

CASE \_\_\_ - \_\_\_ - \_\_\_  
INTERVIEW DATE \_\_\_/\_\_\_/\_\_\_  
START TIME: \_\_\_:\_\_\_  
END TIME: \_\_\_:\_\_\_  
(Please record start/end times in military time)

INTERVIEWER INSTRUCTIONS:

1. Read aloud to the respondent all questions and answers in mixed text like this.
2. DO NOT READ ALOUD ALL TEXT IN CAPITAL LETTERS LIKE THIS.
3. *INTERVIEWER INSTRUCTIONS ARE IN ITALICS.*
4. **Questions are in bold.**
5. Answers are not in bold, but may be in mixed text or CAPITALS IF THE ANSWERS SHOULD NOT BE READ ALOUD TO THE RESPONDENT.

**Thank you for taking time to talk to me about your experiences and perceptions of health. The survey will take approximately 30 minutes. Please answer as accurately as possible, and be sure to let me know if you don't understand a question. The information I will collect today is absolutely confidential, and I will not record your name. However, if there is any question you don't want to answer, that is fine.**

**Before we begin, I must ensure that you are eligible to participate in this survey. Are you 18 years of age or older?**

YES → *PROCEED WITH SURVEY*

**NO** → *DO NOT PROCEED WITH SURVEY*

**I will give you an answer key before we start. Although I will read these answers out loud, you may also look at the answers yourself to make it easier to understand and choose the best one.**

*(INTERVIEWER: GIVE ANSWER KEY TO RESPONDENT)*

## **RESPONDENT ANSWER SETS**

### **ANSWER SET “A”**

Excellent  
Very Good  
Good  
Fair  
Poor

### **ANSWER SET “B”**

Strongly agree  
Agree  
Disagree  
Strongly Disagree

### **ANSWER SET “C”**

Very Satisfied  
Satisfied  
Dissatisfied  
Very Dissatisfied

### **ANSWER SET “D”**

Less than 1 year ago  
1 year to less than 2 years ago (1-2 years ago)  
2 years to less than 3 years ago (2-3 years ago)  
3 years to less than 4 years ago (3-4 years ago)  
4 years to less than 5 years ago (4-5 years ago)  
5 or more years ago (>5 years ago)  
Never done

### **ANSWER SET “E”**

All of the time  
Most of the time  
A good bit of the time  
Some of the time  
A little of the time  
None of the time

## HOUSEHOLD & NEIGHBOURHOOD QUESTIONS

*We will begin with a few questions about your home.*

**1. Which of the following best describes the type of dwelling you live in? Is it a:**

- Single house (not attached to any other dwelling)-----1  
Semi-detached, duplex house, row house, or townhouse-----2  
Self-contained apartment within a single detached house -----3  
Apartment or condominium in a **low** rise building or apartment block (< 5 storeys)----4  
Apartment or condominium in a **high** rise building or apartment block (> 5 storeys)---5  
Other: \_\_\_\_\_ (please specify)----6  
DON'T KNOW-----88  
NO RESPONSE-----99

**2. For how long have you lived in your current home?**

- \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS  
DON'T KNOW-----88  
NO RESPONSE-----99

**3. For how long have you lived in this neighbourhood?**

- \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS  
DON'T KNOW-----88  
NO RESPONSE-----99

**4. How many times have you moved in the past 5 years?**

- \_\_\_\_\_ TIMES  
DON'T KNOW-----88  
NO RESPONSE-----99

**5. How many rooms are there in your home? (We would like to know the total number of rooms, including the kitchen, bedrooms, finished rooms in attic or basement, etc. Do not count bathrooms, hallways, vestibules and rooms used solely for business purposes.)**

- \_\_\_\_\_ ROOMS  
DON'T KNOW-----88  
NO RESPONSE-----99

**6. How many of the rooms in your home are bedrooms, or rooms regularly used for sleeping?**

\_\_\_\_\_ BEDROOMS

DON'T KNOW-----88  
NO RESPONSE-----99

**7. Is your home:**

Owned without a mortgage by your household-----1  
Owned with a mortgage by your household-----2  
Rented by your household-----3  
Occupied rent-free by your household where no member owns and no rent is charged--4  
Other (specify) \_\_\_\_\_----5  
DON'T KNOW-----88  
NO RESPONSE-----99

**8. Including yourself, how many people currently live in your household?**

1 PERSON-----1  
2 PEOPLE-----2  
3 PEOPLE-----3  
4 PEOPLE-----4  
5 PEOPLE-----5  
6 PEOPLE-----6  
7 PEOPLE-----7  
8 PEOPLE-----8  
9 PEOPLE-----9  
10 OR MORE PEOPLE-----10  
DON'T KNOW-----88  
NO RESPONSE-----99

**9. What are the ages of the people living in your household?**

PERSON 1 \_\_\_\_\_  
PERSON 2 \_\_\_\_\_  
PERSON 3 \_\_\_\_\_  
PERSON 4 \_\_\_\_\_  
PERSON 5 \_\_\_\_\_  
PERSON 6 \_\_\_\_\_  
PERSON 7 \_\_\_\_\_  
PERSON 8 \_\_\_\_\_  
PERSON 9 \_\_\_\_\_

AGES OF ADDITIONAL PERSONS \_\_\_\_\_

DON'T KNOW-----88  
NO RESPONSE-----99

**10. Which of the following best describes your household? Is it: (CHOOSE ONLY ONE)**

- One adult person living alone-----1
- One adult with children-----2
- A married or common law couple with NO children-----3
- A married or common law couple with children-----4
- Two or more unrelated persons-----5
- Other: \_\_\_\_\_ (please specify)---6
- DON'T KNOW-----88
- NO RESPONSE-----99

