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Atlantic Heart Health Survey N.B. P.E.I. NFLD.

Atlantic Heart Health Survey

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Reference Number

PROVINCE AREA RESPONDENT REPLICATE AGE
SEX
GROUP INTERVIEWER

interviewer's Name _____

Record of Calls and Appointments

Call	Date	Time	Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Language of Interview: 1 ☐ English
2 ☒ French

Final Status of Interview: 1 ☒ Complete
2 ☐ Refused
3 ☐ Other non-interview (specify) _____

FIRST BLOOD PRESSURE READING

Blood Pressure Reading S / D

1. Before this interview, have you ever had your blood pressure checked?

1 ☐ Yes

2 ☐ No → **Goto6**

2. How long ago did you last have your blood pressure checked?

1 ☐ less than 6 months

2 ☐ 6-12 months

3 ☐ over a year

4 ☐ don't know

3. Who checked your blood pressure at that time?

1 ☐ doctor

2 ☐ nurse

3 ☐ family member or friend

4 ☐ coin operated machine

5 ☒ check self

6 ☐ not sure

7 ☐ other (specify) _____

4. Which of the following describes the information you were given? Was it:

1 ☐ described in numbers

2 ☐ described in numbers and in words like high/low/normal

3 ☐ described in words only - no numbers were used

4 ☐ not described

5 ☒ not sure

Goto6

5. What was your blood pressure reading in numbers when it was last taken?

S / D

9 ☐ Can't remember

6. Were you ever told by a doctor, nurse, or some other health care professional that you had high blood pressure?

1 ☐ Yes

2 ☐ No

3 ☐ Can't remember

Goto 13

7. Was any treatment or program prescribed for your high blood pressure?

1 ☐ Yes

2 ☐ No

3 ☐ Not sure

Go to 13

8. What were you told to do? Check all that apply.
DO NOT READ LIST.

01 ☐ take medicine

02 ☐ take medicine and some other treatment

03 ☐ go on salt free diet

04 ☐ watch weight

05 ☐ avoid stress, slow down and relax

06 ☐ cut down or stop smoking

07 ☐ cut down alcohol intake

08 ☐ start exercise program

09 ☐ use biofeedback

10 ☐ other treatment (specify) _____

9. Are you still following that program or are you doing something different?

1 ☐ different program now

2 ☐ same program

3 ☐ not following any program now

4 ☐ not sure

5 ☐ no answer

Go to 11

10. What program are you now following?*Check all that apply. DO NOT READ LIST.*

- 01 ☐ take medicine
- 02 ☐ take medicine and some other treatment
- 03 ☐ go on salt free diet
- 04 ☐ watch weight
- 05 ☐ avoid stress, slow down and relax
- 06 ☐ cut down or stop smoking
- 07 ☐ cut down alcohol intake
- 08 ☐ exercise program
- 09 ☐ use biofeedback
- 10 ☐ none
- 11 ☐ other treatment (specify) _____
- _____

11. Are you now taking medication for your high blood pressure?

- 1 ☐ Yes —>Go to I3
- 2 ☐ No
- 3 ☒ Not sure

12. Have you ever taken medication for your high blood pressure?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure

13. As far as you know, is your blood pressure normal now?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

14. Do you think that high blood pressure can affect your health?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know Goto 16

15. How do you think high blood pressure can affect your health? Record up to three answers given. If respondent is hesitant, probe.

16. Do you know what things can cause high blood pressure? Record up to three answers given. If respondent is hesitant, probe.

If respondent answers "Food" or "Beverages" to Question 16, go to Question 18.

17. Have you heard anything about high blood pressure being related to things people eat or drink?

- 1 ☐ Yes
- 2 ☐ No —> Go to "DIABETES".

18. What things that people eat and drink, do you think are related to high blood pressure?*Check all that apply. DO NOT READ LIST.*

- 01 ☐ salt/salty foods
- 02 ☐ sodium
- 03 ☐ alcohol
- 04 ☐ fats
- 05 ☐ saturated fats
- 06 ☐ cholesterol
- 07 ☐ calories/eating too much
- 08 ☐ additives/preservatives/food colouring
- 09 ☐ caffeine/coffee
- 10 ☐ sugar/sweet foods
- 11 ☐ starch/starchy foods
- 12 ☐ pork
- 13 ☐ specific meat other than pork
- 14 ☐ meats generally
- 15 ☐ fried foods/greasy foods/oily foods
- 16 ☐ calcium
- 17 ☐ other (specify) _____
- _____

DIABETES

I would like to ask you some questions about diabetes.

