

NPHS

Health Promotion Survey

Cycle 1 (1994-1995)

Supplementary Questionnaire

Statistics Canada

June, 1994

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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

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SINFO-C3 IF FEMALE BIRTH PARENT IN HHLD-Q4 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

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SINFO-C6 PARENTS IN HHLD-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 HHLD-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

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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

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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

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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

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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 list. 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.

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- 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.

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- 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
RESPONSES SELECTED IN SSMOK-Q9A. IF NOT ASK INTERVIEWER TO CHECK
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.

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- 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)

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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.

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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, king-size, filter-tip, plain, etc.)

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.

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- 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

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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)

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SINJ-E2 REFUSAL OR DON'T KNOW GO TO SINJ-Q4.

SINJ-C3A
IS FOR SINJ-Q3: RESPONSE "PREGNANT" VALID ONLY IF SEX OF RESPONDENT
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

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- 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)

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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

BREAST-FEEDING

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

SBF-C1 TO BE ASKED OF 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.

SBF-I11 **The next few questions are about breast-feeding practices and how these practices may change over time.**

SBF-C12 IF %FNAME% LESS THAN ONE YEAR OLD GO TO SBF-Q1A, OTHERWISE GO TO SBF-Q1B.

SBF-Q1A **Are you currently breast-feeding %FNAME%?**

YESNO Yes GO TO SBF-Q3
 No

SBF-E1A IF REFUSAL OR DON'T KNOW TO SBF-Q1A GO TO SBF-STOP.

SBF-Q1B **Did you breast-feed or try to breast-feed %FNAME% even if only for a short time?**

SBF-Q1B Yes
 Still breast-feeding GO TO SBF-Q3
 No GO TO SBF-Q4

SBF-E1B IF REFUSAL OR DON'T KNOW TO SBF-Q1B GO TO SBF-STOP.

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SBF-Q1C **For how long did you breast-feed %FNAME%?**
(Do not read list. Mark ONE only.)

- SBF-Q1C < 1 week
 1 - 4 weeks
 5 - 8 weeks
 9 - 12 weeks
 3 - 6 months
 7 - 9 months
 10 - 12 months
 More than one year

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.

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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)

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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.

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

SALC-STOP

SEXUAL HEALTH

POPULATION NON PROXY AGE 15-45; OTHERWISE GO TO SSH-STOP.

SSH-E1 REFUSAL OR DON'T KNOW TO SSH-Q1 GO TO SSH-Q3.

SSH-I1 **With the growing crisis of sexually transmitted diseases such as AIDS, it is important that Health Canada measure Canadians' knowledge and attitudes about preventive measures. It is also important to find out how many Canadians have been affected by sexually transmitted diseases since this information has never before been collected in a national survey. Please be assured that anything you tell me will remain confidential.**

SSH-Q1 **How many sexual partners have you had within the past twelve months?**

SSH-Q1 ___ 00 (GO TO SSH-Q3)
___ 01
___ 02-99

SSH-E1 DON'T KNOW OR REFUSAL GO TO SSH-STOP. IF SSH-Q1=1 AND MARITAL STATUS=MARRIED OR COMMON-LAW OR DIVORCED OR WIDOWED, GO TO SSH-Q3; OTHERWISE GO TO SSH-Q2.

SSH-Q2 **In the past year, when you have had sexual intercourse, did you / your partner use a condom ...**
(Read list. Mark ONE only.)

SSH-Q2 **each time? GO TO SSH-Q3**
some, but not all, of the times; or
never? GO TO SSH-Q2B

SSH-Q2A **When you do use condoms, is it ...**
(Read list. Mark ALL that apply.)

SSH-Q2A **when you meet a new person?**
when you are with someone other than your regular partner?
(males only:) **when your partner asks you to use one?**
or some other reason? (Specify)

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

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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-STARTSELECTED 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)

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- 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

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- 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

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- 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.

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- 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

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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, x-rays, 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)

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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

DATA SHARING

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