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**Child Abuse and Disability in an Ontario Community Sample -
Does Social Capital Matter?**

by

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A dissertation submitted to
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in partial fulfilment of requirements for
the degree of
Doctor of Philosophy

Department of Sociology and Anthropology

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ABSTRACT

Despite the established link between abuse and physical and mental disability, most abused individuals do not experience disability. While some survivors are severely harmed by their experiences of abuse, other survivors of similar exposure would appear to have no long-term problems. Can the presence of social capital account for these differences? Social capital stands for the ability of actors to secure benefits by virtue of membership in social networks and other social structures. Cross-sectional data from the Ontario Health Supplement were used to assess the association between child abuse, age, social capital, cultural capital and financial capital and disability in a female community sample (n=4,238). The results suggest that both physical and sexual abuse as well as financial capital are associated with disability, but not social capital.

The findings are discussed within the context of previous social capital research especially in the health field. Further information was drawn from the Population Health Perspective (PHP) literature and the child abuse literature. Implications for social capital theory is discussed. Suggestions for further research are outlined.

KEY WORDS

childhood physical abuse, childhood sexual abuse, social capital, disability

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Chapter 1

Child Maltreatment as a Health Problem

Introduction

Child maltreatment typologies involving victimization by an adult generally include three elements in descriptions: the relationship between the adult and the child; acts of commission or omission by an adult; and the harm or risk of harm to the child. Many studies have shown that child maltreatment¹ is associated with a negative impact, immediate and long-term, on health. Research also shows that while some survivors² are severely harmed by their experiences of abuse, other survivors with similar exposure to maltreatment appear to have no long-term problems (Heller, Larrieu, D'Imperio, & Boris, 1999). What accounts for this diversity? There is a paucity of literature, especially theory-driven research, on this question.

This preliminary study examines the issue of long-term health outcomes among abuse survivors. It considers the impact of social capital on health in Ontario, women exposed to abuse

¹ In this document, the terms abuse and maltreatment will be used interchangeably. Maltreatment is usually used to encompass sexual, physical and emotional abuse as well as neglect and related subcategories. The focus of this thesis is physical and sexual abuse. *Physical abuse* (assault) involves inflicted application of unreasonable force by an adult or youth to any part of a child's body. *Physical abuse* includes but is not limited to shaking, pushing, grabbing, throwing, hitting with a hand, punching, kicking, biting, hitting with an object, choking, strangling, stabbing, burning, shooting, poisoning, and the abusive use of restraints. *Sexual abuse* is behaviour that involves using a child for sexual gratification and involves inappropriate exposure of a child to sexual contact, activity or behaviour. *Sexual abuse* includes penetration, attempted penetration, oral sex, fondling, sex talk, voyeurism, exhibitionism, and exploitation.

² The term survivor is used for women who have experienced abuse in childhood. Survivor is used instead of victim to focus on the inherent strength within these women even though they were exposed to negative experiences while growing up. From a radical feminist perspective the use of the term survivor has been challenged. Many women exposed to abuse do not survive – these women were victims and maybe this situation needs to be accounted for (Anderson & Gold, 1994).

in childhood and women who report no abusive experiences.

Abuse Research: Risk Indicators³

Early research focused on the causes of abuse. Extensive research has been conducted on individual explanations of abuse. These have included approaches that blame the victim for abuse and pathologized the perpetrator (Nelson, 1987). Such approaches have been critiqued on a variety of dimensions: one, is the failure to consider social factors that shape abusive behavior.

Past sociological research on abuse focused on social factors. Research indicated that age, gender, inequalities and a social acceptance of using violence - contribute to the occurrence of abuse. More specific factors include social stresses such as unemployment, poverty and social isolation on perpetration of abuse within a particular socio-cultural context, as contributing to child maltreatment (Gil, 1970; 1977; Gelles, 1979; Pelton, 1985; Wolfe, 2001). Stress, in general, but more specifically in family circumstances is also cited as a 'cause' of abusive behavior (Farrington, 1980; Sebastian, 1983). It is noted that when individuals and families are faced with stressful situations they will often seek a response that provides a sense of mastery over the situation. Finkelhor (1983) views abuse as "a response to perceived powerlessness" (p. 19). Gelles (1983) sees human interactions as guided by the pursuit of rewards; people will use violence in the family if the costs of being violent do not outweigh the rewards. Further, the use of force is sanctioned by society to a certain degree, for instance, corporal punishment. This is partly linked to inequalities based on age. Yet another factor linked to abuse is gender inequalities, the need to maintain and assert superiority is at the centre of much violent behaviour (Farrington, 1980; Clifton, 1982). Power differences due to age and gender have long been

³ An aspect of personal behavior, environment or genetics which on theoretical and empirical grounds is thought to have an association with the outcome under study (Last, 2001).

sanctioned by society. In addition, to studying 'causes' of abuse researchers have investigated the impact of abuse in different domains.

Abuse Research: Outcomes

Several researchers has focussed on consequences of abuse. Injuries and emotional harm sustained during maltreatment can lead to lifelong physical, emotional, social and cognitive disabilities that place considerable pressures on the health care system. Additionally, research has established a long list of relationships between maltreatment and delayed brain development and attachment; the adoption of unhealthy coping strategies (e.g., drug, alcohol and tobacco use); early sexual experience and unprotected sex leading to sexually-transmitted infection, pregnancy and unhealthy birth outcomes; risk behaviours including disordered eating, slashing and suicidality; antisocial behaviour and the use of abusive strategies in adult relationships (McCreary Centre Society, 2002). However, few of these studies have been tested from a clear theoretical perspective. Many theoretical frameworks are in their infancy. Thus, most empirical work in this area is atheoretical. Several researchers argue that there is a problem with the research on risk factors for abuse as well. For instance, family systems and feminist theory need to be operationalized adequately. Sweeping statements are often made, that cannot be empirically tested (see, e.g., Bolen, 1998). It is pointed out that risk factors for abuse often do exist even in non abusive families and that negative development may take place in non abusive families as well. The theoretical and empirical reasons for this has not been studied sufficiently.

Social Capital Theory and Influences from the Population Health Perspective

There has been little theory-driven systematic research on long-term consequences of abuse or on the role social factors play in these outcomes. Social capital theory has the potential

to be a useful analytical tool for this issue. Social capital stands for the “ability of actors to secure benefits by virtue of membership in social networks and other social structures” (Portes 1998).

Social capital is useful since it explains how social relations can translate into more positive social outcomes (e.g., higher income). The usefulness of social capital will be tested by studying the long-term health outcomes of women exposed to abuse. Social capital addresses social factors that influence health, but to understand the complexities of health the Population Health Perspective (PHP) will also be used. The PHP is useful in understanding what constitutes health.

Studying health poses many challenges. Historically health was defined as the absence of disease and was viewed as an individual issue/concern. Sociological insight has demonstrated that health is a characteristic not only of individuals, but also of groups. For instance, suicide has often been considered as an individual action. However, Emile Durkheim demonstrated using cross-group comparison, that Catholics, Protestants and Jews, differed in completed suicide levels (Johnson, 1995). This adds a socio-cultural explanation in understanding suicide.

Health researchers have also recognized the need to move beyond narrow medical definitions of health (World Health Organization, 1986). One widely accepted definition of health defines it as “enablement to function within daily life and the creations for people to develop capacities for their realization of their life pursuit” (Health Canada, 1998). This new view of health implies that health is not simply the absence of disease (e.g., bacteria, viruses), but rather considers both personal and societal factors that contribute to health. The concept is further divided into four key areas: 1) physical, 2) emotional, 3) social and 4) spiritual health. The contribution of this view is that it allows for people being healthy and ill simultaneously (Labonte, 1993). For instance, a disabled person may have challenges in the physical area but be

mentally healthy. Further, the literature suggests that competence may coexist with emotional problems (Luthar & Zigler, 1991). If only one aspect of the concept is measured, it could be that individuals meet one criterion of well-being without meeting others (Himelein & McElrath, 1996). Health may also vary across time. Health problems may be triggered at a later date, for instance, in children it may be related to additional stressors such as court appearance (Finkelhor, 1990).

Researchers using this broad definition of health argues that health outcomes are complex stemming from a wide number of personal and social factors. Societal factors include, but are not limited to, social policy (health, social welfare, economic, environmental), economic conditions, race/ethnicity, culture, gender, housing and social support. All these variables have been identified as important in the PHP.⁴ Thus, the causes of health are very complex, with the introduction of a broader understanding of determinants of health, social as well as biological and environmental. There is now a recognition that a myriad of factors impact on health. While the argument is that these determinants do not work in isolation, little is known about how they combine to impact on health outcomes. It is an underdeveloped area.

If health is about the ability of people to function in their social environment, what is disability? Disability is broadly defined as activity limitation in work/school performance and/or leisure activities, due to physical health problems, mental health problems and/or substance abuse problems. Disability, as defined in this study, matches this definition of health in that it measures ability to function in daily tasks. This broadened definition is important for abuse survivors, many of whom do not have some identifiable disease or 'syndrome' but whose lives

⁴ The Population Health Perspective will be discussed in detail in the following chapter.

are negatively affected by abuse. For example, survivors have a variety of psychological problems --such as hyper-vigilance -- that are not captured under a narrow definition of health.

The studies conducted on abuse and functional disability provides some interesting findings. An association between functional disability and a reported history of abuse has been found in a variety of clinical samples including patients with fibromyalgia (Walker, Keegan, Gardner, Sullivan, Bernstein, & Katon, 1997; Walker, Gelfand, Katon, Von Korff, Bernstein, & Russo, 1999; Alexander, Bradley, Alarcon, Triana-Alexander, Aaron, Alberts, Martin, & Stewart, 1998); gastrointestinal problems (Scarinci, McDonald-Haile, Bradley, & Richer, 1994; Leserman, Drossman, Li, Toomey, Nachman, & Glogau 1996; Leserman, Li, Drossman, & Hu, 1998; Leserman, Li, Hu, & Drossman, 1998); and chronic spinal conditions (McMahon, Gatchel, Polatin & Mayer, 1997). In addition, in a study of randomly selected health maintenance organization members, a statistically significant association between childhood maltreatment and functional disability was found (Walker et al., 1999). The authors found in female patients with gastrointestinal disorders, that sexual abuse was the main predictor for medically unexplained pain but not for functional disability (Walker, Gelfand, Gelfand, Koss & Katon, 1995). Felitti and colleagues (1998) found that respondents who had experienced four or more types of adverse childhood events (including physical abuse or contact sexual abuse) were at increased risk of developing a range of physical conditions, such as stroke, skeletal fractures and diabetes -- conditions that could lead to disability.

There have been attempts to explain the relationship between sexual and/or physical abuse and functional disability and increased health care use. Scarinci et al. (1994) developed the following model which was subsequently adapted by Alexander et al. (1998) to suggest pathways

for how abuse leads to functional disability.

It may be that women who report exposure to abuse are also more likely to report poor health status. Psychological explanations include “traumatic stimulation of the genitals might down regulate the sensation thresholds of visceral nociceptors, thereby increasing sensitivity to abdominal/pelvic pain or other bowel symptoms” (Leserman et al., 1996:13). The pain threshold may also be lower for women who report sexual abuse (Scarinci et al., 1994). It has also been found that people exposed to abuse are more likely to engage in health risk behaviours. Such risk behaviours may increase the likelihood of disability (Springs & Friedrich, 1992). Abused individuals may be more likely to encounter stressful events, such as revictimization. A psychodynamic explanation may be that abuse is associated with guilt and shame and expiated through disability. A cognitive explanation includes ineffective coping style that may influence maladaptive adjustment to illness and thus increased reporting of disability (Leserman et al., 1996). A psychiatric explanation may be an association between psychopathology which may manifest itself as bodily symptoms. A behavioural explanation is learned attention to illness early on which reinforces the behaviour setting up a pattern of continued symptoms and disability. The focus of this thesis is to examine the social and socioeconomic stressors and abuse in relation to disability. See Figure 1.

Methodological concerns, such as absence of comparison groups, small sample sizes and the use of clinical populations has limited the usefulness of these findings. Further, the link between health problems and disability is not made explicit in some studies. Additionally, physical abuse has not received the same attention as sexual abuse (Leserman et al., 1996).

Figure 1: Proposed Model of the Relationship Between Abuse and Disability

Adapted from Scarinci et al., 1994 and Alexander et al., 1998.

Objective

This study will for the first time investigate the link between disability and abuse in a randomly selected community sample. The *Ontario Mental Health Supplement (OHSUP)* provides an opportunity to study a broad conceptual understanding of disability. The respondents are women in a province-wide community sample. The analysis will use sophisticated statistical techniques and statistical control for several variables that have shown an association with both disability and abuse.

Social capital theory will be used to investigate the extent to which social capital in childhood and adulthood (measured both qualitatively and quantitatively) impacts and shapes better health outcomes (disability) for women exposed to abuse. To better capture different aspects of social capital, variables related to disruptions are included in the analysis as well as cultural capital and financial capital for the respondent.

This thesis examines the factors that contribute to long-term health outcomes of women

who experienced physical and sexual abuse in childhood. The focus is only on women because of the challenges analysis of men and women would pose. The analysis would be difficult to conduct due to the lower reporting of sexual abuse among men, the power would be insufficient for the analysis. A separate analysis for females has proved to be useful in the past. For instance, when Molnar and colleagues (2001) analysed data from the US National Comorbidity Survey, with a combined model for men and women they found multiple interaction terms which made the results difficult to interpret. Thus, they suggest that men and women should be studied separately. Research indicates differences between men and women in the likelihood of experiencing sexual abuse (MacMillan, Fleming, Trocmé, Boyle, Wong, Racine, Beardslee, & Offord, 1997) and in impairment associated with both physical and sexual abuse (see, e.g., MacMillan, Fleming, Streiner, Lin, Boyle, Jamieson, Duku, Walsh, Wong, & Beardslee, 2001). For example, in women, exposure to either child physical or sexual abuse is more strongly associated with psychiatric impairment compared to men. In another study, only 20% of the women survivors were resilient.

Although the relationship between exposure to child abuse and disability in men is also important, this thesis focuses exclusively on women for the following reasons. Two major types of child abuse were considered - physical and sexual abuse. Past research has shown that the prevalence of child sexual abuse for males is lower than for females (MacMillan et al., 1997). Even within this sample of almost 10,000 subjects, there is insufficient cases to examine the specific relationship between child sexual abuse and disability in males (Boyle et al., 1996). Secondly, the outcomes of abuse exposure are different for women and men. Women are more likely to report mental health problems than men both with exposure to physical and sexual abuse

(MacMillan et al., 2001). Thirdly, social capital research has demonstrated that women and men have different types of social capital. For instance, volunteering, which often is used as a measure for social capital, is more commonly done by women than men (Putnam, 2001). Lastly, some research indicates that different dimensions of social capital impact on the health outcomes for men and women. For instance, one study found that female mortality rates were associated with lack of perception of reciprocity⁵ of social assistance among friends (Skrabski, Kopp, & Kawachi, 2003). Meanwhile, male mortality rates were correlated with perceived help from civic organizations⁶ (Skrabski, Kopp, & Kawachi, 2003).

Hypotheses

The hypotheses that will be tested are as follows:

1. Women who have been exposed to abuse in childhood are more likely than women who have not been abused to develop a disability.
2. The relationship between abuse and disability will weaken and/or disappear, when controlling for the respondents' childhood and adult social capital.
3. Controlling for respondent's present financial capital (respondent's income) and cultural capital in childhood (parental socioeconomic status (SES)) will weaken or eliminate the relationship between abuse and disability.

⁵ Citizen's perception of reciprocity were assessed from the response to the item "If I do nice things for someone, I can anticipate that they will respect me and treat me just as well as I treat them."

⁶ Perceived support from civic and religious organizations was measured as follows: In a difficult situation, whose help can you count on from?" The respondent were than asked separately how much support the person could expect from civic organizations and separately from religious organizations? Civic organizations were defined as non-profit, voluntary organizations, societies, self help groups and clubs. Religious organizations were defined as different types of formal and informal groups set up on a religious basis.

4. Test if there is an interaction effect between the abuse variables and social capital.

Use of Existing Data

The data for this research is an existing data set, the *OHSUP*⁷. It is an excellent source of health information. It provided for the first time, comprehensive information on the mental health status of Ontario residents. Previous information was derived from vital statistics, such as suicide data, hospital discharge data and payments for physicians. These data sources provide limited information since it is restricted to health care recipients and is often incomplete (Boyle, Offord, Campbell, Catlin, Goering, Lin, & Racine, 1996).

The OHSUP data were collected by Statistics Canada and all phases of the study were guided by leading researchers in Ontario. The use of this existing data provides many advantages including a large sample and rigorous data collection. The variables are often constructed from data collected using instruments that have been tested for reliability and validity. The interviewers have extensive training and experience from other surveys.

Although several variables provide an excellent opportunity to measure social capital, one problem in using the *Supplement* is the fact that this was not a primary goal of the original survey. Thus, certain aspects of social capital cannot be measured. As a result, the analysis, of necessity, will proceed based simply on the selection of variables available within the data set.

The following chapter will highlight the sociological contribution of social capital and the health-oriented contribution from the PHP. The debates within the literature will be addressed and areas for further development will be mentioned. Finally, how these two perspectives can complement and enrich each other will be discussed.

⁷ The OHUSP and the Supplement will be used interchangeably.

Chapter 2

Social Capital Theory and Population Health Perspective (PHP)

Introduction

In sociological research, social capital theory has been shown to be useful in exploring a wide range of outcomes (e.g., homicide rates, academic achievement [Kennedy, Kawachi, Prothrow-Stith, Lochner, & Gupta, 1998; Valenzuela & Dornbusch, 1994]). Although social capital theory has been used to study health outcomes (Berkman, 2000; Bolin, Lindgren, Lindstrom, & Nystedt, 2003; Earls & Carlson, 2001), the theory was not explicitly developed to study this concept. Theories related to health outcomes need to use definitions of health that acknowledge the complexities of health. In the Canadian context, the PHP has been developed specifically to provide a broader understanding of health by using a social lens.

Sociological research and PHP build on a common understanding of the importance of population-level analysis. These two traditions are based on very different bodies of literature but provide complementary insight. The literature for both will be reviewed in terms of their development and areas that need further attention will be highlighted. Social capital will be discussed first, followed by PHP. Finally, the combined utility of social capital theory and PHP in understanding health outcomes will be addressed.

Social Capital

Although social capital does not provide new information to sociologists,⁸ it has reached a new height of popularity. Indeed, policy, social science and health journals have dedicated entire issues to this topic (see, Isuma, 2001 and Social Science and Medicine, 2003). As outlined

⁸ Social capital uses insight from both Durkheim and Marx, for a discussion see Portes, 1998.

in Chapter 1, social capital theory emphasizes how membership in social networks contributes to positive social outcomes.

Social capital has been used to investigate a large number of outcomes including community prosperity and economic growth (Putnam, 1993); mobility outcomes (Marsden & Hurlbert, 1988); academic achievement (Valenzuela & Dornbusch, 1994); college attendance (Smith, Beaulieu, & Seraphine, 1995); determinants of corporal punishment (Xu, Tung, & Dunaway, 2000); health (Berkman, 2000); child welfare (Gordon & Jordan, 1999); prosperity in unfavourable environments (Runyan, Hunter, Socolar, Amaya-Jackson, English, Landsverk, Dubowitz, Browne, Bangdiwala, & Mathew, 1998); violent crime (Kennedy, et al., 1998) and economic activity (Granovetter, 1985). Social capital allows sociologists interested in health to study how the underlying relations, such as social class, contribute to health and well being (Muntaner & Lynch, 1999).

One definition of social capital is “the aggregate of the actual or potential resources which are linked to the possession of durable networks of more or less institutionalized relationships of mutual acquaintances and recognition — or in other words, to membership in a group — which provides each of its members with the backing of the collectively owned capital. A ‘credential’ which entitles them to credit, in the various senses of the word” (Bourdieu, 1985:249). Social capital theory is about relations, the nature and extent of ties to other people. Further, it is postulated that human and financial capital can be converted into social capital and vice versa.

There are many definitions of social capital; one of the most useful definitions stems from Bourdieu.⁹ His conceptualization of social capital is useful as, it differentiates the sources of

⁹ Portes’ understanding of social capital is used here. He builds on the understanding of the work of Bourdieu, Coleman and Loury. Thus, selected pieces are taken from these early theorists;

capital and its consequences, which Coleman does not do in his definition. Coleman includes obligations and expectations, information potential, norms and effective sanctions, authority relations, appropriable social organizations and intentional organization. Coleman's definition is rather vague. It is a long list of forms of social capital -- that conflates determinants, sources and outcomes of social capital (Portes, 1998).

Bourdieu's conceptualization of social capital is useful since it does not exclude groups such as lower social classes, women and children. Contrary to Bourdieu, Putnam (a popular social capital theorist) excludes children from his conceptualization of social capital. Putnam's conceptualization includes emphasis on institutions, public affairs and civic-mindedness - activities that all exclude children. In addition, the Bourdieu definition provides the opportunity to address both negative and positive consequences of membership in these networks as well as different levels of access to social capital, which will be discussed later.

Portes (1998) argues that despite different interpretations and definitions of social capital, utilized by different theorists and researchers, there is increasing agreement about the fundamentals. "Social Capital stands for the ability of actors to secure benefits by virtue of membership in social networks or other social structures" (Portes, 1998:6).

An important consideration, when using a social capital perspective is the approach to determining the appropriate unit of analysis. There is no agreement about this (Landry, Amara, & Lamari, 2001). Social capital has a variety of sources, including the family, school, local communities, firms and national or sub-national administrative units and other institutions (Côté, 2001). It may be viewed as features of families, communities, states/provinces, nations and of

for a deeper understanding of social capital and the integration of these and other authors, see Portes, 1998.

individuals. These forms of social capital are profoundly different from one another; distinctions are important for understanding the processes that make for healthy individuals, families, and communities. Thus, it is important in conducting research from a social capital perspective to have clarity on the unit of analysis.

A serious criticism has come from Portes (1998), as he sees a tautology in social capital theory. Social capital is both cause and effect. Social capital, it seems, determines how much social capital is present. This is problematic for some analyses. It suggests that social capital, when present, creates social capital and that communities or individuals who lack such capital cannot achieve it. This tautological dilemma stems, in part, from the unit of analysis problem. Social capital can be both cause and effect - this is because social capital at one level impacts on social capital at another. For example, familial, community and state social capital impacts on the social capital of individuals. Individuals, in turn, combine to contribute social capital to their families and their communities. The key issue for determining social capital as both cause and effect is the unit of analysis. Another way to avoid the problem of tautology is to differentiate between the resources themselves and the capability of obtaining them (Portes, 1998). Schuller (2001) points out that these complexities better mirror real -world dilemmas.

The concept of financial capital is easily understandable; it basically means economic resources (Woolcock, 2001). Social capital assists in the creation of economic resources. This happens at a macro-level through such things as subsidized loans, or protected markets. As a member of a social network a person has access to economic resources, family income, community activities which in turn provide them with a variety of opportunities. Obviously, a person with strong network ties to wealthy people is likely in a better position when looking for

work than, for instance, a person who must rely on a social worker to provide their network ties.

Cultural (human) capital¹⁰ is embodied in the skills and knowledge acquired by an individual (Coleman, 1988). Bourdieu defines cultural capital as the habitus of cultural practices, knowledge and demeanor learned through exposure to role models in the family and other environments (Bourdieu, 1979 in Portes, 1998). This highlights the role of social capital in the development of cultural capital in that it provides role models. Cultural capital can also be obtained through contact with experts and/or individuals with knowledge of cultural practices. Institutions are an additional source of cultural capital providing knowledge and official credentials such as educational certificates or diplomas (Portes, 1998). Cultural capital penetrates both the public and private sphere. Cultural capital, in turn, provides access to financial capital and social capital. Thus, investment in cultural capital brings benefits both to the individual and the collective (Schuller, 2001).

Social capital also identifies some of the mechanism through which different types of capital are generated (e.g., reciprocity expectations, group enforcement of norms, privileged access to information). As such it is about both the ties that individuals have to one another and the presence and features of the social structures impacts on both resources and individuals' access to them.

However, social capital has been criticized for not fully considering politics in its framework. The structure of politics is missing from much social capital research. It is clear that civic society, for example, is shaped by how politics is conducted (Levi, 1996). Politics influences the possibilities of creating a civic society. Authors like Putnam (2001), suggest that

¹⁰ Bourdieu uses the term cultural capital, meanwhile Loury (1977) and Coleman (1988) use the term human capital to mean the same thing.

social capital is very important to healthy communities which are often prosperous communities. However, since social capital is on the decline in the United States, how is this possible when the American economy is doing relatively well financially compared to other countries? (ISUMA, 2001). The answer lies in understanding that the presence of social capital within communities is distinct from having access to that capital. Even within relatively affluent communities, different groups and individuals can have differential access to needed social capital. Thus, we need to qualify our understanding of social capital's impact by taking into account how individuals are located with respect to access and the consequences of this location. For example, while child welfare agencies have often been able to penetrate into poorer families, they have been less successful in penetrating into wealthier families. On the positive side, such interventions can assist abused children in these settings; they can also have costs when children are apprehended and lose familial support. In contrast, children who escape apprehension may retain supportive familial and community ties but be harmed by exposure to continuing abuse. Another example with respect to location and social capital follows. Previous research has shown that social capital (measured as parental involvement in school work), only had positive influence on traditionally advantaged groups (McNeal, 1999). Thus, at least in some contexts, the impact of social capital seems to vary with context. Furthermore, it has been pointed out that there is a risk of blaming the poor for not investing sufficiently in their social capital (Portes, 1998).

This latter point brings us to another concern and reminds us to view social capital critically. Social capital can be both a blessing and an obstacle (Woolcock, 2001). Consider, for example, criminal groups such as youth gangs, organized prostitution, and organized crime. These groups provide a sense of membership with positive aspects of social capital such as a

sense of belonging and protection. However, they also have negative sides, such as exploitation and coercion.

Accessing social capital is a complex process. When access is denied to particular groups or individuals it can hinder their access to resources as well as their capacity to explore and develop new ideas (Schuller, 2001). For instance, some ethnic communities may discourage female youths from pursuing an education (Côté, 2001), while supporting the access of such resources for their male youths.

There are also potential negative consequences of social capital. Close ties may, at times, actually hinder mobility (Burt, 1992). For instance, poor urban communities depend on close interaction; the problem is that the social ties seldom reach beyond the inner city, thus limiting options (Stack, 1974). Social capital can exclude people or groups of people. There may be high levels of trust within a group, but little trust and cooperation with the rest of society (Côté, 2001). In some social networks, there is an excessive claim on peoples' times and resources (Portes, 1998). Further, social capital creates dependence and can put pressure on its member to repay at a time that is not optimal for them. In other words, social capital is dependent on context, it can be beneficial but can provide additional stress at certain times. Portes (1998) cautions the researcher to investigate both positive and negative effects of social capital. Sources of social capital are plural; so are its consequences.

Access to social capital differs. Thus, the access to financial and cultural capital varies as well. For example, there is a high level of inherited poverty among black people in the United States. This deficit may be passed on to children in two ways. Firstly, their children have less financial capital which limits their opportunities to obtain an education. Secondly, poverty is

associated with a lack of social capital which hampers access to the labour market. The children of individuals living in poverty may not receive information about job opportunities, for example, through their parents' social network (Loury, 1977 in Portes, 1998).

The parallels between financial capital and social capital are clear when it comes to investment. As with financial capital a person needs to deliberately invest in social capital to gain from it. This takes time. The obligations between social actors tend not to be stated. The repayment of a social favour may take time to receive and, when it is returned it may initially be given in a format that differs from the original transfer. Thus, people invest in their networks with the expectation of return of their investment. There is, however, a risk of violation of the reciprocity "rule." The variations in type of repayment and the time lapse in the exchange complicates the matter further (Portes, 1998).

Social capital differs from social support because it includes both personal and more general (social) investments. Thus, positive outcomes for individuals may be optimized through "investment in the structure and the process of social interaction" (Smith, et al., 1995). Social support is just one part of this process. This perspective opens up a wider scope for sociological inquiry. For example, sociologists interested in inequality need to understand not simply the presence of social investments but, the processes within organizational settings that influence unequal outcomes.

The networks that are positive for some groups exclude others, for instance, male-only clubs exclude women. These clubs are often expensive and require an introduction from a trusted member to join. This excludes the poor and favours those who already are in an advantaged position. It has been argued in the empirical literature that social capital favours already

successful people in regards to maintaining and increasing their social, cultural and financial capital (McNeal, 1999).

The motivation to invest in capital is multiple. One element is of course to be a recipient of information and support in the future. However, this support would be most valuable in the beginning of one's career. It is harder to see why established people would provide support in form of social capital. Portes (1998) distinguishes between consummatory and instrumental¹¹ motivation for social capital. The expectation of reciprocity is a contributing factor to investing in social capital. But there may also be internalized norms to invest without an expectation of reciprocity. A strong sense of solidarity may exist within a group. These groups can be workers in a factory, abuse survivors, religious or ethnic communities to mention a few. "Identification with one's own group, sect or community can be a powerful motivation source" (Portes, 1998:8). To provide gifts to individuals or charities can also provide people with honour and approval. The latter point explains why someone would give anonymous donations.

Social capital is different from other types of capital since it transcends both the public and private spheres to a larger degree than other types of capital¹² (Valenzuela & Dornbusch, 1994). Social capital is also less tangible than other types of capital since it "exists in the *relations* among persons" (Coleman, 1988:s101). The basic argument of social capital is simple: social capital translates to better outcomes (Lin, 1982); it is seen as the intervening variable between risk/events and outcomes (Marsden & Hurlbert, 1988). Social capital operates at two levels: 1) In the public domain (e.g., at the community level), for instance, where a youth

¹¹ Portes (1998) sees consummatory social capital as value injection and bounded solidarity, Meanwhile he sees instrumental social capital as reciprocity exchanges and enforcement of trust.

¹² However, Portes (1998) argues that with an excessive extension of the concept it may lose its usefulness as an analytical tool.

receives required personal support in educational settings which contribute to greater success; and 2) In the private domain (e.g., within families/households), where social capital implies such things as parental attention to a child (Valenzuela & Dornbusch, 1994).

Social capital has three basic functions that can be applied to many situations and contexts: a) a source of social control (norms); b) a source of family support; c) a source of benefits through extra familial networks (Portes, 1998). These “functions” of social capital work on both macro and micro levels. Furthermore, there may be a tension between different functions and levels.

The first function of social capital is a social control function. The social control function of social capital is useful in maintaining discipline and compliance. It relates to the enforcement of rules. It can assist in reducing the occurrence of what is considered deviant behaviour. The relationships have to be sufficiently strong between the members of a group to ensure norm observance (Portes, 1998). Coleman (1990) acknowledges the loss of social control in the form of informal family and community structures and calls for the formalized institutions to fill the void of the deteriorating informal structures as a source of social control.

The social control function of social capital will be illustrated using the example of child abuse. Abuse may be prevented through social control. On a simplistic level it follows that if the norms of society hold that abuse of children is inappropriate then such crimes are less likely to occur. However, norms are not uniform throughout society and norms may be in conflict with one another, for example, corporal punishment is acceptable but abuse is not.

The norms of today’s society, with regards to state-family relations contain a set of

conflicting ideas between the welfare of the child¹³ and rights of the parents.¹⁴ As pointed out by Ashenden (1996) and others, this produces a tension between privacy and intervention. A broad set of disciplines, including law, medicine, psychiatry and social work provides judgements on when intervention is or is not appropriate (Ashenden, 1996).

The control function of social capital has differing impacts on people across locations. Thus, social capital has a role that varies among families. From a social norm perspective, two questions are at the forefront in child abuse cases: “when can the state intervene?” and “what counts as knowledge of abuse?” It has to be recognized that the interference in the private sphere depends on location. Thus, we need to qualify our understanding of social capital’s impact with a consideration of how individuals are located with respect to access and the consequences of this location. For example, Aboriginal mothers have experienced their roles as mothers questioned by child welfare. Boyd (1991) gives two explanation of this, namely racism and that the construction of motherhood in white middle class families is not the same as an Aboriginal construction of motherhood.

Alcoff and Gray (1993) point out that dominant discourses (norms of society) often have silenced abuse survivors through calling incest survivors hysterical or excluding certain terminology as the “rapist father.” Furthermore, they state that prosecutors often do not argue cases that involve children’s testimony against male adults, if there is no external corroboration of the event. What this mean to victims of abuse and their long-term survival can only be

¹³ There has increasingly been a discourse on the rights of the child, particularly after the United Nation’s Convention on the Rights of the Child was created. It has increasingly been popular to have children and youths participation in different fora.

¹⁴ The view that parent’s have rights has not gone unchallenged, for instance, the Children’s Act (1989) in the United Kingdom is stressing parental responsibilities not rights (Bell, 1993).

surmised. But one can hypothesize the potential meaning of this to victims.

The family can also transfer norms, for example, education and labour force involvement. For instance, education plays a lesser role in rural areas than in urban. However, the educated youths in rural populations tend to be educated if their mothers are educated. This is independent of whether the mother is working outside the home (Smith et al., 1995). A social network may also exercise regulation and control over health-related behaviour such as smoking and excessive drinking. Thus, the family may function as a control mechanism.

Another function of social capital is social support, most commonly from the family. The quality of the familial relationships seems to influence the outcome (Portes, 1998). The immediate family can provide social support in a range of areas such as assisting with homework. The intellectual capacity of the family is thus important.

The third function of social capital is extra familial support, and it has a quantitative aspect. Loose networks¹⁵ tend to be sources of new knowledge. Meanwhile, close networks tend to provide information that is already known by the individual (Portes, 1998). The extra-familial support network may provide access to employment and occupational mobility etc. The view as to whether these external networks should be open or close knit is under debate (Portes, 1998). However, if all functions of social capital are introduced, the family social capital can be seen as providing in depth support, meanwhile the loose networks provide transient information. For instance, the lack of the external familial social capital can at times be compensated by stronger familial support (Valenzuela & Dornbusch, 1994).

¹⁵ The terms loose and close network refer to what is often called bonding and bridging in the social capital literature. Bonding refers to homogeneous ties inside the group of belonging. Bridging refers to linkages to groups and institutions outside the immediate context (Policy Research Initiative, 2003).

As with all theoretical perspectives, social capital theory can be criticized. It is a relatively new concept and is not always well defined (Schuller, 2001). The measurement of social capital concepts is problematic. For instance, social capital measures “are biased towards inclusion of more intense contacts” (Marsden & Hurlbert, 1988:1055), or to the quantity contacts instead of their quality. ‘The more, the better’ may not be true, as mentioned above. The individual’s perception of the relationship may be the most important component in creating healthy outcomes. The concept of intact families is often used as an indicator of social capital. Coleman (1988) comments that while the nuclear family is presented as a positive (normative) form that it may have deficits compared to the extended family. Further, single-parent families have been seen as providing less social capital – implying that the problem is a lack of parental support or contact. However, the problem may be a lack of financial rather than social capital. Other authors have pointed out that the intelligence and resourcefulness of the parent may make up for the lesser time spent together (Parcel & Menaghan, 1994 in Portes, 1998).

Thus, it is important to measure both qualitative and quantitative aspects of relationships at both the familial and extra-familial levels. The number of relations is important when considering social support. The weaker ties in these networks assist in mobility and are a transfusion of new knowledge. It is believed that a qualitatively strong relationship provides a higher level of intimacy and trust (Portes, 1998).

The social capital approach also has been criticized for being a perspective without a critical position. Walters (2002) argues that “it manifests a desire to avoid politics.” It becomes little more than an accounting of the factors that contribute to outcomes without an analysis of how they do so and the implications of different approaches to, for example, social policy.

However, this criticism may not be fair. As mentioned, attempts have been made to link social capital to a broad understanding of inequality. However, since social capital may translate into better financial capital, poorer people need to be assisted in obtaining social capital than can lead to improved financial capital.

Social capital is usually depicted as a property held by groups or communities (see, for instance, Schuller, 2001; Putnam, 2001). Social networks can, for the individual, provide control and access to resources; however, it can also limit individual freedom and restrict access to outsiders of a network.

In a review article by Portes, the importance of differentiating between these contrasting functions was stressed. Different functions of social control may be counterproductive, for instance, if external networks need to bypass existing norms to receive benefits (Portes, 1998). The same author makes it clear that source and consequences also need to be distinguished to avoid a circular argument. Thus, social capital can have positive or negative consequences, and both need to be studied. If both types of consequences are taken into account, the social capital theory has the potential of being a useful analytical tool.

Social Capital and Its Relationship to Health

Berkman (2000) has in her research showed that social support¹⁶ (a dimension of social capital) decreased mortality risk following myocardial infarction. She reports similar results for coronary heart disease. Thus, social capital can have a direct link to more positive health outcomes.

¹⁶ Berkman measures social support as “Can you count on anyone to provide you with emotional support?” (Talking over a problem or helping you make a difficult decision). And “In the last year who has been most helpful in providing you with support?”

Social capital improves health via cultural capital in several ways. Higher level of education provide opportunities to obtain higher financial capital. Furthermore, a well educated person may have the knowledge to choose better coping strategies (Wolfe, 2001).

In the literature several pathways for how social capital influences health have been suggested. For instance, negative experiences in early childhood such as abuse may hamper the development of trusting relations (Felitti, 1991). From a social capital perspective, these early negative experiences may lead people to choose not to develop and access social capital. For instance, in an analysis of women who reported sexual abuse in childhood (N=131) it was found that these women sought out jobs that would provide less social interaction (Felitti, 1991). Wolfe (2001) comments about people who prefer to avoid potential sources of social support (one dimension of social capital), since it requires an effort to maintain social relationships.

Social capital also impacts financial capital indirectly. The basic argument is that there is an association between social capital, income inequality and inequality in health status. Three explanations for this association have been developed by Kawachi, Wilkinson, and Kennedy (1999). Firstly, the psychological consequences of economic inequality, such as lack of control, loss of self-respect, hopelessness, affect both the social environment and the individual. For individuals, the aforementioned feelings increase stress levels, which may induce unhealthy coping mechanisms, such as using physical force toward other people, smoking and excessive use of alcohol. This puts pressure on the social environment as well as on the individual and negatively impacts health status. The individual health impacts are easy to identify in, for example, injury, assault, health problems associated with smoking and alcohol use but there is also an impact on the community such as living in a violent community and impairment

associated with second-hand smoke.

Secondly, there is a neo-material understanding that addresses the individual level as well as a societal/structural level. Social capital in one neighbourhood discourages the investment in others which in turn provides negative health effects. People work to improve their immediate neighbourhood. For instance, if at the individual level there is increased negative exposure to contaminants in addition to lack of resources, there will be little improvement in that neighbourhood. The negative exposure could lead to violence, polluted environment, unsafe neighbourhoods due to lack of streetlights limited possibilities of rebuilding/repairing or moving. At the society level there is a systematic under-investment in the infrastructure, such as health and social services, physical environment (e.g., playgrounds, side walks, street lights). People in more privileged neighbourhoods are unwilling to support initiatives that would benefit society as a whole. Thus, this under-investment contributes to poor health through the limitations of resources both at the individual level and at the societal level. For instance, the disadvantaged cannot afford to access health care yet the medical care system is underfunded and does not provide sufficient level of services.

Thirdly, income inequality reduces social cohesion (solidarity), which negatively affects health. Social networks provide a source for both financial and in-kind contributions. A temporary loan or help with childcare is more likely to be provided when people have a social network. It has been argued that inequality is a barrier to interpersonal trust between community members, volunteer work and reciprocity which all would assist in providing benefits for the community and ultimately its overall health (Kawachi, et al., 1999). Social cohesion (a dimension of social capital) may improve health at least at two levels, norm enforcement of

positive behaviour and informal care of ill people.

As demonstrated above, social capital provides a theoretical explanation as to why some people are healthier. However, it does not take into account the full complexities of health. The PHP builds on knowledge from many disciplines and will be the focus of the following section.

Population Health Perspective

Scholars within the fields of medicine, epidemiology and medical sociology have identified factors that impact on health outcomes. Thus, the PHP draws knowledge from many different disciplines. A multi-disciplinary perspective is stimulating to use but it also pose challenges. It is harder to evaluate “evidence” brought forward by someone who is not trained in the discipline and it is difficult to find a common language. There is also a risk of “turf war” or “health imperialism” (Legowski & McKay, 2000). This is due to the fact that many of the determinants of health lie outside the mandate of the traditional health domain. It is important to acknowledge that collaboration between different sectors is essential to address the determinants of health. However, an important question to ask is, how do you foster willingness from other sectors to work under a health department? (Legowski & McKay, 2000). Or would the health department be willing to work under another department?

Health researchers have studied health outcomes through the lens of race, class, gender and policy environment (Coburn & Eakin, 1998). Their work can broadly be categorized in the following categories: social determinants of health, health and illness behaviour and the health care system (Coburn & Eakin, 1998); this research has influenced the identification of the social determinants of health and in the on-going development of the PHP.

The PHP marks a shift away from a narrow definition of health as the absence of illness

to a broad definition: “enablement to function within daily life and creation of conditions for people to develop capacities for the realization of their life pursuit” (Health Canada, 1998). This definition is consistent with social capital theory because it “places the person within a broader context” (McGrail, Ostry, Thomas, & Sanmartin, 1998). Thus, it takes into account a broad range of factors, individual, social, economic, and environmental factors that contribute to health. One consequence of this focus is an assumption that improving health outcomes generally, requires modification at a systems level (Health Canada, 1998).

The PHP incorporates conceptually distinct levels in its model of healthy outcomes. Thus, it goes beyond the individual to encompass families, communities and society as determining health outcomes. These different levels take into account the antecedents, developmental processes and experiences of both the child and the adult in shaping health outcomes. Health issues have to be addressed on several levels simultaneously, or, as stated in Health Sharing:

We refer to health in its broadest sense, to include a state of physical, mental, spiritual and social well-being. Thus, political, social and environmental conditions are all health issues. It is not enough to quit smoking, run five miles a day, eat only organic food if our environment remains polluted, our living and working conditions oppressive. Discussion of individual involvement and responsibility can be an empty exercise for a person who is struggling just to feed her children (Dua, FitzGerald, Gardner, Taylor, & Wyndels 1994:14).

This comment highlights a debate that we are part of the complex nature of health - in particular that there are some tensions in seeing health as the result of social/economic/environmental factors outside an individual and the individual's own responsibility or role of which resiliency is a part as are the actions described by Dua et al. (1994). However, PHP can be seen as identification of important variables but without

demonstrating how they operate with other determinants of health. In addition, associations have been established but not causality.

There are a number of challenges involved with using the PHP. Defining populations is problematic; the PHP has given some examples of populations such as children and Aboriginal people. But what is a population? Is it a neighbourhood? Is it a nation? Populations are groups of people that share a characteristic related to, for instance, age, gender or ethnicity; or are collections of individuals that share an experience, for instance, abuse or cancer survival. We must be cautious in 'identifying' populations, Labonte (1995), for examples, asks why boundaries are created in some instances and not in others. Maltreated people can be seen as a population group that share one characteristic, namely an experience of abuse. However, these subgroups differ in many other aspects; they may differ in the type of abuse they experience - physical, sexual and/or emotional abuse. This population group may also differ in the onset of abuse and the extent of that abuse.

In 1994, the Canadian Institute of Advanced Research (CIAR)¹⁷ influenced the development of PHP by publishing a series of major policy reports which provided evidence for various factors which determine health. However, gender and race were not included in the initial list (Federal, Provincial and Territorial Advisory Committee on Population Health (ACPH), 1994) and sex and gender were not differentiated (Love, Jackson, Edwards, & Pederson, 1997). Ethnicity and religion were used solely as control variables in analyses (Blomey, 1994). Health Canada recognized this problem and added social environment, gender and culture; the revised

¹⁷CIAR contributes to research in many different disciplines. The Institute has a program in Population Health that supports research on the social determinants of health.

Figure 2. Determinants of Health (Health Canada, 1996)

1. Income and social status: the most important determinant of health nationally (ACPH, 1994). However, it is the distribution, rather than the actual amount of wealth that is associated with healthier people amongst the population (Wilkinson, 1996).
2. Social support networks: the effects of social support may be as important as identified risk factors such as smoking, physical activity, obesity and high blood pressure (ACPH, 1994). It is not the quantity of relations that matters that the quality.
3. Education: provides skills useful for daily tasks, employment (income and job security) and community participation (Wolfe, 2001).
4. Employment and working conditions: health status is improved with increased control of work circumstances and lower levels of stress (ACPH, 1994). Unemployment is highly correlated with poorer health as well (ACPH, 1994).
5. Physical environment: factors in the natural environment, such as air, water and soil quality are key influences on health. Human-built factors such as housing, workplace, community and road design are also important (ACPH, 1994). Many of the writings from a PHP do not account for environmental implications (Labonte, 1995; Hancock, 1999).
6. Biology and genetic endowment: the functioning of body systems and genetic endowment contribute to health status as well as the process of development (ACPH, 1994).
7. Personal health practices and coping skills: psychological characteristics such as personal competence, locus of control and mastery over one's life contribute to mental and physical health (Health Canada, 1999); however, the focus on personal health practices has been characterized as blaming the victims instead of societal factors (Labonte & Penfold, 1981).
8. Healthy child development: a wide range of chronic conditions seems to have their origins in fetal and infant life (Joseph & Kramer, 1996). Prenatal and early childhood experiences are also important in the development of coping skills and competence (ACPH, 1994).
9. Health and social services: contribute to healthier people (Health Canada, 1996). However, increased expenditures on health care seem to be less successful in improving the health of Canadians (Evans & Stoddart, 1990).
10. Gender: biological differences in sex and socially constructed gender influence health (Health Canada, 1996) and health service use (Health Canada, 1996).
11. Culture: may influence the way people interact with health care systems, participation in prevention activities, health-related lifestyle choices and understanding of health and illness (Health Canada, 1997b). Racism, language barriers, prejudice and misunderstandings may reduce access to health care (Health Canada, 1997b).
12. Social environment: low availability of emotional support and low social participation have a negative impact on health and well-being" (Health Canada, 1996:15). Hayes (1999) questions if there was any value added in including "social environment" as a health domain, since it already exists within at least seven of the determinants.

list is shown in Figure 2. The development of the determinants of health was heavily influenced by sociological insight (Black, Morris, Smith, & Townsend, 1982). Societal factors are seen to be the most important determinants of health. This leads to the inclusion of social and environmental conditions such as poverty.

Variable selection is key in our understanding of the determinants. Methodological issues hampers at times the collection of 'optimal' data. For instance, health and social services are identified as determinants of health, but to fully track the impact of health and social policy on health warrants a longitudinal survey design. Further, concepts such as culture and gender are very difficult to measure. The determinants overlap and may interact in affecting health. Influences on health are multi-determinant, interdependent, reciprocal, subject to the contingency of time, nonlinear but cumulative or latent in pathways.

Limitations of Population Health Perspective

Many of the shortcomings of the PHP have been addressed throughout this chapter. However there are some general issues that have relevance to the study of differing outcomes of child abuse. The PHP is an evolving approach and some earlier critiques have been incorporated in the approach. Quantitative data of epidemiological nature with an implicit notion of "objectivity" used to be preferred in the approach (Coburn, Poland, & Critical Social Science and Health Group, 1996 as they critique Evans & Stoddart, 1994). There has been a shift to increased use of qualitative data. "Quantitative data allows us to estimate the magnitude and type of health issues in the population, and to identify health outcomes. Qualitative data add a richness and a depth to quantitative data that is necessary to understand why health problems occur in the population and what strategies are needed to address them (Health Canada, 1998:12)." This shift

has important implications in the area of child maltreatment research since we need to assess the magnitude of the problem but also learn about the underlying circumstances. Child maltreatment is an under-researched area where we need to know the distribution and determinants of this problem, however, we also need in-depth information on children's experiences. It is important to study what determines health but also to establish strategies by which the factors can be influenced (Hamilton & Bhatti, 1996).

There is a risk that positivist methodology comes to represent "objective" knowledge rather than being considered as one way of obtaining knowledge. That would in turn limit debate on key issues such as the "cause" of social class. There is a further risk that the lived experiences of people relating to, for example, racism and poor housing are derailed by "objective" risk factors of heart disease and smoking (Labonte, 1995). Robertson (1998) also comments that all research is steered by an ideology and the ideology behind need to be made explicit. She says "...[the] argument, is not to get the ideology out of science but to get the ideology out of hiding (Robertson, 1998:160)."

Wigle (1995), though positive in general about PHP, finds that the writings of the PHP proponents simplify complex phenomenon. CIAR uses grand theories when they generalize the relationships, flowchart phenomena and causal statements between discrete variables. They create a model that does not fully substitute for the process of actually describing, theorizing and explaining phenomena (Love, et al., 1997). The notion of social structure is foreign to CIAR (Hayes, 1994). Hayes (1999) poses the question: How do the pieces in the model fit together? In the writings of CIAR, wealth creation is championed even though the data suggest that it is inequality rather than lack of prosperity that is the problem according to critics such as Coburn et

al., (1996).

Social Capital and Population Health Perspective

As demonstrated in the earlier two sections, social capital and PHP are based on similar basic premise, namely that health is affected by social variables. In addition, PHP addresses, biological and genetic differences. Gender and sex may at first glance be interpreted as different terms for the same concept, however, gender is a social construct and sex is biology. Social capital theory, as well as PHP, remind us that health outcomes vary with location. Social capital, additionally, stresses that the nature of group experiences and the social processes shape outcomes.

The determinants of health identify factors that influence health at the population level, for instance, social policy. Proponents of the social capital theory have been criticized for seeing the links to cultural and financial capital without addressing civil liberties and environmental quality (see, e.g., Côté, 2001). The structure of politics is missing from much social capital research. However, the PHP has recognized the importance of policy in influencing health outcomes. For example, Dua and colleagues (1994) point out that it is not enough to quit smoking to achieve health, if the environment is polluted due to self-interest and lack of regulation.

The PHP reiterates the importance of staying at the population level with the analysis. The risk of 'blaming the victim' is ever present when individual analysis is conducted. If the micro level is introduced in the analysis there is a risk of falling back on a bio-medical model with a narrow definition of health. In using a narrow definition, social actions will be left out. The individual level is still important but the focus needs to be at a broader understanding.

In this thesis, a small dimension of variations in health outcomes will be explored. Social capital suggests one set of variables that impact on health outcomes. The PHP has helped us to understand the complexities of health. Social capital takes one important aspect of health into consideration. The basic argument is straight forward. Social capital increases the chances for better outcomes. The relational dimension inherent in social capital translates into different access to other types of social capital.

The identified determinants of health are all important, as discussed above. However, not all are possible to measure in the present data set (OHSUP). Even though all measures cannot be utilized, due to data availability, this analysis, as will be clear from the following sections, will increase our understanding of child abuse and health outcomes. On a broad level, our understanding will increase in how social capital can assist in shaping healthy outcomes. In the following chapter, the variables will be described. The variables are collected at the individual level but the risk factors will be discussed at the group level. It will be hypothesized in this thesis that better health outcomes are related to higher parental socioeconomic status, extent of social networks in adulthood, fewer stressful events in childhood and positive relation to an adult in childhood. It will be argued that when there are disruptions to the social networks the health outcomes are likely to be negative.

The following chapter will discuss the study methodology of the Supplement. It will describe the variables in detail. Furthermore, the statistical analysis will be discussed in general as well as in relation to this specific research project.

Chapter 3

Methodology

Introduction

This chapter provides an overview of the data and research methods. This study used data from *Mental Health Supplement of the Ontario Health Survey (Supplement)*.¹⁸ Included in this section is information regarding different aspects of the *Supplement* background and objectives, as well as, its methodology, evaluation and estimation procedures.¹⁹ Included in this chapter is a discussion of variable selection, analysis of missing data and verification of responses. Thereafter follows a discussion of logistic regression, the statistical analysis and statistical software packages that will be used in the analysis. Ethical consideration in conducting research on sensitive subjects such as child abuse will be addressed. Finally, potential limitations of the data and analysis will be outlined.

Background and Objective of the Study

The Ontario Health Survey (OHS) was a cross-sectional community survey initiated by the Ministry of Health in 1987. The objective of the OHS was to provide population-based information on the health status of the Ontario population for health-related planning and policy development.²⁰ In the planning stage for the OHS (1988-1989) it was clear that issues of mental health could not be adequately covered. Consequently, the Ontario Mental Health Foundation

¹⁸ The *Supplement* is a data set collected by Statistics Canada and an investigative team. Thus, this is a secondary data analysis of the OHSUP.

¹⁹ The information for the “overall design” section is derived from Boyle’s and colleagues (1996) article “Mental Health Supplement to the Ontario Health Survey: Methodology” if not stated otherwise.

²⁰ Description of the methodology can be found in the Ontario Health Survey 1991: Users Guide Volume 1 (Ontario Ministry of Health, 1992).

suggested that a mental health supplement should be conducted. Approval and funding came from the Ministry of Health, through the Health Innovation Fund. A research team from McMaster University and the Clarke Institute of Psychiatry affiliated with the University of Toronto was awarded the contract to conduct the study. The study was assisted by an interdisciplinary advisory panel formed by the Ontario Mental Health Foundation.

“The specific objectives of the *Supplement* are:

- to generate reliable, unbiased estimates of the mental disorder in the general population;
- to compare the levels of severity among different categories of mental disorder by investigating the extent of overlap between disorders and their strengths of association with disability;
- to evaluate the linkages between mental disorder and both utilization of mental health services and hypothesized risk factors for the purpose of identifying points of leverage to reduce levels of disorders and disabilities; and
- to examine the geographic and social correlates of mental disorder to provide a rational basis for planning resource allocation” (Boyle et al., 1996:550).

Sample Selection and Stratification

Possible participants in the *Supplement* survey were residents of dwellings in Ontario that were 15 years of age or older in August through November 1990. Excluded from the sample were foreign service personnel, the homeless, people in institutions such as hospitals and correction facilities, First Nations people living on reserves and residents of extremely remote locations.

The respondents of the *Supplement* were participants in the second half of the OHS data collection. Potential respondents of the OHS were identified in two stages: 1) selection of a probability sample²¹ of enumeration areas (EAs); 2) selection of a probability sample of household dwellings within the selected EA. Statistical reliability of the estimates was enhanced

²¹ Probability theory relies on random sampling. In a true random sampling all elements have an equal chance of selection. If many random sampling are drawn the sampling distribution of the random samples tends to take on an approximately normal distribution. This is the probability of the sample.

at the Public Health Unit (PHU) level through sample stratification. A cluster sampling²² design was used for financial reasons.

Figure 3: Design of the OHS

The residents of Ontario were stratified²³ by 42 provincial PHUs. The existing 42 PHUs in the province were used to establish the different strata. The PHUs were divided into rural and urban strata. The PHU urban stratum consisted of the urban core and urban fringe components of any census metropolitan areas (minimum urban core population 100 000) or census agglomeration areas (minimum urban core population 10 000) (Statistics Canada, 1991). The remainder of the PHU became the rural strata.

The first stage used EAs from the 1986 census as sampling frame. The EAs were classified as either urban or rural stratum of a PHU.

Sufficient EAs-- on average, 46-- were sampled from each PHU to obtain approximately 760 dwellings in each PHU. The probability selection for each EA depended on the number of dwellings (census counts) in each one -- the larger the number of dwellings, the higher the probability of selection. All of the dwellings determined as being habitable within the boundaries of the EA selected in stage 1 were identified and listed. These listed dwellings thus constituted the sampling frame for the second stage of the sampling for the OHS (Boyle et al., 1996:551).

²² A cluster is a unit that contains final sampling elements but can be treated temporarily as a sampling element itself. Random selection of sample clusters and then random selection within the selected clusters is conducted. This has big practical advantage, since it is often possible to get a sampling frame of clusters even if the sampling of elements is not available.

²³ Stratification refers to the process of partitioning the sampling frame into subsets called strata each of which is sampled separately.

Using simple random sampling, 15 dwellings were selected from urban EAs and 20 from rural EAs. Since there is a larger number of EAs in urban areas, fewer dwellings were selected in each using the clustering effect. From each PHU the same number of dwellings (760) was selected, to guarantee the sample sizes and statistical reliability of the estimates at this level.

One respondent was selected from each household; the respondent had to be 15 years or older. There was an oversampling in the 15-24 age group to ensure statistical reliability for this important age group. Respondents aged 65 and over were excluded if they had more than 10 errors on the *Standardized Mini-Mental State Examination* (Folstein, Folstein, & McHugh, 1975). Random numbers generated by the computer were used for the selection of subjects. The survey was conducted between December 1990 and April 1991.

The sampling frame for the OHS included 14,758 households; of these 13,002 participated (88.1%). For the OHSUP 9,953 individuals (76.5% of 13,002) participated, which yielded an overall response rate of 67.4%. The largest proportion of nonparticipating subjects document were destroyed in error in the field (845; 6.5%), so the reasons for nonparticipation could not be investigated. Reasons for nonparticipation for the remainder were as follows: no contact - 744 (5.7%), refusal - 751 (5.8%), sickness, death and language - 431 (3.3%) and finally another category with 278 (2.1%).

Evaluation of Non-Responses

More men than women refused to participate in the survey (male (25.3%) and female (20.8%)). Furthermore, there was a gradient of response by age. Younger respondents had a higher response rate than older subjects: 15-24 (80.8%); 25-44 (78.1%); 45-64 (75.1%) and 65 and older (74.2%). Rural areas had higher participation than urban (82% vs 75.5%) (Boyle et al.,

1996:551).

Based on OHS it was determined that there were differences between respondents and non- respondents in the areas described in Table 1. Some of the differences are statistically significant.

Table 1: Characteristics of Respondents and Non-Respondents in the OHSUP

Characteristics Assesses in the OHS	Respondent (n=9953) % Distribution	Non-Respondents (n=3049) % Distribution
Male	45.4	51.7 ^a
Age 15-24 years	19	15.2 ^a
Urban residence	71.4	78.6 ^a
Born in Canada	82.9	73.4 ^a
English spoken at home	90.6	86.4 ^a
Some secondary education and less	41.7	42.9
Main activity working	53.4	54.7
Family income below poverty line	14.6	15.2
Married/ common law union	60	59.1
One or more health problems	70.6	67.3 ^a
Used emergency room in last year	23.6	22.5
Admitted to hospital last year	14.7	12.8 ^b

a=p.<0.001; b= p.<0.05

(Table adapted from Boyle et al., 1996)

As Table 1 indicates, there is an under-representation of males, people born outside Canada and people living in urban environments. However, on key concepts such as health status, employment, income and marital status, few differences were found between respondents and nonrespondents.

