




# Second Follow-Up to the Ontario Child Health Study (OCHS2000)

OCHS 2

## Respondent Questionnaire

Confidential document once completed.

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

Version française aussi disponible. 

### FOR OFFICE USE ONLY

HOUSEHOLD-ID

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P/L 83

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RESPONDENT'S FIRST NAME

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INTERVIEW DATE

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Year

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Month

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Day

INTERVIEWER ASSIGNMENT #

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REGIONAL OFFICE

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LANGUAGE

1
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# A

# Health

## GENERAL HEALTH

**A1**

The first questions are about your health.

I3SF1

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

- 1  excellent?
- 2  very good?
- 3  good?
- 4  fair?
- 5  poor?

**A2**

Compared to one year ago, how would you rate your health in general now?

I3SF2

Would you say it is...

- 6  much better?
- 7  somewhat better?
- 8  about the same?
- 9  somewhat worse?
- 10  much worse now than one year ago?

**A3**

The following questions are about activities you might do during a typical day.

Does your health now limit you in these activities?  
If so, how much?

Yes, limited  
a lot

Yes, limited  
a little

No, not limited  
at all

a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

I3SF3A

1

2

3

b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.

I3SF3B

4

5

6

c) Lifting or carrying groceries.

I3SF3C

7

8

9

d) Climbing several flights of stairs.

I3SF3D

10

11

12

e) Climbing one flight of stairs.

I3SF3E

13

14

15

f) Bending, kneeling or stooping.

I3SF3F

16

17

18

g) Walking more than a kilometre/mile.

I3SF3G

19

20

21

h) Walking several blocks.

I3SF3H

22

23

24

i) Walking one block.

I3SF3I

25

26

27

j) Bathing or dressing yourself.

I3SF3J

28

29

30

**A4** During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- |  |        | Yes                     | No                      |
|--|--------|-------------------------|-------------------------|
| a) Had to cut down on the amount of time you spent on work or other activities.              | I3SF4A | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) Accomplished less than you would like.  | I3SF4B | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c) Were limited in the kind of work or other activities that you were able to do.            | I3SF4C | 5 <input type="radio"/> | 6 <input type="radio"/> |
| d) Had difficulty performing the work or other activities (for example, it took extra time). | I3SF4D | 7 <input type="radio"/> | 8 <input type="radio"/> |

**A5** During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- |   |        | Yes                     | No                      |
|---|--------|-------------------------|-------------------------|
| a) Had to cut down on the amount of time you spend on work or other activities. | I3SF5A | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) Accomplished less than you would like.                                       | I3SF5B | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c) Didn't do work or other activities as carefully as usual.                    | I3SF5C | 5 <input type="radio"/> | 6 <input type="radio"/> |

**A6** During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

Would you say...

I3SF6

1  not at all?  
2  slightly?  
3  moderately?  
4  quite a bit?  
5  extremely?

**A7** During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Would you say...

I3SF7

6  not at all?  
7  a little bit?  
8  moderately?  
9  quite a bit?  
10  extremely?

**A8** How much bodily pain have you had during the past 4 weeks?

Would you say...

I3SF8

1  none?  
2  very mild?  
3  mild?  
4  moderate?  
5  severe?  
6  very severe?

**A9** These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. The responses are on page 1 of your response booklet.

How much of the time during the past 4 weeks...

	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
	A	B	C	D	E	F
a) did you feel full of pep? I3SF9A	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b) have you been a very nervous person? I3SF9B	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) have you felt so down in the dumps that nothing could cheer you up? I3SF9C	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) have you felt calm and peaceful? I3SF9D	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) did you have a lot of energy? I3SF9E	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) have you felt downhearted and blue? I3SF9F	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
g) did you feel worn out? I3SF9G	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
h) have you been a happy person? I3SF9H	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
i) did you feel tired? I3SF9I	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>

**A10** During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

Would you say...

I3SF10

- 1  all the time?
- 2  most of the time?
- 3  some of the time?
- 4  a little of the time?
- 5  none of the time?

**A11** How TRUE or FALSE is each of the following statements for you? The responses are on page 2 of your response booklet.

Would you say...

