

Survey on Living with Chronic Diseases in Canada

Hypertension Component

2009 Questionnaire

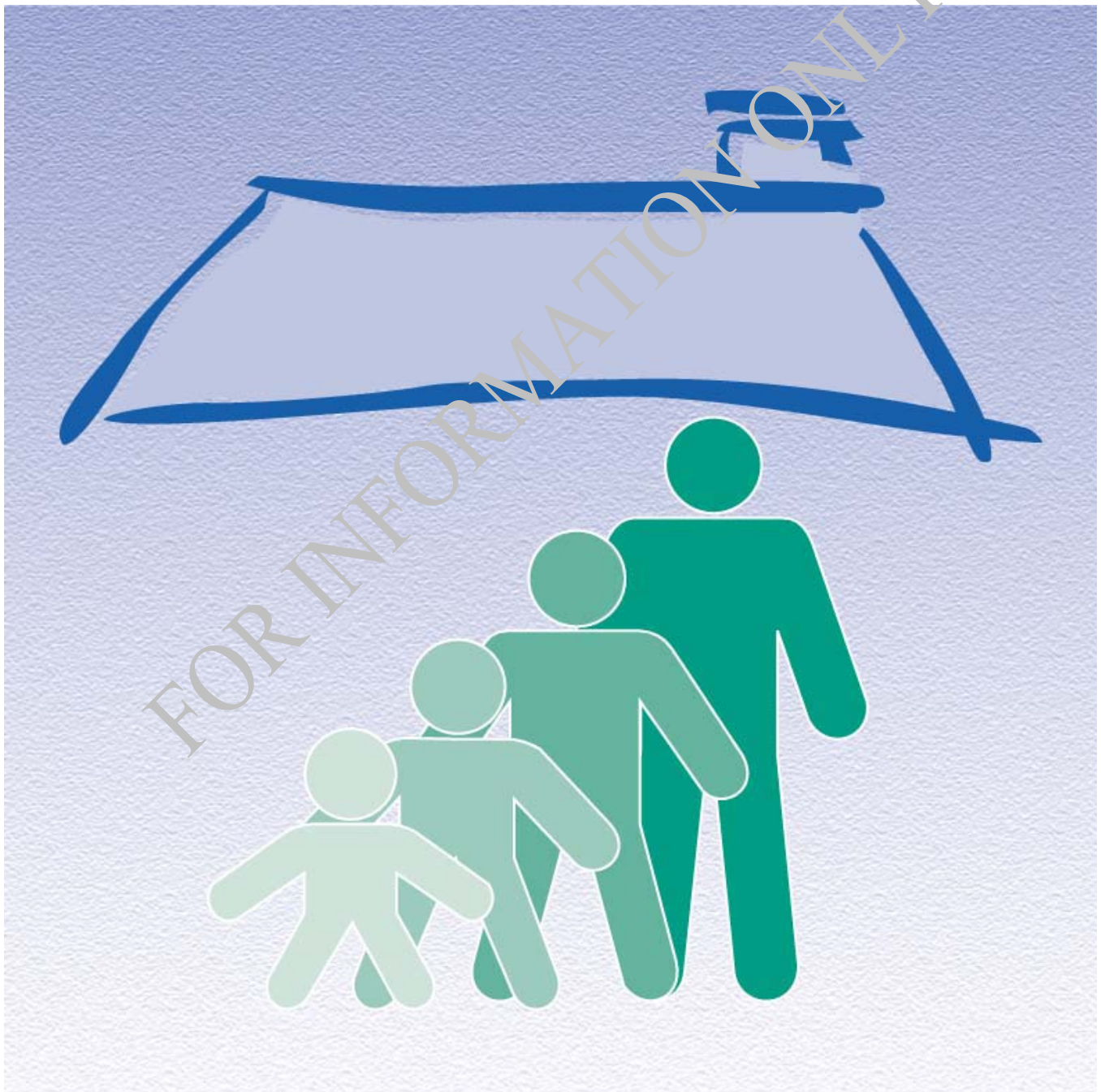


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FOR INFORMATION ONLY

Survey Introduction (XINT)

XINT_BEG Standard block

External variables required:

FNAME: first name of specific respondent from sample file

LNAME: last name of specific respondent from sample file

Screen display:

Display on header bar FNAME and LNAME separated by a space

XINT_R01 **This survey is conducted under the authority of the Statistics Act in collaboration with the Public Health Agency of Canada. The purpose of this survey is to collect information on Canadians with chronic health conditions. Data from the survey will help inform public health programs and health professionals, with the aim of improving health outcomes for Canadians with chronic conditions. You may remember recently completing the Canadian Community Health Survey - this is a follow-up to that survey.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XINT_R02 **Your answers will be kept strictly confidential and used only for statistical purposes. While participation is voluntary, your assistance is essential if the results are to be accurate.**

(Registration #: STC/HLT-082-75137)

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XINT_END

General health (XGEN)

XGEN_BEG Content block

Screen display:
Display on header bar FNAME and LNAME separated by a space

XGEN_C01 If DOXGEN = 1, go to XGEN_R01.
Otherwise, go to XGEN_END.

XGEN_R01 **I would like to start with some general background questions.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XGEN_Q01 **In general, would you say your health is:**

GENX_01

INTERVIEWER: Read categories to respondent

- 1 ... excellent?
 - 2 ... very good?
 - 3 ... good?
 - 4 ... fair?
 - 5 ... poor?
- DK, RF

XGEN_Q02 **Compared to one year ago, how would you say your health is now? Is it:**

GENX_02

INTERVIEWER: Read categories to respondent.

- 1 ... much better now than 1 year ago?
 - 2 ... somewhat better now (than 1 year ago)?
 - 3 ... about the same as 1 year ago?
 - 4 ... somewhat worse now (than 1 year ago)?
 - 5 ... much worse now (than 1 year ago)?
- DK, RF

XGEN_Q03 **How satisfied are you with your life in general?**

GENX_02A

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
 - 2 **Satisfied**
 - 3 **Neither satisfied nor dissatisfied**
 - 4 **Dissatisfied**
 - 5 **Very dissatisfied**
- DK, RF

XGEN_Q04 **In general, would you say your mental health is:**

GENX_02B

INTERVIEWER: Read categories to respondent.

- 1 **... excellent?**
 - 2 **... very good?**
 - 3 **... good?**
 - 4 **... fair?**
 - 5 **... poor?**
- DK, RF

XGEN_Q05 **Thinking about the amount of stress in your life, would you say that most days are:**

GENX_07

INTERVIEWER: Read categories to respondent.

