



Canadian Health Measures Survey – Cycle 2

2009 to 2011

Clinic Questionnaire

For Information Only



FOR INFORMATION ONLY

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Explanatory notes for this document

1. Question text in **bold** font is read to the respondent. Text in normal font is not read to the respondent. Instructions to the person asking the questions or taking the measures are prefaced by the word "Instruction", and are not read aloud.
2. Question text in **bold** font enclosed by brackets () is read to the respondent at the discretion of the person asking the questions.
3. In this text, the use of the masculine is generic and applies to both men and women. Please note that during the actual clinic visit, the questions were personalized to be appropriate to the gender of the respondent.
4. Question text enclosed in square brackets [] is dynamic and in most cases will vary depending on the particular circumstances.
5. The options "Don't Know" (DK) and "Refusal" (RF) are allowed on every question/measure unless otherwise stated. However, these response categories are shown in this document only when the flow from these responses is not to the next question/measure.
6. In this document, the flow direction from a given response is not provided when it is to the next immediate question.
7. For more detailed information on physical measures protocols, please contact Statistics Canada's National Contact Centre (toll-free 1-800-263-1136; 613-951-8116; infostats@statcan.gc.ca).

Respondent Verification Component

To be completed by all respondents.

Respondent Verification (RVB)

Upon arrival at the mobile clinic, the respondent is logged into the clinic by the clinic coordinator. The log-in process includes the following steps.

RVB_N11 If the respondent has opted for a home visit (SCN_N12 = 4), go to RVB_END.

Instruction: Print the Respondent Verification Sheet.

Note: Don't Know and Refused are not allowed.

The form should be printed English/French back-to-back

RVB_R11 **Here is the first of several forms we will be asking you to complete. Please read it carefully and provide the information requested.**

Instruction: Provide the respondent with the English/French back-to-back Respondent Verification Sheet.

When the respondent returns the sheet, check to ensure that all requested information has been filled in and is legible.

RVB_N12 Instruction: Print the labels with the respondent's CLINICID as a bar code identifier.

Stick the first label onto a bracelet, and place the bracelet around the wrist of the respondent.

Stick the second label onto the Physical Activity Readiness Questionnaire (PAR-Q) form.

Note: Don't Know and Refused are not allowed.

Note: The respondent's full name, gender, date of birth and their preferred official language are confirmed or updated using information from the Respondent Verification Form.

RVB_END

Name Spelling Confirmation (NSC)

NSC_N11 If respondent name was not provided during the household interview, go to NSC_N13.

Instruction: Record whether [respondent name]'s name is spelled correctly.

- | | | |
|---|-----|-----------------|
| 1 | Yes | (Go to NSC_END) |
| 2 | No | |

Note: Don't Know and Refused are not allowed.

NSC_N12 Instruction: Record whether corrections are to be made to:

- | | | |
|---|--------------------------|-----------------|
| 1 | ... the first name only? | |
| 2 | ... the last name only? | (Go to NSC_N14) |
| 3 | ... both names? | |

Notes: Don't Know and Refused are not allowed.

NSC_N13 Instruction: Enter the first name only.
(Insert respondent answer to a maximum of 25 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed.

NSC_N14 If corrections should only be made to the first name (NSC_N12 = 1) go to NSC_END.

Instruction: Enter the last name only.
(Insert respondent answer to a maximum of 25 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed.

NSC_END

Sex Confirmation (SXC)

SXC_N11 If respondent gender was not provided during the household interview, go to SXC_N12.

Instruction: Record whether [respondent name]'s sex is correct.

- | | | |
|---|-----|-----------------|
| 1 | Yes | (Go to SXC_END) |
| 2 | No | |

Note: Don't Know and Refused are not allowed.

SXC_N12 Instruction: Record [respondent name]'s sex.

- | | |
|---|--------|
| 1 | Male |
| 2 | Female |

Note: Don't Know and Refused are not allowed.

SXC_END

Date of Birth Confirmation (DOB)

DOB_N1 If the respondent date of birth was not provided during the household interview, go to DOB_B2.

Instruction: Record whether [respondent name]'s date of birth is [month of birth given at household interview] [day of birth given at household interview], [year of birth given at household interview].

- 1 Yes (Go to DOB_N6)
- 2 No

Note: Don't Know and Refused are not allowed.

DOB_B2 Instruction: Record [respondent name]'s date of birth. Enter the day. (Insert respondent answer between 1 and 31.)

Instruction: Select the month.

- | | | | |
|----|----------|----|-----------|
| 01 | January | 07 | July |
| 02 | February | 08 | August |
| 03 | March | 09 | September |
| 04 | April | 10 | October |
| 05 | May | 11 | November |
| 06 | June | 12 | December |

Instruction: Enter a four-digit year. (Insert respondent answer between 1870 and 3000.)

DOB_Q3 If the month or year of birth (entered at DOB_B2) = DK or RF, go to DOB_N4. If the day of birth (entered at DOB_B2) = DK or RF, and the month of birth and year of birth contain valid information, and the month of birth is the current month, go to DOB_N4.

I would like to confirm that your age is [calculated age].

Information: Date of birth is [month of birth / day of birth / year of birth].

- 1 Yes (Go to DOB_N6)
- 2 No, return and correct date of birth (Go to DOB_B2)
- 3 No, collect age

Note: Don't Know and Refused are not allowed.

DOB_N4 Instruction: Record [respondent name]'s age. (Insert answer between 1 and 85.)

Note: Don't Know and Refused are not allowed.

DOB_N6 Instruction: Press <1> to print the labels with the respondent's short name.

Stick the first label onto the respondent's file folder.

Stick the second label onto a urine sample container, BUT DO NOT give the container to the respondent until you have completed the consent component. Set the container aside along with the labelled file folder.

Staple the third label to the inside of the respondent's file folder.

1 Print the labels

Note: Don't Know and Refused are not allowed.

DOB_END

Language Confirmation Block (LNG)

LNG_N11 Instruction: Record [respondent name]'s preferred official language.

1 English

2 French

Note: Don't Know and Refused are not allowed.

LNG_END

Consent Component

To be completed by all respondents.

Consent (CON)

CON_N01 Instruction: Print the Consent form(s).

Note: For respondents aged 6-13 print the Assent form.

Note: For respondents aged 3-13 print the Consent form for parents of respondents 3-13.

Note: For respondents aged 14-19 print the Consent form – no DNA question.

Note: For respondents aged 20-79 print the Consent form.

CON_Q11 **Before we start the clinic tests, we need to ensure that you have reviewed the Information and Consent Booklet that was given to you during the interview at your home. Did you have a chance to read that booklet?**

Instruction: Show the respondent the Information and Consent Booklet.

1 Yes

2 No (Go to CON_R13)

Note: Don't Know and Refused are not allowed.

CON_R12 **Do you have any questions about any of the information in the booklet or about the clinic portion of the survey?**

Instruction: Answer any questions as thoroughly as possible

Respondents who have reviewed the Information and Consent Booklet

Go to CON_R14

CON_R13 **Here is a copy of the Information and Consent Booklet. Please take a few minutes to read through it. If you have any questions about the information in the booklet or the clinic tests, I can answer them for you.**

Instruction: Hand the Information and Consent Booklet to the respondent and give him time to read through it (approximately 5 minutes).

Respondents who have not reviewed the Information and Consent Booklet

CON_R14 **Here is the Consent form for participation in the clinic portion of the survey. Please read the form carefully and check either the "Yes" or "No" box for each item.**

Instruction: Provide [the parent or guardian/the respondent] with the Consent form.

Check to ensure that it has been completed correctly.

Sign the form as the witness.

CON_N15 If AGE is greater than 13, go to CON_N16.

Instruction: Record whether a parent or guardian has consented to the respondent participating in the physical measure tests.

- 1 Yes
- 2 No (Go to CON_END)

Note: Don't Know and Refused are not allowed.

Respondents aged 13 and under

CON_R16 If AGE is less than 6 go to CON_N21.

Your parent or guardian has said you can take part in the tests today. If you would like to participate we need you to write or print your name on this form.

Instruction: Provide the child with the Assent form.

Check to ensure that it has been completed correctly.

Sign the form as the witness.

Respondents aged 6 to 13

CON_N16 Instruction: Record whether the respondent has consented to participating in the physical measure tests.

- 1 Yes
- 2 No (Go to CON_END)

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

CON_N21 Instruction: Record whether the [parent or guardian / respondent] has consented to receiving a copy of the test results (such as the Report of Laboratory Tests and the lung function test).

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

CON_N23 Instruction: Record whether the [parent or guardian / respondent] has consented to allowing Statistics Canada to test his blood and urine for contaminants that are reportable in this province, and to contact him as well as the appropriate provincial authorities if the results are positive.

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

CON_R23 If the respondent requested a Report of Laboratory Tests (CON_N21 = 1) or declined to share reportable disease results with the appropriate provincial authority (CON_N23 = 2), go to CON_N24.

You have indicated on your consent form that you do not want to receive a copy of your laboratory test results. However, you have agreed that Statistics Canada can test your blood for reportable diseases and contaminants. I just want you to be aware that, by agreeing to have the reportable disease and contaminant tests done, you will receive the results if you test positive.

Instruction: Answer any questions as thoroughly as possible.

CON_N24 If AGE is greater than 13, go to CON_N25.

Instruction: Record whether a parent or guardian has consented to storage of the respondent's blood and urine.

1 Yes
2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 13 and under

CON_N25 Instruction: Record whether the respondent has agreed to storage of blood and urine.

1 Yes
2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 14 and over

CON_N26 If AGE is less than 20, go to CON_END.

Instruction: Record whether the respondent has agreed to storage of DNA.

1 Yes
2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 20 and over

CON_END

Report (REP)

REP_R11 If the parent or guardian has not consented to the respondent participating in the physical measures tests (CON_N15 = 2) or if the respondent has not consented to the physical measures tests (CON_N16 = 2), go to REP_END. If respondent has declined a Report of Laboratory tests results (CON_N21 = 2), go to REP_Q21.

You will receive a copy of your physical measurement test results at the end of the clinic visit today but we will not have the results of the blood, urine and lung function tests for about 8-12 weeks.

REP_Q12 **What delivery method do you prefer?**

Instruction: Read categories to respondent.

- 1 **Regular mail**
- 2 **Courier**

Note: Don't Know and Refused are not allowed.

Respondents who have consented to receiving a copy of their test results

REP_N13 If AGE is greater than 13, go to REP_Q21.

Instruction: Record the name of the person who signed the Consent form.

Enter the person's first and last name.

Note: Don't Know, Refused and EMPTY are not allowed.

Respondents aged 13 and under who have consented to receiving a copy of their test results

REP_Q21 If no mailing address was provided during the household interview (i.e., the street and city fields in the mailing address are empty), go to REP_B22.

**I would like to confirm your mailing address. Is it:
[Address]**

- 1 Yes (Go to REP_END)
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents who have consented to receiving a copy of their test results where the street and city fields are listed in the mailing address provided during the household interview

REP_B22 **What is your mailing address?**

Instruction: Record the mailing address: civic number, street name, apartment number (if necessary), city, postal code and province.

Respondents who have consented to receiving a copy of their test results where the street and city fields in the mailing address were not provided at the household interview

REP_END

Urgent Condition (URG)

URG_Q11 If the parent or guardian has not consented to the respondent participating in the physical measures tests (CON_N15 = 2) or if the respondent has not consented to the physical measures tests (CON_N16 = 2), go to URG_END.

If no telephone number was provided during the household interview, go to URG_B12.

**I would like to confirm your telephone number. Is it:
[Telephone Number]**

- | | | |
|---|-----|-----------------|
| 1 | Yes | (Go to URG_N13) |
| 2 | No | |

Note: Don't Know and Refused are not allowed.

Respondents who have a telephone number on file

URG_B12 **What is your telephone number?**

Instruction: Enter the area code and telephone number. Enter "000" if no telephone.

Respondents who do not have a telephone number on file

URG_N13 Is the respondent in a wheelchair?

- | | | |
|---|-----|-----------------|
| 1 | Yes | |
| 2 | No | (Go to URG_END) |

Note: Don't Know and Refused are not allowed.

URG_Q14 **The laboratories that analyse the urine samples require that these samples are provided without the use of a catheter. For this reason, we need to know if you use a catheter.**

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Respondents who are in a wheelchair

URG_END

Urine Collection Component 1

To be completed by all respondents except those meeting the exclusion criteria:

1. Respondents with a catheter (URG_Q14 = 1)
2. Respondents who did not know or refused to disclose if they had a catheter (URG_N14 = DK or RF)

Urine Collection 1 (UC1)

UC1_Q10 **Now we would like you to provide a urine sample.**

Refused (Go to UC1_END)

Note: Don't Know is not allowed.

UC1_R20 If AGE is less than 6, go to UC1_R21.

Please use this container to collect the urine sample.

- **You will need to remove the lid and place it on the shelf in the washroom with the inside facing up.**
- **Do not touch the inside of the container.**
- **Fill the container as full as possible and put the lid back on tightly.**
- **Once you are finished, please rinse and dry the exterior of the container. Wash your hands, place the container in the brown paper bag provided and bring it back to me.**

Instruction: Demonstrate how to remove the lid using the example container and ensure the respondent understands what is meant by placing the lid on the shelf "with the inside facing up".

UC1_R21 If AGE is greater than 5, go to UC1_R30.

To collect urine samples from children, we are using a special urine collection device that rests under the toilet seat.

- **You will need to lift the toilet seat and install the collection device.**
- **Ensure it fits snugly in the front of the toilet with the edges resting over the lip of the bowl.**
- **Lower the toilet seat.**

Instruction: Show the example urine collection device to the respondent's parent or guardian and demonstrate which end is the front.

Instruct the parent or guardian to use the washroom in the reception area (the collection device does not fit the toilet in the second washroom).

UC1_R22 **To collect the urine, ensure the child is sitting on the toilet seat in such a way that the urine stream is collected in the device. Try to collect as much urine as possible and avoid touching the inside of the collection device.**

UC1_R60 **We did not obtain enough urine for the lab to run all the desired tests. I will prepare another urine container so that a second sample can be collected before the end of the clinic visit.**

Instruction: Prepare a second urine container using the label stapled to the inside of the respondent's file folder.

Using a Sharpie, write the number 2 in the upper right hand corner of the label.

Provide the paper bag containing the second labelled urine container to the respondent.

Note: Don't know and Refused are not allowed.

Respondents who provided a urine sample of insufficient volume

UC1_N70 Instruction: Record the reason why the respondent did not provide a urine sample.

- 1 Refusal
- 2 Unable to provide
- 3 Other – Specify (Go to UC1_S70)

Go to UC1_END

Note: Don't Know and Refused are not allowed.

Respondents who did not provide a urine sample

UC1_S70 Instruction: Specify.
(Insert answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed.

Respondents who did not provide a urine sample, for which the reason is "Other – Specify"

UC1_END

Screening Component

To be completed by all respondents.

Screening Component Introduction (SCI)

SCI_R1 **The following questions are asked to ensure that you are given all the tests for which you are eligible. Some questions may have been asked during the home interview, but we need to ensure that our information is up-to-date. We also need to know if any changes have occurred since the home interview. It is important to note that some medications and physical conditions may exclude you from certain tests.**

Please answer to the best of your knowledge, as accurate information about you is important.

Note: If the respondent is younger than 14 then the following sentence is added:

Your parent or guardian may need to help you answer some of these questions.

SCI_END

Adherence to Guidelines (ATG)

ATG_R11 **At the time of the home interview you were given a set of pre-testing guidelines. We will now review those guidelines.**

ATG_Q11 **When did you last eat or drink anything other than water (e.g., coffee, tea, alcohol, juice or flavoured water)?**

Instruction: Probe to determine what and how much the respondent ate or drank. Enter the time followed by "AM" or "PM" at which the respondent last ate or drank something that does not meet the *phlebotomy* fasting requirements.

(Insert respondent answer between 01:00 and 12:59.)

Note: Don't Know and Refused are not allowed.

All respondents

ATG_N11 Instruction: Confirm the date.

- 1 Yesterday
- 2 Today

Note: Don't Know and Refused are not allowed.

All respondents

ATG_Q13 **Have you had anything to eat or drink in the past 2 hours?**

- 1 Yes
- 2 No (Go to ATG_Q21)

All respondents

ATG_N13 If AGE is less than 6, go to ATG_END.
If AGE is less than 8 or greater than 69, go to ATG_Q21.
If the respondent has fasted for 2 or more hours, go to ATG_Q21.

Instruction: Record whether the respondent should be screened out of the mCAFT.

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 8 to 69 who have not fasted for at least 2 hours

ATG_Q21 If AGE is less than 12, go to ATG_Q22.

Have you smoked cigarettes or used other tobacco or nicotine products during the past 2 hours?

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 12 and over

ATG_Q22 **Have you consumed any caffeinated products (e.g., pop, energy drinks, tea or chocolate) during the past 2 hours?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

ATG_Q31B If AGE is less than 12, go to ATG_Q41.

Have you consumed any alcohol during the past 6 hours?

- 1 Yes
- 2 No (Go to ATG_Q41)

Note: Don't Know and Refused are not allowed.

Respondents aged 12 and over

ATG_N32 Instruction: Probe to determine when and how much the respondent drank.

Record whether the respondent should be excluded from one or more tests.

- 1 Yes
- 2 No (Go to ATG_Q41)

Note: Don't Know and Refused are not allowed.

