

Health Promotion Survey – 1990 Control Form

Enquête sur la promotion de la santé – 1990

Formule de contrôle

HPS / EPS - 1

CONFIDENTIAL
when completed

CONFIDENTIEL
une fois rempli

1: 2:

3: 4: 5:

TELEPHONE NUMBER LABEL
ÉTIQUETTE NUMÉRO DE TÉLÉPHONE

Authority: Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

Déclaration exigée en vertu de la Loi sur la statistique, Lois révisées du Canada, 1985, chapitre S19.

RECORD OF CALLS – REGISTRE DES APPELS[illegible]

17. Call Coverage by Time of Day and Day of Week
Appels selon l'heure et le jour

Time Period	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Heure	Lun.	Mar.	Mer.	Jeu.	Ven.	Sam.
09:00 - 12:00						
12:01 - 16:00						
16:01 - 19:00						
19:01 - 21:00						

18. Interviewer Number
Nº de l'intervieweur

1 2 3 4 5 6 7

**Senior Interviewer
Only**
**Intervieweur principal
seulement**

19. Final Status
État final

11

<p>20. Hello! I'm from Statistics Canada. We are doing a survey about the health of Canadians for Health and Welfare Canada.</p>	<p>Bonjour. Je suis de Statistique Canada. Nous menons une étude au sujet de la santé des canadiens pour le compte de Santé et Bien-être social Canada.</p>
<p>21. I'd like to make sure that I've dialed the right number. Is this (read number)?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → Dial again. If still wrong, END</p>	<p>J'aimerais m'assurer que j'ai composé le bon numéro. S'agit-il du no (lire le numéro)?</p> <p><input type="radio"/> Oui</p> <p><input type="radio"/> Non → Composez de nouveau. S'il s'agit encore d'un mauvais numéro, METTEZ FIN À L'INTERVIEW.</p>
<p>22. Is this number for a business, an institution or a private home?</p> <p><input type="radio"/> Private home</p> <p><input type="radio"/> Both home and business/institution } Go to 25</p> <p><input type="radio"/> Business, institution or other non-residence (specify name of business/institution)</p> <p>Specify: _____</p>	<p>S'agit-il du numéro d'une entreprise, d'un établissement ou d'une maison privée?</p> <p><input type="radio"/> Maison privée</p> <p><input type="radio"/> Maison privée et entreprise/établissement } Passez à 25</p> <p><input type="radio"/> Entreprise, établissement ou autre immeuble non résidentiel (Précisez le nom de l'entreprise ou de l'établissement)</p> <p>Précisez: _____</p>
<p>23. Does anyone use this telephone number as a home phone number?</p> <p><input type="radio"/> Yes → Go to 24</p> <p><input type="radio"/> No → Thank respondent and END</p>	<p>Quelqu'un utilise-t-il ce numéro de téléphone comme numéro personnel?</p> <p><input type="radio"/> Oui → Passez à 24</p> <p><input type="radio"/> Non → Remerciez le répondant et METTEZ FIN À L'INTERVIEW.</p>
<p>24. How many persons live or stay at this address and use this number as a home phone number?</p> <p><input type="radio"/> Less than 15</p> <p><input type="radio"/> 15 or more → Thank respondent and END</p>	<p>Combien de personnes vivent ou demeurent à cette adresse et utilisent ce numéro de téléphone comme numéro personnel?</p> <p><input type="radio"/> Moins de 15</p> <p><input type="radio"/> 15 ou plus → Remerciez le répondant et METTEZ FIN À L'INTERVIEW</p>
<p>25. Your chance of being sampled depends on the number of telephone lines in your household.</p> <p>Do you have more than one telephone?</p> <p>¹ <input type="radio"/> Yes</p> <p>² <input type="radio"/> No → Go to 30</p>	<p>La probabilité que vous soyez choisis dépend du nombre de lignes téléphoniques dans votre ménage.</p> <p>Avez-vous plus d'un téléphone?</p> <p>¹ <input type="radio"/> Oui</p> <p>² <input type="radio"/> Non → Passez à 30</p>
<p>26. Do all the telephones have the same number?</p> <p>¹ <input type="radio"/> Yes → Go to 30</p> <p>² <input type="radio"/> No</p>	<p>Tous les téléphones ont-ils le même numéro?</p> <p>¹ <input type="radio"/> Oui → Passez à 30</p> <p>² <input type="radio"/> Non</p>
<p>27. How many different numbers are there?</p> <p><input type="text"/></p>	<p>Combien y a-t-il de numéros différents?</p> <p><input type="text"/></p>
<p>28. Are any of these numbers for business use only?</p> <p>¹ <input type="radio"/> Yes</p> <p>² <input type="radio"/> No → Go to 30</p>	<p>Y a-t-il de ces numéros qui ne servent que pour les affaires?</p> <p>¹ <input type="radio"/> Oui</p> <p>² <input type="radio"/> Non → Passez à 30</p>
<p>29. How many are for business use only?</p> <p><input type="text"/></p>	<p>Combien y a-t-il de numéros réservés aux affaires?</p> <p><input type="text"/></p>
<p>30. In this survey all information we collect will be kept strictly confidential as guaranteed by the Statistics Act. While your participation is voluntary, it is essential if the survey results are to be accurate.</p>	<p>Tous les renseignements que vous fournirez pour cette étude volontaire resteront confidentiels conformément aux dispositions de la Loi sur la statistique. Votre coopération est essentielle afin que les résultats soient précis.</p>
<p>31. In order to select one person from your household for an interview, I need to know the age and sex of each person 15 years old and over living or staying here who has no usual place of residence elsewhere. Let's start with the oldest</p> <p>Enter age in item 33, and sex in item 34</p>	<p>Pour choisir une personne de votre ménage qui participera à l'interview, j'aimerais savoir l'âge et le sexe de chaque personne âgée de 15 ans et plus vivant ou demeurant là et qui n'a pas d'autres lieux habituels de résidence. Commençons par la personne la plus âgée du ménage</p> <p>Inscrivez l'âge à la rubrique 33 et le sexe à la rubrique 34</p>

