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Life After Service Study: Data Collection Methodology for The Income Study and The Transition to Civilian Life Survey

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Executive Summary

There is currently no consistent, measurable definition of successful military to civilian transition in the existing Canadian or international research literature. There is consensus that re-establishment is multi-dimensional, going beyond paid employment. Published research literature reviewed for this report examined subsets of Veterans, and little is known about re-establishment for an entire former military population.

The Life After Service Study (LASS) takes a population-based approach, examining the re-establishment of former Regular and Reserve Canadian Forces (CF) personnel released in the last decade. The theoretical framework is based on four pillars of Veterans Affairs Canada (VAC) population health research - health, disability, determinants of health and life course. The study methodology incorporates the military context.

The LASS data collection will occur in four parts. Parts 1 and 2 have been described in this report and Parts 3 and 4 (mortality and cancer) will be the subject of another report on the CF Cancer and Mortality Study. The data collection for Parts 1 and 2 starts with a cohort of CF personnel that released between 1998 and 2007 and includes VAC program participation. Part 1 of the study examines income changes from 1995 to 2007. Part 2 is a telephone survey called the "Transition to Civilian Life Survey", that collects health, disability and determinants of health measures.

The LASS will help to fill current gaps in research on transition and re-establishment in Canada and around the world. The study is designed to answer the primary research question "How are Canadian Forces personnel doing after transition to civilian life in terms of income, health (well-being), disability and determinants of health?" Results will contribute to the improvement of current VAC and Department of National Defence (DND) programs and services. They will also provide a research evidence base for future programs and services.

The aims of this report are to:

1. Review existing published research from Canada and other countries on military to civilian transition, and identify key issues and findings emerging from this research.
2. Describe the theoretical framework and data collection methodology for Parts 1 and 2 of the Life After Service Study.

Étude sur la vie après le service militaire : Méthode de collecte des données pour l'étude sur les revenus et l'enquête sur la transition à la vie civile

Synopsis

Il n'existe actuellement aucune définition quantifiable et uniforme dans la documentation de ce qui constitue une transition réussie du service militaire à la vie civile, que ce soit au Canada ou dans le monde. Il y a cependant consensus sur le fait que la réinsertion est multidimensionnelle, et va au delà d'un emploi salarié. La littérature publiée qui a été étudiée dans le cadre de ce rapport examine des sous ensembles de vétérans, et l'on connaît peu de faits concernant la réinsertion d'une population entière de vétérans.

L'approche suivie dans le cadre de l'étude sur la vie après le service militaire (EVASM) est fondée sur les populations et a pour objectif d'examiner la réinsertion d'anciens membres du personnel de la Force régulière et de la Force de réserve des Forces canadiennes (FC) libérés au cours des dix dernières années. Le cadre théorique est basé sur quatre piliers de recherches en matière de santé concernant la population que sert Anciens Combattants Canada soit : la santé, les invalidités, les déterminants de la santé et le cours de la vie. La méthode utilisée dans le cadre de cette étude englobe le contexte militaire.

La collecte de données entourant l'EVASM se déroulera en quatre étapes. Les parties un et deux sont traitées dans ce rapport et les parties trois et quatre (mortalité et cancer) seront traitées dans un autre rapport d'étude sur la mortalité et le cancer au sein des FC. La collecte de données pour les parties un et deux débute avec une cohorte de membres des FC qui ont été libérés entre 1998 et 2007 et comprend la participation aux programmes d'Anciens Combattants Canada (ACC). La première partie de l'étude consiste à examiner les changements en matière de revenus entre 1995 et 2007. La deuxième partie consiste quant à elle en une enquête téléphonique intitulée « Enquête sur la transition à la vie civile (ETVC) » et vise à collecter des données sur la santé, les incapacités et les déterminants de la santé.

L'EVASM a pour objectif de combler les lacunes en matière de recherches sur la transition et la réinsertion au Canada et partout dans le monde. Cette étude est conçue pour répondre à cette question principale : « Comment se portent les membres des Forces canadiennes après avoir effectué la transition vers la vie civile – où en sont ils sur les plans du revenu, de la santé, du bien être, des invalidités et d'autres déterminants de la santé? » Les résultats ont comme objectif de permettre d'améliorer les programmes et services actuels d'ACC et du ministère de la Défense nationale. Ces résultats constitueront également un fondement pour des programmes et services à venir. Voici les objectifs de ce rapport :

1. Examiner les différentes recherches effectuées au Canada et dans d'autres pays concernant la transition du service militaire à la vie civile, cerner les principales questions et dégager les conclusions découlant de cette recherche.
2. Décrire le cadre théorique et la méthode de collecte des données pour les première et deuxième parties de l'Étude sur la vie après le service militaire.

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Acronyms

ADL	Activity of daily living
CATI	Computer Assisted Telephone Interviewing
CCHS	Canadian Community Health Survey
CF	Canadian Forces
CFCAMS	Canadian Forces Cancer and Mortality Study
CFMVRCA	<i>Canadian Forces Members and Veterans Re-establishment and Compensation Act</i>
DND	Department of National Defence
HLIS	Health and Lifestyle Information Survey
HRMIS	Human Resources Management Information System
IADL	Instrumental activities of daily living
LASS	Life After Service Study
NCM	Non-commissioned member
NVC	New Veterans Charter: <i>Canadian Forces Members and Veterans Re-establishment and Compensation Act</i>
PALS	Participation and Activity Limitation Survey
PHAC	Public Health Agency of Canada
PTSD	Post-traumatic stress disorder
RDI	Retirement Descriptive Index
RHQ	Recruit Health Questionnaire
SCONDVA	Senate Committee on National Defence and Veterans Affairs
SISIP	Service Income Security Insurance Plan
SF-12®	Medical Outcomes Study Short Form 12-question health survey instrument
T1FF	General Federal Tax Family File derived from Canada Revenue Agency by Statistics Canada.
TCLS	Transition to Civilian Life Survey
WHO	World Health Organization
VAC	Veterans Affairs Canada

1. Introduction

1.1 Background

Military to civilian transition is a poorly researched event in the life course of military Veterans¹. At its most elemental, “transition” is simply an administrative time and date, a finite point in time when a member of the military becomes a civilian. “Transition” has also been thought of as an administrative process, a period when military personnel disengage from their responsibilities, return their security badges, uniforms and other personal equipment, plan their civilian lives, fill out all kinds of forms and sit through various interviews. Retirement follows transition for some but, for many, transition to civilian life leads to a new career. Most importantly from the perspective of Veterans Affairs Canada (VAC), transition is the date when the care of Veterans transitions from the Department of National Defence/Canadian Forces (DND/CF) to VAC.

Canada’s *Department of Veterans Affairs (DVA) Act* charges the Minister of Veterans Affairs with the following responsibilities: “*The care, treatment, or re-establishing in civil life of any person who served in the Canadian Forces or merchant navy or in the naval, army or air forces or merchant navies of Her Majesty, of any person who has otherwise engaged in pursuits relating to war, and of any other person designated. . . and the care of the dependants or survivors of any person referred to*”. VAC’s mission is “*To provide exemplary, client-centred services and benefits that respond to the needs of Veterans, our other clients, and their families, in recognition of their services to Canada; and to keep the memory of their achievements and sacrifices alive for all Canadians.*”

VAC and DND/CF have long had an interest in re-establishment outcomes. The core of VAC’s \$3 billion business is compensating and providing services to Veterans who have disabilities arising from their military service. Over the last decade, though, the efforts of both departments in the area of transition to civilian life increased culminating in the implementation of the New Veterans Charter (NVC) on April 1, 2006. The NVC under the *Canadian Forces Members and Veterans Re-establishment and Compensation Act 2005* (CFMVRCA) aims to help CF Veterans successfully make the transition to civilian life through rehabilitation and reintegration programs. DND is interested in transition outcomes for the following two reasons: (1) prevention and mitigation of adverse health outcomes; and (2) recruitment and retention. Understanding the outcomes of military service is essential to properly identifying and investigating occupational and environmental health risks and to implementing treatment and control measures. Access to and receipt of transition services has been linked to improved retention and recruitment.

Re-establishment in civilian life goes very well for many, and poorly for some. In spite of centuries of interest in the phenomenon, there has been surprisingly little research that tells us how many former military personnel have various outcomes, and how best

¹ In this document the term “Veterans” means former military personnel.

to mitigate re-establishment problems (Sweet and Thompson 2009). While the research does not provide a standard approach to defining and measuring successful re-establishment, there seems to be consensus that there are many dimensions to re-establishment, of which employment is just one. Other dimensions include physical, mental and social health, mitigation of disabilities, determinants of health particularly income, and participation in work, family, community and leisure life to the fullest extent possible.

1.2 New Veterans Charter Evaluation

In June 2009, VAC's Audit and Evaluation Division developed a comprehensive evaluation plan for the NVC programs. This detailed evaluation plan outlined the data collection methodology necessary to thoroughly assess the relevance, cost effectiveness and success of the NVC programs. It indicated that a survey was necessary to collect input directly from Veterans, both those who are accessing the NVC programs and those who are not. This evaluation of the NVC will be completed by December 2010. The findings will help program managers improve the design and delivery of the NVC programs, and will provide central agencies with information required to consider program renewal or funding proposals.

1.3 Life After Service Study

1.3.1 Rationale

The Life After Service Study (LASS) was created to:

1. assist in the evaluation of the NVC programs; and
2. fill the gap in research on transition outcomes in Canada and elsewhere.

1.3.2 Objectives

The objectives of the LASS are to:

1. measure the health-related outcomes of released CF personnel after transition to civilian life;
2. examine whether current programs are reaching those in need;
3. determine whether there are unmet needs not addressed by current programs; and
4. examine how outcomes compare between VAC clients and other Canadian Veterans (non-clients).

The results will contribute to the program evaluation of the NVC and to improved resource allocation of transition programs and services, and it will inform strategies to mitigate poor outcomes.

1.3.3 Primary Research Questions

The primary research questions for the study fall under four topic areas as follows:

1. *Re-establishment*: How are Canadian Forces personnel doing after transition to civilian life in terms of income, health (well-being), disability, and other determinants of health?
2. *Program Reach*: Are existing transition/re-establishment programs reaching those in need?
3. *Unmet Needs*: Are there unmet needs that call for new or revised programs?
4. *Program Effectiveness*: How do VAC clients and non-clients compare in terms of income, health (well-being), disability and other determinants of health?

1.3.4 Data Collection Overview

The LASS consists of four parts aimed at measuring short and longer term health outcomes. All four parts of data collection will involve starting with a cohort of CF personnel that has been record-linked to VAC data on program participation.

Part 1 will collect information on income changes.

Part 2 will collect health, determinants of health and disability measures through a telephone interview survey.

Part 3 will collect information on mortality through the CF Cancer and Mortality Study (CFCAMS).

Part 4 will collect information on cancer through CFCAMS.

The LASS is a partnership between VAC, DND and Statistics Canada. Discussions between Statistics Canada and VAC on the feasibility of the proposed study began in the spring of 2009. In June 2009, Statistics Canada was contracted by VAC to conduct a feasibility study that would subsequently be submitted to Statistics Canada's Policy Committee for approval of the study and the proposed record linkages. In early August, VAC and DND representatives discussed the study and DND agreed to partner with VAC. The feasibility study was completed in early September and approval was granted by the Policy Committee. The Policy Committee also approved the fast tracking of Parts 1 and 2 of LASS given the deadlines for the NVC evaluation. In October 2009, VAC and DND contracted Statistics Canada to conduct Parts 1 and 2 of the four-part study. Parts 3 and 4 were initiated in November 2009 through CF CAMS.

1.4 This Report

The aims of this report are to:

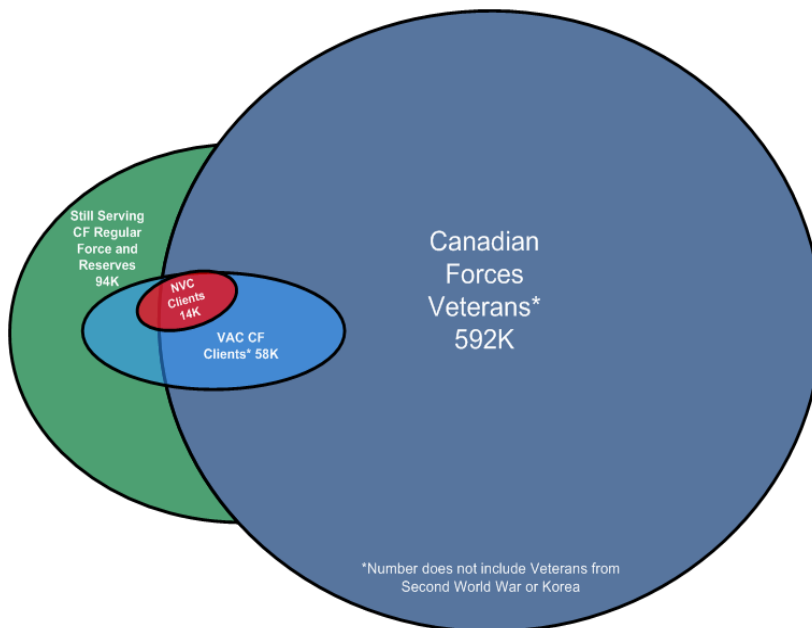
1. review existing published research on military to civilian transition from Canada and other countries, and identify key issues and findings emerging from this research; and
2. describe the theoretical framework and data collection methodology for Parts 1 and 2 of the LASS.

2. Veteran Population and VAC Clients

As of March 2009, there were an estimated 686,000 CF personnel and former personnel living in Canada, including 592,000 Veterans² and 94,000 still serving personnel³ (Figure 1). This excludes war service (Second World War and Korean War) Veterans. As of March 2009, about 58,000 (VAC Corporate information System, 2009) or 8% of these CF Veterans and personnel were VAC clients. It is unknown whether this VAC participation rate represents all who could be eligible for VAC programs, or whether the programs are not reaching the full target population. There are three Veteran populations studied: NVC clients (VAC clients who used programs under the New Veterans Charter), non-NVC clients (VAC clients who used other programs but not NVC programs) and non-clients (Veterans not using any VAC programs).

As of March 2009, there were 58,000 VAC CF clients. The vast majority were disability benefit clients (those in receipt of a disability award under the New Veterans Charter [CFMVRCA] and/or a disability pension paid under the *Pension Act*). Of the 58,000 VAC CF clients, almost one-quarter, or 14,000, accessed New Veterans Charter (NVC) programs (see Appendix B for details on the NVC)⁴.

Figure 1: Still-serving and Veteran Population Living in Canada



² Includes 313,000 Regular Force Veterans (former personnel) and 279,000 Primary Reserve Veterans. Source: VAC Corporate Information System, 2009.

³ Source: National Defence, 2008-09 Report on Plans and Priorities. Includes approximately 68,000 Regular Force FTEs and 26,000 Primary Reserves (paid strength).

⁴ The NVC clients are defined as those in receipt of at least one of the NVC programs (Disability Awards, Rehabilitation, Earnings Loss, Canadian Force Income Support, Health Insurance, and Job Placement); non-NVC clients are those in receipt of a disability pension but not a disability award under the NVC.

3. Research on Transition and Re-establishment

The re-establishment of Veterans who transition from military to civilian life has been of concern to political and military leaders for generations. In Canada, this concern resulted in the 1945 Veterans Charter which promised government re-establishment assistance after the Second World War. Research on transition and re-establishment that has been conducted in Canada and elsewhere is described below and is also summarized in Appendix C.

3.1 Canada

3.1.1 The 1970s and 1980s

A DND proposal for research into military to civilian transition in Canada by Pinch in 1975 argued that there was evidence to support that offering a smooth transition to civilian life can have a positive impact on the CF's ability to recruit, motivate and retain military personnel. At the time, the adequacy of assistance given to long-term service personnel in preparing them for civilian employment was being seriously questioned. The proposal outlined the following 10 factors associated with re-establishment:

1. skills transferability;
2. education;
3. rank;
4. length of service;
5. age;
6. part-time non-service employment;
7. geographical location of release;
8. commitment to the military sub-culture;
9. family circumstances; and
10. individual orientations and motivations regarding a civilian career.

The first report (Pinch and Hamel 1977) provided preliminary results of stage one of a two-stage study proposed in the 1975 report. The background of the report pointed out that while the CF had devoted considerable effort in identifying the problems associated with recruitment, motivation and retention at the "front end" (prior to and during enrolment) and the "middle end" (satisfaction and motivation while serving), the impact of these areas from the "back end" (the military leaver) had yet to be systematically examined. Stage two results were published in a second report by Pinch and Hamel (1978).

The focus of these re-establishment studies conducted in the late 1970s was civilian employment. Return to work had also been the main focus of re-establishment following both World Wars. The theoretical framework of these studies was that transition was a process dependent on "transferable skills acquired in the military

setting” and the ability to “translate” military skills in the civilian labour market. In 1980, however, the CF built a broader framework for analysis of mid-career transition (Pinch, 1980). This framework included social, psychological and economic determinants of successful transition from the perspective of the individual, society and the military. From the social perspective, successful transition is defined as employment, income, and status continuity or better. From an individual perspective, successful transition is defined as absence of or minor perceived difficulty in job entry and perceived identity or adjustment problems and perceived continuity of job, financial and family situations.

Today, the CF uses a similarly broad framework in studies of the health and well-being of military personnel. For example, the Canadian Forces Health and Lifestyle Information Survey (HLIS) measures physical, mental and social health and determinants of health, including many questions from the Canadian Community Health Survey (CCHS).

3.1.2 The 1990s

Studies and reviews, including the DND Stow “A Study of the Treatment of Members Released from the CF on Medical Grounds” (1997) report and VAC’s Review of Veterans Care Needs (RVCN) Part III, indicated that VAC’s approach to meeting the needs of its CF clients, which consisted of cash (monthly disability pension) and piecemeal health care via the disability pension gateway was failing as it encouraged a continued state of illness and dependence. VAC studies based on the 1999 VAC CF client survey, conducted for the RVCN Part III, found that this group of disability pensioners suffered multiple problems affecting transition to civilian life including chronic pain, permanent disabilities, operational stress injuries, inadequate education, poor job prospects, family stress, low income, and lack of recognition. In the early 2000s, VAC’s CF client population increased by 60%, from 23,600 in 2001 to 37,800 in 2004 and it was expected that this growth trend would continue. At the time, DND released about 4,000 personnel per year at an average age of 36. In addition, there were also an estimated 400,000 former Regular Force personnel in Canada, some of whom were thought to have unmet rehabilitation and health needs.

Four studies based on the 1999 VAC CF client survey were commissioned by VAC. These studies cannot be generalized to describe all Canadian Veterans as the clients account for only a small proportion of the total Veteran population. The first examined all areas covered by the survey including employment, personal income, family and household situation and overall health status. The other three focused on mainly civilian employment, financial security and retirement planning.

The first study, Marshall (2000), examined employment, career and retirement planning of these VAC clients. This study found that among Veterans not employed, the majority were not seeking employment. This is not surprising given that the average age of VAC clients in the survey was 51 years and many would have been retired.

The second study, Marshall (2004), examined how education is associated with socioeconomic status VAC's CF clients. The study found that many VAC CF clients had low levels of education. Older VAC clients were more likely to have entered the service with lower educational attainment than younger, more recent entrants. Education had a strong relationship to personal income.

The third study, Marshall (2005a), compared VAC CF clients who had been discharged from service for medical and for non-medical reasons. The study found that the medically released were less likely to report having ever worked in civilian jobs after release and were more likely to report either being unemployed or inactive in the labour market at the time of the survey. They were also less likely to report satisfaction with current or anticipated income and investments, likely due to lower levels of income at the time of the survey and diminished health status.

The fourth study, Marshall (2005b), examined the need for planning prior to discharge, as only 60% of clients reported making active plans for post-release civilian life. This study found little readiness, and less in those medically released than those with a non-medical release. It also found that older, married, and more highly educated respondents were more likely to be prepared than those Veterans who were younger, not married and had lower education.

3.1.3 The 2000s

In the early part of the decade, many improvements were made to benefits and services offered to CF personnel in the areas of pre-retirement planning, transition to civilian life, and re-establishment. Notwithstanding concerted efforts to improve the transition to civilian life for CF personnel and families, research and gaps in programs and services called for fundamental changes for VAC to fulfill its re-establishment mandate.

In cooperation with DND and other departments and agencies, VAC designed a comprehensive and improved range of programs and services to encourage wellness and re-establishment. On April 1, 2006, the New Veterans Charter was implemented (*Canadian Forces Members and Veterans Re-establishment and Compensation Act 2005*). The new programs and services aim to help CF Veterans successfully make the transition into civilian life through rehabilitation and re-integration programs.

Since the New Veterans Charter came into force, data from Veteran identifier questions included in the 2003 Canadian Community Health Survey (CCHS 2.1) has become available. Veteran identifier questions in this version of CCHS were used to identify (by self report) former Canadian Forces personnel and war service (Second World War and Korean War) Veterans. It is unknown when the CF Veterans left the military as service characteristics were not asked on this survey. However, the release dates would span 50 years following the Korean War (1953 to 2003). Thompson and Sweet (2008) conducted a preliminary analysis of the survey results. The analysis found that while CF Veterans more often reported arthritis, activity limitation, and asthma, they also more often reported lower levels of life stress.

