

Health and Community Questionnaire

The following questions will help us learn about the health of Kings County residents and of our families and our community.

We'll learn about our values, our health care needs, the level of community service, the strength of our voluntary sector, and how we care for those in need.

What we learn can help us improve our well-being and the quality of life in Kings County.

*Please take the time to answer all questions carefully.
Your answers represent the views of 30 other Kings
County residents.*

Remember that all your answers are strictly confidential and are not linked with your name in any way. If you need help with any question, please call 679-2584 or stop by our office at the Nova Scotia Community College, Kentville Campus, Room C144.

Thank you very much for the generous and valuable contribution of your time and energy.

Note: Ignore the small numbers next to the check boxes. They are just for data entry purposes.

Core Values

1. On a scale of 1 to 10, please indicate the importance you assign to the following guiding life principles:

(1 is "not important at all" and 10 is "extremely important")

*Not important
at all*

*Extremely
Important*

	1	2	3	4	5	6	7	8	9	10
Responsibility	<input type="radio"/> 1a	<input type="radio"/> 1b	<input type="radio"/> 1c	<input type="radio"/> 1d	<input type="radio"/> 1e	<input type="radio"/> 1f	<input type="radio"/> 1g	<input type="radio"/> 1h	<input type="radio"/> 1i	<input type="radio"/> 1j
Family Life	<input type="radio"/> 2a	<input type="radio"/> 2b	<input type="radio"/> 2c	<input type="radio"/> 2d	<input type="radio"/> 2e	<input type="radio"/> 2f	<input type="radio"/> 2g	<input type="radio"/> 2h	<input type="radio"/> 2i	<input type="radio"/> 2j
Friendship	<input type="radio"/> 3a	<input type="radio"/> 3b	<input type="radio"/> 3c	<input type="radio"/> 3d	<input type="radio"/> 3e	<input type="radio"/> 3f	<input type="radio"/> 3g	<input type="radio"/> 3h	<input type="radio"/> 3i	<input type="radio"/> 3j
Generosity	<input type="radio"/> 4a	<input type="radio"/> 4b	<input type="radio"/> 4c	<input type="radio"/> 4d	<input type="radio"/> 4e	<input type="radio"/> 4f	<input type="radio"/> 4g	<input type="radio"/> 4h	<input type="radio"/> 4i	<input type="radio"/> 4j
Spiritual Faith	<input type="radio"/> 5a	<input type="radio"/> 5b	<input type="radio"/> 5c	<input type="radio"/> 5d	<input type="radio"/> 5e	<input type="radio"/> 5f	<input type="radio"/> 5g	<input type="radio"/> 5h	<input type="radio"/> 5i	<input type="radio"/> 5j
Material Wealth	<input type="radio"/> 6a	<input type="radio"/> 6b	<input type="radio"/> 6c	<input type="radio"/> 6d	<input type="radio"/> 6e	<input type="radio"/> 6f	<input type="radio"/> 6g	<input type="radio"/> 6h	<input type="radio"/> 6i	<input type="radio"/> 6j
Financial Security	<input type="radio"/> 7a	<input type="radio"/> 7b	<input type="radio"/> 7c	<input type="radio"/> 7d	<input type="radio"/> 7e	<input type="radio"/> 7f	<input type="radio"/> 7g	<input type="radio"/> 7h	<input type="radio"/> 7i	<input type="radio"/> 7j
Career Success	<input type="radio"/> 8a	<input type="radio"/> 8b	<input type="radio"/> 8c	<input type="radio"/> 8d	<input type="radio"/> 8e	<input type="radio"/> 8f	<input type="radio"/> 8g	<input type="radio"/> 8h	<input type="radio"/> 8i	<input type="radio"/> 8j
Pleasure	<input type="radio"/> 9a	<input type="radio"/> 9b	<input type="radio"/> 9c	<input type="radio"/> 9d	<input type="radio"/> 9e	<input type="radio"/> 9f	<input type="radio"/> 9g	<input type="radio"/> 9h	<input type="radio"/> 9i	<input type="radio"/> 9j
Freedom	<input type="radio"/> 10a	<input type="radio"/> 10b	<input type="radio"/> 10c	<input type="radio"/> 10d	<input type="radio"/> 10e	<input type="radio"/> 10f	<input type="radio"/> 10g	<input type="radio"/> 10h	<input type="radio"/> 10i	<input type="radio"/> 10j

2. On the same scale of 1 to 10, please indicate the importance you think other Canadians assign to the same guiding life principles:

	<i>Not important at all</i>					<i>Extremely Important</i>				
	1	2	3	4	5	6	7	8	9	10
Responsibility	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}	<input type="radio"/> ^{1f}	<input type="radio"/> ^{1g}	<input type="radio"/> ^{1h}	<input type="radio"/> ¹ⁱ	<input type="radio"/> ^{1j}
Family Life	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{2f}	<input type="radio"/> ^{2g}	<input type="radio"/> ^{2h}	<input type="radio"/> ²ⁱ	<input type="radio"/> ^{2j}
Friendship	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{3f}	<input type="radio"/> ^{3g}	<input type="radio"/> ^{3h}	<input type="radio"/> ³ⁱ	<input type="radio"/> ^{3j}
Generosity	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{4f}	<input type="radio"/> ^{4g}	<input type="radio"/> ^{4h}	<input type="radio"/> ⁴ⁱ	<input type="radio"/> ^{4j}
Spiritual Faith	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}	<input type="radio"/> ^{5f}	<input type="radio"/> ^{5g}	<input type="radio"/> ^{5h}	<input type="radio"/> ⁵ⁱ	<input type="radio"/> ^{5j}
Material Wealth	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}	<input type="radio"/> ^{6f}	<input type="radio"/> ^{6g}	<input type="radio"/> ^{6h}	<input type="radio"/> ⁶ⁱ	<input type="radio"/> ^{6j}
Financial Security	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}	<input type="radio"/> ^{7d}	<input type="radio"/> ^{7e}	<input type="radio"/> ^{7f}	<input type="radio"/> ^{7g}	<input type="radio"/> ^{7h}	<input type="radio"/> ⁷ⁱ	<input type="radio"/> ^{7j}
Career Success	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}	<input type="radio"/> ^{8c}	<input type="radio"/> ^{8d}	<input type="radio"/> ^{8e}	<input type="radio"/> ^{8f}	<input type="radio"/> ^{8g}	<input type="radio"/> ^{8h}	<input type="radio"/> ⁸ⁱ	<input type="radio"/> ^{8j}
Pleasure	<input type="radio"/> ^{9a}	<input type="radio"/> ^{9b}	<input type="radio"/> ^{9c}	<input type="radio"/> ^{9d}	<input type="radio"/> ^{9e}	<input type="radio"/> ^{9f}	<input type="radio"/> ^{9g}	<input type="radio"/> ^{9h}	<input type="radio"/> ⁹ⁱ	<input type="radio"/> ^{9j}
Freedom	<input type="radio"/> ^{10a}	<input type="radio"/> ^{10b}	<input type="radio"/> ^{10c}	<input type="radio"/> ^{10d}	<input type="radio"/> ^{10e}	<input type="radio"/> ^{10f}	<input type="radio"/> ^{10g}	<input type="radio"/> ^{10h}	<input type="radio"/> ¹⁰ⁱ	<input type="radio"/> ^{10j}

For questions 3,4 and 5, please indicate whether you strongly agree, agree, are neutral or uncertain, disagree, or strongly disagree with the statements provided.

3. I would be much more satisfied with my life if:

	Strongly Disagree	Disagree	Neutral/ Uncertain	Agree	Strongly Agree
a) I were able to spend more time with my family and friends	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
b) There was less stress in my life	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
c) I felt like I was doing more to make a difference to my community	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
d) I had more money to spend on things I want	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
e) I had more possessions	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
f) I were more financially secure	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}

4. Compared to my parents:

	Strongly Disagree	Disagree	Neutral/ Uncertain	Agree	Strongly Agree
a) I have more possessions	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
b) I am more financially secure	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
c) I am more successful in my career	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
d) I am happier	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
e) I am more involved in my community	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
f) I have a better quality of life	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}

5. How do you feel about the following statements concerning the consumption habits of our local community?

	Strongly Disagree	Disagree	Neutral/ Uncertain	Agree	Strongly Agree
a) The way we live produces too much waste.	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
b) The way we live consumes too many resources.	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
c) We focus too much on getting what we want now and not enough on conserving resources for future generations.	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
d) Most of us buy and consume more than we need.	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
e) Today's youth are too focussed on buying and consuming things.	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
f) I spend nearly all of my money on the basic necessities of life.	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}
g) If I wanted to, I could choose to buy and consume less than I do.	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}	<input type="radio"/> ^{7d}	<input type="radio"/> ^{7e}

Caregiving

6. Do you have an elderly, sick or disabled adult (18 or older) living with you who **requires your help or care?** (Care-giving includes dressing, bathing, grooming and assistance with housekeeping tasks such as cleaning, laundry and meal preparation, as well as travel transporting such adults, and special trips for supplies.)

¹ Yes ² No

7. Do you have a chronically ill or disabled child (less than 18 years old) living with you who requires your help or care?

¹ Yes ² No

8. Do you provide care, for which you do not get paid, outside your home for one or more elderly, sick or disabled adults?

¹ Yes ² No

If you answered YES to any of questions 6,7 or 8 above, please continue with question 9. If you answered NO, please go to question 16.

9. Please complete the following table providing information about the individual(s) that you provide care for and indicate how many months or years you have provided this care. (Please circle months or years as appropriate)

Relationship to You	Living With You	Not Living With You	Age	Number of Years or Months	Nature of Illness or Disability
Child 1	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}		Yrs. Mths.	
Child 2	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}		Yrs. Mths.	
Spouse or Partner	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}		Yrs. Mths.	
Parent	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}		Yrs. Mths.	
Other Relative (specify)	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}		Yrs. Mths.	
Friend	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}		Yrs. Mths.	
Neighbour	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}		Yrs. Mths.	
Other (specify)	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}		Yrs. Mths.	