32. Selection Number N° de Sélection	33. Age Âge	34. Sex Sexe M F	35. Date of Birth Date de naissance	36. Check Vérification	Comments Remarques
		1 <input type="radio"/> 2 <input type="radio"/>			
		3 <input type="radio"/> 4 <input type="radio"/>			
		5 <input type="radio"/> 6 <input type="radio"/>			
		7 <input type="radio"/> 8 <input type="radio"/>			
		1 <input type="radio"/> 2 <input type="radio"/>			
		3 <input type="radio"/> 4 <input type="radio"/>			
		5 <input type="radio"/> 6 <input type="radio"/>			
		7 <input type="radio"/> 8 <input type="radio"/>			

37. Are there any other people 15 years old or over living here that you have not mentioned, such as boarders, employees or people who are away at school or in the hospital?

☐ Yes → Enter age in item 33 and sex in item 34

☐ No

Y a-t-il d'autres personnes âgées de 15 ans ou plus qui vivent à cet endroit et que vous n'avez pas mentionnées, par exemple des chambreurs, des employés ou des personnes qui sont aux études ou à l'hôpital?

☐ Oui → Inscrivez l'âge au poste 33 et le sexe à 34

☐ Non

38. Now I'm going to use a selection procedure to determine whom to interview. This will just take a second.

Il me faut maintenant sélectionner la personne à interviewer. Cela va me prendre juste une seconde.

1: - - 2:

SELECTION GRID LABEL
ÉTIQUETTE GRILLE DE SÉLECTION

A = Eligible Household Members

B = Selection Number

Membres admissibles du ménage

Numéro de sélection

39. INTERVIEWER CHECK ITEM:

- In item 32 number the persons in order from oldest to youngest.
- Enter total number of eligible household members

NOTE À L'INTERVIEWEUR:

- À la rubrique 32, attribuez un numéro aux personnes de la plus âgée à la plus jeune.
- Inscrivez le nombre total des membres admissibles du ménage

40. • Determine the selected person by referring to the Selection Grid.

• In item 32 circle the selected person and enter the selection number

• Déterminez la personne sélectionnée en utilisant la grille de sélection.

• À la rubrique 32, encerclez le numéro de la personne sélectionnée et inscrivez le numéro de sélection

41. • Is the selected person the household respondent?

Yes 1 ☐ Go to 42

No 2 ☐ Go to 43

• La personne sélectionnée est-elle la même que le répondant du ménage?

Oui 1 ☐ Passez à 42

Non 2 ☐ Passez à 43

42. The person I am to interview is YOU. Your answers will help us better understand and deal with several health promotion issues. Proceed with the HPS-2 questionnaire.

La personne que je vais interviewer est VOUS. Vos réponses nous permettront de mieux comprendre comment les circonstances de la vie quotidienne influencent la santé. Passez au questionnaire EPS-2.

43. The person I am to interview is . . . (Identify person by sex and age. If necessary, refer to date of birth.) Is he/she there?

Yes ☐ Go to 44

No ☐ Set up appointment and enter details in item 16.

La personne que je vais interviewer est . . . (Identifiez la personne selon le sexe et l'âge. Si nécessaire, référez-vous à la date de naissance.) Est-il/elle là?

Oui ☐ Passez à 44

Non ☐ Fixez un rendez-vous et inscrivez les détails à la rubrique 16.

44. Hello! I'm . . . from Statistics Canada. We are doing a voluntary survey for Health and Welfare Canada. First I'd like to verify that we have your correct age and sex. Are you . . . (read age and sex from items 33 and 34 for the selected person).

Enter the verified age and sex: age sex 1 = Male 2 = Female

Bonjour, je suis de . . . de Statistique Canada. Nous menons une étude volontaire pour le compte de Santé et Bien-être Social Canada. J'aimerais, d'abord, vérifier que l'information fournie est exacte. Êtes-vous . . . (lire l'âge et le sexe de la personne sélectionnée dans les rubriques 33 et 34.)