Respondents aged 12 and over who consumed alcohol during the past 6 hours

ATG_N33 From which tests should the respondent be excluded?

Instruction: Mark all that apply.

- 1 Grip strength
- 2 mCAFT
- 3 Sit and reach
- 4 Partial curl-ups

Note: Don't Know and Refused are not allowed.

Respondents aged 12 and over who consumed alcohol during the past 6 hours and who should be excluded from one or more tests

ATG_Q41 **Have you exercised today? (e.g., running, swimming, weight training, etc.)**

- 1 Yes
- 2 No (Go to ATG_END)

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

ATG_Q42 **For how long did you exercise?**

- 1 1 to 15 minutes
- 2 16 to 30 minutes
- 3 31 to 60 minutes
- 4 More than one hour

Respondents aged 6 and over who exercised on the day of their appointment

ATG_END

Physical and Health Conditions (PHC)

PHC_R11 **I am now going to ask you about your current health and physical condition.**

PHC_Q11 If SEX is male, or if SEX is female and AGE is less than 14 or greater than 55, go to PHC_Q31.

Are you currently pregnant?

- 1 Yes
- 2 No (Go to PHC_Q31)

Note: Refused is not allowed.

Female respondents aged 14 to 55

PHC_Q12 **In what week are you?**

(insert respondent answer between 1 and 45)

Female respondents aged 14 to 55 who are pregnant

PHC_Q31 **Have you been diagnosed with exercise induced asthma or a breathing condition that worsens with exercise?
(For example: chronic bronchitis, emphysema, COPD.)**

- 1 Yes (Go to PHC_Q36A)
- 2 No

Note: Don't Know and Refused are not allowed.

All respondents

PHC_Q32 If the respondent was not diagnosed with asthma (CCC_Q11 = 2, DK or RF), go to PHC_Q33.

During the interview in your home, it was reported that you had asthma. Is this correct?

- 1 Yes (Go to PHC_Q36A)
- 2 No

Respondents who had previously reported being diagnosed with asthma

PHC_Q33 If the respondent was not diagnosed with chronic bronchitis (CCC_Q41 = 2, DK or RF), go to PHC_Q34.

During the interview in your home, it was reported that you had chronic bronchitis. Is this correct?

- 1 Yes (Go to PHC_Q36A)
- 2 No

Respondents who had previously reported being diagnosed with chronic bronchitis

PHC_Q34 If the respondent was not diagnosed with emphysema (CCC_Q43 = 2, DK or RF), go to PHC_Q35.

During the interview in your home, it was reported that you had emphysema. Is this correct?

- 1 Yes (Go to PHC_Q36A)
2 No

Respondents who had previously reported being diagnosed with emphysema

PHC_Q35 If the respondent was not diagnosed with COPD (CCC_Q45 = 2, DK or RF), go to PHC_Q36A.

During the interview in your home, it was reported that you had chronic obstructive pulmonary disease (COPD). Is this correct?

- 1 Yes (Go to PHC_Q36A)
2 No

Respondents who had previously reported being diagnosed with chronic obstructive pulmonary disease

PHC_Q36A If the respondent has not been diagnosed with exercise induced asthma or a breathing condition that worsens with exercise (PHC_Q31 = 2), go to PHC_Q41.

Are you currently taking any medication for your breathing condition(s)?

- 1 Yes
2 No (Go to PHC_Q41)

Note: Don't Know and Refused are not allowed.

Respondents who reported being diagnosed with a breathing condition

If AGE is less than 8 or greater than 69, go to PHC_Q41.

PHC_Q36B **What type(s) of medication(s) are you taking?**

Instruction: Probe to determine the type(s) of medication(s).

- 1 Quick relief
2 Controller (Go to PHC_Q41)
3 Both

Information:

- Quick relief medications: Relieve symptoms once they begin.
Examples: Salbutamol (Ventolin)
Formoterol (Oxese)
Ipratropium bromide (Atrovent)

- Controller medications: Prevent symptoms from arising in the first place.

Note: Don't Know and Refused are not allowed.

Respondents aged 8 to 69 who are currently taking medication for a breathing condition

PHC_Q37 **Do you have your quick relief medication(s) with you?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 8 to 69 who are currently taking quick relief medication for any type of breathing condition

PHC_Q41 **Do you have an acute condition (e.g., sprained ankle, cold, flu, other infection) that may prevent you from participating in any of the tests today?**

- 1 Yes
- 2 No (Go to PHC_Q43)

Note: Don't Know and Refused are not allowed.

All respondents

PHC_N41 What type(s) of acute condition(s) does the respondent have?

Instruction: Mark all that apply.

- 1 Bone, joint or muscle problem
- 2 Cold, flu or other infection
- 3 Medical procedure (recovery)
- 4 Other health problem
- 5 Other – Specify (Go to PHC_S41)

Go to PHC_N42

Note: Don't Know and Refused are not allowed.

Respondents with an acute condition that would prevent participation in any clinic tests

PHC_S41 Instruction: Specify the condition.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed.

Respondents with an acute condition that would prevent participation in any clinic tests who reported "Other – Specify" for type of condition

PHC_N42 From which tests should the respondent be excluded because of this condition?

Instruction: Probe to determine the seriousness of the condition.

Mark all that apply.

- 5 Activity monitor
- 6 Spirometry
- 7 mCAFT
- 8 Grip strength
- 9 Sit and reach
- 10 Partial curl-ups
- 12 None

Note: Don't Know and Refused are not allowed.

Respondents with an acute condition that would prevent participation in any clinic tests

PHC_Q43 **Do you have a chronic condition (e.g., heart condition, multiple sclerosis, colostomy bag) that may prevent you from participating in any of the tests today?**

- 1 Yes
- 2 No (Go to PHC_Q51)

Note: Don't Know and Refused are not allowed.

All respondents

PHC_N43 What type(s) of chronic condition(s) does the respondent have?

Instruction: Mark all that apply.

- 1 Bone, joint or muscle problem
- 2 Cardiovascular condition
- 3 Respiratory condition
- 4 Physically impaired
- 5 Other health problem
- 6 Other – Specify (Go to PHC_S43)

Go to PHC_N44

Note: Don't Know and Refused are not allowed.

Respondents with a chronic condition that would prevent participation in any clinic tests

PHC_S43 Instruction: Specify the condition.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed.

Respondents with a chronic condition that would prevent participation in any clinic tests who reported "Other – Specify" for type of condition

PHC_N44 From which tests should the respondent be excluded because of this condition?

Instruction: Probe to determine the seriousness of the condition.

Mark all that apply.

- 5 Activity monitor
- 6 Spirometry
- 7 mCAFT
- 8 Grip strength
- 9 Sit and reach
- 10 Partial curl-ups
- 12 None

Note: Don't Know and Refused are not allowed.

Respondents with a chronic condition that would prevent participation in any clinic tests

PHC_Q51 **Do you have hemophilia?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

All respondents

PHC_Q52 **Have you received chemotherapy in the past four weeks?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

All respondents

PHC_END

Spirometry Questions (SPQ)

SPQ_R11 If AGE is less than 6, go to SPQ_END. If AGE is greater than 12, go to SPQ_R21.

The next set of questions is related to the health of [Respondent First Name's] lungs.

Instruction: Ask the questions to the parent or guardian of the respondent.

SPQ_Q11 **Has your child ever had wheezing or whistling in the chest at any time in the past?**

- 1 Yes
- 2 No (Go to SPQ_Q16)

Note: Don't Know and Refused are not allowed.

Parent or guardian of respondents aged 6 to 12

SPQ_Q12 **Has your child had wheezing or whistling in the chest *in the last 12 months*?**

- 1 Yes
- 2 No (Go to SPQ_Q16)

Note: Don't Know and Refused are not allowed.

Parent or guardian of respondents aged 6 to 12 who have ever had wheezing or whistling in the chest

SPQ_Q13 **How many attacks of wheezing has your child had *in the last 12 months*?**

Instruction: Read categories to the parent or guardian of the respondent.

- 1 **1 to 3 attacks**
- 2 **4 to 12 attacks**
- 3 **More than 12 attacks**

Note: Don't Know and Refused are not allowed.

Parent or guardian of respondents aged 6 to 12 who have had wheezing or whistling in the chest in the past 12 months

SPQ_Q14 ***In the last 12 months, how often, on average, has your child's sleep been disturbed due to wheezing?***

Instruction: Read categories to the parent or guardian of the respondent.

- 1 **Never woken with wheezing**
- 2 **Less than one night per week**
- 3 **One or more nights per week**

Note: Don't Know and Refused are not allowed.

Parent or guardian of respondents aged 6 to 12 who have had wheezing or whistling in the chest in the past 12 months

SPQ_Q15 **In the last 12 months, has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Parent or guardian of respondents aged 6 to 12 who have had wheezing or whistling in the chest in the past 12 months

SPQ_Q16 **In the last 12 months, has your child's chest sounded wheezy during or after exercise?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Parent or guardian of respondents aged 6 to 12

SPQ_Q17 **In the last 12 months, has your child had a dry cough at night, apart from a cough associated with a cold or a chest infection?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Parent or guardian of respondents aged 6 to 12

Go to SPQ_END.

SPQ_R21 **The next set of questions is related to the health of your lungs.**

SPQ_Q21 **Do you cough regularly?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 13 and over

SPQ_Q22 **Do you cough up phlegm regularly?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 13 and over

SPQ_Q23 **Do even simple chores make you short of breath?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 13 and over

SPQ_Q24 **Do you wheeze when you exert yourself, or at night?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 13 and over

SPQ_Q25 **Do you get frequent colds that persist longer than those of other people you know?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 13 and over

SPQ_END

Spirometry Restriction (SPR)

SPR_R11 If AGE is less than 6, go to SPR_END or the respondent is more than 27 weeks pregnant (PHC_Q12 > 27), go to SPR_END. If the respondent has an acute or chronic condition that prevents them from participating in the Spirometry test (PHC_N41 = 6 or PHC_N44 = 6), go to SPR_END.

I need to ask a few health related questions to make sure you are able to do the lung function test today.

SPR_Q11 **Have you had a heart attack within the past 3 months?**

- 1 Yes (Go to SPR_END)
- 2 No

Note: Don't Know and Refused are not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Spirometry Component

SPR_Q12 **Have you had major surgery on your chest or abdomen in the past 3 months?**

- 1 Yes (Go to SPR_END)
- 2 No

Note: Don't Know and Refused are not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Spirometry Component who have not already been excluded from spirometry due to a heart attack within the past 3 months

SPR_Q13 **Have you had eye surgery in the past 6 weeks?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Spirometry Component who have not already been excluded from spirometry due to a heart attack, or major surgery on their chest or abdomen in the past 3 months

SPR_END

Medications and Health Remedies (MHR)

Prescription Medications

MHR_R100 If no prescription medications were reported in the household interview, go to MHR_Q121.

Now I'd like to confirm your use of prescription medications.

Instruction: For each medication listed from the home interview, ask the following two questions.

CDP_Q1 **During the interview in your home, it was reported that you were taking [name of prescription medication]. Are you still taking that medication?**

- 1 Yes
- 2 No (Go to next medication or MHR_Q121)
- 3 Never took the medication (Go to next medication or MHR_Q121)

Note: Don't Know and Refused are not allowed.

Respondents who reported taking prescription medication

CDP_Q2 **When was the last time you took that medication?**

Instruction: Read categories to respondent.

- 1 **Today**
- 2 **Yesterday**
- 3 **Within the last week**
- 4 **Within the last month**
- 5 **More than one month ago**

Respondents who reported taking prescription medication

MHR_Q121 For respondents who reported taking prescription medications during the household interview:

Are you taking any other prescription medications? [Remember to include prescribed medications such as insulin, nicotine patches and birth control (pills, patches or injections).]

For respondents who did not report taking prescription medications during the household interview:

Now I'd like to confirm your use of medications. Are you taking any prescription medications? [Remember to include prescribed medications such as insulin, nicotine patches and birth control (pills, patches or injections).]

- 1 Yes
- 2 No (Go to MHR_R200)

Note: Don't Know and Refused are not allowed.

All respondents

MHR_Q122 **How many?**

(Insert respondent answer between 1 and 95.)

Instruction: For each other prescription medication, to a maximum of five, ask the following five questions.

Note: Don't Know and Refused are not allowed.

Respondents taking prescription medication not reported during the household interview

NDP_Q1 **Is a Drug Identification Number (DIN) available for the medication?**

Instruction: If necessary, help the respondent to find the DIN on the bottle, tube or box.

- 1 Yes
- 2 No (Go to NDP_Q4)

Note: Don't Know and Refused are not allowed.

Respondents taking prescription medication not reported during the household interview

NDP_Q2 What is the DIN of the [first] medication?

Instruction: Record DIN from the bottle, tube or box. Be sure to use eight digits; use leading zeros to fill the field if necessary (e.g., 00012345).

(insert Drug Identification Number between 00000001 and 99999995)

Note: Don't Know, Refused, and EMPTY are not allowed.

Respondents taking prescription medication not reported during the household interview

NDP_N3 Instruction: The name associated with DIN [number] is [medication name]. Please confirm.

- | | | |
|---|-----|----------------|
| 1 | Yes | (Go to NDP_Q5) |
| 2 | No | |

Note: Don't Know and Refused are not allowed.

Respondents taking prescription medication not reported during the household interview

NDP_Q4 What is the exact name and dosage of the [first] medication?

Instruction: Record the exact name and dosage of the medication from the bottle, tube or box. (Insert respondent answer to a maximum of 80 characters.)

Note: EMPTY is not allowed.

Respondents taking prescription medication not reported during the household interview which do not have a drug identification number (DIN) available or where the name associated with the DIN is incorrect

NDP_S4 If the name and dosage is equal to Don't Know or Refused (NDP_Q4 = DK, RF), go to NDP_END. If the name and dosage are not listed in the medication database (NDP_Q4 = 1 (Other - Specify)), go to NDP_S4. Otherwise, go to NDP_Q5.

Instruction: Record the exact name and dosage of the medication from the bottle, tube or box. (Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed.

Respondents taking prescription medication not reported during the household interview which have a name and dosage recorded as "Other"

NDP_Q5 When was the last time that you took that medication?

Instruction: Read categories to respondent.

- | | |
|---|--------------------------------|
| 1 | Today |
| 2 | Yesterday |
| 3 | Within the last week |
| 4 | Within the last month |
| 5 | More than one month ago |

Respondents taking prescription medication not reported during the household interview

Over-the-Counter Medications

MHR_R200 If no over-the-counter medications were reported in the household interview, go to MHR_Q221.

Now I'd like to confirm your use of over-the-counter medications.

Instruction: For each medication listed from the home interview, ask the following two questions.

CDP_Q1 **During the interview in your home, it was reported that you were taking [name of over-the-counter medication]. Are you still taking that medication?**

- 1 Yes
- 2 No (Go to next medication or MHR_Q221)
- 3 Never took the medication (Go to next medication or MHR_Q221)

Note: Don't Know and Refused are not allowed.

Respondents who reported taking over-the-counter medication

CDP_Q2 **When was the last time that you took that medication?**

Instruction: Read categories to respondent.

- 1 **Today**
- 2 **Yesterday**
- 3 **Within the last week**
- 4 **Within the last month**
- 5 **More than one month ago**

Respondents who reported taking over-the-counter medication

MHR_Q221 **Are you taking any [other] over-the-counter medications? [Pain killers, antacids, allergy pills and hydrocortisone creams are all examples of over-the-counter medications.]**

- 1 Yes
- 2 No (Go to MHR_R300)

Note: Don't Know and Refused are not allowed.

All respondents

MHR_Q222 **How many?**

(Insert respondent answer between 1 and 95)

Instruction: For each other over-the-counter medication, to a maximum of five, ask the following five questions.

Note: Don't Know and Refused are not allowed.

Respondents who are taking over-the-counter medication not reported during the household interview

NDP_Q1 Is a Drug Identification Number (DIN) available for the medication?

Instruction: If necessary, help the respondent to find the DIN on the bottle, tube or box.

- 1 Yes
- 2 No (Go to NDP_Q4)

Note: Don't Know and Refused are not allowed.

Respondents taking over-the-counter medication not reported during the household interview

NDP_Q2 What is the DIN of the [first] medication?

Instruction: Record DIN from the bottle, tube or box. Be sure to use eight digits; use leading zeros to fill the field if necessary (e.g., 00012345).

(Insert Drug Identification Number between 00000001 and 99999995)

Note: Don't Know, Refused and EMPTY are not allowed.

Respondents taking over-the-counter medication not reported during the household interview

NDP_N3 Instruction: The name associated with DIN [number] is [medication name]. Please confirm.

- 1 Yes (Go to NDP_Q5)
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents who are taking over-the-counter medication not reported during the household interview

NDP_Q4 What is the exact name and dosage of the [first] medication?

Instruction: Record the exact name and dosage of the medication from the bottle, tube or box. (Insert respondent answer to a maximum of 80 characters)

Note: EMPTY is not allowed.

Respondents taking over-the-counter medication not reported during the household interview

NDP_S4 If the name and dosage is equal to Don't Know or Refused (NDP_Q4 = DK or, RF), go to NDP_END. If the name and dosage are not listed in the medication database (NDP_Q4 = 1 (Other - Specify)), go to NDP_S4. Otherwise, go to NDP_Q5.

Instruction: Record the exact name and dosage of the medication from the bottle, tube or box. (Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed.

Respondents taking over-the-counter medication not reported during the household interview which have a name and dosage recorded as "Other"

NDP_Q5 **When was the last time that you took that over-the-counter medication?**

Instruction: Read categories to respondent.

