

## NPHS Supplementary Questions

### INFORMATION QUESTIONS

POPULATION NON PROXY 12 YEARS OF AGE AND OVER. IF PROXY, GO TO END; IF AGE<12, GO TO END. **CORE SAMPLE ONLY.**

SINFO-I1 We are now going to ask you some questions sponsored by Health Canada. One of the goals of Health Canada is to educate Canadians about health and health care. The questions you answer in these next sections will tell Health Canada how effective their work has been and will give you the chance to tell Health Canada your attitudes about health and health care.

SINFO-I2 First, we would like to find out about where people get information on health and health care services. For instance, many people get information from doctors, nurses, friends or family; or from magazines, television or books; or from attending specialized groups or classes.

SINFO-Q1 What are your most important sources of information about nutrition?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SINFO-Q1 DOCTORS OR NURSES  
NUTRITIONIST, DIETICIAN  
FAMILY  
FRIENDS  
PAMPHLETS/MAGAZINES/BOOKS  
TV, RADIO, NEWSPAPER  
WEIGHT LOSS CLINIC  
CANADA'S FOOD GUIDE  
OTHER (SPECIFY)  
NONE OF THE ABOVE

SINFO-Q2 What are your most important sources of information about health risks from smoking and tobacco use?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SINFO-Q2 DOCTORS OR NURSES  
OTHER HEALTH PROFESSIONALS  
FAMILY  
FRIENDS  
PAMPHLETS/MAGAZINES/BOOKS  
TV, RADIO, NEWSPAPER  
SCHOOL  
OTHER (SPECIFY)  
NONE OF THE ABOVE

SINFO-C3 IF FEMALE BIRTH PARENT IN HHL-D4 AND CHILD LESS THAN 5 YEARS OF AGE GO TO SINFO-Q3, OTHERWISE GO TO SINFO-Q5.

SINFO-Q3 What are your most important sources of information about breast feeding and its importance to the health of children?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SINFO-Q3 DOCTORS OR NURSES  
MIDWIVES, PRENATAL EDUCATORS  
FAMILY  
FRIENDS  
PAMPHLETS/MAGAZINES/BOOKS  
TV, RADIO, NEWSPAPER  
BREAST-FEEDING SUPPORT GROUP  
OTHER (SPECIFY)  
NONE OF THE ABOVE

SINFO-Q4 What are your most important sources of information about alcohol use during pregnancy?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SINFO-Q4 DOCTORS OR NURSES  
MIDWIVES OR PRENATAL EDUCATORS  
FAMILY  
FRIENDS  
PAMPHLETS/MAGAZINES/BOOKS  
TV, RADIO, NEWSPAPER  
ADDICTION AGENCIES  
FAMILY AND CHILDREN'S SERVICE AGENCIES  
OTHER (SPECIFY)  
NONE OF THE ABOVE

SINFO-Q5 What are your most important sources of information for finding or choosing health care services (For example, finding a new doctor, or choosing a health care clinic)?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SINFO-Q5 DOCTORS OR NURSES  
OTHER HEALTH PROFESSIONALS  
FAMILY  
FRIENDS  
PAMPHLETS/MAGAZINES/BOOKS  
TV, RADIO, NEWSPAPER  
YELLOW PAGES (TELEPHONE BOOK)  
OTHER (SPECIFY)  
NONE OF THE ABOVE

SINFO-C6 PARENTS IN HHL-D-Q4 (BIRTH PARENT, STEP PARENT, FOSTER PARENT) OF CHILDREN LESS THAN 12 YEARS OF AGE GO TO SINFO-Q6, OTHERWISE GO TO SINFO-STOP.

SINFO-Q6 I am going to read five health problems which can cause death in young children after their first birthday. Please tell me which one you think is the leading cause of death.  
(READ LIST, MARK ONE ONLY)

SINFO-Q6 Cancer  
Injuries  
Cystic Fibrosis  
Meningitis  
Heart disease

SINFO-C7A PARENTS IN HHL-D-Q4 (BIRTH PARENT, STEP PARENT, FOSTER PARENT) OF CHILDREN LESS THAN 6 YEARS OF AGE, GO TO SINFO-Q7A; OTHERWISE GO TO SINFO-Q7C

TREAT REFUSALS AND DON'T KNOW AS "NO" IN THIS SET OF SINFO-Q7 QUESTIONS (SINFO-Q7A TO SINFO-Q7R)

SINFO-Q7A Have you ever looked for information about how to correctly use a car safety seat?

YESNO YES  
NO GO TO SINFO-Q7C

SINFO-Q7B Were you able to find enough information to satisfy your needs?

YESNO YES  
NO

SINFO-Q7C Have you have ever looked for information about teaching children about traffic safety?

YESNO YES  
NO GO TO SINFO-Q7E

SINFO-Q7D Were you able to find enough information to satisfy your needs?

YESNO YES  
NO

SINFO-Q7E Have you have ever looked for information about safety in the home (such as preventing falls, preventing scalds and burns, preventing poisoning)?

YESNO YES  
NO GO TO SINFO-Q7I

SINFO-Q7F Were you able to find enough information to satisfy your needs?

YESNO YES  
NO

SINFO-Q7I Have you have ever looked for information about how to treat a child who is choking?

YESNO YES  
NO GO TO SINFO-Q7K

SINFO-Q7J Were you able to find enough information to satisfy your needs?

YESNO YES  
NO

SINFO-Q7K Have you have ever looked for information about swimming safety?

YESNO YES  
NO GO TO SINFO-Q7M

SINFO-Q7L Were you able to find enough information to satisfy your needs?

YESNO YES  
NO

SINFO-Q7M Have you have ever looked for information about bicycle safety?

YESNO YES  
NO GO TO SINFO-Q7Q

SINFO-Q7N Were you able to find enough information to satisfy your needs?

YESNO YES  
NO

SINFO-Q7Q Have you have ever looked for information about how to prevent sports injuries?

YESNO YES  
NO GO TO SINFO-Q8

SINFO-Q7R Were you able to find enough information to satisfy your needs?

YESNO YES  
NO

SINFO-Q8 If you wanted or needed information on preventing or treating childhood injuries, which of the following sources would you find helpful?  
(READ LIST, MARK ALL THAT APPLY)

SINFO-Q8 Educational pamphlets displayed in convenient places  
Educational pamphlets distributed through schools  
Counselling with health professionals  
Childhood safety information in the media  
Videotapes about safety available in public libraries and video stores  
A telephone hotline giving safety information  
None of the above

SINFO-STOP

**NUTRITION**

POPULATION NON-PROXY 12 YEARS OF AGE AND OVER; IF PROXY GO TO SNUTRITION-STOP

SNUTRITION-I1 The following questions are about the food you eat and your eating habits. When answering these questions think about the kinds of foods you eat, how often you eat them and what amounts you eat.