Inscrivez l'âge et le sexe: âge sexe 1 = Masculin 2 = Féminin

Your answers will help us understand and deal with health promotion issues. All your answers will be kept strictly confidential and your participation is essential since you represent a number of Canadians of your age and sex.

Vos réponses nous permettront de mieux comprendre comment les circonstances de la vie quotidienne influencent la santé. Toutes vos réponses resteront confidentielles. Nous avons besoin de votre participation parce que vous représentez un certain nombre de canadiens (canadiennes) du même âge.

Proceed with the HPS-2 questionnaire.

Passez au questionnaire EPS-2.

RECORD OF CALLS - REGISTRE DES APPELS

10	11 Date		12 Start Début		13 Finish Fin		14 Result	15 Interviewer's Name	16 Comments
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour Heure	Min. Min.	Résultat	Nom de l'intervieweur	
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Health Promotion Survey

HPS-2

1: - -

Telephone Number

5:

Sequence number

Collected under the authority of the
Statistics Act, Revised Statutes of
Canada, 1985, Chapter S19.

Interviewer Name: _____

SECTION A: PERCEPTIONS OF HEALTH

A1. First I would like to ask you a few questions about your health.

In general, compared to other people your age, would you say your health is...

- ☐ 1 Excellent?
☐ 2 Very good?
☐ 3 Good?
☐ 4 Fair?
☐ 5 Poor?

A2. Would you describe your life as...

- ☐ 1 Very stressful?
☐ 2 Somewhat stressful?
☐ 3 Not very stressful?
☐ 4 Not at all stressful?

A3. The next questions are about your current physical condition.

How tall are you without shoes?

1 or 2
feet inches centimetres

A4. How much do you weigh?

3 or 4
pounds kilograms

A5. How much would you like to weigh?

5 or 6
pounds kilograms

☐ 7 Same as A4

☐ 8 Don't know

A6. Are you limited in the kind or amount of activity you can do because of a long term illness, physical condition or health problem? By long term I mean a condition that has lasted or is expected to last more than 6 months.

☐ 1 Yes ☐ 2 No → Go to B1

A7. Are your activities limited...

	Yes	No Don't Know	Not Applic- able
a) At home?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b) At work or school?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c) In other activities (such as leisure time pursuits or transportation to or from work)?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>

A8. How well do you feel you are coping with this limitation? Would you say...

- ☐ 1 Very successful?
☐ 2 Somewhat successful?
☐ 3 Not very successful?
☐ 4 Not at all successful?
☐ 5 Don't know

A9. How important is each of the following in coping with your limitation? Is it "Very important", "Somewhat important" or "Not at all important"?

	Very important	Somewhat important	Not At All important	Don't Know or Not Applic- able
a) Medical treatment you received?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) Your family or friends?	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) Your general state of health?	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Your own determination?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) Prayer or spiritual help?	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>

SECTION B: IMPROVING HEALTH

B1. Do you believe any of the following would help you to improve your health and well-being?

	Yes	No Don't Know	Not Applic- able
a) A more secure income?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b) Moving to another neighbourhood or community?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c) A change in job or business?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d) Spending more time with family or close friends?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) Exercising more or being more physically active?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f) Losing weight?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g) Stop smoking?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
h) Cut down on drinking?	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
i) Reduce drug use or medications?	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
j) Taking better care of teeth?	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
k) Learning to relax more and worry less?	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>

SECTION C: BLOOD PRESSURE & CHOLESTEROL

C1. The next few questions are about heart health. In your opinion, what are the main causes of heart disease?

(MARK ALL THAT APPLY, DO NOT READ)

(IF RESPONDENT SAYS, "LIFESTYLE" OR "DIET", PROBE FOR SPECIFICS)

- ☐ 01 Don't know
- ☐ 02 Smoking
- ☐ 03 Lack of exercise
- ☐ 04 Eating fatty foods/Cholesterol
- ☐ 05 Being overweight
- ☐ 06 Poor diet
- ☐ 07 Eating too much salt (sodium)
- ☐ 08 Stress
- ☐ 09 Family medical history
- ☐ 10 High blood pressure
- ☐ 11 High blood cholesterol
- ☐ 12 Too much alcohol
- ☐ 13 Other (specify)

C2. When did you last have your blood pressure checked?

- ☐ 1 Within the last 6 months
- ☐ 2 7-12 months
- ☐ 3 13-24 months
- ☐ 4 More than 2 years
- ☐ 5 Don't know
- ☐ 6 Never → Go to C6

C3. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? (FOR WOMEN, ADD: "except when you were pregnant".)

- ☐ 1 Yes
 - ☐ 2 No
 - ☐ 3 Don't know
- } Go to C6

C4. Are you doing anything to control your blood pressure?