10. How many extra hours of your time per week, on average, does it take for you to provide this care for sick, elderly or disabled individuals (beyond normal household responsibilities)? (Include travel time)

_____ hours per week

11. As an unpaid care giver, do you feel overworked, time-stressed, or burned out?

- ¹ most of the time
- ² often
- ³ occasionally
- ⁴ rarely
- ⁵ never

12. Do you have any one to relieve you on a regular basis from your care-giving duties?

- ¹ Yes
- ² No → Go to question 15

13. Who provided this relief assistance?

- ¹ Another family member
- ² Neighbour or friend
- ³ Hired individual help
- ⁴ Professional organization (paid help)
- ⁵ Volunteer group
- ⁶ Government agency
- ⁷ Other (*Please specify*) _____

14. On average, how many hours per week of relief are provided?

_____ hours per week → Go to question 16

15. Do you feel you need such relief assistance?

- ¹ Yes
- ² No

Health

16. Would you say your health is (check one):

- ¹ Excellent
- ² Very Good
- ³ Good
- ⁴ Fair
- ⁵ Poor

17. How tall are you without shoes on?

_____ feet _____ inches OR _____ centimetres

18. How much do you weigh?

_____ pounds OR _____ kilograms

19. Are you pregnant?

- ¹ Yes
² No

20. Please complete the following table answering yes or no to each of the following questions:

	Yes	No
a) Do you plan to slow down in the coming year?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}
b) Do you consider yourself a workaholic?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}
c) When you need more time, do you tend to cut back on your sleep?	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}
d) At the end of the day, do you often feel that you have not accomplished what you had set out to do?	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}
e) Do you worry that you don't spend enough time with your family or friends?	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}
f) Do you feel that you're constantly under stress trying to accomplish more than you can handle?	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}
g) Do you feel trapped in a daily routine?	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}
h) Do you feel that you just don't have time for fun anymore?	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}
i) Do you often feel under stress when you don't have enough time?	<input type="radio"/> ^{9a}	<input type="radio"/> ^{9b}
j) Would you like to spend more time alone?	<input type="radio"/> ^{10a}	<input type="radio"/> ^{10b}

Questions 21 to 29 are for females. If you are male, please go to question 30.

21. Have you ever had a mammogram (breast X-ray)?

- ¹ Yes
² No → Go to question 24

22. When was the last time you had a mammogram?

- ¹ Less than 6 months ago
- ² Six months to less than one year ago
- ³ One year to less than two years ago
- ⁴ Two or more years ago

23. For what reason did you have your last mammogram?

- ¹ Breast problem
- ² Routine check up (no particular problem)
- ³ Other (please specify) _____

24. Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?

- ¹ Yes
- ² No → Go to question 26

25. If YES, when was the last time you had your breasts examined by a doctor of other health care professional?

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

26. Have you ever examined your breasts for lumps (tumours, cysts)?

- ¹ Yes
- ² No → Go to question 28

27. How often do you examine your breasts for lumps?

- ¹ At least once a month
- ² Once every 2 to 3 months
- ³ Less often than every 2 to 3 months

28. Have you ever had a PAP smear test?

- ¹ Yes
- ² No

29. When was the last time you had a PAP smear test?

- ¹ Less than 6 months ago
- ² Six months to less than one year ago
- ³ One year to less than three years ago
- ⁴ Three years to less than five years ago
- ⁵ Five or more years ago

30. Does anyone in your household smoke regularly?

- ¹ Yes
- ² No

31. Does anyone in your household smoke regularly inside the house?

- ¹ Yes
- ² No

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

- ¹ Daily → Go to question 34
- ² Occasionally → Go to question 37
- ³ Not at all

33. Have you ever smoked cigarettes at all?

- ¹ Yes
- ² No → Go to question 37

34. At what age did you begin to smoke cigarettes daily?

_____ Age

35. How many cigarettes do you smoke each day now?

_____ Number of cigarettes

36. How soon, after you wake up, do you smoke your first cigarette?

- ¹ Within five minutes
- ² 6 to 30 minutes after waking
- ³ 31 and 60 minutes after waking
- ⁴ More than 60 minutes after waking

37. Have you done any sports or other physical exercise in your leisure time (not related to work) in the past three months? *(For example, swimming, bicycling, jogging, exercising, walking for exercise, active yard work or gardening, dancing, basketball, hockey, other active sports, etc.)*

- ¹ Yes
- ² No → Go to question 40

38. Approximately how often did you participate in this leisure time physical activity in the past three months?

- ¹ At least once a day
- ² About five times a week
- ³ About three times a week
- ⁴ About once a week
- ⁵ About once every two weeks
- ⁶ About once a month
- ⁷ Once or twice in the last three months

39. About how much time, on average, did you usually spend on sports or physical exercise on each occasion?

- ¹ 1 to 15 minutes
- ² 16 to 30 minutes
- ³ 31 to 60 minutes
- ⁴ More than one hour

40. In a typical week, how much time do you spend walking or bicycling to work or school or while doing errands (NOT counting leisure time activity)?

- ¹ None
- ² Less than one hour
- ³ One to five hours
- ⁴ Six to ten hours
- ⁵ Eleven to twenty hours
- ⁶ More than twenty hours

Questions 41 through 46 are concerned with your usual habits and conditions. They are not about events or illnesses that affect people for short periods of time.

41. Thinking back over the past three months, which of the following best describes your USUAL daily activities or work habits?

