

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



THE MANITOBA HEART HEALTH PROJECT



THE MANITOBA HEART HEALTH PROJECT

Reference Number ☐^{V1}☐^{V1} ☐^{V1} . ☐^{V2}☐^{V2}☐^{V2}☐^{V2} - ☐^{V3} - ☐^{V4}☐^{V4}
1 2 3 4 5 6 7 8 9 10
Cluster Sample Group Interviewer

Interviewer's Name _____

RECORDS OF CONTACTS

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

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 4 ☐ Unable to locate
2 ☐ Refused 5 ☐ Deceased
3 ☐ Moved 6 ☐ Other non-interview(specify) _____

Variable No.	Reference Number	<div><div></div><div>1 2 3</div><div>Cluster</div></div>	<div><div>V2</div><div><div></div><div></div><div></div><div></div></div><div>4 5 6 7</div><div>Sample</div></div>	<div><div>V3</div><div><div></div></div><div>8</div><div>Group</div></div>	<div><div>V4</div><div><div></div><div></div></div><div>9 10</div><div>Interviewer</div></div>	Colu No
5	First Blood Pressure Reading				Systolic Diastolic	11 1 14 1
SECTION 1: BLOOD PRESSURE						
To begin with I'd like to ask you a few questions about blood pressure.						
6	Q1. Before this interview, have you ever had your blood pressure checked?					17
	1. Yes					
	2. No Go to Q6					
7	Q2. When did you last have your blood pressure checked?					18
	1. Last 6 months					
	2. 6- 12 months					
	3. 1 to 2 years					
	4. More than 2 years					
	8. Don't know					
8	Q3. Who checked your blood pressure at that time?					19
	1. doctor					
	2. nurse					
	3. family member or friend					
	4. coin operated machine					
	5. self					
	6. other (specify) _____					
	8. not sure					
9	Q4. Which of the following describes the information you were given? Was it: [read list]					20
	1. described in numbers					
	2. described in numbers and in words like high/low/normal					
	3. described in words only					
	4. not described					
	8. not sure				Go to Q6	

Variable No.			Column No.
10	Q5. What was your blood pressure reading in numbers when it was last taken?		
	Leave blank if can't remember	Systolic	21 22 23
		Diastolic	24 25 26
11	Q6. Have you ever been told by a doctor or nurse that you had high blood pressure?		
	1. Yes		
	2. No		
	8. Can't remember] Go to Q10		27
12	Q7. Was any treatment or program prescribed for your high blood pressure?		
	1. Yes		
	2. No		
	8. Not sure] Go to Q10		28
	Q8. What were you told to do? Do not read list.		
13	a. take medicine	a	29
14	b. take medicine and some other treatment	b	30
15	c. go on salt-free diet (salt reduced, low salt)	c	31
16	d. watch weight	d	32
17	e. avoid stress, slow down and relax	e	33
18	f. cut down or stop smoking	f	34
	g. cut down alcohol intake	g	35
20	h. start exercise program	h	36
21	i. use biofeedback	i	37
22	j. other treatment (specify) _____	j	38
23	k. not sure	k	39
	29. What treatment or program are you now following? Do not read list.		
24	a. take medicine	a	40
25	b. on salt-free diet(salt reduced, low salt)	b	41
26	c. watch weight	c	42
27	d. other diet change	d	43
28	e. avoid stress, slow down and relax	e	44
29	f. cut down or stop smoking	f	45
30	g. cut down alcohol intake	g	46
31	h. exercise program	h	47
32	i. use biofeedback	i	48
33	j. other treatment (specify) _____	j	49
34	k. not sure	k	50