SNUTRITION-Q1 In general would you say that your eating habits are excellent, very good, good, fair, or poor?

(DO NOT READ LIST, MARK ONE ONLY)

SNUTRITION-Q1 EXCELLENT  
VERY GOOD  
GOOD  
FAIR  
POOR

SNUTRITION-Q2 Which of the following foods do you eat more now than you did twelve months ago?  
(READ LIST, MARK ALL THAT APPLY)

SNUTRITION-Q2 grain products (bread, pasta, rice, cereals)?  
vegetables and fruit (fresh, frozen, canned)?  
milk products (milk, cheese, yogurt)?  
meat, poultry, or fish?  
meat alternatives (dried beans, lentils)?  
other foods such as candy, chips, butter, tea/coffee?  
NONE OF THE ABOVE

SNUTRITION-Q3 Starch and fibre are important to the Canadian diet. Are you concerned about getting enough starch and fibre in the foods you eat?

YESNO YES  
NO (Go to SNUTRITION-Q4C)

SNUTRITION-Q4 Are you taking any steps to increase the amount of starch and fibre in the foods you eat?

YESNO YES  
NO (Go to SNUTRITION-Q4C)

SNUTRITION-Q4A Are you taking any of the following steps ...?  
(READ LIST. MARK ALL 'YES' RESPONSES.)

SNUTRITION-Q4A Eating vegetables or fruit at most meals and snacks  
Using meat alternatives (dried beans, lentils)  
Eating meals which have less meat (e.g. pasta, rice, vegetable dishes)  
Eating whole grain products (e.g. whole wheat bread, brown rice, oatmeal muffins)  
Using whole wheat flour and bran in baking  
Choosing foods that are high in fibre (bran cereals, muffins)  
OTHER (specify)

SNUTRITION-Q4B Do you find it easy to increase the amount of starch and fibre in the foods you eat?

YESNO YES  
NO

SNUTRITION-Q4C I'm going to read you some statements about starch and fibre in foods. For each statement, please tell me if it is true or false.

(READ LIST. MARK ALL "TRUE" RESPONSES.)

SNUTRITION-Q4C Grain products do not taste good.  
Grain products are too expensive.  
Grain products are not readily available.  
Grain products are fattening.  
You don't know what grain products are.  
NONE OF THE ABOVE

SNUTRITION-Q5 Are you concerned about the amount of fat in the foods you eat?

YESNO YES  
NO GO TO SNUTRITION-Q8

SNUTRITION-E5

REFUSAL OR DON'T KNOW TO SNUTRITION-Q5, GO TO SNUTRITION-Q8

SNUTRITION-Q6 Are you taking any steps to reduce the amount of fat in the foods you eat?

SNUTRITION-Q6 YES  
NO, (DOING NOTHING) GO TO SNUTRITION-Q8

SNUTRITION-E6

REFUSAL OR DON'T KNOW TO SNUTRITION-Q6, GO TO SNUTRITION-Q8

SNUTRITION-Q6A Are you taking any of the following steps ...  
(READ LIST, MARK ALL YES RESPONSES)

SNUTRITION-Q6A Using less butter, oil or salad dressings  
Cutting down on high-fat milk products  
Eating less fried or deep fried foods  
Cutting down on nuts and seeds  
Eating fewer snacks such as chips and chocolate bars  
Using lower-fat milk products  
Eating leaner meats, poultry, fish  
Eating meat alternatives  
Choosing foods with lower fat contents  
Baking, broiling or microwaving your food  
OTHER STEPS (SPECIFY)

SNUTRITION-Q7 Do you find it easy to reduce the amount of fat in the foods you eat?

YESNO YES  
NO

SNUTRITION-Q8 I'm going to read you some statements about fat in food. For each statement, please tell me if it is true or false.  
(READ LIST, MARK ALL "TRUE" RESPONSES.)

SNUTRITION-Q8 Low fat food choices are readily available  
Low fat foods are expensive  
Low fat foods taste good  
Low fat foods are easy to prepare  
Food labels show the amount of fat content  
NONE OF THE ABOVE

SNUTRITION-Q9 Are you presently trying to lose weight?

YESNO YES  
NO

SNUTRITION-E9 IF NO IN SNUTRITION-Q9 GO TO SNUTRITION-STOP

SNUTRITION-Q10 How much would you like to weigh?

SNUTRITION-Q10 \_\_\_\_\_

SNUTRITION-Q11 TO BE PROGRAMMED THE SAME WAY AS NPHS POUNDS/KILOGRAMS QUESTION IS PROGRAMMED.

SNUTRITION-Q11 pounds or kilograms?  
POUNDS  
KILOGRAMS

SNUTRITION-STOP

**SMOKING**

POPULATION                    NON PROXY 12 YEARS OF AGE AND OVER.; IF PROXY GO TO SSMOK-STOP

SSMOK-I1      The next questions are about your awareness of the information on cigarette packaging, attitudes toward smoking and quitting smoking. Your answers will allow Health Canada to measure the effectiveness of their programs.

SSMOK-Q1      Have you ever seen health warning messages on cigarette packages?

YESNO          YES  
                  NO          GO TO SSMOK-Q5

SSMOK-Q2      What are the health warning messages you have seen?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SSMOK-Q2      SMOKING REDUCES LIFE EXPECTANCY.  
                  SMOKING IS THE MAJOR CAUSE OF LUNG CANCER.  
                  SMOKING IS A MAJOR CAUSE OF HEART DISEASE.  
                  SMOKING DURING PREGNANCY CAN HARM THE BABY.  
                  CIGARETTES ARE ADDICTIVE.  
                  TOBACCO SMOKE CAN HARM YOUR CHILDREN.  
                  CIGARETTES CAUSE FATAL LUNG DISEASE.  
                  CIGARETTES CAUSE CANCER.  
                  CIGARETTES CAUSE STROKES AND HEART DISEASE.  
                  SMOKING CAN KILL YOU.  
                  TOBACCO SMOKE CAUSES FATAL LUNG DISEASE IN NON-SMOKERS.  
                  ANY OTHER MESSAGE, (SPECIFY)

SSMOK-Q3      Do you agree or disagree with cigarette packages having health warning messages?  
(DO NOT READ LIST, MARK ONE ONLY)

SSMOK-Q3      AGREE  
                  DISAGREE  
                  NO OPINION

SSMOK-Q4      How often do you read these health warning messages?  
(DO NOT READ, MARK ONE ONLY)

SSMOK-Q4      NEVER  
                  LESS OFTEN THAN ONCE A WEEK  
                  ABOUT ONCE A WEEK  
                  ONCE EVERY TWO OR THREE DAYS  
                  ABOUT ONCE A DAY  
                  MORE THAN ONCE A DAY

SSMOK-C5      IF SMOK-Q1=1, GO TO SSMOK-Q5. OTHERWISE, GO TO SSMOK-C6.