- ¹ Usually sit during the day and do not walk about very much
- ² Stand or walk quite a lot during the day but do not have to carry or lift things very often
- ³ Usually lift or carry light loads or have to climb stairs or hills often
- ⁴ Do heavy work or carry very heavy loads

42. Are you USUALLY free of pain or discomfort?

- ¹ Yes → Go to question 45
- ² No

43. How would you describe the USUAL intensity of your pain or discomfort?

- ¹ Mild
- ² Moderate
- ³ Severe

44. How many activities does your pain or discomfort usually prevent?

- ¹ None
- ² A few
- ³ Some
- ⁴ Most

45. How happy would you describe yourself as USUALLY being?

- ¹ Happy and interested in life
- ² Somewhat happy
- ³ Somewhat unhappy
- ⁴ Unhappy and with little interest in life
- ⁵ So unhappy that life is not worthwhile

46. How would you describe your USUAL ability to think and solve day-to-day problems?

- ¹ Able to think clearly and solve problems
- ² Having a little difficulty thinking clearly and solving problems
- ³ Having some difficulty thinking clearly and solving problems
- ⁴ Having a great deal of difficulty thinking clearly and solving problems
- ⁵ Unable to think or solve problems

47. During the past month, how often did you feel:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
So sad that nothing could cheer you up?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
Nervous?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
Restless or fidgety?	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
Hopeless?	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
Worthless?	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
That everything was an effort?	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}

48. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

- ¹ Yes
² No → Go to question 50

49. How many weeks in the past 12 months did you feel sad, blue, or depressed?
 _____ (weeks)

50. Would you describe your life as....

- ¹ Very stressful?
² Somewhat stressful?
³ Not very stressful?
⁴ Not at all stressful?

51. With your life in general, would you say you are....

- ¹ Very satisfied?
² Somewhat satisfied?
³ Somewhat dissatisfied?
⁴ Very dissatisfied?

52. How much control do you feel you have in making decisions that affect your everyday activities?

- ¹ No control
² Control over few or some decisions
³ Control over most decisions
⁴ Control over all decisions

53. In the past month, did you take any of the FOLLOWING MEDICATIONS? If so, please indicate how often you took each one. (Mark all that apply)

	Daily	1 to 3 times per week	1 to 3 times per month	Never
a) Pain relievers like aspirin, Tylenol, arthritis medicine, anti-inflammatories?	<input type="radio"/> 1a	<input type="radio"/> 1b	<input type="radio"/> 1c	<input type="radio"/> 1d
b) Tranquilizers such as valium?	<input type="radio"/> 2a	<input type="radio"/> 2b	<input type="radio"/> 2c	<input type="radio"/> 2d
c) Diet pills?	<input type="radio"/> 3a	<input type="radio"/> 3b	<input type="radio"/> 3c	<input type="radio"/> 3d
d) Anti-depressants?	<input type="radio"/> 4a	<input type="radio"/> 4b	<input type="radio"/> 4c	<input type="radio"/> 4d
e) Codeine, Demerol or Morphine?	<input type="radio"/> 5a	<input type="radio"/> 5b	<input type="radio"/> 5c	<input type="radio"/> 5d
f) Allergy medicine such as Seldane or Chlor-Trinolon?	<input type="radio"/> 6a	<input type="radio"/> 6b	<input type="radio"/> 6c	<input type="radio"/> 6d
g) Asthma medications, such as inhalers or nebulizers?	<input type="radio"/> 7a	<input type="radio"/> 7b	<input type="radio"/> 7c	<input type="radio"/> 7d
h) Cough or cold remedies?	<input type="radio"/> 8a	<input type="radio"/> 8b	<input type="radio"/> 8c	<input type="radio"/> 8d
i) Penicillin or other antibiotics?	<input type="radio"/> 9a	<input type="radio"/> 9b	<input type="radio"/> 9c	<input type="radio"/> 9d
j) Medicine for the heart?	<input type="radio"/> 10a	<input type="radio"/> 10b	<input type="radio"/> 10c	<input type="radio"/> 10d
k) Medicine for blood pressure?	<input type="radio"/> 11a	<input type="radio"/> 11b	<input type="radio"/> 11c	<input type="radio"/> 11d
l) Diuretics or water pills?	<input type="radio"/> 12a	<input type="radio"/> 12b	<input type="radio"/> 12c	<input type="radio"/> 12d
m) Steroids?	<input type="radio"/> 13a	<input type="radio"/> 13b	<input type="radio"/> 13c	<input type="radio"/> 13d
n) Insulin?	<input type="radio"/> 14a	<input type="radio"/> 14b	<input type="radio"/> 14c	<input type="radio"/> 14d
o) Pills to control diabetes?	<input type="radio"/> 15a	<input type="radio"/> 15b	<input type="radio"/> 15c	<input type="radio"/> 15d
p) Sleeping pills?	<input type="radio"/> 16a	<input type="radio"/> 16b	<input type="radio"/> 16c	<input type="radio"/> 16d
q) Stomach remedies?.	<input type="radio"/> 17a	<input type="radio"/> 17b	<input type="radio"/> 17c	<input type="radio"/> 17d
r) Laxatives?	<input type="radio"/> 18a	<input type="radio"/> 18b	<input type="radio"/> 18c	<input type="radio"/> 18d
s) Hormones for Menopause?	<input type="radio"/> 19a	<input type="radio"/> 19b	<input type="radio"/> 19c	<input type="radio"/> 19d
t) Birth Control Pills?	<input type="radio"/> 20a	<input type="radio"/> 20b	<input type="radio"/> 20c	<input type="radio"/> 20d
u) Any other medications _____ _____ (please specify) _____	<input type="radio"/> 21a <input type="radio"/> 22a <input type="radio"/> 23a	<input type="radio"/> 21b <input type="radio"/> 22b <input type="radio"/> 23b	<input type="radio"/> 21c <input type="radio"/> 22c <input type="radio"/> 23c	<input type="radio"/> 21d <input type="radio"/> 22d <input type="radio"/> 23d

54. How many different medications did you take in the past 48 hours?

_____ Number of different medications

55. Please complete the following chart by putting a number in each box. If zero, write 0. Be sure to write a number in every box. For example, if you went to the doctor last week, and that was the only time you went to a doctor during the past 12 months, you would write "1" in every box in the first row. If you didn't go to a doctor at all during the year, you would write "0" in every box.

