by these questions was beyond that which was required by the GSS. As a result, the questions and flow patterns were re-organized.

K: Alcohol Consumption

The alcohol consumption section in the 1991 GSS was modified from that of the 1985 GSS format in order to establish trend data with the HPS. The introduction was changed to a more conversational style and includes the definition of a drink. In 1985, the definition of a drink preceded the fourth question. As well, the collection of data on consumption over the past 7 days was changed to the "drink wheel" format, with data capture boxes for each day of the week instead of indicating the number of days on which the respondent drank 1 or more drinks. Many of the questions in this section are also comparable to those in the CHS.

1985 GSS questions dealing with respondent comparison of drinking habits between two years and reason for cessation of drinking have been omitted to allow space for new questions to be asked.

M: Occupation and Health

The topic of occupation and health was identified by data users as an important area not covered by the 1985 GSS. This section is designed to gather data on the impact of the

work environment on health. As such, questions pertain to the respondents' (1) work history (M1-M15); (2) current status (M16-M17); (3) various aspects of a respondents current job (M18-M23,M26); (4) job benefits (M25); and (5) factors in the work environment which may have had an impact on health (M27-M39). This section includes questions dealing with previous work injuries or illnesses (M27), work days lost as a result of an injury/illness (M28), work stress/worry (M30) and any measures taken to reduce stress/worry (M32-M33). As well, questions dealing with exposure to environmental hazards such as loud noise and computer screens (M34-M39) are part of this section.

Although part of the classification section, the last three items of section M refer to the main activity of the respondent's spouse.

N: Satisfaction Measures

Most cycles of the GSS include satisfaction measures thus establishing trend data. Although the 1985 GSS included 6 satisfaction measures, the 1991 includes only 3. Specifically, the 1991 survey includes measures of health, main activity/job and life satisfaction. As well, a question on stress (N3) was added to this section. This question was also asked in the 1990 HPS.

P: Bradburn Emotional Health Scale

Mental health was another topic identified by data users as missing from the 1985 GSS. In order to provide a measure of emotional health in the population, a number of mental health scales were considered, however the Bradburn Emotional Health Scale was selected for a number of reasons. First, this scale is brief. As the GSS measures health status with many indicators, a long battery of mental health questions would have been unsuitable. Second, this scale measures positive and negative aspects of health i.e. supports the ideas that health is more than simply the absence of disease. And third, a French equivalent scale was available. The battery is comprised of a series of 10 questions, 5 measuring positive affect or psychological well-being and 5 measuring negative effect or mild affective disorders (anxiety and depression). Both the CHS and the Ontario Health Survey have used these questions, thus providing trend data. A supplement to the Ontario Health Survey group is currently being carried out using an extensive set of questions related to the topic of mental health.

Q: Classification

Most classification questions have evolved with each cycle of the GSS. Changes have been made to provide comparability with the 1991 Census, Labour Force Survey and other surveys. As well, for questions with response options that were not read to the respondent (eg. religion and ethnic origin), the response list was enlarged to reduce manual coding of "other specify" responses after the data collection period.

While the 1985 GSS included "main activity" questions in the classification section, for 1991 these questions were incorporated into section M on occupational health. Data on spouse's main activity was added to classification content.

Contacts for Follow-up

Beginning with the 1990 GSS on Family and Friends, each GSS cycle will include a final section asking respondents for detailed contact information that will facilitate a follow-up of some respect in the future. Currently, the GSS is a cross-sectional survey however some consideration has been given to the potential for re-interviewing respondents to link data from other cycles or to re-interviewing respondents on the same topic five years later.

Some testing of the follow-up procedure was done using data from the 1990 GSS and the results indicate that a follow-up is feasible. The GSS project is interested in joint projects which would involve follow-ups. Anyone interested in sponsoring a follow-up should contact the GSS staff.

4.Operational Changes

The 1985 and 1986 GSS cycles collected data in the fall starting in September. Subsequent cycles, (1988,1989, 1990) collection started mid-January and ended mid-March. Since some variables in the GSS are subject to seasonality (eg. health), the 1991 survey used a monthly data collection procedure with a fraction of the interviews (approximately 960) conducted each month.

In preceding cycles, two methods of random digit dialling were used: Elimination of Non-Working Banks (ENWB) and Waksberg[6]. For 1991, only ENWB is used. Waksberg was eliminated as ENWB is more operationally efficient. With Waksberg, "primary" telephone numbers were generated and based on their resolution (i.e. residential versus non-residential) "secondary" phone numbers were generated. Thus, there was great pressure to resolve the primary numbers as fast as possible so that the remainder of the sample, (i.e. "secondary" numbers), could be generated. With the ENWB method, all numbers which are to be used in the sample are generated at one time.

In 1991, computer edits were introduced at the time of data capture. Following the interviews, all questionnaires are captured and put through a computer edit. This allows the interviewers to resolve any problems (eg. improper skip patterns or key punch errors) before the data and forms are sent back to the GSS group. This is expected to result in improved data quality.

The 1991 survey is the first GSS cycle to accept proxy interviews. This change was made as there was concern that by prohibiting proxy interviews, important segments of the population (eg. disabled people, selected respondents who are not available for interview due to illness, recent immigrants) would be excluded from the sample. As such, proxy interviews were allowed in instances where the selected person is too ill to participate and where the selected person is unable to speak either English or French and someone in the household was able to provide the information.

Contacts

General Information:

Doug Norris
GSS Program Manager and Assistant Director,
Housing, Family and Social Statistics Division,
Statistics Canada,
7th Floor, Jean Talon Bldg.,
Ottawa, Ontario
K1A 0T6
Telephone: (613) 951-2572

GSS 1985, 1988 and 1991 (Cycles 1,3 and 6):

Edward Praught,
Survey Cycle Manager,
General Social Survey,
Housing, Family and Social Statistics Division,
Statistics Canada,
7th Floor, Jean Talon Bldg.,
Ottawa, Ontario
K1A 0T6
Telephone: (613) 951-9180

GSS 1986 and 1989 (Cycles 2 and 4):

Ghislaine Villeneuve,
Survey Cycle Manager,
General Social Survey,
Housing, Family and Social Statistics Division,
Statistics Canada,
7th Floor, Jean Talon Bldg.,
Ottawa, Ontario
K1A 0T6
Telephone: (613) 951-4995

GSS 1990 (Cycle 5):

Josephine Stanic,
Survey Cycle Manager,
General Social Survey,
Housing, Family and Social Statistics Division,
Statistics Canada,
7th Floor, Jean Talon Bldg.,
Ottawa, Ontario
K1A 0T6
Telephone: (613) 951-8644

APPENDIX A

QUESTION COMPARABILITY

1991	GENERAL SOCIAL SURVEY	1985 GSS		CANADA HEALTH SURVEY		1990 HEALTH PROMOTION SURVEY	
ITEM	TOPIC	COMPARISON (	QUESTION	COMPARISON	QUESTION	COMPARISON	QUESTION
	CHRONIC HEALTH PROBLEMS		#		#		#
A2	Perception of health	*	1			same	A1
A3	Last blood pressure check	*	2			*	C2
A4	Diagnosed high blood presssure	same	3	*	53	*	C3
A5	Treatment prescribed for blood pressure	same	4			X	C4/ C5
A6	Heart trouble (heart attack, angina, heart failure or rheumatic heart disease)	same	5	X	54		
A7	Age heart diagnosed	same	6				
A8	Diabetes	same	7	*	48		
A9	Age diabetes diagnosed	same	8				
A10a	Arthritis, rheumatism bursitis	X	10	*	45		
A10b	Asthma	X	9	same	44		
A10c	Emphysema, chronic bronchitis, persistent cough or shortness of breath	X	9	*	49		
A10d	Hay fever			*	43		
A10e	Skin or other allergies						
A10f	Stomach ulcer			same	56		
A10g	Other digestive problems						
A10h	Recurring migraine headaches			same	58		
A10i	High blood cholesterol					*	C6
A10j	Emotional Disorders			same	51		

(1) QUESTION COMPARISON BETWEEN SURVEYS (* MINOR DIFFERENCE X MAJOR DIFFERENCE)

1991 GENERAL SOCIAL SURVEY		1985 GSS		CANADA HEALTH SURVEY		1990 HEALTH PROMOTION SURVEY	
ITEM	TOPIC	COMPARE	ITEM	COMPARE	ITEM	COMPARE	ITEM
	TWO-WEEK DISABILITY						
B1	Main activity	same	11	*	9		
B3	Bed days	same	13	*	10a		
B5	Activity loss-bed days	same	15	*	11a		
B8	Cut-down days	same	16	*	12b		
B10	Activity loss-cut-down days	same	19				
TWO-WEEK HEALTH CARE CONTACTS							
B11	Medical doctor	same	20	*	13		
B12	Reason for contact	same	21	*	14c		
12-MONTH HEALTH CARE CONTACTS							
C1a	Family doctor or general practitioner	*	22	*	15		
C1b	Medical specialist	*	23				
C1c	Dentist	*	24	same	16		
C1d	Nurse	*	25	same	17a		
C1e	Optometrist/Optician			same	17c		
C1f	Chiropractor			same	17d		
C1g	Psychologist, social worker or counsellor			same	17e		
C1h	Physiotherapist						
C1i	Other health care professional						
C2	Hospital nights	same	26	*	18		

*minor difference X major difference

1991 GENERAL SOCIAL SURVEY		1985 GSS		CANADA HEALTH SURVEY		1990 HEALTH PROMOTION SURVEY	
ITEM	TOPIC	COMPARISON	QUESTION	COMPARISON	QUESTION	COMPARISON	QUESTION
	TWO-WEEK DISABILITY		#		#		#
B1	Main activity	same	11	•	9		
B3	Bed days	same	13	•	10a		
B5	Activity loss-bed days	same	15	•	11a		
B8	Cut-down days	same	16	•	12b		
B10	Activity loss-cut-down days	same	19				
TWO-WEEK HEALTH CARE CONTACTS							
B11	Medical doctor	same	20	•	13		
B12	Reason for contact	same	21	•	14c		
12-MONTH HEALTH CARE CONTACTS							
C1a	Family doctor or general practitioner	•	22	•	15		
C1b	Medical specialist	•	23				
C1c	Dentist	•	24	same	16		
C1d	Nurse	•	25	same	17a		
C1e	Optometrist/Optician			same	17c		
C1f	Chiropractor			same	17d		
C1g	Psychologist, social worker or counsellor			same	17e		
C1h	Physiotherapist						
C1i	Other health care professional						
C2	Hospital nights	same	26	•	18		

(1) QUESTION COMPARISON BETWEEN SURVEYS (• MINOR DIFFERENCE X MAJOR DIFFERENCE)

1991 GENERAL SOCIAL SURVEY		1985 GSS		CANADA HEALTH SURVEY		1990 HEALTH PROMOTION SURVEY	
ITEM	TOPIC	COMPARISON	QUESTION	COMPARISON	QUESTION	COMPARISON	QUESTION
	FLU SHOTS		*		*		*
D1.	Physician/nurse flu shot recommendation						
D3.	Recipients of flu shots						
D4.	Reason for not getting flu shot						
HEALTH STATUS INDICATORS							
	VISION						
E2.	Read: no correction						
E3.	Read: with correction						
E4.	Able to see at all						
E5.	Distance: no correction						
E6.	Distance: with correction						
	HEARING						
E7.	Hear:group conversation no correction						
E8.	Hear:group conversation with correction						
E9.	Hear:one to one conversation no correction						
E10.	Hear:one to one conversation with correction						
	SPEECH						
E11.	Speech: understood completely by strangers						
E12.	Speech:understood partially by strangers						

(1) QUESTION COMPARISON BETWEEN SURVEYS (* MINOR DIFFERENCE X MAJOR DIFFERENCE)

1991 GENERAL SOCIAL SURVEY		1985 GSS		CANADA HEALTH SURVEY		1990 HEALTH PROMOTION SURVEY	
ITEM	TOPIC	COMPARISON	QUESTION	COMPARISON	QUESTION	COMPARISON	QUESTION
E13.	Speech:understood completely by those who know you well		*		*		*
E14.	Speech:understood partially by those you know well						
	MOBILITY						
E16.	Mobility:unimpeded						
E17.	Mobility: unable to walk						
E18.	Mobility:with mechanical support						
E19.	Mobility:help needed						
E20.	Mobility: wheelchair needed						
E21.	Mobility:frequency of wheelchair use						
E22.	Mobility:wheelchair and help needed						
	DEXTERITY						
E23.	Dexterity: unimpeded						
E24.	Dexterity: limited						
E25.	Dexterity: frequency of help required						
E26.	Dexterity: Special equipment required						
E27.	Happiness						
E28.	Memory						
E29.	Thinking						

(1) QUESTION COMPARISON BETWEEN SURVEYS (* MINOR DIFFERENCE X MAJOR DIFFERENCE)