The nonresponses were adjusted for with weighting procedures both in the *Supplement* and the OHS. The small differences on key health-related variables and the weight adjustments provides support for selection bias not being a serious problem.

Data and Instrumentation

The concepts that were suggested for inclusion in the survey were selected using the following criteria: 1) relevance of the concept to the objectives of the study;²⁴ 2) practical considerations directed by the nature of the study, such as interviewer-administered questionnaire, interview limited to two hours and the subject matters acceptable to the respondents in the general population; and 3) the scientific quality of the measure. These criteria served as a guide for consensus-built decisions for inclusion. The questionnaire was administered by interviewers and developed for the purpose of assessing selected concepts.

The structure of the questionnaire was designed to improve response rate through starting with general nonthreatening questions. The next section of the questionnaire was administered to assess risk and protective factors for psychiatric problems; many of these questions related to early life experiences. This section was followed by questions regarding psychiatric disorders. The final section addressed daily activities, life satisfaction, use of health services etc. To protect response confidentiality and interviewer liability, questions related to physical and sexual abuse

²⁴ Risk or protective factors for mental disorder, present health status and consequences of having mental health problem.

in childhood were completed in private using a self-report format of questionnaire.

The pilot study was conducted in June 1990. About 400 interviews were conducted in Southern Ontario. They assisted in simplifying the instrument, improving the interviewer training and producing efficient field procedures for data collection.

Missing Data

Before analysis of any of the child abuse variables was conducted, the data were examined to determine if there were missing data on the variables of interest. There was a range of response rates on the different variables in the OHSUP. On demographic variables such as sex and age, there were no missing data. On parental variables such as psychopathology the missing data varied from 3.3% to 5.7%. Ethnicity and marital status had less than 0.5% missing. The disability-related items varied between 1.3% and 2.2% in terms of missing data. Physical abuse was missing in 6.6% of the cases and sexual abuse in 6.9% of the cases.

As important as the extent of missing data is the pattern of missing data. Data missing at random is not as serious a problem. To test for missing data, several analyses were conducted. A key finding was that when people over 65 were excluded from the analysis, the proportion of missing data decreased considerably. For instance, missing data on physical abuse dropped to 3.9% from 6.6%, sexual abuse questions were missing in 4% of the cases without people over 65 compared to 6.9%. Based on the improved response rate among participants less than 65 years of age compared to those above this age, it was decided that people over 65 would be excluded from the analysis.

Of particular concern is the level of missing data on specific questions and, in particular the a higher rate of missing data on “sensitive variables” such as abuse, parental depression and

income. The response rate on abuse questions may be lower for several reasons. Victims are afraid of being stigmatized and fear that they will not be believed (Sorenson, Stein, Siegel, Golding, & Burnam, 1987; Priest, 1992; Hall & Flannery, 1984; Kelly, Regan, & Burton, 1991). The victims tend to blame themselves for the abuse (Fleming, 1997).

Quality of the data was judged to be very good when persons older than 65 years of age were excluded from the analysis. Due to the small number of missing data it was decided that complete subject analysis be used. Thus, only women with complete data on all the variables of interest were included in the analysis. The models were run with different number of cases in the different models. It did not significantly change the results due to the large sample size.

Verification of Logic of Responses

To ensure the validity of the data, before public release of the data file, Statistics Canada conducted an analysis to confirm that the responses were provided in a logical and consistent manner. In addition, verifications were done specifically for this thesis. For instance, cross tabulations were conducted between age and best description of the main activity and marital status. The cross tabulations were carefully investigated for unusual responses. The majority of the 16 year-old respondents were in school and were not married or cohabiting. The exception was one women age 15 who was cohabiting. This is rare but possible (Statistics Canada 2001). Similarly, it was found that managers were mostly found among the group of parents that completed university. No managers were found among parents with no formal education. There were very few service workers, construction workers or unemployed among respondents with university education. Women with many siblings were found in the older age categories.

The youngest person retired at 45 years of age. The majority of retired people were

between 45 and 65. They did not have low income according to Statistics Canada measures that included family size and place of residence. The verification of the data quality confirmed that the data quality is good.

Interviewer

The Special Surveys Group of the Household Survey Division of Statistics Canada was responsible for data collection. There were 152 interviewers; 138 were women and 14 men. The majority had training from other surveys, for instance, 74% had worked on the OHS. In addition a four-day training course took place. Statistics Canada and the investigative team developed a standardized training protocol. The interviewers were paid to complete assignments before the training commenced. The training packages were developed to spur and keep interest in the tasks. In training sessions the interviewers observed and coded taped interviews as well as interviews with trained actors, practice interviews, and field interviews with debriefing. Interviewers were asked to identify and correct mistakes that were included in the training tapes. The investigation team had a 24-hour hot line set up to assist both respondents and interviewers if they were in need. It could be used anonymously, but was rarely used.

Data Processing

The completed questionnaires were sent to a central location to be entered in the database. The development of a data entry program assisted in reducing errors in the transcription process through flagging unusual values for each question. The investigative team developed decision trees to assist with identification and correction of inconsistencies within and across sections of the interview. This resulted in a clean "data tape."

Estimation Procedures

To ensure unbiased point estimates, the data for each individual was weighted according to the probability of selection in the sample. The weights adjust for household nonresponses to the OHS and at the individual level nonresponses to the *Supplement*. Poststratification weights were developed to bring the PHU-level age and sex distribution of the sample into accordance with the distributions of age and sex in the Ontario population in 1990.

A cluster design was used to reduce cost in the field, thus complex variance techniques had to be utilized. The Keyfitz method was employed by the investigative team to produce the cases; these variance estimates were then employed for estimation of design effects (ratio of complex variance estimate to the variance estimate obtained when simple random sampling is used). Similar to other large Canadian surveys, such as the Quebec Health Survey and the Canadian Labour Force Survey, that have applied a comparable multicluster design, the estimated overall design effect for the *Supplement* was 2.2. That is, each respondent accounts for 2.2 people.

The weights were rescaled so that the average weight was 1.0 when advanced analytical techniques such as linear or logistic regression were employed. Additionally, to reflect the actual statistical power available in the study, the weights were divided by the design effect of 2.2 to diminish the effective sample.

Statistical Analysis

This rich data set provides many possibilities for data analysis. Multivariate analysis is the preferred method.²⁵ Choosing an appropriate method requires consideration of both the

²⁵ Bivariate analysis have two weaknesses; it may suggest relationships where none exists or overlook relationships that do exist.

characteristics of the data and the specific topic. In trying to interpret the long-term health effects of exposure to abuse in childhood, researchers must take into account negative outcomes resulting from other risk factors. An appropriate analysis must differentiate outcomes due to other risk factors from those resulting from the abuse itself. Logistic regression was considered an appropriate analytical technique considering the data set and the research question. It assesses risk factors relating to a dichotomous dependent variable (i.e., in this case, self-reported disabilities) (Menard, 1995). It can handle independent variables that are dichotomous, categorical or continuous. It tests the effect of each variable, as well as the overall contribution of all variables on the dependent variable. The data for this analysis has a dichotomous dependent variable.

Linear regression requires that the distribution of the dependent variable be close to a normal, poisson, binominal or gamma distribution. Linear regression also assumes homoscedasticity for each of the independents (variance of the error is the same for all observations) and that errors terms are normally distributed (Allison, 1999). These conditions cannot all be met when a dichotomous outcome variable is used (Allison, 1999). Thus, for this data, logistic regression seems to be a better alternative. To assess this further, the assumptions for logistic regression need to be assessed and met. Logistic regression requires that: 1) all relevant variables in the model need to be included. When relevant variables are excluded, the common variance they share with included variables may be wrongly attributed to those variables, or the error term may be inflated. 2) All irrelevant variables need to be omitted. If causally irrelevant variables are included in the model, the common variance they share with included variables may be wrongly attributed to the irrelevant variables. The more the irrelevant

variable(s) correlate with other independent variables, the greater the standard errors of the regression coefficients for those independent variables. 3) Independent error terms are assumed. This is more of a problem in correlated samples, for instance, cluster sampling. 4) It assumes linear relationship between the logit of the continuous independent and the dependent variables. 5) Interaction terms have to be created to account for each interaction effect, to see if a variable varies under different conditions of the other independent variable according to existing theoretical understanding. 6) Multicollinearity diagnostics need to be applied. 7) Maximum likelihood estimation works better with a larger sample (Allison, 1999). The results of the collinearity diagnostic and the interaction terms will be provided in chapter 4.

Logistic regression uses a maximum likelihood estimation applied after transforming the dependent variable into a logit variable (the natural log of the odds of the dependent event will occur or not). Logistic regression calculates changes in the log odds of the dependent variable, not changes in the dependent variables as linear regression does. Maximum likelihood estimation seeks to maximize the log likelihood which reflects how likely it is (the odds) that the observed values of the dependent may be predicted from the observed values of the independents.²⁶ (Allison, 1999).

Maximum likelihood estimation is a popular statistical method since it works well in large samples. It demonstrates consistency, meaning that with larger sample sizes, the probability that an estimate is close to the true value increases. The maximum likelihood estimator is

²⁶ Maximum likelihood estimation is an iterative algorithm which starts with an initial arbitrary “guesstimate” of what the logit coefficient should be. The Maximum Likelihood Estimation algorithm determines the direction and size of changes in the logit which in turn will increase the log likelihood. After this initial function is estimated, the residuals are tested and re-estimates made with an improved function, and the process is repeated until the log likelihood does not change significantly (Allison, 1999).

unbiased in large samples, from a practical standpoint. Maximum likelihood estimators demonstrate asymptotic efficiency, meaning that when the sample size is large, the estimates will have standard errors that are at least as small as for other method of estimation. Maximum likelihood estimators are asymptotically normal, meaning the sampling distribution of the estimates will be more or less normal in large samples. Thus in the calculation of p-values and confidence intervals the normal and chi-square distributions can be used (Allison, 1999).

Logistic regression allows for a test of important questions regarding the prediction of the dependent variable. 1) It provides a test of the overall model, in particular if the independent variables fully explain the occurrence of the dependent variable (Bolen, 1998). 2) The unique contribution of each independent variable on the dependent variable is achieved by regressing each independent variable while at the same time controlling for the other variables in the model (Bolen, 1998). 3) Lastly, based on the unique effect of each independent variable on the dependent variable, the odds of an event occurring can be estimated (Bolen, 1998). The odds ratios are obtained by exponentiating the logistic regression coefficients ($\exp(b)$).

This study will report the odds ratio, that is the ratio of the probability of an event occurring to the probability of it not occurring for each one unit increase in the independent variable. A ratio greater than 1 indicates that the odds of the dependent variable occurring increases as the independent variables increases; a ratio of less than 1 indicates that the odds of the dependent variable occurring decreases as the independent variables increases. For example, if the odds ratio of an event occurring is 1.25 that group as compared to the reference group is 25% more likely to experience the event. If the odds ratio of an event occurring is 0.75, however, that group is 25% less likely to experience the event.

Data Analysis

The first task is to compare each individual variable with disability to see if there is a significant association. This will clarify whether the association as measured by the odds ratio changes between the bivariate and multivariate analysis. The crude odds ratio will be reported. The second step is to build a model to test if social capital is a protective factor for developing disability. The variables will be added or discarded through studying the odds ratio. Preliminary inspection of the data and categorization of covariates is preformed within Statistical Packages for Social Sciences (SPSS) (version 10.1). This is done in SPSS since it is readily available and has good data manipulation capacity. The question addressed first in this study is whether there are significant differences between non-abused and abused women. The dichotomous dependent variable and covariates that are candidates for entry into the logistic regression models were written in SPSS and converted to Survey Data Analysis Software (SUDAAN) for Windows (release 7.5.3, Research Triangle Institute, Research Triangle Park, NC). The SUDAAN statistical package was used since it has been proven useful in multi-stage cluster design (Levy & Lemeshow, 1999). SUDAAN makes appropriate statistical adjustment for survey design effects in the calculation of estimates.²⁷

The logistic regression modelling procedures of SUDAAN were used to obtain the unadjusted odds (crude) of disability for abuse and nonabuse categories and the covariates, as well as the adjusted odds ratio for disability controlling for covariates. If continuous independent

²⁷ Some standard survey techniques can complicate analyses. Sample selection with varying probabilities and nonindependent selections are of particular concern. Ignoring such a sample design and using random sampling methods leads to biased estimates. Confidence intervals and statistical tests will be misleading if the complex design and estimation methods are not accounted for in the analysis. SUDAAN takes the complex design into account.

variables were not expected to have a linear association with the logit,²⁸ they were divided into two or more levels and treated as categorical. If categorical covariates have more than two levels, they were treated as design variables in the logistic regression models with all other levels of the covariates compared to a reference category. To test for interactions of covariates with abuse, models were compared with and without interaction terms.

Survivors of physical and sexual abuse were included in the analysis. Given the questions of interest in this study, it is not necessary to attempt to cleanly delineate types of maltreatment. There were several reasons for this decision: 1) even though the sample size is large, the power²⁹ of the estimates would be diminished if women who had experienced both types of abuse are excluded. This is consistent with the use of this data set in earlier analyses (e.g., MacMillan et al., 2001); 2) it is believed that protective and risk factors are protective across different stressors (Moran & Eckenrode, 1992); 3) the literature suggests that while certain outcomes are abuse-specific (e.g., sexual abuse-later sexual dysfunction, physical abuse-aggressiveness) when an overall measure is used for disability it is less likely that the outcome is related to a specific type

²⁸ There are several graphical and statistical approaches for testing linearity in the logit, for instance, the Box-Tidewell approach (Hosmer & Lemeshow, 1989). In this method, terms are added to the logistic regression model which are composed of the interactions between each predictor and its natural logarithm. There is a violation of the assumption if one or more of the added interaction terms is statistically significant.

²⁹ In Gelles' (1989) research on family violence, he and his colleagues encountered the problem of statistical vs substantive significance. When examining the low base-rate phenomenon of family violence and other low base-rate variables such as pregnancy and single parenthood, they often find substantial percentage differences between categories. "Yet as a result of the skewed distribution of the main variables, the differences are not statistically significant. The dilemma of achieving statistical significance when studying low base-rate phenomena has been discussed by Goodman & Kruskal (1959) and by Finley (1884). We resolve the dilemma here as we have in previously published work – while we attempt to be appropriately conservative in using measures of statistical significance, we don't overlook substantively significant percentage differences between categories." (Gelles, 1989:496).

of abuse (Moran & Eckenrode, 1992).

Ethics Approval for Secondary Analysis

Ethics approval for the OHSUP was received from the Chedoke-McMaster Hospitals Ethics Review Committee. Verbal consent was obtained before the questionnaire was administered and the respondents were informed of mental health resources if required. No reporting of individual names or cases occurred; data are presented in group or summary form only. Confidentiality of all information was assured.³⁰ For further discussion regarding ethics and conducting research on sensitive topics see Appendix A.

Variable Selection

As mentioned earlier the data analysis will investigate whether abuse survivors are more likely to develop a disability and if this association changes when respondents' social capital is introduced in the model. Physical abuse, sexual abuse, demographic variables, social capital and potential confounding variables will be included in the model. A detailed description of each variable will follow.

The validity of the findings from this analysis is dependent on many factors, such as the choice and quality of the variables. The *Supplement* has a range of variables that are useful for different types of analysis. It contains information on demographics, adverse life events in childhood, social support in childhood and adulthood (measured in qualitative and quantitative terms) as well as disability due to physical and mental health problems including substance

³⁰ Approval for the secondary data analysis was obtained from my advisory committee (Dr. Katharyn Kelly, Dr. Harriet MacMillan and Dr. Zhihui Lin). Carleton University does not require ethics review for data analysis that does not involve human subjects. Written approval from the research team at McMaster was obtained to ensure permission for use of the data for this dissertation and any publications based on this thesis.

abuse. However, the survey was not specifically designed to allow for the testing of social capital theory and abuse outcomes. In using existing data, one must work with what is available such data reflects the interest of those who developed the original survey design and instruments.³¹

The main outcome variable of interest in this research was disability (outcome variable³²). The variable is measured as a person's inability or decreased disability to function normally in a community setting. A respondent was considered disabled if she indicated limitations in either her main activity or in her activities of daily living due to mental and/or physical health problems and/or a substance abuse problem. Main activity included work for pay, being a homemaker, going to school, and volunteer work. Also included in "main activity" were those who were 'temporarily laid off', 'unemployed', 'permanently unable to work' and 'retired'; a respondent was deemed disabled if she reported that she was not functioning because of physical and or mental health conditions. Activities of daily living included work around the house, leisure activities, getting around or using public transit, and personal care. Limitations could have been present less than six months to more than two years.

This variable was derived by Statistics Canada. The wording of the questions are found in Appendix B. The different disability measures are single items from other questionnaires or were constructed especially for this study. Thus, the validity and the reliability of these questions has not yet been tested. The measure was designed to be easily understood and replicated. It has been

³¹ It continues to be very difficult to include child abuse questions in surveys administered by Statistics Canada. Considering the problems encountered when trying to introduce abuse questions, one has to applaud the investigative team for their efforts. While at times it would have been useful to have more detailed information, the problems mentioned above created limits with regard to the amount of abuse-specific information that could be obtained.

³² Outcome variable and dependent variable will be used interchangeably.

used in other data analyses which facilitates comparison of results with other studies.

Abuse in childhood was assessed using the Child Maltreatment History Self-Report which was used to assess abuse history while growing up. The instrument included questions based on the Conflict Tactic Scales (CTS). The theoretical underpinning of the CTS is conflict theory, meaning that conflict is inevitable while violence, as a solution to conflict, is not (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). The CTS measures behaviour and not consequent injuries.³³ The definition of physical abuse included exposure to acts such as being pushed, grabbed, shoved or physically attacked, among others. Slapped and spanked will not be included in the analysis as abuse, due to ongoing controversy in Canada about whether exposure to physical discipline constitutes abuse. If less severe types of abuse are included, it could lead to the interpretation that the distribution of maltreatment is inflated.

The CTS is a measure known to have acceptable psychometric properties (Straus, 1990; MacMillan et al., 1997). Six studies, mentioned in a CTS article, demonstrated that there were high levels of agreement between the child and another family member in the responses to abuse questions. This can be seen as support for *concurrent validity* (Straus et al., 1998). Several sources provide support for the CTS having *construct validity*. Findings based on the CTS are consistent with “previously established empirical findings such as etiological links between physical abuse of children and stress and depression or between having experienced abuse and many kinds of maladaptive behaviour such as delinquency and substance abuse, psychopathology and scores on the Child Abuse Potential Inventory” (Straus et al., 1998:250).

³³ Studies using the CTS seem to have higher estimates for abuse than studies that use the presence of injuries as a measure of inclusion, such as the National Incidence Study conducted in the US (NIS-3) (Sedlak & Broadhurst, 1996).

The severe assault scale of the CTS has low *internal consistency*. Straus et al. (1998:)

note that:

“[o]ne reason for low internal consistency reliability of the severe assault scale is because the items measure rare events. The extremely skewed distributions drastically lower the correlation between the items and reduces alpha because alpha is a function of the size of the correlation between items. In addition, the severe assault items do not meet other assumptions such as equal variance. Finally, although there may be an occasional abusing parent who has hit the child with a belt or stick, and also choked, burned and stabbed the child in the last year, this would be rare even among abusive parents. Thus, we would not expect the substantial correlation between items that are required for a high alpha coefficient” (Straus et al., 1998:256).

The CTS has both proponents and critics. For instance, the categorization of ‘minor violence’ and ‘severe violence’ has been criticised. Proponents argue that this distinction reflects a presumed potential for injury (Straus, 1979; Straus & Gelles, 1990). Further, the distinction that is “is roughly parallel to the legal distinction between ‘simple assault’ and ‘aggravated assault’” (Straus, 1990:58). Another criticism of the CTS is that it focuses on acts but ignores the ‘actors’ interpretation, motivations and intentions (Dobash, Dobash, Wilson, & Daly, 1992). Furthermore, the scales omits questions inquiring about the context, precipitating events and the long-term consequences (Dobash, Dobash, Wilson, & Daly, 1992).

Most of the criticism of the CTS has been directed to the violence between partner questionnaire (Straus & Gelles, 1990). The child abuse questionnaire has received less criticism than the adult version. While there have been some improvements of the child abuse scales in response to the criticism, these changes were not included in this questionnaire. One improvement was the specification of the object being thrown. The new

wording adds “something that would hurt.” This is to capture the difference between, for instance, a pillow and a brick. The order of the questions have also been changed (the order is now random) to ensure that the respondent does not fill in the answers without appropriate consideration. The interspersed order makes scoring of the items less obvious to the respondent.

The sexual abuse questions were based on the National Population Survey instrument (Badgley Report), a survey conducted in Canada (Badgley, Allard, McCormick, Proudfoot, Fortin, Ogilvie, Rae-Grant, Gélinas, Pèpin, & Sutherland, 1984; Bagley, 1988; 1989). Sexual abuse was defined as exposure to acts ranging from repeated indecent exposure to being sexually attacked.

Furthermore, the psychometric properties of the Child Maltreatment History Self-Report questions were tested with a clinical sample of 34 adolescents. The results of these tests provided were as follows: test-retest reliability kappas of 0.75 for physical abuse, 0.78 for severe physical abuse and 1.0 for both sexual abuse and severe physical abuse (MacMillan & Fleming, unpublished data). The abuse questions were collapsed and dichotomized to indicate the presence or absence of abuse. This was done to increase the power of the estimate.³⁴ When a variable is dichotomized there is loss of information, such as the specific abusive act. However, the main idea regarding the abusive experience is there. Further, it has been suggested that abuse experiences should be studied together due

³⁴ Estimates are not reportable when the numerator for prevalence estimates is less than 30 (Boyle et al., 1996). The estimates that come from fewer than 30 cases may not be reliable, because of sampling error, or may have such a huge variance that it is not possible to rely on the estimate.

to the high level of co-occurrence. Felitti (1991) suggests that different types of sexual abuse such as incest, rape and molestation be considered together because there is overlap across categories. To study them separately may conceal an important observation.

Control³⁵ variables are introduced in the analyses to determine if a bivariate relationship remains the same or varies under the different categories or conditions of the control variable. In this study the control variables are used to consider how social capital theory mediates health outcomes in women abused in childhood.

These variables detail the women's relationships in childhood and adulthood and possible disruptions to them. There is another set of control variables that includes demographic variables.

Social capital was measured using two variables: 1) close relationship with parent or other adult and 2) present social capital. The question was worded: Did you have a close and confiding relationship with either of your parents or with some other adult during your childhood? The response alternatives were yes and no.

The present social capital was assessed through a derived variable created by Statistics Canada. The respondents were asked many questions regarding how well they had gotten along with various people during the previous six months. This derived variable takes a wide range of variables into consideration relating to relationships with spouses, children, other household members, close relatives, and people at work, classmates and teachers. The variable included presence/absence of at least one reported relationship with frequent or constant problems.

³⁵ Control variable and confounding variable are used interchangeably.

The variable measures the person's perception of childhood relations with parent and other adult. Social capital in adulthood include both quantitative and qualitative aspects of the concept.

A good relationship with an adult in childhood has been identified as a protective factor in developing healthy lives. The resiliency literature indicated that it is protective factor for abuse survivors as well (Gulgun, 1991).

Social capital was operationalized using variables that would disrupt the level of connectedness to the community. *Disruptive events in childhood:* The variables included were: Number of moves before age 16 (no moves, 1 move, 2 move, 3 and more moves; Death of parent before age 16 (neither, father, mother, both); Parental anti social behavior (neither, father, mother, both); Runaway before age 16 (never, 1 time, 2 times or more); Juvenile Justice involvement (yes, no). Parental psychiatric problem (depression, manic depression and schizophrenia) and Parental substance abuse problems (alcohol and drug abuse). A count variable was than created that measured (no disruptions, 1 disruption, 2 disruptions, 3 disruptions and more).

For instance the assessment of parental psychiatric impairment and substance abuse was based on a single question for each disorder instead of diagnostic criteria; this may have resulted in under reporting due to social stigma (Walsh, MacMillan, & Jamieson, 2002).

All these variables that have been included in the index have been identified as important in the literature as showing an association with disability and abuse (e.g., Kufeldt, Simard, Tite, & Wachon, 2003; Sullivan & Knutson, 2000). Thus, the

categorization made in this thesis facilitates comparison with other studies

It was necessary to create an indicator variable due to the skewed distribution. Ideally the subjective or objective importance of these disruptions should have been measured and the index should have built on both those aspects, however, the information was not available.

Respondent's age: measured in years (15-64 years of age).

Respondent's financial capital was a dichotomous (low or not) OHSUP-derived variable based on family income, household size and urban/rural residence. The income variable measures income related to geographic location and family size which in the PHP has been identified as important in achieving health.

Cultural capital: -Education: What was the highest level of school s/he completed? 1) no formal schooling, 2) some primary, 3) completed primary, 4) some secondary/high school, 5) completed secondary/high school, 6) some community college, technology college, CEGEP, nursing program, 7) completed community college, technology college, CEGEP, nursing program, 8) some university, 9) completed university. What kind of work did s/he do for a living while you were growing up? 1) manager, professional, 2) small business, 3) clerical, 4) sales, 5) service worker 6) farming, fishery, forestry, mining 7) processing, machining, fabrication, 8) construction, 9) transportation, 10) material handling other crafts, 11) did not work, unemployed.

This cultural capital variable was constructed by combining parental level of education and occupation. Each variable had three categories when summed responses ranged from two (lowest) to six). The Pineo-Porter McRoberts scale was used as a guide

for combining the variables, that is, skilled, semi-skilled, un-skilled. Other was coded as semi-skilled.

The combination of parental level of education and occupation provides an improved measure of parental cultural capital. The Pineo-Porter-McRoberts scale is a validated scale that has been used with this data set and others. Thus, using this measure facilitates comparisons with other analyses.

In closing, this chapter has addressed the data design and collection methods. Logistic regression has been described as useful for the research question. There has been a special focus on variable selection and how to address and detect confounding variables, multi-collinearity and interaction effects. The limitations of the study and the data analysis have been discussed. The results are found in the following chapter.

Chapter 4

Results

Introduction

This chapter provides the results of the data analysis. The information provided in the descriptive statistics contains demographic variables and the variables that will be included in the multiple regression model. A short reminder of key variables will be provided. The bivariate relationships were identified using chi-square analysis; crude odds ratios (OR) of the variables that will be included in the multiple regression model are provided. For the logistic regression analysis (adjusted OR) the p-value, odds ratios, the confidence intervals are presented as well as the model chi-square and its associated p-value.

*Univariate Results*³⁶

The analysis is based on a sub-sample of all women aged 15-64 years (n=4,238³⁷). Table 2 outlines detailed demographic characteristics of the sub-sample, using unweighted number of cases but weighted data. The mean age of respondents was 36.69 years. The majority considered themselves to be Canadian (51.9%), and others identified themselves as Canadian in combination with another nationality (26.4%), for instance, Canadian-Hungarian. The majority of the respondents were married or in a common-law relationship

³⁶ The number of cases is provided from unweighted data. This was done to demonstrate that there are sufficient cases for the analysis. However, the percentages are based on weighted data.

³⁷ The descriptive analysis is based on all women aged 15-64 years of age with complete data on the specified variable (complete subject analysis). Bivariate and multi-variate analysis were conducted on the cases with complete data on any of the variables in model 2 (list-wise deletion). (Model 2 will be described in detail later). Thus, the n differs between uni-variate and bi/multi-variate analysis.

(62%) compared to the separated, widowed and never married that represented 38% of the respondents. The variables pertaining to marital status were compared to Census data, because it is a variable than is often used in descriptive statistics.³⁸ They are very similar, for instance, the census reports 63% of the female population as married or in a common-law relationship; the comparable figure from the OHSUP is 62% (Statistics Canada, 1993).

Present financial capital was dichotomized low income or not, a derived variable based on household income, household size and urban/rural residence developed by Statistics Canada. Thus, a specific figure was not used; instead the respondent's status as above or below the poverty line was noted. The added information provided from this poverty measure outweighs the loss of information through dichotomization. The sample was compared to Census data on respondent's low financial capital; it was documented as the same for the Census and the OHSUP: that is 14% reported income below Statistics Canada's cut-off for low income (Statistics Canada, 1992).

Forty-two percent of the women were employed or self employed. This figure may at first glance seem low but in the younger age group, many are attending school (13%). In addition, some women have child-care duties which may preclude labor participation (25%). Some women choose to work part time in combination with homemaker duties (11%).

³⁸ As expected from a representative sample, the comparisons that were made between the Census and the OHSUP on readily available and commonly used descriptors provided similar results.

Table 2: Demographic Characteristics of the Women

Demographics	Percent & N
Married/common law	62% (n=2,665)
Separated/widowed, never married	38% (n=1,605)
Age 15-24 years	23% (n=991)
Age 25-44 years	49% (n=2,097)
Age 45-64 years	28% (n=1,197)
Low financial capital	14% ³⁹ (n=592)
Employed/self employed (full time)	42% (n=1,792)
School	13% (n=565)
Homemaker	27% (n=1,073)
Homemaker and part-time	11% (n=462)
Canadian	52% (n=2,223)
Canadian combined with other nationality	26% (n=1,129)

Variables that measured components of social capital in childhood and in adulthood were constructed: some of which would enhance social capital and others that would tend to disrupt the connection with society. Childhood social capital was measured by the response to “Did you have a close and confiding relationship with either of your parents or with some other adult during your childhood?” Fifteen per cent (n=642) reported problematic relationships with their parents or other adult during childhood.

The second, present social capital variable was assessed through a derived variable created from respondents’ answers to questions regarding how well they had gotten along

³⁹ An exact dollar figure cannot be provided since the cut-offs varies due to family size and rural/urban place of residence. Statistics Canada has developed this variable.

with each of the following: their spouse, children, other household members, close relatives, and people at work, classmates or teachers, as applicable, during the previous six months. The variable described the presence/absence of at least one reported relationship with frequent or constant problems. Four percent (n=190) of the women reported lack of present social capital. The reason for the higher percentage of respondents reporting problems with their social capital in childhood than in adulthood can have many reasons. One hypothesis may be that children respond more truthfully, grown ups may answers what society expects.

The third social capital component was operationalised using variables that measured disruption in the level of the connectedness to the community in childhood. The variables included were: number of moves before age 16 (no moves, 1 move, 2 move, 3 and more moves, scored 0 through 3); death of parent before age 16 (neither, father, mother, both, scored 0 through 3); runaway before age 16 (never, 1 time, 2 times or more, scored 0 through 2); juvenile justice involvement (no/yes, scored 0 and 1); parental psychiatric problems (depression, manic depression, schizophrenia and anti social behaviour (neither, father, mother, both) scored 0 through 3 for each problem) and parental substance abuse problems (absence or presence of alcohol and/or drug abuse (neither, father, mother, both), scored 0 and 3 for each problem). The childhood disruption variable was the sum of these scores, with a possible range of 0 through 3.

The distributions of the individual disruptions in childhood are as follows: number of moves before age 16, ranging from 1-36 moves; death of parent before age 16 (neither (89.5%), father (5.4%), mother (2.7%), both (0.3%)); parental anti social behaviour

(neither (96.3%), father (3.0%), mother (0.3%)), both (0.4%)); runaway before age 16 (never (92%), 1 time (1.7%), 2 times or more (5.4%)); and juvenile justice involvement (yes (2.0%) and no (98.1%)). Parental psychiatric problems (depression, manic depression and schizophrenia (yes (20.1%) and no (79.9%))⁴⁰ and parental substance abuse problems (yes (21.7%) and no (78.3%))⁴¹. A count variable was then created to measure the number of disruptions (no disruption, 1 disruption, 2 disruptions, 3 disruptions and more). In childhood some 40% of the women (n=1,592) had no disruptions to social capital in childhood, one disruption was experienced by 14% (n=558), two disruptions by 17% (n=667) and three or more by 29% (n=1,163). Psychiatric problems and substance abuse problems were common among the parents.

In addition to several social capital variables, cultural⁴² and financial⁴³ capital was also captured. Cultural capital in childhood was measured by parental education and occupation. Educational attainment was collapsed into three categories, scored 1 through 3: 1) less than high school, 2) completed secondary/high school and 3) more than high school. Occupation categorization was guided by the Pineo-Porter-McRoberts scale, into unskilled, semi-skilled and skilled, scored 1 through 3. Unskilled included farming, fishery, forestry, mining, processing, machining, fabrication, construction, transportation,

⁴⁰ The psychiatric problems were divided as follows: schizophrenia (yes (3.2%) and no (96.8%)); depression (yes (18.8%) and no (81.2%)); and mania (yes (5.1%) and (94.9%)).

⁴¹ The substance abuse problems were divided as follows: Alcohol abuse (yes (21.0%) and no (79.0%)); and drug abuse (yes (2.4%) and no (97.6%)).

⁴² Adult cultural capital was not included in the models because it provides similar information to the variable present financial capital. Including both would provide little additional information and it would steal degrees of freedom.

⁴³ Childhood financial capital was not included in the calculations because it is not considered a reliable estimate, due to recall problems and unwillingness to respond to financial questions.

material handling other crafts, and did not work, unemployed, semi-skilled included clerical, sales, service worker, and skilled included manager, professional and small business. Thus, the value range for childhood cultural capital was 1 to 6.

The majority (62%) of the women's parents had less than completed high school education. Five percent of the respondent's did not know their parent's level of education. Rates of parental completion of high school were much lower than respondent rates of completion, making comparisons of the impact of education difficult. The meaning of completion of high school has changed across time. For instance, the age of the respondents varies thus their level of schooling differs. Consequently, the level of education for their parents varies. For detailed information regarding the parents' education and scoring see Table 3.

Table 3: The Highest Level of School S/he Completed

Education	Percentage (%)
Score 1	
No formal schooling	1.5% (n=65)
Some primary	16.3% (n=700)
Completed primary	21.4% (n=916)
Some secondary/high school	19% (n=816)
Score 2	
Completed high school	17.2% (n=738)
Score 3	
Some community/technical college, technical CEGEP	3.8% (n=164)
Completed community/technical college, CEGEP, nursing pgm	6.1% (n=261)
Some university	1.7% (n=73)
Completed university	7.6% (n=326)
Don't know (fell into the medium category)	5% (n=216)

Most of the main wage earners were found in the farm/fishery/forestry category (16%), followed by manager and professional (14%). The “other” category was also common (13%), followed by processing and handling (12%). Only 5% had missing information. The types of jobs that the main wage earner had and the corresponding percentages and scoring are found in Table 4.

Table 4: Main Wage Earner's Education

Occupation	Percentage (%)
Skilled	
Manager, professional	14.4% (n=616)
Small business	8.3% (n=356)
Semiskilled	
Clerical	3.5% (n=151)
Sales	4% (n=170)
Service Worker	9.8% (n=418)
Unskilled	
Farm/fishery/forestry	16.4% (n=704)
Processing and fabrication	12.4% (n=532)
Construction	7.1% (n=305)
Transportation	5.9% (n=253)
Material handling	3.1% (n=133)
Unemployed/did not work	0.8% (n=36)
Other (added to the mean -- semiskilled)	13% (n=556) ⁴⁴
Missing	1.3% (n=55)

Physically abusive experiences were reported by 23% (n=962) of the women. Sexually abusive experiences were reported by 14% (n=593) of the women. Any abuse was reported by 29% (n=1,186) of the women. As seen in the percentages child abuse is a common experience for women in Ontario. However, the statistical power is insufficient for some analyses involving sexual abuse.

⁴⁴ The percentage does not add up to 100% due to rounding error.

Approximately 14% (n=605) of the sample had experienced disability related to these health problems. Disability due to mental health problems and substance abuse problems was reported by 3.4% (n=144) and disability attributed to physical health problems was reported by 12.4% (n=528) of the women. Both types of disability were reported by 1.5% (n=64) of the women.

Bivariate Results

The first analysis was a comparison of women with and without disability on the key variables that will be included in the model using chi-square statistics and reported with crude odds ratios. There were statistically significant differences between women with and without disability on all the abuse variables (physical, sexual and any abuse), present social capital as well as low financial capital. The remaining variables (childhood social capital, disruptions to social capital in childhood and childhood cultural capital) showed no statistically significant difference on disability. Table 5 shows the results of the chi-square statistics.

Table 5: Sample Characteristics by Disability Status

Variable	Disability		χ^2	p-value
	Yes (n*= 605)	No (n*= 3,633)		
Respondent's low financial capital	32.9 (25.3-40.5)	21.8 (18.7-24.8)	6.69	<0.01***
Low childhood social capital	15.4 (11.1-19.7)	14.2 (12.3-16.2)	0.26	0.61
Present low social capital	8.5 (5.2-11.8)	4.4 (3.1-5.7)	4.9	0.03**
One disruption to social capital in childhood	31.3 (24.9-37.8)	33.4 (30.7-36.2)	0.34	0.56
Two disruptions to social capital in childhood	13.7 (9.8-17.5)	13.0 (10.9-15.1)	0.07	0.79
Three disruptions to social capital in childhood	19.4 (14.7-24.2)	16.6 (14.6-18.6)	1.3	0.25
Sexually abuse	21.1 (16.1-26.2)	12.5 (10.6-14.5)	9.85	<0.01***
Physically abuse	32.8 (27.0-38.6)	19.9 (17.7-22.1)	15.67	<0.01***
Any abuse	38.8 (32.6-45.1)	25.9 (23.3-28.4)	14.09	<0.01***

*** p<0.01; ** p<0.05 * unweighted n, but analysis is based on weighted data.

The crude OR⁴⁵ of the independent variables on disability (Table 6) provide similar results to the chi-square analysis (Table 5). The OR for age is included as a control variable, age is associated with both disability and reporting abuse. The OR for age is 1.03.⁴⁶ This is very close to 1 and has a little clinical relevance.⁴⁷ This can be interpreted as the odds of reporting

⁴⁵ Unadjusted OR, crude OR and bivariate OR will be used interchangeably.

⁴⁶ Some epidemiologists warn against putting too much emphasis on the point estimate and its related p-value. They say that the direction of the association is more important (Rothman & Greenland 1998).

⁴⁷ By clinical relevance is meant a difference that is considered by experts to be important in clinical or policy decision regardless of the level of statistical significance (Last, 2001).

disability increases 3% for each additional year of age. The confidence interval (CI) is tight around the estimate which indicates higher precision. When the 95% CI around the odds ratio includes the value of 1.0, it indicates that a change in value of the independent variable is not associated in change in the odds of the dependent variable assuming a given value, then that variable is not considered a useful predictor in the logistic model. A narrow CI provides a more reliable estimate; CIs are dependent on sample size - a bigger sample provides a more reliable estimate. Among the significant results, respondents' present low financial capital shows the strongest association (OR=2.48) which means a 2.5 increase in the odds of reporting disability if the respondent is below the poverty line.⁴⁸ The lack of present social capital (OR=1.99) increased twofold the odds of reporting disability. Among the abuse variables, physical abuse (OR=1.96) provides the strongest association with disability followed by sexual abuse (OR=1.87) and any abuse (OR=1.82). Physical abuse increased the odds of reporting disability with 96%, sexual abuse increased the odds of reporting disability with 87% and any abuse increased the odds of reporting disability with 82%.

Childhood social capital did not significantly increase the risk of reporting disability. Disruptions to social capital did not significantly increase the risk of reporting disability. Although not statistically significant, the strength of the association increased with the increments of the variable, so that two disruptions had a stronger association than one and so on.

Presence of reported childhood cultural capital increased the odds of reporting disability. The increase is not clinically or statistically meaningful. For detailed information see Table 6.

⁴⁸ The direction of the association is not known in cross-sectional data.

Table 6: Crude Risk of Disability by Correlates

Variable	Odds Ratio	95% Confidence Interval	P-value	λ^2
Respondent's age	1.03	1.02 - 1.04	<0.01**	89.2
Respondent's low financial capital	2.48	1.72 - 3.55	<0.01**	41.7
Childhood cultural capital	1.06	0.88 - 1.27	0.55	1
Low childhood social capital	0.91	0.64 - 1.30	0.6	0.5
Present low social capital	1.99	1.17 - 3.38	0.01**	12.8
One disruption to social capital in childhood*	0.91	0.66 - 1.26	0.57	0.8
Two disruptions to social capital in childhood	1.05	0.72 - 1.55	0.78	0.1
Three or more disruptions to social capital in childhood	1.21	0.88 - 1.67	0.24	2.2
Sexual abuse	1.87	1.31 - 2.67	<0.01**	23.4
Physical abuse	1.96	1.45 - 2.67	<0.01**	37.2
Any abuse	1.82	1.35 - 2.45	<0.01**	32.4

* 0 disruptions is the reference category

** p<0.01

In sum, in the bivariate analyses, physical abuse, sexual abuse, physical and/or sexual abuse were all statistically related with reporting disability. Among the different types of capitals, present financial capital as well as present social capital were the only variables that showed a statistically significant relation with reported disability. In addition, age showed a

small but a significant relationship with reported disability.

Multivariate Results

Multiple logistic regression analysis was used to assess the strength of the association among childhood exposure to abuse, present financial capital, childhood cultural capital, age and social capital variables and the dependent variable disability. Known correlates for disability were tested in model 1, social capital variables as potential protective factors were tested in model 2 and lastly interaction terms between abuse and social capital were tested in model 3. Interaction terms were created between the abuse variables and the social capital variables to see if women who reported social capital and abuse were less likely to report the presence of disability. Tolerance was used to test for multicollinearity. Physical abuse, sexual abuse, and any abuse were tested separately in each model since the association of abuse types with disability may have differed.

The following assumptions were satisfied: The outcome variable was sufficiently rare to allow for the use of logistic regression and the continuous variables were linear in the logit.⁴⁹ The data was investigated for univariate and multivariate outliers (e.g., erroneous coding).

In the first model (see Table 7) the odds of reporting disability with the presence of low financial capital controlling for the other variables in the model decreased slightly from the unadjusted OR for the models of physical abuse (OR=2.48 vs OR=2.35) and any abuse (OR=2.48 vs OR=2.43). The odds of reporting disability with the presence of low financial capital increased in the sexual abuse model (OR=2.48 vs OR=2.55). The OR of presence of childhood cultural capital increased slightly in the first model as did the OR for age in all abuse

⁴⁹ It was verified that no cell had less than 30 cases as discussed in chapter 3

models. The importance of present financial capital seems to be higher in the sexual abuse model.

With adjusting for the other variables in the model, the OR decreased for all types of abuse: physical abuse OR=1.96 vs OR=1.86; sexual abuse OR=1.87 vs OR=1.79; and any abuse OR=1.82 vs OR=1.74 OR. As in the bivariate OR, the sexual and/or physical abuse provided the tightest estimate followed by physical and sexual abuse. This is partly a reflection of the number of women who reported abuse (i.e., more women reported any abuse, followed by physical and sexual abuse). The bivariate association between abuse and disability provides similar results to the adjusted model.

Table 7: Model 1 - Regression of Physical, Sexual and Any Abuse and Respondent's Age, Financial Capital and Cultural Capital in Childhood on Disability Status

	Type of Abuse					
	Physical		Sexual		Any	
	Odds		Odds		Odds Ratio	
	Ratio	P-value	Ratio	P-value	(95% CI)	P-value
	(95% CI)		(95% CI)			
Age	1.04	<0.01	1.04	<0.01	1.04	<0.01
	(1.03-1.05)		(1.03-1.05)		(1.03-1.05)	
Low	2.35	<0.01	2.55	<0.01	2.43	<0.01
financial	(1.60-3.46)		(1.71-3.82)		(1.64-3.59)	
capital						
Childhood	1.09	0.45	1.10	0.38	1.10	0.38
cultural	(0.87-1.35)		(0.89-1.36)		(0.89-1.38)	
capital						
'Abuse'	1.86	<0.01	1.79	<0.01	1.74	<0.01
	(1.37-2.51)		(1.25-2.58)		(1.29-2.33)	
λ^2 value	157.4		149.5		150.5	
(p-value)	(<0.01)		(<0.01)		(<0.01)	

Model 2 (Table 8) introduced the social capital variables into the model. The abuse variables, present low financial capital and age remained statistically significant when controlling for the other variables in the model. However, the statistically significant association

between disability and lack of present social capital disappeared when other variables were controlled for. The ORs for age did not change in any of the models when social capital variables were added to the models (OR=1.04). The ORs for presence of low financial capital increased slightly in all three models (physical abuse model 2 OR=2.40; sexual abuse model 2 OR=2.60; and any abuse model 2 OR=2.49). The ORs for cultural capital increased in the three models as well, but they are not statistically significant (physical abuse model 2 OR=1.12; sexual abuse model 2 OR=1.14; and any abuse model 2 OR=1.13).

Neither of the social capital variables were statistically significant. The ORs for lack of present social capital had decreased in all abuse models compared with the unadjusted OR=1.99 (physical abuse model 2 OR=1.58; sexual abuse model 2 OR=1.58; and any abuse model 2 OR=1.49). Lack of childhood social capital was not significant in the bivariate OR=0.91, and not in any of the adjusted abuse models (physical abuse model 2 OR=0.73; sexual abuse model 2 OR=0.79; and any abuse model 2 OR=0.74). However, the direction has changed from a risk factor to a protective factor.

The disruptions to social capital were not statistically significant: one disruption OR=0.91; two disruptions OR=1.05; and three disruptions OR=1.21. One disruption demonstrates a small increase in each abuse model (physical abuse model 2 OR=1.00; sexual abuse model 2 OR=1.03; and any abuse model 2 OR=1.05). The direction has changed from a protection to risk even though the increase is small. Two disruptions demonstrated a small increase in risk (OR=1.05), however, the result was not statistically significant. In the adjusted models the risk had increased in all three abuse models (physical abuse model 2 OR=1.09; sexual abuse model 2 OR=1.12; and any abuse model 2 OR=1.13). The largest increase was for

any abuse but the increase was small. Three disruptions in childhood did not provide significant results in any abuse model. The unadjusted results provided $OR=1.21$, the adjusted models provided a small decrease in risk (physical abuse model 2 $OR=1.11$; sexual abuse model 2 $OR=1.20$; and any abuse model 2 $OR=1.21$). The largest decrease was in the physical abuse model.

In the adjusted models (model 2), the OR for different types of abuse all demonstrated a small decline in the odds of reporting disability when abused. First, physical abuse on disability provided the following results: unadjusted $OR=1.96$ and adjusted $OR=1.81$. Thus, the association remained moderately strong and statistically significant when controlling for several types of capital. Second, sexual abuse on disability provided the following unadjusted $OR=1.87$ and the following adjusted $OR=1.54$. Thus, the association has weakened but remained statistically significant. Thirdly, any abuse on disability provided the following result, unadjusted $OR=1.82$ and the adjusted $OR=1.71$. This is a small decrease that remains statistically significant. All three abuse models were statistically significant. For further detail see Table 8.

Table 8: Model 2 - Physical, Sexual and Any Abuse and Social Capital Variables

	Type of Abuse					
	Physical		Sexual		Any	
	OR (95% CI)	P-value	OR (95% CI)	P-value	OR (95% CI)	P-value
Respondent's age	1.04 (1.03-1.05)	<0.01**	1.04 (1.03-1.05)	<0.01**	1.04 (1.03-1.05)	<0.01**
Respondent's low financial capital	2.41 (1.60-3.64)	<0.01**	2.6 (1.68-4.04)	<0.01**	2.49 (1.64-3.79)	<0.01**
Childhood cultural capital	1.12 (0.89-1.41)	0.34	1.14 (0.91-1.42)	0.27	1.13 (0.90-1.43)	0.28
Low childhood social capital	0.73 (0.50-1.06)	0.1	0.79 (0.14-1.81)	0.21	0.74 (0.51-1.08)	0.29
Present low social capital	1.58 (0.85-2.95)	0.15	1.58 (0.88-2.86)	0.13	1.49 (0.79-2.80)	0.22
1 childhood ⁵⁰ disruption	1.00 (0.67-1.51)	0.98	1.03 (0.68-1.55)	0.91	1.05 (0.69-1.59)	0.82
2 childhood disruptions	1.09 (0.67-1.78)	0.72	1.12 (0.69-1.83)	0.65	1.13 (0.69-1.84)	0.63
3 + childhood disruptions	1.11 (0.74-1.66)	0.61	1.20 (0.80-1.79)	0.38	1.13 (0.76-1.70)	0.54
'Abuse'	1.81 (1.31-2.51)	<0.01**	1.54 (1.05-2.26)	0.03*	1.71 (1.25-2.32)	<0.01**
λ^2 value & (P-value)	154.64 (<0.01)**		141.18 (<0.01)**		147.7 (<0.01)**	

⁵⁰

The reference category is 0 disruptions. * p < 0.05; ** p < 0.01

In the final step, interaction terms were entered into the model.⁵¹ None of the interaction effects between abuse and social capital variables were statistically significant. Furthermore, the collinearity diagnostic showed a multi-collinearity problem between the interaction terms social capital variables and abuse variables. Even though the estimates remain unbiased the standard error increases with the presence of multi-collinearity. Thus, there is a risk of concluding that variables are significant when they are not (i.e., type II error). Thus, the results are not shown due to multi-collinearity problems. In addition, the results were not obtained in SUDAAN.

The results presented in this chapter should be seen as suggestive rather than definitive. Several comparisons have been made and controls for the multiple comparisons have not been introduced. This is due to the explanatory character of this analysis; this is just the second article to address health outcomes, child maltreatment and the influence of social capital.

Summary

Physical, sexual and any abuse are associated with disability as well as age and financial capital among women. However, neither social capital variables used in this analysis nor cultural capital variables are associated with disability. In the following chapter, the results will be discussed with respect to existing literature. In addition, theoretical implications will be addressed.

⁵¹ The analysis regarding interaction terms was conducted in SPSS version 10.5 using approximation weights. This was done since there were too few cases in the sexual abuse category and in the social capital variables for the model to converge. SPSS has more choice with respect to the number of iterations to conduct, thus it could be tested whether the results were significant.

Chapter 5

Discussion - Is Social Capital Important in Determining Health Outcomes?

Introduction

This thesis considered the long-term effects of childhood physical and sexual abuse on women's health and whether these long-term outcomes were mediated by social, cultural, and/or financial capital. Social capital theory was extended into the area of health outcomes and it was hypothesized that women with higher social capital would report less disability or that the association between abuse and disability would lessen.

The first step was to test whether women in a community sample who have been exposed to abuse (physical, sexual and any) during childhood are more likely than women who have not been abused to report the presence of disability. The association was confirmed. Next, was an investigation of whether social capital impacted on health outcomes? This hypothesis was not confirmed. The following analysis investigated whether the respondent's present financial capital and their childhood financial and cultural capital decreased reported disability. This hypothesis was partially confirmed. The last step was to consider if there was an interaction effect between social capital variables and abuse variables. This was not confirmed.

This chapter discusses these findings in the context of the present state of knowledge on the health effects of child abuse. Implications for social capital theory are considered. The strengths and limitations of this study will be discussed. Finally, directions for future research are suggested.

Childhood Abuse and Later Health Outcomes

Child physical and sexual abuse have been associated with a wide range of physical,

emotional, social and cognitive impairments in later life (Cicchetti & Toth, 1995; MacMillan, 2000) – impairments which may result in increased health care costs and, more importantly, human suffering. While the association between sexual abuse and psychiatric disorder⁵² is well documented (e.g., Jumper, 1995; Neuman, Houskamp, Pollack & Briere, 1996), the relation between physical abuse and emotional impairment has received far less investigation (Leserman et al., 1996). This latter association has been documented in at least one community survey (MacMillan, 2001) and was further explored in this thesis.

A second key issue in the study of the long-term outcomes of child abuse is how to measure such outcomes. In assessing long-term outcomes, most child abuse research has focussed on symptomatology or disorders (such as depression or alcoholism). The research has rarely examined functional disabilities that may stem from abuse experiences. Functional disabilities are a measure of an individual's ability to meet the daily demands of their lives such as going to work or to school, parenting or keeping house. Using functional disabilities as a measure of the impact of childhood physical and sexual abuse is an important step. From an intervention or treatment perspective it can be argued that assessment of social functioning conveys additional information compared with symptomatology alone (Casey, Tyrer, & Plat, 1985). When the focus is on one set of diagnostic criteria, many of the quality of life problems related to abuse, which negatively impact on the lives and health of individuals are not captured. In addition, measures of disability are useful for identifying service needs (Goering, Lin, Campbell, Boyle, & Offord, 1996).

⁵² A psychiatric disorder is a condition consisting of behavioural and/or emotional symptoms leading to impairment in one or more important areas of functioning. However, it does not necessarily impair daily functioning such as conducting daily chores. For instance, some people with an alcohol abuse disorder may still be capable of carrying out a job.

This is particularly important because studies of mental health problems have shown that psychiatric disorders can lead to a level of disability that equals that of physical illness (Wells et al., 1989). This observation led Briere (1989) to advocate for broader perspectives on health/abuse outcome, promoting the identification of overarching constructs and core effects of abuse in contrast to simply focussing on symptoms. The use of disability as a measure of the core effects of abuse fits with the concerns and has been explored by a number of researchers (Alexander et al., 1998; Leserman, Li, Hu, & Drossman, 1998; Scarinci et al., 1994; Leserman et al., 1996; Leserman, Li, Drossman, & Hu, 1998). This thesis extended this research by using a broad disability measure and a community sample.

Child Abuse and Disability

Disability is one of many potential negative outcomes of childhood abuse. For this study, a global health measure of disability is employed which is based on self-reports of functional impairment ratings. This is not a specific diagnostic criterion. Rather, it provides a self-assessment of the respondent's ability to function in a community setting. The definition used for disability, in this thesis, takes into account daily activities, such as caring for children, shopping, as well as functioning in school or work situations. Self-rated health has been a strong predictor of mortality and morbidity (Idler & Angel, 1990; Moosey & Shapiro, 1982; Kaplan & Comacho, 1983). However, a specific question regarding whether respondents perceived their health as being poor was not asked. Instead, certain tasks were specified and a question followed as to whether they had problems conducting these tasks due to health (physical or psychological) problems.

The data clearly indicate that disability is an important health problem for women living

in the community in Ontario. Fourteen percent of women in this survey reported disability. These disabilities affect their quality of life and the lives of their families; they contribute to increased health care costs and decreased productivity. To better understand the experiences of these women, potential risk factors needed to be investigated.

There has been research on functional disability and its correlation with a reported history of abuse but these studies have primarily used clinical samples (Alexander et al., 1998; Leserman, Li, Hu, & Drossman, 1998; Scarinci et al., 1994; Leserman et al., 1996; Leserman, Li, Drossman, & Hu, 1998). In clinical samples, abuse exposure (during childhood and adulthood) was found to have an association with disability during adulthood. For instance, patients who were exposed to abuse have been found to have significantly higher psychosocial and total disability scores compared to patients not exposed to abuse (Alexander et al., 1998). A similar analysis was conducted on randomly selected patients of a health maintenance organization; an association was found between exposure to abuse in childhood and functional disability (Walker et al., 1999). Though these studies have been useful in exploring the association, there are some methodological limitations including not differentiating between childhood and adult abuse, the use of clinical samples, small sample size and the absence of a comparison group. In addition, the analysis of the association between disability and abuse rarely distinguished between disability due to mental and physical health problems (e.g., Walker et al., 1999).

Two recent articles describing the relationship between abuse and disability in women in the OHSUP provide additional information. These results indicate that disability due to physical health problems is associated with childhood abuse (physical abuse OR=1.67 (95% CI

1.15-2.42) and physical and/or sexual abuse OR=1.63 (95% CI 1.15-2.31)) (Tonmyr, Jamieson, Mery, & MacMillan, 2004a). Similarly, disability due to mental health problems is associated with abuse (physical abuse OR=2.29 (95% CI 1.33-3.87), sexual abuse OR=3.31 (95% CI 1.90-5.77) and physical and/or sexual abuse OR=2.3 (95% CI 1.40-3.97)) (Tonmyr, Jamieson, Mery, & MacMillan, 2004b). There was no statistically significant relationship between sexual abuse and disability due to physical health problems.⁵³ However, using the combined measure of disability (disability due to both mental and physical health problems), as in this thesis, women who were exposed to physical, sexual and any abuse in childhood were more likely to report disability.

This study furthered the study of the long-term impact of abuse by examining the relationship between disability and childhood abuse (physical, sexual and any abuse) childhood and present social capital, childhood cultural capital and present financial capital variables controlling for the age of the respondents. The results indicate that disability is significantly associated with childhood physical, sexual and any abuse controlling for variables measuring different aspects of social capital. The findings regarding social capital will be discussed after the abuse findings.

This study validates earlier findings in a community sample based on an extended measure of health impacts - disability due to both physical and mental health problems. These findings are important. With respect to the use of a community sample it is important to ensure that abuse generally results in disability rather than findings reflecting the peculiarities of clinical population. Thus, it may be that women seeking help in clinics are different from

⁵³ This may be due to that physical and sexual abuse have different pathways to later health problems.

women in the general population. Medical clinics tend to accumulate patients with more severe health problems potentially distorting the magnitude of the health problems that result from abuse experiences. For instance, the rate of sexual abuse in childhood among psychiatric populations is reported as higher than in the general population. Sexual abuse among female psychiatric patients is reported to be between 22% and 72% (McMahoan et al., 1997). These results can be compared with this Ontario data set estimating that 12.9% of the women have been sexually abused. Further, using several types of samples that all confirm the association between disability and abuse demonstrates the robustness of this association.

This study also expands on the understanding of the link between abuse and disability due to its maltreatment measures. This is accomplished through using abuse measurements that capture abusive experiences while growing up and not a combined life time exposure measure of abuse. Separate measures for physical and sexual abuse were used. In addition, the combined abuse (physical and sexual abuse) measure was included in analysis to facilitate comparison with previous research. The association between abuse and disability remains. Abuse provides a moderately strong association for disability.