(Please note that these questions refer only to your OWN physical, emotional or mental health, and NOT that of your child or someone else.)

	In the Past Week	In the Past Month	In the Past 3 Months	In the Past 6 Months	In the Past 12 Months
a) How many times have you seen or talked on the phone with a doctor?	1a	1b	1c	1d	1e
b) Aside from doctors, how many times have you seen or talked on the phone with another health care practitioner (e.g. nurse, dentist, chiropractor, counselor, speech therapist, social worker, psychologist, etc.)	2a	2b	2c	2d	2e
c) How many times have you seen or talked to an alternative health care provider (e.g. acupuncturist, homeopath, massage therapist, herbalist, rolfar, spiritual healer, etc.)	3a	3b	3c	3d	3e
d) How many nights have you been a patient overnight in a hospital, nursing home or convalescent home?	4a	4b	4c	4d	4e
e) How many hospital outpatient and emergency room visits have you had?	5a	5b	5c	5d	5e
f) How many times have you consulted a mental health professional?	6a	6b	6c	6d	6e
g) How many days did you spend in bed all or most of the day because of illness or injury (including any nights as a hospital patient?)	7a	7b	7c	7d	7e
h) Not counting days spent in bed, how many days did you have to cut down on things for all or most of the day due to illness or injury?	8a	8b	8c	8d	8e
i) How many days of work or school have you missed due to illness?	9a	9b	9c	9d	9e
j) How many days did you require home care services due to illness or disability (e.g. nursing care, help with bathing or housework, respite care, meal delivery, etc.)	10a	10b	10c	10d	10e

56. Do you regularly take vitamins to prevent illness or improve health?

- ¹ Yes ² No

57. Do you regularly take herbs or natural supplements to prevent illness or improve health?

- ¹ Yes ² No

58. Because of a long-term physical or mental condition or a health problem (lasting 6 months or more), are you limited in the kind or amount of activity you can do at home, school, work, transportation or leisure?

- ¹ Yes ² No

59. Do you have any long-term disabilities or handicaps (conditions that have lasted or are expected to last 6 months or more)?

- ¹ Yes ² No

60. The following question applies only to chronic long-term health conditions that have lasted or are expected to last 6 months or more and that have been diagnosed by a health care professional. Do you have: (Check where applicable)

- ¹ Food allergies
² Any other allergies
³ Asthma
⁴ Arthritis or rheumatism
⁵ Back problems, excluding arthritis
⁶ High blood pressure
⁷ Migraine headaches
⁸ Chronic bronchitis or emphysema
⁹ Sinusitis
¹⁰ Diabetes
¹¹ Epilepsy
¹² Heart disease
¹³ Cancer
¹⁴ Stomach or intestinal ulcers
¹⁵ Effects of a stroke
¹⁶ Urinary incontinence
¹⁷ A bowel disorder such as Crohn's disease or colitis
¹⁸ Alzheimer's disease or any other dementia
¹⁹ Cataracts
²⁰ Glaucoma
²¹ A thyroid condition
²² Any other long-term condition that has been diagnosed by a health care professional? (Please specify) _____

61. Have you ever had your blood pressure taken?

- ¹ Yes
- ² No → Go to question 63

62. When was the last time you had your blood pressure taken?

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

63. Do you drink coffee regularly?

- ¹ Yes
- ² No → Go to question 65

64. How many cups of coffee do you usually drink every day?

_____ (please enter a number)

65. If you are currently working, what are the restrictions on smoking at your place of work? (Please read the list first and mark one only)

- ¹ Restricted completely
- ² Allowed only in designated areas
- ³ Restricted only in certain places
- ⁴ Not restricted at all

66. Do you have trouble sleeping, falling asleep or getting back to sleep after waking too early?

- ¹ Never
- ² Hardly ever
- ³ Occasionally
- ⁴ Often
- ⁵ Nearly every night
- ⁶ Every night

67. Do you have someone in your life you can really count on to help you out in a crisis situation?

- ¹ Yes
² No

68. Do you have someone you can really count on to give you advice when you are making important personal decisions?

- ¹ Yes
² No

69. Do you have someone who makes you feel loved and cared for?

- ¹ Yes
² No

70. Other than on special occasions (such as weddings, funerals or baptisms), how often did you attend religious/spiritual services or religious/spiritual meetings in the past 12 months? (Mark one only)

- ¹ At least once a week
² At least once a month
³ At least 3 or 4 times a year
⁴ At least once a year
⁵ Not at all

71. Do spiritual values or your faith play an important role in your life?

- ¹ Yes
² No

72. How religious or spiritual do you consider yourself to be?

- ¹ Very
² Moderately
³ Not very
⁴ Not at all

73. Do you attempt to follow religious / spiritual teachings and practices in your daily life?

- ¹ All of the time
² Most of the time
³ Occasionally
⁴ Never

74. In the past 12 months, how often did you have contact, either in person, by phone, or by mail with any of the following close relatives who do not live with you -- parents, parents-in-law, grandparents, children, sons or daughters-in-law, brothers or sisters? (Mark one only)

- ¹ Don't have any, or all of them live with you
- ² Every day
- ³ At least once a week
- ⁴ 2 or 3 times a month
- ⁵ Once a month
- ⁶ A few times a year
- ⁷ Once a year
- ⁸ Never

75. In the past 12 months, how often did you have contact with your neighbours? (Mark one only)

- ¹ Don't have any
- ² Every day
- ³ At least once a week
- ⁴ 2 or 3 times a month
- ⁵ Once a month
- ⁶ A few times a year
- ⁷ Once a year
- ⁸ Never

76. While you were a child or a teenager....

	YES	NO
a) Was your mother or father unemployed for a long time when either of them wanted to be working?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}
b) Did either of your parents drink or use drugs so often that it caused problems for the family?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}
c) Were you ever physically abused by someone close to you?	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}

The following questions are for respondents with children 0 to 11 years old.
If you have no children 0 to 11 years old, please go to question 84.