SSMOK-Q5      How many of the people living in your household smoke cigarettes regularly inside the home.



including yourself.

SSMOK-Q5 \_\_\_ People

SSMOK-C6 IF "NOT AT ALL" IN SMOK-Q2 AND "NO" IN SMOK-Q5 GO TO SSMOK-I6.  
IF "NOT AT ALL" IN SMOK-Q2 AND "YES" IN SMOK-Q5, THEN GO TO SSMOK-I9.  
IF "DON'T KNOW" OR "REFUSAL" IN SMOK-Q2 OR SMOK-Q5, THEN GO TO SMOK-STOP.  
OTHERWISE GO TO SSMOK-Q12.

SSMOK-I6 You said earlier that you used to smoke cigarettes, but never smoked daily.

SSMOK-Q7 At what age did you first begin to smoke (even if it wasn't every day)?

SSMOK-Q7 \_\_\_ AGE

SSMOK-E7 RESPONDENT COULD NOT BEGIN TO SMOKE AT AN AGE OLDER THAN HIS/HER  
CURRENT AGE.

SSMOK-Q8 At what age did you quit smoking?

SSMOK-Q8 \_\_\_ AGE

SSMOK-E8 STOP AGE FOR SMOKERS NOT BEFORE --- AND NOT AFTER CURRENT AGE.

SSMOK-E8A

GO TO SSMOK-Q9

SSMOK-I9 We would like to ask some questions of people who have stopped smoking. You said earlier that  
you used to smoke cigarettes daily.

SSMOK-Q9A Why did you first begin smoking cigarettes?  
(DO NOT READ LIST. MARK ALL THAT APPLY.)

SSMOK-Q7A EVERYONE AROUND ME SMOKED  
ALL MY FRIENDS SMOKED  
MY PARENT(S) SMOKED  
CURIOSITY  
TO BE "COOL"  
TO CONTROL BODY WEIGHT  
TO CONTROL STRESS, ANXIETY OR ANGER  
TO COMBAT BOREDOM  
PRICE  
AVAILABILITY (LOOSE CIGARETTES, CONTRABAND)  
OTHER (SPECIFY)

SSMOK-E9A IF MORE THAN ONE RESPONSE SELECTED IN SSMOK-Q9A, GO TO SSMOK-Q9B.  
OTHERWISE, GO TO SSMOK-Q9.

SSMOK-Q7B What was the most important reason you began smoking?  
(DO NOT READ LIST. MARK ONE ONLY.)

SSMOK-Q9B EVERYONE AROUND ME SMOKED  
ALL MY FRIENDS SMOKED  
MY PARENT(S) SMOKED  
CURIOSITY  
TO BE "COOL"  
TO CONTROL BODY WEIGHT  
TO CONTROL STRESS, ANXIETY OR ANGER  
TO COMBAT BOREDOM  
PRICE  
AVAILABILITY (LOOSE CIGARETTES, CONTRABAND)  
OTHER

SSMOK-E9B RESPONSE SELECTED IN SSMOK-Q9B MUST BE ONE OF THE RESPONSES SELECTED  
IN SSMOK-Q9A. IF NOT ASK INTERVIEWER TO CHECK RESPONSES TO SSMOK-Q9A  
AND -Q9B.

SSMOK-Q9 Why did you quit smoking?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SSMOK-Q9 CONCERN ABOUT FUTURE HEALTH EFFECTS  
PHYSICIAN ADVICE  
AFFECTING PRESENT HEALTH  
PREGNANCY  
SOCIAL/FAMILY PRESSURES  
RESTRICTIONS  
COST  
ANY OTHER REASON (SPECIFY)

SSMOK-Q10 What method did you use to quit smoking?  
(DO NOT READ LIST. MARK ONE ONLY.)

SSMOK-Q10 COLD TURKEY  
SELF-HELP PROGRAM (VIDEO, CASSETTE, BOOK)  
NICOTINE PATCH  
ADDICTION COUNSELLING  
ORGANIZED STOP-SMOKING PROGRAM  
NICORETTE  
ACUPUNCTURE  
HYPNOSIS  
OTHER (SPECIFY)

SSMOK-E10

GO TO SSMOK-STOP

SSMOK-Q12 Why did you first begin smoking cigarettes?  
(DO NOT READ LIST. MARK ALL THAT APPLY.)

SSMOK-Q7A EVERYONE AROUND ME SMOKED  
ALL MY FRIENDS SMOKED  
MY PARENT(S) SMOKED  
CURIOSITY  
TO BE "COOL"  
TO CONTROL BODY WEIGHT  
TO CONTROL STRESS, ANXIETY OR ANGER  
TO COMBAT BOREDOM  
PRICE  
AVAILABILITY (LOOSE CIGARETTES, CONTRABAND)  
OTHER (SPECIFY)

SSMOK-E12 IF MORE THAN ONE RESPONSE SELECTED IN SSMOK-Q12, GO TO SSMOK-Q12A.  
OTHERWISE, GO TO SSMOK-Q12C.

SSMOK-Q12A What was the most important reason you began smoking?  
(DO NOT READ LIST. MARK ONE ONLY.)

SSMOK-Q7B EVERYONE AROUND ME SMOKED  
ALL MY FRIENDS SMOKED  
MY PARENT(S) SMOKED  
CURIOSITY  
TO BE "COOL"  
TO CONTROL BODY WEIGHT  
TO CONTROL STRESS, ANXIETY OR ANGER  
TO COMBAT BOREDOM  
PRICE  
AVAILABILITY (LOOSE CIGARETTES, CONTRABAND)  
OTHER

SSMOK-E12A RESPONSE SELECTED IN SSMOK-Q12A MUST BE ONE OF THE RESPONSES SELECTED  
IN SSMOK-Q12. IF NOT ASK INTERVIEWER TO CHECK RESPONSES TO SSMOK-Q12  
AND -Q12A.

SSMOK-Q12C Why do you continue to smoke now?  
(DO NOT READ LIST. MARK ALL THAT APPLY.)

SSMOK-Q12C HABIT  
STIMULANT  
RELAXANT  
ADDICTION  
PLEASURE  
WEIGHT CONTROL  
SOCIAL ACCEPTABILITY  
OTHER (SPECIFY)

SSMOK-Q13 Have you tried to quit smoking in the last twelve months?

YESNO YES

NO

SSMOK-Q16 Are you smoking less now than you were twelve months ago?