A Re-establishment Survey instrument was designed to assist in the measurement of the effectiveness of the NVC programs. Beginning in 2007-08, the survey is now mailed to all program clients in order to measure their health (SF-12®), employment, and economic status as well as their community integration and perceived recognition⁵ on entry to the program. The first report, which was released in April 2009, of this annual survey provides baseline data with respect to clients participating in the Job Placement and Rehabilitation programs. The report concluded that the health status of the Job Placement clients was similar to the general population norm, but the health status of Rehabilitation program clients was similar to that of the lowest 5% of the general population (VAC, 2009).

3.2 Other Countries

Researchers in other countries have identified a lack of research into the re-establishment of military personnel in civilian life. They report considerable difficulty locating and following up with individuals once they leave the military, and difficulties coordinating between departments responsible for still-serving and former military personnel. The US General Accounting Office noted in an evaluation report on transition assistance (US General Accounting Office, 2002) that follow-up to assess how ex-military personnel are faring in civilian life is difficult, and that the Department of Defence, Veterans Affairs and the Department of Labour had done little to coordinate information requirements between the departments. The report further stated that collecting data “to track long-term outcomes would better position the departments to assess the value of transition assistance as well as determine ways to improve it.”

In order to identify the key issues and findings that have emerged from research on transition and re-establishment in other countries, VAC conducted a literature search beginning with a scan on literature relating to military to civilian transition (Sweet and Thompson, 2008). Results of this search suggest that there seems to be no standard approach to defining and measuring successful re-establishment. Iversen (2005), in a study of over 8,000 service personnel in the United Kingdom who served in the armed forces in 1991 (the King’s Military Cohort), seems to define successful re-establishment as finding full-time employment. The study found that:

The majority of service leavers do well after leaving and are in full time employment. Those with poor mental health during service were more likely to leave and had a greater chance of becoming unemployed after leaving.... Only a minority of Veterans fare badly after service, even amongst those with active tours of duty behind them.

Defining successful re-establishment as finding full-time employment is a fairly narrow definition. As well, Higate (2001) notes that research on discharged personnel tends to

⁵ The survey includes the questions “To what extent do you feel you are recognized for your military service?” , and by whom, “Canadians in general, Canadian government, Canadian Forces, family and friends, current or potential employers?”.

deal exclusively with paid civilian employment and argues for a move away from the crude dichotomy of those who “fail” and those who “succeed”.

While there seems to be little consensus in the literature as to the definition of successful re-establishment to civilian life, many studies have examined various dimensions of re-establishment including employment. Some, however, have examined only one dimension, generally health status. Gulec (2001) took a sample of retired military officers and examined basic activities of daily living (ADLs) and instrumental activities of daily living (IADLs), which is limited in terms of summarizing overall health status. However, a few studies have used standardized summary measures of health status, allowing for comparisons between populations and among various countries. A study of Navy officers in Norway (Mageroy 2007) used the SF-36® to examine the association between health-related quality of life and rank of the officers.

Many studies have described dimensions of re-integration besides health. Other dimensions studied included employment, financial status, activities and community integration. Fitzgerald (2006) examined the association between serving active military duty and wealth accumulation. Iversen (2005) examined mental health, general health and employment. Yanos examined many dimensions of re-integration but used a sample of only three retired air force officers. Sharma (1996) examined mental health and life satisfaction of 80 retired armed forces personnel in India.

In the United States, two studies (Graves, 2005 and Brunson, 1997) used a summary measure called the Retirement Descriptive Index (RDI), which measures life satisfaction across the following five dimensions: activities, financial status, health, people (associates) and general life satisfaction. Another study used a summary measure called the Adjustment Measure (Taylor, 2007). Graves found that despite the fact that most military retirees do not immediately enter an actual state of retirement, use of the RDI has been deemed an appropriate measure of life satisfaction for this population and had been used in at least five previous studies to assess life satisfaction of samples of retired military personnel.

As there is no common measurement of successful re-establishment and the types of populations studied vary significantly, it is difficult to summarize how Veterans in other countries are doing after transition to civilian life. Four studies, one in Norway (Mageroy) and the other three in the US (Brunson, Spiegel and Shultz & Taylor), included only Navy Veterans and one study in Turkey (Gulec, 2001) included only officers. However, what can be said is that many studies have recognized the measurement of re-establishment as being multi-dimensional, and some factors have been identified that predict positive outcomes. These factors include pre-retirement planning, skills transferability, the extent to which expectations of civilian work, financial, and family aspects of life were met and higher rank at release (Appendix B).

4. Theoretical Framework

4.1 Population Health Perspective

VAC has limited information on the composition, health and needs of Canada's Veterans from a population health perspective. The most recent broad-based health, the VAC CF Client survey, was undertaken over 10 years ago. While it provided essential health information that supported the VAC program transformation which introduced the Mental Health Strategy and the New Veterans Charter. However, this study has some major limitations:

- with the passage of time, the information has become dated and lost current utility;
- the limited scope of the survey questions provided only a partial picture of health and needs; and
- only VAC clients were surveyed.

VAC has never studied the larger group of Veterans who are not clients, i.e. VAC's potential clients.

The Re-establishment Survey, conducted annually since the NVC came into force, includes only clients and as such does not provide information on whether the programs are reaching those in need.

To fill the knowledge gap on all Veterans, VAC is building a comprehensive Population Health Research Strategy. The studies conducted under the Strategy will be a resource to VAC for the next 20 years. The resulting information will be used throughout VAC to forecast the needs of current and future clients; to develop the tools to measure program effectiveness; and to provide evidence to support Central Agency submissions for program development. The LASS Study forms part of the Population Health Strategy.

The theoretical framework for the design of this study is based on four pillars of population health: health, disability, determinants of health and life course.

4.2 Health

"Health" is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 1948). For the purposes of this study consideration was given to including spiritual well-being, however there is no consensus regarding the role of spirituality in the definition of health, and methods for measuring spirituality in populations are not sufficiently developed.

4.3 Disability

"Disability" can be viewed as the impact of physical or mental health impairments on functioning, including functional impacts resulting from barriers in the person's social

and physical environment (Thompson and MacLean, 2009). A physical, mental or social health state is not in itself a disability. Disability occurs when the person encounters barriers preventing him or her from living as full a life as possible.

4.4 Determinants of Health

“Determinants of health” are the range of personal, social, economic and environmental factors that determine the health status of individuals or populations (WHO 1998). These are areas where interventions can take place to modify the health of a population.

The Public Health Agency of Canada (PHAC) provided this list of key determinants of health (2010):

1. Income and social status
2. Social support networks
3. Education and literacy
4. Employment/working conditions
5. Physical environments
6. Social environments
7. Personal health practices and coping skills
8. Healthy child development
9. Biology and genetic endowment
10. Health services
11. Gender
12. Culture

The population health approach seeks to reduce inequities in health status by taking action on the complex interactions between factors that contribute to health.

Determinants of health may also be outcomes. For example, good health can lead to better income and social status.

4.5 Life Course

“Life course” refers to the importance of time and individual lives lived. Changes that take place in health, disability and the determinants of health over time are important to consider in assessing the health of a Veteran population. For example, in this study, a goal was to learn how changes took place after transitioning from military to civilian life.

5. Method

5.1 Study Overview

In June 2009, Statistics Canada was contracted by VAC to conduct a feasibility study of the proposed record linkages and the health survey in Part 2 of LASS. The feasibility study was completed in October 2009 (Statistics Canada, 2009) and articulated the record linkage and survey objectives, the data requirements, and the possible

constraints in providing the requisite information. The aim was to ensure that the tools designed to collect information provide data relevant to the research objectives. The study recommended an approach to complete all parts of the study and provided cost estimates and a schedule of activities.

Table 1: Summary of Parts 1 and 2 of the Life After Service Study

Study Aspect	Part 1 - Income Study	Part 2 – Transition to Civilian Life Survey
Study Population	~90% of 63,422 CF (42,591 Regular Force & 20,831 Primary Reserve Force personnel released 1998 to 2007)	Subsample 4,800 Regular Force personnel of 36,638 released from 1998 to 2007 (excludes 5,953 who re-entered the CF)
Data Collection	Linkage to Statistics Canada tax files 1995 to 2007	Transition to Civilian Life Survey; interview by telephone (30-35 min) during February to March 2010
Content	Household and personal income, sources of income, low income	Health status (mental, physical and social) disability, and determinants of health
Data Available	April 2010	July 2010
Costs	\$27K*	\$888K*

* As per Letters of Agreement with Statistics Canada, \$915K in total (VAC \$510K and DND \$405K)

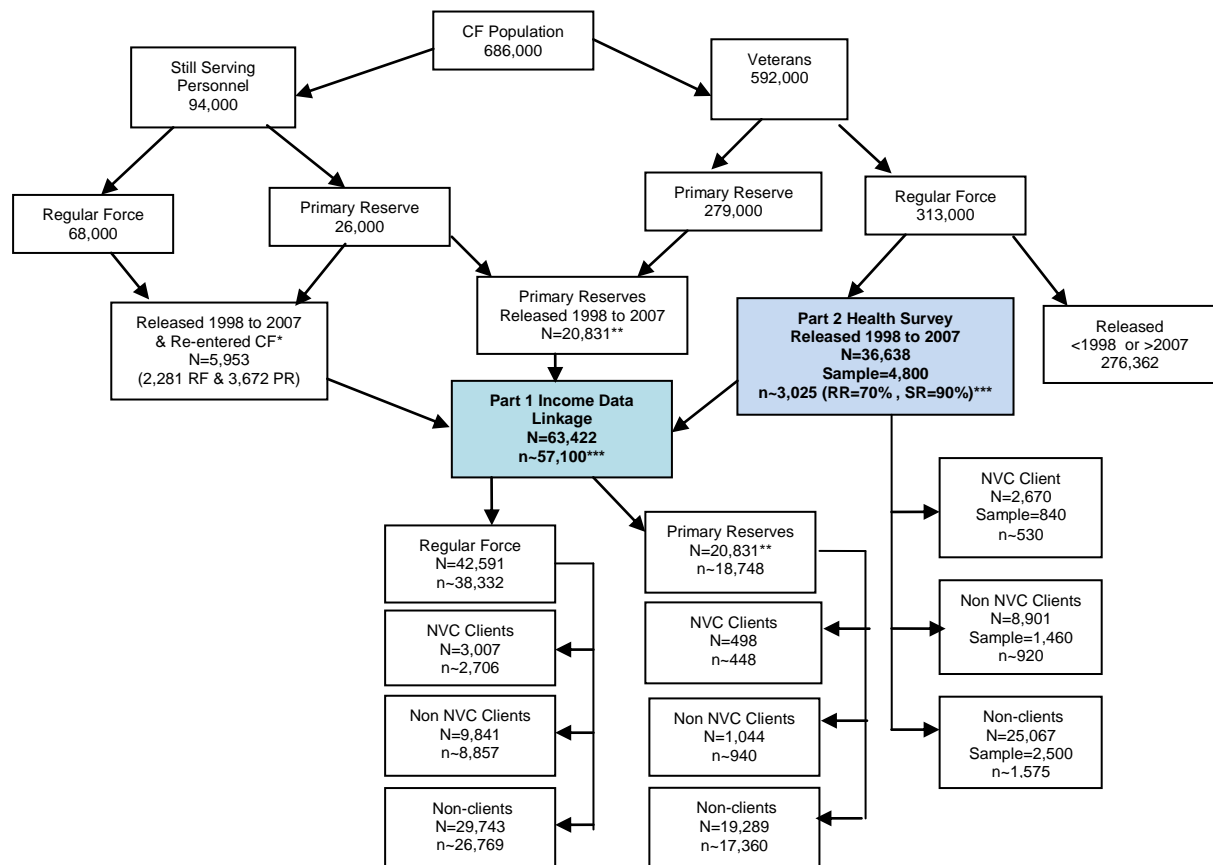
5.2 Population Frame

LASS Parts 1 and 2 will study CF personnel who have transitioned to civilian life in recent years. Part 1, the Income Study, will examine income and income sources from 1995 to 2007 for the study population of 63,422 CF (see Appendix E for details). Administrative records for this population will be record linked to Statistics Canada held historical tax files. It is expected that there will be a match for 90% or 57,100 records. There were three main study populations derived for the Income Study: (1) Primary Reserve personnel released from January 1, 1998 to December 31, 2007 (20,831); (2) Regular Force personnel released from January 1, 1998 to December 31, 2007 (42,591) and; (3) Regular Force personnel released during the same time period who did not as of November 2009 re-enter the Canadian Forces replicating the sample frame for the Transition to Civilian Life Survey and allowing for comparisons (36,638). Data from the record linkage is expected to be available in April 2010.

Part 2, the TCLS, involves a telephone survey which was conducted by Statistics Canada in February and March 2010. The population frame for Part 2 includes 36,638 Regular Force personnel released from January 1, 1998 to December 31, 2007. As the survey focuses on re-establishment in civilian life those who re-entered the CF and were still-serving as of November 2009 (5,953) were excluded from the survey. Primary reserves were not included in the survey as data was not available in time for the February data collection start date. A sample of 4,800 Regular Force personnel was drawn from the population frame for inclusion in the survey. It is expected that the analysis file will contain about 3,000 records as the response rate was 70% and

preliminary figures suggest a share rate of 90% (agreement from respondent to share survey responses with VAC and DND).

Figure 2: Population Frame March 2009



* Re-entered and still-serving in November 2009.

** Not complete set of releases as data was incomplete.

*** Estimated 90% on tax file records.

RR Response Rate SR Share Rate (agreement from respondent to share survey responses with VAC and DND)

5.3 Data Sets

Two main datasets were used in data collection:

1. DND administrative data;
2. VAC administrative data; and

DND administrative data was used to identify the cohort VAC data is used to identify clients and non-clients of various types.

5.3.1 DND Administrative Data

The basic DND administrative dataset was an extract from the Human Resources Management Information System (HRMIS) which has generally been available since

1998. Variables included were date of birth, gender, marital status, name, number and age of dependents, education, rank, branch (Army, Navy, Air Force) and occupation at release, release reason (medical, voluntary, retirement, etc.), enrollment date, and release date. Some variables (such as education, marital status, and number and age of dependents) may not have been updated at the time of release.

The dataset was extended by merging in two additional datasets:

1. number of deployments from 1997 to 2007 (34,812 records); and
2. a dataset with an indicator for Gulf War service (5,185 records of personnel sent to the Persian Gulf between August 1990 and October 1991, and 6,095 records in the era control group which includes personnel eligible for deployment during 1990/91 but not deployed).⁶

5.3.2 VAC Administrative Data

The VAC administrative data includes client status as of March 2009 (NVC client, other client and non-client); program participation including disability benefits and Veterans Independence Program, as well as specific NVC programs such as rehabilitation and job placement; favourable disability benefit conditions grouped under musculoskeletal, psychiatric conditions, hearing loss and PTSD; and transition interview data including knowledge of VAC programs, physical/mental health, activities of daily living (ADL), family functioning, labour force participation of member and spouse, financial concerns, housing, and the area counsellor's assessment of risk of unsuccessful re-establishment.

5.4 LASS Part 1: Income Study

Income is an important determinant of health, and continuity of income is a major policy concern of both VAC and the CF. This concern gave rise to the DND Service Income Security Insurance Plan (SISIP) Long-term Disability program which provides up to two years of income replacement equal to 75% of pre-release salary in the event of a medical release. VAC's disability benefits, are designed for compensation for injury, but are often seen as income replacement. VAC's NVC programs includes earnings loss benefits while participating in vocational and psycho-social rehabilitation, extended earnings loss to age 65 in the event of total disability and income support for those who have completed rehabilitation but are unable to find work. The CF pension benefits scheme (superannuation) provides an annuity, mainly to those who served for 20 years or more.

While many VAC CF clients report low income, it is not known if this group also had low incomes while in the military and if low income persists among the same groups after leaving military service. For many who do not complete a career in the military, having their career cut short for medical or other reasons can lead to significant drops in income. Less than half of CF personnel complete a career in the military and receive

⁶ The Gulf War nominal roll is the only complete and validated listing of a specific deployment available (Statistics Canada, 2005). The Gulf War nominal roll was subsequently supplemented by 66 records and the control group was supplemented by two records since 2005 by DND. DND holds data in Human Resource Management System (HRMS) and other databases on those deployed to other areas; however, the quality of the data for use as a nominal roll is suspect.

full retirement benefits. Marshall (2000) found that 18% of all VAC CF clients had personal incomes below \$20,000 per year, and that employment status (employed, unemployed, or inactive) was strongly associated with personal income. Other important factors associated with personal income included age (which influences seniority and retirement), difficulties with ADLs and functional disability, and the number of years since release from the CF (negative relationship, i.e. more years since release was associated with lower income).

The Income Study will compare income pre- and post military service. Based on Statistics Canada's feasibility study, the historical General Federal Tax Family File⁷ (T1FF) administrative records from 1995 to 2007 held at Statistics Canada will be used to study income trends. These records are available for about 90% of the population allowing for comparisons of income and income changes among various groups of Veterans. This data set contains more than 10 years of historical data on basic demographic characteristics such as gender, age, marital status as well as income and source of income data. The variables of interest for this study include: total income, low income status wages, salaries and commissions, self-employment, employment insurance and social assistance.

The various comparison groups will also be used to analyze income and income trends. As outlined in the Statistics Canada Feasibility Study, the income analysis variables will include the following:

- average pre and post-release market income, total income, after-tax income and earnings;
- Veteran and spousal shares of total family income the year prior to release, the year of release and years 1, 2, and 3 post release;
- mean income the year prior to release, the year of release and years 1, 2, and 3 post release;
- percent with employment insurance or social assistance since release and years 1, 2, and 3 post release;
- percent self employed;
- percent earning wages; and
- low income analysis (household income);
 - percentage with income below \$20,000 per year in years 1, 2 and 3 post release;
 - number of years since release with less than \$20,000 per year;
 - percentage of years since release with income of less than \$20,000 per year;
 - percentage below the low income cut off in years 1, 2 and 3 post release;
 - number of years since release with income below the low-income cutoff; and
 - percentage with income below the low-income cutoff by years since release.

⁷ T1FF files are derived from the T1 file from the Canada Revenue Agency by Statistics Canada.

In addition to demographic characteristics such as age and sex analysis variables will include service characteristics such as length of service, release reason and rank and VAC client type (NVC client, non-NVC client and non client).

5.5 LASS Part 2: Transition to Civilian Life Survey

The Transition to Civilian Life Survey (TCLS) will measure the health (physical, mental and social), disability and determinants of health of CF Regular Force Veterans released over the 10-year period 1998-2007. The survey will consist of computer-assisted telephone interviews (CATI) conducted by Statistics Canada. The measures are based on the Canadian Community Health Survey (CCHS, 2008) in order to allow for comparisons⁸ with the general population and the serving military (many CF surveys include CCHS content). The short time frame for the study allowed only for minimal development, testing and programming into CATI of new questionnaire content. The survey and administrative data linked to the survey data will not only include generally accepted determinants of health for the general population but will also include service-specific factors that influence health such as length of service, medical release, number of deployments, rank, education, era, occupation, combat exposure and branch.

For many Veterans, neither VAC nor DND has any recent contact information. Since only about 30% of tax-filers provide a telephone number, and the 2008 tax information will be a few years old at the time of the interviews, telephone numbers and contact information provided by the T1FF linkage will be supplemented with administrative records from DND and VAC. Public Works and Government Services Canada (PWGSC) provided Statistics Canada with address information for those in receipt of CF Superannuation. Having up-to-date address information improves the response rate and reduces the cost of tracing. VAC found that the vast majority of VAC clients on file have a phone number on record.

Statistics Canada conducted the interviews from February 3 to March 19, 2010. Statistics Canada will be providing VAC and DND with a share file containing the responses for those who agreed to share their data with VAC and DND, and with all identifiers removed with the exception of service number.

5.5.1 Sample

It was determined that a sample of 4,800 Veterans would allow for a high level of confidence for the results for the entire population (99% confidence with a margin of error of less than $\pm 2\%$ for a population of 37,000) as well as allow for stratification by three client types: NVC clients (VAC clients that used NVC programs), non-NVC clients (VAC clients that used other VAC programs) and non clients (Veterans not using any VAC programs).

⁸ Comparisons to the general population may be limited by time frame, population structure, and other factors that will need to be explored.

Both non-stratified and stratified sampling was used to account for three mutually exclusive groups: NVC clients, non-NVC clients, and non-clients. The NVC client group comprises all those who as of March 2009 were in receipt of at least one of the NVC programs (Disability Awards, Rehabilitation, Earnings Loss, Job Placement, CF Income Support, and Health Insurance), and non-NVC clients are those in receipt of a disability pension but not a disability award or any other benefit under the NVC. Analysis will need to take into account the response rate bias that is expected to be higher for non-clients due to more dated contact information.