- ☐ 4 Yes
- ☐ 5 No → Go to C6

C5. What are you doing?
(MARK ALL THAT APPLY, DO NOT READ)

- ☐ 01 Medication/pills
- ☐ 02 Quit smoking
- ☐ 03 Exercise regularly
- ☐ 04 Losing weight or maintaining weight loss
- ☐ 05 Reduce salt intake
- ☐ 06 Other diet change
- ☐ 07 Relaxation
- ☐ 08 Reduce alcohol use
- ☐ 09 Other (specify)

- ☐ 10 Don't know

C6. Were you ever told by a doctor, nurse or other health professional that your blood cholesterol was high? (THIS WOULD REQUIRE A BLOOD SAMPLE)

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know/ Can't remember } Go to D1

C7. Are you doing anything to control your cholesterol?

- ☐ 4 Yes
- ☐ 5 No → Go to D1

C8. What are you doing?
(MARK ALL THAT APPLY, DO NOT READ)

- ☐ 1 Losing weight or maintaining weight loss
- ☐ 2 Reduce cholesterol in diet
- ☐ 3 Eat less fatty foods
- ☐ 4 Other change in diet
- ☐ 5 Exercise regularly
- ☐ 6 Control stress and fatigue
- ☐ 7 Take prescribed medication
- ☐ 8 Other (specify)

SECTION D: EXERCISE

D1. The next few questions are about exercise. By exercise we mean vigorous activities such as aerobics, jogging, racquet sports, team sports, dance classes, or brisk walking.

How many times per week, on average, do you exercise?
(DO NOT READ)

- ☐ 1 Daily
- ☐ 2 5-6 times a week
- ☐ 3 3-4 times a week
- ☐ 4 1-2 times a week
- ☐ 5 Less than once a week

- ☐ 6 Never
 - ☐ 7 Don't know
- } Go to D4

D2. When you do this exercise, how much time are you actually active? Would it usually be . . .

- ☐ 1 Less than 15 minutes?
- ☐ 2 Between 15 and 30 minutes?
- ☐ 3 More than 30 minutes?

D3. Do you feel that you get as much exercise as you need or less than you need?

- ☐ 4 As much as needed
- ☐ 5 Less than needed
- ☐ 6 Don't know

D4. I am going to read four sentences describing daily routines or activities. Tell me which one best describes your usual situation.
(MARK ONLY ONE)

- ☐ 1 1. You sit during the day and do not walk about very much.
- ☐ 2 2. You stand or walk about quite a lot during the day, but do not have to carry or lift things very often.
- ☐ 3 3. You lift or carry light loads, or you have to climb stairs or hills often.
- ☐ 4 4. You do heavy work or carry very heavy loads.

SECTION E: SMOKING

E1. The next few questions are about smoking.

Have you ever smoked cigarettes?

- ☐ 1 Yes ☐ 2 No → Go to E6

E2. At the present time do you smoke cigarettes?

- ☐ 3 Yes ☐ 4 No → Go to E6

E3. Do you usually smoke cigarettes every day?

☐ 5 Yes → How many cigarettes

☐ 6 No

E4. In your day to day activities, do you find restrictions placed on where or when you can smoke?

- ☐ 7 Yes ☐ 8 No → Go to E6

E5. Have these restrictions affected how much you smoke each day?

- ☐ 1 Yes → How so? ☐ 2 Less each day
- ☐ 3 More each day
- ☐ 4 Tried to quit
- ☐ 5 No, about same
- ☐ 6 Don't know

E6. How many of the people living in your household smoke cigarettes daily? (IF SMOKER, ADD: "Including yourself")

people
(If none, enter 00)

E7. Do you ever feel unpleasant effects from the cigarette smoke of others?

- ☐ 7 Yes ☐ 8 No

SECTION F: ALCOHOL

F1. Now I would like to ask some questions about alcohol consumption.

In the next questions when we use the word drink it means:

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

Have you ever taken a drink? (beer, wine, liquor or other alcoholic beverage)

- ☐ 1 Yes ☐ 2 No → Go to G1

F2. In the past 12 months, have you taken a drink? (beer, wine, liquor or other alcoholic beverage)

- ☐ 3 Yes ☐ 4 No → Go to G1

F3. In the past 12 months, how often on average did you drink alcohol? Was it . . .

- ☐ 1 Every day?
- ☐ 2 4-6 times a week?
- ☐ 3 2-3 times a week?
- ☐ 4 Once a week?
- ☐ 5 Once or twice a month?
- ☐ 6 Less often than once a month?

F4. Thinking back over the last 7 days, starting with yesterday, how many drinks did you have on each day?

Did not have any drinks in the past 7 days ... 1 ☐ → Go to F5

How many drinks did you have on...

F5. I'm going to read you a few statements about the reasons why people drink. For each, tell me if it is a reason you drink. Do you drink...

	Yes	No	Don't Know
a) To be sociable or to add to the enjoyment of meals?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b) To feel good or get in a party mood?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c) To overcome stress or when sad, lonely or depressed?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>

SECTION G: DRUGS

G1. Now I would like to ask you about your use of medicines, pills and other drugs.