- 1 **... not at all stressful?**
 - 2 **... not very stressful?**
 - 3 **... a bit stressful?**
 - 4 **... quite a bit stressful?**
 - 5 **... extremely stressful?**
- DK, RF

XGEN_END

Confirmation of high blood pressure diagnosis (XCNH)

XCNH_BEG	Content block External variables required: DOXCNH: do block flag, from the sample file. SEX: sex of respondent (1=male, 2=female) from sample file CURRAGE: current age of respondent from SRC block FNAME: first name of specific respondent from sample file LNAME: last name of specific respondent from sample file Screen display: Display on header bar FNAME and LNAME separated by a space
XCNH_C01	If DOXCNH = 1, go to XCNH_R01. Otherwise, go to XCNH_END.
XCNH_R01	Now I would like to ask some questions about high blood pressure. <u>INTERVIEWER:</u> Press <1> to continue. (DK, RF are not allowed)
XCNH_Q01 CNHX_01	To begin, do you have high blood pressure that has been diagnosed by a health professional? 1 Yes (Go to XCNH_C03) 2 No (DK, RF are not allowed)
XCNH_Q02 CNHX_02	Have you ever been diagnosed with high blood pressure? 1 Yes (Go to XCNH_C03) 2 No (Go to XCNH_R06) (DK, RF are not allowed)
XCNH_C03	If SEX = 2, go to XCNH_Q03. Otherwise, go to XCNH_Q05.
XCNH_Q03 CNHX_03	Were you pregnant when you were first diagnosed with high blood pressure? 1 Yes (Go to XCNH_Q04) 2 No (Go to XCNH_Q05) DK, RF (Go to XCNH_Q04)

XCNH_Q04 **Other than during pregnancy, has a health professional ever told you that you have high blood pressure?**
 CNHX_04

- 1 Yes
- 2 No (Go to XCNH_R06)
- DK, RF (Go to XCNH_R06)

XCNH_Q05 **How old were you when you were first diagnosed with high blood pressure?**
 CNHX_05

INTERVIEWER: Maximum is ^CURRAGE. If necessary, ask (Do you know the approximate age in years?).

Enter the age when a doctor or other health professional first made the diagnosis of high blood pressure. Encourage the respondent to give their best estimate - try not to accept 'Don't Know' as a response as this is important information. Probe if necessary.

|||||
 (MIN: 0) (MAX: 130)
 DK, RF
 Go to XCNH_D03

XCNH_E05A An unusual value has been entered. Please confirm.

Note: Trigger soft edit if XCNH_Q05 < 10

XCNH_E05B The age at which the respondent was first diagnosed with hypertension is invalid. Please return and correct.

Note: Trigger hard edit if XCNH_Q05 > CURRAGE.

XCNH_R06 **You have said that you do not have high blood pressure (or have pregnancy-induced high blood pressure only). Since this survey applies only to people with high blood pressure, (excluding pregnancy-induced high blood pressure,) you are not eligible to participate in today's survey. Thank you for your time.**

XCNH_D03 If XCNH_Q02 = 2 or (Sex = 2 and XCNH_Q04 = 2, DK, RF), DOXBMH = 2.
If XCNH_Q02 = 2 or (Sex = 2 and XCNH_Q04 = 2, DK, RF), DOXGEH = 2.
If XCNH_Q02 = 2 or (Sex = 2 and XCNH_Q04 = 2, DK, RF), DOXMEH = 2.
If XCNH_Q02 = 2 or (Sex = 2 and XCNH_Q04 = 2, DK, RF), DOXHUH = 2.
If XCNH_Q02 = 2 or (Sex = 2 and XCNH_Q04 = 2, DK, RF), DOXCLH = 2.
If XCNH_Q02 = 2 or (Sex = 2 and XCNH_Q04 = 2, DK, RF), DOXSMH = 2.
If XCNH_Q02 = 2 or (Sex = 2 and XCNH_Q04 = 2, DK, RF), DOXMOH = 2.
If XCNH_Q02 = 2 or (Sex = 2 and XCNH_Q04 = 2, DK, RF), DOXINH = 2.
If XCNH_Q02 = 2 or (Sex = 2 and XCNH_Q04 = 2, DK, RF), DOXADM = 2.

Note: This derived variable is to set the "DOMODULE" condition to "2" for all proceeding modules If XCNH_Q02 = 2 or (Sex = 2 and XCNH_Q04 = 2, DK, RF). Otherwise the "DOMODULE" condition for each module stays as is.

XCNH_D07 If XCNH_Q02 = 2 or (Sex = 2 and XCNH_Q04 = 2, DK, RF), automatic final to 40 (outside of sample).

XCNH_END

FOR INFORMATION ONLY

Blood pressure measurement (XBMH)

XBMH_BEG Content block

External variables required:

FNAME: first name of respondent from the sample file

LNAME: last name of respondent from the sample file

DOXBMH: do block flag, from the sample file

XCNH_Q01 from XCNH block

XCNH_Q02 from XCNH block

Screen display:

Display on header bar FNAME and LNAME separated by a space

XBMH_C01 If DOXBMH = 1, go to XBMH_R01.
Otherwise, go to XBMH_END.

XBMH_R01 **Now some questions about having your blood pressure measured by a health professional.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XBMH_Q01 **When was the last time you had your blood pressure measured by a health professional? Was it:**
BMHX_01

INTERVIEWER: Read categories to respondent.

- 1 ... less than 1 month ago?
 - 2 ... 1 month to less than 3 months ago?
 - 3 ... 3 months to less than 6 months ago?
 - 4 ... 6 months to less than 1 year ago?
 - 5 ... 1 year to less than 2 years ago?
 - 6 ... 2 or more years ago?
 - 7 **Never had blood pressure measured by a health professional**
- DK
RF (Go to XBMH_END)

XBMH_E02 Inconsistent answers have been entered. The respondent has never had blood pressure measured by a health professional but previously reported that he/she had been diagnosed with high blood pressure by a health professional. Please confirm.

Note: Trigger soft edit if (XCNH_Q01 = 1 or XCNH_Q02 = 1) and XBMH_Q01 = 7.

XBMH_C02 If XBMH_Q01 = 7, go to XBMH_R10.
Otherwise, go to XBMH_Q02.

XBMH_Q02 **The last time your blood pressure was measured by a health professional, were**
 BMHX_02 **you told that your blood pressure was:**

INTERVIEWER: Read categories to respondent.

- 1 ... well-controlled (normal, fine, ok)?
- 2 ... borderline?
- 3 ... high?
- 4 ... low?
- 5 **Health professional did not say**
DK, RF

XBMH_Q03 **A blood pressure reading is made up of two numbers, for example, "120 over 80".**
 BMHX_03 **The last time your blood pressure was measured by a health professional, were**
you told your blood pressure in numbers?