- 1 **Today**
- 2 **Yesterday**
- 3 **Within the last week**
- 4 **Within the last month**
- 5 **More than one month ago**

Respondents taking over-the-counter medication not reported during the household interview

Health Product and Herbal Remedies

MHR_R300 If no health products or herbal remedies were reported in household interview, go to MHR_Q321.

Now I'd like to confirm your use of health products and herbal remedies.

Instruction: For each product or remedy listed from the home interview, ask the following two questions.

CDP_Q1 **During the interview in your home, it was reported that you were taking [name of health product or herbal remedy]. Are you still taking that health product or herbal remedy?**

- 1 Yes
- 2 No (Go to next product or MHR_Q321)
- 3 Never took the product (Go to next product or MHR_Q321)

Note: Don't Know and Refused are not allowed.

Respondents who reported taking health products or herbal remedies

CDP_Q2 **When was the last time that you took that product?**

Instruction: Read categories to respondent.

- 1 **Today**
- 2 **Yesterday**
- 3 **Within the last week**
- 4 **Within the last month**
- 5 **More than one month ago**

Respondents who reported taking health products or herbal remedies

MHR_Q321 **Are you taking any [other] health products or herbal remedies such as vitamins, minerals, fish oils and other oils, and botanical or homeopathic preparations?**

- 1 Yes
- 2 No (Go to MHR_R411)

Note: Don't Know and Refused are not allowed.

All respondents

MHR_Q322 **How many?**

(Insert respondent answer between 1 and 95.)

Instruction: For each other product or remedy, to a maximum of five, ask the following five questions.

Note: Don't Know and Refused are not allowed.

Respondents taking health products or herbal remedies not reported during the household interview

NDP_Q1 **Is a Drug Identification Number (DIN) available for the product?**

Instruction: If necessary, help the respondent to find the DIN on the bottle, tube or box.

- 1 Yes
2 No (Go to NDP_Q4)

Note: Don't Know and Refused are not allowed.

Respondents taking health products or herbal remedies not reported during the household interview

NDP_Q2 **What is the DIN of the [first] product?**

Instruction: Record DIN from the bottle, tube or box. Be sure to use eight digits; use leading zeros to fill the field if necessary (e.g., 00012345).

(insert Drug Identification Number between 00000001 and 99999995)

Note: Don't Know, Refused and EMPTY are not allowed.

Respondents taking health products or herbal remedies not reported during the household interview

NDP_N3 Instruction: The name associated with DIN [number] is [product name]. Please confirm.

- 1 Yes (Go to NDP_Q5)
2 No

Note: Don't Know and Refused are not allowed.

Respondents taking health products or herbal remedies not reported during the household interview

NDP_Q4 **What is the exact name and dosage of the [first] product?**

Instruction: Record the exact name and dosage of the product from the bottle, tube or box. (Insert respondent answer to a maximum of 80 characters.)

Note: EMPTY is not allowed.

Respondents taking health products or herbal remedies not reported during the household interview

NDP_S4 If the name and dosage is equal to Don't Know or Refused (NDP_Q4 = DK or RF), go to NDP_END. If the name and dosage are not listed in the medication database (NDP_Q4 = 1 (Other - Specify)), go to NDP_S4. Otherwise, go to NDP_Q5.

Instruction: Record the exact name and dosage of the product from the bottle, tube or box. (Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed.

Respondents taking health products or herbal remedies not reported during the household interview which have a name and dosage recorded as "Other"

NDP_Q5 **When was the last time that you took that product?**

Instruction: Read categories to respondent.

- 1 **Today**
- 2 **Yesterday**
- 3 **Within the last week**
- 4 **Within the last month**
- 5 **More than one month ago**

Respondents taking health products or herbal remedies not reported during the household interview

MHR_R411 If AGE is less than 6, go to MHR_END. Otherwise, if AGE less than 14, go to MHR_N611.

Now I am going to ask you a question about your use of other substances such as performance enhancing or recreational drugs. We ask this question because these drugs can affect the results of the physical and biological measures that we will be taking today. You can be assured that anything you say will remain confidential and that your answer will not screen you out of any tests.

MHR_Q411 **In the past week have you used any performance enhancing or recreational drugs such as steroids, marijuana or cocaine?**

- 1 Yes
- 2 No

Respondents aged 14 and over

MHR_N611 If the respondent is not taking any prescription medications, over-the-counter medications, or health products or herbal remedies, go to MHR_END.

From which tests should the respondent be excluded because of medication use?

Instruction: Mark all that apply.

- 1 Spirometry
- 2 mCAFT
- 6 None

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over, who reported taking any prescription medications, over-the-counter medications, health products or herbal remedies.

MHR_END

Physical Activity Readiness (PAR)

PAR_R01 If AGE is less than 6, go to PAR_END.

For respondents 14 or older:

Next you need to complete a questionnaire called the Physical Activity Readiness Questionnaire. These questions are used to identify people for whom certain tests might be inappropriate. Please read the questionnaire and answer each question thinking about the tests that you will be doing today. When you have completed the questionnaire, sign and date the bottom of the form.

Instruction: Provide the respondent with a blank PAR-Q.

Show the laminated card with pictures of each testing component to the respondent.

Ensure that all PAR-Q questions have been answered.

Ensure that the respondent has signed and dated the form.

Sign and date the form as the witness.

For respondents younger than 14:

Next you need to complete a questionnaire called the Physical Activity Readiness Questionnaire. These questions are used to identify people for whom certain tests might be inappropriate. Your parent or guardian may need to help you read and answer some of these questions. When you're done, please write or print your name at the bottom of this form.

Instruction: Provide the respondent with a blank PAR-Q.

Show the laminated card with pictures of each testing component to the respondent.

Ensure that all PAR-Q questions have been answered.

Ask the respondent, as well as the parent or guardian (if AGE is less than 14), to sign and date the form.

Sign and date the form as the witness.

PAR_R02 **I am now going to enter that information into our computer system. I may have some additional questions about your responses.**

PAR_N11 Has your doctor ever said that you have a heart condition *and* that you should only do physical activity recommended by a doctor?

Instruction: Enter the response from the PAR-Q completed by the respondent.

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

PAR_N21 Do you feel pain in your chest when you do physical activity?

Instruction: Enter the response from the PAR-Q completed by the respondent.

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

PAR_N31 In the past month, have you had chest pain when you were not doing physical activity?

Instruction: Enter the response from the PAR-Q completed by the respondent.

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

PAR_N41 Do you lose your balance because of dizziness or do you ever lose consciousness?

Instruction: Enter the response from the PAR-Q completed by the respondent.

- 1 Yes
- 2 No (Go to PAR_N51)

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

PAR_Q42 **In completing the questionnaire you reported that you lost your balance because of dizziness or have lost consciousness. Which condition was the reason for that response?**

- 1 Lost balance
- 2 Lost consciousness
- 3 Both

Respondents aged 6 and over who reported losing their balance because of dizziness or loss of consciousness

PAR_Q43 **Was the last time that you [lost your balance/lost consciousness/lost your balance or lost consciousness] within the last year?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over who reported losing their balance because of dizziness or loss of consciousness

PAR_Q44 **Under which condition(s) does this happen?**

Instruction: Mark all that apply.

- 1 Standing up quickly
- 2 Getting up from lying down
- 3 After an injury/accident (e.g., concussion, head injury)
- 4 During an illness (e.g., inner ear infection)
- 5 During or after exercise
- 6 After fasting for a long period of time
- 7 On hot days
- 8 At random
- 9 Other – Specify (Go to PAR_S44)

Go to PHC_N45

Respondents aged 6 and over who reported losing their balance because of dizziness or loss of consciousness

PAR_S44 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Respondents aged 6 and over who reported losing their balance because of dizziness or loss of consciousness who reported "Other – Specify" for conditions under which this happens

PAR_N45 If the last time the respondent lost their balance/consciousness was not within the last year (PAR_Q43 = 2), go to PAR_N51.
If AGE is less than 8 or greater than 69, go to PAR_N51.
If the last time the respondent lost their balance/consciousness was within the last year (PAR_Q43 = 1) and the condition(s) under which it happened was anything other than "Other – Specify" (PAR_Q44 < 9), go to PAR_N51.

Should the respondent be excluded from the mCAFT because of this condition?

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents aged 8 to 69 who reported losing their balance because of dizziness or loss of consciousness within the last year who reported "Other – Specify" for conditions under which this happens

PAR_N51 Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?

Instruction: Enter the response from the PAR-Q completed by the respondent.

- 1 Yes
- 2 No (Go to PAR_N61)

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

PAR_Q52 **In completing the questionnaire you reported that you have a bone or joint problem. The problem is with which bone or joint?**

Instruction: Mark all that apply.

- 1 Head / Jaw
- 2 Neck
- 3 Back / Spine (excluding neck)
- 4 Shoulder
- 5 Arm / Elbow
- 6 Wrist
- 7 Hand / Finger
- 8 Hip
- 9 Leg / Knee
- 10 Ankle
- 11 Foot / Toe

Respondents aged 6 and over who reported having a bone or joint problem

For each bone or joint identified in question PAR_Q52, ask the following three questions:

BJP_Q1 **What is the condition that affects your [bone or joint]?**

Instruction: Mark all that apply.

- 01 Arthritis (osteoarthritis or rheumatoid arthritis)
- 02 Vertebral disorder (e.g., chronic back or neck pain)
- 03 Osteoporosis
- 04 Chronic soft tissue condition (e.g., tendonitis)
- 05 Chronic joint condition (e.g., bursitis, carpal tunnel syndrome)
- 06 Acute soft tissue condition (e.g., pulled muscle, sprain, strain)
- 07 Acute bone condition (e.g., broken bone)
- 08 Neuromuscular disorder (e.g., multiple sclerosis, cerebral palsy, spinal cord dysfunction, muscular dystrophy, brain injury)
- 09 Amputation
- 10 Other – Specify (Go to BJP_S1)

Go to BJP_Q2

Respondents aged 6 and over who reported having a bone or joint problem

BJP_S1 Instruction: Specify the reason.
(Insert respondent answer to a maximum of 80 characters)

Note: Don't Know, Refused, and EMPTY are not allowed

Respondents aged 6 and over who reported having a bone or joint problem who reported "Other – Specify" for condition that affects the bone or joint.

BJP_Q2 What types of activities aggravate your [identified problem]?

Instruction: Probe as necessary to determine whether the respondent should be excluded from any physical tests.

Mark all that apply.

- 1 Bending
- 2 Lifting
- 3 Climbing stairs
- 4 Walking or running
- 5 Squeezing
- 6 Twisting
- 7 Stretching or reaching
- 8 Other – Specify (Go to BJP_S2)
- 9 None

Go to BJP_N3

Respondents aged 6 and over who reported having a bone or joint problem

BJP_S2 Instruction: Specify the reason.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed

Respondents aged 6 and over who reported having a bone or joint problem who reported "Other – Specify" for type of activity that aggravates the bone or joint

BJP_N3 From which tests should the respondent be excluded because of this condition?

Instruction: Mark all that apply.

- 1 mCAFT
- 2 Grip strength
- 3 Sit and reach
- 4 Partial curl-ups
- 5 None

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over who reported having a bone or joint problem

PAR_N61 Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or a heart condition?

Instruction: Enter the response from the PAR-Q completed by the respondent.

- 1 Yes
- 2 No (Go to PAR_N71)

Note: A list of confirmed and new prescription drugs is displayed under a heading, "Medications Currently Being Taken."

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

PAR_Q62 **In completing the questionnaire you reported that your doctor is currently prescribing drugs for your blood pressure or heart condition. For which condition(s) are you taking the drugs?**

Instruction: Mark all that apply.

- 1 High blood pressure
- 2 Low blood pressure
- 3 Angina
- 4 Previous heart attack
- 5 Aneurysm
- 6 Arrhythmia
- 7 Other heart condition (Go to PAR_S62)
- 8 Other medical condition (Go to PAR_S62)

Go to PAR_N71

Respondents aged 6 and over who are currently taking prescription drugs for their blood pressure or heart condition

PAR_S62 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed

Respondents aged 6 and over who are currently taking prescription drugs for their blood pressure or heart condition who reported "Other heart condition" or "Other medical condition" for which condition they are taking drugs

PAR_N71 Do you know of *any other reason* why you should not do physical activity?

Instruction: Enter the response from the PAR-Q completed by the respondent.

- 1 Yes
- 2 No (Go to PAR_END)

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

PAR_Q71 **In completing the questionnaire you reported that you thought there was another reason why you should not do physical activity. Can you please specify?**

Instruction: Mark all that apply.

- 1 Bone, joint or muscle problem
- 2 Cardiovascular problem
- 3 Medical procedure (recovery)
- 4 Respiratory condition
- 5 Physically impaired
- 6 Pregnancy
- 7 Other health problem
- 8 Other - Specify (Go to PAR_S71)

Go to PAR_N72.

Note: Don't Know and Refused are not allowed

Respondents aged 6 and over who reported another reason why they should not do physical activity

PAR_S71 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Respondents aged 6 and over who reported another reason why they should not do physical activity who reported "Other – Specify" for the reason

PAR_N72 From which tests should the respondent be excluded because of this condition? Probe to determine the seriousness of the condition.

Instruction: Mark all that apply.

- 1 mCAFT
- 2 Grip strength
- 3 Sit and reach
- 4 Partial curl-ups
- 5 None

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over who previously reported another reason why they should not do physical activity

PAR_END

Other Reason for Screening Out (ORS)

ORS_Q1 If AGE is less than 6, go to ORS_END.

Other than what you have already mentioned, are there *any other reasons* you should not participate in one or more of the physical tests?

- 1 Yes
- 2 No

Respondents aged 6 and over

ORS_N1 Instruction: Is there any other reason why the respondent should not perform the Grip Strength test?

- 1 Yes
- 2 No (Go to ORS_N2)

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

ORS_S1 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed

Respondents aged 6 and over who have any other reason why they should not perform the Grip Strength test

ORS_N2 Instruction: Is there any other reason why the respondent should not perform the Spirometry test?

- 1 Yes
- 2 No (Go to ORS_N3)

Note: Don't Know and Refused are not allowed.

Respondents aged 6 and over

ORS_S2 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed

Respondents aged 6 and over who have any other reason why they should not perform the Spirometry test

ORS_N3 If AGE is greater than than 69, go to ORS_END. If AGE is less than 8 go to ORS_N4.

Instruction: Is there any other reason why the respondent should not perform the modified Canadian Aerobic Fitness Test (mCAFT)?

- 1 Yes
- 2 No (Go to ORS_N4)

Note: Don't Know and Refused are not allowed.

ORS_S3 *Respondents aged 8 to 69*
Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed

Respondents aged 8 to 69 who have any other reason why they should not perform the modified Canadian Aerobic Fitness Test (mCAFT)

ORS_N4 Instruction: Is there any other reason why the respondent should not perform the Sit and Reach test?

- 1 Yes
- 2 No (Go to ORS_N5)

Note: Don't Know and Refused are not allowed.

Respondents aged 6 to 69

ORS_S4 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed

Respondents aged 6 to 69 who have any other reason why they should not perform the Sit and Reach test

ORS_N5 If AGE is less than 8, go to ORS_END

Instruction: Is there any other reason why the respondent should not perform the Partial Curl-up test?

- 1 Yes
- 2 No (Go to ORS_END)

Note: Don't Know and Refused are not allowed.

Respondents aged 8 to 69

ORS_S5 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed

Respondents aged 8 to 69 who have any other reason why they should not perform the Partial Curl-up test

ORS_END

Fish and Shellfish Component

To be completed by all respondents.

Fish and Shellfish Consumption (FSF)

FSF_R11 **Now a few questions about your consumption of shellfish over the past month. Think about *all* the shellfish you ate, both meals and snacks, at home and away from home.**

FSF_Q11 **Have you eaten any of the following shellfish over the past month, that is, from [date one month ago] to today?**

Instruction: Read categories to respondent. Mark all that apply.

- 01 **Lobster**
- 02 **Shrimp**
- 03 **Mussels**
- 04 **Scallops**
- 05 **Oysters**
- 06 **Squid or calamari**
- 07 **Clams**
- 08 **Crab**
- 09 **Any other shellfish** (Go to FSF_S11V)
- 10 **No shellfish**

Refused (Go to FSF_END)

Go to FSF_R12

All respondents

FSF_S11V **What other shellfish did you consume?**

Instruction: Enter one shellfish only.
(Insert respondent answer to a maximum of 80 characters.)

Don't Know, Refused (Go to FSF_R12)

Note: EMPTY is not allowed

Respondents who reported consuming at least one type of other shellfish over the past month

FSF_Q11X **Over the past month, did you consume any other shellfish?**

- 1 Yes
 - 2 No (Go to FSF_R12)
- Don't Know, Refused (Go to FSF_R12)

Respondents who reported consuming at least one type of other shellfish over the past month

FSF_S11X **What other shellfish did you consume?**

Instruction: Enter one shellfish only.
(Insert respondent answer to a maximum of 80 characters.)

Don't Know, Refused (Go to FSF_R12)

Note: EMPTY is not allowed

Respondents who reported consuming at least two types of other shellfish over the past month

FSF_Q11Y **Over the past month, did you consume any other shellfish?**

- 1 Yes
- 2 No (Go to FSF_R12)
- Don't Know, Refused (Go to FSF_R12)

Respondents who reported consuming at least two types of other shellfish over the past month

FSF_S11Y **What other shellfish did you consume?**

Instruction: Enter one shellfish only.
(Insert respondent answer to a maximum of 80 characters.)

