

Healthy Alberta Baseline Survey

- Quantitative Report -

Presented to: Calder Bateman on behalf of Alberta Health and
Wellness

Presented by: Criterion Research Corp.

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EXECUTIVE SUMMARY

1. OBJECTIVES

In August and September 2002, Criterion Research Corp. (Alberta) conducted a survey of the Alberta general public for Calder Bateman on behalf of Alberta Health and Wellness. The survey preceded a promotional campaign intended to positively affect Albertans' behaviour and attitudes about healthy eating and being physically active. The purpose of the survey was to determine self-reported behaviors, perceptions and attitudes about healthy eating and being physically active prior to the launch of the campaign. The survey is intended as a baseline against which to compare changes in the same attitudes and behaviors after the campaign was launched.

A total of 1600 general population interviews were conducted. The sample was designed to include 400 respondents in the Edmonton census metropolitan area, 400 in the Calgary census metropolitan area, 400 in other cities and 400 in towns and rural areas.

Telephone interviews were randomized across and within households within each geographic region. The survey was completed by the adult in the household who had the most recent birthday (18 years of age or older).

The margin of error for 1600 interviews is ± 2.45 percentage points, 19 times out of 20. The margin of error for the sample size of 400 respondents within each of the four geographic regions is accurate to within ± 4.90 percentage points, 19 times out of 20.

2. OVERVIEW

Albertans are concerned about healthy eating and being physically active. However, they are not managing healthy eating and physical activity as well as they think they are. Albertans generally believe they are active and including healthy eating in their lives, and that they are well informed about healthy eating and being physically active. The survey results indicate a gap between the public's perceived knowledge and perceptions about their effort in the areas of physical activity and healthy eating and their behavior in these regards. The survey also reveals there are opportunities to motivate Albertans to increase healthy eating and physical activity.

3. PERCEPTIONS OF ALBERTA HEALTH AND WELLNESS

- Alberta Health and Wellness is starting the communications campaign from a strong position with the majority of respondents viewing Alberta Health and Wellness with high regard. Three-quarters (74%) of respondents agree (4,5,6,7 ratings) that Alberta Health and Wellness is a **trustworthy and reliable source of information** on healthy eating and being physically active. Twenty-nine percent (29%) of respondents strongly agree (6,7 ratings) and 45% moderately agree (4,5 ratings) that the ministry is a trustworthy and credible source. There is potential for increasing the level of agreement given the larger number of “don’t know” responses (16%) and the possibility that those expressing moderate agreement could be moved to an attitude of strong agreement.
- Almost as strongly, respondents view the ministry as providing **useful and relevant information**. Seven in ten (70%) respondents agree that Alberta Health and Wellness provides useful and relevant information on healthy eating and being physically active. Thirty percent (30%) of respondents strongly agree and 40% moderately agree. There is an opportunity to increase the level and strength of agreement given the proportion of “don’t know” responses (19%) and the possibility that those expressing moderate agreement can be moved to a position of strong agreement.

4. ALBERTANS’ PERCEPTIONS OF THEIR OWN HEALTH

- Albertans generally consider themselves to be in good health but recognize there is room for improvement. Virtually all respondents (98%) agree (4,5,6,7 ratings) that they are **responsible for their own health**. Most respondents feel they are in good (48%) to excellent (45%) health. However, more than half of all respondents do not select the option of **excellent health**. Also, about one in every ten (13%) respondents report their health is now worse compared to one year ago.

5. SELF PERCEPTIONS OF RELATED HEALTH FACTORS

- Almost half (49%) of respondents perceive they are **overweight** to some degree. Females more frequently perceive themselves to be either a little overweight (36%) or overweight (17%) compared to males (32% a little overweight and 10% overweight). A lower proportion of Edmonton (32%) and Calgary (32%) respondents indicate they are a little overweight compared to those in other regions (37% to 40%). A higher proportion of Edmonton respondents (41%) feel that their weight is just about right compared to rural respondents (30%).
- While more than half (54%) of all respondents have used **tobacco products** at some time, only 22% are currently tobacco product users

6. PHYSICAL ACTIVITY

6.1 Assessment of Being Physically Active

- Although most respondents lack accurate knowledge of the facts about what **frequency and duration** of physical activity is recommended in Canada's Physical Activity Guide, a substantial proportion of them do have a good general sense of what is an appropriate frequency **or** duration when these are considered separately. Four in ten (39%) respondents suggest that an appropriate level of physical activity is recommended on four or more **occasions** during a week. Thirty-five percent (35%) of respondents offer a range including 33% suggesting a range of 21 to 30 minutes **duration** or 31 to 40 minutes duration (2%).
- While most Albertans take part in some form of planned physical activity, many do not. In terms of the type of physical activity, more than half (60%) of respondents participate in **planned physical activities**. Almost half of all respondents (43%) and the majority of overweight respondents (64%) report their physical activity over the preceding seven days as **not meeting the recommended standard** identified in Canada's Physical Activity Guide. This represents a significant opportunity to increase the level of physical activity among Albertans.
- The majority of respondents (53%) report participating in **planned physical activity** only twice a week or less frequently. One-third (30%) of respondents put light effort into their planned activity and one-third (34%) put in a moderate effort. Slightly higher proportions participate in **unplanned physical activities** at the light or moderate level. There is opportunity to increase the level of unplanned physical activity among Albertans by suggesting and encouraging interesting activities involving physical activity.

6.2 Assessment of Barriers to Being Physically Active

- Two-thirds of respondents (66%) agree that **it takes confidence** to get involved in physical activity and, somewhat less strongly, that **making time** to be physically active is difficult (59%). Most respondents do not agree that **safety concerns** (71%), **costs** (74%) or the need for **special skills** (80%) interfere with being physically active.

6.3 Attitudes About Information About Physical Activity

- A high proportion of respondents (90%) agree they have enough information about **achieving and maintaining physical fitness**. Nine of ten (92%) respondents also feel well informed about increasing their activity. Fewer respondents (79%) indicate strongly that the information that is available is useful to them personally. While most respondents (55%) agree that recommendations about physical health are **often contradictory**, a substantial number (42%) do not agree.

6.4 Attitudes About Increasing Physical Activity

- A strong majority of respondents (92%) agree that engaging in planned physical activity can **make a difference to their health**. A similar percentage (92%) also agrees that if they do only small things, it will make a difference in their health. High proportions of respondents agree that benefits of increasing physical activity include **feeling better** (93%), **being healthier** (90%) and having **increased energy** (90%). The lowest proportion of strong agreement is provided for the benefit of **weight being regulated** (38%).

7. HEALTHY EATING

7.1 Attitudes About Information About Healthy Eating

- Just over half of respondents (54%) strongly indicate they feel well informed about nutrition information and that there is **enough information available** about healthy eating (58%). Almost half the respondents (44%) feel strongly that the information generally available is **useful to them**. Although almost three-quarters (70%) of respondents agree that recommendations about healthy eating are **often contradictory**, only one third (30%) express strong agreement.

7.2 Nutritional Eating Behaviors

- Albertans believe they think about healthy food choices with 93% of respondents indicating they make a conscious effort **to include healthy eating** in their life. However, most **lack accurate information** about minimum appropriate consumption levels of fruits and vegetables. Seven percent (7%) of respondents are aware of the minimum number of servings of fruits and vegetables recommended by Canada's Food Guide (5 and 10 servings). Fourteen percent (14%) of respondents underestimate the range and 28% offer only a single number of four or fewer servings instead of a range.
- Albertans believe they make healthy food choices. Almost three-quarters of respondents (72%) report making healthy choices daily. Almost half (45%) did not eat **deep fried foods** in the preceding week. This suggests Albertans can make healthy eating choices by reducing their intake of deep fried foods.
- High proportions of respondents feel they make a conscious choice to eat healthier by making **better choices in size** (89%), **choosing a healthier food** over a less healthy food (90%) and **thinking about the benefits** of healthy eating choices (87%).

7.3 Attitudes About Healthy Eating

- Virtually all respondents (97%) feel that **making good choices, even small ones** can make a difference in their health. A majority of respondents (57%) also agree that it **costs more** to eat healthier foods, although more than four in ten respondents (42%) do not agree. The majority of respondents do not agree that it is **difficult to purchase** foods that support healthy eating (66%), that it is **difficult to prepare** healthier foods (72%) and that it takes **too much time** to prepare healthier foods (72%).
- A majority of respondents strongly agree that benefits of healthy eating include **feeling better** (56%), **being healthier** (56%) and having **increased energy** (54%). A lower proportion of respondents strongly agree that one benefit of healthy eating includes **weight being regulated** (40%).

1. BACKGROUND AND INTRODUCTION

In 2002, Criterion Research Corp. was commissioned by Calder Bateman Communications to conduct a baseline survey of Albertans on behalf of Alberta Health and Wellness. The survey precedes a promotional campaign intended to positively affect Albertans' behaviour and attitudes about healthy eating and being physically active. The purpose of the survey is to determine self-reported behaviors, perceptions and attitudes about healthy eating and being physically active prior to the launch of the campaign. The survey will be conducted again in the future to determine changes in the same attitudes and behaviors after the campaign was launched. Specifically, the survey is intended to determine:

- Public perceptions of Alberta Health and Wellness as an information source
- Albertans' perceptions of their own health and related health factors
- Self assessments regarding current frequency, level and intensity of physically activity
- Knowledge of appropriate physical activity levels
- Attitudes about available information on physical activity
- Attitudes regarding increasing physical activity to achieve and maintain health
- Assessments of barriers to increasing physical activity
- Attitudes about available information on healthy eating
- Nutritional eating behaviors affecting healthy eating
- Attitudes about choices to include healthy eating
- Attitudes regarding barriers to include healthy eating

This document provides an analytical report of the survey.

2. METHODOLOGY

2.1 Sample Design

The target respondents for the research are members of the Alberta general public. The sample was designed to ensure 1600 completed interviews including 400 in the Edmonton census metropolitan area, 400 in the Calgary census metropolitan area, 400 in other cities and 400 in towns and rural areas.

Telephone interviews were randomized across and within households. Households were randomly selected within each geographic region. The survey was to be completed by the adult in the household who had the most recent birthday (18 years of age or older).

2.2 Questionnaire Design

The survey instrument was designed in consultation with the client. The questionnaire was pre-tested to ensure suitability of language, flow and length.

A copy of the questionnaire is provided in Appendix A.

2.3 Data Collection

All data for this research was collected using the telephone interview methodology. Interviews were conducted from Criterion's office in Edmonton, Alberta between August 30 and September 16, 2002.

Prior to commencement of data collection, all interviewers and supervisors were thoroughly trained and briefed on the project requirements. The interviewing was monitored in progress with 20% of completed interviews being verified.

A total of five call attempts were made to each listing prior to excluding it from the sample base in order to maximize the representativeness of the sample. Busy numbers were scheduled for callback after a minimum of ten minutes. For those numbers where either an

answering machine picked up or there was no answer, the call back was scheduled at a different time the following day.

2.4 Analysis of Findings

Analysis of the findings is based on the frequency of responses to each of the survey questions, organized by geographic area (Edmonton, Calgary, other cities and rural). Differences on age and gender are reported where they are statistically significant and have sufficient cell sizes.

2.5 Statistical Reliability

In the analysis of findings, no reference is made to statistical significance *per se* because such references can, at times, be misleading. For a given sample size, confidence bounds are set around an observed percentage so that such limits are correct 95 percent of the time (for example). These confidence limits are valuable indicators of the reliability of observed results and should be kept in mind when interpreting data. However, such tables do not provide any indicator of whether an observed percentage is meaningful, as that depends on context and interpretation, not confidence level alone.

Results for a survey with a sample size of 1600 respondents drawn from a population of 1,180,00 households are accurate to within ± 2.45 percentage points, 19 times out of 20. Results for the sample size of 400 respondents within each of the four geographic regions are accurate to within ± 4.90 percentage points, 19 times out of 20.

3. ANALYSIS OF FINDINGS

Throughout the questionnaire, a seven-point scale was used for respondents to rate their opinions. The scales used include:

- **Agreement:** 1 means do not agree at all, 4 means agree and 7 means completely agree
- **Performance:** 1 means poor, 4 means good and 7 means excellent

The various numerical ratings were consolidated, where appropriate for analysis and discussion, into three groups:

Rating on a scale of “1” to “7”	
6,7	“Top-box” ratings. These respondents express the strongest positive opinion with a particular element.
4,5	“Middle of the road” ratings. These respondents express neutral positive opinion with a particular element, or give a “shrug-pass” rating.
1,2,3	Negative ratings.

3.1 Demographic Profile of Respondents (Table 1)

The age of respondents is distributed over a number of age categories with 10% aged 18 to 24 years of age and half the respondents falling in either the 25 to 34 years (21%) and 35 to 44 years of age (23%) category. Nearly one in five respondents (18%) are in the 45 to 54 years of age group. A further 13% of respondents are aged 55 to 64 years of age, 10% are 65 to 74 years of age and 5% are 75 years of age or older.

More than half the respondents (58%) report having no children under 18 years of age in the household. About one in every five respondents each report having children in the household who are under six years of age (18%), six to 11 years of age (18%) or 12 to 18 years of age (22%).

Virtually all (95%) respondents have completed some or all of high school or more education including 13% who attended or completed technical school, 23% who attended or completed college, 22% who attended or completed university and 6% who attended or completed graduate school.

Almost half of respondents describe themselves as working, either full time (38%) or part time (11%). A further 14% describe themselves as self-employed and 4% indicate they are unemployed.

Respondents report a wide variation in family income but are evenly spread over the ranges. The exceptions are 20% of respondents who indicate having a family income in the \$60,000 to \$99,999 range and 18% who do not know or who refuse to answer the question.

Slightly more than one third of the respondents are male (37%) and two thirds (63%) are female.

Table 1. Demographics Profile

<i>All Respondents</i>	(N=1600)
AGE CATEGORY	
18 to 24 years of age	10%
25 to 34 years of age	21%
35 to 44 years of age	23%
45 to 54 years of age	18%
55 to 64 years of age	13%
65 to 74 years of age	10%
75 +	5%
ETHNICITY	
Canadian	33%
Caucasian	27%
British/Irish/Scottish/Welsh/English	12%
Ukrainian	4%
German	4%
Aboriginal/First Nations	2%
Asian	2%
Metis	1%
<i>Other mentioned (each below 1%)</i>	<i>12%</i>

Table 1. Demographics Profile

CHILDREN IN HOUSEHOLD	
Under 6 years of age	18%
6 to 11 years of age	18%
12 to 18 years of age	22%
No Children	58%
EDUCATIONAL ATTAINMENT	
Some/completed elementary school	4%
SOME/COMPLETED HIGH SCHOOL OR MORE	95%
Some/completed high school	31%
Some/completed technical school	13%
Some/completed college	23%
Some/completed university	22%
Some/completed graduate school	6%
Don't know/Refused	*
EMPLOYMENT STATUS	
Employed full time	38%
Employed part time	11%
Self-employed	14%
Unemployed	4%
Student	4%
Homemaker	9%
Retired	17%
Disability	1%
Maternity leave	1%
Other	1%
Don't know/Refused	*
FAMILY INCOME	
Under \$20,000	10%
\$20,000 to \$29,999	12%
\$30,000 to \$39,999	10%
\$40,000 to \$49,999	9%
\$50,000 to \$59,999	10%
\$60,000 to \$99,000	20%
\$100,000 or greater	10%
Don't know/Refused	18%
GENDER	
Female	63%
Male	37%

*Less than 1%

3.2 Perceptions of Alberta Health and Wellness as an Information Source (Fig.1 and 1a-c and Fig.2 and 2a-c)

Respondents were asked to rate their perceptions of Alberta Health and Wellness as a provider of information on healthy eating and being physically active.

The majority of respondents (74%) agree (4,5,6,7 ratings) that Alberta Health and Wellness is **a trustworthy and reliable source of information** on healthy eating and being physically active (Figure 1). Twenty-nine percent (29%) of respondents strongly agree (6,7 ratings) and 45% moderately agree (4,5 ratings) that the ministry is a trustworthy and credible source. There is potential for increasing the level of agreement given the larger number of “don’t know” responses (16%) and the possibility that those expressing moderate agreement could be moved to an attitude of strong agreement.

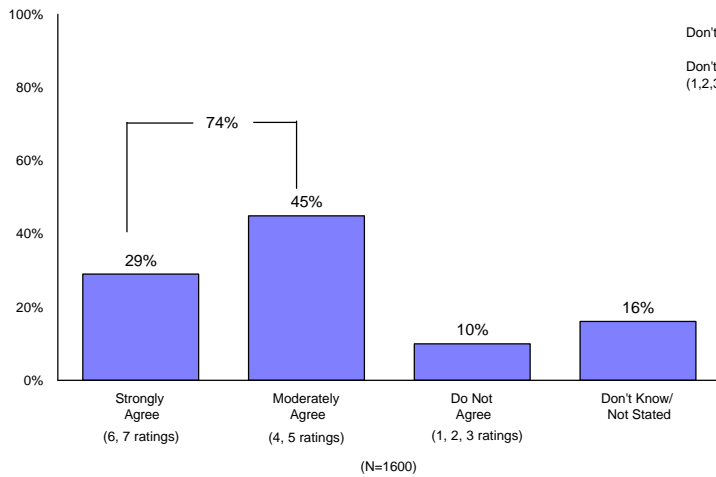
Regional differences (Figure 1a) show that respondents in Edmonton (27%) and Calgary (25%) provide lower proportions of strongly agree ratings than those in other cities (32%) and rural areas (34%).

When the results are organized by age (Figure 1b), the results show higher proportions of agreement ratings are provided by respondents aged 18 to 24 years of age (84%) and 65 to 74 years of age (80%) compared to lower levels of overall agreement in the 35 to 44 (70%) and 45 to 54 year old age (68%) segment. Furthermore, the 35 to 44 years old (22%) and 45 to 54 years old (24%) age groups provide lower proportions of strongly agree ratings than most other age groups (30% to 36%).

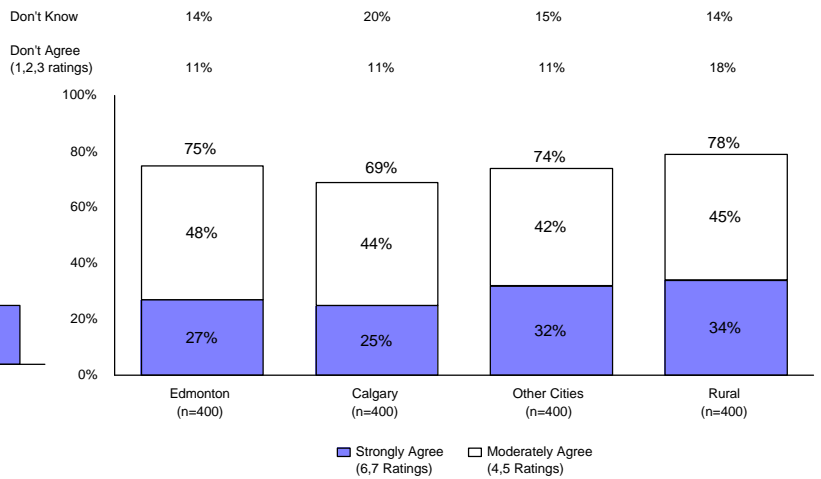
Agreement with the statement differs by gender (Figure 1c). Overall agreement (4,5,6,7 ratings) that Alberta Health and Wellness is a trustworthy and reliable source of information on healthy eating and being physically active is lower among males (69%) than to females (76%).

Fig.1 and 1a-c: Alberta Health & Wellness as a Trustworthy & Reliable Source of Info on Healthy Eating & Being Physically Active (Q.1a)
(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

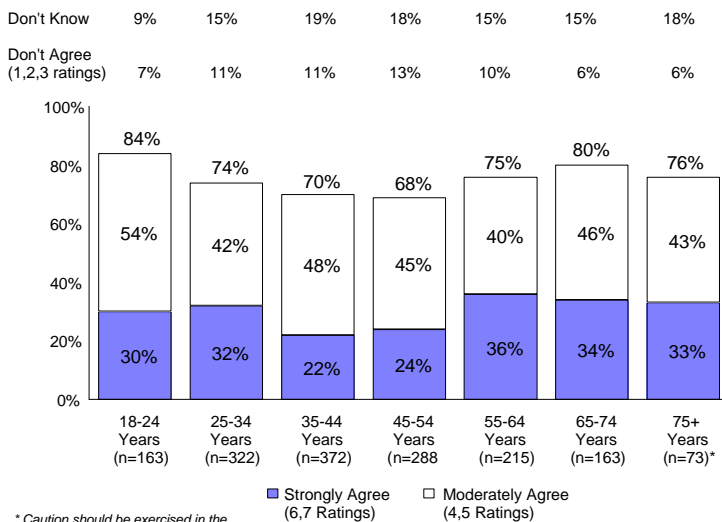
All Respondents



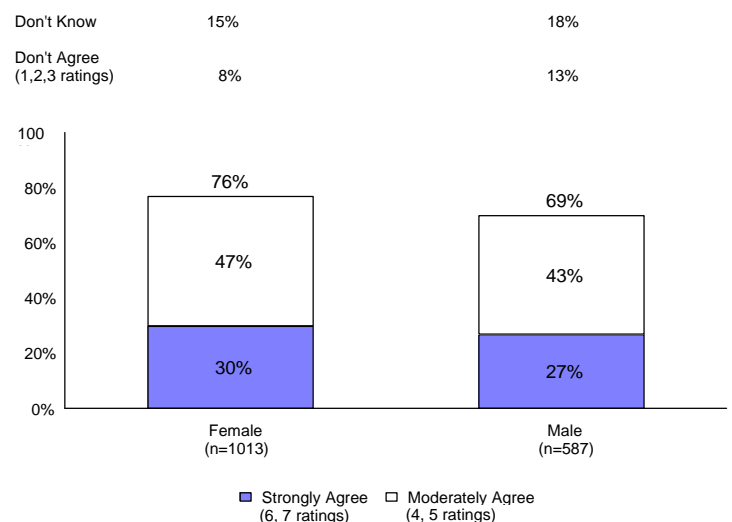
Urban, Cities and Rural



B: Age



C: Gender



Respondents were also asked to rate their level of agreement that Alberta Health and Wellness provides information on healthy eating and being physically active that is **useful and relevant**.

