

# Survey of Neurological Conditions in Institutions in Canada

This document is confidential when completed.

Si vous préférez recevoir ce questionnaire en français, veuillez composer le numéro qui se trouve dans la vignette.

If necessary, please make address label corrections in the boxes below (please print).

C0001 Legal Name  
\_\_\_\_\_

C0002 Business Name  
\_\_\_\_\_

C0004 Address (number and street)  
\_\_\_\_\_

C0005 City  
\_\_\_\_\_

C0006 Province / Territory C0007 Postal Code  
\_\_\_\_\_

## Purpose of this survey

This survey collects data on the prevalence of several neurological conditions in residential long-term care facilities. Survey results will be used to assess what resources are needed to provide care to people with neurological conditions.

## Your participation is important

While completion of this questionnaire is voluntary, data from your facility are essential if the results of this survey are to be accurate.

## Please complete this questionnaire for the facility appearing on the label.

## Authority to collect information

This survey is conducted under the authority of the *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S-19.

## Confidentiality

### Your answers are confidential.

Statistics Canada is prohibited by law from releasing any information it collects which could identify any person, business, or organization, unless consent has been given by the respondent or as permitted by the *Statistics Act*. The information from this survey will be used for statistical purposes and published in aggregate form only.

## Return of questionnaire

Please return the completed questionnaire in the enclosed envelope **within 21 days of receipt**.

Even if you had only a few or no residents with neurological conditions in your facility on the reporting date, please complete and return the questionnaire.

Statistics Canada advises you that there could be a risk of disclosure during facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

You may return the questionnaire by fax toll-free to 1-888-883-7999.

## Data-sharing agreements

To avoid duplication of surveys and reduce respondent burden, Statistics Canada has entered into data-sharing agreements with federal, provincial and territorial government organizations, which have agreed to keep the data confidential and use them only for statistical purposes.

**Section 12** of the *Statistics Act* provides for the sharing of information with federal, provincial or territorial government organizations. Under **Section 12**, you may refuse to share your information with any of these organizations by writing a letter of objection to the Chief Statistician and returning it with the completed questionnaire.

For this survey, there are **Section 12** agreements with the Public Health Agency of Canada, Health Canada, the Institut de la Statistique du Québec, and the provincial and territorial health ministries. Please specify the organizations with which you do not want to share your data.

## Record linkages

To enhance the data from this survey, Statistics Canada will combine them with information from other surveys or from administrative sources. These include the 2010 Residential Care Facilities Survey, the *Rapports statistiques annuels* and the *Système M30*.

**For assistance and information please call the number provided in the label area.**

You may also visit Statistics Canada's website, [www.statcan.gc.ca](http://www.statcan.gc.ca) — see Information for survey participants.

## DESCRIPTIONS OF THE NEUROLOGICAL CONDITIONS

### 1. Multiple sclerosis

A disease affecting the protective coating of the nerves of the brain and spinal cord.

---

### 2. Epilepsy

A brain disorder that causes the brain to send out the wrong signals, resulting in seizures.

---

### 3. Cerebral palsy

A disorder caused by damage to the brain either before birth or early on in life resulting in difficulties with movement, muscle control or posture.

---

### 4. Spina bifida

A birth defect in which the spine does not form completely and the spinal cord is not fully protected usually resulting in nerve damage and some paralysis of the legs.

---

### 5. Hydrocephalus

A build-up of too much fluid on the brain. It can be present at birth or can develop later on in life.

---

### 6. Muscular dystrophy

A group of genetic disorders that cause muscle weakness and muscle loss.

---

### 7. Dystonia

A movement disorder which causes involuntary contractions of muscles.

---

### 8. Tourette's syndrome

A disorder which causes tics such as throat clearing, eye blinking or repeating words.

---

### 9. Parkinson's disease

A progressive nervous system disease, characterized by muscular tremor, slowing of movement, partial facial paralysis, trouble walking, distorted posture, weakness and muscular rigidity.

### 10. Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)

A disease of the nervous system that attacks nerve cells in the brain and spinal cord. ALS is a fatal disease with no effective treatment and no cure. Eighty percent of people with ALS die within two to five years of diagnosis.

---

### 11. Huntington's disease

A genetic disease that causes certain nerve cells in the brain to waste away.