**11. We would like to know if you have access to any outdoor space in your home. Does your home have access to:**

**11A. A private yard?**

- YES-----1
- NO-----2
- DON'T KNOW-----88
- NO RESPONSE-----99

**11B. A balcony?**

- YES-----1
- NO-----2
- DON'T KNOW-----88
- NO RESPONSE-----99

**11C. A place for unsupervised play for children?**

- YES-----1
- NO-----2
- DON'T KNOW-----88
- NO RESPONSE-----99

**12. Is your dwelling in need of any repairs? (Not including desirable remodeling or additions)**

No, only regular maintenance is needed (painting, furnace cleaning, etc.)-----	1
Yes, minor repairs are needed (missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.)-----	2
Yes, major repairs are needed (defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc.)-----	3
DON'T KNOW-----	88
NO RESPONSE-----	99

**13. In the last 2 years, have you had a problem in your home with mice, rats or roaches?**

YES-----	1
NO-----	2
DON'T KNOW-----	88
NO RESPONSE-----	99

**14. (You can refer to Answer Set "A" on your answer card for the next two questions.) In general, how do you rate the day-to-day comfort provided by your home's heating system? Is it:**

Excellent-----	1
Very Good-----	2
Good-----	3
Fair-----	4
Poor-----	5
DON'T KNOW-----	88
NO RESPONSE-----	99

**15. How do you rate the day-to-day comfort provided by your home's air conditioning system? [Is it:]**

Excellent-----	1
Very Good-----	2
Good-----	3
Fair-----	4
Poor-----	5
DON'T KNOW-----	88
NO RESPONSE-----	99

**16. How concerned are you about poor air quality in your home due to things like dampness, mold, pollution, or bad air exchange/venting? Are you:**

Very concerned-----	1
Somewhat concerned-----	2
A little concerned-----	3
Not concerned at all-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**17. How much do you spend monthly on shelter costs [including rent/mortgage, utilities, repair, upkeep]?**

\$ \_\_\_\_\_

DON'T KNOW-----	88
NO RESPONSE-----	99

**18. Considering your current income, how difficult is it to meet your current shelter-related [housing] costs? Is it:**

Extremely difficult-----	1
Somewhat difficult-----	2
Not at all difficult-----	3
DON'T KNOW-----	88
NO RESPONSE-----	99

*Now I would like to ask you some questions about your neighbourhood and your community.*

**19. What was your most important reason for moving into this neighbourhood? (OPEN-ENDED)**

AFFORDABLE -----	1
KNEW PEOPLE IN THE NEIGHBOURHOOD-----	2
CONVENIENT - CLOSE TO DOWNTOWN-----	3
CONVENIENT - CLOSE TO PUBLIC TRANSPORT-----	4
CONVENIENT - CLOSE TO WORK-----	5
CONVENIENT - CLOSE TO GOOD SCHOOLS-----	6
CONVENIENT - CLOSE TO SERVICES/AMENITIES-----	7
SAFETY-----	8
INVESTMENT PROPERTY-----	9
NEIGHBOURHOOD HAD CHARACTER-----	10
LIKED THE HOME-----	11
ETHNIC/ CULTURAL DRAW-----	12
OTHER: _____ (please specify)-----	13

DON'T KNOW-----	88
NO RESPONSE-----	99

**20. Which mode of transportation do you use most often to get around?**

OWNED CAR-----	1
RENTED OR SHARED CAR, RIDESHARE-----	2
TAXIS-----	3
PUBLIC TRANSIT-----	4
WALKING-----	5
BICYCLING-----	6
OTHER: _____ (please specify)-----	7
DON'T KNOW-----	88
NO RESPONSE-----	99

**21. What would be your preferred method of transportation to get around?**

OWNED CAR-----	1
RENTED OR SHARED CAR, RIDESHARE-----	2
TAXIS-----	3
PUBLIC TRANSIT-----	4
WALKING-----	5
BICYCLING-----	6
OTHER: _____ (please specify)-----	7
DON'T KNOW-----	88
NO RESPONSE-----	99

**22. Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations or social/civic clubs?**

YES-----	1
NO-----	2
DON'T KNOW-----	88
NO RESPONSE-----	99

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

Very strong-----	1
Somewhat strong-----	2
Somewhat weak-----	3
Very weak-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**24. Would you say that you know:**

Most of the people in your neighbourhood?-----	1
Many of the people in your neighbourhood?-----	2
A few of the people in your neighbourhood?-----	3
Nobody else in your neighbourhood?-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**25. (Looking at Answer Set "A"....) How do you feel about your neighbourhood as a place to bring up children [even if you have no children of your own]? Is it:**

Excellent-----	1
Very Good-----	2
Good-----	3
Fair-----	4
Poor-----	5
DON'T KNOW-----	88
NO RESPONSE-----	99

**26. Is there any place in your neighbourhood that you are afraid to go during the day?**

YES-----	1
NO-----	2
DON'T KNOW-----	88
NO RESPONSE-----	99

**27. Is there any place in your neighbourhood that you are afraid to go at night?**

YES-----	1
NO-----	2
DON'T KNOW-----	88
NO RESPONSE-----	99

**28. Most of us worry, from time to time, about the threat that violence poses to our personal safety. When alone in your home in the evening or at night, do you feel:**

Very worried-----	1
Somewhat worried-----	2
Not at all worried about your personal safety-----	3
Never alone-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**29. (You can refer to Answer Set “B” for this next question.) Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statement: If there is a problem around here, neighbours get together to deal with it.**

Strongly agree-----1  
Agree -----2  
Disagree-----3  
Strongly Disagree-----4  
DON'T KNOW-----88  
NO RESPONSE-----99