Definitely true  
A

Mostly true  
B

Don't know  
C

Mostly false  
D

Definitely false  
E

a) you seem to get sick a little easier than other people? I3SF11A	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) you are as healthy as anybody you know? I3SF11B	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) you expect your health to get worse? I3SF11C	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) your health is excellent? I3SF11D	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>

**A12** What is your height in feet and inches or in metres and centimetres (without shoes on)?

I3HTCMA

I3HTCMB

A   Feet

B   Inches

I3HTCMC

OR

I3HTCMD

C  Metres

D   Centimetres

**A13** What is your weight in pounds or kilograms?

A    Pounds

I3WTKGA

OR

B    Kilograms

I3WTKGB

**BACK PAIN**

**A14** Have you ever had back pain which lasted for more than one day? Do not count the kind of pain you can get with the flu (*IF WOMAN READ*) or with menstrual periods or pregnancy.

1  Yes

I3BACK1

2  No → Go to question A18

**A15** How old were you when you first had back pain lasting more than one day?

Years old

I3BACK2

**A16** Have you ever had back pain lasting for more than one day at any time in the past 12 months?

1  Yes

I3BACK3

2  No → Go to question A18

**A17** Did this episode of back pain cause you to cut down on your normal daily activities at home, at a job or in school for a period of seven days or longer?

3  Yes

I3BACK4

4  No

**CHRONIC CONDITIONS**

**A18**

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

Do you have any of these health conditions...		Yes	No	Don't Know
a) food allergies?	I3HCRONA	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) any other allergies?	I3HCRONB	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c) asthma?	I3HCRONC	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
d) arthritis or rheumatism?	I3HCROND	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) back problems, excluding arthritis?	I3HCRONE	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f) high blood pressure?	I3HCRONF	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g) migraine headaches?	I3HCRONG	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
h) chronic bronchitis or emphysema?	I3HCRONH	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
i) sinusitis?	I3HCRONI	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
j) diabetes?	I3HCRONJ	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
k) epilepsy?	I3HCRONK	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>
l) heart disease?	I3HCRONL	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
m) cancer?	I3HCRONM	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>
n) stomach or intestinal ulcers?	I3HCRONN	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
o) blindness, deafness, or severe visual or hearing impairment?	I3HCRONO	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
p) limitations in use of hands or fingers?	I3HCRONP	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
q) inability to walk unaided?	I3HCRONQ	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>
r) any other long-term health conditions?	I3HCRONR	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
Specify: _____				
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                     IF "NO" OR "DON'T KNOW" TO ALL OF THE ABOVE, GO TO QUESTION A20                 </div>				

**A19**

Are you limited in any way in carrying out normal daily activities at home, at a job or in school, because of (this/these) health conditions or problems?

1  Yes

2  No

I3HCRON2

## INJURIES

**A20**

Now some questions about injuries which occurred **in the past 12 months**, and were serious enough to limit normal activities, for example, a broken bone, a bad cut or burn, a sprain, or a poisoning.

In the past 12 months, were you injured seriously enough to limit normal activities?

3  Yes

I3INJ1

4  No → Go to question A27

**A21**

How many times were you injured?

I3INJ2

times injured

**A22**

Thinking about (this injury/the most serious injury), what type of injury did you have?  
For example, a broken bone or burn.

*DO NOT READ LIST.  
MARK ONE ONLY.*

I3INJ3

- 1  Multiple injuries
- 2  Broken or fractured bones
- 3  Burn or scald
- 4  Dislocation
- 5  Sprain or strain
- 6  Cut or scrape
- 7  Bruise or abrasion
- 8  Concussion
- 9  Poisoning by substance or by liquid
- 10  Internal injury
- 11  Other