YESNO YES  
NO GO TO SSMOK-Q18

SSMOK-E16

DON'T KNOW OR REFUSAL TO SSMOK-Q16, GO TO SSMOK-Q18

SSMOK-Q17 Why are you smoking less?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SSMOK-Q17 CONCERN ABOUT FUTURE HEALTH EFFECTS  
PHYSICIAN ADVICE  
AFFECTING PRESENT HEALTH  
PREGNANCY  
SOCIAL/FAMILY PRESSURES  
RESTRICTIONS  
COST  
TRYING TO QUIT  
ANY OTHER REASON (SPECIFY)

SSMOK-Q18 Nowadays there are many restrictions on where people are allowed to smoke. In your day to day activities, where do you find you have restrictions on your smoking?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SSMOK-Q18 AT HOME  
AT THE HOME OF FRIENDS OR RELATIVES  
IN PUBLIC PLACES (SHOPPING CENTRES, CHURCH, HOSPITAL)  
AT WORK  
AT SCHOOL  
AT AN ENTERTAINMENT OR SPORTS ACTIVITY  
TRANSPORTATION  
ANY OTHER PLACES (SPECIFY)  
NONE OF THE ABOVE

SSMOK-C18A IF SMOK-Q2=2 (occasionally) GO TO SSMOK-Q18A. OTHERWISE GO TO SSMOK-Q19.

SSMOK-Q18A You said earlier that you smoke occasionally. On what types of occasions do you smoke?  
(READ LIST. MARK ALL THAT APPLY.)

SSMOK-Q18A When you are drinking  
When you attend parties / social situations  
When you are alone  
When you are with friends  
When you feel stressed  
Other (specify)

SSMOK-Q19 Do you usually smoke the same brand of cigarettes?

YESNO YES GO TO SSMOK-Q21

NO GO TO SSMOK-Q20

SSMOK-E19

REFUSAL OR DON'T KNOW IN SSMOK-Q19 GO TO SSMOK-STOP.

SSMOK-Q20 Why not?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SSMOK-Q20 LOWER TAR  
TASTE PREFERENCE  
ADVERTISEMENT  
NO PARTICULAR PREFERENCE FOR ONE BRAND  
REDUCE NEGATIVE HEALTH EFFECTS

SSMOK-E20

GO TO SSMOK-STOP.

SSMOK-Q21 What brand do you usually smoke? (specify size and type for example, regular, kingsize, filter-tip, plain, etc.)

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SSMOK-E21

REFUSAL OR DON'T KNOW IN SSMOK-Q21 GO TO SSMOK-STOP.

SSMOK-Q22 During the past 12 months, have you switched brands?

YESNO YES  
NO GO TO SSMOK-Q24

SSMOK-E22

REFUSAL OR DON'T KNOW IN SSMOK-Q22 GO TO SSMOK-STOP

SSMOK-Q23 Why?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SSMOK-Q23 CONCERN ABOUT FUTURE HEALTH EFFECTS  
PHYSICIAN ADVICE  
AFFECTING PRESENT HEALTH  
SOCIAL/FAMILY PRESSURES  
RESTRICTIONS  
COST  
TAR CONTENT  
NICOTINE CONTENT  
SIZE OF PACKAGE  
PREGNANCY  
FILTER  
ADVERTISING/PACKAGING  
TASTE  
ANY OTHER REASON (SPECIFY)

SSMOK-Q24 Often people are not sure how much tar, nicotine and carbon monoxide is in their cigarettes.  
Without looking at your cigarette package, how much **tar** would you say is in one of your cigarettes?  
(READ LIST, MARK ONE ONLY)

SSMOK-Q24 More than 15 mgs  
11-15 mgs  
6-10 mgs  
Less than 6 mgs

SSMOK-Q25 How much **nicotine** would you say is in one of your cigarettes?  
(READ LIST, MARK ONE ONLY)

SSMOK-Q24 More than 15 mgs  
11-15 mgs  
6-10 mgs  
Less than 6 mgs

SSMOK-Q26 How much **carbon monoxide** would you say is in one of your cigarettes?  
(READ LIST, MARK ONE ONLY)

SSMOK-Q24 More than 15 mgs  
11-15 mgs?  
6-10 mgs  
Less than 6 mgs

SSMOK-Q27 Would you like this type of information on tar, nicotine and carbon monoxide displayed more prominently on your cigarette package?

YESNO YES  
NO

SSMOK-STOP

**INJURY PREVENTION**

POPULATION NON PROXY 12 YEARS OF AGE AND OVER:, IF PROXY GO TO END

SINJ-I1 The following questions are about safety and the prevention of injuries.

SINJ-C1 IF "BICYCLING" WAS INDICATED AS AN ACTIVITY IN PHYS-Q1 OR ANY RESPONSE OF "LESS THAN ONE HOUR", "FROM ONE TO FIVE HOURS", "FROM SIX TO TEN HOURS", "FROM 11 TO 20 HOURS", "MORE THAN 20 HOURS" IN PHYS-Q4B, AND RESPONSE OF "MOST OF THE TIME", "RARELY", OR "NEVER" IN PHYS-Q5 GO TO SINJ-Q1, OTHERWISE GO TO SINJ-Q2.

SINJ-Q1 You mentioned that you don't always wear a helmet when you ride a bicycle. What is the main reason why you don't wear a helmet all the time?  
(DO NOT READ LIST, MARK ONE ONLY)

SINJ-Q1 DON'T HAVE ONE  
AREN'T EFFECTIVE  
AREN'T NECESSARY/DON'T NEED ONE  
COSTS TOO MUCH  
UNCOMFORTABLE TO WEAR/HELMET DOESN'T FIT/DON'T LIKE THEM  
WOULD BE LAUGHED AT/WOULD BE SILLY  
ONLY RIDES IN SAFE AREAS  
INTERFERES WITH RIDING  
FRIENDS DON'T WEAR THEM  
INCONVENIENT/DIFFICULT TO STORE (EG. AT SCHOOL)  
ANY OTHER REASON (SPECIFY)

SINJ-Q2 How often do you use a seat belt when riding in a car, truck or van?  
(READ LIST, MARK ONE ONLY)

SINJ-Q2 Always GO TO SINJ-Q4  
Nearly always  
Sometimes  
Rarely  
Never  
NOT APPLICABLE (DON'T RIDE IN CAR, TRUCK OR VAN)

SINJ-E2

REFUSAL OR DON'T KNOW GO TO SINJ-Q4

SINJ-C3A FOR SINJ-Q3: RESPONSE "PREGNANT" VALID ONLY IF SEX OF RESPONDENT IS FEMALE AND > OR = 16 YEARS OF AGE.

SINJ-C3B FOR SINJ-Q3: RESPONSE "INTERFERES WITH DRIVING" VALID ONLY IF RESPONDENT IS > OR = 16 YEARS OF AGE.