77. Would you say your child's (children's) health is: (Start with youngest child in column 1. If you have more than five children, please add columns or rows.)

	Child 1	Child 2	Child 3	Child 4	Child 5
Excellent?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}	<input type="radio"/> ^{4a}	<input type="radio"/> ^{5a}
Very good?	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{5b}
Good?	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{5c}
Fair?	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{5d}
Poor?	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{5e}

78. How tall is your child (children) without shoes on?

	Feet and Inches	OR	Centimetres
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

79. How much does your child (children) weigh?

	Pounds	OR	Kilogram
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

80. Does your child (children) take any of following prescribed medications on a regular basis?

	Child 1	Child 2	Child 3	Child 4	Child 5
Asthma medicine (inhalers, nebulizers, pills, liquids or injections)?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}	<input type="radio"/> ^{4a}	<input type="radio"/> ^{5a}
Insulin or other medication for diabetes?	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{5b}
Ritalin or other medication for attention deficit disorder?	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{5c}
Tranquilizers or nerve pills?	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{5d}
Anti-convulsants or anti-epileptic pills?	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{5e}
Other (please specify)	<input type="radio"/> ^{1f}	<input type="radio"/> ^{2f}	<input type="radio"/> ^{3f}	<input type="radio"/> ^{4f}	<input type="radio"/> ^{5f}

81. Does your child (children) have any of the following long-term conditions that have lasted or are expected to last 6 months or more and that have been diagnosed by a health care professional?

	Child 1	Child 2	Child 3	Child 4	Child 5
Asthma	<input type="radio"/> 1a	<input type="radio"/> 2a	<input type="radio"/> 3a	<input type="radio"/> 4a	<input type="radio"/> 5a
Food allergies	<input type="radio"/> 1b	<input type="radio"/> 2b	<input type="radio"/> 3b	<input type="radio"/> 4b	<input type="radio"/> 5b
Other allergies	<input type="radio"/> 1c	<input type="radio"/> 2c	<input type="radio"/> 3c	<input type="radio"/> 4c	<input type="radio"/> 5c
Bronchitis	<input type="radio"/> 1d	<input type="radio"/> 2d	<input type="radio"/> 3d	<input type="radio"/> 4d	<input type="radio"/> 5d
Diabetes	<input type="radio"/> 1e	<input type="radio"/> 2e	<input type="radio"/> 3e	<input type="radio"/> 4e	<input type="radio"/> 5e
A heart condition or disease	<input type="radio"/> 1f	<input type="radio"/> 2f	<input type="radio"/> 3f	<input type="radio"/> 4f	<input type="radio"/> 5f
Epilepsy	<input type="radio"/> 1g	<input type="radio"/> 2g	<input type="radio"/> 3g	<input type="radio"/> 4g	<input type="radio"/> 5g
Cerebral palsy	<input type="radio"/> 1h	<input type="radio"/> 2h	<input type="radio"/> 3h	<input type="radio"/> 4h	<input type="radio"/> 5h
Kidney conditions or disease	<input type="radio"/> 1i	<input type="radio"/> 2i	<input type="radio"/> 3i	<input type="radio"/> 4i	<input type="radio"/> 5i
A mental handicap	<input type="radio"/> 1j	<input type="radio"/> 2j	<input type="radio"/> 3j	<input type="radio"/> 4j	<input type="radio"/> 5j
A learning disability	<input type="radio"/> 1k	<input type="radio"/> 2k	<input type="radio"/> 3k	<input type="radio"/> 4k	<input type="radio"/> 5k
An emotional, psychological or nervous condition	<input type="radio"/> 1l	<input type="radio"/> 2l	<input type="radio"/> 3l	<input type="radio"/> 4l	<input type="radio"/> 5l
Any other long-term condition (Please specify)	<input type="radio"/> 1m	<input type="radio"/> 2m	<input type="radio"/> 3m	<input type="radio"/> 4m	<input type="radio"/> 5m

82. Would you describe your child (children) as *usually* being:

	Child 1	Child 2	Child 3	Child 4	Child 5
Happy and interested in life?	<input type="radio"/> 1a	<input type="radio"/> 2a	<input type="radio"/> 3a	<input type="radio"/> 4a	<input type="radio"/> 5a
Somewhat happy?	<input type="radio"/> 1b	<input type="radio"/> 2b	<input type="radio"/> 3b	<input type="radio"/> 4b	<input type="radio"/> 5b
Somewhat unhappy?	<input type="radio"/> 1c	<input type="radio"/> 2c	<input type="radio"/> 3c	<input type="radio"/> 4c	<input type="radio"/> 5c
Unhappy with little interest in life?	<input type="radio"/> 1d	<input type="radio"/> 2d	<input type="radio"/> 3d	<input type="radio"/> 4d	<input type="radio"/> 5d
So unhappy that life is not worthwhile?	<input type="radio"/> 1e	<input type="radio"/> 2e	<input type="radio"/> 3e	<input type="radio"/> 4e	<input type="radio"/> 5e

