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# “Nova Scotia Heart Health Study”

## **“Nova Scotia Heart Health Study”**

Interview

**Call**

Number

DATE OF INTERVIEW:

NAME OF INTERVIEWER:

NAME OF RESPONDENT:

TIME STARTED:

TIME COMPLETED:

TOTAL TIME:

OUTCOME OF INTERVIEW ATTEMPT: CHECK ONE.

- (i) Interview Refused \_\_\_\_\_
- (ii) Interview Completed \_\_\_\_\_
- (iii) Interview Not Completed \_\_\_\_\_
- (iv) Reason For Not Completing Interview \_\_\_\_\_

Blood Pressure Reading (1)  
Blood Pressure Reading (2)

Blood Pressure

**Interviewer: Begin by asking**

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

had blood pressure checked (1)  
never had blood pressure checked (2)

**Interviewer: Ask only those who had blood pressure checked.**

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

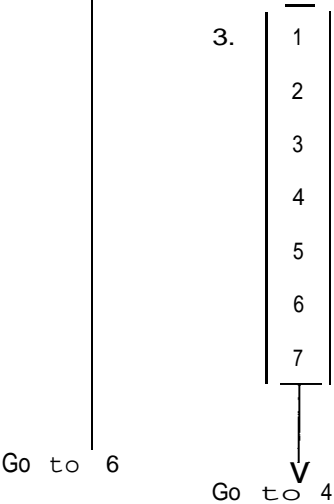
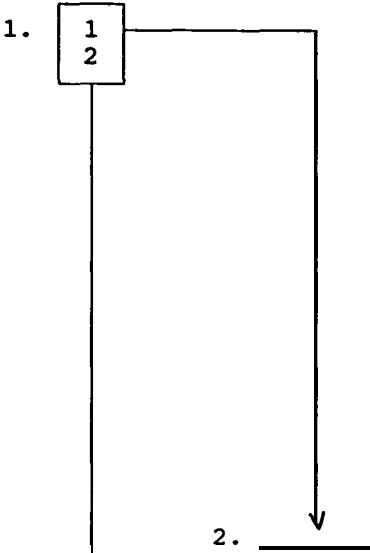
**Interviewer: Record number of months or years.**

Years \_ \_  $\times 12 =$  \_ months  
months:

3. Who checked your blood pressure at that time?

**Interviewer: Wait for an answer, if respondent is hesitant, probe.**

doctor (1)  
nurse (2)  
family member or friend (3)  
coin operated machine (4)  
check shelf (5)  
not sure (6)  
other (specify) (7)



4. Which of the following described the information you were given?

**Interviewer: Read all the options, check one that applies.**

blood pressure described in numbers (1)

both numbers and words like high/low (2)  
normal were used

words like high/low/normal/but not (3)  
numbers were used

nothing (4)

not sure (5)

5. What was your blood pressure when it was taken?

blood pressure  
Can't remember (2)

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

Yes (1)  
No (2)  
Can't remember (3)

7. Has any treatment been prescribed for your high blood pressure?

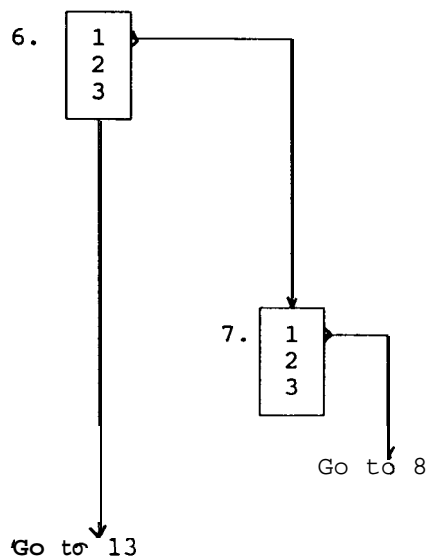
Yes (1)  
No (2)  
Not sure (3)

4.

1
2
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5.

— / —
2



8. What were you told you should do?

Interviewer: Do not read this list. Check as many as apply.

- take medicine only (1)
  - take medicine and some other treatment (2)
  - go on salt free diet (3)
  - watch weight (4)
  - avoid stress, slow down and relax (5)
  - cut down or stop smoking (6)
  - cut down alcohol intake (7)
  - start an exercise program (8)
  - use biofeedback (9)
  - nothing (10)
  - other treatment (specify (11)
- 

8.

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9. Are you still following the same program, or are you following a different program?

- different program now (1)
- same program (2)
- not following any program now (3)
- not sure (4)
- no answer (5)

9.