Comparisons of these groups will need to take into account differences in the populations such as age, gender, rank, income and education. For example, when comparing quality of life between the groups, the analysis will need to account for higher disability levels among VAC clients. VAC clients may be less likely than non-clients to receive CF Superannuation. Other differences in sub-populations will be described during analysis.

Given the relative sizes of these groups, a stratified sampling strategy was recommended by Statistics Canada and accepted by the VAC/DND Part 1 and 2 Working Group.⁹ It was agreed that the sample would be redistributed away from the large non-client group to the other two groups, permitting significantly better estimates for the NVC client group and some improvement for the non-NVC client group, without greatly impacting the non-client group.

For an overall sample size of 4,800, the sample would be distributed as 7.1%, 23.3% and 69.6% (340, 1,120 and 3,340) among the NVC client, non-NVC client, and non-client groups respectively under a non-stratified sample. The stratified sample would see a distribution of 17.5%, 30.4% and 52.1% (840, 1,460 and 2,500) of the sample records among the three groups. This second allocation would yield better estimates for the two smaller groups without seriously affecting the estimates for the large non-client group.

In their Feasibility Study, Statistics Canada calculated minimum probability (*min p*¹⁰) values for the stratified sample by various potential control variables such as age, gender, length of service, and release type. Generally, more detailed analysis is possible for non-clients than for NVC clients and non-NVC clients. For example, for the age group 30-39 the min p was below 0.1 for non clients, which allows for confidence in reporting for this group. The min p was above 0.1 for both NVC clients and non NVC clients, meaning that age groups for these two populations may need to be analyzed in wider bands.

⁹ The working group consisted of Mary Beth MacLean, Dr. Jim Thompson, Dr Linda VanTil and Alain Poirier from the VAC Research Directorate and Jonathan Adams and Shannon Hartigan from VAC's Audit and Evaluation Division. Kerry Sudom from DND joined this team during the third round of decisions on the survey content.

¹⁰ *min p*: Minimum probability value that can be expected for a given sample size. If the sample is too small, the min p would be larger than allowed for drawing statistically significant conclusions. For example, if researchers were interested in the proportion of Veterans who suffered from depression and they estimated this to be about 10%, the *min-p* calculations estimate whether this could be reliably determined from the sample, given assumptions.

5.5.2 Questionnaire

The content is found in Appendix F. The majority of the content emanates from the CCHS, 2008, with additional content covering the military context. The VAC/DND Part 2 Working Group decided to start with a review of the CCHS content as it included reliable measures consistent with the WHO definition of health. In addition, using CCHS content could allow for comparisons to the general population as well as to the still serving population. The CF Health and Lifestyle Information Survey also uses CCHS questions (DND, 2008).¹¹ The CCHS content was reviewed in three rounds over the summer of 2009.

The first round involved a blind vote (Delphi technique) where each working group member voted to keep or drop each content area from a list of approximately 80 core and optional CCHS items. For items for which there was no consensus by blind vote, each member provided the rationale for his/her decision, and decisions were then made by consensus as to whether to include, exclude or review further. The rationale developed during the first round included:

1. Relevance to the primary research questions.
2. Robust/ reliable questions.
3. Prior use in Canadian general population, DND/CF and Veterans research.
4. Clinical significance.
5. Prevalence.
6. Professional judgment.
7. Acceptable burden (length of survey, minimize overlap).

It was decided that burden alone would not be used as an exclusion criterion but that the goal was to minimize burden. Burden refers to the time, effort and other demands placed on subjects (respondents) and administrators of the instrument. Burden, both in the form of the length of the survey and the mode of delivery, affects response rates, and low response increases the likelihood that the sample is not representative of the population. The core content of the CCHS, which is predominantly a phone survey (some are done face-to-face), takes between 45 minutes to an hour depending on the health region or province,¹² and the response rate typically is about 60%. The CF HLIS, which is a mail-out survey, takes about 45 minutes to complete and the response rate for the 2004 version was about 60%. Typically, response rates are higher for phone surveys. In order to target a response rate higher than 60%, it was decided to deliver the survey by phone rather than mail and to plan for a completion time of 30 minutes or less.

The second round involved blind votes and a discussion of the approximately 40 items remaining after round one. Several factors weighed heavily in the round two deliberations including: whether the item was included in the CF HLIS combined with

¹¹ Comparisons to the general population may be limited by time frame, population structure, and other factors that will need to be explored. Comparisons to the serving CF population may in addition be limited by the survey modality (telephone vs. mail).

¹² Provinces and regions can choose optional content in addition to the core content.

the prevalence; targeting for prevalence levels of more than 10% (for example the 2004 CF HLIS found a 7% prevalence of depression over the previous 12 months of the survey); and whether the item was or was not core content in the CCHS. Half of the items were eliminated during round two, resulting in about 20 items remaining with an estimated survey time of 35 minutes.

Round three involved further refining of the CCHS content. Seven items were reviewed:

1. DND conducted two **satisfaction with life** surveys with serving personnel in order to assess how well the CF had done in implementing Standing Committee on National Defence and Veterans Affairs (SCONDVA, 1998) recommendations and other quality of life initiatives. The questions used in the “Your Say” survey conducted in 2004 and 2005 cover both satisfaction with military life and life in general. The general satisfaction with life questions are very similar to those used in the CCHS and cover most of the same domains. This will allow for comparisons of life satisfaction pre- and post-military release.
2. **Mastery** is conceptually related to hardiness, which is an important area of study for military populations. DND has used an 11 item scale to assess hardiness in the CF Peace Support Operations Pre-deployment Survey as well as the Recruit Health Questionnaire (RHQ). Since mastery has been measured in both the CCHS and the RHQ, it was included in the TCLS in order to facilitate comparisons of Veterans with current service personnel and the general population.
3. The team discussed at length the inclusion or exclusion of **spirituality** and concluded that while the inclusion would allow for a more complete picture of overall health, the measurement and analysis of spirituality is new territory for military health and therefore it was decided that it was too soon to include such questions on the survey.
4. The team decided to keep CCHS questions on **dwelling characteristics** as home ownership is an indicator of wealth.
5. The **SF-12®** was chosen over the SF-36® by the team for four reasons: shorter time to administer, the SF-36® is only 10%-20% more accurate, it allows comparisons to NVC clients as the client Re-establishment Survey uses SF-12® and license for SF-12® already in place within VAC.
6. **Pain and suffering** is an entire section in the CCHS. However, as SF-12® covers pain and suffering, it was decided to remove this CCHS section but to include the pain section of the Participation and Activity Limitation Survey (PALS).
7. While the team felt that **Veteran recognition and identity** are important items to measure and capture it was agreed that these issues require a much

more solid scientific footing before they can be tackled in a survey. A literature search was not conducted on this undoubtedly very complex psychosocial issue (identity and feelings in relation to military service and its impact on health).

In considering the military context, there were three main areas of interest: service characteristics, skills transferability and adjustment to civilian life. Many of the same measures of service characteristics, such as rank, branch (Army, Navy, Air Force), deployment and occupation history, and release type (medical, voluntary, retirement etc), appear on previous studies of military population health, and some are available on the administrative data (see Table 1). The HLIS, the DND Perstempo and Human Dimensions of Deployment Survey and the DND “Your Say” Quality of Life Survey all included rank and branch. The first two surveys include deployment history and occupation. VAC’s 1999 VAC CF Client Survey included rank, branch, deployment and occupation history as well as length of service and medical release. The CF 2002 *CCHS Supplement: Mental Health and Wellbeing* included rank, region, branch, length of service and occupation.

The Working Group decided that questions on skills transferability, satisfaction with adjustment to civilian life, deployment and occupation history would be required on the survey. Questions on skills transferability and a question on satisfaction with adjustment to civilian life from Spiegel and Shultz (2002) were adopted. Deployment history questions were developed by the Working Group as existing questions were shown to limit the respondent to report on recent deployment and therefore did not capture the entire number of deployments over the career span. While the member’s occupation at release is available on administrative data, for many who are medically releasing, their last occupation may not be representative of their true occupation, as this group often moves to less demanding occupations prior to release. For this reason, it was decided that occupation at release and occupation prior to the release occupation would be asked.

Many of service characteristics have a proven relationship to health. For example, for rank, analysis of the 2002 Mental Health and Wellbeing Survey by Park (2008) found that non-commissioned members were at higher risk of life dissatisfaction, negative self-perceived mental health, major depression and alcohol abuse than officers. Rank has also been shown to be positively related to quality of life measures (Pépin, Sudom & Dunn, 2006). The analysis of the 2004 HLIS found that the prevalence of fair/poor health was twice as high among non-commissioned members compared to officers (DND, 2005).

Some service characteristics have also been shown to have a relationship to receipt of a disability pension or disability discharge. Sulsky (2002) found lower rank and longer duration of service to be predictors of receipt of a knee-related disability pension, and Lincoln (2002) found occupation category to be associated with risk of medical discharge for musculoskeletal conditions. While musculoskeletal conditions are the leading reason for receipt of disability benefits from VAC, mental health conditions have been shown to be the leading cause of medical discharge. Hoge (2005) found that the

rate of service separation for US army soldiers, six months after first hospitalization for a mental disorder was four times the rate for those first hospitalized for other reasons. Deployment frequency has been associated with mental disorders. Richardson (2007) found that probable PTSD rates and PTSD severity were positively associated with deployment frequency.

Spiegel and Shultz (2003) found that skills transferability and pre-retirement planning affected the satisfaction with life and adjustment of retired navy officers. The questions developed on skill transferability relate specifically to a retired military population which is very different from a civilian population. The questions cover four main areas: (1) the extent to which Veterans were able to use their military experiences, education, and training in a civilian job; (2) whether their current job activities are the same or different from their military service; and (3) the prestige, skills and knowledge used, authority over people, income level and level of importance of their current job compared to their last military assignment; and (4) how difficult it was to adjust to civilian life since they retired from the military. The questions were modified from Spiegel & Shultz (2003) such that they referred to “military service” rather than “last military assignment,” since many CF personnel transfer to another occupation prior to release.

Questions on physical and mental health conditions were reviewed after the pre-test. Given the broad nature of the content (health, disability and determinants of health) and the short time frame for the interview (30 minutes), it was impossible to collect detailed data on physical and mental health conditions. The survey is not intended to provide information on the full range of health conditions encountered among military Veterans. However, an effort was made to learn about conditions commonly compensated in military Veteran disability programs (hearing loss/tinnitus, musculoskeletal conditions, a broad variety of conditions originating in other organ systems, and mental health conditions common in military personnel). Basing the survey on the civilian CCHS health survey question bank in order to remain comparable to the general population resulted in constraints. Existing questions did not always represent the military Veteran context, and new questions had to be pretested in a short time frame. These constraints are expected to limit the conclusions that can be drawn about physical and mental health conditions in the study population, within the two main limitations: the questionnaire asks about self-reported physician-diagnosed conditions which may not be all the conditions most prevalent in Veteran populations, and it was not possible to include detail about each of the conditions.

6. Study Strengths and Limitations

There are five main strengths of the Parts 1 and 2 of the LASS:

1. Enables VAC and DND to respond to queries and inform program design/development.
2. The methods are strong.
3. The partnership between VAC, DND and Statistics Canada will facilitate further research.
4. The contribution to research at a population level.

5. The study partially fills a current nationally and internationally research void on re-establishment and transition.

There are also four main study limitations:

1. Most data will be cross-sectional and not longitudinal, limiting analysis over the life course.
2. The study does not allow for data to be collected for some areas of interest.
3. The TCLS survey does not include Primary Reserves.
4. Family issues are not included in this study.

While longitudinal data on income and income sources will be available from Part 1, most of the administrative variables are cross-sectional in nature, such as education which is available only at release. Part 2 involves a cross-sectional survey. This limits direct life course analysis of personnel and Veterans.

The study is also limited because data collection was driven by interests related to both the population-based nature of the study and restrictions on the length of the survey. For example, the survey is unable to provide estimates of the prevalence of specific disorders in this population. In addition, the survey is self-reported information on health status, disability and determinants of health.

Data on Primary Reserve were not available in time to include a sampling plan for the Statistics Canada Feasibility Study and therefore they were not included in the survey.

The TCLS, includes family-related questions for the Veterans, but does not have the methodology to direct questions to family members. The LASS represents the first deliverable of the larger VAC Population Health Strategy. The strategy involves the development of a population frame of Veterans and their families and proposes longitudinal surveying on the health of this population every five years (Van Til, 2009).

Comparisons between the major sub-groups by client status will need to take into account differences in the populations such as age, gender, rank, income and education differences. The variables available may not explain all differences in these sub-groups. Comparisons to the general population may be limited by time frame, population structure, and other factors that will need to be explored.

7. Summary

There is currently no consistent, measurable definition of successful military to civilian transition in existing Canadian or international research literature. There is consensus that re-establishment is multi-dimensional, going beyond paid employment. Published research literature reviewed for this report examined subsets of Veterans, and little is known about re-establishment for an entire former military population (i.e. at the population health level).

The LASS takes a population-based approach, examining the re-establishment of former Regular and Reserve CF personnel released in the last decade. The theoretical framework is based on four pillars of VAC population health research - health, disability, determinants of health and life course. The study methodology incorporates the military context.

The LASS data collection will occur in four parts. Parts 1 (Income Study) and 2 (TCLS) have been described in this report and Parts 3 and 4 (mortality and cancer) will be the subject of another report to follow. The data collection for Parts 1 and 2 starts with a cohort of CF personnel that has been record-linked to VAC administrative data that describes any VAC program participation. Part 1 of the study collects information on income changes. Part 2 collects health, disability and determinants of health measures through a telephone survey.

The LASS will greatly help to fill current gaps in research in Canada and internationally on transition and re-establishment in Canada and around the world. The study will not only answer the primary research question “How are Canadian Forces personnel doing after transition to civilian life in terms of income, health (well-being), disability and determinants of health?” It will also provide concrete evidence to help to improve current VAC and DND programs and services, and identify unmet needs that may require new or revised programs.

8. References

Boyce DG and Pinch FC (1980). Project Transition: Advanced Findings Related to the SCAN Programme, Canadian Forces Personnel Applied Research Unit, Department of National Defence.

Brunson BH (1997). Life Satisfaction and Retirement: Military Mid-life Career Change. Dissertation Abstracts International Section A: Humanities and Social Sciences. 57(7).

Department of National Defence, Report on Plans and Priorities, 2008-09.

Department of National Defence (2005), Health and Lifestyle Information Survey of Canadian Forces Personnel 2004: Regular Force Report, Directorate of Force Health Protection, CF Health Services Group, September 2005.

Department of National Defence (2000). Health and Lifestyle Information Survey. Retrieved November 16, 2009 from <http://www.forces.gc.ca/health-sante/pub/hlis-sssv-eng.asp>.

Department of National Defence (2008), Health and Lifestyle Information Survey of Canadian Forces Personnel 2008/09: Regular Force Version, Director Military Personnel Operational Research and Analysis, www.forces.gc.ca/health/information-engraph/HLIS_home_e.asp

Fitzgerald KG (2006). The Effect of Military Service on Wealth Accumulation. *Research on Aging*. 28(1):56-83.

Graves RT (2005). A Comparative Study of the Life Satisfaction of Early Retirement Military Officers, Dissertation, Graduate Studies of Texas A&M University.

Gulec M & Tekbas OF (2001). Determination of daily living activities of retired officers. *Military Medicine*. 166(3):259-263.

Higate P, (2001) Theorizing Continuity: From Military to Civilian Life, *Armed Force and Society*. Vol. 27(3), 443-460.

Hoge CW, Toboni HE, Messer SC, Bell N, Amoroso P and Orman DT (2005). The occupational burden of mental disorders in the US military: psychiatric hospitalizations, involuntary separations, and disability. *American Journal of Psychiatry*. 162(3):585-91.

Hyams, K.C., Barrett, D.H., Duque, D., Engel, Jr., C.C., Friedl, K., Gray, G., Hogan, B., Kaforski, G., Murphy, F., North, R., Riddle, J., Ryan, M.K., Trump, D.H., & John, O.P., Donahue, E.M., & Kentle, R.L. (1991). *The Big Five Inventory-Versions 4a and 54*. Berkeley, CA: University of California, Berkeley, Institute of Personality and Social Research.

Iversen A, Nikolaou V, Greenberg N, Unwin C, Hull L, Hotopf M, Dandeker C, Ross J & Wessely S. (2005) What Happens to British Veterans When They Leave the Armed Forces? *Eur.J.Public Health.* 15(2):175-184.

Lincoln AE, Smith GS, Amoroso PJ and Bell NS (2002). The Natural History and Risk Factors of Musculoskeletal Conditions Resulting in Disability Among US Army Personnel. *Work.* 18(2):99-113.

MacLean MB, Sweet J, Thompson J, Van Til L & Poirier A (2009). Canadian Forces at Risk of Becoming Disability Benefits Clients: Can they be identified with administrative data? Veterans Affairs Canada. Research Directorate. Draft Technical Report, Oct 2009.

Mageroy N, Riise T, Johnsen B H, & Moen BE (2007). Health-related quality of life in the Royal Norwegian Navy: Does officer rank matter? *Military Medicine.* 172(8):835-842.

Marshall VW, Matteo RA, & Mueller MM (2000). Canadian Forces Clients of Veterans Affairs Canada: Employment Status, Career and Retirement Planning Issues. Report prepared for Veterans Affairs Canada.

Marshall VW & Matteo RA (2004). Canadian Forces Clients of Veterans Affairs Canada: "Risk Factors" for Post-Release Socioeconomic Well-being. Report prepared for Veterans Affairs Canada.

Marshall VW, Matteo RA, & Pedlar D. (2005a). Work-related Experience and Financial Security of Veterans Affairs Canada Clients: Contrasting Medical and Non-medical Discharge. Report prepared for Veterans Affairs Canada.

Marshall VW, Matteo RA, & Pedlar D (2005b). Post-military Experiences of Veterans Affairs Canada Clients: The Need for Military Release Readiness. Report prepared for Veterans Affairs Canada.

Park (2008), A Profile of the Canadian Forces, *Perspectives*, Statistics Canada Cat No. 75-001-X, July 2008.

Pépin K, Sudom K, & Dunn J (2006). "Your say": Quality of Life 2005 Findings, DRDC CORA Technical Memorandum 2006-41.

Pinch FC (1975). Research on Relocation of Military Leavers: Discussion of Issues and Proposal, Canadian Forces Personnel Applied Research Unit Department of National Defence.

Pinch FC and Hamel C (1977). Relocation of Military Leavers: An Overview and Some Preliminary Results, Canadian Forces Personnel Applied Research Unit, Department of National Defence.

Pinch FC and Hamel C (1978). The Transition to Civilian Life Among CF Members: Preliminary Results, Stage II, Canadian Forces Personnel Applied Research Unit, Department of National Defence.

Pinch FC (1980). Mid-Career Transition in the Military Institution: A Review of the Issues and Framework for Analysis, Canadian Forces Personnel Applied Research Unit, Department of National Defence.

Public Health Agency of Canada. Viewed April 7, 2010. <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php>

Resnik LJ, Allen SM. Using International Classification of Functioning, Disability and Health to understand challenges in community reintegration of injured veterans. *Journal of Rehabilitation Research & Development*. 2007 44(7) p1991-1006.

Resnik L, Plow M, Jette A. Development of CRIS: Measure of Community Reintegration of Injured Service Members. *J Rehabil Res Dev*. 2009;46(4):469-80

Richardson JD, Naifeh JA, and Elhai JD (2007). Posttraumatic Stress Disorder and Associated Risk Factors in Canadian Peacekeeping Veterans with Health-related Disabilities, *Canadian Journal of Psychiatry*. 2007 Aug; 52(8):510-8.

Sharma S, Singh S & Ghosh SN (1996). Psychological Well-Being and family integration: a study of retired Army Personnel. *Journal of the Indian Academy of Applied Psychology*. 22(1): 11-18.

Spiegel & Shultz (2003). The Influence of Preretirement Planning and Transferability of Skills on Naval Officers' Retirement Satisfaction and Adjustment. *Military Psychology*. 15(4):285-307.

Spitzer, RL., Kroenke, K., & Williams, JBW (1999). Validation and Utility of a Self-report Version of the PRIME-MD: the PHQ Primary Care Study. *Journal of the American Medical Association*, 282, 1737-1744.

Standing Committee on National Defence and Veterans Affairs (SCONDVA) (1998). Moving forward: A Strategic Plan for Quality of Life Improvements in the Canadian Forces. Ottawa, Canada.

Statistics Canada (2005). The Canadian Persian Gulf Cohort Study: Detailed Report, prepared for the Gulf War Veterans Cohort Study Advisory Committee, Nov 2005.

Statistics Canada (2009), Feasibility Study: Transition Outcomes Study of Canadian Veterans Special Surveys Division.

Stow JW (1997). A Study of the Treatment of Service Members Released from the Canadian Forces on Medical Grounds, Director Personnel Policy, Department of National Defence, August 1997.

Sulsky SI, Mundt KA, Bigelow C, and Amoroso PJ (2002). Risk Factors for Occupational Knee Related Disability Among Enlisted Women in the US Army, *Occup. Environ. Med.* 59(9):601-7.