Social Capital and Abuse

Social capital theory was tested as a potentially useful analytical tool for exploring divergent outcomes. Social capital was defined as “the aggregate of the actual or potential resources which are linked to the possession of durable networks of more or less institutionalized relationships of mutual acquaintances and recognition – or in other words, to membership in a group which provides each of its members with the backing of the collectively owned capital. A credential which entitles them to credit, in the various senses of the word”

(Bourdieu, 1985:249). The theory focuses on the “ability of actors to secure benefits by virtue of membership in social networks and other social structures” (Portes, 1998). Social capital theory is about relations, the nature and extent of ties to other people and the benefits that accrues to people as a result of these relationships.

While there is limited research on social capital and health outcomes, there is extensive research on childhood stressors, such as having substance-abusing parents and parental mental health problems, that result in negative health outcomes similar to those experienced by abused children. For example, children of substance-abusing parents and abused children share symptoms of aggression, somatization and suicidality (e.g., Domenico & Windle, 1993; Williams & Corrigan, 1992). In addition, the risk of developing psychopathology is greater for children of parents with mental health problems (Weissman, Gammon, Merinkagas, Warner, Prusoff, & Scholonikas, 1987). In this thesis, these “stressors” were conceptualised as weakening the child’s social capital – that is failing to provide them with adequate interpersonal, emotional, physical or other supports needed to effectively integrate into society and to respond to personal needs and/or problems. It was hypothesized that these “stressors” could be viewed within a social capital framework as serving to disrupt social capital. Further, other known risk factors for disability such as relative income and level of education and occupation were incorporated under the social capital model as forms of capital (financial and cultural) that impact (positively and/or negatively), according to Bourdieu, on an individual’s social capital.

The results demonstrate that disruptions to social capital in childhood did not show a significant association with disability in daily activities. The variables included in the measure

have been found to be significantly associated with disability in previous studies (Walker et al., 1997; Sullivan & Knutson, 2000). For instance, parental psychiatric problems were significantly related to disability due to both physical and mental health problems in Ontario women (Tonmyr et al., 2004a; 2004b).

Childhood social capital did not provide a statistically significant association with disability in either the bivariate or in the adjusted model. Present social capital was statistically significant in the bivariate analysis but not in the adjusted model. Thus, when other variables in the model were controlled for, the significant relationship disappeared. Other variables, when introduced in the model, notably income and abuse, seem to be more important factors in reporting disability. This could be related to insufficient power. There were few women who reported poor adult relationships (4%).

As hypothesized, a strong association was found between present financial capital and disability. Surprisingly, childhood cultural capital did not show a significant association with disability.

These findings were contrary to initial predictions and to the theory that social capital impacts health outcomes. It raises questions about whether social capital is an important factor in shaping health outcome. It may be that childhood cultural capital does not translate into social capital as Bourdieu suggested. However, such conclusions are premature. There may be other reasons for these findings. One concern relates to measurement issues. These include the construction of the financial, cultural capital and social capital (childhood and present) as well as disruptions to social capital variables themselves. In addition, there are conceptual difficulties with measuring social capital on an individual level. Second, is the appropriateness

of applying social capital theory to health outcomes. Third, is the possibility that other systemic factors may have greater impact than social capital. These points will be discussed in turn.

Measurement Issues

The measurements issues that will be addressed are both the operationalization of the key concepts and the use of retrospective cross-sectional data. The variables tested in this analysis were useful in that they considered both quality and quantity of social capital and they accounted for both positive and negative indicators of social capital. Furthermore, one variable included disruptions to the establishment and maintenance of social capital.

The questions developed for the OHSUP survey were not designed to measure social or cultural capital. While, the best available data were used to devise measurements they still present a number of challenges. The measurements have problems in terms of breadth, insufficient detail, bias and dichotomization. In addition, a large cross-sectional data set was used which precludes making inferences.

Several authors, for instance, Portes (1998) and Saluja et al. (2003), have discussed how difficult it is to capture the concept in its full complexity. For example, social capital values as positive membership and participation in organizations and networks. However, the assumption that all such participation is positive is problematic. Church attendance provides an interesting example. Participation in a religious group is a form of social capital. However, one study found that religiosity was positively and significantly associated with increased use of corporal punishment as a disciplinary tool (Xu, Tung, & Dunaway, 2000). So, when employing measures that capture the essence of social capital – connectedness – it is important to attempt to ascertain the direction of the impact that such associations have. Social capital may provide support, a

positive dimension, and assist individuals in coping while simultaneously providing them with beliefs that contribute to negative social outcomes.

In this data set, women may have reported good relationships that actually were negative. For instance, someone the child knows and trusts most often perpetrates sexual abuse in childhood. This provides a dilemma for the child, the child loves the perpetrator but not the abusive act. The child is also in a dependent role towards the perpetrator (Wolfe, 2001), which may skew the reporting. From an outsider's perspective, it is clear from the abusive behaviour that the relationship is not always healthy. This data set would not have captured this complex relationship.

Other aspects of both present and childhood social capital also could have been measured. For instance, level of trust and connections – such as having an extended and positively supportive family network, positive involvement in community organizations in childhood (churches, social organizations such as girl guides, community organization such as the local recreation or community centre, recreational activities – sports, dance, drama groups).

Most people have some kind of social capital as evidenced in this study. However, how does one mobilize social capital to improve health or other outcomes? That was not captured in this study. This is a key point as it gets at Bourdieu's assumption that social capital is readily useable. Indeed, people may be unwilling or unable to actually use their social capital networks. They are not necessarily automatic.

In Browne and Finkelhor's (1986) literature review, it was reported that women exposed to abuse in childhood often report feelings of isolation compared with women who have not been abused. In the same review article survivors reported difficulties in trusting other people.

This lack of trust might limit their ability to use available networks.

A separate measurement issue relates to assessing the cumulative effects of social capital over time. It has been suggested that social capital may provide returns over time (similar to the returns of financial capital) (Bourdieu, 1985). It may also be that social capital increases over time. If you live long enough in a neighbourhood or if you have been a member in a church for a long period of time, the level of social capital may increase. It was not possible to measure the accumulative effect of social capital. While time was built in through the inclusion of both childhood and adult social capital in the analysis, it only measures two points in time. It may have been useful to create an index that takes the time factor into account.

The childhood social capital variable used the question “did you have a good relationship with a parent or other adult during childhood?” The question is general. From a measurement perspective general questions are positive as the respondent does not need to remember detailed information and this may decrease the accuracy of responses (Halverson, 1988 in Brewin, Andrews & Gotlib, 1993). For example, remembering that parents have alcohol abuse problems is easier than recalling details of the problem such as the number of drinks consumed per day or per week. From an assessment of social capital perspective, it might have been more useful to collect information on the number of such problems, their onset, and duration.

There are also issues relating to reporting of negative relationships and social desirability. Respondents may be unwilling to report that their relationships with others were problematic. Social desirability could be reduced by asking for more detail or by framing the question in ways to reduce such effects. This was used in the use of interpersonal violence in

the CTS where the scale begins with a preamble that attempts to normalize the occurrence of abuse.

There are a number of measurement issues related to the measure of present social capital. As with childhood social capital, it may be that respondents reported better relationships than actually existed due to social desirability biases. This would have the result of people reporting more present social capital than they actually have. The net effect would be that those with low present social capital would not be adequately distinguished from those whose social capital is higher and there would be an underestimation between the association of low social capital and disability. Measurements need to be refined further since access to social capital for people with disability may be very different from people without disability.

Perhaps the greatest limitation of the measurement was that the results were, of necessity, dichotomized. Dichotomization always creates loss in information. The resulting data clusters together individuals with many disruptions in social capital into the same category as those with three disruptions. Individuals with many relationship problems are clustered with those who only have a single disruption. The disruptions to social capital are a dimension of social capital that is an important concept to capture. It attempts to get at experiences that may disrupt the formation and/or the utilisation of social capital.

Measurement of disruptions in childhood social capital used a variety of questions to measure disruptions. The disruptions were noted and then the variable was dichotomised into those with and without disruptions. Once the data were dichotomised the impact was to consider all the different disruptions as having an equivalent impact. Would different disruptions have had equivalent impacts on the respondent? Is it reasonable to assume that

parental antisocial behaviour has the same impact as moving to a new neighbourhood? While both may be disruptive, the impact of the disruption is likely to be quite different. Furthermore, moving to a new neighbourhood may be positive if, for example, it results in the development of better social networks in the new neighbourhood. However, it is unlikely that parental antisocial behaviour has any positive benefits for a child. The experience is highly individual and depends on each child's characteristics and the context. In addition, disruptions to social capital in childhood were common.

Although it would have been useful to study the impact of each independent variable on disability it would not be feasible. Restrictions of logistic regression and this data set preclude such analysis due to loss of statistical power.

Cultural capital was based on the respondent's parents educational attainment and occupation. Although these variables are often used in analyses, there may be measurement concerns. These concerns relate to how to assess responses based on cross-sectional data. While completing high school may be an important indicator of cultural capital today, this was not necessarily always true. High school completion rates have changed over time. Thus, assuming that a person in their fifties with a parent who did not complete high school (but did achieve the mean educational level of their time) has less cultural capital than a person in their twenties whose parent did complete high school (and did achieve the mean educational level of their time) may be problematic. Average educational attainment as a measure of cultural capital may vary from generation to generation, making comparisons of the impact of education difficult. Similarly, the Pineo-Porter-McRoberts scale may be valid only for recent years. Thus, including respondents with age variations in the analysis may skew the results. That age was used as a

control variable in the analysis would not account for the difference of the meaning of educational level.

Another measurement issue related to cross-sectional data is the question of causal ordering. It is difficult to assess time ordering with cross-sectional data. For example, financial capital showed the strongest association in relation to disability. While this is not surprising, the direction of the relationship cannot be ascertained. Past research has shown that individuals with lower SES are at an increased risk of developing disability (UK Department of International Development, 2002). But, research also shows that those with a disability have lower SES (ibid). The temporal sequence cannot be ascertained in these cross-sectional data. Further, the resulting association must be treated cautiously since it likely includes both those with low SES who became disabled and those with disability who, as a result, are poorer.

Similarly, we cannot ascertain the onset of disability relative to abuse experiences. As a result we do not know whether childhood abuse predisposes a respondent to disability or whether disability increases an individual's risk of being abused. Previous research has suggested that disabled children are more vulnerable to abuse (Sobesey, Wade, & Parrila, 1997).

Financial capital and abuse were used to demonstrate the problems with cross-sectional data. Similar problems regarding direction is applicable to all types of capital used in this study. As a result we need to be cautious in both excluding social and cultural capital as factors in disability and in concluding that financial capital and abuse are risk factors.

Another concern with cross-sectional design is the impact of age. Some of these problems might have been eliminated if the research had captured the time of abuse and the

onset of the disability. Research indicates that some “aspects of maltreatment easily can be confounded with age or developmental stage of the research subjects” (Trickett & McBride-Chang, 1995:312). Thus, not controlling for the age of onset of abuse may be problematic. The age of the respondent may not co-occur with developmental stage of the respondent. In addition, type of abuse seems to be dependent on both the age of the victim and the perpetrator (Straus et al., 1998). Finally, cases in a cross-sectional study will over-represent cases with long duration and under-represent those with short duration of illness (Rothman & Greenland, 1998).

Conceptually, some researchers think that it is not possible to measure social capital at the individual level. They state that social capital is an exclusively community-level construct (Lochner et al., 1999). Cox (1997) argues that it is impossible to measure social capital at the individual level due to the premise that it is building on linkages and expectations that increase or dissipate through social interactions. A particular concern is that the measurements developed for individual and ecological level analyses do not measure the same construct.⁵⁴ A person living in a neighbourhood with low social capital may not have good health, even though s/he has high social capital outside the area where s/he lives. This has several potential explanations such as lack of social control over deviant health behaviour, lack of healthy norms, less diffusion of health information, less access to services and amenities (transportation, community health, clinics and recreational facilities). Further research should attempt to include

⁵⁴ An ecological level study is a study where the units of analysis are populations or groups of people rather than individuals. An example would be the study of the association between median income and disability rates in administrative jurisdictions such as provinces/territories and counties (Last, 2001). However, when data are collected at the ecological level (aggregate) there is a risk of the ecological fallacy - that is, attributing an association at the group level to an individual. For instance, smoking is associated with lung cancer at the population level but not necessarily in each individual case.

different levels of analysis in the study project.

Using Social Capital Theory in the Health Field

Social capital research in the health field provides mixed messages. Three points will be discussed in this section: 1) that the theory is not useful at the individual level; 2) that social capital has only a limited impact on health; and 3) that the theory needs to be modified to consider the policy environment and how this impacts on health independent of social capital.

One possible conclusion that these findings suggest is that expanding the use of social capital theory from macro-level analyses to individual health may not be useful, or even possible. Social capital research has, in the past, considered outcomes such as crime rates and regional school achievement scores (Kennedy, Kawachi, Prothrow-Stith, Lochner, & Gupta, 1998; Valenzuela & Dornbusch, 1994). Some research suggests that social capital theory works at the ecological level in improving health (Bolin et al., 2003). Bolin et al. (2003) reported on both direct and indirect returns on health due to the production and accumulation of social capital. Direct health returns are benefits (such as a sense of belonging) individuals achieve through social capital. Indirect benefits include the increased production of knowledge (e.g., medicine, health behaviour) (Bolin et al., 2003). In this example, the authors suggest that indirect and direct returns benefit society at large in improving health. However, it would be naive to assume that all members of a community would be equally affected by social capital in improving health. It is not sufficient that health is improved at an ecological level. To assess this research, targeted efforts at the individual level are also needed.

A recent article on social capital casts doubt on the relationship between social capital and health outcomes even at the ecological level (e.g., Kennelly, O'Shea, & Garvey, 2003). The

results indicate that after including social capital indicators,⁵⁵ income inequality, income, institutional variables⁵⁶ and behavioural variables, social capital does not have an effect on health (life expectancy, infant morality and perinatal mortality). However, the authors caution us about their social capital measures. The authors asks: "...what does it say that you trust or do not trust most people in the context of the prevailing income inequality in different countries? The impact of trust on individual health is more likely to depend on the quality of the trust relationship among a small number of close family and friends than more general and more vague sets of relationships." They also note problems with comparability and access of data across nations.

Keeping in mind the problems of capturing and understanding social capital, it may be premature to disregard social capital. However, further research needs to be conducted and the theory may need to be changed. Triangulation methods need to be used, using different study models techniques and various samples. The measurements need to be fine tuned, for instance, to measure if people can 'capitalize' on their social capital to assist them in improving their health. In addition, the nature of social capital – that is, both positive and negative aspects of social capital need to be captured. Next the quality and quantity of social capital need to be assessed. The context of the use of social capital also needs to be considered, it may not be easily accessed for all needs. While looking for work may be relatively neutral activity that requires social capital – for other issues such as abuse social capital is not as easily accessed due to relationship to the perpetrator, to the stigma associated with abuse, lack of trust etc.

⁵⁵ Social capital indicators are measured by proportion of people who say they generally trust other people and by membership in voluntary associations.

⁵⁶ Variables related to health expenditure.

However, the limited research that is available suggests that we need to carefully consider how social capital impacts on health. Only one study, to my knowledge, has investigated whether social capital moderate the relationship between maltreatment and emotional and behavioural outcomes (Saluja, Kotch, & Lee, 2003). In this study, 215 maternal caregivers of children at high risk of child maltreatment were included in the study. The information was collected when the child was six years old. The mother's social capital was measured and seen as a proxy for the child's social capital. The child's health measures included anxiety and depression and the indirect health measure for aggression. Social capital was assessed using items from the *Neighbourhood Risk Assessment Instrument* (respondents' longevity in the neighbourhood, location of the neighbourhood, and type of dwelling, neighbourhood safety, neighbour's support, and connectedness). Social support was measured through *Functional Social Support Questionnaire*, which measures an individual's perception of both emotional and instrumental support.

Saluja et al. (2003) found that social capital did not modify the relationship between child maltreatment and either aggression or depression-anxiety in 6-year-olds from the general community. The problem is that this research is based on a high-risk sample, where social capital may be generally too low to have an impact. It may also be that only certain aspects of social capital matter in various dimensions of health. So, for example, it may be that connections are useful in finding appropriate health care but that these are not close ties – just a general connectedness. For example, someone is looking for emotional support and a friend has a co-worker who had a good experience with therapy and will find the name out for you and how to get referred. In addition, aggression as a dependent variable is only an indirect health

measure.

Finally, it may be that social capital, or its components such as cultural capital, are not influential in shaping health. This may be because Bourdieu's social capital theory requires modification if it is to prove useful for understanding health outcomes or the theory may simply not provide an adequate explanation for health outcome. This latter explanation is partially supported by the literature. Certainly factors other than social or cultural capital have been shown to be more powerful in predicting/explaining the relationship between adversity and health, such as health expenditure.

In terms of the issue of modifying social capital theory, it is important to consider the work of Kennelly et al. (2003). They suggested that social capital was not important in creating better health outcomes but that per capita income and proportion of health expenditure financed by the government are better predictors of health outcomes. Thus, the impact of social capital may vary depending upon the policy environment. In this study, social capital may not have made a difference in these women's lives because of the buffering effects of Canadian social and health policies.

In Canada, the policy environment provides high levels of support and access for individuals experiencing physical and emotional difficulties. But while the policy environment may be important to health outcome, it does not completely redress social differences. The income determinant (relative distribution of wealth) remains an important factor in health though it is suggested that a pathway between income and health is appropriate health practices. At the individual level, research based on the PHP has shown, for example, that lower financial capital increases the stress level and this may lead to unhealthy coping mechanisms. There are

also psychological consequences of low financial capital such as feelings of lack of control, loss of self-respect and hopelessness (Kawachi et al., 1999).

Relative income has also been found to impact at the community or neighbourhood level. Poorer neighbourhoods see the influx of less money, which contributes to the development of, or an inability to address dangerous environmental conditions. For instance, Kawachi et al. note that such neighbourhoods are more likely to have contaminants brought into them (e.g., toxic waste dumps) and less likely to have the resources to clean up environmental contaminants (Kawachi et al., 1999). While financial capital matters, it is not clear how it may be linked to other aspects of capital, as Bourdieu proposed.

Strengths of the Current Study

The strengths of this secondary analysis are: a rigorous methodology, sophisticated sampling and weighting techniques to ensure representativeness of the general population and a large sample size. Further, the survey included a wide range of measurements. The analysis was conducted using a multivariate analysis.

One of the strengths of the study was the sampling design and strategy. First, the data were collected by trained interviewers from Statistics Canada, an organization that has a good reputation, when it comes to data collection. The study underwent careful review with regard to ethical considerations, and mechanisms were put in place to assist both interviewers and survivors in case of distress, such as a hot line. Furthermore, the abuse questions were self-administered; the respondent completed this questionnaire in private so that the interviewers were not aware of the answers.

Second, the sample size was large and utilized advanced survey design in combination

with good response rate to provide a representative sample. A large community sample covering an entire province allows for more precise estimates and generalizable to the population, with some few exceptions. The use of a community sample instead of only “caught cases” provides a less biased sample than samples from child welfare or hospitals. It is well recognized that there are biases in the reporting of abuse. It is argued that visible minorities and lower SES are over-represented in official agency statistics (Anderson et al., 1993; Hampton & Newberger, 1985). Further, the low reporting to authorities underscores that official reports are misleading and produce an underestimation of abuse rates (MacMillan et al., 2003; Russell, 1983; Ussher & Dewberry, 1995) and thus, service needs. A community sample includes both abused and non abused subjects; this provides a useful control mechanism. As well, it includes people with a wide range of health profiles.

Finally, the younger age group was over-sampled. This is important since research has indicated that this age group reports an increased risk of abuse victimization and/or has a higher rate of abusive experiences during childhood (Badgley et al., 1984; Koss et al., 1987; Russell, 1986; Bagley, 1989; MacMillan et al., 1997).

Next, the questionnaire design process, data collection and processing all assisted in ensuring that the data were of high quality. The abuse was rigorously defined and the abuse assessment included several items rather than a single item as is common in large-scale surveys and is based on a questionnaire with good preliminary reliability. In the design component careful attention was given to ensure that the reporting of abuse was maximized. The survey used behaviour-specific questions to measure abuse. This increases the chances of abuse detection in surveys, since not all survivors of abuse identify themselves as such (Briere &

Runtz, 1988). Secondly, using the CTS facilitates comparison with the results of other studies. The CTS has acceptable psychometric properties. Also, the survey covers both physical and sexual abuse. Most investigators examine the impact of one type of abuse, generally sexual (Felitti et al., 1998).

The disability measures were designed to be easy to understand and replicate for researchers. They were broad and include impairment in both work and leisure activities. The instrument also included a wide range of measures of both risk and protective factors of health and potential confounders for abuse. Poverty has, for instance, been associated with physical abuse (MacMillan, 2000). Parental history of depression, mania or schizophrenia has also been associated with physical as well as sexual abuse (Walsh et al., 2002). These are included in the instrument. The analysis takes into account other adverse outcomes in childhood as suggested in the literature (Molnar et al., 2001). Confounding variables that could possibly mediate between abuse and disability are parental psychiatric disorder, alcohol use and low income; these were accounted for in the analysis. The results of several research studies have demonstrated an association between abuse and the aforementioned problems (see, e.g., MacMillan, 2001; Spak et al., 1998).

Considering the problems inherent in attempting to statistically isolate the effects of individual risk factors. In addition to the risk of adverse outcomes seems to be stronger with the co-occurrence of physical and sexual abuse (Henning et al., 1996). This study benefited from investigation of the combined effect of physical and sexual abuse.

A separate analysis for females has proved to be useful in the past. There are gender differences in vulnerability to abuse (Molnar et al., 2001). Furthermore, women are at higher

risk of sexual abuse (MacMillan et al., 1997).

In addition to potential abuse related variables, there may be social and individual reasons for differing outcomes after exposure to abuse in childhood. Family variables suggested in the literature may be more important in explaining outcomes than abuse specific variables (Alexander, 1993; Peters, 1988). Many of these variables were included in the disruptions to social capital variable.

Limitations of the Current Study

The results have to be interpreted within the limitations of the study. The limitations that will be addressed are as follows: 1) under reporting; 2) recall bias; 3) interviewer bias; and 4) selection bias.

A potential problem with the research project is under-reporting. In abuse studies this is of particular concern and is covered extensively in the child abuse literature. Under-reporting of abuse would result in a weaker association between abuse and negative health outcomes. How extensive a problem is this? Chu and Dill (1990) report the underestimation of abuse due to dissociation where respondents are unable to recall abuse. They found that the 22% (n=35) of those who refused to participate in their study did so because they considered it difficult to revisit the past. The authors considered this to be suggestive of abuse (Chu & Dill, 1990).

Another potential source of under-reporting is the question of accurate recall. Brewin and colleagues' (1993) review of the literature investigated potential errors in retrospective reports. The potential errors are: "low reliability and validity of autobiographical memory in general, the presence of general memory impairment associated with psychopathology and the presence of specific mood-congruent memory biases associated with psychopathology (Brewin

et al., 1993:82).” They also concluded that psychiatric status does not influence the validity of retrospective reports on early events. Similar results were found in a study of sexually abused women (Stein et al., 1999). These latter two findings are particularly important for this study.

Another finding of note was that individuals with negative childhood experiences tended in adulthood to minimize or deny these experiences. This finding is applicable to maltreatment (Williams, 1994; Femina et al., 1990) and unhappiness in childhood (Field, 1981). Thus, abusive experiences may be remembered but underestimated by respondents (Widom & Shepard, 1996; Widom & Morris, 1997). In Sorenson and Snow’s study (1991), (n=116) 72% admitted having withheld abuse information at the first interview. In the study by Femina and colleagues (1990), (n=69) 26% denied or minimized abuse despite external collaboration of the abusive experience. Sorenson and Snow (1991) found on follow-up that 72% of respondents stated that they chose not to disclose on the first interview due to “embarrassment, a wish to protect parents, a sense of having deserved the abuse, a conscious effort to forget the past, and a lack of rapport with the interviewer” (p.229).

Further, respondents may not remember their abuse experiences, which would lead them to under-report. This is not an uncommon experience. In a nationally representative US study of self-reports of forgetting and remembering childhood sexual abuse, more than one-fourth of the abused respondents reported that they had forgotten the abuse at one period in their life (Wilsnack et al., 2002). Findings based on clinical samples are similar (e.g., Briere & Conte, 1993; Gold et al., 1999; Herman & Schatzow, 1987). Forgetting the abuse would lead to underestimates of both abuse and of the association between exposure to abuse and outcome (Bryer et al., 1987; Chu & Dill, 1980).

Several additional reasons have been given for under-reporting of abuse: children have problems remembering events before age two, and most before age six⁵⁷ (Fivush & Hudson, 1990; Brewin et al., 1993). Factors such as head injury, seizure and/or drug intoxication may also influence memory negatively (Stracciari et al., 1994). For ethical and practical reasons, it is almost impossible to have corroboration from independent sources in a large representative sample. However, as mentioned above in corroborative studies, there has been a larger problem with under reporting of early negative events than over reporting (Field, 1981; Williams, 1994; 1995; Dalenberg, 1996).

The conclusion of a study on siblings' recall showed that recall is imperfect but clearly better than chance (Robins et al., 1985). Most importantly, the research has demonstrated that neither psychiatric disorder nor patient status appears to bias retrospective recall of early home environment. Even with respect to value judgements about parents and inferences about their feelings, the responses were mostly valid (Robins et al., 1985). However, no evidence of explicit memory deficits was found in the sample of female survivors exposed to sexual abuse in the study by Stein and colleagues (1999).

Under-reporting has been reduced in the past through asking the same question in various ways. This is done to tap into memories that are stored differently (Russell, 1983). These types of questions for abuse were not used in the Supplement. However, as an alternative, respondents were not asked about being abused but about different acts that are considered

⁵⁷ However, substantiated and suspected maltreatment (physical, sexual, emotional abuse and neglect) as reported in the *Canadian Incidence Study of Reported Child Abuse and Neglect*, suggest that 39% of maltreatment cases last more than six months (Trocmé et al., 2001). This may indicate that, if the maltreatment has a long duration the recall would be better. It would have been useful to know the onset of abuse for this issue but that is unfortunately not available.

abusive.

Finally, the mode of administration of the questionnaire from interview to self-administered was used to reduce under-reporting. The rationale for this change was to elicit a better response rate. It was also to adhere to confidentiality requirements of the survey. This means, however, that those children under 16, who were abused were not reported to the authorities. While this was used to reduce under-reporting, it may have led to a sense of increased shame and stigma - potentially implying that abuse is something that should not be talked about.

However, Finkelhor (1986) is of the opinion that face-to-face interviews are the preferable mode of administration when asking for information regarding child sexual abuse. Direct interviewing techniques have provided higher response rates among women, as shown in Russell's study (1983). Nash and West (1985) found that almost a fifth of the respondents who had not mentioned abuse in the self-administered questionnaire did so in the interview situation. However, there are advantages with self-administered questionnaires in that no interviewer bias can be introduced.

In addition to concerns about under reporting abuse, bias may be the result of the under reporting of disability. *Exposure to intervention* is a possible source of *bias* in the reporting of disability. Respondents will have experienced different types (such as psychotherapy, drug treatments, hospitalisation) and levels of intervention (no intervention, limited, and intensive intervention). These interventions are likely to have an impact on their current health status. However, this was not evaluated in the OHSUP.

Finally, the exclusion of certain groups from the sampling frame, such as Aboriginal

people living on reserves, homeless people and people living in extremely remote locations, may result in an underestimate of exposure to abuse (Kufeldt & Nimmo, 1987; Molnar et al., 1998) and of disability. These groups, however, represent a small proportion of the population, thus the exclusion of those groups may not skew the results to a large degree. For instance, the Aboriginal population living on reserves in Ontario is estimated at 285,000 (Statistics Canada 2003a), meanwhile the total population is estimated at 11,410,000 (Statistics Canada, 2003b).

The use of existing data makes different aspect of social capital difficult to capture. These measures need to be improved to capture the complexities of the concept. For instance, it could be that the women with disability have problems in forming and maintaining relationships, which may be due to factors such as being isolated and lack of financial capital. This was not captured.

Furthermore, this study may be criticized for not including questions about contextual factors related to the abuse measures. Differential outcomes after exposure to abuse may occur in different contexts such as reactions of others to disclosure, receipt of social support of professional services (Banyard, 2003). Some of the reasons may be associated with the abuse, such as the child's age at the onset of the abuse, frequency of abuse, duration of abuse, relationship to the perpetrator, reaction to disclosure of abuse by caregiver or other trusted adult and multiple versus single type of maltreatment. All these aspects of abuse have been identified as important with regards to outcomes in the child abuse literature (e.g., Burman et al., 1988). Understanding the limitations and strengths of this study is key when interpreting the implications of this analysis.

Implications for Social Capital Theory

These findings and the above discussion suggest a need for a more nuanced understanding of social capital and how it impacts health. While they do not provide a definitive assessment of the utility of social capital theory (given the limitations in how social capital was measured in this study) they do raise some important questions. First, as was noted above, researchers need to consider the ability of individuals to mobilize/use their social capital in assisting them in dealing with their life issues. This is a key modification of the theory and challenges Bourdieu's claim that social capital can be readily used. This may explain why social capital theory 'works' at the ecological level but not the individual level. At the ecological level where you have combined many people you are possibly finding results that reflect the ability of most people to mobilize/use their social capital. If abuse, for example, interferes with an individual's ability to mobilize its social capital and only a minority have experienced abuse the aggregate impact may not be discernable. This raises questions about what factors may increase or limit an individual's ability to mobilize its social capital and how these can be integrated into social capital theory.

A further modification of social capital theory is the need to consider the local and policy contexts and how they impact on outcomes, particularly at the individual level. For instance, although Canada has a good health care system level of access differs. This provides a policy context where access is presumed to be good for most Canadians. However, we need to assess how survivors of abuse living in different types of communities (e.g., geographic, ethno-cultural) with different concrete experiences are enabled or limited in their ability to access the health care they need. In this context, abuse survivors are of particular interest. Research has

shown that abuse has a number of consequences including feelings of shame and stigma and a decreased trust of others. Feelings of stigma and shame may limit an individual's willingness to report abuse and/or to utilize health care support to deal with its aftermath. Further, the absence of trust may limit the ability or willingness of survivors to use their interpersonal networks for needed support. This would mean that survivors are operating with the appearance of strong social capital but that it is never realized or is under-realized as they meet daily challenges. Further, it suggests that while the policy environment is important (i.e., abuse survivors in good health care systems fair better than their counterparts in weaker health care environments) it must be assessed in terms of barriers to access that operate at the individual and social levels.

Perhaps the most challenging question that remains about Social Capital theory is its connection to the PHP. As was noted in the introduction, PHP is an approach that gives excellent information on the correlates of health outcomes but provides few theoretical explanations of why the correlations exist. Here, social scientists may contribute in attempting to understand the complex social mechanisms that shape our health. The PHP includes many of the factors that are present in social capital in their framework. It also considers biology and genetic endowment and stresses that the physical and policy environments must be factored into any analysis of health outcomes. It can be seen, as recognizing the context (individual, local and national/global) in which social factors impact on health outcomes. The inclusion of this wide range of factors in health outcomes goes beyond social capital and social capital theory. The argument made above, that there is a need to ask about the realization of social capital and how context impacts on our ability to realize our social capital, brings to social capital theory some of the richness present in the PHP. But, challenges remain.

Current research on the PHP is beginning to make theoretical connections that are important for assessing whether social capital theory is useful for studying health outcomes. For example, the PHP points to health care (the policy context and the actual delivery of care – the health care network) as a determinant of health. But, there may be several pathways through which health care policy and the health care network impact on health. First, the PHP argues that access is crucial. However, accessing care is an end point, there is a process by which individuals access needed care. Accessing care is related to the “know how” (such as identifying the type of health care that is needed for a specific problem). Knowing how to access care may require social capital as individuals network with their community contacts to identify the best care they require (Kawachi & Berkman, 2000). Another factor, having access to a family physician, has also been found to impact on health. Here again, gaining access may depend on social capital – networks to access a physician and to find one who is suitable.

In addition, the PHP argues that research needs to be sensitive to the complex of factors that shapes health outcomes. Thus, when examining health outcomes we must consider the complex interaction among, not only social, economic, policy and environmental factors but also the issue of biology and genetic endowment. The latter is of particular importance. Disability may have a genetic component and/or a health behaviour component and it is not known how social factors can influence biology and genetic endowment in shaping health. It is likely that some biological or genetic features are amenable to social influences while others are not.

Clearly, the relationship between childhood victimization and adult disability is complex and far from inevitable. The dilemma that we are faced with remains - how to

theoretically understand the impact of childhood abuse on disability in adulthood rather than simply identifying factors that are correlated with such outcomes.

Future Research

Both the present study and the previously mentioned social capital and child abuse study suggest that social capital does not shape health outcomes (Saluja et al., 2003). While my study improved on earlier research in that it included cultural and financial capital in the analysis, it also points out the complexity of measuring social capital. More theory-driven research is needed to discover what mediates health outcomes in people exposed to abuse in childhood.

Pathways to positive health outcomes are complex and are affected by various experiences throughout the life course. Thus, further research is needed for child maltreatment in general, child maltreatment and health outcomes, as well as theory-driven research. Social capital theory has proven to be a useful tool in other areas such as crime and merits further attention in child abuse and health research. The PHP provides us with useful information on both the correlates of negative health outcomes and the complex nature of health outcomes. The findings from PHP research support a role for social capital in understanding health outcomes but within a wider environment including the policy context and the individual's genetic endowment. This research has suggested that what is missing is an understanding of the pathway through which abuse impacts on an individual's ability to act to achieve better health outcomes. This needs further investigation. In doing so, we must continue to consider both risk and protective factors that impact on health outcomes of those exposed to maltreatment. Further, we need to consider the time frames we use. When and how abuse experiences impact on health may vary greatly. Some survivors may manifest problems early and receive treatment,

thereby reducing problems in later life. Others may become progressively more impaired and not reveal symptoms until late in life. What happens over the life course is likely important in shaping outcomes. Attempts to isolate the effects of abuse exposure from the effects of other related factors is a major challenge from an analytic standpoint, but also may be contrary to the reality of the situation in which children are abused. Thus, further research may benefit from investigating the influences of cumulative childhood adversity, including other forms of maltreatment such as neglect, emotional maltreatment and children exposed to partner violence.

While beyond the scope of this thesis, research on the health outcomes of exposure to other forms of maltreatment is also important. People exposed to different types of maltreatment may have distinct social capital and health outcomes. Neglect, for instance has been found to have an impact on a child's ability to form relationships with their immediate family. This may or may not impact on their ability to link to others and to establish social capital networks. Ideally, research should investigate different forms of abuse separately because different forms of maltreatment may have differential impacts on social capital formation and utilization. A person exposed to sexually abuse may have problems forming outside networks due to shame and stigma associated with exposure to that type of abuse. It may be difficult to study different types of maltreatment in isolation as victims may experience more than one form of maltreatment. Researchers who studied incest found that several of the women's experiences of incest coincided with pervasive experiences of neglect, such as abandonment and emotional rejection that reportedly made their experience of the sexual abuse pale by comparison (Alexander et al., 1998, p. 57). Further, the combined effect may shape how the maltreatment impacts on health outcomes.

What is needed is a more in-depth study of child maltreatment survivors. The case for using different research methods in understanding child maltreatment has been argued elsewhere (Tonmyr & Doering, 2003). It is essential to complement large-scale community studies with detailed qualitative studies where the personal experiences can be documented and understood. While expensive, it would provide useful additional information. In particular, it would allow us to better understand the role, if any, of social capital in shaping health outcomes. In part, this is because qualitative methods are useful for mapping concepts. Swann and Morgan (2002) say that "qualitative methods are uniquely useful in the study of social capital, because they allow us to look beneath the surface at the hard-to measure processes and actions of people's relationships to others, at community structures and the 'life of communities and networks.'" (As cited in Altschuler, Somkin, & Adler, 2004:1221).

But, to fully explore if social capital mediates health outcomes after abuse, social capital needs to be conceptualized at three levels: micro, meso and macro. At the micro level social support should be measured, both qualitatively and quantitatively -- life satisfaction, ability to mobilize social capital and perception of control are all aspects that need to be better understood. The meso level would include community participation such as memberships in voluntary organizations, connectedness to the neighbourhood and crime level in the neighbourhood. Both positive and negative consequences need to be measured. The macro level would measure the existence of weak ties, the societal view on social mobility, (access to technology such as email),⁵⁸ availability of social and health services. A prospective longitudinal design that measures the presence or absence of social capital at several points in

⁵⁸ It is important to capture newer types of potential social capital since what constitutes social capital changes over time.

time would provide useful information.

There are a number of other gaps that need to be addressed. Prospective longitudinal studies are needed to determine causality. Some researchers have attempted to follow-up cross-sectional samples. Although this is costly and a major challenge in terms of locating respondents, it could provide important information about impairment over the long-term. In addition to longitudinal research, there is a need for research using different populations (older people, different ethnic and cultural groups, comparing male and female outcomes) will also be useful in establishing causality. However, such comparisons are difficult to implement on a large scale. The cost of conducting such research is high. For this reason, Trickett and McBride-Chang (1995) suggest that researchers re-analyse existing data, where possible. For example, the sample size is, at times, large enough to conduct more detailed analyses, up-to-date with the present state of knowledge. As this thesis shows such efforts are not without challenges. In particular, the ability of researchers to develop good measures of key concepts and restrictions on reporting related to abuse and social capital.

Considering all problems inherent in child abuse data collection, several research methods are needed. In the initial phase, qualitative data is needed and focus groups would provide useful information to clarify concepts. In a later stage, existing data sources could be used if they are considered useful. Further research would clarify social capital's usefulness in the health related field.

Conclusion

Social capital has received attention in sociology and political science for quite some time. However, in the health field it is relatively new. There have been mixed reviews as to

whether social capital improves health. In this study, social capital was examined to determine if it could explain disability in women who reported exposure to abuse in childhood. Social capital did not demonstrate a significant relationship with disability; there was no interaction effect with abuse and social capital. However, measurement issues such as unit of analysis and variable selection may have accounted for this finding. It suggests that social capital theory may need to be further developed to reconceptualize the processes by which potential benefits of social capital are actually realized. Social capital theory merits further research in association with child abuse and various health outcomes, for instance, disability.

In conclusion, this study provides a better understanding of the relationship between exposure to abuse, both physical and sexual, and disability. The information has the potential of informing policy and practice to assist in improving the quality of life of abuse victims. The data suggest that the respondents who report disability often have been exposed to abuse in childhood and have low financial capital. This study confirmed that the harmful effects can continue for many years. It also suggests that we need to continue to work to better understand, theoretically, the connections between abuse experiences and health outcomes. Looking at immediate harm such as broken bones, bruises and abrasions is not enough. We need to understand that harm may persist across the life course and that we need to find better ways to address it.

References

- Alcoff, L. & Gray, L. (1993). Survivor Discourse: Transgression or Recuperation? Signs: Journal of Women in Culture and Society. 18(2):260-290.
- Alexander, P.C. (1993). The Differential Effects of Abuse Characteristics and Attachment in the Prediction of Long-Term Effects of Sexual Abuse. Journal of Interpersonal Violence. 8(3):346-362.
- Alexander, P.C., Anderson, C.L., Brand, B., Schaeffer, C.M., Grelling, B.Z. & Kretz, L. (1998). "Adult Attachment and Long-term Effects in Survivors of Incest," Child Abuse and Neglect 22(1): 45-61.
- Alexander, R.W., Bradley, L.A., Alarcon, G.S., Triana-Alexander, M., Aaron, L.A., Alberts, K.R., Martin, M.Y., & Stewart, K.E. (1998). Sexual and Physical Abuse in Women With Fibromyalgia: Association With Outpatient Health Care Utilization and Pain Medication Usage. Arthritis Care and Research. 11(2):102-15.
- Allison, P.D. (1999). Logistic Regression Using the SAS System. Theory and Application. SAS Institute.
- Altschuler, A., Somkin, C.P., & Adler, N.E. (2004). Local Services and Amenities, Neighbourhood Social Capital, and Health. Social Science & Medicine. 59:1219-1229.
- Anderson, L., & Gold, K. (1994). "I Know What it Means but it's not How I Feel": The Construction of Survivor Identity in Feminist Counseling Practice. Women & Therapy, 15: 5-17.
- Anderson, J.M., Martin, J., Mullen, P., Romans, S., & Herbison, P. (1993). Prevalence of Childhood Sexual Abuse Experiences in a Community Sample of Women. Journal of the American Academy of Child Adolescent Psychiatry. 32(5): 911-919.
- Ashenden, S. (1996). Reflexive Governance and Child Sexual Abuse: Liberal Welfare Rationality and the Cleveland Inquiry. Economy and Society. 25(1): 64-88.
- Badgley, R.F., Allard, H.A., McCormick, N., Proudfoot, P.M., Fortin, D., Ogilvie, D., Rae-Grant, Q., Glinas, P.-M., Ppin, L., & Sutherland, S. (1984). Sexual Offences Against Children. Ottawa, ON: Department of Supply and Services. Cat. No. J2-50/1984E.
- Bagley, C. (1988). Child Sexual Abuse in Canada: Further Analysis of the 1983 National Survey. Ottawa: Health and Welfare Canada.
- Bagley, C. (1989). Prevalence and Correlates of Unwanted Sexual Acts in Childhood in

a National Canadian Sample. Canadian Journal of Public Health. 80(4):295-296.

Banyard, V.L. (2003). Explaining Links Between Sexual Abuse and Psychological Distress: Identifying Mediating Processes. Child Abuse and Neglect 27:869-875.

Beckham, E. (1989). Improvement after Evaluation in Psychotherapy of Depression: Evidence of a Placebo Effect? Journal of Clinical Psychology. 45(6):945-950.

Bell, V. (1993). Governing Childhood. Neo-liberalism and the Law. Economy and Society 22(3):390-405.

Berkman, L.F. (2000). Social Support, Social Networks, Social Cohesion and Health. Social Work in Health Care. 31(2):3-14.

Black, D., Morris, J.N., Smith, C., & Townsend, P. (1982). The Black Report. In Townsend, P., Davidson, N. (eds.) Inequalities in Health. London: Penguin. (pp. 41-233).

Blomey, N.K. (1994). Health, Society and Geography. In Hayes, M.V., Foster, L.T., Foster, H.D. (eds.) The Determinants of Population Health: A Critical Assessment. Victoria, BC: Western Geographical Series Vol. 29. (pp. 47-56).

Bolen, R.M. (1998). Predicting Risk to be Sexually Abused: A Comparison of Logistic Regression to Event History Analysis. Child Maltreatment. 3(2):157-170.

Bolin, K., Lindgren, B., Lindstrom, M., & Nystedt, P. (2003). Investments in Social Capital – Implications of Social Interactions for the Production of Health. Social Science and Medicine. 56(12):2379-2390.

Bourdieu, P. (1979). Les trois états du capital culturel. Actes de la Recherche en Sciences Sociales. 31:2-3.

Bourdieu, P. (1985). The Forms of Capital. In (ed.) J.G., Richardson. Handbook of Theory and Research for the Sociology of Education. New York: Greenwood. (pp. 241-258).

Boyd, S. (1991). Some Postmodernist Challenges to Feminist Analyses of Law, Family and State: Ideology and Discourse in Child Custody Law. Canadian Journal of Family Law. 10(1): 79-113.

Boyle, M.H., Offord, D.R., Campbell, D., Catlin, G., Goering, P., Lin, E., & Racine, Y.A. (1996). Mental Health Supplement to the Ontario Health Survey: Methodology. Canadian Journal of Psychiatry. 41(9):549-558.

Brewin, C.R., Andrews, B., & Gotlib, I.H. (1993). Psychopathology and Early

Experiences: A Reappraisal of Retrospective Reports. Psychological Bulletin. 113(1):82-98.

Briere, J. (1989). Therapy for Adults Molested as Children: Beyond Survival. New York: Springer.

Briere, J. & Conte, J. (1993). Self-Reported Amnesia for Abuse in Adults Molested as Children. Journal of Traumatic Stress. 6(1):21-31.

Briere, J. & Runtz, M. (1988). Post Sexual Abuse Trauma. In Wyatt, G.E., Powell, G.J., (eds.) Lasting Effects of Child Sexual Abuse. Newbury Park, CA: Sage. (pp. 85-99).

Browne, A. & Finkelhor, D. (1986). Impact of Child Sexual Abuse: A Review of the Research. Psychological Bulletin. 99(1):66-77.

Bryer, J.B., Nelson, B.A., Miller J.B., & Krol, P.A. (1987). Childhood Sexual and Physical Abuse as Factors in Adult Psychiatric Illness. American Journal of Psychiatry. 144(11):1426-1430.

Burnam, M.A., Stein, J.A., Golding, J.M, Siegel, J.M., Sorenson, S.B., Forsythe, A.B., & Telles, C.A. (1988). Sexual Assault and Mental Disorders in a Community Population. Journal of Consulting and Clinical Psychology. 56(6):843-850.

Burt, R.S. (1992). Structural Holes. The Social Structure of Competition. Cambridge, MA: Harvard University Press.

Casey, P.R., Tyrer, P.J., & Platt, S. (1985). The Relationship Between Social Functioning and Psychiatric Symptomatology in Primary Care. Social Psychiatry. 20(1):5-9.

Cicchetti, D. & Toth, S.L. (1995). A Developmental Psychopathology Perspective on Child Abuse and Neglect. Journal of the American Academy of Child and Adolescent Psychiatry. 34(5):541-565.

Chu, J.A. & Dill, D.L. (1990). Dissociative Symptoms in Relation to Childhood Physical and Sexual Abuse. American Journal of Psychiatry. 147(7):887-892.

Clifton, J. (1982). Factors Predisposing Family Members to Violence from Social Work Services Group. In Clifton, J. (ed.) Violence in the Family : Theory and Practice in Social Work. Edinburgh: Her Majesty's Stationery Office.

Coburn, D., Poland, B., & Critical Social Science and Health Group. (1996). The CIAR Vision of the Determinants of Health: A Critique. Canadian Journal of Public Health. 87(5):308-310.

Coburn, D. & Eakin J. (1998). The Sociology of Health in Canada. In Coburn, D., D'Arcy, C., Torrance, G.M. (eds.) Health and Canadian Society. Sociological Perspectives. Fitzhenry & Whiteside. (pp. 619-634).

Coleman, J.S. (1988). Social Capital in the Creation of Human Capital. American Journal of Sociology, Supplement. 94:S95-S120.

Coleman, J.S. (1990). The Foundations of Social Theory. Cambridge, MA: Harvard University Press.

Côté, S. (2001). The Contribution of Human Capital. ISUMA 2(1):29-36.

Cox, E. (1997). Building Social Capital. Health Promotion Matters, 4:1-4.

Dalenberg, C.J. (1996). Accuracy, Timing and Circumstances of Disclosure in Therapy of Recovered and Continuous Memories of Abuse. Journal of Psychiatry & Law.24(2): 229-275.

Femina, D.D., Yeager, C.A., & Lewis, D.O. (1990). Child Abuse: Adolescents Records vs Adult Recall. Child Abuse and Neglect. 14(2):227-231.

Dobash, R.P., Dobash, R.E., Wilson, M., & Daly, M. (1992). The Myth of Sexual Symmetry in Marital Violence. Social Problems. 39(1):71-91.

Dohrenwend, B.S., Dohrenwend, B.P., Link, B., & Levav, I. (1983). Social Functioning of Psychiatric Patients in Contrast with Community Cases in the General Population. Archives of General Psychiatry. 40(11): 1174-1182.

Domenico, D. & Windle, M.(1993). Intrapersonal and Interpersonal Functioning Among Middle-Aged Female Adult Children of Alcoholics. Journal of Consulting and Clinical Psychology. 61(4):659-666.

Dua, E., FitzGerald, M., Gardner, L., Taylor, D., & Wyndels, L. (1994). Women's Health Sharing. Toronto Ontario: Women's Press.

Earls, F. & Carlson, M. (2001). The Social Ecology of Child Health and Well-Being. Annual Review of Public Health. 22:143-166.

Evans, R.G. & Stoddart, G.L. (1990). Producing Health, Consuming Health Care. Social Science and Medicine. 31(12):1347-1363.

Evans, R.G. & Stoddart, G.L. (1994). Why are Some People Healthy and Others Not? The Determinants of Health of Populations. Evans R.G., Barer M.L., Marmor T.R. (eds.) Aldine de Gruyter.

Farrington, K.M. (1980). Stress and Family Violence. In Straus, M.A., Hotaling, G.T. (eds.) The Social Causes of Husband-Wife Violence. Minneapolis: University of Minnesota Press. (pp. 94-114).

Federal, Provincial and Territorial Advisory Committee on Population Health (ACPH). (1994). Strategies for Population Health. Investing in the Health of Canadians. Meeting of the Ministers of Health Halifax, Nova Scotia. Ottawa: Health Canada.

Feerick, M.M. & Haugaard, J.J.(1999). Long-Term Effects of Witnessing Marital Violence for Women: The Contribution of Childhood Physical and Sexual Abuse. Journal of Family Violence. 14(4):377-398.

Felitti, V.J. (1991). Long-Term Medical Consequences of Incest, Rape and Molestation. Southern Medical Journal. 84(3): 328-331.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine. 14(4):245-258.

Field, D. (1981). Retrospective Reports by Healthy Intelligent Elderly People of Personal Events of Their Adult Lives. International Journal of Behavioral Development. 4:77-97.

Finkelhor, D. (1990). Early and Long-Term Effects of Child Sexual Abuse: An Update. Professional Psychology: Research and Practice. 21(5):325-330.

Finkelhor, D. (1983). Common Features of Family Abuse. In Finkelhor, D., Gelles, R.J., Hotaling, G.T., Straus, M.A. (eds.) The Dark Side of Families, Current Family Violence Research. Beverly Hills: Sage Publications.

Finkelhor, D. (1986). Designing New Studies. In Finkelhor, D., Araj, S., Baron, L., Browne, A. et al. (eds.) A Sourcebook on Child Sexual Abuse. Sage Publication.

Finley, J.P. (1884). Tornado Predictions. The American Meteorological Journal. 1:85-88. In Gelles, R.J. (1989). Child Abuse and Violence in Single-Parent Families: Parent Absence and Economic Deprivation. American Journal of Orthopsychiatry. 59(4):492-501.

Fivush, R. & Hudson, J.A. (1990). Knowing and Remembering in Young Children. New York: Cambridge University Press.

Fleming, J.M. (1997). Prevalence of Childhood Sexual Abuse in a Community Sample of Australian Women. Medical Journal of Australia. 166(20):65-68.

Folstein, M.F., Folstein, S.E., & McHugh, P.R. (1975). Mini-Mental State: A Practical Method for Grading the Cognitive State of Patients for the Clinician. Journal of Psychiatric Research 12(3):189-198.

Gelles, R. (1979). Child Abuse as a Psychopathology: A Sociological Critique and Reformulation. In Gil, D. (ed.) Child Abuse and Violence. New York: AMS Press.

Gelles, R.J. (1983). An Exchange/Social Control Theory. In Finkelhor, D., Gelles, R.J., Hotaling, G.T., Straus, M.A. (eds.) The Dark Side of Families, Current Family Violence Research. Beverly Hills: Sage Publications.

Gelles, R.J. (1989). Child Abuse and Violence in Single-Parent Families: Parent Absence and Economic Deprivation. American Journal of Orthopsychiatry. 59(4):492-501.

Gil, D. (1970). Violence Against Children: Physical child abuse in the United States. Cambridge, MA: Harvard University.

Gil, D. (1977). Child Abuse: Levels of Manifestation, Causal Dimensions and Primary Prevention. Victimology 2(2):186-194.

Guligun, J.F. (1991). Resilience and the Intergenerational Transmission of Child Sexual abuse. In M. Q Patton (Ed.), Family Sexual Abuse: Frontline Research and Evaluation. (pp. 93-105) Newbury Park, Ca: Sage Publications, Inc.

Goering, P., Lin, E., Campbell, D., Boyle, M.H., & Offord, D.R (1996). Psychiatric Disability in Ontario. Canadian Journal of Psychiatry. 41(9):564-571.

Gold, S.N., Hughes, D.M., & Swingle, J.M. (1999). Degrees of Memory of Childhood Sexual Abuse among Women Survivors in Therapy. Journal of Family Violence. 14(1):35-46.

Goodman, L.A. & Kruskal, W.H. (1959). Measures of Association for Cross Classifications, II: Further Discussion and References. In Gelles, R.J. (1989). Child Abuse and Violence in Single Parent Families: Parent Absence and Economic Deprivation. American Journal of Orthopsychiatry. 59(4):492-501.

Gordon, J. & Jordan, B. (1999). Social Capital and Child Welfare. Children and Society. 13(4):242-256.

Granovetter, M. (1985). Economic Action and Social Structure: The Problem of Embeddedness. American Journal of Sociology. 91(3):481-510.

Greenberg, M.A. & Stone, A.A. (1992). Emotional Disclosure About Traumas and its Relation to Health: Effects of Previous Disclosure and Trauma Severity. Journal of Personality

and Social Psychology. 63(1):75-84.

Hall, E.R. & Flannery, P.J. (1984). Prevalence and Correlates of Sexual Assault Experiences in Adolescents. Victimology: An International Journal. 9(3-4):398-406.

Halverson, C.F. (1988). Remembering Your Parents: Reflections on the Retrospective Method. Journal of Personality. 56:435-443.

Hamilton, N. & Bhatti, T. (1996). Population Health Promotion: An Integrated Model of Population Health and Health Promotion. Ottawa: Health Canada.

Hampton, R.L. & Newberger, E.H. (1985). Child Abuse Incidence and Reporting by Hospitals: Significance of Severity, Class and Race. American Journal of Public Health. 75(1):56-60.

Hancock, T. (1999). Future Directions in Population Health. Canadian Journal of Public Health. 90(1):s68-s70.

Hayes, M.V. (1994). Evidence, Determinants of Health and Population Epidemiology. Humming the Tones Learning the Lyrics. In (eds.) Hayes, M.V., Foster, L.T., Foster, H.D. The Determinants of Population Health a Critical Assessment. Victoria, BC: University of Victoria. (pp.121-133). (Western Geographical Series, Vol 29).

Hayes, M.V. (1999). Population Health Promotion: Responsible Sharing of Future Directions. Canadian Journal of Public Health. 90(1):s15-s17.

Health Canada. (1996). Towards a Common Understanding: Clarifying the Core Concepts of Population Health for Health Canada. A Discussion Paper. Ottawa: Health Canada.

Health Canada. (1997b). Health Canada's Population Health Business Line. Opportunities for Improving Health. Ottawa: Health Canada.

Health Canada. (1998). Taking Action on Population Health: A Position Paper for Health Promotion and Programs Branch staff. Ottawa: Health Canada.

Health Canada. (1999). Healthy Development of Children and Youth. The Role of the Determinants of Health. Ottawa: Health Canada.

Heller, S.S., Larrieu, J.A., D'Imperio, R., & Boris, N.W. (1999). Research on Resilience to Child Maltreatment: Empirical Considerations. Child Abuse and Neglect. 23(4):321-338.

Henderson, A.S., Byrne, D.G., & Duncan-Jones, P. (1981). Neurosis and the Social Environment. Sydney, New York, London: Academic Press.

Henderson, A.S. & Jorm A.F. (1990). Do Mental Health Surveys Disturb? Psychological Medicine. 20(3):721-724.

Henning, K., Leitenberg, H., Coffey, P., Turner, T., & Bennett, R.T. (1996). Long-Term Psychological and Social Impact of Witnessing Physical Conflict Between Parents. Journal of Interpersonal Violence. 11(1):35-51.

Herman, J.L. & Schatzow, E. (1987). Recovery and Verification of Memories of Childhood Sexual Trauma. Psychoanalytic Psychology. 4(1):1-14.

Himelein, M.J. & McElrath, J.A. (1996). Resilient Child Sexual Abuse Survivors: Cognitive Coping an Illusion. Child Abuse and Neglect. 20(8):747-758.

Hosmer, D.W. & Lemeshow, S. (1989). Applied Logistic Regression. John Wiley & Sons: Toronto

Idler, E.L. & Angel, R.J. (1990). Self-Rated Health and Mortality in the NHANES I Epidemiologic Follow-up Study. American Journal of Public Health. 80(4):446-452.

ISUMA. (ed). (2001). Social Capital. Measurement and Consequences. ISUMA. 2(1):45-51.

Jacomb, P.A., Jorm, A.F., Rodgers, B., Korten, A.E., Henderson, A.S., & Christensen, H. (1999). Emotional Response of Participants to a Mental Health Survey. Social Psychiatry and Psychiatric Epidemiology. 34(2):80-84.

Jumper, S.A. (1995). A Meta-Analysis of the Relationship of Child Abuse to Adult Psychological Adjustment. Child Abuse and Neglect. 19(6):715-728.

Johnson, A.G. (1995). The Blackwell Dictionary of Sociology. A User's Guide to Sociological Language. Malden, MA; Blackwell Publishers Inc.

Jorm, A.F., Henderson A.S., Scott, R., MacKinnon, A.J., Korten A.E., & Christensen, H. (1994). Do Mental Health Surveys Disturb? Further Evidence. Psychological Medicine. 24(1):233-237.

Joseph, K.S. & Kramer, M. S.(1996). Review of the Evidence on Fetal and Early Childhood Antecedents of Adult Chronic Disease. Epidemiological Review. 18(2):158-174.

Kaplan, G.A. & Camacho, T. (1983). Perceived Health and Mortality: A Nine-year Follow-Up of the Human Population Laboratory Cohort. American Journal of Epidemiology. 117(3):292-304.

Kawachi, I. & Berkman L. (2000). Social Cohesion, Social Capital and Health. In L.F. Berkman & I. Kawachi (Eds.) Social Epidemiology pp (174-190). London: Oxford University Press.

Kawachi, I., Wilkinson, R.G., & Kennedy, B.P. (1999). Introduction. In (eds). Kawachi, I., Kennedy, B.P., Wilkinson, R.G. The Society and Population Health Reader: Income Inequality and Health. New York: The New Press. (pp. Xi-xxxiv).