*Now, thinking about food....*

**30. Which of the following statements best describes the food eaten in your household in the past 12 months:**

You and others always had enough of the kinds of food you wanted to eat-----1  
You and others had enough to eat, but not always the kinds of food you wanted-----2  
Sometimes you or others did not have enough to eat-----3  
Often you or others did not have enough to eat.-----4  
DON'T KNOW-----88  
NO RESPONSE-----99

**31. Do you have a place to go if you or your family don't have enough to eat? [This could be to a family member or friends place, a food bank, or any other place]**

YES-----1  
NO-----2  
I HAVE NEVER NEEDED TO GO TO SUCH A PLACE-----3  
DON'T KNOW-----88  
NO RESPONSE-----99

**32. Does anyone in your household grow food - that is vegetables, fruit, berries, nuts, or herbs - in your yard, on your balcony or in a community garden?**

YES-----1  
NO-----2  
DON'T KNOW-----88  
NO RESPONSE-----99

*The next 6 questions ask you to rate the availability of services in your neighbourhood. Please think carefully about your opinions of services as we go through these questions. You can refer to Answer Set “A” for the next 6 questions.*

**33. How would you rate the availability of health care services in your neighbourhood?**

**Would you say it is:**

- Excellent-----1
- Very Good-----2
- Good-----3
- Fair-----4
- Poor-----5
- I HAVE NOT USED HEALTH CARE SERVICES IN MY NEIGHBOURHOOD-----6
- DON'T KNOW-----88
- NO RESPONSE-----99

**34. (Looking again at Answer Set “A”...) How would you rate the availability of social services in your neighbourhood? (social services include any assistance programs that benefit your well-being)**

*(INTERVIEWER MAY STOP READING THE SCALE TO RESPONDENT IF THEY RESPOND SPONTANEOUSLY FROM THE ANSWER SET)*

- Excellent-----1
- Very Good-----2
- Good-----3
- Fair-----4
- Poor-----5
- I HAVE NOT USED SOCIAL SERVICES IN MY NEIGHBOURHOOD-----6
- DON'T KNOW-----88
- NO RESPONSE-----99

**35. How would you rate the availability of community gathering places in your neighbourhood, such as community centres, churches, clubs, ethnic or social groups?**

- Excellent-----1
- Very Good-----2
- Good-----3
- Fair-----4
- Poor-----5
- I HAVE NOT ACCESSED COMMUNITY GATHERING PLACES IN MY NEIGHBOURHOOD-----6
- DON'T KNOW-----88
- NO RESPONSE-----99

**36. How would you rate the availability of green spaces, including parks and nature trails, in your neighbourhood?**

Excellent-----	1
Very Good-----	2
Good-----	3
Fair-----	4
Poor-----	5
I HAVE NOT USED GREEN SPACES IN MY NEIGHBOURHOOD-----	6
DON'T KNOW-----	88
NO RESPONSE-----	99

**37. How would you rate the availability of recreational facilities in your neighbourhood?**

Excellent-----	1
Very Good-----	2
Good-----	3
Fair-----	4
Poor-----	5
I HAVE NOT USED RECREATIONAL FACILITIES IN MY NEIGHBOURHOOD-----	6
DON'T KNOW-----	88
NO RESPONSE-----	99

**38. How would you rate the availability of places to buy healthy food in your neighbourhood?**

Excellent-----	1
Very Good-----	2
Good-----	3
Fair-----	4
Poor-----	5
I DO NOT BUY FOOD IN MY NEIGHBOURHOOD-----	6
DON'T KNOW-----	88
NO RESPONSE-----	99

The next 7 questions ask you to rate your personal satisfaction with these same neighbourhood services. You can refer to Answer Set “C” for the next 7 questions.

**39. How would you describe your personal satisfaction with the health care services in your neighbourhood? Are you:**

Very Satisfied-----	1
Satisfied-----	2
Dissatisfied-----	3
Very Dissatisfied-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**40. (Looking again at Answer Set “C”...) How would you describe your personal satisfaction with the social services in your neighbourhood?**

*(INTERVIEWER MAY STOP READING THE SCALE TO RESPONDENT IF THEY RESPOND SPONTANEOUSLY FROM THE ANSWER SET)*

Very Satisfied-----	1
Satisfied-----	2
Dissatisfied-----	3
Very Dissatisfied-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**41. How would you describe your personal satisfaction with the community gathering places in your neighbourhood?**

Very Satisfied-----	1
Satisfied-----	2
Dissatisfied-----	3
Very Dissatisfied-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**42. How would you describe your personal satisfaction with the green spaces in your neighbourhood?**

Very Satisfied-----	1
Satisfied-----	2
Dissatisfied-----	3
Very Dissatisfied-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**43. How would you describe your personal satisfaction with the recreational facilities in your neighbourhood?**

Very Satisfied-----	1
Satisfied-----	2
Dissatisfied-----	3
Very Dissatisfied-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**44. How would you describe your personal satisfaction with the places to buy healthy food in your neighbourhood?**

Very Satisfied-----	1
Satisfied-----	2
Dissatisfied-----	3
Very Dissatisfied-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**45. How would you describe your personal satisfaction with your neighbourhood overall? Are you:**

Very Satisfied-----	1
Satisfied-----	2
Dissatisfied-----	3
Very Dissatisfied-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**HEALTH ACCESS QUESTIONS**

*The next set of questions asks about your access to the health care system.*

**46. Do you have a regular family doctor? [By family doctor we mean a general practitioner or doctor that people see for a regular checkup, because they are sick or had an injury, but not a specialist]**

YES-----	1
NO-----	2
DON'T KNOW-----	88
NO RESPONSE-----	99

**47. Where did you go the last time you needed health care? (OPEN-ENDED)**

DOCTOR'S OFFICE-----	1
COMMUNITY HEALTH CENTRE -----	2
WALK-IN CLINIC-----	3
APPOINTMENT CLINIC-----	4
TELEPHONE HEALTH LINE-----	5
HOSPITAL EMERGENCY ROOM-----	6
HOSPITAL OUTPATIENT CLINIC-----	7
OTHER: _____ (please specify)-----	8
DON'T KNOW-----	88
NO RESPONSE-----	99