Seven in ten (70%) of respondents agree that Alberta Health and Wellness provides useful and relevant information on healthy eating and being physically active (Figure 2). Thirty percent (30%) of respondents strongly agree with the statement and 40% moderately agree. There is an opportunity to increase the level and strength of agreement given the proportion of “don’t know” responses (19%) and the possibility that those expressing moderate agreement can be moved to a position of strong agreement.

Differences in agreement are evident across urban and rural locations (Figure 2a). More specifically, a lower proportion of overall agreement is evident in Calgary (62% versus 72% to 73% for other regions) and a higher proportion of strongly agree ratings is evident among rural respondents (38% versus 25% to 30% for other regions).

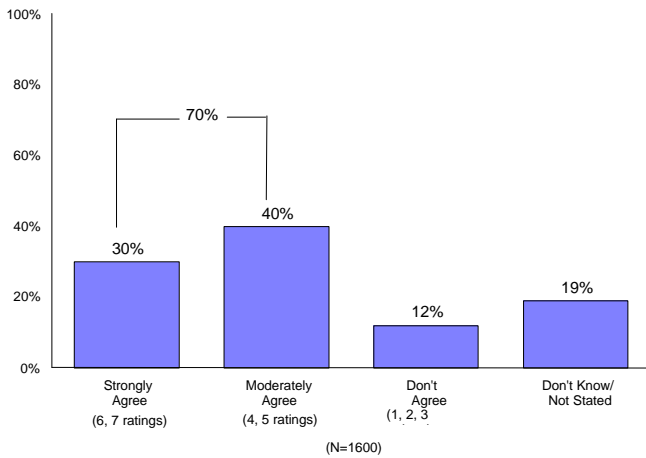
Agreement levels vary according to age categories (Figure 2b). Relatively higher levels of overall agreement occur for respondents 18 to 24 years of age (84% versus 65% to 73% for other age groups). Also, respondents in the two middle age segments, 35 to 44 years of age (23%) and 45 to 54 years of age (24%), provide show relatively lower proportions of strongly agree ratings compared to the other age categories (33% to 37%).

Females provide a higher proportion of both overall agreement (72%) and strong agreement (31%) ratings than males (65% overall, 25% strong agreement) (Figure 2c).

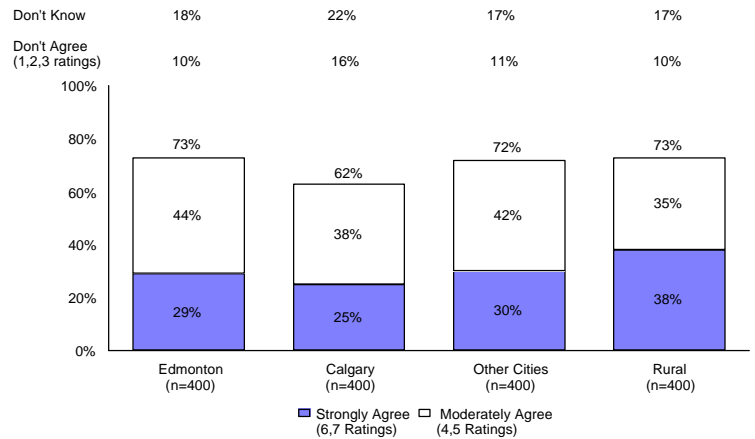
Fig.2 and 2a-c: Alberta Health & Wellness Provides Useful & Relevant Information on Healthy Eating & Being Physically Active (Q.1b)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

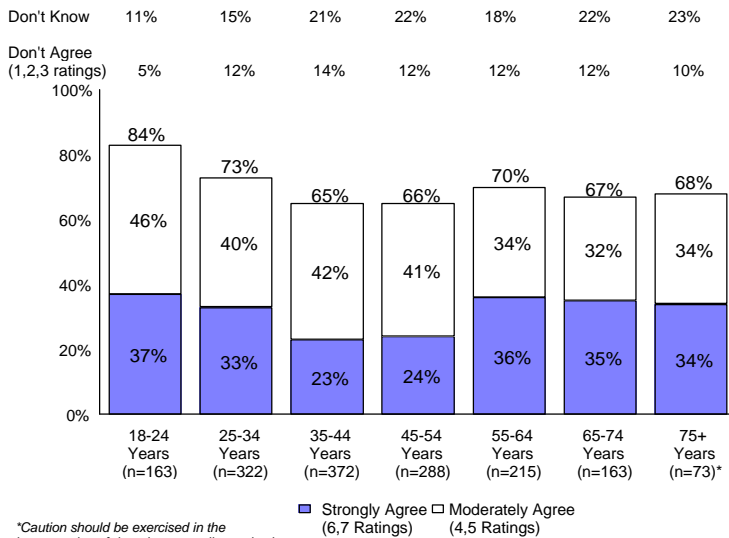
All Respondents



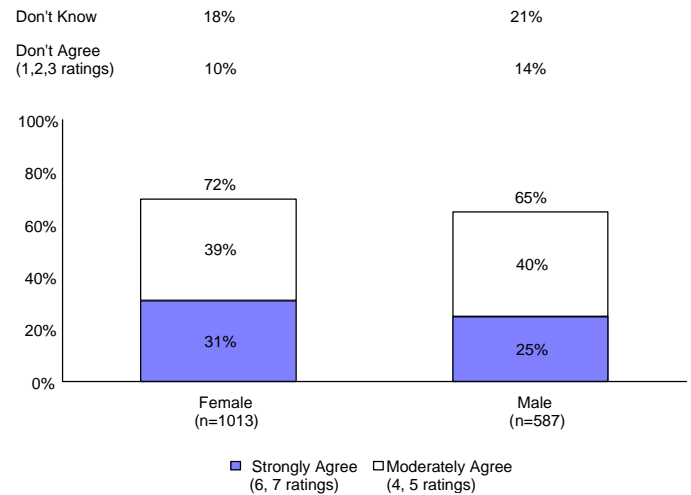
A: Urban, Cities and Rural



B: Age



C: Gender



In summary, the majority of respondents view Alberta Health and Wellness with high regard as a trustworthy and credible information source. Almost as strongly, respondents also view the ministry as providing useful and relevant information.

3.3 Albertans’ Perceptions of Their Own Health (Fig.3, 4 and Table 2)

Respondents were asked about their perception regarding their own general health in terms of their responsibility, present condition and comparability to their health one year ago.

Respondents almost universally (98%) agree (4,5,6,7 ratings) that they are responsible for their own health including 85% who strongly agree (6,7 ratings) and 13% who moderately agree (Figure 3). There are no apparent differences based on respondents’ geographical area, gender or age.

Fig.3: “Responsible For Your Own Health” (Q.2)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

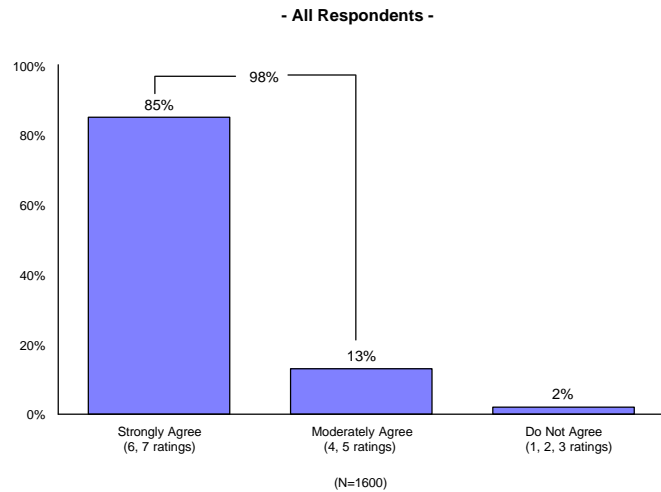
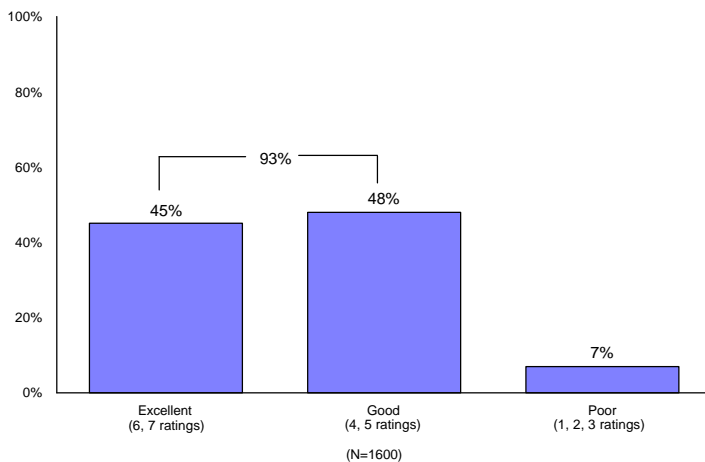


Fig.4: Self-Description of General Health (Q.3)

(Scale: 1 = Poor; 4 = Good; 7 = Excellent)

- All Respondents -



* Less than 1%

Respondents were also asked to describe their general state of health. The majority of respondents (93%) describe themselves as being in either good (48%) or excellent (45%) health. While only 7% indicate they are in poor health, the 55% providing poor and good ratings do not choose the highest level of health (excellent).

Survey respondents were asked to rate their current state of health compared to one year ago. A majority of respondents (61%) note their health is the same as it was one year ago (Table 2). About one in every four respondents (26%) report their health is better than it was one year ago while 12% report their health is worse. Lower proportions of Calgary respondents indicate their health is now better (22%) compared to Edmonton (28%) and rural (29%) respondents (Table 2).

Table 2: Perceived Personal Health Compared to One Year Ago (Q.4, 4a, 4b)

	All Respondents (N=1600)	Edmonton (n=400)	Calgary (n=400)	Other Cities (n=400)	Rural (n=400)
Better	26%	28%	22%	26%	29%
A little better	12%	13%	10%	13%	13%
A lot better	14%	14%	13%	13%	16%
Don't know / Not stated	*	1%	*	*	*
Worse	13%	11%	14%	10%	13%
A little worse	9%	9%	10%	8%	8%
A lot worse	4%	2%	4%	3%	6%
Don't know / Not stated	*	*	*	*	*
About the same	61%	61%	64%	63%	58%
Don't know / Not stated	*	*	0%	*	*

*Less than 1%

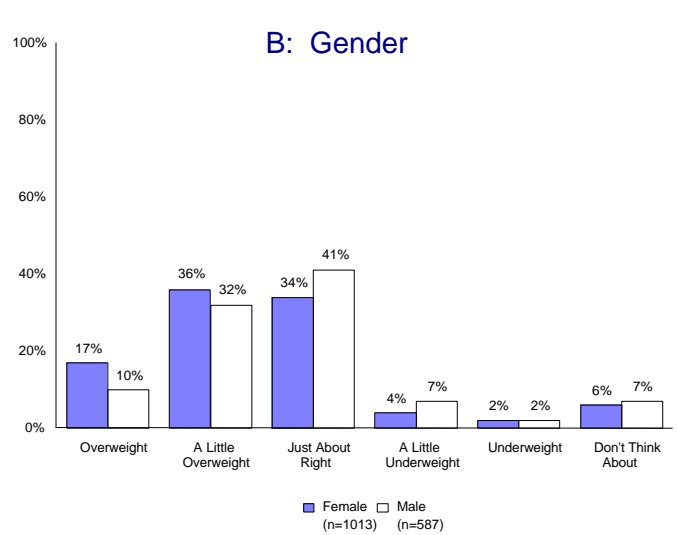
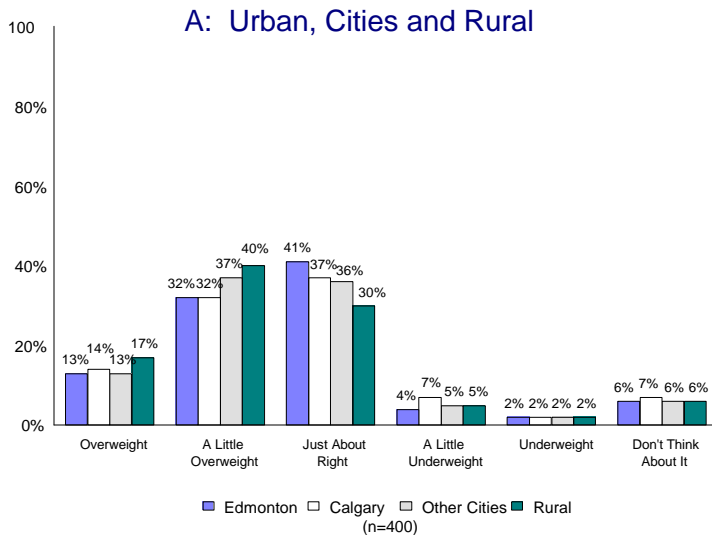
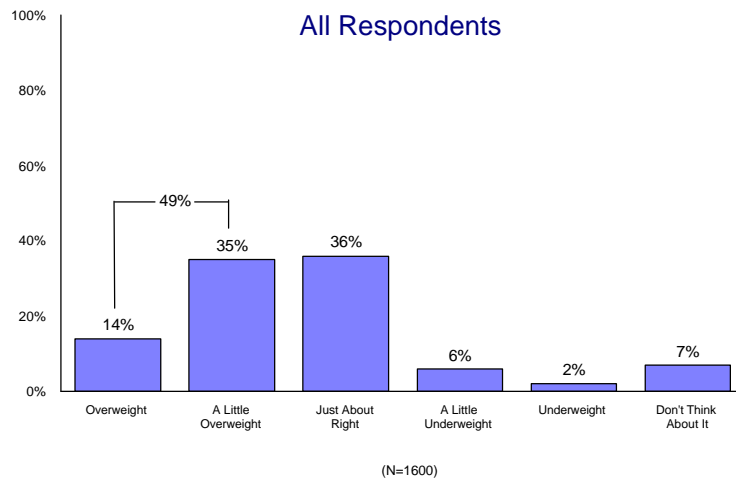
Virtually all respondents express the opinion that they are responsible for their own health. A majority respondents feel they are in good to excellent health. However, more than half of all respondents do not select the option of excellent health. Also, about one in every ten respondents report their health is now worse compared to one year ago.

3.4 Self Perceptions of Related Health Factors (Fig.5, 5a,b and Fig.6)

Respondents were asked questions about related factors that affect their health such as weight and use of tobacco products.

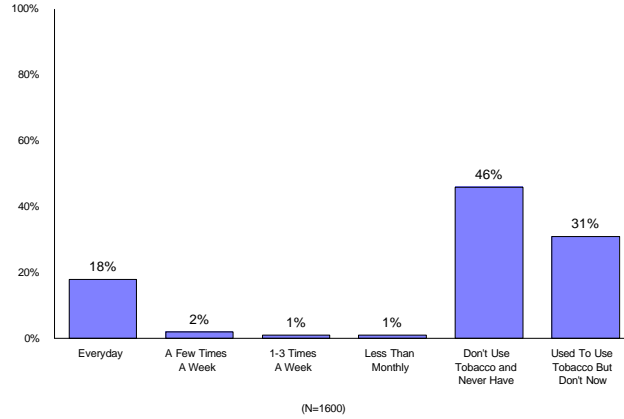
Approximately half (49%) of respondents feel they are generally overweight, including 35% who indicate they are a little overweight and 14% who respond that they are overweight (Figure 5). A relatively lower proportion of Edmonton (32%) and Calgary (32%) respondents indicate they are a little overweight compared to other regions (37% to 40%) (Figure 5a). A higher proportion of Edmonton respondents (41%) feel that their weight is just about right compared to rural respondents (30%). Also, a higher percentage of women report they are either overweight (17%) or a little overweight (36%) compared to men (10% overweight and 32% a little overweight) (Figure 5b).

Fig.5 and 5a,b: Self - Perception of Weight (Q.12)



Respondents were asked to indicate their usage of tobacco products. One in five (22%) respondents currently use tobacco products, including 18% who use it every day, 2% who use it a few times a week, 1% who use tobacco products one to three times a week and another 1% who use tobacco less than once a month (Figure 6). A further 31% once used tobacco products but no longer use them and 46% report never having used tobacco products.

Fig.6: Use of Tobacco Products (Q.13)
- All Respondents -



Almost half the respondents perceive they are overweight to some degree. Females more frequently perceive themselves to be overweight compared to males, as do rural respondents in comparison to other regions. While more than half of all respondents have used tobacco products at some time, only 22% are currently tobacco product users.

3.5 Assessment of being physically active (Table 3, Fig.7a,b, Table 4, Fig.8a-c, Fig.9a-c Fig.10 and 10a-d)

Respondents were asked to indicate, according to the Canada Physical Activity Guide, how many times per week and for how many minutes (in total each occasion) is it recommended that they be physically active at the recommended level of effort. While only 5% of respondents have a good sense of the **combined** frequency and duration, many respondents have a good idea of what is appropriate for **either** frequency or duration. The average number of times per week reported is 4.32 sessions (Table 3). Thirty-five percent of respondents (35%) report a range including either 21 to 30 minutes duration (33%) or 31 to 40 minutes duration (2%).

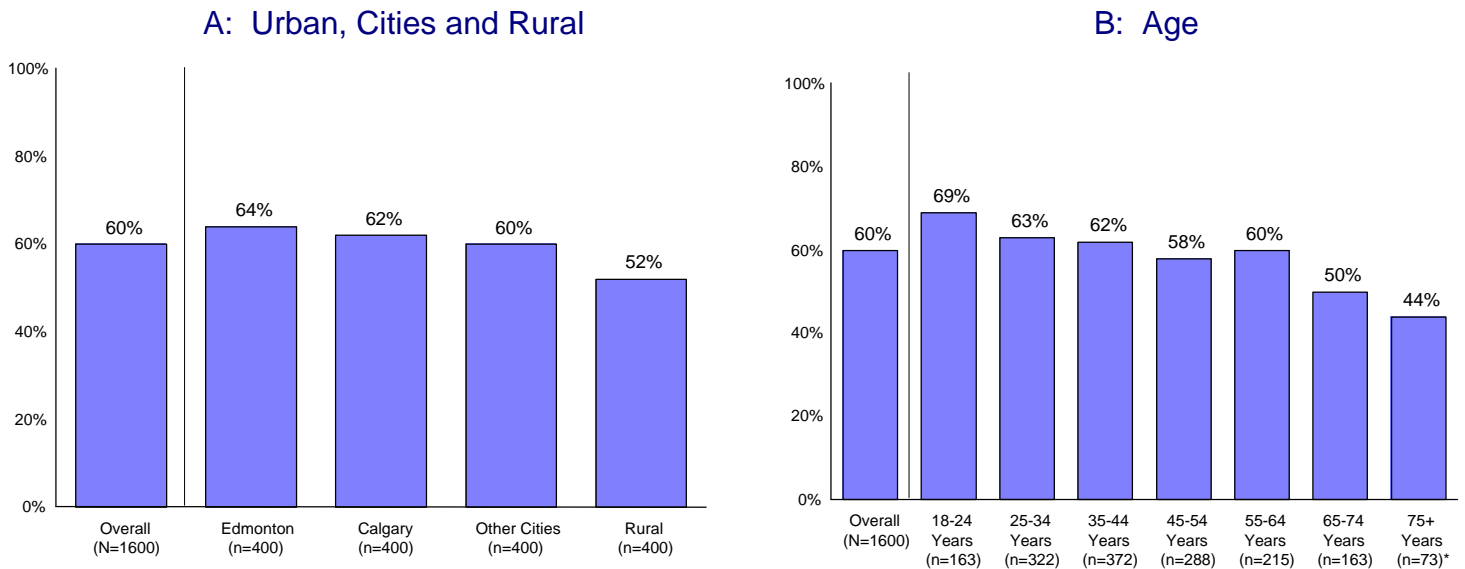
Table 3: Knowledge of Recommended Physical Activity (Q.5)

<i>All Respondents</i>	(N=1600)
4 times per week for 30 Minutes	5%
4 times per week, duration other than 30 minutes	6%
30 minute sessions, frequency other than 4 times per week	27%
Other frequency and duration combination	40%
Don't know	22%
Times Per Week	
None	*
1 Time	1%
2 Times	2%
3 Times	37%
4 Times	11%
5 or more times	28%
Mean	4.32 sessions
Duration	
0-10 minutes	2%
11-20 minutes	19%
21-30 minutes	33%
31-40 minutes	2%
41-50 minutes	4%
51-60 minutes	12%
More than 60 minutes	7%
Mean	45 mins
Don't Know	22%

Survey respondents were asked if they participate in planned physical activity for the purpose of achieving or maintaining health. While the overall rate of participation is 60%, rural respondents indicate lower rates (52%) of participation than respondents in other regions (60% to 64%) (Figure 7a).

Participation in planned physical activity also differs by age category (Figure 7a). Those respondents in the 18 to 24 years of age category indicate relatively higher rates of participation (69%) than respondents in the 65 to 74 years of age segment (50%) and those aged 75 years or older (44%).

Fig.7a,b: Participation in Planned Physical Activity (Q.6)



**Caution should be exercised in interpretation of data due to small sample*

The Canada Physical Activity Guide indicates that to achieve or maintain health, we should be active for a cumulative total of 60 minutes for light activities, such as light walking everyday, or up to 20 minutes of vigorous activity, such as aerobics or hockey, most days of the week. Respondents were asked if their physical activity over the preceding seven days met, exceeded or was less than the recommended standard. More than half (56%) of respondents at least met the standard including 33% who met the standard and 23% who exceeded the standard (Table 4).

Table 4: Participation at Recommended Standards (Q.7)

	All Respondents (N=1600)	Edmonton (n=400)	Calgary (n=400)	Other Cities (n=400)	Rural (n=400)
Exceeded the recommended standard	23%	23%	26%	30%	36%
Met the recommended standard	33%	32%	30%	24%	20%
Was less than the recommended standard	43%	44%	43%	44%	42%
Don't Know/Not Stated	1%	1%	*	1%	2%

*Less than 1%

A higher proportion of rural respondents (36%) exceed the recommended standard in contrast to other regions (23% to 30%). A relatively higher percentage of Edmonton respondents met the standard (32%) compared to respondents in other cities (24%) and rural areas (20%).