1991 GENERAL SOCIAL SURVEY		1985 GSS		CANADA HEALTH SURVEY		1990 HEALTH PROMOTION SURVEY	
ITEM	TOPIC	COMPARISON	QUESTION	COMPARISON	QUESTION	COMPARISON	QUESTION
	PAIN		#		#		#
E30.	Pain						
E31.	Pain: Intensity						
E32.	Pain: activities prevented						
	ACTIVITY LIMITATIONS						
F1	Limited by long-term physical condition or illness	same	37	X	26		
F2	How are you limited	same	37	X	32b		
F3	Main health problem			X	33b		
	PHYSICAL CONDITION AND PHYSICAL ACTIVITY						
G2.	Height	*	38			same	A3
G3.	Weight	same	39			same	A4
G4.	Self-perceived weight	X	40				
	SLEEP						
H2.	Sleep length each night	X	70				
H3.	Trouble going to sleep or staying asleep						
H4.	Refreshed by sleep: frequency						
H5.	Difficulty staying awake: frequency						

(1) QUESTION COMPARISON BETWEEN SURVEYS (* MINOR DIFFERENCE X MAJOR DIFFERENCE)

1991 GENERAL SOCIAL SURVEY		1985 GSS		CANADA HEALTH SURVEY		1990 HEALTH PROMOTION SURVEY	
ITEM	TOPIC	COMPARISON	QUESTION	COMPARISON	QUESTION	COMPARISON	QUESTION
	SMOKING		#		#		#
J2.	Frequency of smoking	same	53	X	T1	X	E2
J3.	Number of cigarettes	same	55	same	T4	*	E3
J4.	Age started	same	54	same	T3		
J5.	Ever smoked	same	58	X	T2		
J6.	Ever smoked age started	same	59	same	T4		
J7.	Age stopped smoking	same	60	same	T5		
J8.	Household smokers	same	62			same	E6
	DRINKING						
K2.	Ever drink			X	AL1	same	F1
K3.	Ever drink (12 months)	*	63	X	AL1	same	F2
K4.	12 Month frequency	X	64	X	AL1	same	F3
K5.	7 day frequency	X	66	same	AL3	same	F4
	SATISFACTION						
N2.	Health						
N3.	Main Activity						
N4.	Life						
N5.	Amount of life stress					same	A2
	EMOTIONAL WELL-BEING						
P1.	Bradburn Scale			same	F1		

(1) QUESTION COMPARISON BETWEEN SURVEYS (* MINOR DIFFERENCE X MAJOR DIFFERENCE)

APPENDIX B

1985 GSS QUESTIONNAIRE CYCLE 1

APPENDIX B

Statistics Canada Statistique Canada

GSS-1

Confidential when completed

1: ___ ___ ___ 2: ___
3: ___ 4: ___

General social survey
Selection control form

RECORD OF CALLS									
10	11 Date		12 Start		13 Finish		14 Result	15 Interviewer's Name	16 Comments
	Day	Month	Hr.	Min.	Hr.	Min.			
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

20. **Hello, I'm ..... from Statistics Canada. We are doing a survey about the health of Canadians.**

21. **I'd like to make sure that I've dialed the right number. Is this ..... *(read number)*?**

○ Yes

○ No → *Dial again. If still wrong, END*

22. **Is this number for a business, an institution or a private home?**

○ Private home
○ Both home and business/institution } *Go to 30*

○ Business, institution or other non-residence *(Specify)* (Name of business/institution)

_____

_____

23. **Does anyone use this telephone number as a home phone number?**

○ Yes

○ No → *Thank respondent and END*

24. **How many persons live or stay at this address and use this number as a home phone number?**

○ Less than 15 → *Go to 30*

○ 15 or more → *Complete form GSS-1A*

6-5103-135 25-6-85 TB CT-REG B102518

30. In this health study all information we collect will be kept strictly confidential as guaranteed by the Statistics Act. While your participation is voluntary, your assistance is essential if the results of the study are to be accurate.

31. I need to select one person from your household for an interview. Starting with the oldest, what is the first name and age of each person living or staying here who has no usual place of residence elsewhere?

Enter names and ages in 42 and 44

32. Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live here?

○ Yes → *Enter names and ages in 42 and 44*

○ No

33. Does anyone else live at this address, such as other relatives, roomers, boarders or employees?

○ Yes → *Enter names and ages in 42 and 44*

○ No

34. *INTERVIEWER:*

- *Enter answers for 44 through 48 for each person recorded in 42.*
- *Then go to 50.*

40 Pgl	41 Ln	42 Names of household members		43 SEL #	44 AGE	45 SEX	46 MS	47 Fmld	48 RTH	49
	1	Given Name								
		Surname								
	2	Given Name								
		Surname								
	3	Given Name								
		Surname								
	4	Given Name								
		Surname								
	5	Given Name								
		Surname								
	6	Given Name								
		Surname								
	7	Given Name								
		Surname								
	8	Given Name								
		Surname								

50. Now I'm going to use a selection procedure to determine whom to interview. This will just take a second.

51. *INTERVIEWER:*

- *In item 43, number the persons 15 to 64 years of age in order from oldest to youngest.*
- *Determine the selected person by referring to the Selection Grid.*
- *In item 43, circle the number of the selected person*

Selection Grid Label

A = Eligible Household Members
B = Select #

52. The person I am to interview is ..... *(read name)*

Is he/she there?

○ Yes → *Go to 70*

○ No → *Set up appointment and go to 70*

53. Best time to contact selected person.

60. Final Status

61. Number of Eligible Household Members

62. Interviewer Number

63. Notes
Item No.

70. *INTERVIEWER:*

- *If the selected person is aged 15 to 54* ○ *Complete GSS-2*
- *If the selected person is aged 55 to 64* ○ *Complete GSS-3*

R.O.

Docket No.

Hrd Page-Line No

Response Code

Date of Interview

Month Year

Length of Interview

Minutes

GSS-4

CONFIDENTIAL when completed

GENERAL SOCIAL SURVEY

HEALTH AND SOCIAL SUPPORT QUESTIONNAIRE AGES 55 AND OVER

B 5103-10 73 07 REG 8402518

SECTION A

I would now like to ask you some questions related to your health. Most of the questions are about specific health concerns but the first question is about health in general.

1. **How would you describe your state of health? Compared to other persons your age, would you say it was . . .**

   1 ○ Excellent
   2 ○ Good
   3 ○ Fair, or
   4 ○ Poor?

2. **Now I'd like to ask you some questions about your blood pressure. How long ago did you last have your blood pressure checked?**

   1 ○ Within last 6 months
   2 ○ 7 to 12 months ago
   3 ○ 13 to 24 months ago
   4 ○ More than 2 years ago
   5 ○ Never } Go to 5
   6 ○ Don't know }

3. **Have you ever been told by a doctor or nurse that you have high blood pressure?**

   1 ○ Yes
   2 ○ No } Go to 5
   3 ○ Don't know }

   Note: Women should exclude high blood pressure due to pregnancy.

4. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?

   1 ○ Yes
   2 ○ No
   3 ○ Don't know

5. **The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease?**

   4 ○ Yes
   5 ○ No } Go to 7
   6 ○ Don't know }

6. **At what age were you first diagnosed?**

   [ ][ ]

   77 ○ Never diagnosed
   88 ○ Don't know

7. Do you have diabetes?

   1 ○ Yes
   2 ○ No } Go to 9
   3 ○ Don't know }

8. **At what age were you first diagnosed?**

   [ ][ ]

   77 ○ Never diagnosed
   88 ○ Don't know

9. Do you have any respiratory problems such as **asthma, emphysema, chronic bronchitis, persistent cough or shortness of breath?**

   1 ○ Yes
   2 ○ No
   3 ○ Don't know

10. **Do you have arthritis, rheumatism or bursitis?**

    1 ○ Yes
    2 ○ No
    3 ○ Don't know

SECTION B

11. **It is important in the next few questions for you to refer to the 14 day period from Sunday _____ to Saturday _____. During those two weeks, was your main activity** working, going to school, keeping house or something else?

    1 ○ Working
    2 ○ Going to school
    3 ○ Keeping house
    4 ○ Other (specify) _____

    Note: If sickness or illness is reported, ask for usual major activity.

12. **During those 14 days did you stay in bed at all because of your health, including any nights spent as a patient in a hospital?**

    1 ○ Yes
    2 ○ No ——→ Go to 16

13. **How many days did you stay in bed for all or most of the day?**

    [ ][ ]

14. Interviewer:

    If code 4, 5 or 6 in Q. 11. 1 ○ Go to 15
    Otherwise. 2 ○ Go to 16

15. On how many of those days would you normally have ... {worked? / gone to school? / done housework?}

16. (Not counting days spent in bed) Were there any days in those 2 weeks that you cut down on things you normally do because of your health?

- ○ Yes
- 1 ○ No → Go to 20

17. How many days did you cut down for all or most of the day?

18. Interviewer:

If code 4, 5 or 6 in Q. 11, ○ Go to 19

Otherwise, 2 ○ Go to 20

19. On how many of those days were you not able to ... {work? / go to school? / do housework?}

SECTION C

20. During those 14 days, did you see or talk to a medical doctor about your health?

- 1 ○ Yes
- 2 ○ No

21. What was the main reason for this contact?

- 1 ○ Illness or health problem
- 2 ○ Medical check-up
- 3 ○ Shots, inoculations or vaccination
- 4 ○ Pre or post-natal care
- 5 ○ Other (specify) _____

22. Now I'd like to ask you about your contacts during the last 12 months with the health care system.

During the last 12 months, how many times did you see or talk to a general practitioner about your health?

- 1 ○ None
- 98 ○ Don't know

23. During the last 12 months, how many times did you see or talk to a medical specialist about your health?

- 1 ○ None
- 98 ○ Don't know

24. During the last 12 months, how many times did you see or talk to a dentist?

- 1 ○ None
- 98 ○ Don't know

25. During the last 12 months, how many times did you see or talk to a nurse about your health, excluding making appointments?

- 1 ○ None
- 98 ○ Don't know

26. Did you spend any nights as a patient in a hospital, nursing home or convalescent home during the last 12 months?

- 1 ○ Yes → How many nights?
- 2 ○ No

SECTION D

Now I would like to ask you some questions about what you can do on an average day, with any aids if you normally use them. Please exclude any temporary difficulties you might be experiencing due to pregnancy or injury.

27. Do you have any trouble walking 400 metres without resting; that's about 3 city blocks?

- ○ Yes → Are you completely unable to do this?
  - 3 ○ Yes
  - 4 ○ No
- 2 ○ No

28. Do you have any trouble walking up and down a flight of stairs?

- ○ Yes → Are you completely unable to do this?
  - 3 ○ Yes
  - 4 ○ No
- 2 ○ No

29. Do you have any trouble carrying an object of 5 kilograms 10 metres; that's like carrying a 12 pound bag of groceries about 30 feet?

- ○ Yes → Are you completely unable to do this?
  - 3 ○ Yes
  - 4 ○ No
- 2 ○ No

30. Do you have any trouble standing for long periods of time; for example, waiting in line at a bank for 20 minutes or more?

- ○ Yes → Are you completely unable to do this?
  - ○ Yes
  - ○ No
- ○ No

31. Do you have any trouble, when standing, bending down to pick up an object from the floor?

- ○ Yes → Are you completely unable to do this?
  - ○ Yes
  - ○ No
- ○ No

32. Do you have any trouble cutting your own toenails?

- ○ Yes → Are you completely unable to do this?
  - ○ Yes
  - ○ No
- ○ No

33. Do you have trouble using your fingers to grasp or handle?

- ○ Yes → Are you completely unable to do this?
  - ○ Yes
  - ○ No
- ○ No

34. Do you have any trouble reaching above your head?

- ○ Yes → Are you completely unable to do this?
  - ○ Yes
  - ○ No
- ○ No

35. Do you have any trouble seeing well enough to read ordinary newsprint, with glasses if you normally wear them?

- ○ Yes → Are you completely unable to do this?
  - ○ Yes
  - ○ No
- ○ No

36. Do you have any trouble hearing what is said in a normal conversation with at least two persons, with a hearing aid if you normally use one?

- ○ Yes → Are you completely unable to do this?
  - ○ Yes
  - ○ No
- ○ No

37. Are you limited in the kind or amount of activity you can do at home, at work or at school because of a long term physical condition or health problem?

- ○ Yes → How are you limited?
- ○ No

SECTION E

The next few questions concern your physical condition and physical activity.

38. What is your height?

[1 |] [ ] feet [ ] inches or [2 |] [ ] [ ] centimetres

○ Don't know

39. **What is your weight?**

[3 |] [ ] [ ] lbs. or [4 |] [ ] [ ] kilograms

○ Don't know

40. **Do you consider yourself to be . . .**

- ○ **Overweight**
- ○ **Underweight**
- ○ **About the proper weight?**

SECTION F

41. **Thinking back over the last 3 months did you participate in active physical exercise, that is, exercise which made you perspire or breathe more heavily than normal?**

- ○ Yes
- ○ No → Go to 50

42. What did you do? Anything else? (Mark all that apply)

- ○ Running or jogging
- ○ Bicycling
- ○ Tennis
- ○ Exercise in a class or at home
- ○ Swimming
- ○ Raquetball or squash
- ○ Other (specify) _____
- ○ Other (specify) _____
- ○ Other (specify) _____

43. **Over the last 3 months which did you do most frequently?**

- ○ Running or jogging
- ○ Bicycling
- ○ Tennis
- ○ Exercise in a class or at home
- ○ Swimming
- ○ Raquetball or squash
- ○ Other (specify) _____

44. How frequently did you do this activity?

[1 | |] times per week

[2 | |] times per month

○ Less than once a month

○ Don't know

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

○ More than one hour

○ 46 minutes to one hour

○ 31 minutes to 45 minutes

○ 16 minutes to 30 minutes

○ 15 minutes or less

○ Don't know

46. Interviewer:

If only one circle marked in Q. 42 ... ○ Go to 50

Otherwise ... ○ Go to 47

47. Which was the next most frequent exercise you participated in during the last 3 months?

○ Running or jogging

○ Bicycling

○ Tennis

○ Exercise in a class or at home

○ Other (specify) _____

48. How frequently did you do this activity?

[1 | |] times a week

OR

[2 | |] times a month

○ Less than once a month

○ Don't know

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

○ More than one hour

○ 46 minutes to one hour

○ 31 minutes to 45 minutes

○ 16 minutes to 30 minutes

○ 15 minutes or less

○ Don't know

50. What is the following most like the amount of physical effort in your work or daily activities?

○ Light – such as office work, driving, sitting ...

