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SANTE QUEBEC

QUEBEC HEART HEALTH AND
NUTRITION SURVEY



SANTE QUEBEC

**QUEBEC HEART HEALTH AND
NUTRITION SURVEY**

Reference number

PARTICIPANT

POSTAL CODE

CLSC

SUP.

GR.

INT.

Interviewer

NAME

FIRST NAME

RECORDS OF CONTACTS

Call R-Vous	Date		Time		Notes/Comments
	M	D	H	M	
1 c-r					
2 c-r					
3 c-r					
4 c-r					
5 c-r					
6 c-r					

c=call

r=rendez-vous

HOME VISIT

1. Blood pressure

S D

A /

S D

B /

2. Language of interview

1- French

2- English

3- Other

3. QAAN left:

1- Y e s

2- No (specify)

4. Final status
of interview:

1- Complete

2 Refused

3- Moved to:

4- Unable to locate

5 Deceased

6- Other non-interview (specify)

5. Follow up
sheet

1- Yes

2- No

Batch number r-r-n-m
INT BATCH

Reference number - - - - -

PARTICIPANT POSTAL CODE CLSC SUP. GR. INT.

FIRST BLOOD PRESSURE READING

1. Blood Pressure Reading

S D mm Hg

BLOOD PRESSURE

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

- 1- Yes
- 2-

No
- 8-

DNK

 → Go to 7
- 9-

NR/R

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

- 1- Less than 6 months
- 2- 6-12 months
- 3- Over a year
- 8- DNK
- 9- NWR

4. 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- Other (specify)

- 8- DNK
- 9- NR/R

5. Which of the following describes the information you were given?

- 1- Described in numbers only
- 2- Described in numbers and in words like high/low/normal
- 3-

Described in words only - no numbers were used

 → Go to 7
- 4- Not described
- 8- DNK
- 9- NR/R

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

S D mm Hg

IF DNK, ENTER 8, IF NR OR R, ENTER 9 FOR EACH VALUE

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

- 1- Yes
- 2-

No
- 8-

DNK

 → Go to 14
- 9-

NR/R

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

- 1- Yes
- 2-

No
- 8-

DNK

 → Go to 14
- 9-

NR/R

<p>9. What were you told to do?</p> <p>DO NOT READ LIST.</p> <p>Circle all that apply.</p> <p>01- Take medicine only</p> <p>02- Take medicine and some other treatment</p> <p>03- Go on salt free diet</p> <p>04- Watch weight</p> <p>05- Avoid stress, slow down and relax</p> <p>06- Cut down or stop smoking</p> <p>07- Cut down alcohol intake</p> <p>08- Start exercise program</p> <p>09- Use biofeedback</p> <p>10- Other treatment (specify)</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	<p>12. Are you now taking medication for your high blood pressure?</p> <p>1- Yes → Go to 14</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p>
<p>98- DNK</p> <p>99- NR/R</p>	<p>13. Have you ever taken medication for your high blood pressure?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p>
<p>10. Are you still following that program or are you doing something different?</p> <p>1- Following the same program</p> <p>2- A different program now</p> <p>3- Not following any program now</p> <p>8- DNK</p> <p>9- NR/R</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin-top: 5px; position: relative;"> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%);">→ Go to 12</div> </div>	<p>14. As far as you know, is your blood pressure normal now?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p>
<p>11. What program are you now following?</p> <p>DO NOT READ LIST. Circle all that apply.</p> <p>01- Take medicine only</p> <p>02- Take medicine and some other treatment</p> <p>03- Go on salt free diet</p> <p>04- Watch weight</p> <p>05- Avoid stress, slow down and relax</p> <p>06- Cut down or stop smoking</p> <p>07- Cut down alcohol intake</p> <p>08- Exercise program</p> <p>09- Use biofeedback</p> <p>10- None</p> <p>11- Other treatment (specify)</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	<p>15. Do you think that high blood pressure can affect your health?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> <div style="border: 1px solid black; width: 80px; height: 40px; margin-top: 5px; position: relative;"> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%);">→ Go to 17</div> </div>
<p>98- DNK</p> <p>99- NR/R</p>	<p>18. How do you think high blood pressure can affect your health?</p> <p>RECORD UP THREE ANSWERS GIVEN. IF RESPONDENT IS HESITANT, PROBE</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <p>98- DNK</p> <p>99- NR/R</p>

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

RECORD UP TO THREE ANSWERS GIVEN. IF RESPONDENT IS HESITANT, PROBE

98- DNK

99- NR/R

IF REPDNDENT ANSWERS "FOOD" OR "BEVE-RAGES" TO QUESTION 17, GO TO QUESTION 19.

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

1- Yes

2- No

8- DNK

9- NR/R

→ Go to "DIABETES"
(Q. 20)

19. What things that people eat and drink, do you think are related to high blood pressure?

DO NOT READ LIST.

Check all that apply.

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- Cold cuts

16- Fried foods/greasy foods/oily foods

17- Calcium

18- Red meats

19- Fast foods (specify)

20- Other (specify)

98- DNK

99- NR/R

DIABETES

I would like to ask you some questions about diabetes.

20. Have you ever been told by a doctor that you had diabetes?

1- Yes

2- No

8- DNK

9- NR/R

→ Go to "ALCOHOL"
(Q. 23)

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

(enter age)

98- DNK

99- NR/R

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

DO NOT READ THE LIST.

Circle all that apply.

- 1- No treatment
- 2- Insulin
- 3- Pills to control blood sugar
- 4- Diet
- 5- Weight loss
- 6- Other (specify)

8- DNK

9- NR/R

ALCOHOL

Now, I would like to ask you some questions about your alcohol consumption.