Kelly, A.E., Coenen, M.E., & Johnston, B.L. (1995). Confidants' Feedback and Traumatic Life Events. Journal of Traumatic Stress. 8(1):161-169.

Kelly, L., Regan, L., & Burton, S. (1991). An Exploratory Study of the Prevalence of Sexual Abuse in a Sample of 16-21 Years Old. London: The Child and Women Abuse Studies Unit, Polytechnic of North London.

Kennedy, B.P., Kawachi, I., Prothrow-Stith, D., Lochner, K., & Gupta, V. (1998). Social Capital ,Income Inequality and Firearm Violent Crime. Social Science and Medicine. 47(1):7-17.

Kennelly, B., O'Shea, E., & Garvey, E. (2003). Social Capital, Life Expectancy and Mortality : A Cross-National Examination. Social Science and Medicine 56(12):2367-2377.

Koss, M.P., Gidycz, C.A., & Wisniewski, N. (1987). The Scope of Rape: Incidence and Prevalence of Sexual Aggression and Victimization in a National Sample of Higher Education Students. Journal of Consulting and Clinical Psychology. 55(2):162-170.

Kufeldt, K. & Nimmo, M. (1987). Youth on the Street: Abuse and Neglect in the Eighties. Child Abuse and Neglect. 11(4):531-543.

Kufeldt, K., Simard, M., Tite, R., & Wachon, J. (2003). The Looking After Children in Canada. Project: Educational Outcomes. In Child Welfare Connecting Research, Policy and Practice. (Eds.) Kufeldt, K. And McKenzie, B. Waterloo: Wilfrid Laurier University Press.

Labonte, R. & Penfold, S. (1981). Health Promotion Philosophy: From Victim Blaming to Social Responsibility. Ottawa: Health and Welfare Canada.

Labonte, R. (1993). A holosphere of healthy and sustainable communities. Australian Journal of Public Health. 17(1): 4-12.

Labonte, R. (1995). Population Health and Health Promotion What Do They Have to Say to Each Other? Canadian Journal of Public Health. 86(3):165-168.

Lamb, S. & Edgar-Smith, S. (1994). Aspects of Disclosure: Mediators of Outcome of

Childhood Sexual Abuse. Journal of Interpersonal Violence. 9(3):307-326.

Landry, R., Amara, N., & Lamari, M. (2001). Social Capital, Innovation and Public Policy. ISUMA. 2(1):73-79.

Last, J.M. (2001). A Dictionary of Epidemiology. Oxford University Press.

Legowski, B. & McKay, L. (2000). Health Beyond Health Care: Twenty-five Years of Federal Health Policy Development. Ottawa: Health Network, Canadian Policy Research Networks.

Leserman, J., Drossman, D.A., Li, Z., Toomey, T.C., Nachman, G., & Glogau, L. (1996). Sexual and Physical Abuse History in Gastroenterology Practice: How Types of Abuse Impact Health Status. Psychosomatic Medicine. 58(1), 4-15.

Leserman, J., Li, Z., Drossman, D.A., & Hu, Y.J. (1998). Selected Symptoms Associated With Sexual and Physical Abuse History Among Female Patients With Gastrointestinal Disorders: The Impact on Subsequent Health Care Visits. Psychological Medicine. 28(2): 417-425.

Leserman, J., Li, Z., Hu, Y.J., & Drossman, D.A. (1998). How Multiple Types of Stressors Impact on Health. Psychosomatic Medicine. 60(2):175-181.

Levi, M. (1996). Social and Unsocial Capital. Politics and Society. 24(1): 45-55.

Levy, P.S. & Lemeshow, S. (1999). Sampling of Populations. New York: John Wiley & Sons.

Lin, N. (1982). Social Resources and Instrumental Action. In Marsden, P.V., Lin, N. (eds.) Social Structure and Network Analysis. Sage. (pp. 131-145).

Lochner, K., Kawachi, I., & Kennedy, B.P. (1999): Social Capital: A Guide to its Measurement. Health & Place 5(4):259-270.

Loury, G.C. (1977). A Dynamic Theory of Racial Income Differences. In (eds.) P.A. Wallace, A.M. LaMond. Women, Minorities and Employment Discrimination. Lexington, MA: Health. (pp. 153-186).

Love, R., Jackson, L., Edwards, R., & Pederson, A. (1997). Gender and Its Relationship With Other Determinants of Health. Paper presented at the 5th Forum prepared for Environment Canada under the Auspices of the Royal Society of Canada's Canadian Global Change Program: The Royal Society of Canada.

Luthar, S. & Zigler, E. (1991). Vulnerability and Competence: A Review of Research on Resilience in Childhood. American Journal of Orthopsychiatry. 61(1):6-22.

MacMillan, H.L., Fleming, J.E., Trocmé, N., Boyle, M.H., Wong, M., Racine, Y.A., Beardslee, W.R., & Offord, D.R. (1997). Prevalence of Child Physical and Sexual Abuse in the Community. Results From the Ontario Health Supplement. Journal of the American Medical Association. 278(2):131-135.

MacMillan, H.L. (2000). Child Maltreatment: What We Know in the Year 2000. Canadian Journal of Psychiatry. 45(8):702-709.

MacMillan, H.L., Fleming, J.E., Streiner, D.E., Lin, E., Boyle, M.H., Jamieson, E., Duku, E.K., Walsh, C.A., Wong, & M.Y., Beardslee, W.R. (2001). Childhood Abuse and Lifetime Psychopathology in a Community Sample. American Journal of Psychiatry. 158(11): 1878-1883.

MacMillan, H.L., Jamieson, E., & Walsh, C.A. (2003). Reported Contact With Child Protection Services Among Those Reporting Child Physical and Sexual Abuse: Results From a Community Survey. Child Abuse and Neglect. 27(12):1397-1408.

Marsden, P.V. & Hurlbert, J.S. (1988). Social Resources and Mobility Outcomes: A Replication of Extension. Social Forces. 66(4):1038-1059.

Martin, J.L., Perrott, K., Morris, E.M., & Romans, S.E. (1999). Participation in Retrospective Child Sexual Abuse Research: Beneficial or Harmful? What Women Think Six Years Later. In Williams, L.M., Banyard, V.L. (eds.) Trauma and Memory. Thousand Oaks, CA: Sage. (pp. 149-159).

Masten, A.S., Best, K.M., & Garmezy, N. (1990). Resilience and Development: Contribution from the Study of Children Who Overcome Adversity. Development and Psychopathology. 2(4): 425-444.

McCreary Centre Society.(2002) Violated Boundaries: A Health Profile of Adolescents Who Have Been Abused Vancouver, BC: McCreary Centre.

McGrail, K.M., Ostry, A., Thomas, V.S., & Sanmartin, C. (1998). Determinants of Population Health: A Synthesis of the Literature. Ottawa; Health Canada.

McMahon, M.J., Gatchel, R.J., Polatin, P.B., & Mayer, T.G. (1997). Early Childhood Abuse in Chronic Spinal Disorder Patients. A Major Barrier to Treatment Success. Spine. 22(20):2408-2415.

McNeal, R.B. (1999). Parental Involvement as a Social Capital: Differential

Effectiveness on Science Achievement, Truancy and Dropping Out. Social Forces.78(1):117-144.

Menard, S. (1995). Applied Logistic Regression Analysis. Thousand Oaks, CA: Sage.

Molnar, B.E., Shade, S.B., Kral, A.H., Booth, R.E., & Watters, J.K. (1998). Suicidal Behaviour and Sexual/Physical Abuse Among Street Youth. Child Abuse and Neglect 22(3):213-222.

Molnar, B.E., Buka, S.L., & Kessler, R.C. (2001). Child Sexual Abuse and Subsequent Psychopathology: Results From the National Comorbidity Survey. American Journal of Public Health. 91(5):753-760.

Moran, P.B. & Eckenrode, J. (1992). Protective Personality Characteristics Among Adolescent Victims of Maltreatment. Child Abuse and Neglect. 16(5):743-754.

Mossey, J.M. & Shapiro, E. (1982). Self-Rated Health: A Predictor of Mortality Among the Elderly. American Journal of Public Health. 72(8):800-808.

Muntaner, C. & Lynch, J. (1999). Income Inequality, Social Cohesion and Class Relations: A Critique of Wilkinson's Neo-Durkheimian Research Program. International Journal of Health Services Planning, Administration, Evaluation. 29(1):59-81.

Nash, C.L. & West D.J. (1985). Sexual Molestation of Young Girls: A Retrospective Survey. In West, D. (ed.) Sexual Victimization: Two Recent Researches into Sex Problems and Their Social Effects . Aldershot: Gower Publishing.

National Survey of Giving, Volunteering and Participating (2000). Who are Canada's Volunteers? Canadian Centre for Philathropy. www.givingandvolunteering.ca August 21, 2004.

Nelson, S. (1987). Incest :Fact and Myth. Edinburgh: Stramullion Cooperative Limited.

Neumann, D.A., Houskamp,B.M., Pollock, V.E., & Briere, J.(1996). The Long Term of Sequelae of Childhood Sexual Abuse in Women : A Meta -Analytic Review. Child Maltreatment: Journal of the American Professional Society on the Abuse of Children. 1(1):6-16.

Ontario Ministry of Health (1992). Ontario Health Survey 1990: User's Guide. Volume 1, Documentation. Toronto: Ontario Ministry of Health.

Parcel, T.L. & Menaghan, E.G. (1994). Parents' Jobs and Children's Lives. New York: Aldine de Gruyeter.

Parslow, R.A., Jorm, A.F., O'Toole, B.I., Marshall, R.P., & Grayson, D.A. (2000). Distress Experienced by Participants During an Epidemiological Survey of Posttraumatic Stress Disorder. Journal of Traumatic Stress. 13(3): 465-471.

Pelton, L.H. (1985). Child Abuse and Neglect: The Myth of Classlessness. In Pelton, L. (ed.) The Social Context of Child Abuse and Neglect. New York: Human Sciences.

Pennebaker, J.W. & Susman, J.R. (1988). Disclosure of Traumas and Psychosomatic Processes. Social Science and Medicine. 26(3):327-332.

Peters, S.D. (1988). Child Sexual Abuse and Later Psychological Problems. In Wyatt, G.E., Powell, G. (Eds.) Lasting Effects of Child Sexual Abuse. Newbury Park, CA: Sage. (pp. 109-118).

Policy Research Initiative. (2003). Social Capital Workshop June 2003. Concepts, Measurement and Policy Implications. Ottawa: Government of Canada.

Portes, A. (1998). Social Capital: Its Origins and Applications in Modern Sociology. Annual Review in Sociology. 24:1-24.

Priest, R. (1992). Child Sexual Abuse Histories Among African American College Students: A Preliminary Study. American Journal of Orthopsychiatry. 62(3):475-476.

Putnam, R. (1993). The Prosperous Community. Social Capital and Economic Growth. The American Prospect. Spring:35-42.

Putnam, R. (2001). Social Capital Measurement and Consequences. ISUMA. 2(1):41-51.

Robertson, A. (1998). Shifting Discourses on Health in Canada: From Health Promotion to Population Health. Health Promotion International. 13(2):155-166.

Robins, L.N., Schoenberg, S.P., Holmes, S.J., Ratcliff, K.S., Benham, A., & Works, J. (1985). Early Home Environment and Retrospective Recall: A Test for Concordance Between Siblings With and Without Psychiatric Disorders. American Journal of Orthopsychiatry. 55(1):27-41.

Roesler, T.A. & Wind, T.W. (1994). Telling the Secret: Adult Women Describe Their Disclosures of Incest. Journal of Interpersonal Violence. 9(3):327-338.

Rothman, K.J. & Greenland, S. (1998): Modern Epidemiology. Lippincott-Raven.

Runyan, D.K., Hunter, W.M., Socolar, R.R., Amaya-Jackson, L., English, D., Landsverk, J., Dubowitz, H., Browne, D.H., Bangdiwala, S.I., & Mathew, R.M. (1998).

Children Who Prosper in Unfavorable Environments: The Relationship to Social Capital. Pediatrics. 101(1): 12-18.

Russell, D.E.H. (1983). The Incidence and Prevalence of Intrafamilial and Extrafamilial Sexual Abuse of Female Children. Child Abuse and Neglect. 7(2):133-146.

Russell, D.E.H. (1986). The Secret Trauma: Incest in the Lives of Girls and Women. New York: Basic Books.

Saluja, G., Kotch, J., & Lee, L-C. (2003). Effects of Child Abuse and Neglect. Does Social Capital Really Matter? Archives of Pediatric and Adolescent Medicine 157(7):681-686.

Scarinci, I-C., McDonald-Haile, J., Bradley, L-A., & Richer, J-E. (1994). Altered Pain Perception in Psychosocial Features Among Women With Gastrointestinal Disorders and History of Abuse: A Preliminary Model. American Journal of Medicine. 97(2):108-118.

Scarvalone, P.A., Cloitre, M., Spielman, L.A., Jacobsberg, L., Fishman, B., & Perry, S.W. (1996). Distress Reduction During the Structured Clinical Interview for DSM-III-R. Psychiatry Research. 59(3):245-249.

Schuller, T. (2001). The Complementary Roles of Human and Social Capital. ISUMA. 2(1):18-24.

Sebastian, R.J. (1983). Social Psychological Determinants, in Finkelhor, D., Gelles, R.J., Hotelling, G.T., Straus, M.A. (eds.) The Dark Side of Families. Current Family Violence Research. Beverly Hills: Sage Publications.

Sedlak, A.J. & Broadhurst, D.D. (1996). The Third National Incidence Study of Child Abuse and Neglect (NIS-3). Washington: US Department of Health and Human Services, Administration for Children, Youth and Families, National Center on Abuse and Neglect.

Skrabiski, A., Kopp, M., & Kawachi, I. (2003). Social Capital in a Changing Society: Cross Sectional Associations With Middle Aged Female and Male Morality Rates. Journal of Epidemiology and Community Health 57(92):114-9.

Smith, D.W., Letourneau, E.J., Saunders, B.E., Kilpatrick, D.G., Resnick, H.S., & Best, C.L. (2000). Delay in Disclosure of Childhood Rape: Results From a National Survey. Child Abuse and Neglect. 24(2):273-287.

Smith, M.H., Beaulieu, L.J., & Seraphine, A. (1995). Social Capital, Place of Residence and College Attendance. Rural Sociology. 60(3):363-380.

Sobsey, D., Randall, W., & Parrila, R.K. (1997). Gender Differences in Abused Children

With and Without Disabilities. Child Abuse and Neglect. 21(8):707-720.

Sorenson, S.B., Stein, J.A., Siegel, J.M., Golding, J.M., & Burnam, M.A. (1987). The Prevalence of Adult Sexual Assault – The Los Angeles Epidemiologic Catchment Area Project. American Journal of Epidemiology. 126(6):1154-1164.

Spak, L., Spak, F., & Allebeck, P. (1998). Sexual Abuse and Alcoholism in a Female Population. Addiction. 93(9):1365-1373.

Springs, F.E. & Friedrich, W.N. (1992). Health Risk Behaviours and Medical Sequelae of Childhood Sexual Abuse. Mayo Clinic Proceedings 67(6):527-532.

Stack, C. (1974). All Our Kin: Strategies for Survival in a Black Community New York: Harper and Row.

Statistics Canada .(1991). Census Dictionary. Ottawa: Minister of Industry, Science and Technology; 1992. Catalogue nr 92-301E.

Statistics Canada (1992). Age, Sex Marital Status. Ottawa: Supply and Services Canada. Cat. No. 93-310.

Statistics Canada (1993). Selected Income Statistics. Ottawa: Industry, Science and Technology Canada. 1991 Census of Canada. Cat No. 93-331.

Statistics Canada. (2001). Legal Marital Status (6), Age Groups (18A) and Sex (3) for Population, for Canada, Provinces, Territories, Census Metropolitan Areas and Census Agglomerations, 2001 Census - 100% Data. Ottawa: Statistics Canada. Available at <http://www12.statcan.ca/english/census01/products/standard/themes/RetrieveProductTable.cfm?Temporal=2001&PID=56024&METH=1&APATH=3&PTYPE=55430&THEME=38&FREE=0&AID=0&FOCUS=0&VID=0&GC=99&GK=NA&SC=1&CPP=99&SR=1&RL=0&RPP=9999&D1=2&D2=0&D3=0&D4=0&D5=0&D6=0&GID=431571>.

Statistics Canada (2003a). Aboriginal Origin. Ottawa Statistics Canada, January 21, 2003. Ottawa: Statistics Canada. 2001 Census of Canada. Cat. No. 97F0011xCB01003.

Statistics Canada (2003b): Population and Dwelling Counts for Provinces and Territories, by the Statistical Area Classification, 2 Geograf Ontario. Ottawa Statistics Canada. 2001 Census of Canada. Cat. No. 93F0050XcB1012.

Stein, M.B., Hanna, C., Vaerum, V., & Koverola, C. (1999). Memory Functioning in Adult Women Traumatized by Childhood Sexual Abuse. Journal of Traumatic Stress. 12(3):527-534.

Stracciari, A., Ghidoni, E., Guarino, M., Poletti, M., & Pazzaglia, P. (1994). Post-Traumatic Retrograde Amnesia With Selective Impairment of Autobiographical Memory. Cortex- a Journal Devoted to the Study of the Nervous System and Behavior 30(3):459-468.

Straus, M.A. (1979). Measuring Intrafamily Conflict and Violence: The Conflict Tactics (CT) Scales. Journal of Marriage and the Family. 41(1):75-88.

Straus, M.A. (1990). The Conflict Tactics Scales and Its Critics: An Evaluation and New Data on Validity and Reliability. In Straus, M.A., Gelles R.J. (eds.) Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families. New Brunswick, NJ: Transaction Publishers. (pp. 49-73).

Straus, M.A. & Gelles R.J. (1990). Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families. New Brunswick, NJ: Transaction Publishers.

Straus, M.A., Hamby, S.L., Finkelhor, D., Moore, D.W., & Runyan, D. (1998). Identification of Child Maltreatment With the Parent-Child Conflict Tactic Scales: Development and Psychometric Data for a National Sample of American Parents. Child Abuse and Neglect. 22(4):249-270.

Sullivan, P.M. & Knutson, J.F. (2000). Maltreatment and Disabilities: A Population-Based Epidemiological Study. Child Abuse and Neglect. 24(10):1257-1273.

Swann, K. & Morgan, A. (2002). In Social Capital for Health: Insights From Qualitative Research. London: Health Development Agency.

Tonmyr, L. & Doering, L.(2003). The Nature of Knowledge in the Population Health Perspective: The Case Study of Child Maltreatment. International Journal of Mental Health Promotion.5(1):38-44.

Tonmyr, L., Jamieson, E., Mery, L.S, & MacMillan, H.L. (2004a). The Relationship Between Childhood Adverse Experiences and Disability Due to Physical Health Problems in a Community Sample of Women. Submitted

Tonmyr, L., Jamieson, E., Mery, L.S, & MacMillan, H.L. (2004b). The Relationship Between Childhood Adverse Experiences and Disability Due to Mental Health in a Community Sample of Women - Implications for Service Needs. Submitted.

Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Torigny, M., Mayer, M., Wright, J., Barter, K., Burford, G., Hornick, J., Sullivan, R., & McKenzie, B. (2001). Canadian Incidence Study of Reported Child Abuse and Neglect. Final report. Ottawa, Ontario: Minister of Public Works and Government Services Canada.

Turnbull, J.E., McLeod, J.D., Callahan, J.M., & Kessler, R.C. (1988). Who Should Ask? Ethical Interviewing in Psychiatric Epidemiology Studies. American Journal of Orthopsychiatry. 58(2):228-239.

UK Department of International Development (2002). Disability, Poverty and Development. World Hospitals and Health Services the Official Journal of the International Hospital Federation 38(1):21-33.

Ussher, J.M. & Dewberry, C. (1995). The Nature and Long-Term Effects of Childhood Sexual Abuse: A Survey of Adult Women Survivors in Britain. British Journal of Clinical Psychology. 34(2):177-192.

Valenzuela, A. & Dornbusch, S.M. (1994). Familism and Social Capital in the Academic Achievements of Mexican Origin and Anglo Adolescents. Social Science Quarterly. 75(1):18-36.

Von Strauss, E., Fratiglioni, L., Jorm, A.F., Viitanen, M., & Winblad, B. (1998). Attitudes and Participation of the Elderly in Population Surveys: Data From a Longitudinal Study on Aging and Dementia in Stockholm. Journal of Clinical Epidemiology. 51(3):181-187.

Walker, E.A., Gelfand, A.N., Gelfand, M.D., Koss, M.P., & Katon, W.J. (1995). Medical and Psychiatric Symptoms in Female Gastroenterology Clinic Patients with Histories of Sexual Victimization. General Hospital Psychiatry. 17(2):85-92.

Walker, E.A., Keegan, D., Gardner, G., Sullivan, M., Bernstein, D., & Katon, W.J. (1997). Psychosocial Factors in Fibromyalgia Compared With Rheumatoid Arthritis: II Sexual, Physical and Emotional Abuse and Neglect. Psychomatic Medicine. 59(6):572-577.

Walker, E.A., Gelfand, A., Katon, W.-J., Von Korff, M., Bernstein, D., & Russo, J. (1999). Adult Health Status of Women With Histories of Childhood Abuse and Neglect. American Journal of Medicine. 107(4): 332-339.

Walsh, C., MacMillan, H., & Jamieson, E. (2002). The Relationship Between Parental Psychiatric Disorder and Child Physical and Sexual Abuse: Findings From the Ontario Health Supplement. Child Abuse and Neglect. 26(1):11-22.

Walters, W. (2002). Social Capital and Political Sociology: Re-Imagining Politics? Sociology. 36(2):377-398.

Weissman, M.M., Gammon, G.D. John, K., Merikangas, K.R., Warner, V., Prusoff, B.A., & Sholomskas, D. (1987). Children of Depressed Parents. Increased Psychopathology and Early Onset of Major Depression. Archives of General Psychiatry. 44(10): 847-853.

Wells, K.B., Stewart, A., Hays, R.D., Burnam, M.A., Rogers, W., Daniels, M., Berry, S., Greenfield, S., & Ware, J. (1989). The Functioning and Well-Being of Depressed Patients: Results from the Medical Outcomes Study. Journal of the American Medical Association, 262(7):914-919.

Widom, C.S. (1988). Sampling Biases and Implications for Child Abuse Research. American Journal of Orthopsychiatry. 58(2):260-270.

Widom, C.S. & Shepard, R.L. (1996). Accuracy of Adult Recollections of Childhood Victimization: Part 1. Childhood Physical Abuse. Psychological Assessment. 8(4):412-431.

Widom, C.S. & Morris, S. (1997). Accuracy of Adult Recollections of Childhood Victimization. Part 2. Childhood Sexual Abuse. Psychological Assessment. 9(1):34-46.

Widom, C.S., Weiler, B.L., & Cottler, L.B. (1999). Childhood Victimization and Drug Abuse: A Comparison of Prospective and Retrospective Findings. Journal of Consulting and Clinical Psychology. 67(6):867-880.

Wigle, D. (1995). Why Are Some People Healthy and Others Not? The Determinants of Health of Populations. Canadian Journal of Public Health. 86(3):213.

Wilkinson, R. (1996). Unhealthy Societies: The Affliction of Inequality. London: Routledge.

Williams, O.B. & Corrigan, P.W. (1992). The Differential Effects of Parental Alcoholism and Mental Illness on Their Adult Children. Journal of Clinical Psychology. 48(3): 406-414.

Williams, L.M. (1994). Recall of Childhood Trauma: A Prospective Study of Women's Memories of Child Sexual Abuse. Journal of Consulting and Clinical Psychology. 62(6):1167-1176.

Williams, L.M. (1995). Recovered Memories of Abuse in Women With Documented Child Sexual Abuse Victimization Histories. Journal of Traumatic Stress. 8(4):649-673.

Wilsnack, S.C., Wonderlich, S.A., Kristjanson, A.F., Vogeltanz-Holm, N.D., & Wilsnack, R.W. (2002). Self-Reports of Forgetting and Remembering Childhood Sexual Abuse in a Nationally Representative Sample of US Women. Child Abuse and Neglect. 26(2):139-147.

Wolfe, D. (2001). A Conceptual Framework for a Child Maltreatment Surveillance. In Tonmyr, L., Phaneuf, G. (eds.) A Conceptual and Epidemiological Framework for a Child Maltreatment. Ottawa: Health Canada.

Woolcock, M. (2001). The Place of Social Capital in Understanding Social and Economic Outcomes. ISUMA. 2(1):11-17.

World Health Organization (1986). Ottawa Charter for Health Promotion: Ottawa: Health Canada.

Xu, X., Tung, YY., & Dunaway, R.G. (2000). Cultural, Human and Social Capital as Determinants of Corporal Punishment. Toward an Integrated Theoretical Model. Journal of Interpersonal Violence. 15(6):603-630.

Zimmerman, M., Lush, D.T., Farber N.J., Hartung, J., Plescia, G., Kuzma N.J., & Lish, J. (1996). Primary Care Patients' Reactions to Mental Health Screening. International Journal of Psychiatry in Medicine. 26(4):431-441.

Appendices

Appendix A

Ethics and Confidentiality

Research on sensitive topics presents a variety of ethical concerns, for instance, conducting research on trauma survivors may have an adverse impact on a respondent who have experienced abuse. Few studies have been conducted on the ethics of asking adults about abusive experiences in childhood. Five concerns relating to child sexual abuse research have been raised by Martin et al. (1999). These concerns would logically be relevant to other types of abuse as well. 1) Community samples selected randomly would contain abuse survivors who would prefer not to discuss their experience of abuse. 2) Respondents may be in denial, which may in turn be an important coping mechanism, e.g., the research process might impact on their ability to be in denial. 3) Abuse research is often focussing on negative outcomes which may reinforce feelings of shame, guilt etc. 4) The timing of the research may not be optimal for a person traumatised by abusive experiences. 5) The researchers may not be sufficiently prepared to recognize and provide needed support that may arise following participation in abuse research.

Jorm and colleagues (1994) conducted a study of elderly persons (n=873) in a community study focusing on dementia, cognitive decline, depression and current life circumstances. The majority of respondents did not report adverse outcomes after the interview. However, 4.5% reported that the interview was distressing, 1% that it was depressing and 2% found it intrusive. Unfortunately, no pre-interview assessment was conducted. Adults interviewed about HIV-related concerns reported a decrease in the level of psychological distress after the interview (Scarvalone, Cloitre, Spielman, Jacobsberg, Fishman, & Perry,

1996). In a study on war veterans the participants with PTSD diagnoses expressed more distress as a result of being interviewed but it was not associated with withdrawal from the study or greater health care utilization (Parslow, Jorm, O'Toole, Marshall, & Grayson, 2000). In another study those with neurotic symptoms, before the study showed more distress (Henderson & Jorm, 1990). In yet another mental health study, younger women, those with high scores on depression and anxiety, as well as respondents with childhood adversity reported distress after study participation (Jacomb, Jorm, Rodgers, Korten, Henderson, & Christensen, 1999). Similarly, older elderly with impaired cognitive functioning and lower level of education also demonstrated distress after having participated in research on aging and dementia (Von Strauss, Fratiglioni, Jorm, Viitanen, & Winblad, 1998). At the same time, it seemed like women, less educated, more extroverted and more anxious respondents improved their well-being through participation in a mental health survey (Jorm, Henderson, Scott, MacKinnon, Korten, & Christensen, 1994). The implications for this thesis are not conclusive; for instance, women reported negative feelings in one study and improved well-being in another. There were similar results for respondents with anxious symptoms. The age of the women seems to have a positive impact (Jacomb et al., 1999). It has also been suggested that respondents who reported distress may be described as "plaintive set" (Henderson, Byrne, & Duncan-Jones, 1981).

The time period of increased or decreased distress needs to be investigated (Beckham, 1989; Jorm et al., 1994; Henderson & Jorm, 1990). Furthermore, what is the impact of child abuse research? Other important questions relate to the potential impact of gender of the interviewer, interviewing style, familiarity of the interviewer etc.

In a six-year follow-up study on child sexual abuse (Martin et al., 1999) when asked

about the initial interview half of the respondents had experienced the interview as positive and 31% as negative. At the time of the follow up only two percent reported that they still felt negatively about the interview. The abused were more likely than the non abused to express positive comments about the interview. Some research indicates that reporting abuse in childhood is not as productive as doing so in later life (e.g., Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994; Smith, Letourneau, Saunders, Kilpatrick, Resnick, & Best, 2000). Using a self-selected group of undergraduate students, Pennebaker and Susman (1988) found that writing about traumatic events decreased health care utilization. However, other authors have found no difference and increased distress after disclosing trauma (Greenberg & Stone, 1992; Kelly, Coenen, & Johnston, 1995)

Turnbull and colleagues (1988) assessed reasons for feeling distress during the interview. They “found that most respondent distress was attributed to one of three causes: anxiety about the spouse’s reaction to the respondent’s participation in the interview; the length of the interview; and particular questions that made the respondent uncomfortable.” (p. 232). Questions that induced the most distress were on topics such as current income, educational attainment, the respondent’s childhood home environment and personality characteristics (Turnbull, McLeod, Callahan, & Kessler, 1988).

Although the risks of distress are relatively low, it is important not to minimize potential negative consequences. In the OHSUP utmost care was taken to inform the respondents that they could decline to participate in the survey, at any time. The abuse questions were self-administered and placed in an envelope to avoid discomfort on the part of the respondent. Further, a phone number was provided where the participants could reach knowledgeable

counsellors. In the analysis, both resilient and negative outcomes were investigated to ensure that the focus was not solely on negative outcomes. In a study using the DSM-IV disorder in five areas (eating disorders, mood disorders, anxiety disorders, drug use disorders and somatoform disorders) (n=601) fewer than three percent found the experience negative (Zimmerman, Lush, Farber, Hartung, Plescia, Kuzma, & Lish, 1996). The related outcome variables were used as in the present study suggesting that the potential for negative effects is low. The impact of participating in abuse research needs to be studied further. Maybe participants should be informed about potential beneficial and negative effects of the interview (Henderson & Jorm, 1990).

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1990-91

The next few questions are about things which may have happened to you as a child. Please mark the circle opposite the appropriate answer, like this ☒.

A93a. When you were growing up, how often did any adult do any of the things on this list to you - often, sometimes, rarely, or never?

	Often	Sometimes	Rarely	Never
i) Pushed, grabbed or shoved you	01 ☐	02 ☐	03 ☐	04 ☐
ii) Threw something at you	05 ☐	06 ☐	07 ☐	08 ☐
iii) Slapped or spanked you	09 ☐	10 ☐	11 ☐	12 ☐

A93b. What about this next list? When you were growing up, how often did any adult do any of the things on this list to you - often, sometimes, rarely or never?

	Often	Sometimes	Rarely	Never
i) Kicked, bit or punched you	13 ☐	14 ☐	15 ☐	16 ☐
ii) Hit you with something	17 ☐	18 ☐	19 ☐	20 ☐
iii) Choked, burned or scalded you	21 ☐	22 ☐	23 ☐	24 ☐
iv) Physically attacked you in in some other way	25 ☐	26 ☐	27 ☐	28 ☐

If any of the things listed in Question A93b did happen to you, please answer the next two questions. Otherwise, go to Question A93e (on page 3).

A93c. Who did this to you? Please indicate all the people who did any of these things to you.

- 1 ☐ Natural Father
- 2 ☐ Step Father
- 3 ☐ Natural Mother
- 4 ☐ Step Mother
- 5 ☐ Older Brother/Sister
- 6 ☐ Other Relative
- 7 ☐ Some Other Person

A93d. Did you ever have to go and see a doctor as a result of what had been done to you?

- 1 ☐ Yes
- 2 ☐ No

A93e. When you were growing up, did any adult ever do any of these things to you against your will?

	Yes	No
i) Exposed themselves to you more than once?	1 ☐	2 ☐
ii) Threatened to have sex with you?	3 ☐	4 ☐
iii) Touched the sex parts of your body?	5 ☐	6 ☐
iv) Tried to have sex with you or sexually attacked you?	7 ☐	8 ☐

If any of the things listed in Question A93e did happen to you, please answer the next two questions.

A93f. Who did this to you? Please indicate all the people who did any of these things to you

- 1 ☐ Natural Father
- 2 ☐ Step Father
- 3 ☐ Natural Mother
- 4 ☐ Step Mother
- 5 ☐ Older Brother/Sister
- 6 ☐ Other Relative
- 7 ☐ Some Other Person

A93g. Did you ever have to go and see a doctor as a result of what had been done to you?

- 1 ☐ Yes
- 2 ☐ No

1: [] [] - [] [] [] [] 2: [] [] 3: [] [] [] [] [] []
 4: [] [] - [] [] [] [] - [] [] [] [] 5: [] []
 6: _____
 7: _____

Age¹ [] []

Final Status

Code² []

8: _____

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INTRODUCTION

Hello, I am _____ from Statistics Canada. We are conducting a companion study to the Ontario Health Survey which this household participated in a few months ago. You have been randomly selected to be part of this important study on feelings, emotions and behaviours. The study is conducted under the Ontario Ministry of Health Act which ensures that all information collected will be kept strictly confidential.

This interview asks about physical and emotional well-being and about areas that could affect your physical and emotional well-being.

#	Date	Time	Comments
1			
2			
3			
4			
5			
6			
7			

SECTION A

A1. Think of the hospital you would go to for care if you had a health problem. How long would it take you to get there from home by your usual means of transportation?

- ☐ 1 Less than 15 minutes
- ☐ 2 15-29 minutes
- ☐ 3 30-59 minutes
- ☐ 4 1 to 2 hours
- ☐ 5 Over 2 hours
- ☐ 6 Don't know

A2. Do you know of a family doctor or other physician you would go to if you had a health problem?

- ☐ 7 Yes
- ☐ 8 No → Go to A4

A3. How long would it take you to get there from home by your usual means of transportation?

- ☐ 1 Less than 15 minutes
- ☐ 2 15-29 minutes
- ☐ 3 30-59 minutes
- ☐ 4 1 to 2 hours
- ☐ 5 Over 2 hours
- ☐ 6 Don't know

A4. When you want help with or care for a health problem where do you usually go?

- ☐ 1 Nowhere
- ☐ 2 No usual place
- ☐ 3 Doctor's office
- ☐ 4 Hospital emergency room
- ☐ 5 Hospital clinic
- ☐ 6 Walk-in clinic
- ☐ 7 Other

A5. Did you go to see a general practitioner or family physician about your health during the past 12 months?

- ☐ 1 Yes → How many times?
- ☐ 2 No

A6. During the past 12 months, did you use an emergency room at a hospital?

- ☐ 3 Yes → How many times?
- ☐ 4 No

A7. Were you admitted for an overnight stay in a hospital in the past 12 months?

- ☐ 5 Yes
- ☐ 6 No → Go to A10

A8. How many times were you admitted?

times

A9. How many nights altogether did you stay in the hospital during the past 12 months?

- ☐ 1 Nights
- ☐ 2 Weeks
- ☐ 3 Months

A10. In the past 12 months, have you had any problems with your emotions or nerves or with your use of alcohol or drugs?

- ☐ 4 Yes
- ☐ 5 No → Go to A13

A11. During that time, did you tend to have more of these types of problems than other people?

- ☐ 6 Yes
- ☐ 7 No
- ☐ 8 Don't know

<p>A12. Do you think you need or needed professional help with those problems?</p> <p>☐ Yes</p> <p>☐ No</p>	<p>A16. Of the people who see a professional for serious emotional problems, what percent do you think are helped?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> Percent</p>
<p>A13. People differ a lot in their feelings about professional help for emotional problems. If you had a serious emotional problem, would you <u>definitely</u> go for professional help, <u>probably</u> go, <u>probably not</u> go, or <u>definitely not</u> go for professional help?</p> <p>☐ Definitely go</p> <p>☐ Probably go</p> <p>☐ Probably <u>not</u> go</p> <p>☐ Definitely <u>not</u> go</p>	<p>A17. Of those who <u>do not</u> get professional help, what percent do you think get better even without it?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> Percent</p>
<p>A14. How comfortable would you feel talking about personal problems with a professional — <u>very</u> comfortable, <u>somewhat</u>, <u>not very</u>, or <u>not at all</u> comfortable?</p> <p>☐ Very</p> <p>☐ Somewhat</p> <p>☐ Not very</p> <p>☐ Not at all</p>	<p>A18. In general, compared to other persons your age, would you say your mental health is ...</p> <p>☐ Excellent?</p> <p>☐ Very good?</p> <p>☐ Good?</p> <p>☐ Fair?</p> <p>☐ Poor?</p>
<p>A15. How embarrassed would you be if your friends knew you were getting professional help for an emotional problem — <u>very</u> embarrassed, <u>somewhat</u>, <u>not very</u>, or <u>not at all</u> embarrassed?</p> <p>☐ Very</p> <p>☐ Somewhat</p> <p>☐ Not very</p> <p>☐ Not at all</p>	<p>A19. INTERVIEWER CHECK ITEM:</p> <p>See Age on front cover</p> <p>☐ If respondent age 65 or over, go to A20</p> <p>☐ Otherwise, go to A33 (page 4)</p> <p>A20. Now I'd like to ask you about your memory. Have you ever had occasion to talk to a doctor about problems with your memory?</p> <p>☐ Yes</p> <p>☐ No</p>

A21. Let me ask you a few questions to check your concentration and memory (Most of them will be easy).

INTERVIEWER: Enter answer and then code

		Correct	Error
a) What is the year?	YEAR: _____	01 ☐	02 ☐
b) What season of the year is it?	SEASON: _____	03 ☐	04 ☐
c) What is the date?	DATE: _____	05 ☐	06 ☐
d) What is the day of the week?	DAY: _____	07 ☐	08 ☐
e) What is the month?	MONTH: _____	09 ☐	10 ☐
f) Can you tell me where we are right now? For instance, what province are we in?	PROVINCE: _____	11 ☐	12 ☐
g) What (city/town) are we in?	CITY: _____	13 ☐	14 ☐
h) What floor of the building are we on?	FLOOR: _____	15 ☐	16 ☐
i) What is this address (or name of this place)?	ADDRESS/NAME: _____	17 ☐	18 ☐

A22. I am going to name 3 objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. (INTERVIEWER: SAY "APPLE", "TABLE", AND "PENNY".)

Could you repeat the 3 items for me?

INTERVIEWER: Score first trial.

	Correct	Error
a) (Apple)	1 ☐	2 ☐
b) (Table)	3 ☐	4 ☐
c) (Penny)	5 ☐	6 ☐

INTERVIEWER: Repeat objects until all 3 are learned

A23. Please subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop.

INTERVIEWER: Record respondent's answers. Count only 1 error if subject makes subtraction error, but subsequent answers are 7 less than the error.

	Correct	Error	Says Can't Do	Other Refusal	
a) (93) ..	☐	01 ☐	02 ☐	03 ☐	04 ☐
b) (86) ..	☐	05 ☐	06 ☐	07 ☐	08 ☐
c) (79) ..	☐	09 ☐	10 ☐	11 ☐	12 ☐
d) (72) ..	☐	13 ☐	14 ☐	15 ☐	16 ☐
e) (65) ..	☐	17 ☐	18 ☐	19 ☐	20 ☐

STOP.

A23a. INTERVIEWER CHECK ITEM:

See A23

1 ☐ If all "correct" in A23, go to A25

2 ☐ Otherwise, go to A24

A24. Now I am going to spell a word forwards and I want you to spell it backwards. The word is WORLD, W-O-R-L-D. Spell "WORLD" backwards. (INTERVIEWER: REPEAT SPELLING IF NECESSARY).

	Number of errors	Refused
D L R O W	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 9 ☐	

A25. Now, what were the 3 objects I asked you to remember?

	Correct	Error
a) Apple	1 ☐	2 ☐
b) Table	3 ☐	4 ☐
c) Penny	5 ☐	6 ☐

A26. INTERVIEWER: Show wrist watch.

What is this called?

	Correct	Error	Respondent Visually Impaired
a) Watch	1 ☐	2 ☐	3 ☐

INTERVIEWER: Show pencil.

What is this called?

	Correct	Error	Respondent Visually Impaired
b) Pencil	4 ☐	5 ☐	6 ☐

A27. I'd like you to repeat a phrase after me — the phrase is ... (PAUSE). "No ifs, ands or buts." (INTERVIEWER: ALLOW ONLY 1 TRIAL. MARK "Correct" ONLY IF RESPONDENT HAS REPEATED PHRASE CLEARLY AND EXACTLY.)

Correct Error

(No ifs, ands or buts) 5○ 6○

A28. (Green booklet, page 2) Read the words on page 2 and then do what it says. (INTERVIEWER: MARK "Correct" IF RESPONDENT CLOSSES EYES)

Respondent
unable to
read or see
clearly
enough

Correct Error

(Respondent
closes eyes) 7○ 8○ 9○

A29. INTERVIEWER: READ FULL STATEMENT BELOW BEFORE HANDING RESPONDENT A BLANK PIECE OF PAPER. DO NOT REPEAT INSTRUCTIONS OR COACH.

I am going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap.

Correct Error Respondent
Disabled

a) (Takes paper in
right hand) 1○ 2○ 3○

b) (Folds paper
in half) 4○ 5○ 6○

c) (Puts paper down
on lap) 7○ 8○ 9○

A30. Write any complete sentence on that piece of paper for me. (INTERVIEWER: SENTENCE SHOULD HAVE A SUBJECT AND A VERB AND MAKE SENSE. SPELLING AND GRAMMATICAL ERRORS ARE OK.)

Correct Error Respondent
unable to
write

(Writes complete
sentence) 1○ 2○ 3○

A31. (Green booklet, page 3). Here is a drawing on page 3. Please copy the drawing on the piece of paper. (INTERVIEWER: MARK "Correct" IF RESPONDENT'S DRAWING MATCHES THE DRAWING IN THE BOOKLET.)

Correct Error Respondent
Disabled

(Copies drawing) 4○ 5○ 6○

A32. INTERVIEWER CHECK ITEM:

See A21-A22 and A25-A31

Count number of errors in A21-A22 and A25-A31 and enter number here:

errors

A32a. INTERVIEWER CHECK ITEM:

See A32

3○ If less than 11 entered in A32, go to A33

4○ Otherwise, **THANK RESPONDENT AND END THE INTERVIEW**

A33. In the last 6 months, have you been providing care in your home for a close friend, relative or family member who needs help because of chronic illness, old age, disability, mental retardation or mental illness?

5○ Yes

6○ No → Go to A37

A34. What is their age, sex and relationship to you?

See Reference Card for relationship codes

AGE SEX (M/F) RELATIONSHIP

a)

b)

c)

d)

A35. How many hours a week do you usually spend doing things for (him/her/them)? [IF VARIES, ASK: What about when you were spending the most time?]

Hours per week

A36. To what extent does caring for (this person/these people) interfere with having a life of your own?

¹ ☐ A great deal

² ☐ Somewhat

³ ☐ Not at all

A37. In the last 6 months, have you been involved in providing care outside of your home for a close friend, relative or family member who needs help because of chronic illness, old age, disability, mental retardation or mental illness?

⁴ ☐ Yes

⁵ ☐ No → Go to A41

A38. What is their age, sex, relationship to you, and where do they live — alone, with someone else or in an institution?

See Reference Card for relationship codes

	AGE	SEX (M/F)	RELATIONSHIP	ALONE	WITH SOMEONE ELSE	INST.
a)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	⁰¹ ☐	⁰² ☐	⁰³ ☐
b)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	⁰⁴ ☐	⁰⁵ ☐	⁰⁶ ☐
c)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	⁰⁷ ☐	⁰⁸ ☐	⁰⁹ ☐
d)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	¹⁰ ☐	¹¹ ☐	¹² ☐

A39. How many hours a week do you usually spend doing things for (him/her/them)? [IF VARIES, ASK: What about when you were spending the most time?]

Hours Per Week

A40. To what extent does caring for (this person/these people) interfere with having a life of your own?

¹ ☐ A great deal

² ☐ Somewhat

³ ☐ Not at all

A41. Now I have some questions about your family and the time you were growing up.

The next few questions are about your biological or birth parents. Can you answer some questions about them?

⁴ ☐ Yes

⁵ ☐ No → Go to A57

A42. Is your biological or birth father still alive?

⁶ ☐ Yes → Go to A45

⁷ ☐ No

⁸ ☐ Don't know → Go to A45

A43. How old was he when he died?

Father's age

OR

⁹⁸ ☐ Don't know

A44. How old were you at the time of his death?

Years old

A45. Is your biological or birth mother still alive?

¹ ☐ Yes → Go to A48

² ☐ No

³ ☐ Don't know → Go to A48

A46. How old was she when she died?

Mother's age

OR

⁹⁸ ☐ Don't know

A47. How old were you at the time of her death?

Years old

A48. As far as you know, did either of your biological parents ever talk to a doctor or counsellor about problems with their emotions or nerves or with the use of alcohol or drugs?

¹ ☐ Yes →

Was this your father, your mother or both your parents?

² ☐ No

⁴ ☐ Father ⁵ ☐ Mother ⁶ ☐ Both

³ ☐ Don't know

A49. Were either of your biological parents ever unable to work or ever hospitalized because of problems they may have had with their emotions or nerves or with their use of alcohol or drugs?

¹ ☐ Yes →

Was this your father, your mother or both your parents?

² ☐ No

⁴ ☐ Father ⁵ ☐ Mother ⁶ ☐ Both

³ ☐ Don't know

A50. Did either of your biological parents ever attempt suicide?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

Was this your father, your mother or both your parents?

4 ☐ Father 5 ☐ Mother 6 ☐ Both

A51. Did either of your parents ever suffer from depression, that is, did they feel so low for a period of weeks or months that they hardly ate or couldn't work or do whatever they usually did?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

Was this your father, your mother or both your parents?

4 ☐ Father 5 ☐ Mother 6 ☐ Both

A52. Did either of your parents ever have a period of at least two weeks when others were concerned because they suddenly became active day and night and seemed not to need any sleep and talked much more than usual?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

Was this your father, your mother or both your parents?

4 ☐ Father 5 ☐ Mother 6 ☐ Both

A53. Did either of your parents ever have an illness lasting at least six months when they saw visions or heard voices that weren't really there or thought people were spying on them or plotting against them?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

Was this your father, your mother or both your parents?

4 ☐ Father 5 ☐ Mother 6 ☐ Both

A54. Did either of your parents ever have a drinking problem?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

Was this your father, your mother or both your parents?

4 ☐ Father 5 ☐ Mother 6 ☐ Both

A55. Did either of your parents ever have a drug problem?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

Was this your father, your mother or both your parents?

4 ☐ Father 5 ☐ Mother 6 ☐ Both

A56. (Are/were) either of your parents the kind of people who never held a job for long, or got into fights or got into trouble with the police from time to time?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

Was this your father, your mother or both your parents?

4 ☐ Father 5 ☐ Mother 6 ☐ Both

A57. Did you have a close and confiding relationship with either of your parents or with some other adult during your childhood?

7 ☐ Yes

8 ☐ No

A58. How many brothers and sisters did you have while you were growing up?

Number of brothers and sisters

If 00 → Go to A60

A59. Were you the oldest or the youngest [or in between]?

1 ☐ Oldest

2 ☐ Youngest

3 ☐ In between

A60. Before you were 16, did anyone [else] close to you die, such as a brother, sister, other relative or friend?

4 ☐ Yes

5 ☐ No → Go to A62

A61. How old were you when this first happened?

Years old

A62. Who was the major financial support of your family or household most of the time while you were growing up [up through age 16]?

1 ☐ Father

2 ☐ Mother

3 ☐ Other male

4 ☐ Other female

A63. What kind of work did (he/she) do for a living most of the time you were growing up? What was (his/her) main occupation?

01 ☐ Managerial, professional

02 ☐ Small business owner

03 ☐ Clerical

04 ☐ Sales

05 ☐ Service Worker

06 ☐ Farming, fishing, forestry, mining

07 ☐ Processing, machining, fabricating

08 ☐ Construction

09 ☐ Transportation

10 ☐ Material handling and other crafts

11 ☐ Didn't work, unemployed

12 ☐ Other (specify):

<p>01 ☐ No formal schooling</p> <p>02 ☐ Some primary school</p> <p>03 ☐ Completed primary school</p> <p>04 ☐ Some secondary or high school</p> <p>05 ☐ Completed secondary or high school</p> <p>06 ☐ Some community college, technical college, CEGEP, or nursing program</p> <p>07 ☐ Completed community college, technical college, CEGEP, or nursing program</p> <p>08 ☐ Some university (not completed)</p> <p>09 ☐ Completed university degree (Bachelors, Masters, PhD.)</p> <p>10 ☐ Don't know — (if possible get a guess)</p>	<p>5 ☐ Yes</p> <p>6 ☐ No → Go to A72</p>
<p>A65. Did your parents [or the people who raised you] ever have serious problems getting along?</p> <p>1 ☐ Yes</p> <p>2 ☐ No → Go to A72</p>	<p>A71. How many times did they separate?</p> <p><input type="text"/> <input type="text"/> Times</p>
<p>A66. When you were growing up, did your parents [or the people who raised you] ever separate because of serious problems getting along?</p> <p>3 ☐ Yes</p> <p>4 ☐ No → Go to A72</p>	<p>A72. Before age 16, did you ever stay overnight at ...</p> <p>a) a detention or or juvenile centre? 1 ☐ Yes 2 ☐ No</p> <p>b) a police station or jail? ... 3 ☐ Yes 4 ☐ No</p> <p>c) a foster or group home? ... 5 ☐ Yes 6 ☐ No → Go to A81</p>
<p>A67. How old were you the first time this happened?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>A73. How many different foster or group homes did you stay in?</p> <p><input type="text"/> <input type="text"/> # homes</p>
<p>A68. Did they get back together again?</p> <p>5 ☐ Yes</p> <p>6 ☐ No → Go to A72</p>	<p>A74. Before age 16, did you ever run away overnight from your group or foster home?</p> <p>7 ☐ Yes</p> <p>8 ☐ No → Go to A81</p>
<p>A69. How long were they apart [the first time they separated]?</p> <p><input type="text"/> <input type="text"/> 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years</p>	<p>A75. How many times did you run away overnight?</p> <p><input type="text"/> <input type="text"/> If more than 01 → Go to A78</p> <p>A76. How old were you when you ran away overnight?</p> <p><input type="text"/> <input type="text"/> Years old</p> <p>A77. How long did you stay away?</p> <p>1 ☐ 1 night 2 ☐ 2 to 7 nights 3 ☐ More than 7 nights</p> <p>} Go to A81</p> <p>A78. How old were you the first time you ran away overnight?</p> <p><input type="text"/> <input type="text"/> Years old</p>

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away overnight?

Years old

A80. What was the longest period you stayed away overnight?

☐ 1 night

☐ 2 to 7 nights

☐ 3 More than 7 nights

A81. Before age 16, did you ever see or talk to anyone from Children's Aid Society about difficulties at home?

☐ Yes

☐ No

A82. Before age 16, did you ever run away overnight from home? [Other than from a group or foster home.]

☐ Yes

☐ No → Go to A89

A83. How many times did you run away overnight?

If more than 01 → Go to A86

A84. How old were you when you ran away overnight?

Years old

A85. How long did you stay away?

☐ 1 night

☐ 2 to 7 nights

☐ 3 More than 7 nights

Go to A89

A86. How old were you the first time you ran away overnight?

Years old

A87. Up to age 16, how old were you the last time you ran away overnight?

Years old

A88. What was the longest period of time you stayed away?

☐ 1 night

☐ 2 to 7 nights

☐ 3 More than 7 nights

A89. Before age 16, were you ever in court for anything you had done?

☐ Yes

☐ No → Go to A92

A90. How many times were you in court [before age 16]?

times

A91. How old were you the first time this happened?

Years old

A92. Have you ever in your lifetime been arrested or charged for an offense, other than a traffic violation?

☐ Yes

☐ No

A93. (Blue Booklet) The next few questions are about things which may have happened to you as a child. I'm going to ask you to fill in the answers yourself in this booklet. Please read each question and mark the circle which applies to you. Please tell me when you are finished.

☐ Questions completed

☐ Refusal

A94. How many times before age 16 did you move to a place far enough away from your previous home that you had to make all new friends — not just a move across the street, but to a totally new neighbourhood or town?

Times

A95. How would you describe the area where you were raised for most of the time before age 16 — would you say it was rural, a small town, a medium-sized town or a city?

☐ Rural (less than 2,999)

☐ Small town (3,000 to 9,999)

☐ Medium town (10,000 to 24,999)

☐ City (25,000 or more)

**SECTION B
PRESENT LIFE**

B1. Now, I have some questions about your life at present. Do you currently have a spouse, steady girlfriend or boyfriend?

☐ 1 Yes

☐ 2 No → Go to B7

B2. (Orange Booklet, page 1) During the past 6 months, how well have you gotten along with your boyfriend, girlfriend or spouse?

☐ 3 Very well, no problems

☐ 4 Quite well, hardly any problems } Go to B4

☐ 5 Fairly well, occasional problems

☐ 6 Not too well, frequent problems

☐ 7 Not well at all, constant problems

B3. How long have you been having these problems?

☐ 1 Less than 6 months

☐ 2 6 to 12 months

☐ 3 1 to 2 years

☐ 4 More than 2 years

B4. In general, how often do the two of you have unpleasant disagreements or conflicts? Would you say ...

☐ 1 More than once a week?

☐ 2 About once a week?

☐ 3 1 to 3 times a month?

☐ 4 Less than once a month?

☐ 5 Never?

B5. How often are things tense between you? Would you say ...

☐ 1 More than once a week?

☐ 2 About once a week?

☐ 3 1 to 3 times a month?

☐ 4 Less than once a month?

☐ 5 Never?

B6. Are you currently living together?

☐ 1 Yes

☐ 2 No

B7. In your lifetime how many spouses or partners (a person you lived with in a marriage-like relationship) have you had?

☐ 3 No spouse or partner → Go to B9

☐ 4 One spouse or partner

☐ 5 Two spouses or partners

☐ 6 Three or more spouses or partners

B8. Did you live with (this person/any of these people) for a year or more?

☐ 1 Yes

☐ 2 No

B9. INTERVIEWER CHECK ITEM:

☐ 3 If female respondent, Go to B10

☐ 4 If male respondent, Go to B17

B10. How many children have you given birth to? (DO NOT COUNT STILL BIRTHS)

Children

B11. Have you ever had a pregnancy which did not result in a live birth?

☐ 1 Yes

☐ 2 No → Go to B17

B12. How many times did this happen?

☐ 3 One

☐ 4 2 or more → Enter # of times, then go to B15

B13. How old were you when this happened?

Years old

B14. How did the pregnancy end?

☐ 5 Miscarriage

☐ 6 Stillbirth

☐ 7 Abortion

} Go to B17

happened?

(First Pregnancy Not Resulting in a Live Birth)

¹ Years old

(Second Pregnancy Not Resulting in a Live Birth)

² Years old

(Third Pregnancy Not Resulting in a Live Birth)

³ Years old

B16. How did each pregnancy end?

First Second Third

⁰¹ ☐ Miscarriage ⁰⁴ ☐ Miscarriage ⁰⁷ ☐ Miscarriage

⁰² ☐ Stillbirth ⁰⁵ ☐ Stillbirth ⁰⁸ ☐ Stillbirth

⁰³ ☐ Abortion ⁰⁶ ☐ Abortion ⁰⁹ ☐ Abortion

B17. Have you ever raised or are you raising any children [not counting foster children]?

¹ ☐ Yes

² ☐ No → Go to B31

B18. Are all these children living with you?

³ ☐ Yes → Go to B20

⁴ ☐ No

B19. When was the last time you saw, talked or wrote to any of your children who live away from home?

¹ ☐ Less than a week ago

² ☐ Less than a month ago

³ ☐ Within the last 6 months

⁴ ☐ Within the last year

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⁵ ☐ Over a year ago

B20. (Orange Booklet, page 1). During the past 6 months, how well have you gotten along with your children?

¹ ☐ Very well, no problems

² ☐ Quite well, hardly any problems

³ ☐ Fairly well, occasional problems

⁴ ☐ Not too well, frequent problems

⁵ ☐ Not well at all, constant problems

Go to B22

B21. How long have you been having these problems?

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

B22. How many of your children are under age 16?

children

If 00 → Go to B31

B23. In a typical week, how many hours do you spend providing care for your child(ren)?

¹ ☐ less than 10 hours

² ☐ 10 to 19 hours

³ ☐ 20 to 29 hours

⁴ ☐ 30 to 39 hours

⁵ ☐ more than 40 hours

B23a. Have you had trouble or difficulty as a parent in being able to provide care for your child(ren) in the last 6 months?

¹ ☐ Yes

² ☐ No → Go to B31

B24. How much difficulty have you had? Would you say ...

³ ☐ A little?

⁴ ☐ Some?

⁵ ☐ A lot?

☐ Less than 6 months

☐ 6 to 12 months

☐ 1 to 2 years

☐ More than 2 years

B26. Was this because of ...

Yes No

a) A physical health problem you have? ☐ ☐

b) A problem with your emotions, nerves or mental health? ☐ ☐

c) A problem with your use of alcohol or drugs? ☐ ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to B31.

B27. During the past 6 months, did the difficulty you were having in providing care for your child(ren) result in some other person or agency having to take over their full time care?

☐ Yes

☐ No → Go to B29

B28. How long altogether did they receive this care in the past 6 months?

☐ Days

☐ Weeks } Go to B31

☐ Months

B29. During the past 6 months, did the difficulty you were having in providing care for your child(ren) result in your child(ren) receiving part-time substitute care?

☐ Yes

☐ No → Go to B31

B30. How long altogether did they receive this care in the past 6 months?

☐ Days

☐ Weeks

☐ Months

SSI

☐ Yes

☐ No → Go to B33

B32. Do you enjoy living alone? Would you say ...

☐ A great deal?

☐ Quite a bit?

☐ Some?

☐ A little?

☐ Not at all?

Go to B36

B33. [Excluding your children/spouse/partner,] do any of the following live in this household?

Yes No

a) Your parent(s) or guardian? ☐ ☐

b) Some other relative of yours? ☐ ☐

c) A friend or roommate? ☐ ☐

d) Some other unrelated adults? ☐ ☐

INTERVIEWER INSTRUCTIONS: If all answers are 'No', go to B36

B34. (Orange Booklet, page 1) During the past 6 months, how well have you gotten along with (this person/these people)?

