



BAHIANA
ESCOLA DE MEDICINA E SAÚDE PÚBLICA

**ESCOLA BAHIANA DE MEDICINA E SAÚDE PÚBLICA
PROGRAMA DE PÓS-GRADUAÇÃO EM MEDICINA E SAÚDE HUMANA**

ANTONIO CARLOS CRUZ FREIRE

**DEPRESSÃO E ANSIEDADE COMO PREDITORES LONGITUDINAIS DE
PREJUÍZO COGNITIVO EM ADULTOS MAIS VELHOS.**

TESE DE DOUTORADO

**SALVADOR
2016**

ANTONIO CARLOS CRUZ FREIRE

**DEPRESSÃO E ANSIEDADE COMO PREDITORES LONGITUDINAIS DE
PREJUÍZO COGNITIVO EM ADULTOS MAIS VELHOS.**

Tese apresentada ao curso de Pós-graduação em
Medicina e Saúde Humana da Escola Bahiana
de Medicina e Saúde Pública para obtenção do
título de Doutor em Medicina e Saúde Humana.

Orientadora: Dra. Milena Pereira Pondé

Coorientador: Dr. Jean Caron

Salvador
2016

Ficha Catalográfica elaborada pela
Biblioteca Central da EBMS

F862 Freire, Antônio Carlos Cruz
Depressão e ansiedade como preditores longitudinais de prejuízo cognitivo em
adultos mais velhos. / Antônio Carlos Cruz Freire. – Salvador. 2016.

216f. il.

Orientadora: Prof.^a Dra. Milena Pereira Pondé
Coorientador: Prof. Dr. Jean Caron

Tese (Doutorado) apresentada à Escola Bahiana de Medicina e Saúde Pública.
Programa de Pós-Graduação em Medicina e Saúde Humana
Inclui bibliografia

1. Depressão. 2. Ansiedade. 3. Prejuízo Cognitivo. 4. Sofrimento Psicológico. I. Título.

CDU: 616.89-008.454

ANTÔNIO CARLOS CRUZ FREIRE

**"DEPRESSÃO E ANSIEDADE COMO PREDITORES LONGITUDINAIS DE
PREJUÍZO COGNITIVO EM ADULTOS MAIS VELHOS"**

Tese apresentada a Escola
Bahiana de Medicina e Saúde
Pública, como requisito parcial para
a obtenção do Título de Doutor em
Medicina e Saúde Humana.

Local, 02 de dezembro de 2016.

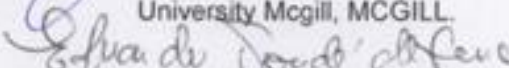
BANCA EXAMINADORA



Prof. Dr. Ricardo Henrique de Sousa Araújo
Doutor em Processos Interativos dos Órgãos e Sistemas
Processos Interativos dos Órgãos e Sistemas



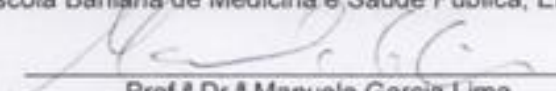
Prof. Dr. Jean Caron
Doutor em Psicologia
University Mcgill, MCGILL.



Prof. Dr. Eduardo Pondé de Sena
Doutor em Medicina e Saúde
Universidade Federal da Bahia, UFBA



Prof. Dr. Esdras Cabus Moreira
Doutor em Arquitetura e Urbanismo
Escola Bahiana de Medicina e Saúde Pública, EBMS



Prof.ª Dr.ª Manuela Garcia Lima
Doutora em Saúde Coletiva
Escola Bahiana de Medicina e Saúde Pública, EBMS

INSTITUIÇÕES ENVOLVIDAS

Escola Bahiana de Medicina e Saúde Pública - EBMSP

Douglas Mental Health University Institute - Canadá

FONTES DE FINANCIAMENTO

Canadian Institutes of Health Research

AGRADECIMENTOS

Agradeço à Dra. Milena Pondé, Dr. Jean Caron e Aihua Liu.

Gratidão à minha família, especialmente à Fábria, Gui e Bia, que de forma ampla sempre me incentivou, apoiou e entendeu as horas intermináveis de estudo e, conseqüente, ausência.

Aos meus chefes, amigos e colegas, obrigado por sempre acreditarem.

A Deus, por traçar planos surpreendentes e respeitar escolhas.

Da Árvore da Ciência: Verossimilhança, mas não verdade; aparência de liberdade, mas não liberdade: por causa desses dois frutos, a árvore da ciência não corre o risco de ser confundida com a árvore da vida.

Nietzsche

RESUMO

Introdução: A saúde mental de uma população é o resultado de complexas interações entre diferentes parâmetros individuais e ambientais. A depressão e/ou ansiedade tem sido associada com déficit cognitivo de duas formas: depressão e/ou ansiedade como fator de risco para demência e depressão e/ou ansiedade levando a prejuízo cognitivo leve em consequência de um possível impacto negativo dos sintomas de humor sobre a cognição. Investigações avaliando a relação potencial entre quadros de ansiedade, depressão e desempenho cognitivo em adultos mais velhos na comunidade são escassas, e os resultados dos estudos são conflitantes. Esta tese será apresentada em formato de artigo científico. **Objetivo:** O objetivo deste estudo é analisar a correlação entre quadros de ansiedade, depressão e prejuízo cognitivo em adultos mais velhos na comunidade. **Métodos:** Trata-se de estudo de base populacional, longitudinal, desenvolvido em comunidade, na cidade de Montreal. 352 adultos mais velhos (55 anos ou mais) foram entrevistados na etapa 1 e novamente entrevistados 2 anos depois. O prejuízo cognitivo em pessoas com idade entre 55 e 65 anos foi medido utilizando a ferramenta Avaliação Cognitiva Montreal (MOCA), distress psicológico foi avaliado usando a escala de sofrimento psicológico de Kessler (K-10), os transtornos mentais foram identificados com a versão do Composite International Diagnostic Interview (CIDI). **Resultados:** Adultos mais velhos com diagnóstico de depressão ou ansiedade em T1 não apresentaram piora cognitiva estatisticamente significativa em T2 ($p = 0.15$ e 0.31 respectivamente), contudo indivíduos com alto nível de sofrimento psicológico (K-10) em T1 apresentaram piora cognitiva estatisticamente significativo em T2 ($p=0.01$). A pontuação da escala MOCA no tempo 1 foi o mais importante preditor do desempenho na escala MOCA no tempo 2 ($p < 0,0001$). Os indivíduos com educação superior tiveram menor diminuição na pontuação total da escala MOCA no tempo 2. Boa capacidade de enfrentamento de estresse foi associada a menor queda na pontuação total MOCA. **Conclusões:** Os achados do presente estudo sugerem que alto nível de sofrimento psicológico podem ser fatores importantes para a saúde cognitiva, enquanto o diagnóstico de ansiedade e depressão não se correlacionou com prejuízo cognitivo em adultos mais velhos na comunidade.

Palavras-chave: Depressão. Ansiedade. Prejuízo Cognitivo. Sofrimento Psicológico.

ABSTRACT

Introduction: The mental health of a population is the result of complex interactions between different individual and environmental parameters. Depression/Anxiety has been associated with cognitive impairment in two different ways: depression/Anxiety as a risk factor for dementia and depression/Anxiety that leads to mild cognitive impairment as a result of a possible negative effect of mood symptoms on cognition. Investigations have outlined the potential link between cases of anxiety, depression and cognitive performance in older adults in the community are scarce. The conclusions on the increased risk of mild cognitive impairment in depressed individuals and their progression to dementia are conflicting.

Objective: The objective of this study is to analyze the correlation between cases of anxiety, depression and cognitive impairment in older adults in the community. This thesis will be presented in scientific paper format.

Methods: This is a study population, longitudinal base developed community in Montreal. 352 older adults (55 and older) were interviewed in step 1 and again interviewed two years later. Cognitive impairment in people aged between 55 and 65 was measured using the Cognitive Assessment Tool Montreal (MOCA), psychological distress was evaluated using the psychological distress scale Kessler (K-10), mental disorders were identified with the version the Composite International Diagnostic Interview (CIDI).

Results: Older adults diagnosed with depression or anxiety at T1 had no cognitive deterioration statistically significant at T2 ($p = 0.15$ and 0.31 respectively), however individuals with high levels of psychological distress (K-10) T1 showed cognitive deterioration statistically significant at T2 ($p = 0.01$). The score of MOCA scale at time 1 was the most important predictor of performance in MOCA scale at time 2 ($p < 0.0001$). Individuals with higher education had a lower decrease in the total score of MOCA scale in time 2. Good stress coping ability was associated with lower decrease in total score MOCA.

Conclusions: The findings of this study suggest that high levels of psychological distress may be important factors for cognitive health, while the diagnosis of anxiety and depression did not correlate with cognitive impairment in older adults in the community.

Keywords: Depression. Anxiety. Impairment Cognitive. Psychological Distress.

LISTA DE ABREVIATURAS E SIGLAS

AVC	Acidente Vascular Cerebral
BA	Bahia
BNT	Teste de Memória Semântica
BNT-II	Teste de Nomeação de Boston
BVMT-R	Teste de Memória Visual Revisado
CCHS 1.2	Canadian Community Health Survey
CES-D	Escala do Centro para Estudos Epidemiológicos - Depressão
CID-10	Classificação Internacional de Doenças e Problemas relacionados à Saúde – Versão 10
CIDI	Composite International Diagnostic Interview
COPE	Multidimensional coping inventory
COWAT	Teste de Associação Controlada da Palavra Falada
CSI	Coping Strategy Indicator
CVB	Escala de Teste de Dígitos
HVLT-R	Teste de Aprendizagem Verbal Hopkins Revisado
IBECS	Índice Bibliográfico Espanhol de Ciências da Saúde
IDATE	Inventário do Estado-Traços de Ansiedade
IPAW	Método inverso da probabilidade de atrito-ponderação
K-10	Escala de Sofrimento Psicológico de Kessler
LILACS	Literatura Latino-Americana e do Caribe em Ciências da Saúde
LNS	Sequência de Letra e Número
MCI	Comprometimento cognitivo leve
MEDLINE	Sistema Online de Busca e Análise de Literatura Médica
MOCA	Avaliação Cognitiva Montreal
PUBMED	<u>National Center for Biotechnology Information, U.S. National Library of Medicine</u>
RAVLT	Teste de Aprendizagem Auditivo Verbal de Rey
SAS 9.3	Statistical Analysis System Version 9.3
SCIELO	<i>SCIENTIFIC ELECTRONIC LIBRARY ONLINE</i>
SDMT	Teste de Modalidade Dígito
STPI	Inventário de Estado-Traço de Personalidade

STROBE	<i>Strengthening the reporting of observationl studies in epidemiology</i>
TMT-A	Teste Trailmaking A
TMT-B	Teste Trailmaking B
WAIS – IV	Wechsler Adult Intelligence Scale-Fourth Edition
WMS	Wechsler Memory Scale
WOC-R	Ways of Coping Inventory-Revised

SUMÁRIO

1 INTRODUÇÃO	11
2 OBJETIVOS	12
2.1 Objetivo geral	12
2.2 Objetivos específicos	12
3 REVISÃO DE LITERATURA	13
3.1 Artigo: Relação Entre Ansiedade, Depressão e Distúrbio Cognitivo em Adultos Mais Velhos na Comunidade: Uma Revisão Sistemática.	13
4 MÉTODOS	37
4.1 Ambiente e Amostra	37
4.2 Instrumentos	37
4.3 Procedimento	38
4.4 Análise Estatística	38
5 ARTIGO: ANSIEDADE E DEPRESSÃO COMO PREDITORES LONGITUDINAIS DE PREJUÍZO COGNITIVO LEVE EM ADULTOS MAIS VELHOS	39
6 DISCUSSÃO	63
7 CONCLUSÃO	65
7.1 Revisão de Literatura	65
7.2 Artigo Original	65
REFERÊNCIAS	67
ANEXOS	68

1 INTRODUÇÃO

A saúde mental de uma população é o resultado de complexas interações entre diferentes parâmetros nos níveis individual e populacional⁽¹⁾. Vários modelos de adaptação têm sido propostos no domínio da saúde mental⁽²⁾, baseando-se na premissa de que a saúde mental e o bem-estar são o resultado de um equilíbrio entre os fatores de risco a que a população está exposta e os fatores de proteção à sua disposição⁽²⁾. Partindo desse modelo, a depressão tem sido associada com déficit cognitivo de duas formas: depressão como fator de risco para demência⁽³⁻⁵⁾ e depressão levando a prejuízo cognitivo leve em consequência de um possível impacto negativo dos sintomas de humor sobre a cognição⁽³⁻⁵⁾. As conclusões sobre o aumento do risco de comprometimento cognitivo leve em indivíduos deprimidos e sua progressão para demência são conflitantes^(6,7). A discordância entre os estudos pode estar relacionada com diferentes períodos de seguimento, os diferentes desenhos dos estudos, características das amostras e as diferenças metodológicas^(6,7).

A maioria dos estudos realizados para investigar a associação entre depressão, ansiedade e déficit cognitivo é feito com populações clínicas⁽²⁾, havendo poucas investigações que delineiem a relação potencial de ansiedade, depressão e desempenho cognitivo em adultos mais velhos na comunidade⁽³⁾. Sintomas de ansiedade e depressão são comuns⁽⁷⁾, contudo não se sabe se estes sintomas, em adultos mais velhos, em comunidade, justificam a ocorrência de prejuízo cognitivo ou, assumindo que o comprometimento cognitivo leve pode ser o estágio inicial de demência, se os sintomas depressivos podem ser uma manifestação precoce, ao invés de um fator de risco para as demências e doença de Alzheimer^(6,7). Argumenta-se que a condição subjacente neuropatológica faz com que o comprometimento cognitivo leve ou demência também causem sintomas depressivos^(6,7). Neste cenário, a depressão, o prejuízo cognitivo leve e a demência poderiam representar um continuum clínico possível^(6,7).

A avaliação da correlação entre esses quadros pode lançar luz sobre a causa base e/ou prever como será o desfecho de pacientes acometidos por essas disfunções.

2 OBJETIVOS

2.1 Objetivo geral

Analisar a correlação entre ansiedade, depressão e prejuízo cognitivo em adultos mais velhos na comunidade.

2.2 Objetivos específicos

1. Analisar quadros de ansiedade e depressão como preditores de prejuízo cognitivo;
2. Analisar estresse psicológico como preditor de prejuízo cognitivo;
3. Avaliar fatores de risco e proteção para a cognição em adultos mais velhos na comunidade.

3 REVISÃO DE LITERATURA

3.1 Artigo: Relação Entre Ansiedade, Depressão e Distúrbio Cognitivo em Adultos Mais Velhos na Comunidade: Uma Revisão Sistemática.

TÍTULO ABREVIADO: ANSIEDADE, DEPRESSÃO E DISTÚRBIO COGNITIVO EM ADULTOS MAIS VELHOS NA COMUNIDADE.

Antonio Carlos Cruz Freire,^{1,2} Karla Oliveira Couto⁴, Elis Rebouças da Silva,³ Milena Pereira Pondé¹

¹ Professor da Escola Bahiana de Medicina e Saúde Pública (EBMSP), Salvador, BA, Brasil.

² Doutorando em Medicina e Saúde Humana pela EBMSP.

³ Médica Estagiária do PRM em Psiquiatria do Hospital Juliano Moreira, Salvador, Ba, Brasil.

⁴ Aluna da Graduação do Curso de Medicina da EBMSP.

Autor correspondente: Antonio Carlos Cruz Freire, 3235-9070, antoniofreire@bahiana.edu.br, Avenida centenário, Edf. Victória Center, Sala 410, chame-chame, Salvador, Bahia.

Manuscript Details

Manuscript number	PSY_2016_1431
Title	Association between anxiety, depression and cognitive impairment in community-dwelling older adults: a systematic review
Article type	Review Article

Abstract

The mental health of a population is the result of complex interactions between different parameters at individual and population levels. Few studies have investigated the potential association between symptoms of anxiety, mild depressive symptoms and cognitive performance in community-dwelling older adults. The objective of the present study was to evaluate the correlation between anxiety, depression and cognitive impairment in community-dwelling older adults by conducting a systematic literature review. Six papers were included in the present study. In most of the articles evaluated, a statistically significant correlation was found between depression, anxiety and cognitive impairment; nevertheless, the cross-sectional studies were those with the principal conflicting results. According to this systematic literature review, symptoms of anxiety and depression in community-dwelling older adults do not represent a consistent risk factor for dementia. Although depression and anxiety affect specific aspects of cognitive domains, such symptoms may not result in impaired cognition in general. Further studies with appropriate designs are clearly required to fill this gap in current knowledge, focusing on socio-environmental variables and on aspects related to individual resilience in order to clarify the role of depression and anxiety in cognitive performance.

Keywords	depression; anxiety; cognitive impairment; comorbidity; depression and anxiety.
Corresponding Author	Antonio Freire
Corresponding Author's Institution	medicine school Bahiana
Order of Authors	Antonio Freire, Karla Couto, Elis Da Silva, Milena Ponde
Suggested reviewers	Ricardo Araujo, Joice Andrade, Jean Caron, Esdras Cabus, André Caribé

Submission Files Included in this PDF

File Name [File Type]

cover letter Association between anxiety.docx [Cover Letter]

manuscript anx dep imp.docx [Manuscript]

Figure 1 anx dep caption.docx [Figure]

Table 1 anx dep.docx [Table]

Table 2 anx dep.docx [Table]

Abstract anx dep.docx [Abstract]

05092016 Highlights.docx [Highlights]

Title Page Association between anxiety with.docx [Title Page (with Author Details)]

To view all the submission files, including those not included in the PDF, click on the manuscript title on your EVISE Homepage, then click 'Download zip file'.

Association between anxiety, depression and cognitive impairment in community-dwelling older adults: a systematic review

Antônio Carlos Cruz Freire a¹, Karla Oliveira Couto b, Elis Rebouças da Silva c, Milena Pereira Pondé d

a Professor, Bahia School of Medicine and Public Health (EBMSP) and Doctoral student in Medicine and Human Health, EBMSP, Salvador, Bahia, Brazil.

b Undergraduate Medical Student, Bahia School of Medicine and Public Health, Salvador, Bahia, Brazil.

c Medical Resident in Psychiatry, Juliano Moreira Hospital, Salvador, Bahia, Brazil.

d Professor, Bahia School of Medicine and Public Health, Salvador, Bahia, Brazil.

1. Introduction

The mental health of a population is the result of complex interactions between different parameters at individual and population levels (Caron and Liu, 2010). Poor physical environment and poor social conditions are both creators of chronic stress and highly stressful life events (Brown et al., 1987). Scientific studies have shown that an accumulation of stressful events exerts a negative effect on health (Holmes and Rahe, 1967) and that the ability to manage stress using appropriate coping strategies results in better adaptation (Bandura, 2002; Lazarus and Folkman, 1984).

Various adaptation models based on the concept of stress have been proposed within the domain of mental health (Gale et al., 2011) on the premise that mental health and well-being are the result of a balance between the risk factors to which the population is exposed and the protective factors at its disposal (Gale et al., 2011). Based on these models, depression has been associated with cognitive impairment in two different ways: (1) depression as a risk factor for dementia; and (2) depression leading to mild cognitive impairment as the result of a possible negative effect of mood symptoms on cognition (Beaudreau and O'Hara, 2008; Beaudreau and O'Hara, 2009; Salthouse, 1991). Conclusions on the increased risk of mild cognitive impairment in depressed individuals and its consequent progression to dementia are conflicting (Beaudreau and O'Hara, 2008; Sinoff and Werner, 2003). Nevertheless, the differences detected between studies may be related to differences in the follow-up periods, in the study designs, the characteristics of the population samples or the different methodologies used (Beaudreau and O'Hara, 2008; Sinoff and Werner, 2003).

Most of the studies conducted to investigate the association between depression, anxiety and cognitive impairment have been carried out with clinical populations (Gale et al., 2011), while few studies have been performed to evaluate this potential association in community-dwelling older adults (Beaudreau and O'Hara, 2009). Symptoms of anxiety and depression are common (Kasckow et al., 2012); however, it is not known whether these symptoms, in community-dwelling older adults, lead to the occurrence of cognitive impairment or, assuming that mild cognitive impairment could be an initial stage of dementia, whether symptoms of depression could constitute an early manifestation rather than a risk factor for dementias and Alzheimer's disease (DeLuca et al., 2005; Sinoff and Werner, 2003). Hence, an underlying neuropathological condition would induce mild cognitive impairment or dementia, which in turn would also cause depressive symptoms (DeLuca et al., 2005; Sinoff and Werner, 2003). In this respect, depression, mild cognitive impairment and dementia could constitute a possible clinical continuum (DeLuca et al., 2005; Sinoff and Werner, 2003).

Determining a correlation between these conditions could shed light on the primary cause and/or predict the outcome of patients affected by these dysfunctions. The objective of the present study was to evaluate the correlation between anxiety, depression and cognitive impairment in community-dwelling older adults by conducting a systematic review of the literature.

2. Methods

This systematic review of the literature was performed using data from the following electronic databases: MEDLINE/PubMed, PubMed Central ® (PMC) and *Literatura Latino*

Americana e do Caribe em Ciências da Saúde (LILACS) using a combination of health science descriptors. The terms used were “*depressive symptoms*” “*and*” “*anxiety symptoms*” “*and*” “*cognitive symptoms*”. All the papers retrieved were included in the present review as long as the studies had been conducted in human beings, included participants over 55 years of age, were community-based and had been published in the preceding 15 years.

Studies in which the patients had psychiatric comorbidities other than anxiety and depression, participants with neurological disorders, study populations of individuals under 50 years of age, studies conducted in outpatient clinics or with hospitalized patients and studies involving cognitive, depressive and anxiety syndromes secondary to the use of psychoactive substances or clinical conditions were excluded from the study.

The methodology of the papers selected was evaluated according to the 22 methodological criteria defined in the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) statement. In this initial step, the articles selected were evaluated and classified as: completely in compliance with each item, partially in compliance with each item or not in compliance with a given item. Following analysis and classification of the papers, their compliance with each item was evaluated and scored according to the following criteria: items completely in compliance were awarded a score of 1; those partially in compliance received a score of 0.5 and those for which the item evaluated was not in compliance were given a score of 0. The papers completely in compliance with at least half + 1 of the items (12 features) were considered to be of good quality.

3. Results

A total of 53 articles were retrieved from the available databases using the search strategy described above. There was no repetition of papers. Following perusal of the titles and abstracts of these papers, 47 were excluded based on the pre-established inclusion and exclusion criteria. Of these, 17 dealt with anatomical abnormalities and/or an association with traumatic brain injury and/or an association with a cerebrovascular accident; 9 studies dealt with pharmacological effects; and another 10 studies dealt with various comorbidities (schizophrenia, chronic obstructive pulmonary disease, asthma, heart failure, hypothyroidism). Ten papers were excluded because the studies were not community-based and one study was excluded because the target population consisted of individuals of less than 55 years of age (Figure 1).

After reading the entire contents of the remaining six papers, all were found to comply satisfactorily with more than half the items defined in the STROBE checklist, with the minimum percentage of compliance being 77.27% (Table 1).

3.1. Depression and cognitive impairment

In a longitudinal, population-based study conducted in England, Gale et al. (2012) evaluated the association between symptoms of depression and cognitive ability in older adults. The analyses were based on a sample of 8,611 individuals divided into three groups according to age: 50-60 years ($n = 2,552$), 60-80 years ($n = 5,070$) and 80-90 years ($n=989$). The ethnicity of the population was diverse but consisted predominantly of Caucasians. The symptoms of depression were evaluated at 4 different moments between 2002 and 2009 using a version of the Center for Epidemiologic Studies - Depression Scale (CES-D) that evaluates symptoms of depressed mood in the preceding week. Cognitive function was evaluated at four moments

during the study using tests of immediate and delayed recall, prospective memory, verbal fluency and attention. The authors, however, failed to mention the actual scales used. The principal cognitive functions deteriorated as a function of age, particularly after 60 years of age; however, there was no tendency for the symptoms of depression to worsen with aging, with the size of the effect being 0.01 in the 50-60-year age group, 0.01 for the 60-80-year age group and 0.10 for those over 80 years of age. There was a weak association between depressive symptoms and poorer cognition only in patients in the 60-80-year age group, with the size of the effect being 0.26.

Beaudreau and O'Hara (2009) conducted a cross-sectional, population-based study involving 102 individuals of 60-80 years of age in California, USA to evaluate the association between symptoms of anxiety and depression and cognitive function. Depressive symptoms were evaluated using the Geriatric Depression Scale – Long Form, a self-report instrument validated for use in older adults. This 30-item scale consists of five factors: mood, psychomotor agitation, social retraction, despair and lack of vitality. All the questions involve yes/no answers. The neuropsychological tests were performed using the following scales: (1) The Rey Auditory Verbal Learning Test (RAVLT) to evaluate episodic memory; (2) The Stroop Color and Word Test to evaluate inhibition; (3) The Symbol Digit Modalities Test (SDMT) to evaluate processing speed / shifting attention; (4) The Controlled Oral Word Association Test (COWAT) to evaluate verbal fluency; and (5) The Boston Naming Test (BNT-II) to evaluate semantic memory. The authors concluded that symptoms of depression were not associated with cognitive impairment if symptoms of anxiety were not present. A correlation was found between an increased number of symptoms of depression and poorer episodic memory (RAVLT) alone; however, this association was not statistically significant ($p = 0.06$).

Dotson et al. (2014) evaluated the effects of depressive symptoms on the cognitive function of 71 healthy individuals in Florida, USA. The symptoms of depression were evaluated using the CES-D, a 20-item, self-report instrument used to assess the frequency and severity of depressive symptoms experienced in the preceding week. The State-Trait Anxiety Inventory was used to evaluate anxiety symptoms. Neuropsychological tests were applied to evaluate episodic and working memory, attention and executive functions. Measurements of episodic memory included the immediate recall trial of the Hopkins Verbal Learning Test – revised (HVLT-R) and the Brief Visuospatial Memory Test – revised (BVMT-R). The total scores obtained in Digit Span and Letter-Number Sequencing (LNS), which are sub-tests of the Wechsler Adult Intelligence Scale, were used as a measurement of working memory and executive functions. Parts A and B of the Trail Making Test (TMT-A and TMT-B) were also used. Processing speed was slower in older adults with depressive symptoms and these individuals tended to perform more poorly with respect to working memory (TMT-A $F = 4.61$; $p = 0.04$ and LNS $F = 6.19$; $p = 0.02$).

3.2. Anxiety and cognitive impairment

Evaluating a sample of 100 older adults followed up for three years in the state of Israel, Sinoff and Werner (2003) found a statistically significant association between high anxiety symptom scores and cognitive decline. Symptoms of anxiety were evaluated using Sinoff's Short Anxiety Screening Test, while cognition was evaluated using the Mini Mental State Examination. Individuals with anxiety symptoms had a relative risk of 3.96 for cognitive impairment. For "path analysis", a more parsimonious statistical model was used. In this

case, the results showed that, with anxiety, there is both a direct and an indirect effect on cognitive decline ($p < 0.01$).

In the previously mentioned study conducted by Beaudreau and O'Hara (2009), anxiety symptoms were evaluated by applying the Beck Anxiety Inventory, a short self-report instrument that has been recommended for use in community-based studies. This inventory evaluates the presence of 21 different symptoms of anxiety over the preceding week. The linear regression results show that severe anxiety (a high score in the Beck scale) was positively associated with a poor performance in two of the three tasks of executive function: processing speed / shifting attention (SDMT) $R^2 = .11$ ($p < 0.01$) and inhibition (Stroop) $R^2 = .12$ ($p < 0.01$).

Wetherell et al. (2002) studied the association between anxiety and cognition in a sample of 704 healthy older adults with a mean age of 63 years, in California, USA. The cognitive tests used were the Wechsler Adult Intelligence Scale Synonyms, WIT III Analogies, Koh's Block Design, two measures of visual learning (Names and Faces and Thurstone's Picture Memory) and the CVB-Scales Digit Span Test and Card Rotations. Anxiety was evaluated using the 10-item subscale from the State-Trait Personality Inventory (STPI). The tests were performed on three different occasions, with a 3-year interval between each interview. Higher states of anxiety were associated with a statistically significant impairment for synonyms (Beta: 6.4), analogies (Beta: 9.0), in the block test (Beta: 12), names and faces (Beta: 4.8) and in Thurstone's Picture Memory Test (Beta: 8.5) ($p < 0.05$).

3.3. Anxiety, depression and cognitive impairment

Dotson et al. (2014) evaluated the effects of symptoms of depression and anxiety on cognitive function in 71 healthy individuals in Florida, USA. Individuals with moderate depression and anxiety scored better in cognitive tests compared to individuals with depression alone, suggesting a beneficial effect of moderate symptoms of anxiety on cognition.

In the aforementioned study conducted by Beaudreau and O'Hara (2009), comorbid anxiety and depression was positively associated with impairment in various cognitive domains: processing speed / shifting attention (SDMT), $R^2 \Delta = .03$, $p = 0.05$; episodic memory (RAVLT), $R^2 \Delta = .05$, $p < 0.05$; and semantic memory (BNT), $R^2 \Delta = .05$, $p < 0.05$. The only cognitive task associated with anxiety was inhibition, with anxiety being associated with lower scores for inhibition (Stroop), $R^2 = .12$, $p < 0.01$; however, no such association was found when both anxiety and depression were present.

Salthouse (2012)⁸ evaluated the effects of symptoms of anxiety and depression on cognitive function in a sample of 3,781 healthy adults aged 18-97 years in Virginia, USA between 2001 and 2009. The symptoms of depression were evaluated using a 20-item version of the CES-D. Cognition was evaluated using the WAIS-IV and WMS-VI tests. Anxiety symptoms were evaluated using the 20-item Spielberger State-Trait Anxiety Inventory. A positive correlation was found between symptoms of anxiety and depression and many of the cognitive variables, particularly when the effects of age and sex were controlled. The analyses showed a correlation between symptoms of depression and a poorer performance in reasoning (Beta: 0.16), impaired visuospatial memory (Beta: 0.12); impaired episodic memory (Beta: 0.9); processing speed (Beta: 0.11) and vocabulary (Beta: 0.11); $p < 0.01$. A correlation was found between symptoms of anxiety and a poorer performance at reasoning

(Beta: 0.12); impaired visuospatial memory (Beta: 0.12); impaired episodic memory (Beta: 0.6); processing speed (Beta: 0.8) and vocabulary (Beta 0.7); $p < 0.01$. The cognitive domains that worsened as the symptoms of depression increased were the same as those that worsened as symptoms of anxiety increased (Table 2).

4. Discussion

Some studies have suggested a potential association between symptoms of anxiety, symptoms of depression and cognitive performance in community-dwelling older adults (Beaudreau and O'Hara, 2009). However, conclusions regarding an increased risk of mild cognitive impairment in depressed individuals and progression to dementia are conflicting. The study conducted by Dotson et al. (2014) suggests a statistically significant correlation between depression and cognitive impairment; however, since that was a cross-sectional study, no conclusions can be drawn in relation to the progression of symptoms due to its small sample size. The findings of Salthouse (2012) indicate that the higher the scores for the symptoms of depression, the poorer the individual's performance in cognitive tests. On the other hand, although the results of the study conducted by Gale et al. (2011) were similar to those found by Salthouse (2012) in individuals of 60 to 80 years of age, no such correlation was found between symptoms of depression and cognitive impairment in individuals of 50-60 years of age or in those over 80 years of age. None of the other studies reviewed here adopted the strategy used by Gale et al. (2011) of creating three different age groups. Furthermore, the latter two studies were conducted in different countries and used different versions of the same scale to evaluate the symptoms of depression. Beaudreau and O'Hara (2009) concluded that symptoms of depression in the absence of anxiety were not associated with cognitive impairment. A correlation was found between an increased number of

depressive symptoms and poorer episodic memory alone; however, this association was not statistically significant ($p=0.06$). Nevertheless, Beaudreau and O'Hara's study was cross-sectional, used different scales from those used in the previously mentioned studies and had a small sample size.

The majority of the studies reviewed here reported cognitive impairment in patients with symptoms of anxiety. Eysenck's theory of efficiency (Eysenck, 1992) suggests that anxiety interferes with cognitive performance by exploiting some of the processing and storage resources of the working memory system, which has a limited capacity to store and process. Therefore, having to simultaneously perform tasks that depend on the same component of working memory tends to result in greater impairment. Indeed, anxiety creates preoccupation and other intrusive thoughts that compete for the resources of the working memory (Eysenck, 1992), hence anxiety interferes with verbal tasks and with tasks that demand attention and complex coordination. For visuospatial tasks, anxiety exerts a potentially negative effect on the efficiency of the executive process. Therefore, the effects of anxiety on visuospatial tasks may depend on the complexity of the task and as a consequence the results may be less consistent than for verbal tasks. On the other hand, the presence of cognitive impairment may increase the risk of developing and preserving states of anxiety (Beaudreau et al., 2009).

⁹ Generalized anxiety may lead to cognitive impairment, particularly in late adulthood, and in older adults anxiety and cognitive impairment may affect each other mutually, with one condition exacerbating the other.

The impact of comorbid anxiety and depression on cognition has been described by Beaudreau and O'Hara (2009) and by Salthouse (2012). DeLuca et al. (2005) showed that individuals over 55 years of age with major depression and generalized anxiety or panic

disorder suffered a greater decline in memory compared to those with depression alone. Dotson et al. (2014) reported conflicting results, suggesting that individuals with moderate states of depression and anxiety had better cognitive evaluation results compared to individuals with depression alone. Those authors suggested an inverted-U function in relation to the association between anxiety and cognitive performance in that moderate levels of anxiety would be associated with a better performance in cognitive tests, while mild and severe anxiety symptoms would be associated with impaired performance in cognitive tests. Nevertheless, as already mentioned, that was a cross sectional study with a small sample size and its results failed to confirm the original hypothesis put forward by the authors, since they were unable to show that symptoms of mild and severe anxiety are associated with performance deficits in cognition tests.

It is not known how the presence of anxiety and depression symptoms affects cognitive function; whether the effect would be because of the mood states themselves, improving with the remission of the psychiatric symptoms, or whether the mood symptoms would represent a risk factor for dementia in older adults. According to Kessler et al. (1999), individuals suffering from major depression and generalized anxiety are more likely to perceive their mental health as regular or poor. In addition, their work and social functioning are more likely to be affected compared to individuals with major depression but without anxiety. We would like to offer the following hypotheses to explain the different results found in the medical literature in relation to depression, anxiety and cognitive impairment in older adults: (1) Symptoms of depression and anxiety interfere with specific aspects of cognitive domains, as suggested by the majority of the longitudinal studies reviewed here; however, they may not cause clinically identifiable general cognitive impairment in community-dwelling older adults; therefore, it is the cross-sectional cohort studies with small sample sizes that present

most of the conflicting results. (2) Non-biological factors such as poor physical environment and poor social conditions, known to be producers of chronic stress and highly stressful life events (Brown et al., 1987), may be more important insofar as cognitive performance is concerned than the presence of anxiety and depression per se, and none of the studies listed here evaluated the effect of these variables on cognition. (3) The capacity to manage stress using appropriate coping strategies leads to better adaptation and has a positive impact on health (Bandura, 2002; Lazarus and Folkman, 1984). None of the studies reviewed evaluated the individual's ability to manage stress using appropriate strategies, nor did they evaluate whether resilience would lead to better adaptation and if this would be important in preventing cognitive decline in older adults with symptoms of anxiety and depression.

The present study was based on a systematic review of the literature; therefore, it cannot be used to test hypotheses. Nevertheless, the discrepancies between the findings suggest that whereas studies focus scientific interest on psychiatric disease and its consequences for cognition, variables such as the physical environment, poor social conditions and the individual's ability to manage stress through the use of appropriate strategies may also exert an important impact on cognitive performance. This systematic review of the literature shows that symptoms of anxiety and depression in community-dwelling older adults were not consistently found to represent a risk factor for dementia. It is clear that further studies with appropriate designs need to be conducted to fill this gap in currently available knowledge, focusing on socio-environmental variables and aspects related to resilience to clarify the role of depression and anxiety on cognitive impairment.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

Conflict of interest: None.