Don't Know, Refused (Go to FSF_R12)

Note: EMPTY is not allowed

Respondents who reported consuming a third other shellfish over the past month

FSF_R12 **Now, think about *all* salt and freshwater fish you ate, both meals and snacks, at home and away from home. Include fresh, frozen and canned fish of all types, as well as the fish in fish and chips.**

FSF_Q12 **Have you eaten any of the following fish over the past month, that is, from [date one month ago] to today?**

Instruction: "Saltwater fish" does not include shellfish (which has been covered already in the previous question). Shellfish is not really fish, but a type of mollusc/crustacean.

If respondent is unsure of type of cod or mackerel they have eaten, choose "Atlantic cod" or "Atlantic mackerel".

Instruction: Read categories to respondent. Mark all that apply.

- 01 **Fish Sticks**
- 02 **Tuna in a can or pouch**
- 03 **Tuna steak or fillets**
- 04 **Salmon in a can or pouch**
- 05 **Smoked salmon**
- 06 **Fresh or frozen salmon**
- 07 **Shark**
- 08 **Marlin**
- 09 **Swordfish**
- 10 **Orange roughy**
- 11 **Escolar**

- 12 **Grouper**
- 13 **Bass**
- 14 **Sablefish or black cod**
- 15 **Tilefish**
- 16 **Halibut**
- 17 **Pickarel or walleye**
- 18 **Pike or jackfish**
- 19 **Trout**
- 20 **Atlantic cod**
- 21 **Atlantic mackerel**
- 22 **Herring**
- 23 **Sardines**
- 24 **Flounder**
- 25 **Plaice**
- 26 **Sole**
- 27 **Pollock or imitation crab**
- 28 **Haddock**
- 29 **Snapper, scup or porgy**
- 30 **Whitefish**
- 31 **Perch**
- 32 **Sturgeon**
- 33 **Char**
- 34 **Tilapia**
- 35 **Catfish**
- 36 **Any other fish** (Go to FSF_S12V)
- 37 **No fish**
- Don't Know (Go to FSF_B13)
- Refused (Go to FSF_B13)

Go to FSF_Q12X

All respondents

FSF_S12V **What other fish did you consume?**

Instruction: Enter one type of fish only.
(Insert respondent answer to a maximum of 80 characters.)

Don't Know, Refused (Go to FSF_Q25)

Note: EMPTY is not allowed.

Respondents who reported consuming at least one type of other fish over the past month

FSF_Q12X **In the past month, did you consume any other fish?**

- 1 Yes
- 2 No (Go to FSF_Q25)
- Don't Know, Refused (Go to FSF_Q25)

Respondents who reported consuming at least one type of other fish over the past month

FSF_S12X **What other fish did you consume?**

Instruction: Enter one type of fish only.
(Insert respondent answer to a maximum of 80 characters.)

Note: EMPTY is not allowed.

Respondents who reported consuming at least two types of other fish over the past month

FSF_Q12Y **In the past month, did you consume any other fish?**

- 1 Yes
- 2 No (Go to FSF_Q25)

Respondents who reported consuming at least two types of other fish over the past month

FSF_S12Y **What other fish did you consume?**

Instruction: Enter one type of fish only.
(Insert respondent answer to a maximum of 80 characters.)

Note: EMPTY is not allowed.

Respondents who reported consuming a third type of other fish over the past month

FSF_B13 If the respondent did not eat shellfish over the past month (FSF_Q11 = 10) or did not know (FSF_Q11 = DK), and the respondent did not eat fish over the past month (FSF_Q12 = 37) or did not know or refused to answer (FSF_Q12 = DK or RF), go to FSF_END.

FSF_Q25 If the respondent ate tuna in a can or pouch in the past month (FSF_Q12 = 2), ask the following question:

Over the past month, when you ate tuna in a can or pouch, was it:

Instruction: Read categories to respondent.

- 1 ...light (flaked or chunk) tuna?
- 2 ...white (solid) tuna?
- 3 ...both?

Respondents who reported consuming tuna in a can or pouch over the past month

FSF_Q36 If the respondent ate bass in the past month (FSF_Q12 = 13), ask the following question:

Over the past month, when you ate bass, was it:

Instruction: Read categories to respondent.

- 1 ...sea bass?
- 2 ...small or large mouth bass?
- 3 ...both?

Respondents who reported consuming bass over the past month

FSF_Q42 If the respondent ate trout in the past month (FSF_Q12 = 19), ask the following question:

Over the past month, when you ate trout, was it:

- 1 ...lake trout?
- 2 ...rainbow trout?
- 3 ...both?

Respondents who reported consuming trout over the past month

For each specific type of fish and shellfish reported by respondents in the Fish and Shellfish component, ask the following 2 questions:

Detail Fish and Shellfish (DFS)

DFS_Q11 **Over the past month, how many times did you eat:**

... [shellfish/fish name]?

(Insert respondent answer, between 1 and 100.)

DFS_N11 If the respondent does not know how many times he ate a shellfish/fish or refuses to answer (DFS_Q11 = DK or RF), go to DFS_END.

Instruction: Select the reporting period.

1. Per month
2. Per week
3. Per day

Note: Don't Know and Refused are not allowed.

DFS_END

FSF_END

Grooming Product Component

To be completed by all respondents.

Grooming Product Use (GPU)

GPU_R11 **Now we're going to ask you some questions about your use of grooming and cosmetic products [including "dress-up" use] to help us better understand your urine test results. Some of these questions may not apply to you, but we need to ask them to all respondents.**

GPU_Q11B **In the past 24 hours, that is from [time 24 hours ago] yesterday until now, have you used any of the following:**

Instruction: Read categories to respondent. Mark all that apply.

- 1 ... fragrance (including perfumes, cologne and aftershave)?
 - 2 ... eye make-up?
 - 3 ... lipstick (including lip gloss)?
 - 4 ... hair dye?
 - 5 ... hair style products (including hair spray, gel, mousse and other hair styling products)?
 - 6 ... manicure preparations?
 - 7 ... scented body products (including lotion, cream and body wash)?
 - 8 **None** (Go to GPU_END)
- Don't Know, Refused (Go to GPU_END)

All respondents

For each type of product identified in GPU_Q11B, ask the following question:

GPU_Q12 **How often do you usually use [identified product]? (For example: twice a day, three times a week, once a month)**

Instruction: Enter amount only.
(Insert respondent answer between 0 and 500.)

Don't Know, Refused (Go to next product)

Instruction: Select the reporting period.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year

Note: Don't Know and Refused are not allowed.

Respondents who used grooming or cosmetic products

GPU_END

HWM_S11 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

HWM_R12 **Next I'd like you to sit on this box so that I can measure how tall you are when you are sitting. Sit with your back and head against the measuring device. Put your hands on your lap and keep your legs still. Look straight ahead and sit up as straight as possible.
Now, take a deep breath in and hold it.**

Instruction: Ensure the respondent's head is in the Frankfort plane.

Ensure the respondent does not contract the gluteal muscles nor push with the legs.

Take the measurement while the breath is being held.

All respondents except those who cannot sit unassisted in the correct position.

If captured electronically:

HWM_N12A Instruction: Ensure that the stadiometer is set to centimetres (cm).
(Insert stadiometer information between 834.00 and 2130.00 in millimetres.)

Note: Don't Know and Refused are not allowed.

Go to HWM_R13

If captured Manually

HWM_N12B Instruction: Record the sitting height in centimetres.
(Insert stadiometer information between 73.00 and 207.60 in centimetres.)

HWM_N12C Instruction: Re-enter the sitting height in centimetres.
(Insert stadiometer information between 73.00 and 207.60 in centimeters.)

HWM_S12 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

HWM_R13 **Next I'm going to measure how much you weigh. Please empty your pockets, remove all heavy accessories, step onto the centre of the scale and face me. Keep your hands at your sides and look straight ahead.**

Instruction: Ensure the respondent has on only minimal clothing (no shoes), has nothing in his pockets and has removed all heavy accessories (e.g., a watch, belt, pair of glasses).

All respondents except those who are wearing a plaster/cast that cannot be removed

HWM_N13 Instruction: Record how the data will be captured.

1 Electronically

2 Manually

(Go to HWM_N13B)

Note: Don't Know and Refused are not allowed.

If captured electronically:

HWM_N13A Instruction: Ensure the scale is set to kilograms (kg).

1 Save the measurement

Note: Don't Know and Refused are not allowed.

HWM_R13A Instruction: Check the data returned from the scale.

Go to HWM_R14.

If captured manually:

HWM_N13B Instruction: When the measurement is stable, record the weight in kilograms.
(Insert measurement between 0.50 and 500.00 kilograms.)

Don't Know (Go to HWM_S13)
Refused (Go to HWM_R14)

HWM_N13C Instruction: Re-enter the weight in kilograms.
(Insert measurement between 0.50 and 500.00 kilograms.)

Go to HWM_R14.

HWM_S13 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

HWM_R14 If respondent is pregnant (PHC_Q11 = 1), go to SFM_END.

Now I'm going to measure your waist circumference. Please stand up straight with your arms hanging loosely at your sides, and breathe normally. I may need to move your clothing slightly because the measurement has to be taken directly on the skin. In order to ensure I have the correct position, I am going to feel for certain landmarks and make a few small marks on your skin with a washable marker where the tape measure is to go. When I'm done, I'll remove them with a wipe.

Instruction: Landmark both sides. Read the measurement at the right side of the body. Take the measurement at the end of a normal expiration.

All respondents who are not pregnant

HWM_N14A Instruction: Record the waist circumference in centimetres.
(Insert measurement between 0.1 and 305.0 centimetres.)

Don't Know (Go to HWM_S14)
Refused (Go to HWM_R15)

HWM_N14B Instruction: Re-enter the waist circumference in centimetres.
(Insert measurement between 0.1 and 305.0 centimetres.)

Go to HWM_R15.

HWM_S14 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

HWM_R15 **Now I'm going to measure your hip circumference. Please stand up straight with your feet together, your arms hanging loosely at your sides, and breathe normally. I may need to move your clothing slightly to ensure the measurement is accurate.**

Instruction: Read the measurement at the right side of the body.

All respondents who are not pregnant

HWM_N15A Instruction: Record the hip circumference.
(Insert measurement between 0.1 and 305.0 centimetres.)

Don't Know (Go to HWM_S15)
Refused (Go to HWM_R16)

HWM_N15B Instruction: Re-enter the hip circumference in centimetres.
(Insert measurement between 0.1 and 305.0 centimetres.)

Go to HWM_R16

HWM_S15 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

HWM_R16 If AGE is greater than 19, go to SFM_Q01.

Now I'll measure your neck circumference. Please stand up straight, look straight ahead and stand as tall as possible. I will need to touch your neck in order to find the appropriate spot to take the measurement.

Instruction: Ensure the respondent's head is in a neutral position, with the respondent looking straight ahead.

Have the respondent breathe normally and ensure the respondent does not clench his teeth.

Read the measurement at the landmark on the front of the neck.

Respondents aged 3 to 19 who are not pregnant

HWM_N16A Instruction: Record the neck circumference.
(Insert measurement between 0.1 and 150.0 centimetres.)

Don't Know (Go to HWM_S16)
Refused (Go to SFM_Q01)

HWM_N16B Instruction: Re-enter the neck circumference in centimetres.
(Insert measurement between 0.1 and 150.0 centimetres.)

HWM_S16 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Then the following variables are calculated:

- body mass index
- body mass index norms for respondents 18 or older
- body mass index norms for respondents younger than 18
- waist circumference norms for respondents aged 15 to 69
- waist-to-hip ratio.

HWM_END

FOR INFORMATION ONLY

Skinfold Measurement (SFM)

To be completed by all respondents except those meeting the exclusion criteria:

1. Women who are pregnant (PHC_Q11 = 1).
2. Respondents with a BMI greater than or equal to 30 kg/m².
3. Respondents without a height or weight measurement.

SFM_Q01 **In order to calculate your body composition score, I will also measure the thickness of your skinfolds using these skinfold calipers. To measure a skinfold, I will take hold of a fold of skin plus any underlying fat tissue between my fingers. Then I will place the calipers on the fold at which time you may feel a slight pinch. Let me show you how it will feel on your hand.**

Instruction: Show the skinfold calipers to the respondent and demonstrate the technique on the palm of the respondent's hand.

Note: Don't Know and Refused are not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Skinfold Measurement (SFM) block

SFM_R02 **I will be measuring skinfolds at five sites: back of the arm (triceps), front of the arm (biceps), shoulder blade (subscapular), waist (iliac crest) and on the inside of your calf (medial calf). At each site I will be taking 2 or 3 measurements.**

The measurement must be taken directly against the skin so I may need you to move your clothing slightly to have access to the various sites. First, I need to mark the location of each site using this washable marker. When I'm done, I'll remove them with a wipe.

Instruction: Mark all locations.

All respondents except those meeting the exclusion criteria at the beginning of the Skinfold Measurement (SFM) block

First Skinfold Measurements

SFM_N11 Instruction: Record the first *triceps* skinfold measurement to the nearest 0.2 millimetres. (Insert measurement between 0.2 and 80.0 millimetres.)

Don't Know (Go to SFM_S11)
Refused (Go to SFM_N12)

SFM_S11 Instruction: Specify the reason why the measurement could not be taken. (Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

SFM_N12 Instruction: Record the first *biceps* skinfold measurement to the nearest 0.2 millimetres. (Insert measurement between 0.2 and 80.0 millimetres.)

Don't Know (Go to SFM_S12)
Refused (Go to SFM_N13)

SFM_S12 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

SFM_N13 Instruction: Record the first *subscapular* skinfold measurement to the nearest 0.2 millimetres. (Insert measurement between 0.2 and 80.0 millimetres.)

Don't Know (Go to SFM_S13)
Refused (Go to SFM_N14)

SFM_S13 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

SFM_N14 Instruction: Record the first *iliac crest* skinfold measurement to the nearest 0.2 millimetres. (Insert measurement between 0.2 and 80.0 millimetres.)

Don't Know (Go to SFM_S14)
Refused (Go to SFM_N15)

SFM_S14 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

SFM_N15 Instruction: Record the first *medial calf* skinfold measurement to the nearest 0.2 millimetres. (Insert measurement between 0.2 and 80.0 millimetres.)

Don't Know (Go to SFM_S15)
Refused (Go to Second Skinfold Measurements)

SFM_S15 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Second Skinfold Measurements

SFM_N21 to SFM_S25 If the first skinfold for all five measurement sites are either Don't Know or Refused, go to SFM_END. If a given skinfold measurement site is either Don't Know or Refused, that measurement is not taken a second time.

Note: This sequence of measurements is repeated a second time and recorded for all five skinfold sites.

Third Skinfold Measurements

SFM_R30 If the difference between the two skinfold measures is greater than 0.4 mm at any site, a third measurement is taken for the site(s). For any site, if either the first or second measure could not be taken, a third measurement is not taken for that site.

The difference between the first and second measures at [one site / two sites / three sites / four sites / five sites] is too large, so I will have to take a third measurement for [this/these site(s)].

Note: The skinfold measurement(s) is/are retaken a third time for every site where the difference between the 1st and 2nd measurement is greater than 0.4 mm

Then the following variables are calculated:

- triceps skinfold average
- biceps skinfold average
- subscapular skinfold average
- iliac crest skinfold average
- medial calf skinfold average
- sum of five skinfolds.
- sum of five skinfolds norms for respondents 15 – 69
- body composition norms for respondents 15 – 69.

All respondents except those meeting the exclusion criteria at the beginning of the Skinfold Measurement (SFM) block, where the difference between any first and second measure is too large

SFM_N31 to SFM_S35 If a given skinfold measurement site is either Don't Know or Refused, that measurement is not taken a second time.

SFM_END

Blood Pressure Component

To be completed by all respondents except those meeting the exclusion criteria:

1. Respondents aged 3 to 5

Note: For respondents younger than 18, the anthropometric component must be completed prior to the completion of this component. If the Urine Component is not completed, the respondent should be encouraged to provide a urine sample prior to the blood pressure (BP) measurement.

Before taking the measurements, the respondent will complete a five minute rest period.

Blood Pressure Measurement (BPM)

BPM_N101 Instruction: Record how the first set of data will be captured.

- 1 Electronically (BpTRU)
- 2 Manually (auscultation) (Go to BPM_Q110)

Note: Don't Know and Refused are not allowed.

Automated Blood Pressure Measurement

BPM_Q101 **Now I will take your blood pressure and heart rate using an automated blood pressure cuff. During this test you will need to sit up straight with your feet flat on the floor, your back against the back rest of the chair, and your right arm on the table.**

Instruction: Select the appropriate cuff size based on arm circumference, secure it on the right arm and ensure the respondent is in the correct seated position. Set the BPTru to collect at one minute intervals (set cycle to 1).