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

1- Yes

2- No

8- DNK

9- NR/R

→ Go to "WEIGHT"
(Q. 28)

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

1- Yes

2- No

8- DNK

9- NR/R

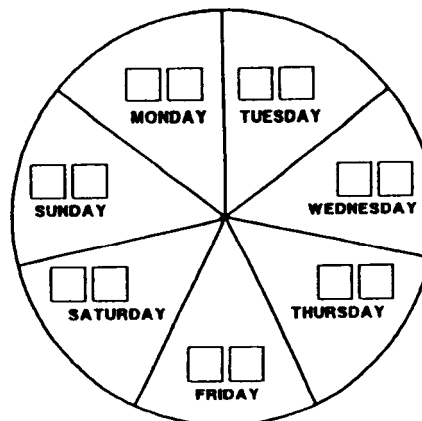
→ Go to "WEIGHT"
(Q. 28)

25. Beginning with yesterday, how many drinks have you taken on each of the 7 last days?

The word "drinks" means:

- One bottle of beer or glass of draft
- One small glass of wine
- One shot or mixed drink with hard liquor

ENTER NUMBER (00 FOR NO CONSUMPTION)
OR 98 (DON'T KNOW) OR 99
(NO RESPONSE/REFUSAL)



26. How often, on the average, did you have an alcoholic drink by week or month in the past 12 months?

1- number of times per week

or

2- number of times per month

6- Less than once a month

8- DNK

9- NR/R

→ Go to "WEIGHT"
(Q. 28)

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

number of drinks

98- DNK

99- NR/R

WEIGHT

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

28. Have you ever tried to lose weight?

1- Yes

2- No

8- DNK

9- NR/R

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

- 1- Lose weight
- 2- Gain weight
- 3- Neither
- 8- DNK
- 9- NR/R

Go to 32

32. How tall are you without your shoes?

- 1- inches
- or
- 2- centimeters
- 8- DNK
- 9- NR/R

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

READ LIST FROM 1 TO 5. Circle all that apply.

- 1- Dieting
- 2- Exercising
- 3- Skipping meals
- 4- Taking diet pills
- 5- Attending weight control programs
- 6- Something else (specify)

- 7- none
- 8- DNK
- 9- NR/R

33. How much do you weigh?

- 1- pounds
- or
- 2- kilograms
- 8- DNK
- 9- NR/R

34. How much would you like to weigh?

- 1- pounds
- or
- 2- kilograms
- 8- DNK
- 9- NR/R

31. Why would you like to lose weight?

DO NOT READ LIST. Circle all that apply.

- 01- To become more attractive
- 02- To improve general health
- 03- To decrease the risk of heart attack
- 04- To maintain an acceptable level of blood pressure
- 05- To maintain an acceptable level of blood cholesterol
- 06- To slow down the hardening of the arteries
- 07- To decrease the risk of getting diabetes
- 08- Other (specify)

- 98- DNK
- 99- NR/R

EATING HABITS

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

35. How often would you say you add salt to your food when cooking?

READ LIST FROM 1 TO 4.

- 1- Often
- 2- Sometimes
- 3- Occasionally
- 4- Almost never/never
- 8- DNK
- 9- NR/R

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

READ UST FROM 1 TO 4.

- 1- Often
- 2- Sometimes
- 3- Occasionally
- 4- Almost never/never
- 8- DNK
- 9- NR/R

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

1- Yes

2- No

8- DNK

9- NR/R

→ Go to "FATS"
(Q. 39)

38. How would your health be affected if you ate too much salt?

DO NOT READ UST.

Circle all that apply.

- 01- Blood pressure would increase
- 02- Weight would increase
- 03- Ankles may become swollen
- 04- Increase the risk of heart attack
- 05- Increase the risk of stroke
- 06- Increase the risk of kidney problems
- 07- Need to take blood pressure pills/medication
- 08- Speeds up the hardening of the arteries (arteriosclerosis)
- 09- Other (specify)
☐☐☐☐
- 98- DNK
- 99- NR/R

FATS

I would like to ask you some questions about fats.

39. 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

8- DNK

9- NR/R

→ Go to "CHOLESTEROL"
(Q. 41)

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

DO NOT READ LIST.

Circle all that apply.

- 1- Overweight/obesity
- 2- Heart disease/coronary disease/heart problems/heart attack
- 3- High blood cholesterol
- 4- High blood pressure
- 6- Arteriosclerosis/hardening of the arteries/fat build-up on the arteries
- 6- Other (specify)
☐☐☐☐

8- DNK

9- NR/R

CHOLESTEROL

The next set of questions are about cholesterol.

41. Have you heard about cholesterol?

1- Yes

2- No

8- DNK

9- NR/R

→ Go to "SMOKING"
(Q. 55)

<p>42. What have you heard about cholesterol?</p> <p>RECORD UP TO THREE ANSWERS GIVEN. IF RESPONDENT IS HESITANT, PROBE</p> <div style="margin-bottom: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="margin-bottom: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="margin-bottom: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p>98- DNK 99- NR/R</p>	<p>45. Do you think that cholesterol in the foods you eat can affect your health?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>
<p>43. Do you think that cholesterol is found in foods?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p> <div style="text-align: right; margin-top: 10px;"> Go to 46 </div>	<p>46. Do you think that cholesterol is found in people's blood?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p> <div style="text-align: right; margin-top: 10px;"> Go to 48 </div>
<p>44. Which foods do you think contain cholesterol?</p> <p>DO NOT READ LIST. Check all that apply.</p> <p>01- Eggs/egg yolk 02- Poultry 03- Beef 04- Pork 05- Seafoods 06- Milk (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>07- Cheese (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>08- Butter 09- Ham 10- Bacon 11- Red meats 12- Animal fat 13- Fast foods (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>14- Other (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>98- DNK 99- NR/R</p>	<p>47. Do you think that too much cholesterol in your blood can affect your health?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>
	<p>48. How do you think cholesterol can affect your health?</p> <p>DO NOT READ LIST. Circle all that apply.</p> <p>1- Hardening or dogging of arteries (arteriosclerosis) 2- Increase blood pressure 3- Heart attack 4- Stroke 5- Angina (pain in the chest) 6- Other (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8- DNK 9- NR/R</p>
	<p>49. Have you ever had your blood cholesterol measured?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p> <div style="text-align: right; margin-top: 10px;"> Go to 51 </div>