83. How would you describe your child's (children's) ability to think and solve day-to-day problems?

	Child 1	Child 2	Child 3	Child 4	Child 5
Able to think clearly and solve problems	<input type="radio"/> 1a	<input type="radio"/> 2a	<input type="radio"/> 3a	<input type="radio"/> 4a	<input type="radio"/> 5a
Having a little difficulty	<input type="radio"/> 1b	<input type="radio"/> 2b	<input type="radio"/> 3b	<input type="radio"/> 4b	<input type="radio"/> 5b
Having some difficulty	<input type="radio"/> 1c	<input type="radio"/> 2c	<input type="radio"/> 3c	<input type="radio"/> 4c	<input type="radio"/> 5c
Having a great deal of difficulty	<input type="radio"/> 1d	<input type="radio"/> 2d	<input type="radio"/> 3d	<input type="radio"/> 4d	<input type="radio"/> 5d
Unable to think or solve problems	<input type="radio"/> 1e	<input type="radio"/> 2e	<input type="radio"/> 3e	<input type="radio"/> 4e	<input type="radio"/> 5e

Voluntary Activity And Community Service

There are many ways in which people voluntarily give their time and skills to various groups and organizations. This can include fund-raising, helping those in need, being on committees, campaigning, organizing or supervising activities or events, teaching or coaching, counseling, serving food, doing repairs, driving, protecting the environment, administrative work, or helping with first aid, fire-fighting, search and rescue, and so on.

84. In the past 12 months, did you do any unpaid work for a specific group or organization? (Do not include community service work required by a court of law).

- ¹ Yes
² No → Go to question 89

85. During the last week, how many hours did you spend volunteering for groups or organizations? (Include travel time, phone calling, preparation from home, etc.)

_____ hours

86. In the past 12 months, for what types of organizations did you volunteer?

(Please look through the list below *before* you answer and *then* check the activity that *best* describes the work of each organization for which you volunteered. Check *only one activity for each organization* you worked for. If you offered any of the following services through a church group, please also check the second column):

		Through Church Group?
a) Health	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}
b) Education	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}
c) Youth Development	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}
d) Social Services (care and support)	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}
e) Sports & Recreation	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}
f) Law and Justice	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}
g) Employment & Economic Interests	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}
h) Arts & Culture	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}
i) Environment & Wildlife	<input type="radio"/> ^{9a}	<input type="radio"/> ^{9b}
j) International Organizations	<input type="radio"/> ^{10a}	<input type="radio"/> ^{10b}
k) Religious Organizations	<input type="radio"/> ^{11a}	<input type="radio"/> ^{11b}
l) Service Clubs (Rotary, Lions, etc.)	<input type="radio"/> ^{12a}	<input type="radio"/> ^{12b}
m) Society and Public Benefit	<input type="radio"/> ^{13a}	<input type="radio"/> ^{13b}
n) Other (please specify or name organization) _____	<input type="radio"/> ^{14a}	<input type="radio"/> ^{14b}
_____	<input type="radio"/> ^{15a}	<input type="radio"/> ^{15b}

87. If you volunteered for sports activities (coaching, officiating, maintaining sports facilities, organizing team sports, fundraising, etc), **please estimate:**

- a. **How many hours you spent last week on such activities:** _____
- b. **How many hours a year do you usually spend on such activities?** _____

88. Of all the things you did in the past year, how important were your volunteer activities to you?

- ¹ Very important
- ² Important
- ³ Not very important
- ⁴ Not important at all

89. If you did not do any volunteer work for an organization, was the main reason:

- ¹ Not enough time
- ² Health problems
- ³ Not willing or interested
- ⁴ Not aware of need
- ⁵ Not asked
- ⁶ No group working in my area of interest (please specify your area of interest) _____
- ⁷ Other reason (please specify) _____

90. Some people help on their own, not through a specific organization. (For example, helping a sick, elderly or disabled person with housework, shopping, yard work or repairs, farm work, visiting the sick or elderly, babysitting, teaching, coaching, and so on.)

91.

In the past 12 months, did you give any unpaid voluntary help to others (*not* through any organization)? (Include friends, neighbours and relatives, but *not* people in your own household.)

- ¹ Yes
- ² No → Go to question 94

91. Were the individuals you helped on your own (not through any organization):

- ¹ Relatives not living with you
- ² Friends
- ³ Neighbours
- ⁴ Co-workers or schoolmates
- ⁵ People you did not previously know
- ⁶ Other people (please specify) _____

92. Of the people you helped, were any of them: (Check all that apply).

- ¹ Children or youth under the age of 18?
² Seniors 65 years of age or over?
³ Disabled persons?

93. During the last week, how many hours did you spend doing voluntary activity on your own (not through any organization)? (Include travel time, phone calling, preparation from home, etc.)

_____ hours

If you did any volunteer work for an organization or on your own, please continue. Otherwise, this ends this section of the questionnaire.