SINJ-Q3        What is the main reason you don't wear a seat belt all the time?  
(DO NOT READ LIST, MARK ONE ONLY)

SINJ-Q3        AREN'T EFFECTIVE  
AREN'T NECESSARY/DON'T NEED ONE  
NOT IN VEHICLE  
SEAT BELT DOESN'T WORK  
WOULD BE LAUGHED AT/WOULD BE SILLY  
ONLY RIDES IN SAFE AREAS  
FRIENDS DON'T WEAR THEM  
INCONVENIENT/UNCOMFORTABLE  
TOO TIME CONSUMING  
PREGNANT  
INTERFERES WITH DRIVING  
ANY OTHER REASON (SPECIFY)  
NOT APPLICABLE

SINJ-E4        BEGIN ROSTER IF RESPONDENT HAS ANY CHILDREN AGE < 13; OTHERWISE GO TO  
SINJ-STOP.

SINJ-I4        I am now going to ask you about your child(ren)'s safety.

SINJ-Q4        Does %FNAME% ride a bicycle (INCLUDING TRICYCLES)?

YESNO        YES  
              NO        GO TO SINJ-Q7

SINJ-Q5        When riding on a bicycle how often does %FNAME% wear a helmet?  
(DO NOT READ LIST, MARK ONE ONLY)

SINJ-Q5        ALWAYS        GO TO SINJ-Q7  
MOST OF THE TIME  
RARELY  
NEVER

SINJ-Q6        What is the main reason %FNAME% doesn't wear a helmet all the time?  
(DO NOT READ LIST, MARK ONE ONLY)

SINJ-Q6        DOESN'T HAVE ONE  
AREN'T EFFECTIVE  
AREN'T NECESSARY/DOESN'T NEED ONE  
COSTS TOO MUCH  
UNCOMFORTABLE TO WEAR/DOESN'T LIKE ONE  
WOULD BE LAUGHED AT/WOULD BE SILLY  
ONLY RIDES IN SAFE AREAS  
INTERFERES WITH RIDING  
FRIENDS DON'T WEAR THEM  
INCONVENIENT/DIFFICULT TO STORE (EG. AT SCHOOL)  
ANY OTHER REASON, (SPECIFY)



SINJ-Q7 How often does %FNAME% use a child safety seat or seat belt when riding in a car, truck or van?  
(READ LIST, MARK ONE ONLY)

SINJ-Q2 Always  
Nearly always  
Sometimes  
Rarely  
Never  
NOT APPLICABLE (DOESN'T RIDE IN CAR, TRUCK OR VAN)

SINJ-E7 IF RESPONSE "ALWAYS" OR "DON'T KNOW" OR "REFUSAL" IN SINJ-Q7 AND MORE CHILDREN AGE <13, GO TO SINJ-Q4 FOR NEXT CHILD. IF RESPONSE "ALWAYS" OR "DON'T KNOW" OR "REFUSAL" IN SINJ-Q7 AND NO MORE CHILDREN GO TO SINJ-STOP. OTHERWISE (IE. RESPONSE 2,3,4 OR 5 IN SINJ-Q7) GO TO SINJ-Q8.

SINJ-Q8 What is the main reason %FNAME% doesn't wear a seat belt or use a child safety seat all the time?  
(DO NOT READ LIST, MARK ONE ONLY)

SINJ-Q8 AREN'T EFFECTIVE  
AREN'T NECESSARY/DON'T NEED ONE  
NOT IN VEHICLE  
SEAT BELT DOESN'T WORK  
WOULD BE LAUGHED AT/WOULD BE SILLY  
ONLY RIDES IN SAFE AREAS  
FRIENDS DON'T WEAR THEM  
INCONVENIENT/UNCOMFORTABLE  
TOO TIME CONSUMING  
TOO DIFFICULT TO INSTALL SEAT  
TOO EXPENSIVE  
CHILD UNCOOPERATIVE  
DON'T HAVE A SAFETY SEAT  
ANY OTHER REASON (SPECIFY)

SINJ-E8 IF MORE CHILDREN AGE <13, GO TO SINJ-Q4 FOR NEXT CHILD. IF NO MORE CHILDREN GO TO SINJ-STOP.

END ROSTER

SINJ-STOP



SBF-Q2        What was the main reason you stopped breast-feeding %FNAME%?  
(DO NOT READ LIST; MARK ALL THAT APPLY)

SBF-Q2        NOT ENOUGH MILK/HUNGRY BABY  
INCONVENIENCED/FATIGUE  
DIFFICULTY WITH BF TECHNIQUES  
SORE NIPPLES/ENGORGED BREAST  
MOTHER'S ILLNESS  
PLANNED TO STOP AT THIS TIME  
CHILD WEANED HIM/HERSELF  
PHYSICIAN TOLD ME TO STOP  
RETURNED TO WORK/SCHOOL  
PARTNER/FATHER WANTED ME TO STOP  
FORMULA FEEDING PREFERABLE  
WANTED TO DRINK ALCOHOL  
OTHER (SPECIFY)

SBF-Q3        Why did you choose to breast-feed %FNAME%?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SBF-Q3        BETTER FOR MY BABY  
MORE CONVENIENT  
LESS COSTLY  
NATURAL  
BETTER FOR ME  
BREAST-FED OTHER / PREVIOUS CHILDREN  
OTHER (SPECIFY)

SBF-E3

GO TO SBF-Q5B

SBF-Q4        Why did you choose not to breast-feed %FNAME%?  
(DO NOT READ LIST, MARK ALL THAT APPLY)

SBF-Q4        BOTTLE-FEEDING EASIER  
FORMULA AS GOOD AS BREAST-MILK  
BREAST-FEEDING IS UNAPPEALING/DISGUSTING  
FATHER/PARTNER DIDN'T WANT ME TO  
RETURNED TO WORK/SCHOOL EARLY  
C-SECTION  
MEDICAL CONDITION - BABY  
PREMATURE BIRTH  
MEDICAL CONDITION - MOTHER  
MULTIPLE BIRTHS (EG. TWINS ETC.)  
WANTED TO DRINK ALCOHOL  
OTHER (SPECIFY)

SBF-Q5A Who helped you to decide not to breast-feed %FNAME%?  
(DO NOT READ LIST; MARK ALL THAT APPLY)

SBF-Q5 HEALTH PROFESSIONAL  
MY MOTHER / SISTER / RELATIVE  
BABY'S FATHER / HUSBAND / PARTNER  
FRIEND  
BREAST-FEEDING SUPPORT GROUP  
EDUCATIONAL/PROMOTIONAL MATERIALS  
NO ONE  
OTHER (SPECIFY)

SBF-E5A IF MORE CHILDREN UNDER THE AGE OF 5 GO TO SBF-Q1B FOR NEXT OLDEST CHILD,  
OTHERWISE GO TO SBF-STOP

SBF-Q5B Who helped you to decide to breast-feed %FNAME%?  
(DO NOT READ LIST; MARK ALL THAT APPLY)

SBF-Q5 HEALTH PROFESSIONAL  
MY MOTHER / SISTER / RELATIVE  
BABY'S FATHER / HUSBAND / PARTNER  
FRIEND  
BREAST-FEEDING SUPPORT GROUP  
EDUCATIONAL/PROMOTIONAL MATERIALS  
NO ONE  
OTHER (SPECIFY)

SBF-E5B IF MORE CHILDREN UNDER THE AGE OF 5 GO TO SBF-Q1B FOR NEXT OLDEST CHILD,  
OTHERWISE GO TO SBF-STOP

END OF ROSTER

SBF-STOP

**ALCOHOL CONSUMPTION DURING PREGNANCY**

POPULATION           NON PROXY, BIRTH MOTHER IN LAST FIVE YEARS, OTHERWISE GO TO SALC-STOP.