---

### 12. Stroke

Occurs when the flow of blood to a part of the brain is cut off. This can be due to a blood clot obstructing an artery that leads to the brain (ischemic stroke), or it can be caused by a burst blood vessel bleeding into the brain (hemorrhagic stroke).

---

### 13. Traumatic brain injury

Damage to the brain that results in difficulties with attention, cognition, language, memory, behaviour or movement.

---

### 14. Traumatic spinal cord injury

Damage to the spinal cord caused by trauma that results in paralysis, loss of strength, loss of sensation, or difficulty controlling the bladder or bowel.

---

### 15. Brain or spinal cord tumour

A growth of abnormal cells inside the skull.

A growth of abnormal cells in or surrounding the spinal cord.

---

### 16. Alzheimer's disease or any other dementia

Alzheimer's disease is the most common form of dementia in the elderly and causes impairment of memory and mental abilities.

## CONTACT

Name of person completing this questionnaire *(please print)*

Last Name

C0054

First Name

C0013

Telephone Number

C0017

Extension

C0027

Fax Number

C0016

Title

C0014

E-mail address

C0018

## REPORTING DATE

For the purpose of this survey, please report the total number of residents and the number of residents diagnosed with neurological conditions **on the most recent day for which you have this information.**

C2000

<i>Year</i>	<i>Month</i>	<i>Day</i>
<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>

*Please enter your reporting date here:*

## A. AGE AND SEX OF RESIDENTS IN FACILITY ON THE REPORTING DATE

Include temporarily absent residents who were registered in your facility on the reporting date, and for whom a bed was assigned.

Exclude temporary residents occupying respite beds and persons admitted temporarily for rehabilitation.

Age groups	Number of males	Number of females
1. Under 18 years	C1001 <input style="width: 40px; height: 25px;" type="text"/>	C1002 <input style="width: 40px; height: 25px;" type="text"/>
2. 18 to 44 years	C1003 <input style="width: 40px; height: 25px;" type="text"/>	C1004 <input style="width: 40px; height: 25px;" type="text"/>
3. 45 to 64 years	C1005 <input style="width: 40px; height: 25px;" type="text"/>	C1006 <input style="width: 40px; height: 25px;" type="text"/>
4. 65 to 79 years	C1007 <input style="width: 40px; height: 25px;" type="text"/>	C1008 <input style="width: 40px; height: 25px;" type="text"/>
5. 80 years and over	C1009 <input style="width: 40px; height: 25px;" type="text"/>	C1010 <input style="width: 40px; height: 25px;" type="text"/>
6. Total residents <i>(sum of lines 1 to 5)</i>	C1011 <input style="width: 40px; height: 25px;" type="text"/>	C1012 <input style="width: 40px; height: 25px;" type="text"/>
<b>Grand Total Residents</b> →		C1013 <input style="width: 40px; height: 25px;" type="text"/>

## B. NEUROLOGICAL CONDITIONS OF MALE RESIDENTS IN THE FACILITY ON THE REPORTING DATE

Please enter in the appropriate columns the number of males **diagnosed** with the neurological conditions listed below. When a resident has more than one diagnosed neurological condition, **count each condition separately**. For example, if a person has Parkinson's disease and dementia, count this person in rows 9 and 16.

As in section A, please include temporarily absent male residents who were registered in your facility on the reporting date and for whom a bed was assigned. Exclude temporary residents occupying respite beds and persons admitted temporarily for rehabilitation.