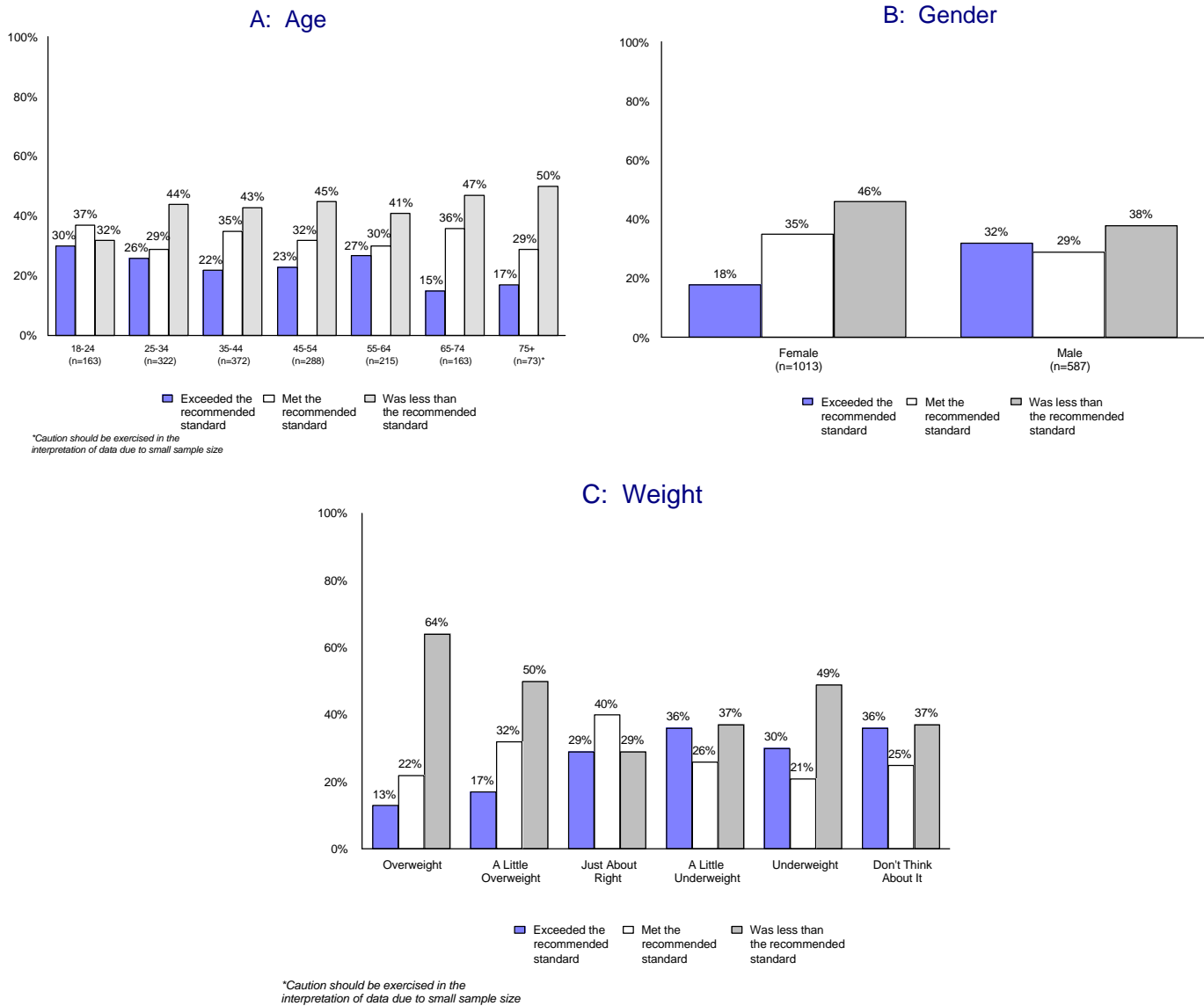
Variations according to age, gender and weight are also demonstrated in the research findings.

A relatively higher proportion of respondents aged 18 to 24 exceed the standard (30%) compared to those respondents in the 65 to 74 years (15%) and the 75 years and over age group (17%) (Figure 8a). Furthermore, a higher proportion of those aged 18-24 met the recommended standard (37%) than in the 75 years and over age group (29%).

A higher proportion of females met the recommended standard (35%) than did males (29%) (Figure 8b). Fewer females exceeded the recommended standard (18%) compared to males (32%). Almost half the females surveyed (46%) report that their physical activity in the last seven days was less than the recommended standard.

Differences are also evident according to respondents' weight. Only 13% of overweight respondents and 17% of respondents who are a little overweight report exceeding the recommend standard in their physical activity over the preceding seven days compared to higher proportions exceeding the standard in other weight categories (29% to 36%). A sizable percentage of respondents in all weight categories report having less activity than the recommended standard (29% to 64%).

Fig.8a-c: Physical Activity In the Last Seven Days (Q.7)



Many Albertans indicate they chose to participate in planned physical activities. Respondents were asked how frequently, in the preceding seven days, they participated in planned physical activity specifically to achieve or maintain health. Almost half of the respondents (47%) participated in planned physical activity at least three to four times in the preceding week including 20% daily and 27% on three to four occasions (Figure 9a). The research also shows that 53% of respondents participated in planned physical activity twice or fewer times in the preceding seven days.

Fig.9a: Frequency of Participation in Planned Activity in the Last Seven Days (Q.8)
- All Respondents -

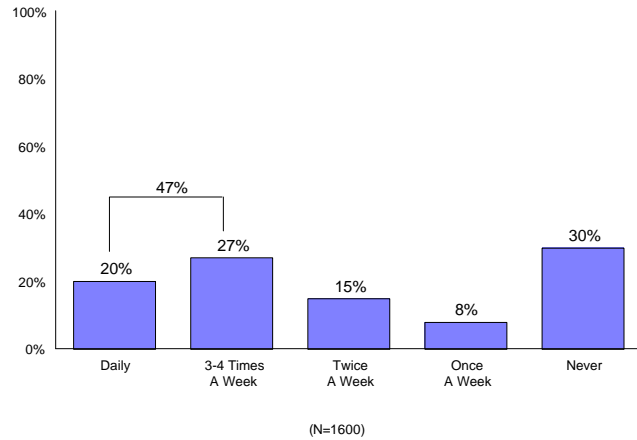
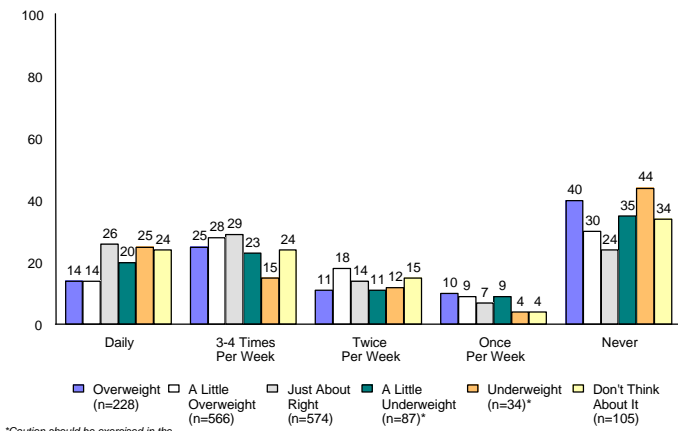


Fig.9b: Frequency of Participation in Planned Activity in the Last Seven Days (Q.8)
- Weight -



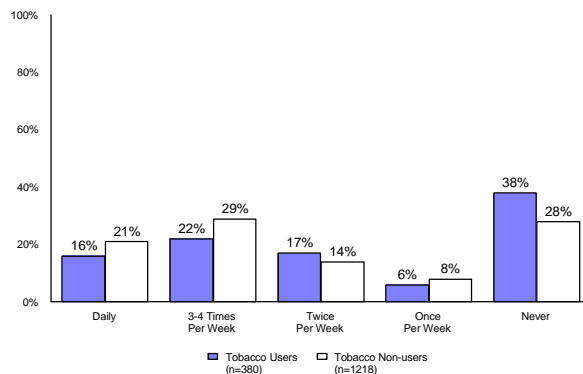
*Caution should be exercised in the interpretation of data due to small sample size

35%).

A higher proportion of current users of tobacco products (38%) did not participate in any planned physical activity in the preceding seven days compared to non-users (28%) (Figure 9c).

Differences in results according to weight category are demonstrated (Figure 9b). A lower proportion of respondents who are overweight (14%) or a little overweight (14%) participated in planned physical activities daily relative to respondents in other weight categories (20% to 26%). Also, a relatively high proportion of overweight (40%) and underweight respondents (44%) do not think about their participation in planned physical activities compared to respondents in other weight segments (24% to

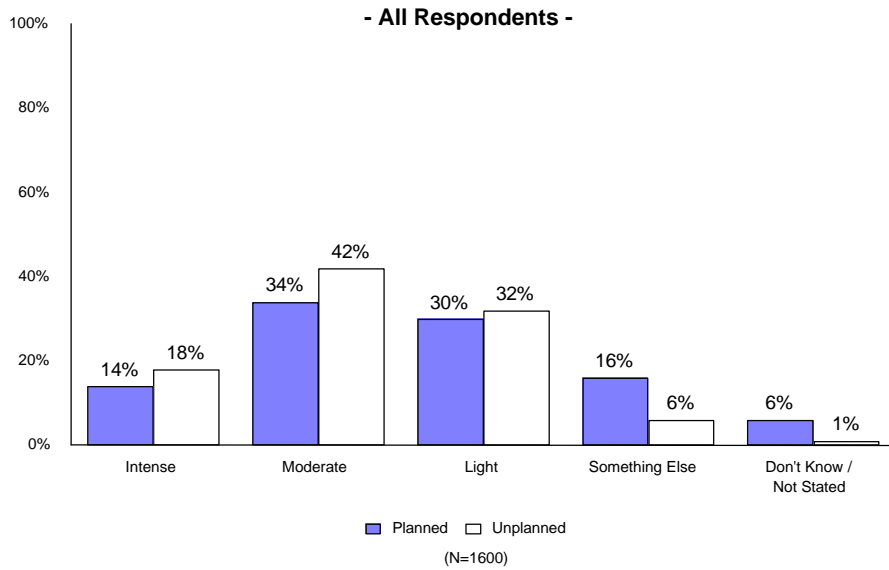
Fig.9c: Frequency of Participation in Planned Activity in the Last Seven Days (Q.8)
- Current Tobacco Product Users -



Albertans have many different ways of being physically active. They may participate in **planned** physical activities to achieve and maintain physical health or **unplanned** activities as part of their every routine. Respondents were asked to describe the amount of effort they put into both planned or unplanned the physical activity in the preceding seven days.

For **planned** physical activity, the majority of respondents indicate they spent either light (30%) or moderate (34%) effort with fewer (14%) respondents indicating intense effort (Figure 10). By comparison, a slightly larger majority of respondents indicate they spent moderate (42%) effort on **unplanned** physical activity.

Fig.10: Effort Put Into Physical Activity in the Last Seven Days (Q.9,10)



Fewer rural respondents (9%) report putting intense effort into planned physical activity compared to other regions (14% to 18%) (Figure 10a). Respondents from Edmonton indicate relatively lower proportions of intense levels of unplanned physical activity (15%) compared to respondents from rural areas (24%) (Figure 10b). Calgary respondents indicate higher proportions of light levels of effort (36%) compared to rural respondents (26%).

Fewer females (11%) than males (18%) report putting intense effort put into their **planned** physical activities in the last seven days. Similarly, more females (32%) than males (27%) report a light effort (Figure 10c).

For unplanned physical activity, fewer females (14%) than males (25%) report putting intense effort into the activity. However, more females note moderate (44%) or light (35%) levels of effort compared to males (38% and 28% respectively).

Fig.10a,c: Effort Put Into *Planned* Physical Activity in the Last Seven Days (Q.9)

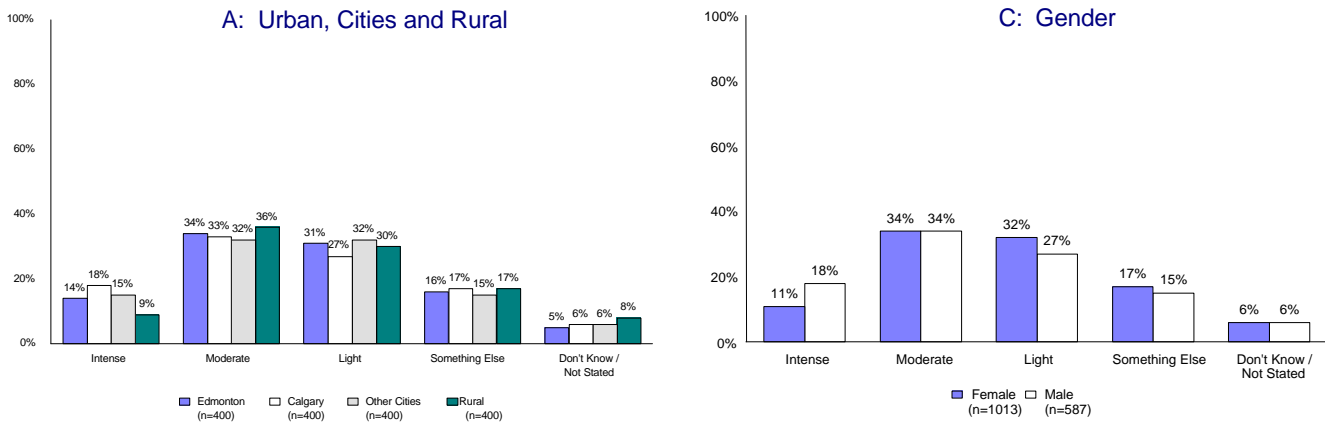
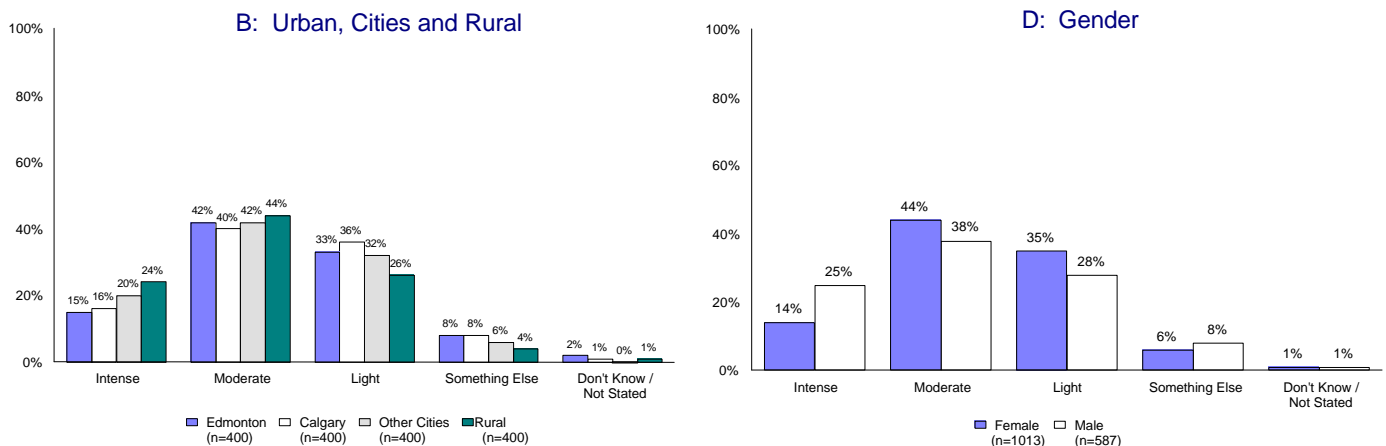


Fig.10b,d: Effort Put Into *Unplanned* Physical Activity in the Last Seven Days (Q.9)



Although a majority respondents lack accurate knowledge of the facts about what frequency **and** duration is required, a substantial proportion of them do have a good general sense of what is an appropriate frequency **or** duration when these are considered separately. In terms of the type of physical activity, more than half the respondents participate in planned physical activities. Almost half of all respondents and the majority of overweight respondents report levels of physical activity over the preceding seven days that do not meet the recommended standard identified in the Canada Physical Activity Guide.

The majority of respondents report participating in **planned** physical activity only twice a week or less frequently. One third of respondents put light effort into their activity and one third put in a moderate effort. Slightly higher proportions participate in **unplanned** physical activities at the light or moderate level.

3.6 Assessments of Barriers (Fig.11, 11a-1 to a-3, 11b-1 and b-2)

Respondents were asked about their perceptions regarding five possible barriers to taking part in physical activity (Figure 11).

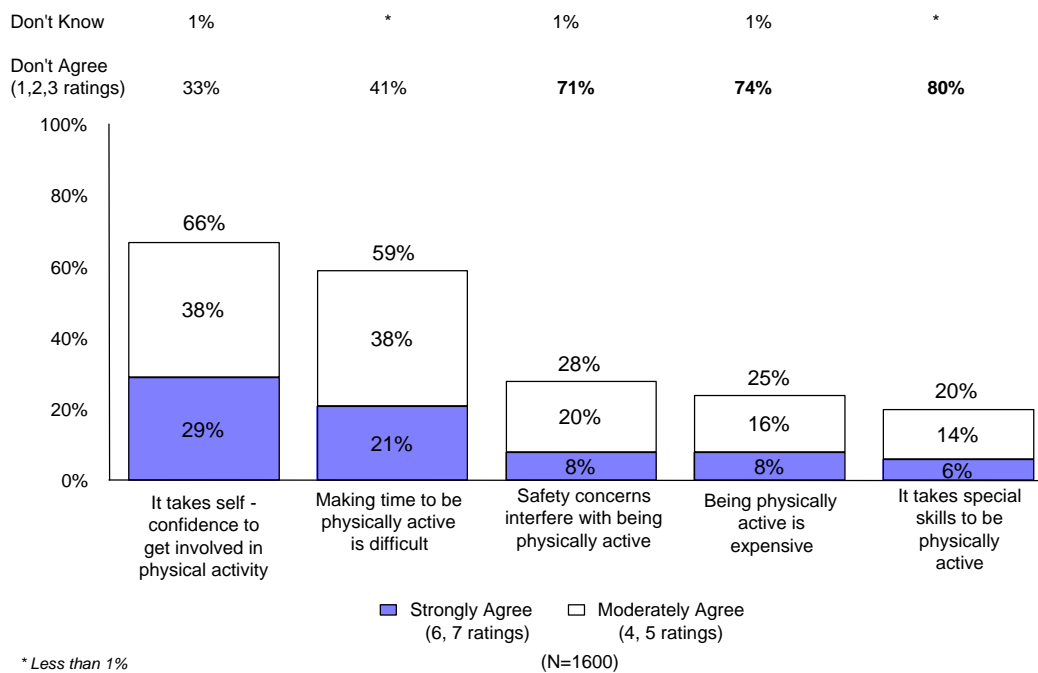
Two thirds of respondents (66%) agree (4,5,6,7 ratings) *it takes self-confidence to be physically active* including 29% who strongly agree (6,7, ratings) and 38% who moderately agree (4,5 ratings). Fifty-nine percent (59%) of respondents agree that *making time to be physically active is difficult* with one in five respondents (21%) expressing strong agreement and 38% showing moderate agreement.

Agreement ratings are provided less frequently for the other three factors. The majority of respondents do not agree that *safety concerns interfere with being physically active* (71%), being physically active is *expensive* (74%) and *it takes special skill to be physically active* (80%).

Fig.11: Barriers to Being Physically Active (Q.11)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

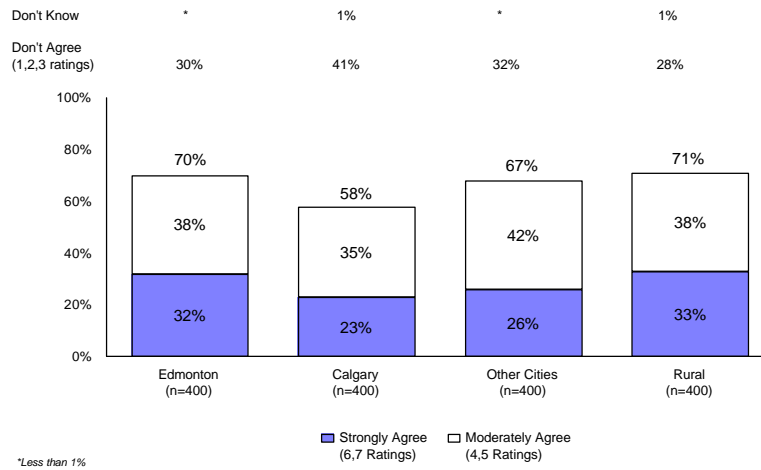
- All Respondents -



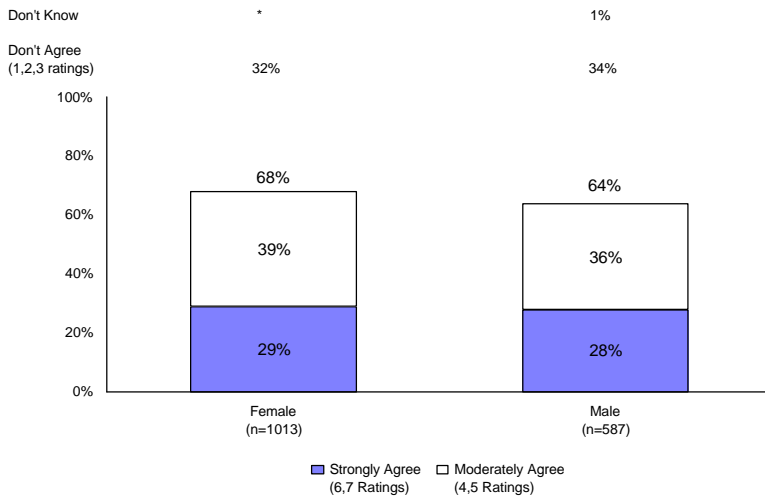
Figures 11a-1, 2 and 3 illustrate sub-segment variations in the results for the statement “*It takes self-confidence to get involved in physical activity.*” Total agreement is less frequent in Calgary (58%) than in other regions (67% to 71%) and fewer respondents strongly agree in Calgary (23%) and other cities (26%) than in Edmonton (32%) and rural areas (33%) (Figure 11a-1). Higher percentages of females agree with the statement (68%) than do males (64%) (Figure 11a-2). Agreement with the statement is also more frequent among current users of tobacco products (72%) than non-users (65%) (Figure 11a-3).