**48. In the past 12 months, did you ever try but were unable to make an appointment to see a family doctor or GP? [By family doctor we mean a general practitioner or doctor that people see for a regular checkup, because they are sick or had an injury, but not a specialist]**

YES-----	1
NO-----	2
INTERVIEWEE VOLUNTEERS THAT THEY DON'T HAVE A FP/GP-----	3
DON'T KNOW-----	88
NO RESPONSE-----	99

**49. In the past 12 months, have you seen, or talked on the telephone to a health professional about your emotional or mental health?**

YES-----	1
NO-----	2
DON'T KNOW-----	88
NO RESPONSE-----	99

**50. In the past 12 months, did you ever try but were unable to make an appointment to see someone about your mental health? [This person could include a nurse, doctor, psychiatrist, psychologist, or therapist]**

YES-----	1
NO-----	2
DON'T KNOW-----	88
NO RESPONSE-----	99

**51A. (IF RESPONDENT ANSWERED 2 [“NO”] TO BOTH QUESTIONS 48 AND 50, SKIP AHEAD TO INSTRUCTIONS PRECEEDING QUESTION #52)**

**If you have ever tried but were unable to get care for your physical or mental health, what was the most important reason why you were unable to get health care? (OPEN-ENDED)**

- NOT AVAILABLE IN THE AREA-----1
- NOT AVAILABLE AT TIME REQUIRED (E.G. DOCTOR ON HOLIDAYS, INCONVENIENT HOURS)-----2
- WAITING TIME TOO LONG-----3
- FELT WOULD BE INADEQUATE-----4
- COST-----5
- TOO BUSY-----6
- DIDN'T GET AROUND TO IT / DIDN'T BOTHER-----7
- DIDN'T KNOW WHERE TO GO-----8
- DIDN'T THINK IT WOULD HELP-----9
- TRANSPORTATION PROBLEMS-----10
- LANGUAGE PROBLEMS-----11
- PERSONAL OR FAMILY RESPONSIBILITIES-----12
- DISLIKES DOCTORS / AFRAID-----13
- DECIDED NOT TO SEEK CARE-----14
- OTHER: \_\_\_\_\_ (please specify)----15
- I HAVE ALWAYS RECEIVED CARE WHEN I NEEDED IT (SKIP NEXT QUESTION AND GO ON TO #52 IF THE RESPONDENT HAS ALWAYS BEEN ABLE TO ACCESS CARE)-----16
- DON'T KNOW-----88
- NO RESPONSE-----99

**51B. (IF RESPONDENT ANSWERED #16 TO PREVIOUS QUESTION, SKIP THIS QUESTION AND PROCEED TO INSTRUCTIONS AND #52-57)**

**What kind of help did you need that you did not receive? (OPEN-ENDED; CHECK ALL THAT APPLY)**

- MEDICAL ASSESSMENT OR TREATMENT-----1
- ALTERNATIVE MEDICINE – ASSESSMENT OR TREATMENT-----2
- INFORMATION ABOUT MENTAL ILLNESS AND ITS TREATMENTS-----3
- INFORMATION ON AVAILABILITY OF SERVICES-----4
- MEDICATION-----5
- THERAPY OR COUNSELING-----6
- HELP WITH – FINANCIAL PROBLEMS-----7
- HELP WITH – HOUSING PROBLEMS-----8
- HELP WITH – PERSONAL RELATIONSHIPS-----9
- HELP WITH – EMPLOYMENT STATUS OR WORK SITUATION-----10
- HELP WITH – ALCOHOL-----11
- HELP WITH – DRUGS-----12
- HELP WITH – ADDICTIONS (UNSPECIFIED)-----13

OTHER: _____ (PLEASE SPECIFY)---	14
I HAVE ALWAYS RECEIVED HELP WHEN I NEEDED IT-----	15
DON'T KNOW-----	88
NO RESPONSE-----	99

*The next 6 questions ask approximately how long has it been since you have received specific types of health care. **You can refer to Answer Set “D” for the next 6 questions.** We don’t need to know specific dates, but if it was less than 1 year ago, 1-2 years ago, 3-4 years ago, 4-5 years ago, or 5 or more years ago. If you prefer not to answer a question, that is no problem.*

**52. How long has it been since a doctor has given you a complete, overall physical checkup that was NOT for a specific health problem?**

Less than 1 year ago-----	1
1 year to less than 2 years ago (1-2 years ago)-----	2
2 years to less than 3 years ago (2-3 years ago)-----	3
3 years to less than 4 years ago (3-4 years ago)-----	4
4 years to less than 5 years ago (4-5 years ago)-----	5
5 or more years ago (>5 years ago)-----	6
Never done-----	7
DON'T KNOW-----	88
NO RESPONSE-----	99

**53. How long has it been since your last Cholesterol Measurement?**

Less than 1 year ago-----	1
1 year to less than 2 years ago (1-2 years ago)-----	2
2 years to less than 3 years ago (2-3 years ago)-----	3
3 years to less than 4 years ago (3-4 years ago)-----	4
4 years to less than 5 years ago (4-5 years ago)-----	5
5 or more years ago (>5 years ago)-----	6
Never done-----	7
DON'T KNOW-----	88
NO RESPONSE-----	99

**54. How long has it been since your last Breast [IF WOMAN] / Testicular [IF MAN] exam by a nurse or doctor?**

Less than 1 year ago-----	1
1 year to less than 2 years ago (1-2 years ago)-----	2
2 years to less than 3 years ago (2-3 years ago)-----	3
3 years to less than 4 years ago (3-4 years ago)-----	4
4 years to less than 5 years ago (4-5 years ago)-----	5
5 or more years ago (>5 years ago)-----	6