In the past 12 months have you used...

	Yes	No
a) Tranquillizers such as valium?	01 <input type="radio"/>	02 <input type="radio"/>
b) Diet pills or stimulants?	03 <input type="radio"/>	04 <input type="radio"/>
c) Anti-depressants?	05 <input type="radio"/>	06 <input type="radio"/>
d) Codeine, demerol or morphine?	07 <input type="radio"/>	08 <input type="radio"/>
e) Sleeping pills?	09 <input type="radio"/>	10 <input type="radio"/>
f) ASA (Aspirin) or other pain reliever?	11 <input type="radio"/>	12 <input type="radio"/>

G2. Have you ever used...

Have you used it in the past 12 months?

Yes No

a) Marijuana or hashish?	01 <input type="radio"/> Yes → 02 <input type="radio"/>	03 <input type="radio"/> No
b) Cocaine or crack?	05 <input type="radio"/> Yes → 06 <input type="radio"/>	07 <input type="radio"/> No
c) LSD (acid)?	09 <input type="radio"/> Yes → 10 <input type="radio"/>	11 <input type="radio"/> No
d) Amphetamines (speed)?	13 <input type="radio"/> Yes → 14 <input type="radio"/>	15 <input type="radio"/> No
e) Heroin?	17 <input type="radio"/> Yes → 18 <input type="radio"/>	19 <input type="radio"/> No

SECTION H: ROAD SAFETY PRACTICES

H1. The next questions are about road safety.

How often do you use seatbelts when you ride in a car? (READ RESPONSES)

1 ☐ Always?

2 ☐ Most of the time?

3 ☐ Sometimes?

4 ☐ Rarely or never?

H2. Have you driven an all terrain vehicle (ATV) or snowmobile in the last 12 months?

1 ☐ Yes → How often did you wear a helmet?

6 ☐ No

2 ☐ Always

3 ☐ Most of the time

4 ☐ Sometimes

5 ☐ Rarely or never

H3. INTERVIEWER CHECK ITEM:

- If F1 or F2 is "No" 7 ☐ → Go to I1
- Otherwise 8 ☐ → Go to H4

H4. In the past 30 days, how many times have you driven a motor vehicle within two hours of drinking any amount of alcohol?

(If none, enter 00)

98 ☐ Don't drive

SECTION I: NUTRITION

11. The next questions are about nutrition.

In the last 7 days, on how many days did you have the following as part of your breakfast?

a) Just coffee, tea or nothing at all ☐ 1

(IF ANSWER IS 7 GO TO I2)

b) Eggs, bacon, ham or other meat ☐ 2

c) Bread, toast, pastries, pancakes or cereals ☐ 3

d) Fruit or juice ☐ 4

e) Cheese, milk or other dairy products (other than in your coffee or tea) ☐ 5

12. In your opinion, what are the two best ways for people to lose weight?

(DO NOT READ — PROBE FOR SECOND CHOICE)
(IF ANSWER IS "TO DIET", ASK TO EXPLAIN)

☐ 01 Increase physical activity/exercise

☐ 02 Eat less sweets and sugar

☐ 03 Eat fewer calories

☐ 04 Don't eat between meals (snacks)

☐ 05 Skip meals

☐ 06 Eat less food (generally)

☐ 07 Eat more fruits and vegetables

☐ 08 Eat foods low in fat

☐ 09 Eat a balanced or nutritious diet

☐ 10 Other (specify)

13. Are you now trying to lose weight?

☐ 1 Yes

☐ 2 No

14. Do you consider yourself...

☐ 3 Overweight?

☐ 4 Underweight?

☐ 5 Just about right?

} Go to J1

15. Would you say you are...

☐ 6 Very overweight?

☐ 7 Somewhat overweight?

☐ 8 Only a little overweight?

SECTION J: SOCIAL RELATIONSHIPS

J1. The next few questions are about relationships and helping one another.

In the past 30 days, have you helped care for a relative or friend who was suffering from a physical or mental health problem?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know/Not sure

J2. In the past 30 days, have you experienced a physical or mental health problem for which you received some care from a relative or friend?

☐ 4 Yes

☐ 5 No

☐ 6 Don't know/Not sure

SECTION K: WORKPLACE

K1. The next few questions are about your employment status.

Which of the following best describes your main activity during the last 12 months? Were you mainly...

☐ 1 Working at a job or business? → Go to K3

☐ 2 Looking for work? → Go to K2

☐ 3 A student?

☐ 4 Retired?

☐ 5 Keeping house?

☐ 6 Other

} → Go to L1

K2. Did you have a job or business at any time during the past 12 months?

☐ 7 Yes

☐ 8 No → Go to L1

K3. How many weeks did you work at a job or business during the last 12 months? (Include vacation, illness, strikes, lock-outs and maternity/paternity leave)

Weeks

K4. For whom do (did) you work?

¹☐ Self-employed

INTERVIEWER: If more than one job reported, list main job.

K5. What kind of business, industry or service is (was) that?