<p>50. Were you told what your blood cholesterol level was?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>	<p>54. Can you tell me what a person can do to lower his or her blood cholesterol level?</p> <p>DO NOT READ LIST. Check all that apply.</p> <p>01- Exercise regularly 02- Control stress and fatigue 03- Take prescribed medication 04- Eat food with less cholesterol 05- Eat less fatty foods 06- Lose weight 07- Use skim milk or low fat dairy products 08- Nothing 09- Other (specify) <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> </p> <p>98- DNK 99- NR/R</p>
<p>51. Were you ever told by a doctor, a nurse or other health professional that your blood cholesterol was high?</p> <p>1- Yes 2- <div style="border: 1px solid black; padding: 2px; display: inline-block;">No</div> → Go to 54 8- DNK 9- NR/R</p>	<p>SMOKING</p> <p>I would like to ask you some questions about smoking.</p> <p>55. At the present time do you smoke regularly, occasionally or never?</p> <p>a) <u>...cigarettes</u></p> <p>1- Regularly 2- Occasionally 3- Never 8- DNK 9- NR/R</p> <p>b) <u>...pipe</u></p> <p>1- Regularly 2- Occasionally 3- Never 8- DNK 9- NR/R</p> <p>c) <u>...cigars</u></p> <p>1- Regularly 2- Occasionally 3- Never 8- DNK 9- NR/R</p> <p>If "never" to all of the above: go to 59</p>
<p>52. Did the doctor prescribe any treatment or tell you what to do to lower your blood cholesterol?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>	<p>56. Do you smoke cigarettes every day?</p> <p>1- Yes 2- <div style="border: 1px solid black; padding: 2px; display: inline-block;">No</div> → Go to 59 8- DNK 9- NR/R</p>
<p>53. Are you presently on a diet, which was recommended by a doctor or other health professional, to lower your blood cholesterol?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>	

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

(age)

98- DNK

99- NR/R

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

(number of cigarettes)

98- DNK

99- NR/R

Go to "EXERCISE" (Q. 63)

59. Did you ever smoked regularly, occasionally or never?

a) ...cigarettes

1- Regularly

2- Occasionally

3- Never

8- DNK

9- NR/R

b) ...pipe

1- Regularly

2- Occasionally

3- Never

8- DNK

9- NR/R

c) ...cigars

1- Regularly

2- Occasionally

3- Never

8- DNK

9- NR/R

If occasionally or never to all of the above:
go to "EXERCISE" (Q. 63)

60. At what age did you begin to smoke daily?

(age)

98- DNK

99- NR/R

61. At what age did you stop smoking daily?

(age)

98- DNK

99- NWR

62. How many cigarettes a day did you usually smoke?

(number of cigarettes)

98- DNK

99- NWR

EXERCISE

The next few questions are about your current physical exercise.

63. How many times a week on the average do you do the following kinds of exercise for more than 20 minutes during your free time. (ENTER THE APPROPRIATE NUMBER OR 96 IF DNK AND 99 IF NR/R.)

a- STRENUOUS EXERCISE

(HEART BEATS RAPIDLY)

(i.e. running, hockey, football, soccer, squash, basketball, cross country skiing, judo, roller skating, vigorous swimming, vigorous long distance bicycling...)

b- MODERATE EXERCISE

(NOT EXHAUSTING)

(i.e. fast walking, baseball, tennis, volleyball, badminton, alpine skiing, popular and folk dancing, easy swimming, easy bicycling...)

c- MILD EXERCISE

(MINIMAL EFFORT)

(i.e. yoga, archery, fishing from river bank, bowling, golf, snow-mobiling, horseshoes, easy walking..)

64. How often did you participate in one or more physical activities of 20 to 30 minutes duration per session during your leisure time within the past 4 months?

1- Not at all

2- Less than once a month

3- About once a month

4- About two or three times a month

5- About one to two times a week

6- Three or more times a week

8- DNK

9- NR/R

65. In the last four months, do you regularly engage in physical exercise during your leisure time? By regularly we mean at least once a week.

1- Yes

2- No

8- DNK

9- NR/R

Go to 68

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

READ LIST FROM 1 TO 3.

- 1- Most of it
- 2- Some of it
- 3- None of it
- 8- DNK
- 9- NWR

67. How long do you usually exercise?

READ LIST FROM 1 TO 4.

- 1- Less than 15 minutes
- 2- 15 to 30 minutes
- 3- 31 to 60 minutes
- 4- More than 60 minutes
- 8- DNK
- 9- NR/R

68. Generally speaking, does your work require strenuous physical activity?
(CAUSES SWEATING OR BREATHING HEAVILY)

- 1- Yes
- 2- No
- 8- DNK
- 9- NR/R

HEART DISEASE

Now I would like to ask you a few questions about your health.