○ Moderate – such as vacuuming, carpentry, walking ...

○ Heavy – such as pushing or carrying heavy objects ...

○ Don't know

51. Over the past 3 months how frequently did you participate in light physical exercise or recreation such as walking, dancing, golfing, gardening, baseball, etc.?

[1 | |] times a week

OR

[2 | |] times a month

○ Less than once a month

○ Don't know

52. Overall, do you consider the amount of physical activity you usually get to be ...

○ Too much

○ Too little

○ The right amount?

SECTION G

The next questions are about smoking.

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

54. At what age did you start smoking cigarettes daily?

[|]

○ Don't know

55. About how many cigarettes do you smoke each day?

[|]

56. What brand of cigarettes do you usually smoke?

_____ [|] → Go to 62

(code from brand chart)

57. Do you smoke pipes, cigars, or cigarillos daily?

○ Yes

○ No

58. Have you ever smoked cigarettes daily?

○ Yes

○ No → Go to 62

59. At what age did you start smoking daily?

☐☐

60. At what age did you last stop smoking daily?

☐☐

61. About how many cigarettes did you usually smoke daily?

☐☐

62. How many people in your household, excluding yourself, smoke daily?

☐☐

○ Don't know

SECTION H

The following questions are about drinking wine, beer or liquor -- all kinds of alcoholic beverages.

63. In the last 12 months have you taken a drink of beer, wine, liquor or other alcoholic beverage?

○ Yes

○ No → Go to 68

64. How often did you take a drink? Was it....

○ Everyday

○ At least once a week

○ One or more times a month

○ Less often than once a month?

○ Don't know

65. At what age did you start drinking alcoholic beverages?

☐☐

○ Don't know

The next question concerns drinking in the last 7 days. By a drink we mean:

- **One pint bottle of beer**
- **One small glass of wine**
- 1 1/2 ounces of liquor

66. (a) **Thinking back over the last 7 days, on how many of these days did you have any alcoholic drinks?**

☐

○ None → Go to 67

(b) **On how many of these days did you have 2 or more drinks?**

☐

○ None → Go to 67

(c) **On how many of these days did you have 4 or more drinks?**

☐

○ None → Go to 67

(d) **On how many of these days did you have 8 or more drinks?**

☐

○ None → Go to 67

(e) **On how many of these days did you have 12 or more drinks?**

☐

○ None

67. **Compared to this time last year are you now drinking . . .**

○ More

○ About the same

○ Less

68. **Did you ever drink alcoholic beverages?**

○ Yes

○ No → Go to 70

69. **Why did you stop?**

○ Health

○ Other (specify) _____

SECTION I

Recent studies have shown that the amount of sleep a person gets may be related to their health.

70. **Within a 24-hour period, how much time do you usually spend in bed resting, reading and sleeping?**

☐☐ hours ☐☐ minutes

○ Don't know

71. Of this time, how long do you usually spend sleeping?

[ ][ ] [ ][ ]

[illegible] [illegible]

[illegible] ○ Don't know

72. **Do you consider that you get . .**

○ Too much sleep

○ Too little sleep

[illegible] ○ **About the right amount?**

SECTION J

73. The next questions ask you to rate your feelings about areas of your life and living conditions, whether you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied. **How would you rate your feelings about each of the following?**

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	No Opinion
(a) **Your health**	01 ○	02 ○	03 ○	04 ○	05 ○
(b) **Your job or major activity**	06 ○	07 ○	08 ○	09 ○	10 ○
(c) **Your finances**	[illegible] ○	[illegible] ○	[illegible] ○	[illegible] ○	[illegible] ○
(d) **Your housing**	[illegible] ○	[illegible] ○	[illegible] ○	[illegible] ○	[illegible] ○
(e) **Family relations**	21 ○	22 ○	23 ○	24 ○	25 ○
(f) **Friendships**	26 ○	27 ○	28 ○	29 ○	30 ○

74. **Using the same scale, how do you feel about your life as a whole . . .**

1 ○ **Very satisfied**

2 ○ **Somewhat satisfied**

3 ○ **Somewhat dissatisfied**

4 ○ **Very dissatisfied?**

5 ○ No opinion

75. **Would you describe yourself as . . .**

○ Very happy

○ Somewhat happy

○ Somewhat unhappy

4 ○ **Very unhappy?**

5 ○ No opinion

SECTION K

76.(a) **The next questions concern social activities. In the last month, how many times did you go to public places such as movies, restaurants, theatre or sports events?**

97 ○ Never → Go to 76(b)

[ ][ ] → **With whom did you go?** (Mark all that apply)

1 ○ Alone

2 ○ Spouse/Partner

○ Son/Daughter

4 ○ Other relative

○ Friend

○ Other (specify) _____

76(b) **In the last month, how many times did you travel out of your town or community?**

97 ○ Never → Go to 76(c)

[ ][ ] → **With whom did you travel?** (Mark all that apply)

1 ○ Alone

2 ○ Spouse/Partner

3 ○ Son/Daughter

4 ○ Other Relative

○ Friend

○ Other (specify) _____

76(c) **Go to senior centres or clubs?**

[ ][ ] 97 ○ Never

76(d) **Go out to activities such as bingo, playing cards, or to attend courses?**

97 ○ Never → Go to 76(e)

[ ][ ] → **With whom did you go?** (Mark all that apply)

1 ○ Alone

2 ○ Spouse/Partner

3 ○ Son/Daughter

4 ○ Other Relative

5 ○ Friend

6 ○ Other (specify) _____

76(e) **Attend meetings of clubs or organizations?**

[ ][ ] 97 ○ Never

SECTION L

The next few questions are about any unpaid help you have given to others during the last 6 months. This includes volunteer work through organizations such as hospitals, churches, sport associations and other volunteer organizations as well as unpaid help given to friends, neighbours or acquaintances.

77. In the last 6 months have you done any unpaid housework outside your home such as cooking, sewing or cleaning?

- ○ Yes ► **For which person or for which organization?** (Mark all that apply)
  - ○ Son/Daughter
  - ○ Parent
  - ○ Other relative
  - ○ Friend, neighbour, etc.
  - ○ Organization (specify) _____
- ○ No

78. In the last 6 months have you provided transportation such as driving a person to a doctor, a hospital or to stores?

- ○ Yes ► **For which person or for which organization?** (Mark all that apply)
  - ○ Son/Daughter
  - ○ Parent
  - ○ Other relative
  - ○ Friend, neighbour, etc.
  - ○ Organization (specify) _____
- ○ No

79. In the last 6 months have you done any maintenance or yard work such as repairs, painting, carpentry or lawn mowing?

- ○ Yes ► **For which person or for which organization?** (Mark all that apply)
  - ○ Son/Daughter
  - ○ Parent
  - ○ Other relative
  - ○ Friend, neighbour, etc.
  - ○ Organization (specify) _____
- ○ No

80. In the last 6 months have you done any unpaid babysitting?

- ○ Yes ► **For which person or for which organization?** (Mark all that apply)
  - ○ Son/Daughter
  - ○ Parent
  - ○ Other relative
  - ○ Friend, neighbour, etc.
  - ○ Organization (specify) _____
- ○ No

81. In the last 6 months have you provided personal care, things such as help bathing or dressing, to anyone outside your home?

- ○ Yes ► **For which person or for which organization?** (Mark all that apply)
  - ○ Son/Daughter
  - ○ Parent
  - ○ Other relative
  - ○ Friend, neighbour, etc.
  - ○ Organization (specify) _____
- ○ No

82. In the last 6 months have you provided any unpaid volunteer work for organizations such as teaching, fundraising or office work?

- ○ Yes ► **For which person or for which organization?** (Mark all that apply)
  - ○ Son/Daughter
  - ○ Parent
  - ○ Other relative
  - ○ Friend, neighbour, etc.
  - ○ Organization (specify) _____
- ○ No

83. In the last 6 months, did you donate money to any organizations or provide voluntary financial support to any persons who do not live in your household, including family members?

- ○ Yes ► **For which person or for which organization?** (Mark all that apply)
  - ○ Son/Daughter
  - ○ Parent
  - ○ Other relative
  - ○ Friend, neighbour, etc.
  - ○ Organization (specify) _____
- ○ No

SECTION M

The next questions are about household activities and who takes part in these activities in your home.

84. Interviewer: Ask if not known

Do you live in an apartment?

- ○ Yes ——► Go to 88
- ○ No

85. Is the yard work for your dwelling, such as lawn mowing, leaf raking and snow removal usually done by . . .

- ○ Yourself alone → Go to 88
- ○ Yourself and someone else
- ○ Someone else

86. Who (besides yourself) does the yard work?

For each circle marked ask: How often is ____ involved doing the yard work?

	Once or more per week	Once or more per month	Less than once a month
11 ○ Spouse	12 ○	13 ○	14 ○
15 ○ Daughter	16 ○	17 ○	18 ○
[illegible]	[illegible]	[illegible]	[illegible]
[illegible] ○ Other relative	[illegible] ○	[illegible] ○	[illegible] ○
[illegible] ○ Friend or neighbour	[illegible] ○	[illegible] ○	[illegible] ○
21 ○ House maintenance service	22 ○	23 ○	24 ○
25 ○ Lawn/garden maintenance service	26 ○	27 ○	28 ○
29 ○ Senior centre or club	30 ○	31 ○	32 ○
[illegible] ○ Landlord or agent	[illegible] ○	[illegible] ○	[illegible] ○
37 ○ Condominium corporation	38 ○	39 ○	40 ○
41 ○ Other (specify) _____	42 ○	43 ○	44 ○

87. If you had to, could you do the yard work without help?

- 1 ○ Yes
- 2 ○ No → Are you completely unable to do it?
  - 3 ○ Yes
  - 4 ○ No

88. Is the housework in your household usually done by . . .

- 1 ○ Yourself alone → Go to 92
- 2 ○ Yourself and someone else
- 3 ○ Someone else

89. Who (besides yourself) does the housework?

For each circle marked ask: How often is ____ involved doing the housework?

	Once or more per week	Once or more per month	Less than once a month
[illegible] ○ Spouse	02 ○	03 ○	04 ○
[illegible] ○ Daughter	06 ○	07 ○	08 ○
[illegible] ○ Son	[illegible] ○	[illegible] ○	[illegible] ○
[illegible] ○ Other relative	[illegible] ○	[illegible] ○	[illegible] ○
[illegible] ○ Friend or neighbor	[illegible] ○	[illegible] ○	[illegible] ○
[illegible] ○ Homemaker service	22 ○	23 ○	24 ○
[illegible] ○ Friendly visitor service	26 ○	27 ○	28 ○
[illegible] ○ Senior centre or club	30 ○	31 ○	32 ○
[illegible] ○ Other (specify) _____	34 ○	35 ○	36 ○

90. If you had to, could you do heavy housework such as washing floors and cleaning windows without help?

- ○ Yes → Go to 92
- ○ No → Are you completely unable to do heavy housework?
  - 1 ○ Yes
  - 2 ○ No

✓

91. If you had to, could you do light housework such as washing dishes and dusting without help?

- ○ Yes
- ○ No → **Are you completely unable to do light housework?**
  - ○ Yes
  - ○ No

92. Are the meals in your household usually prepared by . . .

- ○ Yourself alone → Go to 95
- ○ **Yourself and someone else**
- ○ **Someone else**

93. Who (besides yourself) makes the meals?

For each circle marked ask
How often is _____ involved in making meals?

	Once or more per week	Once or more per month	Less than once a month
01 ○ Spouse	02 ○	03 ○	04 ○
05 ○ Daughter	06 ○	07 ○	08 ○
09 ○ Son	10 ○	11 ○	12 ○
13 ○ Other relative	14 ○	15 ○	16 ○
17 ○ Friend or neighbour	18 ○	19 ○	20 ○
21 ○ Homemaker service	22 ○	23 ○	24 ○
25 ○ Friendly visitor service	26 ○	27 ○	28 ○
29 ○ Senior centre or club	30 ○	31 ○	32 ○
33 ○ Other (specify) _____	34 ○	35 ○	36 ○

94. **If you had to make meals on a regular basis, could you do it without help?**

- ○ Yes
- ○ No → **Are you completely unable to make meals?**
  - ○ Yes
  - ○ No

95. Is the grocery shopping in your household usually done by . . .

- ○ Yourself alone → Go to 98
- ○ **Yourself and someone else**
- ○ **Someone else**

96. Who (besides yourself) shops for groceries?

For each circle marked ask
How often is _____ involved in grocery shopping?