K6. What kind of work do (did) you do?

K7. In total, about how many people work in your business or company at all its locations?

¹☐ 1 to 19

²☐ Between 20 and 99

³☐ Between 100 and 499

⁴☐ More than 500

⁵☐ Don't know

INTERVIEWER: K8 to K12 applies to all jobs

K8. Have any of the following caused you excess worry or stress at work in the last six months?

	Yes	No Don't Know	Not Applic- able
a) Unreasonable deadlines?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b) Duties are not clear?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c) Not enough influence over what you do and when you do it?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d) No feedback on how you're doing?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) Conflicts with other people at work?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>

K9. In the last year, how many days were you away from work because you were sick, injured or disabled?

days 998 ☐ Don't know

K10. Did you regularly work evening or night shifts?

¹☐ Yes ²☐ No

K11. Did you regularly work on Saturday or Sunday?

³☐ Yes ⁴☐ No

K12. Do you know if the following programs are available at your place of work?

	Yes	No Don't Know	Not Applic- able
a) Programs to improve health such as physical activity, nutrition or smoking cessation?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b) Safety or accident prevention programs? ...	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c) Psychological, drug or alcohol counseling?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>

SECTION L: WOMEN'S HEALTH

L1. INTERVIEWER CHECK ITEM:

Respondent is: ¹☐ Female → Go to L2

²☐ Male → Go to M1

L2. The next questions are about preventive health practices for women.

How often do you perform breast self-examination? Would you say...

³☐ At least once a month?

⁴☐ Once every 2-3 months?

⁵☐ Less often?

⁶☐ Never?

L3. Have you ever had a mammogram, that is, a breast X-ray?

- 1 ☐ Yes → When was the last time?
 6 ☐ No 2 ☐ Less than 12 months ago
 7 ☐ Don't know 3 ☐ 1 to 2 years ago
 4 ☐ More than 2 years ago
 5 ☐ Don't know

L4. Have you ever had a PAP smear?

- 1 ☐ Yes → When was the last time?
 6 ☐ No 2 ☐ Less than 12 months ago
 7 ☐ Don't know 3 ☐ 1 to 3 years ago
 4 ☐ More than 3 years ago
 5 ☐ Don't know

L5. Have you ever given birth?

- 1 ☐ Yes 2 ☐ No → Go to L8

L6. In what month and year was your last child born?

3 Month 4 19 Year

L7. Did you breast-feed your last child?

- 1 ☐ Yes → How long did you breast-feed your last child?
 7 ☐ No 2 ☐ Less than 1 month
 8 ☐ Tried/not successful 3 ☐ 1 — 2 months
 4 ☐ 3 — 4 months
 5 ☐ 5 — 6 months
 6 ☐ 6 or more months

L8. I would like to ask you a few personal questions about sexual behaviour because of its importance to personal health and social problems. Once again, please be assured that anything you tell me will remain confidential.

Now, we would like to know your age when you first had sexual intercourse. This is important information because it has some bearing on health in later years. Do you remember how old you were?

Age

- 97 ☐ Never } Go to L11
 98 ☐ Refused to answer

L9. In the past 12 months, have you had sexual intercourse?

- 1 ☐ Yes } Go to L11
 2 ☐ No
 3 ☐ Refused to answer

L10. In the past 12 months, with how many partners did you have sexual intercourse?

partners

- 98 ☐ Refused to answer

L11. I would now like your opinion on some ways for people in general to prevent getting a sexually transmitted disease.

After I read each one, tell me if you think it is "Very effective", "Somewhat effective", or "Not at all effective" for preventing sexually transmitted diseases:

Very effective Somewhat effective Not at all effective Don't know how effective Don't know method

a) A condom? ... 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐

b) A diaphragm? ... 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐

c) Spermicidal jelly or foam? ... 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐

d) Ask if partner has a sexually transmitted disease? 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐

e) Sex only with regular partner? 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐

f) No sex at all? 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐

L12. What do you think your chances are of getting a sexually transmitted disease? Would you say they are ...

1 ☐ High?

2 ☐ Medium?

3 ☐ Low?

4 ☐ None?

5 ☐ Don't know

6 ☐ Already have an STD

L13. Due to what you know about sexually transmitted diseases, have you changed your sexual behaviour in the past 12 months?

7 ☐ Yes

8 ☐ No → Go to N1

L14. Have you ...

Yes No

a) Had sexual intercourse with only one partner? 1 ☐ 2 ☐

b) Used condoms for protection? 3 ☐ 4 ☐

c) Been more careful in selecting sexual partners? 5 ☐ 6 ☐

d) Anything else? (specify) 7 ☐ 8 ☐

INTERVIEWER: Go to N1

SECTION M: MEN'S HEALTH

M1. I would like to ask you a few personal questions about sexual behaviour because of its importance to personal health and social problems. Once again, please be assured that anything you tell me will remain confidential.

Now, we would like to know your age when you first had sexual intercourse. Do you remember how old you were?