Never done-----	7
DON'T KNOW-----	88
NO RESPONSE-----	99

**55. (SKIP THIS QUESTION IF RESPONDENT IS MALE)**

**How long has it been since your last PAP smear?**

Less than 1 year ago-----	1
1 year to less than 2 years ago (1-2 years ago)-----	2
2 years to less than 3 years ago (2-3 years ago)-----	3
3 years to less than 4 years ago (3-4 years ago)-----	4
4 years to less than 5 years ago (4-5 years ago)-----	5
5 or more years ago (>5 years ago)-----	6
Never done-----	7
DON'T KNOW-----	88
NO RESPONSE-----	99

**56. How long has it been since your last visit to the dentist?**

Less than 1 year ago-----	1
1 year to less than 2 years ago (1-2 years ago)-----	2
2 years to less than 3 years ago (2-3 years ago)-----	3
3 years to less than 4 years ago (3-4 years ago)-----	4
4 years to less than 5 years ago (4-5 years ago)-----	5
5 or more years ago (>5 years ago)-----	6
Never done-----	7
DON'T KNOW-----	88
NO RESPONSE-----	99

**57. And finally, how long has it been since your last flu shot?**

Less than 1 year ago-----	1
1 year to less than 2 years ago (1-2 years ago)-----	2
2 years to less than 3 years ago (2-3 years ago)-----	3
3 years to less than 4 years ago (3-4 years ago)-----	4
4 years to less than 5 years ago (4-5 years ago)-----	5
5 or more years ago (>5 years ago)-----	6
Never done-----	7
DON'T KNOW-----	88
NO RESPONSE-----	99

**58. Where did you have your last flu shot? (OPEN-ENDED)**

DOCTOR'S OFFICE-----	1
WALK-IN CLINIC-----	2
COMMUNITY HEALTH CENTRE-----	3
PHARMACY-----	4
HOSPITAL-----	5
WORK-----	6
SCHOOL-----	7
PUBLIC FLU SHOT CLINIC-----	8
OTHER-----	9
I HAVE NEVER HAD A FLU SHOT-----	10
DON'T KNOW-----	88
NO RESPONSE-----	99

**59. In general, would you say the health of your teeth and mouth is:**

Excellent-----	1
Very Good-----	2
Good-----	3
Fair-----	4
Poor-----	5
DON'T KNOW-----	88
NO RESPONSE-----	99

**60. In the past month, how often have you had any pain or discomfort in your teeth or gums? Has it been:**

Often-----	1
Sometimes-----	2
Rarely-----	3
Never-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**61. Do you have insurance that covers all or part of your dental expenses?**

YES-----	1
NO-----	2
DON'T KNOW-----	88
NO RESPONSE-----	99

**62. Do you have any health insurance that covers all or part of health expenses such as physiotherapy, prescription medications, and alternative health services?**

- YES-----1
- NO-----2
- DON'T KNOW-----88
- NO RESPONSE-----99

**PERSONAL HEALTH QUESTIONS**

*The following questions are about your personal health, so that we can understand health issues that are important in your neighbourhood. All of your answers will be kept confidential and anonymous.*

**63. I would like to start by asking you to rate your health. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**

**Compared to other people your age, would you say your health is:**

- Excellent-----1
- Very Good-----2
- Good-----3
- Fair-----4
- Poor-----5
- DON'T KNOW-----88
- NO RESPONSE-----99

**64. I would now like to ask about your usual physical activities. On average, how many days per week do you do 30 minutes or more of moderate or vigorous physical activity? This activity can be part of work, transportation, or recreation, and need not be all at once, but is a total of at least 30 minutes per day. Moderate activity includes brisk walking, for example; and vigorous activity makes you work up a sweat. Based on this definition, how many days per week do you at least 30 minutes of moderate or vigorous activity?**

- 0 DAYS-----1
- 1 DAY / WEEK-----2
- 2 DAYS / WEEK-----3
- 3 DAYS / WEEK-----4
- 4 DAYS / WEEK-----5
- 5 DAYS / WEEK-----6
- 6 DAYS / WEEK-----7
- 7 DAYS / WEEK-----8
- DON'T KNOW-----88
- NO RESPONSE-----99

**65. Is there anything stopping you from becoming more physically active? (OPEN-ENDED)**

LACK OF WILL POWER / SELF-DISCIPLINE-----	1
FAMILY RESPONSIBILITIES-----	2
WORK SCHEDULE-----	3
ADDICTION TO DRUGS / ALCOHOL-----	4
PHYSICAL CONDITION-----	5
DISABILITY / HEALTH PROBLEM-----	6
TOO STRESSED-----	7
TOO COSTLY / FINANCIAL CONSTRAINTS-----	8
NOT AVAILABLE IN THE AREA-----	9
NEIGHBOURHOOD DISSATISFACTION-----	10
TRANSPORTATION PROBLEMS-----	11
WEATHER PROBLEMS-----	12
SAFETY-----	13
OTHER-----	14
NO, NOTHING IS STOPPING ME FROM BECOMING MORE ACTIVE-----	15
DON'T KNOW-----	88
NO RESPONSE-----	99

*For the following questions, we ask about chronic health conditions that you have had for 6 months or more and that have been diagnosed by a health care provider:*