Fig.11a-1,2,3: Barriers to Being Physically Active (Q.11)
 (Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
 “*It takes self-confidence to get involved in physical activity.*”

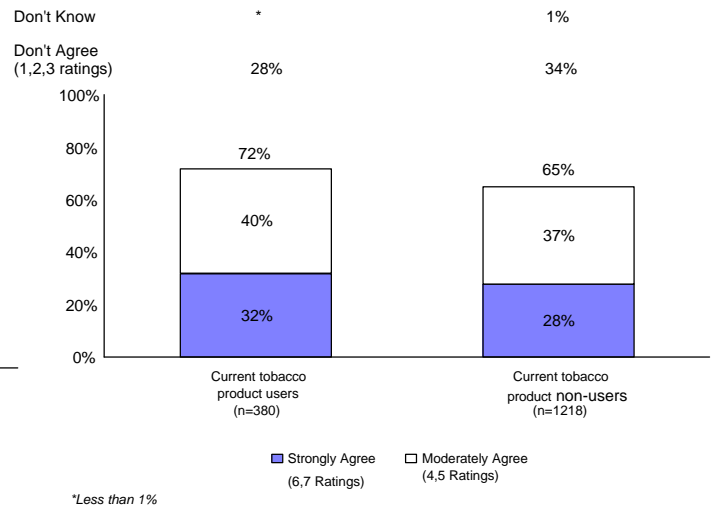
A-1: Urban, Cities and Rural



A-2: Gender

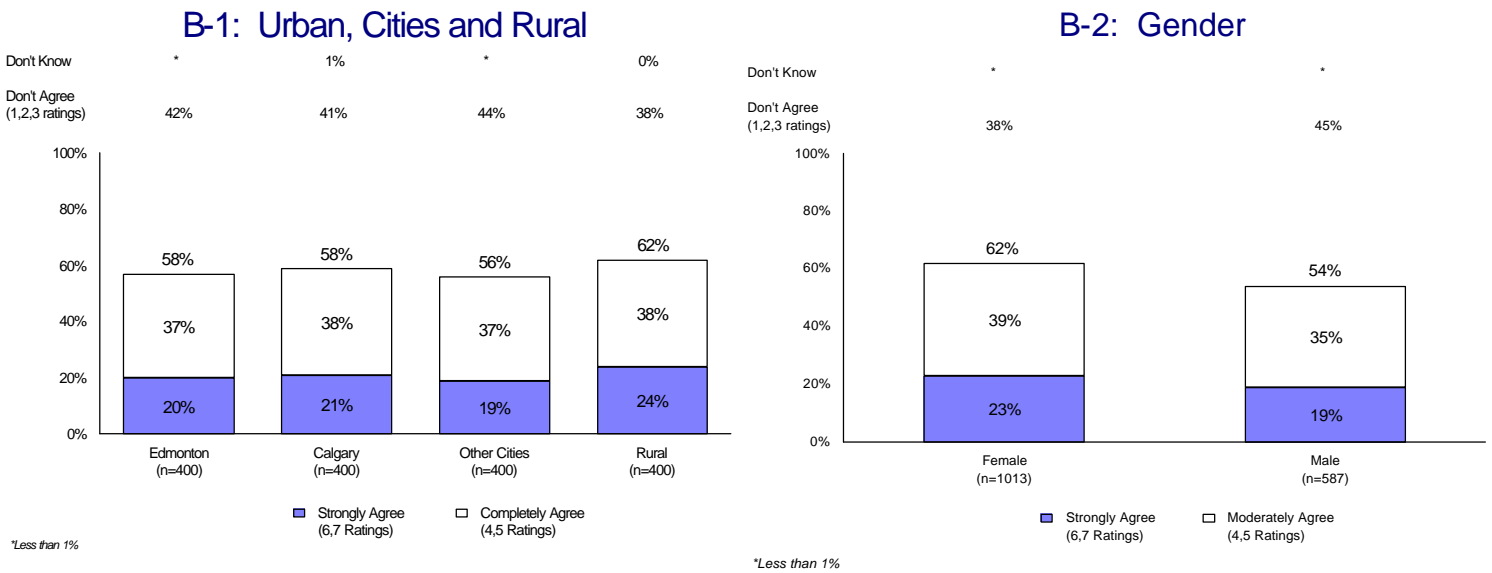


A-3: Current Use of Tobacco Products



A greater percentage of rural respondents (62%) agree with the statement *"I find making time to be physically active is difficult"* compared to other regions (56% to 58%) (Figure 11b-1). A higher percentage of females agree with the statement than do males (Figure 11b-2).

Fig.11b-1,2: Barriers to Being Physically Active (Q.11)
 (Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
"I find that making time to be physically active is difficult."



Respondents generally agree that it takes confidence to get involved in physical activity and, somewhat less strongly, that making time to be physically active is difficult. A majority respondents do not agree that safety concerns, costs or the need for special skills interfere with being physically active.

3.7 Attitudes About Information on Physical Activity (Fig.12, 12a-1 and 2, 12b-1 and 2, 12c-1 and 2)

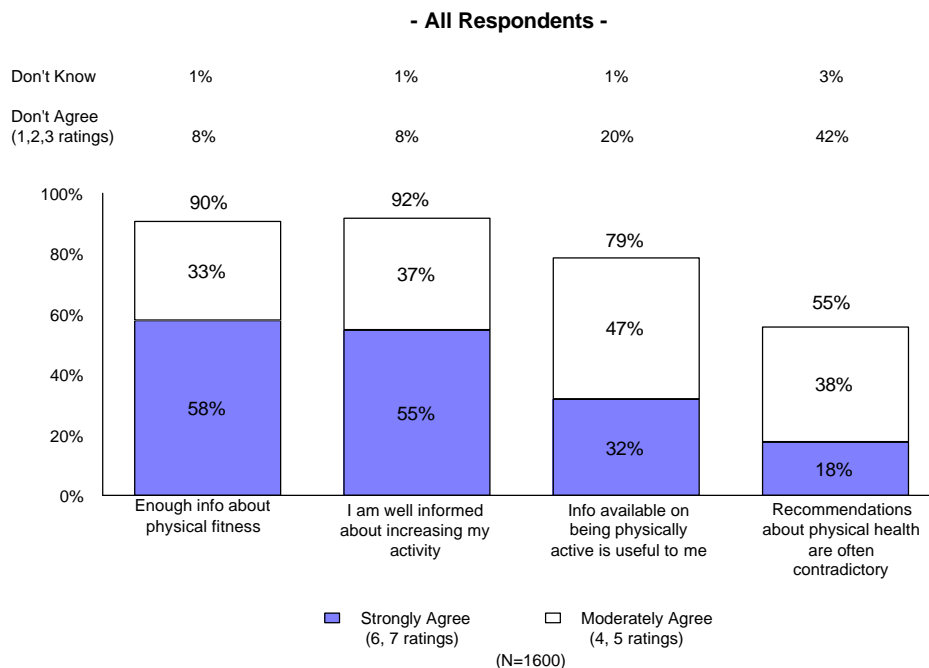
Respondents were asked to provide opinions about information on being physically active.

Nine of ten respondents (90%) agree (4,5,6,7 ratings) that *there is enough information available about achieving and maintaining physical fitness*. This includes a majority (58%) who strongly agree (6,7 ratings) and 33% who agree moderately (4,5 ratings). Similar percentages of respondents agree that *they feel well informed about increasing their physical activity* (92%). Fifty-five percent (55%) strongly agree and 37% agree moderately.

Lower percentages of respondents agree that *the information generally available to them on being physically active is useful to them, personally*. Seventy-nine percent (79%) agree with the statement including 32% who strongly agree and 47% who moderately agree. The lowest proportion of agreement ratings is provided for the statement that *recommendations about achieving and maintaining physical health are often contradictory*. Although a majority (55%) of respondents agree, only 18% strongly agree and 38% agree moderately.

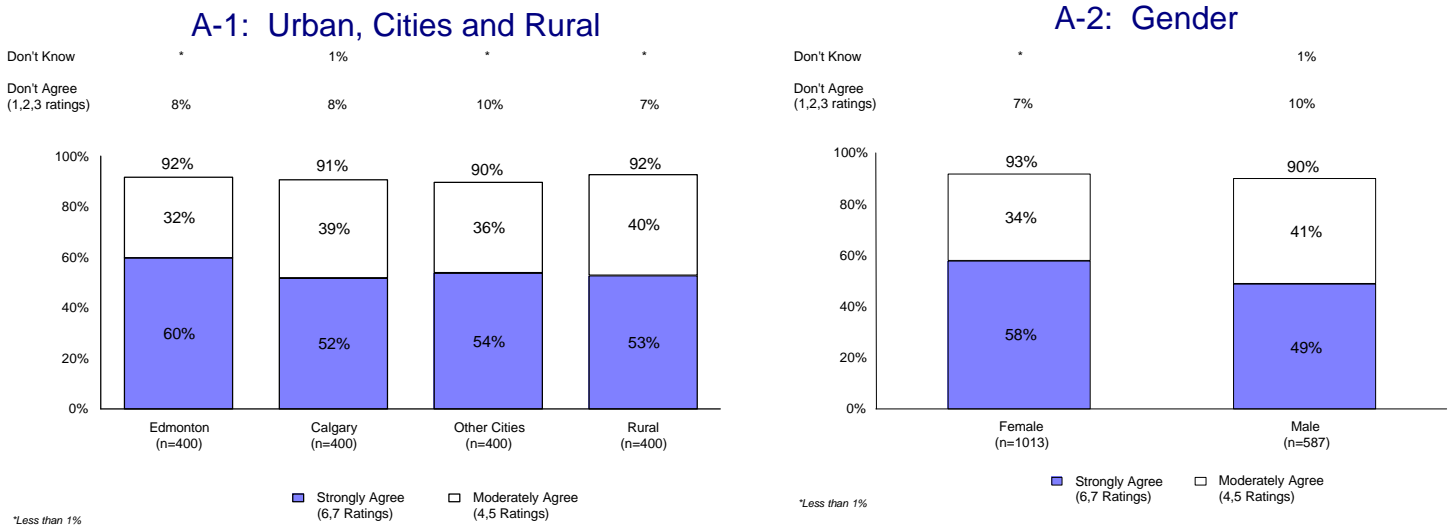
Fig.12: Information on Being Physically Active (Q.14)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)



Respondents in the Edmonton region provide more frequent strong agreement ratings (60%) with the statement “*I feel I am well informed about increasing my physical activity*” than those in other regions where 52% to 54% strongly agree with the statement (Figure 12 a-1). A higher proportion indicates that of females 58% strongly agree compared to a 49% males (Figure 12a-2).

Fig.12a-1,2: Information on Being Physically Active (Q.14)
 (Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
 “*I feel I am well informed about increasing my physical activity.*”

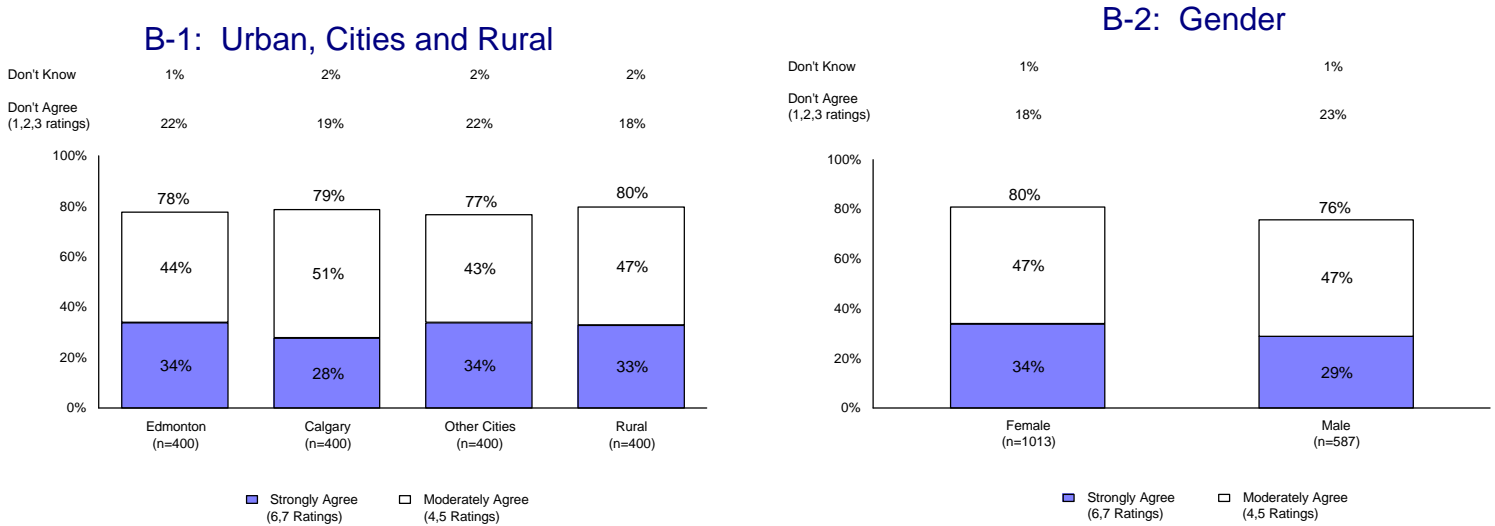


Lower percentages of strong agreement with the statement “*The information generally available of being physically active is useful to me, personally,*” are evident in Calgary (28%) than in other regions (33% to 34%) (Figure 12b-1). Higher proportions of females express overall (80%) and strong agreement (34%) with the statement than do males (76% overall and 29% strongly agree) (Figure 12b-2).

Fig.12b-1,2: Information on Being Physically Active (Q.14)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

“The information generally available on being physically active is useful to me, personally.”

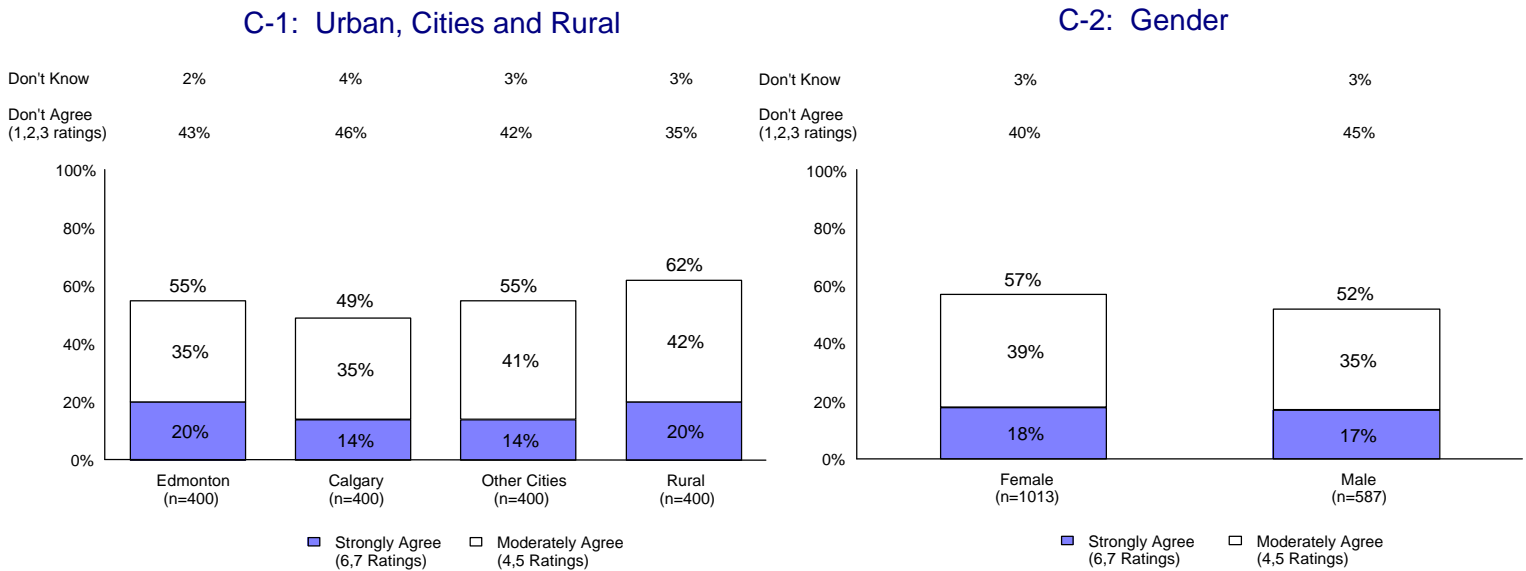


Rural respondents have a higher proportion of overall agreement with the statement “*I find recommendations about achieving and maintaining physical health are often contradictory*” than other regions (62% versus 49% to 55%) (Figure 12c-1). Furthermore, respondents in Calgary (14%) and other cities (14%) show lower proportions of strong agreement compared to Edmonton (20%) and rural (20%). Females have a higher percentage of agreement with the statement (57%) than do males (52%) (Figure 12c-2).

Fig.12c-1,2: Information on Being Physically Active (Q.14)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

“I find that recommendations about achieving and maintaining physical health are often contradictory.”



A strong majority respondents feel they have enough information about achieving and maintaining physical fitness. Respondents also feel well informed about increasing their activity. Fewer respondents indicate strongly that the information that is available is useful to them, personally. While most respondents agree that recommendations about physical health are contradictory, a substantial number do not agree.

3.8 Attitudes about increasing physical activity (Fig.13, 13a-1, b-1 and 2, Fig.14, 14a-1 and 2, 14b-1 and 2, 14c-e)

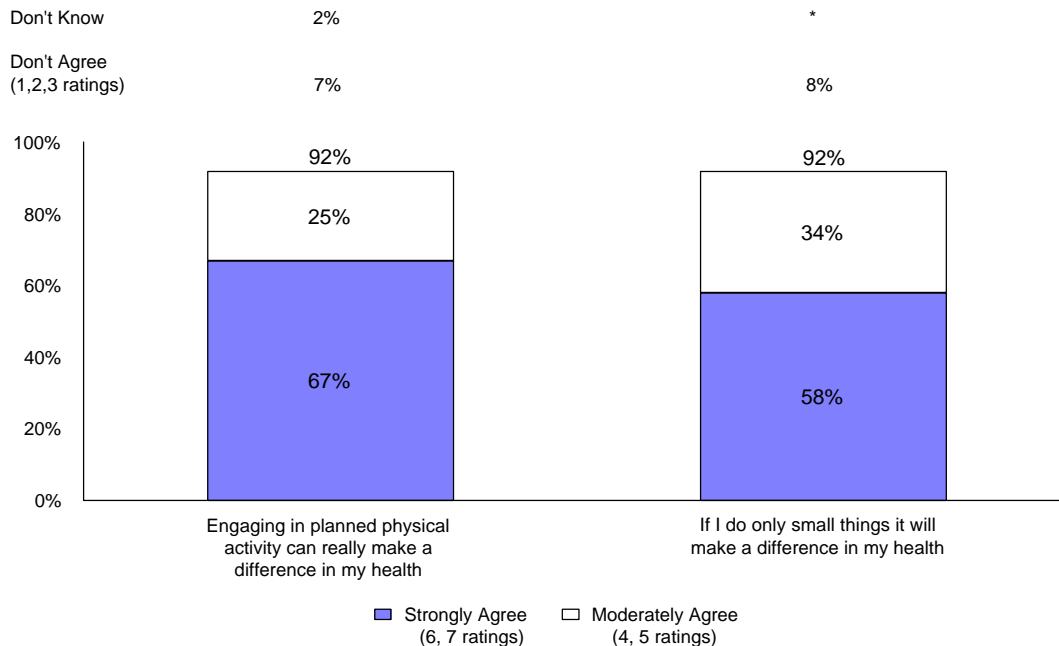
Respondents were asked questions on the topic of increasing physical activity. Specifically, respondents were asked to rate the extent with which they agree that engaging in **planned physical** activity can make a difference to their health and that doing only small things to increase their physical activity will make a difference (Figure 13).

A high proportion of respondents (92%) agree (4,5,6,7 ratings) that *engaging in planned physical activity can really make a difference*. Two thirds (67%) strongly agree (6,7 ratings) and 25% agree moderately (4,5 ratings). A similar percentage (92%) agree that *if they do only small things to increase their physical activity, it will make a difference* including a majority (58%) who strongly agree and 34% who agree moderately.

Fig.13: Increasing Physical Activity (Q.15)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

- All Respondents -



* Less than 1%

(N=1600)

Regionally Edmonton respondents (73%) provide a higher proportion of strong agreement ratings with the statement “Engaging in planned physical activities at the recommended levels can really make a difference in my health” than those in Calgary (66%) and rural areas (60%) (Figure 13a-1).

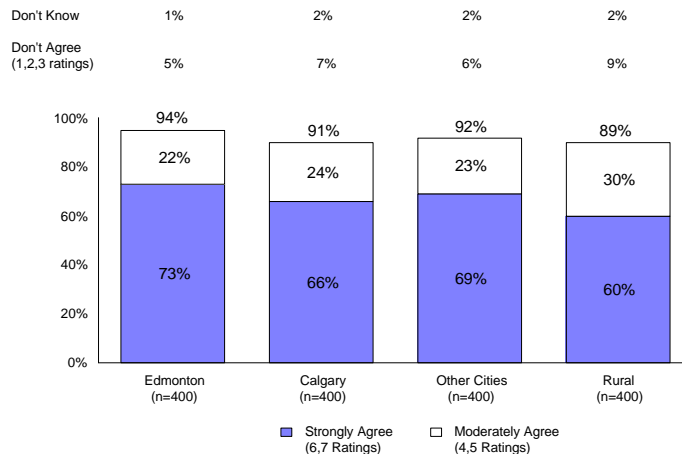
Respondents in Calgary (54%) express a lower percentage of strong agreement with the statement “If I do only small things to increase my physical activity, it will make a difference to my health” than Edmonton respondents (61%) (Figure 13b-1). Females express a higher percentage of overall (94%) and strong agreement (61%) with the statement than do males (89% and 52%) (Figure 13b-2).

Fig.13a-1 and b-1,2: Increasing Physical Activity (Q.15)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

“Engaging in planned physical activities at the recommended levels can really make a difference in my health.”