☐ Very well, no problems

☐ Quite well, hardly any problem

☐ Fairly well, occasional problems

☐ Not too well, frequent problems

☐ Not well at all, constant problems

Go to B36

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

B36. Do you have any close relatives [excluding those you live with] whom you see, write or talk to at least once a year?

⁵ ☐ Yes

⁶ ☐ No → Go to B39

B37. (Orange Booklet, page 1) During the past 6 months, how well have you gotten along with these relatives?

¹ ☐ Very well, no problems

² ☐ Quite well, hardly any problems

³ ☐ Fairly well, occasional problems

⁴ ☐ Not too well, frequent problems

⁵ ☐ Not well at all, constant problems

} Go to B39

B38. How long have you been having these problems?

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

B39. How many close friends do you have?

⁵ ☐ None → Go to B43

⁶ ☐ One

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⁷ ☐ Two or more

when was the last time you had contact with any of them?

¹ ☐ Less than a week ago

² ☐ Less than a month ago

³ ☐ Within the last 6 months

⁴ ☐ Within the last year

⁵ ☐ Over a year ago

B41. (Orange Booklet, page 1) During the past 6 months, how well have you gotten along with your close friends?

¹ ☐ Very well, no problems

² ☐ Quite well, hardly any problems

³ ☐ Fairly well, occasional problems

⁴ ☐ Not too well, frequent problems

⁵ ☐ Not well at all, constant problems

} Go to B43

B42. How long have you been having these problems?

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

B43. During the past two years, in how many dwellings have you lived?

Dwellings

SECTION C

The next questions ask about your physical and emotional well-being and about areas of your life that could affect them.

It is important for us to get accurate information. In order to do this, you will need to think carefully before answering the following questions.

INTERVIEWER: MARK INTERVIEWER REFERENCE CARD WITH C1-C7 BOXED RESPONSES.

C1. Have you ever in your life had a spell or attack when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid or anxious?

☐ Yes

☐ No

C2. Have you ever had a period of one month or more when most of the time you felt worried or anxious?

☐ Yes

☐ No → Mark C2b "No" and go to C3

C2a. What is the longest period you have had of feeling worried or anxious?

Months

OR

Years

C2b. INTERVIEWER CHECK ITEM:

See C2a

Was longest period in C2a six months or longer?

☐ Yes

☐ No

C3. Have you ever had a continuous period lasting two years or more when you felt depressed or sad most days, even if you felt O.K. sometimes?

☐ Yes

☐ No → Mark C3a "No" and go to C4

C3a. Did a period like that ever last two years without being interrupted by your feeling O.K. for two months?

☐ Yes

☐ No

C4. In your lifetime, have you ever had two weeks or more when nearly every day you felt sad, blue or depressed?

☐ Yes → Go to C5

☐ No

C4a. Have you ever had two weeks or more when nearly every day you felt down in the dumps, low or gloomy?

☐ Yes

☐ No

C5. Has there ever been two weeks or more when you lost interest in most things like work, hobbies or things you usually liked to do for fun?

☐ Yes

☐ No → Go to C6

C5a. Did you ever completely lose all interest in things like work or hobbies or things you usually liked to do for fun?

☐ Yes

☐ No

C6. Has there ever been a period of at least two days when you were so happy or excited that you got into trouble, or family or friends worried about it, or a doctor said you were manic?

☐ Yes

☐ No

C7. Has there ever been a period of several days when you were so irritable that you threw or broke things, started arguments, shouted at people or hit someone?

☐ Yes

☐ No

C7a. INTERVIEWER CHECK ITEM:

See age on front cover

☐ If respondent age 65 or over, go to C7b

☐ Otherwise, go to C8

C7b. INTERVIEWER CHECK ITEM:

See Reference Card, C3A-C5

Select first applicable statement

If first "Yes" response in C3a-C5 is:

☐ C3a → Go to D1 (page 25)

☐ C4 → Go to E1 (page 26)

☐ C4a → Go to E1 (page 26)

☐ C5 → Go to E2 (page 26)

☐ Otherwise → Go to SECTION H (page 46)

unreasonably strong fear of things on this list like being in a crowd, leaving home alone, travelling on buses, cars, or trains, or of crossing a bridge, that they always get very upset in such a situation or avoid it altogether. Did you ever go through a period when being in any of these situations always frightened you badly?

¹ ☐ Yes

² ☐ No → Go to C26 (next page)

Did you have this unreasonably strong fear when ...

Yes No

a) you were in a crowd or standing in line? ⁰¹ ☐ ⁰² ☐

b) leaving your home or being alone away from home? ⁰³ ☐ ⁰⁴ ☐

c) you were in a public place? ⁰⁵ ☐ ⁰⁶ ☐

d) riding in cars, trains or buses? ... ⁰⁷ ☐ ⁰⁸ ☐

e) crossing a bridge? ⁰⁹ ☐ ¹⁰ ☐

C9. INTERVIEWER CHECK ITEM:

See C8a to C8e

¹ ☐ If one or more "Yes" responses in C8a–C8e, go to C10

² ☐ Otherwise, go to C26 (next page)

C10. When you were in (this/these) situation(s), did you ever get dizzy, or sweaty, or tremble, or have a dry mouth, or feel your heart pound?

³ ☐ Yes

⁴ ☐ No

C11. In (this/these) situation(s) did you ever have: discomfort in your chest or stomach, difficulty breathing, a feeling that you were choking, or a feeling that you would lose control or go mad?

⁵ ☐ Yes

⁶ ☐ No

C12. When you had (this/these) unreasonably strong fear(s), were you ever afraid of collapsing?

8SI ⁷ ☐ Yes → Go to C13

⁸ ☐ No

(On page 2, in (un)reasonably situation(s), were you ever afraid of other incapacitating or embarrassing symptoms when no help was available or no escape was possible?

¹ ☐ Yes

² ☐ No

C13. Did you ever avoid (this/these) situation(s) (FROM C8) because of your unreasonably strong fear(s)?

³ ☐ Yes

⁴ ☐ No

C14. INTERVIEWER CHECK ITEM:

See C10 to C13

⁵ ☐ If one or more "Yes" responses in C10–C13, go to C15

⁶ ☐ Otherwise, go to C26 (next page)

C15. Did you ever tell a doctor other than a psychiatrist about your unreasonably strong fear(s)?

⁷ ☐ Yes → Mark C15 on Reference Card, then go to C17

⁸ ☐ No

C16. Did you ever tell any other professional about (it/them) [other professionals include psychiatrists, psychologists, social workers, nurses, rabbis, priests, ministers, counsellors and others, like chiropractors]?

¹ ☐ Yes

² ☐ No → Go to C17

C16a. How old were you the first time (you told any other professional about (it/them))?

Years old

C17. Did you ever take medication more than once because of (this/these) fear(s)?

³ ☐ Yes

⁴ ☐ No → Go to C18

C17a. How old were you the first time (you took medication more than once because of (this/these) fear(s))?

Years old

C18. Were you ever unable to travel some place you wanted to go because of (this/these) fear(s)?

⁵ ☐ Yes

⁶ ☐ No

<p>home for an entire day because of (this/these) fear(s)?</p> <p>7 ☐ Yes</p> <p>8 ☐ No</p>	<p>(Change booklet, page 3) Some people have such an unreasonably strong fear of doing things on this list that they avoid them altogether or feel extremely uncomfortable about doing them. Have you ever had such an unreasonably strong fear of ...</p>
<p>C20. How much did (this/these) fear(s) ever interfere with your life or activities?</p> <p>1 ☐ A lot?</p> <p>2 ☐ Some?</p> <p>3 ☐ A little?</p> <p>4 ☐ Not at all?</p>	<p style="text-align: right;">Yes No</p> <p>a) speaking in public? 01 ☐ 02 ☐</p> <p>b) having to use the toilet when away from home? 03 ☐ 04 ☐</p> <p>c) eating or drinking in public? 05 ☐ 06 ☐</p> <p>d) talking to people because you might have nothing to say or might sound foolish? 07 ☐ 08 ☐</p> <p>e) writing while someone watches? .. 09 ☐ 10 ☐</p> <p>f) talking in front of a small group of people? 11 ☐ 12 ☐</p>
<p>C21. How much did avoiding the situation(s) ever interfere with your life or activities?</p> <p>5 ☐ A lot?</p> <p>6 ☐ Some?</p> <p>7 ☐ A little?</p> <p>8 ☐ Not at all?</p> <p>9 ☐ Never avoided situations — (if volunteered)</p>	<p>C27. INTERVIEWER CHECK ITEM:</p> <p>See C26a to C26f</p> <p>1 ☐ If one or more "Yes" responses in C26a–C26f, go to C28</p> <p>2 ☐ Otherwise, go to C43 (next page)</p>
<p>C22. INTERVIEWER CHECK ITEM:</p> <p>See C15 to C21</p> <p>1 ☐ If one or more "Yes" responses in C15–C19 or answer is "A lot" in C20 or C21, mark C22 on Reference Card then go to C23</p> <p>2 ☐ Otherwise, go to C26</p>	<p>C28. (Still on page 3) Did (this/any of these) fears on page 3 ever continue for months or even years?</p> <p>3 ☐ Yes → Go to C29</p> <p>4 ☐ No</p>
<p>C23. When was the <u>first</u> time you had (this/any of these) fear(s) — in the past month, past six months, past year or more than a year ago?</p> <p>1 ☐ Past month → Go to C26</p> <p>2 ☐ Past six months</p> <p>3 ☐ Past year</p> <p>4 ☐ More than a year ago</p> <p style="text-align: right;">} Go to C25</p>	<p>C28a. Was this because you always avoided (this/these) situation(s)?</p> <p>5 ☐ Yes</p> <p>6 ☐ No</p>
<p>C24. How old were you the first time [you had (this/any of these) fear(s)]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>C29. (Still on page 3) Did you ever tell a doctor other than a psychiatrist about your unreasonably strong fear(s)?</p> <p>7 ☐ Yes → Mark C29 on Reference Card, then go to C31</p> <p>8 ☐ No</p>
<p>C25. When was the <u>last</u> time you had (this/any of these) fear(s) — in the past month, past six months, past year or more than a year ago?</p> <p>5 ☐ Past month</p> <p>6 ☐ Past six months</p> <p>7 ☐ Past year</p> <p>8 ☐ More than a year ago</p> <p style="text-align: right;">} Go to C26</p>	<p>C30. Did you ever tell any other professional about (it/them) [other professionals include psychiatrists, psychologists, social workers, nurses, rabbis, priests, ministers, counsellors and others, like chiropractors]?</p> <p>1 ☐ Yes</p> <p>2 ☐ No → Go to C31</p>
<p>C25a. How old were you the last time?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>C30a. How old were you the first time [you told any other professional about (it/them)]?</p> <p><input type="text"/> <input type="text"/> Years old</p>

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C31. (Still on page 3) Did you ever take medication more than once because of (this/these) fear(s) on page 3?

3 ☐ Yes

4 ☐ No → Go to C32

C31a. How old were you the first time (you took medication more than once because of (this/these) fear(s))?

Years old

C32. (Still on page 3) Were you ever very upset with yourself for having (this/any of these) fear(s) on page 3?

1 ☐ Yes

2 ☐ No

C33. (Still on page 3) How much did (this/these) fear(s) on page 3 ever interfere with your life or activities?

3 ☐ A lot?

4 ☐ Some?

5 ☐ A little?

6 ☐ Not at all?

C34. How much did avoiding the situation(s) (FROM C26) ever interfere with your life or activities?

1 ☐ A lot?

2 ☐ Some?

3 ☐ A little?

4 ☐ Not at all?

5 ☐ Never avoided situation(s) — (if volunteered)

C35. INTERVIEWER CHECK ITEM:

See C28 to C34

6 ☐ If one or more "Yes" responses in C28–C32, or answer is "A lot" in C33 or C34, go to C36

7 ☐ Otherwise, go to C43

C36. (Still on page 3) When was the first time you had (this/any of these) fear(s) on page 3 — in the past month, past six months, past year or more than a year ago?

1 ☐ Past month → Go to C39

2 ☐ Past six months

3 ☐ Past year } Go to C38

4 ☐ More than a year ago

C37. How old were you the first time (you had (this/any of these fear(s)))?

Years old

C38. (Still on page 3) When was the last time you had (this/these) fear(s) on page 3 — in the past month, past six months, past year or more than a year ago?

1 ☐ Past month

2 ☐ Past six months

3 ☐ Past year

4 ☐ More than a year ago } Go to C39

C38a. How old were you the last time?

Years old

C39. (Still on page 3) Did (this/these) unreasonable fear(s) on page 3 ever keep you from completing a task at home or work, taking on new responsibilities, or taking on a new job?

5 ☐ Yes

6 ☐ No

C40. Did (it/any of them) ever keep you from going to a party, social event or meeting?

7 ☐ Yes

8 ☐ No

C41. When you were in (this/these) situation(s) or were thinking about (it/them), did it almost always make you extremely nervous or panicky, make you sweat, your heart pound, or make you short of breath?

1 ☐ Yes

2 ☐ No

C42. When you had to be in (this/these) situation(s), did you blush or shake, feel like vomiting, or were you afraid of doing something very embarrassing?

3 ☐ Yes

4 ☐ No

C43. (Orange booklet, page 4) Here are other things that make some people so unreasonably afraid that they try to avoid them. Have you ever had an unreasonably strong fear of ...

	Yes	No
a) heights?	1 ☐	2 ☐
b) flying?	3 ☐	4 ☐
c) closed spaces?	5 ☐	6 ☐
d) being alone?	7 ☐	8 ☐

C44. INTERVIEWER CHECK ITEM:

See C43a to C43d

1 ☐ If one or more "Yes" responses in C43a–C43d, go to C44a

2 ☐ Otherwise, go to C45

C44a. What is it about (this/these) situation(s) that frightened you?

<p>C43b. (Orange booklet, page 5) Have you ever had an unreasonable strong fear of ...</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 5%; text-align: center;">Yes</td> <td style="width: 5%; text-align: center;">No</td> <td style="width: 35%;"></td> </tr> </table> <p>a) storms, thunder, or lightning? 01 ☐ 02 ☐</p> <p>b) snakes, birds, rats, insects or other animals? 03 ☐ 04 ☐</p> <p>c) seeing blood, getting a shot or injection, or seeing a dentist? 05 ☐ 06 ☐</p> <p>d) being in water, like a swimming pool or lake? 07 ☐ 08 ☐</p> <p>e) Is there anything else that ever made you so unreasonably afraid that you tried to avoid it? (<i>Specify</i>): ... 09 ☐ 10 ☐</p> <p>_____</p> <p>_____</p>		Yes	No		<p>C43c. Did you ever tell any other professional about (it/them) [other professionals include psychiatrists, psychologists, social workers, nurses, rabbis, priests, ministers, counsellors and others, like chiropractors]?</p> <p>1 ☐ Yes</p> <p>2 ☐ No → Go to C50</p> <hr/> <p>C49a. How old were you the first time [you told any other professional about (it/them)]?</p> <p> Years old</p> <hr/> <p>C50. (Still on pages 4–5) Did you ever take medication more than once because of (this/these) fear(s)?</p> <p>3 ☐ Yes</p> <p>4 ☐ No → Go to C51</p> <hr/> <p>C50a. How old were you the first time [you took medication more than once because of (this/these) fear(s)]?</p> <p> Years old</p> <hr/> <p>C51. (Still on pages 4–5) Were you ever very upset with yourself for having (this/these) fear(s) on pages 4 and 5?</p> <p>5 ☐ Yes</p> <p>6 ☐ No</p> <hr/> <p>C52. (Still on pages 4–5) How much did (this/these) fear(s) on pages 4 and 5 ever interfere with your life and activities?</p> <p>1 ☐ A lot?</p> <p>2 ☐ Some?</p> <p>3 ☐ A little?</p> <p>4 ☐ Not at all?</p> <hr/> <p>C53. How much did avoiding the situation(s) ever interfere with your life or activities?</p> <p>5 ☐ A lot?</p> <p>6 ☐ Some?</p> <p>7 ☐ A little?</p> <p>8 ☐ Not at all?</p> <p>9 ☐ Never avoided situation(s) — (if volunteered)</p> <hr/> <p>C54. INTERVIEWER CHECK ITEM:</p> <p>See C47 to C53</p> <p>1 ☐ If one or more "Yes" responses in C47–C51 or answer is "A lot" in C52 or C53, go to C55</p> <p>2 ☐ Otherwise, go to C61 (next page)</p>
	Yes	No			
<p>C46. INTERVIEWER CHECK ITEM:</p> <p>See C43a to C43d and C45a to C45e</p> <p>1 ☐ If all "No" responses in C43a–C43d and C45a–C45e, go to C61 (next page)</p> <p>2 ☐ Otherwise, go to C47</p>					
<p>C47. (Orange booklet, pages 4–5) Did (this/any of these) fear(s) on pages 4 and 5 ever continue for months or even years?</p> <p>3 ☐ Yes → Go to C48</p> <p>4 ☐ No</p>					
<p>C47a. Was this because you always avoided (this/these) situation(s)?</p> <p>5 ☐ Yes</p> <p>6 ☐ No</p>					
<p>C48. (Still on pages 4–5) Did you ever tell a doctor other than a psychiatrist about your unreasonable strong fear(s) on pages 4 and 5?</p> <p>7 ☐ Yes → Mark C48 on Reference Card, then go to C50</p> <p>8 ☐ No</p>					

<p>C55. (Sum on pages 4-5) When was the <u>first</u> time you had (this/any of these) fear(s) on pages 4 and 5 — In the past month, past six months, past year or more than a year ago?</p> <p> ☐ Past month → Go to C58 ☐ Past six months ☐ Past year } Go to C57 ☐ More than a year ago </p>	<p>C60. When you had to be in (this/these) situation(s) or were thinking about (it/them), did it almost always make you extremely nervous or panicky, make you sweat, your heart pound, or make you short of breath?</p> <p> ☐ Yes ☐ No </p>
<p>C56. How old were you the first time [you had (this/any of these) fear(s)]?</p> <p> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Years old </p>	<p>C61. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, C15, C29 and C48</p> <p> ☐ If one or more marked in C15, C29, C48, go to C61a ☐ Otherwise, go to C62 (next page) </p>
<p>C57. (Still on pages 4-5) When was the <u>last</u> time you had (this/any of these) fear(s) on pages 4 and 5 — In the past month, past six months, past year or more than a year ago?</p> <p> ☐ Past month ☐ Past six months ☐ Past year } Go to C58 ☐ More than a year ago </p>	<p>C61a. (Orange booklet, pages 2-5) The next question is about any of the fears on pages 2 to 5. How old were you the first time you saw a medical doctor other than a psychiatrist about any of these fears?</p> <p> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Years old </p>
<p>C57a. How old were you the last time?</p> <p> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Years old </p>	<p>C61b. Did a medical doctor other than a psychiatrist ever prescribe medication for you because of (this/these) fear(s)?</p> <p> ☐ Yes ☐ No → Go to C61d </p>
<p>C58. Did (this/these) unreasonable fear(s) ever keep you from completing a task at home or work, taking on new responsibilities, or taking on a new job?</p> <p> ☐ Yes ☐ No </p>	<p>C61c. How old were you the first time [a medical doctor other than a psychiatrist prescribed medication for you because of (this/these) fear(s)]?</p> <p> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Years old </p>
<p>C59. Did (it/any of them) ever keep you from going to a party, social event or meeting?</p> <p> ☐ Yes ☐ No </p>	<p>C61d. Did a medical doctor other than a psychiatrist ever advise you to see a mental health specialist [someone like a psychiatrist, psychologist or social worker] because of (this/these) fear(s)?</p> <p> ☐ Yes ☐ No → Go to C62 </p>
<p>C61e. How old were you the first time [a medical doctor other than a psychiatrist advised you to see a mental health specialist]?</p> <p> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Years old </p>	

C62. INTERVIEWER CHECK ITEM:

See Reference Card, C1-C7

Select first applicable statement

¹ ☐ If all "No" responses in C1-C7,
go to SECTION G (page 36)

If first "Yes" response in C1-C7 is:

² ☐ C1 → Go to C63

³ ☐ C2b → Go to C92 (page 23)

⁴ ☐ C3a → Go to D1 (page 25)

⁵ ☐ C4 → Go to E1 (page 26)

⁶ ☐ C4a → Go to E1 (page 26)

⁷ ☐ C5 → Go to E2 (page 26)

⁸ ☐ C6 → Go to F1 (page 34)

⁹ ☐ C7 → Go to F3 (page 34)

C63. Earlier, you mentioned having a spell or attack of suddenly feeling frightened or anxious in situations when most people would not be afraid. Did this happen in situations when you were not in danger or not the centre of attention?

¹ ☐ Yes

² ☐ No → Go to C91 (page 23)

C63a. Could you tell me about where you were and what was going on when you had one of these spells or attacks? (PROBE FOR CLARITY ONLY)

C64. (Orange booklet, page 6) Please think about one of your worst spells or attacks of suddenly feeling very frightened or very uneasy. During that spell or attack ...

Yes No

a) were you short of breath or having trouble catching your breath? ⁰¹ ☐ ⁰² ☐

b) did your heart pound? ⁰³ ☐ ⁰⁴ ☐

c) were you dizzy or lightheaded? ... ⁰⁵ ☐ ⁰⁶ ☐

d) did you have tightness, pain or discomfort in your chest or stomach? ⁰⁷ ☐ ⁰⁸ ☐

e) did your fingers or feet tingle or feel numb? ⁰⁹ ☐ ¹⁰ ☐

f) did you feel like you were choking, or having difficulty swallowing? ... ¹¹ ☐ ¹² ☐

g) did you feel faint? ¹³ ☐ ¹⁴ ☐

h) did you sweat? ¹⁵ ☐ ¹⁶ ☐

i) did you tremble or shake? ¹⁷ ☐ ¹⁸ ☐

j) did you have hot flashes or chills? ¹⁹ ☐ ²⁰ ☐

k) did you, or things around you, seem unreal? ²¹ ☐ ²² ☐

l) did it seem like time was passing much more quickly or much more slowly than usual? ²³ ☐ ²⁴ ☐

m) were you afraid that you might die? ²⁵ ☐ ²⁶ ☐

n) were you afraid that you might act in a crazy way? ²⁷ ☐ ²⁸ ☐

o) did you have nausea? ²⁹ ☐ ³⁰ ☐

p) did you have stomach pain? ³¹ ☐ ³² ☐

q) did you feel like you were smothering? ³³ ☐ ³⁴ ☐

r) did you have a dry mouth? ³⁵ ☐ ³⁶ ☐

C65. INTERVIEWER CHECK ITEM:

See C64

¹ ☐ If one or more "Yes" responses in C64,
go to C66

² ☐ Otherwise, go to C91 (page 23)

C66. (Orange booklet, page 6) During several of your spells or attacks of feeling very frightened or very uneasy, did some of these problems like (READ FIRST 2 "YES" RESPONSES FROM C64) begin suddenly and then get worse within the first few minutes of the attack?

³○ Yes

⁴○ No

C67. (Still on page 6) When was the first time you had a sudden spell or attack of feeling frightened or very uneasy and had at least two of these other problems on page 6 at the same time — in the past month, past six months, past year or more than a year ago?

⁵○ Past month → Go to C70

⁶○ Past six months
⁷○ Past year } Go to C69

⁸○ More than a year ago

C68. How old were you the first time [you had a sudden spell or attack of feeling frightened or very uneasy and had at least two of these other problems on page 6 at the same time]?

Years old

C69. (Still on page 6) When was the last time [you had a spell or attack and had at least two of these other problems on page 6 at the same time] — in the past month, past six months, past year or more than a year ago?

¹○ Past month
²○ Past six months
³○ Past year } Go to C70

⁴○ More than a year ago

C69a. How old were you the last time?

Years old

C70. About how many spells or attacks of suddenly feeling frightened or very uneasy have you had in your lifetime?

attacks

C71. INTERVIEWER CHECK ITEM:

See C70

⁵○ If less than four attacks in C70,
go to C73

⁶○ Otherwise, go to C72

C72: Did you ever have four or more spells or attacks within a four-week period?

⁷○ Yes

⁸○ No → Go to C73

C72a. How old were you the first time [you had four or more attacks within a four-week period]?

Years old

C73: After having a spell or attack, did you ever have a month or more when you were constantly afraid that you might have another attack?

¹○ Yes

²○ No → Go to C74

C73a. How old were you the first time [you had a month or more when you were constantly afraid that you might have another attack]?

Years old

C74. INTERVIEWER CHECK ITEM:

See C72 and C73

Select first applicable statement

³○ If "Yes" in C72, go to C75

⁴○ If "Yes" in C73, go to C76

⁵○ Otherwise, go to C91 (page 23)

C75. Did you ever have a period of a month or more when you had at least four spells or attacks every week?

¹○ Yes

²○ No

C76: Did you ever tell a doctor other than a psychiatrist about your spells or attacks?

³○ Yes

⁴○ No → Go to C79

C76a. How old were you the first time [you told a medical doctor other than a psychiatrist about your spells or attacks]?

Years old

<p>... or a medical doctor ever prescribe medication for you because of your spells or attacks?</p> <p>☐ Yes</p> <p>☐ No → Go to C78</p>	<p>or activities a lot?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>C77a. How old were you the first time [a medical doctor other than a psychiatrist prescribed medication for you because of your spells or attacks]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>C82. INTERVIEWER CHECK ITEM:</p> <p>See C76 and C79</p> <p>☐ If "Yes" response in either C76 or C79, go to C82a</p>
<p>C78. Did a medical doctor other than a psychiatrist ever advise you to see a mental health specialist [someone like a psychiatrist, psychologist or social worker] about your spells or attacks?</p> <p>☐ Yes</p> <p>☐ No → Go to C79</p>	<p>☐ Otherwise, go to C84</p>
<p>C78a. How old were you the first time [a medical doctor other than a psychiatrist advised you to see a mental health specialist]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>C82a. What did the doctor or other professional say was causing the spells or attacks? [What was the diagnosis?] [IF RESPONDENT MENTIONS AN ILLNESS, PROBE FOR THE NAME OF THAT ILLNESS. IF "NO DIAGNOSIS," PROBE: Did the doctor or other professional find anything abnormal when you were examined or tests were taken?]</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>C79. Did you ever see any other professional about your spells or attacks [other professionals include psychiatrists, psychologists, social workers, nurses, rabbis, priests, ministers, counsellors and others, like chiropractors]?</p> <p>☐ Yes</p> <p>☐ No → Go to C80</p>	<p>C83. INTERVIEWER CHECK ITEM:</p> <p>See C82a</p> <p>Select first applicable statement</p> <p>☐ If respondent mentions panic or anxiety, go to C87</p> <p>☐ If respondent mentions stress/nerves/mental illness, go to C87</p> <p>☐ If respondent mentions physical illness, go to C85</p> <p>☐ If respondent mentions medicines/drugs/alcohol, go to C86</p> <p>☐ Otherwise, go to C84</p>
<p>C79a. How old were you the first time [you saw any other professional about your spells or attacks]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	
<p>C80. Did you ever take medication more than once because of your spells or attacks?</p> <p>☐ Yes</p> <p>☐ No → Go to C81</p>	
<p>C80a. How old were you the first time [you took medication more than once because of your spells or attacks]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	

<p>Were your spells or attacks <u>ever</u> due to physical illness or injury?</p> <p>⁶ ☐ Yes</p> <p>⁷ ☐ No → Go to C86</p>	<p>C85. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, C22</p> <p>⁷ ☐ If C22 marked, go to C89</p> <p>⁸ ☐ Otherwise (if blank in C22), go to C91 (next page)</p>
<p>C84a. What was the illness or injury?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>C88. Did your spells or attacks <u>ever</u> occur when you were ...</p> <p style="text-align: right;">Yes No</p> <p>a) in a crowd or standing in line? ... ⁰¹ ☐ ⁰² ☐</p> <p>b) leaving your home or being alone away from home? ... ⁰³ ☐ ⁰⁴ ☐</p> <p>c) in a public place? ... ⁰⁵ ☐ ⁰⁶ ☐</p> <p>d) riding in cars, trains, buses or planes? ... ⁰⁷ ☐ ⁰⁸ ☐</p> <p>e) crossing a bridge? ... ⁰⁹ ☐ ¹⁰ ☐</p>
<p>C85. Were the spells or attacks <u>always</u> due to (ILLNESS/INJURY)?</p> <p>¹ ☐ Yes → Go to C87</p> <p>² ☐ No</p>	<p>C90. INTERVIEWER CHECK ITEM:</p> <p>See C89</p> <p>¹ ☐ If one or more "Yes" responses in C89a–C89e, go to C90a</p> <p>² ☐ Otherwise, go to C91</p>
<p>C86. [When they were not due to (ILLNESS/INJURY)] were the spells or attacks <u>always</u> due to taking medications, drugs, or alcohol?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No</p>	<p>C90a. Did the spells or attacks occur <u>every time</u> you were in (this/these) situation(s)?</p> <p>³ ☐ Yes → Go to C90c</p> <p>⁴ ☐ No</p>
<p>C87. Did your spells or attacks <u>ever</u> occur at times in your life when you were drinking alcohol or using drugs more than usual?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No → Go to C88</p> <p>⁷ ☐ Never drank or used drugs → Go to C88</p>	<p>C90b. Did they occur <u>most</u> of the times you were in (this/these) situation(s)?</p> <p>¹ ☐ Yes</p> <p>² ☐ No</p>
<p>C87a. Did the spells or attacks <u>always</u> occur at a time in your life when you were drinking or using drugs more than usual?</p> <p>¹ ☐ Yes</p> <p>² ☐ No</p>	<p>C90c. Did the attacks <u>ever</u> occur <u>other than in</u> (this/these) situation(s)?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No</p>
<p>C87b. Which one would start first — the spells or attacks, or the increase in drinking or drug use?</p> <p>³ ☐ Spells/attacks</p> <p>⁴ ☐ Drinking/drug use</p> <p>⁵ ☐ Both at same time</p> <p>⁶ ☐ It varies</p>	

See Reference Card, C2b-C7

Select first applicable statement

¹ ☐ If all "No" responses in C2b-C7, go to SECTION G (page 38)

If first "Yes" response in C2b-C7 is:

² ☐ C2b → go to C92

³ ☐ C3a → go to D1 (page 25)

⁴ ☐ C4 → go to E1 (page 26)

⁵ ☐ C4a → go to E1 (page 26)

⁶ ☐ C5 → go to E2 (page 26)

⁷ ☐ C6 → go to F1 (page 34)

⁸ ☐ C7 → go to F3 (page 34)

C92. Earlier, you mentioned you have had periods of six months or more of feeling worried or anxious. During one of those periods, did you worry about things that were not likely to happen?

¹ ☐ Yes → Go to C93

² ☐ No

C92a. Did you worry a great deal over things that were not really serious?

³ ☐ Yes

⁴ ☐ No

C93. During any of those periods of worry or anxiety, did you ever have different worries on your mind at the same time?

⁵ ☐ Yes

⁶ ☐ No → Go to C94

C93a. Were any of your worries about what other people might do or what might happen to them?

⁷ ☐ Yes → Go to C94

⁸ ☐ No

C93b. What sorts of things did you worry about?

C93c. INTERVIEWER CHECK ITEM:

See C93b

¹ ☐ Worries in C93b are entirely about one or more of the following:

- unreasonable fears mentioned above
- having another panic attack
- other mental health worry
- worry about physical health
- worry about weight problem

Go to
C107
(page
25)

² ☐ Otherwise, go to C94

...reactions that you might have had when you were worried or anxious — reactions that could not be entirely explained by a physical illness or injury. When you were worried or anxious, were you also ...

Yes No

a) easily startled?(a) ⁰¹ ☐ ⁰² ☐

b) trembly or shaky?(b) ⁰³ ☐ ⁰⁴ ☐

c) restless?(c) ⁰⁵ ☐ ⁰⁶ ☐

d) bothered by tense, sore or aching muscles?(d) ⁰⁷ ☐ ⁰⁸ ☐

e) keyed up or on edge?(e) ⁰⁹ ☐ ¹⁰ ☐

f) particularly irritable?(f) ¹¹ ☐ ¹² ☐

g) aware of your heart pounding or racing?(g) ¹³ ☐ ¹⁴ ☐

h) short of breath or feeling like you were smothering?(h) ¹⁵ ☐ ¹⁶ ☐

i) easily tired?(i) ¹⁷ ☐ ¹⁸ ☐

C95. Again, including only reactions that could not be entirely explained by a physical illness or injury, when you were worried or anxious, did you have ...

Yes No

j) cold and clammy hands?(j) ¹⁹ ☐ ²⁰ ☐

k) a dry mouth?(k) ²¹ ☐ ²² ☐

l) nausea or diarrhea?(l) ²³ ☐ ²⁴ ☐

m) difficulty concentrating because of worrying?(m) ²⁵ ☐ ²⁶ ☐

n) hot flashes or chills?(n) ²⁷ ☐ ²⁸ ☐

o) trouble swallowing?(o) ²⁹ ☐ ³⁰ ☐

p) trouble falling asleep or staying asleep?(p) ³¹ ☐ ³² ☐

q) discomfort or pain in the stomach?(q) ³³ ☐ ³⁴ ☐

r) a lot of trouble keeping your mind on what you were doing?(r) ³⁵ ☐ ³⁶ ☐

s) did you have to urinate too frequently?(s) ³⁷ ☐ ³⁸ ☐

t) did you feel dizzy or light-headed?(t) ³⁹ ☐ ⁴⁰ ☐

u) did you feel faint or unreal? ... (u) ⁴¹ ☐ ⁴² ☐

v) did you feel like you might lose control or go mad?(v) ⁴³ ☐ ⁴⁴ ☐

w) did you sweat a lot?(w) ⁴⁵ ☐ ⁴⁶ ☐

C96. INTERVIEWER CHECK ITEM:

See C94 to C95

¹○ If four or more "Yes" responses in C94-C95 series, go to C97

²○ Otherwise, go to C107 (next page)

C97. Could any of these reactions like (READ FIRST TWO "YES" RESPONSES FROM C94-C95) have been due entirely to medication, drugs or alcohol?

³○ Yes

⁴○ No → Go to C98

C97a. (Green booklet, pages 4 and 5) Please circle the following letters next to the reactions you just told me about (READ LETTERS NEXT TO "YES" RESPONSES FROM C94-C95, THEN GO TO C97b.)

C97b. Which of these reactions were always caused by medication, drugs or alcohol during your periods of anxiety or worry? Just tell me the letters. [Any others?] (MARK ALL MENTIONS)

⁰¹○ A ⁰²○ B ⁰³○ C ⁰⁴○ D ⁰⁵○ E

⁰⁶○ F ⁰⁷○ G ⁰⁸○ H ⁰⁹○ I ¹⁰○ J

¹¹○ K ¹²○ L ¹³○ M ¹⁴○ N ¹⁵○ O

¹⁶○ P ¹⁷○ Q ¹⁸○ R ¹⁹○ S ²⁰○ T

²¹○ U ²²○ V ²³○ W

C98. When was the first time a period of this sort started when you were worried or anxious or afraid most of the time for at least six months and had some of these reactions like (READ FIRST TWO "YES" RESPONSES FROM C94-C95)? Did this period start in the past six months, past year or more than a year ago?

¹○ Past six months

²○ Past year

³○ More than a year ago

} Go to C100

C99. How old were you the first time [you were worried or anxious or afraid most of the time for at least six months and had some of these reactions]?

Years old

C100. When was the last time [you were worried or anxious or afraid most of the time for at least six months and had some of these reactions] — in the past month, past six months, past year or more than a year ago?

⁴○ Past month

⁵○ Past six months

⁶○ Past year

⁷○ More than a year ago

} Go to C101

INTERVIEWER: Mark C100 on Reference Card

C100a. How old were you at the time?

Years old

C101. Did you ever tell a doctor other than a psychiatrist about being worried or anxious?

¹○ Yes

²○ No → Go to C104

C101a. How old were you the first time [you told a medical doctor other than a psychiatrist about being worried or anxious]?

Years old

C102. Did a medical doctor other than a psychiatrist ever prescribe medication for you because you were worried or anxious?

³○ Yes

⁴○ No → Go to C103

C102a. How old were you the first time [a medical doctor other than a psychiatrist prescribed medication for you because you were worried or anxious]?

Years old

C103. Did a medical doctor other than a psychiatrist ever advise you to see a mental health specialist [someone like a psychiatrist, psychologist or social worker] about your worry or anxiety?

⁵○ Yes

⁶○ No → Go to C104

C103a. How old were you the first time [a medical doctor other than a psychiatrist advised you to see a mental health specialist]?

Years old

C104. Did you ever see any other professional about being worried or anxious [other professionals include psychiatrists, psychologists, social workers, nurses, rabbis, priests, ministers, counsellors and others, like chiropractors]?

⁷○ Yes

⁸○ No → Go to C105

C104a. How old were you the first time [you saw any other professional because you were worried or anxious]?

Years old

you were worried or anxious?

¹○ Yes

²○ No → Go to C106

C105a. How old were you the first time [you took medication more than once because you were worried or anxious]?

Years old

C106. Did your worry or anxiety ever interfere with your life or activities a lot?

³○ Yes

⁴○ No

C107. INTERVIEWER CHECK ITEM:

See Reference Card, C3a-C7

Select first applicable statement

¹○ If all "No" responses in C3a-C7,
go to SECTION G (page 38)

If first "Yes" response in C3a-C7 is:

²○ C3a → Go to D1

³○ C4 → Go to E1 (next page)

⁴○ C4a → Go to E1 (next page)

⁵○ C5 → Go to E2 (next page)

⁶○ C6 → Go to F1 (page 34)

⁷○ C7 → Go to F3 (page 34)

D1. You mentioned earlier that you had periods lasting two years or longer when you felt depressed or sad most days, even if you felt O.K. sometimes.

During one of these periods lasting two years or longer ...

Yes No

a) were you often in tears? ¹○ ²○

b) did you frequently feel hopeless? . ³○ ⁴○

c) did you often feel that you could not cope with your everyday life and responsibilities? ⁵○ ⁶○

d) did you feel that your life had always been bad and was not going to get any better? ⁷○ ⁸○

D2. How old were you the first time you had a period lasting two years or longer when you felt depressed or sad most days?

Years old

D3. When was the last time you were in a period of this sort — in the past month, past six months, past year or more than a year ago?

¹○ Past month

²○ Past six months

³○ Past year

⁴○ More than a year ago

} Go to SECTION E
(next page)

D3a. How old were you the last time?

Years old

SECTION E

CATEGORY #1	CATEGORY #3
<p>E1. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, C4, C4a</p> <p>☐ If "Yes" in C4 or C4a, mark Category #1 on Reference Card, then go to E2</p> <p>☐ Otherwise, go to E2</p>	<p>E9. Have you ever had 2 weeks or more when nearly every night you had trouble falling asleep?</p> <p>☐ Yes</p> <p>☐ No → Go to E11</p>
<p style="text-align: center;">CATEGORY #2</p> <p>E2. Has there ever been a period of 2 weeks or longer when you lost your appetite?</p> <p>☐ Yes</p> <p>☐ No → Go to E4</p>	<p>E10. Have you ever had 2 weeks or more when nearly every night it took you at least 2 hours to fall asleep?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>E3. During any of these periods, did you completely lose your appetite?</p> <p>☐ Yes</p> <p>☐ No</p>	<p>E11. Have you ever had 2 weeks or more when nearly every night you had trouble staying asleep?</p> <p>☐ Yes</p> <p>☐ No → Go to E13</p>
<p>E4. Have you ever lost weight without trying to — as much as 2 pounds a week for several weeks or 10 pounds altogether?</p> <p>☐ Yes</p> <p>☐ No → Go to E6</p>	<p>E12. Did you ever have 2 weeks or more when nearly every night you lay awake more than one hour?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>E5. During any of these periods, how much weight did you lose?</p> <p># LBS. ¹ <input type="text"/> <input type="text"/> <input type="text"/> OR # KG. ² <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>E13. Have you ever had 2 weeks or more when nearly every morning you woke up too early?</p> <p>☐ Yes</p> <p>☐ No → Go to E15</p>
<p>E6. Has there ever been at least 2 weeks when you had an increase in appetite, other than when you were growing [or pregnant]?</p> <p>☐ Yes</p> <p>☐ No</p>	<p>E14. Have you ever had 2 weeks or more when nearly every morning you would wake up at least 2 hours before you wanted to?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>E7. Have you ever had a period when your eating increased so much that you gained as much as 2 pounds a week for several weeks or 10 pounds altogether?</p> <p>☐ Yes</p> <p>☐ No → Go to E8a</p>	<p>E15. Have you ever had 2 weeks or longer when nearly every day you were sleeping too much?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>E8. What is the most weight you ever gained in one of these periods?</p> <p># LBS. ⁷ <input type="text"/> <input type="text"/> <input type="text"/> OR # KG. ⁸ <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>E15a. INTERVIEWER CHECK ITEM:</p> <p>See E9 to E15</p> <p>☐ If any "Yes" responses in E9–E15, mark Category #3 on Reference Card, then go to E16</p> <p>☐ Otherwise, go to E16</p>
<p>E8a. INTERVIEWER CHECK ITEM:</p> <p>See E2 to E7</p> <p>☐ If any "Yes" responses in E2–E7, mark Category #2 on Reference Card, then go to E9</p> <p>☐ Otherwise, go to E9</p>	

<p>E16. Has there ever been a period lasting 2 weeks or more when you lacked energy or felt tired out all the time even when you had not been working very hard?</p> <p>1 ☐ Yes</p> <p>2 ☐ No → Go to E18</p>	<p>E22. See Reference Card, C5</p> <p>INTERVIEWER: Enter "Yes" or "No" response from C5 here</p> <p>1 ☐ Yes</p> <p>2 ☐ No → Go to E24</p>
<p>E17. Have you ever been completely without energy for 2 weeks or more?</p> <p>3 ☐ Yes</p> <p>4 ☐ No</p>	<p>E23. See Reference Card, C5a</p> <p>INTERVIEWER: Enter "Yes" or "No" response from C5a here</p> <p>3 ☐ Yes</p> <p>4 ☐ No</p>
<p>E18. Did you ever have 2 weeks or more when you felt very bad when you got up, but felt better later in the day?</p> <p>5 ☐ Yes</p> <p>6 ☐ No</p>	<p>E24. Have you ever had 2 weeks or longer when you lost the ability to enjoy having good things happen to you, like winning something or being praised or complimented?</p> <p>5 ☐ Yes</p> <p>6 ☐ No</p>
<p>E18a. INTERVIEWER CHECK ITEM:</p> <p>See E16 to E18</p> <p>☐ If any "Yes" responses in E16–E18, mark Category #4 on Reference Card, then go to E19</p> <p>6 ☐ Otherwise, go to E19</p>	<p>E25. Has there ever been a period of several weeks when your interest in sex was a lot less than usual?</p> <p>7 ☐ Yes</p> <p>8 ☐ No → Go to E26a</p>
<p style="text-align: center;">CATEGORY #5</p>	
<p>E19. Has there ever been 2 weeks or more when nearly every day you talked or moved more slowly than is normal for you?</p> <p>1 ☐ Yes</p> <p>2 ☐ No → Go to E21</p>	<p>E26. Did you ever completely lose your interest in sex?</p> <p>1 ☐ Yes</p> <p>2 ☐ No</p>
<p>E20. During (this/one of these) period(s) did anyone else notice that you were talking or moving more slowly?</p> <p>3 ☐ Yes</p> <p>4 ☐ No</p>	<p>E26a. INTERVIEWER CHECK ITEM:</p> <p>See E22 to E26</p> <p>☐ If any "Yes" responses in E22–E26, mark Category #6 on Reference Card, then go to E27</p> <p>4 ☐ Otherwise, go to E27</p>
<p style="text-align: center;">CATEGORY #7</p>	
<p>E21. Has there ever been 2 weeks or more when nearly every day you had to be moving all the time — that is, you could not sit still and paced up and down?</p> <p>5 ☐ Yes</p> <p>6 ☐ No</p>	<p>E27. Has there ever been 2 weeks or more when nearly every day you felt worthless?</p> <p>5 ☐ Yes</p> <p>6 ☐ No → Go to E29</p>
<p>E21a. INTERVIEWER CHECK ITEM:</p> <p>See E19 to E21</p> <p>☐ If any "Yes" responses in E19–E21, mark Category #5 on Reference Card, then go to E22</p> <p>6 ☐ Otherwise, go to E22</p>	<p>E28. Did you ever feel completely worthless for a week or more?</p> <p>7 ☐ Yes</p> <p>8 ☐ No</p> <p>E29. Has there ever been 2 weeks or more when nearly every day you felt sinful?</p> <p>1 ☐ Yes</p> <p>2 ☐ No</p>

<p>...more than 2 weeks or more when nearly every day you felt guilty?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No</p>	<p>E37. Have you ever had 2 weeks or more when nearly every day you were unable to make up your mind about things you ordinarily have no trouble deciding about?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No → Go to E38a</p>
<p>E31. Has there ever been a period of a week or longer when you felt that you were not as good as other people or inferior?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No</p>	<p>E38. Has there ever been a period when you were completely unable to make up your mind about things you ordinarily have no trouble deciding about?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No</p>
<p>E32. Has there ever been a period of a week or longer when you had so little self-confidence that you would not try to have your say about anything?</p> <p>⁷ ☐ Yes</p> <p>⁸ ☐ No → Go to E33a</p>	<p>E38a. INTERVIEWER CHECK ITEM:</p> <p>See E34 to E38</p> <p>☐ If any "Yes" responses in E34–E38, mark Category #8 on Reference Card, then go to E39</p> <p>⁸ ☐ Otherwise, go to E39</p>
<p>E33. Did you ever have a period of 2 weeks or more when you entirely lost your self-confidence?</p> <p>¹ ☐ Yes</p> <p>² ☐ No</p>	<p>CATEGORY #9</p> <p>E39. Has there ever been a period of 2 weeks or more when you thought a lot about death — either your own, someone else's, or death in general?</p> <p>¹ ☐ Yes</p> <p>² ☐ No</p>
<p>E33a. INTERVIEWER CHECK ITEM:</p> <p>See E27 to E33</p> <p>☐ If any "Yes" responses in E27–E33, mark Category #7 on Reference Card, then go to E34</p> <p>⁴ ☐ Otherwise, go to E34</p>	<p>E40. Has there ever been a period of 2 weeks or more when you felt like you wanted to die?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No</p>
<p>CATEGORY #8</p> <p>E34. Has there ever been 2 weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No → Go to E36</p>	<p>E41. Have you ever felt so low you thought about committing suicide?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No</p>
<p>E35. Has there ever been 2 weeks or more when you were unable to read things that usually interest you or watch television or movies you usually like, because you could not pay attention to them?</p> <p>⁷ ☐ Yes</p> <p>⁸ ☐ No</p>	<p>E42. Have you ever attempted suicide?</p> <p>⁷ ☐ Yes</p> <p>⁸ ☐ No</p>
<p>E36. Have you ever had 2 weeks or more when nearly every day your thoughts came much slower than usual or seemed mixed up?</p> <p>¹ ☐ Yes</p> <p>² ☐ No</p>	<p>E42a. INTERVIEWER CHECK ITEM:</p> <p>See E39 to E42</p> <p>☐ If any "Yes" response in E39–E42, mark Category #9 on Reference Card, then go to E43</p> <p>² ☐ Otherwise, go to E43</p>

<p>E43. INTERVIEWER CHECK ITEM:</p> <p>See Category Tally #1-#9 on Reference Card</p> <p>☐ 3 If less than three categories (#1-#9) marked on tally, go to E81 (page 33)</p> <p>☐ 4 Otherwise, if three or more categories (#1-#9) marked on tally — Turn to pages 6 and 7 in the green booklet. Please circle the following numbers next to the problems you just told me about so that you can refer to them in the next questions. (READ QUESTION NUMBERS FOR EACH "YES" RESPONSE IN E2-E42, STARTING ON PAGE 26, THEN GO TO E44a)</p>	<p>E45a. Let me make sure I am clear about this. There has <u>never been</u> a period when you felt (KEY PHRASE 1) at the same time you were having some of these other problems on pages 6 and 7. Is that correct?</p> <p>☐ 1 Yes → Go to E81 (page 33)</p> <p>☐ 2 No</p>
<p>E44a. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, C3a-C4a</p> <p>Mark first applicable answer</p> <p>☐ 5 If any "Yes" response in C3a or C4, go to E44b</p> <p>☐ 6 If "Yes" response in C4a, go to E44c</p> <p>☐ 7 Otherwise, mark KEY PHRASE 1, Option A on the Reference Card, then go to E45 and use "LOSS OF INTEREST" as KEY PHRASE 1.</p>	<p>E46. Did you ever tell a doctor other than a psychiatrist about your period(s) of feeling (KEY PHRASE 1) and having some of these other problems on pages 6 and 7?</p> <p>☐ 3 Yes</p> <p>☐ 4 No → Go to E49</p>
<p>E44b. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, C5</p> <p>☐ 1 If "Yes" response in C5, mark KEY PHRASE 1, Option B on the Reference Card, then go to E45 and use "SAD, BLUE, OR LOST INTEREST" as KEY PHRASE 1.</p> <p>☐ 2 Otherwise, mark KEY PHRASE 1, Option C on the Reference Card, then go to E45 and use "SAD OR BLUE" as KEY PHRASE 1.</p>	<p>E46a. How old were you the first time [you told a medical doctor other than a psychiatrist about your period(s) of feeling (KEY PHRASE 1)]?</p> <p><input type="text"/> <input type="text"/> Years old</p>
<p>E44c. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, C5</p> <p>☐ 3 If "Yes" response in C5, mark KEY PHRASE 1, Option D on the Reference Card, then go to E45 and use "DOWN IN THE DUMPS OR LOST INTEREST" as KEY PHRASE 1.</p> <p>☐ 4 Otherwise, mark KEY PHRASE 1, Option E on the Reference Card, then go to E45 and use "DOWN IN THE DUMPS" as KEY PHRASE 1.</p>	<p>E47. Did a medical doctor other than a psychiatrist ever prescribe medication for you because of your period(s) of feeling (KEY PHRASE 1)?</p> <p>☐ 5 Yes</p> <p>☐ 6 No → Go to E48</p>
<p>E45. (Still on pages 6 and 7) You said you had a period in your life when you felt (KEY PHRASE 1) and also said you have had the other problems you just circled. Has there ever been a time when the period(s) of feeling (KEY PHRASE 1) and some of these other problems circled on pages 6 and 7 occurred together — that is, within the same month?</p> <p>☐ 5 Yes → Go to E46</p> <p>☐ 6 No → Go to E45a</p> <p>☐ 7 Don't know → Go to E81 (page 33)</p>	<p>E47a. How old were you the first time [a medical doctor other than a psychiatrist prescribed medication for you because of your period(s) of feeling (KEY PHRASE 1)]?</p> <p><input type="text"/> <input type="text"/> Years old</p>
	<p>E48. Did a medical doctor other than a psychiatrist ever advise you to see a mental health specialist [someone like a psychiatrist, psychologist or social worker] about your period(s) of feeling (KEY PHRASE 1)?</p> <p>☐ 7 Yes</p> <p>☐ 8 No → Go to E49</p>
	<p>E48a. How old were you the first time [a medical doctor other than a psychiatrist advised you to see a mental health specialist]?</p> <p><input type="text"/> <input type="text"/> Years old</p>
	<p>E49. Did you ever see any other professional about your period(s) of feeling (KEY PHRASE 1) [other professionals include psychiatrists, psychologists, social workers, nurses, rabbis, priests, ministers, counsellors, and others, like chiropractors]?</p> <p>☐ 1 Yes</p> <p>☐ 2 No → Go to E50</p>

E49a. How old were you the first time (you saw any other professional because of your period(s) of feeling (KEY PHRASE 1))?

Years old

E50. Did you ever take medication more than once because of your period(s) of feeling (KEY PHRASE 1)?

☐ Yes

☐ No → Go to E51

E50a. How old were you the first time (you took medication more than once because of your period(s) of feeling (KEY PHRASE 1))?

Years old

E51. Did your periods of feeling (KEY PHRASE 1) ever interfere with your life or activities a lot?

☐ Yes

☐ No

E52. Was any period of feeling (KEY PHRASE 1) so bad that it kept you from working or from seeing friends or relatives?

☐ Yes

☐ No

E53. Were you ever hospitalized for your period(s) of feeling (KEY PHRASE 1)?

☐ Yes

☐ No → Go to E54

E53a. How old were you the first time?

Years old

E54. INTERVIEWER CHECK ITEM:

See E46 to E53, highlighted questions

☐ If one or more "Yes" responses in highlighted questions E46-E53, go to E55

☐ Otherwise, go to E81 (page 33)

E55. (Still on pages 6-7) When was the first time you had a period of two weeks or more when you had some of these problems circled on pages 6 and 7 and also felt (KEY PHRASE 1) — in the past month, past six months, past year or more than a year ago?

☐ Past month → Go to E58

☐ Past six months } Go to E57

☐ Past year

☐ More than a year ago

☐ Never → Go to E81 (page 33)

E56. How old were you the first time (you had a period of two weeks or more when you had some of these problems circled on pages 6 and 7 and also felt (KEY PHRASE 1))?

Years old

E57. (Still on pages 6-7) When was the last time (you had a period of 2 weeks or more when you had some of these problems circled on pages 6 and 7 and also felt (KEY PHRASE 1)) — in the past month, past six months, past year or more than a year ago?

☐ Past month

☐ Past six months } Go to E58

☐ Past year

☐ More than a year ago

E57a. How old were you the last time (you had a period of this sort)?

Years old

E58. (Still on pages 6-7) What is the longest period you ever had when you felt (KEY PHRASE 1) and had several of these other problems circled on pages 6 and 7 at the same time?

of ☐ Weeks
☐ Months
☐ Years

OR

☐ Whole life

INTERVIEWER: Mark E58 box on Reference Card

E59. INTERVIEWER CHECK ITEM:

See Reference Card, C3a

See E58

Mark first applicable statement

☐ If "Yes" in C3a on Reference Card, go to E63

☐ If two (02) years or more in E58, go to E60

☐ Otherwise, go to E63

... you the first time
[you had two years or more when you felt (KEY
PHRASE 1) and some of the problems circled on
pages 6 and 7 at the same time)?

Years old

E61. (Still on pages 6-7) What about the last time you had two years or more when you felt (KEY PHRASE 1) and had some of these other problems circled on pages 6 and 7. Was this going on in the past month, past six months, past year or more than a year ago?

¹ ☐ Past month

² ☐ Past six months

³ ☐ Past year

⁴ ☐ More than a year ago

Go to E63

E62. How old were you the last time [you had a period of this sort lasting two years or longer]?

Years old

E63. (Still on pages 6-7) The next question is about when you felt (KEY PHRASE 1) and also had some of the other problems circled on pages 6 and 7. In your lifetime, how many periods like that have you had that lasted two weeks or more?

⁵ ☐ One

⁶ ☐ More than one

Enter
number,
then go
to E65

E64. Did that period of feeling (KEY PHRASE 1) occur just after someone close to you died?

⁷ ☐ Yes → Go to E72 (next page)

⁸ ☐ No → Go to E71 (next page)

MORE THAN ONE PERIOD IN A LIFETIME

E65. Between [any of] these periods of feeling (KEY PHRASE 1) were you feeling O.K. at least for some months?

¹ ☐ Yes

² ☐ No → Go to E66

E65a. Between [any of] these periods of feeling (KEY PHRASE 1) were you fully able to work and enjoy being with other people?

³ ☐ Yes

⁴ ☐ No → Go to E66

E65b. Did that "normal" period last at least 6 months?

⁵ ☐ Yes → Go to E66

⁶ ☐ No

E65c. Did it last at least 2 months?

⁷ ☐ Yes

⁸ ☐ No

E66. Did any of these periods of feeling (KEY PHRASE 1) occur just after someone close to you died?

¹ ☐ Yes

² ☐ No → Go to E67

E66a. (Still on pages 6-7) Did you ever have a period of feeling (KEY PHRASE 1) along with some of these other problems circled on pages 6 and 7 at times when it was not just after a death?

³ ☐ Yes

⁴ ☐ No → Go to E68

E67. What about your most recent period of feeling (KEY PHRASE 1)? Was that due to someone close to you dying?

⁵ ☐ Yes

⁶ ☐ No

How many periods of feeling (KEY PHRASE 1) lasting two weeks or longer have you had in the past 12 months?

1 ☐ None → Go to E69

2 ☐ One → Go to E68a

3 ☐ More than one → Enter number, then go to E68d

E68a. In what month and year did this period start?

4 Month 5 Year

E68b. Has this period of feeling (KEY PHRASE 1) and having some of the other problems circled on page 6 and 7 ended or is it still going on?

6 ☐ Ended

7 ☐ Still going on

E68c. How long did this period last [so far]?

of 1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years } Go to E69

E68d. In what month and year did the first of these (NUMBER FROM E68) periods start?

5 Month 6 Year

E68e. How long did this first period of feeling (KEY PHRASE 1) last?

of 1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

E69: (Still on pages 6-7) How old were you when you felt (KEY PHRASE 1) for at least two weeks and had the largest number of these other problems circled on pages 6 and 7 at the same time?

Years old → Go to E71

OR

95 ☐ "All are bad" or "No one spell with most" → Go to E70

E70. Can you think of a particularly bad one?

1 ☐ Yes

2 ☐ No → Go to E70b

E70a. How old were you when that period occurred?

Years old → Go to E71

E70b. Then think of your most recent period. How old were you when it occurred?

Years old

E71: Was there anything going on in your life at that time which caused you to feel (KEY PHRASE 1)?

3 ☐ Yes

4 ☐ No → Go to E72

E71a. Briefly, what was going on?

E72: (Still on pages 6-7) Now, take your time to carefully review the list of problems you circled on pages 6 and 7, and tell me the number of each problem you had during that period of feeling (KEY PHRASE 1) [when you were (AGE FROM, E70b, E70a, E69 or E62)]. (PROBE: Any others?) (MARK ALL MENTIONS)

01 ☐	02 ☐	03 ☐	04 ☐	05 ☐	06 ☐
07 ☐	08 ☐	09 ☐	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 ☐

E73. INTERVIEWER CHECK ITEM:

See E72

1 ☐ If "04" was marked in E72, go to E73a

2 ☐ Otherwise, go to E74

E73a. During this period of feeling (KEY PHRASE 1) how much weight did you lose?