Sweet J and Thompson JM (2009). Literature Review of Military to Civilian Transition – Results of Initial Searches, Veterans Affairs Canada, Feb 2009.

Taylor MA, Shultz KS, Spiegel PE, Morrison RF & Greene J (2007). Occupational Attachment and Met Expectations as Predictors of Retirement Adjustment of Naval Officers. *Journal of Applied Social Psychology.*, 37(8): 1697-1725.

Thompson JM & Pedlar D (2006). Monitoring Veterans Affairs Canada (VAC) Client Population Health in the New Re-Establishment Programs.. 23 February 2006; 44p.

Thompson JM, Sweet J & Pedlar D (2008). Preliminary Analysis of the CCHS 2.1 National Survey of the Health of Canadian Military Service Veterans. Veterans Affairs Canada. Data Report. 26 September 2008; 24p

Thompson JM, MacLean MB. Evidence for Best Practices in the Management of Disabilities. Research Directorate Technical Report. Veterans Affairs Canada. 27 July 2009;51 p.

United States General Accounting Office (2002), Military and Veterans Benefits: Observations on the Transition Assistance Program. July 2002. GAO-02-914T.

Veterans Affairs Canada Quality Management Unit (2009). Re-establishment and Compensation Programs: Outcome Measurement, Results Available for the 2007-08 Fiscal Year, Final April 2009.

Veterans Affairs Canada Corporate Information System (2009), Statistics Directorate as viewed on October 9, 2009

Van Til, L (2009). Population Health Research at VAC, Research Directorate Brief Report, Jan 30, 2009

WHO. Definition of Health. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the WHO, no. 2, p. 100) and entered into force on 7 April 1948.

World Health Organization (1998), Health Promotion Glossary. Geneva. WHO/HPR/HEP/98.1 :36 p.

Yanos, R. C. (2005). Perceptions of transition to civilian life among recently retired Air Force officers. ProQuest Information & Learning). Dissertation Abstracts International: Section B: The Sciences and Engineering. 66(6):3448-3448.

Appendix A: Research Team

Primary Investigator

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VAC Team

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- Alain Berthiaume, Military Personnel Operation Research and Analysis, Workforce Modelling and Analysis
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Statistics Canada Record Linkage and Survey Methods

- Denis Poulin, Chief, Special Surveys Division
- Scott Perrie, Survey Manager, Special Surveys Division
- Ann Lim, Methodologist, Household Survey Methods Division
- Brian Murphy, Chief, Income Research

Appendix B: New Veterans Charter Programs and Services

The NVC aims to help Canadian Forces Veterans successfully make the transition into civilian life through rehabilitation and re-integration programs. The New Veterans Charter offers:

- Disability awards and other allowances. Disability Awards are paid in recognition of the pain and suffering, physical and/or psychological loss, functional impairment and impact of a service-related injury on the Veteran's overall quality of life.
- Rehabilitation services. The Rehabilitation (Rehab) Program helps disabled CF Veterans who need support to re-enter civilian life through medical, psycho/social and vocational services.
- Financial benefits (Earnings loss and CF Income Support). Earnings Loss benefits may be paid to CF Veterans in recognition of the economic impact a career-ending and/or service-related injury has on their ability to earn income following their eligibility for the Rehabilitation Program. Income Support benefits are available to CF Veterans who have completed the Rehabilitation Program but haven't been able to find employment.
- Job placement services. VAC's Job Placement Program assists Regular Force personnel, as well as some personnel of the Reserves, get practical help finding a job. The program focuses on three key services: (1) Job-search training; (2) Career counselling and; (3) Job-finding.
- One-on-one case management.
- Group health insurance.
- Support for CF families.

The extent to which the NVC programs are reaching the targeted population is unknown, particularly for Veterans with service-related health problems creating barriers to re-establishment. There are three main indications that program reach may be an issue:

1. Uptake for the most of the programs, with the exception of the Rehabilitation Program, has been less than expected.
2. While the number of Rehabilitation clients is higher than expected, the majority of clients were already known to the Department as they were in receipt of a disability pension prior to the NVC.
3. While the onset of many disabilities often occurs long after release from the forces, it is unknown how many simply have unclaimed service-related injuries and illness.

Treasury Board requires a comprehensive evaluation of the relevance and effectiveness of the NVC by December 2010. However, since the ultimate outcome of re-establishment can take many years, especially for those with complex health problems and the programs have only been in place for a few years, the intermediate outcome of program reach, which is key to effectiveness, likely is the most appropriate indicator to measure at this time.

Appendix C: Research on Transition & Re-establishment

Canadian

Study	Objective	Re-establishment Measure(s)	Population Studied	Findings
Pinch (Research Proposal DND, 1975)	To examine the issues and factors surrounding relocation [re-establishment], and recommend a research plan.	10 factors related to relocation: skill transferability; education; rank; length of service; age; part-time non-service employment; geographical location of release; commitment to the military sub-culture; family circumstances; and individual orientations and motivations regarding a civilian career.	Not applicable.	Recommended a longitudinal design consisting of three stages: pre-retirement, transition and job-seeking, and post-retirement or second-career stage. Sample should be sufficiently large and representative of service leavers, about half of service leavers split by long-termers (served to annuity) and short-termers (served 5 years or more without an annuity).
Pinch (DND, 1977)	To present findings of stage I of a two-stage study that investigates the transition patterns of those leaving the Canadian Forces on retirement.	Comparison of expectations for civilian employment to actual employment.	238 members from the ranks of private to colonel who left the forces for civilian life	Military leavers perceive that the current program is deficient. Long-term members whose careers have been predominantly in the uniquely military occupations are most acutely affected by low skills transferability and the most likely to feel cut-off from the civilian community. Low levels of preparation for civilian life and unrealistic expectations.
Pinch & Hamel (DND, 1978)	To examine questionnaire and interview data from two separate groups of ex-members: military leavers and former service members	Transferability (practice military acquired skills and general expertise in the civilian labour market) and translatability of skills (degree to which individuals are able to match social and psychological aspects of those skills and expertise between the military and civilian sector). Non-problematic relocation – military leavers statement of having encountered no obstacles in meeting their personal goals in moving into civilian life.	Military leavers were surveyed and interviewed as they left the Forces and followed up over the next few months (122 respondents); and former service members who had been out of the services for between three and five years, and who were surveyed by mailed questionnaire only (322 respondents).	The majority of both groups of respondents (military leavers and former service members) have made a reasonably successful transition to civilian life, but there was a significant minority of between 35% and 40% who have met with serious barriers in transferring and translating their military skills and general service experience.
Pinch (DND, 1980)	To develop a broad framework for analysis, based on review of research conducted in the US and other nations, and to add some preliminary Canadian data that	See findings.	Not applicable.	Recommended a framework that includes social, psychological and economic determinants of successful transition from the perspective of the individual, society and the military. From the social perspective successful transition is defined as employment, income, and status continuity or better.

Study	Objective	Re-establishment Measure(s)	Population Studied	Findings
	bear on the issues arising from the review undertaken.			From an individual perspective successful transition is defined as absence of or minor perceived difficulty in job entry and perceived identity/adjustment problems and perceived continuity of job, financial, and family situation.
Stow (DND, 1997)	To assess the adequacy of policies and procedures affecting successful transition from military to civilian life of members released from the CF for medical reasons.	Satisfaction with information, assistance and support provided to members through the release process; the length and complexity of the disability pension claim process; and the adequacy of financial compensation and benefits provided by existing pension and insurance schemes.	Survey questionnaire was mailed to 1,722 (of 1,865) former members who had been released from the CF (Regular Force) on medical grounds from 1992 to 1996. Responses from 648 or a response rate of between 35% and 37%.	The survey indicated significant dissatisfaction with the adequacy and quality of information, assistance and support provided to members throughout the release process; the length and complexity of the disability pension claim process; and the adequacy of financial compensation and benefits provided by existing pension and insurance schemes.
Marshall (VAC, 2000)	To examine employment, career and retirement issues of male Canadian Forces (CF) clients of Veterans Affairs Canada (VAC).	Employment status, personal income, family status and health.	October 1999 survey conducted for VAC of 1,968 current members (295) or Veterans (1,673) of the CF who were VAC clients and who were aged 65 or younger.	<ul style="list-style-type: none"> - 49% of Veterans were employed, 8% were unemployed and 43% were inactive (not looking for work). It was assumed that many of the inactive consider themselves to be retired. - 18% of all clients report personal annual incomes of less than \$20,000 - 77% of VAC clients are in spousal or common law (8%) relationships, and these relationships appear to be stable, with an average duration of 23.5 years - 48% of clients described their health comparatively as excellent or good; 35% described it as fair, and 17% as poor
Marshall (VAC, 2004)	To examine how education is associated with socioeconomic status in CF clients of VAC, including how educational attainment varies by other related factors, such as demographic characteristics, health status and military experience.	Not applicable.	October 1999 survey conducted for VAC of 1,968 current members (295) or Veterans (1,673) of the CF who were VAC clients and who were aged 65 or younger. This specific analysis included 1,772 who reported on their current level of education.	Many VAC clients are poorly educated, and lower educational status is associated with cohort—older VAC clients are more likely to have entered the service with lower educational attainment than younger, more recent entrants. Education has a strong relationship to personal income starting with at least some post-secondary education.
Marshall (VAC, 2005a)	To examine the characteristics associated with medical and non-medical discharge, and then examine post-discharge work experiences and perceived economic security.	Having work, number of jobs since release and unemployed or inactive and perceived economic security.	October 1999 survey conducted for VAC of 1,968 current members (295) or Veterans (1,673) of the CF who were VAC clients and who were aged 65 or younger. This specific analysis included 863 male respondents no longer serving in the	Medically released members are on average 6 yrs younger than those released for other reasons and less likely to be officers. A smaller proportion of medically released report having ever worked in civilian jobs, had held more post-release jobs and were more likely to be unemployed or inactive. Medically released were less likely to report satisfaction with income and

Study	Objective	Re-establishment Measure(s)	Population Studied	Findings
			Canadian Forces (269 medical releases and 594 non-medical releases).	investments primarily due to lower levels of current income and diminished health status.
Marshall (VAC, 2005b)	To examine the need for planning prior to discharge as only 60% of clients report making active plans for post-release civilian life.	Military release readiness: timing of readiness and number of preparations.	October 1999 survey conducted for VAC of 1,968 current members (295) or Veterans (1,673) of the CF who were VAC clients and who were aged 65 or younger. This specific analysis included 819 male respondents no longer serving in the Canadian Forces.	Planning is sequential for post-release economic well-being. Found little readiness, and less in those medically released than those with a non-medical release. Older, married, and more highly educated respondents are more likely to be prepared than younger, not married and lowly educated veterans.
Thompson and Sweet (VAC, 2008)	To estimate the numbers, health status and health service utilization of military service Veterans living among the general population.	Various health status and socio-economic measures.	Canadian Community health Survey CCHS 2.1, conducted by Statistics Canada in 2003, surveyed 135,573 Canadians. There were and estimated 950,873 \pm 34,029 Veterans living among 24,058,781 \pm 33,988 Canadians aged 18 yrs and over.	Veterans reported different self-reported health status and provider utilization compared to non-Veterans that were statistically significant using simple confidence interval comparisons. Wartime Veterans more often reported worse self-perceived health status. War time and Canadian Forces Veterans more often reported arthritis, activity limitation, and asthma, however Veterans more often reported lower levels of life stress and higher rates of influenza vaccination.
Quality Management Unit, VAC Draft Report (VAC, 2009)	To report on outcomes resulting from the Canadian Forces Re-establishment and Compensation programs for 2007-08.	Re-establishment Survey SF-12® , economic security, community integration, employment, and perceived recognition The SF-12® measures 8 domains of health: physical and mental health (See Thompson and Pedlar, 2006 for background on choice of SF-12®)	471 (response rate of 44%) - 440 were from participants in the Rehabilitation Program and mainly reflected status at entrance into the program. - 31 were from participants entering into the Job Placement program.	Rehab Clients (1) Physical health and mental health functioning was in the bottom 5% and 4% of the general population (2) 30% reported they were unable to work due to their disability, 25% reported they were employed at entry into the program (3) 78% reported they were able to meet their basic living expenses or better (4) 23% reported being involved with the community (5) 28% reported at least some sense of recognition for their military service

Other Countries

Study	Objective	Reintegration Measure(s)	Population Studied	Findings
Sharma (India, 1996)	To compare the psychological well-being of retired officers to retired non-officers.	A-trait Anxiety Inventory, Self-rated Depression Scale, Life Satisfaction Index	40 retired army officers and 40 ex-other-ranks (all aged 60+ yrs), married with a living spouse, and not re-employed.	The findings indicate the non-officers reported lower psychological well-being than their retired army officer counterparts. Family nuclearity was unrelated to psychological well-being. Irrespective of family structure, the officers and non-officers were either moderately integrated or well integrated with their families in almost equal proportions.
Brunson (US, 1997)	To determine the effects of a mid-life career change on the life satisfaction of military academy graduates who were receiving military retirement benefits and the effects on the life satisfaction of those not receiving military retirement benefits.	Retirement Descriptive Index (RDI): Measure of life satisfaction across four dimension: activities, financial status, health, people (associates) and general life satisfaction.	500 alumni of the US Naval Academy classes of 1945 through 1965 divided into two groups: subjects who retired with retirement benefits and those that did not	Analysis of variance showed no significant difference between the subjects with military retirement benefits and the subjects without military retirement benefits across the five dimensions of the RDI.
Gulec (Turkey, 2001)	The aim of this cross sectional study was to assess the daily living activities and health status of retired military officers residing in Ankara, Turkey.	ADLs and IADLs	retired military officers residing in Ankara, Turkey (N = 865).	88% of the retired officers could perform all ADL and IADL without any help. With respect to performing IADL with disabilities, a statistically significant difference was found between married and unmarried retirees and between age groups. The health status of retired officers and their ADL and IADL performance status were found to be better than those found in studies performed among other elderly population groups in Turkey.
Spiegel and Shultz (US, 2003)	To determine if preretirement planning and having knowledge, skills, and abilities that are readily transferable to civilian work affected the retirement satisfaction and adjustment of retired naval officers.	Current life satisfaction on 9 item semantic differential (eg full-empty, easy-hard disappointing-hard). Adjustment to civilian life - "How difficult has it been to adjust to civilian life since you retired from the Navy?" 1 very difficult to 5 very enjoyable	672 from a large scale, longitudinal study of naval officers' career development.	Both preretirement planning and transferability of knowledge skills and abilities influence the retirement satisfaction and adjustment of naval officers. The authors discuss how these findings add to our understanding of both military retirement and civilian late career transitions.
Iversen (UK, 2005)	To identify the factors associated with poor outcomes for personnel leaving the United Kingdom Armed Forces early.	Mental Health, General Health and Employment Post Traumatic Stress Reaction (PTSR) General Health Questionnaire (GHQ)	8,195 service personnel who served in the armed forces in 1991; a third deployed to the Gulf (1990-91), a third deployed to Bosnia (1992-97) and the final third an 'Era'	The majority of service leavers do well after leaving and are in full-time employment. Those with poor mental health during service were more likely to leave and had a greater chance of becoming unemployed after leaving. Mental health problems

Study	Objective	Reintegration Measure(s)	Population Studied	Findings
			control group in the Armed Forces in 1991 but not deployed.	appear to remain static for Veterans after leaving. Veterans of the Gulf War enjoyed more favourable employment outcomes, provided that they came home well.
Yanos (US, 2005)	To explore the perceptions of recently retired Air Force officers and their wives of their adjustment to civilian life and their general well-being through in-depth personal interviews.	Economic Impact, Social Support, Identity Reconstruction, and Physical and Mental Health (using Bradburn Affect Balance Scale (Bradburn 1969)) The Affect Balance Scale is a 10-item rating scale containing five statements reflecting positive feelings and five statements reflecting negative feelings, which is administered to determine overall psychological well-being at a given point in time	3 males recently retired US Air Force officers and their wives.	Each participant in the study achieved varying degrees of success in the transition to retirement. (1) length of time for military officers to transition to civilian life after retirement from the military varied from 5 to 7 years (2) moderating factors that had the greatest affect on the quality of the retirement transition for military officers were Economic Impact, Social Support, Identity and Outcome Adjustment (health behaviors, mental health and the individual's current view of the military).; (3) personal identity issues included loss of self esteem related to work role; difficulty adjusting to working with individuals from the civilian world; loss of recognition and authority; (4) general well-being was negatively affected by the transition to retirement.
Graves (US, 2005)	To compare the life satisfaction of early retirement military officers with several comparison groups on the basis of Retirement Descriptive Index (RDI) scale scores.	Retirement Descriptive Index (RDI): Measure of life satisfaction across five dimensions: activities, financial status, health, people (associates) and general life satisfaction.	122 early retirement military officers and 824 regular retirement military officers with retirement dates from the same period (1993 to 1999)	Early retirement military officers experienced slightly lower measures of life satisfaction in general than all comparison groups, and specifically experienced lower levels of satisfaction with their financial situations.
Fitzgerald (US, 2006)	To examine the association between serving active military duty and wealth accumulation. It was expected that those who served active duty would be more likely to accumulate less wealth than non-veterans.	Net Worth: defined as sum of all assets minus liabilities. Assets included housing equity, non-housing equity, vehicles, liquid assets etc	Males born between 1931 and 1941 and therefore at the time of the survey aged 51 to 61 (N=5,800). Those who served active duty were approximately 18 years old between 1949 and 1959 and therefore served during two major events: the Korean War (1950 to 1953) and the Vietnam War (1955 to 1975). 56% had served in the military.	Years served is inversely related to net worth. Although insignificant relationship found for those who served more than 20 years, the results suggest that extended military service may positively affect net worth. Net worth for Veterans less than a comparator civilian population.
Mageroy (Norway, 2007)	To compare health-related quality of life of Royal Norwegian Navy officers with that of the general	SF-36® : A multi-purpose, short form health survey with 36 questions. It yields an 8-scale profile of functional	Cross-sectional survey of 1,316 male Navy officers, 25 to 62 years of age in September 2002.	The health-related quality of life of the Navy officers was similar to that of the general population of Norway when adjusted for age, gender, having a job, and educational level. Higher military

Study	Objective	Reintegration Measure(s)	Population Studied	Findings
	population and to determine the association between health-related quality of life and the rank of the officers.	health and well-being scores, physical and mental health summary measures and a preference based health utility index.		rank among male Navy officers was associated with better health-related quality of life when adjusted for age but not when adjusted for other socio-demographic variables and lifestyle factors. Physical activity seemed to be the most important positive lifestyle factor.
Taylor (US, 2007)	To determine if attachment to one's former occupation and met expectations regarding retirement were predictors of the adjustment of military retirees.	Adjustment Measure: Measures level of satisfaction on a 7 point scale in five domains of adjustment: job match, meaning, financial, control, and physical.	672 naval officers before and after retirement, in 1982 Officer Career Questionnaire administered to 9,109 active duty naval officers and by 1986/97 1,015 of these officers had retired. Responses received from 737 retirees and 672 provided complete and usable data.	While results suggested that occupational attachment had a minimal impact, the extent to which expectations of civilian work, financial, and family aspects of life were met emerged as significant predictors of satisfaction and adjustment after military retirement.
Resnik (US, 2009)	(1) Develop the Community Reintegration for Service Member (CRIS) measure and (2) test the validity and reliability of the measure.	Pilot studies examined unidimensionality, internal consistency, reliability, and construct validity.	126 US Veterans.	Working subjects had better CRIS scores than unemployed. Subjects with PTSD, substance abuse, or mental health problems had worse scores. Correlations between CRIS and SF-36 scales of role physical, role emotional, and social functioning were 0.44-0.80. CRIS has strong reliability, conceptual integrity, and construct validity.

Appendix D: Data Sources & Variables

Key Data Set	Linked to Key Data Set		
DND Administrative Data Releases	VAC Client Data	Part I Income Changes	Part 2 Health, Social & Economic Status Survey
Record Linkage Variables: SIN, Surname, Given Name, Address, Birth date, Gender, Phone Number			
<u>HR Management Systems</u> Age, Name, Number and Age of Dependents, Gender, Marital Status, Enrolment Date, Release Date, Length of Service, Release Reason, Military Occupation Code at Release, Branch (Army, Navy, Air Force), Rank, Education, Province at release <u>Other</u> # of Deployments 1997 to 2007, Gulf War Nominal Roll and Gulf War Control Group Indicator	Contact, Program Part.: Disability Benefits (pension/award), NVC Programs, Veterans Independence Program and Treatment Benefits Transition Interview, Area Counsellor Assessments Disability Benefit Conditions: grouped by musculoskeletal conditions, psychiatric conditions, and hearing loss	Age, Sex, Marital Status, Total Income Wages, Salaries and Commissions, Self-employment, Employment Insurance, Social assistance, Low income status, Province of residence 2007	<u>Health</u> Physical (self perceived health, body mass index, chronic conditions, SF-12®), Mental (self perceived mental health, chronic conditions, SF-12®), Social (sense of community belonging, satisfaction with life) <u>Disability</u> (restriction of activities, SF-12®) <u>Determinants of Health</u> Age, gender, smoking, alcohol use, labour force, income, education, social support – availability, suicide thoughts and attempts, dwelling characteristics, satisfaction with life, mastery, insurance coverage, health care access and utilization, military occupations, number of deployments, skill transferability and adjustment to civilian life

*As an historical database of many service characteristics such as military occupation is not currently available the first data set for record linkage will be characteristics at release.