19. Have you ever been told by a doctor that you have diabetes?

1 ☐ Yes

2 ☐ No → Go to "ALCOHOL"

20. How old were you when you were first told you had diabetes?

Enter age

95 ☐ Can't remember

21. Are you now on any treatment for your diabetes?
Check *a//* that *apply*.

1 ☐ no current treatment

2 ☐ insulin

3 ☐ pills to control blood sugar

4 ☐ diet

5 ☐ weight loss

6 ☐ other (specify) _____

ALCOHOL

Now I would like to ask some questions about alcohol consumption. In the next questions, when we use the word "Drink" it means:

One bottle of beer or glass of draft

One small glass of wine

One shot or mixed drink with hard liquor

22. Have you ever taken a drink of beer, wine, liquor or other alcoholic drink?

1 ☐ Yes

2 ☐ No

3 ☐ Refused

} Go to "WEIGHT"

23. In the past 12 months, have you taken a drink of beer, wine, liquor or other alcoholic drink?

1 ☐ Yes

2 ☐ No

3 ☐ Refused

} Go to "WEIGHT"

24. How often, on the average, did you have an alcoholic drink in the past 12 months?

Number of times per week

Number of times per month

95 ☐ Less than once a month

96 ☐ Refused → Go to "WEIGHT"

25. On the days that you drink, how many drinks do you have per day, on the average?

Number of drinks

95 ☐ Don't know

96 ☐ Refused

WEIGHT

would now like to ask you some questions about your weight.

26. Have you ever tried to lose weight?

1 ☐ Yes

2 ☐ No

27. Are you presently trying to lose weight, gain weight or neither?

1 ☐ lose weight

2 ☐ gain weight

3 ☐ neither

} Go to 30.

28. Which of the following are you doing to lose weight? Check *all* that apply. Read list from 1 to 5.

1 ☐ dieting

2 ☐ exercising

3 ☐ skipping meals

4 ☐ taking diet pills

5 ☐ attending weight control programs

6 ☐ something else (specify) _____

29. Why would you like to lose weight?
Check all that apply. DO NOT READ LIST.

- 1 ☐ To become more attractive
 2 ☐ To improve general health
 3 ☐ To decrease the risk of heart attack
 4 ☐ To maintain an acceptable level of blood pressure
 5 ☐ To maintain an acceptable level of blood cholesterol
 6 ☐ To slow down the hardening of the arteries
 7 ☐ To decrease the risk of getting diabetes
 8 ☐ other (specify) _____

30. How tall are you without your shoes?

- 1 Feet Inches or 2 Centimetres

31. How much do you weigh?

- 1 Pounds or 2 Kilograms

32. How much would you like to weigh?

- 1 Pounds or 2 Kilograms

EATING HABITS

Now I would like to ask you some questions about your eating habits.

How often would you say salt is added to your food when cooking?

- 1 ☐ often
 2 ☐ sometimes
 3 ☐ occasionally
 4 ☐ almost never/never
 5 ☐ don't know

34. How often would you say you add salt to your food at the table?

- 1 ☐ often
 2 ☐ sometimes
 3 ☐ occasionally
 4 ☐ almost never/never

35. Do you think that the amount of salt you eat can affect your health?

- 1 ☐ Yes
 2 ☐ No
 3 ☐ Don't know } Go to "FATS"

36. How would your health be affected if you ate too much salt? Check all that apply. DO NOT READ LIST.

- 1 ☐ blood pressure would increase
 2 ☐ weight would increase
 3 ☐ ankles may become swollen
 4 ☐ increase the risk of heart attack
 5 ☐ increase the risk of stroke
 6 ☐ increase the risk of kidney problems
 7 ☐ need to take blood pressure pills /medication
 8 ☐ speeds up the hardening of the arteries
 9 ☐ other (specify) _____

FATS

I would like to ask you some questions about fats.

37. Another thing found in many foods is fat. Have you heard about any health problems that might be related to how much fat people eat?

- 1 ☐ Yes
 2 ☐ No/Not sure → Go to "CHOLESTEROL"

38. What health problems do you think might be related to the amount of fat people eat? Check all that apply. DO NOT READ LIST.