Pounds

E74. INTERVIEWER CHECK ITEM:

See E72

3 ☐ If "07" was marked in E72, go to E74a

4 ☐ Otherwise, go to E75

<p>During this period of feeling (KEY PHRASE 1) how much weight did you gain?</p> <p># LBS. 1 <input type="text"/> <input type="text"/> <input type="text"/> OR # KG. 2 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>E78a. Did the period(s) of feeling (KEY PHRASE 1) always occur at times in your life when you were drinking or using drugs more than usual?</p> <p>⁶ ☐ Yes</p> <p>⁷ ☐ No</p>																																										
<p>E75. (Still on pages 6-7) Could any of these problems circled on pages 6 and 7 have been due entirely to medication, drugs, alcohol, physical illness or injury?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No → Go to E76</p>	<p>E78b. Which one would start first — the period(s) of feeling (KEY PHRASE 1) or the increase in drinking or drug use?</p> <p>¹ ☐ Periods of feeling . . .</p> <p>² ☐ Drinking/drug use</p> <p>³ ☐ Both at same time</p> <p>⁴ ☐ It varies</p>																																										
<p>E75a. What were they due to?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>E79. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, C100</p> <p>⁵ ☐ If C100 marked on Reference Card, go to E80</p> <p>⁶ ☐ Otherwise, go to E81</p>																																										
<p>E75b. (Still on pages 6-7) Which of the problems circled on pages 6 and 7 were caused by (MENTION FROM E75a) during your period(s) of feeling (KEY PHRASE 1)? Just tell me the numbers. (PROBE: Any others?) (MARK ALL MENTIONS)</p> <table style="width: 100%; text-align: center;"> <tr> <td>⁰¹ ☐</td><td>⁰² ☐</td><td>⁰³ ☐</td><td>⁰⁴ ☐</td><td>⁰⁵ ☐</td><td>⁰⁶ ☐</td> </tr> <tr> <td>⁰⁷ ☐</td><td>⁰⁸ ☐</td><td>⁰⁹ ☐</td><td>¹⁰ ☐</td><td>¹¹ ☐</td><td>¹² ☐</td> </tr> <tr> <td>¹³ ☐</td><td>¹⁴ ☐</td><td>¹⁵ ☐</td><td>¹⁶ ☐</td><td>¹⁷ ☐</td><td>¹⁸ ☐</td> </tr> <tr> <td>¹⁹ ☐</td><td>²⁰ ☐</td><td>²¹ ☐</td><td>²² ☐</td><td>²³ ☐</td><td>²⁴ ☐</td> </tr> <tr> <td>²⁵ ☐</td><td>²⁶ ☐</td><td>²⁷ ☐</td><td>²⁸ ☐</td><td>²⁹ ☐</td><td>³⁰ ☐</td> </tr> <tr> <td>³¹ ☐</td><td>³² ☐</td><td>³³ ☐</td><td>³⁴ ☐</td><td>³⁵ ☐</td><td>³⁶ ☐</td> </tr> <tr> <td>³⁷ ☐</td><td>³⁸ ☐</td><td>³⁹ ☐</td><td>⁴⁰ ☐</td><td>⁴¹ ☐</td><td>⁴² ☐</td> </tr> </table>	⁰¹ ☐	⁰² ☐	⁰³ ☐	⁰⁴ ☐	⁰⁵ ☐	⁰⁶ ☐	⁰⁷ ☐	⁰⁸ ☐	⁰⁹ ☐	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 ☐	<p>E80. Earlier, you told me that you had periods lasting six months or more when you were worried or anxious. Have these periods of worry <u>ever</u> occurred during a time when you were also having a period of feeling (KEY PHRASE 1)?</p> <p>¹ ☐ Yes</p> <p>² ☐ No → Go to E81</p>
⁰¹ ☐	⁰² ☐	⁰³ ☐	⁰⁴ ☐	⁰⁵ ☐	⁰⁶ ☐																																						
⁰⁷ ☐	⁰⁸ ☐	⁰⁹ ☐	¹⁰ ☐	¹¹ ☐	¹² ☐																																						
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¹⁹ ☐	²⁰ ☐	²¹ ☐	²² ☐	²³ ☐	²⁴ ☐																																						
²⁵ ☐	²⁶ ☐	²⁷ ☐	²⁸ ☐	²⁹ ☐	³⁰ ☐																																						
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³⁷ ☐	³⁸ ☐	³⁹ ☐	⁴⁰ ☐	⁴¹ ☐	⁴² ☐																																						
<p>E76. INTERVIEWER CHECK ITEM:</p> <p>See E63 (page 31)</p> <p>⁷ ☐ If response in E63 is "More than one", go to E77</p> <p>⁸ ☐ Otherwise, go to E78</p>	<p>E80a. Did your periods of worry <u>always</u> occur during a time when you were having a period of feeling (KEY PHRASE 1)?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No</p>																																										
<p>E77. (Still on pages 6-7) You told me you had more than one period of feeling (KEY PHRASE 1). During any of your other periods, did you have as many of these problems circled on pages 6 and 7 as you did in the period you just described?</p> <p>¹ ☐ Yes</p> <p>² ☐ No</p>	<p>E80b. During times you had both, which one would start first — the worry or the period of feeling (KEY PHRASE 1)?</p> <p>⁵ ☐ Worry</p> <p>⁶ ☐ Period of feeling . . .</p> <p>⁷ ☐ Both at the same time</p> <p>⁸ ☐ It varies</p>																																										
<p>E78. (Still on pages 6-7) Did your period(s) of feeling (KEY PHRASE 1) and having some of the other problems circled on pages 6 and 7 ever occur at times in your life when you were drinking alcohol or using drugs more than usual?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No → Go to E79</p> <p>⁵ ☐ Never drank or used drugs → Go to E79</p>	<p>E80c. Which would go away first — [the worry or the period of feeling (KEY PHRASE 1)]?</p> <p>¹ ☐ Worry</p> <p>² ☐ Period of feeling . . .</p> <p>³ ☐ Both at the same time</p> <p>⁴ ☐ It varies</p>																																										
	<p>E81. INTERVIEWER CHECK ITEM:</p> <p>See Age on front cover</p> <p>⁵ ☐ If respondent age 65 or over, go to SECTION H (page 46)</p> <p>⁶ ☐ Otherwise, go to E82</p>																																										
	<p>E82. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, C6 and C7</p> <p>Select first applicable answer</p> <p>¹ ☐ If responses in both C6 and C7 are "No", go to SECTION G (page 38)</p> <p>² ☐ If "Yes" response in C6, go to F1 (next page)</p> <p>³ ☐ If "Yes" response in C7, go to F3 (next page)</p>																																										

<p>F1. Earlier you mentioned that you had a period of at least two days when you were so happy, excited or high that you got into trouble, or your family or friends worried about it, or a doctor said you were manic. Was this ever the result of taking medication, drugs or alcohol?</p> <p>☐ Yes</p> <p>☐ No → Go to F2</p>	<p>F4. Other than times when you were physically ill or injured, has there ever been a period when you were so much more active than usual that you or your family or friends were concerned about it?</p> <p>☐ Yes</p> <p>☐ No → Go to F5</p>
<p>F1a. Was this period of being happy, excited, high or manic <u>always</u> the result of taking medication, drugs or alcohol?</p> <p>☐ Yes</p> <p>☐ No → Go to F2</p>	<p>F4a. Were you able to be that active without getting tired?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>F1b. What did you take?</p> <p>_____</p> <p>_____</p>	<p>F5. Has there ever been a period of several days when you could not sit still and paced up and down?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>F2. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, C7</p> <p>☐ If "Yes" response in C7, go to F3</p> <p>☐ Otherwise, go to F4</p>	<p>F6. Has there ever been a period when you went on spending sprees, spending so much money that it caused you or your family some financial trouble, or a period when you made foolish decisions about money?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>F3. [Earlier] You [also] mentioned that you had a period of several days when you were so irritable that you threw or broke things, started arguments, shouted at people or hit someone.</p> <p>Was this <u>ever</u> the result of taking medication, drugs or alcohol?</p> <p>☐ Yes</p> <p>☐ No → Go to F4</p>	<p>F7. Have you ever had a period when your interest in sex was so much stronger than is typical for you that you wanted to have sex a lot more frequently than is normal for you or with people you normally would not be interested in?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>F3a. Was this period of being so irritable <u>always</u> the result of taking medication, drugs or alcohol?</p> <p>☐ Yes</p> <p>☐ No → Go to F4</p>	<p>F8. Has there ever been a period when you talked so fast that people said they could not understand you or you had to keep talking all of the time?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>F3b. What did you take?</p> <p>_____</p> <p>_____</p>	<p>F9. Have you ever had a period when thoughts raced through your head so fast that you could not keep track of them?</p> <p>☐ Yes</p> <p>☐ No</p>

<p>F10. Have you ever had a period when you felt that you had a special gift or special powers to do things others could not do or that you were an especially important person?</p> <p>☐ Yes</p> <p>☐ No → Go to F11</p>	<p>F15. (Still on page 8) You have had a spell of feeling (KEY PHRASE 2) and you have had the problems circled on page 8. Has there ever been a period when the spell of feeling (KEY PHRASE 2) and some of these other problems occurred together?</p> <p>☐ Yes → Go to F16</p> <p>☐ No</p>
<p>F10a. Please give me an example.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>F15a. Let me make sure I am clear about this. There has never been a spell when you felt (KEY PHRASE 2) at the same time you were having some of these other problems on page 8. Is that correct?</p> <p>☐ Yes → Go to SECTION G (page 38)</p> <p>☐ No</p>
<p>F10b. INTERVIEWER CHECK ITEM:</p> <p>See F10a</p> <p>☐ Example is plausible</p> <p>☐ Example is not plausible</p>	<p>F16. Did you ever tell a doctor other than a psychiatrist about your spell(s) of feeling (KEY PHRASE 2)?</p> <p>☐ Yes</p> <p>☐ No → Go to F19</p>
<p>F11. Has there ever been a period when you hardly slept at all but still did not feel tired or sleepy?</p> <p>☐ Yes</p> <p>☐ No</p>	<p>F16a. How old were you the first time [you told a medical doctor other than a psychiatrist about your spell(s) of feeling (KEY PHRASE 2)]?</p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> Years old</p>
<p>F12. Was there ever a period when you were easily distracted so that any little interruption could get you off the track?</p> <p>☐ Yes</p> <p>☐ No</p>	<p>F17. Did a medical doctor other than a psychiatrist ever prescribe medication for you because of your spells of feeling (KEY PHRASE 2)?</p> <p>☐ Yes</p> <p>☐ No → Go to F18</p>
<p>F13. INTERVIEWER CHECK ITEM:</p> <p>See F4 to F12, highlighted questions</p> <p>☐ If two or more "Yes" responses marked. — (Green booklet, page 8) Turn to page 8 of your green booklet. Please circle the following numbers next to the problems you just told me about.</p> <p>INTERVIEWER: Read question numbers of all "Yes" responses in highlighted questions F4-F12, then go to F14.</p> <p>☐ Otherwise, go to SECTION G (page 38)</p>	<p>F17a. How old were you the first time [a medical doctor other than a psychiatrist prescribed medication because of your spells of feeling (KEY PHRASE 2)]?</p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> Years old</p>
<p>F14. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, C6 and C7</p> <p>Mark first applicable answer</p> <p>☐ If "No" response in C6, mark KEY PHRASE 2, Option A on Reference Card, then go to F15: use KEY PHRASE 2: "IRRITABLE"</p> <p>☐ If "Yes" responses in both C6 and C7, mark KEY PHRASE 2, Option B on Reference Card, then go to F15: use KEY PHRASE 2: "EXCITED, MANIC, OR IRRITABLE"</p> <p>☐ Otherwise, mark KEY PHRASE 2, Option C on Reference Card, then go to F15: use KEY PHRASE 2 "EXCITED OR MANIC"</p>	<p>F18. Did a medical doctor other than a psychiatrist ever advise you to see a mental health specialist [someone like a psychiatrist, psychologist or social worker] about your spell(s) of feeling (KEY PHRASE 2)?</p> <p>☐ Yes</p> <p>☐ No → Go to F19</p>
	<p>F18a. How old were you the first time [a medical doctor advised you to see a mental health specialist]?</p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> Years old</p>

<p>F23. INTERVIEWER CHECK ITEM:</p> <p>See F16 to F22, highlighted questions</p> <p>³ ☐ If any "Yes" responses in F16-F22 highlighted questions, go to F24</p> <p>⁴ ☐ Otherwise, go to SECTION G (page 38)</p>	<p>F23. INTERVIEWER CHECK ITEM:</p> <p>See F16 to F22, highlighted questions</p> <p>³ ☐ If any "Yes" responses in F16-F22 highlighted questions, go to F24</p> <p>⁴ ☐ Otherwise, go to SECTION G (page 38)</p>
<p>F19a. How old were you the first time [you saw any other professional because of your spell(s) of feeling (KEY PHRASE 2)]?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No → Go to F20</p>	<p>F24. (Still on page 8) When was the first time you had a spell of feeling (KEY PHRASE 2) at the same time you had some of these other problems circled on page 8 — in the past month, past six months, past year or more than a year ago?</p> <p>⁵ ☐ Past month → Go to F27</p> <p>⁶ ☐ Past six months } Go to F26</p> <p>⁷ ☐ Past year }</p> <p>⁸ ☐ More than a year ago</p>
<p>F19a. How old were you the first time [you saw any other professional because of your spell(s) of feeling (KEY PHRASE 2)]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>F25. How old were you the first time [you had a spell of feeling (KEY PHRASE 2) at the same time you had some of these other problems]?</p> <p><input type="text"/> <input type="text"/> Years old</p>
<p>F20. Did you ever take medication more than once because of your spells of feeling (KEY PHRASE 2)?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No → Go to F21</p>	<p>F26. (Still on page 8) When was the last time you had a period of two days or more when you were (KEY PHRASE 2) and had some of these other problems on page 8 at the same time — in the past month, past six months, past year or more than a year ago?</p> <p>¹ ☐ Past month } Go to F27</p> <p>² ☐ Past six months }</p> <p>³ ☐ Past year }</p> <p>⁴ ☐ More than a year ago</p>
<p>F20a. How old were you the first time [you took medication more than once because of your spells of feeling (KEY PHRASE 2)]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>F26a. How old were you the last time?</p> <p><input type="text"/> <input type="text"/> Years old → Go to F28</p>
<p>F21. Did your spell(s) of feeling (KEY PHRASE 2) ever interfere with your life or activities a lot?</p> <p>⁷ ☐ Yes</p> <p>⁸ ☐ No</p>	<p>F27. (Still on page 8) How many spells of feeling (KEY PHRASE 2) with some of these other problems circled on page 8 lasting two days or more have you had in the past 12 months?</p> <p>⁵ ☐ One → Go to F27a</p> <p>⁶ ☐ More than one <input type="text"/> <input type="text"/> Number → Go to F27b</p>
<p>F22. Were you ever hospitalized because of any spell of feeling (KEY PHRASE 2)?</p> <p>¹ ☐ Yes</p> <p>² ☐ No → Go to F23</p>	<p>F27a. In what month and year did that spell start?</p> <p>⁷ <input type="text"/> <input type="text"/> Month ⁸ <input type="text"/> <input type="text"/> Year → Go to F28</p>
<p>F22a. How old were you the first time?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>F27b. In what month and year did the first of these (NUMBER FROM F27) spells start?</p> <p>¹ <input type="text"/> <input type="text"/> Month ² <input type="text"/> <input type="text"/> Year</p>

had when you felt (KEY PHRASE 2) and had several of these other problems circled on page 8?

<input type="text"/>	<input type="text"/>	# of ¹ ○ Days
² ○ Weeks		
³ ○ Months		

INTERVIEWER: Mark F28 box on Reference Card

F29. (Still on page 8) In your lifetime, how many spells have you had that lasted two days or more when you felt (KEY PHRASE 2) and also had some of the other problems circled on page 8?

- ⁴○ One → Go to F32
- ⁵○ Two or more → Go to F30

F30. (Green booklet, page 8) Please think about the time when you were (KEY PHRASE 2) and had the largest number of other problems circled on page 8 at the time.

How old were you at that time?

Years old → Go to F32

OR

- ⁵○ "All are bad" or "No one spell with most" → Go to F31

F31. Can you think of a particularly bad spell?

- ¹○ Yes
- ²○ No → Go to F31b

F31a. How old were you when that spell occurred?

Years old → Go to F32

F31b. Then think of your most recent spell. How old were you when it occurred?

Years old

F32. Was there anything going on in your life at that time which caused you to become (KEY PHRASE 2)?

- ³○ Yes
- ⁴○ No → Go to F33

F32a. Briefly, what was going on?

(Still on page 8) Please go carefully through the list on page 8 and tell me the number of each problem you had during that spell. (PROBE: Any others?) (MARK ALL MENTIONS).

⁰⁴ ○	⁰⁵ ○	⁰⁶ ○
⁰⁷ ○	⁰⁸ ○	⁰⁹ ○
¹⁰ ○	¹¹ ○	¹² ○

F34. (Still on page 8) Problems such as those circled on page 8 can be caused by medication, drugs or alcohol. Could any of these problems have been due entirely to these causes during the spell you just told me about?

- ¹○ Yes
- ²○ No → Go to F35

F34a. What did you take?

F34b. Which of the problems on page 8 were caused by (MENTION FROM F34a) during the spell you just told me about? Just tell me the numbers. (PROBE: Any others?) (MARK ALL MENTIONS)

⁰⁴ ○	⁰⁵ ○	⁰⁶ ○
⁰⁷ ○	⁰⁸ ○	⁰⁹ ○
¹⁰ ○	¹¹ ○	¹² ○

F35. Did your spell(s) of feeling (KEY PHRASE 2) and having some of the other problems circled on page 8 ever occur at times in your life when you were drinking alcohol or using drugs more than usual?

- ¹○ Yes
- ²○ No → Go to SECTION G (next page)
- ³○ Never drank or used drugs → Go to SECTION G (next page)

F35a. Did the spell(s) of feeling (KEY PHRASE 2) always occur at times in your life when you were drinking or using drugs more than usual?

- ⁴○ Yes
- ⁵○ No

F35b. Which one would start first — the spell(s) of feeling (KEY PHRASE 2) or the increase in drinking or drug use?

- ¹○ Spell(s) of feeling . . .
- ²○ Drinking/drug use
- ³○ Both at the same time
- ⁴○ It varies

SECTION G

G1. The next questions are about some beliefs and experiences you may have had. Have you ever believed that people were spying on you or following you?

¹ ☐ Yes

² ☐ No → Go to G2

G1a. How did you know this was happening? [Could you give me an example?] [IF PLAUSIBLE, PROBE: Could you give me another example?]

G1b. INTERVIEWER CHECK ITEM:

See G1a

³ ☐ All examples in G1a are plausible, go to G2

☐ ⁴ One or more examples not plausible, mark G1b on Reference Card, then go to G2

G2. Have you ever been convinced that you were being secretly tested or experimented on, that someone was plotting against you, or that someone was trying to poison you or hurt you?

⁵ ☐ Yes

⁶ ☐ No → Go to G3

G2a. How did you know this was happening? [Could you give me an example?] [IF PLAUSIBLE, PROBE: Could you give me another example?]

G2b. INTERVIEWER CHECK ITEM:

See G2a

⁷ ☐ All examples in G2a are plausible, go to G3

☐ ⁸ One or more examples not plausible, mark G2b on Reference Card, then go to G3

G3. Have you ever believed that someone was reading your mind?

¹ ☐ Yes

² ☐ No → Go to G3d

G3a. Were they actually able to read your mind or were they just guessing from knowing you a long time or from the look on your face?

INTERVIEWER: If "able to read mind", mark "Yes".
If "guessing", mark "No".

³ ☐ Yes

⁴ ☐ No → Go to G3d

G3b. How did they do that? [Could you give me an example?] [IF PLAUSIBLE, PROBE: Could you give me another example?]

G3c. INTERVIEWER CHECK ITEM:

See G3b

⁵ ☐ All examples in G3b are plausible, go to G3d

☐ ⁶ One or more examples are not plausible, mark G3c on Reference Card, then go to G3d

G3d. Have you ever believed that others could hear your thoughts?

⁷ ☐ Yes

⁸ ☐ No → Go to G4

G3e. How did they do that? [Could you give me an example?] [IF PLAUSIBLE, PROBE: Could you give me another example?]

G3f. INTERVIEWER CHECK ITEM:

See G3e

¹ ☐ All examples are plausible, go to G4

☐ ² One or more examples are not plausible, mark G3f on Reference Card, then go to G4

G4. Have you ever believed you could actually hear what another person was thinking, even though he/she was not speaking?

³ ☐ Yes

⁴ ☐ No → Go to G5

G4a. How was it possible for you to hear what a person thought if that person didn't say anything? [Could you give me an example?] [IF PLAUSIBLE, PROBE: Could you give me another example?]

G4b. INTERVIEWER CHECK ITEM:

See G4a

¹ ☐ All examples in G4a are plausible, go to G5

☐ ² One or more examples are not plausible, mark G4b on Reference Card, then go to G5

<p>Have you ever been convinced that you were under the control of some power or force, so that your actions and thoughts were not your own?</p> <p>☐ Yes</p> <p>☐ No → Go to G6</p>	<p>G7b. INTERVIEWER CHECK ITEM:</p> <p>See G7a</p> <p>☐ All examples in G7a are plausible, go to G6</p> <p>☐ One or more examples are not plausible, mark G7b on Reference Card, then go to G8</p>
<p>G5a. What power or force controlled you? [IF PLAUSIBLE, PROBE: Could you give me another example of a time when you were under the control of a power or force?]</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>G8. Have you ever felt strange forces working on you, as if you were being hypnotized or magic was being performed on you, or you were being hit by laser beams or X-rays?</p> <p>☐ Yes</p> <p>☐ No → Go to G9</p>
<p>G5b. INTERVIEWER CHECK ITEM:</p> <p>See G5a</p> <p>☐ All examples in G5a are plausible, go to G6</p> <p>☐ One or more examples are not plausible, mark G5b on Reference Card, then go to G6</p>	<p>G8a. What kind of force was it? [Could you give me an example?] [IF PLAUSIBLE, PROBE: Could you tell me about another example when strange forces seemed to be working on you?]</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>G6. Have you ever been convinced that strange thoughts, or thoughts that were not your own, were being put directly into your mind, or that someone or something could steal your thoughts out of your mind?</p> <p>☐ Yes</p> <p>☐ No → Go to G7</p>	<p>G8b. INTERVIEWER CHECK ITEM:</p> <p>See G8a</p> <p>☐ All examples in G8a are plausible, go to G9</p> <p>☐ One or more examples are not plausible, mark G8b on Reference Card, then go to G9</p>
<p>G6a. How did they do that? [Could you give me an example?] [IF PLAUSIBLE, PROBE: Could you give me another example?]</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>G9. Have you ever had the experience of seeing something or someone that others present could not see — that is, had a vision when you were wide awake?</p> <p>☐ Yes</p> <p>☐ No → Go to G10</p>
<p>G6b. INTERVIEWER CHECK ITEM:</p> <p>See G6a</p> <p>☐ All examples in G6a are plausible, go to G7</p> <p>☐ One or more examples are not plausible, mark G6b on Reference Card, then go to G7</p>	<p>G9a. What did you see? [IF PLAUSIBLE, PROBE: What did you see at other times?]</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>G7. Have you ever believed that you were being sent special messages through television or the radio, or that a program had been arranged just for you alone?</p> <p>☐ Yes</p> <p>☐ No → Go to G8</p>	<p>G9b. INTERVIEWER CHECK ITEM:</p> <p>See G9a</p> <p>☐ All examples in G9a are plausible, (including visions of dead loved one shortly after their death and visions of Christ/God), go to G10</p> <p>☐ One or more examples are not plausible, mark G9b on Reference Card, then go to G10</p>
<p>G7a. How did they do this? [Could you tell me about a time when that happened?] [IF PLAUSIBLE, PROBE: Could you tell me about another time something like this happened?]</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>G10. Have you had the experience of hearing things that other people could not hear, such as noises or a voice?</p> <p>☐ Yes</p> <p>☐ No → Go to G20</p>

<p>things that other people could not hear? [IF PLAUSIBLE, PROBE: What other things did you hear?]</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>G10. Did you ever actually see who you were talking to when you carried on a conversation with the voices?</p> <p>¹ ☐ Yes</p> <p>² ☐ No</p>
<p>G10b. INTERVIEWER CHECK ITEM:</p> <p>See G10a</p> <p>¹ ☐ All examples in G10a are plausible, go to G20</p> <p>² ☐ One or more examples are not plausible, mark G10b on Reference Card, then go to G11</p>	<p>G19. Did you ever hear these things others could not hear, for more than just a few minutes?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No</p>
<p>G11. INTERVIEWER CHECK ITEM:</p> <p>See G10a</p> <p>³ ☐ If a voice was mentioned in G10a, go to G13</p> <p>⁴ ☐ Otherwise, go to G12</p>	<p>G20. Have you ever been bothered by strange smells around you that nobody else was able to smell, perhaps even odours coming from your own body?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No → Go to G21</p>
<p>G12. Did you ever hear voices others could not hear?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No → Go to G19</p>	<p>G20a. What did you smell and where did the strange smells come from? [IF PLAUSIBLE, PROBE: Could you give me another example of a time when you smelled something that others could not smell?]</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>G13. Did this voice come from some part of your body?</p> <p>⁷ ☐ Yes</p> <p>⁸ ☐ No</p>	<p>G20b. INTERVIEWER CHECK ITEM:</p> <p>See G20a</p> <p>¹ ☐ All examples in G20a are plausible, go to G21</p> <p>² ☐ One or more examples are not plausible, mark G20b on Reference Card, then go to G21</p>
<p>G14. Did you ever hear voices that other people could not hear that were commenting on what you were doing or thinking?</p> <p>¹ ☐ Yes</p> <p>² ☐ No</p>	<p>G21. Have you ever had unusual feelings inside or on your body, like being touched when nothing was there or feeling something moving inside your body [except when you were pregnant]?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No → Go to G22</p>
<p>G15. Did you ever hear two or more voices that other people could not hear talking to each other?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No → Go to G17</p>	<p>G21a. What did you feel? [IF PLAUSIBLE, PROBE: Could you tell me about another time you had unusual feelings on your body?]</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>G16. Were these voices discussing you?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No</p>	
<p>G17. Did you ever carry on a two-way conversation with the voices just as though someone was there with you?</p> <p>⁷ ☐ Yes</p> <p>⁸ ☐ No → Go to G19</p>	

<p>See G21a</p> <p>⁵○ All examples in G21a are plausible, go to G22</p> <p>☐ One or more examples are not plausible, mark G21b on Reference Card, then go to G22</p>	<p>advise you to see a mental health specialist (someone like a psychiatrist, psychologist or social worker) because of your belief(s) or experience(s)?</p> <p>⁵○ Yes</p> <p>⁶○ No → Go to G23f</p>																
<p>G22. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, G1b-G21b</p> <p>☐ If one or more of G1b-G21b marked on Reference Card, mark G22 on Reference Card, then go to G23</p> <p>^a○ Otherwise, go to SECTION H (page 46)</p>	<p>G23e. How old were you the <u>first time</u> [a medical doctor other than a psychiatrist advised you to see a mental health specialist]?</p> <p><input type="text"/> Years old</p>																
<p>G23. Let me review the last few questions to make sure of the beliefs and experiences you have had. (READ (SEVERAL OF THE) EXAMPLE(S) FROM G1b-G21b FROM REFERENCE CARD.)</p> <p>Did you ever tell a doctor other than a psychiatrist about (this/any of these) belief(s) or experience(s)?</p> <p>¹○ Yes</p> <p>²○ No → Go to G23f</p>	<p>G23f. Did you ever <u>see</u> any other professional about your belief(s) or experience(s)? [Other professionals include psychiatrists, psychologists, social workers, nurses, rabbis, priests, ministers, counsellors and others, like chiropractors.]</p> <p>⁷○ Yes</p> <p>⁸○ No → Go to G23h</p>																
<p>G23a. How old were you the <u>first time</u> [you told a medical doctor other than a psychiatrist about your belief(s) or experience(s)]?</p> <p><input type="text"/> Years old</p>	<p>G23g. How old were you the <u>first time</u> [you saw any other professional about your belief(s) or experience(s)]?</p> <p><input type="text"/> Years old</p>																
<p>G23b. Did a medical doctor other than a psychiatrist ever prescribe medication for you because of your belief(s) or experience(s)?</p> <p>³○ Yes</p> <p>⁴○ No → Go to G23d</p>	<p>G23h. Did you ever take medication more than once because of your belief(s) or experience(s)?</p> <p>¹○ Yes</p> <p>²○ No → Go to G23m</p>																
<p>G23c. How old were you the <u>first time</u> [a medical doctor other than a psychiatrist prescribed medication for you because of your belief(s) or experience(s)]?</p> <p><input type="text"/> Years old</p>	<p>G23j. How old were you the <u>first time</u> [you took medication more than once because of your belief(s) or experience(s)]?</p> <p><input type="text"/> Years old</p>																
	<p>G23k. (Orange booklet, page 7) This is a list of medications commonly taken by people with (this/these) belief(s) or experience(s). Which ones have you ever taken? Just tell me the letter(s). [PROBE: Any others?] MARK ALL MENTIONS.</p> <table style="width: 100%;"> <tr> <td>⁰¹○ A: Etrafon/Triavil</td> <td>⁰⁹○ I: Navane</td> </tr> <tr> <td>⁰²○ B: Fluaxol</td> <td>¹⁰○ J: Nozinan</td> </tr> <tr> <td>⁰³○ C: Haldol</td> <td>¹¹○ K: Orap</td> </tr> <tr> <td>⁰⁴○ D: Largactil (Chlorpromazine)</td> <td>¹²○ L: Piportil</td> </tr> <tr> <td>⁰⁵○ E: Loxapac</td> <td>¹³○ M: Serentil</td> </tr> <tr> <td>⁰⁶○ F: Mellaril</td> <td>¹⁴○ N: Stelazine</td> </tr> <tr> <td>⁰⁷○ G: Moditen Pills</td> <td>¹⁵○ O: Trilafon (Perphenazine)</td> </tr> <tr> <td>⁰⁸○ H: Moditen/ Modecate injections</td> <td>¹⁶○ P: Other (specify) _____ _____ _____</td> </tr> </table>	⁰¹ ○ A: Etrafon/Triavil	⁰⁹ ○ I: Navane	⁰² ○ B: Fluaxol	¹⁰ ○ J: Nozinan	⁰³ ○ C: Haldol	¹¹ ○ K: Orap	⁰⁴ ○ D: Largactil (Chlorpromazine)	¹² ○ L: Piportil	⁰⁵ ○ E: Loxapac	¹³ ○ M: Serentil	⁰⁶ ○ F: Mellaril	¹⁴ ○ N: Stelazine	⁰⁷ ○ G: Moditen Pills	¹⁵ ○ O: Trilafon (Perphenazine)	⁰⁸ ○ H: Moditen/ Modecate injections	¹⁶ ○ P: Other (specify) _____ _____ _____
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⁰⁸ ○ H: Moditen/ Modecate injections	¹⁶ ○ P: Other (specify) _____ _____ _____																

<p>Were you ever hospitalized because of (this/these) belief(s) or experience(s)?</p> <p>☐ Yes</p> <p>☐ No → Go to G23p</p>	<p>G27. (Was/were) the belief(s) or experience(s) ever due to physical illness or injury?</p> <p>☐ Yes</p> <p>☐ No → Go to G29</p>
<p>G23n. How old were you the first time?</p> <p> Years old</p>	<p>G27a. What was the illness or injury?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>G23p. Did (this/these) belief(s) or experience(s) ever interfere with your life or activities a lot?</p> <p>☐ Yes</p> <p>☐ No</p>	<p>G28. (Was it/were they) <u>always</u> due to (ILLNESS/INJURY)?</p> <p>☐ Yes → Go to G30</p> <p>☐ No</p>
<p>G24. INTERVIEWER CHECK ITEM:</p> <p><i>See G23 to G23p, highlighted questions</i></p> <p><i>Mark first applicable answer</i></p> <p>☐ If "Yes" response in either G23 OR G23f, go to G25</p> <p>☐ If any "Yes" response(s) in highlighted questions G23b-G23p, go to G27</p> <p>☐ Otherwise, go to SECTION H (page 46)</p>	<p>G29. [When (it was/they were) not due to (ILLNESS/INJURY)] (was it/were they) <u>always</u> due to taking medication, drugs or alcohol?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>G25. What did the doctor or other professional say was causing the belief(s) or experience(s)? [What was the doctor's diagnosis?] [IF RESPONDENT MENTIONS AN ILLNESS, PROBE FOR THE NAME OF THAT ILLNESS. IF "NO DIAGNOSIS", PROBE: Did the doctor find anything abnormal when you were examined or tests were taken?]</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>G30. When was the first time you had (this/any of these) belief(s) or experience(s) — in the past month, past six months, past year or more than a year ago?</p> <p>☐ Past month</p> <p>☐ Past six months</p> <p>☐ Past year</p> <p>☐ More than a year ago</p> <p style="text-align: right;">} Go to G32</p>
<p>G26. INTERVIEWER CHECK ITEM:</p> <p><i>See G25</i></p> <p><i>Select first applicable statement</i></p> <p>☐ If respondent mentions schizophrenia, go to G30</p> <p>☐ If respondent mentions stress/nerves/mental illness/brain illness/neurochemical imbalance, go to G30</p> <p>☐ If respondent mentions physical illness, go to G28</p> <p>☐ If respondent mentions medication/drugs/alcohol, go to G29</p> <p>☐ Otherwise, go to G27</p>	<p>G31. How old were you the first time [you had (this/any of these) belief(s) or experience(s)]?</p> <p> Years old</p>
	<p>G32. Think about the six months before you had (this/one of these) belief(s) or experience(s) the very first time. During those six months, were you able to do your regular activities like school or work almost all of the time?</p> <p>☐ Yes → Go to G33</p> <p>☐ No</p>

<p>³ ☐ Yes</p> <p>⁴ ☐ No</p>	<p>experience(s), were you your normal self otherwise, or were you feeling nervous, upset, unable to work, unable to go places, or unable to enjoy yourself?</p> <p>¹ ☐ Normal self → Go to G37</p> <p>² ☐ Not normal</p>
<p>G33. During the same period of six months, did you go out and see friends regularly?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No</p>	<p>G36a. Did that period of not feeling or acting as usual ever last six months or more?</p> <p>³ ☐ Yes → Go to G36c</p> <p>⁴ ☐ No</p>
<p>G34. When was the last time you had (this/any of these) belief(s) or experience(s) — In the past month, past six months, past year or more than a year ago?</p> <p>¹ ☐ Past month</p> <p>² ☐ Past six months</p> <p>³ ☐ Past year</p> <p>⁴ ☐ More than a year ago</p> <p style="margin-left: 200px;">} Go to G35</p>	<p>G36b. Did it ever last as long as two weeks?</p> <p>¹ ☐ Yes</p> <p>² ☐ No</p>
<p>G34a. How old were you the last time [you had (this/any of these) belief(s) or experience(s)]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>G36c. During that period of not feeling or acting as usual, did you have trouble doing your regular activities like working or going to school?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No</p>
<p>G35. Did you have (this/any of these) belief(s) or experience(s) for a period of six months or more?</p> <p>⁵ ☐ Yes → Go to G36</p> <p>⁶ ☐ No</p>	<p>G36d. [During that period] did you have trouble getting along with people?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No</p>
<p>G35a. How much time went by from the first time to the last time — was it less than one week, between one and two weeks, between two and four weeks, between four and twelve weeks, or longer than twelve weeks?</p> <p>¹ ☐ Less than one week (1–6 days)</p> <p>² ☐ Between one and two weeks (7–14 days)</p> <p>³ ☐ Between two and four weeks (15–28 days)</p> <p>⁴ ☐ Between four and twelve weeks (29–84 days)</p> <p>⁵ ☐ Longer than twelve weeks (85 days or more)</p>	<p>G36e. [During that period] did you have trouble taking care of your daily needs such as shopping, cooking or keeping yourself clean?</p> <p>⁷ ☐ Yes</p> <p>⁸ ☐ No</p> <p>G37. Later, after you had (this/these) belief(s) or experience(s), were you less able to do your work well than before (it/they) began?</p> <p>¹ ☐ Less able</p> <p>² ☐ Same as before</p>

<p>After you had (unaware) belief(s) or experience(s), were you less able to make friends or enjoy social relationships than before (it/they) began?</p> <p>☐ Less able</p> <p>☐ Same as before</p>	<p>G41a. Did your periods of worry <u>always</u> occur during a time when you were having (this/these) belief(s) or experience(s)?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>G39. Did your belief(s) or experience(s) <u>ever</u> occur at times in your life when you were drinking alcohol or using drugs more than usual?</p> <p>☐ Yes</p> <p>☐ No → Go to G40</p> <p>☐ Never drank or used drugs → Go to G40</p>	<p>G41b. Which one would <u>start first</u> during times you had both — the worry or the belief(s) or experience(s)?</p> <p>☐ Worry</p> <p>☐ Beliefs/experiences</p> <p>☐ Both at same time</p> <p>☐ It varies</p>
<p>G39a. Did the belief(s) or experience(s) <u>always</u> occur at times in your life when you were drinking more than usual or using drugs?</p> <p>☐ Yes</p> <p>☐ No</p>	<p>G41c. Which one would <u>go away first</u> — the worry or the belief(s) or experience(s)?</p> <p>☐ Worry</p> <p>☐ Beliefs/experiences</p> <p>☐ Both at same time</p> <p>☐ It varies</p>
<p>G39b. Which one would start first — the belief(s) or experience(s) or the increase in drinking or drug use?</p> <p>☐ Beliefs/experiences</p> <p>☐ Drinking/drug use</p> <p>☐ Both at same time</p> <p>☐ It varies</p>	<p>G42. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card E58 and F28</p> <p>Select first applicable statement</p> <p>☐ E58 marked, F28 <u>not</u> marked, go to G43</p> <p>☐ E58 <u>not</u> marked, F28 marked, go to G45</p> <p>☐ Both E58 and F28 marked, go to G47</p> <p>☐ Otherwise, go to SECTION H (page 46)</p>
<p>G40. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, C100</p> <p>☐ If C100 marked on Reference Card, go to G41</p> <p>☐ Otherwise, go to G42</p>	<p>G43. INTERVIEWER: See Reference Card, KEY PHRASE 1 and G1b-G21b</p> <p>You told me earlier that you have had spells of feeling (KEY PHRASE 1). Can you tell me which started at an earlier age — these spells of feeling (KEY PHRASE 1) or the belief(s) and experience(s) like (READ (SEVERAL OF) THE EXAMPLE(S) FROM G1b-G21b)?</p> <p>☐ Feelings came first</p> <p>☐ Beliefs/experiences came first</p> <p>☐ Both at same time</p> <p>☐ Don't know</p>
<p>G41. Earlier you mentioned periods lasting six months or more when you were worried or anxious about things. Did these episodes of worry <u>ever</u> occur during a time when you were having (this/these) belief(s) or experience(s)?</p> <p>☐ Yes</p> <p>☐ No → Go to G42</p>	

<p>at the same time you were having the belief(s) or experience(s)?</p> <p>☐ Yes</p> <p>☐ No → Go to SECTION H (next page).</p>	<p>G46a. Were they present at the same time for at least two weeks?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>G44a. Were they present at the same time for at least two weeks?</p> <p>☐ Yes</p> <p>☐ No</p>	<p>G46b. Which would go away first — the belief(s) or experience(s) or the periods of feeling (KEY PHRASE 2)?</p> <p>☐ Beliefs/experiences</p> <p>☐ Feelings</p> <p>☐ Both at the same time</p> <p>☐ It varies</p>
<p>G44b. Which would go away first — the belief(s) or experience(s) or the periods of feeling (KEY PHRASE 1)?</p> <p>☐ Beliefs/experiences</p> <p>☐ Feelings</p> <p>☐ Both at same time</p> <p>☐ It varies</p>	<p>G46c. Did you ever have the belief(s) or experience(s) for two weeks or more when you were <u>not</u> feeling (KEY PHRASE 2)?</p> <p>☐ Yes</p> <p>☐ No } Go to SECTION H (next page)</p>
<p>G44c. Did you ever have the belief(s) or experience(s) for two weeks or more when you were <u>not</u> feeling (KEY PHRASE 1)?</p> <p>☐ Yes</p> <p>☐ No } Go to SECTION H (next page)</p>	<p>G47. INTERVIEWER: See Reference Card, KEY PHRASES 1, 2 and G1b-G21b</p> <p>You told me earlier that you have had spells of feeling (KEY PHRASES 1 and 2). Can you tell me which started at an earlier age — these spells of feeling (KEY PHRASES 1 and 2) or the belief(s) and experience(s) like (READ (SEVERAL OF) THE EXAMPLE(S) FROM G1b-G21b)?</p> <p>☐ Feelings came first</p> <p>☐ Beliefs/experiences came first</p> <p>☐ Both at same time</p> <p>☐ Don't know</p>
<p>G45. INTERVIEWER: See Reference Card, KEY PHRASE 2 and G1b-G21b</p> <p>You told me earlier that you have had spells of feeling (KEY PHRASE 2). Can you tell me which started at an earlier age — these spells of feeling (KEY PHRASE 2) or the belief(s) and experience(s) like (READ (SEVERAL OF) THE EXAMPLE(S) FROM G1b-G21b)?</p> <p>☐ Feelings came first</p> <p>☐ Beliefs/experiences came first</p> <p>☐ Both at same time</p> <p>☐ Don't know</p>	<p>G48. Were the spells of feeling (KEY PHRASES 1 and 2) ever present at the same time you were having the belief(s) or experience(s)?</p> <p>☐ Yes</p> <p>☐ No → Go to SECTION H (next page)</p>
<p>G46. Were the spells of feeling (KEY PHRASE 2) ever present at the same time you were having the belief(s) or experience(s)?</p> <p>☐ Yes</p> <p>☐ No → Go to SECTION H (next page)</p>	<p>G48a. Were they present at the same time for at least two weeks?</p> <p>☐ Yes</p> <p>☐ No</p> <p>G48b. Which would go away first — the belief(s) or experience(s) or the periods of feeling (KEY PHRASES 1 and 2)?</p> <p>☐ Beliefs/experiences</p> <p>☐ Feelings</p> <p>☐ Both at same time</p> <p>☐ It varies</p> <p>G48c. Did you ever have the belief(s) or experience(s) for two weeks or more when you were <u>not</u> feeling (KEY PHRASES 1 and 2)?</p> <p>☐ Yes</p> <p>☐ No</p>

H1. Next are a few questions about use of alcoholic beverages. About how old were you the very first time you had a drink of beer, wine or liquor, more than just a sip?

Years old

OR

⁹⁷ ☐ Don't know

⁹⁸ ☐ Never → Go to SECTION J (page 48)

H2. In any one year period of your entire life, did you have at least 12 drinks of any kind of alcoholic beverage?

☐ ¹ ☐ Yes → Mark "A. Alcohol" on side 2 of Reference Card, then go to H3

² ☐ No → Go to SECTION J (page 48)

H3. (Orange Booklet, page 8) (READ SLOWLY) Think about the period in your life when you were drinking most. What is the largest number of drinks you had on any single day during that period? Count drinks as shown on page 8 of the orange booklet.

of drinks in a day.

H4. INTERVIEWER CHECK ITEM:

See H3

¹ ☐ If 12 or more drinks in H3, go to H5

² ☐ If 8 - 11 drinks in H3, go to H6

³ ☐ If 5 - 7 drinks in H3, go to H7

⁴ ☐ If 1 - 4 drinks in H3, go to H8

H5. (Orange Booklet, page 9) How often did you have twelve or more drinks in a single day during that period in your life when you were drinking most? Just give me the letter from the list on page 9.

⁰¹ ☐ A: Nearly every day → Go to H9

⁰² ☐ B: 3 - 4 times a week

⁰³ ☐ C: 1 - 2 times a week

⁰⁴ ☐ D: 1 - 3 times a month

⁰⁵ ☐ E: 7 - 11 times in year

⁰⁶ ☐ F: 3 - 6 times in year

⁰⁷ ☐ G: 2 times in year

⁰⁸ ☐ H: 1 time in year

⁰⁹ ☐ J: Never

H6. (Orange Booklet, page 9) How often did you have between eight and eleven drinks in a single day during that period? [Just give me the letter from the list on page 9].

¹⁰ ☐ A: nearly every day → Go to H9

¹¹ ☐ B: 3 - 4 times a week

¹² ☐ C: 1 - 2 times a week

¹³ ☐ D: 1 - 3 times a month

¹⁴ ☐ E: 7 - 11 times in year

¹⁵ ☐ F: 3 - 6 times in year

¹⁶ ☐ G: 2 times in year

¹⁷ ☐ H: 1 time in year

¹⁸ ☐ J: Never

... of how often you have
between five and seven drinks in a single day during
that period? [Just give me the letter from the list on
page 9].

¹⁹ ☐ A: nearly every day → Go to H9

²⁰ ☐ B: 3 – 4 times a week

²¹ ☐ C: 1 – 2 times a week

²² ☐ D: 1 – 3 times a month

²³ ☐ E: 7 – 11 times in year

²⁴ ☐ F: 3 – 6 times in year

²⁵ ☐ G: 2 times in year

²⁶ ☐ H: 1 time in year

²⁷ ☐ J: Never

H8. (Orange Booklet, page 9) How often did you have
between one and four drinks in a single day during that
period? [Just give me the letter from the list on
page 9].

²⁸ ☐ A: nearly every day

²⁹ ☐ B: 3 – 4 times a week

³⁰ ☐ C: 1 – 2 times a week

³¹ ☐ D: 1 – 3 times a month

³² ☐ E: 7 – 11 times in year

³³ ☐ F: 3 – 6 times in year

³⁴ ☐ G: 2 times in year

³⁵ ☐ H: 1 time in year

³⁶ ☐ J: Never

H9. How old were you when you first began the period in
your life when you were drinking most?

Years old

H10. Have you continued to drink that amount during the
past 12 months?

¹ ☐ Yes → Go to SECTION J (next page)

² ☐ No

H10a. How old were you the last time you drank that amount?

Years old

H11. (Still on page 9) In the past 12 months, how often did
you have five or more drinks in a single day? [Just give
me the letter from the list on page 9].

⁰¹ ☐ A: nearly every day

⁰² ☐ B: 3 – 4 times a week

⁰³ ☐ C: 1 – 2 times a week

⁰⁴ ☐ D: 1 – 3 times a month

⁰⁵ ☐ E: 7 – 11 times in year

⁰⁶ ☐ F: 3 – 6 times in year

⁰⁷ ☐ G: 2 times in year

⁰⁸ ☐ H: 1 time in year

⁰⁹ ☐ J: Never

H12. (Still on page 9) In the past 12 months, how often did
you have between one and four drinks in a single day?
[Just give me the letter from the list on page 9].

¹⁰ ☐ A: nearly every day

¹¹ ☐ B: 3 – 4 times a week

¹² ☐ C: 1 – 2 times a week

¹³ ☐ D: 1 – 3 times a month

¹⁴ ☐ E: 7 – 11 times in year

¹⁵ ☐ F: 3 – 6 times in year

¹⁶ ☐ G: 2 times in year

¹⁷ ☐ H: 1 time in year

¹⁸ ☐ J: Never

- J1. (Orange booklet, page 10) We want to ask about your experience with medication. The first question is about sedatives. On page 10 of your orange booklet is a list of commonly used sedatives to help you remember if you might have used anything like this.

Have you ever used a sedative on your own — either without a doctor's prescription or in greater amounts or more often than prescribed, or for a reason other than a doctor said you should take them?

¹ ☐ Yes

² ☐ No → Go to J2

- J1a. How old were you the first time [you took a sedative on your own]?

Years old

- J1b. (Still on page 10) Altogether, about how many times in your life have you taken a sedative on your own? Just give me the letter from Part A on the bottom of the page.

³ ☐ A (1 or 2 times)

⁴ ☐ B (3 to 5 times)

⁵ ☐ C (6 to 10 times)

⁶ ☐ D (11 to 49 times)

⁷ ☐ E (50 to 99 times)

⁸ ☐ F (100 to 199 times)

⁹ ☐ G (200 or more)

Mark "B. SEDATIVES" on Reference Card, then go to J1c

- J1c. When was the last time [you took a sedative on your own] — in the past month, past six months, past year or more than a year ago?

¹ ☐ Past month

² ☐ Past six months

³ ☐ Past year

⁴ ☐ More than year ago → How old were you the last time?

Enter years then go to J2

- J1d. (Still on page 10) About how often in the past 12 months did you take a sedative on your own? Just give me the letter from Part B on the bottom of the page.

¹ ☐ A (daily or almost daily)

² ☐ B (about 1 or 2 days a week)

³ ☐ C (several times a month, about 25 to 51 days a year)

⁴ ☐ D (1–2 times a month, 12 to 24 days a year)

⁵ ☐ E (every other month or so, 6–11 days a year)

⁶ ☐ F (less than 6 times in past 12 months)

⁷ ☐ G (did not use sedatives in past 12 months)

- J2. (Orange booklet, page 11) This is a list of commonly used tranquilizers [to help you remember if you might have used anything like this]. Have you ever taken a tranquilizer on your own [either without a doctor's prescription or in greater amounts or more often than prescribed, or for a reason other than a doctor said you should take them]?

¹ ☐ Yes

² ☐ No → Go to J3

- J2a. How old were you the first time [you took a tranquilizer on your own]?

Years old

- J2b. (Still on page 11) Altogether, about how many times in your life have you taken a tranquilizer on your own? Just give me the letter from Part A on the bottom of the page.

³ ☐ A (1 or 2 times)

⁴ ☐ B (3 to 5 times)

⁵ ☐ C (6 to 10 times)

⁶ ☐ D (11 to 49 times)

⁷ ☐ E (50 to 99 times)

⁸ ☐ F (100 to 199 times)

⁹ ☐ G (200 or more)

Mark "C. TRANQUILIZERS" on Reference Card, then go to J2c

When was the last time (you took a tranquilizer on your own) — in the past month, past six months, past year or more than a year ago?

¹ ☐ Past month

² ☐ Past six months

³ ☐ Past year

⁴ ☐ More than year ago → How old were you the last time?

Enter years then go to J3

Go to J2d

J2d. (Still on page 11) About how often in the past 12 months did you take a tranquilizer on your own? Just give me the letter from Part B.

¹ ☐ A (daily or almost daily)

² ☐ B (about 1 or 2 days a week)

³ ☐ C (several times a month, about 25 to 51 days a year)

⁴ ☐ D (1–2 times a month, 12 to 24 days a year)

⁵ ☐ E (every other month or so, 6–11 days a year)

⁶ ☐ F (less than 6 times in past 12 months)

⁷ ☐ G (did not use tranquilizers in past 12 months)

J3. (Orange booklet, page 12) This is a list of commonly used amphetamines and other stimulants [to help you remember if you might have used anything like this]. Have you ever taken a stimulant on your own [either without a doctor's prescription or in greater amounts or more often than prescribed, or for a reason other than a doctor said you should take them]?

¹ ☐ Yes

² ☐ No → Go to J4

J3a. How old were you the first time (you took a stimulant on your own)?

Years old

J3b. (Still on page 12) Altogether, about how many times in your life have you taken a stimulant on your own? [Just give me the letter from Part A on the bottom of the page].

³ ☐ A (1 or 2 times)

⁴ ☐ B (3 to 5 times)

⁵ ☐ C (6 to 10 times)

⁶ ☐ D (11 to 49 times)

⁷ ☐ E (50 to 99 times)

⁸ ☐ F (100 to 199 times)

⁹ ☐ G (200 or more)

Mark "D
STIMULANTS"
on Reference Card,
then go to J3c

J3c. When was the last time (you took a stimulant on your own) — in the past month, past six months, past year, or more than a year ago?

¹ ☐ Past month

² ☐ Past six months

³ ☐ Past year

⁴ ☐ More than year ago → How old were you the last time?

Enter years then go to J4

Go to J3d

J3d. (Still on page 12) About how often in the past 12 months did you take a stimulant on your own? [Just give me the letter from Part B].

¹ ☐ A (daily or almost daily)

² ☐ B (about 1 or 2 days a week)

³ ☐ C (several times a month, about 25 to 51 days a year)

⁴ ☐ D (1–2 times a month, 12 to 24 days a year)

⁵ ☐ E (every other month or so, 6–11 days a year)

⁶ ☐ F (less than 6 times in past 12 months)

⁷ ☐ G (did not use stimulants in past 12 months)

Still on page 13) This is a list of commonly used analgesics (to help you remember if you might have used anything like this). Have you ever taken an analgesic on your own (either without a doctor's prescription or in greater amounts or more often than prescribed, or for a reason other than a doctor said you should take them)?

☐ Yes

☐ No → Go to J5

J4a. How old were you the first time (you took an analgesic on your own)?

Years old

J4b. (Still on page 13) Altogether, about how many times in your life have you taken an analgesic on your own? [Just give me the letter from Part A on the bottom of the page].

☐ A (1 or 2 times)

☐ B (3 to 5 times)

☐ C (6 to 10 times)

☐ D (11 to 49 times)

☐ E (50 to 99 times)

☐ F (100 to 199 times)

☐ G (200 or more)

Mark "E. ANALGESICS" on Reference Card, then go to J4c

J4c. When was the last time (you took an analgesic on your own) — in the past month, past six months, past year or more than a year ago?

☐ Past month

☐ Past six months

☐ Past year

☐ More than year ago → How old were you the last time?

Enter years then go to J5

J4d. (Still on page 13) About how often in the past 12 months did you take an analgesic on your own? [Just give me the letter from Part B].

☐ A (daily or almost daily)

☐ B (about 1 or 2 days a week)

☐ C (several times a month, about 25 to 51 days a year)

☐ D (1–2 times a month, 12 to 24 days a year)

☐ E (every other month or so, 6–11 days a year)

☐ F (less than 6 times in past 12 months)

☐ G (did not use analgesics in past 12 months)

J5. (Orange booklet, page 14) This is a list of commonly used inhalants (to help you remember if you might have used anything like this). Have you ever sniffed or inhaled or "huffed" an inhalant for kicks or to get high?

☐ Yes

☐ No → Go to J6

J5a. How old were you the first time (you sniffed or inhaled or "huffed" an inhalant for kicks or to get high)?

Years old

J5b. (Still on page 14) Altogether, about how many times in your life have you used an inhalant to get high or for kicks? [Just give me the letter from Part A on the bottom of the page].

☐ A (1 or 2 times)

☐ B (3 to 5 times)

☐ C (6 to 10 times)

☐ D (11 to 49 times)

☐ E (50 to 99 times)

☐ F (100 to 199 times)

☐ G (200 or more)

Mark "F. INHALANTS" on Reference Card, then go to J5c

When was the last time (you used an inhalant — that is, sniffed or inhaled something to get high or for kicks) — in the past month, past six months, past year or more than a year ago?

- ☐ Past month
☐ Past six months
☐ Past year

Go to J5d

☐ More than year ago → How old were you the last time?

Enter years then go to J6

J6c. When was the last time (you used marijuana or hash) — in the past month, past six months, past year or more than a year ago?

- ☐ Past month
☐ Past six months
☐ Past year

Go to J6d

☐ More than year ago → How old were you the last time?

Enter years then go to J7

J5d. (Still on page 14) About how often in the past 12 months did you sniff or inhale any substance to get high or for kicks? [Just give me the letter from Part B].

- ☐ A (daily or almost daily)
☐ B (about 1 or 2 days a week)
☐ C (several times a month, about 25 to 51 days a year)
☐ D (1–2 times a month, 12 to 24 days a year)
☐ E (every other month or so, 6–11 days a year)
☐ F (less than 6 times in past 12 months)
☐ G (did not use inhalants in past 12 months)

J6d. (Still on page 15) On average, how often in the past 12 months did you use marijuana or hash? [Just give me the letter from Part B].

- ☐ A (daily or almost daily)
☐ B (about 1 or 2 days a week)
☐ C (several times a month, about 25 to 51 days a year)
☐ D (1–2 times a month, 12 to 24 days a year)
☐ E (every other month or so, 6–11 days a year)
☐ F (less than 6 times in past 12 months)
☐ G (did not use marijuana or hash in past 12 months)

J6. (Orange booklet, page 15) Have you ever used marijuana or hash, even once?

- ☐ Yes
☐ No → Go to J7

J7. (Orange booklet, page 16) Have you ever used cocaine, crack, free base or coca paste, even once?

- ☐ Yes
☐ No → Go to J8

J6a. How old were you the first time (you used marijuana or hash)?

Years old

J7a. How old were you the first time (you used cocaine, crack, free base or coca paste)?

Years old

J6b. (Still on page 15) About how many times in your life have you used marijuana or hash? [Just give me the letter from Part A on the bottom of the page].

- ☐ A (1 or 2 times)
☐ B (3 to 5 times)
☐ C (6 to 10 times)
☐ D (11 to 49 times)
☐ E (50 to 99 times)
☐ F (100 to 199 times)
☐ G (200 or more)

Mark "G. MARIJUANA" on Reference Card, then go to J6c

J7b. (Still on page 16) About how many times in your life have you used cocaine, crack, free base or coca paste? [Just give me the letter from Part A on the bottom of the page].

- ☐ A (1 or 2 times)
☐ B (3 to 5 times)
☐ C (6 to 10 times)
☐ D (11 to 49 times)
☐ E (50 to 99 times)
☐ F (100 to 199 times)
☐ G (200 or more)

Mark "H. COCAINE" on Reference Card, then go to J7c

past month, past six months, past year or more than a year ago?

- ☐ 1 Past month
☐ 2 Past six months
☐ 3 Past year

Go to J7d

- ☐ 4 More than year ago → How old were you the last time?

Enter years then go to J8

J8c. When was the last time (you used LSD or PCP or another hallucinogen) — in the past month, past six months, past year or more than a year ago?