SALC-C1           TO BE ASKED OF NON PROXY BIOLOGICAL MOTHERS WITH BIRTHS IN THE LAST 5 YEARS. THIS IS THE BEGINNING OF ROSTER TO BE COMPLETED FOR EACH BIOLOGICAL CHILD, YOUNGEST TO OLDEST UP TO FIVE YEARS OF AGE.

SALC-I1           The next questions are about mothers' attitudes toward the use of alcohol and drugs during pregnancy, and how these attitudes change over time.

SALC-Q1           How often did you drink alcohol during your pregnancy with %FNAME% ... (e.g. beer, wine, hard liquor, liqueurs)?  
(DO NOT READ LIST, MARK ONE ONLY)

SALC-Q1           NEVER GO TO SALC-Q5  
LESS THAN ONCE A MONTH  
1 - 3 TIMES A MONTH  
ONCE A WEEK  
2 - 3 TIMES A WEEK  
4 - 6 TIMES A WEEK  
EVERY DAY

SALC-E1

REFUSAL OR DON'T KNOW TO SALC-Q1 GO TO SALC-STOP.

SALC-Q2           On the days that you drank, how many drinks did you usually have?  
(DO NOT READ LIST, MARK ONE ONLY)

SALC-Q2           1 - 2  
3 - 4  
5 or more

SALC-E2

REFUSAL OR DON'T KNOW TO SALC-Q2 GO TO SALC-STOP.

SALC-Q3           At what stage in your pregnancy did you consume this quantity:  
(READ LIST. MARK ALL THAT APPLY)

SALC-Q3           Before realizing you were pregnant;  
During the first three months;  
During the second three months;  
During the third three months; or  
Throughout your pregnancy.

SALC-E3A           IF THE SECOND TO FOURTH RESPONSES ARE ALL MARKED, CHANGE THOSE RESPONSES TO BLANK AND MARK THROUGHOUT.

IF THROUGHOUT IS MARKED, CHANGE ALL OTHER RESPONSES TO BLANK.

SALC-Q4 For each of the following statements, please indicate if it is true or false ...  
(READ LIST, MARK ALL TRUE RESPONSES)

I continued to drink after I became pregnant with %FNAME% because ...

SALC-Q4 I was pressured to have a drink.  
Nobody told me NOT to have a drink  
My doctor said an occasional drink would not harm the baby  
I did not think it would harm the baby  
NONE OF THE ABOVE

SALC-Q5 During your pregnancy with %FNAME%, did you take any medications or drugs prescribed by a doctor?

YESNO YES  
NO (GO TO SALC-Q7)  
(Refused, DK go to SALC-Q7)

SALC-Q6A At what stage in your pregnancy did you take these prescription medications?  
(READ LIST. MARK ALL THAT APPLY)

SALC-Q3 Before realizing you were pregnant;  
During the first three months;  
During the second three months;  
During the third three months; or  
Throughout your pregnancy.

SALC-E5A IF THE SECOND TO FOURTH RESPONSES ARE ALL MARKED, CHANGE THOSE  
RESPONSES TO BLANK AND MARK THROUGHOUT.  
IF THROUGHOUT IS MARKED, CHANGE ALL OTHER RESPONSES TO BLANK.

SALC-Q7 Did you take any medications which can be bought without a doctor's prescription (ie. over-the-counter medications) during your pregnancy with %FNAME%?

YESNO YES  
NO (GO TO SALC-Q9)  
(Refused, DK go to SALC-Q9)

SALC-Q8A At what stage in your pregnancy did you take these medications?  
(READ LIST. MARK ALL THAT APPLY)

SALC-Q3 Before realizing you were pregnant;  
During the first three months;  
During the second three months;  
During the third three months; or  
Throughout your pregnancy.

SALC-E6A IF THE SECOND TO FOURTH RESPONSES ARE ALL MARKED, CHANGE THOSE  
RESPONSES TO BLANK AND MARK THROUGHOUT.  
IF THROUGHOUT IS MARKED, CHANGE ALL OTHER RESPONSES TO BLANK.

SALC-Q9 Did you take any other drugs such as marijuana, LSD or cocaine during your pregnancy with %FNAME%?

YESNO YES  
NO (GO TO SALC-E8)  
(Refused, DK go to SALC-E8)

SALC-Q10A Which drugs did you take?  
(DO NOT READ LIST. MARK ALL THAT APPLY.)

SALC-Q7A MARIJUANA / HASHISH / CANNABIS  
LSD  
COCAINE  
OTHER (specify \_\_\_)

SALC-Q11B At what stage in your pregnancy did you take these drugs?  
(READ LIST. MARK ALL THAT APPLY)

SALC-Q3 Before realizing you were pregnant;  
During the first three months;  
During the second three months;  
During the third three months; or  
Throughout your pregnancy.

SALC-E7B IF THE SECOND TO FOURTH RESPONSES ARE ALL MARKED, CHANGE THOSE  
RESPONSES TO BLANK AND MARK THROUGHOUT.  
IF THROUGHOUT IS MARKED, CHANGE ALL OTHER RESPONSES TO BLANK.

SALC-E8 IF MORE CHILDREN UNDER AGE 5, GO TO SALC-Q1 FOR NEXT OLDEST CHILD;  
OTHERWISE GO TO SALC-STOP

SALC-STOP





SSH-Q2B What is your main reason for not using condoms each time you have sexual intercourse?  
(DO NOT READ LIST; MARK ALL THAT APPLY)

SSH-Q2B DON'T ALWAYS HAVE ONE AVAILABLE  
WANT TO HAVE A CHILD  
CONDOMS ARE NOT NATURAL  
CONDOMS DON'T FEEL GOOD / DON'T FIT  
TOO EMBARRASSED TO BUY THEM  
TOO EXPENSIVE  
USE OTHER METHOD OF CONTRACEPTION  
INTERRUPTS LOVEMAKING / SPOILS THE MOOD  
AGAINST RELIGION TO USE CONTRACEPTION  
(males only:) PARTNER DOES NOT ASK ME TO USE ONE  
OTHER (SPECIFY)

SSH-Q3 In the past two years have you been told by a doctor that you had a sexually transmitted disease?