**66A. Do you currently have asthma (as diagnosed by a health care provider)?**

YES-----	1
NO (IF NO, SKIP TO QUESTION #67)-----	2
DON'T KNOW-----	88
NO RESPONSE-----	99

**66B. (IF RESPONDENT ANSWERED 2 TO PREVIOUS QUESTION, SKIP AHEAD TO #67)**

**If you do have asthma (as diagnosed by a health care provider), do you feel that it is under control?**

YES-----	1
NO-----	2
I DO NOT HAVE ASTHMA-----	3
DON'T KNOW-----	88
NO RESPONSE-----	99

**67. Do you have arthritis (as diagnosed by a health care provider)?**

YES-----	1
NO-----	2

DON'T KNOW-----88  
NO RESPONSE-----99

**68. In the past 12 months, did you ever have pain in your joints [EX. HIPS, KNEES, HANDS] that limited the amount or type of activity that you were able to do?**

YES-----1  
NO-----2  
DON'T KNOW-----88  
NO RESPONSE-----99

**69. Do you have diabetes (as diagnosed by a health care provider)?**

YES-----1  
NO-----2  
DON'T KNOW-----88  
NO RESPONSE-----99

**70. Have you ever been told by a doctor or other health care professional that you have high blood pressure?**

YES-----1  
NO-----2  
DON'T KNOW-----88  
NO RESPONSE-----99

*The next two questions ask about your height and weight so that we can calculate your BMI, or Body Mass Index.*

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

\_\_\_ \_\_\_ \_\_\_ CENTIMETRES

**OR**

\_\_\_ FEET \_\_\_ INCHES

DON'T KNOW-----88  
NO RESPONSE-----99

**72. How much do you weigh? [IF RESPONDENT IS PREGNANT, ASK HER WHAT WAS HER PRE-PREGNANCY WEIGHT?]**

\_\_\_ \_\_\_ \_\_\_ KILOGRAMS

**OR**

\_\_\_ \_\_\_ \_\_\_ LBS.

DON'T KNOW-----88  
NO RESPONSE-----99

**73A. At the present time, do you smoke tobacco [cigarettes or cigars]:**

Daily-----1  
Often-----2  
Occasionally-----3  
Not at all (*SKIP NEXT QUESTION; GO TO #74*)-----4  
DON'T KNOW-----88  
NO RESPONSE-----99

**73B. (IF RESPONDENT ANSWERED #4 TO PREVIOUS QUESTION, SKIP AHEAD TO #74) In the past 12 months, have you tried to quit?**

YES-----1  
NO-----2  
DON'T KNOW-----88  
NO RESPONSE-----99

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

YES-----1  
NO-----2  
DON'T KNOW-----88  
NO RESPONSE-----99

**75. During the past 12 months, how often did you drink alcoholic beverages [beer, wine, liquor]? Did you drink alcohol:**

Every day-----1  
4-6 times a week-----2  
2-3 times a week-----3  
Once a week-----4  
2-3 times a month-----5  
Once a month-----6  
Less than once a month-----7  
Never-----8  
DON'T KNOW-----88  
NO RESPONSE-----99

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

**Was it:**

More than once a week-----	1
Once a week -----	2
2-3 times a month-----	3
Once a month-----	4
Less than once a month-----	5
Never-----	6
DON'T KNOW-----	88
NO RESPONSE-----	99

*These next questions ask about parts of your life that may contribute to your health.*

**You may refer to Answer Set “B” for the next 6 questions.** *Please tell me if you strongly agree, agree, disagree, or strongly disagree with these statements:*

**77. “There are people in my life I can depend on to help me if I really need it.” [Do you:]**

Strongly agree-----	1
Agree-----	2
Disagree-----	3
Strongly disagree-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**78. “There are people who depend on me for help.” [Do you:]**

Strongly agree-----	1
Agree-----	2
Disagree-----	3
Strongly disagree-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**79. “I feel part of one or more groups who share my interests, attitudes and beliefs.”**

**[Do you:]**

Strongly agree-----	1
Agree-----	2
Disagree-----	3
Strongly disagree-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**80. “I have close relationships that provide me with a sense of emotional security and well-being.” [Do you:]**

Strongly agree-----	1
Agree-----	2
Disagree-----	3
Strongly disagree-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**81. “There is a trustworthy person I could turn to for advice if I were having problems.” [Do you:]**

Strongly agree-----	1
Agree-----	2
Disagree-----	3
Strongly disagree-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

**82. “There are people who admire my talents and abilities.” [Do you:]**

Strongly agree-----	1
Agree-----	2
Disagree-----	3
Strongly disagree-----	4
DON'T KNOW-----	88
NO RESPONSE-----	99

*The following 6 questions ask about how frequently you feel a certain way. **Please look at Answer Set “E” to help answer the next 6 questions.** You can choose your answer from this scale. [INTERVIEWER MAY STOP READING THE SCALE TO THE RESPONDENT WHEN ANSWERS ARE SPONTANEOUS]*

**83. During the past 4 weeks, how much of the time have you been a very nervous person? [Has it been:]**

All of the time-----	1
Most of the time-----	2
A good bit of the time-----	3
Some of the time-----	4
A little of the time-----	5
None of the time-----	6
DON'T KNOW-----	88
NO RESPONSE-----	99

**84. During the past 4 weeks, how much of the time have you felt calm and peaceful?**

**[Has it been:]**

All of the time-----1  
Most of the time-----2  
A good bit of the time-----3  
Some of the time-----4  
A little of the time-----5  
None of the time-----6  
DON'T KNOW-----88  
NO RESPONSE-----99

**85. During the past 4 weeks, how much of the time have you felt downhearted and blue?**

**[Has it been:]**

All of the time-----1  
Most of the time-----2  
A good bit of the time-----3  
Some of the time-----4  
A little of the time-----5  
None of the time-----6  
DON'T KNOW-----88  
NO RESPONSE-----99

**86. During the past 4 weeks, how much of the time have you been a happy person? [Has it been:]**

All of the time-----1  
Most of the time-----2  
A good bit of the time-----3  
Some of the time-----4  
A little of the time-----5  
None of the time-----6  
DON'T KNOW-----88  
NO RESPONSE-----99