1
2
3
4
5

Go to 11

Go to 10

10. What program are you now following?

**Interviewer: Do not read list. Check as many as apply.**

take medicine only (1)

take medicine and some other treatment (2)

go on salt free diet (3)

watch weight (4)

avoid stress, slow down and relax (5)

cut down or stop smoking (6)

cut down alcohol intake (7)

start an exercise program (8)

use biofeedback (9)

none (10)

other treatment (specify) (11)

\_\_\_\_\_

10.	1	
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	11	

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

Yes (1)

No (2)

Not sure (3)

11.	1
	2
	3

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

Yes (1)

No (2)

Not sure (3)

12.	1
	2
	3

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

- Yes (1)  
No (2)  
Don't know (3)

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

- Yes (1)  
No (2)  
Don't know (3)

15. How do you think high blood pressure can affect your health?

**Interviewer: Record as many answers as is given. Probe.**

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16. Do you know what things can cause high blood pressure?

**Interviewer: Wait for answers, if respondent is hesitant, probe.**

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**Interviewer: If respondent answers "Food" to Question 16, to Question 18.**

13. 

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14. 

1
2
3

15. 

1 reply
2 no reply

16. 

1 reply
2 no reply

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

Yes (1)

No (2)

18. What things that people eat or drink might be related to high blood pressure?

**Interviewer: Do not read list. Check all that apply.**

salt/salty foods (1)

sodium (2)

alcohol (3)

fats (4)

saturated fats (5)

cholesterol (6)

calories/eating too much (7)

additives/preservatives/food colouring (8)

caffeine/coffee (9)

sugar/sweet foods (10)

starch/starchy foods (11)

pork (12)

specific meat other than pork (13)

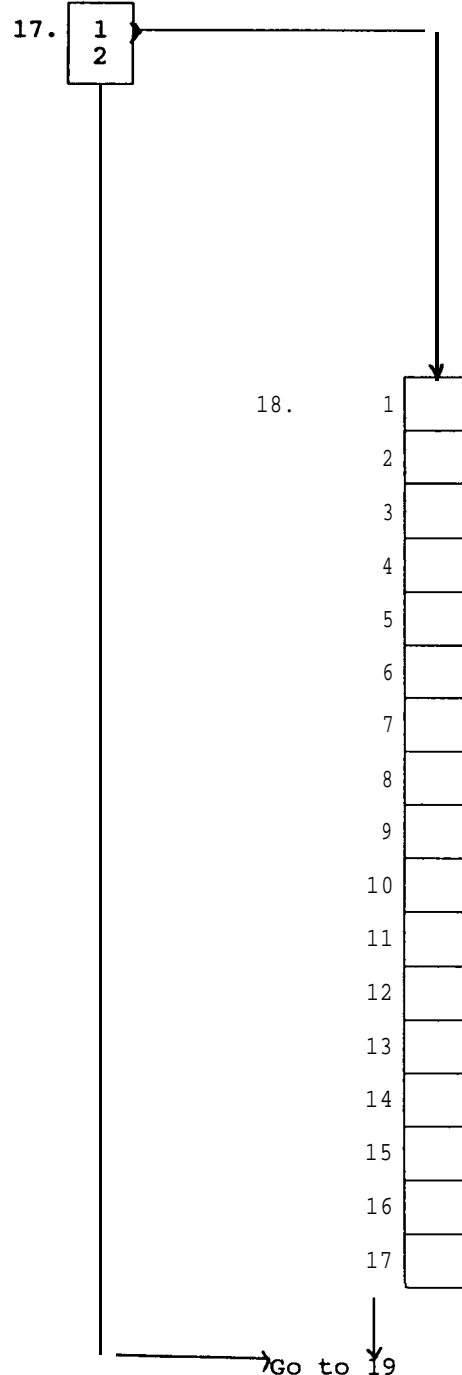
meats generally (14)

fried foods/greasy foods/oily foods (15)

calcium (16)

other (specify) (17)

\_\_\_\_\_





**WEIGHT**

**Interviewer:** I would like to ask you some questions about your weight.

19. Have you ever tried to lose weight?

Yes (1)

No (2)

19.

1
2

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

Lose weight (1)

Gain weight (2)

Neither (3)

20.

1
2
3

21. Which of the following are you doing to lose weight?

**Interviewer:** Read options 1, 2, 3, 4, and 5. If respondent mentions another method, record in 6. Check as many as apply.

dieting (1)

exercising (2)

skipping meals (3)

taking diet pills (4)

attending weight control programs (5)

other (specify) (6)

\_\_\_\_\_

21.