References

- Bandura, A., 2002. *Self-efficacy in changing societies*. Cambridge University Press, Cambridge, UK.
- Beaudreau, S.A., O'Hara, R., 2008. Late-life anxiety and cognitive impairment: a review. *Am. J. Geriatr. Psychiatry*. 16, 790-803.
- Beaudreau, S.A., O'Hara, R., 2009. The association of anxiety and depressive symptoms with cognitive performance in community-dwelling older adults. *Psychol. Aging*. 24, 507-512.
- Brown, G.W., Bifulco, A., Harris, T.O., 1987. Life events, vulnerability and onset of depression: some refinements. *Br. J. Psychiatry*. 150, 30-42.
- Caron, J., Liu, A., 2010. A descriptive study of the prevalence of psychological distress and mental disorders in the Canadian population: comparison between low-income and non-low-income populations. *Chronic Dis. Can*. 30, 84-94.
- DeLuca, A.K., Lenze, E.J., Mulsant, B.H., Butters, M.A., Karp, J.F., Dew, M.A., Pollock, B.G., Shear, M.K., Houck, P.R., Reynolds, C.F. 3rd., 2005. Comorbid anxiety disorder in late life depression: association with memory decline over four years. *Int. J. Geriatr. Psychiatry*. 20, 848-854.
- Dotson, V.M., Szymkowicz, S.M., Kirton, J.W., McLaren, M.E., Green, M.L., Rohani, J.Y., 2014. Unique and interactive effect of anxiety and depressive symptoms on cognitive and brain function in young and older adults. *J. Depress. Anxiety. Suppl* 1. pii: 22565.
- Eysenck, M. W., & Calvo, M. G. (1992). Anxiety and performance: The processing efficiency theory. *Cognition and Emotion*, 6, 409–434.

- Gale CR, Allerhand M, Deary IJ. Is there a bidirectional relationship between depressive symptoms and cognitive ability in older people? A prospective study using the English Longitudinal Study of Ageing. *Psychological Medicine*. 2012;42(10):2057-2069.
- Holmes, T.H., Rahe, R.H., 1967. The social readjustment rating scale. *J. Psychosom. Res.* 11, 213-218.
- Kasckow, J., Brown, C., Morse, J., Begley, A., Bensasi, S., Reynolds, C.F. 3rd., 2012. Post-traumatic stress disorder symptoms in emotionally distressed individuals referred for a depression prevention intervention: relationship to problem-solving skills. *Int. J. Geriatr. Psychiatry*. 27, 1106-1111.
- Kessler, R.C., DuPont, R.L., Berglund, P., Wittchen, H.U., 1999. Impairment in pure and comorbid generalized anxiety disorder and major depression at 12 months in two national surveys. *Am. J. Psychiatry*. 156, 1915-1923.
- Lazarus, R.S., Folkman, S., 1984. *Stress, appraisal and coping*. Springer Publishing Company, New York.
- Salthouse, T.A., 1991. Reduced processing resources, in: Salthouse, T.A. (Ed.), *Theoretical perspectives on aging*. Lawrence Erlbaum Associates, Hillsdale, NJ, pp. 301-348.
- Salthouse, T.A., 2012. How General Are the Effects of Trait Anxiety and Depressive Symptoms on Cognitive Functioning. *Emotion*. 12(5), 1075–1084.
- Sinoff, G., Werner, P., 2003. Anxiety disorder and accompanying subjective memory loss in the elderly as a predictor of future cognitive decline. *Int. J. Geriatr. Psychiatry*. 18, 951-959.

Wetherell, J.L., Reynolds, C.A., Gatz, M., Pedersen, N.L., 2002. Anxiety, cognitive performance, and cognitive decline in normal aging. *J. Gerontol. B. Psychol. Sci. Soc. Sci.* 57, P246-P255.

Figure caption:

Figure 1. Flowchart depicting the process used to select the studies.

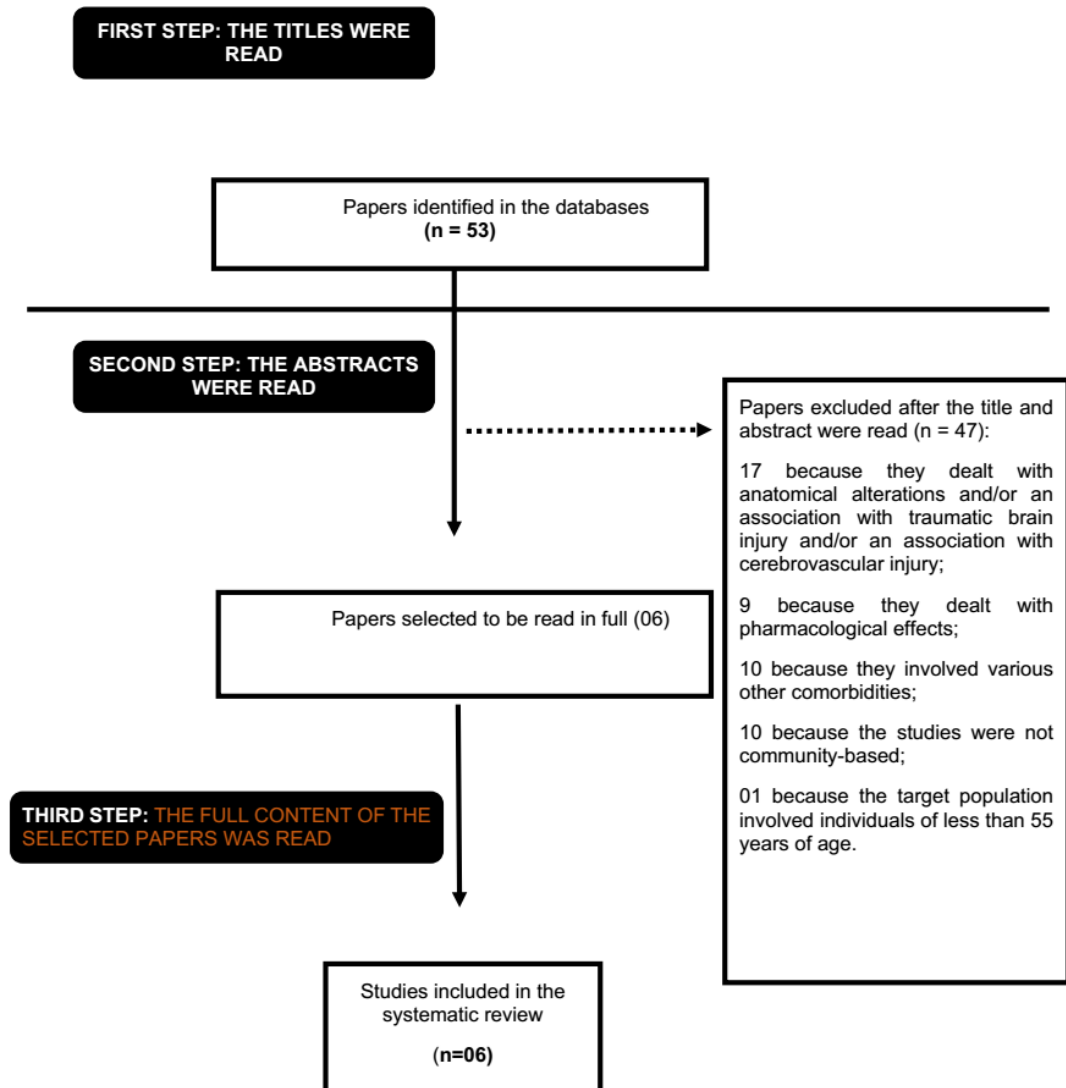


Table 1. Comparison of STROBE scores

Authors	Number of items fully complied with	Number of items partially complied with	Number of items not complied with	%
Gale et al. (2011)	21	1	0	95.45%
Beaudreau and O'Hara (2009)	18	4	0	81.81%
Salthouse (2012)	20	2	0	90.90%
Wetherell et al. (2002)	18	4	0	81.81%
Dotson et al. (2014)	17	5	0	77.27%
Sinoff and Werner (2003)	19	3	0	86.36%

Table 2. Correlation between anxiety, depression and cognitive impairment

Author and Year of Publication	Study Design	Sample Size and Age	Cognitive Impairment
Gale et al. (2011)	Longitudinal study	8,611 adults over 50 years of age	Evidence of an association with depressed individuals (60-80 years of age).
Beaudreau and O'Hara (2009)	Cross- sectional study	102 adults over 60 years of age	Decrease in cognition in individuals with depression and anxiety.
Salthouse (2012)	Longitudinal study	3,781 healthy adults of 18 to 97 years of age.	Decrease in cognition in individuals with depression and in those with depression and anxiety.
Sinoff and Werner (2003)	Longitudinal study	100 adults over 60 years of age	Decrease in cognition in individuals with anxiety
Wetherell et al. (2002)	Longitudinal study	704 adults over 50 years of age	Decrease in cognition in individuals with anxiety
Dotson et al. (2014)	Cross- sectional study	-----	Decrease in cognition in individuals with depression

Abstract

The mental health of a population is the result of complex interactions between different parameters at individual and population levels. Few studies have investigated the potential association between symptoms of anxiety, mild depressive symptoms and cognitive performance in community-dwelling older adults. The objective of the present study was to evaluate the correlation between anxiety, depression and cognitive impairment in community-dwelling older adults by conducting a systematic literature review. Six papers were included in the present study. In most of the articles evaluated, a statistically significant correlation was found between depression, anxiety and cognitive impairment; nevertheless, the cross-sectional studies were those with the principal conflicting results. According to this systematic literature review, symptoms of anxiety and depression in community-dwelling older adults do not represent a consistent risk factor for dementia. Although depression and anxiety affect specific aspects of cognitive domains, such symptoms may not result in impaired cognition in general. Further studies with appropriate designs are clearly required to fill this gap in current knowledge, focusing on socio-environmental variables and on aspects related to individual resilience in order to clarify the role of depression and anxiety in cognitive performance.

Keywords: depression; anxiety; cognitive impairment; comorbidity; depression and anxiety.

Highlights

- The role of depression and anxiety on cognitive impairment remains unclear.
- This was a systematic review of the literature on community-dwelling older adults.
- Symptoms of anxiety and depression were not consistent risk factors for dementia.
- Studies on the effects of socio-environmental variables and resilience are necessary.

4 MÉTODOS

4.1 Ambiente e Amostra

Este é um estudo de base populacional, longitudinal, desenvolvido em comunidade, na cidade de Montreal. Uma amostra representativa desta população, com idades entre 15 e 65 anos, foi selecionada aleatoriamente através de seus endereços residenciais. A amostra final foi composta por 2.433 pessoas, cerca de 600 participantes de cada bairro, distribuídos da seguinte forma: Saint-Henri / Pointe St-Charles (612); Lachine / Dorval (603); LaSalle (584) e Verdun (635).

Os dados foram extraídos da primeira e segunda etapa de coleta de dados do Estudo Epidemiológico de Base Populacional em Saúde Mental de Montreal. Dos 2.433 indivíduos entrevistados na etapa 1, entre os meses de maio de 2007 e novembro de 2008, 1.828 foram entrevistados dois anos depois, entre os meses de Julho de 2009 e novembro de 2010. A taxa de perda foi de 25,1% (n = 610), envolvendo 138 indivíduos (5,7%) que se recusaram a participar, 230 indivíduos (9,5%) que não puderam ser reencontrados, 230 indivíduos (9,5%) que se mudaram para fora da área do estudo e 12 indivíduos (0,5%) que morreram.

352 adultos mais velhos (55 anos ou mais) foram entrevistados na etapa 1 e novamente entrevistados 2 anos depois. (Vide artigo principal)

4.2 Instrumentos

Estresse psicológico foi avaliado usando a escala de sofrimento psicológico de Kessler (K-10).⁽⁸⁾ Os transtornos mentais foram identificados com a versão do Composite International Diagnostic Interview (CIDI)⁽⁹⁾, incluindo transtornos do humor (depressão maior e mania) e os seguintes transtornos de ansiedade: ataques de pânico, fobia social e agorafobia. O prejuízo cognitivo em pessoas com mais de 55 anos de idade foi medido utilizando a ferramenta Avaliação Cognitiva Montreal (MOCA).⁽¹⁰⁾ (Vide Artigo Principal)

4.3 Procedimento

O projeto foi aprovado pelo Comitê de Ética do Douglas Mental Health University Institute. Os entrevistadores contataram os moradores que concordaram em participar do estudo por telefone, dentro de uma semana de recrutamento, a fim de marcar um encontro presencial, seja na casa do participante ou no Hospital Douglas; no entanto, a maioria das entrevistas foram realizadas em casa. A entrevista foi realizada após assinatura do termo de consentimento com duração aproximada 1,5 a 3 horas.

4.4 Análise Estatística

Foi realizada regressão linear hierárquica para modelar a pontuação total de MOCA na coleta 2. (Vide artigo principal)

5 ARTIGO: ANSIEDADE E DEPRESSÃO COMO PREDITORES LONGITUDINAIS DE PREJUÍZO COGNITIVO LEVE EM ADULTOS MAIS VELHOS

Antonio Carlos Cruz Freire,^{1,2} Milena Pereira Pondé,¹ Aihua Liu³, Jean Caron⁴

¹ Professor da Escola Bahiana de Medicina e Saúde Pública (EBMSP), Salvador, BA, Brasil.

² Doutorando em Medicina e Saúde Humana pela EBMSP.

³ Biostatistician Douglas Mental Health University Institute, Montreal, Quebec, Canada.

⁴ Directeur de l'Équipe des IRSC en épidémiologie sociale et psychiatrique Douglas Mental Health University Institute, Montreal, Quebec, Canada.

Autor correspondente: Antonio Carlos Cruz Freire, 3235-9070, antoniofreire@bahiana.edu.br, Avenida centenário, Edf. Victória Center, Sala 410, chame-chame, Salvador, Bahia.

The Canadian Journal of Psychiatry/La Revue canadienne de psychiatrie



Anxiety and depression as longitudinal predictors of mild cognitive impairment in older adults

Journal:	<i>The Canadian Journal of Psychiatry/La Revue canadienne de psychiatrie</i>
Manuscript ID	Draft
Manuscript Type:	Original Research
Date Submitted by the Author:	n/a
Complete List of Authors:	Freire, Antonio; Bahia School of Medicine and Public Health, Psychiatry Ponde, Milena; Escola Bahiana de Medicina e Saude Publica Liu, Aihua; Douglas Mental Health University Institute Research Centre Caron, Jean; Douglas Mental Health University Institute
Key Words:	Ageing and Memory, Anxiety, Cohort study, Cognitive deficits, Depressive disorders, Social determinants

SCHOLARONE™
Manuscripts

For Peer Review

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Anxiety and depression as longitudinal predictors of mild cognitive impairment in older adults

Antônio Carlos Cruz Freire¹, Milena Pereira Pondé², Aihua Liu³, Jean Caron⁴

¹ Professor and Doctoral Student in Medicine and Human Health, Bahia School of Medicine and Public Health (EBMSP), Salvador, Bahia, Brazil.

² Professor, Bahia School of Medicine and Public Health (EBMSP), Salvador, Bahia, Brazil.

³ Biostatistician, Douglas Mental Health University Institute, Montreal, Quebec, Canada.

⁴ Director, Canadian Institutes of Health Research (CIHR) Team in Social and Psychiatric Epidemiology, Douglas Mental Health University Institute, Montreal, Quebec, Canada.

Running title: Effects of anxiety and depression on cognition

Corresponding author:

Antônio Carlos Cruz Freire
Avenida Centenário, Ed. Victória Center, Sala 410, Chame-Chame
40.000.000 Salvador, Bahia, Brazil.
Telephone: +55 71 3235-9070
Fax: +55 71 3235-9070

E-mail: freireacc@terra.com.br

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Abstract

Introduction: Few studies have dealt with the potential correlation between anxiety, depression and cognitive impairment in community-dwelling older adults. **Method:** This longitudinal study was conducted in the city of Montreal, Canada, with 352 older adults aged 55 years or more. The participants were interviewed at baseline and again two years later. The Montreal Cognitive Assessment (MoCA) score was estimated and compared between the two time points and the Composite International Diagnostic Interview (CIDI) was used to assess major depression and anxiety and the K10 measured high psychological distress. Likewise, major depression, anxiety disorders and psychological distress were evaluated at the two study time points. **Results:** In older adults with a diagnosis of depression or anxiety at baseline, no significant reduction in the MoCA score indicating deterioration in cognitive function was found two years later. Nevertheless, in individuals with a high level of psychological distress at baseline there was a significant reduction in MoCA scores two years later, indicating deterioration in cognition. The findings of the present study suggest that a high level of psychological distress in addition to environmental factors may constitute important predictors for cognitive health.

Keywords: depression; anxiety; cognitive impairment; psychological stress; environmental factors.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Introduction

The mental health of a population is the result of complex interactions between different parameters at individual and population levels¹. Based on the premise that mental health and well-being are the result of a balance between the risk factors to which the population is exposed and the protective factors at its disposal,² depression has been associated with cognitive impairment in two different ways: depression as a risk factor for dementia^{3,4,5} and depression that leads to mild cognitive impairment as a result of a possible negative effect of mood symptoms on cognition.^{3,4,5} The conclusions on the increased risk of mild cognitive impairment in depressed individuals and their progression to dementia are conflicting.^{5,6} Disagreement between studies may be related to different follow-up periods, different study designs, the characteristics of the samples or differences in methodology.^{5,6}

The majority of the studies conducted to investigate the association between depression, anxiety and cognitive impairment were performed with clinical populations,² with few studies having investigated the potential association between anxiety, depression and cognitive performance in community-dwelling older adults³. States of anxiety and depression are common; nevertheless, it is not known whether these disorders lead to the occurrence of cognitive impairment or, assuming that mild cognitive impairment could be an initial stage of dementia, whether symptoms of depression could constitute an early manifestation rather than a risk factor for dementias and Alzheimer's disease.^{6,7}

1
2
3 Hence, an underlying neuropathological condition would induce mild cognitive
4
5 impairment or dementia, which in turn would also cause depressive symptoms.^{6,7} In this
6
7 respect, depression, mild cognitive impairment and dementia could constitute a possible
8
9 clinical continuum.^{6,7}
10

11 12 13 14 *Aims of the study*

15
16 Establishing the correlation between conditions such as anxiety, depression and
17
18 cognitive impairment could shed light on the primary cause and/or predict the outcome
19
20 of patients affected by these dysfunctions. The objective of the present study was to
21
22 evaluate the potential correlation between anxiety, depression and cognitive impairment
23
24 from a longitudinal perspective, in community-dwelling older adults.
25
26
27
28

29 **Material and Methods**

30 31 32 33 *Study setting and sample*

34
35 This longitudinal, population-based study was developed in the community, in the city
36
37 of Montreal, Canada. An area of the city of Montreal consisting of four districts in
38
39 which the purchasing power of the population is lower than that of other districts in
40
41 the city was selected for the study. There are 269,720 individuals living in this area, which
42
43 is divided into the following neighborhoods: Saint-Henri/Pointe St-Charles,
44
45 Lachine/Dorval, LaSalle and Verdun. Of the 269,720 inhabitants of this region,
46
47 195,585 were between 15 and 65 years of age. A representative sample of the
48
49 population of this age group was randomly selected based on their home addresses. A
50
51 total of 3,408 addresses were selected for recruitment using a list of addresses supplied
52
53 by the 2004 property tax evaluation register of the city of Montreal. To increase
54
55
56
57
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

recruitment, the initial selection was expanded to include 14 homes that were direct, door-to-door neighbors to the original address. Therefore, 3,408 addresses were originally selected, with the potential to reach more 47,712 addresses. The sample consisted of 2,433 individuals, around 600 participants from each neighborhood, distributed as follows: Santi-Henri/Pointe St-Charles (612), Lachine/Dorval (603), LaSalle (584) and Verdun (635). The level of cooperation was 48.7%.

The present data were extracted from the baseline and second time-point data sets obtained for the Montreal Population-Based Epidemiological Study on Mental Health.⁸ Of the 2,433 individuals interviewed at baseline (2007), 1,823 were interviewed again two years later (2009). Loss to follow-up was 25.1% (n=610) and consisted of 138 individuals (5.7%) who refused to participate, 230 individuals (9.5%) who could not be found, 230 individuals (9.5%) who had moved to an area outside that of the study and 12 individuals (0.5%) who had died. Loss to follow-up^{9,10} was greater among younger individuals, those with poorer education levels or poorer economic levels and those dependent on psychoactive substances. In the present final sample, 352 older adults (\geq 55 years of age) were interviewed at baseline (2007) and interviewed again two years later (2009).

Instruments

Psychological stress was evaluated using the Kessler psychological distress scale (K10).¹¹ This 10-question instrument assesses the frequencies of psychological distress in relation to the preceding month, rated according to a 5-point Likert scale. Although the K10 is widely used to measure psychological distress, there is no cut-off point that would determine a high degree of psychological distress. To obtain the optimal cut-off

1
2
3 point, Caron and Liu¹ used two approaches, the optimal cut-off point was found to be 9,
4
5 since that limit offered sensitivity of 47.9% and specificity of 91.7%, with an area under
6
7 the curve (AUC) of 0.836. Consequently, the cut-off point for the identification of a
8
9 high degree of psychological distress was defined as 9.
10

11
12
13
14 The mental disorders identified using the short-form version of the Composite
15
16 International Diagnostic Interview (CIDI)¹² included mood disorders (major depression
17
18 and mania) and the following anxiety disorders: panic attacks, social phobia and
19
20 agoraphobia. The level of agreement between the CIDI and the International
21
22 Classification of Diseases (ICD)-10 is generally good (with kappa coefficients ranging
23
24 from 0.58 to 0.97). Sensitivity levels ranged from 0.43 to 1 and specificity ranged from
25
26 0.84 to 0.99 depending on the diagnosis.⁸
27
28

29
30
31
32 Cognitive impairment in individuals over 55 years of age was measured using the
33
34 Montreal Cognitive Assessment (MoCA) tool,¹³ an instrument that was designed to help
35
36 primary care physicians detect mild cognitive impairment, a clinical state that often
37
38 leads to dementia. MoCA detected 90% of the individuals with mild cognitive
39
40 impairment, confirming its high sensitivity and excellent specificity, which reached
41
42 87%.¹³
43
44

45
46
47 Coping strategies and stress management were evaluated using a questionnaire applied
48
49 in the Canadian Community Health Survey (CCHS 1.2).¹⁴ The instrument is divided
50
51 into three sections: the ability to handle stress, the principal sources of stress, and the
52
53 frequency in which coping strategies are used. The internal consistency of the sub-
54
55
56
57
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

scales ranged from 0.77 to 0.86 for the coping strategy indicator (CSI), 0.62 to 0.81 for Ways of Coping Revised (WOC-R) and 0.65 to 0.91 for the COPE scale.¹⁴

Perceptions on the neighborhood in which the individual lived were evaluated using various instruments. Disturbing elements in the neighborhood were measured using the Neighborhood Disorder Scale, which consists of nine units on problems in the neighborhood such as garbage on the sidewalks, abandoned vehicles, graffiti and drug traffickers (alpha = 0.84).¹⁵

Procedure

The internal review board of the Douglas Mental Health University Institute approved the project. The interviewers telephoned the residents who had previously agreed to participate in the study within a week of recruitment to schedule a face-to-face meeting, either in the participant's home or in the Douglas Hospital. Most of the participants, however, preferred to be interviewed at home. The interviews, which only began after the participant had signed an informed consent form, lasted approximately 1.5 to 3 hours.

Statistical Analysis

Hierarchical linear regression was conducted to model the overall MoCA score obtained at the second time point. The following variables from the baseline data collection were considered potential predictors and were inserted sequentially into the model: a) overall MoCA score; b) sociodemographic variables including age, sex, marital status,

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

education level and spoken language; c) employment status over the past 12 months; d) social support; e) perception of safety in the neighborhood; f) ability to cope with unexpected and difficult problems; g) the presence of any of the following psychiatric disorders in the preceding 12 months: depressive episode, panic, post-traumatic stress, agoraphobia, or a high level of psychological distress in the preceding month. The model was constructed using all the potential predictors at baseline from a) to g), as well as the interaction between f) and g).

Impaired cognition could be related to attrition. Therefore, to avoid biased results due to the attrition differential, the inverse probability of attrition weights (IPAWs) method was used in all the regression analyses. Sociodemographic and clinical variables including age, sex, ethnicity, education, alcohol consumption, self-perception of health and overall MoCA scale score at baseline were included in the model to calculate the probability of attrition.

The overall MoCA scale score at baseline was included as an independent variable, while the overall MoCA scale score at the two-year time point was used as a dependent variable. The model was constructed to investigate the baseline variables that were predictive of change in the overall MoCA scale score at the second time point, over the two-year interim period.

Path analyses was conducted to assess the cross effects of mental disorder status and cognitive performance. Specifically, we assessed 1) if current mental disorder status predicts future cognitive performance; and 2) if current cognitive performance predicts future mental disorder status. We used three variables, separately, to represent mental disorder status: past-month psychological distress total score (K-10), past 12-month

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

major depression episode diagnosis (yes/no), and past 12-month anxiety disorder diagnosis (yes/no).

Significance level was defined as 0.05 in all the tests used in the data analysis. Data analysis was conducted using the SAS software program, version 9.3 (SAS Institute, Cary, NC, USA).

Results

Table 1 shows the sociodemographic characteristics of the 352 participants over 55 years of age. Mean age was 60 ± 3.16 years (\pm standard deviation). Overall, 65.9% of the participants were women. Regarding marital status, 18% of the individuals were single, 40% were separated, widowed or divorced, and 42% were married or in a stable union. With respect to the participants' education level, 68.5% had university degrees. Sixty-one percent of the sample consisted of French speakers.

Table 1

Overall, 60% and 63% of the individuals had no cognitive impairment at baseline and at two years, respectively. In relation to depression, 7.1% had major depressive disorder at both time points. Regarding anxiety disorders (panic attacks, social phobia and agoraphobia), the frequency was 5.3% at baseline and 3% at two years, while a high level of psychological distress was identified in 33.5% of the individuals at baseline and in 36% at two years.

The MoCA scale baseline score was the most important predictor of performance in the MoCA scale two years later ($p < 0.0001$). A high perception of insecurity in the neighborhood where the individual lived and not being a fluent French speaker were

1
2
3 variables that were positively associated with lower MoCA scale scores at two years
4
5 (p=0.00; p=0.01, respectively). Having a university degree was a protective factor
6
7 (p=0.002), being negatively associated with low MoCA scale scores at the two-year
8
9 time point. On the other hand, age, marital status, social support and having been
10
11 employed in the preceding year were not significant predictors of MoCA scores at two
12
13 years (Table 2).
14

15
16 ***Table 2***
17

18
19
20 Good stress management skills were associated with a smaller decrease in the overall
21
22 MoCA scale score between baseline and two years. The individuals who reported being
23
24 able to cope well with unexpected and difficult problems had less of a reduction in the
25
26 overall MoCA scale score (p=0.004) compared to those less able to manage stress.
27
28

29
30
31 Figure 1 shows the path analysis model using past-month psychological distress for
32
33 mental disorder status. Standardized path coefficient and correlation coefficient are
34
35 shown for each assessed effect and correlation, respectively. Past-month psychological
36
37 distress has a significant, negative effect on future MOCA total score (standardize path
38
39 coefficient= - 0.17), indicating that higher psychological distress leads to worse
40
41 cognitive performance in future. MOCA total score has no effects on future
42
43 psychological distress.
44

45
46 Path analysis models using past-12 month major depressive episode and anxiety
47
48 disorder diagnosis was performed separately. Neither of them found significant
49
50 predicting effects of mental disorder status on MOCA total score or the effects of
51
52 MOCA total score on mental disorder status.
53
54
55
56
57
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Figure 1

When the different cognitive domains were evaluated at the two-year time point, taking depression, anxiety and a high level of psychological distress as predictors, the visuospatial/executive domain was significantly affected by a high degree of psychological distress and there was also a tendency towards an effect induced by depression (Table 3). There was a tendency towards an effect with attention, and delayed recall also showed a tendency to be affected by a high level of psychological distress.

Table 3

Discussion

In older adults with a diagnosis of depression or anxiety at baseline, no statistically significant deterioration was found in cognition (no significant reduction in MoCA scale score) at the second evaluation conducted two years later; however, in individuals with a high level of psychological distress at baseline, cognition was found to have deteriorated as shown by a significant reduction in MoCA scale score at two years.

When the different cognitive domains were evaluated at two years, considering depression, anxiety and a high level of psychological distress as predictors, the visuospatial/executive domain was found to be significantly affected by a high level of psychological distress and there was a tendency towards an effect of depression as well. There was also a tendency towards an effect of a high level of psychological distress on attention and delayed recall.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Gale et al.² conducted a longitudinal, population-based study in England to evaluate the association between symptoms of depression and cognitive ability in the elderly. The analyses were based on a final sample of 8,611 individuals divided into three groups according to age: 50-60 years (n = 2,552), 60-80 years (n = 5,070) and 80-90 years (n = 989). Impairment of the principal cognitive functions occurred as a result of age, particularly from 60 years of age onwards; however, the progression of depressive symptoms did not tend to intensify with age and there was a weak association between depressive symptoms and cognitive impairment in the patients in the 60-80-year age group. There was no consistent evidence that the severity of the depressive state led to greater cognitive impairment, and the hypothesis that cognitive impairment negatively affects depressive states was not confirmed.

In a cross-sectional, population-based study with 102 individuals of 60 to 80 years of age, Beaudreau and O'Hara³ evaluated the association between symptoms of anxiety and depression and cognitive function. Those authors concluded that symptoms of depression in the absence of anxiety were not associated with cognitive decline. Wetherall et al.¹⁶ studied the association between anxiety and cognition in a sample of 704 healthy older adults. In the initial evaluation, a higher state of anxiety was associated with poorer memory, while greater neuroticism was associated with poorer visual recognition memory. Nevertheless, neither anxiety nor neuroticism was found to predict cognitive decline in that study.

Longitudinal studies have shown a strong association between subjective complaints of memory and the later development of dementia or cognitive decline over periods of 1 to

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

7 years. Paradise et al.¹⁷ identified a strong association between psychological stress and subjective complaints of memory, suggesting that strategies that reduce or prevent psychological stress can modify the risk of cognitive decline. In the present study, individuals with a high level of psychological distress at baseline were found to have a significant reduction in cognition two years later. The psychological distress scales do not provide specific diagnoses, but high scores are considered a negative parameter of mental health.⁸ Having a state of depression or anxiety did not represent a risk of poorer cognitive performance in community-dwelling older adults; however, psychological distress did. The psychiatric diagnoses of mood disorders evaluated here lead us to believe that risk factors for cognitive impairment other than anxiety and depression are present in community-dwelling older adults.

The MoCA scale score at baseline was the most important predictor of performance in the MoCA scale two years later ($p < 0.0001$). In individuals with a university education, the reduction in overall MoCA scale score found at the two-year time point was lower, i.e. having a college degree acted as a protective factor. As shown by Anstey and Christensen, a better education level protects against cognitive decline.¹⁸ The individuals with higher scores for their perceptions of insecurity in their neighborhood suffered a greater reduction in the overall MoCA scale score. To the best of our knowledge, no previous studies have been conducted on the effect of self-reported safety in the neighborhood on cognitive performance. However, it seems logical that with the decline of physical strength with age and the increased presence of health problems, insecurity of a neighborhood can be a major source stress. Daily stressors are common and have been associated with poorer cognitive performance in older adults. Rickenbach et al. suggested that patients with mild cognitive impairment are less

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

resilient when faced with daily stressors compared to older adults with no cognitive impairment.¹⁹ Rickenbach et al. also showed that individuals with greater cognitive decline reported greater levels of daily stress.²⁰ These data support the hypothesis that environmental stressors and psychological distress exert a negative effect on cognition. Being able to cope well with stress was associated with a lesser decline in the overall MoCA scale score. Individuals who reported better coping abilities with unexpected and difficult problems had less of a reduction in their overall MoCA scale score compared to those who reported poor stress management skills. The finding that the effect of stress on cognition is greater in individuals with poorer coping skills provides a basis for proposing that learning to deal with frustrations and stress protects against the effects of stress on health. Psychological characteristics may modulate the way in which the individual perceives and responds to stressful experiences. Albanese et al.²¹ published a cohort study of white and black men and women followed up from early adulthood to middle age and showed that individuals with poorer coping skills at baseline performed more poorly in cognitive tests 25 years later, irrespective of sociodemographic characteristics, cumulative cardiovascular risk factors, depressive symptoms or cognitive ability at baseline.

The findings of the present study suggest that a high level of psychological stress and perceptions of a lack of safety in the neighborhood in which the individual lives may be important factors for cognitive health. Therefore, training in coping strategies may work as a protective factor on cognition. Public health policies should draw up strategies for promoting better living conditions and improving safety in neighborhood with the aim of protecting individuals from high levels of stress. Feeling safe in the neighborhood in which one lives appears to represent a protective factor for cognitive function. In this context, poor health resulting from states of anxiety or depression may

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

be less important for cognition than environmental issues and questions of defense in adverse situations.

Our sample come from four districts in which the socioeconomic status of residents is generally lower than other districts in the city, what could have been a possible limitation of this study. It is also possible that the insecurity of the neighborhood is a stressful element more pronounced in poorer neighborhoods and these results may not be generalized to more affluent neighborhood. Another possible limitation was the fact that we followed these individuals for only two years, a longer follow-up could give us more robust information about the cognitive health of these people. This study measured several anxiety disorders (panic attacks, social phobia and agoraphobia) and found no links with cognitive functioning, however we can not confirm this lack of relationship for other anxiety disorders such as generalized anxiety and specific phobias. New researches will be needed to clarify these points.

In conclusion, despite these limitations, this study is the first longitudinal study to assess the relationships between depression, anxiety, psychological distress and cognitive impairment in a general population, controlling for numerous variables. Depression and several anxiety disorders have not shown associated with the decline of cognitive functioning in people over 55 years. For cons, the presence of high psychological distress, two years before, seems to predict a deterioration of cognitive functions, as well as the perception of insecurity in neighborhoods. A higher level of education, as well as better coping abilities, have been identified as protective factors.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

References

1. CARON J, LIU A. A descriptive study of the prevalence of psychological distress and mental disorders in the Canadian population: comparison between low-income and non-low-income populations. *Chronic Dis Can* 2010;**30**:84-94.
2. GALE CR, ALLERHAND M, DEARY IJ. Is there a bidirectional relationship between depressive symptoms and cognitive ability in older people? A prospective study using the English Longitudinal Study of Ageing. *Psychological Medicine*. 2012;**42**(10):2057-2069.
3. BEAUDREAU SA, O'HARA R. The association of anxiety and depressive symptoms with cognitive performance in community-dwelling older adults. *Psychol Aging* 2009;**24**:507-512.
4. SALTHOUSE TA. Reduced processing resources. In *Theoretical perspectives on aging*, Lawrence Erlbaum Associates, Hillsdale, NJ, 1991, pp. 301-348.
5. BEAUDREAU SA, O'HARA R. Late-life anxiety and cognitive impairment: a review. *Am J Geriatr Psychiatry* 2008;**16**:790-803.
6. SINOFF G, WERNER P. Anxiety disorder and accompanying subjective memory loss in the elderly as a predictor of future cognitive decline. *Int J Geriatr Psychiatry* 2003;**18**:951-959.

For Peer Review

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

7. DELUCA AK, LENZE EJ, MULSANT BH et al. Comorbid anxiety disorder in late life depression: association with memory decline over four years. *Int J Geriatr Psychiatry* 2005;**20**:848-854.
8. CARON J, FLEURY MJ, PERREAULT M et al. Prevalence of psychological distress and mental disorders, and use of mental health services in the epidemiological catchment area of Montreal South-West. *BMC Psychiatry* 2012;**12**:183.
9. EATON WW, ANTHONY JC, TEPPER S, DRYMAN A. Psychopathology and attrition in the epidemiologic catchment area surveys. *Am J Epidemiol* 1992;**135**:1051-1059.
10. BUCHOLZ KK, SHAYKA JJ, MARION SL, LEWIS CE, PRIBOR EF, RUBIO DM. Is a history of alcohol problems or of psychiatric disorder associated with attrition at 11-year follow-up? *Ann Epidemiol* 1996;**6**:228-234.
11. KESSLER RC, BARKER PR, COLPE LJ et al. Screening for serious mental illness in the general population. *Arch Gen Psychiatry* 2003;**60**:184-189.
12. KESSLER RC, ANDREWS G, MROCZEK D, USTUN B, WITTCHEN HU. The World Health Organization Composite International Diagnostic Interview short-form (CIDI-SF). *Int J Methods Psychiatr Res* 1998;**7**:171-185.
13. NASREDDINE ZS, PHILLIPS NA, BÉDIRIAN V et al. The Montreal Cognitive Assessment, MoCA: a brief screening tool for mild cognitive impairment. *J Am Geriatr Soc* 2005;**53**:695-699.
14. Statistics Canada. Canadian Community Health Survey. Cycle 1.2. Mental health and well-being, 2002. Available from: www.statcan.gc.ca/concepts/healthsante/cycle1_2/content-contenu-eng.htm.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

15. NARIO-REDMOND MR, COULTON CJ, MILLIGAN SE. Measuring resident perceptions of neighborhood conditions: survey methodology. Center on Urban Poverty and Social Change, Case Western University, 2000.
16. WETHERELL JL, REYNOLDS CA, GATZ M. Anxiety, cognitive performance, and cognitive decline in normal aging. *J Gerontol B Psychol Sci Soc Sci.* 2002; 57:P246–P255.
17. PARADISE MB, GLOZIER NS, NAISMITH SL, DAVENPORT TA, HICKIE IB. Subjective memory complaints, vascular risk factors and psychological distress in the middle-aged: a cross-sectional study. *BMC Psychiatry* 2011;11:108.
18. ANSTEY K, CHRISTENSEN H. Education, activity, health, blood pressure and apolipoprotein E as predictors of cognitive change in old age: a review. *Gerontology* 2000;46:163-177.
19. RICKENBACH EH, CONDEELIS KL, HALEY WE. Daily stressors and emotional reactivity in individuals with mild cognitive impairment and cognitively healthy controls. *Psychol Aging* 2015;30:420-431.
20. RICKENBACH EH, ALMEIDA DM, SEEMAN TE, LACHMAN ME. Daily stress magnifies the association between cognitive decline and everyday memory problems: an integration of longitudinal and diary methods. *Psychol Aging* 2014;29:852-862.
21. ALBANESE E, MATTHEWS KA, ZHANG J et al. Hostile attitudes and effortful coping in young adulthood predict cognition 25 years later. *Neurology* 2016;86:1227-1234.

