

Return to [Canadian Heart Health Database](#) | [Main Page](#)

# THE BRITISH COLUMBIA HEART HEALTH SURVEY

# BRITISH COLUMBIA HEART HEALTH SURVEY

Reference Number  —  —  —  —  —

Interviewer's Name \_\_\_\_\_

## RECORDS OF CONTACTS

Call	Date	Time	Notes/Comments
1			
2			
3			
4			
5			
6			

### A. HOME VISIT: Batch number

Blood Pressure

1A \_\_\_\_\_ / \_\_\_\_\_

1B \_\_\_\_\_ / \_\_\_\_\_

Language of interview

1 ☐ English

2 ☐ French

3 ☐ Other \_\_\_\_\_

Circle the number which you feel indicates the:

Quality of interview      1   2   3   4   5  
Low High

Reliability of information   1   2   3   4   5  
LOW high

Note: 1 is low, 5 is high

Final status of interview   1 ☐ Complete

2 ☐ Refused

3 ☐ Moved to \_\_\_\_\_

4 ☐ Unable to locate

5 ☐ Deceased

6 ☐ Other non-interview (specify) \_\_\_\_\_

### B. CLINIC

Batch number

☐ Refused

☐ No show

Date \_\_\_\_\_

Location \_\_\_\_\_

Blood Pressure

2A \_\_\_\_\_ / \_\_\_\_\_

2B \_\_\_\_\_ / \_\_\_\_\_

Average

(4 reading) \_\_\_\_\_ / \_\_\_\_\_

Pulse \_\_\_\_\_

Height(cm.) \_\_\_\_\_ (inch) \_\_\_\_\_

Weight(kg.) \_\_\_\_\_ (lbs.) \_\_\_\_\_

Hrs. since last meal \_\_\_\_\_

Time of blood sample \_\_\_\_\_

Blood sample:

taken

☐ refused

☐ referred

### C. QUALITY CONTROL MEASUREMENTS:

☐ blood taken

height (cm) \_\_\_\_\_

weight(kg) \_\_\_\_\_

(in.) \_\_\_\_\_

(lbs.) \_\_\_\_\_

blood specimen number \_\_\_\_\_

**BLOOD PRESSURE**

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

1 ☐ Yes

2 ☐ No → Go to 6

3. 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

Go to 13

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

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

1 ☐ Yes

2 No

3 ☐ Not sure

Go to 13

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) \_\_\_\_\_

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) \_\_\_\_\_

4. Which of the following describes the information you were given? Was your blood pressure:

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

Go to 16

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

01 different program now

02 same **program**

03 ☐ not following any program now

04 not sure

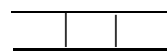
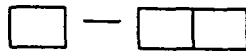
05 no answer

Go to 11

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

S      D  
[ ] [ ] / [ ] [ ]

9 Can't remember



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 a 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?

- 01 Yes → Go to 13
- 02 ☐ No
- 03 0 Not sure

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

- 01 Yes
- 02 No
- 03 ☐ Not sure

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

- 01 Yes
- 02 No
- 03 Not sure

14. Do you think that high blood pressure can affect a person's health ?

- 01 Yes
  - 02 ☐ No
  - 03 Not sure
- Go to 16

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

16. Do YOU know what things can cause high blood pressure?  
**PROBE.** Up to three answers given. If respondent is hesitant, probe.

If respondent answers "Food" or "Beverages" to Question 14, go to Question 18.

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

- 01 Yes
- 02 ☐ No → Go to 'DIABETES'. (#19)

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 red meats
- 18 fast foods (specify) \_\_\_\_\_
- 19 don't know
- 20 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" (#22)

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

Number of times per week

OR

Number of times per month

95 Less than once a month

96 ☐ Refused Go to "WEIGHT" (#26)

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

Enter age

95 Can't remember

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 Go to "WEIGHT" (#26)

21. Are you now on any treatment for your diabetes?

*Check all that apply*

1 no current treatment

2 ☐ insulin

3 ☐ pills to control blood sugar

4 ☐ diet

5 ☐ weight loss

6 ☐ other (specify) \_\_\_\_\_

**WEIGHT**

I would 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, neither?

1 ☐ lose weight

2 ☐ gain weight

3 neither

**Go to 'EATING HABITS' (#30)**

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

1 ☐ dieting

2 ☐ exercising

3 skipping meals

4 taking diet pills

5 ☐ attending weight control programs

6 ☐ something else (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" (#26)**

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" (#26)**

## 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 chdesterd
- 6 ☐ To slow down hardening of the arteries
- 7 ☐ To decrease the risk of getting diabetes
- 8 ☐ other (specify) \_\_\_\_\_

## 30. How tall are you without your shoes?

Feet / Inches      Or      
 Centimetres

## 31. How much do you weigh?

Note: participant

Pounds      or      
 Kilograms

is \_\_\_\_\_ months pregnant.