1
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3
4
5
6

Go to 23

Go to 22

22. Why would you like to lose weight?

**Interviewer: Do not read list. Check as many as apply.**

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

### DIET

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

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

- often (1)
- sometimes (2)
- occasionally (3)
- almost never (4)

22.

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8

23.

1
2
3
4

Go to 24

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

- often (1)
- sometimes (2)
- occasionally (3)
- almost never (4)

24.	1
	2
	3
	4

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

- Yes (1)
- No (2)
- Don't know (3)

25.	1
	2
	3

26. How would your health be affected if you eat too much salt?

**Interviewer: Do not read list. Check as many as apply.**

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

26.	1
	2
	3
	4
	5
	6
	7
	8
	9

Go to 27

FATS

**Interviewer:** I would like to ask you some questions about fats.

**27.** 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?

Yes (1)

No/not sure (2)

**28.** What health problems do you think might be related to the amount of fat people eat?

**Interviewer:** Do not read list. Check as many as apply.

overweight/obesity (1)

heart disease/coronary disease/health problems/heart attack (2)

high blood cholesterol (3)

high blood pressure (4)

arteriosclerosis/hardening of the arteries/  
fat buildup on the arteries (5)

not sure (6)

other responses (specify) (7)

\_\_\_\_\_

27. 

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28. 

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7

Go to 29

CHOLESTEROL

**Interviewer: The next set of questions are about cholesterol.**

29. Have you heard about cholesterol?

Yes (1)

No (2)

30. What have you heard about cholesterol?

**Interviewer: Record answers, probe.**

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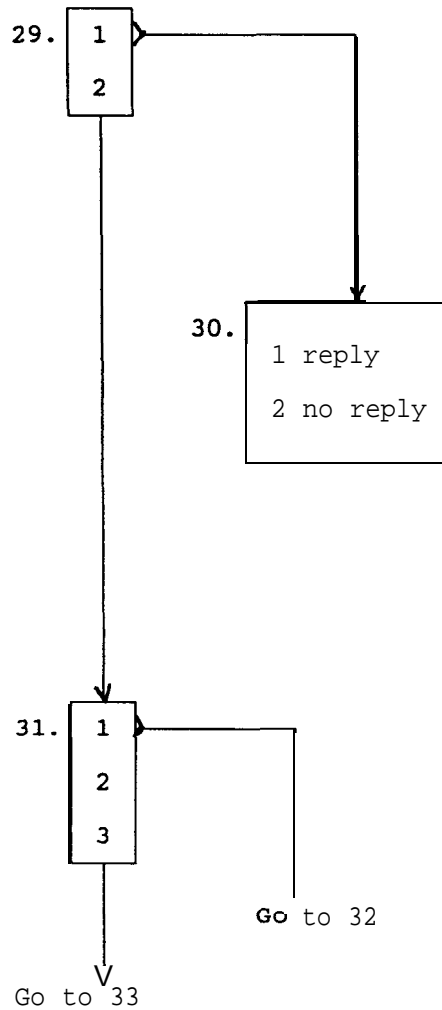
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31. Do you think that cholesterol is found in foods?

Yes (1)

No (2)

Don't know (3)



32. Which foods do you think contain cholesterol?

**Interviewer: Do not read list. Check as many as apply.**

- eggs/egg yolk (1)
  - poultry (2)
  - beef (3)
  - pork (4)
  - seafood (5)
  - whole milk (6)
  - hard cheese (7)
  - other (specify) (8)
- 

32.

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8

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

- Yes (1)
- No (2)
- Don't know (3)

33.

1
2
3

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

- Yes (1)
- No (2)
- Don't know (3)

34.

1
2
3

35.

1
2
3

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

- Yes (1)
- No (2)
- Don't know (3)

Go to 36

36. How do you think cholesterol can affect your health?

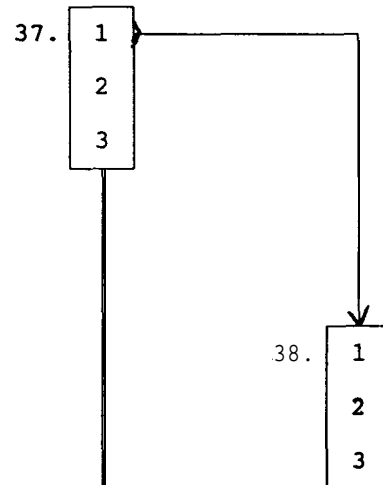
**Interviewer: Do not read list. Check as many as apply.**

- hardening or clogging of arteries (1)
  - increase blood pressure (2)
  - heart attack (3)
  - stroke (4)
  - angina (pain in the chest) (5)
  - other (specify) (6)
- 

36. 1  
2  
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6

37. Have you ever had your blood cholesterol measured?

- Yes (1)
- No (2)
- Not sure (3)

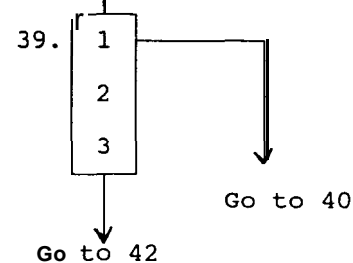


38. Were you told what your blood cholesterol level was?

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

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

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



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

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

40. 