Table 1: Sociodemographic characteristics of the participants at baseline (n=352)

Characteristics	Mean (SD) / Frequency (%)
<i>Age (mean, SD)</i>	59.76 (3.16)
<i>Sex</i>	
Female	232 (65.91%)
Male	120 (34.09%)
<i>Marital status</i>	
Single	64 (18.18%)
Married	111 (31.53%)
In a stable union	37 (10.51%)
Separated / widowed / divorced	140 (39.77%)
<i>Education level</i>	
Elementary school	62 (17.61%)
High school	49 (13.92%)
College/university	241 (68.47%)
<i>Spoken Language</i>	
English	85 (24.22%)
French	213 (60.68%)
English + French	21 (5.98%)
Other	32 (9.12%)
<i>Immigrant</i>	
Yes	65 (18.47%)
No	287 (81.53%)
<i>Employed in the preceding 12 months</i>	
Yes	220 (62.50%)
No	132 (37.50%)
Household income (\geq 1000 dollars)	56.05 (50.92)
Personal income (\geq 1000 dollars)	35.06 (28.88)

Note: Numbers may not add up to the total sample population due to missing values.

Table 2: Multiple linear regression model for predicting MoCA score at two years (n=352);

Potential Predictors at Baseline	Parameter Estimate	95% confidence interval		t- value	p-value	Variance explained (%)
		Lower limit	Upper limit			
<i>Overall MoCA score</i>	0.54	0.45	0.63	12.06	<0.0001	35.111
<i>Sociodemographic variables</i>						
Age	0.02	-0.07	0.10	0.34	0.7304	0.006
Sex						
Female (reference)						
Male	-0.33	-0.93	0.27	-1.07	0.2839	0.001
Marital status						
Married /in a stable union	0.21	-0.35	0.77	0.75	0.4565	0.282
All others (reference)						
Education level						
Elementary school (reference)						
High school	0.55	-0.50	1.59	1.02	0.3064	0.193
College/University	0.91	0.10	1.71	2.22	0.0274	1.871
Spoken Language						
French (reference)						
Others	-0.75	-1.33	-0.18	-2.58	0.0103	0.662
Employed in the past 12 months	0.32	-0.26	0.90	1.09	0.2771	0.772
Social support total score	0.01	-0.03	0.04	0.33	0.7450	0.564
Neighborhood insecurity score	-0.37	-0.58	-0.16	-3.43	0.0007	2.133
Ability to cope with unexpected and difficult problems: Good vs. poor	1.38	0.43	2.32	2.85	0.0047	1.467
Presence of any of the selected disorders in the past 12 months or a high level of psychological distress in the past month	-0.02	-0.65	0.60	-0.08	0.9398	0.001

In total, the model explains 43.06% of variance of T2 MOCA total score

Table 3: Mean scores for the MoCA scale domains at the two-year time point for participants with different disorders at baseline

MoCA domain scores at two years	Disorders detected at baseline								
	Major depressive disorder			Anxiety disorder			High level of psychological distress		
	Yes (n=13)	No (n=204)	p-value	Yes (n=13)	No (n=204)	p-value	Yes (n=65)	No (n=157)	p-value
Visuospatial /executive	3.92	4.40	0.095	4.31	4.37	0.85	4.11	4.47	0.0031
Naming	2.92	2.91	0.92	3.00	2.91	0.33	2.94	2.90	0.42
Attention	5.61	5.41	0.74	5.46	5.42	0.68	5.32	5.46	0.093
Language	2.46	2.64	0.42	2.54	2.64	0.53	2.62	2.64	0.78
Abstraction	1.62	1.67	0.77	1.46	1.67	0.15	1.60	1.69	0.23
Delayed recall	3.92	4.25	0.40	4.31	4.23	1.00	3.97	4.32	0.11
Orientation	5.85	5.91	0.24	6.00	5.91	0.31	5.86	5.92	0.26

Note: subjects with cognitive impairment at T1 were excluded from the analysis
P-values were calculated from Wilcoxon two sample tests

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Figure 1: The cross effects of MOCA total score and past-month psychological distress

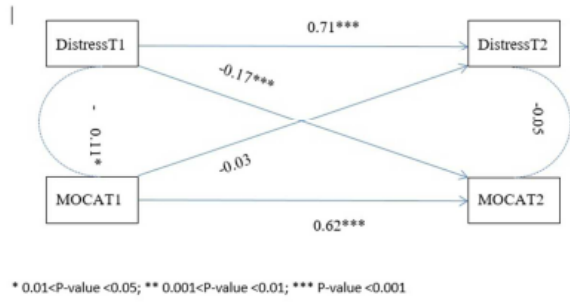


Figure 1: The cross effects of MOCA total score and past-month psychological distress

234x130mm (96 x 96 DPI)

6 DISCUSSÃO

Poucas investigações têm delineado a relação potencial entre sintomas de ansiedade, sintomas depressivos e desempenho cognitivo em adultos mais velhos na comunidade.³ Nos estudos aqui revisados, as conclusões sobre um risco aumentado de comprometimento cognitivo leve em indivíduos deprimidos e/ou ansiosos e a sua progressão para demência são conflitantes. Levantamos as seguintes hipóteses para resultados divergentes na literatura médica em relação a depressão, ansiedade e prejuízo cognitivo em adultos mais velhos: 1. Sintomas depressivos e ansiosos interferem em aspectos específicos dos domínios cognitivos, como sugere a maioria dos estudos longitudinais aqui revisados, mas podem não causar prejuízo cognitivo de forma global, clinicamente identificável, em adultos mais velhos na comunidade, assim estudos de corte transversal, com número amostral pequeno, trazem os principais resultados conflitantes. O estudo principal, aqui apresentado, não evidenciou piora cognitiva (redução dos escores de MOCA) estatisticamente significativa em T2, entre indivíduos deprimidos ou ansiosos, contudo aqueles com alto nível de estresse psicológico em T1 apresentaram piora cognitiva estatisticamente significativa em T2 ($p=0.01$). 2. Fatores não biológicos tais como ambiente físico, más condições sociais, que conhecidamente são produtores de estresse crônico e eventos de vida altamente estressantes,¹¹ podem ser mais importantes para o desempenho cognitivo do que a presença de quadros ansiosos e depressivos por si só, e nenhum dos estudos revisados aqui avaliou a interferência dessas variáveis sobre a cognição, contudo os achados do estudo principal sugerem que a sensação de insegurança no local onde se vive, pode ser fator importante para a saúde cognitiva. Nesse contexto o adoecimento por quadros de ansiedade ou quadros depressivos podem ser menos importantes para a cognição do que questões ambientais e de defesa para situações adversas. 3. a capacidade de gerenciar o estresse com estratégias adequadas leva a melhor adaptação, com impacto positivo sobre a saúde.^{12,13} Nenhum dos estudos revisados avaliou a capacidade de gerenciar o estresse com estratégias adequadas e se essa variável levaria a uma melhor adaptação e, se seriam, importantes para a prevenção de prejuízo cognitivo em adultos mais velhos com sintomas de ansiedade e depressão, já os achados do estudo principal reforçam essa possibilidade.

Políticas públicas de saúde devem traçar estratégias de promoção de melhores condições de habitação e segurança visando proteger os indivíduos de altos níveis de sofrimento

psicológico. Sentir-se seguro no bairro onde mora parece ser um fator de proteção para as funções cognitivas, mas nenhum outro estudo avaliando essa correlação foi encontrado. Nesse contexto o adoecimento por quadros de ansiedade ou quadros depressivos podem ser menos importantes para a cognição do que questões ambientais e de defesa para situações adversas.

Este é o primeiro estudo longitudinal para avaliar as relações entre depressão, ansiedade, estresse psicológico e prejuízo cognitivo em uma população geral controlando inúmeras variáveis. Depressão e diversos transtornos de ansiedade não se correlacionaram com o declínio da função cognitiva em pessoas com mais de 55 anos. Entretanto, a presença de elevado sofrimento psíquico, dois anos antes, parece prever uma deterioração das funções cognitivas, bem como a percepção de insegurança nos bairros. Um maior nível de educação, bem como melhores habilidades de enfrentamento de situações adversas, foram identificados como fatores de proteção.

7 CONCLUSÃO

7.1 Revisão de Literatura

1. As conclusões sobre um risco aumentado de comprometimento cognitivo leve entre adultos mais velhos, deprimidos e/ou ansiosos, e a sua progressão para demência são conflitantes.
2. Sintomas depressivos e ansiosos podem interferir em aspectos específicos dos domínios cognitivos, mas podem não causar prejuízo cognitivo de forma global, clinicamente identificável, em adultos mais velhos na comunidade.
3. Fatores não biológicos tais como ambiente físico, más condições sociais, que conhecidamente são produtores de estresse crônico e eventos de vida altamente estressantes, podem ser mais importantes para o desempenho cognitivo do que a presença de quadros ansiosos e depressivos por si só.
4. Quadros de ansiedade e depressão, em adultos mais velhos na comunidade, não demonstraram ser, de forma consistente, um fator de risco para quadros demenciais.
5. Mais estudos com desenho adequado para elucidar essa lacuna do conhecimento precisam ser elaborados, enfocando variáveis sócio-ambientais e aspectos relacionados à resiliência no sentido de melhor elucidar o papel da depressão e ansiedade no desempenho cognitivo.

7.2 Artigo Original

1. Adultos mais velhos, em comunidade, com diagnóstico de depressão e/ou ansiedade em T1 não tiveram piora cognitiva, estatisticamente significativa, em T2.
2. Alto nível de sofrimento psicológico, a sensação de insegurança no local onde se vive, podem ser fatores importantes para a saúde cognitiva.
3. O treinamento de estratégias de coping pode funcionar como um fator de proteção cognitiva.
4. Sentir-se seguro no bairro onde mora parece ser um fator de proteção para as funções cognitivas.
5. Fatores não biológicos tais como ambiente físico, más condições sociais, que conhecidamente são produtores de estresse crônico e eventos de vida altamente

estressantes, podem ser mais importantes para o desempenho cognitivo do que a presença de quadros ansiosos e depressivos por si só.

REFERÊNCIAS

1. Caron J, Liu A: A descriptive study on the prevalence of psychological distress and mental disorders in the Canadian population: comparison between Low-income and Non Low-income populations. *Chronic Dis Can* 2000, 30(3):87–98.
2. Gale CR, Allershand M, Deary IJ. Is there a bidirectional relationship between depressive symptoms and cognitive ability in older people? A prospective study using the English Longitudinal Study of Ageing. *Psychological Medicine*. 2012;42(10):2057-2069.
3. Beaudreau SA, O'Hara R. The association of anxiety and depressive symptoms with cognitive performance in community-dwelling older adults. *Psychology and Aging*. 2009; 24:507–512. doi: 10.1037/a0016035.
4. Salthouse, TA. *Theoretical Perspectives on Aging*. Hillsdale, NJ: Lawrence Erlbaum Associates; 1991. Reduced processing resources; p. 301-348.
5. Beaudreau SA, O'Hara R. Late-life anxiety and cognitive decline: A review. *American Journal of Geriatric Psychiatry* 2008;16:790-803.
6. Sinoff G, Werner P. Anxiety disorder and accompanying subjective memory loss in the elderly as a predictor of future cognitive decline. *Int J Geriatr Psychiatry*. 2003; 18:951–959.
7. DeLuca AK, Lenze EJ, Mulsant BH, Butters MA, Karp JF, Dew MA, et al. Comorbid anxiety disorder in late life depression: Association with memory decline over four years. *International Journal of Geriatric Psychiatry* 2005;20:848–854.
8. Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, Howes MJ, Normand S-LT, Mandersfield RW, Walters EE, Zalasky AM: Screening for serious mental illness in the general population. *Arch Gen Psychiatry* 2005, 60:184–189.
9. Kessler RC, Andrews G, Mroczek D, et al: The World Health Organization composite international diagnostic interview short-form (CIDISF). *Int J Methods Psychiatr Res* 1998, 7:171–185.
10. Nasreddine ZS, Phillips NA, Bédirian V, Charbonneau S, Whitehead V, Collin I, Cummings JL, Chertkow H: The Montreal cognitive assessment, MoCA: a brief screening tool for mild cognitive impairment. *J Am Geriatr Soc* 2005, 53(4):695–699.
11. Brown GW, Bifulco A, Harris T: Life-events, vulnerability and onset of chronic depression. *J Affect Disord* 1987, 11:1–19.
12. Bandura A: *Self-efficacy in changing societies*. Cambridge, UK: Cambridge University Press; 2002.
13. Lazarus RS, Folkman S: *Stress, appraisal and coping*. New York: Springer Publishing Company; 1984.

ANEXOS

Anexo 1 – Termo do Comitê de Ética em Pesquisa



RESEARCH ETHICS BOARD

At a meeting of the Douglas Institute Research Ethics Board Held on June 15th, 2015

A Committee consisting of:

BRODEUR, Mathieu, Ph.D.	Researcher
EDWARDS, Moïra	Community Representative
JAITOVICHT GROISMAN, Iris, Ph.D.,	Ethicist
LÉVEILLÉ, Éliane	Medical Archivist
LOISEAU, Me. Roxane	Jurist and Acting Chairperson
RICHARD-DEVANTOY, Stéphane, M.D., Ph.D.	Researcher
SCHMITZ, Norbert, Ph.D.	Vice-President, Researcher
ST-HILAIRE, Annie, Ph.D.	Researcher

has confirmed the approval of the annual renewal of protocol titled:

Protocol 06/33 Le développement d'une zone circonscrite d'études épidémiologiques en psychiatrie dans le sud-ouest de Montréal

as proposed by: Dr. Jean Caron

This protocol is re-approved for a one-year period

Roxane Loiseau

Me. Roxane Loiseau
Acting Chairperson
Douglas Institute Research Ethics Board
/éc

VALID UNTIL: JUNE 2016

Hôpital Douglas | 6875, boulevard LaSalle | Montréal (Québec) | H4H 1R3 | Téléphone : 514 761-6131 | www.douglas.qc.ca



Affilié à l'Université McGill
Affiliated with McGill University



Centre collaborateur OMS de Montréal pour la recherche et la formation en santé mentale
Montreal WHO Collaborating Centre for Research and Training in Mental Health

Anexo 2 - Termo de Consentimento

**Équipe des IRSC en épidémiologie
sociale et psychiatrique**

*CIHR team of social and psychiatric
epidemiology*



**Protocol 06/33 Research project: Catchment area of epidemiological studies
in psychiatry in south-western Montréal
Canadian Institutes of Health Research Team in Social and Psychiatric Epidemiology**

Information and consent document – General Population

**Principal investigator: Dr. Jean Caron, Ph.D
Douglas Mental Health University Institute
Sponsored by the Canadian Institutes of Health Research**

Introduction

You are invited to participate in a research study conducted by the Canadian Institutes of Health Research Team in Social and Psychiatric Epidemiology, directed by Dr. Jean Caron, Ph.D., psychologist and principal investigator. Dr. Caron is part of the Psychosocial Research Division of the Douglas Hospital Research Centre. For this research project, he is working with 18 other researchers, most of them from the same centre. This study is funded by the Canadian Institutes of Health Research (CIHR). Your name has been randomly selected from a predefined list of street addresses.

Before deciding to participate in this study, you should understand the requirements as well as the risks and advantages. This document provides information about the study and may contain words you do not fully understand. Please read it carefully and ask the research team any questions you may have; they will discuss the study in detail with you. If you decide to participate, you will be asked to sign this consent form and a copy will be given to you.

Objectives of the study

The purpose of this study is to examine the links and interactions between personal factors, such as age and sex, the physical and socio-economic environment and the mental health of the population in six neighbourhoods in south-western Montreal: Verdun-Côte-St-Paul, St-Henri, Pointe Saint-Charles, La Salle, Lachine and Dorval. Two phases of data collection are planned

– one in 2007 - 2008 and a second one in 2009 - 2010 to assess the evolution of respondents' mental health in relation to changes that occur in their personal lives or their environment. The study will contribute to a better planning of prevention and treatment services in these neighbourhoods for persons who present or are at risk of developing mental health problems.

Description of the study

If you agree to participate in the study, you will be asked to answer a set of questions in the form of an interview. An interviewer will meet with you twice: once in 2007 or in 2008 and a second time two years later, in 2009 or 2010. You will be asked the same questions in 2007 - 2009 and 2009 - 2010. The interviews can be done in your home or at the Research Centre, as you prefer. Each interview will last approximately 2 hours.

The questionnaire covers four basic areas: 1) information such as age, sex, level of education, number of children, language, housing and income level; 2) mental health and quality of life 3) physical health 4) ways one can deal with problems in life, including health-care services; and 5) your perception of your local community and physical environment.

The interview will cover a lot of information about your mental health – both positive aspects and emotional problems you may have. On the positive side, we will focus on your quality of life by asking you to assess your level of satisfaction with your daily life, social and personal relations, living environment and independence.

You will also be asked questions aimed at detecting the most common mental health problems. These include conditions associated with emotional mood such as depression and bipolar disorder and also conditions involving stress and anxiety such as post-traumatic stress disorder and anxiety disorders. As well, you will be asked whether there are mental health problems in your family. You will also be asked how often you have experienced the symptoms of psychological distress in the past month along with your use of alcohol and drugs and gambling habits.

Other topics addressed will be impulsive behaviour, suicidal intent or attempted suicide, other violent behaviour and contacts with the justice system. Finally, participants who are 55 or older will be asked about cognitive disorders, like memory. They will also be asked questions about their perception of their physical health in order to evaluate the presence of chronic diseases such as: diabetes, high blood pressure, coronary heart diseases, gastro-intestinal ulcers, arthritis and rheumatisms, migraines chronic back problems and obesity.

People don't all have the same life experiences and don't all react in the same way to problems they encounter, the demands of daily life or unexpected events. Some questions will also focus on your level of stress as well as the ways you deal with these situations. We will also ask you about the support you receive from your circle of family and friends.

One whole section of the questionnaire deals with your perception of your local community and environment. You will be asked about your sense of belonging to a community and how you view your ability to contribute to your neighborhood. We will also ask you about your participation in community life. You will be asked for your opinions on problems in your living environment. Finally, you will be asked about mental health services in your neighbourhoods and your opinion of the availability, use and quality of these services. In a different vein, we will

want to know what you think of people's opinions about others who have received help for mental health problems.

What we expect from you

Interviews with participants will take place once in 2007 or in 2008 and a second time two years later, in 2009 or 2010. You will be asked the same questions in 2007 or 2008 and 2009 or 2010. If you agree to participate in the study, you are making the commitment of meeting an interviewer twice, for an interview of approximately 2 hours each time.

In addition, we will ask you to give us your medicare number as well as the names and phone numbers of two people we may contact in case you move between the two interviews and that you can't be reached either by phone, mailing or E-Mail address or by any other means (for example, Social Networks such as Facebook, Twitter, LinkedIn) provided to reach you at the first interview.

Risks and inconvenience

As far as we know your participation in this study will not have any negative effects for you. There may, however, be risks that are not known to us at the present time.

The only known inconvenient is the length of the two interviews. If you feel tired during an interview, you can take a break at your convenience. If you think that a two-hour interview may be too long, you can choose to make another appointment with the interviewer within two weeks of this first interview to complete the questionnaires.

Potential benefits

You should not expect any direct benefits from participating in the study. However, if the questionnaires reveal that you suffer from mental illness, the research personnel will contact you, with your permission, to inform you on the services available as needed. The confidentiality of this information will be maintained at all times. In that sense, the study has the potential of helping you and others like you in the future.

It will also lead to a better understanding of the links between mental health and the factors having an influence on it. At last, this study will also contribute to a better planning of services for people suffering from mental illness or are at risk of developing mental health problems.

Participation and withdrawal

Your participation is entirely voluntary. You may participate or discontinue your participation at any time. You will continue to benefit from all the health-care, social and community services to which you are entitled to, even if you refuse to participate in the study. If you decide to participate and change your mind later, you are free to terminate your participation at any time. Regardless of your decision, you will continue to have access to quality services.

Confidentiality

All the data collected during this study will remain strictly confidential. No identifying information will be disclosed or published unless agreed on beforehand or requested by law.

To ensure your confidentiality, a number will be used instead of your name for the data entry on the computer. The master list of names will be kept under lock and key in a secure location; the researchers and the coordinator are the only people who will have access to this information for the sole purpose of linking data from various questionnaires for the same respondent. The master list of names will be destroyed one year after the end of the study.

The results of this study may be presented at conferences or published, but your identity will remain confidential at all times.

Source of funding

The principal investigator received a grant from the Canadian Institutes of Health Research (CIHR) to conduct this study at the Douglas Mental Health University Institute.

The data will never be used for commercial purposes by members of the research team or anyone else. The objectives of this research are basically to further knowledge for the purpose of improving social services and mental health services.

Compensation

You will receive 25\$ at the end of your interview as a token of our appreciation for the time spent answering our questions.

Questions

Should you have questions or concerns about the study, please contact the Principal Investigator, Dr Jean Caron at (514) 761-6131 extension 3445 or the Research Coordinator, Guylaine Daoust at (514) 761-6131 extension 3461

If you have questions concerning your rights as a research subject, please contact the Douglas Hospital Ombudsman at (514) 761-6131 extension 3287.

**Protocol 06/33 Research project: Catchment area of epidemiological studies
in psychiatry in south-western Montréal
Canadian Institutes of Health Research Team in Social and Psychiatric Epidemiology**

**Information and consent document– General Population
Principal investigator: Dr. Jean Caron, Ph.D
Douglas Mental Health University Institute
Sponsored by the Canadian Institutes of Health Research**

Declaration of consent

This is a research project.

I have read all the pages of this informed consent. The research personnel has explained the information and the procedures of the study.

I have had the opportunity to ask questions and all my questions have been answered.

I was given sufficient time to consider the information and to make a decision if I wanted to participate to the study.

I have been informed that my participation is entirely voluntary; I can refuse to participate without consequences for my access to health care services in the future.

I authorize Dr. Caron to use the data collected about me for research purposes.

I also authorize Dr. Caron's research team to contact me in 2009 or 2010 (or to contact the people whose names were provided at the first interview, in case they are unable to reach me) to participate to the second interview.

I will receive a copy of this consent once it is signed.

I do not give up any of my legal rights, nor free the researchers, the sponsor or the institution where the study is conducted from their legal or professional responsibilities.

My signature below indicates that I accept voluntarily to participate to the study.

* If a member of the research team detects a potential mental health problem, I would like to be contacted and informed of the mental health services available to me if I feel I need to use them.

Yes _____

No _____

PARTICIPANT'S SIGNATURE

DATE

PARTICIPANT'S NAME (PLEASE PRINT)

PARENTS OR LEGAL GUARDIAN'S SIGNATURE
(IF UNDER 18 YEARS OLD)

DATE

PARENTS OR LEGAL GUARDIAN'S NAME(PLEASE PRINT)
(IF UNDER 18 YEARS OLD)

INTERVIEWER'S SIGNATURE

DATE

INTERVIEWER'S NAME (PLEASE PRINT)

Date of approval by the Douglas Hospital Research Ethics Board
_____18/10/2011_____

6875, boulevard LaSalle, Verdun (Québec) H4H 1R • Téléphone : (514) 761- 6131 poste 3461



Affilié à l'Université McGill
Affiliated to McGill University



Centre collaborateur OMS/OPS de Montréal pour la recherche et la
formation en santé mentale

Anexo 3 – Montreal Cognitive Assessment (MOCA)

NAME : _____
Education : _____ Date of birth : _____
Sex : _____ DATE : _____

VISUOSPATIAL / EXECUTIVE							
	Copy cube	Draw CLOCK (Ten past eleven) (3 points)			POINTS		
[]	[]	[]	[]	[]	[]	___/5	
NAMING							
						___/3	
[]	[]	[]					
MEMORY	Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.	FACE	VELVET	CHURCH	DAISY	RED	No points
	1st trial						
	2nd trial						
ATTENTION	Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [] 2 1 8 5 4 Subject has to repeat them in the backward order [] 7 4 2					___/2	
	Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors [] FBACMNAAJKLBAFAKDEAAAJAMOF AAB					___/1	
	Serial 7 subtraction starting at 100 [] 93 [] 86 [] 79 [] 72 [] 65 4 or 5 correct subtractions: 3 pts , 2 or 3 correct: 2 pts , 1 correct: 1 pt , 0 correct: 0 pt					___/3	
LANGUAGE	Repeat : I only know that John is the one to help today. [] The cat always hid under the couch when dogs were in the room. []					___/2	
	Fluency / Name maximum number of words in one minute that begin with the letter F [] ____ (N ≥ 11 words)					___/1	
ABSTRACTION	Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler					___/2	
DELAYED RECALL	Has to recall words WITH NO CUE	FACE []	VELVET []	CHURCH []	DAISY []	RED []	Points for UNCUED recall only
Optional	Category cue						
	Multiple choice cue						
ORIENTATION	[] Date [] Month [] Year [] Day [] Place [] City					___/6	
© Z.Nasreddine MD Version 7.1 www.mocatest.org Normal ≥ 26 / 30		TOTAL		___/30			
Administered by: _____		Add 1 point if ≤ 12 yr edu					

Anexo 4 – Escalas Estudio Principal

**CANADIAN COMMUNITY HEALTH SURVEY, CYCLE 1.2
MENTAL HEALTH AND WELL-BEING**

September, 2003

For information only

HOUSEHOLD CONTACT AND DEMOGRAPHICS**Interviewer Introduction Block**

II_Q01 **Hello, I'm ... from Statistics Canada.**
INTERVIEWER: Introduce yourself using both your given and last names.
 Press <Enter> to continue.

Initial Contact Block

IC_Q01 **I'm calling regarding the Canadian Community Health Survey.**
INTERVIEWER: Press <Enter> to continue.

Language of Preference Block

LP_Q01 **Would you prefer to be interviewed in English or in French?**
 ADMB_LHH
 1 English
 2 French
 3 Other
 (DK, R are not allowed)

Survey Introduction Block

INT_Q01 **The survey will collect information on the well-being of people in Canada, on the use of health services and on some of the factors that can affect physical and emotional health.**
INTERVIEWER: Press <Enter> to continue.

INT_Q02 **This voluntary survey is conducted under the authority of the Statistics Act. All the information you provide will be kept strictly confidential and will be used for statistical purposes only. Your participation is essential if the results are to be accurate. (Registration#: STC / HLT-082-75168)**
INTERVIEWER: Press <Enter> to continue.

Dwelling Type Block

DW_C01 If method of interview = Personal (CN_N01 = 2), go to DW_N02.

DW_Q01 **What type of dwelling do you live in? Is it a:**
 DHHDDWE **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
- DK, R

Or

DW_N02 INTERVIEWER: Select the dwelling type.

DHHBDDWE

- 01 Single detached
- 02 Double
- 03 Row or Terrace
- 04 Duplex
- 05 Low-rise apartment (fewer than 5 stories) or flat
- 06 High-rise apartment (5 stories or more)
- 07 Institution
- 08 Hotel; rooming/lodging house; camp
- 09 Mobile home
- 10 Other – Specify
DK, R

Tenure Block

TN_Q01 Is this dwelling owned by a member of your household?

DHHB_OWN

- 1 Yes
- 2 No

Number of Bedrooms Block

BD_Q01 How many bedrooms are there in your dwelling?

DHHB_BED

INTERVIEWER: Enter "0" if no separate, enclosed bedroom.

[[]] Number of bedrooms
(MIN: 0) (MAX: 20)

Age Block Without Confirmation

ANC_Q01 What is [respondent name]'s date of birth?

DHHB_DOB

DHHB_MOD

DHHB_YOB

Call the Date block.

ANC_Q03 What is [respondent name]'s age?

DHHB_AGE

[[]] Age in years
(MIN: 0) (MAX: 130)
(DK, R are not allowed)

Sex Block

SEX_Q01 INTERVIEWER: Enter [respondent name]'s sex.

DHHB_SEX

If necessary, ask: (Is [respondent name] male or female?)

- 1 Male
 - 2 Female
- (DK, R are not allowed)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

Marital Status Block Without ConfirmationMSNC_Q01 **What is [respondent name]'s marital status? Is [he/she]:**DHHB_MS **INTERVIEWER:** Read categories to respondent.

- 01 ... married?
- 02 ... living common-law?
- 03 ... widowed?
- 04 ... separated?
- 05 ... divorced?
- 06 ... single, never married?

Education BlockED_Q01 **What is the highest grade of elementary or high school [respondent name]**
EDUB_1 **ever completed?**

- 1 Grade 8 or lower (Québec: Secondary II or lower) (Go to ED_Q03)
- 2 Grade 9 – 10 (Québec: Secondary III or IV, (Go to ED_Q03)
Newfoundland: 1st year of secondary)
- 3 Grade 11 – 13 (Québec: Secondary V, (Go to ED_Q03)
Newfoundland: 2nd to 4th year of secondary)
- DK, R (Go to ED_Q03)

ED_Q02 **Did [respondent name] graduate from high school (secondary school)?**

EDUB_2

- 1 Yes
- 2 No
- DK, R

ED_Q03 **Has [respondent name] received any other education that could be counted**
EDUB_3 **towards a degree, certificate or diploma from an educational institution?**

- 1 Yes
- 2 No
- DK, R

ED_Q04 **What is the highest degree, certificate or diploma [respondent name] has**
EDUB_4 **obtained?**

- 01 No post-secondary degree, certificate or diploma
- 02 Trade certificate or diploma from a vocational school or apprenticeship training
- 03 Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- 04 University certificate below bachelor's level
- 05 Bachelor's degree
- 06 University degree or certificate above bachelor's degree
- DK, R

DISTRESS

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

INTERVIEWER: Press <Enter> to continue.

DIS_Q01A **(Please refer to page 4 of the booklet.)**
DISB_10A

During the past month, that is, from %date one month ago% to yesterday, about how often did you feel:

...tired out for no good reason?

INTERVIEWER: Read categories to respondent.

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

DIS_Q01B **... nervous?**
DISB_10B

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time
- DK, R (Go to DIS_Q01D)
(Go to DIS_Q01D)

DIS_C01B If DIS_Q01B = 5, then DIS_Q01C will be set to 5 (None of the time) during processing.

DIS_Q01C **... so nervous that nothing could calm you down?**
DISB_10C

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

DIS_Q01D **... hopeless?**
DISB_10D

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

DIS_Q01E DISB_10E	... restless or fidgety?	
	1 All of the time	
	2 Most of the time	
	3 Some of the time	
	4 A little of the time	
	5 None of the time	(Go to DIS_Q01G)
	DK, R	(Go to DIS_Q01G)
DIS_C01E	If DIS_Q01E = 5, then DIS_Q01F will be set to 5 (None of the time) during processing.	
DIS_Q01F DISB_10F	... so restless you could not sit still?	
	1 All of the time	
	2 Most of the time	
	3 Some of the time	
	4 A little of the time	
	5 None of the time	
	DK, R	
DIS_Q01G DISB_10G	During the past month, about how often did you feel:	
	...sad or depressed?	
	1 All of the time	
	2 Most of the time	
	3 Some of the time	
	4 A little of the time	
	5 None of the time	(Go to DIS_Q01I)
	DK, R	(Go to DIS_Q01I)
DIS_C01G	If DIS_Q01G = 5, then DIS_Q01H will be set to 5 (None of the time) during processing.	
DIS_Q01H DISB_10H	...so depressed that nothing could cheer you up?	
	1 All of the time	
	2 Most of the time	
	3 Some of the time	
	4 A little of the time	
	5 None of the time	
	DK, R	
DIS_Q01I DISB_10I	...that everything was an effort?	
	1 All of the time	
	2 Most of the time	
	3 Some of the time	
	4 A little of the time	
	5 None of the time	
	DK, R	

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DIS_Q01J DISB_10J	...worthless?	
	1	All of the time
	2	Most of the time
	3	Some of the time
	4	A little of the time
	5	None of the time
		DK, R
DIS_C01K	If DIS_Q01B to DIS_Q01J are DK or R, go to DIS_END.	
DIS_Q01K DISB_10K	<p>We just talked about feelings that occurred to different degrees during the past month.</p> <p>Taking them altogether, did these feelings occur <u>more often</u> in the past month than is usual for you, <u>less often</u> than usual or <u>about the same as usual</u>?</p>	
	1	More often
	2	Less often
	3	About the same
	4	Never have had any
		DK, R
		(Go to DIS_Q01M)
		(Go to DIS_Q01N)
		(Go to DIS_END)
		(Go to DIS_END)
DIS_Q01L DISB_10L	Is that a <u>lot</u> more, <u>somewhat</u> more or <u>only a little</u> more often than usual?	
	1	A lot
	2	Somewhat
	3	A little
		DK, R
	Go to DIS_Q01N	
DIS_Q01M DISB_10M	Is that a <u>lot</u> less, <u>somewhat</u> less or <u>only a little</u> less often than usual?	
	1	A lot
	2	Somewhat
	3	A little
		DK, R
DIS_Q01N DISB_10N	<p>During the past month, how much did these feelings usually interfere with your life or activities?</p> <p>INTERVIEWER: Read categories to respondent.</p>	
	1	A lot
	2	Some
	3	A little
	4	Not at all
		DK, R
DIS_END	Go to next module.	

DEPRESSION

DEP_C01 If SCR_Q21 = 1 (Yes), DEP_C01 = 1 and go to DEP_Q01 (sad, empty or depressed).
 If SCR_Q22 = 1 (Yes), DEP_C01 = 2 and go to DEP_Q02 (discouraged).
 If SCR_Q23 = 1 (Yes), DEP_C01 = 3 and go to DEP_Q09 (uninterested).

Otherwise, if (SCR_Q21 = 2, DK, R) and (if SCR_Q22 = 2, DK, R) and if (SCR_Q23 = 2, DK, R), DEP_C01 = 0 go to DEP_QINT26CCA.

DEP_Q01 **Earlier, you mentioned having periods that lasted several days or longer when you felt sad, empty or depressed most of the day. During such episodes, did you ever feel discouraged about how things were going in your life?**

DEPB_01

1	Yes	
2	No	(Go to DEP_Q01B)
	DK	(Go to DEP_Q01B)
	R	(Go to DEP_QINT26CCA)

DEP_Q01A **During the episodes of being sad, empty or depressed, did you ever lose interest in most things like work, hobbies or other things you usually enjoyed?**

DEPB_01A

1	Yes	(sad, discouraged or uninterested)
2	No	(sad or discouraged)
	DK, R	(sad or discouraged)

DEP_C02 If DEP_Q01A = 1,
 ^KEY_PHRASE1 = sad, discouraged or uninterested in things
 ^KEY_PHRASE3 = sad, discouraged or uninterested
 Use the phrase "these problems" in %this problem/these problems%.
 Use the phrase "were" in %was/were%.

Otherwise, if DEP_Q01A = 2 or DEP_Q01A = DK or DEP_Q01A = R,
 ^KEY_PHRASE1 = sad or discouraged
 ^KEY_PHRASE3 = sad or discouraged

Use the phrase "these problems" in %this problem/these problems%.
 Use the phrase "were" in %was/were%.

Go to DEP_Q12.