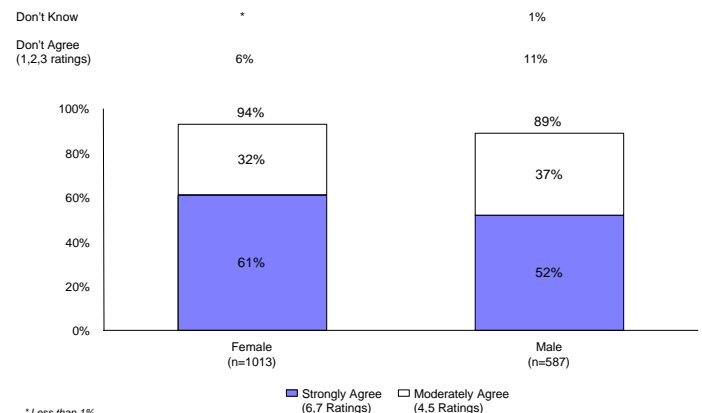
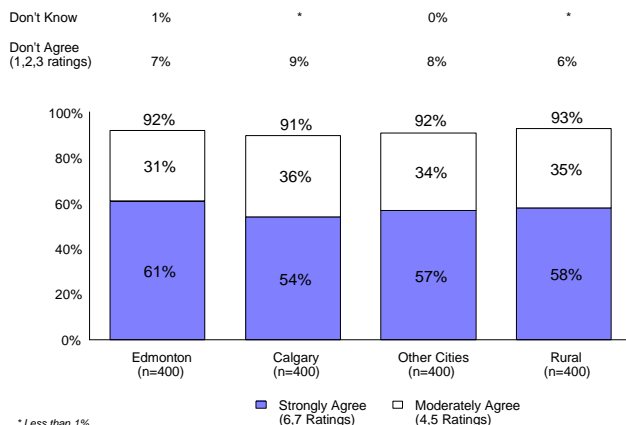
A-1: Urban, Cities and Rural



“If I do only small things to increase my physical activity, it will make a difference to my health.”

B-1: Urban, Cities and Rural

B-2: Gender



* Less than 1%

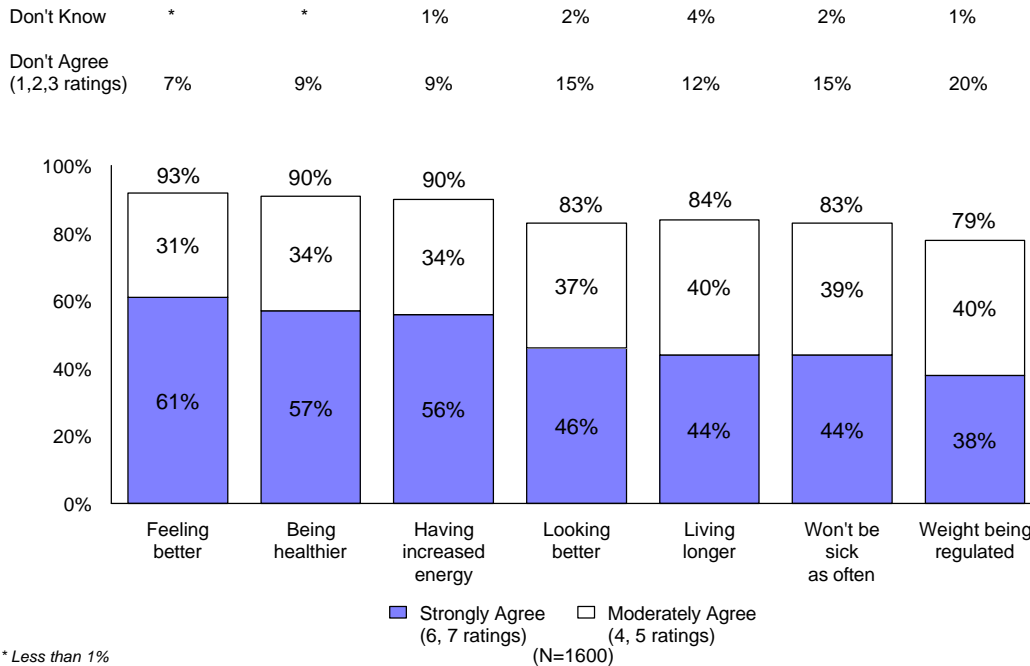
* Less than 1%

Respondents were also asked about their perceptions of potential benefits of increasing physical activity. There is higher proportion of agreement (4,5,6,7 ratings) among respondents that *feeling better* (93%), *being healthier* (90%) and *having increased energy* (90%) are benefits of increased physical activity compared to the other potential benefits (79% to 84%) (Figure 14). Respondents’ perceptions are demonstrated more specifically in terms of strongly agree ratings (6,7 ratings) with more than half (56% to 61%) strongly agreeing that feeling better, being healthier and having increased energy are benefits versus lower proportions of 38% to 46% for the other potential benefits. A lower proportion of respondents (38%) strongly agree (6,7 ratings) that regulated weight is a benefit.

Fig.14: Potential Benefits of Increasing Physical Activity (Q.16)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

- All Respondents -

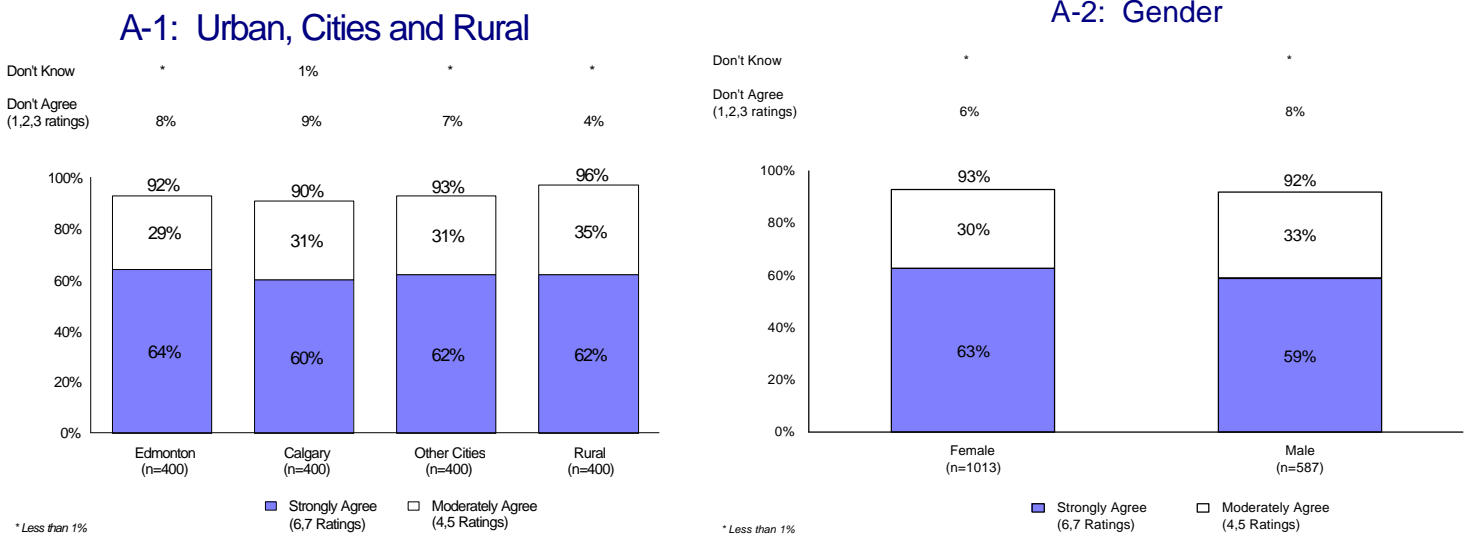


A relatively higher proportion of rural respondents (96%) agree overall with the statement “*I will feel better*” compared to Calgary respondents (90%) (Figure 14a-1). There is a higher percentage of strong agreement with the statement among females (63%) than among males (59%) (Figure 14a-2).

Fig.14a-1,2: Potential Benefits of Increasing Physical Activity (Q.16)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

“I will feel better.”

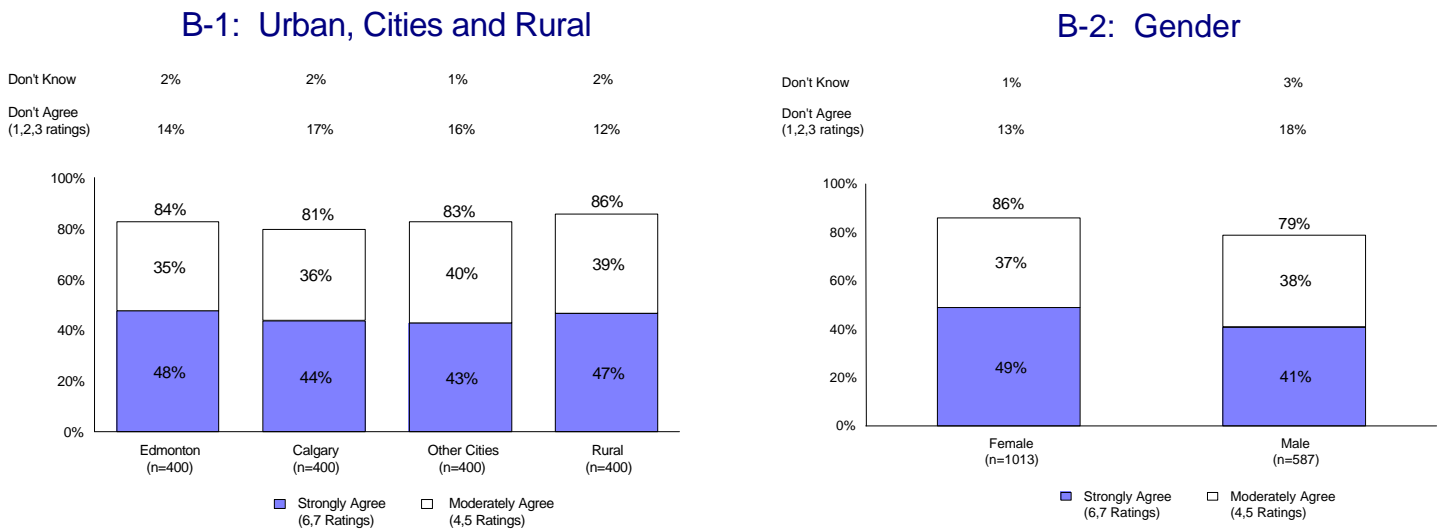


A greater proportion of rural respondents (86%) agree overall with the statement “*I will look better*” than do Calgary respondents (81%) (Figure 14b-1). A higher proportion of Edmonton respondents (48%) strongly agree with the statement than respondents in other cities (43%). Females express a higher percentage of overall (86%) and strong agreement (49%) with the statement than do males (79% and 41%) (Figure 14b-2).

Fig.14b-1,2: Potential Benefits of Increasing Physical Activity (Q.16)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

“I will look better.”



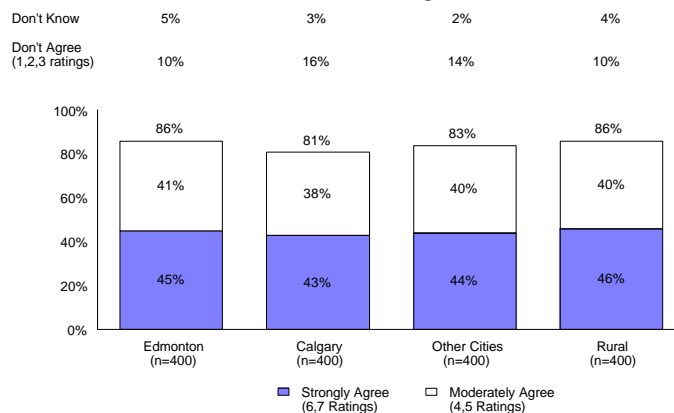
Regionally Edmonton (86%) and rural respondents more frequently express overall agreement with the statement “*I will live longer*” compared to Calgary respondents (81%) (Figure 14c). Respondents in Calgary (16%) disagree more frequently with the statement than respondents in Edmonton (10%) or rural areas (10%).

Fig.14c: Potential Benefits of Increasing Physical Activity (Q.16)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

- Urban, Cities and Rural -

“I will live longer”



Respondents in other cities (39%) express a lower percentage of strong agreement with the statement “*I won’t be sick as often*” than those in other regions (43% to 46%) (Figure 14d). Among rural respondents (11%), a lower proportion do not agree with the statement compared to those in other regions (15% to 17%).

Fig.14d: Potential Benefits of Increasing Physical Activity (Q.16)
 (Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
 - Urban, Cities and Rural -

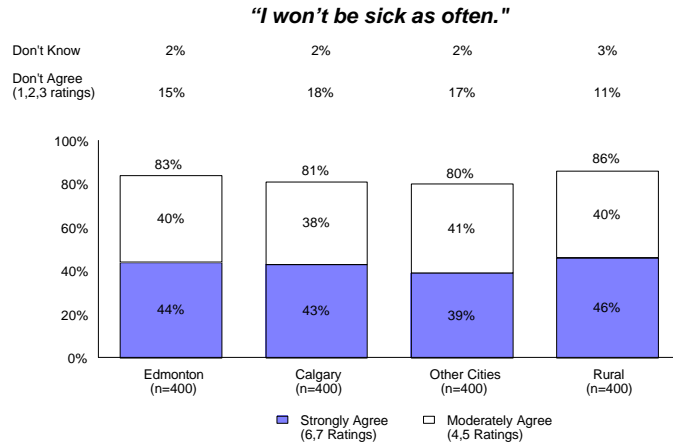
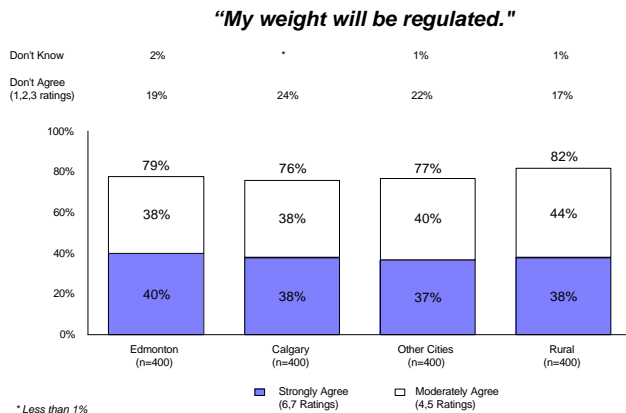


Fig.14e: Potential Benefits of Increasing Physical Activity (Q.16)
 (Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
 - Urban, Cities and Rural -



Regionally rural respondents show relatively higher proportions of overall agreement (82%) with the statement “*My weight will be regulate*” compared to respondents in Calgary (76%) and other cities (77%) (Figure 14e).

A high majority of respondents agree that engaging in planned physical activity can make a difference to their health. They also agree that if they do only small things, it will make a difference in their health. Respondents most often agree that benefits of increasing physical activity include feeling better, being healthier and having increased energy. A lower proportion of strong agreement is provided for the benefit of weight being regulated.

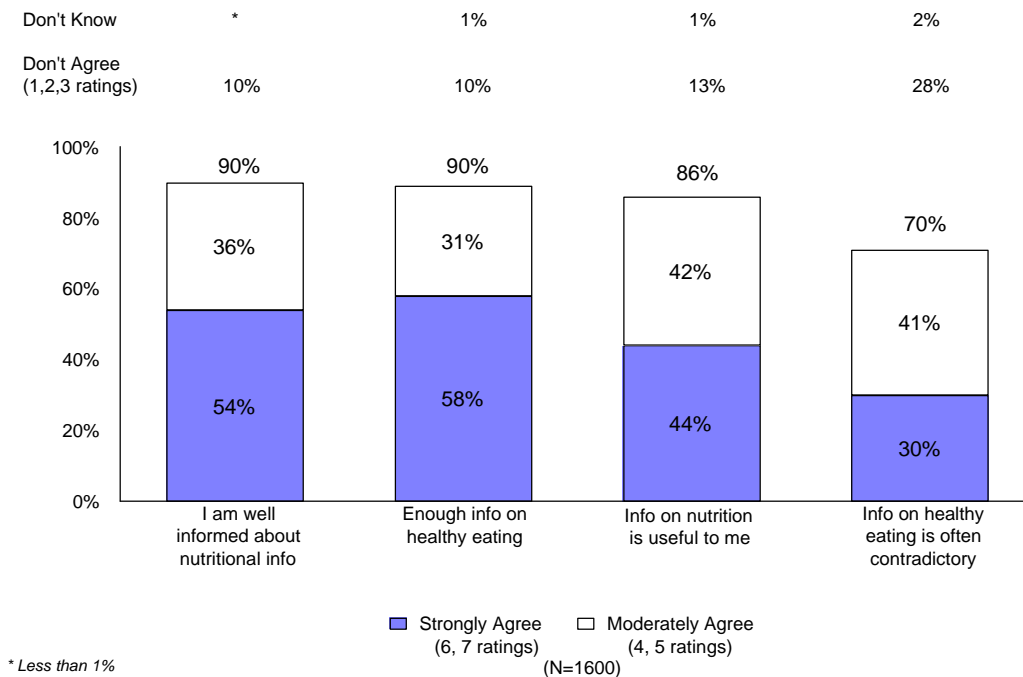
3.9 Attitudes about information on healthy eating (Fig.15, 15a, 15b-1 and 2, 15c-1 and 2, 15d-1 and 2)

Respondents were asked a series of questions about their attitudes regarding information about healthy eating (Figure 15). A high proportion of respondents agree (90%) that they *feel well informed about nutrition information* (4,5,6,7 ratings). A majority (54%) strongly agree (6,7 ratings) and 36% agree moderately (4,5, ratings). Similar levels of agreement (90%) are expressed for the statement *there is enough information available about healthy eating*. Fifty-eight percent (58%) agree strongly and 31% agree moderately. Respondents agree somewhat less frequently (86%) that *the information generally available to them on nutrition is useful to them*. Forty-four percent (44%) of respondents strongly agree and 42% agree moderately. A lower proportion of overall agreement is shown for the statement that *information about healthy eating is often contradictory* (70%). Almost one in every three respondents (28%) do not agree with the statement. Only 30% strongly agree with the statement.

Fig.15: Information on Healthy Eating (Q.17)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

- All Respondents -

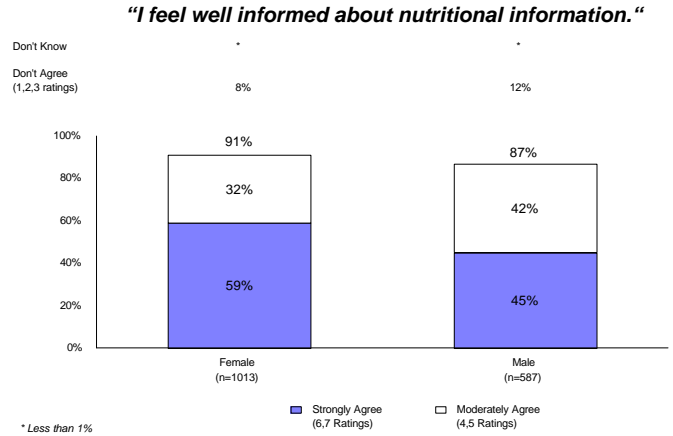


Females express a higher proportion of overall agreement (91%)” and strong agreement (59%) with the statement “*I feel well informed about nutritional information*” than do males (87% and 45%) (Figure 15a).

Fig.15a: Information on Healthy Eating (Q.17)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

- Gender -



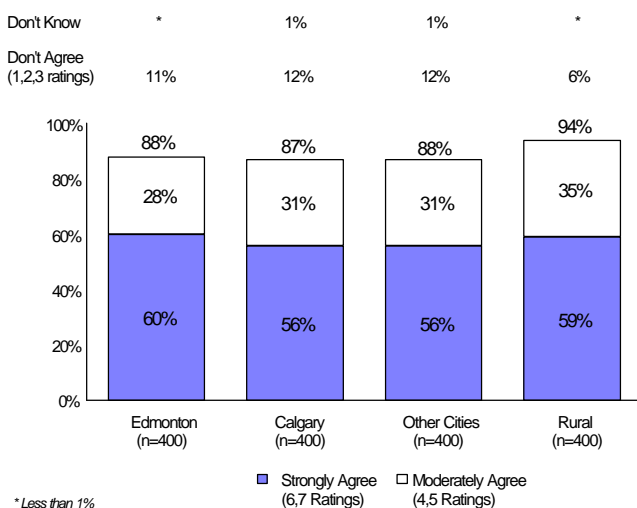
Regionally, a relatively higher proportion of rural respondents (94%) agree overall with the statement “*There is enough information available about healthy eating.*” than respondents in other regions (87% to 88%) (Figure 15b-1). Females (62%) express strong agreement with the statement more frequently (62%) than do males (53%) (Figure 15b-2).

Fig.15b-1,2: Information on Healthy Eating (Q.17)

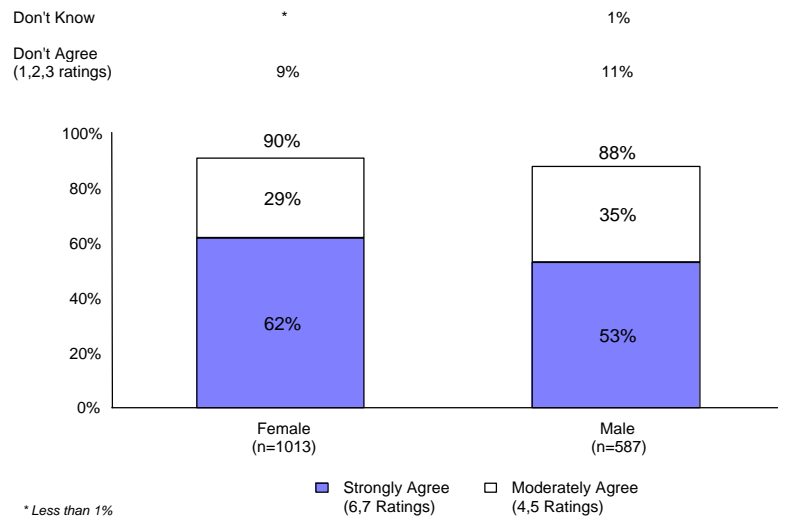
(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

“There is enough information available about healthy eating.”