- 1 ☐ overweight/obesity
 2 ☐ heart disease/coronary disease/heart problems/heart attack
 3 ☐ high blood cholesterol
 4 ☐ high blood pressure
 5 ☐ arteriosclerosis/hardening of the arteries/fat build-up on the arteries
 6 ☐ not sure
 7 ☐ other (specify) _____

CHOLESTEROL

The next set of questions are about cholesterol.

39. Have you heard about cholesterol?

1 ☐ Yes

2 ☐ No → Go to "SMOKING"

40. What have you heard about cholesterol?

Record up to three answers given. If respondent is hesitant, probe.

41. Do you think that cholesterol is found in foods?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know } Go to 44

42. Which foods do you think contain cholesterol?
Check all that apply. DO NOT READ LIST.

1 ☐ eggs/egg yolk

2 ☐ poultry

3 ☐ beef

4 ☐ pork

5 ☐ seafoods

6 ☐ whole milk

7 ☐ hard cheese

8 ☐ other (specify) _____

43. Do you think that cholesterol in the foods you eat can affect your health?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

44. Do you think that cholesterol is found in your blood?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

} Go to 46

45. Do you think that too much cholesterol in your blood can affect your health?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

46. How do you think cholesterol can affect your health?
Check all that apply. DO NOT READ LIST.

1 ☐ hardening or clogging of arteries

2 ☐ increase blood pressure

3 ☐ heart attack

4 ☐ stroke

5 ☐ angina (pain in the chest)

6 ☐ other (specify) _____

47. Have you ever had your blood cholesterol measured?

1 ☐ Yes

2 ☐ No

3 ☐ Not sure

} Go to 49

48. Were you told what your blood cholesterol level was?

1 ☐ Yes

2 ☐ No

3 ☐ Can't remember

49. Were you ever told by a doctor, nurse or other health professional that your blood cholesterol was high?

1 ☐ Yes

2 ☐ No

3 ☐ Can't remember

Go to 52

50. Did the doctor prescribe any treatment or tell you what to do to lower your blood cholesterol?

1 ☐ Yes

2 ☐ No

3 ☐ Can't remember

51. Are you presently on a diet, which was recommended by a doctor or other health professional, to lower your blood cholesterol?

- 1 ☐ Yes
2 ☐ No
3 ☐ Can't remember

52. Can you tell me what a person can do to lower his or her blood cholesterol level?

Check all that apply. DO NOT READ LIST.

- 1 ☐ exercise regularly
2 ☐ control stress and fatigue
3 ☐ take prescribed medication
4 ☐ eat food with less cholesterol
5 ☐ eat less fatty foods
6 ☐ lose weight
7 ☐ use skim milk or low fat dairy products
8 ☐ nothing
9 ☐ other (specify) _____

SMOKING

I would now like to ask you some questions about smoking.

53. Have you ever smoked cigarettes, cigars or a pipe?

- 1 ☐ Yes
2 ☐ No → Go to "PHYSICAL ACTIVITY"

54. At the present time do you smoke a pipe?

- 1 ☐ Yes
2 ☐ No → Go to 56

55. At the present time do you smoke a pipe regularly (usually every day) or occasionally (not every day)?

- 1 ☐ Regularly
2 ☐ Occasionally

56. At the present time do you smoke cigars?

- 1 ☐ Yes
2 ☐ No → Go to 58

57. At the present time do you smoke a cigars regularly (usually every day) or occasionally (not every day)?

- 1 ☐ Regularly
2 ☐ Occasionally

58. At the present time do you smoke cigarettes?

- 1 ☐ Yes
2 ☐ No → Go to "PHYSICAL ACTIVITY"

59. At the present time do you smoke cigarettes regularly (usually every day) or occasionally (not every day)?

- 1 ☐ Regularly
2 ☐ Occasionally

60. How many cigarettes do you usually smoke per day?

Enter number of cigarettes

EXERCISE

The next few questions are about your current physical exercise.

61. Do you regularly engage in physical exercise during your leisure time? By regularly we mean at least once a week during the past month.