- 1 Yes
- 2 No (Go to XBMH_Q06)
DK, RF (Go to XBMH_Q06)

XBMH_Q04 **What was your systolic pressure, that is, the top or higher number, the last time**
 BMHX_04 **your blood pressure was measured by a health professional?**

- 1 Respondent provided exact value (Go to XBMH_N04A)
- 2 Respondent provided a range (Go to XBMH_N04B)
DK, RF

Go to XBMH_Q05

XBMH_N04A INTERVIEWER: Enter the systolic value provided by respondent.
 BMHX_04A

||| Systolic measure
 (MIN: 1) (MAX: 300)
 DK, RF

XBMH_N04B **INTERVIEWER:** Enter the range of systolic values provided by respondent. Do not enter
 BMHX_04B more than one range. If respondent gives a range that exceeds a single category (for example, "between 120 and 140") probe for the range that best describes the blood pressure value.

- 01 Less than 100
- 02 Between 100 and 109
- 03 Between 110 and 119
- 04 Between 120 and 129
- 05 Between 130 and 139
- 06 Between 140 and 149
- 07 Between 150 and 159
- 08 Between 160 and 169
- 09 Between 170 and 179
- 10 180 or over
- DK, RF

XBMH_Q05 **What was your diastolic pressure, that is, the bottom or lower number, the last time**
 BMHX_05 **your blood pressure was measured by a health professional?**

- 1 Respondent provided exact value (Go to XBMH_N05A)
- 2 Respondent provided a range (Go to XBMH_N05B)
- DK, RF

Go to XBMH_Q06

XBMH_N05A **INTERVIEWER:** Enter the diastolic value provided by respondent.
 BMHX_05A

||_| Diastolic measure
 (MIN: 1) (MAX: 150)
 DK, RF

XBMH_N05B **INTERVIEWER:** Enter the range of diastolic values provided by respondent. Do not enter
 BMHX_05B more than one range. If respondent gives a range that exceeds a single category (for example, "between 60 and 80") probe for the range that best describes the blood pressure value.

- 1 Less than 50
- 2 Between 50 and 59
- 3 Between 60 and 69
- 4 Between 70 and 79
- 5 Between 80 and 89
- 6 Between 90 and 99
- 7 Between 100 and 109
- 8 Between 110 and 119
- 9 120 or over
- DK, RF

XBMH_Q06 **Has a health professional ever discussed a target rate for your blood pressure, that is, the blood pressure level that is best for you?**
BMHX_06

- 1 Yes
- 2 No (Go to XBMH_Q09)
- DK, RF (Go to XBMH_Q09)

XBMH_Q07 **What is your target systolic pressure (that is the top or higher number)?**
BMHX_07

- 1 Respondent provided exact value (Go to XBMH_N07A)
- 2 Respondent provided a range (Go to XBMH_N07B)
- DK, RF

Go to XBMH_Q08

XBMH_N07A **INTERVIEWER:** Enter the systolic value provided by respondent.
BMHX_07A

[_] [_] Systolic measure
 (MIN: 1) (MAX: 300)
 DK, RF
 Go to XBMH_Q08

XBMH_N07B **INTERVIEWER:** Enter the range of systolic values provided by respondent. Do not enter more than one range. If respondent gives a range that exceeds a single category (for example, "between 120 and 140") probe for the range that best describes the blood pressure value.
BMHX_07B

- 01 Less than 100
- 02 Between 100 and 109
- 03 Between 110 and 119
- 04 Between 120 and 129
- 05 Between 130 and 139
- 06 Between 140 and 149
- 07 Between 150 and 159
- 08 Between 160 and 169
- 09 Between 170 and 179
- 10 180 or over
- 11 Less than 130
- 12 Less than 140
- DK, RF

XBMH_Q08 **What is your target diastolic pressure (that is, the bottom or lower number)?**
BMHX_08

- 1 Respondent provided exact value (Go to XBMH_N08A)
- 2 Respondent provided a range (Go to XBMH_N08B)
- DK, RF (Go to XBMH_Q09)

XBMH_N08A INTERVIEWER: Enter the diastolic value provided by respondent.

BMHX_08A

||_| Diastolic measure

(MIN: 1) (MAX: 150)

DK, RF

Go to XBMH_Q09

XBMH_N08B INTERVIEWER: Enter the range of diastolic values provided by respondent. Do not enter
BMHX_08B more than one range. If respondent gives a range that exceeds a single category (for example, "between 60 and 80") probe for the range that best describes the blood pressure value.

- 01 Less than 50
 - 02 Between 50 and 59
 - 03 Between 60 and 69
 - 04 Between 70 and 79
 - 05 Between 80 and 89
 - 06 Between 90 and 99
 - 07 Between 100 and 109
 - 08 Between 110 and 119
 - 09 120 or over
 - 10 Less than 80
 - 11 Less than 90
- DK, RF

Go to XBMH_Q09

XBMH_Q09 Do you feel that you have a plan to control your blood pressure?

BMHX_09

- 1 Yes
 - 2 No
- DK, RF

Go to XBMH_END

XBMH_R10 You have said that you have not had your blood pressure measured by a doctor or health professional. Since this survey applies only to people with high blood pressure that has been diagnosed by a doctor or other health professional, you are not eligible to participate in today's survey. Thank you for your time.

XBMH_D10 If XBMH_Q01 = 7, DOXMEH = 2.
 If XBMH_Q01 = 7, DOXHUH = 2.
 If XBMH_Q01 = 7, DOXCLH = 2.
 If XBMH_Q01 = 7, DOXSMH = 2.
 If XBMH_Q01 = 7, DOXMOH = 2.
 If XBMH_Q01 = 7, DOXINH = 2.
 If XBMH_Q01 = 7, DOXADM = 2.

Note: This derived variable is to set the "DOMODULE" condition to "2" for all proceeding modules if XBMH_Q01 = 7. Otherwise the "DOMODULE" condition for each module stays as is.

XBMH_D11 If XBMH_Q01 = 7, autocode final to 40 (outside of sample).

XBMH_END

FOR INFORMATION ONLY

Medication use (XMEH)

XMEH_BEG Content block

External variables required:

FNAME: first name of respondent from sample file

LNAME: last name of respondent from sample file

DOXMEH: do block flag, from the sample file

Screen display:

Display on header bar FNAME and LNAME separated by a space

XMEH_C01 If DOXMEH = 1, go to XMEH_R01.
Otherwise, go to XMEH_END.