Refused (Go to BPM_Q110)

Note: Don't Know is not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Blood Pressure Component

BPM_Q102 **The cuff will inflate automatically once every minute, applying pressure to your arm. A total of six measures will be taken. I will stay in the room for the first measurement then I will leave the room. Although I will not be present during the test, should you require assistance, I will be just outside the room. You should not move or talk during the test, and you need to keep both feet flat on the floor. It is important that you stay relaxed to ensure we get good results. Before we begin, I will leave you alone to sit and relax for 5 minutes. I will then return to start the machine. I ask that you do not talk when I return to take the first measurement. Do you have any questions before we begin?**

Instruction:

- Ensure the BpTRU is communicating with Health Listener.
- Turn the BpTRU away from the respondent.
- Answer any questions as thoroughly as possible.
- Start the stopwatch to return to the room after 5 minutes.
- Press <CTL-ALT-DELETE> and then <Enter> to lock the computer before leaving the

Blood Pressure Recording (BPR) – First set of measurements

BPR_N1A Instruction: Record the systolic blood pressure measurement.
(Insert measurement between 30 and 300 mmHg.)

Refused (If first blood pressure measurement, go to BPM_END. Otherwise, go to the next blood pressure measurement.)

BPR_N1B Instruction: Record the diastolic blood pressure measurement.
(Insert measurement between 30 and 200 mmHg.)

Note: Refused is not allowed.

BPR_N2 Instruction: Record the heart rate.
(Insert measurement between 30 and 200 beats per minute.)

Note: Refused is not allowed.

BPR_N3 If the systolic blood pressure is unknown (BPR_N1A = DK), or the diastolic blood pressure is unknown (BPR_N1B = DK), or the heart rate is unknown (BPR_N2 = DK), go to BPR_N3. Otherwise, go to BPR_END.

Instruction: Record the reason if the measurement could not be taken.

Mark all that apply.

- 5 Deflation too slow
- 6 Deflation too fast
- 20 Indeterminate systolic blood pressure
- 21 Indeterminate diastolic blood pressure
- 88 Other – Specify (Go to BPR_S3)

Go to BPR_END

All respondents except those meeting the exclusion criteria at the beginning of the Blood Pressure Component

BPR_S3 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

BPR_END

BPM_N160 Instruction: Check the blood pressure and heart rate data.

- | | | |
|---|-------------------------|------------------|
| 1 | Accept the measurements | (Go to BPM_R411) |
| 2 | Redo the measurements | |

Note: If there are large discrepancies in 3 or more of the measurements, or if the variation between any of the systolic or heart rate measurements exceeds prescribed limits, then redo the measurements.

Then the following variables are calculated:

- average systolic blood pressure
- average diastolic blood pressure
- average resting heart rate.

All respondents except those meeting the exclusion criteria at the beginning of the Blood Pressure Component

BPM_N201 If there were fewer than 3 error codes for the second to sixth blood pressure measurement and the average systolic BP is less than 145 mmHg, the average diastolic BP is less than 95 mmHg and the average resting heart rate is less than 100 beats per minute, go to BPM_END.

If the respondent has opted for a home visit (SCS_N12 = 4), is less than 15 or greater than 69 years of age, go to BPM_END.

If the respondent is ineligible for mCAFT or has been excluded, go to BPM_END.

If the first set of electronic measurements was refused (BPM_Q101 = RF), go to BPM_Q210.

Instruction: Record how the second set of data will be captured

- | | | |
|---|-------------------------|------------------|
| 1 | Electronically (BpTRU) | |
| 2 | Manually (auscultation) | (Go to BPM_Q210) |

Note: Don't Know and Refused are not allowed.

Automated Blood Pressure Measurement

BPM_Q201 **[There were too many errors with that set of measurements, so we have to do the test again. I will leave you to sit and relax for another 5 minutes before we start the test then I will retake your blood pressure and heart rate.] Remember, you should not move or talk during the test, and you need to keep both feet flat on the floor. It's important that you stay relaxed to ensure we get good results.**

Instruction:

- Select the appropriate cuff size by using the range indicated on the inside of the cuff. Secure the cuff on the respondent's right arm and ensure he/she is in the correct seated position.
- Set the BpTRU to collect at 1 minute intervals (set cycle to 1).
- Ensure the BpTRU is communicating with Health Listener.
- Turn the BpTRU away from the respondent.
- Answer any questions as thoroughly as possible.
- Start the stopwatch to return to the room after 5 minutes.
- Press <CTL-ALT-DELETE> and then <Enter> to lock the computer before leaving the room.

- After the 5 minute rest period, return to the room and press the <start> button on the BpTRU.
- Remember to check that the BpTRU collects the first measurement and to write it down.

Refused (Go to BPM_Q210)

Manual Blood Pressure Measurement

BPM_Q210 [There were too many problems with that set of measurements, so we have to do the test again. I will leave you to sit and relax for another 5 minutes before taking the second set of measurements. I will measure your blood pressure using this arm cuff and stethoscope, and your heart rate using this heart rate monitor. I will take your blood pressure and your heart rate 6 times.] Remember, you should not move or talk during the test, and you need to keep both feet flat on the floor. It is important that you stay relaxed to ensure we get good results.

Instruction:

- Show the heart rate monitor to the respondent and help him/her put it on.
- Select the appropriate cuff size by using the range indicated on the inside of the cuff. Secure the cuff on the respondent's right arm and ensure he/she is in the correct seated position (palm up).
- Answer any questions as thoroughly as possible.
- Start the stopwatch to return to the room after 5 minutes.
- Press <CTL-ALT-DELETE> and then <Enter> to lock the computer before leaving the room.
- When you return to the room to take the measurements, do not speak to the respondent.

Refused (Go to BPM_R411)

Note: Don't Know is not allowed.

BPM_R210 Instruction: Determine the maximum inflation level before taking the measurements.

The systolic blood pressure, diastolic blood pressure and heart rate measurements are recorded six times. If applicable, the reason(s) a measurement could not be taken are also recorded.

Blood Pressure Recording (BPR) – Second set of measurements if required

BPR_N1A Instruction: Record the systolic blood pressure measurement.
(Insert measurement between 30 and 300 mmHg.)

Refused (If first blood pressure measurement, go to BPM_END. Otherwise, go to next blood pressure measurement.)

BPR_N1B Instruction: Record the diastolic blood pressure measurement.
(Insert measurement between 30 and 200 mmHg.)

Note: Refused is not allowed.

BPR_N2 Instruction: Record the heart rate.
(Insert measurement between 30 and 200 beats per minute.)

Note: Refused is not allowed.

BPR_N3 If the systolic blood pressure is unknown (BPR_N1A = DK, or the diastolic blood pressure is unknown (BPR_N1B = DK), or the heart rate is unknown (BPR_N2 = DK), go to BPR_N3. Otherwise, go to BPR_END.

Instruction: Record the reason if the measurement could not be taken.

Mark all that apply.

- 5 Deflation too slow
- 6 Deflation too fast
- 20 Indeterminate systolic blood pressure
- 21 Indeterminate diastolic blood pressure
- 88 Other – Specify (Go to BPR_S3)

Go to BPR_END

All respondents except those meeting the exclusion criteria at the beginning of the Blood Pressure Component

BPR_S3 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

BPR_END

Blood Pressure Results

BPM_N260 Instruction: Check the blood pressure and heart rate data.

- 1 Accept the measurements
- 2 Reject the measurements (Go to BPM_END)

Note: Don't Know and Refused are not allowed.

BPM_R411 If AGE is less than 18, go to BPM_R412.

Calculate the blood pressure norms for respondents 18 or older. If measures fall within normal ranges, go to BPM_END.

Your average blood pressure today was [average systolic BP]/[average diastolic BP] mmHg. Based on a report by the Canadian Coalition for High Blood Pressure Prevention and Control, this means your blood pressure is [above the acceptable range/moderately high/high/very high].

Instruction: Answer any questions as thoroughly as possible.

Respondents aged 18 and older except those meeting the exclusion criteria at the beginning of the Blood Pressure Component, where the respondent is eligible for mCAFT and not screened out, and blood pressure measurements were outside normal ranges

If the blood pressure of the respondent was still high after two measurements, the respondent will receive a letter with his report of measurements that they should take to their doctor.

Go to BPM_END

BPM_R412 Calculate the blood pressure norms for respondents younger than 18. If measures fall within normal ranges, go to BPM_END.

Your average blood pressure today was [average systolic BP]/[average diastolic BP] mmHg. Based on The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents, this means your blood pressure is [high/very high].

Instruction: Answer any questions as thoroughly as possible.

Respondents aged 17 and under except those meeting the exclusion criteria at the beginning of the Blood Pressure Component, where the respondent is eligible for mCAFT and not screened out, and blood pressure measurements were outside normal ranges

If the blood pressure of the respondent was still high after two measurements, the respondent will receive a letter with his report of measurements that they should take to their doctor.

BPM_END

Phlebotomy Component

To be completed by all respondents except those meeting the exclusion criteria:

1. Respondents who have hemophilia (PHC_Q51 = 1)
2. Respondents who have received chemotherapy within the last 4 weeks (PHC_Q52 = 1)

Phlebotomy Component Introduction (PHI)

PHI_Q10 **Hi, my name is.... Please have a seat on the chair because I need to ask you a few questions before we begin.**

Note: Don't Know and Refused are not allowed.

PHI_Q11 **I need to confirm your fasting status. When did you last eat or drink anything other than water (e.g. coffee, tea, alcohol, juice or flavoured water)?**

Information: The respondent reported last eating or drinking at [time reported at ATG_Q11].

Instruction: Probe to determine the date and time at which the respondent last ate or drank something that does not meet the phlebotomy fasting requirements.

Record whether the fasting time and date recorded during the screening component are correct.

- 1 Yes (Go to PHI_END)
- 2 No

Note: Don't Know and Refused are not allowed.

PHI_N11 Instruction: Enter the time (followed by "AM" or "PM") the respondent reported last eating or drinking something that does not meet the phlebotomy fasting requirements.

(Insert respondent answer between 01:00 and 12:59.)

Note: Don't Know and Refused are not allowed.

PHI_N12 Instruction: Confirm the date.

- 1 Yesterday
- 2 Today

Note: Don't Know and Refused are not allowed.

PHI_END

Blood Collection (BDC)

BDC_Q11 **In the past 2 months, that is, from [date two months ago] to yesterday, did you receive a blood transfusion?**

- 1 Yes
- 2 No

All respondents except those meeting the exclusion criteria at the beginning of the Phlebotomy Component

BDC_Q12 **In the past 2 months, did you donate blood?**

- 1 Yes
- 2 No (Go to BDC_Q14)

Note: Don't Know and Refused are not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Phlebotomy Component

BDC_B13 **What was the date when you last donated blood?**

Instruction: Enter the day.
(Insert respondent answer between 1 and 31.)

Instruction: Select the month.

- | | | | |
|----|----------|----|-----------|
| 01 | January | 07 | July |
| 02 | February | 08 | August |
| 03 | March | 09 | September |
| 04 | April | 10 | October |
| 05 | May | 11 | November |
| 06 | June | 12 | December |

Instruction: Enter a four-digit year.
(Insert respondent answer between 1870 and 3000.)

All respondents except those meeting the exclusion criteria at the beginning of the Phlebotomy Component who donated blood in the last 2 months

BDC_Q14 **Have you ever felt dizzy or fainted when giving blood?**

- 1 Yes
- 2 No

Note: Don't Know and Refused are not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Phlebotomy Component

BDC_Q21 Now I am going to do the blood draw.

Instruction: Explain the procedure to the respondent.

Refused (Go to BDC_END)

Note: Don't Know is not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Phlebotomy Component

BDC_N23 Instruction: Record which of the required tubes of blood were collected.

Mark all that apply.

[List of blood collection tubes based on age and fasting status]

13 All of the required tubes

14 None of the required tubes (Go to BDC_N44)

Refused (Go to BDC_END)

BDC_N43 Instruction: Record whether the respondent was seated or supine during the blood draw.

1 Seated

2 Supine

Note: Don't Know and Refused are not allowed.

BDC_N44 If all required tubes were collected, go to BDC_N51.

Instruction: Record the reason if all required tubes were not collected.

1 Respondent refused

2 Respondent fainted

3 Unable to find vein

4 Blood flow stopped

5 Physical limitation

6 Other – Specify (Go to BDC_S44)

Go to BDC_END

Note: Don't Know and Refused are not allowed.

BDC_S44 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

BDC_N51 Instruction: Record whether another staff member assisted with the blood draw.

1 Yes

2 No (Go to BDC_END)

Note: Don't Know and Refused are not allowed.

BDC_N52 Instruction: Record the HMSID of the staff member that assisted with the blood draw.
(Insert HMS ID between 1000 and 9995.)

Note: Don't Know and Refused are not allowed.

BDC_END

FOR INFORMATION ONLY

Activity Monitor Component

To be completed by all respondents except those meeting the exclusion criteria:

1. Respondents who have a acute condition (PHC_N42 = 5) which prevents them from participating in the component
2. Respondents who have a chronic condition (PHC_N44 = 5) which prevents them from participating in the component

Activity Monitor (AM)

AM_N11 Instruction: Record whether an activity monitor is available.

- | | | |
|---|-----|----------------|
| 1 | Yes | |
| 2 | No | (Go to AM_END) |

Note: Don't Know and Refused are not allowed.

AM_R11 **It is crucial to obtain information about Canadians' daily activity patterns. As a result, this survey will be measuring your daily activity patterns over a 7 day period. To do this, we would like you to wear an activity monitor for the next 7 days.**

An activity monitor is a battery-operated electronic device that is worn on a belt around the waist, over the right hip. The monitor records all daily activities as electronic signals. It is pre-programmed to start recording tomorrow morning, there is no activation required and it does not need to be turned on or off.

Instruction: Hold up the activity monitor (on the belt) for display.

All respondents who do not meet the exclusion criteria

AM_Q11 **The activity monitor is to be worn for the next 7 days and mailed back after the 7 days are over. Do you have any questions before we proceed?**

Instruction: Answer any questions as thoroughly as possible.

Refused (Go to AM_N12)

Go to AM_R21

Note: Don't Know is not allowed.

All respondents who do not meet the exclusion criteria

AM_N12 Instruction: Record the reason why the respondent is not willing to wear an activity monitor for the next 7 days.

- 1 Burden
- 2 Invasive
- 3 Aesthetics
- 4 Away during the collection period
- 5 Anticipating change in normal activity
- 6 Sick or laid up
- 7 Worried about losing or damaging the device
- 8 Other – Specify (Go to AM_S12)

Go to AM_END

Note: Don't Know and Refused are not allowed.

AM_S12 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Go to AM_END

Note: Don't Know, Refused and EMPTY are not allowed.

AM_R21 **We ask that you start wearing this monitor as soon as you wake up tomorrow morning and that you keep wearing it for a full 7 days.**

- **Place it on the right hip bone with the arrow pointing up and the belt snug.**
- **You can wear it over or under your clothes.**
- **It is important that you put on the activity monitor as soon as you wake up in the morning and take it off only when going to bed at night. We do not want to miss a step!**
- **Since the device is waterproof please wear it all day long without interruption (when showering, swimming, taking a nap, etc.)**

Please do not alter your usual physical activity behaviour, since we are interested in your *normal* activity level.

Instruction: Assist the respondent in putting the belt on. Check to ensure the belt fits snugly around the *waist* and that the activity monitor is positioned over the right hip with the arrow pointing up.

Write the respondent's initials on the belt if more than one member of the same household will receive a monitor.

All respondents who do not meet the exclusion criteria

AM_N21 Instruction: Record whether the respondent took an activity monitor.

- 1 Yes (Go to AM_N31A)
- 2 No

Note: Don't Know and Refused are not allowed.

AM_N22 Instruction: Record the reason why the respondent did not take an activity monitor.

- 1 Burden
- 2 Invasive
- 3 Aesthetics
- 4 Away during the collection period
- 5 Anticipating change in normal activity
- 6 Sick or laid up
- 7 Worried about losing or damaging the device
- 8 Other – Specify (Go to AM_S22)

Go to AM_END

Note: Don't Know and Refused are not allowed.

AM_S22 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Go to AM_END.

Note: Don't Know, Refused and EMPTY are not allowed.

AM_N31A Instruction: To log in the serial number of the activity monitor, scan the bar code on the monitor.

(Insert serial number between A000001 and Z999999.)

Note: Don't Know and Refused are not allowed.

AM_N32 Instruction: To log in the waybill number of the postage-paid envelope, scan the bar code on the envelope.

(Insert waybill number between AA000000001CA and ZZ999999999CA.)

Note: Don't Know and Refused are not allowed.

AM_R33 **On the morning of [date 8 days after clinic visit], please put the activity monitor into this postage-paid envelope and put the envelope into any Canada Post mailbox. Full descriptions of what the activity monitor is, what it measures, how it works, and why it is important are included on the information sheet in the envelope. Should you have any questions or concerns, you will find a toll free number on this sheet.**

Instruction: Give the postage-paid envelope (addressed to Statistics Canada), the monitor and the information sheet to the respondent. Ensure they do not confuse this material with the Indoor Air Sampler material.

Inform the respondent that he will receive a reminder call to ensure he has started to wear the monitor and another call to remind him to return it.

All respondents who do not meet the exclusion criteria

AM_END

Indoor Air Component

Note: To be completed by one respondent per household. For a two person household, the first person that starts a clinic visit is administered the component.

Indoor Air Instructions (IAS)

IAS_N11 Instruction: Record whether an indoor air sampler is available.

- | | | |
|---|-----|-----------------|
| 1 | Yes | |
| 2 | No | (Go to IAS_END) |

Note: Don't Know and Refused are not allowed.

IAS_R11 **As part of this survey we will be assessing the air in your home. To do this, we would like you to bring this indoor air sampler home and place it in your living or family room for the next 7 days.**

An indoor air sampler is a small tubular device that collects air from your home. Specifically, the sampler will measure a number of substances that may be present in the air of your household, such as benzene, methane and ethanol. The indoor air sampler is quite easy to use.