1
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3

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

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

41. 

1
2
3

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

**Interviewer: Do not read list. Check as many as apply.**

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

42. 

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9



SMOKING

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

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

Yes (1)

No (2)

**44.** At the present time do you smoke a pipe?

Yes (1)

No (2)

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

Regularly (1)

Occasionally (2)

**46.** At the present time do you smoke cigars?

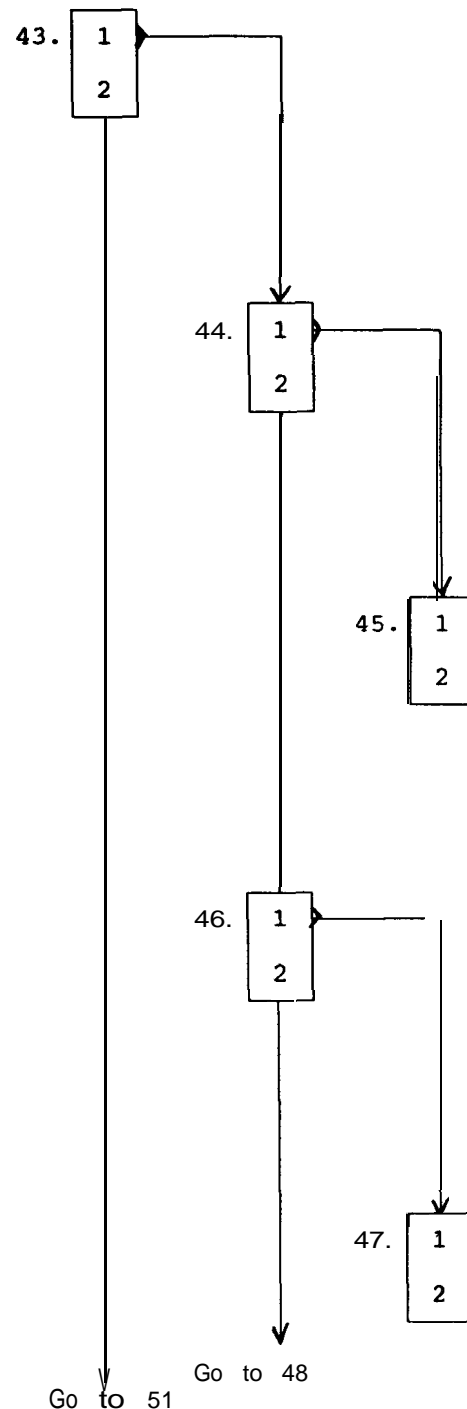
Yes (1)

No (2)

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

Regularly (1)

Occasionally (2)



48. At the present time do you smoke cigarettes?

Yes (1)

No (2)

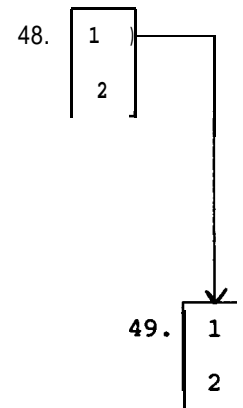
49. At the present time do you smoke cigarettes regularly (usually every day) or occasionally (not every day)?

Regularly (1)

Occasionally (2)

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

Enter number of cigarettes



50. \_\_\_\_\_

### PHYSICAL ACTIVITY

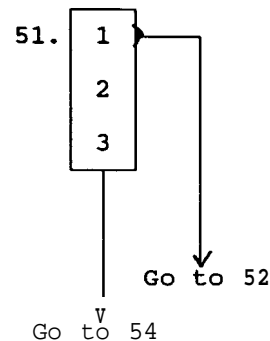
Interviewer: **The following questions are about physical activity.**

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

Yes (1)

No (2)

Can't remember (3)



52. How much of this exercise is strenuous enough to cause sweating or shortness of breath?

**Interviewer: Read the following options and check the appropriate response.**

- all of it (1)
- more than 1/2 of it (2)
- less than 1/2 of it (3)
- None of it (4)

52. 

1
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3
4

53. What is the usual length of your physical exercise sessions?

**Interviewer: Read the following options and check the appropriate response.**

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

53. 