XMEH_R01 **The next few questions are about medications that have been prescribed by a doctor or other health professional.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XMEH_Q01 **Currently, are you taking any prescription medications, including medications**
MEHX_01 **taken for high blood pressure?**

INTERVIEWER: Include over-the-counter medications such as low-dose aspirin if the medication was prescribed by a doctor or health professional.

- 1 Yes
- 2 No (Go to XMEH_Q05)
- DK, RF (Go to XMEH_END)

XMEH_Q02 **Currently, how many different types of prescription medications are you taking?**
MEHX_02

INTERVIEWER: Read categories to respondent. Include medications taken for hypertension.

- 1 **One**
- 2 **Two**
- 3 **Three or four**
- 4 **Five to nine**
- 5 **Ten or more**
- DK, RF

XMEH_Q03 **In total, how many times throughout the day do you take prescription medications?**

MEHX_03

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a day (e.g. weekly, monthly)**
 - 2 **Once a day**
 - 3 **Twice a day**
 - 4 **Three times a day**
 - 5 **Four or more times a day**
- DK, RF

XMEH_C04A If XMEH_Q02 = 1, go to XMEH_Q04A.
Otherwise, go to XMEH_Q04B.

XMEH_Q04A **Do you take this medication for your high blood pressure?**

MEHX_04A

- 1 Yes (Go to XMEH_D06)
 - 2 No (Go to XMEH_Q05)
- DK, RF (Go to XMEH_END)

XMEH_Q04B **Currently, how many of these medications are you taking for your high blood pressure?**

MEHX_04B

|||
(MIN: 0) (MAX: 10)
DK, RF

XMEH_E04B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if XMEH_Q04B > 5.

XMEH_E04C Respondent reported more hypertension medications than total medications. Please return and correct.

Note: Trigger hard edit if (XMEH_Q02 = 2 and XMEH_Q04B > 2) or (XMEH_Q02 = 3 and XMEH_Q04B > 4) or (XMEH_Q02 = 4 and XMEH_Q04B > 9)

XMEH_C05 If XMEH_Q04B = 0, go to XMEH_Q05.
Otherwise, go to XMEH_D06.

XMEH_Q05 **What are the reasons that you are not currently taking any prescription medications for your high blood pressure?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|---|
| MEHX_05A | 1 | No medication prescribed from a doctor or health professional |
| MEHX_05B | 2 | Do not want to take medication at this time |
| MEHX_05C | 3 | Side-effects caused by medication |
| MEHX_05D | 4 | Medication not working |
| MEHX_05E | 5 | Ran out of medication |
| MEHX_05F | 6 | Too costly / financial constraints |
| MEHX_05G | 7 | Blood pressure controlled without medication |
| MEHX_05H | 8 | Other |
| | | DK, RF |

Go to XMEH_END

XMEH_D06 If XMEH_Q04A = 1 or XMEH_Q04B = 1, DT_MEDICATION = "1 medication".
Otherwise, DT_MEDICATION = "medications".
If XMEH_Q04A = 1 or XMEH_Q04B = 1, DT_IT = "it".
Otherwise, DT_IT = "them".

XMEH_Q06 **In total, how many times throughout the day do you take your blood pressure medications?**

MEHX_06

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a day (e.g. weekly, monthly)**
 - 2 **Once a day**
 - 3 **Twice a day**
 - 4 **Three times a day**
 - 5 **Four or more times a day**
- DK, RF

XMEH_Q07 **Thinking about how often you take your blood pressure medication, on average, would you say you:**

MEHX_07

INTERVIEWER: Read categories to respondent.

- 1 **... take ^DT_IT as often as prescribed?**
 - 2 **... take ^DT_IT more often than prescribed?**
 - 3 **... take ^DT_IT less often than prescribed?**
 - 4 **... occasionally miss a dose?**
 - 5 **... do not take the ^DT_MEDICATION at all.**
- DK, RF

XMEH_C08 If XMEH_Q07 = 5, go to XMEH_Q09.
Otherwise, go to XMEH_Q08.

XMEH_Q08 **Thinking about the dosage of your blood pressure ^DT_MEDICATION, on average, would you say you take:**
MEHX_08

INTERVIEWER: Read categories to respondent.

- 1 ... the same dosage as prescribed?
 - 2 ... a higher dosage than prescribed?
 - 3 ... a lower dosage than prescribed?
 - 4 ... do not take the ^DT_MEDICATION at all.
- DK, RF

XMEH_C09A If XMEH_Q07 and XMEH_Q08 = 1, go to XMEH_END.
Otherwise, go to XMEH_C09B.

XMEH_C09B If XMEH_Q07 and XMEH_Q08 = DK or RF, go to XMEH_END.
Otherwise, go to XMEH_Q09.

XMEH_Q09 **What are the reasons that you are not taking your blood pressure ^DT_MEDICATION exactly as prescribed:**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|---|
| MEHX_09A | 01 | Forget to take medication |
| MEHX_09B | 02 | Side-effects caused by medication |
| MEHX_09C | 03 | Medication not working |
| MEHX_09D | 04 | Ran out of medication |
| MEHX_09E | 05 | Too expensive |
| MEHX_09F | 06 | Blood pressure controlled without medication |
| MEHX_09G | 07 | Feels ok without medication / doesn't need medication |
| MEHX_09H | 08 | Not confident in the prescribed treatment |
| MEHX_09I | 09 | Do not know how to take medication properly |
| MEHX_09J | 10 | Other |
- DK, RF

XMEH_END

Health care utilization (XHUH)

XHUH_BEG Content block

External variables required:

FNAME: first name of respondent from sample file

FNAME: first name of respondent from sample file

DOXHUH: do block flag, from the sample file

Screen display:

Display on header bar FNAME and LNAME separated by a space

XHUH_C01 If DOXHUH = 1, go to XHUH_Q01.
Otherwise, go to XHUH_END.XHUH_Q01 **Which of the following health professionals or practitioners do you consider most**
HUX_01 **responsible for treating your high blood pressure?**INTERVIEWER: Read categories to respondent

- 1 **Family doctor or general practitioner**
 - 2 **Other medical doctor or specialist**
 - 3 **Nurse or nurse practitioner**
 - 4 **Pharmacist**
 - 5 **Other health professional**
 - 6 **No health professional responsible for treating high blood pressure**
- DK
RF (Go to XHUH_END)

XHUH_R02 **Now I'd like to ask a few questions about your contacts with various health professionals about your high blood pressure during the past 12 months.**INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XHUH_Q02 **In the past 12 months, have you seen or talked to any of the following health**
HUX_02 **professionals about your high blood pressure:****... a family doctor or general practitioner?**INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
 - 2 No
- DK, RF

XHUH_Q03

In the past 12 months, have you seen, or talked to:

HUHX_03

... any other medical doctor or specialist about your high blood pressure?INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
 - 2 No
- DK, RF

XHUH_Q04

(In the past 12 months, have you seen, or talked to:)

HUHX_04

... a nurse or nurse practitioner about your high blood pressure?INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
 - 2 No
- DK, RF

XHUH_Q05

(In the past 12 months, have you seen, or talked to:)

HUHX_05

... a pharmacist about your high blood pressure?INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
 - 2 No
- DK, RF

XHUH_Q06

(In the past 12 months, have you seen, or talked to:)

HUHX_06

... a complementary or alternative health care practitioner such as a massage therapist, a naturopath or herbalist about your high blood pressure?INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes
 - 2 No
- DK, RF

XHUH_Q07

In the past 12 months, have you seen, or talked to:

HUHX_07

... any other health professional about your high blood pressure?