B-1: Urban, Cities and Rural



B-2: Gender

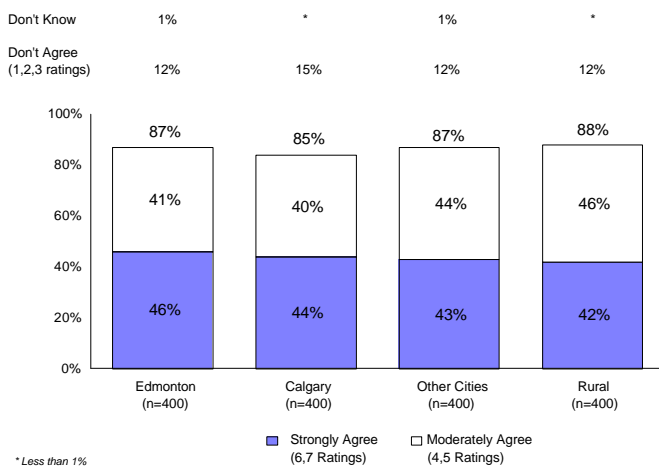


Rural respondents express a relatively higher proportion (46%) of moderate agreement (4,5 ratings) with the statement “*The information generally available on nutrition is useful to me, personally*” compared to Calgary respondents (40%) (Figure 15c-1). Females more frequently express overall agreement (89%) and strong agreement (47%) with the statement compared to males (83% and 38%) (Figure 15c-2).

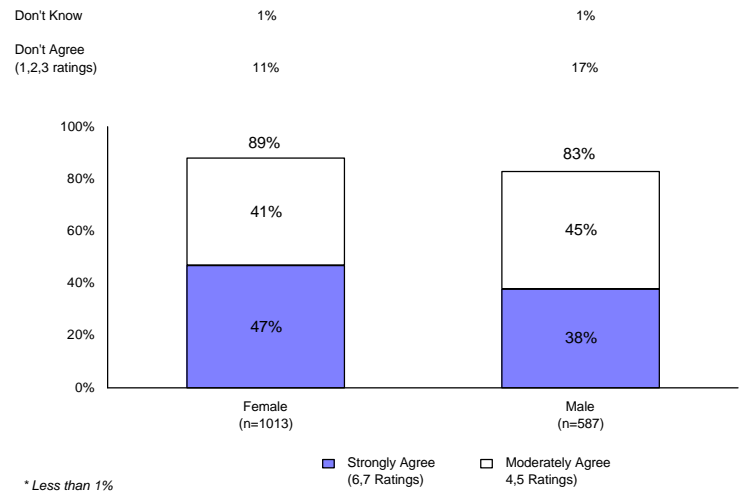
Fig.15c-1,2: Information on Healthy Eating (Q.17)
 (Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

“The information generally available on nutrition is useful to me, personally.”

C-1: Urban, Cities and Rural



C-2: Gender

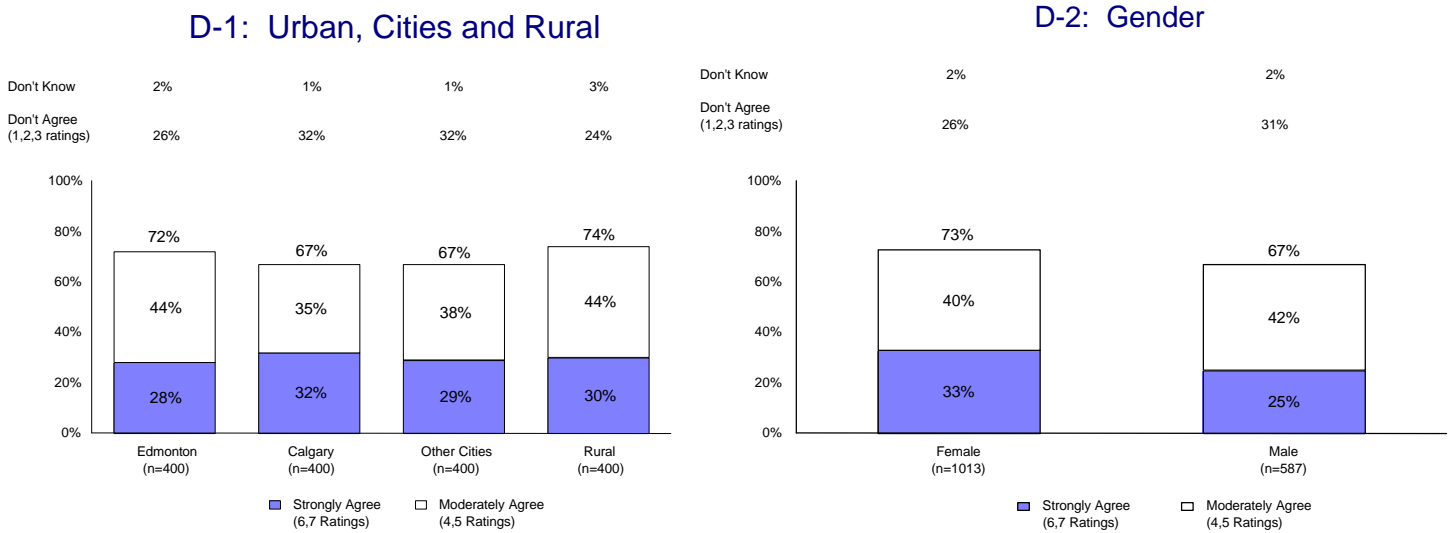


* Less than 1%

* Less than 1%

Regionally, rural (74%) and Edmonton (72%) respondents indicate higher proportions of overall agreement with the statement “*I find that information about healthy eating is often contradictory*” than respondents in Calgary (67%) and other cities (67%) (Figure 15d-1). Females express higher proportions of overall agreement (73%) and strong agreement (33%) with the statement than do males (67% and 25%) (Figure 15d-2).

Fig.15d-1,2: Information on Healthy Eating (Q.17)
 (Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
 “*I find that information about healthy eating is often contradictory.*”



A majority of respondents strongly indicate they feel well informed about nutrition information and that there is enough information available about healthy eating. Almost half the respondents feel strongly that the information generally available is useful to them. Although almost three-quarters of respondents agree that recommendations about healthy eating are often contradictory, only one third express strong agreement.

3.10 Nutritional eating behaviors (Table 5, Table 6, Fig.16, 16a-1 and 2 Fig.17, 17a-1 and 2, Fig.18a, 18b-1 and 2, 18c-1 and 2)

Respondents were asked if they consciously make an effort to include healthy eating choices in their life. Almost all respondents (93%) report that they make a conscious effort (Table 5). Females more frequently (96%) make a conscious effort to include healthy eating choices than do males (88%).

Table 5: Conscious Effort Made to Include Healthy Choices (Q 18)

	All Respondents (N=1600)	Male (n=587)	Female (n=1013)
Yes	93%	88%	96%
No	6%	11%	4%
Don't Know/Not Stated	*	*	*

**Less than 1%*

Respondents were asked about their knowledge of the number of daily servings of fruits and vegetables recommended by the Canada Food Guide. Few respondents (7%) are aware of the minimum number of servings of fruits and vegetables recommended by the Canada Food Guide (5 and 10 servings). Fourteen percent (14%) of respondents underestimate the range of recommended fruits of vegetables. Another 57% of all respondents report singles values. Although they did not specify a minimum and upper range value, 29% at least identify a number that is within range.

Table 6: Perceived Daily Serving of Fruits and Vegetables (Q. 19)

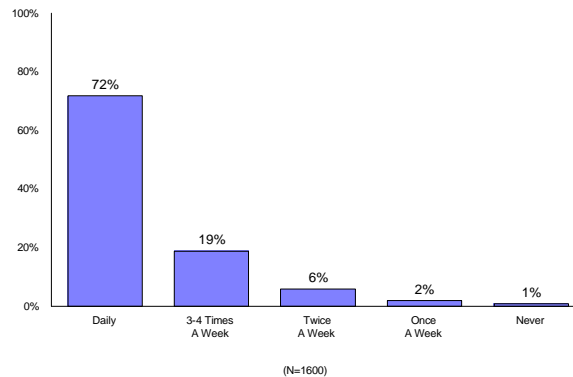
<i>All Respondents</i>	(N=1600)
5 to 10 Servings	7%
All Other Ranges of Servings (i.e. 1 to 6; 3 to 7; 6 to 12; 8 to 15) (NET)	30%
<i>Approximate ranges</i>	10%
<i>Underestimated ranges</i>	14%
<i>Overestimated ranges</i>	6%
Non-Range Servings (NET)	57%
Don't Know	6%

**Less than 1%*

Respondents were also asked how often they included healthy food choices in what they ate in the preceding seven days (Figure 16). Almost three-quarters (72%) of respondents included healthy food choices daily. Ninety-one percent (91%) report including healthy food choices in their diet at least three to four times during the last seven days.

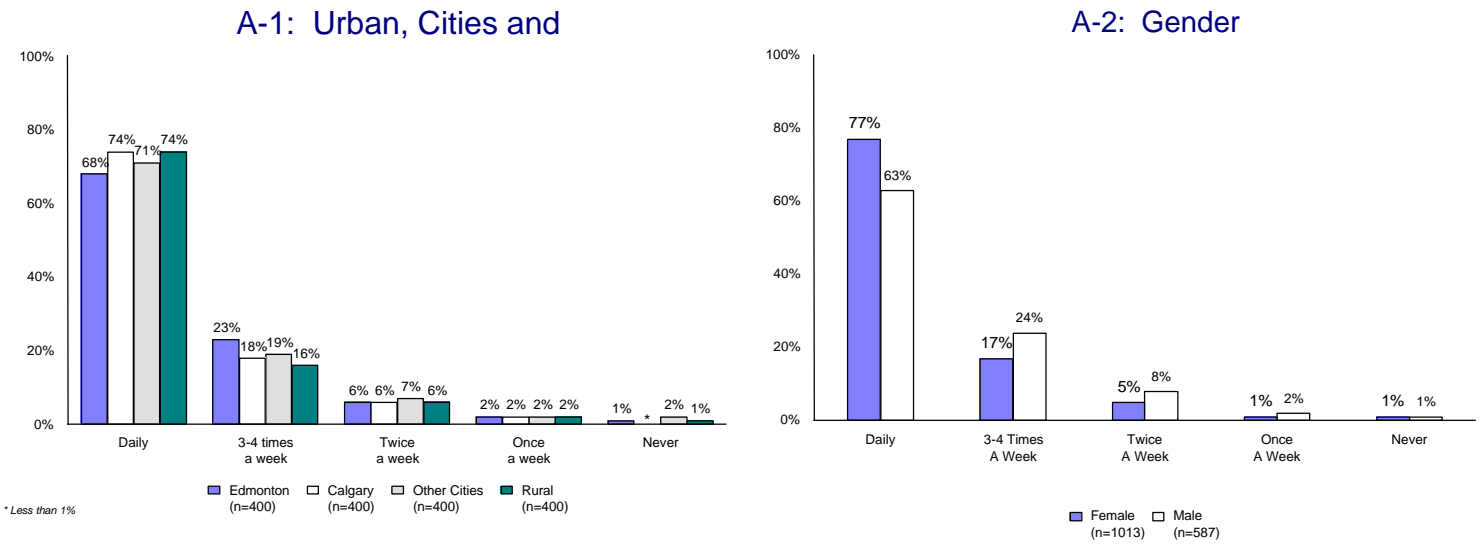
Fig. 16: Frequency of Healthy Food Choices in the Last Seven Days (Q.20)

- All Respondents -



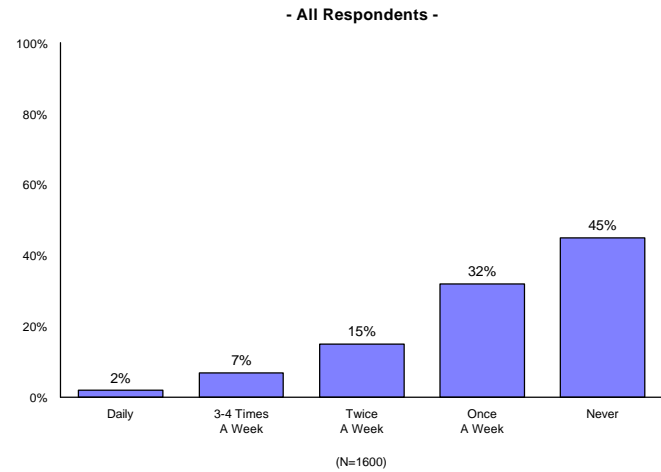
Regionally, a higher proportion of Calgary (74%) and rural (74%) respondents included healthy food choices in the preceding seven days compared to respondents in Edmonton (68%). A higher proportion of Edmonton respondents (23%) included healthy choices on three to four occasions in the last seven days compared to respondents in Calgary (16%) and rural areas (18%). Females (77%) more frequently include healthy food choices daily than do males (63%). However, females (17%) are less likely to include healthy food choices three to four times a week than to males (24%).

Fig.16a-1,2: Frequency of Healthy Food Choices in the Last Seven Days (Q.20)



Respondents were asked how frequently they ate deep fried foods in the preceding seven days. Almost half of all respondents (45%) did not eat any deep fried foods during the seven days (Figure 17). Nearly one quarter (24%) of respondents report having eaten fried foods at least twice during the last seven days.

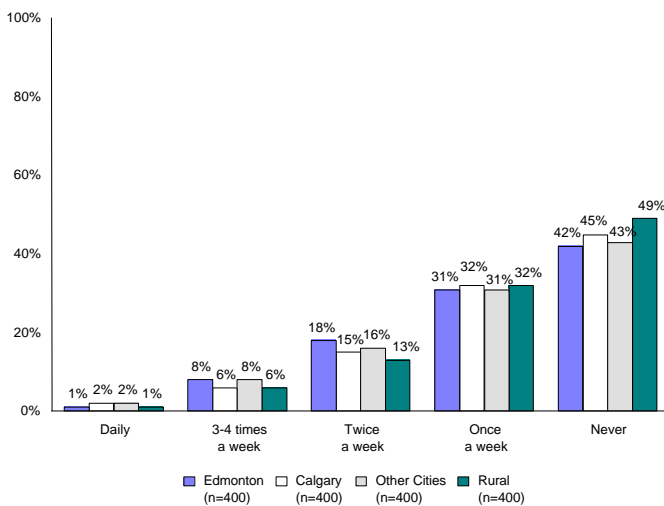
Fig. 17: Frequency of Eating Deep Fried Foods in the Last Seven Days (Q.21)



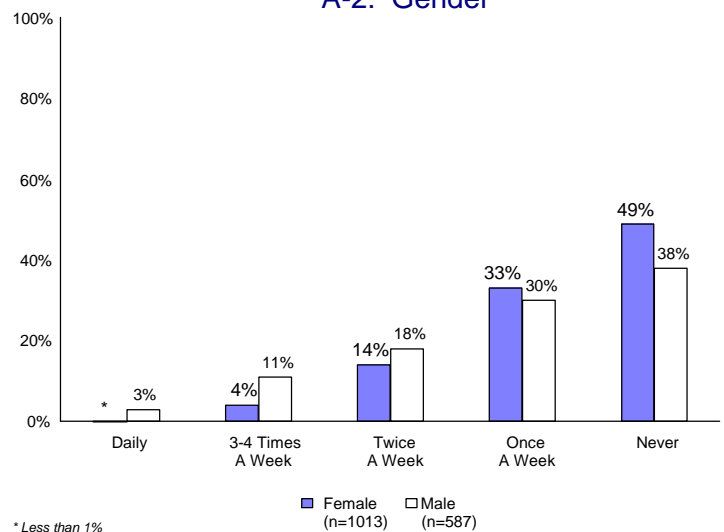
A higher proportion of Edmonton respondents (18%) ate deep fried foods twice in the preceding seven days compared to rural respondents (13%) (Figure 17a-1). A higher proportion of rural respondents (49%) report not eating any deep fried foods compared to respondents in other regions (42% to 45%). A higher proportion of females never ate deep fried foods (49%) compared to males (38%) (Figure 17a-2). Males more frequently eat deep fried foods either twice a week (18%) or three to four times a week (11%) compared to females (14% and 4%).

Fig. 17a-1,2: Frequency of Eating Deep Fried Foods in the Last Seven Days (Q.21)

A-1: Urban, Cities and Rural



A-2: Gender



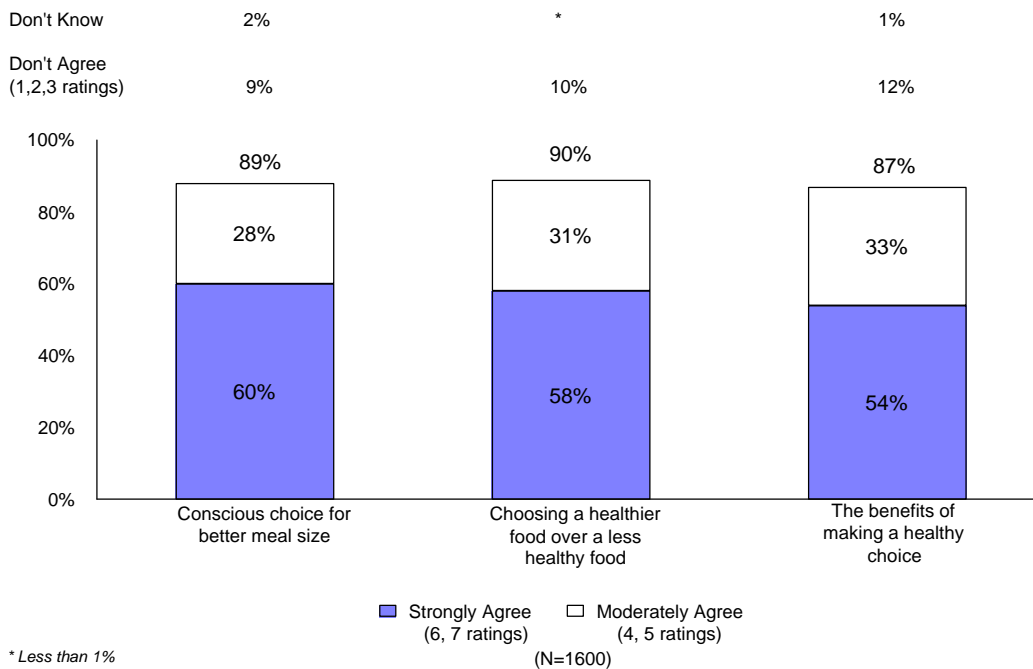
Respondents were asked to express their level of agreement with three statements regarding making choices on healthy eating in the last seven days (Figure 18). Respondents provide a high level of agreement with all three statements.

Eight-nine percent (89%) agree (4,5, 6,7 ratings) that *they made a conscious choice to eat healthier by making better choices in size in the preceding seven days*. This includes 60% who strongly agree (6,7 ratings) and 28% who agree moderately (4,5 ratings). Ninety (90%) agree that they frequently *chose a healthier food over a less healthy food* in the last week including 58% who agree strongly and 31% who agree moderately. Eighty-seven percent (87%) of respondents agree that in the last seven days they *thought about the benefits of making a healthy choice* including 54% who strongly agree and 33% who agree moderately.

Fig.18: Making Choices on Healthy Eating in the Last Seven Days (Q.22)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

- All Respondents -



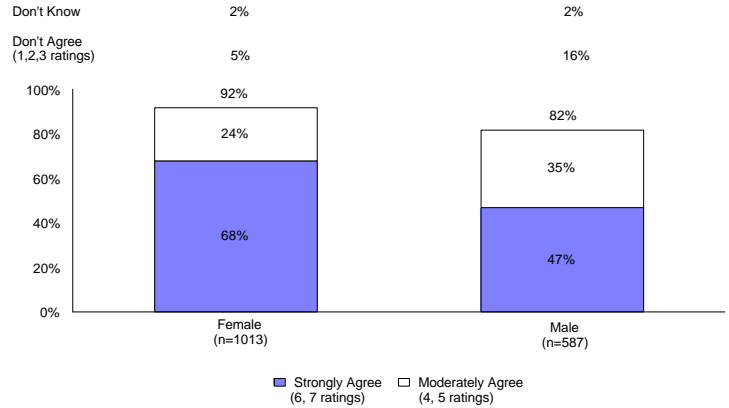
There are gender differences in the results for agreement with the statement *“I make a conscious choice to eat healthier by making better choices in size, like not supersizing the fries”* (Figure 18a). Females more frequently express overall agreement (92%) and strong agreement (68%) ratings than do males (82% and 47%). Males express a higher proportion of moderate agreement ratings (35%) than do females (24%).

Fig.18a: Making Choices on Healthy Eating in the Last Seven Days (Q.22)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

- Gender -

“I make a conscious choice to eat healthier by making better choices in size, like not supersizing the fries.”



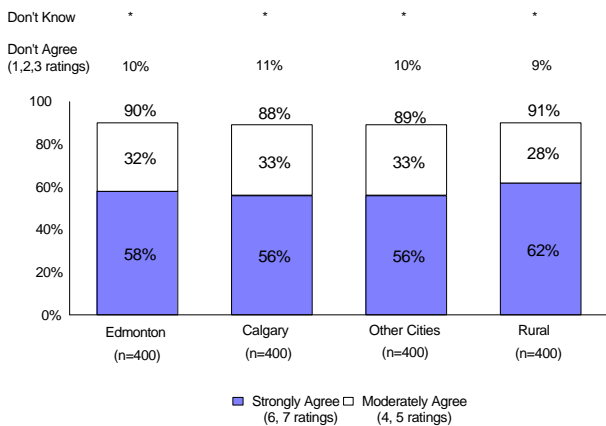
There are regional and gender variations in results for agreement with the statement *“I frequently choose a healthier food over a less healthy food such as choosing a baked potato instead of fries.”* A higher proportion of rural respondents strongly agree (62%) with the statement relative to other regions (56% to 58%) (Figure 18b-1). A higher proportion females agree (93%) and strongly agree (64%) with the statement compared to males (83% overall and 48% strongly agree) (Figure 18b-2).