DEP_Q01B **During the episodes of being sad, empty or depressed, did you ever lose interest in most things like work, hobbies or other things you usually enjoyed?**

DEPB_01B

1	Yes	(sad or uninterested in things)
2	No	(sad)
	DK, R	(sad)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_C03	<p>If DEP_Q01B = 1, ^KEY_PHRASE1 = sad or uninterested in things ^KEY_PHRASE3 = sad or uninterested</p> <p>Use the phrase "these problems" in %this problem/these problems%. Use the phrase "were" in %was/were%.</p> <p>Otherwise, if DEP_Q01B = 2 or DEP_Q01B = DK or DEP_Q01B = R, ^KEY_PHRASE1 = sad ^KEY_PHRASE3 = sad</p> <p>Use the phrase "this problem" in %this problem/these problems%. Use the phrase "was" in %was/were%.</p> <p>Go to DEP_Q12.</p>												
DEP_Q02 DEPB_02	<p>Earlier, you mentioned having periods that lasted several days or longer when you felt discouraged about how things were going in your life. During such episodes, did you ever lose interest in most things like work, hobbies or other things you usually enjoy?</p> <table border="0"> <tr> <td style="padding-right: 10px;">1</td> <td style="padding-right: 10px;">Yes</td> <td>(discouraged or uninterested in things)</td> </tr> <tr> <td>2</td> <td>No</td> <td>(discouraged)</td> </tr> <tr> <td></td> <td>DK</td> <td>(discouraged)</td> </tr> <tr> <td></td> <td>R</td> <td>(Go to DEP_QINT26CCA)</td> </tr> </table>	1	Yes	(discouraged or uninterested in things)	2	No	(discouraged)		DK	(discouraged)		R	(Go to DEP_QINT26CCA)
1	Yes	(discouraged or uninterested in things)											
2	No	(discouraged)											
	DK	(discouraged)											
	R	(Go to DEP_QINT26CCA)											
DEP_C04	<p>If DEP_Q02 = 1, ^KEY_PHRASE1 = discouraged or uninterested in things ^KEY_PHRASE3 = discouraged or uninterested</p> <p>Use the phrase "these problems" in %this problem/these problems%. Use the phrase "were" in %was/were%.</p> <p>Otherwise, if DEP_Q02 = 2 or DEP_Q02 = DK, ^KEY_PHRASE1 = (discouraged) ^KEY_PHRASE3 = (discouraged)</p> <p>Use the phrase "this problem" in %this problem/these problems%. Use the phrase "was" in %was/were%.</p> <p>Go to DEP_Q12.</p>												
DEP_Q03 DEPB_03	<p>Earlier, you mentioned having periods that lasted several days or longer when you lost interest in most things like work, hobbies or other things you usually enjoy. Did you ever have such a period that lasted for most of the day, nearly every day, for <u>2 weeks</u> or longer?</p> <table border="0"> <tr> <td style="padding-right: 10px;">1</td> <td style="padding-right: 10px;">Yes</td> <td></td> </tr> <tr> <td>2</td> <td>No</td> <td>(Go to DEP_QINT26CCA)</td> </tr> <tr> <td></td> <td>DK</td> <td>(Go to DEP_QINT26CCA)</td> </tr> <tr> <td></td> <td>R</td> <td>(Go to DEP_QINT26CCA)</td> </tr> </table>	1	Yes		2	No	(Go to DEP_QINT26CCA)		DK	(Go to DEP_QINT26CCA)		R	(Go to DEP_QINT26CCA)
1	Yes												
2	No	(Go to DEP_QINT26CCA)											
	DK	(Go to DEP_QINT26CCA)											
	R	(Go to DEP_QINT26CCA)											

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_C5	If DEP_Q09 = 1, ^KEY_PHRASE1 = uninterested in things ^KEY_PHRASE3 = uninterested Use the phrase "this problem" in %this problem/these problems%. Use the phrase "was" in %was/were%.
DEP_C6	If DEP_Q09 = 1 (Yes), go to DEP_Q16.
DEP_Q12 DEPB_12	Did you ever have a period of being ^KEY_PHRASE1 that lasted for most of the day, nearly every day, for <u>2 weeks</u> or longer? 1 Yes 2 No (Go to DEP_QINT26CCA) DK, R (Go to DEP_QINT26CCA)
DEP_Q16 DEPB_16	Think of periods lasting <u>2 weeks or longer</u> when %this problem/these problems% with your mood %was/were% most <u>severe and frequent</u>. During those periods, did your feelings of being ^KEY_PHRASE3 usually last: INTERVIEWER: Read categories to respondent. 1 ... less than one hour? 2 ... between 1 and 3 hours? 3 ... between 3 and 5 hours? 4 ... more than 5 hours? DK, R
DEP_Q17 DEPB_17	During those periods, how severe was your emotional distress? INTERVIEWER: Read categories to respondent. 1 Mild 2 Moderate 3 Severe 4 Very severe DK, R
DEP_Q18 DEPB_18	During those periods, how often was your emotional distress so severe that nothing could cheer you up? INTERVIEWER: Read categories to respondent. 1 Often 2 Sometimes 3 Rarely 4 Never DK, R
DEP_Q19 DEPB_19	During those periods, how often was your emotional distress so severe that you could not carry out your daily activities? INTERVIEWER: Read categories to respondent. 1 Often 2 Sometimes 3 Rarely 4 Never DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- DEP_C20 If (DEP_Q17 = 1 (mild) or R) and (DEP_Q18 = 4 (never) or R) and (DEP_Q19 = 4 (never) or R), DEP_C20 = 1 and go to DEP_QINT26CCA. Otherwise, DEP_C20 = 2.
- DEP_QINT21 **People with episodes of being ^KEY_PHRASE3 often have other problems at the same time. These include things like feelings of low self-worth and changes in sleep, appetite, energy and ability to concentrate and remember.**
INTERVIEWER: Press <Enter> to continue.
- DEP_Q21
 DEP_B_21 **Did you ever have problems like this during one of your episodes of being ^KEY_PHRASE3?**
- 1 Yes
 2 No (Go to DEP_QINT26CCA)
 DK, R (Go to DEP_QINT26CCA)
- DEP_Q22
 DEP_B_22 **Please think of an episode of being ^KEY_PHRASE3 that lasted 2 weeks or longer when, at the same time, you also had the largest number of these other problems. Is there one particular episode that stands out as the worst one you ever had?**
- 1 Yes
 2 No (Go to DEP_Q23A)
 DK, R (Go to DEP_Q23A)
- DEP_Q22A
 DEP_B_22A **How old were you when that worst episode started?**
INTERVIEWER: Minimum is 0; maximum is %current age%.
- ||| Age in years
 (MIN: 0) (MAX: current age)
- DK, R
- DEP_Q22B
 DEP_B_22B **How long did it last (in terms of days, weeks, months or years)?**
INTERVIEWER: Select the reporting unit here and enter the number in the next screen.
- 1 Days (Go to DEP_Q22D)
 2 Weeks (Go to DEP_Q22E)
 3 Months (Go to DEP_Q22F)
 4 Years (Go to DEP_Q22F)
 DK, R (Go to DEP_QINT24)
- DEP_Q22C
 DEP_B_22C **INTERVIEWER:** Enter the number of days.
 Minimum is 14; maximum is 900.
- ||| Number of days
 (MIN: 14) (MAX: 900; warning after 365)
- DK, R

- DEP_E22C If DEP_Q22C <= 365, go to DEP_QINT24.
Otherwise, show pop-up edit as follows.
- An unusual value has been entered.
Please confirm or return and change the reporting unit.**
- DEP_Q22D INTERVIEWER: Enter the number of weeks.
DEPB_22D Minimum is 2; maximum is 104.
- [[[]] Number of weeks
(MIN: 2) (MAX: 104; warning after 52)
- DK, R
- DEP_E22D If DEP_Q22D <= 52, go to DEP_QINT24.
Otherwise, show pop-up edit as follows.
- An unusual value has been entered.
Please confirm or return and change the reporting unit.**
- DEP_Q22E INTERVIEWER: Enter the number of months.
DEPB_22E Minimum is 1; maximum is 36.
- [[]] Number of months
(MIN: 1) (MAX: 36; warning after 24)
- DK, R
- DEP_E22E If DEP_Q22E <= 24, go to DEP_QINT24.
Otherwise, show pop-up edit as follows.
- An unusual value has been entered.
Please confirm or return and change the reporting unit.**
- DEP_Q22F INTERVIEWER: Enter the number of years.
DEPB_22F Minimum is 1; maximum is %current age - (age in DEP_Q22A)%.
- [[[]] Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q22A))
- DK, R
- Go to DEP_QINT24.
- DEP_Q23A **Think of the last time you had a bad episode of being ^KEY_PHRASE3 like**
DEPB_23A **this. How old were you when that last episode occurred?**
INTERVIEWER: Minimum is 0; Maximum is %current age%.
- [[[]] Age in years
(MIN: 0) (MAX: current age)
- DK
R (Go to DEP_QINT24)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- DEP_Q23B **How long did that episode last?**
 DEP_B_23B **INTERVIEWER:** Select the reporting unit here and enter the number in the next screen.
- | | | |
|---|--------|--------------------|
| 1 | Days | |
| 2 | Weeks | (Go to DEP_Q23D) |
| 3 | Months | (Go to DEP_Q23E) |
| 4 | Years | (Go to DEP_Q23F) |
| | DK, R | (Go to DEP_QINT24) |
- DEP_Q23C **INTERVIEWER:** Enter the number of days.
 DEP_B_23C Minimum is 14; maximum is 900.
- [[[]] Number of days
 (MIN: 14) (MAX: 900; warning after 365)
- DK, R
- DEP_E23C If DEP_Q23C <= 365, go to DEP_QINT24.
 Otherwise, show pop-up edit as follows.
- An unusual value has been entered.
 Please confirm or return and change the reporting unit.**
- DEP_Q23D **INTERVIEWER:** Enter the number of weeks.
 DEP_B_23D Minimum is 2; maximum is 104.
- [[[]] Number of weeks
 (MIN: 2) (MAX: 104; warning after 52)
- DK, R
- DEP_E23D If DEP_Q23D <= 52, go to DEP_QINT24.
 Otherwise, show pop-up edit as follows.
- An unusual value has been entered.
 Please confirm or return and change the reporting unit.**
- DEP_Q23E **INTERVIEWER:** Enter the number of months.
 DEP_B_23E Minimum is 1; maximum is 36.
- [[[]] Number of months
 (MIN: 1) (MAX: 36; warning after 24)
- DK, R
- DEP_E23E If DEP_Q23E <= 24, go to DEP_QINT24.
 Otherwise, show pop-up edit as follows.
- An unusual value has been entered.
 Please confirm or return and change the reporting unit.**

- DEP_Q23F INTERVIEWER: Enter the number of years.
DEPB_23F Minimum is 1; maximum is %current age - (age in DEP_Q23A)%
- [[[]] Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q23A))
- DK, R
- DEP_QINT24 In answering the next questions, think about the period of **2 weeks or longer** when your feelings of being ^KEY_PHRASE3 and other problems were most **severe and frequent**. During that period, tell me which of the following problems you had for most of the day, **nearly every day**.
INTERVIEWER: Press <Enter> to continue.
- DEP_Q24A Did you feel sad, empty or depressed most of the day, nearly every day, during that period of 2 weeks?
DEPB_24A
- 1 Yes (KEY_PHRASE = feeling sad, empty or depressed)
2 No (Go to DEP_Q24C)
DK, R (Go to DEP_Q24C)
- DEP_Q24B Nearly every day, did you feel so sad that nothing could cheer you up?
DEPB_24B
- 1 Yes (KEY_PHRASE = feeling that nothing could cheer you up)
2 No
DK, R
- DEP_Q24C During that period of 2 weeks, did you feel discouraged most of the day, nearly every day, about how things were going in your life?
DEPB_24C
- 1 Yes (KEY_PHRASE = feeling discouraged about things in your life)
2 No (Go to DEP_Q24E)
DK, R (Go to DEP_Q24E)
- DEP_Q24D Did you feel hopeless about the future nearly every day?
DEPB_24D
- 1 Yes (KEY_PHRASE = feeling hopeless about the future)
2 No
DK, R
- DEP_Q24E During that period of 2 weeks, did you lose interest in almost all things like work, hobbies and things you like to do for fun?
DEPB_24E
- 1 Yes (KEY_PHRASE = losing interest in almost all things)
2 No
DK, R
- DEP_Q24F Did you feel like nothing was fun even when good things were happening?
DEPB_24F
- 1 Yes (KEY_PHRASE = feeling that nothing was fun)
2 No
DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_C25 If any one of DEP_Q24A, DEP_Q24B, DEP_Q24C, DEP_Q24D, DEP_Q24E or DEP_Q24F = 1 (Yes), DEP_C25 = 1. Otherwise, DEP_C25 = 2 and go to DEP_QINT26CCA.

DEP_Q26A **During that period of 2 weeks, did you, nearly every day, have a much smaller appetite than usual?**
DEPB_26A

- 1 Yes (KEY_PHRASE = having a much smaller appetite)
(Go to DEP_Q26E)
- 2 No
DK, R

DEP_Q26B **Did you have a much larger appetite than usual nearly every day?**
DEPB_26B

- 1 Yes (KEY_PHRASE = having a much larger appetite)
- 2 No
DK, R

DEP_Q26C **During that period of 2 weeks, did you gain weight without trying to?**
DEPB_26C

- 1 Yes
- 2 No (Go to DEP_Q26E)
DK, R (Go to DEP_Q26E)

DEP_Q26C_1 **Was this weight gain due to a physical growth or a pregnancy?**
DEPB_261

- 1 Yes (Go to DEP_Q26G)
- 2 No (KEY_PHRASE = gaining weight without trying to)
DK, R

DEP_Q26D **How much did you gain?**
DEPB_26D INTERVIEWER: Enter amount only.

||| Weight
(MIN: 1) (MAX: 300)

DK, R (Go to DEP_Q26G)

DEP_Q26D INTERVIEWER: Was that in pounds or kilograms?
DEPB_26D

- 1 Pounds
- 2 Kilograms
(DK, R are not allowed)

Go to DEP_Q26G

DEP_Q26E **Did you lose weight without trying to?**
DEPB_26E INTERVIEWER: If respondent reports being on a diet or physically ill, select "No".

- 1 Yes
- 2 No (Go to DEP_Q26G)
DK, R (Go to DEP_Q26G)

DEP_Q26E_1 **Was this weight loss a result of a diet or a physical illness?**
DEPB_263

- 1 Yes (Go to DEP_Q26G)
2 No (KEY_PHRASE = losing weight without trying to)
DK, R

DEP_Q26F **How much did you lose?**
DEPB_26F **INTERVIEWER:** Enter amount only.

[[[] Weight
(MIN: 1) (MAX: 300)

DK, R (Go to DEP_Q26G)

DEP_Q26F **INTERVIEWER:** Was that in pounds or kilograms?
DEPB_264

- 1 Pounds
2 Kilograms
(DK, R are not allowed)

DEP_Q26G **During that period of 2 weeks, did you have a lot more trouble than usual**
DEPB_26G **either falling asleep, staying asleep or waking up too early nearly every**
night?

- 1 Yes (KEY_PHRASE = having trouble falling or staying asleep
or waking up too early)
(Go to DEP_Q26I)
2 No
DK, R

DEP_Q26H **During that period of 2 weeks, did you sleep a lot more than usual nearly**
DEPB_26H **every night?**

- 1 Yes (KEY_PHRASE = sleeping a lot more than usual)
(Go to DEP_Q26J)
2 No
DK, R

DEP_Q26I **Did you sleep much less than usual and still not feel tired or sleepy?**
DEPB_26I

- 1 Yes (KEY_PHRASE = sleeping much less than usual)
2 No
DK, R

DEP_Q26J **During that period of 2 weeks, did you feel tired or low in energy nearly**
DEPB_26J **every day, even when you had not been working very hard?**

- 1 Yes (KEY_PHRASE = feeling tired or low in energy)
(Go to DEP_Q26L)
2 No
DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_Q26K
DEPB_26K

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

- 1 Yes (KEY_PHRASE = having a lot more energy than usual)
2 No
DK, R

DEP_Q26L
DEPB_26L

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

- 1 Yes (KEY_PHRASE = talking or moving more slowly than normal)
2 No (Go to DEP_Q26N)
DK, R (Go to DEP_Q26N)

DEP_Q26M
DEPB_26M

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

- 1 Yes
2 No
DK, R

Go to DEP_Q26P

DEP_Q26N
DEPB_26N

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

- 1 Yes (KEY_PHRASE = feeling restless or jittery, or couldn't sit still)
2 No (Go to DEP_Q26P)
DK, R (Go to DEP_Q26P)

DEP_Q26O
DEPB_26O

Did anyone else notice that you were restless?

- 1 Yes
2 No
DK, R

DEP_Q26P
DEPB_26P

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

- 1 Yes (KEY_PHRASE = thinking much more slowly than usual)
(Go to DEP_Q26R)
2 No
DK, R

DEP_Q26Q
DEPB_26Q

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

- 1 Yes (KEY_PHRASE = having thoughts race through your head)
2 No
DK, R

DEP_Q26R DEPB_26R	Nearly every day, did you have a lot more trouble concentrating than is normal for you?	
	1 Yes (KEY_PHRASE = having more trouble concentrating)	
	2 No DK, R	
DEP_Q26S DEPB_26S	Were you unable to make up your mind about things you ordinarily have no trouble deciding about?	
	1 Yes (KEY_PHRASE = being unable to make your mind about things)	
	2 No DK, R	
DEP_Q26T DEPB_26T	Did you lose your self-confidence?	
	1 Yes (KEY_PHRASE = losing your self-confidence)	
	2 No DK, R	
DEP_Q26U DEPB_26U	Nearly every day, did you feel that you were not as good as other people?	
	1 Yes (KEY_PHRASE = feeling not as good as other people)	
	2 No (Go to DEP_Q26W) DK, R (Go to DEP_Q26W)	
DEP_Q26V DEPB_26V	Did you feel totally worthless nearly every day?	
	1 Yes (KEY_PHRASE = feeling worthless)	
	2 No DK, R	
DEP_Q26W DEPB_26W	Did you feel guilty nearly every day?	
	1 Yes (KEY_PHRASE = feeling guilty every day)	
	2 No DK, R	
DEP_Q26X DEPB_26X	Did you feel irritable, grouchy or in a bad mood nearly every day?	
	1 Yes (KEY_PHRASE = feeling grouchy)	
	2 No DK, R	
DEP_Q26Y DEPB_26Y	Did you feel nervous or anxious most days?	
	1 Yes (KEY_PHRASE = feeling nervous or anxious)	
	2 No DK, R	

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_Q26Z
DEPB_26Z **During that period of 2 weeks, did you have any sudden attacks of intense fear or panic?**

- 1 Yes (KEY_PHRASE = having attacks of fear or panic)
2 No
DK, R

DEP_Q26Z_FF
DEPB_265 **Did you feel that you could not cope with your everyday responsibilities?**

- 1 Yes (KEY_PHRASE = feeling you couldn't cope with your responsibilities)
2 No
DK, R

DEP_Q26Z_GG
DEPB_266 **Did you feel like you wanted to be alone rather than spend time with friends or relatives?**

- 1 Yes (KEY_PHRASE = wanting to be alone)
2 No
DK, R

DEP_Q26Z_HH
DEPB_267 **Did you feel less talkative than usual?**

- 1 Yes (KEY_PHRASE = feeling less talkative)
2 No
DK, R

DEP_Q26Z_II
DEPB_268 **Were you often in tears?**

- 1 Yes (KEY_PHRASE = being often in tears)
2 No
DK, R

DEP_Q26AA
DEPB_6A **Did you often think a lot about death, either your own, someone else's or death in general?**

- 1 Yes (KEY_PHRASE = thinking about death)
2 No
DK, R

DEP_Q26BB
DEPB_6B **During that period, did you ever think that it would be better if you were dead?**

- 1 Yes (KEY_PHRASE = thinking you were better dead)
2 No
DK, R

DEP_Q26CC (Please refer to page 6 of the booklet.)
DEPB_A

Three experiences are listed, EXPERIENCE A, B and C. Think of the period of 2 weeks or longer when your feelings of being KEY_PHRASE3 and other problems were most severe and frequent. During that time, did EXPERIENCE A happen to you?

INTERVIEWER: EXPERIENCE A is "You seriously thought about committing suicide or taking your own life."

- | | | |
|---|-------------|---|
| 1 | Yes | (KEY_PHRASE = having EXPERIENCE A)
(Go to DEP_Q26DD) |
| 2 | No
DK, R | (Go to DEP_Q26CC1)
(Go to DEP_C27) |

DEP_QINT26CCA (Please refer to page 6 of the booklet.)

The following questions may be sensitive to some people, but we have to ask the same questions of everyone. Three experiences are listed, EXPERIENCE A, B and C.

INTERVIEWER: Press <Enter> to continue.

DEP_Q26CC1 Has EXPERIENCE A ever happened to you?

DEPB_A1 INTERVIEWER: EXPERIENCE A is "You seriously thought about committing suicide or taking your own life."

- | | | |
|---|-------------|------------------------------------|
| 1 | Yes | |
| 2 | No
DK, R | (Go to DEP_C27)
(Go to DEP_C27) |

DEP_Q26CC1A In the past 12 months, did EXPERIENCE A happen to you?

DEPB_A1A INTERVIEWER: EXPERIENCE A is "You seriously thought about committing suicide or taking your own life."

- | | | |
|---|-------------|-------------------|
| 1 | Yes | (Go to DEP_Q26DD) |
| 2 | No
DK, R | (Go to DEP_C27) |

DEP_Q26CC2 How old were you the last time this experience happened to you?

DEPB_A2 INTERVIEWER: Minimum is 6; maximum is %current age - 1%

[[[Age in years
(MIN: 6) (MAX: current age - 1)

DK, R (Go to DEP_C27)

DEP_Q26DD Now, look at the second experience on the list, EXPERIENCE B. Did EXPERIENCE B happen to you?

DEPB_B INTERVIEWER: EXPERIENCE B is "You made a plan for committing suicide."

- | | | |
|---|-------------|------------------------------------|
| 1 | Yes | (KEY_PHRASE = having EXPERIENCE B) |
| 2 | No
DK, R | |

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- DEP_C26DD If DEP_Q26CC1 = 1 (Yes) and DEP_Q26DD = 1 (Yes) or 2 (No),
DEP_C26DD = 1 and go to DEP_Q26EE1.
- If DEP_Q26CC = 1 (Yes) and DEP_Q26DD = 1 (Yes) or 2 (No),
DEP_C26DD = 2 and go to DEP_Q26EE.
- If DEP_Q26DD = DK or R, DEP_C26DD = 3 and go to DEP_C26EE7B.
- DEP_Q26EE **Now, look at the third experience on the list, EXPERIENCE C.**
DEPB_C **During that period of 2 weeks or longer, did EXPERIENCE C happen to you?**
INTERVIEWER: EXPERIENCE C is "You attempted suicide or tried to take your own life."
- | | | |
|---|-------|------------------------------------|
| 1 | Yes | (KEY_PHRASE = having EXPERIENCE C) |
| 2 | No | (Go to DEP_Q26EEB) |
| | DK, R | (Go to DEP_C26EE7B) |
- DEP_Q26EEA **Has there been a more recent time when EXPERIENCE C happened to you?**
DEPB_CA INTERVIEWER: EXPERIENCE C is "You attempted suicide or tried to take your own life."
- | | | |
|---|-------|---------------------|
| 1 | Yes | (Go to DEP_Q26EE1A) |
| 2 | No | (Go to DEP_Q26EE3) |
| | DK, R | (Go to DEP_C26EE7B) |
- DEP_Q26EEB **Has EXPERIENCE C ever happened to you?**
DEPB_CB INTERVIEWER: EXPERIENCE C is "You attempted suicide or tried to take your own life."
- | | | |
|---|-------|---------------------|
| 1 | Yes | (Go to DEP_Q26EE1A) |
| 2 | No | (Go to DEP_C27) |
| | DK, R | (Go to DEP_C27) |
- DEP_Q26EE1 **Now, look at the third experience on the list, EXPERIENCE C.**
DEPB_C1 **Has EXPERIENCE C ever happened to you?**
INTERVIEWER: EXPERIENCE C is "You attempted suicide or tried to take your own life."
- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_C27) |
| | DK, R | (Go to DEP_C27) |
- DEP_Q26EE1A **During the last 12 months, did EXPERIENCE C happen to you?**
DEPB_C1A INTERVIEWER: EXPERIENCE C is "You attempted suicide or tried to take your own life."
- | | | |
|---|-------|--|
| 1 | Yes | |
| 2 | No | |
| | DK, R | |

DEP_Q26EE1A If DEP_Q26EEA = 1 (Yes) and DEP_Q26EE1A = 1 (Yes), DEP_C26EE1A = 1 and go to DEP_Q26EE3.

If DEP_Q26EEA = 1 (Yes) and DEP_Q26EE1A = 2 (No), DEP_C26EE1A = 2 and go to DEP_Q26EE1B.

If (DEP_Q26EE1 = 1 (Yes) or DEP_Q26EEB = 1 (Yes)), and DEP_Q26EE1A = 1 (Yes), DEP_C26EE1A = 3 and go to DEP_Q26EE3.

If (DEP_Q26EE1 = 1 (Yes) or DEP_Q26EEB = 1 (Yes)), and DEP_Q26EE1A = 2 (No), DEP_C26EE1A = 4 and go to DEP_Q26EE2.

If (DEP_Q26EE1A = DK or R) or (DEP_Q26EEB = DK or R), DEP_C26EE1A = 5 and go to DEP_Q26EE7B.

DEP_Q26EE1B **During the last 12 months, did EXPERIENCE A happen to you?**

DEPB_A1B **INTERVIEWER:** EXPERIENCE A is "You seriously thought about committing suicide or taking your own life."

- | | | |
|---|-------|---------------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_Q26EE1D) |
| | DK, R | (Go to DEP_C27) |

DEP_Q26EE1C **Did EXPERIENCE B happen to you?**

DEPB_B1C **INTERVIEWER:** EXPERIENCE B is "You made a plan for committing suicide."

- | | | |
|---|-------|--------------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_Q26EE7) |
| | DK, R | |

DEP_Q26EE1D **How old were you the last time EXPERIENCE C happened to you?**

DEPB_C1D **INTERVIEWER:** EXPERIENCE C is "You attempted suicide or tried to take your own life."

[[[]] Age in years (Go to DEP_Q26EE3)
(MIN: 6) (MAX: current age - 1)

DK, R (Go to DEP_C26EE7B)

DEP_Q26EE2 **How old were you when EXPERIENCE C happened to you?**

DEPB_C2 **INTERVIEWER:** EXPERIENCE C is "You attempted suicide or tried to take your own life."

Minimum is 6; maximum is %current age - 1%.

If more than one attempt, ask about the most recent one.

[[[]] Age in years
(MIN: 6) (MAX: current age - 1)

DK, R (Go to DEP_C26EE7B)

DEP_Q26EE3 **Did it result in injury or poisoning?**

DEPB_C3 **INTERVIEWER:** If more than one attempt, ask about the most recent one.

- | | | |
|---|-------|---------------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_C26EE7A) |
| | DK, R | |

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_Q26EE4 **Did you receive medical attention (following the most recent time EXPERIENCE C happened to you)?**
 DEP_B_C4 **INTERVIEWER:** EXPERIENCE C is "You attempted suicide or tried to take your own life."
 If more than one attempt, ask about the most recent one.

- | | | |
|---|-------|---------------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_C26EE7A) |
| | DK, R | (Go to DEP_C26EE7A) |

DEP_Q26EE5 **Were you hospitalized overnight or longer (following this most recent time since EXPERIENCE C happened to you)?**
 DEP_B_C5 **INTERVIEWER:** EXPERIENCE C is "You attempted suicide or tried to take your own life."
 If more than one attempt, ask about the most recent one.

- | | |
|---|-------|
| 1 | Yes |
| 2 | No |
| | DK, R |

DEP_C26EE7A If DEP_Q26EE1A = 1 (Yes), DEP_C26EE7A = 1 and go to DEP_Q26EE8.
 Otherwise, DEP_C26EE7A = 2 and go to DEP_C26EE7B.

DEP_C26EE7B If DEP_Q26CC1A = 1(Yes) or DEP_Q26EE1B = 1(Yes), DEP_C26EE7B = 1 and go to DEP_Q26EE7.
 Otherwise, DEP_C26EE7B = 2 and go to DEP_C27.

DEP_Q26EE7 **During the past 12 months, have you seen, or talked on the telephone, to a professional about EXPERIENCE A?**
 DEP_B_A7 **INTERVIEWER:** EXPERIENCE A is "You seriously thought about committing suicide or taking your own life."

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_C27) |
| | DK, R | (Go to DEP_C27) |

DEP_Q26EE7A (Please refer to page 7 of the booklet.)

Whom did you see or talk to? Please read the numbers of all that apply.
INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|--|
| DEP_B_AA | 1 | Psychiatrist |
| DEP_B_AB | 2 | Family doctor or general practitioner |
| DEP_B_AC | 3 | Psychologist |
| DEP_B_AD | 4 | Nurse |
| DEP_B_AE | 5 | Social worker or counsellor |
| DEP_B_AF | 6 | Religious or spiritual advisor such as a priest, chaplain or rabbi |
| DEP_B_AG | 7 | Teacher or guidance counsellor |
| DEP_B_AH | 8 | Other |
| | | DK, R |

DEP_Q26EE7B Where did the contact(s) take place?

INTERVIEWER: Mark all that apply.

If respondent says "hospital", probe for details.

- | | | |
|----------|----|---|
| DEPB_ABA | 1 | Hospitalized as an overnight patient |
| DEPB_ABB | 2 | Health professional's office (including doctor's) |
| DEPB_ABC | 3 | Hospital emergency room |
| DEPB_ABD | 4 | Psychiatric outpatient clinic |
| DEPB_ABE | 5 | Drug or alcohol outpatient clinic |
| DEPB_ABF | 6 | Other hospital outpatient clinic (e.g. day surgery, cancer) |
| DEPB_ABG | 7 | Walk-in clinic |
| DEPB_ABH | 8 | Appointment clinic |
| DEPB_ABI | 9 | Community health centre / CLSC |
| DEPB_ABJ | 10 | At work |
| DEPB_ABK | 11 | At school |
| DEPB_ABL | 12 | At home |
| DEPB_ABM | 13 | Telephone consultation only |
| DEPB_ABN | 14 | Church or other place for religious assembly |
| DEPB_ABO | 15 | Other |
| | | DK, R |

Go to DEP_C27

DEP_Q26EE8 During the past 12 months, have you seen, or talked on the telephone, to a professional about EXPERIENCE A or EXPERIENCE C?

DEPB_D8

INTERVIEWER: EXPERIENCE A is "You seriously thought about committing suicide or taking your own life."

EXPERIENCE C is "You attempted suicide or tried to take your own life."

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_C27) |
| | DK, R | (Go to DEP_C27) |

DEP_Q26EE8A (Please refer to page 7 of the booklet.)

Whom did you see or talk to? Please read the numbers of all that apply.

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|--|
| DEPB_DAA | 1 | Psychiatrist |
| DEPB_DAB | 2 | Family doctor or general practitioner |
| DEPB_DAC | 3 | Psychologist |
| DEPB_DAD | 4 | Nurse |
| DEPB_DAE | 5 | Social worker or counsellor |
| DEPB_DAF | 6 | Religious or spiritual advisor such as a priest, chaplain or rabbi |
| DEPB_DAG | 7 | Teacher or guidance counsellor |
| DEPB_DAH | 8 | Other |
| | | DK, R |

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_Q26EE8B Where did the contact(s) take place?

INTERVIEWER: Mark all that apply.

If respondent says "hospital", probe for details.

DEPB_DBA	1	Hospitalized as an overnight patient
DEPB_DBB	2	Health professional's office (including doctor's)
DEPB_DBC	3	Hospital emergency room
DEPB_DBD	4	Psychiatric outpatient clinic
DEPB_DBE	5	Drug or alcohol outpatient clinic
DEPB_DBF	6	Other hospital outpatient clinic (e.g. day surgery, cancer)
DEPBDBG	7	Walk-in clinic
DEPB_DBH	8	Appointment clinic
DEPB_DBI	9	Community health centre / CLSC
DEPB_DBJ	10	At work
DEPB_DBK	11	At school
DEPB_DBL	12	At home
DEPB_DBM	13	Telephone consultation only
DEPB_DBN	14	Church or other place for religious assembly
DEPB_DBO	15	Other
		DK, R

DEP_C27 Set count of DEP_C27 = 0.

If any of DEP_Q24A through DEP_Q24D = 1 (Yes), DEP_C27 = DEP_C27 + 1.

If any of DEP_Q24E through DEP_Q24F = 1 (Yes), DEP_C27 = DEP_C27 + 1.

For each 1 (Yes) in DEP_Q26A, DEP_Q26B, DEP_Q26G, DEP_Q26H, DEP_Q26I, DEP_Q26J, DEP_Q26K, DEP_Q26L, DEP_Q26M, DEP_Q26N, DEP_Q26O, DEP_Q26P, DEP_Q26Q, DEP_Q26R, DEP_Q26S, DEP_Q26T, DEP_Q26U, DEP_Q26V, DEP_Q26W, DEP_Q26X, DEP_Q26Y, DEP_Q26Z, DEP_Q26Z_FF, DEP_Q26Z_GG, DEP_Q26Z_HH, DEP_Q26Z_II, DEP_Q26AA, DEP_Q26BB, DEP_Q26CC, DEP_Q26DD, DEP_Q26EE, and each 2 (No) in DEP_Q26C_1 and DEP_Q26E_1, DEP_C27 = DEP_C27 + 1.

DEP_C27A If DEP_C27 >= 5, DEP_C27A = 1.
Otherwise DEP_C27A = 2 and go to DEP_ND.

DEP_C28 If DEP_Q26CC = 1 (Yes) or DEP_Q26CC1 = 1 (Yes), DEP_C28 = 1 and go to DEP_Q28_1.
Otherwise, DEP_C28 = 2.

DEP_Q28
DEPB_28

You mentioned having a number of the problems that I just asked you about. During that episode, how much did your feelings of being ^KEY_PHRASE3 and having these other problems interfere with either your work, your social life or your personal relationships?
INTERVIEWER: Read categories to respondent.
 If respondent does not remember the problems, press <Ctrl D> to show the list of situations.

- | | | |
|---|------------|------------------|
| 1 | Not at all | (Go to DEP_Q29A) |
| 2 | A little | (Go to DEP_Q28A) |
| 3 | Some | (Go to DEP_Q28A) |
| 4 | A lot | (Go to DEP_Q28A) |
| 5 | Extremely | (Go to DEP_Q28A) |
| | DK, R | (Go to DEP_Q28A) |

DEP_Q28_1
DEPB_281

Earlier, you mentioned having a number of problems during the period of 2 weeks or longer when your feelings of being KEY_PHRASE3 were most frequent and severe. During that episode, how much did your feelings of being ^KEY_PHRASE3 and having these other problems interfere with either your work, your social life or your personal relationships?
INTERVIEWER: Read categories to respondent.
 If respondent does not remember the problems, press <Ctrl D> to show the list of situations.

- | | | |
|---|------------|------------------|
| 1 | Not at all | (Go to DEP_Q29A) |
| 2 | A little | (Go to DEP_Q28A) |
| 3 | Some | (Go to DEP_Q28A) |
| 4 | A lot | (Go to DEP_Q28A) |
| 5 | Extremely | (Go to DEP_Q28A) |
| | DK, R | (Go to DEP_Q28A) |

DEP_Q28A
DEPB_28A

During that episode, how often were you unable to carry out your daily activities because of your feelings of being ^KEY_PHRASE3?
INTERVIEWER: Read categories to respondent.

- | | |
|---|-----------|
| 1 | Often |
| 2 | Sometimes |
| 3 | Rarely |
| 4 | Never |
| | DK, R |

DEP_Q29A
DEPB_29A

Episodes of this sort sometimes occur as a result of a physical illness or injury or the use of medication, drugs or alcohol. Do you think your episodes of feeling ^KEY_PHRASE3 ever occurred as the result of physical causes, medication, drugs or alcohol?

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_Q30) |
| | DK, R | (Go to DEP_Q30) |

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_Q29B Do you think your episodes were **always** the result of physical causes,
DEPB_29B medication, drugs or alcohol?

- 1 Yes
2 No (Go to DEP_Q30)
DK, R (Go to DEP_Q30)

DEP_Q29C **What were the causes?**
INTERVIEWER: Mark all that apply.

- DEPB_9CA 1 Exhaustion
DEPB_9CB 2 Hyperventilation
DEPB_9CC 3 Hypochondria
DEPB_9CD 4 Menstrual cycle
DEPB_9CE 5 Pregnancy / postpartum
DEPB_9CF 6 Thyroid disease
DEPB_9CG 7 Cancer
DEPB_9CH 8 Overweight
DEPB_9CI 9 Medication (excluding illicit drugs)
DEPB_9CJ 10 Illicit drugs
DEPB_9CK 11 Alcohol
DEPB_9CL 12 Chemical Imbalance/Serotonin Imbalance
DEPB_9CM 13 Chronic Pain
DEPB_9CN 14 Caffeine
DEPB_9CO 15 No specific diagnosis
DEPB_9CP 16 Other – Specify
DEPB_9CQ 17 Accident/Injury
DEPB_9CR 18 Emotional, social or economic reason
DEPB_9CS 19 Other – Physical causes, etc.
DK, R

DEP_C29C If DEP_Q29C <> 16, go to DEP_Q30.

DEP_Q30 Did your episodes of feeling KEY_PHRASE3 **ever** occur just after someone
DEPB_30 close to you died?

- 1 Yes
2 No (Go to DEP_Q31)
DK, R (Go to DEP_Q31)

DEP_Q30A Did your episodes of feeling KEY_PHRASE3 **always** occur just after
DEPB_30A someone close to you died?

- 1 Yes
2 No
DK, R

DEP_Q31 **During your life, how many episodes of feeling ^KEY_PHRASE3 with some other problems lasting two weeks or longer have you ever had?**

DEPB_31

INTERVIEWER: Minimum is 1; maximum is 901.