**If there are no male residents with a given condition, please enter "0" in the last column.**

Males						
Diagnosed neurological conditions  Please see page 2 for descriptions of conditions.	Number of males					TOTAL males with the condition
	Under 18 years	18 to 44 years	45 to 64 years	65 to 79 years	80 years and over	
1. Multiple sclerosis	C1014	C1015	C1016	C1017	C1018	C1019
2. Epilepsy	C1020	C1021	C1022	C1023	C1024	C1025
3. Cerebral palsy	C1026	C1027	C1028	C1029	C1030	C1031
4. Spina bifida	C1032	C1033	C1034	C1035	C1036	C1037
5. Hydrocephalus	C1038	C1039	C1040	C1041	C1042	C1043
6. Muscular dystrophy	C1044	C1045	C1046	C1047	C1048	C1049
7. Dystonia	C1050	C1051	C1052	C1053	C1054	C1055
8. Tourette's syndrome	C1056	C1057	C1058	C1059	C1060	C1061
9. Parkinson's disease	C1062	C1063	C1064	C1065	C1066	C1067
10. Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)	C1068	C1069	C1070	C1071	C1072	C1073
11. Huntington's disease	C1074	C1075	C1076	C1077	C1078	C1079
12. Stroke	C1080	C1081	C1082	C1083	C1084	C1085
13. Traumatic brain injury	C1086	C1087	C1088	C1089	C1090	C1091
14. Traumatic spinal cord injury	C1092	C1093	C1094	C1095	C1096	C1097
15. Brain or spinal cord tumour	C1098	C1099	C1100	C1101	C1102	C1103
16. Alzheimer's disease or any other dementia	C1104	C1105	C1106	C1107	C1108	C1109

### C. NEUROLOGICAL CONDITIONS OF FEMALE RESIDENTS IN THE FACILITY ON THE REPORTING DATE

Please enter in the appropriate columns the number of females **diagnosed** with the neurological conditions listed below. When a resident has more than one diagnosed neurological condition, **count each condition separately**. For example, if a person has Parkinson's disease and dementia, count this person in rows 9 and 16.

As in section A, please include temporarily absent female residents who were registered in your facility on the reporting date and for whom a bed was assigned. Exclude temporary residents occupying respite beds and persons admitted temporarily for rehabilitation.

**If there are no female residents with a given condition, please enter "0" in the last column.**

Females						
Diagnosed neurological conditions  Please see page 2 for descriptions of conditions.	Number of females					TOTAL females with the condition
	Under 18 years	18 to 44 years	45 to 64 years	65 to 79 years	80 years and over	
1. Multiple sclerosis	C1110	C1111	C1112	C1113	C1114	C1115
2. Epilepsy	C1116	C1117	C1118	C1119	C1120	C1121
3. Cerebral palsy	C1122	C1123	C1124	C1125	C1126	C1127
4. Spina bifida	C1128	C1129	C1130	C1131	C1132	C1133
5. Hydrocephalus	C1134	C1135	C1136	C1137	C1138	C1139
6. Muscular dystrophy	C1140	C1141	C1142	C1143	C1144	C1145
7. Dystonia	C1146	C1147	C1148	C1149	C1150	C1151
8. Tourette's syndrome	C1152	C1153	C1154	C1155	C1156	C1157
9. Parkinson's disease	C1158	C1159	C1160	C1161	C1162	C1163
10. Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)	C1164	C1165	C1166	C1167	C1168	C1169
11. Huntington's disease	C1170	C1171	C1172	C1173	C1174	C1175
12. Stroke	C1176	C1177	C1178	C1179	C1180	C1181
13. Traumatic brain injury	C1182	C1183	C1184	C1185	C1186	C1187
14. Traumatic spinal cord injury	C1188	C1189	C1190	C1191	C1192	C1193
15. Brain or spinal cord tumour	C1194	C1195	C1196	C1197	C1198	C1199
16. Alzheimer's disease or any other dementia	C1200	C1201	C1202	C1203	C1204	C1205

## D. RESIDENTS WITH AT LEAST ONE NEUROLOGICAL CONDITION ON THE REPORTING DATE

In sections B and C, we asked about the number of persons with each neurological condition. For this section, report the number of males and females in your facility diagnosed with **at least one of the 16 listed conditions**.

Count each person once only, regardless of the number of conditions they have.

Enter "0" for "none".

Age groups	Number of males with at least one neurological condition	Number of females with at least one neurological condition
1. Under 18 years	C1206 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	C1207 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. 18 to 44 years	C1208 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	C1209 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. 45 to 64 years	C1210 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	C1211 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. 65 to 79 years	C1212 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	C1213 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. 80 years and over	C1214 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	C1215 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Total residents with at least one neurological condition (Sum of lines 1 to 5)	C1216 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	C1217 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## COMMENTS

How long did you spend collecting the data and completing this questionnaire?

C9910     Hour(s)
 C9909   Minutes

Please share with us your comments about this survey.

C1218

C1219

C1220

C1221

**Thank you for completing the questionnaire.**

Lost the postpaid envelope?

Please call the number provided in the label area  
or fax us at 1-888-883-7999.