1
2
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4
5

54. Do you regularly engage in strenuous physical activity during work hours? By regularly we mean at least once a week during the past month.

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

54. 

1
2
3

**HEART DISEASE**

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

55. Can you tell me what are the major causes of heart disease or heart problems?

**Interviewer: Do not read list. Check as many as apply.**

- poor diet (1)
- overweight (2)
- excess fats (3)
- excess salt (4)
- high blood cholesterol level (5)
- foods with high cholesterol (6)
- excess stress, worry or tension (7)
- overwork or fatigue (8)
- lack of exercise (9)
- smoking (10)
- heredity (11)
- high blood pressure/hypertension (12)
- arteriosclerosis/hardening of the arteries (13)
- don't know (14)
- other (specify) (15)

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	15	

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

- Yes (1)  
No (2)  
Not sure (3)

56. 

1
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3

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

- Yes (1)  
No (2)  
Not sure (3)

57. 

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58. Have you ever had a heart attack? (IF NECESSARY, EXPLAIN WHAT IS A HEART ATTACK).

- Yes (1)  
No (2)  
Not sure (3)

58. 

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3

59. Have you ever had a stroke? (IF NECESSARY, EXPLAIN WHAT IS A STROKE).

- Yes (1)  
No (2)  
Not sure (3)

59. 

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3

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

- Yes (1)  
What is it? \_\_\_\_\_  
No (2)

60. 

1
2

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

Yes (1)

What type? \_\_\_\_\_

No (2)

61.

1

2

62. ASK WOMEN ONLY: Are you presently  
taking oral contraceptives or hormone  
pills?

Yes (1)

What brand name? \_\_\_\_\_

No (2)

62.

1

2

### DEMOGRAPHIC INFORMATION

63. Sex of respondent?

Male (1)

Female (2)

63.

1

2

64. Date of birth?

day/month/year

64.

\_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewer: Please advise respondents that  
they have the option to refuse to answer any  
or all of the remaining questions.

65. What is your current employment status?

**Interviewer: Read all possible responses. Check one that applies.**

- full time (> 35 hours) (1)
- part time (<35 hours) (2)
- unemployed (3)
- laid off (4)
- retired (5)
- other (specify) (6)

\_\_\_\_\_

homemaker (7)

student (8)

66. What type of work do (did) you do?

**Interviewer: Read all possible responses. Check one that applies.**

- Professional (1)
- Clerical worker (2)
- Skilled foreman (3)
- Manager, official, proprietor (4)
- Sales worker, (5)
- Non-skilled (6)
- Other (specify) (7)

**Interviewer: Write in complete job description below. This applies to all categories above.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

65.

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Go to 67

66.

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67. What is your current marital status?

- never married (1)
- divorced (2)
- married/common law (3)
- widowed/widower (4)
- separated (5)
- refused (6)

67.	1
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	6

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

- Grade (elementary, secondary) (1)
- Years (college, university) (2)

68.	

Interviewer: If there is some doubt, record the response.

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69. 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 in what income range your household income falls?

Interviewer: Read all possible responses. Check one that applies.

- under \$3,000 (1)
- \$3,000 - \$4,999 (2)
- \$5,000 - \$6,999 (3)
- \$7,000 - \$9,999 (4)
- \$10,000 - \$14,999 (5)
- \$15,000 - \$19,999 (6)
- \$20,000 - \$24,999 (7)
- \$25,000 - \$34,999 (8)
- \$35,000 - \$49,999 (9)
- \$50,000 and over (10)
- Respondent refused to answer (11)

69.	1
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	11

70. County of residence?

Annapolis (1)	70 . 1
Antigonish (2)	2
Cape Breton (3)	3
Colchester (4)	4
Cumberland (5)	5
Digby (6)	6
Guysborough (7)	7
Halifax (8)	8
Hants (9)	9
Inverness (10)	10
Kings (11)	11
Lunenburg (12)	12
Pictou (13)	13
Queens (14)	14
Richmond (15)	15
Shelburne (16)	16
Victoria (17)	17
Yarmouth (18)	18

71. Name of respondent:

First Name Initial Surname

72. Address of respondent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

73. Home phone number of respondent:

\_\_\_\_\_

REFERENCE NO.: \_\_\_\_\_

74. M.S.I. number of respondent:

\_\_\_\_\_

75. Would you give the name of a close relative or friend whom we can contact in case we need to reach you in the future and are unable to do so?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Closing statement: I would like to thank you for your time and patience. The information you have provided will be kept strictly confidential and will be used only for routine statistical purposes. Once again, thanks very much.