Variable No.			Column No.
35	Q10. As far as you know, is your blood pressure high now?		
	1. Yes		
	2. No		
	8. Don't know/not sure		51
	Q11. How do you think high blood pressure can affect your health?		
	Do not read list, but if respondent is hesitant then probe.		
36	a. Stroke	a	52
37	b. Kidney trouble	b	53
38	c. Heart attack/problems	c	54
39	d. Hardening of the arteries	d	55
40	e. Eye problems	e	56
41	f. Nose bleed	f	57
42	g. Headache	g	58
43	h. Dizziness	h	59
44	i. Swelling	i	60
45	j. Other _____	j	61
46	k. Not sure	k	62
	212. What things do you think can cause high blood pressure?		
	Do not read list, but if respondent is hesitant then probe.		
47	a. Being overweight	a	63
48	b. Smoking	b	64
49	c. Eating too much salt	c	65
50	d. Race or Ethnic group	c	66
51	e. Worrying, tension, stress	e	67
52	f. Eating fatty foods	f	68
53	g. Drinking coffee	g	69
54	h. Regular hard exercise	h	70
55	i. Being pregnant	i	71
56	j. Heredity (runs in family)	j	72
57	k. Drinking too much alcohol	k	73
58	l. Using birth control pills	l	74
59	m. Being underweight	m	75
60	n. Low income, low education	n	76
61	o. Too much blood in system	o	77
62	p. Getting little exercise	p	78
63	q. Old age	q	79
64	r. Other _____	r	80
65	s. Not sure	s	81
66	Q13. Do you think that high blood pressure is related to things people eat or drink?		
	1. Yes		
	2. No ——— Go to Diabetes Q15		82
	8. Not sure———		

Variable No.		Column No.
	Q14. What things that people eat and drink, do you think are related to high blood pressure? Do not read list.	
67	a. salt/salty foods	a 83
68	b. sodium	b 84
69	c. alcohol	c 85
70	d. fats	d 86
71	e. saturated fats	e 87
72	f. cholesterol	f 88
73	g. calories/eating too much	g 89
74	h. additives/preservatives/food coloring	h 90
75	i. caffeine/coffee	i 91
76	j. sugar/sweet foods	j 92
77	k. starch/starchy foods	k 93
78	l. pork	l 94
79	m. specific meat other than pork	m 95
80	n. meats generally	n 96
81	o. fried foods/greasy foods/oily foods	o 97
82	p. calcium	p 98
83	q. red meats	q 99
84	r. fast foods	r 100
85	s. other _____	s 101
86	t. not sure	t 102
	* * * * *	
	SECTION 2: DIABETES	
	The next few questions are about diabetes.	
87	Q15. Have you ever been told by a doctor that you have diabetes? 1. Yes 2. No 8. Not sure] Go to "ALCOHOL" Q18	103
88	Q16. How old were you when you were first told you had diabetes? Enter age leave blank if not sure	104 105
	Q17. Are you now on any treatment for your diabetes? Do not read list.	
89	a. no current treatment	106
90	b. insulin	107
91	c. pills to control blood sugar	108
92	d. diet	109
93	e. weight loss	110
94	f. other _____	111
95	g. not sure	112

Variable No.		Column No.
	<u>SECTION 3: ALCOHOL</u>	
	Now I would like to ask some questions about alcohol consumption.	
96	Q18. Have you ever taken a drink of beer, wine, liquor or other alcoholic drink? 1. Yes 2. No 9. Refused	113
97	Q19. In the past 12 months, have you taken a drink of beer, wine, liquor or other alcoholic drink? 1. Yes 2. No 9. Refused] Go to "WEIGHT" Q22	114
98	Q20. How often, on average, did you have an alcoholic drink in the past 12 months? By that I mean Number of times per week or Number of times per month 88. Don't know 99. Refused - Go to "WEIGHT" Q22	- - - wk - - - mo 115 - 117
99	Q21. On a day when you drink alcohol, how many drinks on average do you have throughout the day? When we use the word "drink" it means: One bottle of beer or glass of draft or One small glass of wine or One shot or mixed drink with hard liquor Enter number of drinks Leave blank, if refused	118 119
	* * *	*