Specify: \_\_\_\_\_



**A23**

**How did this happen? For example, was the injury the result of a fall, a traffic accident, a physical assault, etc.?**

*DO NOT READ LIST.  
MARK ONE ONLY.*

I3INJ4

- 1  Motor vehicle accident
- 2  Sports injury
- 3  Accidental fall
- 4  Fire, flames or resulting fumes
- 5  Accidentally struck by an object/person
- 6  Physical assault
- 7  Suicide attempt
- 8  Accidental injury caused by explosion
- 9  Accidental injury caused by natural/environmental factors (e.g. weather conditions, poison ivy, animal bites, stings)
- 10  Accidental near drowning or submersion
- 11  Accidental suffocation
- 12  Hot or corrosive liquids, foods or substances
- 13  Accident caused by machinery (e.g. farm machinery, forklift, woodworking machinery)
- 14  Accident caused by cutting and piercing instruments or objects (e.g. lawnmower, knife, stapler)
- 15  Accidental poisoning
- 16  Other  
Specify: \_\_\_\_\_

**A24**

**Was this a work-related injury?**

I3INJ5

- 1  Yes
- 2  No

**A25**

**Were you treated by a doctor or any other health care professional for this injury?**

I3INJ6

- 3  Yes
- 4  No

**A26**

**Did this injury cause you to cut down on your normal daily activities at home, at a job or in school for a period of seven days or longer?**

I3INJ7

- 1  Yes
- 2  No

**SELF-COMPLETE SECTION**

**A27**

**INTERVIEWER NOTE:**

**PLEASE READ TO RESPONDENT.**

Please turn to page 2 of your self-complete questionnaire and complete questions 1 and 2.

The statements in question 1 describe people's feelings about themselves and others, while the statements in question 2 describe your relations with other people. For each statement, please mark in the questionnaire the one you think best applies to you. Please let me know when you are finished.

**A28**

**INTERVIEWER CHECK ITEM:**

*Has respondent completed questions 1 and 2 of the self-complete questionnaire (OCHS 3)?*

3  Yes

I3A28CH

4  No

5  Refusal

**EMOTIONAL WELL-BEING**

**A29**

**During the past 12 months, was there ever a time when you felt sad, blue or depressed for two weeks or more in a row?**

*ONLY USE VALUE "3" IF THIS INFORMATION WAS VOLUNTEERED BY THE RESPONDENT.*

I3DEP1

1  Yes

2  No → Go to question A48

3  On medication - anti-depressants

4  Refusal

→ Go to question A66

**A30**

**For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst.**

**During that time, did the feelings of being sad, blue or depressed usually last...**

I3DEP2

5  all day long?

6  most of the day?

7  about half of the day?

8  less than half of a day? → Go to question A48

**A31** During those two weeks, did you feel this way...

I3DEP3

- 1  every day?
- 2  almost every day?
- 3  less often? → Go to question A48

**A32** During those two weeks, did you lose interest in most things, like hobbies, work or activities that usually give you pleasure?

I3DEP4

- 4  Yes → Check Box A32 on Flap "Losing interest"
- 5  No

**A33** Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

I3DEP5

- 6  Yes → Check Box A33 on Flap "Feeling tired"
- 7  No

**A34** Did you gain or lose weight without trying, or did you stay about the same?

DO NOT READ LIST.  
MARK ONE ONLY.

I3DEP6

- 1  Gained weight
  - 2  Lost weight
  - 3  Both gained and lost weight
  - 4  Stayed about the same
  - 5  Was on a diet
- Go to question A36

**A35** About how much did your weight change ?

A     Pounds I3DEP7A

OR

B     Kilograms I3DEP7B

If weight changed by 10 pounds/4.5 kilograms or more, check Box A35 on Flap "Weight change"

- 7  Don't know

**A36**

During those two weeks, did you have more trouble falling asleep than you usually do?

I3DEP8

1  Yes

2  No → Go to question A38

**A37**

Did that happen...every night, nearly every night, or less often during those two weeks?

I3DEP9

3  Every night

4  Nearly every night

5  Less often

→ Check Box A37 on Flap "Trouble falling asleep"

**A38**

During those two weeks, did you have a lot more trouble concentrating than usual?

I3DEP10

1  Yes

2  No

→ Check Box A38 on Flap "Trouble concentrating"

**A39**

People sometimes feel down on themselves, no good or worthless. Did you feel this way during that 2-week period?

I3DEP11

3  Yes

4  No

→ Check Box A39 on Flap "Feeling down on yourself"

**A40**

Did you think a lot about death - either your own, someone else's or death in general during these two weeks?