	Once or more per week	Once or more per month	Less than once a month
01 ○ Spouse	02 ○	03 ○	04 ○
05 ○ Daughter	06 ○	07 ○	08 ○
09 ○ Son	10 ○	11 ○	12 ○
13 ○ Other relative	14 ○	15 ○	16 ○
17 ○ Friend or neighbour	18 ○	19 ○	20 ○
21 ○ Homemaker service	22 ○	23 ○	24 ○
25 ○ Friendly visitor service	26 ○	27 ○	28 ○
29 ○ Senior centre or club	30 ○	31 ○	32 ○
33 ○ Other (specify) _____	34 ○	35 ○	36 ○

97. If you had to, could you do the grocery shopping without help?

- ○ Yes
- ○ No → **Are you completely unable to do shopping?**
  - ○ Yes
  - ○ No

98. Do you usually get help with managing your money such as keeping track of expenses and paying bills?

- ○ Yes
- ○ No → Go to 101

99. Who usually helps you?

For each circle marked ask: How often does _____ help?

	Once or more per week	Once or more per month	Less than once a month
01 ○ Spouse	02 ○	03 ○	04 ○
05 ○ Daughter	06 ○	07 ○	08 ○
09 ○ Son	10 ○	11 ○	12 ○
13 ○ Other relative	14 ○	15 ○	16 ○
17 ○ Friend or neighbour	18 ○	19 ○	20 ○
21 ○ Counselling service	22 ○	23 ○	24 ○
25 ○ Legal/accounting service	26 ○	27 ○	28 ○
29 ○ Senior centre or club	30 ○	31 ○	32 ○
33 ○ Other (specify) _____	34 ○	35 ○	36 ○

100. If you had to, could you manage your money without help?

- ○ Yes
- ○ No → **Are you completely unable to do it?**
  - ○ Yes
  - ○ No

101. Do you usually get help with personal care such as dressing, feeding or taking medication?

- ○ Yes
- ○ No → Go to 104

102. Who usually helps you?

For each circle marked ask: **How often does _____ help?**

	Once or more per week	Once or more per month	Less than once a month
01 ○ Spouse	02 ○	03 ○	04 ○
05 ○ Daughter	06 ○	07 ○	08 ○
09 ○ Son	10 ○	11 ○	12 ○
13 ○ Other relative	14 ○	15 ○	16 ○
17 ○ Friend or neighbour	18 ○	19 ○	20 ○
21 ○ Nursing service	22 ○	23 ○	24 ○
25 ○ Friendly visitor service	26 ○	27 ○	28 ○
29 ○ Homemaker service	30 ○	31 ○	32 ○
33 ○ Other (specify) _____	34 ○	35 ○	36 ○

103. If you had to, could you care for yourself without help?

- ○ Yes
- ○ No → **Are you completely unable to care for yourself?**
  - ○ Yes
  - ○ No

SECTION N

The following questions are about contact with your family and friends.

104. Interviewer: Ask if not known

Is your mother still living?

- ○ Yes
- ○ No
- ○ Don't know

} Go to 109

105. How old is your mother?

☐☐

- ○ Don't know

106. Does she live in this household?

- ○ Yes → Go to 109
- ○ No

107. How often do you see your mother?

- ○ Daily
- ○ At least once a week
- ○ At least once a month
- ○ Less than once a month
- ○ Never

108. How often do you have contact by letter or telephone with her?

- ○ Daily
- ○ At least once a week
- ○ At least once a month
- ○ Less than once a month
- ○ Never

109. Interviewer: Ask if not known

Is your father still living?

- ○ Yes
- ○ No
- ○ Don't know

} Go to 114

110. How old is your father?

☐☐

- ○ Don't know

111. Does he live in this household?

- ○ Yes → Go to 114
- ○ No

112. How often do you see your father?

- ○ Daily
- ○ At least once a week
- ○ At least once a month
- ○ Less than once a month
- ○ Never

113. How often do you have contact by letter or telephone with him?

- ○ Daily
- ○ At least once a week
- ○ At least once a month
- ○ Less than once a month
- ○ Never

114. Do you have any children?

- ○ Yes → How many? ☐☐
- ○ No → Go to 119

√

115. Do all of them live in this household?

- Yes → Go to 118
- No

The next questions concern your children not living in this household.

116. How often do you see them?

- Daily
- At least once a week
- At least once a month
- Less than once a month
- Never

117. How often do you have contact by letter or telephone with them?

- Daily
- At least once a week
- At least once a month
- Less than once a month
- Never

118. Do you have any grandchildren?

- Yes → How many? [ ][ ]
- No

119. Do you have any sisters or brothers?

- → How many? ____
- → ____

120. Do all of them live in this household?

- Yes → Go to 123
- No

The next questions concern your brothers and sisters not living in this household.

121. How often do you see your brothers and sisters?

- Daily
- At least once a week
- At least once a month
- Less than once a month
- Never

122. How often do you have contact by letter or telephone with them?

- Daily
- At least once a week
- At least once a month
- Less than once a month
- Never

123. About how many other relatives have you had contact with in the last 3 months? Include aunts, uncles, cousins, nieces, nephews, in-laws.

____

____

- None → Go to 126

124. How often do you see your relatives?

- Daily
- At least once a week
- At least once a month
- Less than once a month
- Never

125. How often do you have contact by letter or telephone with them?

- Daily
- At least once a week
- At least once a month
- Less than once a month
- Never

126. Other than relatives, how many people do you consider close friends? That is, friends you feel close to and can confide in.

[ ][ ]

- None → Go to 129

127. How often do you see your close friends?

- Daily
- At least once a week
- At least once a month
- Less than once a month
- Never

✓

128. How often do you have contact by letter or telephone with them?

- ○ Daily
- ○ [illegible]
- ○ At least once a month
- ○ Less than once a month
- ○ Never

SECTION O

129. Now, I'd like to ask you for some background information. How many years of elementary or secondary education have you completed?

- ○ [illegible]
- ○ One
- ○ Two
- ○ Three
- ○ Four
- ○ Five
- ○ Six
- ○ Seven
- ○ Eight
- ○ Nine
- ○ Ten
- ○ Eleven
- ○ Twelve
- ○ Thirteen
- ○ Don't know

Go to 131

130. Have you graduated from secondary school?

- ○ Yes
- ○ No

131. Have you had any further schooling beyond elementary secondary school?

- ○ Yes
- ○ No → Go to 133

132. What is the highest level? (accept multiple response)

- ○ Some community college, CEGEP, or nursing school
- ○ Diploma or certificate from community college, CEGEP, or nursing school
- ○ Some university
- ○ Bachelor or undergraduate degree or teacher's college
- ○ Master's or earned doctorate
- ○ Other (specify) _____

133. What is your date of birth?

Day Month Year

134. Where were you born?

- ○ Newfoundland
- ○ Prince Edward Island
- ○ Nova Scotia
- ○ New Brunswick
- ○ Québec
- ○ Ontario
- ○ Manitoba
- ○ Saskatchewan
- ○ Alberta
- ○ British Columbia
- ○ Yukon
- ○ Northwest Territories
- ○ Country outside Canada (specify) _____

Go to 135

135. In what year did you first immigrate to Canada?

1	9		

- ○ Canadian citizen by birth

136. What language did you first speak in childhood?

- ○ English
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ German
- ○ Ukrainian
- ○ Other (specify) _____

137. Do you still understand that language?

- ○ Yes
- ○ No

138. What language do you speak at home now? (If more than one language, which is spoken most often)

- ○ English
- ○ French
- ○ Italian
- ○ Chinese
- ○ German
- ○ Other (specify) _____

139. What, if any, is your religion?

- ○ No religion → Go to 141
- ○ Roman Catholic
- ○ Anglican
- ○ Presbyterian
- ○ Lutheran
- ○ Baptist
- ○ Eastern Orthodox
- ○ Jewish
- ○ Other (specify) _____

140. Other than on special occasions such as weddings, funerals or baptisms, how often do you attend services or meetings connected with your religion?

- ○ At least once a week
- ○ At least once a month
- ○ At least once a year
- ○ Less than once a year
- ○ Never
- ○ Don't know

141. To which ethnic or cultural group do you or did your ancestors belong? (accept multiple response)

- ○ French
- ○ English
- ○ German
- ○ Italian
- ○ Ukrainian
- ○ Don't know
- ○ Other (specify) _____

142. In what type of dwelling are you now living?

- ○ Single detached house
- ○ Semi detached or double side by side
- ○ Garden house, town house or row house
- ○ Duplex (one above the other)
- ○ Low rise apartment (less than 5 stories)
- ○ High rise apartment (5 or more stories)
- ○ Other (specify) _____

143. Is this dwelling owned or being rented by a member of this household?

- ○ Owned

144. Who is the person (or one of the persons) that lives here and is responsible for paying the rent, or mortgage, or taxes, electricity, etc. for this dwelling?

_____ enter page line number

- ○ Person lives elsewhere

145. Last week, did you do any work at a job or business? (not counting work around the house)

- ○ Yes → Go to 156
- ○ No
- ○ Permanently unable to work → Go to 159

146. During that week did you have a job or business at which you did not work?

- ○ Yes → Go to 148
- ○ No

147. Last week, did you have a job to start in the next 4 weeks?

- ○ Yes
- ○ No

} Go to 149

148. What was your reason for being absent from work last week?

- ○ New job to start in the future → Go to 156
- ○ Own illness or disability
- ○ Personal or family responsibilities
- ○ Bad weather
- ○ Labour dispute (strike or lockout)
- ○ Layoff, expects to return (Paid workers only)
- ○ Vacation
- ○ Seasonal business (Exclude paid workers)
- ○ Other (specify) _____

149. In the past 4 weeks, have you looked for work?

- ○ Yes
- ○ No → Go to 155

150. In the past 4 weeks, what have you done to find work? (accept multiple response)

- [illegible] Public employment agency
- [illegible] Private employment agency
- [illegible] Union
- [illegible] Other (specify) _____

151. Are you looking for a full-time or part-time job?

- [illegible] Full-time (30 or more hours per week)
- [illegible] Part-time (Less than 30 hours per week)

152. Was there any reason why you could not take a job last week?

- [illegible] Yes – Own illness or disability
- [illegible] Yes – Personal or family responsibilities
- [illegible] Yes – Going to school
- [illegible] Yes – Already has a job
- [illegible] Other (specify) _____
- [illegible] No – (Was available for work)

153. Last week, did you attend a school, college or university?

- [illegible] Yes
- [illegible] No → Go to 159

154. Were you enrolled as a full-time or part-time student?

- [illegible] Full-time
- [illegible] Part-time → Go to 159

155. Did you have a job at anytime during the last 5 years?

- [illegible] Yes
- [illegible] No → Go to 159

156. For whom do did you work?

157. What kind of business, industry or service is was this?

158. What kind of work do did you do?

159. What was your income before taxes from wages, salaries and self-employment during 1984?

$ _____ .00

- [illegible] No income or loss
- [illegible] Don't know

160. What was your income from government sources such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security?

$ _____ .00

- [illegible] No income
- [illegible] Don't know

161. What was your income from interest, dividends or private pensions?

$ _____ .00

- [illegible] No income or loss
- [illegible] Don't know

162. What was the total income of all household members from all sources during 1984?

$ _____ .00

- [illegible] No income
- [illegible] Don't know

APPENDIX C

1991 GSS QUESTIONNAIRE CYCLE 6

GENERAL SOCIAL SURVEY

CYCLE 6 QUESTIONNAIRE PACKAGE

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

Three questionnaires were used to conduct the interviews:

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

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

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

The content of the main questionnaire includes:

Section

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

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

Sample

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

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

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

General Social Survey Control Form

Enquête sociale générale Formule de contrôle

GSS / ESG 6–1

CONFIDENTIAL when completed

CONFIDENTIEL une fois rempli

1: ___ ___ ___ 2: ___
Telephone number/numero de telephone S

3: ___ 4: ___ 5: ___
P/S/E O L.I.N./N.E.I.

TELEPHONE NUMBER LABEL
ETIQUETTE NUMERO DE TELEPHONE

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

Renseignements recueillis en vertu de la Loi sur la statistique, Lois révisées du Canada, 1985, Chapitre S19

RECORD OF CALLS - REGISTRE DES APPELS

10	11 Date		12 Start Debut		13 Finish Fin		14 Result Résultat	15 Interviewer's Name Nom de l'intervieweur	16 Comments Remarques
	Day Jour	Month Mois	Hour Heure	Min Min	Hour Heure	Min Min			
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
Final Call – Appel Final									
99									

17. Call Coverage by Time of Day and Day of Week
Appels selon l'heure et le jour

Time Period Heure	Mon Lun	Tues Mar	Wed Mer	Thur Jeu	Fri Ven	Sat Sam
09:00 – 12:00						
12:01 – 16:00						
16:01 – 19:00						
19:01 – 21:00						

18. Forms Control
Contrôle des formules

Form Formule	Number of forms Nombre de formules
GSS / ESG 6-1	
GSS / ESG 6-2	

19. Interviewer Number
No de l'intervieweur

Senior Interviewer Only
Intervieweur principal seulement

20. Final Status
Etat final

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

Statistics Canada Statistique Canada

Canada

21. **Hello, I'm ..... from Statistics Canada. I'm calling you for a survey about the health of Canadians.**

Bonjour, ici ..... de Statistique Canada. Nous vous appelons concernant une étude au sujet de la santé des Canadiens.