If respondent answers more than 900 episodes, enter "900".

If respondent answers "More than I can remember", enter "901".

[[[]] Number of episodes
(MIN: 1) (MAX: 901)

DK
R

DEP_C31 If DEP_Q31 = 1 (number of episodes), DEP_C31 = 1 and go to DEP_Q37B_2. Otherwise, DEP_C31 = 2.

DEP_QINT37 **Think of the very first time in your life when you had an episode lasting 2 weeks or longer when most of the day, nearly every day, you felt ^KEY_PHRASE3 and you also had some of the other problems we talked about.**

DEP_Q37 **Can you remember exactly how old you were the very first time you had such an episode?**

DEPB_37

1 Yes
2 No (Go to DEP_Q37B)
DK (Go to DEP_Q37B)
R (Go to DEP_Q37B_1)

DEP_Q37A **How old were you?**

DEPB_37A

INTERVIEWER: Minimum is 0; maximum is %current age%.

[[[]] Age in years (Go to DEP_Q37B_2)
(MIN: 0) (MAX: current age)

DK
R (Go to DEP_Q37B_2)

DEP_Q37B **About how old were you (the first time you had such an episode)?**

DEPB_37B

INTERVIEWER: Minimum is 0; maximum is %current age%.

If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".

[[[]] Age in years (Go to DEP_Q37B_2)
(MIN: 0) (MAX: current age)

DK
R (Go to DEP_Q37B_2)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_Q37B_1 **Would you say that the very first time you had an episode of this sort was:**
DEPB_371 **INTERVIEWER:** Read categories to respondent.

If respondent answers "All my life", press <F6> to indicate "DK".

- 1 ... before you first started school?
 - 2 ... before you were a teenager?
 - 3 ... once you were a teenager or an adult?
- DK, R

DEP_Q37B_2 **Was that episode brought on by some stressful experience or did it happen out of the blue?**
DEPB_372

- 1 Brought on by stress
 - 2 Out of the blue
 - 3 Don't remember
- DK, R

DEP_C37B_2 If DEP_Q31 = 1 (number of episodes), DEP_C37B_2 = 1 and go to DEP_Q38. Otherwise, DEP_C37B_2 = 2.

DEP_Q37C **About how long did that episode go on?**

DEPB_7CA **INTERVIEWER:** Select the reporting unit here and enter the number in the next screen.

- 1 Days
 - 2 Weeks (Go to DEP_Q37C_D)
 - 3 Months (Go to DEP_Q37C_E)
 - 4 Years (Go to DEP_Q37C_F)
- DK, R (Go to DEP_Q38)

DEP_Q37C_C **INTERVIEWER:** Enter the number of days.
DEPB_7CB Minimum is 14; maximum is 900.

||| | Number of days
(MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E37C_C If DEP_Q37C_C <= 365, go to DEP_Q38. Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q37C_D **INTERVIEWER:** Enter the number of weeks.
DEPB_7CC Minimum is 2; maximum is 104.

||| | Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E37C_D If DEP_Q37C_D <= 52, go to DEP_Q38.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q37C_E **INTERVIEWER:** Enter the number of months.
DEPB_7CD Minimum is 1; maximum is 36.

[[]] Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

DEP_E37C_E If DEP_Q37C_E <= 24, go to DEP_Q38.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q37C_F **INTERVIEWER:** Enter the number of years.
DEPB_7CE Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.

[[]] Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

DK, R

Go to DEP_Q38.

DEP_Q38 **At any time in the past 12 months, did you have an episode lasting 2 weeks**
DEPB_38 **or longer when you felt KEY_PHRASE3 and also had some of the other**
problems already mentioned?

INTERVIEWER: If respondent does not remember the problems, press <Ctrl D>
to show the list of situations.

- 1 Yes
- 2 No
- DK, R

DEP_C38 If (DEP_Q31 = 1 (number of episodes) and DEP_Q38 = 2 (No) or DK or R),
DEP_C38 = 1 and go to DEP_C71.
If (DEP_Q31 > 1 (number of episodes) or DK or R) and (DEP_Q38 = 2 (No) or
DK or R), DEP_C38 = 2 and go to DEP_Q38C.
Otherwise, DEP_C38 = 3.

DEP_Q38A **How recently was it?**
DEPB_8A **INTERVIEWER:** Read categories to respondent.

- 1 **During the past month**
- 2 **Between 2 and 6 months ago**
- 3 **More than 6 months ago**
- DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_C38A If DEP_Q31 = 1 (number of episodes), DEP_C38A = 1 and go to DEP_Q38A_6.
Otherwise, DEP_C38A = 2.

DEP_QINT38A_1

In the next questions, the word "episode" means a period lasting 2 weeks or longer when, nearly every day, you were ^KEY_PHRASE3 and you also had some of the other problems we just mentioned. The end of an episode is when you no longer have the problems for two weeks in a row.
Press <Enter> to continue.

DEP_Q38A_1 **With this definition in mind, how many different episodes did you have in the past 12 months?**

DEPB_8A1

INTERVIEWER: Minimum is 0; maximum is 50.

If respondent answers "More than I can remember", enter "50".

||| Number
(MIN: 0) (MAX: 50)

DK, R

DEP_C38A_2 If DEP_Q38A_1 = 0 (number of different episodes), DK or R, DEP_C38A_2 = 0 and go to DEP_Q38C.

If DEP_Q38A_1 = 1 (number of different episodes), DEP_C38A_2 = 1.
Otherwise, DEP_C38A_2 = 2 and go to DEP_C38A_7.

DEP_Q38A_3 **In what month and year did that episode start?**

DEPB_8A2

INTERVIEWER: Select the month here and enter the year in the next screen.

1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
DK, R

DEP_Q38A_3A **INTERVIEWER:** Enter the year.

DEPB_8A3

Minimum is %year of birth%; maximum is %current year%.

||||| Year
(MIN: year of birth) (MAX: current year)

DK, R

DEP_C38A_4 If DEP_Q38A = 1 (during the past month), use the phrase "last so far" in %last so far/last%.

Otherwise, use the phrase "last" in %last so far/last%.

DEP_Q38A_4 **How long did that episode %last so far/last%?**

DEPB_8AA **INTERVIEWER:** Select the reporting unit here and enter the number in the next screen.

- | | | |
|---|--------|---------------------|
| 1 | Days | |
| 2 | Weeks | (Go to DEP_Q38A_4B) |
| 3 | Months | (Go to DEP_Q38A_4C) |
| 4 | Years | (Go to DEP_Q38A_4D) |
| | DK, R | (Go to DEP_C38A_5) |

DEP_Q38A_4A **INTERVIEWER:** Enter the number of days.

DEPB_8AB Minimum is 14; maximum is 900.

||| Number of days
(MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E38A_4A If DEP_Q38A_4A <= 365, go to DEP_C38A_5.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q38A_4B **INTERVIEWER:** Enter the number of weeks.

DEPB_8AC Minimum is 2; maximum is 104.

||| Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E38A_4B If DEP_Q38A_4B <= 52, go to DEP_C38A_5.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q38A_4C **INTERVIEWER:** Enter the number of months.

DEPB_8AD Minimum is 1; maximum is 36.

||| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

DEP_E38A_4C If DEP_Q38A_4C <= 24, go to DEP_C38A_5.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_Q38A_4D INTERVIEWER: Enter the number of years.

DEPB_8AE Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.

[[[]] Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

DK, R

DEP_C38A_5 If DEP_Q38A = 1 (during the past month), DEP_C38A_5 = 1.
Otherwise, DEP_C38A_5 = 2 and go to DEP_Q39.

DEP_Q38A_6 Has this episode ended or is it still going on?

DEPB_8A6

1 Ended
2 Still going on
DK, R

DEP_C38A_6 If DEP_Q31 = 1 (number of episodes), DEP_C38A_6 = 1 and go to DEP_C62_1.
Otherwise, DEP_C38A_6 = 2 and go to DEP_Q39.

DEP_C38A_7 If DEP_Q38A_1 = 1 (number of different episodes), use the phrase "this episode" in %this episode/the first of these %number in DEP_Q38A_1% episodes%.
If DEP_Q38A_1 > 1 (number of different episodes) or DEP_Q38A_1 < 50 (in between 2 and 49), use the phrase "the first of these %number in DEP_Q38A_1% episodes" in %this episode/the first of these %number in DEP_Q38A_1% episodes%.

Otherwise use "the first of these episodes" in %this episode/the first of these %number in DEP_Q38A_1% episodes%. (For this condition, do not insert %number in DEP_Q38A_1%.)

DEP_Q38A_7 How long did %this episode/the first of these %number in DEP_Q38A_1% episodes% last?

DEPB_8BA

INTERVIEWER: Select the reporting unit here and enter the number in the next screen.

1 Days
2 Weeks (Go to DEP_Q38A_7B)
3 Months (Go to DEP_Q38A_7C)
4 Years (Go to DEP_Q38A_7D)
DK, R (Go to DEP_C38A_8)

DEP_Q38A_7A INTERVIEWER: Enter the number of days.

DEPB_8BB Minimum is 14; maximum is 900.

[[[]] Number of days
(MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E38A_7A If DEP_Q38A_7A <= 365, go to DEP_C38A_8.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q38A_7B INTERVIEWER: Enter the number of weeks.

DEPB_8BC Minimum is 2; maximum is 104.

[[[]] Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E38A_7B If DEP_Q38A_7B <= 52, go to DEP_C38A_8.

Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q38A_7C INTERVIEWER: Enter the number of months.

DEPB_8BD Minimum is 1; maximum is 36.

[] Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

DEP_E38A_7C If DEP_Q38A_7C <= 24, go to DEP_C38A_8.

Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q38A_7D INTERVIEWER: Enter the number of years.

DEPB_8BE Minimum is 1; maximum is (%current age - (age in DEP_Q37A or DEP_Q37B))%.

[[[]] Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

DK, R

DEP_C38A_8 If DEP_Q38A_7D = 1, DEP_C38A_8 = 1 (episode during the past month).

Otherwise, DEP_C38A_8 = 2 and go to DEP_Q38B.

DEP_Q38A_9 Has the most recent episode ended or is it still going on?

DEPB_8A9

1 Ended
2 Still going on
DK, R

DEP_Q38B During the past 12 months, about how many days out of 365 were you in such an episode? (You may use any number between 1 and 365 to answer.)

DEPB_38B

[[[]] Number of days
(MIN: 1) (MAX: 365)

DK, R

Go to DEP_Q39

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_Q38C **How old were you the last time you had one of these episodes?**
 DEP_B_38C **INTERVIEWER:** Minimum is %age in DEP_Q37A or DEP_Q37B%; Maximum is %current age - 1%.

[[]] Age in years
 (MIN: age in DEP_Q37A or DEP_Q37B) (MAX: current age - 1)

DK, R

DEP_Q39 **What is the longest episode you ever had when, most of the day, nearly**
 DEP_B_39A **everyday, you were feeling ^KEY_PHRASE3 and you also had some of the**
other problems we just mentioned?

INTERVIEWER: Select the reporting unit here and enter the number in the next screen.

If respondent does not remember the problems, press <Ctrl D> to show the list of situations.

- | | | |
|---|--------|-------------------|
| 1 | Days | |
| 2 | Weeks | (Go to DEP_Q39B) |
| 3 | Months | (Go to DEP_Q39C) |
| 4 | Years | (Go to DEP_Q39D) |
| | DK, R | (Go to DEP_Q53_1) |

DEP_Q39A **INTERVIEWER:** Enter the number of days.
 DEP_B_39B Minimum is 14; maximum is 900.

[[]] Number of days
 (MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E39A If DEP_Q39A <= 365, go to DEP_Q53_1.
 Otherwise, show pop-up edit as follows.

An unusual value has been entered.
Please confirm or return and change the reporting unit.

DEP_Q39B **INTERVIEWER:** Enter the number of weeks.
 DEP_B_39C Minimum is 2; maximum is 104.

[[]] Number of weeks
 (MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E39B If DEP_Q39B <= 52, go to DEP_Q53_1.
 Otherwise, show pop-up edit as follows.

An unusual value has been entered.
Please confirm or return and change the reporting unit.

DEP_Q39C DEPB_39D	<p>INTERVIEWER: Enter the number of months. Minimum is 1; maximum is 36.</p> <p>[[]] Number of months (MIN: 1) (MAX: 36; warning after 24)</p> <p>DK, R</p>
DEP_E39C	<p>If DEP_Q39C <= 24, go to DEP_Q53_1. Otherwise, show pop-up edit as follows.</p> <p>An unusual value has been entered. Please confirm or return and change the reporting unit.</p>
DEP_Q39D DEPB_39E	<p>INTERVIEWER: Enter the number of years. Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.</p> <p>[[]] Number of years (MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))</p> <p>DK, R</p>
DEP_C53_1	<p>If the number in DEP_Q31 <1 > 100 (between 2 and 99) use "number in DEP_Q31" in %number in DEP_Q31/several%. Otherwise, use "several" in %number in DEP_Q31/several%.</p>
DEP_Q53_1 DEPB_531	<p>Earlier, you mentioned that you had %number in DEP_Q31/several% episode(s) of feeling KEY_PHRASE3 with some other problems lasting 2 weeks or longer in your life. How many of these episodes were brought on by some stressful experience? INTERVIEWER: Minimum is 0; maximum is %number in DEP_Q31%.</p> <p>[[]] Number of episodes (MIN: 0) (MAX: number in DEP_Q31)</p> <p>DK, R</p>
DEP_Q54 DEPB_54	<p>How many different years in your life did you have at least one episode? INTERVIEWER: Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.</p> <p>[[]] Number of years (MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))</p> <p>DK, R</p>
DEP_C55	<p>If DEP_Q54 = 1 (number of years), DEP_C55 = 1 and go to DEP_C62_1. Otherwise, DEP_C55 = 2.</p>

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- DEP_Q56
DEPB_56 **What is the longest number of years in a row in which you had at least one episode per year?**
INTERVIEWER: Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.
- [[[]] Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))
- DK, R
- DEP_C57 If DEP_Q39A >= 365 or DEP_Q39B >=52 or DEP_Q39C >= 12 or DEP_Q39D >= 1, DEP_C57 = 1 and go to DEP_Q59.
Otherwise, DEP_C57 = 2.
- DEP_Q58
DEPB_58 **Did you ever have a period lasting a full year or longer when you were in an episode most days?**
- 1 Yes
2 No (Go to DEP_C62_1)
DK, R (Go to DEP_C62_1)
- DEP_Q59
DEPB_59 **During your life, about how many years were you in an episode most days?**
INTERVIEWER: Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.
- [[[]] Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))
- DK, R
- DEP_Q59A
DEPB_59A **How old were you the first time you had such a year (when you were in an episode most days)?**
INTERVIEWER: Minimum is %age in DEP_Q37A or DEP_Q37B%; maximum is %current age%.
- [[[]] Age in years
(MIN: age in DEP_Q37A or DEP_Q37B) (MAX: current age)
- DK, R
- DEP_C60 If DEP_Q59 = 1 (number of years), DEP_C60 = 1 and go to DEP_C62_1.
Otherwise, DEP_C60 = 2.
- DEP_Q61
DEPB_61 **What is the longest number of years in a row in which you were in an episode most days?**
INTERVIEWER: Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.
- [[[]] Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))
- DK, R
- DEP_C62_1 If DEP_Q38 = 1 (Yes), DEP_C62_1 = 1 (occurrence of episodes in the past 12 months).
Otherwise, DEP_C62_1 = 2 and go to DEP_C71.

DEP_QINT64A For the next questions, think about the period of 2 weeks or longer during the **past 12 months** when your feelings of being ^KEY_PHRASE3 were most **severe and frequent**.

INTERVIEWER: Press <Enter> to continue.

DEP_Q64A During this period, how often did you feel cheerful?

DEPB_64A INTERVIEWER: Read categories to respondent.

- 1 Often
 - 2 Sometimes
 - 3 Occasionally
 - 4 Never
- DK, R

DEP_Q64B How often did you feel as if you were slowed down?

DEPB_64B INTERVIEWER: Read categories to respondent.

- 1 Often
 - 2 Sometimes
 - 3 Occasionally
 - 4 Never
- DK, R

DEP_Q64C How often could you enjoy a good book or radio or TV program?

DEPB_64C

- 1 Often
 - 2 Sometimes
 - 3 Occasionally
 - 4 Never
- DK, R

DEP_Q65A During this period, how often did you still enjoy the things you used to enjoy?

DEPB_65A

INTERVIEWER: Read categories to respondent.

- 1 As much as usual
 - 2 Not quite as much as usual
 - 3 Only a little
 - 4 Not at all
- DK, R

DEP_Q65B How often could you laugh and see the bright side of things?

DEPB_65B

INTERVIEWER: Read categories to respondent.

- 1 As much as usual
 - 2 Not quite as much as usual
 - 3 Only a little
 - 4 Not at all
- DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_Q65C How often did you take interest in your physical appearance?
DEPB_65C

- 1 As much as usual
 - 2 Not quite as much as usual
 - 3 Only a little
 - 4 Not at all
- DK, R

DEP_Q65D How often did you look forward to enjoying things?
DEPB_65D

- 1 As much as usual
 - 2 Not quite as much as usual
 - 3 Only a little
 - 4 Not at all
- DK, R

DEP_QINT66 (Please refer to page 1 of the booklet.)

Think about the period of time that lasted one month or longer when your feelings of being ^KEY_PHRASE1 were most severe in the past 12 months. Please tell me what number best describes how much these feelings interfered with each of the following activities. For each activity, answer with a number between 0 and 10; 0 means "no interference" while 10 means "very severe interference".
INTERVIEWER: Press <Enter> to continue.

DEP_Q66A In the past 12 months, how much did your feelings of being ^KEY_PHRASE1
DEPB_66A interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 |
- 10 Very severe interference

Number
(MIN: 0) (MAX: 10)

DK, R

DEP_Q66B_1 **How much did your feelings interfere with your ability to attend school?**
 DEP_B_661 **INTERVIEWER:** If necessary, enter "11" to indicate "Not applicable".

0 No interference
 1 |
 2 |
 3 |
 4 |
 5 |
 6 |
 7 |
 8 |
 9 V
 10 Very severe interference

LL Number
 (MIN: 0) (MAX: 11)

DK, R

DEP_Q66B_2 **How much did they interfere with your ability to work at a job?**
 DEP_B_662 **INTERVIEWER:** If necessary, enter "11" to indicate "Not applicable".

0 No interference
 1 |
 2 |
 3 |
 4 |
 5 |
 6 |
 7 |
 8 |
 9 |
 10 Very severe interference

LL Number
 (MIN: 0) (MAX: 11)

DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_Q66C
DEPB_66C

Again thinking about that period of time lasting one month or longer during the past 12 months when your feelings of being ^KEY_PHRASE1 were most severe, how much did they interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means "no interference" and 10 "very severe interference".)

0 No interference
1 |
2 |
3 |
4 |
5 |
6 |
7 |
8 |
9 V
10 Very severe interference

||| Number
(MIN: 0) (MAX: 10)

DK, R

DEP_Q66D
DEPB_66D

How much did they interfere with your social life?

0 No interference
1 |
2 |
3 |
4 |
5 |
6 |
7 |
8 |
9 |
10 Very severe interference

||| Number
(MIN: 0) (MAX: 10)

DK, R

DEP_C67

If (DEP_Q66A, DEP_Q66B_1, DEP_Q66B_2, DEP_Q66C and DEP_Q66D) = 0 (no interference) or = 11 (not applicable), or DK or R, DEP_C67 = 1 and go to DEP_Q72.
Otherwise, DEP_C67 = 2.

DEP_Q68
DEPB_68

In the past 12 months, about how many days out of 365 were you totally unable to work or carry out your normal activities because of your feelings of being ^KEY_PHRASE1? (You may use any number between 0 and 365 to answer.)

||| Number of days
(MIN: 0) (MAX: 365)

DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_C71 If DEP_Q26EE7 = 1 (Yes) or DEP_Q26EE8 = 1 (Yes), DEP_C71 = 1 and go to DEP_Q72_1.
Otherwise, DEP_C71 = 2.

DEP_Q72
DEPB_72 **Did you ever in your life see, or talk on the telephone, to a medical doctor or other professional about your feelings of being ^KEY_PHRASE1? (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)**

- | | | |
|---|-------|------------------|
| 1 | Yes | (Go to DEP_Q72A) |
| 2 | No | (Go to DEP_Q88) |
| | DK, R | (Go to DEP_Q88) |

DEP_Q72_1
DEPB_721 **Earlier, you mentioned that you consulted a professional. Think of the first time you saw, or talked to a medical doctor or other professional about your feelings of being ^KEY_PHRASE1. (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)**

How old were you the first time you saw, or talked to a professional about your feelings of being ^KEY_PHRASE1?

INTERVIEWER: Minimum is 1; maximum is current age.

||| Age in years
(MIN: 1) (MAX: current age)

DK, R

Go to DEP_Q73

DEP_Q72A
DEPB_72A **How old were you the first time you saw, or talked to a professional about your feelings of being ^KEY_PHRASE1?**

INTERVIEWER: Minimum is 1; maximum is %current age%.

||| Age in years
(MIN: 1) (MAX: current age)

DK, R

DEP_Q73
DEPB_73 **Did you ever get treatment for your feelings of being KEY_PHRASE1 that you considered helpful or effective?**

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to DEP_Q74) |
| | DK, R | (Go to DEP_Q74) |

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

DEP_Q73A DEPB_73A	<p>How old were you the first time you got helpful treatment for your feelings of being ^KEY_PHRASE1? INTERVIEWER: Minimum is number in DEP_Q37A or DEP_Q37B; maximum is %current age%</p> <p>[[[[]]]] Age in years (MIN: number in DEP_Q37A or DEP_Q37B) (MAX: current age)</p> <p>DK, R</p>
DEP_Q73B DEPB_73B	<p>Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your feelings of being ^KEY_PHRASE1? INTERVIEWER: Minimum is 1, maximum is 95.</p> <p>[[[]]] Number of professionals (MIN: 1) (MAX: 95; warning after 12)</p> <p>DK, R</p>
DEP_Q74 DEPB_74	<p>In total, how many professionals did you ever see, or talk to about your feelings of being ^KEY_PHRASE1? INTERVIEWER: Minimum is 0, maximum is 95.</p> <p>[[[]]] Number of professionals (MIN: 0) (MAX: 95; warning after 12)</p> <p>DK, R</p>
DEP_C86	<p>If DEP_Q26EE7 = 1 (Yes) or DEP_Q26EE8 = 1 (Yes), DEP_C86 = 1 and go to DEP_C87. Otherwise, DEP_C86 = 2.</p>
DEP_Q86 DEPB_86	<p>During the past 12 months, did you receive professional treatment for your feelings of being ^KEY_PHRASE1?</p> <p>1 Yes 2 No DK, R</p>
DEP_C87	<p>If DEP_Q26EE5 = 1 (Yes), DEP_C87 = 1 and go to DEP_Q87_1. Otherwise, DEP_C87 = 2.</p>
DEP_Q87 DEPB_87	<p>During your life, were you ever hospitalized overnight for your feelings of being ^KEY_PHRASE1?</p> <p>1 Yes (Go to DEP_Q87A) 2 No (Go to DEP_Q88) DK, R (Go to DEP_Q88)</p>

DEP_Q87_1 Earlier, you mentioned that you had been hospitalized overnight or longer
 DEP_B_871 (following the most recent time EXPERIENCE C happened to you). How old
 were you the first time you were hospitalized overnight because of your
 feelings of being ^KEY_PHRASE1?
 INTERVIEWER: Minimum is 1; maximum is %current age%

[[[]]] Age in years
 (MIN: 1) (MAX: current age)

DK, R

Go to DEP_Q88

DEP_Q87A How old were you the first time you were hospitalized overnight (because
 DEP_B_87A of your feelings of being ^KEY_PHRASE1)?
 INTERVIEWER: Minimum is 1; maximum is %current age%.

[[[]]] Age in years
 (MIN: 1) (MAX: current age)

DK, R

DEP_Q88 How many of your close relatives – including your biological parents,
 DEP_B_88 brothers, sisters and children – ever had one or several episodes of being
 sad, depressed, discouraged or uninterested most of the day, for several
 days, weeks and longer?
 INTERVIEWER: Minimum is 0; maximum is 95.

[[]] Number of relatives
 (MIN: 0) (MAX: 95)

DK, R

DEP_ND INTERVIEWER: This is the end of the module. Press <1> to continue.

DEP_END Go to next module.

PANIC DISORDER

- PAD_C01A If SCR_Q20 = 1 (Yes), go to PAD_QINT1.
If SCR_Q20A = 1 (Yes), go to PAD_QINT2.
Otherwise, go to PAD_END.
- PAD_QINT1 **Earlier, you mentioned having attacks of fear or panic when all of a sudden you felt very frightened, anxious or uneasy. Think of a bad attack like that. During that attack, tell me which of the following problems you had.**
INTERVIEWER: Press <Enter> to continue.

Go to PAD_C01B.
- PAD_QINT2 **Earlier you mentioned having attacks when all of a sudden you had problems like being short of breath, feeling dizzy, your heart pounding or being afraid you would die or go crazy. Think of a bad attack like that. During that attack, tell me which of the following problems you had.**
INTERVIEWER: Press <Enter> to continue.
- PAD_C01B PAD_C01B = Count of all responses of 1 (Yes) in (PAD_Q01A through PAD_Q01P).
When PAD_C01B = 4, go to PAD_C02.
- PAD_Q01A **Did your heart pound or race?**
PADB_01A
1 Yes (KEY_PHRASE = having your heart pounding or racing)
2 No
DK
R (Go to PAD_END)
- PAD_Q01B **Were you short of breath?**
PADB_01B
1 Yes (KEY_PHRASE = being short of breath)
2 No
DK, R
- PAD_Q01C **Did you feel nauseous or sick to your stomach?**
PADB_01C
1 Yes (KEY_PHRASE = feeling nauseous)
2 No
DK, R
- PAD_Q01D **Did you feel dizzy or faint?**
PADB_01D
1 Yes (KEY_PHRASE = feeling dizzy)
2 No
DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

PAD_Q01E PADB_01E	Did you sweat?	
	1 Yes	(KEY_PHRASE = sweating)
	2 No	
		DK, R
PAD_Q01F PADB_01F	Did you tremble or shake?	
	1 Yes	(KEY_PHRASE = trembling)
	2 No	
		DK, R
PAD_Q01G PADB_01G	Did you have a dry mouth?	
	1 Yes	(KEY_PHRASE = having a dry mouth)
	2 No	
		DK, R
PAD_Q01H PADB_01H	Did you feel like you were choking?	
	1 Yes	(KEY_PHRASE = feeling like choking)
	2 No	
		DK, R
PAD_Q01I PADB_01I	Did you have pain or discomfort in your chest?	
	1 Yes	(KEY_PHRASE = having discomfort in your chest)
	2 No	
		DK, R
PAD_Q01J PADB_01J	Were you afraid that you might lose control of yourself or go crazy?	
	1 Yes	(KEY_PHRASE = fearing that you might lose control of yourself)
	2 No	
		DK, R
PAD_Q01K PADB_01K	Did you feel that you were "not really there", like you were watching a movie of yourself?	
	1 Yes	(KEY_PHRASE = feeling that you were "not really there") (Go to PAD_Q01M)
	2 No	
		DK, R
PAD_Q01L PADB_01L	Did you feel that things around you were not real or like a dream?	
	1 Yes	(KEY_PHRASE = feeling that things around you were unreal)
	2 No	
		DK, R

- PAD_Q01M** **Were you afraid that you might pass out?**
PADB_01M
- 1 Yes (KEY_PHRASE = fearing that you might pass out)
2 No
 DK, R
- PAD_Q01N** **Were you afraid that you might die?**
PADB_01N
- 1 Yes (KEY_PHRASE = fearing that you might die)
2 No
 DK, R
- PAD_Q01O** **Did you have hot flushes or chills?**
PADB_01O
- 1 Yes (KEY_PHRASE = having hot flushes)
2 No
 DK, R
- PAD_Q01P** **Did you feel numbness or have tingling sensations?**
PADB_01P
- 1 Yes (KEY_PHRASE = having numbness)
2 No
 DK, R
- PAD_C02** If count of responses of "Yes" in PAD_Q01A through PAD_Q01P <= 3,
PAD_C02 = 1 and go to PAD_Q03.
Otherwise, PAD_C02 = 2.
- PAD_Q03** **During your attacks, did the problems like ^KEY_PHRASES begin suddenly**
PADB_03 **and reach their peak within 10 minutes after the attacks began?**
- 1 Yes
2 No (Go to PAD_ND)
 DK, R (Go to PAD_ND)
- PAD_Q04** **About how many of these sudden attacks have you had in your entire**
PADB_04 **lifetime?**
INTERVIEWER: If respondent answers more than 900 attacks, enter "900".
If respondent answers "More than I can remember", enter "901".
- ||| Number of attacks
(MIN: 1) (MAX: 901)
- DK
R (Go to PAD_ND)
- PAD_C05** If PAD_Q04 = 1 (number of attacks), PAD_C05 = 1 (only one sudden attack in
entire life).
Otherwise, PAD_C05 = 2 (many sudden attacks in entire life) and go to
PAD_Q09.

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

PAD_Q06
PADB_06**When did the attack occur? Was it:****INTERVIEWER:** Read categories to respondent.

- 1 ... during the past month? (Go to PAD_QINT8)
 - 2 ... 2 to 6 months ago? (Go to PAD_QINT8)
 - 3 ... 7 to 12 months ago? (Go to PAD_QINT8)
 - 4 ... more than 12 months ago?
- DK, R

PAD_Q07
PADB_07**Can you remember exactly how old you were when the attack occurred?**

- 1 Yes
- 2 No (Go to PAD_Q07B)
- DK (Go to PAD_Q07B)
- R (Go to PAD_Q07B_1)

PAD_Q07A
PADB_07A**How old were you?****INTERVIEWER:** Minimum is 0; maximum is %current age%.

[[[]] Age in years (Go to PAD_QINT8)
(MIN: 0) (MAX: current age)

DK
R (Go to PAD_QINT8)

PAD_Q07B
PADB_07B**About how old were you?****INTERVIEWER:** Minimum is 0; maximum is %current age%.

[[[]] Age in years (Go to PAD_QINT8)
(MIN: 0) (MAX: current age)

DK
R (Go to PAD_QINT8)

PAD_Q07B_1
PADB_071**When would you say this attack occurred? Was it:****INTERVIEWER:** Read categories to respondent.

- 1 ... before you first started school?
 - 2 ... before you were a teenager?
 - 3 ... once you were a teenager or adult?
- DK, R

PAD_QINT8

Attacks of this sort can occur in **3 different situations**. The first situation is when the attacks occur **unexpectedly, "out of the blue"**. The second situation is when a person has an **unreasonably strong fear**. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third situation is when a person is in **real danger**, like a car accident or a bank robbery.

INTERVIEWER: Press <Enter> to continue.

PAD_Q08
PADB_08

Which of these 3 situations describes your attack? Did it occur?
INTERVIEWER: Read categories to respondent.
 If respondent thought there was real danger even though it turned out not to be dangerous, select category 3, "... in a situation of real danger".

- 1 ... unexpectedly, "out of the blue"?
- 2 ... in a situation where you had a strong fear?
- 3 ... in a situation of real danger?

DK, R

Go to PAD_ND.

PAD_Q09
PADB_09

Can you remember exactly how old you were, the very first time you had one of these attacks?

- 1 Yes
- 2 No (Go to PAD_Q09B)
- DK (Go to PAD_Q09B)
- R (Go to PAD_Q09B-1)

PAD_Q09A
PADB_09A

How old were you?
INTERVIEWER: Minimum is 0; maximum is %current age%.

[[[]] Age in years (Go to PAD_Q10)
 (MIN: 0) (MAX: current age)

- DK
 R (Go to PAD_Q10)

PAD_Q09B
PADB_09B

About how old were you?
INTERVIEWER: Minimum is 0; maximum is %current age%.
 If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".

[[[]] Age in years (Go to PAD_Q10)
 (MIN: 0) (MAX: current age)

- DK
 R (Go to PAD_Q10)

PAD_Q09B-1
PADB_09B-1

Would you say that the very first time you had one of these attacks

INTERVIEWER: Read categories to respondent.
 If respondent answers "All my life", press <F6> to indicate "DK".

- 1 ... before you first started school?
 - 2 ... before you were a teenager?
 - 3 ... once you were a teenager or an adult?
- DK, R

PAD_Q10
PADB_10

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

- 1 Yes
- 2 No (Go to PAD_Q10D)
- DK (Go to PAD_Q10D)
- R (Go to PAD_Q11)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- PAD_Q10A
PADB_10A
- How recently was it?**
INTERVIEWER: Read categories to respondent.
- 1 **During the past month**
 - 2 **Between 2 and 6 months ago**
 - 3 **More than 6 months ago**
- DK, R
- PAD_Q10B
PADB_10B
- During the past 12 months, in how many weeks did you have at least one attack?**
- [[]] Number of weeks
(MIN: 1) (MAX: 52)
- DK, R
- PAD_Q10C
PADB_10C
- And how many attacks in total did you have in the past 12 months?**
- [[]] Number of attacks
(MIN: 1) (MAX: 900)
- DK, R
- Go to PAD_Q11.
- PAD_Q10D
PADB_10D
- How old were you the last time you had one of these attacks?**
INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.
- [[]] Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)
- DK, R
- PAD_Q11
PADB_11
- What is the greatest number of attacks you ever had in any single year of your life?**
INTERVIEWER: Minimum is 1; maximum is %number in PAD_Q04%.
- [[]] Number of attacks
(MIN: 1) (MAX: number in PAD_Q04)
- DK, R
- PAD_Q12
PADB_12
- For about how many different years of your life did you have at least one attack?**
INTERVIEWER: Minimum is 1; maximum is %PAD_Q10D – (PAD_Q09A or PAD_Q09B)% or %current age – (PAD_Q09A or PAD_Q09B)%.
- [[]] Number of years
(MIN: 1) (MAX: age in PAD_Q10D – age in (PAD_Q09A or PAD_Q09B) or (current age – age in (PAD_Q09A or PAD_Q09B)))
- DK, R (Go to PAD_QINT13)

PAD_E12 If PAD_Q12 >= 1(number of years) and PAD_Q12 <= age in PAD_Q10D – age in (PAD_Q09A or PAD_Q09B) or (current age – age in (PAD_Q09A or PAD_Q09B)), go to PAD_QINT13.
Otherwise, show pop-up edit as follows.

The number of different years for which the respondent had at least one attack is unusual. Please return and correct.

Go to PAD_Q12.

PAD_QINT13 **After one of these attacks, tell me if you ever had any of the following experiences?**

INTERVIEWER: Press <Enter> to continue.

PAD_Q13A **A month or more when you often worried that you might have another**
PADB_13A **attack?**

- 1 Yes (Go to PAD_C14)
2 No
DK, R

PAD_Q13B **A month or more when you worried that something terrible might happen**
PADB_13B **because of the attacks, like having a car accident, having a heart attack or losing control?**

- 1 Yes (Go to PAD_C14)
2 No
DK, R

PAD_Q13C **A month or more when you changed your everyday activities because of the**
PADB_13C **attacks?**

- 1 Yes (Go to PAD_C14)
2 No
DK, R

PAD_Q13D **A month or more when you avoided certain situations because of fear about**
PADB_13D **having another attack?**

- Yes (Go to PAD_C14)
No
DK, R

PAD_C14 If any one of PAD_Q13A, B, C or D = 1 (Yes), PAD_C14 = 1.
Otherwise, PAD_C14 = 2 and go to PAD_QINT17.

PAD_Q15 **How old were you the first time you had a month when you either often**
PADB_15 **worried, changed your everyday activities or avoided certain situations because of the attacks?**

INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.

[[[]] Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- PAD_Q16
PADB_16
- Did you have a month of worry or change in activity like that in the past 12 months?**
- 1 Yes
2 No (Go to PAD_Q16E)
DK, R (Go to PAD_Q16E)
- PAD_Q16A
PADB_16A
- How recently?**
INTERVIEWER: Read categories to respondent.
- 1 During the past month
2 Between 2 and 6 months ago
3 More than 6 months ago
DK, R
- PAD_Q16B
PADB_16B
- In the past 12 months, how many months of worry or change in activity did you have?**
- [[] Number of months
(MIN: 1) (MAX: 12)
- DK, R
- PAD_Q16C
PADB_16C
- During the time in the past 12 months when your worry about having another attack was the most frequent and severe, did you worry:**
INTERVIEWER: Read categories to respondent.
- 1 ... nearly all the time?
2 ... most of the time?
3 ... often?
4 ... sometimes?
5 ... only rarely?
DK, R
- PAD_Q16D
PADB_16D
- And how severe was your worry during this time? Was it:**
INTERVIEWER: Read categories to respondent.
- 1 ... mild?
2 ... moderate?
3 ... severe?
4 ... so severe that you were unable to carry out important tasks?
DK, R
- Go to PAD_QINT17.
- PAD_Q16E
PADB_16E
- About how old were you the last time you had a month like this when you worried about having another attack?**
INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.
- [[] Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)
- DK, R

PAD_QINT17 **Attacks of this sort can occur in 3 different situations.** The first situation is when the attacks occur **unexpectedly, "out of the blue"**. The second situation is when a person has **an unreasonably strong fear**. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third situation is when a person is in **real danger**, like a car accident or a bank robbery.
INTERVIEWER: Press <Enter> to continue.