Age

97 ☐ Never

98 ☐ Refused to answer

} Go to M4

M2. In the past 12 months, have you had sexual intercourse?

1 ☐ Yes

2 ☐ No

3 ☐ Refused to answer

} Go to M4

M3. In the past 12 months, with how many partners did you have sexual intercourse?

partners

98 ☐ Refused to answer

M4. I would now like your opinion on some ways for people in general to prevent getting a sexually transmitted disease.

After I read each one, tell me if you think it is "Very effective", "Somewhat effective", or "Not at all effective" for preventing sexually transmitted diseases:

Very effective Somewhat effective Not at all effective Don't know how effective Don't know method

a) A condom? ... 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐

b) A diaphragm? .. 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐

c) Spermicidal jelly or foam? . 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐

d) Ask if partner has a sexually transmitted disease? 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐

e) Sex only with regular partner? 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐

f) No sex at all? 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐

M5. What do you think your chances are of getting a sexually transmitted disease? Would you say they are ...

1 ☐ High?

2 ☐ Medium?

3 ☐ Low?

4 ☐ None?

5 ☐ Don't know

6 ☐ Already have an STD

M6. Due to what you know about sexually transmitted diseases, have you changed your sexual behaviour in the past 12 months?

7 ☐ Yes

8 ☐ No → Go to N1

M7. Have you ...

Yes

No

a) Had sexual intercourse with only one partner? 1 ☐ 2 ☐

b) Used condoms for protection? 3 ☐ 4 ☐

c) Been more careful in selecting sexual partners? 5 ☐ 6 ☐

d) Anything else? (specify) 7 ☐ 8 ☐

SECTION N: DENTAL HEALTH

N1. Next I would like to ask you some questions about your teeth.

Do you have one or more of your natural teeth?

1 ☐ Yes

2 ☐ No → Go to N5

N2. Have you seen a dentist in the past 12 months?

3 ☐ Yes

4 ☐ No

5 ☐ Don't know

} Go to N4

N3. During this time, did you see a dentist for ...

Yes

No

a) A dental checkup or cleaning? 01 ☐ 02 ☐

b) A filling or extraction? (non-emergency) 03 ☐ 04 ☐

c) Any periodontal treatment? (gum treatment) 05 ☐ 06 ☐

d) Orthodontic treatment? (braces) 07 ☐ 08 ☐

e) Crown or bridge work? 09 ☐ 10 ☐

f) A dental emergency? 11 ☐ 12 ☐

N4. How often do you usually brush your teeth? (DO NOT READ)

1 ☐ Twice or more a day/after every meal

2 ☐ Once a day

3 ☐ A few times a week

4 ☐ Once a week

5 ☐ A few times a month

6 ☐ Once a month

7 ☐ Rarely/Never

8 ☐ Don't know

N5. Are you covered by dental insurance?

¹ ☐ Yes

² ☐ No

³ ☐ Don't know

SECTION O: HOME AND ENVIRONMENTAL ISSUES

O1. The next questions are about home and environmental issues.

Do you, or others in your household...

Yes No
Don't know Not applicable

a) Own a smoke alarm that works? 01 ☐ 02 ☐ 03 ☐

b) Own a first-aid kit? 04 ☐ 05 ☐ 06 ☐

c) Have a household member trained in first aid? 07 ☐ 08 ☐ 09 ☐

d) Own a fire extinguisher that works? 10 ☐ 11 ☐ 12 ☐

e) Read nutrition labels on packages to make food choices? 13 ☐ 14 ☐ 15 ☐

f) Check that the water heater thermostat does not exceed 50°C or 120°F? (scalding) 16 ☐ 17 ☐ 18 ☐

g) Recycle papers, bottles, cans, etc.? 19 ☐ 20 ☐ 21 ☐

h) Compost fruit and vegetable waste? 22 ☐ 23 ☐ 24 ☐

i) Buy products made of recycled materials? 25 ☐ 26 ☐ 27 ☐

O2. During the past 12 months, how much do you think that environmental pollution has affected your health? Would you say...

¹ ☐ Very much?

² ☐ A fair amount?

³ ☐ Not very much?

⁴ ☐ Not at all?

⁵ ☐ Don't Know

SECTION P: GOVERNMENT ACTION ON HEALTH PROMOTION ISSUES

P1. I will now read a list of health topics. For each I'd like your opinion about how important you feel it is for the government to deal with each topic.

Tell me on a scale of 1 to 10; with 1 being "not at all important" and 10 being "extremely important", how important do you feel it is for the government to deal with...