22. **I'd like to make sure that I've dialed the right number. Is this ..... *(read number)*?**

Yes ..... ○

No ..... ○ → *Dial again, if still wrong. END*

J'aimerais m'assurer que j'ai composé le bon numéro. S'agit-il du nº ..... *(lire le numéro)*?

Oui ..... ○

Non ..... ○ → *Composez de nouveau. S'il s'agit encore d'un mauvais numéro, METTEZ FIN À L'INTERVIEW.*

23. **All information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.**

Tous les renseignements que vous fournirez pour cette enquête volontaire resteront confidentiels. Votre participation est essentielle afin que les résultats soient précis.

24. **Is this the number for a business, an institution or a private home?**

Private home ..... ○
Both home and business ..... ○ } → *Go to 27*

Business, institution or other non residence ..... ○

S'agit-il du numéro d'une entreprise, d'un établissement ou d'une maison privée?

Maison privée ..... ○
Entreprise et maison privée ..... ○ } → *Passez à 27*

Entreprise, établissement ou autre immeuble non résidentiel ..... ○

25. **Does anyone use this telephone number as a home phone number?**

Yes ..... ○

No ..... ○ → *Thank respondent and END*

Quelqu'un utilise-t-il ce numéro de téléphone comme numéro personnel?

Oui ..... ○

Non ..... ○ → *Remerciez le répondant et METTEZ FIN À L'INTERVIEW.*

26. **How many people live or stay at this address and use this number as a home phone number?**

Less than 15 ..... ○

15 or more ..... ○ → *Make appointment*

Combien de personnes vivent ou demeurent à cette adresse et utilisent ce numéro de téléphone comme numéro personnel?

Moins de 15 ○

15 ou plus ○ → *Fixez un rendez-vous*

27. **I need to select one person from your household for an interview. What is the first name and age of each person living or staying there who has no usual place of residence elsewhere? Please start with the oldest.**

(Enter names and ages in items Z3 and Z5.)

Je dois choisir une personne de votre ménage pour une interview. Quel est le prénom et l'âge de chaque personne qui vit ou demeure à cet endroit et qui n'a pas d'autre lieu habituel de résidence. Veuillez commencer par la personne la plus âgée du ménage.

(Inscrivez le nom et l'âge aux rubriques Z3 et Z5.)

28. *INTERVIEWER: Complete items Z6 through Z12 for each person recorded in item Z3.*

Refer to Interviewer Reference Card for instructions and codes.

Then go to item 29.

INTERVIEWEUR: Remplissez les rubriques Z6 à Z12 pour chaque personne inscrite à la rubrique Z3.

Pour les instructions et les codes, voir la Fiche de référence de l'intervieweur.

Puis, passez à la rubrique 29.

1: ___ - ___ - ____ 2: ___

Telephone Number Numéro de téléphone S

SELECTION GRID LABEL

ÉTIQUETTE GRILLE DE SELECTION

A = Eligible Household Members — Membres admissibles du ménage

B = Selection Number — Numéro de sélection

Z1. Page / Page	Z2. Line / Ligne	Z3. Names of Household Members / Noms des membres du ménage	Z4. Sel. No. / No de Sel.	Z5. Age / Âge
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			

29. *INTERVIEWER: Enter the Page-Line Number of person giving the preceding information ....*

INTERVIEWEUR: Inscrivez le numéro de page-ligne de la personne qui donne les renseignements précédents ...

7 | | *Page-Line Number of household respondent* / *Numéro de page-ligne du répondant du ménage*

30. Are there any people away from this household attending school, visiting, travelling or in the hospital who USUALLY live there?

Y a-t-il d'autres personnes qui sont absentes du ménage parce qu'elles sont aux études, en visite, en voyage ou à l'hôpital mais qui demeurent HABITUELLEMENT là?

Yes ..... 1 ○ → *Enter names and complete items Z5 through Z12.*

Oui ..... 1 ○ → *Inscrivez leur nom et remplissez les rubriques Z5 à Z12.*

No ..... 2 ○

Non ..... 2 ○

31. Does anyone else live there, such as other relatives, roomers, boarders or employees?

Y a-t-il d'autres personnes qui demeurent là, par exemple des personnes apparentées, des chambreurs, des pensionnaires ou des employés?

Yes ..... 3 ○ → *Enter names and complete items Z5 through Z12.*

Oui ..... 3 ○ → *Inscrivez leur nom et remplissez les rubriques Z5 à Z12.*

No ..... 4 ○

Non ..... 4 ○

32. *INTERVIEWER: In item Z4 number the people 15 years of age and over, in order, from oldest to youngest. Enter number of eligible household members...*

INTERVIEWEUR: A la rubrique Z4, attribuez un numéro aux personnes âgées de 15 ans et plus de la plus âgée à la plus jeune. Inscrivez le nombre de personnes admissibles du ménage ...

8 | | *Number of eligible household members* / *Nombre de personnes admissibles du ménage*

33. *INTERVIEWER: Determine the selected respondent by referring to the Selection Grid Label. In item Z4 circle the selection number of the selected respondent and enter Page-Line Number ...*

INTERVIEWEUR: Déterminez le répondant sélectionné en utilisant l'étiquette grille de sélection. A la rubrique Z4, encerclez le numéro de sélection du répondant sélectionné et inscrivez le numéro de page-ligne ...

9 | | *Page-Line Number of selected respondent* / *Numéro de page-ligne du répondant sélectionné*

34. The person I am to interview is ..... *(read name).* (Is he/she there?)

La personne que je vais interviewer est ..... *(lisez le nom).* (Est-il/elle là?)

Yes ..... ○ → *Go to Form GSS 6-2 and begin interview.*

Oui ..... ○ → *Passez à la formule ESG 6-2 et commencez l'interview.*

No ..... ○ → *Set up appointment and enter details in item 16.*

Non ..... ○ → *Fixez un rendez-vous et inscrivez les détails à la rubrique 16.*

Z6. Sex / Sexe		Z7. What is ... marital status? (refer to form GSS 6-5) / Quel est l'état matrimonial de ...? (Reportez-vous à la formule ESG 6-5)				Z8. Family Identifier / Code-famille	Z9. What is ... 's relationship to ... (the family reference person)? / Quel est le lien de ... avec ... (la personne de référence de la famille)?	Page-Line Number of: / Numéro de page-ligne de: Z10. Spouse Partner / Conjoint partenaire	Z11. Mother / Mère	Z12. Father / Père
M	F	M	W/V	Sep. Div.	Single Cel.					
1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		If "0", specify - Si "0", précisez	1 | | 199 ○ n/a-s/o	2 | | 299 ○ n/a-s/o	3 | | 399 ○ n/a-s/o
4 ○	5 ○	6 ○	7 ○	8 ○	9 ○		If "0", specify - Si "0", précisez	4 | | 499 ○ n/a-s/o	5 | | 599 ○ n/a-s/o	6 | | 699 ○ n/a-s/o
1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		If "0", specify - Si "0", précisez	1 | | 199 ○ n/a-s/o	2 | | 299 ○ n/a-s/o	3 | | 399 ○ n/a-s/o
4 ○	5 ○	6 ○	7 ○	8 ○	9 ○		If "0", specify - Si "0", précisez	4 | | 499 ○ n/a-s/o	5 | | 599 ○ n/a-s/o	6 | | 699 ○ n/a-s/o
1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		If "0", specify - Si "0", précisez	1 | | 199 ○ n/a-s/o	2 | | 299 ○ n/a-s/o	3 | | 399 ○ n/a-s/o
4 ○	5 ○	6 ○	7 ○	8 ○	9 ○		If "0", specify - Si "0", précisez	4 | | 499 ○ n/a-s/o	5 | | 599 ○ n/a-s/o	6 | | 699 ○ n/a-s/o
1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		If "0", specify - Si "0", précisez	1 | | 199 ○ n/a-s/o	2 | | 299 ○ n/a-s/o	3 | | 399 ○ n/a-s/o
4 ○	5 ○	6 ○	7 ○	8 ○	9 ○		If "0", specify - Si "0", précisez	4 | | 499 ○ n/a-s/o	5 | | 599 ○ n/a-s/o	6 | | 699 ○ n/a-s/o

RECORD OF CALLS - REGISTRE DES APPELS

10	11 Date		12 Start Début		13 Finish Fin		14 Result Résultat	15 Interviewer's Name Nom de l'intervieweur	16 Comments Remarques
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour Heure	Min. Min.			
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									

If the last call to the household is recorded on this page, transcribe the information for this call to line 99 on page 1.

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

Housing, Family and Social Statistics Division

General Social Survey Health Questionnaire

Ages 15 years and over

Confidential when completed

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

1 [ ] - [ ] - [ ] **Telephone Number**

5 [ ] **Label Identification Number**

[ ] **Page-Line Number**

[1] **Type**

Name of Interviewer

Proxy/Non-proxy

3 ○ Non-proxy ⟶ Go to A1

4 ○ Proxy due to illness or disability

5 ○ Proxy due to language problems

6 [ ] Page-line number of person who provided the proxy interview

Interviewer: *Complete at end of interview*

Describe reason for proxy interview

GSS 6-2

8-4500-55.1: 1990 11-09 STC/HFS-027-04085

Statistics Canada Statistique Canada

Canada

Section A: Health Status

A1. *INTERVIEWER:*
Repeat the introduction below if the selected respondent is different from household respondent.

Hello, I'm ... from Statistics Canada. I'm calling you for a survey on the health of Canadians.

All the information we collect in this voluntary survey will be kept strictly confidential. Your participation is essential if the survey results are to be accurate.

A2. **Compared to other people your age, how would you describe your state of health? Would you say it was ...**

- **Excellent?** 5
- **Very Good?** 6
- **Good?** 7
- **Fair?** 8
- **Poor?** 9

A3. ◆ **When did you last have your blood pressure checked by a doctor or nurse?**

- Within the last 6 months 1
- 7 to 12 months ago 2
- 13 to 24 months ago 3
- More than 2 years ago 4
- Never ..... 5 → *Go to A6*
- Don't know 6
- Refused ..... 7 → *Go to A6*

A4. **Have you ever been told by a doctor or nurse that you have high blood pressure?** *(For women add:* **except when you were pregnant)**

- Yes 7
- No ..... 8 } *Go to A6*
- Don't know ..... 9 } *Go to A6*

A5. **Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?**

- Yes 1
- No 2
- Don't know 3

A6. ◆ **Have you ever had trouble with your heart, such as heart attack, angina, heart failure or rheumatic heart disease?**

- Yes 4
- No ..... 5 } *Go to A8*
- Don't know ..... 6 } *Go to A8*
- Refused ..... 7 } *Go to A8*

A7. **At what age were you first diagnosed?**

[ ][ ] years of age

- Never diagnosed 96
- Don't know 98

A8. ◆ **Do you have diabetes?**

- Yes 1
- No ..... 2 } *Go to A10*
- Don't know ..... 3 } *Go to A10*
- Refused ..... 4 } *Go to A10*

A9. **At what age were you first diagnosed?**

[ ][ ] years of age

- Never diagnosed 96
- Don't know 98

A10. **Do you have:**

	Yes	No	Don't know
a) **Arthritis, rheumatism or bursitis?**	01	02	03
b) **Asthma?**	04	05	06
c) **Emphysema, chronic bronchitis, persistent cough or shortness of breath?**	07	08	09
d) **Hay fever?**	10	11	12
e) **Skin or other allergies?**	13	14	15
f) **Stomach ulcer?**	16	17	18
g) **Other digestive problems?**	19	20	21
h) **Recurring migraine headaches?**	22	23	24
i) **High blood cholesterol?**	25	26	27
j) **Any emotional disorders?**	28	29	30

Section B: Two-Week Disability

B1. **During the last two weeks, was your main activity working, going to school, keeping house, retired or something else?** *(Note: If sickness or short-term illness is reported, ask for usual main activity)*

- Working 4
- Going to school 5
- Keeping house 6
- Retired 7
- Other (vacation, maternity/paternity leave, long term illness, etc.) ..... 8 ↓ *(Specify)*

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

B2. ◆ **During those 14 days, did you stay in bed at all because of your health, including any nights spent as a patient in a hospital?**

- Yes 1
- No ..... 2 } *Go to B7*
- Refused ..... 3 } *Go to B7*

B3. **How many days did you stay in bed for all or most of the day?**

[ ][ ] bed days

Part of a day ..... 96○

B4. *Interviewer Check Item:*

◆ *Review B1.*

Was the respondent...

Working? ..... 4○

Going to school? ..... 5○

Keeping house? ..... 6○

Retired? ..... 7○

Other/Refused ..... 8○

Go to B6

B5. **On how many of those days would you normally have...**

worked?

gone to school?

done housework?