Fig.18b-1,2: Making Choices on Healthy Eating in the Last Seven Days (Q.22)

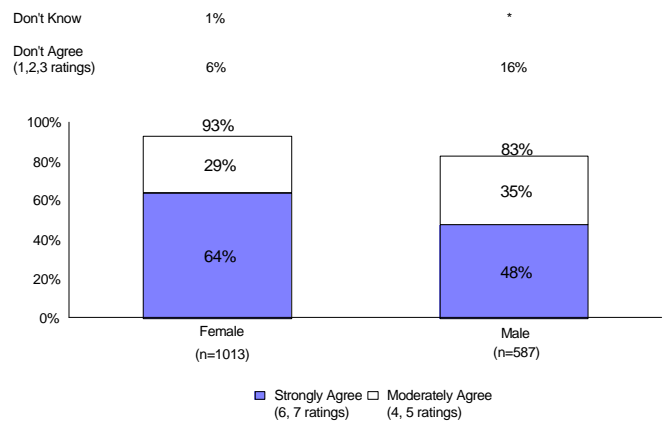
(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

“I frequently choose a healthier food over a less healthy food such as choosing a baked potatoe instead of fries.”

B-1: Urban, Cities and Rural



B-2: Gender

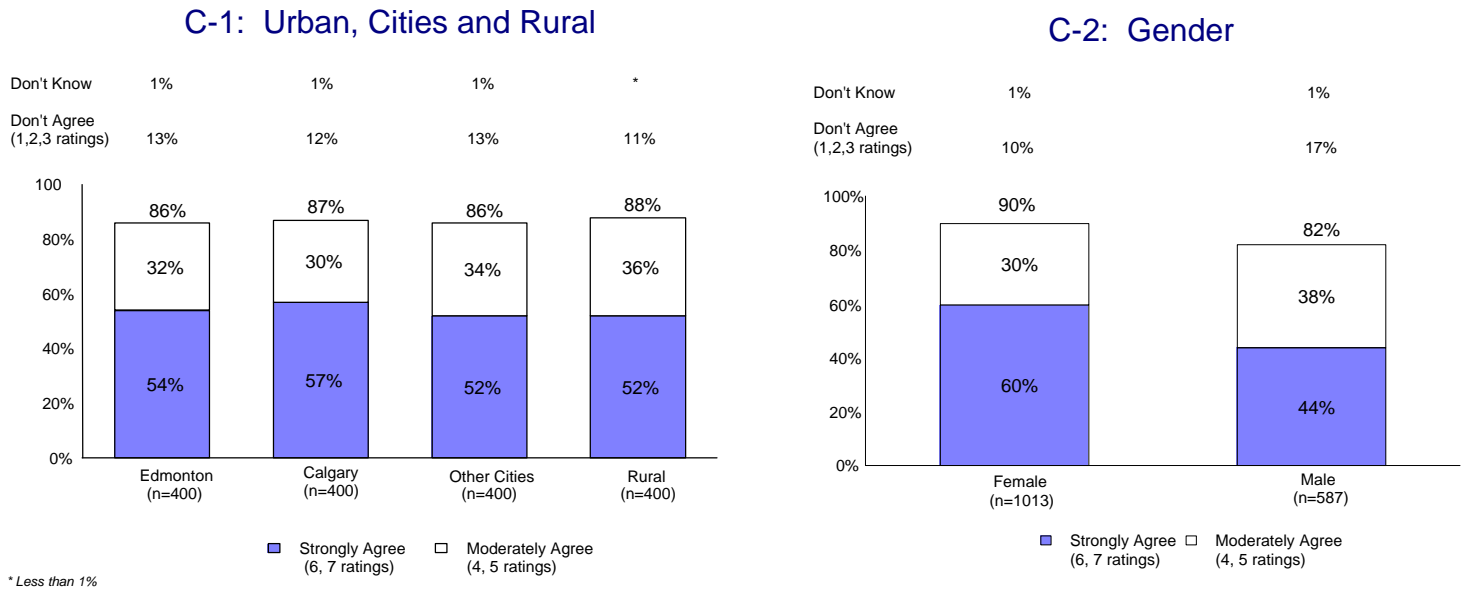


* Less than 1%

* Less than 1%

A higher percentage of Calgary respondents (57%) strongly agree with the statement “*I think about the benefits when I make a healthy choice*” compared to other regions (52% to 54%) (Figure 18d-1). Females more frequently agree (90%) and strongly agree (60%) with the statement than do males (82% and 44%) (Figure 18d-2). Also, a higher proportion of males indicate they do not agree (17%) than do females (10%).

Fig.18c-1,2: Making Choices on Healthy Eating in the Last Seven Days (Q.22)
(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
“I think about the benefits when I make a healthy choice.”



A high majority of respondents report making a conscious effort to include healthy eating in their life. However, most lack accurate information about minimum appropriate consumption levels of fruits and vegetables. Almost three-quarters of respondents report making healthy choices daily with almost half indicating they did not eat deep fried foods in the preceding week.

Most respondents feel they make a conscious choice to eat healthier by making better choices in size, choosing a healthier food over a less healthy food and thinking about the benefits of healthy eating choices.

3.11 Attitudes about healthy eating (Fig.19, 19a-1 and 2, 19b-1 and 2, 19c, Fig.20, 20a-c)

Respondents were asked to rate their agreement with a series of statements about attitudes concerning healthy eating. One statement concerns perceptions about the impact of making good healthy eating choices on health. The remaining four statements focus on perceptions about potential barriers to healthy eating (Figure 19).

Respondents almost universally agree with the statement that *making good nutritional choices can make a difference in your health*. Overall, 97% of respondents agree with the statement (4, 5,6,7 ratings) and more than three-quarters (77%) of respondents strongly agree (6,7 ratings). Twenty percent (20%) of respondents express moderate agreement (4,5, ratings) with the statement.

A majority of respondents express agreement (57%) that *it costs more to eat foods that keep them healthy*. One-third (33%) of respondents strongly agree and 24% agree moderately.

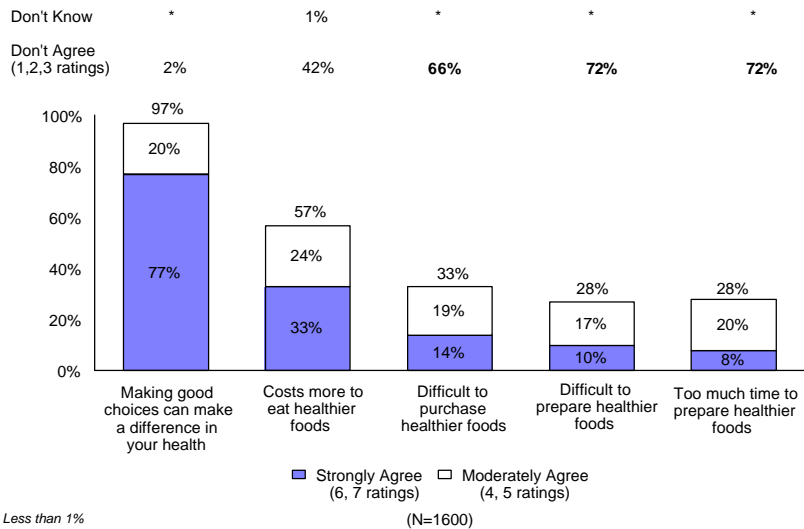
The majority of respondents (66%) express do not agree (1,2,3 ratings) for the statement that *it is difficult to purchase foods that support healthy eating*.

Almost three-quarters of respondents do not agree (72%) with statement that it is difficult to prepare foods that keep them healthy and the same proportion (72%) do not agree.

Fig.19: Attitudes About Healthy Eating (Q.23)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

- All Respondents -

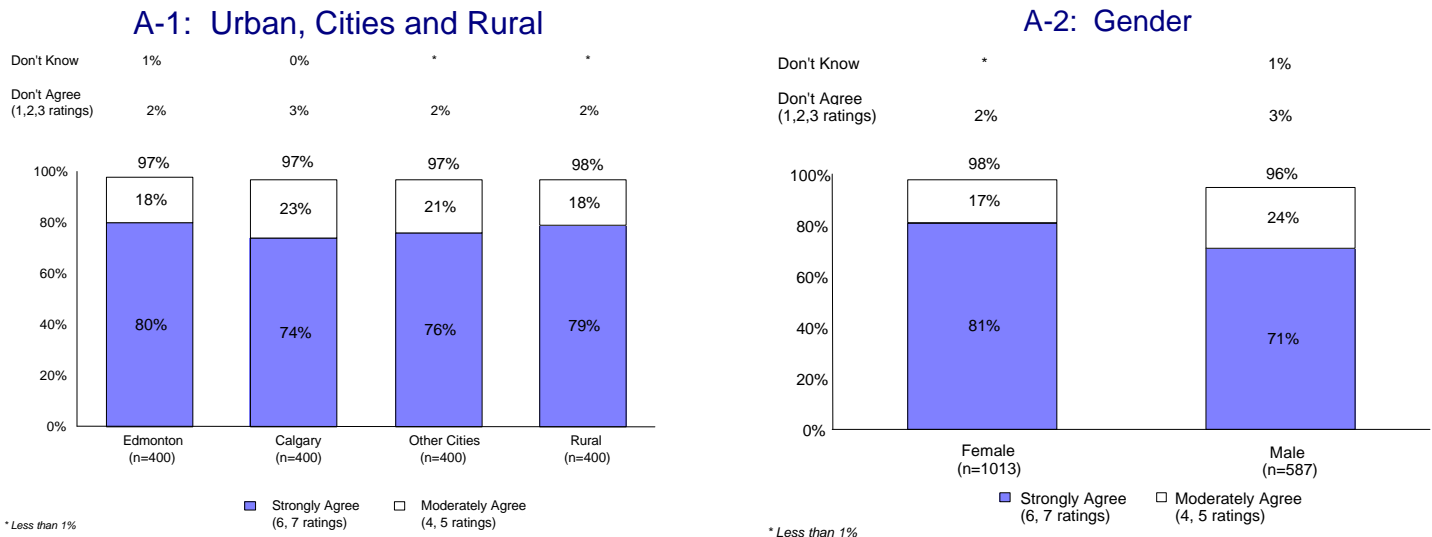


There are regional and gender differences in agreement for the statement “*Making good nutritional choices, even small ones, even occasionally, such as adding fruits and vegetables daily, can make a difference in your health.*” Edmonton respondents (80%) express a relatively higher proportion of strong agreement with the statement than do Calgary respondents (74%) (Figure 19a-1). A higher proportion of Calgary respondents express moderate agreement (23%) with the statement than do Edmonton respondents (18%). A higher proportion of females strongly agree (81%) with the statement than do males (71%) (Figure 19a-2).

Fig.19a-1,2: Attitudes About Healthy Eating (Q.23)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

“Making good nutritional choices, even small ones, even occasionally, such as adding fruits and vegetables daily, can make a difference in your health.”



There are also regional and gender variations in agreement with the statement “*I find it costs more to eat foods that keep me healthy.*” A relatively higher proportion of Edmonton (60%) respondents express overall agreement with the statement than respondents in Calgary (55%) and other cities (53%) (Figure 19b-1). Respondents in Edmonton (36%) more frequently express strong agreement with the statement than respondents in other cities (31%) and rural areas (31%). A higher proportion of females agree (60%) and strongly agree (37%) with the statement compared to males (50% and 26%) (Figure 19b-2).

Fig.19b-1,2: Attitudes About Healthy Eating (Q.23)
 (Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
“I find it costs more to eat foods that keep me healthy.”

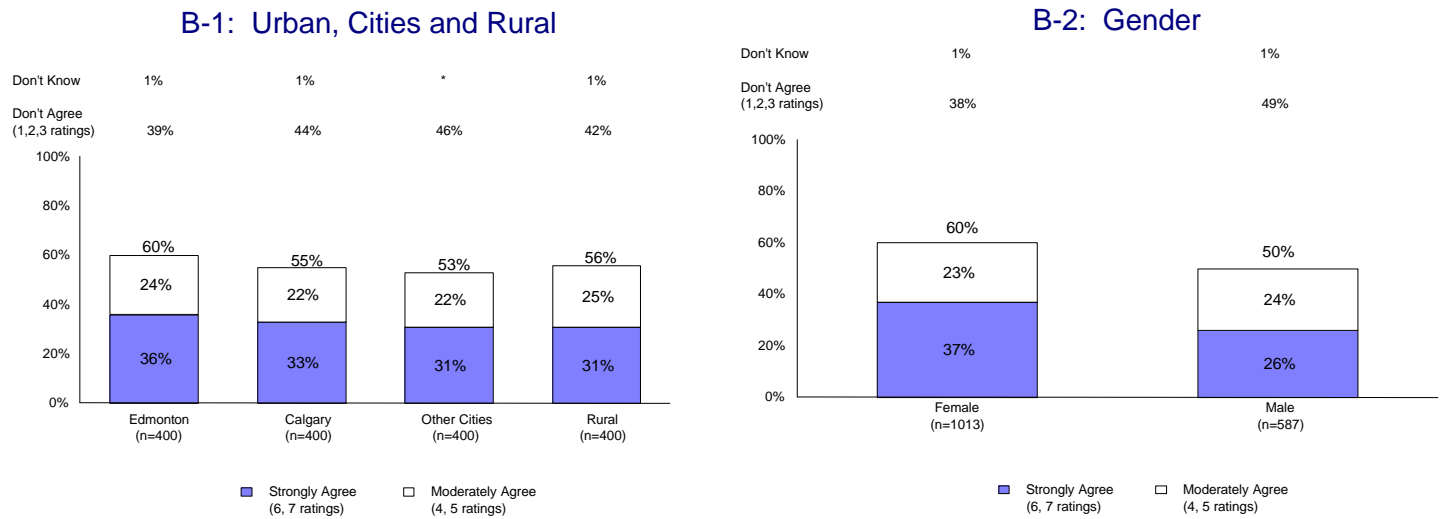
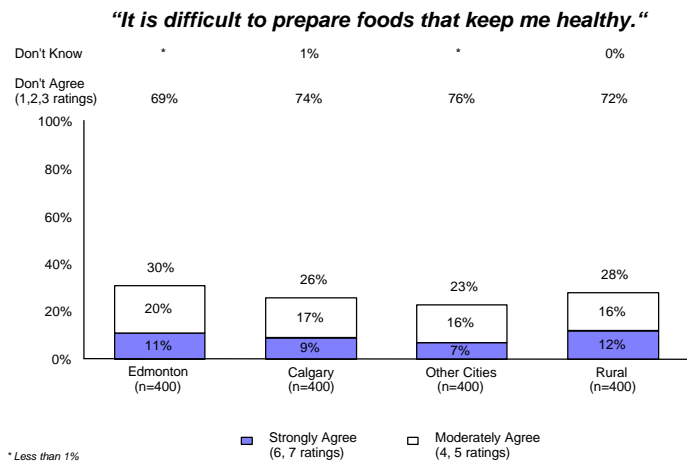


Fig.19c: Attitudes About Healthy Eating (Q.23)
 (Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
 - Urban, Cities and Rural -

Regionally a lower proportion of Edmonton respondents (69%) indicate they do not agree with the statement “*It is difficult to prepare foods that keep me healthy*” compared to Calgary (74%) and other cities (76%) (Figure 19c).



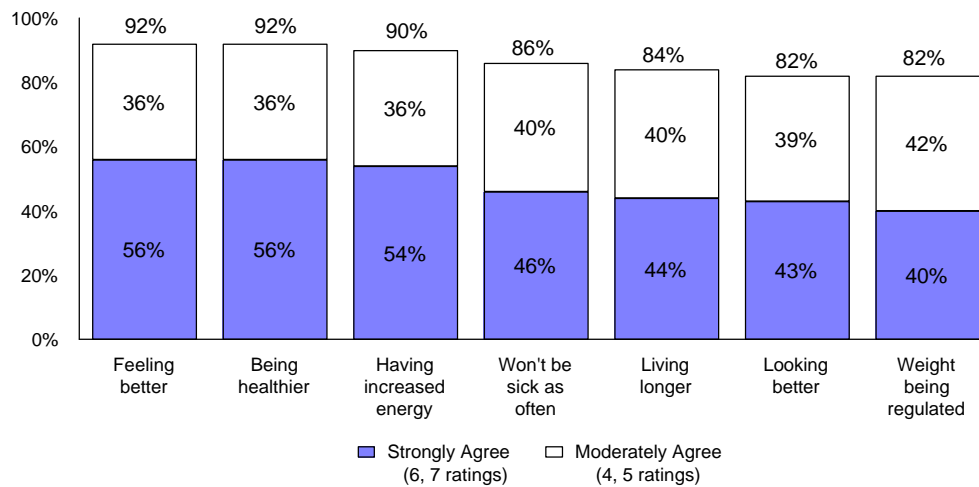
Respondents were asked to rate their agreement with statements about potential benefits of healthy eating. Higher proportions of overall agreement (4,5,6,7 ratings) are garnered for all seven potential benefits of healthy eating (Figure 20). The majority of respondents strongly agree that *feeling better* (56%), *being healthier* (56%) and *having increased energy* (54%) are benefits of increased physical activity. A somewhat lower proportion of respondents express strong agreement that benefits of healthy eating are that they *will not be sick as often* (46%), they *will live longer* (44%), they *will look better* (43%) and that their *weight will be regulated* (40%). Furthermore, relatively fewer respondents strongly agree that regulated weight (40%) is a benefit compared to the benefits of feeling better (56%), being healthier (56%) and having increased energy (54%).

Fig.20: Potential Benefits of Healthy Eating (Q.24)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)

- All Respondents -

Don't Know	*	1%	1%	1%	3%	2%	1%
Don't Agree (1,2,3 ratings)	8%	8%	9%	13%	14%	16%	17%



* Less than 1%

(N=1600)

Females (56%) more frequently strongly agree with the statement “I will have increased energy” than do males (49%) (Figure 20a).

A higher proportion of rural respondents (50%) express strong agreement with the statement “I won’t be sick as often” compared to respondents in Edmonton (44%) and other cities (43%) (Figure 20b).

Among females, 46% express strong agreement with the statement “I will look better” compared to 38% of males (Figure 20c).

Fig.20a: Potential Benefits of Healthy Eating (Q.24)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
- Gender -

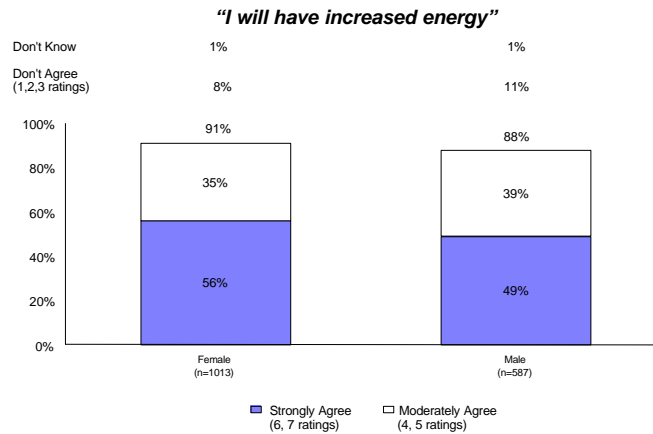
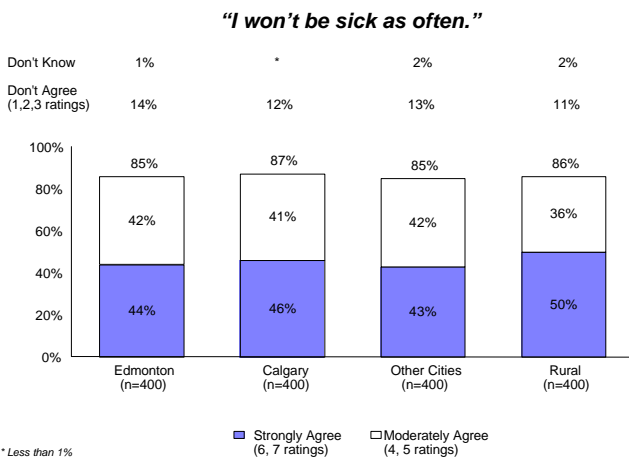


Fig.20b: Potential Benefits of Healthy Eating (Q.24)

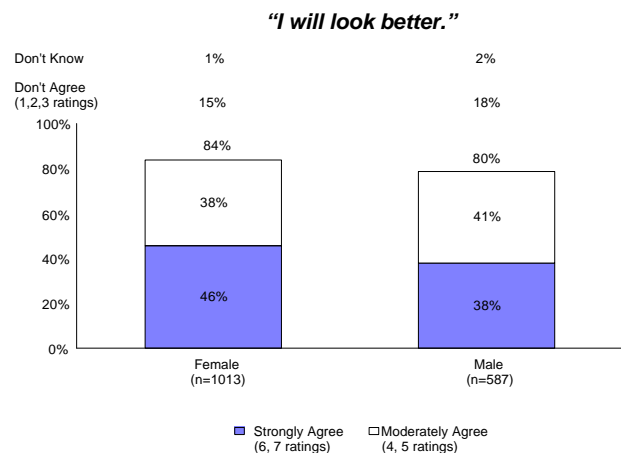
(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
- Urban, Cities and Rural -



* Less than 1%

Fig.20c: Potential Benefits of Healthy Eating (Q.24)

(Scale: 1 = Do Not Agree at All; 4 = Agree; 7 = Completely Agree)
- Gender -



Virtually all respondents feel that making good choices, even small ones, can make a difference in their health. More than half of respondents also agree that it costs more to eat healthier foods, although almost as many do not agree. The majority of respondents do not agree that it is difficult purchase foods that support healthy eating, that it is difficult to prepare healthier foods and that it takes too much time to prepare healthier foods.

High proportions of respondents agree that benefits of healthy eating include feeling better, being healthier and having increased energy. A lower proportion of strong agreement is expressed for weight regulation being a benefit of healthy eating.

4. CONCLUSIONS

4.1 Perception of Alberta Health and Wellness

- Alberta Health and Wellness is starting the communications campaign from a strong position in that Albertans consider the ministry's information on healthy eating and physical activity to be trustworthy, credible, useful and relevant.

4.2 Albertans' Perceptions of Their Own Health

- Albertans generally consider themselves to be in good health but recognize there is room for improvement.
- About half of Albertans consider themselves to be at least a little overweight, with rural Albertans being more likely to consider themselves overweight than those in urban areas. Also, females perceive themselves to be overweight more frequently than males.