- ☐ 1 Past month
☐ 2 Past six months
☐ 3 Past year

Go to J8d

- ☐ 4 More than year ago → How old were you the last time?

Enter years then go to J9

J7d. (Still on page 16) On average, how often in the past 12 months have you used cocaine? [Just give me the letter from Part B].

- ☐ 1 A (daily or almost daily)
☐ 2 B (about 1 or 2 days a week)
☐ 3 C (several times a month, about 25 to 51 days a year)
☐ 4 D (1–2 times a month, 12 to 24 days a year)
☐ 5 E (every other month or so, 6–11 days a year)
☐ 6 F (less than 6 times in past 12 months)
☐ 7 G (did not use cocaine in past 12 months)

J8d. (Still on page 17) On average, how often in the past 12 months have you used a hallucinogen? [Just give me the letter from Part B].

- ☐ 1 A (daily or almost daily)
☐ 2 B (about 1 or 2 days a week)
☐ 3 C (several times a month, about 25 to 51 days a year)
☐ 4 D (1–2 times a month, 12 to 24 days a year)
☐ 5 E (every other month or so, 6–11 days a year)
☐ 6 F (less than 6 times in past 12 months)
☐ 7 G (did not use hallucinogens in past 12 months)

J8. (Orange booklet, page 17) This is a list of commonly used hallucinogens [to help you remember if you might have used anything like this]. Have you ever used LSD or PCP or another hallucinogen, even once?

- ☐ 1 Yes
☐ 2 No → Go to J9

J9. (Orange booklet, page 18) Have you ever used heroin, even once?

- ☐ 1 Yes
☐ 2 No → Go to J10

J8a. How old were you the first time (you used a hallucinogen)?

Years old

J9a. How old were you the first time (you used heroin)?

Years old

J8b. (Still on page 17) About how many times in your life have you used a hallucinogen? [Just give me the letter from Part A on the bottom of the page].

- ☐ 3 A (1 or 2 times)
☐ 4 B (3 to 5 times)
☐ 5 C (6 to 10 times)
☐ 6 D (11 to 49 times)
☐ 7 E (50 to 99 times)
☐ 8 F (100 to 199 times)
☐ 9 G (200 or more)

Mark "1. HALLUCINOGEN" on Reference Card, then go to J8c

J9b. (Still on page 18) How many times in your life have you used heroin? [Just give me the letter from Part A on the bottom of the page].

- ☐ 3 A (1 or 2 times)
☐ 4 B (3 to 5 times)
☐ 5 C (6 to 10 times)
☐ 6 D (11 to 49 times)
☐ 7 E (50 to 99 times)
☐ 8 F (100 to 199 times)
☐ 9 G (200 or more)

Mark "1. HEROIN" on Reference Card, then go to J9c

when was the last time (you used heroin) — in the past month, past six months, past year or more than a year ago?

☐ Past month

☐ Past six months

☐ Past year

Go to J9d

☐ More than year ago → How old were you the last time?

Enter years
then
go to J10

J9d. (Still on page 18) On average, how often in the past 12 months have you used heroin? [Just give me the letter from Part B].

☐ A (daily or almost daily)

☐ B (about 1 or 2 days a week)

☐ C (several times a month, about 25 to 51 days a year)

☐ D (1–2 times a month, 12 to 24 days a year)

☐ E (every other month or so, 6–11 days a year)

☐ F (less than 6 times in past 12 months)

☐ G (did not use heroin in past 12 months)

J10. INTERVIEWER CHECK ITEM:

See Reference Card, Substance List

☐ If one or more substances marked on Substance List, go to J10a.

☐ Otherwise, go to SECTION K (page 67)

J10a. (Green booklet, page 9) Please circle the category letter(s) of the following substances on page 9 for reference in the next questions.

INTERVIEWER: READ CATEGORY LETTER(S) FOR ALL SUBSTANCES MARKED ON REFERENCE CARD.

J11. INTERVIEWER: WHERE (DRUG) APPEARS IN QUESTION: USE NAME OF DRUG, NAME OF CATEGORY, OR CATEGORY LETTER.

(Green booklet, page 9) In answering the next questions, please think about (all) the substance(s) just circled. Have you often been under the effects of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) or suffering its after-effects while at work or school or taking care of children?

☐ Yes → Go to J28a (page 55)

☐ No

J12. (Still on page 9) Has your use of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) often kept you from working, going to school or taking care of children?

☐ Yes → Go to J28a (page 55)

☐ No

J13. (Still on page 9) Did (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) ever cause you problems with your family, friends, at work, at school or with the police?

☐ Yes → Go to J30a (page 56)

☐ No

J13a. (Still on page 9) Did your use of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) ever cause you to quit school or work, to be expelled from school, or to be demoted or fired from work?

☐ Yes → Go to J31a (page 56)

☐ No

J14. (Still on page 9) Have you often been under the effects of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) or feeling its after-effects in a situation which increased your chances of getting hurt, like when driving a car or boat, using knives or guns or machinery, crossing against the traffic, climbing or swimming?

☐ Yes → Go to J32a (page 57)

☐ No

J15. (Still on page 9) Did you ever accidentally injure yourself when you were under the influence of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) — like had a bad fall or cut yourself badly, been hurt in a traffic accident or anything like that?

☐ Yes → Go to J33a (page 57)

☐ No

<p>J16. (Still on page 9) Have you ever had any health problems as a result of using (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) — such as liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, an accidental overdose, a persistent cough, a seizure or fit, hepatitis, or abscesses?</p> <p>1 ☐ Yes → Go to J34a (page 58)</p> <p>2 ☐ No</p>	<p>J22. (Still on page 9) Did you ever have a period of a month or more when you spent a great deal of time using (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED), getting it, or getting over its effects?</p> <p>1 ☐ Yes → Go to J43a (page 62)</p> <p>2 ☐ No</p>
<p>J17. (Still on page 9) Have you ever had any emotional or psychological problems from using (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) — such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?</p> <p>1 ☐ Yes → Go to J35a (page 58)</p> <p>2 ☐ No</p>	<p>J23. (Still on page 9) Did you often use much larger amounts of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) than you intended to when you began, or did you use (it/them) for a longer period of time than you intended to?</p> <p>3 ☐ Yes → Go to J44a (page 62)</p> <p>4 ☐ No</p>
<p>J18. (Still on page 9) Did you ever continue to use (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) while taking medicine you knew was dangerous to mix with alcohol or drugs, or when you had a serious health problem that could be made worse by alcohol or drugs?</p> <p>3 ☐ Yes → Go to J38a (page 59)</p> <p>4 ☐ No</p>	<p>J24. (Still on page 9) Did you often start using (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) and find it difficult to stop before you became completely intoxicated or high?</p> <p>5 ☐ Yes → Go to J45a (page 63)</p> <p>6 ☐ No</p>
<p>J19. (Still on page 9) Have you ever felt such a strong desire or urge to use (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) that you could not resist it or could not think of anything else?</p> <p>5 ☐ Yes → Go to J39a (page 60)</p> <p>6 ☐ No</p>	<p>J25. (Still on page 9) Did you ever find that you had to use more of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) than usual to get the same effect or that the same amount had less effect on you than before?</p> <p>7 ☐ Yes → Go to J46a (page 63)</p> <p>8 ☐ No</p>
<p>J20. (Still on page 9) Did your use of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) ever become so regular that you would not change when, or how much you took it, no matter what you were doing or where you were?</p> <p>7 ☐ Yes → Go to J40a (page 60)</p> <p>8 ☐ No</p>	<p>J26. (Orange booklet, page 19 and Green booklet, page 9) Did stopping or cutting down on (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) ever make you sick or cause you problems like those listed on page 19 of the Orange booklet?</p> <p>1 ☐ Yes → Go to J47a (page 64)</p> <p>2 ☐ No</p>
<p>J21. (Still on page 9) Have you ever tried to stop or cut down on (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) but found you could not?</p> <p>1 ☐ Yes → Go to J41a (page 61)</p> <p>2 ☐ No</p>	<p>J27. (Green booklet, page 9) Have you ever given up or greatly reduced important activities in order to get, or to use (ALCOHOL/ DRUG/ANY OF THE SUBSTANCES CIRCLED) — activities like sports, work, or seeing family and friends?</p> <p>3 ☐ Yes → Go to J49a (page 65)</p> <p>4 ☐ No → Go to SECTION K (page 67)</p>
<p>J21a. (Still on page 9) Have you often wanted to quit or cut down on (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED)?</p> <p>3 ☐ Yes → Go to J42a (page 61)</p> <p>4 ☐ No</p>	

J28. [(Green booklet, page 9) Have you often been under the effects of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) or suffering its after-effects while at work or school or taking care of children?]

J28a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances did you use? (RECORD ALL MENTIONS)	J28b. How old were you the first time this happened because of using (ALCOHOL/DRUG)? Years old	J28c. When was the last time this happened because of using (ALCOHOL/DRUG)? Past month = 1 Past 6 mths = 2 Past year = 3 More than a year ago = 4	J28d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (ALCOHOL/DRUG)]? Years old
01 ☐ A. ALCOHOL	<input type="text"/>	<input type="text"/>	<input type="text"/>
02 ☐ B. SEDATIVES	<input type="text"/>	<input type="text"/>	<input type="text"/>
03 ☐ C. TRANQUILIZERS	<input type="text"/>	<input type="text"/>	<input type="text"/>
04 ☐ D. STIMULANTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
05 ☐ E. ANALGESICS	<input type="text"/>	<input type="text"/>	<input type="text"/>
06 ☐ F. INHALANTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
07 ☐ G. MARIJUANA	<input type="text"/>	<input type="text"/>	<input type="text"/>
08 ☐ H. COCAINE	<input type="text"/>	<input type="text"/>	<input type="text"/>
09 ☐ I. HALLUCINOGENS	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 ☐ J. HEROIN	<input type="text"/>	<input type="text"/>	<input type="text"/>

J29. (Green booklet, still on page 9) Has your use of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) often kept you from working, going to school or taking care of children?

1 ☐ Yes

2 ☐ No → Go to J30

J29a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances did you use? (RECORD ALL MENTIONS)	J29b. How old were you the first time this happened because of using (ALCOHOL/DRUG)? Years old	J29c. When was the last time this happened because of using (ALCOHOL/DRUG)? Past month = 1 Past 6 mths = 2 Past year = 3 More than a year ago = 4	J29d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (ALCOHOL/DRUG)]? Years old
01 ☐ A. ALCOHOL	<input type="text"/>	<input type="text"/>	<input type="text"/>
02 ☐ B. SEDATIVES	<input type="text"/>	<input type="text"/>	<input type="text"/>
03 ☐ C. TRANQUILIZERS	<input type="text"/>	<input type="text"/>	<input type="text"/>
04 ☐ D. STIMULANTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
05 ☐ E. ANALGESICS	<input type="text"/>	<input type="text"/>	<input type="text"/>
06 ☐ F. INHALANTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
07 ☐ G. MARIJUANA	<input type="text"/>	<input type="text"/>	<input type="text"/>
08 ☐ H. COCAINE	<input type="text"/>	<input type="text"/>	<input type="text"/>
09 ☐ I. HALLUCINOGENS	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 ☐ J. HEROIN	<input type="text"/>	<input type="text"/>	<input type="text"/>

J30. (Still on page 9) Did (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) ever cause you problems with your family, friends, at work, at school or with the police?

³ ☐ Yes

⁴ ☐ No → Go to J31

J30a.

IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances caused these problems? (RECORD ALL MENTIONS)

- ⁰¹ ☐ A. ALCOHOL
⁰² ☐ B. SEDATIVES
⁰³ ☐ C. TRANQUILIZERS
⁰⁴ ☐ D. STIMULANTS
⁰⁵ ☐ E. ANALGESICS
⁰⁶ ☐ F. INHALANTS
⁰⁷ ☐ G. MARIJUANA
⁰⁸ ☐ H. COCAINE
⁰⁹ ☐ I. HALLUCINOGENS
¹⁰ ☐ J. HEROIN

J30b.

How old were you the first time this happened because of using (ALCOHOL/DRUG)?

Years old

J30c.

When was the last time this happened because of using (ALCOHOL/DRUG)?

Past month = 1
 Past 6 mths = 2
 Past year = 3
 More than a year ago = 4

J30d.

IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (ALCOHOL/DRUG)]?

Years old

J30e.

Did you continue to use (ALCOHOL/DRUG) after you realized it was causing any of these problems?

Yes No

- ¹¹ ☐ ¹² ☐
¹³ ☐ ¹⁴ ☐
¹⁵ ☐ ¹⁶ ☐
¹⁷ ☐ ¹⁸ ☐
¹⁹ ☐ ²⁰ ☐
²¹ ☐ ²² ☐
²³ ☐ ²⁴ ☐
²⁵ ☐ ²⁶ ☐
²⁷ ☐ ²⁸ ☐
²⁹ ☐ ³⁰ ☐

J31. (Still on page 9) Did your use of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) ever cause you to quit school or work, to be expelled from school, or to be demoted or fired from work?

⁵ ☐ Yes

⁶ ☐ No → Go to J32

J31a.

IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances did you use? (RECORD ALL MENTIONS)

- ⁰¹ ☐ A. ALCOHOL
⁰² ☐ B. SEDATIVES
⁰³ ☐ C. TRANQUILIZERS
⁰⁴ ☐ D. STIMULANTS
⁰⁵ ☐ E. ANALGESICS
⁰⁶ ☐ F. INHALANTS
⁰⁷ ☐ G. MARIJUANA
⁰⁸ ☐ H. COCAINE
⁰⁹ ☐ I. HALLUCINOGENS
¹⁰ ☐ J. HEROIN

J31b.

How old were you the first time this happened because of using (ALCOHOL/DRUG)?

Years old

J31c.

When was the last time this happened because of using (ALCOHOL/DRUG)?

Past month = 1
 Past 6 mths = 2
 Past year = 3
 More than a year ago = 4

J31d. IF MORE THAN A YEAR AGO:

How old were you the last time this happened [because of using (ALCOHOL/DRUG)]?

Years old

J32. (Still on page 9) Have you often been under the effects of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) or feeling its after-effects in a situation which increased your chances of getting hurt like when driving a car or boat, using knives or guns or machinery, crossing against the traffic, climbing or swimming?
 7 ☐ Yes
 8 ☐ No → Go to J33

<p>J32a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances were you using? (RECORD ALL MENTIONS)</p> <p>01 ☐ A. ALCOHOL</p> <p>02 ☐ B. SEDATIVES</p> <p>03 ☐ C. TRANQUILIZERS</p> <p>04 ☐ D. STIMULANTS</p> <p>05 ☐ E. ANALGESICS</p> <p>06 ☐ F. INHALANTS</p> <p>07 ☐ G. MARIJUANA</p> <p>08 ☐ H. COCAINE</p> <p>09 ☐ I. HALLUCINOGENS</p> <p>10 ☐ J. HEROIN</p>	<p>J32b. How old were you the <u>first time</u> this happened because of using (ALCOHOL/ DRUG)?</p> <p>Years old</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					<p>J32c. When was the <u>last time</u> this happened because of using (ALCOHOL/DRUG)?</p> <p>Past month = 1 Past 6 mths = 2 Past year = 3 More than a year ago = 4</p> <table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>											<p>J32d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (ALCOHOL/DRUG)]?</p> <p>Years old</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				

J33. (Still on page 9) Did you ever accidentally injure yourself when you were under the influence of (ALCOHOL/DRUG/ ANY OF THE SUBSTANCES CIRCLED) — like had a bad fall or cut yourself badly, been hurt in a traffic accident or anything like that?
 1 ☐ Yes
 2 ☐ No → Go to J34

J33a. (Still on page 9) Did you continue to use the substance after it caused the accident?
 3 ☐ Yes
 4 ☐ No → Go to J34

<p>J33b. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances did you continue to use? (RECORD ALL MENTIONS)</p> <p>01 ☐ A. ALCOHOL</p> <p>02 ☐ B. SEDATIVES</p> <p>03 ☐ C. TRANQUILIZERS</p> <p>04 ☐ D. STIMULANTS</p> <p>05 ☐ E. ANALGESICS</p> <p>06 ☐ F. INHALANTS</p> <p>07 ☐ G. MARIJUANA</p> <p>08 ☐ H. COCAINE</p> <p>09 ☐ I. HALLUCINOGENS</p> <p>10 ☐ J. HEROIN</p>	<p>J33c. How old were you the <u>first time</u> you continued to use (ALCOHOL/ DRUG) after an accident?</p> <p>Years old</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					<p>J33d. When was the <u>last time</u> (you continued to use (ALCOHOL/ DRUG) after an accident)?</p> <p>Past month = 1 Past 6 mths = 2 Past year = 3 More than a year ago = 4</p> <table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>											<p>J33e. IF MORE THAN A YEAR AGO: How old were you the last time [you continued using (ALCOHOL/ DRUG) after an accident]?</p> <p>Years old</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				

CIRCLED) — such as liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, an accidental overdose, a persistent cough, a seizure or fit, hepatitis or abscesses?

⁵ ☐ Yes

⁶ ☐ No → Go to J35

J34a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances caused these problems? (RECORD ALL MENTIONS)

- ⁰¹ ☐ A. ALCOHOL
- ⁰² ☐ B. SEDATIVES
- ⁰³ ☐ C. TRANQUILIZERS
- ⁰⁴ ☐ D. STIMULANTS
- ⁰⁵ ☐ E. ANALGESICS
- ⁰⁶ ☐ F. INHALANTS
- ⁰⁷ ☐ G. MARIJUANA
- ⁰⁸ ☐ H. COCAINE
- ⁰⁹ ☐ I. HALLUCINOGENS
- ¹⁰ ☐ J. HEROIN

J34b. How old were you the first time this happened because of using (ALCOHOL/DRUG)?

Years old

J34c. When was the last time this happened because of using (ALCOHOL/DRUG)?

Past month = 1
Past 6 mths = 2
Past year = 3
More than a year ago = 4

J34d. IF MORE THAN A YEAR AGO: How old were you the last time this happened (because of using (ALCOHOL/DRUG))?

Years old

J35. (Still on page 9) Have you ever had any emotional or psychological problems from using (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) — such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid or having strange ideas?

⁷ ☐ Yes

⁸ ☐ No → Go to J36

J35a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances caused these problems? (RECORD ALL MENTIONS)

- ⁰¹ ☐ A. ALCOHOL
- ⁰² ☐ B. SEDATIVES
- ⁰³ ☐ C. TRANQUILIZERS
- ⁰⁴ ☐ D. STIMULANTS
- ⁰⁵ ☐ E. ANALGESICS
- ⁰⁶ ☐ F. INHALANTS
- ⁰⁷ ☐ G. MARIJUANA
- ⁰⁸ ☐ H. COCAINE
- ⁰⁹ ☐ I. HALLUCINOGENS
- ¹⁰ ☐ J. HEROIN

J35b. How old were you the first time this happened because of using (ALCOHOL/DRUG)?

Years old

J35c. When was the last time this happened because of using (ALCOHOL/DRUG)?

Past month = 1
Past 6 mths = 2
Past year = 3
More than a year ago = 4

J35d. IF MORE THAN A YEAR AGO: How old were you the last time this happened (because of using (ALCOHOL/DRUG))?

Years old

See J34 and J35

¹ ☐ If "Yes" response in J34 or J35,

² ☐ Otherwise, go to J38

J37. (Still on page 9) Did you ever continue to use (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) after you realized it was causing problems with your physical or mental health?

³ ☐ Yes

⁴ ☐ No → Go to J38

J37a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances did you continue using? (RECORD ALL MENTIONS)

⁰¹ ☐ A. ALCOHOL

⁰² ☐ B. SEDATIVES

⁰³ ☐ C. TRANQUILIZERS

⁰⁴ ☐ D. STIMULANTS

⁰⁵ ☐ E. ANALGESICS

⁰⁶ ☐ F. INHALANTS

⁰⁷ ☐ G. MARIJUANA

⁰⁸ ☐ H. COCAINE

⁰⁹ ☐ I. HALLUCINOGENS

¹⁰ ☐ J. HEROIN

J38. (Still on page 9) Did you ever continue to use (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) while taking medicine you knew was dangerous to mix with alcohol or drugs, or when you had a serious health problem that could be made worse by alcohol or drugs?

⁵ ☐ Yes

⁶ ☐ No → Go to J39

J38a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances did you continue using? (RECORD ALL MENTIONS)

J38b. How old were you the first time you continued to use (ALCOHOL/ DRUG) in a situation that was dangerous to your health?

Years old

J38c. When was the last time [you continued to use (ALCOHOL/ DRUG) in such a situation]?

Past month = 1

Past 6 mths = 2

Past year = 3

More than a year ago = 4

J38d. IF MORE THAN A YEAR AGO: How old were you the last time [you continued to use (ALCOHOL/ DRUG) in such a situation]?

Years old

⁰¹ ☐ A. ALCOHOL

⁰² ☐ B. SEDATIVES

⁰³ ☐ C. TRANQUILIZERS

⁰⁴ ☐ D. STIMULANTS

⁰⁵ ☐ E. ANALGESICS

⁰⁶ ☐ F. INHALANTS

⁰⁷ ☐ G. MARIJUANA

⁰⁸ ☐ H. COCAINE

⁰⁹ ☐ I. HALLUCINOGENS

¹⁰ ☐ J. HEROIN

J39. (Still on page 9) Have you ever felt such a strong desire or urge to use (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) that you could not resist it or could not think of anything else?
 1 ☐ Yes
 2 ☐ No → Go to J40

<p>J39a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances caused this strong urge? (RECORD ALL MENTIONS)</p> <p>01 ☐ A. ALCOHOL</p> <p>02 ☐ B. SEDATIVES</p> <p>03 ☐ C. TRANQUILIZERS</p> <p>04 ☐ D. STIMULANTS</p> <p>05 ☐ E. ANALGESICS</p> <p>06 ☐ F. INHALANTS</p> <p>07 ☐ G. MARIJUANA</p> <p>08 ☐ H. COCAINE</p> <p>09 ☐ I. HALLUCINOGENS</p> <p>10 ☐ J. HEROIN</p>	<p>J39b. How old were you the first time this happened because of using (ALCOHOL/DRUG)?</p> <p>Years old</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					<p>J39c. When was the last time this happened because of using (ALCOHOL/DRUG)?</p> <p>Past month = 1 Past 6 mths = 2 Past year = 3 More than a year ago = 4</p> <table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>											<p>J39d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (ALCOHOL/DRUG)]?</p> <p>Years old</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				

J40. (Still on page 9) Did your use of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) ever become so regular that you would not change when, or how much you took it, no matter what you were doing or where you were?
 1 ☐ Yes
 2 ☐ No → Go to J41

<p>J40a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances? (RECORD ALL MENTIONS)</p> <p>01 ☐ A. ALCOHOL</p> <p>02 ☐ B. SEDATIVES</p> <p>03 ☐ C. TRANQUILIZERS</p> <p>04 ☐ D. STIMULANTS</p> <p>05 ☐ E. ANALGESICS</p> <p>06 ☐ F. INHALANTS</p> <p>07 ☐ G. MARIJUANA</p> <p>08 ☐ H. COCAINE</p> <p>09 ☐ I. HALLUCINOGENS</p> <p>10 ☐ J. HEROIN</p>	<p>J40b. How old were you the first time this happened because of using (ALCOHOL/DRUG)?</p> <p>Years old</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					<p>J40c. When was the last time this happened because of using (ALCOHOL/DRUG)?</p> <p>Past month = 1 Past 6 mths = 2 Past year = 3 More than a year ago = 4</p> <table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>											<p>J40d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (ALCOHOL/DRUG)]?</p> <p>Years old</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				

... (On page 9) have you ever tried to stop or cut down on (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) but found you could not?
 3 ☐ Yes
 4 ☐ No → Go to J42

<p>J41a IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances? (RECORD ALL MENTIONS)</p> <p>01 ☐ A. ALCOHOL</p> <p>02 ☐ B. SEDATIVES</p> <p>03 ☐ C. TRANQUILIZERS</p> <p>04 ☐ D. STIMULANTS</p> <p>05 ☐ E. ANALGESICS</p> <p>06 ☐ F. INHALANTS</p> <p>07 ☐ G. MARIJUANA</p> <p>08 ☐ H. COCAINE</p> <p>09 ☐ I. HALLUCINOGENS</p> <p>10 ☐ J. HEROIN</p>	<p>J41b. How old were you the <u>first time</u> this happened because of using (ALCOHOL/DRUG)?</p> <p>Years old</p> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div>	<p>J41c. When was the <u>last time</u> this happened because of using (ALCOHOL/DRUG)?</p> <p>Past month = 1 Past 6 mths = 2 Past year = 3 More than a year ago = 4</p> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div>	<p>J41d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (ALCOHOL/DRUG)]?</p> <p>Years old</p> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div>
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J42. (Still on page 9) Have you often wanted to quit or cut down on (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED)?
 5 ☐ Yes
 6 ☐ No → Go to J43

<p>J42a IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances? (RECORD ALL MENTIONS)</p> <p>01 ☐ A. ALCOHOL</p> <p>02 ☐ B. SEDATIVES</p> <p>03 ☐ C. TRANQUILIZERS</p> <p>04 ☐ D. STIMULANTS</p> <p>05 ☐ E. ANALGESICS</p> <p>06 ☐ F. INHALANTS</p> <p>07 ☐ G. MARIJUANA</p> <p>08 ☐ H. COCAINE</p> <p>09 ☐ I. HALLUCINOGENS</p> <p>10 ☐ J. HEROIN</p>	<p>J42b. How old were you the <u>first time</u> this happened because of using (ALCOHOL/DRUG)?</p> <p>Years old</p> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div>	<p>J42c. When was the <u>last time</u> this happened because of using (ALCOHOL/DRUG)?</p> <p>Past month = 1 Past 6 mths = 2 Past year = 3 More than a year ago = 4</p> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div>	<p>J42d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (ALCOHOL/DRUG)]?</p> <p>Years old</p> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div>
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J43. (Still on page 9) Did you ever have a period of a month or more when you spent a great deal of time using (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED), getting it, or getting over its effects?

1 ☐ Yes

2 ☐ No → Go to J44

J43a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances? (RECORD ALL MENTIONS)

- 01 ☐ A. ALCOHOL
- 02 ☐ B. SEDATIVES
- 03 ☐ C. TRANQUILIZERS
- 04 ☐ D. STIMULANTS
- 05 ☐ E. ANALGESICS
- 06 ☐ F. INHALANTS
- 07 ☐ G. MARIJUANA
- 08 ☐ H. COCAINE
- 09 ☐ I. HALLUCINOGENS
- 10 ☐ J. HEROIN

J43b. How old were you the first time this happened because of using (ALCOHOL/DRUG)?

Years old

J43c. When was the last time this happened because of using (ALCOHOL/DRUG)?

Past month = 1
Past 6 mths = 2
Past year = 3
More than a year ago = 4

J43d. IF MORE THAN A YEAR AGO: How old were you the last time this happened (because of using (ALCOHOL/DRUG))?

Years old

J44. (Still on page 9) Did you often use much larger amounts of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) than you intended to when you began, or did you use (it/them) for a longer period of time than you intended to?

1 ☐ Yes

2 ☐ No → Go to J45

J44a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances? (RECORD ALL MENTIONS)

- 01 ☐ A. ALCOHOL
- 02 ☐ B. SEDATIVES
- 03 ☐ C. TRANQUILIZERS
- 04 ☐ D. STIMULANTS
- 05 ☐ E. ANALGESICS
- 06 ☐ F. INHALANTS
- 07 ☐ G. MARIJUANA
- 08 ☐ H. COCAINE
- 09 ☐ I. HALLUCINOGENS
- 10 ☐ J. HEROIN

J44b. How old were you the first time this happened because of using (ALCOHOL/DRUG)?

Years old

J44c. When was the last time this happened because of using (ALCOHOL/DRUG)?

Past month = 1
Past 6 mths = 2
Past year = 3
More than a year ago = 4

J44d. IF MORE THAN A YEAR AGO: How old were you the last time this happened (because of using (ALCOHOL/DRUG))?

Years old

J45. (Still on page 9) Did you often start using (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) and find it difficult to stop before you became completely intoxicated or high?

³ ☐ Yes

⁴ ☐ No → Go to J46

J45a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances? (RECORD ALL MENTIONS)	J45b. How old were you the <u>first time</u> this happened because of using (ALCOHOL/DRUG)?	J45c. When was the <u>last time</u> this happened because of using (ALCOHOL/DRUG)?	J45d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (ALCOHOL/DRUG)]?
	Years old	Past month = 1 Past 6 mths = 2 Past year = 3 More than a year ago = 4	Years old
⁰¹ ☐ A. ALCOHOL	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰² ☐ B. SEDATIVES	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰³ ☐ C. TRANQUILIZERS	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁴ ☐ D. STIMULANTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁵ ☐ E. ANALGESICS	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁶ ☐ F. INHALANTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁷ ☐ G. MARIJUANA	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁸ ☐ H. COCAINE	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁹ ☐ I. HALLUCINOGENS	<input type="text"/>	<input type="text"/>	<input type="text"/>
¹⁰ ☐ J. HEROIN	<input type="text"/>	<input type="text"/>	<input type="text"/>

J46. (Still on page 9) Did you ever find that you had to use more of (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) than usual to get the same effect or that the same amount had less effect on you than before?

⁵ ☐ Yes

⁶ ☐ No → Go to J47

J46a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances? (RECORD ALL MENTIONS)	J46b. How old were you the <u>first time</u> this happened because of using (ALCOHOL/DRUG)?	J46c. When was the <u>last time</u> this happened because of using (ALCOHOL/DRUG)?	J46d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (ALCOHOL/DRUG)]?
	Years old	Past month = 1 Past 6 mths = 2 Past year = 3 More than a year ago = 4	Years old
⁰¹ ☐ A. ALCOHOL	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰² ☐ B. SEDATIVES	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰³ ☐ C. TRANQUILIZERS	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁴ ☐ D. STIMULANTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁵ ☐ E. ANALGESICS	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁶ ☐ F. INHALANTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁷ ☐ G. MARIJUANA	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁸ ☐ H. COCAINE	<input type="text"/>	<input type="text"/>	<input type="text"/>
⁰⁹ ☐ I. HALLUCINOGENS	<input type="text"/>	<input type="text"/>	<input type="text"/>
¹⁰ ☐ J. HEROIN	<input type="text"/>	<input type="text"/>	<input type="text"/>

J47. (Orange booklet, page 19 and Green booklet, page 9) Did stopping or cutting down on (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) ever make you sick or cause you problems like those listed on page 19 of the Orange booklet?

⁷ ☐ Yes

⁸ ☐ No → Go to J49

J47a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances made you sick? (RECORD ALL MENTIONS)

J47b. How old were you the first time this happened because of using (ALCOHOL/DRUG)?

Years old

J47c. When was the last time this happened because of using (ALCOHOL/DRUG)?

Past month = 1
Past 6 mths = 2
Past year = 3
More than a year ago = 4

J47d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (ALCOHOL/DRUG)]?

Years old

⁰¹ ☐ A. ALCOHOL

⁰² ☐ B. SEDATIVES

⁰³ ☐ C. TRANQUILIZERS

⁰⁴ ☐ D. STIMULANTS

⁰⁵ ☐ E. ANALGESICS

⁰⁶ ☐ F. INHALANTS

⁰⁷ ☐ G. MARIJUANA

⁰⁸ ☐ H. COCAINE

⁰⁹ ☐ I. HALLUCINOGENS

¹⁰ ☐ J. HEROIN

J48. (Still on page 19 of Orange booklet and page 9 of Green booklet) Did you ever use (ALCOHOL/DRUG/ANY OF THE SUBSTANCES CIRCLED) to make these problems [like those listed on page 19 of the Orange booklet] go away or to keep from having them?

⁷ ☐ Yes

⁸ ☐ No → Go to J49

J48a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances did you use in this way? (RECORD ALL MENTIONS)

⁰¹ ☐ A. ALCOHOL

⁰² ☐ B. SEDATIVES

⁰³ ☐ C. TRANQUILIZERS

⁰⁴ ☐ D. STIMULANTS

⁰⁵ ☐ E. ANALGESICS

⁰⁶ ☐ F. INHALANTS

⁰⁷ ☐ G. MARIJUANA

⁰⁸ ☐ H. COCAINE

⁰⁹ ☐ I. HALLUCINOGENS

¹⁰ ☐ J. HEROIN

¹ ☐ Yes

² ☐ No → Go to J50

J49a. IF ONE CATEGORY MARK IT. IF MORE THAN ONE CATEGORY: (PROBE) Which substances? (RECORD ALL MENTIONS)	J49b. How old were you the first time this happened because of using (ALCOHOL/DRUG)?	J49c. When was the last time this happened because of using (ALCOHOL/DRUG)?	J49d. IF MORE THAN A YEAR AGO: How old were you the last time this happened (because of using (ALCOHOL/DRUG))?
	Years old	Past month = 1 Past 6 mths = 2 Past year = 3 More than a year ago = 4	Years old
⁰¹ ☐ A. ALCOHOL	<input type="text"/>	☐	<input type="text"/>
⁰² ☐ B. SEDATIVES	<input type="text"/>	☐	<input type="text"/>
⁰³ ☐ C. TRANQUILIZERS	<input type="text"/>	☐	<input type="text"/>
⁰⁴ ☐ D. STIMULANTS	<input type="text"/>	☐	<input type="text"/>
⁰⁵ ☐ E. ANALGESICS	<input type="text"/>	☐	<input type="text"/>
⁰⁶ ☐ F. INHALANTS	<input type="text"/>	☐	<input type="text"/>
⁰⁷ ☐ G. MARIJUANA	<input type="text"/>	☐	<input type="text"/>
⁰⁸ ☐ H. COCAINE	<input type="text"/>	☐	<input type="text"/>
⁰⁹ ☐ I. HALLUCINOGENS	<input type="text"/>	☐	<input type="text"/>
¹⁰ ☐ J. HEROIN	<input type="text"/>	☐	<input type="text"/>

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<p>J50. Did you ever tell a doctor other than a psychiatrist about your substance use?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No → Go to J55</p>	<p>J53a. How old were you the <u>first time</u> [a medical doctor other than a psychiatrist referred you to a treatment program for alcohol or drug problems]?</p> <p><input type="text"/> <input type="text"/> Years old</p>
<p>J50a. How old were you the <u>first time</u> [you told a medical doctor other than a psychiatrist about your substance use]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>J54. Did you ever take medication more than once because of your substance use?</p> <p>³ ☐ Yes</p> <p>⁴ ☐ No → Go to J55</p>
<p>J51. Did a medical doctor other than a psychiatrist ever prescribe medication for you because of your substance use?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No → Go to J52</p>	<p>J54a. How old were you the <u>first time</u> [you took medication more than once because of your substance use]?</p> <p><input type="text"/> <input type="text"/> Years old</p>
<p>J51a. How old were you the <u>first time</u> [a medical doctor other than a psychiatrist prescribed medication for you because of your substance use]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>J55. Did you ever <u>see</u> any other professional about your substance use [other professionals include psychiatrists, psychologists, social workers, rabbis, priests, ministers, counsellors and others, like chiropractors]?</p> <p>⁵ ☐ Yes</p> <p>⁶ ☐ No → Go to J56</p>
<p>J52. Did a medical doctor other than a psychiatrist ever advise you to see a mental health specialist [someone like a psychiatrist, psychologist or social worker] about your substance use?</p> <p>⁷ ☐ Yes</p> <p>⁸ ☐ No → Go to J53</p>	<p>J55a. How old were you the <u>first time</u> [you saw any other professional because of your substance use]?</p> <p><input type="text"/> <input type="text"/> Years old</p>
<p>J52a. How old were you the <u>first time</u> [a medical doctor other than a psychiatrist advised you to see a mental health specialist]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>J56. Did you ever go to Alcoholic Anonymous, Narcotics Anonymous, or any other self-help group because of your substance use?</p> <p>⁷ ☐ Yes</p> <p>⁸ ☐ No → Go to SECTION K (next page)</p>
<p>J53. Did a medical doctor other than a psychiatrist ever refer you to a treatment program for alcohol or drug problems?</p> <p>¹ ☐ Yes</p> <p>² ☐ No → Go to J54</p>	<p>J56a. How old were you the <u>first time</u>?</p> <p><input type="text"/> <input type="text"/> Years old</p> <p>J56b. Have you gone in the past 12 months?</p> <p>¹ ☐ Yes</p> <p>² ☐ No</p>

SECTION K

K 00. INTERVIEWER CHECK ITEM:

See Age on front cover

- ¹○ If respondent age 65 or over, go to SECTION M (page 72)
- ²○ Otherwise, go to K0

K 0. (Hand respondent Tally Sheet) The next questions ask about things you might have done before you turned 15. As I read the questions, you will keep track of your answers on this Tally Sheet. The Tally Sheet is divided into three sections: top, middle and bottom. We will use the top section for the first set of questions. Whenever I read a behaviour that you did, put an "X" on the Yes side of the top section, and when I read something you did not do, put an "X" on the No side of the top section.

INTERVIEWER: Mark each question as you finish reading it.

K 1. First, did you play hooky a lot from school before the age of 15? Do not tell me your answer — just put down an "X" in the yes or no column in the top section of the Tally Sheet.

- ³○ Question asked

K 2. Did you run away from home overnight more than once before the age of 15? [Again, do not tell me — just put the "X" on the Tally Sheet.]

- ⁴○ Question asked

K 3. Did you tell a lot of lies before the age of 15?

- ⁵○ Question asked

K 4. Did you more than once steal things from a store or from someone you knew?

- ⁶○ Question asked

K 5. Before the age of 15, did you ever deliberately start a fire?

- ⁷○ Question asked

K 6. Before the age of 15, did you ever deliberately destroy someone else's property other than by setting a fire?

- ⁸○ Question asked

K 7. Before the age of 15, did you physically hurt animals on a number of occasions?

- ¹○ Question asked

K 8. Now, please count the X's on the Yes side of your sheet and tell me the number.

☐ # of "Yes" responses

K 9. (Still using tally sheet) Next I want you to keep a second tally in the middle section of your sheet. Did you often start physical fights before the age of 15?

- ²○ Question asked

K 9 a. Did you use a weapon in a fight more than once before the age of 15?

- ³○ Question asked

K 10. Before the age of 15, did you physically hurt other people a number of times?

- ⁴○ Question asked

K 11. Before the age of 15 did you ever rob or mug someone?

- ⁵○ Question asked

K 12. Before the age of 15 did you ever force someone to have sex with you?

- ⁶○ Question asked

K 13. Please count the X's on the Yes side of the middle section of your Tally Sheet and tell me the number.

☐ # of "Yes" responses

K 14. INTERVIEWER CHECK ITEM:

Record number of "Yes" responses from K8 here = _____ (A)

Record number of "Yes" responses from K13 here = _____ (B)

Add (A) and (B) and enter sum here = _____ (C)

K 15. INTERVIEWER CHECK ITEM:

See K14

⁷○ If K14 Row (C) is 0-2, go to K17

⁸○ If K14 Row (C) is 3 or more, go to K16

K 16. Now, not using the Tally Sheet, of the twelve behaviors just reviewed, you were involved in (SUM FROM K14). Were these behaviors ever caused by your use of alcohol or drugs?

- ¹○ Yes

- ²○ No → Go to K17

K 16 a. Were they always due to alcohol or drugs?

- ³○ Yes

- ⁴○ No

K 17. (Still using Tally Sheet) For the next questions, please use the bottom section of your Tally Sheet. These questions ask about when you were older — since turning 15 years of age. Have you repeatedly failed to meet financial obligations such as debts, or failed to provide support for children or other dependents on a regular basis since turning 15?

- ⁵○ Question asked

K 18. Since turning 15, was there ever a time when you got into a number of physical fights?

- ⁶○ Question asked

K 19. Since turning 15, did you ever participate in illegal activities, like stealing or destroying property?

- ⁷○ Question asked

<p>... was there ever a period when you drifted around or had no regular place to live?</p> <p>☐ Question asked</p>	<p>K29. INTERVIEWER CHECK ITEM:</p> <p>See Reference Card, F28 and G22</p> <p>Select first applicable statement</p> <p>☐ Both F28 <u>and</u> G22 marked on Reference Card, go to K30</p> <p>☐ F28 marked, G22 <u>not</u> marked, go to K31</p> <p>☐ G22 marked, F28 <u>not</u> marked, go to K32</p> <p>☐ Both F28 and G22 <u>not</u> marked, go to SECTION L (next page)</p>
<p>K21. Since turning 15, was there a time when you lied a lot or used a false name?</p> <p>☐ Question asked</p>	<p>K30. (INTERVIEWER: See KEY PHRASE 2 and G1b to G21b on Reference Card.) You told me a while ago that you have had spells of feeling (KEY PHRASE 2). You also said you have had unusual experiences like (READ FIRST RESPONSE ENTERED IN G1b-G21b ON THE REFERENCE CARD.) Have the problem behaviours we just tallied <u>ever</u> occurred during one of these spells or during one of your unusual experiences?</p> <p>☐ Yes</p> <p>☐ No → Go to SECTION L (next page)</p>
<p>K22. Was there a time when you were unreliable on your job, could not hold a job, quit several jobs without having another one lined up, or simply decided not to work when you were expected to be working?</p> <p>☐ Question asked</p>	<p>K30a. Did the problem behaviours we just tallied <u>always</u> occur during a spell of feeling (KEY PHRASE 2) or during one of your unusual experiences?</p> <p>☐ Yes</p> <p>☐ No } Go to SECTION L (next page)</p>
<p>K23. Since turning 15, have you ever had a time when you did bad things to other people without feeling guilty?</p> <p>☐ Question asked</p>	<p>K31. (INTERVIEWER: See KEY PHRASE 2 on Reference Card.) You told me a while ago that you had spells of feeling (KEY PHRASE 2). Have the problem behaviours we just tallied <u>ever</u> occurred during one of these spells?</p> <p>☐ Yes</p> <p>☐ No → Go to SECTION L (next page)</p>
<p>K24. Since turning 15, did you have a time when you did reckless things like driving while under the influence of alcohol or speeding a lot?</p> <p>☐ Question asked</p>	<p>K31a. Did the problem behaviours we just tallied <u>always</u> occur during a spell of feeling (KEY PHRASE 2)?</p> <p>☐ Yes</p> <p>☐ No } Go to SECTION L (next page)</p>
<p>K25. INTERVIEWER CHECK ITEM:</p> <p>☐ If respondent ever had a child, go to K26</p> <p>☐ Otherwise, go to K27</p>	<p>K32. (INTERVIEWER: See G1b to G21b on Reference Card.) You told me a while ago that you have had unusual experiences like (READ FIRST RESPONSE ENTERED IN G1b-G21b ON THE REFERENCE CARD). Have the problem behaviours we just tallied <u>ever</u> occurred during one of your unusual experiences?</p> <p>☐ Yes</p> <p>☐ No → Go to SECTION L (next page)</p>
<p>K26. Was there ever a time when you were an irresponsible parent — for example, your child was not given adequate food or clothing, or was not kept clean, or did not get medical care, or was left home alone at an early age, or had to get food or shelter from other people?</p> <p>☐ Question asked</p>	<p>K32a. Did the problem behaviours we just tallied <u>always</u> occur during one of your unusual experiences?</p> <p>☐ Yes</p> <p>☐ No</p>
<p>K27. Now, please count the X's in the bottom section of the <u>Yes</u> side of your sheet and tell me the number.</p> <p>☐ Zero</p> <p>☐ One</p> <p>☐ Two</p> <p>☐ More than two ☐ Enter number → Go to K28</p> <p>} Go to SECTION L (next page)</p>	
<p>K28. Were these (NUMBER FROM K27) behaviours ever caused by your use of alcohol or drugs?</p> <p>☐ Yes</p> <p>☐ No → Go to K29</p>	
<p>K28a. Were they <u>always</u> due to alcohol or drugs?</p> <p>☐ Yes</p> <p>☐ No</p>	

<p>L1. Now I'd like to ask you about problems you might have had with your weight. Have you ever worried a lot about how much you eat, being too fat, or gaining too much weight?</p> <p>☐ 1 Yes</p> <p>☐ 2 No → Go to L5</p>	<p>L7. What did the doctor or other professional say was causing this weight loss? [What was the doctor's diagnosis?] [INTERVIEWER: If respondent answers "No diagnosis", PROBE: Did the doctor find anything abnormal when you were examined or tests were taken?]</p> <p>Select first applicable answer</p> <p>Anorexia, anorexia nervosa . . . ☐ 1</p> <p>Nerves, stress, anxiety, depression or mental illness . . . ☐ 2</p> <p>Self-induced vomiting (bulimia) ☐ 3</p> <p>Diet pills, water pills, laxatives or enemas ☐ 4</p> <p>Dieting ☐ 5</p> <p>Other drugs, alcohol or medication ☐ 6 → Go to L10</p> <p>Physical illness/injury (Specify): ☐ 7 → Go to L9</p> <p>_____</p> <p>All other answers ☐ 8 → Go to L8</p>
<p>L2. Did you ever see a professional about how much you eat, being too fat, or gaining too much weight — someone like a family doctor, psychologist, psychiatrist, social worker or clergy?</p> <p>☐ 3 Yes → Go to L5</p> <p>☐ 4 No</p>	<p>L8. Was your weight loss ever due to physical illness or injury? [INTERVIEWER: If Respondent mentions anorexia or anorexia nervosa, code as "No"].</p> <p>☐ 1 Yes</p> <p>☐ 2 No → Go to L10</p>
<p>L3. Did you ever take medication more than once because of how much you eat, being too fat, or gaining too much weight?</p> <p>☐ 5 Yes → Go to L5</p> <p>☐ 6 No</p>	<p>L9. Was it <u>always</u> due to a physical illness or injury?</p> <p>☐ 3 Yes → Go to L11</p> <p>☐ 4 No</p>
<p>L4. Did worrying about how much you eat, being too fat or gaining too much weight ever interfere a lot with your life or activities?</p> <p>☐ 7 Yes</p> <p>☐ 8 No</p>	<p>L10. [When your weight loss was not due to physical illness or injury,] was it <u>always</u> due to taking medication, drugs or alcohol? [INTERVIEWER: If Respondent mentions diet pills, water pills, laxatives or enemas, code as "No"].</p> <p>☐ 5 Yes</p> <p>☐ 6 No</p>
<p>L5. Have you ever lost a lot of weight — that is, (15 LBS/ 6.5 KG) or more, either by dieting or without meaning to [not by (having a baby or) an operation]?</p> <p>☐ 1 Yes</p> <p>☐ 2 No → Go to L21 (next page)</p>	<p>L11. INTERVIEWER CHECK ITEM:</p> <p>See L6</p> <p>☐ 7 If "Yes" in L6, go to L12</p> <p>☐ 8 Otherwise, go to L17</p>
<p>L6. Did you ever tell a doctor or some other professional about losing that much weight?</p> <p>☐ 3 Yes</p> <p>☐ 4 No → Go to L8</p>	<p>L12. How old were you the first time you told a medical doctor other than a psychiatrist about your weight loss?</p> <p><input type="text"/> Years old</p> <p>OR</p> <p>☐ 96 If never told a medical doctor → Go to L17</p>

<p>L13. Did a medical doctor other than a psychiatrist ever prescribe medication for you because of your weight loss?</p> <p>☐ Yes</p> <p>☐ No → Go to L15</p>	<p>L22. What is the most you have weighed (unrelated to pregnancy) after the age of 15?</p> <p># LBS. ³ <input type="text"/> <input type="text"/> <input type="text"/> OR # KG. ⁴ <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>L14. How old were you the first time [a medical doctor other than a psychiatrist prescribed medication for you because of your weight loss]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>L23. What is the lowest weight you ever (dropped to/had) after the age of 15?</p> <p># LBS. ⁵ <input type="text"/> <input type="text"/> <input type="text"/> OR # KG. ⁶ <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>L15. Did a medical doctor other than a psychiatrist ever advise you to see a mental health specialist [— someone like a psychiatrist, psychologist or social worker] because of your weight loss?</p> <p>☐ Yes</p> <p>☐ No → Go to L17</p>	<p>L24. INTERVIEWER CHECK ITEM:</p> <p>See L23</p> <p><u>FEMALES:</u></p> <p>☐ Answer to L23 is > (greater than) 125 lbs. or > 56.5 KG, go to L32</p> <p>☐ Otherwise, go to L25</p> <p><u>MALES:</u></p> <p>☐ Answer to L23 is > (greater than) 139 lbs. or > 63.4 KG, go to L32</p> <p>☐ Otherwise, go to L25</p>
<p>L16. How old were you the first time [a medical doctor other than a psychiatrist advised you to see a mental health specialist]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	
<p>L17. Did you ever take medication more than once because of your weight loss?</p> <p>☐ Yes</p> <p>☐ No → Go to L19</p>	
<p>L18. How old were you the first time [you took medication more than once because of your weight loss]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	<p>L25. How tall were you then [at your lowest weight — see L23]?</p> <p>FT. & INCHES ¹ <input type="text"/> <input type="text"/> <input type="text"/> OR CM. ² <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>L19. Did you ever see a mental health specialist [— someone like a psychiatrist, psychologist or social worker] because of your weight loss?</p> <p>☐ Yes</p> <p>☐ No → Go to L21</p>	<p>L26. INTERVIEWER CHECK ITEM:</p> <p>See L5 and L21</p> <p>☐ If "No" to both L5 (lost lots of weight) and L21 (looked like a skeleton), go to L32</p> <p>☐ Otherwise, go to L27</p>
<p>L20. How old were you the first time [you saw a mental health specialist because of your weight loss]?</p> <p><input type="text"/> <input type="text"/> Years old</p>	
<p>L21. Did relatives or friends ever say that you were much too thin or looked like a skeleton?</p> <p>☐ Yes</p> <p>☐ No</p>	<p>L27. When was the first time (you lost that much weight/people thought you were too thin) — in the past 2 weeks, past month, past 6 months, past year or more than a year ago?</p> <p>☐ Past 2 weeks</p> <p>☐ Past month</p> <p>☐ Past 6 months</p> <p>☐ Past year</p> <p>☐ More than a year ago</p> <p style="text-align: right;">} Go to L28</p>

L27. How old were you the last time?
 Years old

OR

INTERVIEWER: If "don't know" after probing, determine if Respondent was older or younger than 25 at the time and mark age as:

☐ Under 25

☐ 25 or more

☐ Still don't know

L28. When was the last time (you lost that much weight/ people thought you were too thin) — in the past 2 weeks, past month, past 6 months, past year or more than a year ago?

☐ Past 2 weeks

☐ Past month

☐ Past 6 months

☐ Past year

☐ More than a year ago

Go to L29

L28a. How old were you the last time?
 Years old

L29. To lose that much weight or keep your weight down did you ...

	Yes	No
a) avoid fattening foods?	☐ 01	☐ 02
b) exercise?	☐ 03	☐ 04
c) take medicine or pills?	☐ 05	☐ 06
d) make yourself vomit?	☐ 07	☐ 08
e) take laxatives or enemas?	☐ 09	☐ 10

L30. Did you ever think you were overweight when other people such as your parents or friends said you had got too thin?

☐ Yes

☐ No

L31. **FOR MEN:** Go to L32

FOR WOMEN: Did you ever miss 3 menstrual periods in a row around the time you were losing weight?

☐ Yes

☐ No

L32. Have you ever had a period of time when you would eat abnormally large amounts of food within a few hours — that is, binge eating?

☐ Yes

☐ No → Go to SECTION M (next page)

L33. Have you had several periods of time like that?

☐ Yes

☐ No → Go to SECTION M (next page)

L34. Have you ever had a period of 3 months or more when you went on eating binges at least twice a week?

☐ Yes

☐ No

L35. Have you ever been afraid that you might not be able to stop one of these eating binges?

☐ Yes

☐ No

L36. When you ate unusually large amounts, have you ever had to do something special to make yourself quit — like going to sleep, making yourself vomit or leaving the house?

☐ Yes

☐ No

L37. Have you ever done any things regularly in order to keep from gaining weight — things like ...

	Yes	No
a) exercising a lot?	☐ 01	☐ 02
b) staying on a strict diet?	☐ 03	☐ 04
c) taking water pills or diuretics? ...	☐ 05	☐ 06
d) taking laxatives or enemas?	☐ 07	☐ 08
e) making yourself vomit?	☐ 09	☐ 10
f) fasting by not eating at all or only taking liquids?	☐ 11	☐ 12
g) taking diet pills?	☐ 13	☐ 14

L38. When was the first time you had an eating binge — in the past 2 weeks, past month, past 6 months, past year or more than a year ago?

☐ Past 2 weeks

☐ Past month

☐ Past 6 months

☐ Past year

☐ More than a year ago

Go to L39

L38a. How old were you the first time?
 Years old

L39. When was the last time you had an eating binge — in the past 2 weeks, past month, past 6 months, past year or more than a year ago?

☐ Past 2 weeks

☐ Past month

☐ Past 6 months

☐ Past year

☐ More than a year ago

Go to SECTION M (next page)

L39a. How old were you the last time?
 Years old

SECTION M: ACTIVITIES OF DAILY LIFE

M1. The next few questions are about your day-to-day activities. In a typical week, how many hours do you spend doing things like cooking, cleaning, repairs, shopping, paying bills, yard work and other work in and around the house?

- ¹☐ Less than 10 hours
- ²☐ 10 to 19 hours
- ³☐ 20 to 29 hours
- ⁴☐ 30 to 39 hours
- ⁵☐ More than 40 hours

M2. Are you limited at all in your ability to do this kind of work around the house because of any of the following?

	Yes	No
a) A physical health problem you have?	¹ ☐	² ☐
b) A problem with your emotions, nerves or mental health?	³ ☐	⁴ ☐
c) A problem with your use of alcohol or drugs?	⁵ ☐	⁶ ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to M4

M3. How long have you been limited in this way?

- ¹☐ Less than 6 months
- ²☐ 6 to 12 months
- ³☐ 1 to 2 years
- ⁴☐ More than 2 years

M4. In a typical week, how many hours do you spend on your interests, hobbies or leisure activities?

- ¹☐ None
- ²☐ Under 5 hours
- ³☐ 5 to 9 hours
- ⁴☐ 10 to 15 hours
- ⁵☐ More than 15 hours

M5. Are you limited at all in the amount of time you spend or the kind of leisure activities you can do because of any of the following?

	Yes	No
a) A physical health problem you have?	¹ ☐	² ☐
b) A problem with your emotions, nerves or mental health?	³ ☐	⁴ ☐
c) A problem with your use of alcohol or drugs?	⁵ ☐	⁶ ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to M7

M6. How long have you been limited in this way?

- ¹☐ Less than 6 months
- ²☐ 6 to 12 months
- ³☐ 1 to 2 years
- ⁴☐ More than 2 years

<p>M7. Do you have a valid driver's license?</p> <p>☐ Yes</p> <p>☐ No</p>	<p>M12. Do you have difficulty with personal care such as feeding yourself or bathing, dressing or using the bathroom by yourself?</p> <p>☐ Yes</p> <p>☐ No → Go to M14</p>												
<p>M8. Do you have any difficulty getting around the neighbourhood or using public transportation?</p> <p>☐ Yes</p> <p>☐ No → Go to M10</p>	<p>M13. How long have you been having this difficulty?</p> <p>☐ Less than 6 months</p> <p>☐ 6 to 12 months</p> <p>☐ 1 to 2 years</p> <p>☐ More than 2 years</p>												
<p>M9. How long have you been having this difficulty?</p> <p>☐ Less than 6 months</p> <p>☐ 6 to 12 months</p> <p>☐ 1 to 2 years</p> <p>☐ More than 2 years</p>	<p>M14. INTERVIEWER CHECK ITEM:</p> <p>See M8, M10 and M12</p> <p>☐ If any 'yes' responses to M8, M10 or M12 go to M15</p> <p>☐ Otherwise, go to SECTION N (next page)</p>												
<p>M10. Do you have periods of time that last for days on end when you are unable to go outside your home even in good weather?</p> <p>☐ Yes</p> <p>☐ No → Go to M12</p>	<p>M15. You've told me about some difficulties you have [—getting around the neighbourhood/getting out of your home/with personal care]. (Is this difficulty/Are any of these difficulties) due to ...</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) A physical health problem you have?</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>b) A problem with your emotions, nerves or mental health?</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>c) A problem with your use of alcohol or drugs?</td> <td>☐</td> <td>☐</td> </tr> </tbody> </table>		Yes	No	a) A physical health problem you have?	☐	☐	b) A problem with your emotions, nerves or mental health?	☐	☐	c) A problem with your use of alcohol or drugs?	☐	☐
	Yes	No											
a) A physical health problem you have?	☐	☐											
b) A problem with your emotions, nerves or mental health?	☐	☐											
c) A problem with your use of alcohol or drugs?	☐	☐											
<p>M11. How long has this been happening?</p> <p>☐ Less than 6 months</p> <p>☐ 6 to 12 months</p> <p>☐ 1 to 2 years</p> <p>☐ More than 2 years</p>													

SECTION N: MAIN ACTIVITY

N1. (Orange booklet, page 20) We would like to know what best describes the main thing you do — are you working for pay, temporarily laid off or on sick or (paternity/ maternity) leave, going to school, being a homemaker, looking for work or unemployed, retired, doing volunteer work or are you permanently unable to work?

Working for pay or self-employed
(include sick or paternity/maternity
leave)

⁰¹ ☐ Go to N8
(next page)

Temporarily laid off

⁰² ☐ Go to N14
(next page)

Going to school

⁰³ ☐ Go to N34
(page 78)

Being a homemaker

⁰⁴ ☐ Go to N87
(page 82)

Working for pay and being
a homemaker

⁰⁵ ☐ Go to N2

Looking for work or unemployed

⁰⁶ ☐ Go to N102
(page 84)

Retired

⁰⁷ ☐ Go to N117
(page 86)

Doing volunteer work

⁰⁸ ☐ Go to N126
(page 86)

Permanently unable to work

⁰⁹ ☐ Go to N140
(page 87)

Other (specify):

¹⁰ ☐

Go to N148
(page 88)

WORKING FOR PAY AND BEING A HOMEMAKER

N2. How long have you been a homemaker?

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

N3. Do you enjoy being a homemaker? Would you say . . .

¹ ☐ A great deal?

² ☐ Quite a bit?

³ ☐ Some?