[ ][ ] activity loss-bed days

B6. **Not counting days spent in bed, did you cut down on things you normally do during the day because of your health?**

◆

Yes ..... 1○ → *Go to B8*

No ..... 2○

Refused ..... 3○

Go to B11

B7. **(During those 14 days) Did you cut down on things you normally do during the day because of your health?**

◆

Yes ..... 4○

No ..... 5○

Refused ..... 6○

Go to B11

B8. **How many days did you cut down for all or most of the day?**

[ ][ ] cut-down days

Part of a day ..... 96○

B9. *Interviewer Check Item:*

◆ *Review B1.*

Was the respondent

Working? ..... 1○

Going to school? ..... 2○

Keeping house? ..... 3○

Retired? ..... 4○

Other/Refused ..... 5○

Go to B11

B10. **On how many of those days were you not able to...**

work?

go to school?

do housework?

[ ][ ] activity loss-cut down days

B11. **During those 14 days, did you see or talk to a medical doctor about your health?**

◆

Yes ..... 6○

No ..... 7○

Refused ..... 8○

Go to C1

B12. **What was the main reason for this contact?**

illness or health problem ..... 1○

Medical check-up ..... 2○

Shots, inoculations or vaccination ..... 3○

Pre or post-natal care ..... 4○

Other ..... 5○

↓ *(Specify)*

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Section C: 12 Month Health Care Contacts

C1. **During the past 12 months, how many times did you see or talk to a...**

	Times		None
a) **Family doctor or general practitioner about your own health?**	1[ ][ ]	or	100○
What about a...			
b) **Medical specialist?**	2[ ][ ]	or	200○
c) **Dentist?**	3[ ][ ]	or	300○
d) **Nurse (excluding making appointments?)**	4[ ][ ]	or	400○
e) **Optometrist or optician?**	5[ ][ ]	or	500○
f) **Chiropractor?**	6[ ][ ]	or	600○
g) **Psychologist, social worker, or counsellor?**	7[ ][ ]	or	700○
h) **Physiotherapist?**	8[ ][ ]	or	800○
i) **Any other health care professional?**	9[ ][ ]	or	900○

↓ *(Specify)*

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

C2. **Did you spend any nights as a patient in a hospital, nursing home or convalescent home during the last 12 months?**

Yes . . . 1○ → C2A. **How many nights?** [ ][ ][ ] patient nights

No . . . 2○

C3. ◆ **Over the past 12 months, have you experienced any delays in obtaining health care?**

Yes . . . . . 3○

No . . . . . 4○

Refused . . . . . 5○

Go to D1

C4. **For which type of medical service did the delay occur?** *(Note: if more than one delay, ask about most recent)*

Hospital emergency room treatment . . . . . 1○

Medical appointment with a general practitioner . 2○

Medical appointment with a specialist . . . . . 3○

Hospital admission for surgery . . . . . 4○

Hospital admission for other treatment . . . . . 5○

Nursing home or long-term care facility . . . . . 6○

Diagnostic test (eg. blood test, x-rays) . . . . . 7○

Other medical treatment . . . . . 8○ ↓ *(Specify)*

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

C5. **How long was this delay?**

[1][ ][ ] Hours [2][ ][ ] Days [3][ ][ ] Weeks

Section D: Flu Shots

D1. **Did your doctor or nurse recommend that you get a flu shot during the fall or winter of 1990-1991?**

Yes . . . . . 4○

No . . . . . 5○

D2. Comment: This vaccination is usually given in the fall and protects against influenza for about one year.

D3. ◆ **Did you have a flu shot during the fall or winter of 1990-1991?**

Yes . . . . . 6○ → *Go to E1*

No . . . . . 7○

Don't know . . . . . 8○

Refused . . . . . 9○

Go to E1

D4. **Why did you not have a flu shot?**

(Mark all that apply.)

- My doctor never mentioned it. . . . . 01○
- My doctor didn't think it was necessary. . . . . 02○
- I never thought about it. . . . . 03○
- Flu is not that serious. . . . . 04○
- I haven't heard about it. . . . . 05○
- Too busy: never got around to it. . . . . 06○
- I hardly ever get the flu. . . . . 07○
- Fear of side effects. . . . . 08○
- I feel the flu shot doesn't work. . . . . 09○
- I feel it costs too much. . . . . 10○
- Other . . . . . 11○ ↓ *(Specify)*

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

- Don't know *(Probe for a reason)* . . . . . 12○

Section E: Health Status Indicators

E1. **The next set of questions ask about your day to day health. You may feel that some of these questions do not apply to you but it is important that we ask the same questions of everyone.**

Vision

E2. ◆ **Are you usually able to see well enough to read ordinary newsprint without glasses or contact lenses?**

Yes . . . . . 1○ → *Go to E5*

No . . . . . 2○

Refused . . . . . 3○ → *Go to E7*

E3. **Can you see well enough to read ordinary newsprint with glasses or contact lenses?**

Yes . . . . . 4○ → *Go to E5*

No . . . . . 5○

Don't know (Don't wear glasses or contacts) . . . . . 6○

E4. **Can you see at all?**

Yes . . . . . 7○

No . . . . . 8○ → *Go to E7*

E5. **Can you see well enough to recognize a friend on the other side of the street without glasses or contact lenses?**

Yes . . . . . 1○ → *Go to E7*

No . . . . . 2○

E6. **Can you see well enough to recognize a friend on the other side of the street with glasses or contact lenses?**

Yes ..... 3○
No ..... 4○
Don't know (Don't wear glasses or contacts) ..... 5○

Hearing

E7. ◆ **Are you usually able to hear what is said in a group conversation with at least three other people without a hearing aid?**

Yes ..... 1○ → *Go to E11*
No ..... 2○
Refused ..... 3○ → *Go to E11*

E8. **Can you hear what is said in a group conversation with at least three other people with a hearing aid?**

Yes ..... 4○
No ..... 5○
Don't know (Don't wear a hearing aid) ..... 6○

E9. **Can you hear what is said in a conversation with one other person in a quiet room without a hearing aid?**

Yes ..... 7○ → *Go to E11*
No ..... 8○

E10. **Can you hear what is said in a conversation with one other person in a quiet room with a hearing aid?**

Yes ..... 1○
No ..... 2○
Don't know (Don't wear a hearing aid) ..... 3○

Speech

E11. ◆ **Are you usually able to be understood completely when speaking with strangers in your own language?**

Yes ..... 4○ → *Go to E16*
No ..... 5○
Refused ..... 6○ → *Go to E16*

E12. **Are you able to be understood partially when speaking with strangers?**

Yes ..... 7○
No ..... 8○

E13. **Are you able to be understood completely when speaking with those who know you well?**

Yes ..... 1○ → *Go to E16*
No ..... 2○

E14. **Are you able to be understood partially when speaking with those who know you well?**

Yes ..... 3○
No ..... 4○

Getting Around

E15. *INTERVIEWER:*

If a respondent says "sometimes" to any of the following questions, E16-E20 and E22, please prompt with "Is that usually?" If it is not, mark No.

E16. ◆ **Are you able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

Yes ..... 5○ → *Go to E23*
No ..... 6○
Refused ..... 7○ → *Go to E23*

E17. **Can you walk at all?**

Yes ..... 8○
No ..... 9○ → *Go to E20*

E18. **Do you require mechanical suppert such as braces, cane or crutches to walk around the neighbourhood?**

Yes ..... 1○
No ..... 2○

E19. **Do you require the help of another person to walk?**

Yes ..... 3○
No ..... 4○

E20. **Do you require a wheelchair to get around?**

Yes ..... 5○
No ..... 6○ → *Go to E23*

E21. **How often do you use a wheelchair...**

Always? ..... 1○
Often? ..... 2○
Sometimes? ..... 3○
Never ..... 4○

E22. **Do you need the help of another person to get around in the wheelchair?**

Yes ..... 5○
No ..... 6○

Hands and Fingers

E23. ◆ **Do you usually have the full use of two hands and ten fingers?**

Yes ..... 7○ → *Go to E27*
No ..... 8○
Refused ..... 9○ → *Go to E27*

E24. **Do you require the help of another person because of limitations in the use of your hands and fingers?**

Yes ..... 1○
No ..... 2○ → *Go to E26*

E25. **Do you require the help of another person with . . .**

- **Some tasks?** . . . . . 3○
- **Most tasks?** . . . . . 4○
- **Almost all tasks?** . . . . . 5○
- **All tasks?** . . . . . 6○

E26. **Do you require special equipment, for example, devices to assist in dressing, because of limitations in the use of your hands or fingers?**

- Yes . . . . . 7○
- No . . . . . 8○

Feelings

E27. **Would you describe yourself as usually . . .**

- **Happy and interested in life?** . . . . . 1○
- **Somewhat happy?** . . . . . 2○
- **Somewhat unhappy?** . . . . . 3○
- **Very unhappy?** . . . . . 4○
- No opinion . . . . . 5○

Memory

E28. **How would you describe your usual ability to remember things . . .**

- **Able to remember most things?** . . . . . 6○
- **Somewhat forgetful?** . . . . . 7○
- **Very forgetful?** . . . . . 8○
- **Unable to remember anything at all?** . . . . . 9○

Thinking

E29. **How would you describe your usual ability to think and solve day to day problems . . .**

- **Able to think clearly and solve problems?** . . . . . 1○
- **Having a little difficulty?** . . . . . 2○
- **Having some difficulty?** . . . . . 3○
- **Having a great deal of difficulty?** . . . . . 4○
- Unable to think or solve problems? . . . . . 5○

Pain and Discomfort

E30. ◆ **In general, do you have any trouble with pain or discomfort?**

- Yes . . . . . 6○
- No . . . . . 7○ } *Go to F1*
- Refused . . . . . 8○ } *Go to F1*

E31. **How would you describe you usual intensity of pain or discomfort . . .**

- **Mild?** . . . . . 1○
- **Moderate?** . . . . . 2○
- **Severe?** . . . . . 3○

E32. **How many activities does your pain and discomfort prevent . . .**

- **None?** . . . . . 4○
- **A few?** . . . . . 5○
- **Some?** . . . . . 6○
- **Most?** . . . . . 7○

Section F: Limitations

F1. ◆ **Are you limited in the amount or kind of activity you can do at home, at work or at school because of a long term physical condition or health problem?**

- Yes . . . . . 1○
- No . . . . . 2○ } *Go to G1*
- Refused . . . . . 3○ } *Go to G1*

F2. **How are you limited?** *(Note: record limitation not problem)*

F3. **What is the main health problem which caused this limitation?**

Section G: Physical Condition and Activity

G1. **The next few questions concern your physical condition and physical activity.**

G2. **How tall are you without your shoes on?**

4 [ ] [ ] Feet Inches or 5 [ ] [ ] [ ] Centimetres

Don't know . . . . . 9998○

G3. **How much do you weigh?**

1 [ ] [ ] [ ] Pounds or 2 [ ] [ ] [ ] Kilograms

Don't know . . . . . 9998○

G4. **Do you consider yourself to be . . .**

- **Overweight?** . . . . . 1○
- **Underweight?** . . . . . 2○
- **Just about right?** . . . . . 3○

G5. I am now going to ask you questions about the amount of time you spend on physical activity at work or while doing your daily chores, but not leisure time activity.

A. How many hours per day do you usually spend standing or walking but not carrying or lifting things. Would that be...

- None? 01
- Less than 15 minutes? 02
- 15 minutes to less than 2 hours? 03
- Two to less than 4 hours? 04
- Four to less than 6 hours? 05
- Six hours or more? 06
- Don't know 07

B. How many hours per day do you usually spend lifting or carrying light loads, climbing stairs or hills? Would that be...

- None? 08
- Less than 15 minutes? 09
- 15 minutes to less than 2 hours? 10
- Two to less than 4 hours? 11
- Four to less than 6 hours? 12
- Six hours or more? 13
- Don't know 14

C. How many hours per day do you usually spend doing heavy work or carrying very heavy loads? Would that be...

- None? 15
- Less than 15 minutes? 16
- 15 minutes to less than 2 hours? 17
- Two to less than 4 hours? 18
- Four to less than 6 hours? 19
- Six hours or more? 20
- Don't know 21

G6. I am now going to ask you questions about the amount of time you spent on leisure time physical activity such as walking, sports, gardening or dancing during the last month.

A. Thinking back over the past month, how many hours per week did you spend on light physical activity so that your breathing was only a little faster than normal? Would that be...

- None? 22
- Less than one hour? 23
- One hour to less than 2 hours? 24
- Two hours to less than 3 hours? 25
- Three hours or more? 26
- Don't know 27

B. Thinking back over the past month, how many hours per week did you spend on moderate physical activity where your breathing was a lot faster than normal but talking was still possible? Would that be...

- None? 28
- Less than one hour? 29
- One hour to less than 2 hours? 30
- Two hours to less than 3 hours? 31
- Three hours or more? 32
- Don't know 33

C. Thinking back over the past month, how many hours per week did you spend on vigorous physical activity where your breathing was so fast that talking was very difficult or almost impossible? Would that be...

- None? 34
- Less than one hour? 35
- One hour to less than 2 hours? 36
- Two hours to less than 3 hours? 37
- Three hours or more? 38
- Don't know 39

G7. Overall, do you consider the amount of physical activity you usually get to be...

- Too much? 7
- Too little? 8
- The right amount? 9

Section H: Sleep

H1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health.

H2. How long do you usually spend sleeping each night? (Do not include time spent resting.)

[ ][ ] hours [ ][ ] minutes

Don't know 9998

H3. Do you regularly have trouble going to sleep or staying asleep?