It is important for us to collect this information because it will allow us to establish national baselines for indoor air concentrations of substances that could affect the health of Canadians.

Instruction: Hold up the sampler for display.

One respondent per household

IAS_Q11 **The indoor air sampler should be placed in your home for the next 7 days and mailed back after the 7 days are over. Do you have any questions before we proceed?**

Instruction: Answer any questions as thoroughly as possible.

Instruction: If the respondent is not available to mail back the sampler at the end of the 7 days, it can be mailed back a few days earlier or later. The sampler must be set up for at least 4 days, to a maximum of 9 days before being sent back. Do not provide the sampler if these conditions cannot be met.

- | | | |
|---|----------|-----------------|
| 1 | Continue | (Go to IAS_R21) |
| | Refused | (Go to IAS_N12) |

Note: Don't Know is not allowed.

One respondent per household

IAS_N12 Instruction: Record the reason why the respondent is not willing to take an indoor air sampler to place in their home for the next 7 days.

- 1 Burden
- 2 Invasive
- 3 Away during the collection period
- 4 Worried about losing or damaging the device
- 5 Other – Specify (Go to IAS_S12)

Note: Don't Know and Refused are not allowed.

Go to IAS_END.

IAS_S12 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Go to IAS_END.

IAS_R21 **In this postage-paid envelope, you will find:
An aluminium container with:**

- **A brass tube with a round clip-on brass cap**
- **A grey metal cap with mesh screen**
- **A small pencil**

I will now go through the detailed instructions with you.

Instruction: Ensure respondent has entire contents of the indoor air sampler envelope. Go through and demonstrate each step of the instruction sheet carefully with the respondent.

One respondent per household.

IAS_N21 Instruction: Record whether the respondent took an indoor air sampler.

- 1 Yes (Go to IAS_N31A)
- 2 No

Note: Don't Know and Refused are not allowed.

IAS_N22 Instruction: Record the reason why the respondent is not willing to take an indoor air sampler.

- 1 Burden
- 2 Invasive
- 3 Away during the collection period
- 4 Worried about losing or damaging the device
- 5 Other – Specify (Go to IAS_S22)

Go to IAS_END.

Note: Don't Know and Refused are not allowed.

- IAS_S22 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)
- Go to IAS_END.
- Note: Don't Know, Refused and EMPTY are not allowed.*
- IAS_N31A Instruction: Print the label with the respondent's CLINIC ID.
Stick the label to the aluminium container with the indoor air sampler.
Both the bar code and printed portion of the label should be the CLINICID.
- Note: Don't Know and Refused are not allowed.*
- IAS_N31B Instruction: To log in the serial number of the indoor air sampler, scan the sampler ID bar
code on the aluminium container.
- (Insert serial number between A000001 and Z9999999.)
- Note: Don't Know and Refused are not allowed.*
- IAS_D71 **On the morning of [Date 8 days after clinic visit] please put the aluminium
container with the sampler inside into this postage-paid envelope and put the
envelope into any Canada Post mailbox.**
- Instruction: Give the postage-paid envelope (addressed to CASSEN Testing
Laboratories), the container with sampler and the information sheet to the respondent.
Ensure they do not confuse this material with the Activity Monitor material.
- Inform the respondent that they will receive a reminder call to ensure they have set up
the sampler and another call to remind them to return it.
- One respondent per household*
- IAS_R71 **Please remember to refer to the information sheet under the section: "What to do
at the end of the 7 days."**
- Should you have any questions or concerns, you will find a toll free number on this
sheet.**
- One respondent per household*
- IAS_END

Indoor Air Questions (IAQ)

IAQ_R01 If the respondent did not take an indoor air sampler (IAQ_N21 = 2), go to IAQ_END.

Now I'll be asking you some questions about the environment around your home that are related to the indoor air sampler.

IAQ_Q02 If the type of dwelling the respondent lives in was not collected during the home interview, go to IAQ_Q03.

You reported in the household interview that you live in a(n) [type of dwelling]. Is this correct?

- 1 Yes (Go to IAQ_Q11)
- 2 No

Note: Don't Know and Refused are not allowed.

Respondents who took an indoor air sampler.

IAQ_Q03 **What type of dwelling do you live in? Is it a:**

- 01 ...single detached
- 02 ...double
- 03 ...row or terrace
- 04 ...duplex
- 05 ...low-rise apartment of fewer than 5 stories or a flat
- 06 ...high-rise apartment of 5 stories or more
- 07 ...institution
- 08 ...hotel; rooming/lodging house; camp
- 09 ...mobile home
- 10 Other – Specify (Go to IAQ_S03)

Note: Don't Know and Refused are not allowed.

Respondents who took an indoor air sampler

Go to IAQ_Q11

IAQ_S03 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Respondents who took an indoor air sampler who reported "Other – Specify" for type of dwelling

IAQ_Q11 If the dwelling is a low-rise apartment, high-rise apartment, institution, hotel; rooming/lodging house; camp, or a mobile home, go to IAQ_Q14.

Do you have a garage on your property?

Instruction: Do not include carports.

- 1 Yes
- 2 No (Go to IAQ_Q15)
- Refused (Go to IAQ_Q15)

Note: Don't Know is not allowed.

Respondents who took an indoor air sampler who reported living in a single detached home, double, row or terrace home, or duplex

IAQ_Q12 **Is it a:**

Instruction: If respondent has more than one garage, ask about the garage situated closest to the home.

- 1 **Detached garage**
- 2 **Attached garage *without* a connecting door to your home**
- 3 **Attached garage *with* a connecting door to your home**

Respondents who took an indoor air sampler who reported living in a single detached home, double, row or terrace home, or duplex, and have a garage on their property

IAQ_Q13 **In the past month, that is from [date one month ago] until today, how often has a car, truck, or other vehicle been parked in this garage after being used?**

Instruction: Read categories to respondent.

- 1 **More than 5 times a week**
- 2 **1 to 5 times a week**
- 3 **Less than once a week**
- 4 **Never**

Respondents who took an indoor air sampler who reported living in a single detached home, double, row or terrace home, or duplex, and have a garage on their property

IAQ_Q14 If dwelling is single detached, double, row or terrace, or duplex, go to IAQ_Q15.

Does your building have any of the following parking facilities:

Instruction: Read categories to respondent. Mark all that apply.

- 1 **Indoor or underground parking lot?**
- 2 **Outdoor or partially enclosed parking lot?**
- 3 **Neither**

Respondents who took an indoor air sampler who live in a high-rise or low-rise apartment, or a collective dwelling

IAQ_Q15 **In the past month, that is from [date one month ago] until today, have you or anyone else ever smelled fumes in your home from cars, trucks or other vehicles?**

Instruction: These fumes could come from a garage, driveway, parking lot, the street, etc.

- 1 Yes
- 2 No (Go to IAQ_Q17)
- Don't Know, Refused (Go to IAQ_Q17)

Respondents who took an indoor air sampler

IAQ_Q16 **How often were these fumes smelt?**

Instruction: Read categories to respondent.

- 1 **More than 5 times a week**
- 2 **1 to 5 times a week**
- 3 **Less than once a week**

Respondents who took an indoor air sampler who have ever smelled fumes in the home from cars, trucks or other vehicles

IAQ_Q17 **In the past month, have you had a major home renovation such as finishing of the basement, painting walls or windows, changing floors/ceilings or upgrading a kitchen or bathroom?**

- 1 Yes
- 2 No

Respondents who took an indoor air sampler

IAQ_Q18 **In the past month, have new carpeting or rugs been installed in your home?**

- 1 Yes
- 2 No

Respondents who took an indoor air sampler

IAQ_Q19 **In the past week, that is from [date one week ago] to today, which of the following products did you or anyone else use inside your home? Do not include products used in your garage or outside of your home.**

Instruction: Read all categories to respondent. Mark all that apply.

- 1 **Gasoline or gasoline-powered devices**
- 2 **Kerosene**
- 3 **Moth balls or moth crystals**
- 4 **Oil-based (alkyd) paints**
- 5 **Latex paints**
- 6 **Paint remover**
- 7 **Solvents (e.g., Varsol, paint thinners)**
- 8 **Oil based (alkyd) wood stains**
- 9 **Latex wood stains**
- 10 **Candles**
- 11 **Paints, type unknown**
- 12 **Wood stains, type unknown**
- 13 **None**

Respondents who took an indoor air sampler

IAQ_Q20 **On a typical day over the past week, did you normally open windows or doors to get fresh air into your home?**

- 1 **Yes**
- 2 **No**

Respondents who took an indoor air sampler

IAQ_Q21 **In the past 6 months, that is from [date 6 months ago] to today, how often did you or anyone else in your home bring home clothing or any other items from the dry cleaners?**

- 1 **More than once a week**
- 2 **About once a week**
- 3 **Less than once a week**
- 4 **Never**

Respondents who took an indoor air sampler

IAQ_END

Spirometry Component

To be completed by all respondents except those meeting the exclusion criteria:

1. Respondents aged 3 to 5.
2. Women who are more than 27 weeks pregnant (PHC_Q12 > 27).
3. Respondents who have suffered a heart attack within the last 3 months (SPR_Q11 = 1).
4. Respondents who have had major surgery on the chest or abdomen within the last 3 months (SPR_Q12 = 1).
5. Respondents who had eye surgery during the 6 weeks prior to the clinic visit (SPR_Q13 = 1).
6. Respondents taking medication for tuberculosis (MHR_N611 = 1).
7. Respondents who have an acute condition which prevents them from participating in the component (PHC_N42 = 6).
8. Respondents who have a chronic condition which prevents them from participating in the component (PHC_N44 = 6).
9. Respondents who have another condition which prevents them from participating in the component (ORS_N2 = 1).

Spirometry Measurement (SPM)

SPM_Q021 **Now we will be doing a test to measure your lung function. The results of this test greatly depend on your effort; so, to get good results we really need you to give 100%.**

Refused (Go to SPM_END)

Note: Don't Know is not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Spirometry Component, or those excluded in the Spirometry Restriction block

SPM_R022 **First I need to enter some information into our computer system to prepare the test. This will only take a few minutes.**

SPM_N022 Information: Reported racial background is [racial background reported in household interview].

Instruction: Record the appropriate race adjustment for the respondent.

- 1 White
- 2 Black
- 3 Hispanic
- 4 Asian
- 5 Other

Note: Don't Know and Refused are not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Spirometry Component

SPM_N023 Instruction: Check the data to be sent to the spirometer.

- 1 Transmit the data

Note: Don't Know and Refused are not allowed.

SPM_R024 Instruction: Open the KoKo software.

Follow the instructions on importing and retrieving respondent information.

In the KoKo patient information screen, select the appropriate predicted equation and ethnic group to be applied.

SPM_Q031 **During the test, you will wear this clip on your nose and place this mouthpiece in your mouth. Your lips and teeth should be nice and tight around the mouthpiece, so that no air escapes. Once you have the mouthpiece in your mouth, you will follow a few easy steps.**

1. **First, you are going to *breathe normally*.**
2. **Next, I'm going to tell you to take a big breath in! I want you to fill up your lungs with as much air as possible, and as quickly as possible.**
3. **As soon as you've filled your lungs, I'm going to tell you to *blow the air out as fast, as hard, and for as long as possible*. Don't hold your breath at all; you need to blow it out as quickly as possible.**
4. **After that, I'm going to tell you to *keep blowing, keep blowing, keep blowing!* Even if you think no more air is coming out, keep blowing because there may be a little bit left and we want to get it all out.**
5. **When you've finished blowing out, I'm going to tell you to take a big breath in again, just like the first one.**
6. **Finally, you can *remove the mouthpiece* from your mouth and take the nose clip off of your nose.**

Instruction: Demonstrate the test from start to finish, as realistically as possible.

Refused (Go to SPM_END)

Note: Don't Know is not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Spirometry Component

SPM_Q032 **I'll tell you exactly what to do and when to do it. All you need to do is listen to my instructions and give me your best effort.**

We will repeat this test a few times to ensure that we get your best effort.

Do you have any questions before we begin?

Instruction: Answer any questions as thoroughly as possible.

Refused (Go to SPM_END)

Note: Don't Know is not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Spirometry Component

SPM_Q033 **Please sit up straight in your chair and keep both feet flat on the floor.**

Refused (Go to SPM_END)

Note: Don't Know is not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Spirometry Component

SPM_R033 Instruction: Go to the KoKo software. Follow the instructions for performing the test.

SPM_R100 Instruction: Ensure the spirometry test results have been saved in the KoKo software and the .SER file has been transferred from the KoKo software to the clinic server.

SPM_N800 Instruction: Record how many trials were performed *and saved*.

- | | | |
|---|-----------|------------------|
| 1 | 0 | (Go to SPM_N901) |
| 2 | 1 or 2 | (Go to SPM_N901) |
| 3 | 3 or more | |

Note: Don't Know and Refused are not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Spirometry Component

SPM_N900 If the number of trials performed and saved is less than 3 (SPM_N800 =1 or 2), go to SPM_N901.

Instruction: Record whether this test meets the American Thoracic Society (ATS) criteria.

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Go to SPM_END

Note: Don't Know and Refused are not allowed.

All respondents who have 3 or more spirometry trials performed and saved.

SPM_N901 Instruction: Why was the component not fully completed?

- | | | |
|---|---|------------------|
| 1 | Respondent unable to continue for health reasons | |
| 2 | Respondent unable to understand technique / Health Measures Specialist unable to adapt coaching | |
| 3 | Respondent refuses to continue | |
| 4 | Equipment problem / technical difficulty | |
| 5 | Respondent's mental condition | |
| 6 | Other – Specify | (Go to SPM_S901) |

Go to SPM_END

Note: Don't Know and Refused are not allowed.

All respondents who have less than 3 spirometry trials performed and saved.

SPM_S901 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Respondents who did not fully complete the component, for which the reason is "Other – Specify"

If no trials were performed, or if SPM_N901 is equal to RESPONSE, go to SPM_END.

Otherwise, the following variables are calculated after the verification of results:

- percent predicted Forced Vital Capacity (FVC)
- percent predicted Forced Expiratory Volume (FEV1).

SPM_END

Modified Canadian Aerobic Fitness Test (mCAFT) Component

To be completed by all respondents except those meeting the exclusion criteria:

1. Respondents who opted for a home visit.
2. Respondents under age 8 or over age 69.
3. Respondents who ate or drank 2 hours prior to the clinic visit, at the discretion of the Health Measures Specialist (AT_N13 = 1).
4. Respondents who drank alcohol 6 hours prior to the clinic visit, at the discretion of the Health Measures Specialist (ATG_N33 = 2).
5. Women who are more than 12 weeks pregnant (PHC_Q12 > 12).
6. Respondents taking quick relief medication for a breathing condition, who do not have their medication with them during the clinic visit (PHC_Q37 = 2).
7. Respondents who have an acute condition which prevents them from participating in the component (PHC_N42 = 7).
8. Respondents who have a chronic condition which prevents them from participating in the component (PHC_N44 = 7).
9. Respondents taking medication for a heart condition or blood pressure (MHR_N611 = 2).
10. Respondents who gave a positive response to PAR-Q questions 1, 2, or 3 (PAR_N11 = 1, PAR_N21 = 1 or PAR_N31 = 1).
11. Respondents who gave a positive response to PAR-Q question 4, who reported loss of balance or consciousness in the last year which occurred during or after exercise, or at random (PAR_Q44 = 5, 8).
12. Respondents who gave a positive response to PAR-Q question 4, who reported loss of balance or consciousness in the last year, at the discretion of the Health Measures Specialist (PAR_N45 = 1).
13. Respondents who have a bone or joint problem, at the discretion of the Health Measures Specialist (PAR_Q52=1-11 or BJP_N3 = 1).
14. Respondents who have another condition which prevents them from participating in the component (PAR_N72 = 1 or ORS_N3 = 1).
15. Respondents who donated blood in the 24 hours prior to the clinic visit.
16. Respondents over 14 years old, with resting heart rate > 99 bpm, a resting systolic blood pressure > 144 mm Hg, or a resting diastolic blood pressure > 94 mm Hg .
17. Mentally and physically impaired individuals, at the discretion of the Health Measures Specialist. Every effort should be made to be inclusive of individuals with disabilities provided that all safety precautions are taken.

mCAFT Measurement (AFT)

AFT_Q10 **The next test we are going to do is a stepping test to measure your fitness level. The test will require you to step up and down this set of stairs continuously to music for 3 minutes at a time. In total there are 8, 3-minute stages. You are starting at stage [respondent's starting stage]. During the test you will wear a heart rate monitor so that I can watch your heart rate. At the end of each 3 minute stepping stage you will be asked to stop exercising. Stop where you are and I will check your heart rate to see if you should do another stage. You will continue going through the stages until your heart rate meets a ceiling value for your age and sex. Your ceiling heart rate is [respondent's ceiling heart rate, in bpm]. If your heart rate is at or above this number then I will stop the test. At the end of the test you will slowly walk around for 1 and one-half minutes. Then you will sit down and I will take your blood pressure and heart rate a twice to make sure that you are recovering well from the test.**

Instruction: Show the heart rate monitor to the respondent and help him put it on.

Note: Don't Know and Refused are not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the mCAFT.

AFT_R11 **During the test you need to go up and down the stairs following the beat of the music. The stepping pattern goes like this, "step, step, up, step, step, down". When you are stepping you should never have both feet on the first step at the same time, and you need to make sure that both feet are placed fully on the top step. If you reach the final [2 stepping stages/stepping stage] the stepping pattern will change to a single "step up, step down" pattern. I will play the music and show you how the test is done. Do you have any questions?**

Instruction: Play the music and demonstrate the stepping pattern.