CHEST PAIN ON EFFORT

69. Have you ever had any pain in your chest?

- 1- Yes → Goto71
- 2- No
- 8- DNK
- 9- NWR

70. Have you ever had any discomfort, feeling of pressure, heaviness in your chest?

- 1- Yes
- 2- No → Go to "INTERMITTENT CLAUDICATION" (Q. 87)
- 8- DNK
- 9- NR/R

71. In what year, have you had this discomfort for the first time?

--	--	--	--	--

- 8- DNK
- 9- NR/R

72. Do you get it when you walk uphill or hurry?

- 1- Yes
- 2- No
- 8- DNK
- 9- NR/R

73. Do you get it when you walk at an ordinary pace on the level?

- 1- Yes
- 2- No
- 8- DNK
- 9- NR/R

74. What do you do if you get it while you are walking?

- 1- Stops or slows down
- 2- Takes a nitro, stops or slow down
- 3- Takes a nitro and carries on
- 4- Carries on → Go To "POSSIBLE INFARCTION" (Q. 81)
- 8- DNK
- 9- NR/R

75. If that case, what happens to it?

- 1- Relieved
- 2- Not relieved → Go To 77
- 8- DNK
- 9- NR/R

76. How soon?

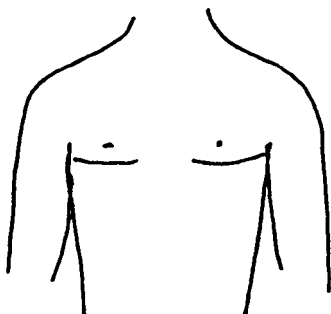
- 1- 10 minutes or less
- 2- More than 10 minutes
- 8- DNK
- 9- NR/R

77. Will you show me where it is?

CIRCLE PLACES

Right

Left



--	--	--	--

- 8- DNK
- 9- NR/R

78. Do you feel a discomfort or pain anywhere else?

- 1- Yes (specify)

--	--	--	--

- 2- No
- 8- DNK
- 9- NR/R

79. Did you see a doctor because of this pain or discomfort?

- 1- Yes

- 2- No
- 8- DNK
- 9- NR/R

Go To 81

80. What did he say it was?

- 1- angina
- 2- other (specify)

--	--	--	--

- 8- DNK
- 9- NR/R

POSSIBLE INFARCTION

81. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

- 1- Yes

- 2- No
- 8- DNK
- 9- NR/R

Go To "INTERMITTENT
CLAUDICATION"
(Q. 87)

82. Did you see a doctor because of this pain?

- 1- Yes

- 2- No
- 8- DNK
- 9- NR/R

Go To 84

83. What did he say it was?

- 1- Heart attack

- 2- Other disorder (specify)

Go to 87

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- 8- DNK
- 9- NR/R

84. How many attacks like that have you had?

--	--

- 98- DNK
- 99- NR/R

85. First attack: Date

--	--

--	--

--	--

Y

M

D

Length

H

M

Where were you hospitalized (specify)

				1
--	--	--	--	---

IF DNK, ENTER 98; IF NR/R ENTER 99

<p>86. First attack: Date </p> <p style="text-align: center;">Y M D</p> <p>Length</p> <p style="text-align: center;">H M</p> <p>When were you hospitalized (specify)</p> <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; margin-bottom: 5px;"></div> <p>IF DNK, ENTER 99, IF NR/R, ENTER 99</p>	<p>91. Do you get it if you walk at an ordinary pace on the level?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p>
<p>INTERMITTENT CLAUDICATION</p> <p>87. Do you feel pain in either leg on walking?</p> <p>1- Yes</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;"> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> </div> <p style="text-align: right;">→ Go To 96</p>	<p>92. Does the pain ever disappear while you are walking?</p> <p>1- Yes → Go to 96</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p>
<p>88. Does this pain ever begin when you are standing still or sitting?</p> <p>1- Yes → Go to 96</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p>	<p>93. What do you do if you get it when you are walking?</p> <p>1- Stop or slow down</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;"> <p>2- Carry on</p> <p>8- DNK</p> <p>9- NR/R</p> </div> <p style="text-align: right;">→ Go To 96</p>
<p>89. In which part of your leg do you feel it?</p> <p>1- Pain includes calf-calves</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;"> <p>2- Pain does not include calf/calves</p> <p>8- DNK</p> <p>9- NR/R</p> </div> <p style="text-align: right;">→ Go To 96</p> <p>IF CALVES NOT MENTIONED, ASK: ANYWHERE ELSE?</p>	<p>94. What happens to it if you stand still?</p> <p>1- Relieved</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;"> <p>2- Not relieved</p> <p>8- DNK</p> <p>9- NR/R</p> </div> <p style="text-align: right;">→ Go To 96</p>
<p>90. Do you get it if you walk uphill or hurry?</p> <p>1- Yes</p> <p>2- No</p> <p>3- Never hurries or walks uphill</p> <p>8- DNK</p> <p>9- NR/R</p>	<p>95. How soon?</p> <p>1- 10 minutes or less</p> <p>2- More than 10 minutes</p> <p>8- DNK</p> <p>9- NR/R</p>

<p>98. Can you tell me the major causes of heart diseases or heart problems?</p> <p>DO NOT READ LIST. Check all that apply.</p> <p>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- Other (specify)</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="display: flex; gap: 5px;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> <p>98- DNK 99- NR/R</p>	<p>100. Did a doctor confirm your stroke?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>
<p>97. Based upon what you have heard or read, do you believe that heart disease can be prevented?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>	<p>101. Based upon what you have heard, do you believe that strokes can be prevented?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>
<p>98. Have you ever had a stroke? (if necessary explain what a stroke is: congestion, cerebral bleeding or paralysis due to a seizure)</p> <p>1- Yes 2- <div style="border: 1px solid black; display: inline-block; padding: 2px;">No</div> → Go to 101 8- DNK 9- <div style="border: 1px solid black; display: inline-block; padding: 2px;">NR/R</div></p>	<p>102. Do you suffer from any kind of heart problem that you have not yet told me about? (accept by-pass or cardiac surgery)</p> <p>1- Yes What is it? <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="display: flex; gap: 5px;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> <p>2- <div style="border: 1px solid black; display: inline-block; padding: 2px;">No</div> 8- <div style="border: 1px solid black; display: inline-block; padding: 2px;">DNK</div> → Go to 105 9- <div style="border: 1px solid black; display: inline-block; padding: 2px;">NR/R</div></p> </p>
<p>99. In what year have you had your (first) stroke?</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="display: flex; gap: 5px;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> <p>8- DNK 9- NR/R</p>	<p>103. Since what year have you suffered from this illness?</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="display: flex; gap: 5px;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> <p>8- DNK 9- NR/R</p>
	<p>104. Did a doctor confirm this illness?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>

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

1- Yes

Ask to see bottles/prescriptions if possible.

What type? Enter names written on the medicine

2- No

8- DNK

9- NR/R

106. Are you presently taking other medicines prescribed by a doctor?

1- Yes

Ask to see bottles/prescriptions if possible.

What type? Enter names written on the medicine

2- No

8- DNK

9- NR/R

107. Are you presently suffering from an illness other than heart disease, and confirmed by a doctor?

1- Yes

Which illness?

2- No

8- DNK

9- NR/R

108. Do you have trouble going to sleep or staying asleep very often?

1- Yes

2- No

8- DNK

9- NR/R

How many hours do you usually sleep every night?

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(ENTER THE NUMBER OR 98 IF DNK OR 99 IF NR/R)

FAMILY HISTORY

Now I would like to ask you some questions about your family's health.

109. Is your father alive?

1- Yes

2- No

8- DNK

9- NR/R

Go to 111

110. What was the cause of death?

1- Accident

2- Cancer

3- Stroke

4- Heart attack

5- Other heart disease

6- Other

8- DNK

9- NR/R

111. How old is you father? or how old was your father when he died?

--	--

98- DNK

99- NR/R

<p>112. Has (Did) your father had (have) a heart attack or angina?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: white;"></div> </div> <p style="text-align: right; margin-top: -10px;">→ Go To 114</p>	<p>118. Is your mother alive?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: white;"></div> </div> <p style="text-align: right; margin-top: -10px;">→ Go to 120</p>
<p>113. Did this occur before he was 60?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p>	<p>119. What was the cause of death?</p> <p>1- Accident</p> <p>2- Cancer</p> <p>3- Stroke</p> <p>4- Heart attack</p> <p>5- Other heart disease</p> <p>6- Other</p> <p>8- DNK</p> <p>9- NR/R</p>
<p>114. Has (Did) your father had (have) stroke, cerebral vascular disease or peripheral vascular disease?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: white;"></div> </div> <p style="text-align: right; margin-top: -10px;">→ Go To 116</p>	<p>120. How old is your mother, or how old was your mother when she died?</p> <div style="border: 1px solid black; width: 60px; height: 25px; margin: 5px 0;"></div> <p>98- DNK</p> <p>99- NR/R</p>
<p>115. Did this occur before he was 60?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p>	<p>121. Has (Did) your mother had (have) a heart attack or angina?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: white;"></div> </div> <p style="text-align: right; margin-top: -10px;">→ Go to 123</p>
<p>116. Has (Did) your father had (have) high blood pressure or hypertension?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p>	<p>122. Did this occur before she was 60?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p>
<p>117. Has (Did) your father had (have) high cholesterol or high blood fats?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p>	<p>123. Has (Did) your mother had (have) strokes, cerebral vascular disease or peripheral vascular disease?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: white;"></div> </div> <p style="text-align: right; margin-top: -10px;">→ Go to 125</p>

<p>124. Did this occur before she was 60?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>	<p>129. Have any of your brothers, sisters, half-brothers or half-sisters, living or dead, had the following disorders?</p> <p style="text-align: center;">Yes No DNK NR/R</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>1 2 8 9</p> <p>How many? <input type="text"/> <input type="text"/></p> <p>1 2 8 9</p> <p>How many? <input type="text"/> <input type="text"/></p> <p>1 2 8 9</p> <p>How many? <input type="text"/> <input type="text"/></p> <p>1 2 8 9</p> <p>How many? <input type="text"/> <input type="text"/></p> <p>1 2 8 9</p> <p>How many? <input type="text"/> <input type="text"/></p> </div> <div style="width: 55%;"> <p>Heart attack or angina before age 60</p> <p>High blood pressure or hypertension</p> <p>Strokes, cerebral vascular disease</p> <p>High cholesterol, high blood fats</p> <p>Peripheral vascular disease</p> </div> </div>
<p>125. Has (Did) your mother had (have) high blood pressure or hypertension?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>	<p>130. How many of your grandparents are living?</p> <p><input type="text"/></p> <p>8- DNK 9- NR/R</p>
<p>126. Has (Did) your mother had (have) high cholesterol or high blood fats?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>	<p>131. Have any of your grandparents, living or dead, had the following disorders?</p> <p style="text-align: center;">Yes No DNK NR/R</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>1 2 8 9</p> <p>How many? <input type="text"/></p> <p>1 2 8 9</p> <p>How many? <input type="text"/></p> <p>1 2 8 9</p> <p>How many? <input type="text"/></p> <p>1 2 8 9</p> <p>How many? <input type="text"/></p> </div> <div style="width: 55%;"> <p>Heart attack or angina before age 60</p> <p>High blood pressure or hypertension</p> <p>Strokes, cerebral vascular disease</p> <p>High cholesterol, high blood fats</p> <p>Peripheral vascular disease</p> </div> </div>
<p>127. What is the total number of brothers, sisters, half-brothers, and half-sisters you have had?</p> <p><input type="text"/> <input type="text"/></p> <p style="text-align: center;">If "OO" →</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p>98- DNK 99- NR/R</p> </div> <p>Go to 130</p> </div>	<p>128. Of these, how many are living?</p> <p><input type="text"/> <input type="text"/></p> <p>98- DNK 99- NR/R</p>

132. For Medical Research Purposes into genetic disorders, we need to know the ethnic or cultural origin of your family with the following list

PRESENT THE CARD.

			DNK	NR/R
1-	Paternal grandfather	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	98	99
2-	Paternal grandmother	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	98	99
3-	Maternal grandfather	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	98	99
4-	Maternal grandmother	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	98	99

133. Which rank did you have in the family?

98- DNK

99- NR/R

134. ASK WOMEN ONLY:

A) Are you presently taking oral contraceptives?

1 -Yes -What brand name?

Ask to see bottles/prescriptions if possible.

2- No

8- DNK

9- NR/R

B - Are you presently taking hormonal pill?
(Pills, injections, "patches")

1 -Yes - What brand name?

Ask to see bottles/prescriptions if possible.

2- No

8- DNK

9- NR/R

SOCIAL SUPPORT

Now I would like to ask you a few questions about your relations with your surrounding.

135. During the past 12 months how often did you participate in family gatherings, meetings with friends or acquaintances?

READ FROM 1 TO 5.

1- More than once a week

2- Once a week

At least once a month

About once a year

5- Never

8- DNK

9- NR/R

136. Which one of the following best describes how you spent your leisure time during the past 2 months?

READ FROM 1 TO 5.

1- Almost all of it by myself

2- More than half of it by myself

3- About half of it by myself and half of it with others

4- More than half of it with others

5- Almost all of it with others

8- DNK

9- NR/R

137. How would you describe your social life?

READ FROM 1 TO 4.

1- Very satisfactory

2- Somewhat satisfactory

3- Somewhat unsatisfactory

4- Very unsatisfactory

8- DNK

9 NR/R

138. Do you have friends?

1- Yes

2- No

8- DNK

9- NR/R

Go to 140

<p>139. In general, are you satisfied with your relationship with your friends?</p> <p>READ FROM 1 TO 4.</p> <p>1- Very satisfied</p> <p>2- Somewhat satisfied</p> <p>3- Somewhat unsatisfied</p> <p>4- Very unsatisfied</p> <p>8- DNK</p> <p>9- NR/R</p>	<p>144. Are you living with a spouse?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> <p>→ Go to 146</p>
<p>140. Do you have children of your own?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> <p>→ Go to 142</p>	<p>145. Would you say that you are generally happy with your present spouse?</p> <p>READ THE 1 TO 5.</p> <p>1- Very happy</p> <p>2- Happy</p> <p>3- Neither happy nor unhappy</p> <p>4- Unhappy</p> <p>5- Very unhappy</p> <p>8- DNK</p> <p>9- NR/R</p>
<p>141. How would you rate your relationship with your children?</p> <p>READ FROM 1 TO 4.</p> <p>1- Very satisfactory</p> <p>2- Somewhat satisfactory</p> <p>3- Somewhat unsatisfactory</p> <p>4- Very unsatisfactory</p> <p>8- DNK</p> <p>9- NR/R</p>	<p>146. In your surroundings (friends or family), is there someone you can confide in or talk to freely about your problems?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> <p>→ Goto148</p>
<p>142. Are you living alone?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> <p>→ Go to 144</p>	<p>147. If YES, how many?</p> <p>READ FROM 1 TO 5.</p> <p>1- One</p> <p>2- Two</p> <p>3- Three</p> <p>4- Four</p> <p>5- Five or more</p> <p>8- DNK</p> <p>9- NR/R</p>
<p>143. Would you say that you are generally happy to live alone?</p> <p>READ FROM 1 TO 5.</p> <p>1- Very happy</p> <p>2- Happy</p> <p>3- Neither happy nor unhappy</p> <p>4- Unhappy</p> <p>5- Very unhappy</p> <p>8- DNK</p> <p>9- NR/R</p> <p>Go to 146</p>	<p>148. In your surroundings (friends or family), is there someone who can help you in case of necessity?</p> <p>1- Yes</p> <p>2- No</p> <p>8- DNK</p> <p>9- NR/R</p> <p>→ Go to "HEALTH SERVICES" (Q. 151)</p>

149. If YES, how many?

READ FROM 1 TO 5.

- 1- One
- 2- Two
- 3- Three
- 4- Four
- 5- Five or more
- 8- DNK
- 9- NR/R

150. Have you already been helped, or felt you were helped, by one or more of these people?

READ FROM 1 TO 5.

- 1- Very often
- 2- Fairly often
- 3- Occasionally
- 4- Rarely
- 5- Never
- 8- DNK
- 9- NR/R

HEALTH SERVICES

Now I would like to ask you a few questions about consultations with health professionals.

151. At the present time, do you have a physician who treats you regularly?
(A family doctor)

1- Yes

2- No

8- DNK

9- NR/R

Go to 153

152. When was your last visit to your physician? (do not include visits to hospital).

READ FROM 1 TO 4.

- 1- Less than 3 months
- 2- Between 3 and 11 months
- 3- Between one and two years
- 4- More than two years
- 8- DNK
- 9- NR/R

153. Over the past three months, how many times have you consulted a...

READ THE LIST.

	Visits (number)	DNK	NR/R
a) ...GP	<input type="text"/>	98	99
b) ...specialist	<input type="text"/>	98	99
c) ...other health professional (nurse, dietician,physiotherapist,etc)	<input type="text"/>	98	99

154. Over the past three months, how many times have you been seen by a physician without appointment?

98- DNK

99- NR/R

155. Which health professionals would you first contact to obtain advice or assistance concerning the following problems?

PRESENT THE CARD AND READ THE LIST.

	Professional	DNK	NR/R
a) High blood pressure	<input type="text"/>	98	99
b) Smoking	<input type="text"/>	98	99
c) Obesity	<input type="text"/>	98	99
d) Alcohol	<input type="text"/>	98	99
e) Exercise	<input type="text"/>	98	99
f) Diet	<input type="text"/>	98	99

156. Where would you first go to consult a health professional about the following problems?

PRESENT THE CARD AND READ THE LIST.

	Place	DNK	NR/R
a) High blood pressure	<input type="text"/>	98	99
b) Smoking	<input type="text"/>	98	99
c) Obesity	<input type="text"/>	98	99
d) Alcohol	<input type="text"/>	98	99
e) Exercise	<input type="text"/>	98	99
f) Diet	<input type="text"/>	98	99

<p>Now, I will read some sentences concerning the treatment of high blood pressure. Please tell me the importance you give to each of those sentences.</p> <p>FOR EACH QUESTION, READ FROM 1 TO 5.</p> <p>157. Be able to see the same doctor for all visits, for you, it's...</p> <ul style="list-style-type: none"> 1- Extremely important 2- Very important 3- Moderately important 4- Not very important 5- Not important at all 8- DNK 9- NR/R 	<p>161. That working hours of the doctor and access to his office be appropriate and easy, for you, it's...</p> <ul style="list-style-type: none"> 1- Extremely important 2- Very important 3- Moderately important 4- Not very important 5- Not important at all 8- DNK 9- NR/R
<p>158. Be able to receive needed cares in the same place, for you, it's...</p> <ul style="list-style-type: none"> 1- Extremely important 2- Very important 3- Moderately important 4- Not very important 5- Not important at all 8- DNK 9- NR/R 	<p>162. That the doctor considers the cost of your treatment, for you, it's...</p> <ul style="list-style-type: none"> 1- Extremely important 2- Very important 3- Moderately important 4- Not very important 5- Not important at all 8- DNK 9- NR/R
<p>159. That the doctor takes the responsibility of organizing the services you will need, for you, it's...</p> <ul style="list-style-type: none"> 1- Extremely important 2- Very important 3- Moderately important 4- Not very important 5- Not important at all 8- DNK 9- NR/R 	<p>163. For the doctor to be an expert in high blood pressure, for you, it's...</p> <ul style="list-style-type: none"> 1- Extremely important 2- Very important 3- Moderately important 4- Not very important 5- Not important at all 8- DNK 9- NR/R
<p>160. Be able to contact the doctor each time you need to do so, for you, it's...</p> <ul style="list-style-type: none"> 1- Extremely important 2- Very important 3- Moderately important 4- Not very important 5- Not important at all 8- DNK 9- NR/R 	<p>164. That the doctor understands your problems and helps you to feel at ease in your relations with him, for you, it's...</p> <ul style="list-style-type: none"> 1- Extremely important 2- Very important 3- Moderately important 4- Not very important 5- Not important at all 8- DNK 9- NR/R

WORK AND OCCUPATIONS

Now I would like to ask you some questions on your work and occupations.

165. What were you doing most for the past 2 weeks?

READ THE LIST.

- 01- Working
- 02- School
- 03- Keeping house
- 04- Not working for health reasons
- 05- Not working for other reasons (specify)

- 06- Holiday _____
- 07- Retired for health reasons
- 08- Retired for other reasons
- 09- Other (specify)

- 98- DNK _____
- 99- NR/R

166. Have you presently a remunerated job?

- 1- Yes → Go to 168
- 2- No
- 9- NR/R

167. How long have you been unemployed?

- 1- years
- or
- 2- months
- (If less than 1 month, enter 01)
- 6- Has never worked
- 8- DNK
- 9- NR/R

GO TO 198

168. How long have you had this job?

- 1- years
- or
- 2- months
- (If less than 1 month, write 01)
- 8- DNK
- 9- NR/R

169. How many hours per week do you work?

- hours
- 98- DNK
- 99- NR/R

170. What kind of work do you do?

(Give full description, e.g. posting invoices, selling shoes, teaching primary school)

- 8- DNK
- 9- NR/R

171. To what kind of business, industry or service sector is your job related to?

(Give a full description, for example: paper-box manufacturing, retail shoe store, board of education, etc...)

- 8- DNK
- 9- NR/R

172. Is this work seasonal?

- 1- Yes
- 2- No
- 8- DNK
- 9- NR/R

<p>173. Do you work night shifts (between midnight and 5 a.m.)?</p> <p>READ FROM 1 TO 3.</p> <p>1- Always 2- Sometimes 3- Never 8- DNK 9- NR/R</p> <p>If you always or sometimes work night shifts on average how many nights do you work during a month?</p> <p>Number of nights <input type="text"/> <input type="text"/></p> <p>(IF DNK, ENTER 98, IF NR/R ENTER 99)</p>	<p>177. My job requires that I do things over and over</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>
<p>I will now read some sentences concerning your work. Please tell me if the sentence applies to your work situation. Choose your answer from this card.</p> <p>PRESENT THE CARD</p> <p>174. My job requires that I learn new things</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>	<p>178. I have freedom to decide how I do my job</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>
<p>175. My job requires a high level of skill</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>	<p>179. It is my responsibility to decide how much work I get done</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>
<p>176. My job requires that I be creative</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>	<p>180. My job allows me to make a lot of decisions on my own</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p> <p>181. I get to do a variety of different things on my job</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>

<p>182. I have a lot to say about what happens on my job</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>	<p>187. I have enough time to get the job done</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>
<p>183. I have an opportunity to develop my own special abilities</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>	<p>188. I am free from conflicting demands others make</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>
<p>184. My job requires working very fast</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>	<p>189. My job requires long periods of intense concentration on the task</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>
<p>185. My job require working very hard</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>	<p>190. My tasks are often interrupted before they can be completed, requiring attention at a later time</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>
<p>186. I am not asked to do an excessive amount of work</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>	<p>191. My job is very hectic</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p>