- Yes 1
- No 2

H4. How often do you find your sleep refreshing?

- Most of the time? 3
- Sometimes? 4
- Never? 5

H5. How often do you find it difficult to stay awake when you want to?

- Most of the time? 6
- Sometimes? 7
- Never? 8

Section J: Smoking

J1. **The next questions are about cigarette smoking.**

J2. **Do you smoke cigarettes . . .**

◆

Daily? . . . . . 1○

Occasionally? . . . . . 2○

Not at all? . . . . . 3○

Go to J5

Refused? . . . . . 4○ → *Go to J8*

J3. **About how many cigarettes do you smoke each day?**

[5 | |] daily cigarettes

J4. **At what age did you start smoking daily?**

[6 | |] years of age → *Go to J8*

J5. **Have you ever smoked cigarettes daily?**

◆

Yes . . . . . 7○

No . . . . . 8○

Refused . . . . . 9○

Go to J8

J6. **At what age did you start smoking daily?**

[1 | |] years of age

J7. **At what age did you last stop smoking daily?**

[2 | |] years of age

J8. **How many people in your household, excluding yourself, smoke cigarettes daily?**

[3 | |] number of household smokers

Don't know . . . . . 398○

Section K: Alcohol

K1. **Now I would like to ask you some questions about alcohol consumption.**

When we use the word drink it means:

– One beer

– One small glass of wine

– 1 1/2 ounces of liquor

K2. **Have you ever taken a drink?**

◆

Yes . . . . . 4○

No . . . . . 5○

Refused . . . . . 6○

Go to M1

K3. **In the last 12 months, have you taken a drink?**

◆

Yes . . . . . 7○

No . . . . . 8○

Refused . . . . . 9○

Go to M1

K4. **In the past 12 months, how often on average, did you drink alcoholic beverages?**

Was it . . .

Every day? . . . . . 1○

4-6 times a week? . . . . . 2○

2-3 times a week? . . . . . 3○

Once a week? . . . . . 4○

Once or twice a month? . . . . . 5○

Less often than once a month? 6○

Don't know . . . . . 7○

K5. **In the past seven days, have you taken a drink?**

◆

Yes . . . . . 7○

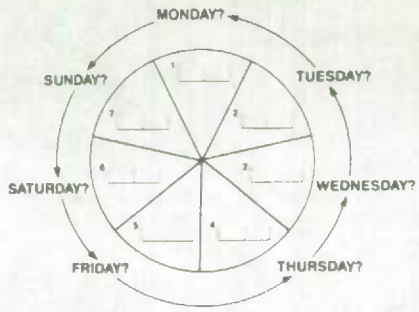
No . . . . . 8○

Refused . . . . . 9○

Go to M1

K6. **Beginning with yesterday, how many drinks did you have on each of the last 7 days?**

(Interviewer: enter 00 on the days respondent had no drinks)



Section M: Occupation and Health

M1. **During the past 12 months, what best describes your MAIN activity? Were you mainly . . .**

◆

Working at a job or business? 1○ → *Go to M12*

Looking for work? . . . . . 2○ → *Go to M3*

A student? . . . . . 3○

Keeping house? . . . . . 4○

Retired? . . . . . 5○

Other . . . . . 6○

Go to M3

(Specify)

[| | | | | | | | | | | | |]

[| | | | | | | | | | | | |]

Refused . . . . . 7○ → *Go to M3*

M2. **Were you studying full-time or part-time?**

Full-time . . . . . 8○

Part-time . . . . . 9○

M3. ◆ **Did you have a job or were you self-employed at any time during the past 12 months?**

Yes ..... 1○ → *Go to M12*

No ..... 2○

Refused ..... 3○ → *Go to M6*

M4. ◆ **Did you look for a job in the last four weeks?**

Yes ..... 4○

No ..... 5○ } *Go to M6*

Refused ..... 6○ }

M5. **How long have you been looking for a job?**

[ ][ ][ ] weeks

M6. ◆ **Have you ever worked at a job, business or been self-employed?**

Yes ..... 7○

No ..... 8○ } *Go to M40*

Refused ..... 9○ }

M7. ◆ **What kind of work did you do for the longest time?** *(Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)*

Refused ..... 1○ → *Go to M11*

M8. **For how many years did you do this kind of work?**

[ ][ ] years

M9. **For whom did you work?** *(Name of business, government department or agency, or person).*

M10. **What kind of business, industry or service was this?** *(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)*

M11. **In what year did you last work?**

[1][9][ ][ ] → *Go to M40*

M12. ◆ **Did you do any work at a job or business last week?**

Yes ..... 2○ → *Go to M16*

No ..... 3○

Refused ..... 4○ → *Go to M16*

M13. **Last week, did you have a job to which you expected to return?**

Yes ..... 5○ → *Go to M16*

No ..... 6○

M14. ◆ **Did you look for a job in the last four weeks?**

Yes ..... 7○

No ..... 8○ } *Go to M16*

Refused ..... 9○ }

M15. **How long have you been without a job and looking for one?**

[ ][ ][ ] weeks

Employment

M16. **For how many weeks during the past 12 months were you employed or self-employed. Include vacation, illness, strikes, lock- outs and maternity/paternity leave.**

[2][ ][ ] weeks

M17. **During those weeks, how many hours per week did you usually work?** *(Include all jobs)*

[3][ ][ ] hours

M18. **Which of the following best describes the hours you usually worked...**

Regular day time schedule? ..... 4○

Regular afternoon or evening schedule? ..... 5○ } *Go to M20*

Regular night shift? ..... 6○ }

Rotating shift? (One that changes periodically)? ..... 7○

Other ..... 8○

M19. **How often did you work a night shift? Was it...**

Regularly? ..... 1○

Sometimes? ..... 2○

Never? ..... 3○

M20. **For whom did you work for the longest time during the past 12 months?** *(Name of business, government department or agency, or person).*

M21. **What kind of business, industry or service was this?** *(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)*

M22. **What kind of work were you doing?** *(Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)*

M23. **In that job, were you a paid worker or self-employed?**

Paid worker ..... 4○

Self-employed ..... 5○ } *Go to M27*

Other (e.g. unpaid family worker) 6○

Job Benefits

M24. Comment: These questions refer to the job you just described. Include benefits that are either provided entirely by your employer or that are cost shared between you and the employer.

M25. **Does/Did your employer provide you with a . . .**

a) **Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?**

Yes ..... 7○

No ..... 8○

Don't know ..... 9○

b) **Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec Pension Plan)?**

Yes ..... 1○

No ..... 2○

Don't know ..... 3○

c) **Survivor benefits for your family in the event of your death (in addition to those provided by the Canada Pension Plan or the Quebec Pension Plan)?**

Yes ..... 4○

No ..... 5○

Don't know ..... 6○

d) **Medical/surgical benefits beyond those provided by your provincial health care system?**

Yes ..... 7○

No ..... 8○

Don't know ..... 9○

e) **Dental Care Benefits?**

Yes ..... 1○

No ..... 2○

Don't know ..... 3○

f) **Counselling or referral services for personal problems?**

Yes ..... 4○

No ..... 5○

Don't know ..... 6○

g) **Paid maternity or paternity leave, in addition to the benefits provided by Unemployment Insurance?**

Yes ..... 7○

No ..... 8○

Don't know ..... 9○

M26. **Are you a member of a labour union?**

Yes ..... 1○

No ..... 2○

Occupational Health

M27. **In the past 12 months, did you ever suffer a workplace injury or illness?**

Yes ..... 3○

No ..... 4○ } *Go to M29*

Refused ..... 5○

M28. **How many days of work did you miss as a result?**

6 ___ missed work days

M29. **In total, during the past 12 months, how many days did you miss from work due to any illness or injury? Exclude vacations, holidays, strikes, lockouts and maternity/parternity leave.**

7 ___ missed work days

M30. Have any of the following things in your work environment caused you excess worry or stress in the past 12 months...

	Yes	No
(a) Too many demands or too many hours of work?	01 ○	02 ○
(b) Risk of accident or injury?	03 ○	04 ○
(c) Poor interpersonal relations?	05 ○	06 ○
(d) Sexual harassment?	07 ○	08 ○
(e) Other harassment?	09 ○	10 ○
(f) Discrimination of any kind? *(age, sex race ethnicity/disability/sexual orientation)*	11 ○	12 ○
(g) Threat of layoff or job loss?	13 ○	14 ○
(h) Other?	15 ○	16 ○

↓ *(Specify)*

M31. *Interviewer Check Item:*

Review M30.

Are any of the responses Yes?

Yes ..... 1 ○

No/Refused ..... 2 ○ → *Go to M34*

M32. Did you do anything to improve the situation?

Yes ..... 3 ○

No ..... 4 ○

Refused ..... 5 ○

Go to M34

M33. What did you do? *(Mark all that apply)*

- Resigned without having another job lined up 1 ○
- Transferred to a less stressful or less physically demanding job with the same employer 2 ○
- Changed to a less stressful or less physically demanding job with a different employer 3 ○
- Reduced regular hours of work 4 ○
- Changed from full-time to part-time 5 ○
- Took a leave of absence or sabbatical without pay 6 ○
- Took a retirement pension beginning before age 65 7 ○
- Changed attitude/learned to relax 8 ○
- Other 9 ○

↓ *(Specify)*

M34-M39. Over the past 12 months, did your job ever expose you to...

		(A) No	Yes	(B) How often? Was it...		(C) Do you feel this has a negative impact on your health? *(Outcome may be later)* Yes	No
M34	Dust or fibres in the air?	01 ○	02 ○ →	Most of the time?	03 ○	06 ○	07 ○
				Sometimes?	04 ○		
				Rarely?	05 ○		
M35	Dangerous chemicals or fumes?	08 ○	09 ○ →	Most of the time?	10 ○	13 ○	14 ○
				Sometimes?	11 ○		
				Rarely?	12 ○		
M36	Loud noise?	15 ○	16 ○ →	Most of the time?	17 ○	20 ○	21 ○
				Sometimes?	18 ○		
				Rarely?	19 ○		
M37	Computer screens or display terminals?	22 ○	23 ○ →	Most of the time?	24 ○	27 ○	28 ○
				Sometimes?	25 ○		
				Rarely?	26 ○		
M38	Poor quality air?	29 ○	30 ○ →	Most of the time?	31 ○	34 ○	35 ○
				Sometimes?	32 ○		
				Rarely?	33 ○		
M39	Any other dangers?	36 ○	37 ○ →	Most of the time?	38 ○	41 ○	42 ○
			↓ *(Specify)*	Sometimes?	39 ○		
				Rarely?	40 ○		

M40. *Interviewer Check Item:*

◆ *Review GSS 6-1(B), Item Z7 for respondent only.*

Is the respondent living with his/her spouse or partner?

Yes ..... 1○

No/Refused ..... 2○ → *Go to N1*

M41. **During the past 12 months, what best describes your spouse's MAIN activity? Was he/she mainly . . .**

◆

Working at a job or business? 3○

Looking for work? ..... 4○

A student? ..... 5○

Keeping house? ..... 6○ *Go to N1*

Retired? ..... 7○

Other ..... 8○

(Specify)

Refused ..... 9○ → *Go to N1*

M42. **Was he/she working full-time or part-time?**

Full-time ..... 1○

Part-time ..... 2○

Section N: Satisfaction

N1. **Now some general questions.**

N2. **Are you satisfied or dissatisfied with . . .**

			Is that somewhat or very? Somewhat	Very
a) **Your health?**	Satisfied	01○ →	02○	03○
	Dissatisfied	04○ →	05○	06○
	No opinion	07○		
b) **Your job or main activity?**	Satisfied	08○ →	09○	10○
	Dissatisfied	11○ →	12○	13○
	No opinion	14○		
c) **Your life in general?**	Satisfied	15○ →	16○	17○
	Dissatisfied	18○ →	19○	20○
	No opinion	21○		

N3. **Would you describe your life as . . .**

Very stressful? ..... 3○

Somewhat stressful? ..... 4○

Not very stressful? ..... 5○

Not at all stressful? ..... 6○

No opinion ..... 7○

Section P: Emotional Well-Being

P1. **Here is a list that describes some of the ways people feel at different times. During the past few weeks, how often have you felt . . .**

	Often	**Sometimes**	**Never**
a) **On top of the world? Was it**	01○	02○	03○
b) **Very lonely or remote from other people?**	04○	05○	06○
c) **Particularly excited or interested in something?**	07○	08○	09○
d) **Depressed or very unhappy?**	10○	11○	12○
e) **Pleased about accomplishing something?**	13○	14○	15○
f) **Bored?**	16○	17○	18○
g) **Proud because someone complimented you on something you had done?**	19○	20○	21○
h) **So restless you couldn't sit long in a chair?**	22○	23○	24○
i) **That things were going your way?**	25○	26○	27○
j) **Upset because someone criticized you?**	28○	29○	30○

Section Q: Classification

Q1. **In what type of dwelling are you now living?**

Is it a . . .

Single detached house? ..... 1○

Low-rise apartment of less than 5 stories? ..... 2○

High-rise apartment of 5 or more stories? ..... 3○

Other ..... 4○

Q2. Comment: We ask about mortgages because, as an expense, they are a good indicator of an individual's or family's overall economic situation.