Variable No.		Column No.
	<u>SECTION 4: WEIGHT</u>	
	Next there are some questions about weight.	
100	Q22. Are you presently trying to lose weight, gain weight or neither?	
	1. lose weight	
	2. gain weight <input type="checkbox"/> Go to Q25	120
	3. neither	
	Q23. Which of the following are you doing to lose weight? Read list.	
101	a. dieting	a 121
102	b. exercising	b 122
103	c. skipping meals	c 123
104	d. taking diet pills	d 124
105	e. attending weight control programs	e 125
106	f. other _____	f 126
	Q24. Why would you like to lose weight? Do not read list.	
107	a. To become more attractive (look better)	a 127
108	b. To improve general health (feel better)	b 128
109	c. To decrease the risk of heart attack	c 129
110	d. To maintain an acceptable level of blood pressure	d 130
111	e. To maintain an acceptable level of blood cholesterol	e 131
112	f. To slow down the hardening of the arteries	f 132
113	g. To decrease the risk of getting diabetes	g 133
114	h. Other _____	h 134
115	i. Not sure	i 135
116	225. How tall are you without your shoes?	
	Feet _____	Cm
	Inches _____	136 - 138
117	226. How much do you weigh? (indoor clothing, (without shoes)	
	Pounds _____	Kg
		139 - 141

Variable No.		Column No.																																			
118	<p>Q27. Ask females only:</p> <p>To be sure we use the information correctly, I just need to ask if you are pregnant.</p> <p>1. Yes 2. No } Go to Q29</p>	142																																			
119	<p>Q28. How many months?</p> <p>* * * * *</p> <p><u>SECTION 5: EATING EABITS</u></p> <p>The next section deals with eating habits.</p>	143																																			
119	<p>Q29. As far as your health is concerned, do you think you eat too much, too little, or about the right amount of the following foods?</p> <p>Read list and enter number for each item.</p> <table><tr><th></th><th>Too much</th><th>Too little</th><th>About right</th><th>Not sure</th></tr><tr><td>120 a) Lean meat, fish, 1 poultry(chicken, turkey)</td><td></td><td>2</td><td>3</td><td>8</td></tr><tr><td>121 b) Processed meats 1 (wieners, salami, luncheon meats)</td><td></td><td>2</td><td>3</td><td>8</td></tr><tr><td>122 c) Baked foods 1 (cookies, muffins, cakes, pies)</td><td></td><td>2</td><td>3</td><td>8</td></tr><tr><td>123 d) Fried foods 1 (french fries, doughnuts)</td><td></td><td>2</td><td>3</td><td>8</td></tr><tr><td>124 e) High-fibre foods 1 (cereals, veg., wholegrain bread, fruit, beans)</td><td></td><td>2</td><td>3</td><td>8</td></tr><tr><td>125 f) Salt or salty 1 foods (pretzels, chips,salted nuts, pickled foods)</td><td></td><td>2</td><td>3</td><td>8</td></tr></table>		Too much	Too little	About right	Not sure	120 a) Lean meat, fish, 1 poultry(chicken, turkey)		2	3	8	121 b) Processed meats 1 (wieners, salami, luncheon meats)		2	3	8	122 c) Baked foods 1 (cookies, muffins, cakes, pies)		2	3	8	123 d) Fried foods 1 (french fries, doughnuts)		2	3	8	124 e) High-fibre foods 1 (cereals, veg., wholegrain bread, fruit, beans)		2	3	8	125 f) Salt or salty 1 foods (pretzels, chips,salted nuts, pickled foods)		2	3	8	144 145 146 147 148 149
	Too much	Too little	About right	Not sure																																	
120 a) Lean meat, fish, 1 poultry(chicken, turkey)		2	3	8																																	
121 b) Processed meats 1 (wieners, salami, luncheon meats)		2	3	8																																	
122 c) Baked foods 1 (cookies, muffins, cakes, pies)		2	3	8																																	
123 d) Fried foods 1 (french fries, doughnuts)		2	3	8																																	
124 e) High-fibre foods 1 (cereals, veg., wholegrain bread, fruit, beans)		2	3	8																																	
125 f) Salt or salty 1 foods (pretzels, chips,salted nuts, pickled foods)		2	3	8																																	

Variable No.						Column No.
126	30. How would you rate your diet compared to this time last year? Read list.					
	1. Definitely different					
	2. Small change only					
	3. No change					
	8. Not sure					150
	31. Compared to last year, would you say you are eating more, less or about the same of: Read list and enter number for each item					
		More	About the same	Less	Not sure	
127	a) Lean meat, fish, poultry(chicken, turkey)	1	2	3	8	151
128	b) Processed meat (wieners, salami, luncheon meats)	1	2	3	8	152
129	c) Baked foods (cookies, muffins, cakes, pies)	1	2	3	8	153
130	d) Fried foods (french fries, doughnuts)	1	2	3	8	
131	e) High-fibre foods (cereals, veg., wholegrain bread , fruit, beans, etc.)	1	2	3	8	155
132	f) Salt or salty foods(pretzels, chips, salted nuts, pickled foods)	1	2	3	8	156