## How much would you like to weigh?

Pounds      or      
 Kilograms

## EATING HABITS

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

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

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

## 35. Do you think that the amount of salt people eat can affect their health?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know
- Go to 'FATS' (#37)

## 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 hardening of the arteries
- 9 ☐ other (specify) \_\_\_\_\_

## FATS

I would like to ask you some questions about fats

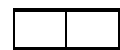
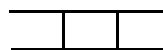
## 37. Another thing found in many foods is fat. Have you heard about any health problems that may be related to how much fat that people eat?

- 1 ☐ Yes
- 2 ☐ No/Not sure → Go to "CHOLESTEROL" (#39)

## 36. What health problems do you think might be related to the amount of fat that 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
- 5 ☐ high blood pressure
- 6 ☐ arteriosclerosis/hardening of the arteries/fat build up in the arteries
- 7 ☐ not sure
- 8 ☐ other (specify) \_\_\_\_\_

**CHOLESTEROL**

The next set of questions are about cholesterol.

Have you heard about cholesterol?

1 ☐ Yes

2 ☐ No → Go to 'SMOKING' (#53)

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.*

eggs/egg yolk

2 poultry

3 beef

4 pork

5 seafoods

6 milk (specify) \_\_\_\_\_

7 cheese (specify) \_\_\_\_\_

8 ☐ butter

9 ☐ ham

10 bacon

11 ☐ red meats

12 fast foods(specify) \_\_\_\_\_

13 ☐ don't know

14 ☐ other(specify) \_\_\_\_\_

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

Yes

2 No

3 Don't know

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

1 ☐ Yes

2 ☐ No

3 Don't know

Go to 46

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

1 Yes

2 No

3 Don't know

46. How do you think choiesterd in blood can affect peoples health? *Check all that apply. DO NOT READ LIST.*

1 ☐ hardening or clogging of arteries

2 ☐ increased blood pressure

3 heart attack

4 stroke

5 ☐ angina (pain in the chest)

6 other (specify) \_\_\_\_\_

47. Have you ever had your blood chdesterol measured?

1 Yes

2 No

3 Not sure

Go to 49

46. 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 special diet, which was recommended by a doctor or other health professional, lower your blood cholesterol?

- 1 Yes
- 2 No
- 3 Can't remember

62. 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.

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

- 1 Yes
- 2 No —————> Go to 'EXERCISE' (#61)

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 cigar regularly (usually every day) or occasionally (not every day)?

- 1 Regularly
- 2 Occasionally

66. At the present time do you smoke cigarettes?

- 1 Yes
- 2 No —————> Go to 'EXERCISE' (#61)

69. 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 —————> Go to 64

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

- 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 ☐ Not applicable



**HEART DISEASE**

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

65. Can you tell me the major causes of heart disease or heart problems? *Check all 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 on 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

66. 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

8    ☐ student

Go to 77

**76. What is your occupation? (specify) \_\_\_\_\_**

**DO NOT READ LIST. Check most appropriate box.**

- 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 marital status?**

**Read list from 1 to 5**

- 1    ☐ never married
- 2    ☐ divorced
- 3    ☐ married/common law
- 4    ☐ widow/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 of 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

6      refused to answer

EATING BEHAVIOUR QUESTIONNAIRE BOLD  
BRITISH COLUMBIA HEART HEALTH SURVEY

1. Thinking of yesterday, how many servings of vegetables or vegetable juices did you eat or drink?

NUMBER \_\_\_\_\_

DON'T KNOW OR REFUSED ☐

2. Thinking of yesterday, how many servings of fruits or fruit juices did you eat or drink?

NUMBER \_\_\_\_\_

DON'T KNOW OR REFUSED ☐

3. Again, thinking of yesterday, how many snacks or desserts such as pies, cakes, cookies, doughnuts, chips, nuts, ice-cream, did you have?

NUMBER \_\_\_\_\_

DON'T KNOW OR REFUSED ☐

4. And again, thinking of yesterday, did you eat any whole grain breads, buns or cereals?

YES ☐

NO ☐

DON'T KNOW OR REFUSED ☐

'The next three questions are about your last seven days' food intake'

5. Thinking of the last week, on how many occasions did you eat meats such as bacon, sausage, luncheon meats, weiners, or well-marbled steaks or roasts?

NUMBER \_\_\_\_\_

DON'T KNOW OR REFUSED ☐

6. In the last seven days, on how many occasions did you have fried, deep fried, or breaded foods?

NUMBER \_\_\_\_\_

DON'T KNOW OR REFUSED ☐

7. During the past 7 days, how many meals did you have in a fast food restaurant?

NUMBER \_\_\_\_\_

DON'T KNOW OR REFUSED ☐

8. When cooking hamburger meat, do you drain the fat before eating?

USUALLY ☐

NEVER

DON'T KNOW OR REFUSED ☐

9. What type of milk do you usually use?

WHOLE ☐

2% ☐

1% ☐

SKIM

DON'T USE ☐

DON'T KNOW OR REFUSED ☐