INTERVIEWER: Include both face-to-face and telephone contacts.

- 1 Yes - Specify (Go to XHUH_S07)
- 2 No (Go to XHUH_END)
- DK, RF (Go to XHUH_END)

XHUH_S07

INTERVIEWER: Specify.

(80 spaces)
(DK, RF are not allowed)

XHUH_END

FOR INFORMATION ONLY

Clinical recommendations (XCLH)

XCLH_BEG Content block

External variables required:

FNAME: first name of respondent from sample file

LNAME: first name of respondent from sample file

DOXCLH: do block flag, from the sample file

XMEH_Q01: from XMEH module

XMEH_Q04A: from XMEH module

XMEH_Q04B: from XMEH module

Screen display:

Display on header bar FNAME and LNAME separated by a space

XCLH_C01 If DOCLH = 1, go to CLH_R01.
Otherwise, go to CLH_END.

XCLH_R01 **The next questions are about things that a doctor or other health professional may have suggested to help control your blood pressure.**

You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XCLH_C01A If XMEH_Q04A = 1 or XMEH_Q04B > 0, pre-fill XCLH_Q01 with Yes., go to XCLH_Q02.
Otherwise, go to XCLH_C01B.

XCLH_C01B If XMEH_Q01 = 2 or XMEH_Q04A = 2 or XMEH_Q04B = 0, go to XCLH_Q01.
Otherwise, go to XCLH_Q02.

XCLH_Q01 **Has a doctor or other health professional ever suggested:**

CLHX_01

... taking prescription medication to help you control your blood pressure?

1 Yes

2 No

DK, RF

- XCLH_Q02
CLHX_02
- Has a doctor or other health professional ever suggested:
... limiting your daily salt intake to help you control your blood pressure?**
- 1 Yes
 - 2 No
DK, RF
- XCLH_Q03
CLHX_03
- Has a doctor or other health professional ever suggested:
... eating certain foods such as fruits and vegetables, fish or lean meats, foods high in fibre or foods low in fat to help you control your blood pressure?**
- 1 Yes
 - 2 No
DK, RF
- XCLH_Q04
CLHX_04
- (Has a doctor or other health professional ever suggested:)
... participating in physical activity or exercise to help you control your blood pressure?**
- 1 Yes
 - 2 No
DK, RF
- XCLH_Q05
CLHX_05
- (Has a doctor or other health professional ever suggested:)
... controlling or losing weight to help you control your blood pressure?**
- 1 Yes
 - 2 No
DK, RF
- XCLH_Q06
CLHX_06
- Has a doctor or other health professional ever suggested:
... quitting or cutting down smoking to help you control your blood pressure?**
- 1 Yes
 - 2 No
 - 3 Not applicable - does not smoke
DK, RF

XCLH_Q07 (Has a doctor or other health professional ever suggested:)

CLHX_07

... limiting alcohol consumption to help you control your blood pressure?

- 1 Yes
 - 2 No
 - 3 Not applicable - does not drink
- DK, RF

XCLH_Q08 Has a doctor or other health professional ever suggested:

CLHX_08

... reducing your level of stress to help you control your blood pressure?

- 1 Yes
 - 2 No
- DK, RF

XCLH_END

FOR INFORMATION ONLY

Self-management (XSMH)

XSMH_BEG Content block

External variables required:

FNAME: first name of respondent from sample file

LNAME: last name of respondent from sample file

DOXSMH: do block flag, from the sample file

Screen display:

Display on header bar FNAME and LNAME separated by a space

XSMH_C01 If DOXSMH = 1, go to XSMH_R01.
Otherwise, go to XSMH_END.XSMH_R01 **The next questions are about things that people might do as a result of being diagnosed with high blood pressure.**INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XSMH_Q01A **As a result of being diagnosed with high blood pressure, did you ever limit your**
SMHX_01A **daily salt intake to help control your blood pressure?**

- 1 Yes
- 2 No (Go to XSMH_Q02)
- DK (Go to XSMH_Q03A)
- RF (Go to XSMH_END)

XSMH_Q01B **Are you still doing this:**
SMHX_01BINTERVIEWER: Read categories to respondent.

- 1 ... **all the time?** (Go to XSMH_Q03A)
- 2 ... **most of the time?** (Go to XSMH_Q03A)
- 3 ... **some of the time?** (Go to XSMH_Q03A)
- 4 ... **none of the time?**
- DK, RF (Go to XSMH_Q03A)

XSMH_Q02 **What are the reasons that you are not limiting your daily salt intake to help control your blood pressure?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|---|
| SMHX_02A | 01 | Lack of will power / self-discipline |
| SMHX_02B | 02 | Does not like to eat foods low in salt |
| SMHX_02C | 03 | Time constraints (too busy, family responsibilities, work schedule, etc.) |
| SMHX_02D | 04 | Already eating foods low in salt for other reasons |
| SMHX_02E | 05 | Too costly / financial constraints |
| SMHX_02F | 06 | Taking medication to control blood pressure |
| SMHX_02G | 07 | Does not think that limiting salt is important |
| SMHX_02H | 08 | Does not know that limiting salt is recommended |
| SMHX_02I | 09 | Other |
| SMHX_02J | 10 | No reason for not limiting salt intake |
| | | DK, RF |

XSMH_Q03A **As a result of being diagnosed with high blood pressure, did you ever change the type of foods you eat, for example choosing more fruits and vegetables, fish or lean meats, foods high in fibre or foods low in fat to help control your blood pressure?**

SMHX_03A

- 1 Yes
- 2 No (Go to XSMH_Q04)
- DK, RF (Go to XSMH_Q05)

XSMH_Q03B **Are you still doing this:**

SMHX_03B

INTERVIEWER: Read categories to respondent.