Appendix E: Population Frame

Regular Forces

DND provided a primary data file containing 53,364 personnel released or planning to release from the Regular Forces between January 1, 1998 and July 2010. The file contained 33 variables as of date of release, including service number, date of birth, release reason, gender, marital status, address, number and age of dependents, education, enrolment date, release date, occupation code, occupation description, branch and rank. Additional variables were created by VAC using these variables including age as of March 2009, age group, education group, length of service, release reasons group and rank group. The dataset was extended by merging in two additional datasets:

1. number of deployments from 1997 to 2007 (34,812 records); and
2. a dataset with an indicator for Gulf War service (5,185 records of personnel sent to the Gulf between August 1990 and October 1991 and 6,095 records in the era control group which includes personnel eligible for deployment during 1990/91 but not deployed¹³ .

The population frame for Part 1 (Income Study) contained 42,591 records. Records for releases after December 31, 2007 were excluded from the original dataset which included 53,364 records. As well, 51 records were removed as they were duplicates or the records were missing either the enrollment or release date.

For the survey (Part 2), those who re-enlisted in the Primary Reserve or Regular Forces were excluded. The population frame included 36,638 records after this exclusion. Of the 42,591 released personnel, 5,953 either re-enlisted in the Regular Force or had enlisted in the Primary Reserves and were still serving as of November 2009.

Primary Reserves

The Primary Reserve Force file contained 30,886 records of released personnel from January 1, 1998 to November 16, 2009. Records after December 31, 2007 as well as duplicates or records with missing enrollment or release dates were excluded. Following the removal of these records, the Primary Reserve Force file contained 20,831 records. These records were included in the cohort for the Income Study (Part 1) but were excluded from the survey (Part 2).

¹³ The Gulf War nominal roll is the only complete and validated listing of a specific deployment available (Statistics Canada, 2005). The Gulf War nominal roll was subsequently supplemented by 66 records and the control group was supplemented by 2 records since 2005 by DND. DND holds data in Human Resource Management Systems and other databases on those deployed to other areas, however, the quality of the data for use as a nominal roll is suspect.

Income Study - Regular Forces Personnel Released Jan. 1, 1998 to Dec. 31, 2007 and VAC Clients* as of March 2009

Table 1: Age Group, Gender, Length of Service, Release Type & Release Year

		Group 1 NVC n=3,007	Group 2 Non-NVC Clients n=9,841	Group 3 Non Clients n=29,743	Group 4 Total n=42,591
Age Groups as of March 2009	15-19	0	0	39	39
	20-24	42	5	1974	2021
	25-29	147	161	4616	4924
	30-34	224	379	4164	4767
	35-39	293	684	2969	3946
	40-44	579	1466	3083	5128
	45-49	885	3264	5326	9475
	50-54	480	1962	3822	6264
	55-59	248	1197	2152	3597
	60-64	102	669	1420	2191
	65+	7	54	178	239
Gender	F	368	1140	3641	5149
	M	2639	8701	26102	37442
Length of Service	Less than 10 years	626	972	14061	15659
	10 to 19 years	604	1907	3224	5735
	20 plus years	1777	6962	12458	21197
Release Type**	Involuntary	117	154	2198	2469
	Medical	1532	5025	2143	8700
	Voluntary	1068	3285	20812	25165
	Retirement Age	132	685	1767	2584
	Service Complete	157	685	2278	3120
	Unknown	1	7	545	553
Release Year	1998	147	675	3148	3970
	1999	138	676	3058	3872
	2000	158	797	3013	3968
	2001	150	859	2635	3644
	2002	158	1018	2622	3798
	2003	215	1163	2455	3833
	2004	235	1313	2536	4084
	2005	240	1333	2720	4293
	2006	662	1181	3286	5129
	2007	904	826	4270	6000

* The NVC client group comprised of all those who as of March 2009 were in receipt of at least one of the NVC programs (Disability Awards, Rehabilitation, Earnings Loss, Job Placement, Canadian Force Income Support and Health Insurance) and non NVC clients are those in receipt of a disability pension but not a disability award under the NVC.

** Involuntary includes Misconduct-Dismissal, Service Misconduct, Illegally Absent, Fraudulent-Enrollment, Unsatisfactory-Conduct, Unsatisfactory-Performance, Not Advantageously Employed, Death and Transfer Out. Medical includes Medical-Disabled-Member and Medical-Disabled-MOC. Voluntary includes Vol-Immediate Annuity, Vol-Fixed Service and Vol-Other Causes.

Table 2: Deployments, Rank, Education, Branch, Enrolment Period & Gulf War

		Group 1 NVC n=3,007	Group 2 Non-NVC Clients n=9,841	Group 3 Non Clients n=29,743	Group 4 Total n=42,591
Deployments	1	716	1927	3736	6379
	2	276	590	943	1809
	3	71	139	206	416
	4	15	22	50	87
	5	6	6	10	22
	6	1	4	3	8
	7	0	1	4	5
	8	0	2	0	2
	9	0	0	1	1
	10	0	0	0	0
	11	0	0	1	1
	Total	1085	2691	4954	8730
	Unknown or none	1922	7150	28525	33861
Rank*	Senior Officers	157	728	2341	3226
	Junior Officers	161	578	2679	3418
	Subordinate Officer	18	57	1736	1811
	Senior NCM	962	3807	6469	11238
	Junior NCM	1437	4287	7479	13203
	Private	112	174	2731	3017
	Recruit	160	210	6306	6676
	Unknown	0	0	2	2
Education	Bachelors	167	632	2490	3289
	College/CEGEP/Technical	178	419	1488	2085
	High School	1176	3589	8359	13124
	Less Than High School	1187	4201	9280	14668
	Masters and Above	63	244	902	1209
	Unknown	236	756	7224	8216
Branch	Air Force	840	3138	8560	12538
	Army	1730	5281	14364	21375
	Navy	416	1193	5275	6884
	Unknown	21	229	1544	1794
Enrollment Period	1960s	124	788	1618	2530
	1970s	707	3242	6304	10253
	1980s	1330	4395	7078	12803
	1990s	446	1088	5449	6983
	2000s	400	328	9294	10022
Gulf War	Service in Gulf War	165	589	1003	1757
	Era Control Group	174	586	1102	1862
	Other	2668	8666	27638	38972

* Senior Officer (Major to General & Lieutenant-Commander to Admiral – Navy), Junior Officer (Second-Lieutenant to Captain & Acting Sub-Lieutenant to Lieutenant – Navy), Subordinate Officer (Officer Cadet & Navy Cadet), Senior Non-Commissioned Member (NCM) (Sergeant to Chief Warrant Officer & Petty Officer 2nd Class to Chief Petty Officer 1st Class – Navy), Junior NCM (Corporal to Master Corporal & Leading Seaman to Master Seaman – Navy), Private (Private and Able Seaman) & Recruit (Private-Recruit, Private - Training & Ordinary Seaman and Ordinary Seaman-Recruit).

Income Study - Primary Reserves Personnel Released Jan. 1, 1998 to Dec. 31, 2007 and VAC Clients* as of March 2009

Table 1: Age Group, Gender, Length of Service, Release Type & Release Year

		Group 1 NVC n=498	Group 2 Non-NVC Clients n=1,044	Group 3 Non Clients n=19,289	Group 4 Total n=20,831
Age Groups	15-19	0	0	272	272
	20-24	19	2	4827	4848
	25-29	69	69	5422	5560
	30-34	94	136	3238	3468
	35-39	85	161	1952	2198
	40-44	54	129	1196	1379
	45-49	71	185	1010	1266
	50-54	42	179	761	982
	55-59	38	115	380	533
	60-64	26	65	218	309
	65+	0	3	9	12
	Unknown	0	0	4	4
Gender	F	98	209	3313	3620
	M	400	835	15952	17187
	Unknown	0	0	24	24
Length of Service	Less than 10 years	357	801	16661	17819
	10 to 19 years	111	200	2158	2469
	20 plus years	28	38	430	496
	Unknown or inconsistent data	2	5	40	47
Release Type**	Involuntary Release	15	32	2865	2912
	Medical Release	83	149	181	413
	Voluntary Release	298	677	15008	15983
	Retirement Age	12	42	136	190
	Service Complete	8	19	142	169
	Unknown	82	125	957	1164
Release Year	1998	54	106	564	724
	1999	24	62	515	601
	2000	38	89	618	745
	2001	35	62	600	697
	2002	51	98	1061	1210
	2003	52	123	2573	2748
	2004	49	118	2991	3158
	2005	42	129	3357	3528
	2006	68	108	3631	3807
	2007	85	149	3379	3613

* The NVC client group comprised of all those who as of March 2009 were in receipt of at least one of the NVC programs (Disability Awards, Rehabilitation, Earnings Loss, Job Placement, Canadian Force Income Support and Health Insurance) and non NVC clients are those in receipt of a disability pension but not a disability award under the NVC.

** Involuntary includes Misconduct-Dismissal, Service Misconduct, Illegally Absent, Fraudulent-Enrollment, Unsatisfactory-Conduct, Unsatisfactory-Performance, Not Advantageously Employed, Death and Transfer Out. Medical includes Medical-Disabled-Member and Medical-Disabled-MOC. Voluntary includes Vol-Immediate Annuity, Vol-Fixed Service and Vol-Other Causes.

Table 2: Deployments, Rank, Branch, Enrolment Period & Gulf War

		Group 1 NVC n=498	Group 2 Non-NVC Clients n=1,044	Group 3 Non Clients n=19,289	Group 4 Total n=20,831
Deployments	1	113	209	1580	1902
	2	54	89	580	723
	3	19	31	230	280
	4	6	3	64	73
	5	2	0	21	23
	6	0	1	5	6
	7	0	0	2	2
	8				
	9	0	0	1	1
	10	0	0	1	1
	Total	194	333	2484	3011
	Unknown or none	304	711	16805	17820
Rank*	Senior Officers	24	63	318	405
	Junior Officers	39	95	1498	1632
	Subordinate Officers	2	7	372	381
	Senior NCM	88	311	1232	1631
	Junior NCM	231	411	5913	6555
	Private	38	62	2238	2338
	Recruit	76	94	7716	7886
	Unknown	0	1	2	3
Branch	Air Force	39	126	751	916
	Army	281	500	12931	13712
	Navy	27	43	1452	1522
	Unknown	151	375	4155	4681
Enrolment Period	1960s	2	8	40	50
	1970s	14	21	181	216
	1980s	55	84	943	1082
	1990s	274	552	5877	6703
	2000s	152	378	12231	12761
	Unknown	1	1	17	19
Gulf War	Service in Gulf War	10	29	90	129
	Era Control Group	15	37	137	189
	Other	473	978	19062	20513

* Senior Officer (Major to General & Lieutenant-Commander to Admiral – Navy), Junior Officer (Second-Lieutenant to Captain & Acting Sub-Lieutenant to Lieutenant – Navy), Subordinate Officer (Officer Cadet & Navy Cadet), Senior Non-Commissioned Member (NCM) (Sergeant to Chief Warrant Officer & Petty Officer 2nd Class to Chief Petty Officer 1st Class – Navy), Junior NCM (Corporal to Master Corporal & Leading Seaman to Master Seaman – Navy), Private (Private and Able Seaman) & Recruit (Private-Recruit, Private - Training & Ordinary Seaman and Ordinary Seaman-Recruit).

Transition to Civilian Life Survey - Regular Forces Personnel Released Jan. 1, 1998 to Dec. 31, 2007 and VAC Clients* as of March 2009 (Excludes those who re-entered the CF and were serving as of November 2009)

Table 1: Age Group, Gender, Length of Service, Release Type & Release Year		Group 1 NVC n=2,670	Group 2 Non-NVC Clients n=8,901	Group 3 Non Clients n=25,067	Group 4 Total n=36,638
Age Groups	15-19	0	0	35	35
	20-24	40	4	1656	1700
	25-29	129	145	3916	4190
	30-34	197	334	3450	3981
	35-39	271	628	2451	3350
	40-44	525	1341	2547	4413
	45-49	779	2973	4455	8207
	50-54	414	1731	3126	5271
	55-59	208	1030	1844	3082
	60-64	100	661	1409	2170
	65+	7	54	178	239
Gender	F	339	1062	3043	4444
	M	2331	7839	22024	32194
Length of Service	Less than 10 years	562	858	11770	13190
	10 to 19 years	571	1838	2751	5160
	20 plus years	1537	6205	10546	18288
Release Type**	Involuntary Release	112	147	1998	2257
	Medical Release	1526	4987	2121	8634
	Voluntary Release	812	2595	16954	20361
	Retirement Age	103	596	1560	2259
	Service Complete	117	569	1890	2576
	Unknown	0	7	544	551
Release Year	1998	127	620	2820	3567
	1999	118	627	2701	3446
	2000	137	735	2622	3494
	2001	136	780	2240	3156
	2002	138	927	2234	3299
	2003	197	1069	2082	3348
	2004	218	1220	2110	3548
	2005	222	1198	2216	3636
	2006	586	1031	2632	4249
	2007	791	694	3410	4895

*The NVC client group comprised of all those who as of March 2009 were in receipt of at least one of the NVC programs (Disability Awards, Rehabilitation, Earnings Loss, Job Placement, Canadian Force Income Support and Health Insurance) and non NVC clients are those in receipt of a disability pension but not a disability award under the NVC.

** Involuntary includes Misconduct-Dismissal, Service Misconduct, Illegally Absent, Fraudulent-Enrollment, Unsatisfactory-Conduct, Unsatisfactory-Performance, Not Advantageously Employed, Death and Transfer Out. Medical includes Medical-Disabled-Member and Medical-Disabled-MOC. Voluntary includes Vol-Immediate Annuity, Vol-Fixed Service and Vol-Other Causes.

Table 2: Deployments, Rank, Education, Branch, Enrolment Period & Gulf War

		Group 1 NVC n=2,670	Group 2 Non-NVC Clients n=8,901	Group 3 Non Clients n=25,067	Group 4 Total n=36,638
Deployments	1	620	1678	2796	5094
	2	233	510	659	1402
	3	55	116	143	314
	4	13	19	37	69
	5	5	6	6	17
	6	1	0	2	3
	7	0	1	2	3
	8	0	2	0	2
	9	0	0	0	0
	10	0	0	0	0
	11	0	0	1	1
	Total	927	2332	3646	6905
	Unknown or none	1743	6569	21421	29733
Rank*	Senior Officers	128	632	2024	2784
	Junior Officers	128	474	2119	2721
	Subordinate Officers	17	54	1555	1626
	Senior NCM	834	3381	5536	9751
	Junior NCM	1322	4025	6176	11523
	Private	101	157	2256	2514
	Recruit	140	178	5400	5718
	Unknown	0	0	1	1
Education	Bachelors	136	541	1971	2648
	College/CEGEP/Technical	155	360	1007	1522
	High School	1021	3155	6329	10505
	Less Than High School	1089	3930	8225	13244
	Masters and Above	49	210	775	1034
	Unknown	220	705	6760	7685
Branch	Air Force	39	126	751	916
	Army	281	500	12931	13712
	Navy	27	43	1452	1522
	Unknown	151	375	4155	4681
Enrolment Period	1960s	120	755	1559	2434
	1970s	592	2839	5316	8747
	1980s	1185	4024	5866	11075
	1990s	411	994	4493	5898
	2000s	362	289	7833	8484
Gulf War	Service in Gulf War	143	536	863	1542
	Era Control Group	147	530	932	1609
	Other	2380	7835	23272	33487

* Senior Officer (Major to General & Lieutenant-Commander to Admiral – Navy), Junior Officer (Second-Lieutenant to Captain & Acting Sub-Lieutenant to Lieutenant – Navy), Subordinate Officer (Officer Cadet & Navy Cadet), Senior Non-Commissioned Member (NCM) (Sergeant to Chief Warrant Officer & Petty Officer 2nd Class to Chief Petty Officer 1st Class – Navy), Junior NCM (Corporal to Master Corporal & Leading Seaman to Master Seaman – Navy), Private (Private and Able Seaman) & Recruit (Private-Recruit, Private - Training & Ordinary Seaman and Ordinary Seaman-Recruit).

Appendix F: Transition to Civilian Life Survey

The **Transition to Civilian Life Survey** (Part 2 of the Life After Service Study) is a national survey of former personnel of the Canadian Forces (CF) sponsored by Veterans Affairs Canada (VAC) and the Department of National Defence (DND), and conducted by Statistics Canada. This appendix describes the survey questionnaire used in the telephone interviews.

CCHS Content		Estimated Minutes	CF Health & Lifestyle Survey (HLIS) Content
<u>Health</u>			
<i>Physical</i>			
General Health	Core	1.8	Yes
Height and Weight (BMI)	Core	0.5	Yes
Chronic Conditions	Core	1.7	
<i>Mental</i>			
General Health	Core	See above	Yes
Chronic Conditions	Core	See above	Yes
<i>Social</i>			
General Health	Core	See Above	Yes
Satisfaction with Life	Optional	1.3	Yes
<u>Disability</u>			
Restriction of activities	Core	1.7	No
Health Related (SF-12®)	No (SF-36® Optional)	2.5	No
<u>Determinants of Health</u>			
Age	Core	0.4	Yes
Household	Core	1.0*	Yes
Smoking	Core	0.7	Yes
Alcohol Use	Core	0.5	Yes
Labour Force	Core	1.0*	No
Income	Core	1.0*	No
Education	Core	0.8	Yes
Mastery	Optional	1.0	No
Satisfaction with Life	Optional	See above	Yes
Social Support- Availability	Optional	2.7	Yes+
Dwelling Characteristics	Core	0.3	No
Insurance Coverage	Optional	1.0*	No
Health Care Access & Utilization	Optional	0.5*	No
Suicidal Thoughts and Attempts	Optional	0.5	Yes
Skills Transferability	No	0.5	No
Deployments	No	0.5	Yes+
Military Occupation	No	0.5	No
Total		22.4	

*content reduced from standard CCHS content.

+ not comparable.

Survey on Transition to Civilian Life, 2010
Questionnaire

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Survey on Transition to Civilian Life, 2010
Questionnaire

Section: General health (GEN)

GEN_BEG Beginning of section

GEN_R01 First, I'd like to ask you a few questions about your health.

GEN_Q01 In general, would you say your health is...?

INTERVIEWER: Read categories to respondent.

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

Coverage: All respondents

GEN_Q02 Compared to one year ago, how would you say your health is now? Is it...?

INTERVIEWER: Read categories to respondent.

- 1 Much better now than 1 year ago
- 2 Somewhat better now (than 1 year ago)
- 3 About the same as 1 year ago
- 4 Somewhat worse now (than 1 year ago)
- 5 Much worse now (than 1 year ago)
- DK, RF

Coverage: All respondents

GEN_Q03 How satisfied are you with your life in general?

INTERVIEWER: Read categories to respondent.

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

Coverage: All respondents

Survey on Transition to Civilian Life, 2010
Questionnaire

GEN_Q04 **In general, would you say your mental health is...?**

INTERVIEWER: Read categories to respondent.

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

Coverage: *All respondents*

GEN_Q05 **In general, how has the adjustment to civilian life been since you were released from the Canadian Forces?**

INTERVIEWER: Read categories to respondent.

- | | |
|---|----------------------------|
| 1 | Very difficult |
| 2 | Moderately difficult |
| 3 | Neither difficult nor easy |
| 4 | Moderately easy |
| 5 | Very easy |
| | DK, RF |

Coverage: *All respondents*

GEN_Q06 **Thinking about the amount of stress in your life, would you say that most days are...?**

INTERVIEWER: Read categories to respondent.

- | | |
|---|-----------------------|
| 1 | Not at all stressful |
| 2 | Not very stressful |
| 3 | A bit stressful |
| 4 | Quite a bit stressful |
| 5 | Extremely stressful |
| | DK, RF |

Coverage: *All respondents*

GEN_END End of section

Section: **Height and weight - Self-reported (HWT)**

HWT_BEG Beginning of section

HWT_R01 **The next questions are about height and weight.**

HWT_C01 If sex = female and (14 < age < 50), go to HWT_Q01.
Otherwise, go to HWT_Q02.