Q3. **Is this dwelling owned by a member of this household?**

Yes ..... 5○ → Q3A. **Is there a mortgage on this dwelling?**

No ..... 6○

Yes ..... 7○

No ..... 8○

Don't know ..... 9○

Q4. **What is your postal code?**
(Note: of residence)

Don't know ..... 1○

Q5. **Do you have more than one telephone in your home?**

Yes ..... 2○

No ..... 3○ → *Go to Q11*

Q6. Do all the telephones have the same number?

Yes ..... 4 ○ → *Go to Q11*

No ..... 5 ○

Q7. Comment: Households with more than one telephone number have a greater chance of being selected by the survey. We ask these questions to adjust for this.

Q8. How many different numbers are there?

[ ][ ]

Q9. Are any of these numbers for business use only?

Yes ..... 6 ○

No ..... 7 ○ → *Go to Q11*

Q10. How many are for business use only?

[ ][ ] business numbers

Q11. In what country were you born?

Canada 1 ○ – **In which province or territory?**

- Newfoundland/Labrador 01 ○
- Prince Edward Island 02 ○
- Nova Scotia 03 ○
- New Brunswick 04 ○
- Quebec 05 ○
- Ontario 06 ○
- Manitoba 07 ○
- Saskatchewan 08 ○
- Alberta 09 ○
- British Columbia 10 ○
- Yukon Territory 11 ○
- Northwest Territories 12 ○

} *Go to Q13*

Country outside Canada 2 ○ → *Specify*

- England 13 ○
- United States 14 ○
- Germany 15 ○
- Scotland 16 ○
- Italy 17 ○
- Poland 18 ○
- China 19 ○
- India 20 ○
- USSR 21 ○
- Philippines 22 ○
- Other 23 ○ ↓ *(Specify)*

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Q12. In what year did you first immigrate to Canada?

[1][ ][ ][ ]

Canadian citizen by birth ..... 996 ○

Q13. What is your date of birth?

◆

[ ][ ] Day [ ][ ] Month [1][ ][ ][ ] Year

Refused ..... 8 ○ → *Go to Q15*

Q14. *Interviewer Check Item:*

Review year of birth in Q13.

Is year 1940 or earlier?

Yes ..... 1 ○

No ..... 2 ○ → *Go to Q16*

Q15. Did you have any war time service in the active military forces of Canada or its allied forces?

Yes ..... 3 ○ → Q15A. **Which conflict or war?** *(Mark all that apply)*

No ..... 4 ○

- World War I ..... 5 ○
- World War II ..... 6 ○
- Korean conflict ..... 7 ○
- Other ..... 8 ○

Q16. What language did you first speak in childhood? *(Accept multiple responses only if languages were used equally)*

		Do you still understand that/ those language(s)? Yes	No
English	01 ○		
French	02 ○ →	23 ○	24 ○
Italian	03 ○ →	25 ○	26 ○
German	04 ○ →	27 ○	28 ○
Ukrainian	05 ○ →	29 ○	30 ○
Dutch	06 ○ →	31 ○	32 ○
Chinese	07 ○ →	33 ○	34 ○
Hungarian	08 ○ →	35 ○	36 ○
Portuguese	09 ○ →	37 ○	38 ○
Polish	10 ○ →	39 ○	40 ○
Other	11 ○ →	41 ○	42 ○

↓ *(Specify)*

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Q17. What language do you speak most often at home? *(Accept multiple responses only if languages are spoken equally)*

- English 34
- French 35
- Italian 36
- German 37
- Ukrainian 38
- Dutch 39
- Chinese 40
- Hungarian 41
- Portuguese 42
- Polish 43
- Other 44 → *(Specify)*

Q18. Excluding kindergarten, how many years of elementary and high school education have you successfully completed?

- No schooling 45 → *Go to Q22*
- One to five years 46
- Six 47
- Seven 48
- Eight 49
- Nine 50
- Ten 51
- Eleven 52
- Twelve 53
- Thirteen 54

Go to Q20

Q19. Have you graduated from high school?

- Yes 1
- No 2

Q20. Have you had any further schooling beyond elementary/high school?

- Yes 3
- No 4 → *Go to Q22*

Q21. What is the highest level of education that you have attained?

- Masters (M.A., M.Sc.,M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.) 1
- Degree in Medicine, Dentistry, Veterinary Medicine, or Optometry (M.D., D.D.S., D.M.D., D.V.M., D.D.) 2
- Bachelor or undergraduate degree, or teacher's college (e.g. B.A., B.Sc., B.A.Sc., LL.B) 3
- Diploma or certificate from community college, CEGEP or nursing school 4
- Diploma or certificate from trade, technical or vocational school, or business college 5
- Some university 6
- Some community college, CEGEP or nursing school 7
- Some trade, technical or vocational school, or business college 8
- Other 9 → *(Specify)*

Q22. What, if any, is your religion?

- No religion 01 → *Go to Q24*
- Roman Catholic 02
- United Church 03
- Anglican 04
- Presbyterian 05
- Lutheran 06
- Baptist 07
- Eastern Orthodox 08
- Jewish 09
- Islam (Muslim) 10
- Buddhist 11
- Hindu 12
- Sikh 13
- Jehovah's Witnesses 14
- Other 15 → *(Specify)*

Q23. Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend services or meetings connected with your religion in the last 12 months? Was it . . .

- **At least once a week?** 1 ○
- **At least once a month?** 2 ○
- **A few times a year?** 3 ○
- **At least once a year?** 4 ○
- **Not at all?** 5 ○

Q24. The ancestors of Canadians come from many ethnic and cultural groups such as Inuit, French, Scottish and Chinese. To which ethnic or cultural group(s) did your ancestors belong? *(Accept multiple responses)*

- English 01 ○
- French 02 ○
- German 03 ○
- Scottish 04 ○
- Italian 05 ○
- Irish 06 ○
- Ukrainian 07 ○
- Chinese 08 ○
- Dutch (Netherlands) 09 ○
- Jewish 10 ○
- Polish 11 ○
- Black 12 ○
- North American Indian 13 ○
- Métis 14 ○
- Inuit/Eskimo 15 ○
- Other 16 ○ ↓ *(Specify)*

- Canadian (probe: **Any other group?**) 17 ○
- Don't know 18 ○

Q25 ◆ Are you currently receiving any income from a retirement pension, old age security or survivor benefits?
(Exclude lump sum payments).

- *Yes* 6 ○
- No 7 ○
- Refused 8 ○

Go to Q27

Q26. Are you receiving . . .

	Yes	No
a) **Basic Old Age Security benefits paid by the Federal Government?**	01 ○	02 ○

These benefits are paid monthly by the Federal Government to all Canadians and Landed Immigrants who are 65 years of age of older and meet the minimum residency requirements. This benefit increases every 3 months in relation to the cost of living.

b) **Supplements to the Old Age Security pension: the Guaranteed Income Supplement or the Spouse's Allowance?**	03 ○	04 ○

The Guaranteed Income Supplement is paid by the Federal Government to Old Age Security Pensioners who have little or no income. The pensioner must reapply every year to receive it.

Spouse's Allowance is paid by the Federal Government if a person is between 60 and 65 years of age, has little or no income, and is widowed or is the spouse of a pensioner.

Both the Guaranteed Income Supplement and the Spouse's Allowance are increased every 3 months in relation to the cost of living.

c) **A retirement pension from Canada Pension Plan or Quebec Pension Plan?**	05 ○	06 ○

This pension is paid by the Federal or Quebec government to individuals who have contributed to the plan. Benefits usually begin when the individual reaches 65 years of age but may be applied for as early as 60 years of age. This pension is increased in January of each year in relation to the cost of living.

d) **A retirement pension from a former employer?**	07 ○	08 ○

This pension is paid by a former employer upon retirement. It may be a pension that was either cost shared with your employer or one provided entirely by your employer.

e) **A survivor benefit plan from the Canada Pension Plan or Quebec Pension Plan?**	09 ○	10 ○

This benefit is paid by the Federal or Quebec Government to surviving spouses of individuals who have contributed to the Canada or Quebec Pension Plan. An individual must apply for these benefits. This pension is increased in January of each year in relation to the cost of living.

f) **A survivor benefit plan from some source other than the Canada Pension Plan or Quebec Pension Plan?**	11 ○	12 ○

This benefit is paid by a source other than the Federal or Quebec government to a surviving spouse.

Q27. **Are you currently receiving any income from a disability pension.** *(Exclude lump sum payments)*

Yes ..... 1○
No ..... 2○
Refused ..... 3○
Go to Q30

Q28. **Are you receiving . . .**

	Yes	No
a) **A disability pension from Canada Pension Plan or Quebec Pension Plan?**	4○	5○
This benefit is paid by the Federal or Quebec Government to individuals who become disabled and who have applied for a Canada or Quebec Pension Plan Disability Benefit. Beneficiaries must have contributed to the Canada or Quebec Pension Plan. These benefits are increased in January of each year in relation to the cost of living.		
b) **A disability pension from an employer benefit plan?**	6○	7○
This is a pension paid by a former employer as a result of a disability.		
c) **A disability pension from some source other than Canada Pension Plan, the Quebec Pension Plan or an employer benefit plan?**	6○	9○

Q29. Comment: Both individual and household income are needed to study the relationship between an individual's overall economic situation and his/her health.

Q30. **What is your best estimate of your own income from all sources, before deductions during the past 12 months?**

Was your income . . .

- **Less than $20,000?** 01○
  - **Less than $10,000?** 06○
    - **Less than $5,000?** 10○
    - **$5,000 and more?** 11○
  - **$10,000 and more?** 07○
    - **Less than $15,000?** 12○
    - **15,000 and more?** 13○
- **$20,000 and more?** 02○
  - **Less than $40,000?** 08○
    - **Less than $30,000?** 14○
    - **$30,000 and more?** 15○
  - **$40,000 and more?** 09○
    - **Less than $60,000?** 16○
    - **$60,000 to less than $80,000** 17○
    - **$80,000 and more?** 18○

No income 03○
Don't know 04○
Refused 05○

Q31. **Not including yourself, how many other people in your household received income from any source, during the past 12 months?**

|8| | | people

Q32. *Interviewer Check Item*

Review Q31.

Is Q31 = 00?

Yes ..... 1○ → *Go to R1*
No/Refused ..... 2○

Q33. **What is your best estimate of the total income of all household members from all sources during the past 12 months? Was the total household income . . .**

- **Less than $20,000?** 19○
  - **Less than $10,000?** 24○
    - **Less than $5,000?** 28○
    - **$5,000 and more?** 29○
  - **$10,000 and more?** 25○
    - **Less than $15,000?** 30○
    - **15,000 and more?** 31○
- **$20,000 and more?** 20○
  - **Less than $40,000?** 26○
    - **Less than $30,000?** 32○
    - **$30,000 and more?** 33○
  - **$40,000 and more?** 27○
    - **Less than $60,000?** 34○
    - **$60,000 to less than $80,000** 35○
    - **$80,000 and more?** 36○

No income 21○
Don't know 22○
Refused 23○

Section R: Contacts for follow-up

R1. *INTERVIEWER*

◆ *Read the following section for each person interviewed.*

This survey is part of a longer-term project to investigate the relationship between health and other social issues.

For this reason, we may need to contact your household in a year or more from now.

In case you move or change phone numbers, we would like to obtain your complete name and address. This information will be kept strictly confidential and will only be used to maintain contact with you.

Refused to provide information ..... 3○
Refused to participate in future surveys ..... 4○
Go to R8

R2. Name of Respondent

Given Name .....

Surname .....

R3. Address of Respondent

Street and Number/ Lot and Concession

City, Town, Village Municipality .....

Province/ Territory .....

Postal Code .....

R4. ◆ **Would you please give me the name, address and telephone number of someone we could contact if you move, such as a friend, relative or neighbour.** (I want to emphasize that we will contact this person only if you move and then only to obtain your new address or telephone number.)

Refused to provide contact ..... 5○ → *Go to R8*

R5. Name of Contact

Given Name .....

Surname .....

R6. Address of Contact

Street and Number/ Lot and Concession

City, Town, Village Municipality .....

Province/ Territory .....

Postal Code .....

R7. Home Telephone of Contact

___ - ___ - ____
(Area code)

R8. *Interviewer:*

Thank the respondent and end interview.

R9. *INTERVIEWER CHECK ITEM:*

What is the sex of the respondent?

Male ..... 6○

Female ..... 7○

99. COMMENTS

ENDNOTES

1. Lalonde, Marc. A New Perspective on the Health of Canadians. Government of Canada, Ottawa, Ontario. 1974.

2. Ed. Townsend, Peter and Nick Davidson. Inequalities in Health, (The Black Report). London, Penguin Books. 1988.

3. Statistics Canada, Health and Social Support, 1985, General Social Survey Analysis Series, 11-612 No. 1.

4. A modified version of the GSS 6-1, the GSS 6-1b, was developed for the additional sample of people age 65 and over from the Labour Force Survey.

5. Furlong, William and David Feeny, George W. Torrance, Michael H. Boyle, J. Horsman. "Design and Pilot Testing of Comprehensive Health Status Measurement System for the Ontario Health Survey." McMaster University.

6. See 1985 GSS publication.

STATISTICS CANADA LIBRARY
BIBLIOTHEQUE STATISTIQUE CANADA
1010176949

OOS