- 1 ... all the time? (Go to XSMH_Q05)
- 2 ... most of the time? (Go to XSMH_Q05)
- 3 ... some of the time? (Go to XSMH_Q05)
- 4 ... none of the time?
- DK, RF (Go to XSMH_Q05)

XSMH_Q04 **What are the reasons that you are not choosing these types of foods, (that is, fruits and vegetables, fish or lean meats, foods high in fibre or foods low in fat) to help control your blood pressure?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|---|
| SMHX_04A | 01 | Lack of will power / self-discipline |
| SMHX_04B | 02 | Does not like to eat these types of foods |
| SMHX_04C | 03 | Time constraints (too busy, family responsibilities, work schedule, etc.) |
| SMHX_04D | 04 | Already eating these types of foods for other reasons |
| SMHX_04E | 05 | Too costly / financial constraints |
| SMHX_04F | 06 | Taking medication to control blood pressure |
| SMHX_04G | 07 | Does not think that eating these types of foods is important |
| SMHX_04H | 08 | Does not know that eating these types of foods is recommended |
| SMHX_04I | 09 | Other |
| SMHX_04J | 10 | No reason for not choosing certain types of food |
| | | DK, RF |

XSMH_Q05 **Do you read food labels for the nutritional information?**

SMHX_05

INTERVIEWER: Read categories to responder t.

- 1 **Often**
 - 2 **Sometimes**
 - 3 **Never**
- DK, RF

XSMH_Q06 **Are you responsible for choosing the groceries for your household?**

SMHX_06

- 1 Yes
 - 2 No
- DK, RF

XSMH_Q07A **As a result of being diagnosed with high blood pressure, did you ever exercise or participate in physical activities to help control your blood pressure?**

SMHX_07A

- 1 Yes
 - 2 No (Go to XSMH_Q08)
- DK, RF (Go to XSMH_Q09A)

XSMH_Q07B **Are you still doing this:**

SMHX_07B

INTERVIEWER: Read categories to respondent.

- 1 ... **all the time?** (Go to XSMH_Q09A)
 - 2 ... **most of the time?** (Go to XSMH_Q09A)
 - 3 ... **some of the time?** (Go to XSMH_Q09A)
 - 4 ... **none of the time?**
- DK, RF (Go to XSMH_Q09A)

XSMH_Q08 **What are the reasons that you are not exercising or participating in physical activities to help control your blood pressure?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|---|
| SMHX_08A | 01 | Lack of will power / self-discipline |
| SMHX_08B | 02 | Does not like to exercise |
| SMHX_08C | 03 | Time constraints (too busy, family responsibilities, work schedule, etc.) |
| SMHX_08D | 04 | Already doing physical activities or exercise for other reasons |
| SMHX_08E | 05 | Physical condition or a health problem |
| SMHX_08F | 06 | Too costly / financial constraints |
| SMHX_08G | 07 | Not available in area |
| SMHX_08H | 08 | Taking medication to control blood pressure |
| SMHX_08I | 09 | Does not think that exercise is important |
| SMHX_08J | 10 | Does not know that exercise is safe / recommended |
| SMHX_08K | 11 | Other |
| SMHX_08L | 12 | No reason for not exercising |
- DK, RF

XSMH_Q09A **As a result of being diagnosed with high blood pressure, did you ever try to control your weight or lose weight to help control your blood pressure?**

SMHX_09A

- 1 Yes
 - 2 No (Go to XSMH_Q10)
- DK, RF (Go to XSMH_Q11A)

XSMH_Q09B **Are you still doing this:**

SMHX_09B

INTERVIEWER: Read categories to respondent.

- 1 ... **all the time?** (Go to XSMH_Q11A)
 - 2 ... **most of the time?** (Go to XSMH_Q11A)
 - 3 ... **some of the time?** (Go to XSMH_Q11A)
 - 4 ... **none of the time?**
- DK, RF (Go to XSMH_Q11A)

XSMH_Q10 **What are the reasons that you are not trying to control your weight or lose weight to help control your blood pressure?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|---|
| SMHX_10A | 01 | Does not need to control / lose weight - already a healthy weight |
| SMHX_10B | 02 | Lack of will power / self-discipline |
| SMHX_10C | 03 | Does not want to control / lose weight |
| SMHX_10D | 04 | Tried to control / lose weight - didn't work |
| SMHX_10E | 05 | Time constraints (too busy, family responsibilities, work schedule, etc.) |
| SMHX_10F | 06 | Already controlling / losing weight for other reasons |
| SMHX_10G | 07 | Disability / health problem other than high blood pressure makes it hard to control / lose weight |
| SMHX_10H | 08 | Too costly / financial constraints |
| SMHX_10I | 09 | Taking medication to control blood pressure |
| SMHX_10J | 10 | Does not think that weight control / weight loss is important |
| SMHX_10K | 11 | Does not know that weight control / weight loss is safe or recommended |
| SMHX_10L | 12 | Other |
| SMHX_10M | 13 | No reason for not trying to control / lose weight:
DK, RF |

XSMH_Q11A **At any time since you were first diagnosed with high blood pressure, did you smoke?**

SMHX_11A

INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
- 2 No (Go to XSMH_D13A)
- DK, RF (Go to XSMH_D13A)

XSMH_Q11B **As a result of being diagnosed with high blood pressure, did you ever quit smoking or cut down on smoking to help control your blood pressure?**

SMHX_11B

- 1 Yes
- 2 No (Go to XSMH_Q12)
- DK, RF (Go to XSMH_D13A)

XSMH_Q11C **Are you continuing to maintain this change in your smoking habits:**

SMHX_11C

INTERVIEWER: Read categories to respondent.

- 1 ... **all the time?** (Go to XSMH_D13A)
- 2 ... **most of the time?** (Go to XSMH_D13A)
- 3 ... **some of the time?** (Go to XSMH_D13A)
- 4 ... **none of the time?** (Go to XSMH_D13A)
- DK, RF (Go to XSMH_D13A)

XSMH_Q12 **What are the reasons that you are not trying to quit smoking or cut down on smoking to help control your blood pressure?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|---|
| SMHX_12A | 01 | Does not want to quit / cut down on smoking |
| SMHX_12B | 02 | Lack of will power / self-discipline |
| SMHX_12C | 03 | Tried to quit / cut down on smoking – didn't work |
| SMHX_12D | 04 | Time constraints (too busy, family responsibilities, work schedule, etc.) |
| SMHX_12E | 05 | Already quit /cut down on smoking for other reasons |
| SMHX_12F | 06 | Taking medication to control blood pressure |
| SMHX_12G | 07 | Does not think that quitting / cutting down on smoking is important |
| SMHX_12H | 08 | Does not know that quitting / cutting down on smoking is recommended |
| SMHX_12I | 09 | Other |
| SMHX_12J | 10 | No reason for not quitting / cutting down on smoking
DK, RF |

XSMH_D13A If SEX = female, DT_DRINK = "9".
Otherwise, DT_DRINK = "14".