PAD_Q17
 PADB_17 **The next questions are about how many of your attacks occurred in each of these 3 kinds of situations. Did you ever have an attack that occurred unexpectedly, "out of the blue"?**

- 1 Yes (Go to PAD_Q18)
 2 No (Go to PAD_Q18)
 DK, R

PAD_Q17A
 PADB_17A **In your lifetime, about how many attacks occurred unexpectedly, "out of the blue"?**

INTERVIEWER: If respondent answers more than 900 attacks, enter "900".
 If respondent answers "More than I can remember", enter "901".

||| Number of attacks
 (MIN: 1) (MAX: 901)

DK, R

PAD_C17 If number in PAD_Q17A = number in PAD_Q04, PAD_C17 = 1 and go to PAD_C20.
 Otherwise, PAD_C17 = 2.

PAD_Q18
 PADB_18 **In your lifetime, about how many attacks occurred in situations where you were not in real danger, but where you had an unreasonably strong fear of the situations?**

INTERVIEWER: If respondent answers more than 900 attacks, enter "900".
 If respondent answers "More than I can remember", enter "901".

||| Number of attacks
 (MIN: 0) (MAX: 901)

DK, R

PAD_C18 If (number in PAD_Q17A + number in PAD_Q18) = number in PAD_Q04,
 PAD_C18 = 1 and go to PAD_C20.
 Otherwise, PAD_C18 = 2.

PAD_Q19
 PADB_19 **In your lifetime, about how many attacks occurred in situations where you were in real danger?**

INTERVIEWER: If respondent thought there was real danger even though it turned out not to be dangerous, consider it as a "real danger".

INTERVIEWER: If respondent answers more than 900 attacks, enter "900".
 If respondent answers "More than I can remember", enter "901".

||| Number of attacks
 (MIN: 0) (MAX: 901)

DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- PAD_C20 If PAD_Q17 = 1 ("out of the blue" attack), PAD_C20 = 1.
Otherwise, PAD_C20 = 2 (no "out of the blue" attack) and go to PAD_ND.
- PAD_C20A If PAD_Q18 and PAD_Q19 = <> or 0, PAD_C20A = 1 (no attacks associated with dangerous situations) and go to PAD_C22.
Otherwise, PAD_C20A = 2 (attacks associated with dangerous situations).
- PAD_C21 If PAD_Q17A = 1, use %when you had the attack% in PAD_Q21.
Otherwise, use %the first time you had an attack% in PAD_Q21.
- PAD_Q21
PADB_21 **How old were you %when you had the attack/the first time you had an attack% "out of the blue", for no obvious reason?**
INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.
If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".
- [[[]] Age in years (Go to PAD_C22)
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)
- DK
R (Go to PAD_C22)
- PAD_Q21A
PADB_21A **Would you say that the very first time you had one of these unexpected "out of the blue" attacks was:**
INTERVIEWER: Read categories to respondent.
If respondent answers "All my life", press <F6> to indicate "DK".
- 1 ... before you first started school?
2 ... before you were a teenager?
3 ... once you were a teenager or an adult?
DK, R
- PAD_C22 If PAD_Q17A = 1 (number of out of the blue attacks), use %this% and %attack% in PAD_Q22.
Otherwise, use %these% and %attacks% in PAD_Q22.
- PAD_Q22
PADB_22 **How much did %this/these% unexpected, "out of the blue" %attack/attacks% or worry about having another attack ever interfere with either your work, your social life or your personal relationships?**
INTERVIEWER: Read categories to respondent.
- 1 Not at all
2 A little
3 Some
4 A lot
5 Extremely
DK, R
- PAD_C23 If PAD_Q17A = 1, PAD_C23 = 1 (only one "out of the blue" attack).
Otherwise, PAD_C23 = 2 (many "out of the blue" attacks) and go to PAD_Q24A.

PAD_Q24 Did this unexpected, "out of the blue" attack occur while you were asleep?
PADB_24

- 1 Yes
- 2 No
DK, R

Go to PAD_ND.

PAD_Q24A How many of your unexpected, "out of the blue", attacks occurred while
PADB_24A you were asleep?

INTERVIEWER: If respondent answers more than 900 attacks, enter "900".
If respondent answers "More than I can remember", enter "901".

||| Number of attacks
(MIN: 0) (MAX: 901)

DK, R

PAD_Q25A Unexpected attacks sometimes occur as a result of a physical illness or
PADB_25A injury or the use of medication, drugs or alcohol. Do you think any of your
attacks ever occurred as the result of physical causes, medication, drugs or
alcohol?

- 1 Yes
- 2 No (Go to PAD_C33)
DK, R (Go to PAD_C33)

PAD_Q25B Do you think all of your attacks were the result of physical causes,
PADB_25B medication, drugs or alcohol?

- 1 Yes
- 2 No (Go to PAD_C33)
DK, R (Go to PAD_C33)

PAD_Q25C What were the causes?
INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|--|
| PADB_2CA | 1 | Exhaustion |
| PADB_2CB | 2 | Hyperventilation |
| PADB_2CC | 3 | Hypochondria |
| PADB_2CD | 4 | Menstrual cycle |
| PADB_2CE | 5 | Pregnancy / postpartum |
| PADB_2CF | 6 | Thyroid disease |
| PADB_2CG | 7 | Cancer |
| PADB_2CH | 8 | Overweight |
| PADB_2CI | 9 | Medication (excluding illicit drugs) |
| PADB_2CJ | 10 | Illicit drugs |
| PADB_2CK | 11 | Alcohol |
| PADB_2CL | 12 | Chemical Imbalance/Serotonin Imbalance |
| PADB_2CM | 13 | Chronic Pain |
| PADB_2CN | 14 | Caffeine |
| PADB_2CO | 15 | No specific diagnosis |
| PADB_2CP | 16 | Other – Specify |
| PADB_2CQ | 17 | Other – Physical causes, etc. |
- DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- PAD_C33 If PAD_C20A = 1 (no attack associated with dangerous situations),
PAD_C33 = 1.
Otherwise, PAD_C33 = 2 (attacks associated with dangerous situations) and go
to PAD_C35.
- PAD_C34 If PAD_Q10 = 1 (sudden attack in past 12 month), PAD_C34 = 1 and go to
PAD_Q40.
Otherwise, PAD_C34 = 2 (no sudden attack in past 12 month) and go to
PAD_C39.
- PAD_C35 If PAD_Q10 = 1, (sudden attack in past 12 month), PAD_C35 = 1.
Otherwise, PAD_C35 = 2 (no sudden attack in past 12 month) and go to
PAD_C39.
- PAD_Q36 **In the past 12 months, how many unexpected, "out of the blue" attacks did**
PADB_36 **you have?**
INTERVIEWER: Minimum is 0; maximum is %number in PAD_Q17A%.
If respondent answers "More than I can remember", enter (904).
- [[[]]] Number of attacks
(MIN: 0) (MAX: number in PAD_Q17A)
- DK, R
- PAD_E36 If PAD_Q36 <= PAD_Q17A, go to PAD_C37.
Otherwise, show pop-up edit as follows:
- The entered number of attacks is greater than the total number of attacks the
respondent ever had in %his/her% life.
Please return and correct.**
- PAD_C37 If PAD_Q36 = 0, PAD_C37 = 1 (no "out of the blue" attack in past 12 month).
If PAD_Q36 = 1, PAD_C37 = 2 (only one "out of the blue" attack in past 12
month) and go to PAD_Q38.
Otherwise, PAD_C37 = 3 (many "out of the blue" attacks in past 12 month) and
go to PAD_Q37B.
- PAD_Q37A **How old were you the last time you had an unexpected, "out of the blue"**
PADB_37A **attack?**
INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is
%current age%.
- [[[]]] Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)
- DK, R
- Go to PAD_C39.

PAD_Q37B **During the past 12 months, in about how many weeks did you have at least**
PADB_37B **one of these attacks?**

INTERVIEWER: Minimum is 1; maximum is 52.
 If respondent answers more than 52 weeks, enter "52".

[[] Number of weeks
 (MIN: 1) (MAX: 52)

DK, R

PAD_Q38 **When was your most recent attack?**

PADB_38 **INTERVIEWER:** Read categories to respondent.

- 1 **During the past month**
 - 2 **Between 2 and 6 months ago**
 - 3 **More than 6 months ago**
- DK, R

Go to PAD_Q40.

PAD_C39 If PAD_Q16 = 1, PAD_C39 = 1 (one month of worry or change in past 12 months) and go to PAD_QINT41.
 Otherwise, PAD_C39 = 2 (no month of worry or change in past 12 months) and go to PAD_Q50.

PAD_Q40 **Think about an attack during the past 12 months. How much emotional**
PADB_40 **distress did you have during this attack?**

INTERVIEWER: Read categories to respondent.

- 1 **None**
- 2 **Mild**
- 3 **Moderate**
- 4 **Severe**
- 5 **So severe that you were unable to concentrate and had to stop what you were doing**

DK, R

PAD_QINT41 **Sometimes people with attacks get upset by physical sensations that remind them of the attacks. Examples include being out of breath after physical exercise, feeling speeded up after drinking coffee or beverages containing caffeine, feeling out of control after using alcohol or drugs, and feeling tingly while watching a scary movie or television show.**

INTERVIEWER: Press <Enter> to continue.

PAD_Q41 **In the past 12 months, did you get upset by any physical sensations that**
PADB_41 **reminded you of your attacks?**

- 1 Yes
 - 2 No (Go to PAD_QINT44)
- DK, R (Go to PAD_QINT44)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

PAD_Q41A
PADB_41A

In the **past 12 months**, how strong was your discomfort with any physical sensations like these? Was it:

INTERVIEWER: Read categories to respondent.

- 1 ... mild?
 - 2 ... moderate?
 - 3 ... severe?
 - 4 ... so severe that you became very worried that these sensations might cause you to have another attack?
- DK, R

PAD_Q42
PADB_42

In the **past 12 months**, how often did you avoid situations or activities that might cause these physical sensations?

INTERVIEWER: Read categories to respondent.

- 1 All the time
 - 2 Most of the time
 - 3 Sometimes
 - 4 Rarely (Go to PAD_QINT44)
 - 5 Never (Go to PAD_QINT44)
- DK, R (Go to PAD_QINT44)

PAD_Q43
PADB_43

In the **past 12 months**, how much did avoidance of these situations interfere with your work, your social life or your personal relationships?

INTERVIEWER: Read categories to respondent.

- 1 Not at all
 - 2 A little
 - 3 Some
 - 4 A lot
 - 5 Extremely
- DK, R

PAD_QINT44 (Please refer to page 1 of the booklet.)

In the **past 12 months**, think about the period of time that lasted **1 month or longer** when your attacks or worry about the attacks were most severe. Please tell me what number best describes how much the attacks or worry about the attacks interfered with each of the following activities. For each activity, answer with a number between 0 and 10; 0 means "**no** interference", while 10 means "**very severe** interference".

INTERVIEWER: Press <Enter> to continue.

PAD_Q44A **How much did your attacks or worry about the attacks interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**
 PADB_44A

- 0 No interference
 1 |
 2 |
 3 |
 4 |
 5 |
 6 |
 7 |
 8 |
 9 v
 10 Very severe interference

LL Number
 (MIN: 0) (MAX: 10)

DK, R

PAD_Q44B_1 **How much did it interfere with your ability to attend school?**
 PADB_441 **INTERVIEWER:** If necessary, enter "11" to indicate "Not applicable".

- 0 No interference
 1 |
 2 |
 3 |
 4 |
 5 |
 6 |
 7 |
 8 |
 9 v
 10 Very severe interference

LL Number
 (MIN: 0) (MAX: 11)

DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

PAD_Q44B_2 **How much did it interfere with your ability to work at a job?**
 PADB_442 **INTERVIEWER:** If necessary, enter "11" to indicate "Not applicable".

0 No interference
 1 |
 2 |
 3 |
 4 |
 5 |
 6 |
 7 |
 8 |
 9 V
 10 Very severe interference

||| Number
 (MIN: 0) (MAX: 11)

DK, R

PAD_Q44C **Again think about that period of time lasting 1 month or longer when your**
 PADB_44C **attacks or worry about the attacks were most severe, how much did they**
interfere with your ability to form and maintain close relationships with other
people? (Remember that 0 means "no interference" and 10 means "very
severe interference".)

0 No interference
 1 |
 2 |
 3 |
 4 |
 5 |
 6 |
 7 |
 8 |
 9 |
 10 Very severe interference

||| Number
 (MIN: 0) (MAX: 10)

DK, R

PAD_Q44D How much did it interfere with your social life?
 PADB_44D

- 0 No interference
 1 |
 2 |
 3 |
 4 |
 5 |
 6 |
 7 |
 8 |
 9 V
 10 Very severe interference

[[] Number
 (MIN: 0) (MAX: 10)

DK, R

PAD_C45 If (PAD_Q44A, PAD_Q44B_1, PAD_Q44B_2, PAD_Q44C and PAD_Q44D) = 0 (no interference) or = 11 (not applicable) or DK, or R, PAD_C45 = 1 and go to PAD_Q50. Otherwise, PAD_C45 = 2.

PAD_Q46 In the past 12 months, about how many days out of 365 were you **totally unable** to work or carry out your normal activities because of your attacks or the worry about the attacks? (You may use any number between 0 and 365 to answer.)
 PADB_46

[[] Number of days
 (MIN: 0) (MAX: 365)

DK, R

PAD_Q50 Did you ever in your life see, or talk on the telephone, to a medical doctor or other professional about your attacks? (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)
 PADB_50

- Yes
 No (Go to PAD_Q65_1)
 DK, R (Go to PAD_Q65_1)

PAD_Q50A How old were you the **first time** you saw, or talked to a professional about your attacks?
 PADB_50A
 INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.

[[] Age in years
 (MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- PAD_Q62
PADB_62
- Did you ever get treatment for your attacks that you considered helpful or effective?**
- 1 Yes
2 No (Go to PAD_Q62C)
DK, R (Go to PAD_Q62C)
- PAD_Q62A
PADB_62A
- How old were you the first time you got helpful treatment for your attacks?**
INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.
- [[[]] Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)
- DK, R
- PAD_Q62B
PADB_62B
- Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your attacks or worry about other attacks?**
- [[] Number of professionals
(MIN: 1) (MAX: 95; warning after 12)
- DK, R
- PAD_Q62C
PADB_62C
- In total, how many professionals did you ever see, or talk to about your attacks?**
- [[] Number of professionals
(MIN: 0) (MAX: 95; warning after 12)
- DK, R
- PAD_Q64
PADB_64
- During the past 12 months, did you receive professional treatment for your attacks?**
- 1 Yes
2 No
DK, R
- PAD_Q65
PADB_65
- Were you ever hospitalized overnight for your attacks?**
- 1 Yes
2 No (Go to PAD_Q65_1)
DK, R (Go to PAD_Q65_1)
- PAD_Q65A
PADB_65A
- How old were you the first time you were hospitalized overnight because of your attacks?**
INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.
- [[[]] Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)
- DK, R

PAD_Q65_1 **How many of your close relatives – including your biological parents, brothers, sisters and children – ever had attacks of this sort?**

PADB_651

INTERVIEWER: Minimum is 0; maximum is 95.

[[] Number of relatives
(MIN: 0) (MAX: 95)

DK, R

PAD_ND INTERVIEWER: This is the end of the module. Press <1> to continue.

PAD_END Go to next module.

For information only

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

SOCIAL PHOBIA

- SOP_C1 If SCR_Q29_1 = 1 and (SCR_Q29_2 = 1 or SCR_Q29_3 = 1), go to SOP_QINT1.
Otherwise, go to SOP_END.
- SOP_QINT1 **Earlier, you mentioned having a time in your life when you felt very shy, afraid or uncomfortable with other people or in social situations. The next questions are about which of these situations made you feel this way. Tell me if there was ever a time in your life when you felt shy, afraid or uncomfortable with the following situations.**
INTERVIEWER: Press <Enter> to continue.
- SOP_Q01A **Meeting new people?**
SOPB_01A
- 1 Yes (KEY_PHRASE = meeting new people)
 - 2 No
 - 3 Not applicable
DK
R (Go to SOP_ND)
- SOP_Q01B **Talking to people in authority?**
SOPB_01B
- 1 Yes (KEY_PHRASE = talking to people in authority)
 - 2 No
 - 3 Not applicable
DK, R
- SOP_Q01C **Speaking up in a meeting or class?**
SOPB_01C
- 1 Yes (KEY_PHRASE = speaking up at a meeting)
 - 2 No
 - 3 Not applicable
DK, R
- SOP_Q01D **Going to parties or other social gatherings?**
SOPB_01D
- 1 Yes (KEY_PHRASE = going to parties)
 - 2 No
 - 3 Not applicable
DK, R
- SOP_Q01E **Have you ever felt very shy, afraid or uncomfortable when you were performing or giving a talk in front of an audience?**
SOPB_01E
- 1 Yes (KEY_PHRASE = performing in front of an audience)
 - 2 No
 - 3 Not applicable
DK, R

SOP_Q01F **Taking an important exam or interviewing for a job, even though you were**
SOPB_01F **well prepared?**

- 1 Yes (KEY_PHRASE = taking an important exam)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01G **Working while someone watches you?**
SOPB_01G

- 1 Yes (KEY_PHRASE = working while someone watches)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01H **Entering a room when others are already present?**
SOPB_01H

- 1 Yes (KEY_PHRASE = entering a room when others are already present)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01I **Talking with people you don't know very well?**
SOPB_01I

- 1 Yes (KEY_PHRASE = talking with people you don't know very well)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01J **Expressing disagreement to people you don't know very well?**
SOPB_01J

- 1 Yes (KEY_PHRASE = disagreeing with people)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01K **Writing, eating or drinking while someone watches?**
SOPB_01K

- 1 Yes (KEY_PHRASE = writing, eating or drinking while someone watches you)
- 2 No
- 3 Not applicable
DK, R

SOP_Q01L **Have you ever felt very shy, afraid or uncomfortable when using a public**
SOPB_01L **bathroom or a bathroom away from home?**

- 1 Yes (KEY_PHRASE = using a public bathroom)
- 2 No
- 3 Not applicable
DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

SOP_Q01M SOPB_01M	When going on a date?
1	Yes (KEY_PHRASE = dating)
2	No
3	Not applicable DK, R
SOP_Q01N SOPB_01N	In any <u>other</u> social or performance situation where you could be the centre of attention or where something <u>embarrassing</u> might happen?
1	Yes
2	No
3	Not applicable DK, R
SOP_C2	If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 0, SOP_C2 = 1 and go to SOP_ND. If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1 through 3, SOP_C2 = 2 and go to SOP_C3. If count of responses of "Yes" in SOP_Q01A through SOP_Q01N >= 4, SOP_C2 = 3 and go to SOP_Q03_2.
SOP_C3	If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q03_1. Otherwise, use %any of these situations% in SOP_Q03_1. (Applies to SOP_Q03_1.)
SOP_C3A	If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = those we just mentioned. (Applies to SOP_Q03_1, SOP_Q20, SOP_Q25.) If SOP_Q01N > 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N > 1, KEY_PHRASE for SOP_Q01N = any other similar situation.
SOP_Q03_1 SOPB_031	You mentioned that you had a fear of situations like *KEY_PHRASES. Can you remember <u>exactly</u> how old you were, the <u>very first</u> time you had a fear of %this situation/any of these situations%?
1	Yes (Go to SOP_Q03A)
2	No (Go to SOP_Q03B)
	DK, R (Go to SOP_Q03B)
SOP_Q03_2 SOPB_032	You mentioned that you had a fear of a number of social or performance situations. Can you remember <u>exactly</u> how old you were, the <u>very first</u> time you had a fear of any of these situations? INTERVIEWER: If respondent does not remember the situations, press <Ctrl+S> to show the list of situations.
1	Yes (Go to SOP_Q03B)
2	No (Go to SOP_Q03B)
	DK, R (Go to SOP_Q03B)

SOP_Q03A	How old were you?
SOPB_03A	INTERVIEWER: Minimum is 0; maximum is %current age%.
	[[[]] Age in years (Go to SOP_C6) (MIN: 0) (MAX: current age)
	DK R (Go to SOP_C6)
SOP_Q03B	About how old were you?
SOPB_03B	INTERVIEWER: Minimum is 0; maximum is %current age%. If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".
	[[[]] Age in years (Go to SOP_C6) (MIN: 0) (MAX: current age)
	DK R (Go to SOP_C6)
SOP_C4	If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q03B_1. Otherwise, use %any of these situations% in SOP_Q03B_1. (Applies to SOP_Q03B_1.)
SOP_Q03B_1	Would you say that the very first time you had a fear of %this situation/any of these situations% was:
SOPB_3B1	INTERVIEWER: Read categories to respondent. If respondent answers "All my life", press <F6> to indicate "DK".
	1 ... before you first started school? 2 ... before you were a teenager? 3 ... once you were a teenager or an adult? DK <
SOP_C6	If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q06A and SOP_Q06A_1. Otherwise, use %any of these situations% in SOP_Q06A and SOP_Q06A_1. (Applies to SOP_Q06A and SOP_Q06A_1.)
SOP_C6A	If SCR_Q29_2 = 1 then SOP_C6A = 1, and go to SOP_Q06A. Otherwise, go to SOP_C8.

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- SOP_Q06A
SOPB_06A
- Earlier, you mentioned having times when you **avoided** social or performance situations because of your fear. How old were you the very **first time** you started **avoiding** %this situation/any of these situations%?
- INTERVIEWER:** Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.
- If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".
- If respondent does not remember the situations, press <Ctrl+S> to show the list of situations.
- [[[]] Age in years (Go to SOP_C8)
(MIN: 0) (MAX: current age)
- DK
R (Go to SOP_C8)
- SOP_Q06A_1
SOPB_6A1
- Would you say that the **very first** time you avoided %this situation/any of these situations% was:
- INTERVIEWER:** Read categories to respondent.
- If respondent answers "All my life", press <F6> to indicate "DK".
- 1 ... before you first started school?
2 ... before you were a teenager?
3 ... once you were a teenager or an adult?
DK, R
- SOP_C8
- If count of responses of "Yes" in SOP_Q06A through SOP_Q01N = 1, use %this situation% in SOP_QINT8.
Otherwise, use %these situations% in SOP_QINT8.
(Applies to SOP_QINT8.)
- SOP_QINT8
- Think of the time in your life when your fear or avoidance of %this situation/these situations% was most severe. When you were faced with %this situation/these situations%, or thought you would have to be, did you ever have any of the following experiences?
- INTERVIEWER:** Press <Enter> to continue.
- SOP_Q08A
SOPB_08A
- Did you ever blush or shake?
- Yes (Go to SOP_C9)
No
DK, R
- SOP_Q08B
SOPB_08B
- Did you ever fear that you might lose control of your bowels or bladder?
- 1 Yes (Go to SOP_C9)
2 No
DK, R
- SOP_Q08C
SOPB_08C
- Did you ever fear that you might vomit?
- 1 Yes (Go to SOP_C9)
2 No
DK, R

SOP_C9	SOP_C9 = Count of all responses of 1 (Yes) in (SOP_Q09A through SOP_Q09O). When SOP_C9 = 2, go to SOP_C11.
SOP_C10	If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = "situations similar to those that we just mentioned." If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N > 1, KEY_PHRASE for SOP_Q01N = "any other similar situation." If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in SOP_QINT9. Otherwise, use %these situations% in SOP_QINT9. (Applies to SOP_QINT9.)
SOP_QINT9	When you were faced with %^KEY_PHRASES/these situations%, tell me if you ever had any of the following reactions. INTERVIEWER: Press <Enter> to continue.
SOP_Q09A SOPB_09A	Did your heart ever pound or race? 1 Yes 2 No DK, R
SOP_Q09B SOPB_09B	Did you sweat? 1 Yes 2 No DK, R
SOP_Q09C SOPB_09C	Did you tremble? 1 Yes 2 No DK, R
SOP_Q09D SOPB_09D	Did you feel sick to your stomach? 1 Yes 2 No DK, R
SOP_Q09E SOPB_09E	Did you have a dry mouth? 1 Yes 2 No DK, R
SOP_Q09F SOPB_09F	Did you have hot flushes or chills? 1 Yes 2 No DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

SOP_Q09G SOPB_09G	Did you feel numbness or have tingling sensations?
	1 Yes
	2 No
	DK, R
SOP_Q09H SOPB_09H	Did you have trouble breathing normally?
	1 Yes
	2 No
	DK, R
SOP_Q09I SOPB_09I	Did you feel like you were choking?
	1 Yes
	2 No
	DK, R
SOP_Q09J SOPB_09J	Did you have pain or discomfort in your chest?
	1 Yes
	2 No
	DK, R
SOP_Q09K SOPB_09K	Did you feel dizzy or faint?
	1 Yes
	2 No
	DK, R
SOP_Q09L SOPB_09L	Were you afraid that you might die?
	1 Yes
	2 No
	DK, R
SOP_C9M	<p>SOP_Q01N = 1 and count of responses "Yes" in SOP_01A through SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = "situations similar to those that we just mentioned."</p> <p>If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N > 1, KEY_PHRASE for SOP_Q01N = "any other similar situation."</p> <p>If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in SOP_Q09M.</p> <p>Otherwise, use %these situations% in SOP_Q09M.</p>
SOP_Q09M SOPB_09M	<p>(When you were faced with %*KEY_PHRASES/these situations%), did you ever fear that you might lose control, go crazy or pass out?</p> <p>INTERVIEWER: If respondent does not remember the situations, press <Ctrl+S> to show the list of situations.</p>
	1 Yes
	2 No
	DK, R

SOP_Q09N SOPB_09N	Did you feel like you were “not really there”, like you were watching a movie of yourself?	
	1 Yes	(Go to SOP_C11)
	2 No	
	DK, R	
SOP_Q09O SOPB_09O	Did you feel that things around you were not real or like a dream?	
	1 Yes	
	2 No	
	DK, R	
SOP_C11	If count of responses of “Yes” in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q10, SOP_Q10A and SOP_Q12. Otherwise, use %these situations% in SOP_Q10, SOP_Q10A and SOP_Q12. (Applies to SOP_Q10, SOP_Q10A, SOP_Q12.)	
SOP_Q10 SOPB_10	When you were in %this situation/these situations%, were you ever afraid that you might have a panic attack?	
	1 Yes	
	2 No	(Go to SOP_Q11)
	DK, R	(Go to SOP_Q11)
SOP_Q10A SOPB_10A	Did you ever have a panic attack in %this situation/these situations%?	
	1 Yes	
	2 No	
	DK, R	
SOP_Q11 SOPB_11	Were you afraid that you might be trapped or unable to escape?	
	1 Yes	
	2 No	
	DK, R	
SOP_Q12 SOPB_12	When you were in %this situation/these situations%, were you afraid you might do something <u>embarrassing</u> or <u>humiliating</u>?	
	1 Yes	(Go to SOP_Q15)
	2 No	
	DK, R	
SOP_Q12A SOPB_12A	Were you afraid that you might embarrass other people?	
	1 Yes	(Go to SOP_Q15)
	2 No	
	DK, R	

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- SOP_Q13**
SOPB_13 **Were you afraid that people might look at you, talk about you or think negative things about you?**
- 1 Yes (Go to SOP_Q15)
2 No
DK, R
- SOP_Q14**
SOPB_14 **Were you afraid that you might be the focus of attention?**
- 1 Yes (Go to SOP_Q15)
2 No
DK, R
- SOP_C12** If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = "facing situations similar to those we just mentioned."

If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 2 or 3, KEY_PHRASE for SOP_Q01N = "any other similar situation."

If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in SOP_Q14A.

Otherwise, use %these situations% in SOP_Q14A.
(Applies to SOP_Q14A.)
- SOP_Q14A**
SOPB_14A **There are several reasons why people are afraid when faced with different situations. Tell me, what was it you feared most about %^KEY_PHRASES/these situations%? Did you think it was:**
INTERVIEWER: Read categories to respondent.
If respondent thought there was real danger even though it turned out not to be dangerous, consider it as a "real danger".
- 1 ... a real danger, like the danger associated with a car accident or a bank robbery? (Go to SOP_Q14B)
2 ... or another reason? (Go to SOP_Q14C)
DK, R (Go to SOP_Q15)
- SOP_Q14B**
SOPB_14B **What was this danger?**
INTERVIEWER: Enter a brief description of the danger.

DK, R (Go to SOP_Q15)
- SOP_Q14C**
SOPB_14C **What was this reason?**
INTERVIEWER: Enter a brief description of the reason.

DK, R
- SOP_Q15**
SOPB_15 **Was your fear related to embarrassment about having a physical, emotional or mental health problem or condition?**
- 1 Yes
2 No (Go to SOP_Q16)
DK, R (Go to SOP_Q16)

SOP_Q15A (Please refer to page 8 of the booklet.)

What was the problem or condition?

INTERVIEWER: Mark all that apply.

SOPB_15A	1	Emotional or mental health problem or condition
SOPB_15B	2	Alcohol or drug problem
SOPB_15C	3	Speech, vision or hearing problem
SOPB_15D	4	Movement or coordination problem
SOPB_15E	5	Facial or body disfigurement, weight or body image problem
SOPB_15F	6	Bad odour or sweating
SOPB_15G	7	Other physical health problem
SOPB_15H	8	Pregnancy
		DK, R

SOP_C13 If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q16 and SOP_Q17.
Otherwise, use %these situations% in SOP_Q16 and SOP_Q17.
(Applies to SOP_Q16, SOP_Q17.)

SOP_Q16 **How much did your fear or avoidance of %this situation/these situations% ever interfere with either your work, your social life or your personal relationships?**

SOPB_16

INTERVIEWER: Read categories to respondent.

- 1 Not at all
 - 2 A little
 - 3 Some
 - 4 A lot
 - 5 Extremely
- DK, R

SOP_Q17 **Was there ever a time in your life when you felt emotionally upset, worried or disappointed with yourself because of your fear or avoidance of %this situation/these situations%?**

SOPB_17

- 1 Yes
 - 2 No
- DK, R

SOP_C14 If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q18 and SOP_Q18A.
Otherwise, use %any of these situations% in SOP_Q18 and SOP_Q18A.
(Applies to SOP_Q18, SOP_Q18A.)

SOP_Q18 **When was the last time you either strongly feared or avoided %this situation/any of these situations%. Was it:**

SOPB_18

INTERVIEWER: Read categories to respondent.

- 1 ... during the past month? (Go to SOP_C15)
 - 2 ... between 2 and 6 months ago? (Go to SOP_C15)
 - 3 ... between 7 and 12 months ago? (Go to SOP_C15)
 - 4 ... more than 12 months ago?
- DK
R (Go to SOP_C15)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- SOP_Q18A
SOPB_18A
- How old were you the last time you either strongly feared or avoided %this situation/any of these situations%?**
INTERVIEWER: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.
INTERVIEWER: If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".
- [[[]]] Age in years
(MIN: age in SOP_Q03A or SOP_Q03B) (MAX: current age)
- DK, R
- SOP_C15
- If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q19.
Otherwise, use %one of these situations% in SOP_Q19.
(Applies to SOP_Q19.)
- SOP_Q19
SOPB_19
- What if you were faced with %this situation/one of these situations% today. How strong would your fear be?**
INTERVIEWER: Read categories to respondent.
If respondent answers "It depends on which situation", ask about the situation that would scare %him/her% most.
- 1 **No fear** (Go to SOP_C18)
2 **Mild** (Go to SOP_C18)
3 **Moderate**
4 **Severe**
5 **Very severe**
DK, R
- SOP_C16
- If SOP_C2 = 2, insert **KEY PHRASES** from SOP_Q01A through SOP_Q01N in SOP_Q20.
Otherwise, use %any of these situations% in SOP_Q20.
(Applies to SOP_Q20. SOP_Q20 uses SOP_C3A and SOP_C16.)
- SOP_Q20
SOPB_20
- During the past 12 months, how often did you avoid %situations like ^KEY PHRASES/any of these situations%?**
INTERVIEWER: Read categories to respondent.
If respondent answers "It depends on which situation", ask about the situation that %he/she% avoided most.
- 1 **All the time**
2 **Most of the time**
3 **Sometimes**
4 **Rarely**
5 **Never**
DK, R

SOP_QINT21 (Please refer to page 1 of the booklet.)

In the past 12 months, think about the period of time that lasted 1 month or longer when your fear or avoidance of social and performance situations was most severe. Please tell me what number best describes how much your fear or avoidance of situations interfered with each of the following activities. For each activity, please answer with a number between 0 and 10; 0 means "no interference" while 10 means "very severe interference".
INTERVIEWER: Press <Enter> to continue.

SOP_Q21A
 SOPB_21A How much did your fear or avoidance of social and performance situations interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

0 No interference
 1 |
 2 |
 3 |
 4 |
 5 |
 6 |
 7 |
 8 |
 9 V
 10 Very severe interference

||| Number
 (MIN: 0) (MAX: 10)

DK, R

SOP_Q21B_1
 SOPB_211 How much did it interfere with your ability to attend school?
INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

0 No interference
 1 |
 2 |
 3 |
 4 |
 5 |
 6 |
 7 |
 8 |
 9 V
 10 Very severe interference

||| Number
 (MIN: 0) (MAX: 11)

DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

SOP_Q21B_2 How much did it interfere with your ability to work at a job?

SOPB_212 INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

- 0 No interference
 1 |
 2 |
 3 |
 4 |
 5 |
 6 |
 7 |
 8 |
 9 V
 10 Very severe interference

||| Number
 (MIN: 0) (MAX: 11)

DK, R

SOP_Q21C Again think about that period of time lasting 1 month or longer when your
 SOPB_21C fear or avoidance of social or performance situations was most severe, how
 much did this fear or avoidance interfere with your ability to form and
 maintain close relationships with other people? (Remember that 0 means
 "no interference" and 10 means "very severe interference".)

- 0 No interference
 1 |
 2 |
 3 |
 4 |
 5 |
 6 |
 7 |
 8 |
 9 |
 10 Very severe interference

||| Number
 (MIN: 0) (MAX: 10)

DK, R

SOP_Q21D **How much did it interfere with your social life?**
SOPB_21D

0	No interference
1	
2	
3	
4	
5	
6	
7	
8	
9	V
10	Very severe interference

[[] Number
(MIN: 0) (MAX: 10)

DK, R

SOP_C17 If (SOP_Q21A, SOP_Q21B_1, SOP_Q21B_2, SOP_Q21C and SOP_Q21D) = 0 (no interference) or = 11 (not applicable) or DK or R, SOP_C17 = 1 and go to SOP_C18. Otherwise, SOP_C17 = 2.

SOP_Q23 **In the past 12 months, about how many days out of 365 were you totally**
SOPB_23 **unable to work or carry out your normal activities because of your fear or**
avoidance of situations? (You may use any number between 0 and 365 to
answer.)

[[] Number of days
(MIN: 0) (MAX: 365)

DK, R

SOP_C18 If SOP_C2 = 3, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in SOP_Q25 as %of a situation like ^KEY_PHRASES%. Otherwise, use %of these situations% in SOP_Q25. (Applies to SOP_Q25 ; SOP_Q25 uses SOP_C18 and SOP_C3A.)

SOP_Q25 **Did you ever in your life see, or talk on the telephone, to a medical doctor**
SOPB_25 **or other professional about your fear or avoidance %of a situation like**
^KEY_PHRASES/of these situations%? (By other professional, we mean
psychologists, psychiatrists, social workers, counsellors, spiritual
advisors, homeopaths, acupuncturists, self-help groups or other health
professionals.)