94. How important to your volunteering are the following? (Place one check next to each reason listed.)

	very important	important	not important	not at all important	not applicable
a) Meeting people and/or Companionship	<input type="radio"/> 1a	<input type="radio"/> 1b	<input type="radio"/> 1c	<input type="radio"/> 1d	<input type="radio"/> 1e
b) Fulfilling religious obligations or beliefs	<input type="radio"/> 2a	<input type="radio"/> 2b	<input type="radio"/> 2c	<input type="radio"/> 2d	<input type="radio"/> 2e
c) Learning new skills	<input type="radio"/> 3a	<input type="radio"/> 3b	<input type="radio"/> 3c	<input type="radio"/> 3d	<input type="radio"/> 3e
d) Helping others	<input type="radio"/> 4a	<input type="radio"/> 4b	<input type="radio"/> 4c	<input type="radio"/> 4d	<input type="radio"/> 4e
e) Working for a cause you Believe in	<input type="radio"/> 5a	<input type="radio"/> 5b	<input type="radio"/> 5c	<input type="radio"/> 5d	<input type="radio"/> 5e
f) Feeling that you accomplished Something	<input type="radio"/> 6a	<input type="radio"/> 6b	<input type="radio"/> 6c	<input type="radio"/> 6d	<input type="radio"/> 6e
g) Doing something you like to do	<input type="radio"/> 7a	<input type="radio"/> 7b	<input type="radio"/> 7c	<input type="radio"/> 7d	<input type="radio"/> 7e
h) Helping promote your heritage or language	<input type="radio"/> 8a	<input type="radio"/> 8b	<input type="radio"/> 8c	<input type="radio"/> 8d	<input type="radio"/> 8e
i) Having influence in community Affairs or political life	<input type="radio"/> 9a	<input type="radio"/> 9b	<input type="radio"/> 9c	<input type="radio"/> 9d	<input type="radio"/> 9e
j) Improving your job Opportunities	<input type="radio"/> 10a	<input type="radio"/> 10b	<input type="radio"/> 10c	<input type="radio"/> 10d	<input type="radio"/> 10e
k) Feeling obligated to help	<input type="radio"/> 11a	<input type="radio"/> 11b	<input type="radio"/> 11c	<input type="radio"/> 11d	<input type="radio"/> 11e
l) Using your skills and Experience	<input type="radio"/> 12a	<input type="radio"/> 12b	<input type="radio"/> 12c	<input type="radio"/> 12d	<input type="radio"/> 12e
m) Benefiting your children, Family or yourself	<input type="radio"/> 13a	<input type="radio"/> 13b	<input type="radio"/> 13c	<input type="radio"/> 13d	<input type="radio"/> 13e
n) Feeling you owe something to Your community	<input type="radio"/> 14a	<input type="radio"/> 14b	<input type="radio"/> 14c	<input type="radio"/> 14d	<input type="radio"/> 14e
o) Doing something with your Spare time	<input type="radio"/> 15a	<input type="radio"/> 15b	<input type="radio"/> 15c	<input type="radio"/> 15d	<input type="radio"/> 15e

95. Is your main reason for volunteering that you cannot find suitable paid work?

- ¹ Yes
- ² No

96. Did you gain any skills or knowledge while volunteering for an organization?

(Check all that apply):

- ¹ Fundraising skills
- ² Technical or office skills (e.g. first-aid, coaching techniques, computer, accounting, cataloguing, etc.)
- ³ Organizational, managerial skills (e.g. resource management, leadership, planning, running organization, etc.)
- ⁴ Knowledge (e.g. about health, women's issues, political issues, criminal justice, the environment, etc.)
- ⁵ Communication skills (e.g. public speaking, writing, public relations, conducting meetings, etc.)
- ⁶ Interpersonal skills (e.g. conflict resolution, understanding people better, motivating people, dealing with difficult situations, etc.)
- ⁷ Other skill or knowledge (please specify) _____

97. Overall, how satisfying has your experience as a volunteer been?

- ¹ Very satisfying
- ² Somewhat satisfying
- ³ Neither satisfying nor dissatisfying
- ⁴ Somewhat dissatisfying
- ⁵ Very dissatisfying

98. If asked, would you have given more time volunteering over the past year?

- ¹ Yes → Go to question 100
- ² No

99. Please check the *most* important reason you would not have given more time volunteering over the past year:

- ¹ I had no more time to give (because of family responsibilities, work, etc.)
- ² I had health problems
- ³ I had transportation problems
- ⁴ I could not afford the expenses involved
- ⁵ I couldn't have coped emotionally with more
- ⁶ I had already given the hours I wanted to give and done my share
- ⁷ I wasn't interested in doing more
- ⁸ I didn't like the way the organization I volunteered for did things
- ⁹ I didn't like the paid staff or other volunteers
- ¹⁰ Other (please specify) _____

100. Do you feel you have less volunteer time to give than you used to?

- ¹ Yes
- ² No

101. As a volunteer, did you feel overworked, time-stressed, or burned out?

- ¹ most of the time
- ² often
- ³ occasionally
- ⁴ rarely
- ⁵ never

102. What are your usual weekly out-of-pocket expenses that you have to put out in order to do your voluntary work? (Include transportation, child care, meals, supplies, buying things for those you help, etc. but do not include expenses for which you were reimbursed).

\$ _____

103. In the past year, have you had any significant one-time expenses like a uniform or equipment that you needed to purchase in order to do your volunteer activity? Please give the amount you spent, but do not count expenses for which you were reimbursed, and do not include usual weekly expenses like child care and transportation.

\$ _____

Do you have any additional comments on health, care-giving, and community service issues not covered in this questionnaire?