XSMH_Q13A **At any time since you were first diagnosed with high blood pressure, did you ever regularly drink more than ^DT_DRINK drinks a week? When we use the word "drink" it means: one bottle or can of beer or a glass of draft, one glass of wine or a wine cooler, or one drink or cocktail with 1 and a 1/2 ounces of liquor.**

SMHX_13A

- | | | |
|---|--------|------------------|
| 1 | Yes | |
| 2 | No | (Go to XSMH_END) |
| | DK, RF | (Go to XSMH_END) |

XSMH_Q13B **As a result of being diagnosed with high blood pressure, did you stop drinking or limit your alcohol consumption to help control your blood pressure?**

SMHX_13B

- | | | |
|---|--------|------------------|
| 1 | Yes | |
| 2 | No | (Go to XSMH_Q14) |
| | DK, RF | (Go to XSMH_END) |

XSMH_Q13C **Are you continuing to maintain this change in your alcohol consumption:**

SMHX_13C

INTERVIEWER: Read categories to respondent.

- | | | |
|---|-----------------------|------------------|
| 1 | ... all the time? | (Go to XSMH_END) |
| 2 | ... most of the time? | (Go to XSMH_END) |
| 3 | ... some of the time? | (Go to XSMH_END) |
| 4 | ... none of the time? | |
| | DK, RF | (Go to XSMH_END) |

XSMH_Q14 **What are the reasons that you are not limiting your alcohol consumption to help control your blood pressure?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|---|
| SMHX_14A | 01 | Does not want to stop / limit alcohol consumption |
| SMHX_14B | 02 | Believes alcohol is good for health |
| SMHX_14C | 03 | Lack of will power / self-discipline |
| SMHX_14D | 04 | Tried to stop drinking / limit alcohol consumption didn't work |
| SMHX_14E | 05 | Time constraints (too busy, family responsibilities, work schedule, etc.) |
| SMHX_14F | 06 | Already stopped drinking / limiting alcohol consumption for other reasons |
| SMHX_14G | 07 | Addiction to alcohol or drugs |
| SMHX_14H | 08 | Taking medication to control blood pressure |
| SMHX_14I | 09 | Does not think that limiting alcohol consumption is important |
| SMHX_14J | 10 | Does not know that limiting alcohol consumption is recommended |
| SMHX_14K | 11 | Health professional did not recommend limiting alcohol consumption |
| SMHX_14L | 12 | Other |
| SMHX_14M | 13 | No reason for not limiting alcohol consumption
DK, RF |

XSMH_END

FOR INFORMATION ONLY

Self-monitoring of blood pressure (XMOH)

XMOH_BEG Content block

External variables required:

FNAME: first name of respondent from the sample file.

LNAME: first name of respondent from the sample file.

DOXMOH: do block flag, from the sample file.

Screen display:

Display on header bar FNAME and LNAME separated by a space

XMOH_C01 If DOXMOH = 1, go to XMOH_R01.
Otherwise, go to XMOH_END.

XMOH_R01 **The next few questions are about blood pressure monitoring you may do yourself outside of a health professional's office or medical clinic.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XMOH_Q01 **How often do you monitor your own blood pressure outside of a health professional's office or medical clinic?**
MOHX_01

INTERVIEWER: Read categories to respondent.

- 1 **Daily**
- 2 **Weekly**
- 3 **Monthly**
- 4 **Three to four times a year**
- 5 **Once a year**
- 6 **Less than once a year**
- 7 **Do not monitor own blood pressure**

DK (Go to XMOH_Q06)

RF (Go to XMOH_END)

XMOH_Q02 **Has a doctor or other health professional ever shown you how to correctly use a blood pressure measurement device?**
MOHX_02

- 1 Yes
 - 2 No
- DK, RF

XMOH_C02 If XMOH_Q01 = 7, go to XMOH_Q06.
Otherwise, go to XMOH_Q03.

XMOH_Q03 **Where do you measure your own blood pressure?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|-------------------------|
| MOHX_03A | 1 | At home |
| MOHX_03B | 2 | Pharmacy |
| MOHX_03C | 3 | Workplace |
| MOHX_03D | 4 | Gym or fitness facility |
| MOHX_03E | 5 | Other
DK, RF |

XMOH_Q04 **Do you share the blood pressure measurements you get from taking your own blood pressure with a doctor or health professional?**

MOHX_04

- 1 Yes
- 2 No
DK, RF

XMOH_Q05 **After measuring your blood pressure, if you consider it to be too high, what do you do?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|---|
| MOHX_05A | 1 | Contact a doctor or other health professional |
| MOHX_05B | 2 | Continue to monitor your blood pressure to see if it is consistently high |
| MOHX_05C | 3 | Make changes to your lifestyle (e.g. diet, exercise, lose weight, etc.) |
| MOHX_05D | 4 | Rest |
| MOHX_05E | 5 | Go to the hospital emergency room |
| MOHX_05F | 6 | Increase your medication |
| MOHX_05G | 7 | Do nothing |
| MOHX_05H | 8 | Other |
| MOHX_05I | 9 | Not applicable - blood pressure has never been too high
DK, RF |

XMOH_Q06 **in general, do you consider your blood pressure to be:**

MOHX_06

INTERVIEWER: Read categories to respondent.

- 1 ... **well-controlled (normal, fine, ok)?**
- 2 ... **borderline?**
- 3 ... **high?**
- 4 ... **low?**
DK, RF

XMOH_END

Information and training (XINH)

XINH_BEG Content block

External variables required:

FNAME: first name of respondent from the sample file

LNAME: last name of respondent from the sample file

DOXINH: do block flag, from the sample file

Screen display:

Display on header bar FNAME and LNAME separated by a space

XINH_C01 If DOXINH = 1, go to XINH_R01.
Otherwise, go to XINH_END.