YESNO Yes GO TO SSH-Q4  
No GO TO SSH-Q5

SSH-E3

REFUSAL OR DON'T KNOW GO TO SSH-STOP.

SSH-Q4 In the past two years have you had, or do you currently have, any of the following sexually transmitted diseases?

(READ LIST; MARK ALL THAT APPLY)

SSH-Q4 Chlamydia  
Gonorrhea  
Syphilis  
Genital warts  
Genital herpes  
Hepatitis B  
HIV / AIDS  
NONE OF THE ABOVE

SSH-E4 IF HIV/AIDS IS INDICATED IN SSH-Q4, GO TO SSH-Q6. IF REFUSED OR DON'T KNOW IN SSH-Q4, GO TO SSH-STOP. OTHERWISE GO TO SSH-Q5.

SSH-Q5 Has your blood ever been tested for HIV?

YESNO YES GO TO SSH-Q6  
NO GO TO SSH-STOP

SSH-Q6 Where was the (most recent) HIV testing done? Was it ...  
(READ LIST; MARK ONE ONLY)

SSH-Q6 At a doctor' office  
At a blood bank  
At a clinic for sexually transmitted diseases  
At a voluntary HIV testing site  
At a hospital; or  
At some other location?

SSH-Q7 Was the respondent alone when you asked the questions in this section?

YESNO YES GO TO SSH-STOP  
NO GO TO SSH-Q7A  
DON'T KNOW OR REFUSAL GO TO SSH-STOP

SSH-Q7A Were the answers of the respondent affected by someone else being there?

YESNO YES GO TO SSH-STOP  
NO GO TO SSH-STOP  
DON'T KNOW OR REFUSAL GO TO SSH-STOP

SSH-STOP

## **HEALTH CARE SERVICES**

SHCS-START SELECTED RESPONDENT 20 YRS+, OTHERWISE GO TO END

- SHCS-I1      In this last set of questions, we are interested in hearing your opinions on health care services, and the quality of health care you receive, and the Canadian health care system.
- SHCS-Q1      Are you given enough information by doctors when you need ...  
(READ LIST, MARK ALL 'YES' RESPONSES)
- SHCS-Q1      advice on how to stay healthy  
treatment for common illnesses  
treatment for more serious illnesses  
a referral to a specialist  
to visit an out-patient clinic or hospital  
to stay in hospital  
surgery  
NONE OF THE ABOVE (DOESN'T WANT OR NEED HEALTH INFORMATION)
- SHCS-C1      IF ANSWERED "NONE OF THE ABOVE" TO UTIL-Q2 (IN NPHS BACKGROUND), OR  
DIDN'T MARK "A GENERAL PRACTITIONER OR FAMILY PHYSICIAN" OR "ANOTHER  
MEDICAL DOCTOR", SKIP TO SHCS-Q5. (THESE PEOPLE HAVE NOT CONSULTED A  
DOCTOR IN PAST 12 MONTHS)
- SHCS-Q2      Think about the most recent reason for consulting a doctor regarding your own health during the last  
12 months. Which of the following statements best describes the relationship between yourself and  
the doctor at the time?  
(READ LIST, MARK ONE ONLY)
- SHCS-Q2      The doctor told you what to do and you followed his/her advice.  
The doctor offered options for care and you chose one.  
You and the doctor discussed the options and agreed on the best one  
You and the doctor did not agree on what was best for you.  
NONE OF THE ABOVE
- SHCS-Q3      In the last 12 months when you saw a doctor or nurse was there an occasion when you did not have a  
say in the treatment being offered?
- YESNO      YES  
                 NO      GO TO SHCS-Q5
- SHCS-E3      DON'T KNOW OR REFUSAL IN SHCS-Q3 GO TO SHCS-Q5

- SHCS-Q4 Thinking about the most recent time when you did not have a say in the treatment, what did you do?  
(DO NOT READ LIST, MARK ALL THAT APPLY)
- SHCS-Q4 SAW ANOTHER DOCTOR  
DID NOTHING  
DID WHAT YOU THOUGHT WORKED BEST FOR YOU  
FOLLOWED THE DOCTOR'S ADVICE  
ANYTHING ELSE (SPECIFY)
- SHCS-Q5 When you have a health problem, do you go to the same family doctor ... always, sometimes, rarely  
or never?  
(DO NOT READ LIST, MARK ONE ONLY)
- SHCS-Q5 ALWAYS  
SOMETIMES  
RARELY  
NEVER
- SHCS-Q6 When you need a prescription filled, do you go to the same pharmacy ... always, sometimes, rarely  
or never?  
(DO NOT READ LIST, MARK ONE ONLY)
- SHCS-Q5 ALWAYS  
SOMETIMES  
RARELY  
NEVER
- SHCS-Q6A Has your doctor prescribed any medication for you in the past 12 months?
- YESNO YES  
NO (GO TO SHCS-Q9A)  
(Refused, DK: go to SHCS-Q9A)
- SHCS-Q7 When your doctor prescribed a medication for you in the past 12 months, did he/she usually tell you  
...  
(READ LIST. MARK ALL 'YES' RESPONSES.)
- SHCS-Q7 what the medication was for?  
what the medication should do?  
what were the possible side effects?  
how much to take and when to take it?  
what you should not eat, drink or take with it?  
what activities you should avoid while taking the medication?  
NONE OF THE ABOVE

- SHCS-Q8 When you had a prescription filled in the past 12 months, did your pharmacist usually tell you ...  
(READ LIST. MARK ALL 'YES' RESPONSES.)
- SHCS-Q8 what the medication was for?  
what the medication should do?  
what were the possible side effects?  
how much to take and when to take it?  
what you should not eat, drink or take with it?  
what activities you should avoid while taking the medication?  
how to store the medication?  
what you should take with the medication (e.g. food, water, milk)?  
NONE OF THE ABOVE
- SHCS-Q9A When you go to the family doctor, do you take your medications or a list (of them) with you ...  
always, sometimes, rarely or never?  
(DO NOT READ LIST, MARK ONE ONLY)
- SHCS-Q5 ALWAYS  
SOMETIMES  
RARELY  
NEVER
- SHCS-Q9B When you go to the pharmacy with a prescription to be filled, do you take your medications or a list  
(of them) with you ... always, sometimes, rarely or never?  
(DO NOT READ LIST, MARK ONE ONLY)
- SHCS-Q5 ALWAYS  
SOMETIMES  
RARELY  
NEVER
- SHCS-I10A Health Canada would like to know people's attitudes about receiving health care from different  
sources.
- SHCS-Q10A Would you go to a health care clinic, rather than a hospital or private doctor's office, for a routine  
physical exam?
- YESNO YES  
NO
- SHCS-E10A IF YES TO SHCS-Q10A GO TO SHCS-Q10A1, OTHERWISE GO TO SHCS-Q10B.
- SHCS-Q10A1 Would you allow a nurse to give you a routine physical exam?
- YESNO YES  
NO
- SHCS-Q10B Would you go to a health care clinic rather than a hospital or private doctor's office to receive shots  
(immunization)?
- YESNO YES  
NO

SHCS-E10B IF YES TO SHCS-Q10B GO TO SHCS-Q10B1, OTHERWISE GO TO SHCS-Q10C.