⁴ ☐ A little?

⁵ ☐ Not at all?

N4. How well have you performed your routine household chores in the last 6 months? Would you say . . .

¹ ☐ Very well?

² ☐ Quite well?

³ ☐ Fairly well?

⁴ ☐ Not too well?

⁵ ☐ Not well at all?

⁶ ☐ Did not do housework in last
6 months → Go to N6

N5. In general, have you had difficulty performing up to your usual standard of doing housework in the last 6 months? Would you say . . .

¹ ☐ Yes, definitely?

² ☐ Yes, probably?

³ ☐ Probably not?

⁴ ☐ Definitely not?

N6. The next question is about combining being a homemaker and working for pay. To what extent does doing both interfere with having a life of your own?

⁵ ☐ A great deal

⁶ ☐ Somewhat

⁷ ☐ Not at all

N7. If you were free to do what ever you wanted and money were no object, would you have a full-time job, a part-time job or be a full-time homemaker?

¹ ☐ Full-time job

² ☐ Part-time job

³ ☐ Full-time homemaker

} Go to N8

**WORKING FOR PAY/TEMPORARILY LAID OFF;
SICK OR MATERNITY LEAVE**

N8. How long have you worked for pay?

⁴☐ Less than 6 months

⁵☐ 6 to 12 months

⁶☐ 1 to 2 years

⁷☐ More than 2 years

N9. In the next question, I'd like you to think about the last 30 days. (INTERVIEWER: SHOW CALENDAR ON PAGE 1 IN GREEN BOOKLET AND INDICATE 30 DAYS FROM YESTERDAY)

Beginning yesterday and going back to (DATE) how many days of work did you miss entirely? (DO NOT COUNT HOLIDAYS).

Days

N10. Are you self-employed as your main paying occupation?

¹☐ Yes → Go to N13

²☐ No

N11. During the past 12 months, were you laid off at any time?

³☐ Yes

⁴☐ No

N12. In the past 12 months, were you fired?

⁵☐ Yes

⁶☐ No

N13. During the past 12 months, did you have any major financial setbacks in your business or career?

⁷☐ Yes

⁸☐ No

Go to N16

N14. How long have you been laid off?

¹☐ Less than 6 months → Go to N14a

²☐ 6 to 12 months

³☐ 1 to 2 years

⁴☐ More than 2 years

Go to N16

N14a. In the next question, I'd like you to think about the last 30 days. (INTERVIEWER: SHOW CALENDAR ON PAGE 1 IN GREEN BOOKLET AND INDICATE 30 DAYS FROM YESTERDAY) Beginning yesterday and going back to (DATE) how many days were you laid off?

Days

N15. INTERVIEWER CHECK ITEM:

See N14a

⁵☐ If answer is not "30", go to N15a

⁶☐ Otherwise, go to N16

N15a. Aside from the days you were laid off, how many days of work did you miss entirely [since (DATE)]? (DO NOT COUNT HOLIDAYS) (INTERVIEWER: SHOW CALENDAR ON PAGE 1 IN GREEN BOOKLET AND INDICATE 30 DAYS FROM YESTERDAY).

Days

N16. The next few questions are about your main job or business. Including paid vacation and sick leave, how many months altogether did you work at a job or business for pay during the past year?

Months

<p>N17. How much do you enjoy doing your work? Would you say...</p> <p>☐ 1 A great deal?</p> <p>☐ 2 Quite a bit?</p> <p>☐ 3 Some?</p> <p>☐ 4 A little?</p> <p>☐ 5 Not at all?</p>	<p>N20. Are there certain jobs or careers not open to you because of ...</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) A physical health problem you have?</td> <td>☐ 1</td> <td>☐ 2</td> </tr> <tr> <td>b) A problem with your emotions, nerves or mental health?</td> <td>☐ 3</td> <td>☐ 4</td> </tr> <tr> <td>c) A problem with your use of alcohol or drugs?</td> <td>☐ 5</td> <td>☐ 6</td> </tr> </tbody> </table> <p>INTERVIEWER INSTRUCTIONS: If answers to all above are 'No', go to N22</p>		Yes	No	a) A physical health problem you have?	☐ 1	☐ 2	b) A problem with your emotions, nerves or mental health?	☐ 3	☐ 4	c) A problem with your use of alcohol or drugs?	☐ 5	☐ 6
	Yes	No											
a) A physical health problem you have?	☐ 1	☐ 2											
b) A problem with your emotions, nerves or mental health?	☐ 3	☐ 4											
c) A problem with your use of alcohol or drugs?	☐ 5	☐ 6											
<p>N18. How well have you performed at work in the last 6 months? Would you say...</p> <p>☐ 1 Very well?</p> <p>☐ 2 Quite well?</p> <p>☐ 3 Fairly well?</p> <p>☐ 4 Not too well?</p> <p>☐ 5 Not well at all?</p> <p>☐ 6 Not at work in last 6 months → Go to N20</p>	<p>N21. How long have these jobs or careers been unavailable to you?</p> <p>☐ 1 Less than 6 months</p> <p>☐ 2 6 to 12 months</p> <p>☐ 3 1 to 2 years</p> <p>☐ 4 More than 2 years</p> <p>N22. Do you work full-time or part-time on your main job or business?</p> <p>☐ 5 Full-time → Go to N27</p> <p>☐ 6 Part-time</p>												
<p>N19. In general, have you had difficulty performing up to your usual standard at work in the last 6 months? Would you say...</p> <p>☐ 1 Yes, definitely?</p> <p>☐ 2 Yes, probably?</p> <p>☐ 3 Probably not?</p> <p>☐ 4 Definitely not?</p>	<p>N23. Are you currently working part-time because of the following reasons ...</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) A physical health problem you have?</td> <td>☐ 1</td> <td>☐ 2</td> </tr> <tr> <td>b) A problem with your emotions, nerves or mental health?</td> <td>☐ 3</td> <td>☐ 4</td> </tr> <tr> <td>c) A problem with your use of alcohol or drugs?</td> <td>☐ 5</td> <td>☐ 6</td> </tr> </tbody> </table> <p>INTERVIEWER INSTRUCTIONS: If answers to all above are 'No', go to N25</p>		Yes	No	a) A physical health problem you have?	☐ 1	☐ 2	b) A problem with your emotions, nerves or mental health?	☐ 3	☐ 4	c) A problem with your use of alcohol or drugs?	☐ 5	☐ 6
	Yes	No											
a) A physical health problem you have?	☐ 1	☐ 2											
b) A problem with your emotions, nerves or mental health?	☐ 3	☐ 4											
c) A problem with your use of alcohol or drugs?	☐ 5	☐ 6											

<p>N24. How long have you been unable to work full-time because of (this/these) health problem(s)?</p> <p>☐ 1 Less than 6 months</p> <p>☐ 2 6 to 12 months</p> <p>☐ 3 1 to 2 years</p> <p>☐ 4 More than 2 years</p>	<p>N29. How long have you been limited in the work you can do?</p> <p>☐ 1 Less than 6 months</p> <p>☐ 2 6 to 12 months</p> <p>☐ 3 1 to 2 years</p> <p>☐ 4 More than 2 years</p>
<p>N25. Would you like to have a full-time job?</p> <p>☐ 5 Yes</p> <p>☐ 6 No → Go to N27</p>	<p>N30. In addition to your main job, do you have another job for which you are paid?</p> <p>☐ 5 Yes</p> <p>☐ 6 No → Go to N32</p>
<p>N26. How would you rate your chances of obtaining a full-time job in the next year?</p> <p>☐ 1 Excellent</p> <p>☐ 2 Good</p> <p>☐ 3 Fair</p> <p>☐ 4 Poor</p>	<p>N31. How many hours per week do you work on both your jobs combined?</p> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> Hours

GOING TO SCHOOL QUESTIONS

N34. Do you go to elementary or high school?

⁵ ☐ Yes

⁶ ☐ No → Go to N49 (next page)

N35. In which grade do you take all or most of your courses?

Grade

N36. At which level do you take all or most of your courses?

¹ ☐ Elementary school

² ☐ Basic (trade or vocational)

³ ☐ General

⁴ ☐ Advanced (preparation for university)

N37. How often have you gone to see someone from the Guidance Department? (Mark one)

¹ ☐ Less than once per year

² ☐ Once per year

³ ☐ 2 to 3 times a year

⁴ ☐ More than 3 times per year

⁵ ☐ Never → Go to N40

N38. Did you ever receive counselling for ...

Yes No

a) Choosing courses? ¹ ☐ ² ☐

b) Career guidance? ³ ☐ ⁴ ☐

c) Personal problems or concerns? .. ⁵ ☐ ⁶ ☐

d) Something else? ⁷ ☐ ⁸ ☐

N39. In general, how helpful was the counselling you received from the Guidance Department at your school?

¹ ☐ Very helpful

² ☐ Somewhat

³ ☐ A little

⁴ ☐ Not at all

N40. (Orange booklet, page 21) The next few questions are about your perceptions of the school or educational facility you are attending. I'll read a statement and I want you to tell me whether you strongly agree, agree, feel uncertain, disagree or strongly disagree.

The school you attend is good for you.

¹ ☐ Strongly agree

² ☐ Agree

³ ☐ Uncertain

⁴ ☐ Disagree

⁵ ☐ Strongly disagree

N41. (Orange booklet, page 21) Teachers in your school really care about students' school work.

¹ ☐ Strongly agree

² ☐ Agree

³ ☐ Uncertain

⁴ ☐ Disagree

⁵ ☐ Strongly disagree

N42. (Orange booklet, page 21) Most students in your school really want to do good work.

¹ ☐ Strongly agree

² ☐ Agree

³ ☐ Uncertain

⁴ ☐ Disagree

⁵ ☐ Strongly disagree

N43. (Orange booklet, page 21) The appearance of your school is clean, attractive and inviting.

¹ ☐ Strongly agree

² ☐ Agree

³ ☐ Uncertain

⁴ ☐ Disagree

⁵ ☐ Strongly disagree

N44. (Orange booklet, page 21) Many students in your school are really enthusiastic about involvement in extra-curricular activities such as sports, band and drama.

¹ ☐ Strongly agree

² ☐ Agree

³ ☐ Uncertain

⁴ ☐ Disagree

⁵ ☐ Strongly disagree

N45. Now I'd like to ask you about how you spend your time when you're not at school. Outside of regular physical education classes at school, did you take part in any sports during the past 6 months which involved adult coaching or instruction?

¹ ☐ Yes

² ☐ No → Go to N47

N46. In how many such sports did you take part?

sports

N47. Outside of regular classes at school, did you take any lessons or instruction during the past 6 months in music, dance or other non-sport activities?

³ ☐ Yes

⁴ ☐ No → Go to N51

N48. In how many such activities did you take lessons or instructions?

activities → Go to N51

N49. What type of program or school do you attend?

¹ ☐ Apprenticeship program

² ☐ Manpower retraining

³ ☐ Community college or nursing school

⁴ ☐ Trade, technical or vocational school or business college

⁵ ☐ Teacher's college

⁶ ☐ University

⁷ ☐ Other

N50. How many hours of instruction or training do you receive each week?

Hours

N51. Excluding class or training time, how many hours per week do you spend on school work?

Hours

N52. How much do you enjoy your school work? Would you say...

¹ ☐ A great deal?

² ☐ Quite a bit?

³ ☐ Some?

⁴ ☐ A little?

⁵ ☐ Not at all?

N53. How well have you done (at school/in your program) in the last 6 months? Would you say...

¹ ☐ Very well?

² ☐ Quite well?

³ ☐ Fairly well?

⁴ ☐ Not too well?

⁵ ☐ Not well at all?

N54. In the last 6 months have your marks gone up or gone down? Would you say they have...

¹ ☐ Gone up a lot?

² ☐ Gone up a bit?

³ ☐ Remained the same?

⁴ ☐ Gone down a bit?

⁵ ☐ Gone down a lot?

N55. Are you presently going to (school/your program) full-time or part-time?

⁶ ☐ Full-time → Go to N58

⁷ ☐ Part-time

N56. Are you going to school part-time because of any of the following reasons ...

Yes No

a) A physical health problem you have? ¹ ☐ ² ☐

b) A problem with your emotions, nerves or mental health? ³ ☐ ⁴ ☐

c) A problem with your use of alcohol or drugs? ⁵ ☐ ⁶ ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N58

N57. How long have you been unable to go to school full-time because of (this/these) health problem(s)?

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

Go to N60

N58. Are you currently limited at all in the kind or amount of school work that you can do because of any of the following reasons ...

Yes No

a) A physical health problem you have? ¹ ☐ ² ☐

b) A problem with your emotions, nerves or mental health? ³ ☐ ⁴ ☐

c) A problem with your use of alcohol or drugs? ⁵ ☐ ⁶ ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N60

N59. How long have you been limited in the school work you can do?

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

N60. What was your last grade completed in elementary or secondary [high] school?

Grade

N61. Have you ever repeated or failed a grade?

⁵ ☐ Yes

⁶ ☐ No → Go to N63

N62. What was the earliest grade you failed?

Grade

N63. Were you ever in a full or part-time special education class? Exclude French immersion, ethnic and gifted programs.

⁷ ☐ Yes

⁸ ☐ No → Go to N65

N64. What age were you when you first received special education or teaching?

Years old

<p>N65. (Orange booklet, page 1) During the past 6 months, how well have you gotten along with your classmates and peers (at school/in your program)?</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="flex: 1;"> <p>☐ 1 Very well, no problems</p> <p>☐ 2 Quite well, hardly any problems</p> <p>☐ 3 Fairly well, occasional problems</p> <p>☐ 4 Not too well, frequent problems</p> <p>☐ 5 Not well at all, constant problems</p> </div> <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex: 0.5; text-align: center;"> <p>Go to N67</p> </div> </div>	<p>N69. How would you rate your chances of obtaining a full-time job after finishing school or your program?</p> <div style="margin-top: 10px;"> <p>☐ 5 Excellent</p> <p>☐ 6 Good</p> <p>☐ 7 Fair</p> <p>☐ 8 Poor</p> </div>
<p>N66. How long have you been having these problems?</p> <div style="margin-top: 10px;"> <p>☐ 1 Less than 6 months</p> <p>☐ 2 6 to 12 months</p> <p>☐ 3 1 to 2 years</p> <p>☐ 4 More than 2 years</p> </div>	<p>N70. During the past year did you have a paid job?</p> <div style="margin-top: 10px;"> <p>☐ 1 Yes</p> <p>☐ 2 No → Go to N170 (page 90)</p> </div>
<p>N67. (Orange booklet, page 1) During the past 6 months, how well have you gotten along with your teacher(s) and instructor(s) (at school/in your program)?</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="flex: 1;"> <p>☐ 1 Very well, no problems</p> <p>☐ 2 Quite well, hardly any problems</p> <p>☐ 3 Fairly well, occasional problems</p> <p>☐ 4 Not too well, frequent problems</p> <p>☐ 5 Not well at all, constant problems</p> </div> <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex: 0.5; text-align: center;"> <p>Go to N69</p> </div> </div>	<p>N71. Was this part of a work-study program?</p> <div style="margin-top: 10px;"> <p>☐ 3 Yes</p> <p>☐ 4 No → Go to N80 (next page)</p> </div>
<p>N68. How long have you been having these problems?</p> <div style="margin-top: 10px;"> <p>☐ 1 Less than 6 months</p> <p>☐ 2 6 to 12 months</p> <p>☐ 3 1 to 2 years</p> <p>☐ 4 More than 2 years</p> </div>	<p>N72. Did you work at any job for pay in addition to your work study job?</p> <div style="margin-top: 10px;"> <p>☐ 5 Yes</p> <p>☐ 6 No → Go to N170 (page 90)</p> </div>
<p>N73. During the past 12 months, were you laid off at any time?</p> <div style="margin-top: 10px;"> <p>☐ 7 Yes</p> <p>☐ 8 No</p> </div>	<p>N74. In the past 12 months, were you fired?</p> <div style="margin-top: 10px;"> <p>☐ 1 Yes</p> <p>☐ 2 No</p> </div>
<p>N75. The next few questions all relate to the paying job or jobs that you had in addition to your work-study job. Apart from your work-study job, how many months did you work during the last school year?</p> <div style="margin-top: 10px;"> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <p>Months</p> </div>	

N76. When school was in session, how many hours per week on average did you work at your other job(s) in addition to those hours spent on the work-study job?

Hours

N77. Did your additional job(s) cause you to study less than you would have liked?

¹ ☐ Yes

² ☐ No

N78. Did your additional job(s) cause you to participate less than you would have liked in sports or other school activities?

³ ☐ Yes

⁴ ☐ No

N79. Was it necessary for you to have a job to cover the cost of going to school?

⁵ ☐ Yes

⁶ ☐ No

Go to N170 (page 90)

N80. During the past 12 months, were you laid off at any time?

⁷ ☐ Yes

⁸ ☐ No

N81. In the past 12 months, were you fired?

¹ ☐ Yes

² ☐ No

N82. How many months did you work during the last school year?

Months

N83. When school was in session, how many hours per week on average did you work?

Hours

N84. Did your job(s) cause you to study less than you would have liked?

³ ☐ Yes

⁴ ☐ No

N85. Did your job(s) cause you to participate less than you would have liked in sports or other school activities?

⁵ ☐ Yes

⁶ ☐ No

N86. Was it necessary for you to have a job to cover the cost of going to school?

⁷ ☐ Yes

⁸ ☐ No

Go to N170 (page 90)

BEING A HOMEMAKER

N87. How long have you been a homemaker?

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

N88. Do you enjoy being a homemaker? Would you say...

¹ ☐ A great deal?

² ☐ Quite a bit?

³ ☐ Some?

⁴ ☐ A little?

⁵ ☐ Not at all?

<p>chores in the last 6 months? Would you say...</p> <p>1 ☐ Very well?</p> <p>2 ☐ Quite well?</p> <p>3 ☐ Fairly well?</p> <p>4 ☐ Not too well?</p> <p>5 ☐ Not well at all?</p> <p>6 ☐ Did not do housework in last 6 months → Go to N91</p>	<p>currently working for pay as well as being a homemaker?</p> <p>5 ☐ Yes → Go to N97</p> <p>6 ☐ No</p>												
<p>N90. In general, have you had difficulty performing up to your usual standard of doing housework in the last 6 months? Would you say...</p> <p>1 ☐ Yes, definitely?</p> <p>2 ☐ Yes, probably?</p> <p>3 ☐ Probably not?</p> <p>4 ☐ Definitely not?</p>	<p>N94. Are you currently not working for pay because of any of the following reasons?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>a) A physical health problem you have?</td> <td>1 ☐</td> <td>2 ☐</td> </tr> <tr> <td>b) A problem with your emotions, nerves, or mental health?</td> <td>3 ☐</td> <td>4 ☐</td> </tr> <tr> <td>c) A problem with your use of alcohol or drugs?</td> <td>5 ☐</td> <td>6 ☐</td> </tr> </table> <p>INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N96</p>		Yes	No	a) A physical health problem you have?	1 ☐	2 ☐	b) A problem with your emotions, nerves, or mental health?	3 ☐	4 ☐	c) A problem with your use of alcohol or drugs?	5 ☐	6 ☐
	Yes	No											
a) A physical health problem you have?	1 ☐	2 ☐											
b) A problem with your emotions, nerves, or mental health?	3 ☐	4 ☐											
c) A problem with your use of alcohol or drugs?	5 ☐	6 ☐											
<p>N91. The next questions are about working for pay. Are there certain jobs or careers not open to you because of ...</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>a) A physical health problem you have?</td> <td>1 ☐</td> <td>2 ☐</td> </tr> <tr> <td>b) A problem with your emotions, nerves or mental health?</td> <td>3 ☐</td> <td>4 ☐</td> </tr> <tr> <td>c) A problem with your use of alcohol or drugs?</td> <td>5 ☐</td> <td>6 ☐</td> </tr> </table> <p>INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N93</p>		Yes	No	a) A physical health problem you have?	1 ☐	2 ☐	b) A problem with your emotions, nerves or mental health?	3 ☐	4 ☐	c) A problem with your use of alcohol or drugs?	5 ☐	6 ☐	<p>N95. How long have you been unable to work at a paid job because of (this/these) reasons?</p> <p>1 ☐ Less than 6 months</p> <p>2 ☐ 6 to 12 months</p> <p>3 ☐ 1 to 2 years</p> <p>4 ☐ More than 2 years</p>
	Yes	No											
a) A physical health problem you have?	1 ☐	2 ☐											
b) A problem with your emotions, nerves or mental health?	3 ☐	4 ☐											
c) A problem with your use of alcohol or drugs?	5 ☐	6 ☐											
<p>N92. How long have these jobs or careers been unavailable to you?</p> <p>1 ☐ Less than 6 months</p> <p>2 ☐ 6 to 12 months</p> <p>3 ☐ 1 to 2 years</p> <p>4 ☐ More than 2 years</p>	<p>N96. Did you do any work for pay in the past year?</p> <p>5 ☐ Yes</p> <p>6 ☐ No → Go to N101</p> <p>N97. Including paid vacation and sick leave, in how many months did you do any work for pay during the past year?</p> <p><input type="text"/> <input type="text"/> Months</p>												

N98. In a typical week that you worked for pay, how many hours did you usually work?

Hours

N99. During the past 12 months, were you laid off at any time?

¹ ☐ Yes

² ☐ No

N100. In the past 12 months, were you fired?

³ ☐ Yes

⁴ ☐ No

N101. If you were free to do whatever you wanted and money were no object, would you have a full-time job, a part-time job, or be a full-time homemaker?

⁵ ☐ Full-time job

⁶ ☐ Part-time job

⁷ ☐ Full-time homemaker

Go to N161 (page 90)

LOOKING FOR WORK, UNEMPLOYED

N102. How long have you been unemployed?

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

Go to N104

N103. In the next question, I'd like you to think about the last 30 days.

(INTERVIEWER: SHOW CALENDAR ON PAGE 1 IN THE GREEN BOOKLET AND INDICATE 30 DAYS FROM YESTERDAY.)

Beginning yesterday and going back to (DATE) how many days were you unemployed?

Days

N104. Are there certain jobs or careers not open to you because of...

Yes No

a) A physical health problem you have? ¹ ☐ ² ☐

b) A problem with your emotions, nerves or mental health? ³ ☐ ⁴ ☐

c) A problem with your use of alcohol or drugs? ⁵ ☐ ⁶ ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N106

N105. How long have these jobs or careers been unavailable to you?

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

N106. Before now, have you ever worked at a job or business for pay?

⁵ ☐ Yes

⁶ ☐ No → Go to N110

N107. Why did you stop working at your last job or business?

¹ ☐ Fired

² ☐ Laid off, plant closed or work force reduction

³ ☐ Bankruptcy

⁴ ☐ Quit because of pregnancy, birth of child

⁵ ☐ Quit, no explanation

⁶ ☐ Retired

⁷ ☐ Your health

⁸ ☐ Moved

⁹ ☐ Other (specify) _____

year :

Months

If 00 → Go to N110

N109. In a typical week that you worked, how many hours did you usually work?

Hours

N110. Are you currently not working because of any of the following reasons?

Yes No

a) A physical health problem you have? ☐ ☐

b) A problem with your emotions, nerves or mental health? ☐ ☐

c) A problem with your use of alcohol or drugs? ☐ ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N112

N111. How long have you been unable to work because of (this/these) problem(s)?

☐ Less than 6 months

☐ 6 to 12 months

☐ 1 to 2 years

☐ More than 2 years

Go to N114

N112. Are you currently limited at all in the kind or amount of work that you would be able to do because of any of the following reasons ...

Yes No

a) A physical health problem you have? ☐ ☐

b) A problem with your emotions, nerves or mental health? ☐ ☐

c) A problem with your use of alcohol or drugs? ☐ ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N114

☐ Less than 6 months

☐ 6 to 12 months

☐ 1 to 2 years

☐ More than 2 years

N114. Are you looking for a job?

☐ Yes → Go to N116

☐ No

N115. Why are you not looking for a job?

☐ Own illness

☐ Personal/family responsibilities

☐ No longer interested in finding a job

☐ Waiting for replies

☐ No work available

☐ No reason

☐ Other

Go to
N161
(page 90)

N116. How would you rate your chances of obtaining a job in the next year?

☐ Excellent

☐ Good

☐ Fair

☐ Poor

Go to N161 (page 90)

RETIRED

VOLUNTEER WORK

N117. How long have you been retired?

- ☐ 1 Less than 6 months
- ☐ 2 6 to 12 months
- ☐ 3 1 to 2 years
- ☐ 4 More than 2 years

N118. At what age did you last retire?

Age of retirement

N119. Did you retire for reasons relating to your health?

- ☐ 5 Yes
- ☐ 6 No → Go to N121

N120. Was this because of ...

	Yes	No
a) A physical health problem you have?	☐ 1	☐ 2
b) A problem with your emotions, nerves or mental health?	☐ 3	☐ 4
c) A problem with your use of alcohol or drugs?	☐ 5	☐ 6

N121. Do you enjoy being retired? Would you say...

- ☐ 1 A great deal?
- ☐ 2 Quite a bit?
- ☐ 3 Some?
- ☐ 4 A little?
- ☐ 5 Not at all?

N122. Did you do any work for pay in the past year?

- ☐ 6 Yes
- ☒ 7 No → Go to N125

N123. Including paid vacation and sick leave, in how many months did you do any work for pay during the past year?

Months

N124. In a typical week that you worked, how many hours did you usually work?

Hours

N125. Are you currently looking for a full or part-time paying job?

- ☐ 1 Yes
 - ☐ 2 No
- } Go to N161 (page 90)

N126. How long have you been a volunteer worker?

- ☐ 3 Less than 6 months
- ☐ 4 6 to 12 months
- ☐ 5 1 to 2 years
- ☐ 6 More than 2 years

N127. Do you enjoy being a volunteer worker? Would you say...

- ☐ 1 A great deal?
- ☐ 2 Quite a bit?
- ☐ 3 Some?
- ☐ 4 A little?
- ☐ 5 Not at all?

N128. How well have you performed at your volunteer work in the last 6 months? Would you say...

- ☐ 1 Very well?
- ☐ 2 Quite well?
- ☐ 3 Fairly well?
- ☐ 4 Not too well?
- ☐ 5 Not well at all?

N129. In general, have you had difficulty in performing up to your usual standard at your volunteer work in the last 6 months? Would you say...

- ☐ 1 Yes, definitely?
- ☐ 2 Yes, probably?
- ☐ 3 Probably not?
- ☐ 4 Definitely not?

N130. The next questions are about working for pay. Are there certain jobs or careers not open to you because of ...

Yes No

a) A physical health problem you have? 1 ☐ 2 ☐

b) A problem with your emotions, nerves or mental health? 3 ☐ 4 ☐

c) A problem with your use of alcohol or drugs? 5 ☐ 6 ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N132

N131. How long have these jobs or careers been unavailable to you?

1 ☐ Less than 6 months

2 ☐ 6 to 12 months

3 ☐ 1 to 2 years

4 ☐ More than 2 years

N132. Are you currently working for pay as well as being a volunteer?

5 ☐ Yes → Go to N136

6 ☐ No

N133. Are you currently not working for pay because of any of the following reasons ...

Yes No

a) A physical health problem you have? 1 ☐ 2 ☐

b) A problem with your emotions, nerves or mental health? 3 ☐ 4 ☐

c) A problem with your use of alcohol or drugs? 5 ☐ 6 ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N135

N134. How long have you been unable to work at a paid job for (this/these) reason(s)?

1 ☐ Less than 6 months

2 ☐ 6 to 12 months

3 ☐ 1 to 2 years

4 ☐ More than 2 years

N135. Did you do any work for pay in the past year?

5 ☐ Yes

6 ☐ No → Go to N161 (page 90)

N136. Including paid vacation and sick leave, in how many months did you do any work for pay during the past year?

Months

N137. In a typical week that you worked for pay, how many hours did you usually work?

Hours

N138. During the past 12 months, were you laid off at any time?

1 ☐ Yes

2 ☐ No

N139. In the past 12 months, were you fired?

3 ☐ Yes

4 ☐ No

} Go to N161 (page 90)

PERMANENTLY UNABLE TO WORK

N140. Is your permanent disability due to ...

Yes No

a) A physical health problem you have? 1 ☐ 2 ☐

b) A problem with your emotions, nerves or mental health? 3 ☐ 4 ☐

c) A problem with your use of alcohol or drugs? 5 ☐ 6 ☐

d) Some other reason? 7 ☐ 8 ☐

<p>N141. How long (has this/have these) problem(s) prevented you from working for pay?</p> <p>1 ☐ Less than 6 months</p> <p>2 ☐ 6 to 12 months</p> <p>3 ☐ 1 to 2 years</p> <p>4 ☐ More than 2 years</p> <p>5 ☐ Since birth → Go to N145</p>	<p style="text-align: center;">OTHER</p> <p>N148. Before now, have you ever worked at a job or business for pay?</p> <p>3 ☐ Yes</p> <p>4 ☐ No → Go to N150</p>												
<p>N142. Have you ever in your lifetime had a full or part-time job for pay?</p> <p>6 ☐ Yes</p> <p>7 ☐ No → Go to N145</p>	<p>N149. Why did you stop working at your last job or business?</p> <p>1 ☐ Fired</p> <p>2 ☐ Laid off, plant closed or work force reduction</p> <p>3 ☐ Bankruptcy</p> <p>4 ☐ Quit because of pregnancy, birth of child</p> <p>5 ☐ Quit, no explanation</p> <p>6 ☐ Retired</p> <p>7 ☐ Your health</p> <p>8 ☐ Moved</p> <p>9 ☐ Other (specify): _____</p>												
<p>N143. How long is it since you stopped working at your last job?</p> <p>1 ☐ Less than 6 months</p> <p>2 ☐ 6 to 12 months</p> <p>3 ☐ 1 to 2 years</p> <p>4 ☐ More than 2 years</p>	<p>N150. Are there certain jobs or careers not open to you because of ...</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) A physical health problem you have?</td> <td style="text-align: center;">1 ☐</td> <td style="text-align: center;">2 ☐</td> </tr> <tr> <td>b) A problem with your emotions, nerves or mental health?</td> <td style="text-align: center;">3 ☐</td> <td style="text-align: center;">4 ☐</td> </tr> <tr> <td>c) A problem with your use of alcohol or drugs?</td> <td style="text-align: center;">5 ☐</td> <td style="text-align: center;">6 ☐</td> </tr> </tbody> </table> <p>INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N152</p>		Yes	No	a) A physical health problem you have?	1 ☐	2 ☐	b) A problem with your emotions, nerves or mental health?	3 ☐	4 ☐	c) A problem with your use of alcohol or drugs?	5 ☐	6 ☐
	Yes	No											
a) A physical health problem you have?	1 ☐	2 ☐											
b) A problem with your emotions, nerves or mental health?	3 ☐	4 ☐											
c) A problem with your use of alcohol or drugs?	5 ☐	6 ☐											
<p>N144. Why did you stop work?</p> <p>1 ☐ Health problem(s) already described</p> <p>2 ☐ Fired</p> <p>3 ☐ Laid off, plant closed or work-force reduction</p> <p>4 ☐ Quit because of pregnancy, birth of child</p> <p>5 ☐ Quit, no explanation</p> <p>6 ☐ Retired</p> <p>7 ☐ Other</p>	<p>N151. How long have these jobs or careers been unavailable to you?</p> <p>1 ☐ Less than 6 months</p> <p>2 ☐ 6 to 12 months</p> <p>3 ☐ 1 to 2 years</p> <p>4 ☐ More than 2 years</p>												
<p>N145. Do you do any volunteer work?</p> <p>1 ☐ Yes</p> <p>2 ☐ No → Go to N161 (page 90)</p>													
<p>N146. In how many months in the past year did you do your volunteer work?</p> <p style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Months </p>													
<p>N147. In a typical week, how many hours did you spend doing volunteer work?</p> <p style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Hours → Go to N161 (page 90) </p>													

N152. Did you do any work for pay in the past year?

⁵ ☐ Yes

⁶ ☐ No → Go to N155

N153. Including paid vacation and sick leave, in how many months did you do any work for pay during the past year?

Months

N154. In a typical week that you worked, how many hours did you usually work?

Hours

N155. Are you currently not working because of any of the following reasons?

Yes No

a) A physical health problem you have? ¹ ☐ ² ☐

b) A problem with your emotions, nerves or mental health? ³ ☐ ⁴ ☐

c) A problem with your use of alcohol or drugs? ⁵ ☐ ⁶ ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N157

N156. How long have you been unable to work because of (this/these) health problem(s)?

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

Go to N161 (next page)

N157. Are you currently limited at all in the kind or amount of work that you would be able to do because of any of the following reasons ...

Yes No

a) A physical health problem you have? ¹ ☐ ² ☐

b) A problem with your emotions, nerves or mental health? ³ ☐ ⁴ ☐

c) A problem with your use of alcohol or drugs? ⁵ ☐ ⁶ ☐

INTERVIEWER INSTRUCTIONS: If answers to all the above are 'No', go to N159

N158. How long have you been limited in the work you could do?

¹ ☐ Less than 6 months

² ☐ 6 to 12 months

³ ☐ 1 to 2 years

⁴ ☐ More than 2 years

N159. Are you looking for a job?

⁵ ☐ Yes → Go to N160a

⁶ ☐ No

N160. Why are you not looking for a job?

¹ ☐ Own illness

² ☐ Personal/family responsibilities

³ ☐ No longer interested in finding a job

⁴ ☐ Waiting for replies

⁵ ☐ No work available

⁶ ☐ No reason

⁷ ☐ Other

Go to N161 (next page)

N160a. How would you rate your chances of obtaining a job in the next year?

¹ ☐ Excellent

² ☐ Good

³ ☐ Fair

⁴ ☐ Poor

Go to N161 (next page)

SCHOOL SUMMARY

N161. How long has it been since you were a full-time student?

- ☐ Less than one year
- ☐ One to two years ago
- ☐ Three to four years ago
- ☐ More than five years ago
- ☐ Never was a full-time student

N162. In the past 12 months, did you attend any courses or training programs?

- ☐ Yes
- ☐ No → Go to N164

N163. What were your reasons for attending these courses or training programs? ...

Mark all that apply

- ☐ General interest?
- ☐ To upgrade academic skills?
- ☐ To upgrade job skills?
- ☐ Some other reason?

N164. What was your last grade completed in elementary or secondary school?

Grade (If 11 or less → Go to N166)

N165. Did you receive a graduation certificate from high school?

- ☐ Yes
- ☐ No

N166. Did you ever repeat or fail a grade?

- ☐ Yes
- ☐ No → Go to N168

N167. What was the earliest grade you failed?

Grade

OR

- ☐ Don't know

N168. Were you ever in a full-or part-time special education class? Exclude French immersion, ethnic and gifted programs.

- ☐ Yes
- ☐ No → Go to N170

N169. What age were you when you first received special education or teaching?

Years old

N170. The next questions ask about all the things you normally do on a day to day basis, including your job if you have one, work around the home, leisure activities, etc.

(INTERVIEWER: SHOW CALENDAR ON PAGE 1 IN GREEN BOOKLET AND INDICATE 30 DAYS FROM YESTERDAY).

Beginning yesterday and going back to (DATE), how many days out of the past 30 were you totally unable to work or carry out your normal activities?

Days

OR

- ☐ No such problems → Go to N171

N170a. Of these (# DAYS FROM N170) days, how many were due to problems you may have had with your emotions, nerves or mental health or with your use of alcohol or drugs?

Days

N171. How many days out of the past 30 were you able to work or carry out your normal daily activities, but had to cut down on what you did or did not get as much done as usual?

Days

OR

- ☐ No such problems → Go to N172

N171a. Of these (# DAYS FROM N171) days, how many were due to problems you may have had with your emotions, nerves or mental health or with your use of alcohol or drugs?

Days

N172. How many days out of the past 30 did it take an extreme effort to perform to your usual level at work or at your normal daily activities?

Days

OR

- ☐ No such problems → Go to N173

N172a. Of these (# DAYS FROM N172) days, how many were due to problems you may have had with your emotions, nerves or mental health or with your use of alcohol or drugs?

Days

SATISFACTION QUESTION

N173 (Orange booklet, page 22) Now, please take a moment and consider each of the main areas in your life. Think about those things which are important to you and then tell me, in general, how satisfied you are with each of the following ...

	Extremely Satisfied	Quite Satisfied	Fairly Satisfied	Fairly Dissatisfied	Quite Dissatisfied	Extremely Dissatisfied
a) Your main activity? (includes homemaker, student, retired, unemployed, etc.)	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐	06 ☐
b) Your family life?	07 ☐	08 ☐	09 ☐	10 ☐	11 ☐	12 ☐
c) Your relationships with your friends?	13 ☐	14 ☐	15 ☐	16 ☐	17 ☐	18 ☐
d) Your leisure activities?	19 ☐	20 ☐	21 ☐	22 ☐	23 ☐	24 ☐
e) Your current housing?	25 ☐	26 ☐	27 ☐	28 ☐	29 ☐	30 ☐
f) Your income?	31 ☐	32 ☐	33 ☐	34 ☐	35 ☐	36 ☐
g) Your life in general?	37 ☐	38 ☐	39 ☐	40 ☐	41 ☐	42 ☐

SECTION P: UTILIZATION IN-PATIENT SERVICES

The next questions are about admissions to hospitals or other facilities for overnight care. You may have already told me some of this information in earlier questions, but now we need to put it all together, as this is a very important aspect of the study.

P1. Have you ever in your lifetime been admitted for an overnight stay in a hospital or other facility to receive help for problems with your emotions, nerves, mental health or with your use of alcohol or drugs?

☐ Yes

☐ No → Go to P21 (page 94)

P2. How many different times in your lifetime has this occurred?

Times (if more than 01 → Go to P7)

P3. Was this in the past month, past six months, past year or more than a year ago?

☐ Past month

☐ Past six months

☐ Past year

☐ More than a year ago → How old were you at the time of this admission?

Enter age then go to P6

P4. How many nights did you stay in the hospital during this admission?

☐ Nights

☐ Weeks

☐ Months

P5. (Orange booklet, page 23) Was the admission to one of these facilities?

☐ Yes → Go to P6

☐ No

P5a. (Orange booklet, page 24) Was it to one of these? (IF YES, which one?)

☐ Yes →

☐ No

☐ A facility specializing in alcohol/drug treatment in Ontario

☐ Out of province hospital or facility

☐ Other hospital or facility in Ontario

P6. At that time, were you having problems with...

Yes No

a) your emotions, nerves or mental health? ... ☐ ☐

b) your use of alcohol? ... ☐ ☐

c) your use of drugs? ... ☐ ☐

Go to P21 (page 94)

P7. How old were you at the time of your first admission?

Years old

P8. At that time, were you having problems with...

Yes No

a) your emotions, nerves or mental health? ... ☐ ☐

b) your use of alcohol? ... ☐ ☐

c) your use of drugs? ... ☐ ☐

P9. In the past 12 months, have you been admitted for an overnight stay for problems with your emotions, nerves, or your use of alcohol or drugs?

☐ Yes → Go to P12

☐ No

P10. How old were you at the time of your most recent admission for any of these problems?

Years old

At that time, were you having problems with...

Yes No

a) your emotions, nerves or mental health? 1 ☐ 2 ☐

b) your use of alcohol? ... 3 ☐ 4 ☐

c) your use of drugs? 5 ☐ 6 ☐

Go to
P21
(next
page)

P12. How many different times were you admitted for any of these problems in the past 12 months?

Times in Past 12 Months

INTERVIEWER INSTRUCTIONS: If one admission, go to P17

P13. How many nights did you stay in the hospital during these admissions?

1 ☐ Nights

2 ☐ Weeks

3 ☐ Months

P14. (Orange booklet, page 23) Were any of these admissions to one of these facilities?

4 ☐ Yes

5 ☐ No

P14a. (Orange booklet, page 24) What about these? (IF YES, which one(s)?) Mark all that apply.

1 ☐ Yes

2 ☐ No

3 ☐ A facility specializing in alcohol/drug treatment in Ontario

4 ☐ Out of province hospital or facility

5 ☐ Other hospital or facility in Ontario

P15. When was your last admission — in the past month, past 6 months or more than 6 months ago?

1 ☐ Past month

2 ☐ Past 6 months

3 ☐ More than 6 months ago

P16. At that time, were you having problems with ...

Yes No

a) your emotions, nerves or mental health? 1 ☐ 2 ☐

b) your use of alcohol? ... 3 ☐ 4 ☐

c) your use of drugs? 5 ☐ 6 ☐

Go to
P21
(next
page)

P17. How many nights did you stay in hospital during this admission?

1 ☐ Nights

2 ☐ Weeks

3 ☐ Months

P18. When was this admission — in the past month, past 6 months or more than 6 months ago?

4 ☐ Past month

5 ☐ Past 6 months

6 ☐ More than 6 months ago

P19. (Orange booklet, page 23) Was the admission to one of these facilities?

7 ☐ Yes → Go to P20

8 ☐ No

P19a. (Orange booklet, page 24) Was it to one of these? (IF YES, which one)?

1 ☐ Yes

2 ☐ No

3 ☐ A facility specializing in alcohol/drug treatment in Ontario

4 ☐ Out of province hospital or facility

5 ☐ Other hospital or facility in Ontario

P20. At that time, were you having problems with...

Yes No

a) your emotions, nerves or mental health? 1 ☐ 2 ☐

b) your use of alcohol? 3 ☐ 4 ☐

c) your use of drugs? 5 ☐ 6 ☐

OUTPATIENT SERVICES

The next few questions are about services you may have used.

P21. Did you ever use a telephone hotline for problems with your emotions, nerves or your use of alcohol or drugs?

- 1 ☐ Yes
2 ☐ No

When was the last time [you used this service for (this/these) problem(s)] — in the past month, past 6 months, past year or more than a year ago?

- 1 ☐ Past month
2 ☐ Past 6 months
3 ☐ Past year
4 ☐ More than a year ago

In the past 12 months, how many times did you use this service for (this/these) problem(s)?

Times in past 12 months

P22. Did you ever go to a self-help group for any of these problems? (Examples are, Alcoholics Anonymous, Coping with Cancer and Family and Friends of Schizophrenics)

- 3 ☐ Yes
4 ☐ No

- 1 ☐ Past month
2 ☐ Past 6 months
3 ☐ Past year
4 ☐ More than a year ago

Times in past 12 months

P23. Did you ever receive help for problems with your emotions, nerves or your use of alcohol or drugs, from a program designed to help you find or keep a job?

- 5 ☐ Yes
6 ☐ No

- 1 ☐ Past month
2 ☐ Past 6 months
3 ☐ Past year
4 ☐ More than a year ago

Times in past 12 months

P24. (Orange booklet, page 25) The next few questions ask about the people you may have gone to for help with various problems. [Not counting the times you were an overnight patient in hospital], did you ever in your lifetime go to see any of the professionals on this list for problems with your emotions, nerves, or your use of alcohol or drugs?

7 ☐ Yes

8 ☐ No → Go to P36 (page 98)

P25. Which ones?

Mark all that apply.

(a) A minister, priest, rabbi?

- 1 ☐ Yes
2 ☐ No

When was the last time [you saw this person about (this/these) problem(s)] — in the past month, past 6 months, past year or more than a year ago?

- 1 ☐ Past month
2 ☐ Past 6 months
3 ☐ Past year
4 ☐ More than a year ago

In the past 12 months, how many times did you see this person about (this/these) problem(s)?

Times in past 12 months

(b) General practitioner, family physicians?

- 3 ☐ Yes
4 ☐ No

- 1 ☐ Past month
2 ☐ Past 6 months
3 ☐ Past year
4 ☐ More than a year ago

Times in past 12 months

	When was the last time (you saw this person about (this/these) problem(s)) — in the past month, past 6 months, past year or more than a year ago?	In the past 12 months, how many times did you see this person about (this/these) problem(s)?
☐ Yes ☐ No	☐ Past month ☐ Past 6 months ☐ Past year ☐ More than a year ago	<input type="text"/> <input type="text"/> Times in past 12 months
(d) Cardiologist, gynecologist or other physician? ☐ Yes ☐ No	☐ Past month ☐ Past 6 months ☐ Past year ☐ More than a year ago	<input type="text"/> <input type="text"/> Times in past 12 months
(e) Psychologist? ☐ Yes ☐ No	☐ Past month ☐ Past 6 months ☐ Past year ☐ More than a year ago	<input type="text"/> <input type="text"/> Times in past 12 months
(f) A social worker/counselor? ☐ Yes ☐ No	☐ Past month ☐ Past 6 months ☐ Past year ☐ More than a year ago	<input type="text"/> <input type="text"/> Times in past 12 months
(g) A nurse, occupational therapist, other health professional? ☐ Yes ☐ No	☐ Past month ☐ Past 6 months ☐ Past year ☐ More than a year ago	<input type="text"/> <input type="text"/> Times in past 12 months
(h) A spiritualist, herbalist, natural therapist, faith healer? ☐ Yes ☐ No	☐ Past month ☐ Past 6 months ☐ Past year ☐ More than a year ago	<input type="text"/> <input type="text"/> Times in past 12 months
(j) Any other professional? ☐ Yes ☐ No	☐ Past month ☐ Past 6 months ☐ Past year ☐ More than a year ago	<input type="text"/> <input type="text"/> Times in past 12 months

P27. (Orange booklet, still on page 25) How old were you the first time you ever went to see any of these professionals about a problem with your emotions, nerves, or your use of alcohol or drugs?

Years old

(Orange booklet, page 26) The last question asked about types of people you saw. The next question asks about the places you went for help. Turning to page 26, which of these places have you ever gone to in your lifetime for problems with your emotions, nerves, or your use of alcohol or drugs? ...

(a) A hospital emergency department?

<p>1 ☐ Yes →</p> <p>2 ☐ No</p>	<p>When was the last time [you used this service for (this/these) problem(s)] — in the past month, past 6 months, past year or more than a year ago?</p> <p>1 ☐ Past month</p> <p>2 ☐ Past 6 months</p> <p>3 ☐ Past year</p> <p>4 ☐ More than a year ago</p>	<p>In the past 12 months, how many times [altogether] did you use this service for (this/these) problem(s)?</p> <p><input type="text"/> <input type="text"/> Times in past 12 months</p>
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(b) A psychiatric outpatient clinic?

<p>3 ☐ Yes →</p> <p>4 ☐ No</p>	<p>1 ☐ Past month</p> <p>2 ☐ Past 6 months</p> <p>3 ☐ Past year</p> <p>4 ☐ More than a year ago</p>	<p><input type="text"/> <input type="text"/> Times in past 12 months</p>
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(c) Drug or alcohol outpatient clinic?

<p>5 ☐ Yes →</p> <p>6 ☐ No</p>	<p>1 ☐ Past month</p> <p>2 ☐ Past 6 months</p> <p>3 ☐ Past year</p> <p>4 ☐ More than a year ago</p>	<p><input type="text"/> <input type="text"/> Times in past 12 months</p>
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(d) A doctor's private office?

<p>7 ☐ Yes →</p> <p>8 ☐ No</p>	<p>1 ☐ Past month</p> <p>2 ☐ Past 6 months</p> <p>3 ☐ Past year</p> <p>4 ☐ More than a year ago</p>	<p><input type="text"/> <input type="text"/> Times in past 12 months</p>
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(e) A social service agency or department?

<p>1 ☐ Yes →</p> <p>2 ☐ No</p>	<p>1 ☐ Past month</p> <p>2 ☐ Past 6 months</p> <p>3 ☐ Past year</p> <p>4 ☐ More than a year ago</p>	<p><input type="text"/> <input type="text"/> Times in past 12 months</p>
--	---	--

(f) Some other program for people with problems with emotions or nerves, or with alcohol or drugs, such as drop-in centres, social clubs?

<p>3 ☐ Yes →</p> <p>4 ☐ No</p>	<p>1 ☐ Past month</p> <p>2 ☐ Past 6 months</p> <p>3 ☐ Past year</p> <p>4 ☐ More than a year ago</p>	<p><input type="text"/> <input type="text"/> Times in past 12 months</p>
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P28. INTERVIEWER CHECK ITEM:

See P28a to P28f (third column)

5 ☐ If respondent saw any professional in the past 12 months (if any boxes filled in column 3), go to P30

6 ☐ Otherwise, go to P36 (page 98)

P30. As you mentioned, you got professional help for problems with your emotions, nerves, or your use of alcohol or drugs in the past 12 months. Was this something you really wanted to do or did you go only because someone else was putting pressure on you?

- ¹ ☐ Something you really wanted to do
- ² ☐ Someone else put pressure on you
- ³ ☐ Both

P31. Are you still getting professional help?

- ⁴ ☐ Yes → Go to P34
- ⁵ ☐ No

P32. (Orange booklet, page 27) Here are some reasons people have for stopping their use of professional help. What were your reasons for stopping? Just give me the letters from page 27. (PROBE: Any others?)

Mark all that apply

- a) I got well enough and I didn't need treatment any more (a) ⁰¹ ☐
- b) Treatment was not helping (b) ⁰² ☐
- c) I thought the problem would get better by itself (c) ⁰³ ☐
- d) It was too expensive (d) ⁰⁴ ☐
- e) I had distance or transportation problems (e) ⁰⁵ ☐
- f) I was concerned about what others might think (f) ⁰⁶ ☐
- g) It took too much time or was inconvenient (g) ⁰⁷ ☐
- h) I wanted to solve the problem on my own (h) ⁰⁸ ☐
- i) There was a language problem (i) ⁰⁹ ☐
- j) I couldn't get an appointment (j) ¹⁰ ☐
- k) I was scared about being put into a hospital against my will (k) ¹¹ ☐

P33. Apart from those listed, was there some other reason that you stopped using professional help?

- ¹ ☐ Yes → (Specify): _____
- ² ☐ No

P34. (Orange booklet, page 28) In the course of the professional help you received in the past 12 months, did you take any of the following prescription medications under the supervision of a doctor?

- ³ ☐ Yes
- ⁴ ☐ No → Go to P35

(a) Did you take sleeping pills or other sedatives (eg. HALCION, DALMANE)?

- ⁵ ☐ Yes
- ⁶ ☐ No → Go to (c)

(b) Did you get this drug from any of the following ...

	Yes	No
(i) a psychiatrist?	¹ ☐	² ☐
(ii) general practitioner or family doctor?	³ ☐	⁴ ☐
(iii) some other medical doctor?	⁵ ☐	⁶ ☐

(c) Did you take anti-depressant medication (eg. PROZAC, ELAVIL, LITHIUM)?

- ⁷ ☐ Yes
- ⁸ ☐ No → Go to (e)

(d) Did you get this drug from any of the following ...

	Yes	No
(i) a psychiatrist?	¹ ☐	² ☐
(ii) general practitioner or family doctor?	³ ☐	⁴ ☐
(iii) some other medical doctor?	⁵ ☐	⁶ ☐

(e) Did you take other tranquillizers (eg. ATIVAN, VALIUM)?

- ¹ ☐ Yes
- ² ☐ No → Go to (g)

(f) Did you get this drug from any of the following ...

	Yes	No
(i) a psychiatrist?	¹ ☐	² ☐
(ii) general practitioner or family doctor?	³ ☐	⁴ ☐
(iii) some other medical doctor?	⁵ ☐	⁶ ☐

(g) Did you take analgesics or painkillers (eg. DEMEROL, DAVON)?

- ³ ☐ Yes
- ⁴ ☐ No → Go to (j)

(h) Did you get this drug from any of the following ...

	Yes	No
(i) a psychiatrist?	¹ ☐	² ☐
(ii) general practitioner or family doctor?	³ ☐	⁴ ☐
(iii) some other medical doctor?	⁵ ☐	⁶ ☐

(i) Did you take anti-psychotics (eg. HALDOL, MODECATE)?

- ⁵ ☐ Yes
- ⁶ ☐ No → Go to P35

(k) Did you get this drug from any of the following ...

	Yes	No
(i) a psychiatrist?	¹ ☐	² ☐
(ii) general practitioner or family doctor?	³ ☐	⁴ ☐
(iii) some other medical doctor?	⁵ ☐	⁶ ☐

33. INTERVIEWER CHECK ITEM:

See P31

⁷ ☐ If yes in P31, go to P36

⁸ ☐ Otherwise, go to SECTION R (next page)

P36. Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your emotions, nerves, or your use of alcohol or drugs, but didn't go?

¹ ☐ Yes

² ☐ No → Go to SECTION R (next page)

P37. (Orange booklet, page 29) What were your reasons for not going? Just give me the letters from page 29. (PROBE: Any others?)

Mark all that apply

- a) Problem went away by itself
and I did not really need help (a) ⁰¹ ☐
- b) I thought problem would get better
by itself (b) ⁰² ☐
- c) It was too expensive (c) ⁰³ ☐
- d) I was unsure about where to
go for help (d) ⁰⁴ ☐
- e) Help probably would not do
any good (e) ⁰⁵ ☐
- f) I had distance
or transportation problems (f) ⁰⁶ ☐
- g) I was concerned about what
others might think (g) ⁰⁷ ☐
- h) It would take too much time
or be inconvenient (h) ⁰⁸ ☐
- i) I wanted to solve the
problem on my own (i) ⁰⁹ ☐
- j) There was a language
problem (j) ¹⁰ ☐
- k) I could not get
an appointment (k) ¹¹ ☐
- l) I was scared about
being put into a hospital
against my will (l) ¹² ☐
- m) I was not satisfied with
available services (m) ¹³ ☐
- n) I went in the past but it
did not help (n) ¹⁴ ☐
- o) My health insurance
would not cover this
type of treatment (o) ¹⁵ ☐

P38. Apart from those listed, was there some other reason that you didn't go to see a professional?

¹ ☐ Yes → (Specify): _____

² ☐ No _____

SECTION R: INCOME QUESTIONS

The next few questions ask about your personal income.

R1. In 1990 did you have any personal income?

³○ Yes

⁴○ No → Go to R9

R2. Did any portion of your personal income in 1990 come from unemployment insurance?

⁵○ Yes

⁶○ No

R3. In the period of the past five years, how many years has any part of your personal income come from unemployment insurance?

Years

R4. Did any portion of your personal income in 1990 come from any of the following categories? (DO NOT INCLUDE FAMILY ALLOWANCE OR BABY BONUS).

Yes No

a) Mothers Allowance? ¹○ ²○

b) Disability Pension? ³○ ⁴○

c) Income Supplement? ⁵○ ⁶○

d) Welfare? ⁷○ ⁸○

INTERVIEWER INSTRUCTIONS: If answers to all above are 'No', go to R7

R5. Approximately what portion of your personal income in 1990 came from these benefits?

¹○ 100%

²○ 50% or more

³○ Less than 50%

R6. How many weeks did you personally receive these benefits in 1990?

Weeks

R7. In the period of the past five years how many years has any part of your personal income come from these benefits?

Years OR ⁹⁸○ None

R8. (Orange booklet, page 30) What is your best estimate of your total personal income from all sources in 1990 before income tax deductions? Just tell me the letter.

⁰¹○ (a) No income

⁰²○ (b) Less than \$ 3,000

⁰³○ (c) \$ 3,000 — \$ 5,999

⁰⁴○ (d) \$ 6,000 — \$11,999

⁰⁵○ (e) \$12,000 — \$19,999

⁰⁶○ (f) \$20,000 — \$29,999

⁰⁷○ (g) \$30,000 — \$39,999

⁰⁸○ (h) \$40,000 — \$49,999

⁰⁹○ (i) \$50,000 — \$59,999

¹⁰○ (j) \$60,000 — \$69,999

¹¹○ (k) \$70,000 — \$79,999

¹²○ (l) \$80,000 or more

¹³○ (Don't know)

¹⁴○ (Refused)

— END OF INTERVIEW —

R9. In the period of the past five years, how many years has any part of your personal income come from unemployment insurance?

Years OR ⁹⁸○ None

R10. In the past five years, how many years has any part of your personal income come from benefits such as Mothers allowance, Disability Pension, Income Supplement or Welfare? (DO NOT INCLUDE FAMILY ALLOWANCE OR BABY BONUS).

Years OR ⁹⁸○ None

— END OF INTERVIEW —

INTERVIEWER: PLEASE ANSWER THE FOLLOWING QUESTIONS AFTER THE INTERVIEW IS OVER. These should be done for all Respondents including break-offs and incomplete interviews.

S1. Did Respondent appear drunk on alcohol or high from using drugs during the interview? That is, was Respondent's speech slurred, did Respondent stagger or stumble when walking, did Respondent's breath smell of alcohol?

¹ ☐ Yes

² ☐ No

S2. Rate Respondent's understanding of the content of the interview questions:

³ ☐ Little or no understanding

⁴ ☐ Moderate understanding

⁵ ☐ Good understanding

⁶ ☐ Very good understanding

} Go to S3

S2a. To what would you attribute Respondent's lack of understanding?

MARK ALL THAT APPLY

¹ ☐ Reading problem

² ☐ Language barrier

³ ☐ Comprehension problem

⁴ ☐ Attention problem

⁵ ☐ Poor attitude (e.g., didn't care about the interview)

⁶ ☐ Use of alcohol/drugs

⁷ ☐ Other (Specify): _____

S3. Did Respondent use made-up or meaningless words?

¹ ☐ Yes

² ☐ No

S4. Did Respondent answer some questions in ways that made no sense or that seemed totally unrelated to the questions asked?

³ ☐ Yes

⁴ ☐ No

S5. Did Respondent have a total lack of emotional responsiveness or facial expression that persisted throughout the interview?

⁵ ☐ Yes

⁶ ☐ No

S6. Did Respondent behave as if he/she were hallucinating (behaves as if hearing voices or seeing visions, lips move soundlessly, giggles to self — not just from embarrassment or shyness — glances over shoulder, as if distracted by a voice)?

⁷ ☐ Yes

⁸ ☐ No

S7. Did Respondent act extremely distrustful or suspicious?

¹ ☐ Yes

² ☐ No

S8. Was Respondent's appearance very unkempt or bizarre?

³ ☐ Yes

⁴ ☐ No

S9. Did Respondent behave in any other way which struck you as very inappropriate, unusual or unexpected?

⁵ ☐ Yes

⁶ ☐ No

S10. If any "Yes" responses in S3 to S9, please describe below the appearance/behavior(s) in more detail, providing examples and/or direct quotes to illustrate the unusual behavior.

Lined area for response.