**87. During the past 4 weeks, how much of the time have you felt so down in the dumps that nothing could cheer you up? [Has it been:]**

All of the time-----1  
Most of the time-----2  
A good bit of the time-----3  
Some of the time-----4  
A little of the time-----5  
None of the time-----6

DON'T KNOW-----88  
NO RESPONSE-----99

**88. During the past 4 weeks, how much of the time have you felt constantly under stress? [Has it been:]**

All of the time-----1  
Most of the time-----2  
A good bit of the time-----3  
Some of the time-----4  
A little of the time-----5  
None of the time-----6  
DON'T KNOW-----88  
NO RESPONSE-----99

**NEIGHBOURHOOD PRIORITY ISSUES**

*We would now like you to tell us in your own words about the health issues in your neighbourhood.*

**89. In your opinion, what are the most important issues facing your neighbourhood? [Please name up to 3 issues that you feel are affecting your neighbourhood.]**

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**90. In your opinion, what is the greatest priority for improving the health of residents in your neighbourhood? [Please name no more than 3 issues.]**

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**DEMOGRAPHICS**

*This is the last part of the survey. The questions are demographic ones that ask for some general information about who you are. You are not required to give your name.*

**91. What is your gender?**

- MALE-----1
- FEMALE-----2
- TRANSGENDER-----3
- OTHER-----4

**92. In what year were you born?**

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- DON'T KNOW-----88
- NO RESPONSE-----99

**93. Are you an aboriginal person, that is, First Nations, Inuit or Metis? [IF RESPONDENT ANSWERS YES, ASK WHICH OF THESE 3 GROUPS BEST DESCRIBES THEIR ETHNICITY]**

- FIRST NATIONS-----1
- INUIT-----2
- METIS-----3
- NO / NON-ABORIGINAL-----4
- DON'T KNOW-----88
- NO RESPONSE-----99

**94. In what country were you born?**

AFGHANISTAN-----	1
BANGLADESH-----	2
BOSNIA AND HERZEGOVINA----	3
BRASIL-----	4
CANADA-----	5
CROATIA-----	6
CHINA-----	7
DENMARK-----	8
EGYPT-----	9
ETHIOPIA-----	10
FINLAND-----	11
FRANCE-----	12
GERMANY-----	13
GHANA-----	14
GREECE-----	15
GUYANA-----	16
HONG KONG-----	17
HUNGARY-----	18
INDIA-----	19
IRAN-----	20
IRAQ-----	21
ISRAEL-----	22
ITALY-----	23
JAMAICA-----	24
JAPAN-----	25
KOREA-----	26
LEBANON-----	27
MEXICO-----	28
NETHERLANDS /HOLLAND-----	29
NORWAY-----	30

PALESTINE-----	31
PHILIPPINES-----	32
POLAND-----	33
PORTUGAL-----	34
SERBIA-----	35
SOMALIA-----	36
SRI LANKA-----	37
SUDAN-----	38
SWEDEN-----	39
THAILAND-----	40
TURKEY-----	41
UKRAINE-----	42
UNITED KINGDOM-----	43
UNITED STATES-----	44
VIETNAM-----	45
OTHER: _____ (SPECIFY)-----	46
DON'T KNOW-----	88
NO RESPONSE-----	99

**95. Canadians belong to many ethnic or cultural groups such as Caribbean, Pakistani, Vietnamese, Inuit, etc. To which ethnic or cultural groups do you belong? (CHECK ALL THAT APPLY)**

AFGHAN-----	1
AFRICAN-----	2
ARAB-----	3
BOSNIAN-----	4
BRITISH-----	5
CANADIAN-----	6
CARIBBEAN-----	7
CHINESE-----	8
CROATIAN-----	9
DANISH-----	10
DUTCH (NETHERLANDS)-----	11
EAST INDIAN-----	12
EGYPTIAN-----	13
ENGLISH-----	14
EUROPEAN-----	15
FILIPINO-----	16
FINNISH-----	17
FIRST NATIONS-----	18
FRENCH-----	19
GERMAN-----	20
GREEK-----	21
HUNGARIAN-----	22
INUIT-----	23
IRANIAN-----	24

IRAQI-----	25
IRISH-----	26
ITALIAN-----	27
JAMAICAN-----	28
JAPANESE-----	29
JEWISH-----	30
KOREAN-----	31
LATIN AMERICAN-----	32
LEBANESE-----	33
METIS-----	34
NORWEGIAN-----	35
POLISH-----	36
PORTUGUESE-----	37
SCOTTISH-----	38
SERBIAN-----	39
SOMALI-----	40
SPANISH-----	41
SRI LANKAN-----	42
SWEDISH-----	43
TAMIL-----	44
THAI-----	45
TURKISH-----	46
UKRANIAN-----	47
VIETNAMESE-----	48
YUGOSLAVIAN-----	49
OTHER: _____ (SPECIFY) ---	50
DON'T KNOW-----	88
NO RESPONSE-----	99

**96. What language do you speak most often at home?**

ENGLISH-----	1
FRENCH-----	2
AMHARIC-----	3
ARABIC-----	4

ARMENIAN-----	5
BENGALI-----	6
BOSNIAN-----	7
CHINESE-----	8
CREOLE-----	9
CROATIAN-----	10
DANISH-----	11
DUTCH-----	12
GERMAN-----	13
GREEK-----	14
GUJARATI-----	15
HEBREW-----	16
HUNGARIAN-----	17
HINDI-----	18
ITALIAN-----	19
JAPANESE-----	20
KHMER (CAMBODIAN)-----	21
KOREAN-----	22
PORTUGUESE-----	23
PERSIAN (FARSI)-----	24
POLISH-----	25
PUNJABI-----	26
ROMANIAN-----	27
RUSSIAN-----	28
SERBIAN-----	29
SPANISH-----	30
SOMALI-----	31
TAGALOG (FILIPINO)-----	32
TAMIL-----	33
THAI-----	34
TURKISH-----	35
UKRAINIAN-----	36
URDU-----	37
VIETNAMESE-----	38
OTHER: _____ (SPECIFY)-----	39