1	Yes	
2	No	(Go to SOP_Q39_1)
	DK, R	(Go to SOP_Q39_1)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- SOP_Q25A
SOPB_25A **How old were you the first time you saw, or talked to a professional about your fear?**
INTERVIEWER: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.
- [[[]] Age in years
(MIN: age in SOP_Q03A or SOP_Q03B) (MAX: current age)
- DK, R
- SOP_Q36
SOPB_36 **Did you ever get treatment for your fear that you considered helpful or effective?**
- 1 Yes
2 No (Go to SOP_Q36C)
DK, R (Go to SOP_Q36C)
- SOP_Q36A
SOPB_36A **How old were you the first time you got helpful treatment for your fear?**
INTERVIEWER: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.
- [[[]] Age in years
(MIN: age in SOP_Q03A or SOP_Q03B) (MAX: current age)
- DK, R
- SOP_Q36B
SOPB_36B **Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your fear?**
- [[]] Number of professionals
(MIN: 1) (MAX: 95; warning after 12)
- DK, R
- SOP_Q36C
SOPB_36C **In total, how many professionals did you ever see, or talk to about your fear?**
- [[]] Number of professionals
(MIN: 0) (MAX: 95; warning after 12)
- DK, R
- SOP_Q38
SOPB_38 **At any time in the past 12 months, did you receive professional treatment for your fear?**
- 1 Yes
2 No
DK, R
- SOP_Q39
SOPB_39 **Were you ever hospitalized overnight for your fear?**
- 1 Yes
2 No (Go to SOP_Q39_1)
DK, R (Go to SOP_Q39_1)

SOP_Q39A SOPB_39A	<p>How old were you the <u>first time</u> you were hospitalized overnight because of your fear?</p> <p>INTERVIEWER: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.</p> <p>[[[[]]]] Age in years (MIN: age in SOP_Q03A or SOP_Q03B) (MAX: current age)</p> <p>DK, R</p>
SOP_Q39_1 SOPB_391	<p>How many of your close relatives – including your biological parents, brothers, sisters and children – ever had a strong fear of social or performance situations?</p> <p>INTERVIEWER: Minimum is 0; maximum is 95.</p> <p>[[[]]] Number of relatives (MIN: 0) (MAX: 95)</p> <p>DK, R</p>
SOP_ND	<p>INTERVIEWER: This is the end of the module. Press <1> to continue.</p>
SOP_END	<p>Go to next module.</p>

AGORAPHOBIA

AGP_C1 If SCR_30 = 1, go to AGP_QINT1.
Otherwise, go to AGP_ND.

AGP_QINT1 **Earlier you mentioned having a strong fear of things like being in crowds, going to public places, travelling by yourself or travelling away from home. The next questions are about which of these things you feared. Tell me if you ever strongly feared any of the following situations.**
INTERVIEWER: Press <Enter> to continue.

AGP_Q01A **Being home alone?**

AGPB_01A

- 1 Yes (KEY_PHRASE = being home alone)
- 2 No
- 3 Not applicable
DK
R (Go to AGP_ND)

AGP_Q01B **Being in crowds?**

AGPB_01B

- 1 Yes (KEY_PHRASE = being in crowds)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01C **Travelling away from home?**

AGPB_01C

- 1 Yes (KEY_PHRASE = travelling away from home)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01D **Travelling alone or being alone away from home?**

AGPB_01D

- 1 Yes (KEY_PHRASE = travelling alone)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01E **Did you ever strongly fear using public transportation?**

AGPB_01E

- 1 Yes (KEY_PHRASE = using public transportation)
- 2 No
- 3 Not applicable
DK, R

AGP_Q01F **Driving a car?**

AGPB_01F

- 1 Yes (KEY_PHRASE = driving a car)
- 2 No
- 3 Not applicable
DK, R

- AGP_Q01G** **Standing in a line in a public place?**
AGPB_01G
- 1 Yes (KEY_PHRASE = standing in a line)
 - 2 No
 - 3 Not applicable
DK, R
- AGP_Q01H** **Did you ever strongly fear being in a department store, shopping mall or supermarket?**
AGPB_01H
- 1 Yes (KEY_PHRASE = being in stores or malls)
 - 2 No
 - 3 Not applicable
DK, R
- AGP_Q01I** **Being in a movie theatre, auditorium, lecture hall or church?**
AGPB_01I
- 1 Yes (KEY_PHRASE = being in large auditoriums)
 - 2 No
 - 3 Not applicable
DK, R
- AGP_Q01J** **Being in a restaurant or any other public place?**
AGPB_01J
- 1 Yes (KEY_PHRASE = being in restaurants)
 - 2 No
 - 3 Not applicable
DK, R
- AGP_Q01K** **Being in a wide, open field or street?**
AGPB_01K
- 1 Yes (KEY_PHRASE = being in wide open places)
 - 2 No
 - 3 Not applicable
DK, R
- AGP_C2A** If count of responses of "Yes" in AGP_Q01A to AGP_Q01J <= 1, AGP_C2A = 1 and go to AGP_ND.
 Otherwise AGP_C2A = 2.
- AGP_C2B** If SGP_Q39_1 = 0 to 95, DK, or R, AGP_C2B = 1.
 Otherwise, AGP_C2B = 2 and go to AGP_Q03_1.
- AGP_Q02** **Was the reason for your fear of ^KEY_PHRASES ever because you felt very shy, afraid or uncomfortable in social or performance situations, or being with other people?**
AGPB_02
- 1 Yes
 - 2 No (Go to AGP_Q03_1)
 - DK, R (Go to AGP_Q03_1)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- AGP_Q02A
AGPB_02A **Was your fear of these situations always because you felt shy, afraid or uncomfortable in social or performance situations, or being with other people?**
- 1 Yes (Go to AGP_ND)
2 No
DK, R
- AGP_Q03_1
AGPB_031 **You mentioned that you had a fear of ^KEY_PHRASES. Can you remember exactly how old you were, the very first time you had a fear of one of these situations?**
- 1 Yes (Go to AGP_Q03B)
2 No (Go to AGP_Q03B)
DK, R
- AGP_Q03A
AGPB_03A **How old were you?**
INTERVIEWER: Minimum is 0; maximum is %current age%.
- [[[]] Age in years (Go to AGP_QINT4)
(MIN: 0) (MAX: current age)
- DK
R (Go to AGP_QINT4)
- AGP_Q03B
AGPB_03B **About how old were you?**
INTERVIEWER: Minimum is 0; maximum is %current age%.
If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".
- [[[]] Age in years (Go to AGP_QINT4)
(MIN: 0) (MAX: current age)
- DK
R (Go to AGP_QINT4)
- AGP_Q03B_1
AGPB_3B1 **Would you say that the very first time you had a fear of one of these situations was:**
INTERVIEWER: Read categories to respondent.
If respondent answers "All my life", press <F6> to indicate "DK".
- ... before you first started school?
2 ... before you were a teenager?
3 ... once you were a teenager or an adult?
DK, R
- AGP_QINT4 **People with fears like this differ in what it is they fear about the situations. Please tell me which of the following fears you experienced.**
INTERVIEWER: Press <Enter> to continue.
- AGP_Q04A
AGPB_04A **When you were faced with one of these situations, did you fear being alone or being separated from your loved ones?**
- 1 Yes
2 No
DK, R

AGP_Q04B Did you fear that there was some real danger, like that you might be robbed or assaulted?
AGPB_04B

- 1 Yes
- 2 No
- DK, R

AGP_Q04C Did you fear that you might get sick to your stomach or have diarrhea?
AGPB_04C

- 1 Yes
- 2 No
- DK, R

AGP_Q04D Did you fear that you might have a panic attack?
AGPB_04D

- 1 Yes
- 2 No
- DK, R

AGP_Q04E Did you fear that you might have a heart attack or some other emergency?
AGPB_04E

- 1 Yes
- 2 No
- DK, R

AGP_Q04F Did you fear that you might become physically ill and be unable to get help?
AGPB_04F

- 1 Yes
- 2 No
- DK, R

AGP_Q04G Did you fear that it might be difficult or embarrassing to escape?
AGPB_04G

- 1 Yes
- 2 No
- DK, R

AGP_Q04H Did you fear that some other terrible thing might happen?
AGPB_04H

- 1 Yes
- 2 No
- DK, R

AGP_C6A If SCR_Q30_2=1, AGP_C6A=1.
Otherwise, AGP_C6A=2 and go to AGP_QINT8.

AGP_QINT6A The following questions are about your fear of ^KEY_PHRASES.
INTERVIEWER: Press <Enter> to continue.

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- AGP_Q06A
AGPB_06 Earlier, you mentioned having times when you avoided one of these situations. How old were you the very **first time** you started avoiding these situations?
INTERVIEWER: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.
If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".
- [[]] Age in years (Go to AGP_QINT8)
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)
- DK
R (Go to AGP_QINT8)
- AGP_Q06A_1
AGPB_061 Would you say that the very first time you avoided these situations was:
INTERVIEWER: Read categories to respondent.
If respondent answers "All my life", press <F6> to indicate "DK".
- 1 ... before you first started school?
2 ... before you were a teenager?
3 ... once you were a teenager or an adult?
DK, R
- AGP_QINT8 The following questions are about your fear of ***KEY_PHRASES**.
INTERVIEWER: Press <Enter> to continue.
- AGP_Q08
AGPB_08 Was there a particular **incident or event** that caused your fear of these situations to start the very **first time**?
- 1 Yes
2 No (Go to AGP_QINT9)
DK, R (Go to AGP_QINT9)
- AGP_Q08A
AGPB_08A Did you have a **panic attack** as a result of that incident or event?
- 1 Yes
2 No
DK, R
- AGP_QINT9 Think of the time in your life when your fear or avoidance of these situations was **most severe and frequent**. When you were faced with these situations, or thought you would have to be, tell me if you ever had any of the following experiences.
INTERVIEWER: Press <Enter> to continue.
- AGP_Q09A
AGPB_09A Did your heart ever pound or race?
- 1 Yes
2 No
DK, R

- AGP_Q09B **Did you sweat?**
AGPB_09B
- 1 Yes
 - 2 No
DK, R
- AGP_Q09C **Did you tremble or shake?**
AGPB_09C
- 1 Yes
 - 2 No
DK, R
- AGP_Q09D **Did you have a dry mouth?**
AGPB_09D
- 1 Yes
 - 2 No
DK, R
- AGP_C10 If any of AGP_Q09A, AGP_Q09B, AGP_Q09C or AGP_Q09D = 1 (Yes), go to AGP_QINT11.
Otherwise, go to AGP_Q13.
- AGP_QINT11 **When you were faced with these situations, or thought you would have to be, tell me if you ever had one of the following reactions.**
INTERVIEWER: Press <Enter> to continue.
- AGP_Q11A **Did you have trouble breathing normally?**
AGPB_11A
- 1 Yes (Go to AGP_Q13)
 - 2 No
DK, R
- AGP_Q11B **Did you feel like you were choking?**
AGPB_11B
- 1 Yes (Go to AGP_Q13)
 - 2 No
DK, R
- AGP_Q11C **Did you have pain or discomfort in your chest?**
AGPB_11C
- 1 Yes (Go to AGP_Q13)
 - 2 No
DK, R
- AGP_Q11D **Did you feel nauseous or sick to your stomach?**
AGPB_11D
- 1 Yes (Go to AGP_Q13)
 - 2 No
DK, R
- AGP_Q11E **Did you feel dizzy or faint?**
AGPB_11E
- 1 Yes (Go to AGP_Q13)
 - 2 No
DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- AGP_Q11F
AGPB_11F
- Did you ever fear that you might lose control, go crazy or pass out?**
- 1 Yes (Go to AGP_Q13)
2 No
DK, R
- AGP_Q11G
AGPB_11G
- Were you afraid that you might die?**
- 1 Yes (Go to AGP_Q13)
2 No
DK, R
- AGP_Q11H
AGPB_11H
- Did you have hot flushes or chills?**
- 1 Yes (Go to AGP_Q13)
2 No
DK, R
- AGP_Q11I
AGPB_11I
- Did you feel numbness or have tingling sensations?**
- 1 Yes (Go to AGP_Q13)
2 No
DK, R
- AGP_Q11J
AGPB_11J
- Did you feel like you were “not really there”, like you were watching a movie of yourself?**
- 1 Yes (Go to AGP_Q13)
2 No
DK, R
- AGP_Q11K
AGPB_11K
- Did you feel that things around you were not real or like a dream?**
- 1 Yes
2 No
DK, R
- AGP_Q13
AGPB_13
- Were you ever unable to leave your home for an entire day because of your fear?**
- 1 Yes
2 No (Go to AGP_Q14)
3 DK, R (Go to AGP_Q14)
- AGP_Q13A
AGPB_13A
- What is the longest period when you were unable to leave your home?**
INTERVIEWER: Select the reporting unit here and enter the number in the next screen.
- 1 Days
2 Weeks (Go to AGP_Q13C)
3 Months (Go to AGP_Q13D)
4 Years (Go to AGP_Q13E)
DK, R (Go to AGP_Q14)

AGP_Q13B AGPB_13B	<p>INTERVIEWER: Enter the number of days. Minimum is 1; maximum is 900.</p> <p>[[[]] Number of days (MIN: 1) (MAX: 900; warning after 365)</p> <p>DK, R</p>
AGP_E13B	<p>If AGP_Q13B <= 365, go to AGP_Q14. Otherwise, show pop-up edit as follows.</p> <p>An unusual value has been entered. Please confirm or return and change the reporting unit.</p>
AGP_Q13C AGPB_13C	<p>INTERVIEWER: Enter the number of weeks. Minimum is 1; maximum is 104.</p> <p>[[[]] Number of weeks (MIN: 1) (MAX: 104; warning after 52)</p> <p>DK, R</p>
AGP_E13C	<p>If AGP_Q13C <= 52, go to AGP_Q14. Otherwise, show pop-up edit as follows.</p> <p>An unusual value has been entered. Please confirm or return and change the reporting unit.</p>
AGP_Q13D AGPB_13D	<p>INTERVIEWER: Enter the number of months. Minimum is 1; maximum is 36.</p> <p>[[] Number of months (MIN: 1) (MAX: 36; warning after 24)</p> <p>DK, R</p>
AGP_E13D	<p>If AGP_Q13D >= 24, go to AGP_Q14. Otherwise, show pop-up edit as follows.</p> <p>An unusual value has been entered. Please confirm or return and change the reporting unit.</p>
AGP_Q13E AGPB_13E	<p>INTERVIEWER: Enter the number of years. Minimum is 1; maximum is %current age - (age in AGP_Q03A or AGP_Q03B)%.</p> <p>[[[]] Number of years (MIN: 1) (MAX: current age - (age in AGP_Q03A or AGP_Q03B))</p> <p>DK, R</p>

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

AGP_Q14
AGPB_14 Some people are unable to go out of their home unless they have someone they know with them, like a family member or friend. Was this ever true for you?

- 1 Yes
- 2 No
- DK, R

AGP_QINT15 Remember, these questions are about your fear or avoidance of ^KEY_PHRASES.
INTERVIEWER: Press <Enter> to continue.

AGP_Q15
AGPB_15 How much did your fear or avoidance of these situations ever interfere with either your work, your social life or your personal relationships?
INTERVIEWER: Read categories to respondent.

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot
- 5 Extremely
- DK, R

AGP_Q16
AGPB_16 Was there ever a time in your life when you felt emotionally upset, worried or disappointed with yourself because of your fear or avoidance of these situations?

- 1 Yes
- 2 No
- DK, R

AGP_Q17
AGPB_17 At any time in the past 12 months, did you either strongly fear or avoid any of these situations?

- 1 Yes
- 2 No (Go to AGP_Q17B)
- DK (Go to AGP_Q17B)
- R (Go to AGP_Q18)

AGP_Q17A
AGPB_17A How recently was it?
INTERVIEWER: Read categories to respondent.

- 1 During the past month
- 2 Between 2 to 6 months ago
- 3 More than 6 months ago
- DK, R

Go to AGP_Q18.

AGP_Q17B **How old were you the last time you either strongly feared or avoided one of these situations?**
AGPB_17B

INTERVIEWER: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.
If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".

[[[]] Age in years
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK, R

AGP_Q18 **What if you were faced with one of these situations today. How strong would your fear be?**
AGPB_18

INTERVIEWER: Read categories to respondent.
If respondent answers "It depends on which situation", ask about the situation that would scare %him/her% the most.

- 1 **No fear** (Go to AGP_Q24)
 - 2 **Mild** (Go to AGP_Q24)
 - 3 **Moderate**
 - 4 **Severe**
 - 5 **Very severe**
- DK, R

AGP_Q19 **During the past 12 months, how often did you avoid these feared situations?**
AGPB_19

INTERVIEWER: Read categories to respondent.
If respondent answers "It depends on which situation", ask about the situation that %he/she% avoided the most.

- 1 **All the time**
 - 2 **Most of the time**
 - 3 **Sometimes**
 - 4 **Rarely**
 - 5 **Never**
- DK, R

AGP_QINT20 (Please refer to page 1 of the booklet.)

During the past 12 months, think about the period of time that lasted one month or longer when your fear or avoidance of situations was most severe. Please tell me what number best describes how much your fear or avoidance of situations interfered with each of the following activities. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".
INTERVIEWER: Press <Enter> to continue.

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

AGP_Q20A How much did your fear or avoidance of situations interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?
AGPB_20A

0 No interference
1
2
3
4
5
6
7
8
9
10 Very severe interference

Number
(MIN: 0) (MAX: 10)

DK, R

AGP_Q20B_1 How much did it interfere with your ability to attend school?
AGPB_201 INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

0 No interference
1
2
3
4
5
6
7
8
9
10 Very severe interference

Number
(MIN: 0) (MAX: 11)

DK, R

AGP_Q20B_2 **How much did it interfere with your ability to work at a job?**
 AGPB_202 **INTERVIEWER:** If necessary, enter "11" to indicate "Not applicable".

0 No interference
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Very severe interference

||| Number
 (MIN: 0) (MAX: 11)

DK, R

AGP_Q20C **Again thinking about that period of time lasting one month or longer during the past 12 months when your fear or avoidance of situations was most severe, how much did this fear or avoidance interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means "no interference" and 10 means "very severe interference".)**
 AGPB_20C

0 No interference
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Very severe interference

||| Number
 (MIN: 0) (MAX: 10)

DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

AGP_Q20D
AGPB_20D

How much did it interfere with your social life?

0 No interference
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Very severe interference

[[[] Number
 (MIN: 0) (MAX: 10)

DK, R

AGP_C21

If (AGP_Q20A, AGP_Q20B_1, AGP_Q20B_2, AGP_Q20C and AGP_Q20D) = 0 (no interference) or = 11 (not applicable) or DK, or R, AGP_C21 = 1 and go to AGP_Q24.
 Otherwise, AGP_C21 = 2.

AGP_Q22
AGPB_22

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

[[[] Number of days
 (MIN: 0) (MAX: 365)

DK, R

AGP_Q24
AGPB_24

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

Yes
 No (Go to AGP_Q38_1)
 DK, R (Go to AGP_Q38_1)

AGP_Q24A
AGPB_24A

How old were you the **first time** you saw, or talked to a professional about your fear?

INTERVIEWER: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.

[[[] Age in years
 (MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK, R

- AGP_Q35
AGPB_35 **Did you ever get treatment for your fear that you considered helpful or effective?**
- 1 Yes
2 No (Go to AGP_Q35C)
DK, R (Go to AGP_Q35C)
- AGP_Q35A
AGPB_35A **How old were you the first time you got helpful treatment for your fear?**
INTERVIEWER: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.
- [[[]] Age in years
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)
- DK, R
- AGP_Q35B
AGPB_35B **Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your fear?**
- [[] Number of professionals
(MIN: 1) (MAX: 95; warning after 12)
- DK, R
- AGP_Q35C
AGPB_35C **In total, how many professionals did you ever see, or talk to about your fear?**
- [[] Number of professionals
(MIN: 1) (MAX: 95; warning after 12)
- DK, R
- AGP_Q37
AGPB_37 **At any time in the past 12 months, did you receive professional treatment for your fear?**
- 1 Yes
2 No
DK, R
- AGP_Q38
AGPB_38 **Were you ever hospitalized overnight for your fear?**
- 1 Yes
2 No (Go to AGP_Q38_1)
DK, R (Go to AGP_Q38_1)
- AGP_Q38A
AGPB_38A **How old were you the first time you were hospitalized overnight because of your fear?**
INTERVIEWER: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.
- [[[]] Age in years
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)
- DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

AGP_Q38_1 **How many of your close relatives – including your biological parents, brothers, sisters and children – ever had a strong fear of being home alone, being in crowds or being away from home?**
AGPB_381

Number of relatives
(MIN: 0) (MAX: 95)

DK, R

AGP_ND **INTERVIEWER:** This is the end of the module. Press <1> to continue.

AGP_END Go to next module.

For information only

SSM_C04	If SSM_Q04 = 2, 3, 4 or 5 then KEY_PHRASE = %to give you advice%
SSM_Q05 SSMB_05	... 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, R
SSM_C05	If SSM_Q05 = 2, 3, 4 or 5 then KEY_PHRASE = %to take you to the doctor%
SSM_Q06 SSMB_06	... 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, R
SSM_C06	If SSM_Q06 = 2, 3, 4 or 5 then KEY_PHRASE = %to show you affection%
SSM_Q07 SSMB_07	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, R
SSM_C07	If SSM_Q07 = 2, 3, 4 or 5 then KEY_PHRASE = %to have a good time with%
SSM_Q08 SSMB_08	... 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, R
SSM_C08	If SSM_Q08 = 2, 3, 4 or 5 then KEY_PHRASE = %to give you information%
SSM_Q09 SSMB_09	... 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

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

	DK, R
SSM_C09	If SSM_Q09 = 2, 3, 4 or 5 then KEY_PHRASE = %to confide in%
SSM_Q10 SSMB_10	... 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, R
SSM_C10	If SSM_Q10 = 2, 3, 4 or 5 then KEY_PHRASE = %to hug you%
SSM_Q11 SSMB_11	... 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, R
SSM_C11	If SSM_Q11 = 2, 3, 4 or 5 then KEY_PHRASE = %to relax with%
SSM_Q12 SSMB_12	... 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, R
SSM_C12	If SSM_Q12 = 2, 3, 4 or 5 then KEY_PHRASE = %to prepare your meals%
SSM_Q13 SSMB_13	... 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, R
SSM_C13	If SSM_Q13 = 2, 3, 4 or 5 then KEY_PHRASE = %to advise you%
SSM_Q14 SSMB_14	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, R

SSM_C14	If SSM_Q14 = 2, 3, 4 or 5 then KEY_PHRASE = % to do things with%
SSM_Q15 SSMB_15	... 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, R
SSM_C15	If SSM_Q15 = 2, 3, 4 or 5 then KEY_PHRASE = %to help with daily chores%
SSM_Q16 SSMB_16	... 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, R
SSM_C16	If SSM_Q16 = 2, 3, 4 or 5 then KEY_PHRASE = %to share your worries and fears with%
SSM_Q17 SSMB_17	... 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, R
SSM_C17	If SSM_Q17 = 2, 3, 4 or 5 then KEY_PHRASE = %to turn to for suggestions%
SSM_Q18 SSMB_18	... 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, R
SSM_C18	If SSM_Q18 = 2, 3, 4 or 5 then KEY_PHRASE = %to do something enjoyable with%
SSM_Q19 SSMB_19	... 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, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- SSM_C19 If SSM_Q19 = 2, 3, 4 or 5 then KEY_PHRASE = %to understand your problems%
- SSM_Q20
SSMB_20 ... 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, R
- SSM_C20 If SSM_Q20 = 2, 3, 4 or 5 then KEY_PHRASE = %to love you and make you feel wanted%
- SSM_C21A If any responses of 2, 3, 4 or 5 in SSM_Q02 to SSM_Q20, go to SSM_QINT21_A.
Otherwise, go to SSM_END.
- SSM_QINT21_A
You have just mentioned that if you needed support, someone would be available for you. The next questions are about the support or help you actually received in the past 12 months.
INTERVIEWER: Press <Enter> to continue.
- SSM_C21 If any responses of 2, 3, 4 or 5 in SSM_Q02 or SSM_Q05 or SSM_Q12 or SSM_Q15, then SSM_C21 = 1 (Yes) and go to SSM_Q21A.

Otherwise, SSM_C21 = 2 (No) and go to SSM_C22.
- SSM_Q21A
SSMB_21A **In the past 12 months, did you receive the following support: someone *KEY_PHRASES?**
- 1 Yes
 - 2 No (Go to SSM_C22)
- DK, R (Go to SSM_C22)
- SSM_Q21B
SSMB_21B **When you needed it, how often did you receive this kind of support (in the past 12 months)?**
INTERVIEWER: Read categories to respondent.
- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R
- SSM_C22 If any responses of 2, 3, 4 or 5 in SSM_Q06 or SSM_Q10 or SSM_Q20 then SSM_C22 = 1 (Yes) and go to SSM_Q22A.

Otherwise, SSM_C22 = 2 (No) and go to SSM_C23.

SSM_Q22A (In the past 12 months, did you receive the following support:
SSMB_22A someone ^KEY_PHRASES?

- 1 Yes
2 No (Go to SSM_C23)
DK, R (Go to SSM_C23)

SSM_Q22B **When you needed it, how often did you receive this kind of support (in the
SSMB_22B past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 Almost always
2 Frequently
3 Half the time
4 Rarely
5 Never
DK, R

SSM_C23 If any responses of 2, 3, 4 or 5 in SSM_Q07 or SSM_Q11 or SSM_Q14 or
SSM_Q18, then SSM_C23 = 1 (Yes) and go to SSM_Q23A.

Otherwise, SSM_C23 = 2 (No) and go to SSM_C24.

SSM_Q23A (In the past 12 months, did you receive the following support:
SSMB_23A someone ^KEY_PHRASES?

- 1 Yes
2 No (Go to SSM_C24)
DK, R (Go to SSM_C24)

SSM_Q23B **When you needed it, how often did you receive this kind of support (in the
SSMB_23B past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 Almost always
2 Frequently
3 Half the time
4 Rarely
5 Never
DK, R

SSM_C24 If any responses of 2, 3, 4 or 5 in SSM_Q03 or SSM_Q04 or SSM_Q08 or
SSM_Q09 or SSM_Q13 or SSM_Q16 or SSM_Q17 or SSM_Q19, then
SSM_C24 = 1 (Yes) and go to SSM_Q24A.

Otherwise, SSM_C24 =2 (No) and go to SSM_END.

SSM_Q24A (In the past 12 months, did you receive the following support:
SSMB_24A someone ^KEY_PHRASES?

- 1 Yes
2 No (Go to SSM_END)
DK, R (Go to SSM_END)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

SSM_Q24B **When you needed it, how often did you receive this kind of support (in the**
SSMB_24B **past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
 - 2 **Frequently**
 - 3 **Half the time**
 - 4 **Rarely**
 - 5 **Never**
- DK, R

SSM_END Go to next module.

For information only

SOCIO-DEMOGRAPHIC CHARACTERISTICS

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

INTERVIEWER: Press <Enter> to continue.

SDE_Q1 **In what country were you born?**
SDCB_1

- | | | | | |
|----|-----------|----------------|----|-----------------------|
| 1 | Canada | (Go to SDE_Q4) | 11 | Jamaica |
| 2 | China | | 12 | Netherlands / Holland |
| 3 | France | | 13 | Philippines |
| 4 | Germany | | 14 | Poland |
| 5 | Greece | | 15 | Portugal |
| 6 | Guyana | | 16 | United Kingdom |
| 7 | Hong Kong | | 17 | United States |
| 8 | Hungary | | 18 | Viet Nam |
| 9 | India | | 19 | Sri Lanka |
| 10 | Italy | | 20 | Other – Specify |
| | DK, R | (Go to SDE_Q4) | | |

SDE_Q2 **Were you born a Canadian citizen?**
SDCB_2

- | | | |
|---|-------|----------------|
| 1 | Yes | (Go to SDE_Q4) |
| 2 | No | |
| | DK, R | (Go to SDE_Q4) |

SDE_Q3 **In what year did you first come to Canada to live?**
SDCB_3

INTERVIEWER: Minimum is %year of birth%; maximum is %current year%.

||||| Year
(MIN: year of birth) (MAX: current year)

DK, R

SDE_E3 **If SDE_Q3 >= year of birth or SDE_Q3 <= current year, go to SDE_Q4.
Otherwise, show pop-up edit as follows.**

Year must be between ^Info.YearofBirth and ^Info.CurrentYear.

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

SDE_Q4

To which ethnic or cultural group(s) did your ancestors belong? (For example: French, Scottish, Chinese, East Indian)

INTERVIEWER: Mark all that apply.

If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian.

SDCB_4A	1	Canadian	SDCB_4L	12	Polish
SDCB_4B	2	French	SDCB_4M	13	Portuguese
SDCB_4C	3	English	SDCB_4N	14	South Asian (e.g., East Indian, Pakistani, Sri Lankan)
SDCB_4D	4	German	SDCB_4O	15	Norwegian
SDCB_4E	5	Scottish	SDCB_4P	16	Welsh
SDCB_4F	6	Irish	SDCB_4Q	17	Swedish
SDCB_4G	7	Italian	SDCB_4R	18	Aboriginal (North American Indian, Métis, Inuit)
SDCB_4H	8	Ukrainian	SDCB_4S	19	Other – Specify DK, R
SDCB_4I	9	Dutch (Netherlands)			
SDCB_4J	10	Chinese			
SDCB_4K	11	Jewish			

SDE_Q5

In what languages can you conduct a conversation?

INTERVIEWER: Mark all that apply.

SDCB_5A	1	English	SDCB_5K	11	Persian (Farsi)
SDCB_5B	2	French	SDCB_5L	12	Polish
SDCB_5C	3	Arabic	SDCB_5M	13	Portuguese
SDCB_5D	4	Chinese	SDCB_5N	14	Punjabi
SDCB_5E	5	Cree	SDCB_5O	15	Spanish
SDCB_5F	6	German	SDCB_5P	16	Tagalog (Pilipino)
SDCB_5G	7	Greek	SDCB_5Q	17	Ukrainian
SDCB_5H	8	Hungarian	SDCB_5R	18	Vietnamese
SDCB_5I	9	Italian	SDCB_5T	19	Dutch
SDCB_5J	10	Korean	SDCB_5U	20	Hindi
			SDCB_5V	21	Russian
			SDCB_5W	22	Tamil
			SDCB_5S	23	Other – Specify DK, R

SDE_Q6 **What is the language that you first learned at home in childhood and can still understand?**

INTERVIEWER: Mark all that apply.

If person can no longer understand the first language learned, mark the second.

SDCB_6A	1	English	SDCB_6K	11	Persian (Farsi)
SDCB_6B	2	French	SDCB_6L	12	Polish
SDCB_6C	3	Arabic	SDCB_6M	13	Portuguese
SDCB_6D	4	Chinese	SDCB_6N	14	Punjabi
SDCB_6E	5	Cree	SDCB_6O	15	Spanish
SDCB_6F	6	German	SDCB_6P	16	Tagalog (Pilipino)
SDCB_6G	7	Greek	SDCB_6Q	17	Ukrainian
SDCB_6H	8	Hungarian	SDCB_6R	18	Vietnamese
SDCB_6I	9	Italian	SDCB_6T	19	Dutch
SDCB_6J	10	Korean	SDCB_6U	20	Hindi
			SDCB_6V	21	Russian
			SDCB_6W	22	Tamil
			SDCB_6S	23	Other – Specify
					DK, R

SDE_Q7 **People living in Canada come from many different cultural and racial backgrounds. Are you:**

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

SDCB_7A	1	...White?
SDCB_7B	2	...Chinese?
SDCB_7C	3	...South Asian (e.g., East Indian, Pakistani, Sri Lankan)?
SDCB_7D	4	...Black?
SDCB_7E	5	...Filipino?
SDCB_7F	6	...Latin American?
SDCB_7G	7	...Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)?
SDCB_7H	8	...Arab?
SDCB_7I	9	...West Asian (e.g., Afghan, Iranian)?
SDCB_7J	10	...Japanese?
SDCB_7K	11	...Korean?
SDCB_7L	12	...Aboriginal (North American Indian, Métis or Inuit)?
SDCB_7M	13	...Other – Specify
		DK, R

SDE_Q8 **Are you currently attending a school, college or university?**

SDCB_8	1	Yes	
	2	No	(Go to SDE_END)
		DK, R	(Go to SDE_END)

SDE_Q9 **Are you enrolled as a full-time student or a part-time student?**

SDCB_9	1	Full-time
	2	Part-time
		DK, R

SDE_END Go to next module.

LABOUR FORCE

LBF_C01 If age < 15 or if age > 75, go to LBF_END.

LBF_QINT **The next few questions concern your activities in the last 7 days. By the last 7 days, I mean beginning %date one week ago%, and ending %date yesterday%.**
INTERVIEWER: Press <Enter> to continue.

Job Attachment

LBF_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.**
 LBFB_01

- | | | |
|---|----------------------------|-------------------|
| 1 | Yes | (Go to LBF_Q03) |
| 2 | No | |
| 3 | Permanently unable to work | (Go to LBF_QINT2) |
| | DK, R | (Go to LBF_END) |

LBF_E01 If GEN_Q08 = 2 (didn't work any any time in past 12 months) and LBF_Q01 = 1, show pop-up edit as follows:

A response inconsistent with a response to a previous question has been entered. Please confirm.

LBF_Q02 **Last week, did you have a job or business from which you were absent?**
 LBFB_02

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to LBF_Q11) |
| | DK, R | (Go to LBF_END) |

LBF_Q03 **Did you have more than one job or business last week?**
 LBFB_03

- | | | |
|---|-------|---------------|
| 1 | Yes | |
| 2 | No | |
| | DK, R | |
| | | Go to LBF_C31 |

Job Search – Last 4 Weeks

LBF_Q11 **In the past 4 weeks, did you do anything to find work?**
 LBFB_11

- | | | |
|---|-------|-------------------|
| 1 | Yes | (Go to LBF_QINT2) |
| 2 | No | |
| | DK, R | (Go to LBF_QINT2) |

LBF_Q13 LBFB_13	<p>What is the main reason that you are not currently working at a job or business?</p> <ol style="list-style-type: none"> 1 Own illness or disability 2 Caring for – own children 3 Caring for – elder relatives 4 Pregnancy (Females only) 5 Other personal or family responsibilities 6 Vacation 7 School or educational leave 8 Retired 9 Believes no work available (in area or suited to skills) 10 Other – Specify DK, R
LBF_C13	<p>If LBF_Q13 = 4, go to LBF_E13. Otherwise, go to LBF_C13A.</p>
LBF_E13	<p>If Sex = male and LBF_Q13 = 4 (Pregnancy), show pop-up edit as follows:</p> <p>A response of "Pregnancy" is invalid for a male respondent. Please return and correct.</p>
LBF_C13A	<p>If LBF_Q13 = 1 (Own illness or disability), ask LBF_Q13A. Otherwise, go to LBF_QINT2.</p>
LBF_Q13A LBFB_13A	<p>Is this due to your physical health, to your emotional or mental health, to your use of alcohol or drugs, or to another reason?</p> <ol style="list-style-type: none"> 1 Physical health 2 Emotional or mental health (including stress) 3 Use of alcohol or drugs 4 Another reason DK, R
Past Job Attachment	
LBF_QINT2	<p>Now some questions about jobs or employment which you have had during the past 12 months, that is, from %date one year ago% to yesterday. INTERVIEWER: Press <Enter> to continue.</p>
LBF_Q21 LBFB_21	<p>Did you work at a job or a business at any time in the past 12 months? 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.</p> <ol style="list-style-type: none"> 1 Yes (Go to LBF_Q23) 2 No DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

LBF_E21 If (GEN_Q08 = 2 (didn't work any time in past 12 months) and LBF_Q21 = 1) or if (GEN_Q08 = 1 (worked in past 12 months) and LBF_Q21 = 2), show pop-up edit as follows:

A response inconsistent with a response to a previous question has been entered. Please confirm.

LBF_C22 If LBF_Q11 = 1, go to LBF_Q71.

Otherwise, go to LBF_Q22.

LBF_Q22 **During the past 12 months, did you do anything to find work?**

LBF_B_22

- | | | |
|---|-------|-----------------|
| 1 | Yes | (Go to LBF_Q71) |
| 2 | No | (Go to LBF_END) |
| | DK, R | (Go to LBF_END) |

LBF_Q23 **During that 12 months, did you work at more than one job or business at the same time?**

LBF_B_23

- | | |
|---|-------|
| 1 | Yes |
| 2 | No |
| | DK, R |

Occupation

LBF_C31 If LBF_Q01 = 1 or LBF_Q02 = 1, (then the following questions will be asked about the current job. Otherwise, they will be asked about the most recent job.

LBF_QINT3 **The next questions are about your %current/most recent% job or business.** (If person currently holds more than one job or if the last time he/she worked it was at more than one job: %INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.%)
INTERVIEWER: Press <Enter> to continue.

LBF_Q31 **%Are/Were% you an employee or self-employed?**

LBF_B_31

- | | |
|---|--|
| 1 | Employee |
| 2 | Self-employed |
| 3 | Working in a family business without pay |
| | DK, R |

LBF_Q31A **Which of the following best describes your occupation?**

LBF_B_31A

INTERVIEWER: Read categories to respondent.

- | | |
|---|---|
| 1 | Management |
| 2 | Professional (including accountants) |
| 3 | Technologist, Technician or Technical occupation |
| 4 | Administrative, Financial or Clerical |
| 5 | Sales or Service |
| 6 | Trades, Transport or Equipment operator |
| 7 | Occupation in Farming, Forestry, Fishing or Mining |
| 8 | Occupation in Processing, Manufacturing or Utilities |
| 9 | Other – Specify |
| | DK, R |

Absence / Hours

LBF_C41 If LBF_Q02 = 1, go to LBF_Q41. Otherwise, go to LBF_Q42.