<p>192. Waiting on work from other people or departements often slows me down on my job</p> <p>1- Strongly disagree 2- Disagree 3- Agree 4- Strongly agree 8- DNK 9- NR/R</p> <p>END OF UTILISATION OF THE CARD</p>	<p>196. How often do you usually meet with one or more of your co-workers outside work?</p> <p>1- Once or several times a week 2- Once or twice a month 3- Once or several times a year 4- Seldom or never 8- DNK 9- NR/R</p>
<p>193. Do you usually have an opportunity to talk with your co-workers during breaks, if you should want to?</p> <p>1- Yes, absolutely all the time 2- Yes, most of the time 3- No, I have no breaks 4- No, I have no breaks with co-workers 8- DNK 9- NR/R</p>	<p>197. When did one of your co-workers last visit you?</p> <p>1- One to four weeks ago 2- One to twelve months ago 3- More than a year ago 4- Never had a visit by a co-worker 8- DNK 9- NR/R</p>
<p>194. Is your work of such nature, that you can leave it for a while, if you want to talk with a co-worker?</p> <p>1- Yes, most of the time 2- Yes, sometimes 3- No, only on urgent events 4- No, that is absolutely impossible 8- DNK 9- NR/R</p>	<p>DEMOGRAPHIC INFORMATION</p> <p>The next few questions let us take a look at factors linked to health like age, sex, income.</p> <p>198. ENTER RESPONDENT'S SEX:</p> <p>1- Male 2- Female</p>
<p>195. As a part of your work do you have a lot of contact with your co-workers?</p> <p>1- Yes, work-related contact, permanently 2- Yes, work-related contact, occasionally 3- No, work most of the time by myself 4- No, work permanently by myself 8- DNK 9- NR/R</p>	<p>199. What is your birthdate?</p> <p>year month day</p> <p>98- DNK 99- NR/R</p>
	<p>200. How old are you?</p> <p><input type="text"/> <input type="text"/></p>
	<p>201. What is your current marital status?</p> <p>1- Never married 2- Divorced 3- Married/common law 4- Widow/widower 5- Separated 9- NR/R</p>

202. What is the highest grade or school you have completed?

- 01- Some years of elementary school
- 02- Elementary school completed
- 03- Some years of secondary school
- 04- Secondary school completed
- 05- Partial training in community college, a trade school or a private commercial college, a technical institute, a CEGEP, a nursing school or a normal school.
- 06- Diploma or certificate from a community college, a trade school or a private commercial college, a technical institute, a CEGEP, a nursing school or a normal school.
- 07- Some University (not completed)
- 08- University degrees (completed), Certificate, Bachelor, Masters, PHD
- 98- DNK
- 99- NR/R

For more precision, write the name of the highest diploma obtained

203. What language did you first speak in childhood?

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

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- 8- DNK
- 9- NR/R

204. What language do you usually use at home?

- 1- French
- 2- English
- 3- French and English
- 4- Other (specify)

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- 8- DNK
- 9- NR/R

205. Where were you born?

- 1- In Quebec → Go to 207
- 2- Elsewhere (specify)

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- 8- DNK → Go to 207
- 9- NR/R

208. If the respondent was born outside Quebec, ask him/her: How long he/she has been living in Quebec?

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 years

- 98- DNK
- 99- NR/R

207. With which ethnic group do you identify?

PRESENT THE CARD

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- 98- DNK
- 99- NR/R

208. How many people live in this household?

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 people

- 98- DNK
- 99- NR/R

209. 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?

PRESENT THE CARD AND READ LIST FROM 1 TO 11.

- 01- \$ 0 a \$ 999
- 02- \$ 1000 a \$ 5 999
- 03- \$ 6000 a \$11 999
- 04- \$12000 a \$19999
- 05- \$20 000 a \$24999
- 06- \$25000 a \$29999
- 07- \$30000 a \$39999
- 08- \$40 000 a \$49 999
- 09- \$50 000 a \$59999
- 10- \$60000 a \$69999
- 11- \$70 000 and over
- 98- DNK
- 99- NR/R

210. What is your health insurance number?

- -

8- DNK

9- NR/R

SECOND BLOOD PRESSURE READING

211. Blood Pressure Reading

S D
 / mm Hg

THANK RESPONDENT AND CLOSE THE INTERVIEW.

90.04.27

SANTÉ QUÉBEC



SANTÉ QUÉBEC

QUEBEC HEART HEALTH AND
NUTRITION SURVEY

CONSENT FORM

Reference number

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PARTICIPANT POSTAL CODE CLSC SUP. GR. INT.

The Ministère de la Santé et des services sociaux with the collaboration of the Centres locaux des services communautaires (CLSC) and the Départements de Santé communautaire, is conducting a study of risk factors for heart disease in Quebec.

I was asked to participate in this survey. If I do so, I understand that my blood pressure will be taken and that I will be asked to answer some questions. In second operation, the nurse will take some measurements, some other blood pressure and some blood. After that, I will be contacted by a nutritionist who will ask me some questions on my eating habits. The nurse will give me my blood pressure reading and will write me to communicate the results of my cholesterol level.

The informations gathered will be confidential and anonymous. My name will never be related to the information unless to communicate with me and strict procedure will be respected in conformity to the Quebec Law of access to information.

I, _____, the undersigned, agree to participate in the research study described above. My questions have been answered, and I understand what is involved in the study. I realize that my participation is voluntary and also that I may withdraw from the study at any time.

Signature of the participant

Date

TO BE SIGNED BY NURSE

To the best of my ability, I have fully explained to the subject the nature of this research study. I have invited questions and provided answers. I believe that the subject fully understands the implications and voluntary nature of the study.

Signature of the nurse

Date

CLSC phone number: _____