All respondents except those meeting the exclusion criteria at the beginning of the mCAFT Component

AFT_N11 Calculate the mCAFT starting stage and ceiling heart rate.

If starting stage > 1, go to AFT_N12.

Instruction: Record the heart rate at the end of stage 1.
(Insert measurement between 30 and 220 beats per minute.)

Don't Know	(Go to AFT_N81)
Refused	(Go to AFT_END)

Note: Record heart rate at the end of the stage. If the ceiling heart rate is reached at the end of the stage, go to AFT_R21.

AFT_N12 If the starting stage > 2, go to AFT_N13.

Instruction: Record the heart rate at the end of stage 2.
(Insert measurement between 30 and 220 beats per minute.)

Note: Record heart rate at the end of the stage. If the ceiling heart rate is reached at the end of the stage, go to AFT_R21.

AFT_N13 If the starting stage < 2, and the heart rate at the end of the second stage is equal to Don't Know or Refusal (AFT_N12 = DK or RF), go to AFT_R21.
If starting stage = 2, and the heart rate at the end of the second stage is equal to Don't Know (AFT_N12 = DK), go to AFT_N81.
If starting stage = 2, and the heart rate at the end of the second stage is equal to Refusal (AFT_N12 = RF), go to AFT_END.
If starting stage > 3, go to AFT_N14.

Instruction: Record the heart rate at the end of stage 3.
(Insert measurement between 30 and 220 beats per minute.)

Note: Record heart rate at the end of the stage. If the ceiling heart rate is reached at the end of the stage, go to AFT_R21.

AFT_N14 If starting stage is < 3, and the heart rate at the end of the third stage is equal to Don't Know or Refusal (AFT_N13 = DK or RF), go to AFT_R21.
If starting stage = 3, and the heart rate at the end of the third stage is equal to Don't Know (AFT_N13 = DK), go to AFT_N81.
If starting stage = 3, and the heart rate at the end of the third stage is equal to Refusal (AFT_N13 = RF), go to AFT_END.
If starting stage > 4, go to AFT_N15.

Instruction: Record the heart rate at the end of stage 4.
(Insert measurement between 30 and 220 beats per minute.)

Note: Record heart rate at the end of the stage. If the ceiling heart rate is reached at the end of the stage, go to AFT_R21.

AFT_N15 If starting stage < 4, and the heart rate at the end of the fourth stage is equal to Don't Know or Refusal (AFT_N14 = DK or RF), go to AFT_R21.,
If starting stage = 4, and the heart rate at the end of the fourth stage is equal to Don't Know (AFT_N14 = DK), go to AFT_N81.
If starting stage = 4, and the heart rate at the end of the fourth stage is equal to Refusal (AFT_N14 = RF), go to AFT_END.

Instruction: Record the heart rate at the end of stage 5.
(Insert measurement between 30 and 220 beats per minute.)

Note: Record heart rate at the end of the stage. If the ceiling heart rate is reached at the end of the stage, go to AFT_R21.

AFT_N16 If starting stage < 5, and the heart rate at the end of the fifth stage is equal to Don't Know or Refusal (AFT_N15 =DK or RF), go to AFT_R21.,
If starting stage = 5, and the heart rate at the end of the fifth stage is equal to Don't Know (AFT_N15 = DK), go to AFT_N81.
If starting stage is = 5, and the heart rate at the end of the fifth stage is equal to Refusal (AFT_N15 = RF), go to AFT_END.

Instruction: Record the heart rate at the end of stage 6.
(Insert measurement between 30 and 220 beats per minute.)

Don't Know (Go to AFT_R21)
Refused (Go to AFT_R21)

Note: Record heart rate at the end of the stage. If the ceiling heart rate is reached at the end of the stage, go to AFT_R21.

AFT_N17 Instruction: Record the heart rate at the end of stage 7.
(Insert measurement between 30 and 220 beats per minute.)

Don't Know (Go to AFT_R21)
Refused (Go to AFT_R21)

Note: Record heart rate at the end of the stage. If the ceiling heart rate is reached at the end of the stage, go to AFT_R21.

AFT_N18 If AGE is less than 15, go to AFT_R21.

Instruction: Record the heart rate at the end of stage 8.
(Insert measurement between 30 and 220 beats per minute.)

AFT_R21 **The test is finished. I would like you to slowly walk around for 1 and one half minutes and then I will have you sit down so that I can take your blood pressure and heart rate again.**

All respondents who completed their first stage of the mCAFT.

AFT_N22 Instruction: Record how the data will be captured.

1 Electronically (BpTRU)
2 Manually (Auscultation) (Go to AFT_Q31)

Note: Don't Know and Refused are not allowed.

Automated Blood Pressure Measurement

AFT_Q30 **Now I will take the first of two post exercise blood pressure and heart rate measurements using this automated blood pressure cuff. During this test you will need to sit with your feet flat on the floor with your back against the back rest of the chair, and have your right arm straight on the table. You should not move or talk during the measurement.**

Instruction: Select the appropriate cuff size by using the range indicated on the inside of the cuff. Secure it on the right arm and ensure the respondent is in the seated in the correct position.

Set the BPTru to collect a single measure (set cycle to SP).

Start the BPTru 2 minutes after the respondent has completed the mCAFT.

Refused (Go to AFT_Q31)

Note: Don't Know is not allowed.

All respondents who completed their first stage of the mCAFT, where blood pressure data is captured electronically

AFT_N30 Instruction: Press <1> to save the measurements in Blaise.

Note: Don't Know and Refused are not allowed.

AFT_R30 Instruction: Check the data returned from the BpTRU.

Go to AFT_N40A

Manual Blood Pressure Measurement

AFT_Q31 **Now I will take the first of two post exercise blood pressure and heart rate measurements. I will measure your blood pressure using this arm cuff and stethoscope, and your heart rate using the heart rate monitor. During this test you will need to sit up straight with your feet flat on the floor, your back against the back rest of the chair, and have your right arm on the table, palm facing up. You should not move or talk during the measurement.**

Instruction: Select the appropriate cuff size by using the range indicated on the inside of the cuff. Secure it on the right arm and ensure the respondent is seated in the correct position (palm up).

Determine the maximum inflation level.

Start inflating the cuff 2 minutes after the respondent has completed the mCAFT.

Refused (Go to AFT_N81)

Note: Don't Know is not allowed.

All respondents who completed their first stage of the mCAFT, where blood pressure data is captured manually

Blood Pressure Recording (BPR)

BPR_N1A Instruction: Record the systolic blood pressure measurement.
(Insert measurement between 30 and 300 mmHg.)

Refused (Go to BPR_END)

BPR_N1B Instruction: Record the diastolic blood pressure measurement.
(Insert measurement between 30 and 200 mmHg.)

Note: Refused is not allowed.

BPR_N2 Instruction: Record the heart rate.
(Insert measurement between 30 and 200 beats per minute.)

BPR_N3 If the first blood pressure measurement is complete (BPR_N1A ≠ DK, BPR_N1B ≠ DK and BPR_N2 ≠ DK), go to BPR_END.

Instruction: Record the reason why the measurement could not be taken.

Mark all that apply.

- 5 Deflation too slow
- 6 Deflation too fast
- 20 Indeterminate systolic blood pressure
- 21 Indeterminate diastolic blood pressure
- 88 Other – Specify (Go to BPR_S3)

Respondents who completed their first stage of the mCAFT, where the first captured blood pressure measurement was partially completed.

BPR_S3 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Respondents who completed their first stage of the mCAFT, where the first blood pressure measurement was partially completed and reported "Other – Specify" for the reason why.

BPR_END

AFT_N40A If the first blood pressure measurement was manually captured (AFT_N22 = 2) or the first measurement of electronically captured blood pressure was refused (AFT_Q30 = RF), go to AFT_Q41. If the first blood pressure measurement was electronically captured but entered manually (AFT_N22 = 3), go to BPR_N1A.

Instruction: Press <1> to reset the Health Listener registry and continue.

Note: Don't Know and Refused are not allowed.

AFT_Q40 **I will now take a second blood pressure and heart rate measurement.**

Instruction: Begin the measurement 3.5 minutes after the respondent has completed the mCAFT.

Note: Second and subsequent measurements are captured manually or electronically following the same procedures as were completed for the first measurement.

All respondents who had their first post-exercise blood pressure measurements taken electronically.

Refused (Go to AFT_Q41)

AFT_N40B Instruction: Press <1> to save the measurements in Blaise.

Note: Don't Know and Refused are not allowed.

AFT_R40 Instruction: Check the data returned from the BpTRU.

Go to AFT_N81

AFT_Q41 **I will now take a second blood pressure and heart rate measurement.**

Instruction: Select the appropriate cuff size by using the range indicated on the inside of the cuff. Secure it on the right arm and ensure the respondent is seated in the correct position (palm up).

Determine the maximum inflation level.

Start inflating the cuff *3:5 minutes* after the respondent has completed the mCAFT.

Note: Don't Know is not allowed.

Repeat BPR_N1A to BPR_S3

AFT_N81 If the respondent completed their first stage, but not a subsequent stage, go to AFT_N81. Otherwise, go to AFT_END.

Instruction: Record the reason why the respondent did not complete the test.

- 1 Refuses to continue
- 2 Unable to maintain proper cadence
- 3 Dizziness
- 4 Extreme leg pain
- 5 Nausea
- 6 Chest pain
- 7 Facial pallor
- 8 Technical difficulty
- 9 Bone, joint or muscle problem
- 10 Other health problem
- 11 Other – Specify (Go to AFT_S81)

Note: Don't Know and Refused are not allowed.

Respondents who completed their first mCAFT stage, but not a subsequent stage started.

AFT_S81 Instruction: Specify.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed

Respondents who completed their first mCAFT stage, but not a subsequent one, for which the reason is "Other – Specify"

Go to AFT_END

Then the following variables are derived:

- aerobic fitness score
- aerobic fitness norms for respondents aged 15 to 69
- aerobic fitness norms for respondents younger than 15.

AFT_END

Grip Strength Component

To be completed by all respondents except those meeting the exclusion criteria:

1. Respondents under age 6.
2. Respondents who drank alcohol 6 hours prior to the clinic visit, at the discretion of the Health Measures Specialist (ATG_N33 = 1).
3. Respondents who have an acute condition which prevents them from participating in the component (PHC_N42= 8).
4. Respondents who have a chronic condition which prevents them from participating in the component (PHC_N44 = 8).
5. Respondents who have a bone or joint problem, at the discretion of the Health Measures Specialist (PAR_Q52=1-11 or BJP_N3 = 2).
6. Respondent who gave a positive response to PAR-Q question 6, and reported taking prescription medication for an aneurysm (PAR_Q62 = 5).
7. Respondents who have another condition which prevents them from participating in the component (PAR_N72 = 2 or ORS_N1 = 1).

Grip Strength Component Introduction (GSI)

GSI_R1 **Next I am going to measure your upper body strength with a hand grip dynamometer. You will perform this test twice on each hand, alternating each time. When performing the test, hold your hand away from your body and squeeze the handle as hard as you can, blowing out while you squeeze.**

Instruction: Demonstrate the procedure while explaining the technique.

All respondents except those meeting the exclusion criteria at the beginning of the Grip Strength Component

GSI_R2 **Hold the handle so that the 2nd joint of your fingers fits comfortably under the handle; we can adjust the size if necessary. Remember, hold your arm straight and away from your body and squeeze the handle as hard as you can, blowing out while you squeeze.**

All respondents except those meeting the exclusion criteria at the beginning of the Grip Strength Component

GSI_END

Grip Strength Measurement (GSM)

GSM_N11 Instruction: Record the *first* grip strength measurement for the *right* hand to the nearest kilogram (kg).
(Insert measurement between 0 and 120 kilograms of pressure.)

Don't Know (Go to GSM_S11)
Refused (Go to GSM_END)

Go to GSM_N12

GSM_S11 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

GSM_N12 Instruction: Record the *first* grip strength measurement for the *left* hand to the nearest kilogram (kg).
(Insert measurement between 0 and 120 kilograms of pressure.)

Don't Know (Go to GSM_S12)

Go to GSM_N21

GSM_S12 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

GSM_N21 Instruction: Record the *second* grip strength measurement for the *right* hand to the nearest kilogram (kg).
(Insert measurement between 0 and 120 kilograms of pressure.)

Don't Know (Go to GSM_S21)

Go to GSM_N22

GSM_S21 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

GSM_N22 Instruction: Record the *second* grip strength measurement for the *left* hand to the nearest kilogram (kg).
(Insert measurement between 0 and 120 kilograms of pressure.)

Don't Know (Go to GSM_S22)

Go to GSM_END

GSM_S22 Instruction: Specify the reason why the measurement could not be taken.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Then the following variables are calculated:

- total hand grip strength
- grip strength norms for respondents aged 15 to 69
- grip strength norms for respondents younger than 15.

GSM_END

Sit and Reach Component

To be completed by all respondents except those meeting the exclusion criteria:

1. Respondents who opted for a home visit.
2. Respondents under age 6 or over age 69.
3. Respondents who drank alcohol 6 hours prior to the clinic visit, at the discretion of the Health Measures Specialist (ATG_N33 = 3).
4. Women who are more than 12 weeks pregnant (PHC_Q12 > 12).
5. Respondents who have an acute condition which prevents them from participating in the component (PHC_N42 = 9).
6. Respondents who have a chronic condition which prevents them from participating in the component (PHC_N44 = 9).
7. Respondents who have a bone or joint problem, at the discretion of the Health Measures Specialist (PAR_Q52=1-11 or BJP_N3 = 3).
8. Respondents who have another condition which prevents them from participating in the component (PAR_N72 = 3 or ORS_N4 = 1).

Sit and Reach Component Introduction (SRI)

- SRI_Q1 **The next test we're going to do is called a sit-and-reach test, which will measure your back and hamstring flexibility. Before we start the test, I'll ask you to remove your shoes and we will do some stretches to loosen your leg muscles.**
- **Sit on the floor with one leg out straight and the bottom of your other foot tucked into the straight leg.**
 - **Reach forward towards the toe of your straight leg only until you feel a slight stretch in the back of your leg.**
 - **You should not feel pain and you should not bounce.**
 - **Hold the stretch for 20 seconds and then switch to the other leg.**
 - **Perform the stretch twice on each leg, alternating each time.**

Instruction: Have the respondent sit on the mat in the modified hurdle stretch position. Do the stretch twice on each leg, holding the stretch for 20 seconds each time. Perform the stretches alongside the respondent.

Note: Don't Know and Refused are not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Sit and Reach Component

- SRI_R2 **I will demonstrate how the test is done.**
- **Sit with your legs straight out in front of you, your feet flat against the board, one foot on each side of the wooden block. Keep your legs straight.**
 - **Put your arms straight out in front of you with your hands on top of one another, and your middle fingers aligned.**
 - **Reach forward slowly pushing the sliding marker along the scale with your fingertips as far as possible. Do not bounce.**
 - **Lower your head between your arms and breathe out while reaching forwards to help you reach farther.**
 - **When you have reached as far as you can, you must hold that position for 2 seconds. I will count this aloud for you and tell you when to sit up again.**

Instruction: Demonstrate the movement while explaining the main points of the test.

All respondents except those meeting the exclusion criteria at the beginning of the Sit and Reach Component

SRI_R3 Do you have any questions before we begin?

Instruction: Answer any questions as thoroughly as possible.

All respondents except those meeting the exclusion criteria at the beginning of the Sit and Reach Component

SRI_END

Sit and Reach Measurement (SRM)

SRM_N01 Instruction: Record the *first* sit and reach attempt in centimeters.
(Insert measurement between 0.0 and 75.0 centimetres.)

Don't Know (Go to SRI_S01)
Refused (Go to SRM_END)

Go to SRM_N02

SRM_S01 Instruction: If the measurement could not be taken, specify the reason.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

SRM_N02 Instruction: Record the *second* sit and reach attempt in centimeters.
(Insert measurement between 0.0 and 75.0 centimetres.)

Don't Know (Go to GSM_S02)

Go to SRM_END

SRM_S02 Instruction: If the measurement could not be taken, specify the reason.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Then the following variables are calculated:

- sit and reach measure
- sit and reach norms for respondents aged 15 to 69
- sit and reach norms for respondents younger than 15.

SRM_END

Partial Curl-Up Component

To be completed by all respondents except those meeting the exclusion criteria:

1. Respondents who opted for a home visit.
2. Respondents aged under 8 or over 69.
3. Respondents who drank alcohol 6 hours prior to the clinic visit, at the discretion of the Health Measures Specialist (ATG_N33 = 4).
4. Women who are more than 12 weeks pregnant.
5. Respondents who have an acute condition which prevents them from participating in the component (PHC_N42= 10).
6. Respondents who have a chronic condition which prevents them from participating in the component (PHC_N44 = 10).
7. Respondents who gave a positive response to PAR-Q questions 1, 2, or 3 (PAR_N11 = 1, PAR_N21 = 1 or PAR_N31 = 1).
8. Respondents who have a bone or joint problem, at the discretion of the Health Measures Specialist (PAR_Q52=1-11 or BJP_N3 = 4).
9. Respondent who gave a positive response to PAR-Q question 6, and reported taking prescription medication for an aneurysm (PAR_Q62 = 5).
10. Respondents who have another condition which prevents them from participating in the component (PAR_N72 = 4 or ORS_N5 = 1).
11. Respondents over 14 years old, with resting heart rate > 99 bpm, a resting systolic blood pressure > 144 mm Hg, or a resting diastolic blood pressure > 94 mm Hg .