I3DEP12

1  Yes

2  No

→ Check Box A40 on Flap "Thoughts about death"

**A41**

**INTERVIEWER CHECK ITEM:**

Please refer to Boxes A32 to A40 on the Flap to verify if respondent has indicated any of the following.

As soon as you find ANY item checked off on the Flap, mark off response "1" and go to the next question.

I3A41CH

<sup>1</sup>  A32 = Losing interest

**OR**

A33 = Feeling tired

**OR**

A35 = Weight change

**OR**

A37 = Trouble falling asleep

**OR**

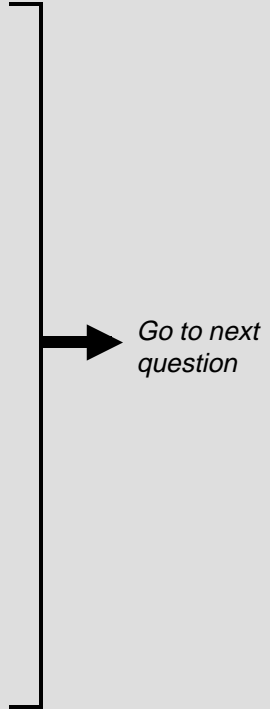
A38 = Trouble concentrating

**OR**

A39 = Feeling down on yourself

**OR**

A40 = Thoughts about death



Go to next question

<sup>2</sup>  Otherwise → Go to question A66

**A42**

**INTERVIEWER NOTE:**

**PLEASE REFER TO THE "KEY PHRASES" ON "FLAP". DO NOT READ MORE THAN THREE KEY PHRASES.**

To review, you had two weeks in a row during the past 12 months when you were sad, blue or depressed and also had some other feelings or problems like: (Read up to three "key phrases")

About how many weeks altogether did you feel this way during the past 12 months?

I3DEP13

Number of weeks



If greater than 51 weeks  
Go to question A44

<sup>7</sup>  Don't know

**A43**

During the past 12 months, think about the most recent time when you had two weeks in a row when you felt this way. How many months ago was that?

I3DEP14

Number of months

(IF LESS THAN 1 MONTH, ENTER '0')

<sup>7</sup>  Don't know

**A44**

Did you tell a doctor about these problems?  
(By "doctor" I mean either a medical doctor  
or a student in training to be a medical  
doctor.)

I3DEP15

1  Yes

2  No

**A45**

Did you tell any other professional (such  
as a psychologist, social worker, specialist  
in alternative medicine, counsellor, nurse,  
clergy or other helping professional)?

I3DEP16

3  Yes

4  No

**A46**

Did you take medication or use drugs or  
alcohol more than once for these problems?

I3DEP17

5  Yes

6  No

**A47**

How much did these problems interfere  
with your life or activities...

I3DEP18

1  a lot?

2  some?

3  a little?

4  not at all?



*Go to question A66*



**GO TO QUESTION A66**

**A48**

During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure?

I3DEP19

ONLY USE VALUE "3" IF THIS INFORMATION WAS VOLUNTEERED BY THE RESPONDENT.

1  Yes

2  No

3  On medication - anti-depressants

4  Refusal

Go to question A66

**A49**

For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things.

During that 2-week period, did the loss of interest usually last...

I3DEP20

5  all day long?

6  most of the day?

7  about half of the day?

8  less than half of the day?

Go to question A66

**A50**

During those two weeks, did you feel this way...

I3DEP21

1  every day?

2  almost every day?

3  less often?

Go to question A66

**A51**

Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

I3DEP22

4  Yes

Check Box A51 on Flap "Feeling tired"

5  No

**A52**

Did you gain or lose weight without trying, or did you stay about the same?

DO NOT READ LIST.  
MARK ONE ONLY.