DON'T KNOW-----88  
 NO RESPONSE-----99

**97A. What is the highest level of schooling you have ever completed? (INTERVIEWER NEED NOT READ OUT CATEGORIES BUT IF UNCLEAR, MAY CLARIFY THE CATEGORY WITH THE RESPONDENT)**

Less than grade 9 (SKIP TO #98)-----1  
 Some high school (SKIP TO #98)-----2  
 Completed high school (SKIP TO #98)-----3  
 Some trades or technical training (SKIP TO #98)-----4  
 Completed trades or technical training (SKIP TO #98)-----5  
 Some university (SKIP TO #98)-----6  
 Completed university (SKIP TO #98)-----7  
 Some post-graduate education (SKIP TO #98)-----8  
 DON'T KNOW (PROCEED TO NEXT QUESTION)-----88  
 NO RESPONSE (PROCEED TO NEXT QUESTION)-----99

**97B. (SKIP AND MOVE ON TO #98 IF RESPONDENT ANSWERED 1-8 IN THE PREVIOUS QUESTION) What is the total number of years of formal education you have completed?**

\_\_\_\_\_ YEARS

DON'T KNOW-----88  
 NO RESPONSE-----99

**98. Which of the following best describes your current employment status? Is it:**

Part-time-----1  
 Full-time-----2  
 Seasonal-----3  
 Self-employed-----4  
 Homemaker-----5  
 Any other informal paid work such as babysitting, housekeeping-----6  
 Student-----7  
 Retired-----8  
 Unemployed-----9  
 DON'T KNOW-----88  
 NO RESPONSE-----99

**99. Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months? Did you receive income from:** *(PAUSE AFTER EACH POSSIBLE RESPONSE BELOW TO ALLOW THE RESPONDENT TO ANSWER YES/NO; CHECK ALL THAT APPLY)*

- Wages and salaries-----1
- Income from self-employment-----2
- Dividends and interest (e.g., on bonds, savings) -----3
- Employment insurance-----4
- Worker’s compensation-----5
- Benefits from Canada or Quebec Pension Plan-----6
- Retirement pensions, superannuation and annuities-----7
- Old Age Security and Guaranteed Income Supplement-----8
- Child Tax Benefit -----9
- Provincial or municipal social assistance or welfare -----10
- Child support-----11
- Alimony-----12
- Other (e.g., rental income, scholarships)-----13
- Money from family on a regular basis-----14
- DON’T KNOW-----88
- NO RESPONSE-----99

**100. Can you estimate what your total household gross income was during the last month?** *(IF RESPONDENT ANSWERS THIS QUESTION, END THE SURVEY )*

\$ \_\_\_\_\_

- DON’T KNOW *(PROCEED TO NEXT QUESTION)*-----88
- NO RESPONSE *(PROCEED TO NEXT QUESTION)*-----99

**101A. Can you estimate in which of the following groups your household’s annual, or yearly income falls? Was your household income from all sources last year less than \$40,000 or \$40,000 or more?**

- Less than \$40,000 *(PROCEED TO #101B)*-----1
- \$40,000 or more *(SKIP AHEAD TO #101E)*-----2
- DON’T KNOW *(SKIP TO END)*-----88
- NO RESPONSE *(SKIP TO END)*-----99

**101B. Was your household income from all sources less than \$20,000 or \$20,000 or more?**

- Less than \$20,000 *(PROCEED TO #101C)*-----1
- \$20,000 or more *(SKIP AHEAD TO #101D)*-----2
- DON’T KNOW *(SKIP TO END)*-----88
- NO RESPONSE *(SKIP TO END)*-----99

**101C. Was your household income from all sources less than \$10,000 or \$10,000 or more?**

Less than \$10,000 (*SKIP TO END*)-----1  
\$10,000 or more (*SKIP TO END*)-----2  
DON'T KNOW (*SKIP TO END*)-----88  
NO RESPONSE (*SKIP TO END*)-----99

**101D. Was your household income from all sources less than \$30,000 or \$30,000 or more?**

Less than \$30,000 (*SKIP TO END*)-----1  
\$30,000 or more (*SKIP TO END*)-----2  
DON'T KNOW (*SKIP TO END*)-----88  
NO RESPONSE (*SKIP TO END*)-----99

**101E. Was your household income from all sources less than \$60,000 or \$60,000 or more?**

Less than \$60,000 (*PROCEED TO #101F*)-----1  
\$60,000 or more (*SKIP AHEAD TO #101G*)-----2  
DON'T KNOW (*SKIP TO END*)-----88  
NO RESPONSE (*SKIP TO END*)-----99

**101F. Was your household income from all sources less than \$50,000 or \$50,000 or more?**

Less than \$50,000 (*SKIP TO END*)-----1  
\$50,000 or more (*SKIP TO END*)-----2  
DON'T KNOW (*SKIP TO END*)-----88  
NO RESPONSE (*SKIP TO END*)-----99

**101G. Was your household income from all sources last year:**

Less than \$70,000?-----1  
\$70,000 to less than \$80,000?-----2  
\$80,000 to less than \$100,000?-----3  
\$100,000 to less than \$120,000?-----4  
\$120,000 or more?-----5  
DON'T KNOW-----88  
NO RESPONSE-----99

*Thank you again for your time and effort in completing this survey.*