Not at all
important

Extremely
important

1 2 3 4 5 6 7 8 9 10

a) Drug use? 01 ☐ 11 ☐

b) Smoking? 02 ☐ 11 ☐

c) Alcohol problems? 03 ☐ 11 ☐

d) Child health? 04 ☐ 11 ☐

e) Eating habits? 05 ☐ 11 ☐

f) Mental health? 06 ☐ 11 ☐

g) Accident prevention on the road? 07 ☐ 11 ☐

h) Accident prevention at work? 08 ☐ 11 ☐

i) Exercise or physical activity? 09 ☐ 11 ☐

j) Environmental pollution? 10 ☐ 11 ☐

k) AIDS? 11 ☐ 11 ☐

l) Other sexually transmitted diseases? 12 ☐ 11 ☐

m) Dental health? 13 ☐ 11 ☐

n) Heart disease? 14 ☐ 11 ☐

2. No → Go to Q4

¹⁴ () Other (specify)

k) Prayer or spiritual guidance 31 ☐ 32 ☐ 33 ☐

15 ☐ Other (specify)

¹○ Don't know

¹⁰ ☐ Other education or training

<p>R3. What is the month and year of your birth?</p> <p>1 <input type="text"/> <input type="text"/> Month 2 19 <input type="text"/> <input type="text"/> Year</p>	<p>R7. Are there any children under 15 years old living in your household?</p> <p>1 <input type="radio"/> Yes → How many are... 2 <input type="text"/></p> <p style="padding-left: 150px;">5 years old or less? 3 <input type="text"/></p> <p style="padding-left: 150px;">6 to 11 years old? 4 <input type="text"/></p> <p style="padding-left: 150px;">12 to 14 years old?</p> <p>5 <input type="radio"/> No</p>
<p>R4. What language do you speak most often at home?</p> <p>3 <input type="radio"/> English</p> <p>4 <input type="radio"/> French</p> <p>5 <input type="radio"/> Italian</p> <p>6 <input type="radio"/> Chinese</p> <p>7 <input type="radio"/> German</p> <p>8 <input type="radio"/> Other (specify)</p> <p style="border-bottom: 1px solid black; height: 15px; width: 100%;"></p>	<p>R8. What is your best estimate of the total income of all household members from all sources in 1989 before taxes and deductions? Was the total household income...</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <p>Less than \$20,000 01 <input type="radio"/></p> </div> <div style="margin-right: 10px;"> <p>Less than \$10,000? 05 <input type="radio"/></p> </div> <div style="margin-right: 10px;"> <p>Less than \$5,000? 09 <input type="radio"/></p> </div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <p>\$10,000 or more? 06 <input type="radio"/></p> </div> <div style="margin-right: 10px;"> <p>Less than \$15,000? 11 <input type="radio"/></p> </div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <p>\$15,000 or more? 12 <input type="radio"/></p> </div> </div> <div style="display: flex; align-items: center; margin-top: 20px; margin-left: 20px;"> <div style="margin-right: 10px;"> <p>\$20,000 or more 02 <input type="radio"/></p> </div> <div style="margin-right: 10px;"> <p>Less than \$40,000? 07 <input type="radio"/></p> </div> <div style="margin-right: 10px;"> <p>Less than \$30,000? 13 <input type="radio"/></p> </div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <p>\$40,000 or more? 08 <input type="radio"/></p> </div> <div style="margin-right: 10px;"> <p>\$30,000 or more? 14 <input type="radio"/></p> </div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <p>\$60,000 to \$79,999? 16 <input type="radio"/></p> </div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <p>\$80,000 or more? 17 <input type="radio"/></p> </div> </div> <div style="margin-top: 20px;"> <p>03 <input type="radio"/> No income</p> <p>04 <input type="radio"/> Don't know</p> </div>
<p>R5. Canadians belong to many ethnic or cultural groups such as Inuit, Irish, Scottish, French or Chinese. To which ethnic or cultural groups do YOU belong? (ACCEPT MULTIPLE RESPONSES, DO NOT PROBE)</p> <p>01 <input type="radio"/> English</p> <p>02 <input type="radio"/> French</p> <p>03 <input type="radio"/> Scottish</p> <p>04 <input type="radio"/> Irish</p> <p>05 <input type="radio"/> German</p> <p>06 <input type="radio"/> Ukrainian</p> <p>07 <input type="radio"/> Italian</p> <p>08 <input type="radio"/> Dutch</p> <p>09 <input type="radio"/> Canadian</p> <p>10 <input type="radio"/> Other (specify)</p> <p style="border-bottom: 1px solid black; height: 15px; width: 100%;"></p>	
<p>R6. What is your current marital status? Are you...</p> <p>1 <input type="radio"/> Single (Never married)?</p> <p>2 <input type="radio"/> Married (and not separated), or living common-law?</p> <p>3 <input type="radio"/> Separated?</p> <p>4 <input type="radio"/> Divorced?</p> <p>5 <input type="radio"/> Widowed?</p>	

SECTION S: DATA SHARING AGREEMENT

S1. Statistics Canada is conducting this survey jointly with Health and Welfare Canada and the provincial ministry responsible for health promotion in Alberta. The information collected will be kept confidential and used only for statistical purposes.

DO YOU AGREE TO SHARE YOUR ANSWERS WITH THESE MINISTRIES?

YES 1 ☐

NO 2 ☐

THANK YOU
VERY MUCH FOR YOUR ASSISTANCE!