I3DEP23

1  Gained weight

2  Lost weight

3  Both gained and lost weight

4  Stayed about the same

5  Was on a diet

Go to question A54

**A53** About how much did your weight change?

A 

--	--	--	--

 Pounds I3DEP24A

OR

B 

--	--	--	--	--

 Kilograms I3DEP24B

If weight changed by 10 pounds/4.5 kilograms or more, check Box A53 on Flap "Weight change"

7  Don't know

**A54** During those two weeks, did you have more trouble falling asleep than you usually do?

I3DEP25

1  Yes

2  No → Go to question A56

**A55** Did that happen...every night, nearly every night, or less often during those two weeks?

I3DEP26

3  Every night

4  Nearly every night

5  Less often

Check Box A55 on Flap "Trouble falling asleep"

**A56** During those two weeks, did you have a lot more trouble concentrating than usual?

I3DEP27

1  Yes → Check Box A56 on Flap "Trouble concentrating"

2  No

**A57** People sometimes feel down on themselves, no good or worthless. Did you feel this way during that 2-week period?

I3DEP28

3  Yes → Check Box A57 on Flap "Feeling down on yourself"

4  No

**A58** Did you think a lot about death - either your own, someone else's or death in general during these two weeks?

I3DEP29

1  Yes → Check Box A58 on Flap "Thoughts about death"

2  No



**A59**

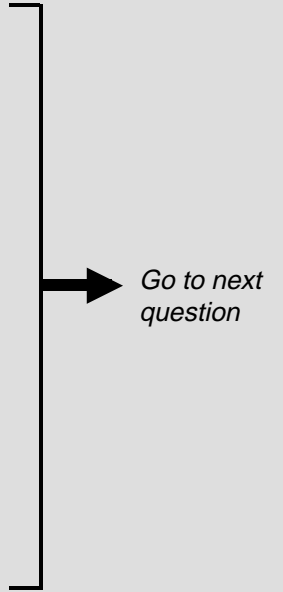
**INTERVIEWER CHECK ITEM:**

Please refer to Boxes A51 to A58 on the Flap to verify if respondent has indicated any of the following.

As soon as you find ANY item checked off on the Flap, mark off response "1" and go to the next question.

I3A59CH

- A51 = Feeling tired
- OR**
- A53 = Weight change
- OR**
- A55 = Trouble falling asleep
- OR**
- A56 = Trouble concentrating
- OR**
- A57 = Feeling down on yourself
- OR**
- A58 = Thoughts about death



Otherwise → Go to question A66

**A60**

**INTERVIEWER NOTE:**

**PLEASE REFER TO THE "KEY PHRASES" ON "FLAP". DO NOT READ MORE THAN THREE KEY PHRASES.**

To review, you had two weeks in a row during the past 12 months when you lost interest in most things like hobbies, work or activities that usually give you pleasure and also had some other feelings or problems like: (Read up to three "key phrases")

About how many weeks altogether did you feel this way during the past 12 months?

□ □

Number of weeks



If greater than 51 weeks  
Go to question A62

I3DEP30

Don't know

**A61**

During the past 12 months, think about the most recent time when you had two weeks in a row when you felt this way. How many months ago was that?

□ □

Number of months

(IF LESS THAN 1 MONTH, ENTER '01')

I3DEP31

Don't know

**A62** Did you tell a doctor about these problems?  
(By "doctor" I mean either a medical doctor or a student in training to be a medical doctor.)

1  Yes

2  No

I3DEP32

---

**A63** Did you tell any other professional (such as a psychologist, social worker, specialist in alternative medicine, counsellor, nurse, clergy or other helping professional)?

3  Yes

4  No

I3DEP33

---

**A64** Did you take medication or use drugs or alcohol more than once for these problems?

5  Yes

6  No

I3DEP34

---

**A65** How much did these problems interfere with your life or activities...

1  a lot?

2  some?

3  a little?

4  not at all?

I3DEP35



**SOCIAL FUNCTIONING**

**A66** Here's a list of situations that can cause unreasonably strong fears. They involve doing things in front of other people or being the centre of attention.

Do you have an unreasonably strong fear of...