Survey on Transition to Civilian Life, 2010 Questionnaire

HWT_Q01 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**

- 1 Yes.....(Go to HWT_END)
- 2 No
- DK, RF

Coverage: *Females aged 15 to 49*

HWT_Q02 **How tall are you without shoes on?**

- 00 Less than 1' / 12" (less than 29.2 cm.)
- 01 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.)
- 02 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.)
- 03 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.) (Go to HWT_N2C)
- 04 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) (Go to HWT_N2D)
- 05 5'0" to 5'11" (151.1 to 181.5 cm.) (Go to HWT_N2E)
- 06 6'0" to 6'11" (181.6 to 212.0 cm.) (Go to HWT_N2F)
- 07 7'0" and over (212.1 cm. and over) (Go to HWT_Q03)
- DK, RF (Go to HWT_Q03)

Coverage: *HWT_Q01 <> 1*

HWT_N2C **INTERVIEWER: Select the exact height.**

- 00 3'0" / 36" (90.2 to 92.6 cm.)
- 01 3'1" / 37" (92.7 to 95.2 cm.)
- 02 3'2" / 38" (95.3 to 97.7 cm.)
- 03 3'3" / 39" (97.8 to 100.2 cm.)
- 04 3'4" / 40" (100.3 to 102.8 cm.)
- 05 3'5" / 41" (102.9 to 105.3 cm.)
- 06 3'6" / 42" (105.4 to 107.9 cm.)
- 07 3'7" / 43" (108.0 to 110.4 cm.)
- 08 3'8" / 44" (110.5 to 112.9 cm.)
- 09 3'9" / 45" (113.0 to 115.5 cm.)
- 10 3'10" / 46" (115.6 to 118.0 cm.)
- 11 3'11" / 47" (118.1 to 120.6 cm.)
- DK, RF

Default: (Go to HWT_Q03)

Coverage: *HWT_Q02 = 03*

Survey on Transition to Civilian Life, 2010
Questionnaire

HWT_N2D INTERVIEWER: Select the exact height.

00	4'0" / 48" (120.7 to 123.1 cm.)
01	4'1" / 49" (123.2 to 125.6 cm.)
02	4'2" / 50" (125.7 to 128.2 cm.)
03	4'3" / 51" (128.3 to 130.7 cm.)
04	4'4" / 52" (130.8 to 133.3 cm.)
05	4'5" / 53" (133.4 to 135.8 cm.)
06	4'6" / 54" (135.9 to 138.3 cm.)
07	4'7" / 55" (138.4 to 140.9 cm.)
08	4'8" / 56" (141.0 to 143.4 cm.)
09	4'9" / 57" (143.5 to 146.0 cm.)
10	4'10" / 58" (146.1 to 148.5 cm.)
11	4'11" / 59" (148.6 to 151.0 cm.)
	DK, RF

Default: (Go to HWT_Q03)

Coverage: HWT_Q02 = 04

HWT_N2E INTERVIEWER: Select the exact height.

00	5'0" (151.1 to 153.6 cm.)
01	5'1" (153.7 to 156.1 cm.)
02	5'2" (156.2 to 158.7 cm.)
03	5'3" (158.8 to 161.2 cm.)
04	5'4" (161.3 to 163.7 cm.)
05	5'5" (163.8 to 166.3 cm.)
06	5'6" (166.4 to 168.8 cm.)
07	5'7" (168.9 to 171.4 cm.)
08	5'8" (171.5 to 173.9 cm.)
09	5'9" (174.0 to 176.4 cm.)
10	5'10" (176.5 to 179.0 cm.)
11	5'11" (179.1 to 181.5 cm.)
	DK, RF

Default: (Go to HWT_Q03)

Coverage: HWT_Q02 = 05

Survey on Transition to Civilian Life, 2010 Questionnaire

HWT_N2F **INTERVIEWER: Select the exact height.**

- | | |
|----|----------------------------|
| 00 | 6'0" (181.6 to 184.1 cm.) |
| 01 | 6'1" (184.2 to 186.6 cm.) |
| 02 | 6'2" (186.7 to 189.1 cm.) |
| 03 | 6'3" (189.2 to 191.7 cm.) |
| 04 | 6'4" (191.8 to 194.2 cm.) |
| 05 | 6'5" (194.3 to 196.8 cm.) |
| 06 | 6'6" (196.9 to 199.3 cm.) |
| 07 | 6'7" (199.4 to 201.8 cm.) |
| 08 | 6'8" (201.9 to 204.4 cm.) |
| 09 | 6'9" (204.5 to 206.9 cm.) |
| 10 | 6'10" (207.0 to 209.5 cm.) |
| 11 | 6'11" (209.6 to 212.0 cm.) |
| | DK, RF |

Coverage: *HWT_Q02 = 06*

HWT_Q03 **How much do you weigh?**

INTERVIEWER: Enter amount only.

____(3 spaces) [Min: 1 Max: 575]
DK, RF(Go to HWT_END)

Coverage: *HWT_Q01 <> 1*

HWT_N04 **INTERVIEWER: Was that in pounds or kilograms?**

- | | |
|---|-----------|
| 1 | Pounds |
| 2 | Kilograms |

Coverage: *HWT_Q01 <> 1*

HWT_END End of section

Section: **Satisfaction with life (SWL)**

SWL_BEG Beginning of section

SWL_R01 **Now I'd like to ask about your satisfaction with various aspects of your life.**

SWL_Q01 **How satisfied are you with your job or main activity?**

INTERVIEWER: Read categories to respondent.

- | | |
|---|------------------------------------|
| 1 | Very satisfied |
| 2 | Satisfied |
| 3 | Neither satisfied nor dissatisfied |
| 4 | Dissatisfied |
| 5 | Very dissatisfied |
| | DK |
| | RF (Go to SWL_END) |

Coverage: *All respondents*

Survey on Transition to Civilian Life, 2010
Questionnaire

SWL_Q02 How satisfied are you with your leisure activities?

INTERVIEWER: Read categories to respondent.

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

Coverage: *All respondents*

SWL_Q03 (How satisfied are you) with your financial situation?

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

Coverage: *All respondents*

SWL_Q04 (How satisfied are you) with yourself?

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

Coverage: *All respondents*

SWL_Q05 (How satisfied are you) with the way your body looks?

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

Coverage: *All respondents*

Survey on Transition to Civilian Life, 2010
Questionnaire

SWL_Q06 How satisfied are you with your relationships with other family members?

INTERVIEWER: Read categories to respondent.

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

Coverage: *All respondents*

SWL_Q07 (How satisfied are you) with your relationships with friends?

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

Coverage: *All respondents*

SWL_Q08 (How satisfied are you) with your housing?

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

Coverage: *All respondents*

SWL_Q09 (How satisfied are you) with your neighbourhood?

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

Coverage: *All respondents*

SWL_END End of section

Section: **Social support - Availability (SSA)**

SSA_BEG Beginning of section

SSA_R01 **Next are some questions about the support that is available to you.**

Survey on Transition to Civilian Life, 2010
Questionnaire

SSA_Q01 **Starting with a question on friendship, about how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?**

____(3 spaces) [Min: 0 Max: 99]
DK, RF(Go to SSA_END)

Coverage: *All respondents*

SSA_Q02 **How would you describe your sense of belonging to your local community? Would you say it is...?**

INTERVIEWER: Read categories to respondent.

- 1 Very strong
- 2 Somewhat strong
- 3 Somewhat weak
- 4 Very weak
- DK, RF

Coverage: *All respondents*

SSA_R03 **People sometimes look to others for companionship, assistance or other types of support.**

SSA_Q03 **How often is each of the following kinds of support available to you if you need it:**

... someone to help you if you were confined to bed?

INTERVIEWER: Read categories to respondent.

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time
- DK, RF(Go to SSA_END)

Coverage: *All respondents*

SSA_Q04 **(How often is each of the following kinds of support available to you if you need it.)**

... someone you can count on to listen to you when you need to talk?

INTERVIEWER: Read categories to respondent.

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

Coverage: *All respondents*

Survey on Transition to Civilian Life, 2010
Questionnaire

SSA_Q05 (How often is each of the following kinds of support available to you if you need it:)

... someone to give you advice about a crisis?

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

Coverage: All respondents

SSA_Q06 (How often is each of the following kinds of support available to you if you need it:)

... someone to take you to the doctor if you needed it?

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

Coverage: All respondents

SSA_Q07 (How often is each of the following kinds of support available to you if you need it:)

... someone who shows you love and affection?

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

Coverage: All respondents

SSA_Q08 Again, how often is each of the following kinds of support available to you if you need it:

... someone to have a good time with?

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

Coverage: All respondents

Survey on Transition to Civilian Life, 2010
Questionnaire

SSA_Q09 (How often is each of the following kinds of support available to you if you need it:)

... someone to give you information in order to help you understand a situation?

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

Coverage: All respondents

SSA_Q10 (How often is each of the following kinds of support available to you if you need it:)

... someone to confide in or talk to about yourself or your problems?

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

Coverage: All respondents

SSA_Q11 (How often is each of the following kinds of support available to you if you need it:)

... someone who hugs you?

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

Coverage: All respondents

SSA_Q12 (How often is each of the following kinds of support available to you if you need it:)

... someone to get together with for relaxation?

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

Coverage: All respondents

Survey on Transition to Civilian Life, 2010
Questionnaire

SSA_Q13 (How often is each of the following kinds of support available to you if you need it:)

... someone to prepare your meals if you were unable to do it yourself?

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

Coverage: All respondents

SSA_Q14 (How often is each of the following kinds of support available to you if you need it:)

... someone whose advice you really want?

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

Coverage: All respondents

SSA_Q15 Again, how often is each of the following kinds of support available to you if you need it:)

... someone to do things with to help you get your mind off things?

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

Coverage: All respondents

SSA_Q16 (How often is each of the following kinds of support available to you if you need it:)

... someone to help with daily chores if you were sick?

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

Coverage: All respondents

Survey on Transition to Civilian Life, 2010
Questionnaire

SSA_Q17 (How often is each of the following kinds of support available to you if you need it:)

... someone to share your most private worries and fears with?

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

Coverage: All respondents

SSA_Q18 (How often is each of the following kinds of support available to you if you need it:)

... someone to turn to for suggestions about how to deal with a personal problem?

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

Coverage: All respondents

SSA_Q19 (How often is each of the following kinds of support available to you if you need it:)

... someone to do something enjoyable with?

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

Coverage: All respondents

SSA_Q20 (How often is each of the following kinds of support available to you if you need it:)

... someone who understands your problems?

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

Coverage: All respondents

Survey on Transition to Civilian Life, 2010 Questionnaire

SSA_Q21 (How often is each of the following kinds of support available to you if you need it:)

... someone to love you and make you feel wanted?

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

Coverage: All respondents

SSA_END End of section

Section: Mastery (MAS)

MAS_BEG Beginning of section

MAS_R01 Here is a series of statements that people might use to describe themselves.

MAS_Q01 You have little control over the things that happen to you. Do you...?

INTERVIEWER: Read categories to respondent.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- RF (Go to MAS_END)

Coverage: All respondents

MAS_Q02 There is really no way you can solve some of the problems you have. Do you...?

INTERVIEWER: Read categories to respondent.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, RF

Coverage: All respondents

Survey on Transition to Civilian Life, 2010
Questionnaire

MAS_Q03 **There is little you can do to change many of the important things in your life. Do you...?**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, RF

Coverage: *All respondents*

MAS_Q04 **You often feel helpless in dealing with problems of life. Do you...?**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, RF

Coverage: *All respondents*

MAS_Q05 **Sometimes you feel that you are being pushed around in life. Do you...?**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, RF

Coverage: *All respondents*

MAS_Q06 **What happens to you in the future mostly depends on you. Do you...?**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, RF

Coverage: *All respondents*

MAS_Q07 **You can do just about anything you really set your mind to. Do you...?**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, RF

Coverage: *All respondents*

Survey on Transition to Civilian Life, 2010 Questionnaire

MAS_END End of section

Section: Education (EDU)

EDU_BEG Beginning of section

EDU_R01 Now, I'd like to ask some general background questions about your education.

EDU_Q01 What is the highest certificate, diploma or degree that you have completed?

- 01 Less than high school diploma or its equivalent
- 02 High school diploma or a high school equivalency certificate
- 03 Trade certificate or diploma
- 04 College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)
- 05 University certificate or diploma below the bachelor's level
- 06 Bachelor's Degree (e.g., B.A., B.Sc., LL.B.)
- 07 University certificate, diploma, degree above the bachelor's level
- DK, RF

Coverage: All respondents

EDU_Q02 Are you currently attending a school, college or university?

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

Coverage: All respondents

EDU_Q03 Are you enrolled as a full-time student or a part-time student?

- 1 Full-time
- 2 Part-time
- DK, RF

Coverage: EDU_Q02 = 1

EDU_END End of section

Section: Labour force (LBS)

LF2_BEG Beginning of section

LF2_R01 The next questions concern your activities in the last seven days. By the last seven days, I mean beginning [date one week ago], and ending [date yesterday].

Survey on Transition to Civilian Life, 2010 Questionnaire

LF2_Q01 **Last week, did you work at a job or a business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**

- 1 Yes..... (Go to LF2_Q03)
- 2 No
- 3 Permanently unable to work.....(Go to LF2_END)
- DK, RF(Go to LF2_END)

Coverage: *All respondents*

LF2_Q02 **Last week, did you have a job or business from which you were absent?**

- 1 Yes
- 2 No (Go to LF2_Q04)
- DK, RF(Go to LF2_END)

Coverage: *LF2_Q01 = 2*

LF2_Q03 **Did you have more than one job or business last week?**

- 1 Yes
- 2 No
- DK, RF

Default: (Go to LF2_R05)

Coverage: *LF2_Q01 = 1 or LF2_Q02 = 1*

LF2_Q04 **In the past four weeks, did you do anything to find work?**

- 1 Yes
- 2 No
- DK, RF

Default: (Go to LF2_END)

Coverage: *LF2_Q01 = 2 and LF2_Q02 = 2*

LF2_R05 **The next questions are about your current job or business.**

INTERVIEWER: If person currently holds more than one job, report on the job for which the number of hours worked per week is the greatest.

LF2_Q05 **Are you an employee or self-employed?**

- 1 Employee..... (Go to LF2_Q07)
- 2 Self-employed
- 3 Working in a family business without pay..... (Go to LF2_Q07)
- DK, RF (Go to LF2_Q07)

Coverage: *LF2_Q01 = 1 or LF2_Q02 = 1*

Survey on Transition to Civilian Life, 2010
Questionnaire

- LF2_Q06** **What is the name of your business?**
- _____ (50 spaces)
DK, RF
- Default: (Go to LF2_Q08)
- Coverage: LF2_Q05 = 2
- LF2_Q07** **For whom do you currently work? (For example: name of business, government department or agency, or person)**
- _____ (50 spaces)
DK, RF
- Coverage: LF2_Q05 = (1 or 3)
- LF2_Q08** **About how many hours a week do you usually work at your job or business? If you usually work extra hours, paid or unpaid, please include these hours.**
- _____ (3 spaces) [Min: 1 Max: 168]
DK, RF
- Coverage: LF2_Q01 = 1 or LF2_Q02 = 1
- LF2_Q09** **Would you say that most days at work were...?**
- INTERVIEWER: Read categories to respondent.
- 1 Not at all stressful
2 Not very stressful
3 A bit stressful
4 Quite a bit stressful
5 Extremely stressful
DK, RF
- Coverage: LF2_Q01 = 1 or LF2_Q02 = 1
- LF2_END** End of section
- Section:** **Military occupation (MOC)**
- MOC_BEG** Beginning of section
- MOC_R01** **The next few questions ask about your last military occupation.**

Survey on Transition to Civilian Life, 2010 Questionnaire

MOC_Q01 **What was your military occupation or code on the date of your release from the regular forces?**

INTERVIEWER: Please select from look-up table.

____(50 spaces)

DK

RF (Go to MOC_END)

Note: Use military occupation list.

Coverage: *All respondents*

MOC_C01 If MOC_Q01 = 'Other - Specify', go to MOC_S01.
Else, go to MOC_Q02.

MOC_S01 (What was your military occupation or code on the date of your release from the regular forces?)

INTERVIEWER: Specify.

____(80 spaces)

Coverage: *MOC_Q01 = 'other' in look-up table*

MOC_Q02 **For how long did you have this occupation?**

____(3 spaces) [Min: 1 Max: 99]

DK, RF (Go to MOC_Q04)

Coverage: *All respondents*

MOC_N03 **INTERVIEWER: Was this in months or years?**

1 Months

2 Years

Coverage: *All respondents*

MOC_Q04 **Did you have a different military occupation code prior to your last one?**

1 Yes..... (Go to MOC_Q05)

2 No

DK, RF

Default: (Go to MOC_END)

Coverage: *All respondents*

Survey on Transition to Civilian Life, 2010 Questionnaire

MOC_Q05 What was your previous military occupation or code?

INTERVIEWER: Please select from look-up table.

____(50 spaces)

DK

RF (Go to MOC_END)

Note: Use military occupation list.

Coverage: MOC_Q04 = 1

MOC_C05 If MOC_Q05 = 'Other - Specify', go to MOC_S05.
Else, go to MOC_Q06.

MOC_S05 (What was your previous military occupation or code?)

INTERVIEWER: Specify.

____(80 spaces)

Coverage: MOC_Q04 = 1 and MOC_Q05 = 'other' in look-up table

MOC_Q06 **For how long did you have this occupation?**

____(3 spaces) [Min: 1 Max: 99]

DK, RF (Go to MOC_END)

Coverage: MOC_Q04 = 1

MOC_N07 **INTERVIEWER: Was this in months or years?**

1 Months

2 Years

Coverage: MOC_Q04 = 1

MOC_END End of section

Section: **Employment history (EMH)**

EMH_BEG Beginning of section

EMH_R01 **The following questions will focus on your transition to civilian life after
being released from the regular forces.**

EMH_C01 If LF2_Q01=1, go to EMH_Q02.
Otherwise, go to EMH_Q01.

Survey on Transition to Civilian Life, 2010
Questionnaire

EMH_Q01 **Have you worked at a civilian job not including the reserve forces or ran a business since you were released from the regular forces?**

- 1 Yes
- 2 No
- DK, RF

Coverage: LF2_Q01 = 2

EMH_Q02 **During the first 12 months after being released from the regular forces, what was your main activity?**

INTERVIEWER: Read categories to respondent.

- 01 Worked in the reserve forces
- 02 Worked at a job or ran a business
- 03 Retired and not looking for work
- 04 Attended school or training
- 05 Looked for work
- 06 Cared or nurtured a family member or partner
- 07 Was disabled or on disability
- 08 Other - Specify.....(Go to EMH_S02)
- DK, RF(Go to EMH_Q04)

Default: (Go to EMH_Q03)

Coverage: All respondents

EMH_S02 (During the first 12 months after being released from the regular forces, what was your main activity?)

INTERVIEWER: Specify.

____(80 spaces)

Coverage: EMH_Q02 = 08

EMH_Q03 **Thinking about this activity in the first 12 months after release from the regular forces, how satisfied were you?**

INTERVIEWER: Read categories to respondent.

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

Coverage: All respondents

Survey on Transition to Civilian Life, 2010
Questionnaire

EMH_Q04 **Now we would like you to think about the past 12 months. What has been your main activity in the past 12 months?**

INTERVIEWER: Read categories to respondent.

- | | | |
|----|--|-----------------|
| 01 | Worked in the reserve forces | |
| 02 | Worked at a job or ran a business | |
| 03 | Retired and not looking for work | |
| 04 | Attended school or training | |
| 05 | Looked for work | |
| 06 | Cared or nurtured a family member or partner | |
| 07 | Was disabled or on disability | |
| 08 | Other - Specify..... | (Go to EMH_S04) |
| | DK, RF | (Go to EMH_END) |

Default: (Go to EMH_Q05)

Coverage: *All respondents*

EMH_S04 (Now we would like you to think about the past 12 months. What has been your main activity in the past 12 months?)

INTERVIEWER: Specify.

____(80 spaces)

Coverage: *EMH_Q04 = 08*

EMH_Q05 **Thinking about this activity in the past 12 months, how satisfied are you?**

INTERVIEWER: Read categories to respondent.

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

Coverage: *All respondents*

EMH_END End of section

Section: **Skills transferability (SKL)**

SKL_BEG Beginning of section

SKL_C01 If LF2_Q01=1 or EMH_Q01=1, go to SKL_R01.
Else, go to SKL_END.

SKL_R01 **The next few questions ask about how well the skills you developed during your military service transferred to your civilian employment.**

Survey on Transition to Civilian Life, 2010
Questionnaire

SKL_Q01 **To what extent do you agree with the following statements:**

The experiences, education, and training obtained during my military service have helped me in my current or most recent civilian job. Do you...?

INTERVIEWER: Read categories to respondent.

- | | |
|---|----------------------------|
| 1 | Strongly agree |
| 2 | Agree |
| 3 | Neither agree nor disagree |
| 4 | Disagree |
| 5 | Strongly disagree |
| | DK, RF |

Coverage: *LF2_Q01 = 1 or EMH_Q01 = 1*

SKL_Q02 **To what extent do you agree with the following statements:**

The actual tasks I perform at my current or most recent job are the same as the tasks from my military service. Do you...?

INTERVIEWER: Read categories to respondent.