Partial Curl-Up Component Introduction (PCI)

PCI_Q1

The next test we're going to do is called partial curl-ups, which will measure the endurance of your abdominal muscles. First I will show you the proper technique and then I will have you try one.

- **You will lie on your back with your head resting on the mat, your arms extended by your sides, knees bent and feet flat on the floor approximately shoulder-width apart.**
- **Your fingertips must be in contact with the edge of the metal strap that is closest to you.**
- **You will slowly curl-up so that your fingertips reach the far edge of the metal strap.**
- **You will then slowly return to the starting position, making sure that your head touches the mat.**
- **You should breathe out when curling up and breathe in when curling down.**
- **Your heels must remain in contact with the floor at all times.**

Instruction: Demonstrate a proper curl-up.

Note: The bad repetitions need to be the same (i.e., rep.1 where head does not touch the floor, rep 2 where head does not touch the floor) for the test to be terminated before 25 repetitions are reached.

Note: Don't Know and Refused are not allowed.

All respondents except those meeting the exclusion criteria at the beginning of the Partial Curl-Up Component

PCI_R2 **Now I will help you get into the correct starting position, then I will have you try one partial curl-up to verify your technique.**

Instruction: Help the respondent get into position. Use the goniometer to ensure the knees are bent at 90 degrees.

Adjust the metal strap to meet the respondent's fingertips.

All respondents except those meeting the exclusion criteria at the beginning of the Partial Curl-Up Component

PCI_R3 **Here is the beat that you must follow throughout the test. You will curl up on a beat and then down on a beat, to a maximum of 25 curl-ups. In order for a curl-up to count, you must maintain the correct form and timing. I will correct you if you make a mistake, and I will allow you to continue if you can. I will stop the test if you make two consecutive errors. Do you have any questions before we begin?**

Instruction: Play the metronome so the respondent can hear the beat. Have the respondent try one partial curl-up to verify his technique. Answer any questions as thoroughly as possible.

All respondents except those meeting the exclusion criteria at the beginning of the Partial Curl-Up Component

PCI_R4 **I will start the metronome now. When you are ready you can begin the test.**

All respondents except those meeting the exclusion criteria at the beginning of the Partial Curl-Up Component

PCI_END

Partial Curl-Up Measurement (PCM)

PCM_N01 Instruction: Record the total number of partial curl-ups completed in one minute. (Insert measurement between 0 and 25.)

Don't Know (Go to PCM_S01)

Go to PCM_END

PCM_S01 Instruction: If the measurement could not be taken, specify the reason. (Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Go to PCM_END

If the test is completed:

The partial curl-up norms for respondents aged 15 to 69 are calculated.

PCM_END

Urine Collection 2 Component

To be completed by all respondents except those meeting the exclusion criteria:

1. Respondents with a catheter (URG_Q14 = 1).
2. Respondents who did not know or refused to disclose if they had a catheter (URG_N14 = DK or RF).
3. Respondents who provided a urine sample of sufficient volume (UC1_N50 = 1).

UC2_N10 Instruction: Record whether the respondent provided a second urine sample.

- | | | |
|---|-----|-----------------|
| 1 | Yes | (Go to UC2_END) |
| 2 | No | |

Note: Don't Know and Refused are not allowed.

UC2_N30 Instruction: Record the reason why the respondent did not provide a urine sample.

- | | | |
|---|-------------------|-----------------|
| 1 | Refusal | |
| 2 | Unable to provide | |
| 3 | Other – Specify | (Go to UC2_S30) |

Go to UC2_END

Note: Don't Know and Refused are not allowed.

UC2_S30 Instruction: Specify the reason.
(Insert respondent answer to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

UC2_END

Lab Component

The Lab Component does not require the presence of the respondent but is completed at the mobile clinic during, or soon after, the respondent's visit. (Mobile clinic/lab components include initial blood and urine splitting, and complete blood count (CBC) processing.) Respondent specimens are sent for further analysis to three reference laboratories specializing in nutritional analysis, environmental contaminant analysis and infectious disease analysis. The indoor air samplers are sent for analysis to CASSEN Testing Laboratories by respondents after the seven-day deployment period in their household has been completed. The National Microbiology Laboratory in Winnipeg is the storage laboratory for the Canadian Health Measures Survey.

If consent was provided, respondents who so request receive a report of their blood and urine tests 8-12 weeks after the clinic visit.

Report of Measurements

Once all of the clinic components have been completed, the following additional variables are calculated:

- musculoskeletal fitness norms for respondents aged 15 to 69
- back fitness norms for respondents aged 15 to 69.

Then a "Report of Measurements" is produced for the respondent.

Instruction: Print the Report of Measurements and, if applicable, associated letters to physicians for urgent conditions and/or high/low blood pressure.

RM_END

Exit Component

To be completed by all respondents.

Exit Component Introduction (ECI)

ECI_Q01 **Before you leave, we have a few administrative questions.**

Note: Don't Know and Refused are not allowed.

ECI_END

Exit Consent Questions (ECQ)

Data Linking

ECQ_R11 **We are seeking your permission to combine information collected during our survey with health information from your:**

- [provincial/territorial] Ministry of Health;
- health registries or other recognized health organizations.

This would include information on past and continuing use of:

- services provided at hospitals, clinics, and doctor's offices;
- other health services provided by the [province/territory].

It does not, however, include personal medical information held by your doctor.

ECQ_R12 **Information collected during our survey will include:**

- the responses you provided to the interviewer at your home
- the results of the physical measures tests that you did today
- [the information that will result from your activity monitor and indoor air sampler, which you will return to us]
- [the results of tests to be done in the future on your blood and urine samples, collected today]
- [the results of tests to be done in the future on your DNA sample]

ECQ_Q13 **The linkage will be done by Statistics Canada, and the results will be used for statistical purposes only.**

Do we have your permission?

- 1 Yes
- 2 No

All respondents

ECQ_Q14 If the respondent does not give permission for the linkage of data, does not know, or refuses (ECQ_Q13 = 2, Don't Know, or Refused), go to ECQ_R21.

**Having a [provincial/territorial] health number will assist Statistics Canada in linking the survey data to the [provincial/territorial] health information.
Do you have a(n) [province/territory name] health number?**

- | | | |
|---|---------------------|-----------------|
| 1 | Yes | (Go to ECQ_Q16) |
| 2 | No | |
| | Don't Know, Refused | (Go to ECQ_R21) |

Respondents who gave permission for data linking

ECQ_Q15 **For which [province/territory] is your health number?**

- | | | |
|----|--|-----------------|
| 10 | Newfoundland and Labrador | |
| 11 | Prince Edward Island | |
| 12 | Nova Scotia | |
| 13 | New Brunswick | |
| 24 | Quebec | |
| 35 | Ontario | |
| 46 | Manitoba | |
| 47 | Saskatchewan | |
| 48 | Alberta | |
| 59 | British Columbia | |
| 60 | Yukon | |
| 61 | Northwest Territories | |
| 62 | Nunavut | |
| 88 | Does not have a [provincial/territorial] health number | (Go to ECQ_R21) |
| | Don't Know, Refused | (Go to ECQ_R21) |

Respondents who do not have a health number

ECQ_Q16 **What is your health number?**

Instruction: Enter a health number. Do not insert blanks, hyphens or commas between the numbers. (Insert respondent health number, between 8 and 12 characters.)

Note: EMPTY is not allowed.

Respondents who have a health number

ECQ_N16 Instruction: Re-enter the health number.
(Insert respondent health number, between 8 and 12 characters.)

Note: EMPTY is not allowed.

Respondents who have a health number

Data Sharing

ECQ_R21 **Statistics Canada would like to share the information collected during the survey with its partners:**

- **Health Canada;**
- **the Public Health Agency of Canada.**

[Your name, address, telephone number and health number / Your name, address and telephone number] will not be shared.

ECQ_Q22 **Health Canada and the Public Health Agency of Canada will keep the information confidential, and use it for statistical purposes only.**

Do you agree to share the information?

- 1 Yes
2 No

All respondents

ECQ_END

Contact (CONT)

CONT_Q01 **We may want to contact your household in a number of years to ask about your participation in a follow-up to this survey.**

Do we have your permission to contact you?

- 1 Yes
2 No

Note: Don't Know is not allowed.

All respondents

CONT_Q02 If the AGE is greater than 13 or the parent /guardian has not consented to storage of respondent's blood and urine (CONT_N24 = 2), go to CONT_N03.
If the respondent refused to provide a blood sample (BDC_Q21 = RF or BDC_N22A = RF) or none of the collection tubes were collected (BDC_N22A = RF) and the respondent refused to provide a urine sample (UC1_N40 = 2), go to CONT_N03.

We will need to contact [Respondent's Name] after he reaches the age of 14 to determine whether his stored blood and / or urine specimens can still be used. To do this, we may need to contact your household periodically to ensure our contact information is up to date.

Note: Don't Know is not allowed.

Parent or guardian of respondents aged 13 and under who have provided a blood or urine sample and who consented to storage of blood and urine

CONT_N03 If the respondent does not consent for Statistics Canada to contact their home to participate in a follow up to the CHMS (CONT_Q01 = 2 or RF) and question CONT_Q02 was not administered, go to CONT_END.

If the respondent does not consent for statistics Canada to contact their home to participate in a follow up to the CHMS (CONT_Q01 = 2 or RF) and the parent/guardian does not consent to Statistics Canada contacting their household periodically to update contact information (CONT_Q02 = 2 or RF), go to CONT_END.

In case you move or change telephone numbers, it would be helpful if you could provide your email address and the name, telephone number and address of a relative or friend who could help us to contact you.

Refused (Go to CONT_END)

Note: Don't Know is not allowed.

All respondents

E-mail Collection (ECB)

ECB_Q1 **Do you have an email address we can use if we experience difficulty reaching you by phone?**

- 1 Yes
- 2 No (Go to ECB_END)
- Don't Know (Go to ECB_END)
- Refused (Go to ECB_END)

Respondents who consented to future contact

ECB_Q2 **What is your email address?**

Instruction: Ask about upper and lower case, special characters, etc. If the respondent or parent/guardian has more than one email address, enter the best email address. (Insert respondent answer to a maximum of 80 characters.)

Respondents who consented to future contact who have an email address

ECB_END

CONT_R05 **If we cannot reach you by phone [or e-mail], we will try to contact a relative or friend who could help us to contact you.**

Instruction: Press <Enter> to continue

CONT_B05 **I want to emphasize that we will contact this person only if we experience difficulty reaching you.**

Instruction: Enter the first name.
(Insert respondent answer to a maximum of 25 characters.)

Instruction: Enter the last name.
(Insert respondent answer to a maximum of 80 characters.)

Respondents who consented to future contact

CONT_B06 **What is the address for [contact name / the person]**

Instruction: Enter the civic number.
If necessary, ask: (**What is the civic number?**)
(Insert respondent answer to a maximum of 5 characters.)

Instruction: Enter the street name.
If necessary, ask: (**What is the street name?**)
(Insert respondent answer to a maximum of 50 characters.)

Instruction: Enter the apartment number.
If necessary, ask: (**What is the apartment number?**)
(Insert respondent answer to a maximum of 5 characters.)

Instruction: Enter the city, town, village or municipality.
If necessary, ask: (**What is the city, town, village or municipality?**)
(Insert respondent answer to a maximum of 30 characters.)

Instruction: Enter the postal code. If the address is outside Canada, press <Enter>.
If necessary, ask: (**What is the postal code?**)
(Insert respondent answer to a maximum of 6 characters.)

Instruction: Confirm that the Province is [Name of Province].

- | | | |
|---|-----|---------------------|
| 1 | Yes | (Go to ADDRESS_END) |
| 2 | No | |

Respondents who consented to future contact

CONT_B07 **What is the telephone number for [contact name / the person], including the area code?**

Instruction: Enter the area code.
If necessary, ask: (**What is the area code?**)

Enter "000" if no telephone.
(Insert respondent answer to a maximum of 3 characters.)

Instruction: Enter the telephone number.
If necessary, ask: (**What is the telephone number?**)
(Insert respondent answer to a maximum of 7 characters.)

Respondents who consented to future contact

CONT_B09 **Is there someone else we could call to help us contact you? Again, we will contact this person only if we experience difficulty reaching you and then only to obtain the new address and telephone number.**

Instruction: Enter the first name.
(Insert respondent answer to a maximum of 25 characters.)

Instruction: Enter the last name.
(Insert respondent answer to a maximum of 25 characters.)

CONT_B10 **What is the address for [contact name / the person]?**

Instruction: Enter the civic number.
If necessary, ask: **(What is the civic number?)**
(Insert respondent answer to a maximum of 5 characters.)

Instruction: Enter the street name.
If necessary, ask: **(What is the street name?)**
(Insert respondent answer to a maximum of 50 characters.)

Instruction: Enter the apartment number.
If necessary, ask: **(What is the apartment number?)**
(Insert respondent answer to a maximum of 5 characters.)

Instruction: Enter the city, town, village or municipality.
If necessary, ask: **(What is the city, town, village or municipality?)**
(Insert respondent answer to a maximum of 30 characters.)

Instruction: Enter the postal code. If the address is outside Canada, press <Enter>.
If necessary, ask: **(What is the postal code?)**
(Insert respondent answer to a maximum of 6 characters.)

If no postal code is blank, go to "Select the province or territory".

Instruction: Confirm that the [province/territory] is [province/territory associated with given postal code].

- 1 Yes (Go to ADDRESS_END)
- 2 No

Instruction: Select the province or territory.

- | | | | |
|----|---------------------------|----|------------------------------|
| 10 | Newfoundland and Labrador | 48 | Alberta |
| 11 | Prince Edward Island | 59 | British Columbia |
| 12 | Nova Scotia | 60 | Yukon |
| 13 | New Brunswick | 61 | Northwest Territories |
| 24 | Quebec | 62 | Nunavut |
| 35 | Ontario | 76 | U.S.A. |
| 46 | Manitoba | 77 | Outside of Canada and U.S.A. |
| 47 | Saskatchewan | | |

CONT_B11 **What is the telephone number for [contact name / the person], including the area code?**

Instruction: Enter the area code.
If necessary, ask: (**What is the area code?**)

Enter "000" if no telephone.
(Insert respondent answer to a maximum of 3 characters.)

Instruction: Enter the telephone number.
If necessary, ask: (**What is the telephone number?**)
(Insert respondent answer to a maximum of 7 characters.)

Respondents who consented to future contact

CONT_END

FOR INFORMATION ONLY

Clinic Sign-Out Block (CSO)

To be completed by all respondents.

CSO_R11 **Here is a Report of Measurements containing the results of the tests you performed today. Your results are organized under various sections: your results are on the right and the interpretation is in italics under each section.**

Instruction: Provide the respondent with his Report of Measurements.

Briefly review the report with the respondent, identifying each section and explaining where the results and interpretations can be found.

CSO_Q11 **Do you have any questions about your report? If you would like, a Health Measures Specialist can spend a few minutes reviewing your test results with you now.**

Instruction: If a respondent has questions, ask a Health Measures Specialist to answer any questions about the test results.

Note: Don't Know and Refused are not allowed.

All respondents

CSO_R12 **Your final report package will be sent to you in about 12 weeks. If you move before you receive this package you can inform us by phoning our toll-free number, e-mailing us or by sending in a change of address card. The information about how to reach us and a change of address card are included in your report package.**

CSO_N22 Instruction: Record whether [respondent's name] is to receive the standard reimbursement of \$100.

- | | | |
|---|-----|-----------------|
| 1 | Yes | (Go to CSO_N30) |
| 2 | No | |

Note: Don't Know and Refused are not allowed.

All respondents

CSO_N23 Instruction: Record the reimbursement amount.
(Insert amount between 0 and 300.)

Note: Don't Know, Refused, and EMPTY are not allowed.

All respondents who are receiving a reimbursement amount that is different from the standard \$100

CSO_N24 If the respondent is not a dry run participant, go to CSO_N25.
If the respondent is a dry run participant but is receiving a reimbursement of "0", go to CSO_N25.

Instruction: Specify the reason why a reimbursement is being disbursed to a dry-run participant. (Insert the reason to a maximum of 80 characters.)

Note: Don't Know, Refused, and EMPTY are not allowed.

Dry-run respondents being reimbursed

CSO_N25 If the respondent is being given a reimbursement of \$100 or less, go to CSO_N30.

Instruction: Specify the reason why a reimbursement in excess of \$100 is being disbursed. (Insert the reason to a maximum of 80 characters.)

Note: Don't Know, Refused and EMPTY are not allowed.

Respondents being reimbursed in excess of \$100

CSO_N30 Instruction: Press <1> to print the Reimbursement form.

Note: Don't Know, Refused, and EMPTY are not allowed.

All respondents

CSO_R31 **Before you leave, I would like to provide you with a reimbursement of the expenses for [child's name / your] participation in the clinic portion of the survey. I need you to sign this form, which indicates that you received the reimbursement.**

Instruction: Provide the [parent or guardian / respondent] with the CHMS Reimbursement Form.

When the [parent or guardian / respondent] returns the form, check to ensure that all requested information has been filled in and is legible.

Sign the form as the witness.

Press <Enter> to continue.

CSO_END

END OF CLINIC VISIT