4.3 Taking Responsibility for Healthy Living

- Albertans strongly believe that they are responsible for their own health.
- Albertans strongly believe that increasing their physical activity can have a positive impact on their health, even if their activity consists of small everyday things.
- It is also strongly perceived that healthy eating can have a positive impact on health.
- Albertans generally believe they are active and including healthy eating in their lives, and that they are well informed about healthy eating and being physically active.
- However, the survey results indicate a gap between the public's perceived knowledge and perceptions about their effort in the areas of physical activity and healthy eating and their behavior in these regards.

4.4 Behaviors Regarding Healthy Living

- There are opportunities to motivate Albertans to increased healthy eating and physical activity.
- The public should be applauded for the steps they have taken toward healthy eating and being physically active. However, the public also needs supportive help in understanding that they are not managing healthy eating and physical activity as well as they think they are.
- While most Albertans take part in some form of planned physical activity, many do not, and this is particularly the case in rural Alberta. Also, as people age, their participation in planned physical activity appears to decrease.
- When their behaviors are assessed relative to recommendations from the Canada Physical Activity Guide, about half of Albertans meet the recommended standard. However, almost half do not meet the recommended standard, indicating significant opportunity to increase the level of physical activity among the Alberta public.
- Albertans take part in significant levels of unplanned physical activity in addition to that which is planned. However, as is the case with planned activity, there is opportunity to increase participation in unplanned physical activity.
- Most Albertans perceive themselves to be thinking about and making healthy food choices.
- While few Albertans eat deep fried foods on a daily basis, more than half of them eat these types of foods on a weekly basis or more frequently. Therefore, Albertans can improve their diet by further reducing their intake of deep fried foods.

4.5 Barriers to Healthy Living

- Albertans acknowledge that there are a number of barriers that prevent them from eating healthier and being more physically active.
- Opportunities exist to influence the perception of barriers to being physically active so the barriers do not seem so formidable.
- Lack of confidence is considered a barrier to being physically active for most Albertans. Therefore, the public would benefit from information they perceive to be reliable, so they

can at least have confidence that their efforts are taking them in the right direction, and reassurance to lessen the impact of this and other barriers.

- Another significant barrier to being more physically active is lack of time. However, if Albertans perceive that being physically active is a high priority, they may free up some time spent on other priorities they may consider less important.
- Most Albertans do not perceive safety, cost and skill to be barriers to being physically active.
- In terms of healthy eating, cost is perceived to be a significant barrier, while time and effort are not considered significant barriers.

4.6 Perceived Benefits of Healthy Eating and Physical Activity

- Both healthy eating and physical activity are strongly perceived to provide benefits in terms of making people feel better in general as well as in terms of feeling healthier and having increased energy.
- It is generally perceived that healthy eating and physical activity decreases the frequency of getting sick, increases life expectancy, improves appearance and regulates weight.

APPENDIX A: QUESTIONNAIRE

HEALTHY ALBERTA QUESTIONNAIRE OUTLINE

INTRODUCTION

Hello, my name is _____ from Criterion Research, an opinion research firm. We are conducting a survey on behalf of Alberta Health and Wellness, who would like to know what Albertans think about healthy eating and being physically active. Please be assured that we are not trying to sell you anything. We are just interested in your opinions. All answers are kept confidential. This survey is registered with the Canadian Survey Research Council. They can be reached at 1-800-554-9996 and will verify that we are conducting this survey.

If asked: The survey will take about 15 minutes to complete.

PAT RESPONSE (If unsure of what Alberta Health and Wellness is): Alberta Health and Wellness is the provincial government department responsible for maintaining and improving the wellness and health of Albertans. The ministry is committed to the health and well being of all Albertans.

Contact Name/Phone Number:

If you have any questions or concerns about this research project, please do not hesitate to call: Mickey, Public Affairs Officer at 415-1231

For the purposes of this survey, may I please speak to the person in your household who is 18 years of age or older and has had the most recent birthday (would that be you)?

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

ARRANGE CALLBACK/REINTRODUCE IF NECESSARY

BASELINE QUESTIONS

Objective: To determine perceptions of Alberta Health and Wellness as a credible and helpful source for what they need and want.

SOURCES OF INFORMATION ABOUT STAYING HEALTHY

I would like to ask you some questions about health, in particular about different aspects of healthy eating and being physically active.

1. Using a scale from 1 to 7 where 1 is “Do not agree at all”, 4 is “Agree” and 7 is “Completely agree” please indicate your response to the statements:

a. Alberta Health and Wellness is a trustworthy and reliable source of information on healthy eating and being physically active.

1 Do not agree at all

2

3

4 Agree

5

6

7 Completely agree

DO NOT READ

F5 Don't know/not stated

b. Alberta Health and Wellness provides information on healthy eating and being physically active that is useful and relevant.

Objective: To establish baseline health enhancing physical activity.

SELF PERCEPTION OF HEALTH

2. Using the 1 to 7 scale where 1 is "Do not agree at all", 4 is "Agree" and 7 is "Completely agree", please indicate the extent you agree that you are responsible for maintaining your own health?

1 Do not agree at all

2

3

4 Agree

5

6

7 Completely agree

DO NOT READ

F4 Refused

F5 Don't know/not stated

3. Please describe your general health using a scale of 1 to 7 where 1 is "Very poor", 4 is "Good" and 7 is "Excellent"? ...

1 Poor

2

3

4 Good

5

6

7 Excellent

DO NOT READ

F4 Refused

F5 Don't know/not stated

4. Compared to one year ago, would you say your health is currently:

- 1 Better? – [IF 1 THEN GO TO 6A]
- 2 Worse? – [IF 2 THEN GO TO 6B]
- 3 About the same as a year ago? – [GO TO 7]

DO NOT READ

- F4 Refused
- F5 Don't know/not stated – [GO TO 7]

4a Is that:

- 1 A little better?
 - 2 A lot better?
- DO NOT READ
- F5 Don't know/not stated

4b Is that:

- 1 A little worse?
 - 2 A lot worse?
- DO NOT READ
- F5 Don't know/not stated

Objective: To establish lifestyle profiles to aid in prioritizing campaign messages and order of messages.

ASSESSMENT OF BEING PHYSICALLY ACTIVE

5. According to the Canada Physical Activity Guide, to achieve or maintain health, how many times per week and for how many minutes (in total each day active) is it recommended that you should be physically active at the recommended level of effort?

[INTERVIEWER: DO NOT PROMPT.]

DO NOT READ

- F4 Refused
- F5 Don't know

6. Do you participate in planned physical activity specifically for the purpose of achieving or maintaining health?

1 Yes

2 No

DO NOT READ

F4 Refused

F5 Don't know/not stated

The Canada Physical Activity Guide indicates that to achieve or maintain health we should be active for a cumulative total of 60 minutes for light activities, such as light walking, everyday, or up to 20 minutes of vigorous activity, such as aerobics or hockey, most days of the week.

7. Which of the following best describes your physical activity in the last 7 days? My physical activity. ...

1 Met the recommended standard

2 Exceeded the recommended standard

3 Was less than the recommended standard

DO NOT READ

F4 Refused

F5 Don't know/not stated

Now I would like to talk about two types of physical activity – planned physical activity you might use to achieve and maintain your health and then informal and unplanned physical activity that is part of your normal day.

8. People have many different ways of being physically active to achieve and maintain health. Thinking about the last 7 days, how frequently did you participate in planned physical activity specifically to achieve or maintain your health?

1 Daily

2 3-4 times

3 Twice

4 Once

5 None

DO NOT READ

F4 Refused

F5 Don't know/not stated

9. Thinking about **the last 7 days**, which of the following best describes the amount of **effort** you put into the physical activity? ...

1 Intense - meaning at least 20 minutes of vigorous effort a minimum of 4 times a week – aerobics, jogging, hockey, basketball and fast swimming?

2 Moderate – meaning at least 30 minutes of moderate effort a minimum of 4 times a week – brisk walking, biking, swimming and dancing?

3 Light - meaning a daily total of at least 60 minutes of light effort – light walking, stretching?

4 Or something else that describes your personal effort?

DO NOT READ

F4 Refused

F5 Don't know/not stated

10. People are also involved in unplanned, informal physical activity as they go about their daily routines at work and at home. Thinking about **the last 7 days**, which of the following best describes your level of physical activity as part of **doing regular day-to-day tasks**? ...

1 Intense meaning at least 20 minutes of vigorous effort a minimum of 4 times a week – lifting or carrying heavy items resulting in sweating, breathing hard and rapid heart beat?

2 Moderate meaning at least 30 minutes of moderate effort a minimum of 4 times a week – brisk walking, usually lifting or carrying lights items?

3 Light meaning a daily total of at least 60 minutes of light effort – stand or walk a lot but don't have to carry lift things very often?

4 Or something else that describes your personal effort?

DO NOT READ

F4 Refused

F5 Don't know/not stated

ASSESSMENT OF TIME AS A BARRIER

11. Using a scale where 1 is “Do not agree at all”, 4 is “Agree” and 7 is “Completely agree” please indicate your response to the statements:

- 1 Do not agree at all
- 2
- 3
- 4 Agree
- 5
- 6
- 7 Completely agree

DO NOT READ

- F4 Refused
- F5 Don't know/not stated

[RANDOMIZE]

- 11a I find that **making time** to be physically active is difficult.
- 11b It takes self-confidence to get involved in physical activity.
- 11c I find that being physically active is **too expensive**.
- 11d It takes special skills to be physically active.
- 11e I find that **safety concerns** interfere with being physically active.

ASSESSMENT OF RELATED HEALTH FACTORS (WEIGHT, SMOKING)

12. Please think about your weight--Do you consider yourself:

- 1 Overweight?
- 2 A little overweight?
- 3 Just about right
- 4 A little underweight?
- 5 Underweight?
- 6 Don't think about it

DO NOT READ

- F4 Refused
- F5 Don't know/not stated

13. Do you smoke cigarettes, a pipe, cigars or use other tobacco products... [ROTATE AND READ]

- 1 Everyday
- 2 A few times a week
- 3 1-3 times a month
- 4 Less than monthly

- 5 Or you don't smoke and never have smoked
- 6 Or you used to smoke but don't now

DO NOT READ

- F4 Refused
- F5 Don't know/Not stated

Objective: To measure attitudes and factors affecting physical activity.

ATTITUDES ABOUT INFORMATION ON PHYSICAL ACTIVITY

Now I would like to talk about being physically active.

14. As you answer the next few questions, please use the 1 to 7 scale where 1 is "Do not agree at all", 4 is "Agree" and 7 is "Completely agree". ...

- 1 Do not agree at all
- 2
- 3
- 4 Agree
- 5
- 6
- 7 Completely agree

DO NOT READ

- F5 Don't know/not stated

[RANDOMIZE]

- 14a I feel **I am well informed** about increasing my physically activity.
- 14b There **is enough information** available about achieving and maintaining physical fitness.
- 14c I find that recommendations about achieving and maintaining physical health are **often contradictory**.
- 14d The information generally available on being physically active is **useful to me, personally**

ATTITUDES ABOUT INCREASING PHYSICAL ACTIVITY

15a Using the scale of 1 to 7 where 1 is “Do not agree at all”, 4 is “Agree” and 7 is “Completely agree”, please indicate your response to the following statements:

- 1 Do not agree at all
- 2
- 3
- 4 Agree
- 5
- 6
- 7 Completely agree

DO NOT READ

F5 Don't know/not stated

- 15a Engaging in planned physical activities at the recommended levels can really make a difference in my health.

We often hear about increasing our activity levels even in small ways, such as taking the stairs or parking the car further away than needed.

15b Using the scale of 1 to 7 where 1 is “Do not agree at all”, 4 is “Agree” and 7 is “Completely agree”, please indicate your response to the following statements:

1 Do not agree at all

2

3

4 Agree

5

6

7 Completely agree

DO NOT READ

F5 Don't know/not stated

15b If I do only small things to increase my physical activity, it will make a difference

As we discussed, we hear about increasing our physical activity in small ways.

Understanding that, people may have different perceptions about the benefits of increasing physical activity.

16. Using the scale of 1 to 7 where 1 is “Do not agree at all”, 4 is “Agree” and 7 is “Completely agree”, please indicate your level of agreement that the following are benefits:

1 Do not agree at all

2

3

4 Agree

5

6

7 Completely agree

DO NOT READ

F5 Don't know/not stated

If I increase my physical activity levels, only in small ways ...

- [RANDOMIZE]
- 16a I will live longer
 - 16b I will feel better
 - 16c If I increase my physical activity levels, only in small ways my weight will be regulated
 - 16d I will look better
 - 16e If I increase my physical activity levels, only in small ways I will have increased energy
 - 16 f I won't be sick as often
 - 16g I will be healthier

Objective: To measure attitudes and factors affecting healthy eating

ATTITUDES ABOUT INFORMATION ON HEALTHY EATING

Now I would like to talk about healthy eating.

17. Using a scale of 1 to 7 where 1 is "Do not agree at all", 4 is "Agree" and 7 is "Completely agree", please indicate your response to the following statements:

- 1 Do not agree at all
 - 2
 - 3
 - 4 Agree
 - 5
 - 6
 - 7 Completely agree
- DO NOT READ
- F5 Don't know/not stated

[RANDOMIZE]

- 17a. I feel **I am well informed** about nutrition information.
- 17b. There is **enough information** available about healthy eating.
- 17c. The information generally available on nutrition is **useful to me, personally.**
- 17d I find that information about healthy eating is **often contradictory.**

NUTRITIONAL EATING BEHAVIORS

It is recommended that we make the choice to include healthy foods as part of our regular eating.

- 18. Do you consciously make an effort to include healthy eating in your life?

1 Yes

2 No

DO NOT READ

F4 Refused

F5 Don't know/not stated

Objective: To establish baseline healthy eating.

Objective: To establish lifestyle profiles to aid in prioritizing campaign messages and order of messages.

- 19. According to the Canada Food Guide, to achieve or maintain health, how many servings of fruits and vegetables should you have each day?

[INTERVIEWER: DO NOT PROMPT]

DO NOT READ

F4 Refused

F5 Don't know

20. Thinking about your choice to include healthy foods as part of your regular eating, in the last 7 days, how often did you include healthy food choices in what you ate?

- 1 Daily
- 2 3-4 times
- 3 Twice
- 4 Once
- 5 None

DO NOT READ

- F4 Refused
- F5 Don't know/not stated

21. In the last 7 days, how often did you eat deep fried foods such as french fries?

- 1 Daily
- 2 3-4 times
- 3 Twice
- 4 Once
- 5 None

DO NOT READ

- F4 Refused
- F5 Don't know/not stated

Objective: To measure attitudes and factors affecting healthy eating.

22. Using a scale of 1 to 7 where 1 is "Do not agree at all", 4 is "Agree" and 7 is "Completely agree", please indicate your response to the following statements:

- 1 Do not agree at all
- 2
- 3
- 4 Agree
- 5
- 6
- 7 Completely agree

DO NOT READ

- F4 Refused
- F5 Don't know/not stated

Recognizing that our patterns may vary, please think about the last **7 days** ...

[RANDOMIZE]

- 22a I frequently choose a healthier food over **a less healthy food** such as choosing a baked potato instead of fries.
- 22b I make a **conscious choice** to eat healthier by making better choices in size, like not supersizing the fries.
- 22c I think about the **benefits** when I make a healthy choice about my food.

ATTITUDES ABOUT HEALTHY EATING

We often hear that at the moment we are faced with a choice about what to eat, we should think about healthy eating.

23. Using a scale of 1 to 7 where 1 is “Do not agree at all”, 4 is “Agree” and 7 is “Completely agree”, please indicate your response to the following statements:

1 Do not agree at all

2

3

4 Agree

5

6

7 Completely agree

DO NOT READ

F5 Don't know/not stated

[RANDOMIZE]

- 23a Making good nutrition choices, even small ones, even occasionally, such as adding fruits and vegetables daily, can make a difference in your health.
- 23b It takes **too much time** to prepare foods that keep me healthy.
- 23c I find it **costs more** to eat foods that keep me healthy.
- 23d It is difficult to **purchase** foods that support healthy eating.
- 23e It is difficult to **prepare** foods that keep me healthy.

As discussed, we often hear that at the moment we are faced with the choice about what to eat, we should think about healthy eating.

24. Using a scale of 1 to 7 where 1 is “Do not agree at all”, 4 is “Agree” and 7 is “Completely agree”, please indicate your response to the following statements:

1 Do not agree at all

2

3

4 Agree

5

6

7 Completely agree

DO NOT READ

F5 Don't know/not stated

If I make good nutrition choices, even small ones, even occasionally ...

[RANDOMIZE]

24a I will live longer

24b I will have increased energy

24c If I make good nutrition choices, even small ones, even occasionally My weight will be regulated

24d I will look better

24e If I make good nutrition choices, even small ones, even occasionally I will feel better

24f I won't be sick as often

24g I will be healthier

DEMOGRAPHICS

25. Please indicate the range that your age falls within:

- 1 18-24 years
- 2 25-34
- 3 35-44
- 4 45-54
- 5 55-64
- 6 65-74
- 7 75+

DO NOT READ

- F4 Refused
- F5 Don't know

26. We are asking about lifestyle issues that often differ among cultures or ethnic backgrounds. To help us classify our data, could you please indicate which ethnic group you most closely associate yourself with?

[IF THE RESPONDENT INDICATES "INDIAN" THEN PROBE – IS THAT "EAST INDIAN, WEST INDIAN ..?]

- 1 Aboriginal/First Nations
- 2 Metis
- 3 British/Irish/Scottish/Welsh/English
- 4 Canadian
- 5 Caucasian
- 6 Dutch
- 7 German
- 8 Scandinavian
- 9 French
- 10 Polish
- 11 Ukrainian
- 12 Asian
- 13 Francophone
- 14 West Indian
- 15 East Indian
- 16 Hispanic
- 17 Other (specify) _____

DO NOT READ

- F4 Refused
- F5 Don't know

27. In your household, are there children who are? [READ]

27a under 6 years of age?

1 Yes

2 No

DO NOT READ

F4 Refused

F5 Don't know/not stated

27b 6 to 11 years of age

1 Yes

2 No

DO NOT READ

F4 Refused

F5 Don't know/not stated

27c 12 to 18 years of age

3 Yes

4 No

DO NOT READ

F4 Refused

F5 Don't know/not stated

28. Which of the following best describes the highest level of education you have completed? [READ]

1 Some/completed elementary school

2 Some/completed high school

3 Some/completed technical school

4 Some/completed college

5 Some/completed university

6 Some/completed graduate school

DO NOT READ

F4 Refused

F5 Don't Know

29. Which of the following best describes your level of employment? [READ]

1 Employed full time

2 Employed part time

3 Self-employed

4 Unemployed

5 Student

6 Homemaker

7 Retired

8 Other (Please Specify) _____

DO NOT READ

F4 Refused

F5 Don't Know

30. Which of the following best describes your total estimated annual family income, before taxes? [READ]

IF LESS THAN \$50,000

1 Under \$20,000

2 \$20,000 to \$29,999

3 \$30,000 to \$39,999

4 \$40,000 to \$49,000

IF GREATER THAN \$50,000

5 \$50,000 to \$59,999

6 \$60,000 to \$99,999

7 \$100,000 or greater

DO NOT READ

F4 Refused

F5 Don't Know

And now, I would like to finish by asking you three questions. While the data is important for analysis, please be aware that you can choose to refuse any question.

31. In what year were you born?
_____ (YY)

F4 Refused F5 Don't know

32. What is your weight, in either pounds or kilograms?
_____ (lbs)

OR

_____ (kgs)

F4 Refused F5 Don't know

33. How tall are you, in either feet and inches or in centimetres?

_____ (Feet and inches)

OR

_____ (Centimetres)

F4 Refused F5 Don't know

34. RECORD GENDER: DO NOT ASK

1 Male

2 Female

Thank you very much for your time and cooperation. Your answers have been very helpful.

APPENDIX B: TABLE OF CONFIDENCE BOUNDS

STATISTICAL TOLERANCES

Probability Level: 95% confidence interval (19 times out of 20)

Range of error is:

Where percentage shown is

With a sample size of	2% or 98%	4% or 96%	6% or 94%	8% or 92%	10% or 90%	12% or 88%	15% or 85%	20% or 80%	25% or 75%	30% or 70%	35% or 65%	40% or 60%	45% or 55%	50%
100		3.8	4.7	5.3	5.9	6.4	7.0	7.8	8.5	9.0	9.3	9.6	9.8	9.8
150		3.1	3.8	4.3	4.8	5.2	5.7	6.4	6.9	7.3	7.6	7.8	8.0	8.0
200		2.7	3.3	3.8	4.2	4.5	4.9	5.5	6.0	6.4	6.6	6.8	6.9	6.9
250	1.7	2.4	2.9	3.4	3.7	4.0	4.4	5.0	5.4	5.7	5.9	6.1	6.2	6.2
300	1.6	2.2	2.7	3.1	3.4	3.7	4.0	4.5	4.9	5.2	5.4	5.5	5.6	5.7
400	1.4	1.9	2.3	2.7	2.9	3.2	3.5	3.9	4.2	4.5	4.7	4.8	4.9	4.9
500	1.2	1.7	2.1	2.4	2.6	2.8	3.1	3.5	3.8	4.0	4.2	4.3	4.4	4.4
600	1.1	1.6	1.9	2.2	2.4	2.6	2.9	3.2	3.5	3.7	3.8	3.9	4.0	4.0
800	.97	1.4	1.6	1.9	2.1	2.3	2.5	2.8	3.0	3.2	3.3	3.3	3.4	3.5
1,000	.87	1.2	1.5	1.7	1.9	2.0	2.2	2.5	2.7	2.8	3.0	3.0	3.1	3.1
1,200	.79	1.1	1.3	1.5	1.7	1.8	2.0	2.3	2.5	2.6	2.7	2.8	2.8	2.8
1,500	.71	1.0	1.2	1.4	1.5	1.6	1.8	2.0	2.2	2.3	2.4	2.5	2.5	2.5
2,000	.61	.86	1.0	1.2	1.3	1.4	1.6	1.7	1.9	2.0	2.1	2.1	2.2	2.2

How to read: If sample is 500 then 4% could be plus or minus 1.7% 19 times out of 20

Canadian Advertising Research Foundation, Media Research Standards Procedures, 1984.