- | | |
|---|----------------------------|
| 1 | Strongly agree |
| 2 | Agree |
| 3 | Neither agree nor disagree |
| 4 | Disagree |
| 5 | Strongly disagree |
| | DK, RF |

Coverage: *LF2_Q01 = 1 or EMH_Q01 = 1*

SKL_Q03 **To what extent do you agree with the following statements:**

The knowledge and skills I use at my current or most recent job are the same as the knowledge and skills used in my military service. Do you...?

INTERVIEWER: Read categories to respondent if required.

- | | |
|---|----------------------------|
| 1 | Strongly agree |
| 2 | Agree |
| 3 | Neither agree nor disagree |
| 4 | Disagree |
| 5 | Strongly disagree |
| | DK, RF |

Coverage: *LF2_Q01 = 1 or EMH_Q01 = 1*

SKL_R04 **The following statements ask you to compare your current or most recent job with your military service.**

Survey on Transition to Civilian Life, 2010
Questionnaire

SKL_Q04 **Compared to your military service, the level of prestige of your current or most recent job is...?**

INTERVIEWER: Read categories to respondent.

- 1 Much more
- 2 Somewhat more
- 3 About the same
- 4 Somewhat less
- 5 Much less
- DK, RF

Coverage: *LF2_Q01 = 1 or EMH_Q01 = 1*

SKL_Q05 **Compared to your military service, the level of skills and knowledge used in your current or most recent job is...?**

INTERVIEWER: Read categories to respondent.

- 1 Much more
- 2 Somewhat more
- 3 About the same
- 4 Somewhat less
- 5 Much less
- DK, RF

Coverage: *LF2_Q01 = 1 or EMH_Q01 = 1*

SKL_Q06 **Compared to your military service, the level of authority over people in your current or most recent job is...?**

INTERVIEWER: Read categories to respondent if required.

- 1 Much more
- 2 Somewhat more
- 3 About the same
- 4 Somewhat less
- 5 Much less
- DK, RF

Coverage: *LF2_Q01 = 1 or EMH_Q01 = 1*

SKL_Q07 **Compared to your military service, your level of income in your current or most recent job is...?**

INTERVIEWER: Read categories to respondent if required.

- 1 Much more
- 2 Somewhat more
- 3 About the same
- 4 Somewhat less
- 5 Much less
- DK, RF

Coverage: *LF2_Q01 = 1 or EMH_Q01 = 1*

Survey on Transition to Civilian Life, 2010
Questionnaire

SKL_Q08 **Compared to your military service, your level of importance in your current or most recent job is...?**

INTERVIEWER: Read categories to respondent if required.

- 1 Much more
- 2 Somewhat more
- 3 About the same
- 4 Somewhat less
- 5 Much less
- DK, RF

Coverage: *LF2_Q01 = 1 or EMH_Q01 = 1*

SKL_END End of section

Section: **Deployments (DEP)**

DEP_BEG Beginning of section

DEP_Q01 **During your military career, in how many deployments of 30 days or longer did you participate in total? 'Deployment' refers to any operations outside Canada (combat, peacekeeping, humanitarian aid), deployments to sea for any non-routine operation, and to deployments within Canada, such as those involving floods or other emergencies. Training should not be included.**

_____(3 spaces) [Min: 0 Max: 100]
DK, RF

Coverage: *All respondents*

DEP_C01 If DEP_Q01=0, go to DEP_END.
Else, go to DEP_Q02.

DEP_Q02 **How many of these deployments were outside of Canada?**

_____(3 spaces) [Min: 0 Max: 100]
DK, RF

Coverage: *DEP_Q01 > 0*

DEP_END End of section

Section: **Chronic conditions (CCC)**

CCC_BEG Beginning of section

CCC_R01 **Now I'd like to ask about certain chronic health conditions which you may have. We are interested in 'long-term conditions' which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**

Survey on Transition to Civilian Life, 2010
Questionnaire

CCC_Q01 Do you have asthma?

- 1 Yes..... (Go to CCC_Q01A)
2 No (Go to CCC_Q04)
 DK..... (Go to CCC_Q04)
 RF (Go to CCC_END)

Coverage: *All respondents*

CCC_Q01A Do you think this condition is related to your military service?

- 1 Yes
2 No
 DK, RF

Coverage: *CCC_Q01 = 1*

CCC_Q02 Have you had any asthma symptoms or asthma attacks in the past 12 months?

- 1 Yes
2 No
 DK, RF

Coverage: *CCC_Q01 = 1*

CCC_Q03 In the past 12 months, have you taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?

- 1 Yes
2 No
 DK, RF

Coverage: *CCC_Q01 = 1*

CCC_Q04 Do you have arthritis, excluding fibromyalgia?

- 1 Yes..... (Go to CCC_Q04A)
2 No
 DK, RF

Default: (Go to CCC_Q04B)

Coverage: *All respondents*

CCC_Q04A Do you think this condition is related to your military service?

- 1 Yes
2 No
 DK, RF

Default: (Go to CCC_Q05)

Coverage: *CCC_Q04 = 1*

Survey on Transition to Civilian Life, 2010 Questionnaire

CCC_Q04B **During the past 12 months, have you had pain or stiffness in your joints, not including your back and neck?**

- 1 Yes
- 2 No(Go to CCC_Q05)
- DK, RF(Go to CCC_Q05)

Coverage: *CCC_Q04 = 2*

CCC_Q04C **Would you say you had this pain or stiffness on most days for at least one month?**

- 1 Yes..... (Go to CCC_Q04D)
- 2 No
- DK, RF

Default: (Go to CCC_Q05)

Coverage: *CCC_Q04 = 2 and CCC_Q04B = 1*

CCC_Q04D **Do you think this condition is related to your military service?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *CCC_Q04 = 2 and CCC_Q04B = 1 and CCC_Q04C = 1*

CCC_Q05 **Do you have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes..... (Go to CCC_Q05A)
- 2 No
- DK, RF

Default: (Go to CCC_Q06)

Coverage: *All respondents*

CCC_Q05A **Do you think this condition is related to your military service?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *CCC_Q05 = 1*

CCC_Q06 **Remember, we're interested in conditions diagnosed by a health professional. Do you have high blood pressure?**

- 1 Yes..... (Go to CCC_Q06A)
- 2 No(Go to CCC_Q07)
- DK.....(Go to CCC_Q07)
- RF(Go to CCC_Q12)

Coverage: *All respondents*

Survey on Transition to Civilian Life, 2010
Questionnaire

CCC_Q06A Do you think this condition is related to your military service?

- 1 Yes
- 2 No
 DK, RF

Default: (Go to CCC_Q08)

Coverage: CCC_Q06 = 1

CCC_Q07 Have you ever been diagnosed with high blood pressure?

- 1 Yes
- 2 No(Go to CCC_Q12)
 DK, RF(Go to CCC_Q12)

Coverage: CCC_Q06 = 2

CCC_Q07A Do you think this condition is related to your military service?

- 1 Yes
- 2 No
 DK, RF

Coverage: CCC_Q07 = 1

CCC_Q08 In the past month, have you taken any medicine for high blood pressure?

- 1 Yes
- 2 No
 DK, RF

Coverage: CCC_Q07 = 1

CCC_Q12 Remember, we're interested in conditions diagnosed by a health professional. Do you have chronic bronchitis?

- 1 Yes..... (Go to CCC_Q12A)
- 2 No
 DK, RF

Default: (Go to CCC_C13)

Coverage: All respondents

CCC_Q12A Do you think this condition is related to your military service?

- 1 Yes
- 2 No
 DK, RF

Coverage: CCC_Q12 = 1

**CCC_C13 If age < 30, go to CCC_Q15.
 Otherwise, go to CCC_Q13.**

Survey on Transition to Civilian Life, 2010
Questionnaire

CCC_Q13 (Do you have:)

... emphysema?

- 1 Yes..... (Go to CCC_Q13A)
2 No
DK, RF

Default: (Go to CCC_Q14)

Coverage: Age >= 30

CCC_Q13A Do you think this condition is related to your military service?

- 1 Yes
2 No
DK, RF

Coverage: Age >= 30 and CCC_Q13 = 1

CCC_Q14 (Do you have:)

... chronic obstructive pulmonary disease (COPD)?

- 1 Yes..... (Go to CCC_Q14A)
2 No
DK, RF

Default: (Go to CCC_Q15)

Coverage: Age >= 30

CCC_Q14A Do you think this condition is related to your military service?

- 1 Yes
2 No
DK, RF

Coverage: Age >= 30 and CCC_Q14 = 1

CCC_Q15 (Remember, we're interested in conditions diagnosed by a health professional.) Do you have diabetes?

- 1 Yes
2 No(Go to CCC_Q22)
DK, RF(Go to CCC_Q22)

Coverage: All respondents

CCC_Q15A Do you think this condition is related to your military service?

- 1 Yes
2 No
DK, RF

Coverage: CCC_Q15 = 1

Survey on Transition to Civilian Life, 2010
Questionnaire

CCC_Q16 How old were you when this was first diagnosed?

INTERVIEWER: Maximum is [current age].

____(3 spaces) [Min: 0 Max: 130]
DK, RF

Coverage: CCC_Q15 = 1

CCC_Q19 When you were first diagnosed with diabetes, how long was it before you were started on insulin?

- 01 Less than 1 month
- 02 1 month to less than 2 months
- 03 2 months to less than 6 months
- 04 6 months to less than 1 year
- 05 1 year or more
- 06 Never (Go to CCC_Q21)
- DK, RF

Coverage: CCC_Q15 = 1

CCC_Q20 Do you currently take insulin for your diabetes?

- 1 Yes
- 2 No
- DK, RF

Coverage: CCC_Q15 = 1

CCC_Q21 In the past month, did you take pills to control your blood sugar?

- 1 Yes
- 2 No
- DK, RF

Coverage: CCC_Q15 = 1

CCC_Q22 Do you have heart disease?

- 1 Yes (Go to CCC_Q22A)
- 2 No
- DK, RF

Default: (Go to CCC_Q23)

Coverage: All respondents

CCC_Q22A Do you think this condition is related to your military service?

- 1 Yes
- 2 No
- DK, RF

Coverage: CCC_Q22 = 1

Survey on Transition to Civilian Life, 2010
Questionnaire

CCC_Q23 (Do you have:)

... cancer?

- 1 Yes..... (Go to CCC_Q23A)
2 No
DK
RF(Go to CCC_Q25)

Default: (Go to CCC_Q24)

Coverage: All respondents

CCC_Q23A Do you think this condition is related to your military service?

- 1 Yes
2 No
DK, RF

Default: (Go to CCC_Q25)

Coverage: CCC_Q23 = 1

CCC_Q24 Have you ever been diagnosed with cancer?

- 1 Yes
2 No(Go to CCC_Q25)
DK, RF(Go to CCC_Q25)

Coverage: CCC_Q23 = 2

CCC_Q24A Do you think this condition is related to your military service?

- 1 Yes
2 No
DK, RF

Coverage: CCC_Q24 = 1

CCC_Q25 Remember, we're interested in conditions diagnosed by a health professional. Do you have intestinal or stomach ulcers?

- 1 Yes
2 No(Go to CCC_Q26)
DK, RF(Go to CCC_Q26)

Coverage: All respondents

CCC_Q25A Do you think this condition is related to your military service?

- 1 Yes
2 No
DK, RF

Coverage: CCC_Q25 = 1

Survey on Transition to Civilian Life, 2010
Questionnaire

CCC_Q26 Do you suffer from the effects of a stroke?

- 1 Yes
2 No(Go to CCC_Q28)
 DK, RF(Go to CCC_Q28)

Coverage: *All respondents*

CCC_Q26A Do you think this condition is related to your military service?

- 1 Yes
2 No
 DK, RF

Coverage: *CCC_Q26 = 1*

CCC_Q28 Do you suffer from a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?

- 1 Yes
2 No(Go to CCC_Q31)
 DK, RF(Go to CCC_Q31)

Coverage: *All respondents*

CCC_Q28A Do you think this condition is related to your military service?

- 1 Yes
2 No
 DK, RF

Coverage: *CCC_Q28 = 1*

CCC_Q31 Remember, we're interested in conditions diagnosed by a health professional. Do you have a mood disorder such as mania, dysthymia or bipolar disorder?

INTERVIEWER: Include manic depression.

- 1 Yes
2 No(Go to CCC_Q32)
 DK, RF(Go to CCC_Q32)

Coverage: *All respondents*

CCC_Q31A Do you think this condition is related to your military service?

- 1 Yes
2 No
 DK, RF

Coverage: *CCC_Q31 = 1*

Survey on Transition to Civilian Life, 2010
Questionnaire

CCC_Q32 Do you have depression or anxiety?

- 1 Yes
2 No(Go to CCC_Q33)
 DK, RF(Go to CCC_Q33)

Coverage: *All respondents*

CCC_Q32A Do you think this condition is related to your military service?

- 1 Yes
2 No
 DK, RF

Coverage: *CCC_Q32 = 1*

CCC_Q33 Do you have post-traumatic stress disorder (PTSD)?

- 1 Yes
2 No(Go to CCC_Q34)
 DK, RF(Go to CCC_Q34)

Coverage: *All respondents*

CCC_Q33A Do you think this condition is related to your military service?

- 1 Yes
2 No
 DK, RF

Coverage: *CCC_Q33 = 1*

CCC_Q34 Do you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

- 1 Yes
2 No(Go to CCC_R35)
 DK, RF(Go to CCC_R35)

Coverage: *All respondents*

CCC_Q34A Do you think this condition is related to your military service?

- 1 Yes
2 No
 DK, RF

Coverage: *CCC_Q34 = 1*

CCC_R35 I am going to ask you about conditions that have lasted, or are expected to last, six months or more.

Survey on Transition to Civilian Life, 2010
Questionnaire

CCC_Q35 Which of the following best describes your ability to hear?

INTERVIEWER: Read categories to respondent.

- 1 You cannot hear without the use of a hearing aid or assistive device (Go to CCC_Q35A)
- 2 You have difficulty hearing (Go to CCC_Q35A)
- 3 You have no problem hearing (Go to CCC_Q36)
- DK (Go to CCC_Q36)
- RF (Go to CCC_END)

Coverage: All respondents

CCC_Q35A Do you think this condition is related to your military service?

- 1 Yes
- 2 No
- DK, RF

Coverage: CCC_Q35 = (1 or 2)

CCC_Q36 Do you have any pain or discomfort that is always present?

- 1 Yes
- 2 No (Go to CCC_Q37)
- DK (Go to CCC_Q37)
- RF (Go to CCC_END)

Coverage: All respondents

CCC_Q36A Do you think this condition is related to your military service?

- 1 Yes
- 2 No
- DK, RF

Coverage: CCC_Q36 = 1

CCC_Q37 Do you have periods of pain or discomfort that reoccur from time to time?

- 1 Yes (Go to CCC_Q37A)
- 2 No
- DK, RF

Default: (Go to CCC_END)

Coverage: All respondents

CCC_Q37A Do you think this condition is related to your military service?

- 1 Yes
- 2 No
- DK, RF

Coverage: CCC_Q37 = 1

Survey on Transition to Civilian Life, 2010 Questionnaire

CCC_Q38 **Does this pain or discomfort reduce the amount or the kind of activities you can do?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *CCC_Q37 = 1*

CCC_END End of section

Section: **Restriction of activities (RAC)**

RAC_BEG Beginning of section

RAC_R01 **The next few questions deal with any current limitations in your daily activities caused by a long-term health condition or problem. In these questions, a 'long-term condition' refers to a condition that is expected to last or has already lasted six months or more.**

RAC_Q01 **Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?**

INTERVIEWER: Read categories to respondent.

- 1 Sometimes
- 2 Often
- 3 Never
- DK
- RF (Go to RAC_END)

Coverage: *All respondents*

RAC_Q02 **Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity you can do:**

... at home?

INTERVIEWER: Read categories to respondent.

- 1 Sometimes
- 2 Often
- 3 Never
- DK
- RF (Go to RAC_END)

Coverage: *All respondents*

RAC_C03 If EDU_Q02=1, then go to RAC_Q03.
Else, go to RAC_C04.

Survey on Transition to Civilian Life, 2010
Questionnaire

RAC_Q03 **(Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity you can do:)**

... at school?

1 Sometimes
2 Often
3 Never
4 Does not attend school
 DK
 RF (Go to RAC_END)

Coverage: *EDU_Q02 = 1*

RAC_C04 If LF2_Q01=1, then go to RAC_Q04.
 Else, go to RAC_Q05.

RAC_Q04 **(Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity you can do:)**

... at work?

1 Sometimes
2 Often
3 Never
4 Does not work at a job
 DK
 RF (Go to RAC_END)

Coverage: *LF2_Q01 = 1*

RAC_Q05 **(Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity you can do:)**

... in other activities, for example, transportation or leisure?

1 Sometimes
2 Often
3 Never
 DK
 RF (Go to RAC_END)

Coverage: *All respondents*

RAC_C06A If respondent has difficulty or is limited in activities (RAC_Q01=1 or 2) or (RAC_Q02 or RAC_Q03 or RAC_Q04 or RAC_Q05=1 or 2), go to RAC_R06.
 Otherwise, go to RAC_Q07.

RAC_R06 **You reported that you have difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities.**

Survey on Transition to Civilian Life, 2010
Questionnaire

RAC_Q06 **Which one of the following is the best description of the cause of this condition?**

INTERVIEWER: Read categories to respondent.

- 01 Accident at home
- 02 Motor vehicle accident
- 03 Accident at work
- 04 Other type of accident
- 05 Existed from birth or genetic
- 06 Military work conditions
- 07 Civilian work conditions
- 08 Disease or illness
- 09 Ageing
- 10 Emotional or mental health problem or condition
- 11 Use of alcohol or drugs
- 12 Other - Specify..... (Go to RAC_S06)
- DK, RF

Default: (Go to RAC_Q07)

Coverage: ((RAC_Q01 = 1 or 2) or (RAC_Q02 = 1 or 2) or (RAC_Q03 = 1 or 2) or (RAC_Q04 = 1 or 2) or (RAC_Q05 = 1 or 2))

RAC_S06 (Which one of the following is the best description of the cause of this condition?)

INTERVIEWER: Specify.

_____(80 spaces)

Coverage: ((RAC_Q01 = 1 or 2) or (RAC_Q02 = 1 or 2) or (RAC_Q03 = 1 or 2) or (RAC_Q04 = 1 or 2) or (RAC_Q05 = 1 or 2)) and RAC_Q06 = 12

RAC_Q07 **The next few questions may not apply to you, but we need to ask the same questions of everyone.**

Because of any physical condition or mental condition or health problem, do you need the help of another person:

... with preparing meals?

- 1 Yes
- 2 No
- DK, RF

Coverage: All respondents

Survey on Transition to Civilian Life, 2010
Questionnaire

RAC_Q08 (Because of any physical condition or mental condition or health problem, do you need the help of another person:)

... with getting to appointments and running errands such as shopping for groceries?

- 1 Yes
- 2 No
- DK, RF

Coverage: All respondents

RAC_Q09 (Because of any physical condition or mental condition or health problem, do you need need the help of another person:)

... with doing everyday housework?

- 1 Yes
- 2 No
- DK, RF

Coverage: All respondents

RAC_Q10 (Because of any physical condition or mental condition or health problem, do you need need the help of another person:)

... with personal care such as washing, dressing, eating or taking medication?

- 1 Yes
- 2 No
- DK, RF

Coverage: All respondents

RAC_Q11 (Because of any physical condition or mental condition or health problem, do you need need the help of another person:)

... with moving about inside the house?

- 1 Yes
- 2 No
- DK, RF

Coverage: All respondents

Survey on Transition to Civilian Life, 2010
Questionnaire

RAC_Q12 (Because of any physical condition or mental condition or health problem, do you need need the help of another person:)

... with looking after your personal finances such as making bank transactions or paying bills?

- 1 Yes
- 2 No
- DK, RF

Coverage: All respondents

RAC_END End of section

Section: Health status (SF-12) (SFR)

SFR_BEG Beginning of section

SFR_R01A Although some of the following questions may seem repetitive, the next section deals with another way of measuring health status.

SFR_R01B The questions are about how you feel and how well you are able to do your usual activities.

SFR_R01C I'll start with a few questions concerning activities you might do during a typical day.

SFR_Q01 Does your health limit you in any of the following activities:

... in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

INTERVIEWER: Read categories to respondent.

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited
- DK, RF

Coverage: All respondents

SFR_Q02 (Does your health limit you:)

... in climbing several flights of stairs?

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited
- DK, RF

Coverage: All respondents

SFR_R03 Now a few questions about problems with your work or with other regular daily activities.

Survey on Transition to Civilian Life, 2010
Questionnaire

SFR_Q03 **Because of your physical health, during the past four weeks, did you:**
... accomplish less than you would like?

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents*

SFR_Q04 **(Because of your physical health, during the past four weeks), were you:**
... limited in the quality of your work or other activities?

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents*

SFR_R05 **Next a few questions about problems with your work or with other regular daily activities due to emotional problems (such as feeling depressed or anxious).**

SFR_Q05 **Because of emotional problems, during the past four weeks, did you:**
... accomplish less than you would like?

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents*

SFR_Q06 **(Because of emotional problems, during the past four weeks), did you:**
... not do work or other activities as carefully as usual?