Variable No.		Column No.
133	<p>Q32. What was the main reason for changing your diet? Do not read list.</p> <ol style="list-style-type: none"> 1. Mainly to improve appearance (e.g., to improve figure) 2. Mainly for medical reasons (e.g., on the doctor's advice) 3. Mainly for health reasons (e.g., to feel fitter or to eat "healthy" foods) 4. Mainly for economic reasons (e.g., a change in income) 5. Availability of foodstuffs 6. Other _____ 	157
	<p><u>SECTION 6: FATS & CHOLESTEROL</u></p> <p>I would like to ask you some specific questions now, about fats and cholesterol.</p> <p>Q33. What health problems do you think might be related to the amount of fat that people eat? Do not read list.</p>	
134	a. overweight/obesity	158
135	b. heart disease/coronary disease/ heart problems/heart attack	159
136	c. high blood cholesterol	160
137	d. high blood pressure	161
138	e. arteriosclerosis/hardening of the arteries/fat build up in the arteries	162
139	f. other _____	163
140	g. not sure	164

Variable No.		Column No.
141	<p>34. Do you think that <u>cholesterol</u> is found in:</p> <p>Read list (1-4)</p> <p>1. Foods Go to Q35 2. Your blood Go to Q36 3. Both Go to Q35 4. Neither 8. Don't know Go to Q37</p>	165
	<p>35. How do you think foods which are rich in <u>cholesterol</u> can affect your health? Do not read list.</p>	
142	a. hardening or clogging of the arteries	a 166
143	b. increase blood pressure	b 167
144	c. heart attack	c 168
145	d. stroke	d 169
146	e. angina (pain in the chest)	e 170
147	f. increase blood cholesterol	f 171
148	g. other _____	g 172
149	h. not sure	h 173
	<p>Q36. How do you think that high levels of <u>cholesterol</u> in your <u>blood</u> can affect your health? Do not read list.</p>	
150	a. hardening or clogging of the arteries	a 174
151	b. increase blood pressure	b 175
152	c. heart attack/heart disease	c 176
153	d. stroke	d 177
154	e. angina (pain in the chest)	e 178
155	f. other _____	f 179
156	g. not sure	g 180
157	<p>Q37. Have you ever had your blood cholesterol measured?</p> <p>1. Yes 2. No 8. Not sure Go to 439</p>	181
158	<p>Q38. Were you told what your blood cholesterol level was?</p> <p>1. Yes 2. No 8. Not sure</p>	182

159	Q39. Were you ever told by a doctor, nurse or other health professional that your blood cholesterol was high?		
	1. Yes		
	2. No		
	8. Not sure] Go to Q41		183
160	Q40. Did the doctor prescribe any treatment or tell you what to do to lower your blood cholesterol?		
	1. Yes		
	2. No		
	8. Not sure		184
161	Q41. 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		
	8. Not sure		185
162	Q42. Are you presently on any medication, which was recommended by a doctor or other health professional, to lower your blood cholesterol?		
	1. Yes		
	2. No		
	8. Not sure		186
	143. What do you think a person can do to lower his/her blood cholesterol level?		
	Do not read list.		
163	a. exercise regularly (be more active)	a	187
164	b. control stress	b	188
165	c. control fatigue	c	189
166	d. take prescribed medication	d	190
167	e. eat food with less cholesterol	e	191
168	f. eat less, fatty food	f	192
169	g. lose weight	g	193
170	h. use skim milk/ low fat dairy products	h	194
171	i. other	i	195
172	j. not sure	j	196

* * * * *

SECTION 7: SMOKING

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

173	Q44. Have you ever smoked cigarettes, cigars, or a pipe?	
	1. Yes	
	2. No } Go to Q54	197
174	Q45. At the present time do you smoke a pipe?	
	1. Yes	
	2. No } Go to Q47	198
175	Q46. At the present time do you smoke a pipe regularly (usually every day) or occasionally (not every day)?	
	1. Regularly	
	2. Occasionally	199
176	Q47. At the present time do you smoke cigars?	
	1. Yes	
	2. No } Go to 449	200
177	Q48. At the present time do you smoke cigars regularly (usually every day) or occasionally (not every day)?	
	1. Regularly	
	2. Occasionally	201
178	Q49. At the present time do you smoke cigarettes?	
	1. Yes	
	2. No } Go to Q54	202

Variable No.		Column No.
179	Q50. At the present time do you smoke cigarettes regularly (usually every day) or occasionally (not every day)? 1. Regularly 2. Occasionally } Go to Q52	203
180	Q51. How many cigarettes do you usually smoke per day? number of cigarettes	204 205
	Q52. Of the following reasons for giving up smoking, which do you think are very important, somewhat important, or not important? Read list and for each item enter: 1= Very Important 2= Somewhat Important 3= Not Important 8= Not sure	
181	a) To improve fitness	206
182	b) To prevent disease and ill-health	207
183	c) To set a good example to the family	208
184	d) To save money	209
185	e) To demonstrate self-control	210
186	f) To respect the wishes of non-smokers	211
187	g) To be sociable	212
188	h) To be more attractive	213
189	Q53. Would you yourself like to give up smoking? 1. Yes 2. No 8. Not sure	214

Variable No.		Column No.
190	<p>Q54. How often are you exposed to other people smoking?</p> <p>Read 1 - 4</p> <ul style="list-style-type: none"> 1. Frequently 2. Occasionally 3. Rarely 4. Never 8. Not sure 9. No response <p>]Go to Q56</p>	215
191	<p>Q55. What do you usually do if you're bothered by other people smoking?</p> <p>Do not read list.</p> <ul style="list-style-type: none"> 1. Leave the area 2. Ask them to stop or move 3. Other _____ 4. Nothing 5. I'm not bothered by it 8. Not sure 	216
<p><u>SECTION 8: PHYSICAL ACTIVITY</u></p> <p>The next few questions are about your current physical exercise.</p>		
192	<p>Q56. Do you regularly engage in physical exercise during your leisure time?</p> <p>By regularly we mean at least once a week during the past two months.</p> <ul style="list-style-type: none"> 1. Yes 2. No 3. Just started <p>} Go to Q60</p>	217
193	<p>Q57. How much of this exercise is strenuous enough to cause sweating or breathing heavily? Read list</p> <ul style="list-style-type: none"> 1. Most of it 2. Some of it 3. None of it 	218
194	<p>Q58. How long do you usually exercise?</p> <p>Read list.</p> <ul style="list-style-type: none"> 1. less than 15 minutes 2. 15 - 30 minutes 3. half an hour - an hour 4. more than an hour 8. not sure 	219

Variable No.		Column No.
195	<p>Q59. How many times per week do you exercise at least 15 minutes? Do not read list.</p> <ol style="list-style-type: none"> 1. daily 2. 5-6 times/week 3. 3-4 times/week 4. 1-2 times/week 5. less than once/week 6. never 8. not sure 	220
196	<p>Q60. Which of the following choices best describes the work or other daytime activity you usually do? Read list.</p> <ol style="list-style-type: none"> 1. I am usually sitting down during the day and do not walk around very much. 2. I stand or walk around quite a lot during my day, but I do not have to carry or lift things very often. 3. I usually lift or carry light loads or I have to climb stairs or hills often. 4. I do heavy work or carry very heavy loads. 8. Not sure 	221
197	<p>Q61. Do you feel you get as much exercise as you need or less than you need?</p> <ol style="list-style-type: none"> 1. Less than needed 2. As much as needed 8. Not sure <p>Go to Q63</p>	222

Variable No.		Column No.
	Q 62. Do any of the following reasons prevent you from doing more exercise or being more active? Read list.	
198	a. Lack of time	223
199	b. Lack of transport	224
200	c. Lack of money	225
201	d. Lack of easily available facilities in the community	226
202	e. Lack of interesting or relevant activities	227
203	f. Illness or disability	228
204	g. Lack of incentive	229
205	h. No one to exercise with	230
206	i. Any other reasons _____	231
207	Q63. Overall, would you say you were physically more active, about the same, or less active than others your age? 1. More active 2. About the same 3. Less active 8. Not sure	232
	* * * * *	