- 1 ☐ Yes
2 ☐ No
3 ☐ Can't remember } Go to 64

62. How much of this exercise is strenuous enough to cause sweating or breathing heavily? *READ THIS LIST.*

- 1 ☐ Most of it
2 ☐ Some of it
3 ☐ None of it

63. How long do you usually exercise? *READ THIS LIST.*

- 1 ☐ less than 15 minutes
2 ☐ 15 to 30 minutes
3 ☐ 31 to 60 minutes
4 ☐ more than 60 minutes
5 ☐ don't know

64. Does your work require strenuous physical activity?

- 1 ☐ Yes
2 ☐ No
3 ☐ Can't remember
4 ☐ Not applicable

HEART DISEASE

Now I would like to ask you a few questions about heart disease.

55. Can you tell me the major causes of heart disease or heart problems? Check *a//* that apply.
DO NOT READ LIST.

- 01 ☐ poor diet
- 02 ☐ overweight
- 03 ☐ excess fats
- 04 ☐ excess salt
- 05 ☐ high blood cholesterol level
- 06 ☐ foods with high cholesterol
- 07 ☐ excess stress, worry or tension
- 08 ☐ overwork or fatigue
- 09 ☐ lack of exercise
- 10 ☐ smoking
- 11 ☐ heredity
- 12 ☐ high blood pressure/hypertension
- 13 ☐ arteriosclerosis/hardening of the arteries
- 14 ☐ don't know
- 15 ☐ other (specify) _____

66. Based upon what you have heard or read, do you believe that heart disease can be prevented?

- 1 Yes
- 2 ☐ No
- 3 Not sure

67. Have you ever had a heart attack?
(If necessary explain what a heart attack is.)

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure

68. Have you ever had a stroke?
(If necessary explain what a stroke is.)

- 1 ☐ Yes
- 2 ☐ No
- 3 Not sure

69. Based upon what you have heard, do you believe that strokes can be prevented?

- 1 ☐ Yes
- 2 ☐ No
- 3 Not sure

70. Do you suffer from any kind of heart disease that you have not yet told me about?

- 1 ☐ Yes → What is it? _____
- 2 ☐ No

71. Are you presently taking any medicine for your heart prescribed by a doctor?

- 1 ☐ Yes → What type? _____
- 2 ☐ No

Ask to see bottles/prescriptions if possible.

72. **ASK WOMEN ONLY:** Are you presently taking...

1 ☐ Oral contraceptives? → What brand name? _____

2 ☐ Hormonal pill? What brand name? _____

3 Neither

Ask to see bottles/prescriptions if possible.

DEMOGRAPHIC INFORMATION

The next few questions let us look at health factors by different groups like age, sex, income and occupation.

73. ENTER RESPONDENT'S SEX:

- 1 ☐ Male
- 2 ☐ Female

74. What is your date of birth?

--	--	--	--	--	--	--

Day Month Year

95 ☐ Refused

75. What is your current employment status?
READ THIS LIST.

- 1 ☐ full time (35 hours or more a week)
- 2 ☐ part time (less than 35 hours a week)
- 3 ☐ unemployed
- 4 ☐ laid off
- 5 ☐ retired
- 6 ☐ other (specify) _____

- 7 homemaker } go to 77
- 8 ☐ student }

76. Which of the following best describes your type of work? READ THIS LIST.

- 1 ☐ Professional
- 2 ☐ Clerical worker
- 3 ☐ Skilled foreman
- 4 ☐ Manager, Official, Proprietor
- 5 ☐ Sales worker
- 6 ☐ Non-skilled
- 7 ☐ Other (specify) _____

77. What is your current marital status?
Read list from 1 to 5.

- 1 ☐ never married
- 2 ☐ divorced
- 3 ☐ married/common law
- 4 ☐ widowed/widower
- 5 ☐ separated
- _____
- 6 ☐ refused to answer

78. What is the highest grade or year of school you have completed?

Grade (Elementary, Secondary)

Years (College, University)

If there is some doubt, record the response.

79. What language did you first speak in childhood?

- 1 English
- 2 French
- 3 ☐ Other (specify) _____

80. How many people live in this household?

81. For statistical purposes only, we need to know the range of your total, gross household income last year. Could you please indicate from the list the income range for your household? Read this list.

- 1 ☐ under \$12,000
- 2 ☐ \$12,000 to \$24,999
- 3 ☐ \$25,000 to \$49,999
- 4 ☐ \$50,000 and over

5 ☐ Respondent refused to answer.

SECOND BLOOD PRESSURE READING

Blood Pressure Reading **S** / **D**