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents*

Survey on Transition to Civilian Life, 2010
Questionnaire

SFR_Q07 **During the past four weeks, how much did pain interfere with your normal work (including work both outside the home and housework)?**

INTERVIEWER: Read categories to respondent.

- | | |
|---|--------------|
| 1 | Not at all |
| 2 | A little bit |
| 3 | Moderately |
| 4 | Quite a bit |
| 5 | Extremely |
| | DK, RF |

Coverage: *All respondents*

SFR_R08 **The next questions are about how you felt and how things have been with you during the past 4 weeks. For each question, please indicate the answer that comes closest to the way you have been feeling.**

SFR_Q08 **During the past four weeks, how much of the time:**

... have you felt calm and peaceful?

INTERVIEWER: Read categories to respondent.

- | | |
|----|------------------------|
| 01 | All of the time |
| 02 | Most of the time |
| 03 | A good bit of the time |
| 04 | Some of the time |
| 05 | A little of the time |
| 06 | None of the time |
| | DK, RF |

Coverage: *All respondents*

SFR_Q09 **(During the past four weeks, how much of the time:)**

... did you have a lot of energy?

INTERVIEWER: Read categories to respondent.

- | | |
|----|------------------------|
| 01 | All of the time |
| 02 | Most of the time |
| 03 | A good bit of the time |
| 04 | Some of the time |
| 05 | A little of the time |
| 06 | None of the time |
| | DK, RF |

Coverage: *All respondents*

Survey on Transition to Civilian Life, 2010 Questionnaire

SFR_Q10 **During the past four weeks, how much of the time:**

... have you felt downhearted and blue?

- 01 All of the time
- 02 Most of the time
- 03 A good bit of the time
- 04 Some of the time
- 05 A little of the time
- 06 None of the time
- DK, RF

Coverage: *All respondents*

SFR_Q11 **During the past four weeks, how much of the time has your health limited your social activities (such as visiting with friends or close relatives)?**

- 01 All of the time
- 02 Most of the time
- 03 A good bit of the time
- 04 Some of the time
- 05 A little of the time
- 06 None of the time
- DK, RF

Coverage: *All respondents*

SFR_END End of section

Section: **Smoking (SMK)**

SMK_BEG Beginning of section

SMK_R01 **The next questions are about smoking.**

SMK_Q01 **In your lifetime, have you smoked a total of 100 or more cigarettes (about four packs)?**

- 1 Yes.....(Go to SMK_Q03)
- 2 No
- DK, RF

Coverage: *All respondents*

SMK_Q02 **Have you ever smoked a whole cigarette?**

- 1 Yes.....(Go to SMK_C03)
- 2 No(Go to SMK_Q04)
- DK, RF(Go to SMK_Q04)

Coverage: *SMK_Q01 = 2*

SMK_C03 If SMK_Q01=RF and SMK_Q02=RF, go to SMK_END.
Otherwise, go to SMK_Q03.

Survey on Transition to Civilian Life, 2010
Questionnaire

SMK_Q03 At what age did you smoke your first whole cigarette?

INTERVIEWER: Minimum is 5; maximum is [current age].

____(3 spaces) [Min: 5 Max: 130]
DK, RF(Go to SMK_Q04)

Coverage: SMK_Q01 = 1 or SMK_Q02 = 1

SMK_Q04 At the present time, do you smoke cigarettes daily, occasionally or not at all?

- 1 Daily
- 2 Occasionally(Go to SMK_Q07)
- 3 Not at all.....(Go to SMK_C09)
- DK, RF(Go to SMK_END)

Coverage: All respondents

SMK_Q05 At what age did you begin to smoke cigarettes daily?

INTERVIEWER: Minimum is 5; maximum is [current age].

____(3 spaces) [Min: 5 Max: 130]
DK, RF(Go to SMK_Q06)

Coverage: SMK_Q01 = 1 or SMK_Q02 = 1 and SMK_Q04 = 1

SMK_Q06 How many cigarettes do you smoke each day now?

____(3 spaces) [Min: 1 Max: 99]
DK, RF

Default: (Go to SMK_END)

Coverage: SMK_Q01 = 1 or SMK_Q02 = 1 and SMK_Q04 = 1

SMK_Q07 On the days that you do smoke, how many cigarettes do you usually smoke?

____(3 spaces) [Min: 1 Max: 99]
DK, RF

Coverage: SMK_Q01 = 1 or SMK_Q02 = 1 and SMK_Q04 = 2

SMK_Q08 In the past month, on how many days have you smoked one or more cigarettes?

____(2 spaces) [Min: 0 Max: 30]
DK, RF

Coverage: SMK_Q01 = 1 or SMK_Q02 = 1 and SMK_Q04 = 2

Survey on Transition to Civilian Life, 2010 Questionnaire

SMK_C09 If SMK_Q01 <> 1 (has not smoked 100 or more cigarettes in lifetime), go to SMK_END.
Otherwise, go to SMK_Q09.

SMK_Q09 Have you ever smoked cigarettes daily?

- 1 Yes.....(Go to SMK_Q13)
2 No
DK, RF (Go to SMK_END)

Coverage: SMK_Q01 = 1 and (SMK_Q04 = 2 or 3)

SMK_C10 If SMK_Q04=2 (current occasional smoker), go to SMK_END.
Else, go to SMK_Q10.

SMK_Q10 When did you stop smoking? Was it...?

INTERVIEWER: Read categories to respondent.

- 1 Less than one year ago (Go to SMK_END)
2 1 year to less than 2 years ago (Go to SMK_END)
3 2 years to less than 3 years ago (Go to SMK_END)
4 3 or more years ago (Go to SMK_Q12)
DK, RF (Go to SMK_END)

Coverage: SMK_Q01 = 1 and SMK_Q04 = 3 and SMK_Q09 = 2

SMK_Q12 How many years ago was it?

INTERVIEWER: Minimum is 3; maximum is [current age - 5].

____(3 spaces) [Min: 3 Max: 125]
DK, RF (Go to SMK_END)

Default: (Go to SMK_END)

Coverage: SMK_Q01 = 1 and SMK_Q04 = 3 and SMK_Q09 = 2 and SMK_Q10 = 4

SMK_Q13 At what age did you begin to smoke (cigarettes) daily?

INTERVIEWER: Minimum is 5; maximum is [current age].

____(3 spaces) [Min: 5 Max: 130]
DK, RF (Go to SMK_Q14)

Coverage: SMK_Q01 = 1 and (SMK_Q04 = 2 or 3) and SMK_Q09 = 1

SMK_Q14 How many cigarettes did you usually smoke each day?

____(3 spaces) [Min: 1 Max: 99]
DK, RF

Coverage: SMK_Q01 = 1 and (SMK_Q04 = 2 or 3) and SMK_Q09 = 1

Survey on Transition to Civilian Life, 2010 Questionnaire

SMK_Q15 When did you stop smoking daily? Was it...?

INTERVIEWER: Read categories to respondent.

- | | | |
|---|--|-----------------|
| 1 | Less than one year ago | (Go to SMK_C18) |
| 2 | 1 year to less than 2 years ago | (Go to SMK_C18) |
| 3 | 2 years to less than 3 years ago | (Go to SMK_C18) |
| 4 | 3 or more years ago | (Go to SMK_Q17) |
| | DK, RF | (Go to SMK_END) |

Coverage: *SMK_Q01 = 1 and (SMK_Q04 = 2 or 3) and SMK_Q09 = 1*

SMK_Q17 How many years ago was it?

INTERVIEWER: Minimum is 3; maximum is [current age - 5].

____(3 spaces) [Min: 3 Max: 125]
DK, RF

(Go to SMK_C18)

Coverage: *SMK_Q01 = 1 and (SMK_Q04 = 2 or 3) and SMK_Q09 = 1 and SMK_Q15 = 4*

SMK_C18 If SMK_Q04=2 (current occasional smoker), go to SMK_END.
Else, go to SMK_Q18.

SMK_Q18 Was that when you completely quit smoking?

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

Coverage: *SMK_Q01 = 1 and SMK_Q04 = 3 and SMK_Q09 = 1*

SMK_Q19 When did you stop smoking completely? Was it...?

INTERVIEWER: Read categories to respondent.

- | | | |
|---|--|-----------------|
| 1 | Less than one year ago | (Go to SMK_END) |
| 2 | 1 year to less than 2 years ago | (Go to SMK_END) |
| 3 | 2 years to less than 3 years ago | (Go to SMK_END) |
| 4 | 3 or more years ago | (Go to SMK_Q21) |
| | DK, RF | (Go to SMK_END) |

Coverage: *SMK_Q01 = 1 and SMK_Q04 = 3 and SMK_Q09 = 1 and SMK_Q18 = 2*

SMK_Q21 How many years ago was it?

INTERVIEWER: Minimum is 3; maximum is [current age - 5].

____(3 spaces) [Min: 3 Max: 125]
DK, RF

(Go to SMK_END)

Coverage: *SMK_Q01 = 1 and SMK_Q04 = 3 and SMK_Q09 = 1 and SMK_Q18 = 2 and SMK_Q19 = 4*

SMK_END End of section

Survey on Transition to Civilian Life, 2010
Questionnaire

Section: Alcohol use (ALC)

ALC_BEG Beginning of section

ALC_R1 Now, some questions about your alcohol consumption.

When we use the word 'drink' it means:

- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one drink or cocktail with 1 and a 1/2 ounces of liquor.

ALC_Q1 During the past 12 months, that is, from [date one year ago] to yesterday, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

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

Coverage: All respondents

ALC_Q2 During the past 12 months, how often did you drink alcoholic beverages?

- 01 Less than once a month
02 Once a month
03 2 to 3 times a month
04 Once a week
05 2 to 3 times a week
06 4 to 6 times a week
07 Every day
DK, RF

Coverage: ALC_Q01 = 1

ALC_Q3 How often in the past 12 months have you had five or more drinks on one occasion?

- 01 Never
02 Less than once a month
03 Once a month
04 2 to 3 times a month
05 Once a week
06 More than once a week
DK, RF

Coverage: ALC_Q01 = 1

ALC_END End of section

Section: Suicidal thoughts and attempts (SUI)

SUI_BEG Beginning of section

SUI_R01 The following questions relate to the sensitive issue of suicide.

Survey on Transition to Civilian Life, 2010
Questionnaire

SUI_Q01 **Have you ever seriously considered committing suicide or taking your own life?**

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

Coverage: *All respondents*

SUI_Q02 **Has this happened in the past 12 months?**

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

Coverage: *SUI_Q01 = 1*

SUI_Q03 **Have you ever attempted to commit suicide or tried taking your own life?**

- 1 Yes
2 No(Go to SUI_Q05)
 DK, RF(Go to SUI_END)

Coverage: *SUI_Q01 = 1*

SUI_Q04 **Did this happen in the past 12 months?**

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

Coverage: *SUI_Q01 = 1 and SUI_Q03 = 1*

SUI_Q05 **Did you see or talk to a health professional following your attempt or consideration to commit suicide?**

INTERVIEWER: Include both face to face and telephone contacts.

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

Coverage: *SUI_Q01 = 1 and SUI_Q03 = (1 or 2)*

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SUI_Q06 Whom did you see or talk to?

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

- 01 Family doctor or general practitioner
- 02 Psychiatrist
- 03 Psychologist
- 04 Nurse
- 05 Social worker or counsellor
- 06 Religious or spiritual advisor such as a priest, chaplain or rabbi
- 07 Teacher or guidance counsellor
- 08 Other
- DK, RF

Coverage: *SUI_Q01 = 1 and (SUI_Q03 = 1 or 2) and SUI_Q05 = 1*

SUI_END End of section

Section: **Health care utilization (HCU)**

HCU_BEG Beginning of section

HCU_R01 **Now I'd like to ask about your contacts with various health professionals during the past 12 months, that is, from [date one year ago] to yesterday.**

HCU_Q01 **Do you have a regular medical doctor?**

- 1 Yes.....(Go to HCU_Q04)
- 2 No
- DK, RF(Go to HCU_Q04)

Coverage: *All respondents*

HCU_Q02 **Why do you not have a regular medical doctor?**

INTERVIEWER: Mark all that apply.

- 1 No medical doctors available in the area
- 2 Medical doctors in the area are not taking new patients
- 3 Have not tried to contact one
- 4 Had a medical doctor who left or retired
- 5 Other - Specify.....(Go to HCU_S02)
- DK, RF

Default: (Go to HCU_Q03)

Coverage: *HCU_Q01 = 2*

HCU_S02 (Why do you not have a regular medical doctor?)

INTERVIEWER: Specify.

____(80 spaces)

Coverage: *HCU_Q01 = 2 and HCU_Q02 = 5*

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HCU_Q03 **Not counting any time you may have been an overnight patient, in the past 12 months have you seen, or talked to any of the following health professionals about your physical, emotional or mental health:**

... a family doctor or general practitioner?

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes
2 No
 DK, RF

Coverage: *HCU_Q01 = 2*

HCU_Q04 **Not counting when you may have been an overnight patient, in the past 12 months, have you seen, or talked to:**

... a psychologist about your physical, emotional or mental health?

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes
2 No
 DK, RF

Coverage: *All respondents*

HCU_Q05 **(Not counting when you may have been an overnight patient), in the past 12 months, have you seen, or talked to:**

... a social worker or counsellor about your physical, emotional or mental health?

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes
2 No
 DK, RF

Coverage: *All respondents*

HCU_END End of section

Section: **Insurance coverage (INS)**

INS_BEG Beginning of section

INS_R01 **Now, turning to your insurance coverage. Please include any private, government or employer-paid plans.**

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INS_Q01 **Do you have insurance that covers all or part of:**

 ... the cost of your prescription medications?

1 Yes
2 No
 DK
 RF (Go to INS_END)

Coverage: *All respondents*

INS_Q02 **(Do you have insurance that covers all or part of:)**

 ... your dental expenses?

1 Yes
2 No
 DK, RF

Coverage: *All respondents*

INS_Q03 **(Do you have insurance that covers all or part of:)**

 ... the costs of eye glasses or contact lenses?

1 Yes
2 No
 DK, RF

Coverage: *All respondents*

INS_END End of section

Section: **Dwelling characteristics (DWL)**

DWL_BEG Beginning of section

DWL_R01 **Now a few questions about your dwelling.**

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DWL_Q01 What type of dwelling do you live in? Is it a...?

INTERVIEWER: Read categories to respondent.

- | | |
|----|--|
| 01 | Single detached |
| 02 | Double |
| 03 | Row or terrace |
| 04 | Duplex |
| 05 | Low-rise apartment of fewer than 5 stories or a flat |
| 06 | High-rise apartment of 5 stories or more |
| 07 | Institution |
| 08 | Hotel; rooming/lodging house; camp |
| 09 | Mobile home |
| 10 | Other - Specify..... (Go to DWL_S01) |
| | DK, RF |

Default: (Go to DWL_Q02)

Coverage: *All respondents*

DWL_S01 (What type of dwelling do you live in? Is it a...?)

INTERVIEWER: Specify.

____ (80 spaces)

Coverage: *DWL_Q01 = 10*

DWL_Q02 How many bedrooms are there in your dwelling?

INTERVIEWER: Include all rooms designed as bedrooms even if they are now used for something else, for example, as guest rooms or television rooms.

Include all rooms used as bedrooms now, even if they were not originally built as bedrooms, such as bedrooms in a finished basement unless they are being used solely for business purposes.

For a one-room dwelling or bachelor apartment, enter zero.

____ (3 spaces) [Min: 0 Max: 99]
DK, RF

Coverage: *All respondents*

DWL_Q03 Is this dwelling...?

INTERVIEWER: Read categories to respondent and accept one response only.

- | | |
|---|--|
| 1 | Owned by you or a member of this household, even if it is still being paid for |
| 2 | Rented, even if no cash rent is paid |
| | DK, RF |

Coverage: *All respondents*

DWL_END End of section

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Section: Income (INC)

INC_BEG Beginning of section

INC_R01 **Now, I would like to ask you some general background questions.**

INC_Q01 **Are you...?**

INTERVIEWER: Read categories to respondent and accept one response only.

Common-law refers to two people of the opposite sex or of the same sex who live together as a couple but who are not legally married to each other. If a Quebec respondent answers 'civil union', code to the 'married' category.

- 01 Married
- 02 Living common-law
- 03 Widowed
- 04 Separated
- 05 Divorced
- 06 Single, never married
- DK, RF

Coverage: All respondents

INC_Q02 **Including yourself, how many persons usually live in your household?**

____(3 spaces) [Min: 1 Max: 99]
DK, RF

Coverage: All respondents

INC_C03 If INC_Q02=1, then go to INC_R08.
Else, go to INC_Q03.

INC_Q03 **How many of these persons are 18 years or younger?**

____(3 spaces) [Min: 0 Max: 99]
DK, RF

Coverage: INC_Q02 > 1

INC_R04 **The following questions relate to your total household income.**

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INC_Q04 **What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, during the year ending December 31, 2009?**

Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income.

INTERVIEWER: Capital gains should not be included in the household income.

_____(8 spaces) [Min: -9000000 Max: 90000000]
DK, RF

Coverage: *INC_Q02 > 1*

INC_C05 If INC_Q04=DK, RF, go to INC_Q05.
Else, go to INC_R08.

INC_Q05 **Can you estimate in which of the following groups your household income falls? Was the total household income during the year ending December 31, 2009...?**

INTERVIEWER: Read categories to respondent.

- | | | |
|---|---|-----------------|
| 1 | Less than \$50,000 (includes income loss) | (Go to INC_Q06) |
| 2 | \$50,000 and more | (Go to INC_Q07) |
| | DK, RF | (Go to INC_R08) |

Coverage: *INC_Q02 > 1 and (INC_Q04 = DK or RF)*

INC_Q06 **Please stop me when I have read the category which applies to your household.**

INTERVIEWER: Read categories to respondent.

- | | |
|----|--------------------------------|
| 01 | Less than \$5,000 |
| 02 | \$5,000 to less than \$10,000 |
| 03 | \$10,000 to less than \$15,000 |
| 04 | \$15,000 to less than \$20,000 |
| 05 | \$20,000 to less than \$30,000 |
| 06 | \$30,000 to less than \$40,000 |
| 07 | \$40,000 to less than \$50,000 |
| | DK, RF |

Default: (Go to INC_R08)

Coverage: *INC_Q02 > 1 and (INC_Q04 = DK or RF) and INC_Q05 = 1*

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INC_Q07 **Please stop me when I have read the category which applies to your household.**

INTERVIEWER: Read categories to respondent.

- 01 \$50,000 to less than \$60,000
- 02 \$60,000 to less than \$70,000
- 03 \$70,000 to less than \$80,000
- 04 \$80,000 to less than \$90,000
- 05 \$90,000 to less than \$100,000
- 06 \$100,000 to less than \$150,000
- 07 \$150,000 and over
- DK, RF

Coverage: *INC_Q02 > 1 and (INC_Q04 = DK or RF) and INC_Q05 = 2*

INC_R08 **Now a question about your total personal income.**

INC_Q08 **What is your best estimate of your total personal income, before taxes and deductions, from all sources during the year ending December 31, 2009?**

Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income.

INTERVIEWER: Capital gains should not be included in the personal income.

_____(6 spaces) [Min: 0 Max: 500000]
DK, RF

Coverage: *All respondents*

INC_C09 If INC_Q08=DK, RF, go to INC_Q09.
Else, go to INC_END.

INC_Q09 **Can you estimate in which of the following groups your personal income falls? Was your total personal income during the year ending December 31, 2009...?**

INTERVIEWER: Read categories to respondent.

- 1 Less than \$30,000 (including income loss) (Go to INC_Q10)
- 2 \$30,000 and more (Go to INC_Q11)
- DK, RF(Go to INC_END)

Coverage: *INC_Q08 = (DK or RF)*

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INC_Q10 **Please stop me when I have read the category which applies to you.**

INTERVIEWER: Read categories to respondent.

- | | |
|----|--------------------------------|
| 01 | Less than \$5,000 |
| 02 | \$5,000 to less than \$10,000 |
| 03 | \$10,000 to less than \$15,000 |
| 04 | \$15,000 to less than \$20,000 |
| 05 | \$20,000 to less than \$25,000 |
| 06 | \$25,000 to less than \$30,000 |
| | DK, RF |

Default: (Go to INC_END)

Coverage: (INC_Q08 = DK or RF) and INC_Q09 = 1

INC_Q11 **Please stop me when I have read the category which applies to you.**

INTERVIEWER: Read categories to respondent.

- | | |
|----|---------------------------------|
| 01 | \$30,000 to less than \$40,000 |
| 02 | \$40,000 to less than \$50,000 |
| 03 | \$50,000 to less than \$60,000 |
| 04 | \$60,000 to less than \$70,000 |
| 05 | \$70,000 to less than \$80,000 |
| 06 | \$80,000 to less than \$90,000 |
| 07 | \$90,000 to less than \$100,000 |
| 08 | \$100,000 and over |
| | DK, RF |

Coverage: (INC_Q08 = DK or RF) and INC_Q09 = 2

INC_END End of section

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