Variable No.			Column No.
	SECTION 9: HEART DISEASE		
	Now I would like to ask you a few questions about cardiovascular disease.		
	Q64. What do you think are the major causes of heart disease or heart problems? Do not read list.		
208	a. poor diet	a	233
209	b. overweight	b	234
210	c. excess fat	c	235
211	d. excess salt	d	236
212	e. high blood cholesterol level	e	237
213	f. foods with high cholesterol	f	238
214	g. excess stress, worry or tension	g	239
215	h. overwork or fatigue	h	240
216	i. lack of exercise	i	241
217	j. smoking	j	242
218	k. heredity	k	243
219	l. high blood pressure/hypertension	l	244
220	m. arteriosclerosis/hardening of the arteries	m	245
221	n. Other _____	n	246
222	o. Not sure	o	247
223	265. Based upon what you have heard or read, do you believe that heart disease can be prevented?		
	1. Yes		
	2. No		
	3. Sometimes		
	8. Not sure		248
224	Q66. Have you ever had a heart attack? (If necessary, explain what a heart attack is).		
	1. Yes		
	2. No		
	8. Not sure		249
225	Q67. Do you suffer from any other kind of heart disease?		
	1. Yes. What is it? _____		
	2. No		250
226	Q68. Are you presently taking any medicine that your doctor prescribed for your heart?		
	1. Yes		
	2. No		
	8. Not sure		251

Variable No.			Column No.
	Q69. What do you think are the major causes of a stroke? (If necessary explain what a stroke is.) Do not read list.		
227	a. poor diet	a	252
228	b. overweight	b	253
229	c. excess fats	c	254
230	d. excess salt	d	255
231	e. high blood cholesterol level	e	256
232	f. foods with high cholesterol	f	257
233	g. excess stress, worry or tension	g	258
234	h. overwork or fatigue	h	259
235	i. lack of exercise	i	260
236	j. smoking	j	261
237	k. heredity	k	262
238	l. high blood pressure/hypertension	l	263
239	m. arteriosclerosis/hardening of the arteries	m	264
240	n. other _____	n	265
241	o. Not sure	o	266
242	Q70. Have you ever had a stroke?		
	1. Yes		
	2. No		
	8. Not sure		267
243	271. Based upon what you have heard or read, do you believe that strokes can be prevented?		
	1. Yes		
	2. No		
	3. Sometimes		
	8. Not sure		268
	Q72. Has anyone in your immediate family (parents, siblings, children) ever had any of the following health problems? (Grandparents are not immediate family.) Read list.		
244	a. Heart disease	a	269
245	b. High blood pressure	b	270
246	c. Stroke	c	271
247	d. Diabetes	d	272
248	e. High cholesterol	e	273
	Q73. ASK WOMEN ONLY: Are you presently taking..		
249	Oral contraceptives		274
250	Other hormonal pill		275
	* * * * *		

Variable No.			Column No.
	<u>SECTION 10: GENERAL</u>		
	Finally, I'd like to ask you a few general questions about health.		
	Q74. In the past year, have you seen the following or received any information about health topics at your place of work? (e.g., posters, bulletin boards, pamphlets) Read list.		
251	a) Heart Health	a	276
252	b) Smoking	b	277
253	c) Exercise	c	278
254	d) Stress	d	279
255	e) Diet	e	280
256	f) Safety	f	281
257	g) Drugs/Alcohol	g	282
258	h) Other _____	h	283
259	Q75. To what extent have you found the information helpful? Read 1-3. 1. Very helpful 2. Somewhat 3. Not at all 8. Not sure		284
260	Q76. Do you think your place of work is an appropriate place to promote heart health? 1. Yes 2. No 8. Not sure		285
	Q77. Where else do you think heart health should be promoted? Do not read list.		
261	a. schools	a	286
262	b. television	b	287
263	c. radio	c	288
264	d. newspapers	d	289
265	e. church	e	290
266	f. service clubs	f	291
267	g. recreational facilities	g	292
268	h. doctor's offices	h	293
269	i. public health offices	i	294
270	j. hospitals	j	295
271	k. Other _____	k	296
272	l. Not sure	l	297

Variable No.			Column No.
	Q78. At your workplace, is smoking permitted? Read list.		
		1=Yes 2=No	
273	a. In your immediate work area	a	298
274	b. In designated areas only	b	299
275	c. Not at all	c	300
276	Q79. We've been talking about health and health behaviors; what would you say is the single most important thing you have done in the past year to improve your health? Do not read.		
	1. Nothing		
	2. Increased exercise (become more active)		
	3. Lost weight		
	4. Improved eating habits		
	5. Quit/ reduced smoking		
	6. Reduced drugs/medication		
	7. Drank less alcohol		
	8. Had blood pressure checked		
	9. Attempted to control blood pressure		
	10. Learned to manage stress		
	11. Reduced stress level		
	12. Received medical treatment		
	13. Other _____		
	88. Not sure		301 302
	Q80. Is there anything you intend to do to improve your health in the next year? Do not read.		
277	a. Nothing	a	303
278	b. Increase exercise	b	304
279	c. Lose weight	c	305
280	d. Improve eating habits	d	306
281	e. Quit/ reduced smoking	e	307
282	f. Reduce drugs/medication	f	308
283	g. Drink less alcohol	g	309
284	h. Have blood pressure checked	h	310
285	i. Attempt to control blood pressure	i	311
286	j. Learn to manage stress	j	312
287	k. Reduce stress level	k	313
288	l. Receive medical treatment	l	314
289	m. Other _____	m	315
290	n. Not sure	n	316

Variable No.		Column No.
	<p>DEMOGRAPHIC INFORMATION</p> <p>The last few questions let us look at health factors by different groups like age, sex, income and occupation.</p>	
291	<p>Q81. Enter respondent's sex:</p> <p>1. Male</p> <p>2. Female</p>	317
292	<p>Q82. What is your date of birth?</p> <p>Day</p> <p>Month</p> <p>Year</p>	<p>318 319</p> <p>320 321</p> <p>322 323</p>
293	<p>Q83. What is your current employment status?</p> <p>Read this list.</p> <p>1. full time (35 hours or more a week)</p> <p>2. part time (less than 35 hours a week)</p> <p>3. unemployed</p> <p>4. laid off</p> <p>5. retired</p> <p>6. other</p> <p>7. homemaker</p> <p>8. student] Go to Q85</p>	324
294	<p>Q84. What is your occupation?</p> <p>Do not read</p> <p>1. Professional</p> <p>2. Management</p> <p>3. Office/Clerical/Sales</p> <p>4. Foreman</p> <p>5. Semi-skilled</p> <p>6. Unskilled</p> <p>7. Other</p> <p>8. No response</p>	325
295	<p>Q85. What is your current marital status?</p> <p>Do not read list.</p> <p>1. single</p> <p>2. married/common law</p> <p>3. widowed/widower</p>	326

Variable No.		Column No.
296	<p>Q86. What is the highest grade or year of education you have completed?</p> <ol style="list-style-type: none"> 1. No schooling 2. Elementary (Grade 6) 3. Secondary (Grade 12) 4. Post secondary 5. Not sure/no response 	327
297	<p>Q87. What language did you first speak in childhood?</p> <ol style="list-style-type: none"> 1. English 2. French 3. Other _____ 8. Not sure 	328
298	Q88. How many people live in this household?	<u>329</u> <u>330</u>
299	<p>Q89. For statistical purposes only, we need to know the range of your total, gross household income last-year. Could YOU please indicate from the following list the income range for your household?</p> <p>Read list.</p> <ol style="list-style-type: none"> 1. under \$12,000 2. \$12,000 to \$24,999 3. \$25,000 to \$49,999 4. \$50,000 to \$74,999 5. \$75,000 and over 8. respondent refused to answer <p>Thank you for taking time to answer these questions.</p> <p style="text-align: center;">* * * * *</p>	331
300	<p>Second Blood Pressure Reading</p> <p style="text-align: right;">Systolic</p> <p style="text-align: right;">Diastolic</p>	<p><u>332</u> - <u>334</u></p> <p><u>335</u> - <u>337</u></p>