XINH_R01 **The next few questions are about information or training you may have received to help you control your blood pressure.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XINH_Q01 **Have you ever received information or training to help you control your blood pressure from any of the following people:**

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

- | | | |
|----------|---|--|
| INHX_01A | 1 | ... a family doctor or general practitioner? |
| INHX_01B | 2 | ... a medical specialist? |
| INHX_01C | 3 | ... a nurse or nurse practitioner? |
| INHX_01D | 4 | ... a pharmacist? |
| INHX_01E | 5 | ... a complementary or alternative health care practitioner? |
| INHX_01F | 6 | ... a family member or friend (other than a health care professional)? |
| INHX_01G | 7 | ... any other? |
- DK, RF

XINH_Q02 **Have you ever received information or training to help you control your blood pressure in any of the following ways:**

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

- | | | |
|----------|---|---|
| INHX_02A | 1 | ... a book, pamphlet, or brochure? |
| INHX_02B | 2 | ... a CD, DVD, or video tape? |
| INHX_02C | 3 | ... a package insert included with medication? |
| INHX_02D | 4 | ... advice given during a medical appointment? |
| INHX_02E | 5 | ... a support group? |
| INHX_02F | 6 | ... a course or class? |
| INHX_02G | 7 | ... the media, for example, television, radio, newspapers or magazines? |
| INHX_02H | 8 | ... Internet? |
| INHX_02I | 9 | ... any other?
DK, RF |

XINH_Q03 **How would you like to receive information or training in the future?**

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

- | | | |
|----------|---|---|
| INHX_03A | 1 | Book, pamphlet, or brochure |
| INHX_03B | 2 | CD, DVD, or video tape |
| INHX_03C | 3 | Package insert included with medication |
| INHX_03D | 4 | Advice given during a medical appointment |
| INHX_03E | 5 | Support group |
| INHX_03F | 6 | Course or class |
| INHX_03G | 7 | Media, for example, television, radio, newspapers, or magazines |
| INHX_03H | 8 | Internet |
| INHX_03I | 9 | Other
DK,RF |

XINH_Q04 **Have you ever received information to help you control your blood pressure on any of the following topics:**

...the emotional impact of having high blood pressure, for example how to deal with your emotions or stress?

- | | |
|---|--------|
| 1 | Yes |
| 2 | No |
| | DK, RF |

XINH_Q05

Have you ever received information on:

INHX_05

... where to receive support to help you cope with your high blood pressure, for example support groups or self-management programs?

- 1 Yes
 - 2 No
- DK, RF

XINH_Q06

(Have you ever received information on:)

INHX_06

... the correct use of prescription blood pressure medication?

INTERVIEWER: Include any prescription medications, including over-the-counter medications such as low-dose aspirin if the medications were prescribed by a doctor or health professional.

- 1 Yes
 - 2 No
- DK, RF

XINH_Q07

(Have you ever received information on:)

INHX_07

... where to find additional information to help you control your blood pressure?

- 1 Yes
 - 2 No
- DK, RF

XINH_Q08

Overall, do you feel that you have enough information to help you control your blood pressure?

INHX_08

- 1 Yes
 - 2 No
- DK, RF

XINH_END

Administration (XADM)

XADM_BEG Content block

External variables required:

FNAME: first name of respondent from household block

DOXADM: do block flag, from the sample file

SMPLPROVE: province from the sample file.

PROVE: province from SRC block.

FNAME: first name of specific respondent from USU block

LNAME: last name of specific respondent from USU block

Screen display:

Display on header bar FNAME and LNAME separated by a space

XADM_C01 If DOXADM = 1, go to XADM_D01.
Otherwise, go to XADM_END.

XADM_D01 If SMPLPROVE = 24, QUEBECHNE = "Statistics Canada and the "Institut de la
Statistique du Québec".
Otherwise, QUEBECHNE = "Statistics Canada and your provincial ministry of health".

XADM_R01A **In 2008, you responded to the Canadian Community Health Survey. At that time,
you gave permission for ^QUEBECHNE to link information from that survey to your
health services information. You also gave us your provincial health number to
assist in linking this information.**

INTERVIEWER: Your health services information includes your past and continuing use
of health services, such as visits to hospitals, clinics and doctors' offices.
Press <1> to continue.

(DK, RF are not allowed)

XADM_R01B **In order to reduce the number of questions on today's survey, Statistics Canada
would like to link information from this interview with your information from the
2008 Canadian Community Health Survey.**

INTERVIEWER: Press <1> to continue.

(DK, RF are not allowed)

XADM_Q01 **The linked information will be kept strictly confidential and used only for statistical
purposes.**

ADMX_01

Do we have your permission?

- 1 Yes
- 2 No (Go to XADM_R03)
- DK, RF (Go to XADM_R03)

XADM_D02 If PROVE = 24, SHAREE = ", provincial ministries of health and the "Institut de la Statistique du Québec".
Otherwise, SHAREE = "and provincial ministries of health".

XADM_R02 **Statistics Canada would like your permission to share the linked survey data, that is your information from today's interview and your information from the Canadian Community Health Survey, with the Public Health Agency of Canada, Health Canada ^SHAREE.**

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.
Press <1> to continue.

(DK, RF are not allowed)

XADM_Q02 **Information from both surveys will be kept confidential and used only for statistical**
ADMX_02 **purposes.**

Do you agree to share the linked information?

INTERVIEWER: Personal identifiers such as name, address, telephone number, and health number will not be provided to the Public Health Agency of Canada or to Health Canada.

- 1 Yes (Go to XADM_END)
- 2 No (Go to XADM_Q04)
- DK, RF (Go to XADM_R04)

XADM_R03 **Although you do not agree to link the information collected in today's interview to the 2008 Canadian Community Health Survey, we would like your permission to share only the information collected today with the Public Health Agency of Canada, Health Canada ^SHAREE.**

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.
Press <1> to continue.

(DK, RF are not allowed)

XADM_Q03
ADMX_03 **Your personal identifiers such as name, address and telephone number will not be shared. All information will be kept confidential and used only for statistical purposes.**

Do you agree to share the information from today's interview?

INTERVIEWER: The information that is shared will not be linked to their previous Canadian Community Health Survey interview or to administrative data.

- 1 Yes
- 2 No
- DK, RF

Go to XADM_END

XADM_R04 **Although you do not agree to share the linked survey information, we would like your permission to share only the information collected in today's interview with the Public Health Agency of Canada, Health Canada ^SHAREE.**

INTERVIEWER: The Public Health Agency of Canada is a federal government department responsible for promoting and protecting the health and safety of Canadians.
Press <1> to continue.

(DK, RF are not allowed)

XADM_Q04
ADMX_04 **Your personal identifiers such as name, address and telephone number will not be shared. All information will be kept confidential and used only for statistical purposes.**

Do you agree to share the information from today's interview?

INTERVIEWER: The information that is shared will not be linked to their previous Canadian Community Health Survey interview or to administrative data.

- 1 Yes
- 2 No
- DK, RF

XADM_END