SHCS-Q10B1 Would you allow a nurse rather than a doctor to give you immunization shots?

YESNO YES  
NO

SHCS-C10C IF SEX=1 (MALE), GO TO SHCS-Q10E.

SHCS-Q10C Would you go to a birthing centre, rather than go to a hospital to have a baby?

SHCS-Q10C YES  
NO  
NOT APPLICABLE (DO NOT WANT TO HAVE CHILDREN)

SHCS-E10C IF "NOT APPLICABLE (DO NOT WANT TO HAVE CHILDREN)" IN SHCS-Q10C GO TO SHCS-Q10E. IF "YES" TO SHCS-E10C GO TO SHCS-Q10C1. OTHERWISE GO TO SHCS-Q10E.

SHCS-Q10C1 Would you allow a nurse or midwife rather than a doctor to deliver your baby?

YESNO YES  
NO

SHCS-Q10D Would you go to a health care clinic or birthing centre rather than a private doctor's office to receive postpartum care?

SHCS-Q10C YES  
NO  
NOT APPLICABLE (DO NOT WANT TO HAVE CHILDREN)

SHCS-E10D IF "YES" TO SHCS-E10D GO TO SHCS-Q10D1, OTHERWISE GO TO SHCS-Q10E

SHCS-Q10D1 Would you allow a nurse or midwife rather than a doctor to give you postpartum care?

YESNO YES  
NO

SHCS-Q10E Would you go to a health care clinic or a sports centre to receive advice on health subjects such as eating, exercise, or smoking.

YESNO YES  
NO

SHCS-E10E IF "YES" TO SHCS-E10E GO TO SHCS-Q10E1, OTHERWISE GO TO SHCS-Q10F

- SHCS-Q10E1 Would you allow a nurse, dietician, nutritionist or physical education teacher, rather than a doctor to give you advice on health subjects such as eating, exercise, or smoking?
- YESNO YES  
NO
- SHCS-Q10F Are you aware of how much health care costs per year in your province?
- YESNO YES  
NO
- SHCS-Q10G Are you aware of how much it costs your provincial health care system for individual services such as doctor visits, xrays, laboratory tests, or hospital stays?
- YESNO YES GO TO SHCS-Q11B  
NO GO TO SHCS-Q11A
- SHCS-E10G DON'T KNOW OR REFUSAL IN SHCS-Q10G, GO TO SHCS-Q12
- SHCS-Q11A Would an awareness of the cost of these types of services cause you to change how you use them?
- YESNO YES  
NO
- SHCS-E11A GO TO SHCS-Q12
- SHCS-Q11B Has an awareness of the cost of these types of services caused you to change how you use them?
- YESNO YES  
NO
- SHCS-Q12 Overall how would you rate health care in Canada?  
(READ LIST. MARK ONE ONLY.)
- SHCS-Q12 excellent  
good  
fair  
poor
- SHCS-Q13 How would you rate the health care system in your province?  
(READ LIST. MARK ONE ONLY.)
- SHCS-Q12 excellent  
good  
fair  
poor

- SHCS-Q14 How would you rate the quality of health care that you personally have received in the past 12 months?  
(READ LIST. MARK ONE ONLY.)
- SHCS-Q14 excellent  
good  
fair  
poor  
DID NOT RECEIVE HEALTH CARE IN THE LAST 12 MONTHS
- SHCS-Q15 What do you think are the main strengths of Canada's health care systems?  
(DO NOT READ LIST, MARK ALL THAT APPLY)
- SHCS-Q15 NO COST / LOW COST  
ACCESS (**URBAN/RURAL**)  
QUALITY OF CARE  
UNIVERSALITY (**AVAILABLE TO RICH AND POOR**)  
PORTABILITY (**AVAILABLE WHEN VISITING OTHER PROVINCE**)  
FREE TO CHOOSE DOCTOR AND LOCATION OF TREATMENT  
RANGE OF SERVICES AVAILABLE  
ANY OTHER STRENGTH, (SPECIFY)  
NONE
- SHCS-Q16 What do you think are the main weaknesses of Canada's health care systems?  
(DO NOT READ LIST, MARK ALL THAT APPLY)
- SHCS-Q16 TOO LONG BETWEEN CALL AND APPOINTMENT OR VISIT.  
QUALITY OF CARE  
LACK OF AVAILABLE SERVICES  
COST OF SYSTEM  
LACK OF TECHNOLOGY/EQUIPMENT/TESTS  
ANY OTHER WEAKNESS (SPECIFY)  
TOO EASY TO MISUSE/ABUSE  
NONE
- SHCS-Q17A Do you think there is misuse in Canada's health care systems?
- YESNO YES  
NO GO TO SHCS-STOP
- SHCS-Q17B In which area(s) do you think there is misuse?  
(DO NOT READ LIST, MARK ALL THAT APPLY)
- SHCS-Q17B NUMBER OF DOCTOR VISITS FOR MINOR AILMENTS  
NUMBER OF DIAGNOSTIC TESTS  
NUMBER OF DRUGS PRESCRIBED  
HOSPITALIZATIONS INSTEAD OF OUT-PATIENT OR HOMECARE  
LENGTH OF STAY IN HOSPITAL  
OTHER AREA OF MISUSE (SPECIFY)



SHCS-Q18 Who do you think should be responsible for reducing or stopping the misuse?  
(DO NOT READ LIST, MARK ALL THAT APPLY.)

SHCS-Q18 INDIVIDUAL CANADIANS USING THE SERVICES  
DOCTORS  
MEDICAL ASSOCIATIONS  
HOSPITALS  
GOVERNMENTS (LOCAL/MUNICIPAL, PROVINCIAL, FEDERAL)  
ANY OTHER (SPECIFY)

SHCS-STOP

H07-SHARE To avoid duplication Statistics Canada intends to share the information from this survey with provincial ministries of health, Health Canada, Human Resources Development Canada, and Canadian Institute for Health Information. These organizations have undertaken to keep this information confidential and use it only for statistical purposes. Do you agree to share the information you have provided?

YESNO YES  
NO