		Yes	No
a) giving a speech or speaking in public?	I3SOPH1A	1 <input type="radio"/>	2 <input type="radio"/>
b) eating or drinking where someone could watch you?	I3SOPH1B	3 <input type="radio"/>	4 <input type="radio"/>
c) talking to people because you might have nothing to say or might sound foolish?	I3SOPH1C	5 <input type="radio"/>	6 <input type="radio"/>
d) writing while someone watches?	I3SOPH1D	7 <input type="radio"/>	8 <input type="radio"/>
e) taking part or speaking in a meeting or class?	I3SOPH1E	9 <input type="radio"/>	10 <input type="radio"/>
f) going to a party or other social outing?	I3SOPH1F	11 <input type="radio"/>	12 <input type="radio"/>

**A67**

**INTERVIEWER CHECK ITEM:**

Is there one or more "Yes" answers to question A66?

I3A67CH

1  Yes → Go to next question

2  No → Go to question A75

**A68**

Thinking only of the situation(s) that we just reviewed that cause(s) you unreasonably strong fears, do you get very upset every time you are in (this/these) situation(s)...

I3SOPH2

3  every time?

4  most of the time?

5  some of the time?

6  never? → Go to question A75

**A69**

How long have you had (this/these) fear(s)...

I3SOPH3

1  less than a year?

2  between 1 and 5 years?

3  more than 5 years?

Go to question A71

**A70**

How many months?

I3SOPH4

Number of months

7  Don't know

**A71**

During the past 12 months, how much did (this/these) fear(s) interfere with your life or activities...

I3SOPH5

1  a lot?

2  some?

3  a little?

4  not at all?

**A72**

During the past 12 months were you very upset with yourself for having (this/these) fear(s)?

I3SOPH6

5  Yes

6  No

**A73**

Do you believe that your fear is unreasonable, that is, much stronger than it should be?

I3SOPH7

1  Yes

2  No

**A74**

Do you believe that your fear is much stronger than in other people?

I3SOPH8

3  Yes

4  No

**SMOKING**

**A75**

The following questions are about smoking.

Have you ever smoked cigarettes every day for a month or longer?

I3SMKEV

1  Yes

2  No → Go to question A77

**A76**

How old were you the first time you smoked cigarettes every day for a month or longer?

I3SMKAGE

years old

**A77**

At the present time, do you smoke cigarettes...

I3SMKFRE

1  daily?

2  occasionally?

3  not at all?

} → Go to question A79

**A78**

How many cigarettes do you smoke each day now?

I3SMKNUM

number of cigarettes

**A79**

Do you smoke pipes, cigars, or cigarillos...

I3SMKCIG

1  daily?

2  occasionally?

3  not at all?

## ALCOHOL USE

**A80** Next are questions about alcohol use.

Have you ever had three or more drinks of beer, wine or alcoholic beverages such as rum, whiskey, etc. at one time?

I3BZEV3

1  Yes

2  No → Go to question A82

**A81** How old were you the first time you had three or more drinks of alcohol at one time?

I3BZAGE

Years old

**A82** Have you had a drink containing alcohol in the past 12 months?

I3BZ12M

3  Yes

4  No → Go to question A85

## SELF-COMPLETE SECTION

**A83** **INTERVIEWER NOTE:** PLEASE READ TO RESPONDENT.

Please turn to page 4 of your self-complete questionnaire.

Questions 3 to 7 are more questions on alcohol use. It is important that your answers represent your experiences. You can mark your answer right in the questionnaire. Please let me know when you get to the end of this section.

**A84** **INTERVIEWER CHECK ITEM:**

Has respondent completed questions 3 to 7 of the self-complete questionnaire (OCHS 3)?

I3A84CH

1  Yes

2  No

3  Refusal

**SELF-COMPLETE SECTION**

**A85**

**INTERVIEWER NOTE:**

**PLEASE READ TO RESPONDENT.**

Please turn to page 6 of your self-complete questionnaire.

Questions 8 to 13 are questions about drug use, as well as statements about behaviour for which people can get into trouble. Once again, it is important that your answers represent your experiences. Remember that ALL your answers are private and will be kept strictly confidential. Mark your answer right in the questionnaire. Please let me know when you get to the end of this section.

**A86**

**INTERVIEWER CHECK ITEM:**

*Has respondent completed questions 8 to 13 of the self-complete questionnaire (OCHS 3)?*

4  Yes

5  No

6  Refusal

I3A86CH