LBF_Q41 **What was the main reason you were absent from work last week?**
 LBFB_41

- 1 Own illness or disability
- 2 Caring for – own children
- 3 Caring for – elder relatives
- 4 Maternity leave (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions (Employees only)
- 9 Seasonal layoff (Employees only)
- 10 Casual job, no work available (Employees only)
- 11 Work schedule (e.g., shift work) (Employees only)
- 12 Self-employed, no work available (Self-employed only)
- 13 Seasonal business (Excluding employees)
- 14 School or educational leave
- 15 Other – Specify
DK, R

LBF_C41A If LBF_Q41 = 4, go to LBF_E41A. Otherwise, go to LBF_E41B.

LBF_E41A If Sex = male and LBF_Q13 = 4 (Maternity Leave), show pop-up edit as follows.

**A response of "Maternity Leave" is invalid for a male respondent.
Please return and correct.**

Go to LBF_C41A_1

LBF_E41B If LBF_Q31 = 1 (employee) and LBF_Q41 = 12 or 13, show pop-up edit as follows. Otherwise, go to LBF_E41C.

**A response of "Self-employed, no work available" or "Seasonal Business" is invalid for an employee.
Please return and correct.**

Go to LBF_C41A_1

LBF_E41C If LBF_Q31 = 2 (self-employed) and LBF_Q41 = 8, 9, 10 or 11, show pop-up edit as follows. Otherwise, go to LBF_E41D.

**A response of "Temporary layoff due to business conditions", "Seasonal layoff", "Casual job, no work available" or "Work schedule" is invalid for a self-employed person.
Please return and correct.**

Go to LBF_C41A_1

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

- LBF_E41D If LBF_Q31 = 3 (family business) and LBF_Q41 = 8, 9, 10, 11 or 12, show pop-up edit as follows. Otherwise, go to LBF_C41A_1.
- A response of "Temporary layoff due to business conditions", "Seasonal layoff", "Casual job, no work available", "Work schedule" or "Self-employed, no work available" is invalid for a person working in a family business without pay.
Please return and correct.**
- LBF_C41A_1 If LBF_Q41 = 1 (Own illness or disability), ask LBF_Q41A. Otherwise, go to LBF_Q42.
- LBF_Q41A **Was that due to your physical health, to your emotional or mental health, to your use of alcohol or drugs, or to another reason?**
LBFB_41A
- 1 Physical health
 - 2 Emotional or mental health (including stress)
 - 3 Use of alcohol or drugs
 - 4 Another reason
- DK, R
- LBF_Q42 **About how many hours a week %do/did% you usually work at your %job/business%? If you usually %work/worked% extra hours, paid or unpaid, please include these hours.**
LBFB_42
- [[]] Hours
(MIN: 1) (MAX: 168; warning after 24)
- DK, R
- LBF_Q44 **Which of the following best describes the hours you usually %work/worked% at your %job/business%?**
LBFB_44
- INTERVIEWER:** Read categories to respondent.
- 1 Regular – daytime schedule or shift (Go to LBF_Q46)
 - 2 Regular – evening shift
 - 3 Regular – night shift
 - 4 Rotating shift (change from days to evenings to nights)
 - 5 Split shift
 - 6 On call
 - 7 Irregular schedule
 - 8 Other – Specify (Go to LBF_Q46)
- DK, R
- LBF_Q45 **What is the main reason that you %work/worked% this schedule?**
LBFB_45
- 1 Requirement of job / no choice
 - 2 Going to school
 - 3 Caring for – own children
 - 4 Caring for – other relatives
 - 5 To earn more money
 - 6 Likes to work this schedule
 - 7 Other – Specify
- DK, R

LBF_Q46 %Do/Did% you usually work on weekends at this %job/business%?
 LBF_B_46

- 1 Yes
- 2 No
- DK, R

Other Job

LBF_C51 If LBF_Q03=1 or LBF_Q23=1, go to LBF_Q51. Otherwise, go to LBF_Q61.

LBF_Q51 You indicated that you %have/had% more than one job. For how many
 LBF_B_51 weeks in a row %have/did% you %Q51worked/work% at more than one job
 %(% in the past 12 months)%?

INTERVIEWER: Obtain best estimate.

[[] Weeks
 (MIN: 1) (MAX: 52)

DK, R

LBF_Q52 What is the main reason that you %work/worked% at more than one job?
 LBF_B_52

- 1 To meet regular household expenses
- 2 To pay off debts
- 3 To buy something special
- 4 To save for the future
- 5 To gain experience
- 6 To build up a business
- 7 Enjoys the work of the second job
- 8 Other – Specify
- DK, R

LBF_Q53 About how many hours a week %do/did% you usually work at your other
 LBF_B_53 job(s)? If you usually %work/worked% extra hours, paid or unpaid, please
 include these hours.

INTERVIEWER: Minimum is 1; maximum is %168 - LBF_Q42%.

[[] Hours
 (MIN: 1) (MAX: 168 - LBF_Q42; warning after 30)

DK, R

LBF_Q54 %Do/Did% you usually work on weekends at your other job(s)?
 LBF_B_54

- 1 Yes
- 2 No
- DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

Weeks Worked

LBF_Q61 **During the past 52 weeks, how many weeks did you do any work at a job or**
 LBFB_61 **a business? (Include paid vacation leave, paid maternity leave, and paid**
 sick leave.)

[[] Weeks
 (MIN: 1) (MAX: 52)

DK, R

Looking for Work

LBF_C71 If LBF_Q61 = 52, go to LBF_END. If LBF_Q61 = 51, go to LBF_Q71A.

LBF_Q71 If LBF_Q61 was answered, use the second wording. Otherwise, use the first
 LBFB_71 wording.

During the past 52 weeks, how many weeks were you looking for work?

That leaves %52 - LBF_Q61% weeks. During those %52 - LBF_Q61% weeks,
how many weeks were you looking for work?

INTERVIEWER: Minimum is 0; maximum is %52 - LBF_Q61%.

[[] Weeks
 (MIN: 0) (MAX: 52 - LBF_Q61)

DK, R

Go to LBF_C72

LBF_Q71A **That leaves 1 week. During that week, did you look for work?**
 LBFB_71A

1 Yes (make LBF_Q71 = 1)

2 No (make LBF_Q71 = 0)

DK, R

LBF_C72 If either LBF_Q61 or LBF_Q71 are non-response, go to LBF_END.
 If the total number of weeks reported in LBF_Q61 and LBF_Q71 = 52, go to
 LBF_END.

If LBF_Q61 and LBF_Q71 were answered, %WEEKS% = [52 - (LBF_Q61 +
 LBF_Q71)].

If LBF_Q61 was not answered, %WEEKS% = (52 - LBF_Q71).

LBF_Q72 **That leaves %WEEKS% week%s% during which you were neither working**
 LBFB_72 **nor looking for work. Is that correct?**

1 Yes (Go to LBF_C73)

2 No (Go to LBF_C73)

DK, R (Go to LBF_C73)

- LBF_E72 If LBF_Q61 and LBF_Q71 > 52, show pop-up edit as follows:
- You have indicated that you worked for %LBF_Q61% week%*s*% and that you were looking for work for %LBF_Q71% week%*s*%, leaving %WEEKS% week%*s*% during which you were neither working nor looking for work. The total number of weeks must add to 52. Please return and correct.**
- LBF_C73 If (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q11 = 1), go to LBF_Q73. Otherwise, go to LBF_END.
- LBF_Q73 **What is the main reason that you were not looking for work?**
INTERVIEWER: If more than one reason, choose the one that explains the most number of weeks.
- LBF_B_73
- 1 Own illness or disability
 - 2 Caring for – own children
 - 3 Caring for – elder relatives
 - 4 Pregnancy (Females only)
 - 5 Other personal or family responsibilities
 - 6 Vacation
 - 7 Labour dispute (strike or lockout)
 - 8 Temporary layoff due to business conditions
 - 9 Seasonal layoff
 - 10 Casual job, no work available
 - 11 Work schedule (e.g., shift work)
 - 12 School or educational leave
 - 13 Retired
 - 14 Believes no work available in area or suited to skills)
 - 15 Other – Specify
- LBF_C73A If LBF_Q73 = 4, go to LBF_E73.
 Otherwise, go to LBF_C73B.
- LBF_E73 If Sex = male and LBF_Q13 = 4 (Pregnancy), show pop-up edit as follows.
- A response of "Pregnancy" is invalid for a male respondent. Please return and correct.**
- LBF_C73B If LBF_Q73 = 1 (Own illness or disability), ask LBF_Q73A.
 Otherwise, go to LBF_END.
- LBF_Q73A **Was that due to your physical health, to your emotional or mental health, to your use of alcohol or drugs, or to another reason?**
 LBF_B_73A
- 1 Physical health
 - 2 Emotional or mental health (including stress)
 - 3 Use of alcohol or drugs
 - 4 Another reason
 - DK, R
- LBF_END Go to next module.

INCOME

INC_QINT (Please turn to page 17 of the booklet.)

Although many health expenses are covered by health insurance, there is still a relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

INTERVIEWER: Press <Enter> to continue.

INC_Q1 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?

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

INCB_1A	1	Wages and salaries	
INCB_1B	2	Income from self-employment	
INCB_1C	3	Dividends and interest (e.g. on bonds, savings)	
INCB_1D	4	Employment insurance	
INCB_1E	5	Worker's compensation	
INCB_1F	6	Benefits from Canada or Quebec Pension Plan	
INCB_1G	7	Retirement pensions, superannuation and annuities	
INCB_1H	8	Old Age Security and Guaranteed Income Supplement	
INCB_1I	9	Child Tax Benefit	
INCB_1J	10	Provincial or municipal social assistance or welfare	
INCB_1K	11	Child support	
INCB_1L	12	Alimony	
INCB_1M	13	Other (e.g. rental income, scholarships)	
INCB_1N	14	None	(Go to INC_Q3)
		DK, R	(Go to INC_END)

INC_E1 If INC_Q1 = 14 (None) and any other response selected in INC_Q1, show pop-up edit as follows:

You cannot select "None" and another category. Please return and correct.

INC_E2 If (INC_Q1 > 1 or 2) and (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q21 = 1), show pop-up edit as follows:

Inconsistent answers have been entered. Please confirm.

INC_Q2 If more than one source of income is indicated, ask INC_Q2. Otherwise, ask INC_Q3. (INC_Q2 will be filled with INC_Q1 during processing.)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

INC_Q2
INCB_2

What was the main source of income?

- 1 Wages and salaries
- 2 Income from self-employment
- 3 Dividends and interest (e.g. on bonds, savings)
- 4 Employment insurance
- 5 Worker's compensation
- 6 Benefits from Canada or Quebec Pension
- 7 Retirement pensions, superannuation and annuities
- 8 Old Age Security and Guaranteed Income Supplement
- 9 Child Tax Benefit
- 10 Provincial or municipal social assistance or welfare
- 11 Child support
- 12 Alimony
- 13 Other (e.g. rental income, scholarships)
- 14 None (category created during processing)

DK, R

INC_E3

If the response in INC_Q2 was not selected in INC_Q1, show pop-up edit as follows:

The main source of income is not selected as one of the sources of income for all household members. Please return and correct.

INC_Q3
INCB_3

What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

Income (Go to INC_C4)
(MIN: 0) (MAX: 500,000) Warning after 150,000

0 (Go to INC_END)

DK, R (Go to INC_Q3A)

INC_Q3A
INCB_3A

Can you estimate in which of the following groups your household income falls? Was the total household income less than \$20,000 or \$20,000 or more?

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to INC_Q3E)
- 3 No income (Go to INC_END)

DK, R (Go to INC_END)

INC_Q3B
INCB_3B

Was the total household income from all sources less than \$10,000 or \$10,000 or more?

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to INC_Q3D)

DK, R (Go to INC_C4)

INC_Q3C
INCB_3C

Was the total household income from all sources less than \$5,000 or \$5,000 or more?

- 1 Less than \$5,000
- 2 \$5,000 or more

DK, R

Go to INC_C4

INC_Q3D INCB_3D	Was the total <u>household</u> income from all sources less than \$15,000 or \$15,000 or more?
	1 Less than \$15,000 2 \$15,000 or more DK, R
	Go to INC_C4
INC_Q3E INCB_3E	Was the total <u>household</u> income from all sources less than \$40,000 or \$40,000 or more?
	1 Less than \$40,000 2 \$40,000 or more (Go to INC_Q3G) DK, R (Go to INC_C4)
INC_Q3F INCB_3F	Was the total <u>household</u> income from all sources less than \$30,000 or \$30,000 or more?
	1 Less than \$30,000 2 \$30,000 or more DK, R
	Go to INC_C4
INC_Q3G INCB_3G	Was the total <u>household</u> income from all sources: INTERVIEWER: Read categories to respondent.
	1 ... less than \$50,000? 2 ... \$50,000 to less than \$60,000? 3 ... \$60,000 to less than \$80,000? 4 ... \$80,000 or more? DK, R
INC_C4	If age >= 15, ask INC_Q4. Otherwise, go to INC_END.
INC_Q4 INCB_4	What is your best estimate of your total <u>personal</u> income, before taxes and other deductions, from all sources in the past 12 months?
	() Income (Go to INC_END) (MIN: 0) (MAX: 500,000; warning after 150,000)
	DK, R (Go to INC_Q4A)
INC_Q4A INCB_4A	Can you estimate in which of the following groups your <u>personal</u> income falls? Was your total <u>personal</u> income less than \$20,000 or \$20,000 or more?
	1 Less than \$20,000 2 \$20,000 or more (Go to INC_Q4E) 3 No income (Go to INC_END) DK, R (Go to INC_END)

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

INC_Q4B
INCB_4B

Was your total personal income less than \$10,000 or \$10,000 or more?

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to INC_Q4D)
DK, R (Go to INC_END)

INC_Q4C
INCB_4C

Was your total personal income less than \$5,000 or \$5,000 or more?

- 1 Less than \$5,000
- 2 \$5,000 or more
DK, R

Go to INC_END

INC_Q4D
INCB_4D

Was your total personal income less than \$15,000 or \$15,000 or more?

- 1 Less than \$15,000
- 2 \$15,000 or more
DK, R

Go to INC_END

INC_Q4E
INCB_4E

Was your total personal income less than \$40,000 or \$40,000 or more?

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to INC_Q4G)
DK, R (Go to INC_END)

INC_Q4F
INCB_4F

Was your total personal income less than \$30,000 or \$30,000 or more?

- 1 Less than \$30,000
- 2 \$30,000 or more
DK, R

Go to INC_END

INC_Q4G
INCB_4G

Was your total personal income:

INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 or more?
DK, R

INC_END Go to next module.

ADMINISTRATION**Health Number**

ADM_Q01A **Statistics Canada and your provincial ministry of health would like your permission to link information collected during this survey. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics, and doctor's offices.**

INTERVIEWER: Press <Enter> to continue.

ADM_Q01B **This linked information will be kept confidential and used only for statistical purposes. Do we have your permission?**

- 1 Yes
 2 No (Go to ADM_Q04A)
 DK, R (Go to ADM_Q04A)

ADM_Q03A **Do you have a(n) %province% health number?**

- 1 Yes (Go to HN)
 2 No (Go to ADM_Q04A)
 DK, R (Go to ADM_Q04A)

ADM_Q03B **For which province is your health number?**

- | | | | |
|----|----------------------|------------------|---|
| 10 | Newfoundland | 47 | Saskatchewan |
| 11 | Prince Edward Island | 48 | Alberta |
| 12 | Nova Scotia | 59 | British Columbia |
| 13 | New Brunswick | 60 | Yukon |
| 24 | Quebec | 61 | Northwest Territories |
| 35 | Ontario | 62 | Nunavut |
| 46 | Manitoba | 88 | Do not have a provincial health number (Go to ADM_Q04A) |
| | DK, R | (Go to ADM_Q04A) | |

HN **What is your %provincial% health number?**

INTERVIEWER: Enter a health number for %province%. Do not insert blanks, hyphens or commas between the numbers.

Data Sharing – All Provinces (excluding Québec)

ADM_Q04A **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health and Health Canada.**

All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

- 1 Yes
 2 No
 DK, R

Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being

Data Sharing – Québec

ADM_Q04A **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health, the « Institut de la Statistique du Québec » and Health Canada.**

All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

- 1 Yes
- 2 No
DK, R

Administration

ADM_N05 **INTERVIEWER:** Is this a fictitious name for the respondent?

- 1 Yes
- 2 No (Go to ADM_N10)
DK, R (Go to ADM_N10)

ADM_N06 **INTERVIEWER:** Remind respondent about the importance of getting correct names. Do you want to make corrections to:

- 1 ... first name only?
- 2 ... last name only? (Go to ADM_N08)
- 3 ... both names?
- 4 ... no corrections? (Go to ADM_N10)
DK, R (Go to ADM_N10)

ADM_N07 **INTERVIEWER:** Enter the first name only.

ADM_C08 If ADM_N06 => "both names", go to ADM_N10.

ADM_N08 **INTERVIEWER:** Enter the last name only.

ADM_N10 **INTERVIEWER:** Was the respondent alone when you asked this health questionnaire?

- Yes
- No
- DK, R

ADM_N12 INTERVIEWER: Record language of interview.

1	English	14	Tamil
2	French	15	Cree
3	Chinese	16	Afghan
4	Italian	17	Cantonese
5	Punjabi	18	Hindi
6	Spanish	19	Mandarin
7	Portuguese	20	Persian (Farsi)
8	Polish	21	Russian
9	German	22	Ukrainian
10	Vietnamese	23	Urdu
11	Arabic	24	Inuktitut
12	Tagalog	25	Hungarian
13	Greek	26	Korean
		30	Dutch
90	Other – Specify		

ADM_END

For information only

*Canadian Community Health Survey – Cycle 1.2 - Mental Health and Well-Being***SHARING****Exit Introduction block**

EI_Q01 **Before we finish, I would like to ask you a few other questions.**
INTERVIEWER: Press <Enter> to continue.

Data Sharing – All Provinces (excluding Québec)

PS_Q01 **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health and Health Canada.**

All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

- 1 Yes
- 2 No
 DK, R

Data Sharing – Québec

PS_Q01 **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health, the « Institut de la Statistique du Québec » and Health Canada.**

All information will be kept confidential and used only for statistical purposes.

Do you agree to share the information provided?

- 1 Yes
- 2 No
 DK, R

Section 4: 04 - Voisinage

Contient 45 question(s)

ETAA_01 État des logements		RadioButton	
<p>Texte de la question: Module 04</p> <p>OK. Now let's talk about the physical condition of your neighbourhood, for example, the condition of the buildings, the front yards, or the sidewalks. I'm going to ask you to rate these from 1 to 10. "1" means that they're in really bad shape, and "10" means that they're in really good shape.</p> <p>INTERVIEWER : Give Answer card 4.1 to the respondent.</p> <p>-----</p> <p>ETAA_01 What do you think of the condition of housing?</p> <p>Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Very bad condition (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Excellent condition (97) Don't know (98) Refusal</p>		<p>Conditions d'affichage:</p> <p>Action: (7) - 04 TD04</p> <p>Variables dépendantes:</p>	

ETAA_02 État des édifices		RadioButton	
<p>Texte de la question: ETAA_02 What do you think of the condition of buildings, businesses and store fronts?</p> <p>Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Very bad condition (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Excellent condition (97) Don't know (98) Refusal</p>		<p>Conditions d'affichage:</p> <p>Action:</p> <p>Variables dépendantes:</p>	

Section 4: 04 - Voisinage

Contient 45 question(s)

ETAA_03		État des cours et pelouses		RadioButton	
Texte de la question: ETAA_03 What do you think of the condition of yards and lawns?		Conditions d'affichage:		Variables dépendantes:	
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Very bad condition (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Excellent condition (97) Don't know (98) Refusal		Action:			

ETAA_04		État des rues et trottoirs		RadioButton	
Texte de la question: ETAA_04 What do you think of the condition of streets and sidewalks?		Conditions d'affichage:		Variables dépendantes:	
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Very bad condition (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Excellent condition (97) Don't know (98) Refusal		Action:			

Section 4: 04 - Voisinage

Contient 45 question(s)

ETAA_05	État des biens publics	RadioButton	
Texte de la question: ETAA_05 What do you think of the condition of public property like street signs and lights?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Very bad condition (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Excellent condition (97) Don't know (98) Refusal		Action:	

ETAA_06	État des espaces publics	RadioButton	
Texte de la question: ETAA_06 What do you think of the condition of public spaces like parks, plazas, and bus shelters?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Very bad condition (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Excellent condition (97) Don't know (98) Refusal		Action:	

Section 4: 04 - Voisinage

Contient 45 question(s)

ETAA_07 État du quartier		RadioButton	
<p>Texte de la question: ETAA_07 What do you think of the condition of the neighbourhood itself?</p>		Conditions d'affichage:	Variables dépendantes:
<p>Choix multiples (valeurs stockées et valeurs affichées):</p> (1) 1 Very bad condition (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Excellent condition (97) Don't know (98) Refusal		Action:	
<p>.....</p>			

DESA_01 Ordures dans les rues du quartier		RadioButton	
<p>Texte de la question: DESA_01 INTERVIEWER : Give Answer card 4.2 to the respondent.</p> <p>I'm going to describe something, and then I'll ask you how often you think it happens in your neighbourhood. Use a number from 1 to 10 to express what you think, with 1 meaning rarely and 10 meaning frequently.</p> <p>.....</p> <p>DESA_01 How frequently is there litter or trash on the sidewalks and streets?</p>		Conditions d'affichage:	Variables dépendantes:
<p>Choix multiples (valeurs stockées et valeurs affichées):</p> (1) 1 Rarely (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Frequently (97) Don't know (98) Refusal		Action:	
<p>.....</p>			

Section 4: 04 - Voisinage

Contient 45 question(s)

DESA_02		Graffitis dans quartier	RadioButton
Texte de la question: DESA_02 How frequently is there graffiti on buildings and walls?		Conditions d'affichage: Action:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Rarely (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Frequently (97) Don't know (98) Refusal			

DESA_03		Voitures abandonnées dans quartier	RadioButton
Texte de la question: DESA_03 How frequently are there abandoned cars?		Conditions d'affichage: Action:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Rarely (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Frequently (97) Don't know (98) Refusal			

Section 4: 04 - Voisinage

Contient 45 question(s)

DESA_04	État de délabrement du quartier	RadioButton	
Texte de la question: DESA_04 How frequently are there vacant, abandoned, or boarded up buildings?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Rarely (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Frequently (97) Don't know (98) Refusal		Action:	

DESA_05	Vendeurs de drogue flânant dans quartier	RadioButton	
Texte de la question: DESA_05 How frequently are there drug dealers or users hanging around?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Rarely (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Frequently (97) Don't know (98) Refusal		Action:	

Section 4: 04 - Voisinage

Contient 45 question(s)

DESA_06	Buveurs flânant dans quartier	RadioButton
Texte de la question: DESA_06 How frequently are there drunks hanging around?		Conditions d'affichage: Variables dépendantes: Action:
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Rarely (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Frequently (97) Don't know (98) Refusal		

DESA_07	Adultes flânant dans quartier	RadioButton
Texte de la question: DESA_07 How frequently are there adults loitering?		Conditions d'affichage: Variables dépendantes: Action:
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Rarely (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Frequently (97) Don't know (98) Refusal		

Section 4: 04 - Voisinage

Contient 45 question(s)

DESA_08		Activités liées aux gangs de rues dans quartier	RadioButton
Texte de la question: DESA_08 How frequently is there gang activity? Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Rarely (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Frequently (97) Don't know (98) Refusal		Conditions d'affichage: Action:	Variables dépendantes:

DESA_09		Maisons mal entretenues dans quartier	RadioButton
Texte de la question: DESA_09 How frequently are there houses and yards unkempt? Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Rarely (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Frequently (97) Don't know (98) Refusal		Conditions d'affichage: Action:	Variables dépendantes:

Section 4: 04 - Voisinage

Contient 45 question(s)

DESA_10	Jeunes perturbants dans quartier	RadioButton	
Texte de la question: DESA_10 How frequently are there disorderly or misbehaving groups of young people?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Rarely (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Frequently (97) Don't know (98) Refusal		Action:	

DESA_11	Adultes perturbants dans quartier	RadioButton	
Texte de la question: DESA_11 How frequently are there disorderly or misbehaving groups of adults?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Rarely (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Frequently (97) Don't know (98) Refusal		Action:	

Section 4: 04 - Voisinage

Contient 45 question(s)

SECA_01 Taux de criminalité Jour		RadioButton	
<p>Texte de la question: I'm going to make a statement, and then ask you to tell me if you totally disagree, disagree somewhat, agree somewhat, or totally agree.</p> <p>----- éInterviewer : Give Answer card 4.3 to the respondent.</p> <p>-----</p> <p>SECA_01 The crime rate in my neighbourhood makes it unsafe to go on walks during the day.</p> <p>Choix multiples (valeurs stockées et valeurs affichées): (1) Strongly disagree (2) Disagree (3) Agree (4) Strongly agree (97) Don't know (98) Refusal</p>		Conditions d'affichage:	Variables dépendantes:
		Action:	
SECA_02 Taux de criminalité Nuit		RadioButton	
<p>Texte de la question: SECA_02 The crime rate in my neighbourhood makes it unsafe to go on walks at night.</p> <p>Choix multiples (valeurs stockées et valeurs affichées): (1) Strongly disagree (2) Disagree (3) Agree (4) Strongly agree (97) Don't know (98) Refusal</p>		Conditions d'affichage:	Variables dépendantes:
		Action:	
ACTA_01 Participation association de quartier		RadioButton	
<p>Texte de la question: There are many ways that people can participate in their neighbourhood or community. We have listed a few of the social, civic and political activities that people may take part in. For each activity I read, please tell me whether you have participated in the activity in the last 12 months.</p> <p>-----</p> <p>ACTA_01 In the last 12 months, have you participated in a neighbourhood association, resident or community action group?</p> <p>Choix multiples (valeurs stockées et valeurs affichées): (1) Yes (2) No (97) Don't know (98) Refusal</p>		Conditions d'affichage:	Variables dépendantes:
		Action:	

Section 4: 04 - Voisinage

Contient 45 question(s)

ACTA_02	Participation audience publique	RadioButton	
Texte de la question: ACTA_02 (In the last 12 months), have you attended a public hearing or council meeting?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) Yes (2) No (97) Don't know (98) Refusal		Action:	
ACTA_03	Contact avec représentant élu	RadioButton	
Texte de la question: ACTA_03 (In the last 12 months), have you called or contacted an elected public official?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) Yes (2) No (97) Don't know (98) Refusal		Action:	
ACTA_04	Contacter organisme pour problème dans quartier	RadioButton	
Texte de la question: ACTA_04 In the last 12 months, have you contacted an organisation or attended a public hearing to deal with a local problem (e.g., police, council)?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) Yes (2) No (97) Don't know (98) Refusal		Action:	
ACTA_05	Avoir assisté service religieux dans quartier	RadioButton	
Texte de la question: ACTA_05 In the last 12 months, have you attended a church or religious service in the neighbourhood?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) Yes (2) No (97) Don't know (98) Refusal		Action:	

Section 4: 04 - Voisinage

Contient 45 question(s)

EFFA_01	Enfants flânant au coin des rues	RadioButton	
<p>Texte de la question:</p> <p>OK, now let's find out what you think of your neighbourhood. I'm going to ask you about a few things, for example, what life is like in your neighbourhood, or the ways that people help each other out.</p> <p>INTERVIEWER : Give Answer card 4.4 to the respondent.</p> <p>For each question, I need you to choose one of the answers from the answer card. You can tell me if you think it's: very likely, likely, not likely, neither likely nor unlikely, unlikely or very unlikely.</p> <p>-----</p> <p>EFFA_01</p> <p>Do you think that your neighbors can be counted on to intervene in various ways if children were skipping school and hanging out on a street corner?</p>		Conditions d'affichage:	Variables dépendantes:
<p>Choix multiples (valeurs stockées et valeurs affichées):</p> <p>(1) Very likely</p> <p>(2) Likely</p> <p>(3) Neither likely nor unlikely</p> <p>(4) Unlikely</p> <p>(5) Very unlikely</p> <p>(97) Don't know</p> <p>(98) Refusal</p>		Action:	

EFFA_02	Enfants faisant graffitis	RadioButton	
<p>Texte de la question:</p> <p>EFFA_02</p> <p>Do you think that your neighbors can be counted on to intervene in various ways if children were spray-painting graffiti on a local building?</p>		Conditions d'affichage:	Variables dépendantes:
<p>Choix multiples (valeurs stockées et valeurs affichées):</p> <p>(1) Very likely</p> <p>(2) Likely</p> <p>(3) Neither likely nor unlikely</p> <p>(4) Unlikely</p> <p>(5) Very unlikely</p> <p>(97) Don't know</p> <p>(98) Refusal</p>		Action:	

Section 4: 04 - Voisinage

Contient 45 question(s)

EFFA_03	Enfants manquant de respect	RadioButton	
Texte de la question: EFFA_03 Do you think that your neighbors can be counted on to intervene in various ways if children were being disrespectful to an adult?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) Very likely (2) Likely (3) Neither likely nor unlikely (4) Unlikely (5) Very unlikely (97) Don't know (98) Refusal		Action:	

EFFA_04	Bagarre	RadioButton	
Texte de la question: EFFA_04 Do you think that your neighbors can be counted on to intervene in various ways if a fight broke out in front of their house?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) Very likely (2) Likely (3) Neither likely nor unlikely (4) Unlikely (5) Very unlikely (97) Don't know (98) Refusal		Action:	

EFFA_05	Caserne	RadioButton	
Texte de la question: EFFA_05 Do you think that your neighbors can be counted on to intervene in various ways if the fire station closest to their home was threatened with budget cuts?		Conditions d'affichage:	Variables dépendantes:
Choix multiples (valeurs stockées et valeurs affichées): (1) Very likely (2) Likely (3) Neither likely nor unlikely (4) Unlikely (5) Very unlikely (97) Don't know (98) Refusal		Action:	

Section 4: 04 - Voisinage

Contient 45 question(s)

EFFA_06	Gens disposés à aider voisins	RadioButton	
<p>Texte de la question: INTERVIEWER : Give Answer card 4.5 to the respondent.</p> <p>Would you say that you strongly agree / agree somewhat / neither agree nor disagree / somewhat disagree / or strongly disagree with the following statements:</p> <p>.....</p> <p>EFFA_06 People around here are willing to help their neighbors.</p>		<p>Conditions d'affichage:</p>	<p>Variables dépendantes:</p>
<p>Choix multiples (valeurs stockées et valeurs affichées):</p> <p>(1) Strongly agree (2) Agree somewhat (3) Neither agree nor disagree (4) Disagree somewhat (5) Strongly disagree (97) Don't know (98) Refusal</p>		<p>Action:</p>	

EFFA_07	Voisinage tissé serré	RadioButton	
<p>Texte de la question: EFFA_07 This is a close-knit neighbourhood.</p>		<p>Conditions d'affichage:</p>	<p>Variables dépendantes:</p>
<p>Choix multiples (valeurs stockées et valeurs affichées):</p> <p>(1) Strongly agree (2) Agree somewhat (3) Neither agree nor disagree (4) Disagree somewhat (5) Strongly disagree (97) Don't know (98) Refusal</p>		<p>Action:</p>	

EFFA_08	Confiance gens du quartier	RadioButton	
<p>Texte de la question: EFFA_08 People in this neighbourhood can be trusted.</p>		<p>Conditions d'affichage:</p>	<p>Variables dépendantes:</p>
<p>Choix multiples (valeurs stockées et valeurs affichées):</p> <p>(1) Strongly agree (2) Agree somewhat (3) Neither agree nor disagree (4) Disagree somewhat (5) Strongly disagree (97) Don't know (98) Refusal</p>		<p>Action:</p>	

Section 4: 04 - Voisinage

Contient 45 question(s)

EFFA_09	Pas d'entente entre gens du quartier	RadioButton	
<p>Texte de la question: EFFA_09 People in this neighbourhood generally don't get along with each other.</p>		Conditions d'affichage:	Variables dépendantes:
<p>Choix multiples (valeurs stockées et valeurs affichées): (1) Strongly agree (2) Agree somewhat (3) Neither agree nor disagree (4) Disagree somewhat (5) Strongly disagree (97) Don't know (98) Refusal</p>		Action:	

EFFA_10	Pas mêmes valeurs entre gens du quartier	RadioButton	
<p>Texte de la question: EFFA_10 People in this neighbourhood do not share the same values.</p>		Conditions d'affichage:	Variables dépendantes:
<p>Choix multiples (valeurs stockées et valeurs affichées): (1) Strongly agree (2) Agree somewhat (3) Neither agree nor disagree (4) Disagree somewhat (5) Strongly disagree (97) Don't know (98) Refusal</p>		Action:	

CAPA_01	Efforts d'amélioration perte de temps	RadioButton	
<p>Texte de la question: Now I'm going to read you some statements, and I need you to give me your opinion using a number from 1 to 10, with 1 meaning that you strongly disagree and 10 meaning that you strongly agree. INTERVIEWER: Give Answer card 4.6 to the respondent. ----- CAPA_01 People feel that neighbourhood efforts to improve this area are a waste of time.</p>		Conditions d'affichage:	Variables dépendantes:
<p>Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Strongly disagree (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Strongly agree (97) Don't know (98) Refusal</p>		Action:	

Section 4: 04 - Voisinage

Contient 45 question(s)

CAPA_02	Amélioration par gens de l'extérieur du quartier	RadioButton
<p>Texte de la question: CAPA_02 When something needs to be improved in the neighbourhood, people from outside the neighbourhood are more likely to do something about it than people from inside the neighbourhood.</p> <p>Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Strongly disagree (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Strongly agree (97) Don't know (98) Refusal</p>		<p>Conditions d'affichage:</p> <p>Variables dépendantes:</p> <p>Action:</p>
CAPA_03	Gens du quartier pas d'influence	RadioButton
<p>Texte de la question: CAPA_03 The people in this neighbourhood have almost no influence over what happens here.</p> <p>Choix multiples (valeurs stockées et valeurs affichées): (1) 1 Strongly disagree (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8) 8 (9) 9 (10) 10 Strongly agree (97) Don't know (98) Refusal</p>		<p>Conditions d'affichage:</p> <p>Variables dépendantes:</p> <p>Action:</p>

Section 4: 04 - Voisinage

Contient 45 question(s)

VOIA_01		Garder maison voisin		RadioButton	
<p>Texte de la question: The following is a short list of things neighbors might do for each other. Please indicate how many times in the past year, you have been asked to do each one for a neighbour on this block.</p> <p>.....</p> <p>VOIA_01 Watch a neighbour's home while they were away.</p> <p>Choix multiples (valeurs stockées et valeurs affichées): (1) Never (2) Once (3) Twice (4) 3 times (5) 4 times (6) 5 times (7) 6 times (8) 7 times (9) 8 times or more (97) Don't know (98) Refusal</p>		<p>Conditions d'affichage:</p> <p>Action:</p>		<p>Variables dépendantes:</p>	

VOIA_02		Prêt outil		RadioButton	
<p>Texte de la question: VOIA_02 Loan a neighbour a tool.</p> <p>Choix multiples (valeurs stockées et valeurs affichées): (1) Never (2) Once (3) Twice (4) 3 times (5) 4 times (6) 5 times (7) 6 times (8) 7 times (9) 8 times or more (97) Don't know (98) Refusal</p>		<p>Conditions d'affichage:</p> <p>Action:</p>		<p>Variables dépendantes:</p>	

Section 4: 04 - Voisinage

Contient 45 question(s)

VOIA_03		Aide en cas d'urgence	RadioButton
<p>Texte de la question: VOIA_03 Help a neighbour in an emergency.</p>		Conditions d'affichage:	Variables dépendantes:
<p>Choix multiples (valeurs stockées et valeurs affichées): (1) Never (2) Once (3) Twice (4) 3 times (5) 4 times (6) 5 times (7) 6 times (8) 7 times (9) 8 times or more (97) Don't know (98) Refusal</p>		Action:	
VOIA_04		Conseils pour problème personnel	RadioButton
<p>Texte de la question: VOIA_04 Offer a neighbour advice for a personal problem.</p>		Conditions d'affichage:	Variables dépendantes:
<p>Choix multiples (valeurs stockées et valeurs affichées): (1) Never (2) Once (3) Twice (4) 3 times (5) 4 times (6) 5 times (7) 6 times (8) 7 times (9) 8 times or more (97) Don't know (98) Refusal</p>		Action:	
VOIA_05		Discussion problème du quartier	RadioButton
<p>Texte de la question: VOIA_05 Discuss a problem about the neighbourhood with a neighbour.</p>		Conditions d'affichage:	Variables dépendantes:
<p>Choix multiples (valeurs stockées et valeurs affichées): (1) Never (2) Once (3) Twice (4) 3 times (5) 4 times (6) 5 times (7) 6 times (8) 7 times (9) 8 times or more (97) Don't know (98) Refusal</p>		Action:	

Section 4: 04 - Voisinage

Contient 45 question(s)

VOIA_COM	Commentaires		Text
Texte de la question: VOIA_COM Comments		Conditions d'affichage: Action:	Variables dépendantes:
TD04	TD04		Hour
Texte de la question: TD04		Conditions d'affichage: 1=0 Action:	Variables dépendantes: