Information Management

A System We Can Count On

Ontario Health Planning Survey Guide

Ministry of Health and Long-Term Care

Release 2.0

January 31, 2006



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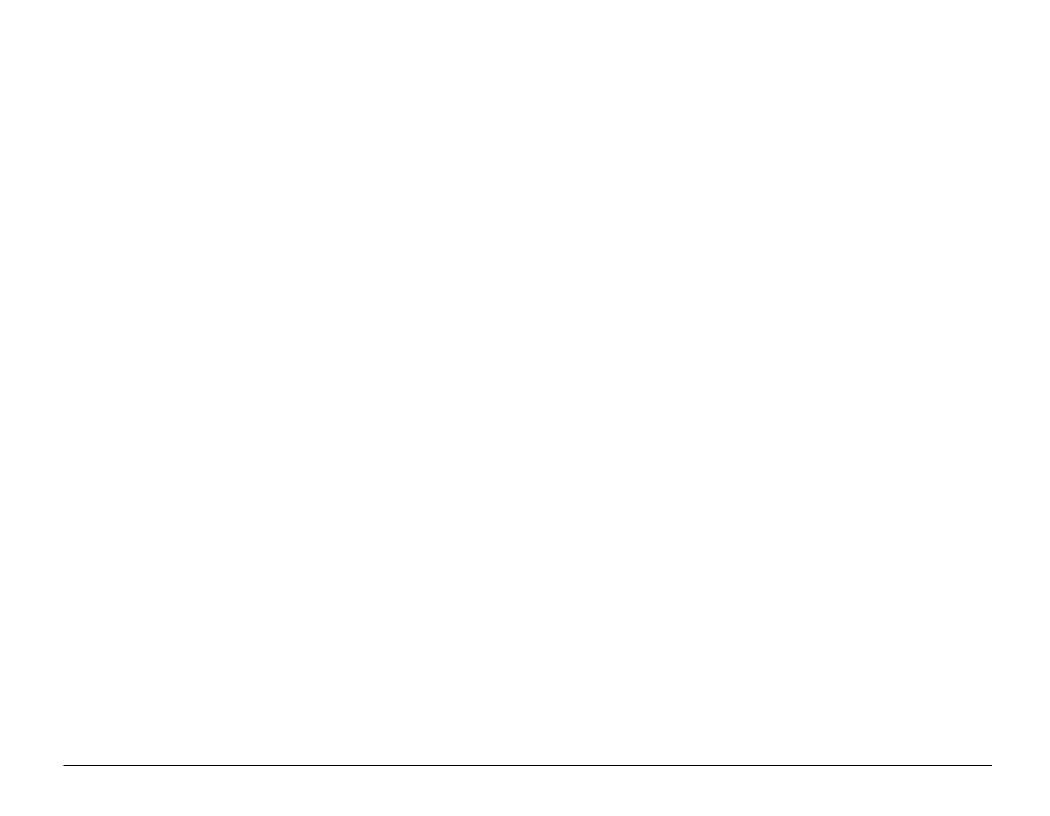
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Introduction

Introduction

Information Management and Changing Health Care

The Ministry of Health and Long-Term Care's Health Results Team for Information Management (HRT-IM), led by Adalsteinn Brown, is spearheading the development of the Ontario government's strategy for managing information. This strategy is designed to produce better data, support accountability and quality improvement through improved performance measurement, and support evidence-based decision-making.

The development of practical handbooks to Ontario's health information holdings, databases and surveys, is part of a suite of products aimed at supporting local and system-wide health care planning activities.

About the Ontario Health Survey Guide

The Ontario Health Planning Survey Guide was developed by the HRT-IM as a companion piece to the Ontario Health Planning Data Guide. The guide presents useful information, such as rationale, methodology, as well as statistical and contact information, related to more than 50 current and historical health-related surveys. It is intended primarily for use by local and system-wide health care planners and analysts involved in research, policy development and information management. Given the breadth of information available in this area, it is not designed to be fully inclusive; however, major surveys in the field of health care are profiled. As new surveys are released, the guide will be updated to reflect these new additions.

Comments

Write to the Health Results Team for Information Management at HRTIM@moh.gov.on.ca with your comments, or if you have additional information to contribute.

How to Read this Survey Guide

The following structure illustrates the layout of each profile and provides the definition for each field.

Survey — This is the	e actual name of th	e survey as given by	the custodian orgai	nization.		
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	Other
Survey Status	☐ Active	☐ Inactive				
Survey General Description Check all that apply (See Glossary of Terms for definitions)	Cancer Services Cardiac Services Cataract Surger Clinical Demographics Diabetes Financial General Populat	3	Health Human R Hip/Knee Joint R MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family S	eplacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's H☐ Other	n Drugs e uries
Web URL	Internet address for	information on this sui	vey.			
INSTRUMENT OVERVIE	1					
Purpose	decision making an		ement activities along	with intended use by lo		nddition, describe the planning, de health care planners and
Survey Limitations	results, limitations of				# of questions in	survey Enter value here.
Instrument Owner	Name of the organi	zation responsible for t	he design and creatior	of the survey.		
Instrument Design] Non-Standardized	validated, piloted, etc		•	e the questions been tested,
Administered By	Who is responsible	for the surveying activi	ties (sending out surve	ey, reminders to comple	ete, quality assuran	ce, etc)
Administered Via	Paper hard copy		Paper hard copy at se		☐ Focus Group Paper hard copy via	fax Other:
Population Check all that apply ☑	If survey targets inc Organizational:	Children Ividuals, specify age ra Acute Care Long-Term Care Rehabilitation Admin Assistant	inge. Community Care Mental Health/Addicti Not Applicable	☐ Complex Cont on ☐ Palliative Care	inuing Care	nergency Care imary Care Other:
Population Size	☐ Census (100% c	f survey population)				
	☐ Sample S	ize State size as pero survey population weights)		Method Conver		Simple Random Other:

Completion of the Survey	Mandatory	☐ Voluntary Response Categorie	es Yes/No Lik	xert Scale	rmat						
DATA OVERVIEW											
Intended Use of Survey Data	☐ Planning	☐ Decision making ☐ Perfor	mance/Quality Improv	ement Activities	Other:						
Data Quality	Comment on he	ow the data is managed to ensure quali	ty of the data. Describ	e error detection activiti	ies and cleaning of data.						
Derived Reports	Indicate the title from the data.	e(s) of the reports that are generated	Report Audience	Who is the intended a	audience for the reports?						
Report Granularity	What are the levels of aggregation of the report? For example, geographical, organizational, disease grouping, age grouping, etc. Survey Data Availability Earliest Data: Month / year of earliest data Latest Data: Month / year of latest data Month / year of latest data										
SURVEY DATA ELEME	NTS										
Key Dimensions/Indicators											
What are the key dimensions / inc	licators used to cat	tegorize questions in the survey?									
DATA ACCESS											
Licensing		r instruments require acceptance of a no on the use of the survey instruments?	on-disclosure agreem	ent as the questions are	proprietary. Are there any restraints /						
Data Users	Identify the o	organization that has access to the data.									
Access Protocol	What is the p	protocol to obtain access to the COMPL	ETE database?								
Accessibility	If external or ☐ Network	ganizations can access the data, check		y.] Others							
Decision Support System Tools	Is there a De	ecision Support Tool that incorporates th	e data that has been	collected?							
CONTACTS											
Support/Questions	Support Org	ganization	Phone #	‡	E-Mail						
	Provide the r	name of the supporting organization.									
	_										
ADDITIONAL NOTES											
Provide additional information the data.	that could be use	eful to planners and analysts (e.g. origin	al intent of survey, ho	ow it evolved, general ac	dvice in the use of the survey as well as						

Introduction Cross Reference Table

Survey/Topical Cross Reference (See glossary for definitions) Survey Profile Name													He	alth	Top	ic										
A Absence From Work Survey			cer Services	liac Services	ract Surgery	ical	ographics	etes	ncial	eral Population Health	th Human Resources	Knee Joint Replacement	CT Scan	bidity	tality	sity	oporosis		ent Safety	atrics	cription Drugs	king	reillance	ma/Injuries	nen's Health	5
Absence From Work Survey	Survey Profile Name	Page	Can	Carc	Cata	Clin	Den	Diak	Fina	Gen	Heal	Hip/	MRI	Mor	Mon	Obe	Oste	Pati	Pati	Pedi	Pres	Smc	Sur	Trau	Won	ğ
Adolescent Health Survey	A																									
Ambulatory Oncology Survey	Absence From Work Survey	108																								•
Ambulatory Oncology Survey	Adolescent Health Survey	74								•																
Barnt-Haldimanck-Norfolk Student Health Survey			•																							
Canadian Addiction Survey 32																										
Canadian Addiction Survey 32	Brant-Haldimand-Norfolk Student Health Survey	8								•												•	•			•
Canadian Addiction Survey																										
Canadian Community Health Survey (1)		32					•																•			•
Canadian Community Health Survey (2)			l	1			•	•		•						•		•			•	•		•	-	•
Canadian Health and Disability Survey							•									•						•			•	•
Canadian Tobacco Use Monitoring Survey																									\rightarrow	
Census 2001																						•			\neg	
D E							•		•																\rightarrow	•
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Family History Survey																										_
Family History Survey																										
Family Physician Survey	-	131																							\dashv	-
General Social Survey				<u> </u>																					\dashv	
General Social Survey		.0																								
Health & Employment Survey		134					•			•								•				•			•	-
Health & Employment Survey		104																								
Health Insider		137																							-	_
Health Needs - Metis Nation of Ontario							-			-								•							-+	
Health Promotion Survey	Health Needs – Metis Nation of Ontario						_											_							-+	
Health Services Access Survey																									-	-
Improving Your Workplace			1										-					•							\dashv	
National Child Care	I lealth Services Access Survey	172																Ť								_
National Population Health Survey	Improving Your Workplace	82									•														_	
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Mathematical Survey																										_
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Mother Infant Survey 78 •		30																								
National Alcohol and Drug Survey 145 National Child Care 160 National Population Health Survey 152 National Survey of the Work & Health of Nurses 24 National Survey on Drinking and Driving National Longitudinal Survey of Children & Youth Northern Ontario Perinatal & Child Health Survey 188 Northern Ontario Perinatal & Child Health Survey 188 Northern Ontario Perinatal & Child Health Survey Northern Ontario Perinatal & Child Health Survey Northern Ontario Perinatal & Child Health Survey		78					•		•					•				•			•				•	•
National Alcohol and Drug Survey 145 National Child Care 160 National Population Health Survey 152 National Survey of the Work & Health of Nurses 24 National Survey on Drinking and Driving 155 National Survey of Children & Youth Northern Ontario Perinatal & Child Health Survey 188 National Survey 188 National Survey 188 Northern Ontario Perinatal & Child Health Survey National Survey 188 Natio																										
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Northern Ontario Perinatal & Child Health Survey 188 • • • • • • • • • • • •			╟	├		-	=		=				\vdash	\vdash			_	_	\vdash			_		\vdash	\dashv	
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	OHA Absence Survey	89									•															•

Introduction Cross Reference Table

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Survey/Topical Cross Reference (See glossary for definitions) Survey Profile Name	Page	Cancer Services	Cardiac Services	Cataract Surgery	Clinical	Demographics	Diabetes	Financial	General Population Health	Health Human Resources	Hip/Knee Joint Replacement	MRI/CT Scan	Morbidity	Mortality	Obesity	Osteoporosis	Patient/Family Satisfaction	Patient Safety	Pediatrics	Prescription Drugs	Smoking	Surveillance	Trauma/Injuries	Women's Health	Other
OHA Health Care Provider Labour Market Survey	86	Ľ	Ĕ	Ŭ	Ŭ	-	_	_	Ť	•	<u> </u>	Ė	_	_	Ť	Ŭ	_	_	_	_	-	Ë		$\vec{\vdash}$	<u> </u>
OHA Health Care Provider Labour Market Survey OHA Healthy Hospital Employee Survey	92	 		\vdash		•	•	 	•	•	-	1		\vdash	•	-		\vdash		•	•		\vdash	•	•
OHA Regional Salary Survey	96								Ė	•											-			\dashv	
Ontario Joint Replacement Registry Followup Survey	100										•													Πİ	
Ontario Child Health Followup Survey	161																							1	•
Ontario Health Survey	164					•			•						•					•	•		•	•	•
Ontario Heart Health Survey	44								•				•											Πİ	•
Ontario Student Drug Use Survey	36								•																
P																									
Participation & Activity Limitation Survey	167					•		•									•								٠
Physical Activity Monitor & Sport Monitor	20					•			٠													٠			
Pulse Survey	16									•															
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Rapid Risk Survey System	48		<u> </u>		<u> </u>										•						•	٠		ш	٠
Resident and Family Satisfaction Survey	54		<u> </u>		<u> </u>												•							\vdash	Ь—
Residential Care Facilities Survey	164							٠																	٠
Simcoe County Child Health Survey	104																							-	•
Survey of Chief Information Officers of Hospitals	66		-		-							-												$\overline{}$	•
Survey of Maternity Leave	170																							•	•
Survey of Smoking Habits	176																				•			-	
System Integration and Change Survey	57									•														Πİ	•
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Tracking Nutrition Trends Survey	12								•																•
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V																									
Violence Against Women	180																							٠	٠
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Υ																									
Youth Smoking Survey	183																				٠				
Z																									

Survey Profiles

Brant -Haldimand-Norfolk Health Unit



Survey Profiles Brant Haldimand Norfolk Health Unit

Brant, Haldimand, Norfolk Student Health Survey									
Survey Frequency	☐ Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	☑ Other <u>1999, 2003</u>			
Survey Status	☐ Active								
Survey General Description Check all that apply (See Glossary of Terms for definitions)		es ry ation Health Statu , Other Drugs, Ga	mbling or Betting, Menta	nt Replacement y Satisfaction		n Drugs e uries			
Web URL	www.bchu.org, ww	/w.haldimand-nor	folk.org/health						
INSTRUMENT OVERVIE	1								
Purpose	To report on health information for pub	n and lifestyle issu blic health progran	ues among students in Gr n planning decisions.	ades 5, 7, 9 and 11 from a	a local perspective a	ınd to be able to use this			
Survey Limitations	- sample se - sexual he students i	election by schoo alth questions no in Grade 5	or class rather simple ra t included in catholic scho	ool board sample and	# of questions in	survey 57, but many check all questions			
Instrument Owner	-		mand-Norfolk Health Unit						
Instrument Design			zed Questions were st (OSDUS), but not		e, many from the O	ntario Student Drug Use Survey			
Administered By	Public Health Staff	•							
Administered Via	☐ Telephone ☐ Paper hard cop	☐ Internet y via postal servi	☐ Intranet ce ☐ Paper hard copy a	☐ In person interview at service location ☐ F	☐ Focus Group Paper hard copy via				
Population	Individual:	Children		Adult S	Seniors No	ot Applicable			
Check all that apply 🗷		Acute Care Long-Term Car Rehabilitation	☐ Community Care ☐ Mental Health/Ad ☐ Not Applicable	☐ Complex Cont diction ☐ Palliative Care		mergency Care rimary Care			
	Respondent Role:	Admin Assist	ant 🗌 Nurse 🔃 Mar	ager	er 🗌 Director	Other: <u>Student</u>			
Population Size	☐ Census (100%	of survey populat	ion)						
	⊠ Sample S	Size 2317	Sam	ple Method ☐ Conver ☐ Stratific	nience 🔲 ed Random 🗀	Simple Random Other:			
Completion of the Survey	☐ Mandatory	∑ Voluntary R	esponse Categories 🗵	Yes/No ⊠ Likert Scale ⊠	Free text format	Other			

Survey Profiles Brant Haldimand Norfolk Health Unit

DATA OVERVIEW								
Intended Use of Survey Data	⊠ Planning	☐ Decision making	☐ Performa	nce/Quality	Improv	ement Activities	Other:	
Data Quality	There were ma	a in 2003 was entered into any errors that arose and the ed what was entered into the	e data cleaning	process too	k 2 mor	nths to complete, d	uring which time we e	
Derived Reports	 (2001). 2003 Brand Survey, For Alcohol, Carrell Sexual Herright Tobacco Ure Nutrition and 	dimand-Norfolk Student He t, Haldimand, Norfolk Stud ocus on: annabis and Other Drug U alth (Jan. 2005) Jse (March 2005 Revised) nd Physical Activity (May 2 alth, Sleep, and Gambling	ent Health se (Nov. 2004)	Report Audience		Public Health, So	chool Boards, Planner	s and General Public
Report Granularity	Sex and Grade)			Survey	Data Availability	Earliest Data: Decemb Latest Data: Novemb	
SURVEY DATA ELEME	NTS							
Key Dimensions/Indicators								
Modules 1. Nutrition 2. Physical Activity 3. Sleep 4. Alcohol 5. Smoking 6. Cannabis 7. Drugs 8. Gambling or Betting 9. Mental Health 10. Sexual Health								
DATA ACCESS								
Licensing	Not at this tin	ne.						
Data Users	Brant County	/ Health Unit and Haldimar	nd-Norfolk Healtl	n Unit				

Others _

Contacts

□ Network

Health Unit Operational Planning and Evaluations

☐ Extranet

Access Protocol

Decision Support System Tools

Accessibility

Survey Profiles Brant Haldimand Norfolk Health Unit

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ADDITIONAL NOTES	

Canadian Council on Food Nutrition



Survey Profiles Canadian Council On Food Nutrition

Tracking Nutrit	ion Trends (TNT)
Survey Frequency	☐ Biennially ☐ Annually ☐ Bi-annually ☐ Quarterly ☐ Monthly ☐ Other every 3 years (being determined)
Survey Status	☐ Active ☐ Inactive
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services ☐ Health Human Resources ☐ Patient Safety ☐ Cardiac Services ☐ Hip/Knee Joint Replacement ☐ Pediatrics ☐ Cataract Surgery ☐ MRI/CT Scan ☐ Prescription Drugs ☐ Clinical ☐ Morbidity ☐ Smoking ☐ Demographics ☐ Mortality ☐ Surveillance ☐ Diabetes ☐ Obesity ☐ Trauma/Injuries ☐ Financial ☐ Osteoporosis ☐ Women's Health ☐ General Population Health Status ☐ Patient/Family Satisfaction ☐ Other consumer knowledge, attitudes and behavior related to food and nutrition ☐ Other consumer knowledge, attitudes and
Web URL	www.ccfn.ca
INSTRUMENT OVERVI	
Purpose Survey Limitations	To test consumer knowledge, attitudes and behavior on food and nutrition issues over time (5 studies have been done since 1989)
Survey Limitations	self reported data # of questions in survey 41
Instrument Owner	The Canadian Council of Food and Nutrition (used to be the National Institute of Nutrition)
Instrument Design	Standardized ☐ Non-Standardized
Administered By	TSN Canadian Facts & Dr. Richard Jenkins
Administered Via	☐ Telephone ☐ Internet ☐ Intranet ☐ In person interview ☐ Focus Group ☐ Paper hard copy via postal service ☐ Paper hard copy at service location ☐ Paper hard copy via fax ☐ Other:
Population Check all that apply	Individual: ☐ Children ☐ Youth ☐ Adult ☐ Seniors ☐ Not Applicable
опоск ан тасарру 🖻	Organizational: ☐ Acute Care ☐ Community Care ☐ Complex Continuing Care ☐ Emergency Care ☐ Long-Term Care ☐ Mental Health/Addiction ☐ Palliative Care ☐ Primary Care ☐ Rehabilitation ☑ Not Applicable
	Respondent Role: Admin Assistant Nurse Manager Senior Manager Director Other: consumer
Population Size	☐ Census (100% of survey population)
	Sample Size 2,405 Sample Method ☐ Convenience ☐ Simple Random ✓ Stratified Random ☐ Other:
Completion of the Survey	☐ Mandatory ☐ Voluntary Response Categories ☐ Yes/No ☐ Likert Scale ☐ Free text format ☐ Other multiple choice

DATA OVERVIEW Intended Use of Survey Data □ Planning □ Decision making □ Performance/Quality Improvement Activities □ Other: □ Oth										
Data Quality Data Quality Performance/Quality improvement Activities Other:										
Derived Reports Tracking Nutrition Trends (TNT) Report Audience Multi-sector - Government, Industry, Commodity Groups Report Granularity Survey Data Availability Earliest Data:										
Report Granularity Survey Data Availability Earliest Data:	xcellent, can compare with past surveys completed									
	etc.									
SURVEY DATA ELEMENTS										
Key Dimensions/Indicators										
Attitudes about Food & Nutrition (self reported) on food safety Public understanding of - dietary fiber, carbohydrates, anti-oxidants, cholesterol, fat content of margarine and butter and Trans fat Information about Food & Nutrition - source of food & nutrition information and the credibility of the information sources Product labels - frequency of reading labels, ability to find information on labels, use of information on labels, Food choices - self-rated eating habits and health, house-holds with person with a condition affecting food choice, taste, nutrition, cost & convenience, selection of food based on nutrition content, use of supplements and eating meals prepared at home vs out Eating habits - personal changes to eating habits, type of change or improvement, reason for change in eating habits, weight control, maintaining current weight, reason to change weight, efforts to change weight, popular diets										
DATA ACCESS										
Licensing										
Licensing Data Users Sponsors access all data										
Licensing										
Licensing Data Users Sponsors access all data										
Licensing Data Users Sponsors access all data Access Protocol Organization members may purchase reports of the survey										
Licensing Data Users Sponsors access all data Access Protocol Organization members may purchase reports of the survey Accessibility □ Network □ Internet □ Extranet ☑ Hard Copy ☑ Others back issues via internet Decision Support System										
Licensing Data Users Sponsors access all data Access Protocol Organization members may purchase reports of the survey Accessibility Network Internet Extranet Hard Copy Others back issues via internet Decision Support System Tools Tools Tools Tools										
Licensing Data Users Sponsors access all data Access Protocol Organization members may purchase reports of the survey Accessibility □ Network □ Internet □ Extranet ☑ Hard Copy ☑ Others back issues via internet Decision Support System Tools CONTACTS										

Canadian Council on Health Services Accreditation



Pulse Survey						
Survey Frequency	Biennially	□ Annually	⊠ Bi-annually	□ Quarterly	☐ Monthly	Other
Survey Status	□ Active	☐ Inactive				
Survey General Description Check all that apply (See Glossary of Terms for definitions)	Cancer Services Cardiac Services Cataract Surgery Clinical Demographics Diabetes Financial General Population	on Health Status	□ Health Human Res □ Hip/Knee Joint Rep □ MRI/CT Scan □ Morbidity □ Mortality □ Obesity □ Osteoporosis □ Patient/Family Satis	lacement	Patient Safety Pediatrics Prescription D Smoking Surveillance Trauma/Injurie Women's Hea	Drugs es
Web URL						
INSTRUMENT OVERVI	EW					
Purpose	To design and test a	Pulse Survey that will	enable health service or	ganizations to monitor	r key work life indica	
Survey Limitations				#	of questions in su	urvey 22 + demographics
Instrument Owner	CCHSA and OHA					·
Instrument Design	☐ Standardized ☐	Non-Standardized				
Administered By	CCHSA	·				
Administered Via	☐ Telephone ☐ Paper hard copy		Intranet Ir Paper hard copy at serv	n person interview rice location	☐ Focus Group per hard copy via fa	x Dther:
Population Check all that apply ☑	Individual:	Children	Youth	∖dult	niors 🖂 Not	Applicable
Спеск ан тат арруу 🗷		Long-Term Care 🔲 Rehabilitation	Community Care Mental Health/Addiction Not Applicable	_	☐ Prim	rgency Care ary Care
	Respondent Role: [and physicians	Admin Assistant	Nurse	Senior Manager	☐ Director 🖂	Other: open to all employees
Population Size	☐ Census (100% of	survey population)				
	☐ Sample Size	ze	Sample M			imple Random other:
Completion of the Survey	☐ Mandatory 🖂	Voluntary Respons	se Categories	lo 🛭 Likert Scale 🖾 Fr	ree text format Other	er

DATA OVERVIEW								
Intended Use of Survey Data		□ Decision making	⊠ Perfo	ormance/Quality	/ Improve	ement Activities	☐ Other:	
Data Quality								
Derived Reports				Report Aud	ience			
Report Granularity	The results are 1. Survey asked to particity questionnaires) 2. Demographic id 3. Emplo (percentage of organizational of the 21 Pulse St. 5. Combinersponses for the and organization (positive' percent and organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coverall organization of the coveral organization of the coveral organization of the coveral organization of the coveral organization of the coveral organization of the coveral organization of the coveral organization of the coveral organization organization of the coveral organization organizati	Earliest Data: Latest Data:						
SURVEY DATA ELEME	NTS							
Key Dimensions/Indicators								
Work environment (11 measures) Individual Outcomes (5 measures) Organizational Outcomes (5 meas Employee suggestions								
DATA ACCESS								
Licensing								
Data Users								
Access Protocol								_
Accessibility	☐ Network	☐ Internet [Extranet	☐ Hard Copy	/ 🗆	Others		_
Decision Support System Tools								

CONTACTS								
Support/Questions	Support Organization	Phone #	E-Mail					
Tracy Murphy	CCHSA	(613) 738-3800x249	murt@cchsa.ca					
Andrea Parent	OHA	(416) 205-1414	aparent@oha.com					

ADDITIONAL NOTES

For more information on the CCHSA-OHA pulse survey pilot test, please contact Tracy Murphy or Andrea Parent at the coordinates above.

Canadian Fitness and Lifestyle Research Institute



Physical Activit	y Monitor	an	d Sport M	1onitor					
Survey Frequency	Biennially	\boxtimes	Annually	☐ Bi-annu	ally 🔲 Q	uarterly	☐ Monthly	Other	Follows a 5 year cycle
Survey Status	⊠ Active ☐ Inactive								
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cataract Surgery [☐ Clinical [Hip/Kne MRI/CT Morbidit Mortality Obesity Osteopo	 ☐ Health Human Resources ☐ Hip/Knee Joint Replacement ☐ MRI/CT Scan ☐ Morbidity ☐ Mortality ☐ Obesity ☐ Osteoporosis ☐ Patient/Family Satisfaction 		☐ Patient Safety ☐ Pediatrics ☐ Prescription Drugs ☐ Smoking ☑ Surveillance ☐ Trauma/Injuries ☐ Women's Health ☐ Other Factors related to physical activity		to physical activity	
Web URL	http://cflri.ca/cflri/	resour	ces/index.html						
INSTRUMENT OVERVIE	EW								
Purpose			I was to describe phanges over time.						
Survey Limitations	Includes individua	als who	have access to a	telephone. D	ata are self-reports	. #	of questions in	survey	Varies by year
Instrument Owner	Canadian Fitness	and L	ifestyle Research I	nstitute		•		•	
Instrument Design	Standardized Standardized	□No		been validate and Territoria	ed. The content of al government depa tions in the scientifi	the Monitor is artment respon	developed in colla sible for physical	boration was	g instruments and have ith Federal, Provincial ed on their needs and e formal Ethics Review
Administered By	Institute for Socia	l Rese	arch, York Univers						
Administered Via	☐ Telephone☐ Paper hard co	☐ Inte		Intranet Paper hard	☐ In persor	n interview ation	☐ Focus Group per hard copy via		Other:
Population Check all that apply ☒	Individual:	☐ Ch	_	Youth		⊠ Se		t Applicabl	е
опеск ан тасарру 🖻	Organizational:	Lor	ng-Term Care 🔲	Community Mental Heal Not Applicat	th/Addiction 🔲 Pa	omplex Contin alliative Care		nergency C imary Care	
	Respondent Role	:	Admin Assistant 🗌	Nurse	Manager 🗌 Se	enior Manager	☐ Director ☐	Other: In	dividual/Parent
Population Size	☐ Census (100%								
	⊠ Sample	Size	Minimum of 4,000	per annum	Sample Method	with the prol	Random 🖂	n approxim	indom iple random sample ately proportional to

Completion of the Survey	☐ Mandatory		Response Categorie			t Scale ⊠ Free text f ns that are not part of	ormat ☑ Other Some are continuous and some a Likert Scale	
DATA OVERVIEW								
Intended Use of Survey Data	☑ Planning advocacy	□ Decision m	naking 🔀 Perfor	mance/Quality	/ Improv	ement Activities	☑ Other: Public education and	
Data Quality	The main measures have documented validity and reliablity. The computer-assisted telephone interviews are randomly monitored for quality. Response rates initially exceed 60%, but declined in the early 2000s to just over 50% response rates. Based on an examination of converted refusals and hard-to-reach respondents, no response bias has been detected between respondents and non-respondents							
Derived Reports		available for dow flri.ca/cflri/resoul	vnload on CFLRI rces/index.html	Report Aud	lience	promotion. Policy physical activity p	nt officials responsible for physical activity remakers and professionals interested in promotion and population health issues. de researchers, the media and general	
Report Granularity	community size Canada, individ	ments (age, sex, language, education, income,) lual Provinces, Territories combined and separately erritories and Yukon annually (Nunavut periodically)				Data Availability	Earliest Data: 1995; based on an earlier CFLRI survey the 1988 Campbell's Survey of Well-Being in Canada Latest Data: 2004, Ongoing	

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

The Physical Activity Monitor and Sport Monitor are part of the CFLRI's Monitoring Program. They collect indicators on a range of topics that vary annually related to:

Physical activity level and participation in sport

Self-reported height and weight

General health status

Social and physical environmental determinants of physical activity

<u>Data collection for this program is cyclical in nature based on a 5 year rotation of topics</u> (See table of contents of reports at http://cflri.ca/cflri/resources/index.htm) . Cycles include:

- (1) A communication and social marketing perspective as it relates to physical activity
- (2) A focus on local opportunities in the community to be active
- (3) A focus on factors related to children and youth physical activity patterns
- (4) A focus on opportunities to be active in the workplace (Physical activity Monitor only)
- (5) A focus on trend information.

DATA ACCESS										
Licensing	Data files are not publicly available. Custom tabulations are available for purchase. In addition, there is the possibility of purchasing additional questions or samples									
Data Users	Federal, Provincial, Territorial government officials, health and physical activity promotion professionals, researchers. Data is generally available through reports only.									
Access Protocol	Custom tabulations are available for puchase by communicating directly to the CFLRI and providing table specifications.									
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐ Hard C	opy								
Decision Support System Tools	Searchable database									
CONTACTS										
Support/Questions	Support Organization	Phone #	E-Mail							
Operations Manager, Physical Activity and Sport Monitors	Canadian Fitness and Lifestyle Research Institute	(613) 233-5528	info@cflri.ca							

ADDITIONAL NOTES

The Monitors are part of a comprehensive monitoring system for physical activity and sport, which includes setting based surveys in addition to the annual population surveys

Canadian Institute for Health Information



National Surve	y of the W	ork and He	alth of I	Nurses					
Survey Frequency	Biennially	☐ Annually	☐ Bi-annua	ally 🔲 Qu	arterly	☐ Monthly	Other to be determined		
Survey Status	□ Active	☐ Inactive							
Survey General Description Check all that apply ☑ (See Glossary of Terms for definitions)	Cancer Service Cardiac Service Cataract Surge Clinical Demographics Diabetes Financial General Popula	es	Hip/Kne MRI/CT Morbidit Mortality Obesity Osteopo	y ·	nt	Patient Safe Pediatrics Prescription Smoking Surveillance Trauma/Inju Women's H	n Drugs e uries		
Web URL	http://www.cihi.ca/	'nswhn							
INSTRUMENT OVERVIE	EW								
Purpose	The survey will be administered to a sample of Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Registered Psychiatric Nurses (RPNs) from across Canada. The survey will help to identify relationships between selected health outcomes, the work environment and work life experiences.								
Survey Limitations	Unknown – survey	not yet implemented				# of questions in	survey ~250		
Instrument Owner	- Nursing Sector S - Canadian Surve - Canadian Comn - Labour Force S - The Workplace	y of Giving, Volunteerii nunity Health Survey (S urvey (Statistics Canad and Employee Survey	ng and Participa Statistics Canad da)	ating (Statistics Can la)		. Examples include	o:		
Instrument Design		☐ Non-Standardized							
Administered By	Statistics Canada								
Administered Via		Internet by via postal service [☐ Intranet ☐ Paper hard o	☐ In person opy at service locat		☐ Focus Group aper hard copy via			
Population Check all that apply 🗷	Individual:	Children [Youth	☐ Adult			t Applicable		
опеск ан тасарру 🖻	Organizational: [[Acute Care [Long-Term Care [Rehabilitation [☐ Community (☐ Mental Healt ☑ Not Applicab	h/Addiction 🗌 Pa	mplex Conti Iliative Care		nergency Care imary Care		
	Respondent Role:	Admin Assistant	⊠ Nurse □	Manager Se	nior Manage	er 🗌 Director 🖺	Other:		
Population Size		of survey population)							
	⊠ Sample	Size 24000		Sample Method	☐ Conven ☐ Stratifie		Simple Random Other:		

Survey Profiles						Canadian Institute for Health Information
Completion of the Survey	Mandatory		Response Categorie	S Yes/No 🛛 L	Likert Scale ⊠ Free text t	format Other
DATA OVERVIEW						
Intended Use of Survey Data	⊠ Planning	□ Decision m	aking 🔀 Perfor	mance/Quality Imp	provement Activities	☐ Other:
Data Quality	Data Quality An	alysis				
Derived Reports	to be determine	d		Report Audiend	Health human re	source researchers and policy makers.
Report Granularity	to be determined	d		Su	rvey Data Availability	Earliest Data: n/a Latest Data: n/a
SURVEY DATA ELEME	NTS					
Key Dimensions/Indicators						
A. Job Satisfaction B. Hours of Work C. Absenteeism D. Work Equipments E. General Health F. Work Stress G. Exposure to Risk H. Alcohol, Smoking & Medication	n Use					
DATA ACCESS	,					
Licensing	None					
Data Users	Statistics Can	ada, Health Can	ada & the Canadian In	stitute for Health I	nformation.	
Access Protocol	To be determ	ined				
Accessibility	☐ Network	☐ Internet	☐ Extranet	☐ Hard Copy	Others	
Decision Support System Tools						
CONTACTS						
Support/Questions	Support Orga	anization		Phor	ne #	E-Mail
Project Consultant, Health Human Resources	Canadian Inst	itute for Health I	nformation	(613)	241-7860	nursing@cihi.ca
ADDITIONAL NOTES						

Cancer Care Ontario



Survey Profiles Cancer Care Ontario

Ambulatory Oncology Survey							
Survey Frequency	Biennially		☐ Bi-annually	☐ Quarterly	☐ Monthly	Other	
Survey Status	□ Active	☐ Inactive					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	Cancer Services Cardiac Service Cataract Surger Clinical Demographics Diabetes Financial General Popular	S	☐ Health Human R ☐ Hip/Knee Joint R ☐ MRI/CT Scan ☐ Morbidity ☐ Mortality ☐ Obesity ☐ Osteoporosis ☐ Patient/Family S	Replacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Injui ☐ Women's He	Drugs	
Web URL	?						
INSTRUMENT OVERVI	EW						
Purpose	Collaboration betwee provided.	een Cancer Care Onta	ario and OHA to suppor	t client centred care ar	nd continuous improve	ment of the	quality of care
Survey Limitations	population.	ulatory cancer progran	ns; excludes inpatient e	xperience for this	# of questions in s	survey 80	
Instrument Owner	NRC Picker						
Instrument Design	☐ Standardized ☐ Non-Standardized						
Administered By	Ontario Hospital Association						
Administered Via	☐ Telephone ☐ ☐ Paper hard copy	Internet [y via postal service [☐ Intranet ☐ Paper hard copy at s	In person interview ervice location	☐ Focus Group Paper hard copy via f	ax 🔲	Other:
Population Check all that apply	Individual:] Children [Youth	Adult 🖂	Seniors	Applicable	
опеск ан тас арру 🖻	Organizational:						
	Respondent Role:	Admin Assistant [☐ Nurse ☐ Manag	er Senior Manag	ger 🗌 Director 🗵	Other: Regi	onal Vice Presidents
Population Size	· ·	of survey population)					
	☐ Sample S	Size 8000	Sample	• Method ☐ Conve ☑ Stratif		Simple Rando Other:	om
Completion of the Survey	☐ Mandatory	✓ Voluntary Response	nse Categories X Ye	s/No ⊠ Likert Scale ⊠	Free text format Ot	her	

Survey Profiles Cancer Care Ontario

DATA OVERVIEW							
Intended Use of Survey Data	⊠ Planning	□ Decision making	ing 🛚 🖾 Perfor	mance/Quality	/ Improve	ement Activities	Other:
Data Quality	Target population is ambulatory cancer patients, determined by ICD 10 coding.						
Derived Reports	Regional report; Cancer System Quality Index Report Auc			lience	Public, Cancer Quality Committee of Ontario, Region Cancer Programs		
Report Granularity					Survey	Data Availability	Earliest Data: <u>November</u> Latest Data: <u>January</u>
SURVEY DATA ELEMEN	NTS						
Key Dimensions/Indicators							
1. Criteria 2. About Your Diagnosis 3. Planning Your Treatment 4. About Your Tests 5. About Your Surgery 6. About Your Chemotherapy 7. About Your Radiation Therapy 8. Symptom Management 9. Your Health Care Providers 10. Additional Questions 11. Your Overall Impression of You	ur Care In the Past 6	6 Months					
DATA ACCESS							
Licensing	NRC-Picker, Canada						
Data Users	Designated users in each Integrated Cancer Program/Hospital						
Access Protocol	Pass word protected						
Accessibility	☐ Network		☐ Extranet	☐ Hard Cop	у 🗆	Others	
Decision Support System Tools							
CONTACTS							
Support/Questions	Support Orga	anization			Phone #		E-Mail
Esther Green	Cancer Care (Ontario		(416) 217	7-1278	esther green@cancercare on ca

Survey Profiles Cancer Care Ontario

ADDITIONAL NOTES

Specialty survey tool: ambulatory cancer patient population. All Integrated Cancer Programs (12) participate annually. Other hospitals with cancer clinics can voluntarily participate if funding is available in their budgets. First report of provincial data was reported publically on the Cancer System Quality Index of Ontario. Currently four other provinces are using the tool we created: Alberta, Saskatchewan, Manitoba and Nova Scotia.

Centre for Addiction and Mental Health



Canadian Addi	ction Surv	ey				
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly 🖂 🤇	Other
Survey Status	☐ Active					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	Cancer Service Cardiac Service Cataract Surger Clinical Demographics Diabetes Financial General Popula	S	Health Human Re Hip/Knee Joint Re MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sa	eplacement	☐ Patient Safety☐ Pediatrics☐ Prescription Drug☐ Smoking☐ Surveillance☐ Trauma/Injuries☐ Women's Health☐ Other Alcohol and	
Web URL						
INSTRUMENT OVERVI	ΕW					
Purpose	The CAS is one of the most detailed and extensive addiction surveys ever conducted in Canada, with over 400 unique questionnaire items; the key objectives of the survey are as follows: 1. To determine the prevalence, incidence and frequency of alcohol and other drug use in the Canadian population aged 15 and older; 2. To measure the extent of harms that are associated with those individuals who use alcohol and other drugs; 3. To assess the context of use and identify the risk and protective factors related to the use and consequences of alcohol and other drug use; 4. To measure the public's opinions, views and knowledge regarding existing and potential addiction policies, and to identify emerging policy issues; 5. To provide baseline data for future evaluations of the effectiveness of Canada's Drug Strategy and other efforts to reduce the harm associated with alcohol and other drug use.					
Survey Limitations	Phone survey - not youth, et.c.)	able access hard-to-	reach populations (injecti	on drug users, street	# of questions in surve	y 400
Instrument Owner	The Canadian Addiction Survey is a collaborative initiative sponsored by Health Canada, the Canadian Executive Council on Addictions (CECA)—which includes the Canadian Centre on Substance Abuse (CCSA); Alberta Alcohol and Drug Abuse Commission (AADAC); the Addictions Foundation of Manitoba (AFM); the Centre for Addiction and Mental Health (CAMH), Prince Edward Island Provincial Health Services Authority, the Kaiser Foundation/Centre for Addictions Research of BC (CAR-BC)—and the provinces of Nova Scotia, New Brunswick and British Columbia.					
Instrument Design		⊠ Non-Standardized		nique content areas in		

Survey Profiles Centre for Addiction and Mental Health • Newly developed health-related quality of life indicator (HRQoL); Occasion-based drinking characteristics; • World Health Organization Alcohol Use Disorders Identification Test (WHO AUDIT) to measure highrisk drinking; Detailed items related to cannabis use opportunities, reasons and market factors; •World Health Organization Alcohol, Smoking and Substance Involvement Screening Test (WHO ASSIST) to measure hazardous or harmful illicit drug use: • Extended detail on personal and contextual factors for illicit drug use: • An extended section on drug use harms and victimization; New national estimate of drug use and driving; New material assessing unmet treatment needs: and • New material allowing researchers to further study economic cost issues. **Administered By** Carried out under contract by Joliceur and Associates, Montreal Telephone Intranet ☐ Focus Group Administered Via ☐ Internet ☐ In person interview ☐ Other: Paper hard copy via postal service Paper hard copy at service location ☐ Paper hard copy via fax **Population** ⊠ Seniors Individual: Children ⊠ Youth ⊠ Adult ☐ Not Applicable Check all that apply **Z** ☐ Complex Continuing Care Community Care ☐ Acute Care Emergency Care Organizational: ☐ Long-Term Care ☐ Primary Care ☐ Rehabilitation ☐ Not Applicable ☐ Manager ☐ Senior Manager Respondent Role: Admin Assistant Nurse ☐ Director ☐ Other: **Population Size** ☐ Census (100% of survey population) Convenience **Size** The CAS sample included Sample Method ☐ Simple Random 13,909 Canadians aged 15 Stratified Random Other: and older who were interviewed by telephone **Completion of the Survey** Response Categories
☐ Yes/No
☐ Likert Scale
☐ Free text format
☐ Other ☐ Mandatory DATA OVERVIEW Intended Use of Survey □ Planning □ Decision making □ Performance/Quality Improvement Activities ○ Other: Prevalence/Epidemiology Data **Data Quality** Electronic format **Derived Reports** Adlaf, E.M., Begin, P., & Sawka, E. (Eds.). (2005). **Report Audience** Varied Canadian Addiction Survey (CAS): A national survey of Canadians' use of alcohol and other drugs: Prevalence of use and related harms: Detailed report. Ottawa: Canadian Centre on Substance Abuse. Others forthcoming

Survey Data Availability

Earliest Data: 2004

Latest Data: 2004

Wide-ranging

Report Granularity

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

Alcohol Use

This chapter reports on five measures of alcohol use, including drinking status, drinking frequency, usual consumption, frequency of heavy drinking and compliance with low-risk drinking guidelines.

Alcohol Problems

This chapter examines alcohol problems experienced by Canadians. It addresses three areas of problem measures: harm to oneself because of one's own alcohol use; harm because of the alcohol use of others; and the Alcohol Use Identification Test (AUDIT), a measure of high-risk drinking.

Cannabis Use and Problems

The focus of this chapter is on the use of cannabis, such as marijuana and hashish. It describes the lifetime and past-12-month prevalence of cannabis use and various concerns related to its use.

Other Drug Use and Problems

The focus of this chapter is on the use of drugs other than cannabis. It sets out the lifetime and past-12-

month prevalence of eight drug-use behaviours: cocaine or crack; hallucinogens, PCP or LSD; speed or amphetamines; heroin; ecstasy (MDMA) or other similar drugs; inhalants—glue, gasoline or other solvents; steroids; and intravenous drug use.

Provincial Comparisons

This chapter presents findings across provinces on prevalence of use of alcohol and illicit drugs and associated

harms reported in key life areas, following methods and measures outlined in chapters comprising this report.

Changes in Alcohol and Other Drug Use

This chapter compares results from the Canadian Addiction Survey (CAS) with the NADS and the

CADS. The chapter examines changes over time, but does not present an exhaustive review of data produced on alcohol and other drugs in the past.

DATA ACCESS					
Licensing	None				
Data Users	Resultant database is available to researchers via appl	lication process			
Access Protocol	The CAS microdata file is now available for public use for non-commercial, scientifically rigorous research and teaching purposes. Academic researchers may access the data file through the Data Liberation Initiative. All normal DLI licence restrictions apply to those choosing this route. Non-academic researchers may be granted access through a CCSA/Carleton University partnership. The Data Liberation Initiative (DLI) represents a cooperative effort between Statistics Canada and the Canadian academic community. It provides participating Canadian post-secondary institutions with affordable and equitable access to Statistics Canada standard electronic data products, databases, public use microdata files and geographical files. For more information on the DLI, please visit the Statistics Canada website. All other researchers, research organizations and academics who wish to analyze the data outside the confines of the DLI licence, may apply for access to the CAS data through the CCSA/Carleton University partnership. CCSA and Carleton University have signed a five-year Memorandum of Agreement that is intended to provide a bridge between academic excellence and the addictions field. Working together to make the CAS data publicly accessible is a highlight of the partnership.				
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐	Hard Copy			
Decision Support System Tools	N/A				
CONTACTS					
Support/Questions	Support Organization	Phone #	E-Mail		
Ed Adlaf	САМН	416-535-8501	Edward_Adlaf@camh.net		
Patricia Begin	CCSA	613-235-4048	pbegin@ccsa.ca		
ADDITIONAL NOTES					

Survey Profiles Centre For Addiction and Mental Health

The Ontario Student Drug Use Survey (OSDUS)						
Survey Frequency	⊠ Biennially	☐ Annually	☐ Bi-annually	Quarterly	☐ Monthly	Other
Survey Status	□ Active	☐ Inactive				
Survey General Description Check all that apply ☑ (See Glossary of Terms for definitions)	Cancer Services Cardiac Services Cataract Surgery Clinical Demographics Diabetes Financial General Populati	3	Health Human Resc	acement	Patient Safe Pediatrics Prescription Smoking Surveillance Trauma/Injui Women's He	Drugs
Web URL	http://www.camh.ne	t/research/osdus.html				
INSTRUMENT OVERVII	EW					
Purpose	The OSDUS is an on-going epidemiological school-based survey of Ontario students, conducted every two years since 1977 by the Centre for Addiction and Mental Health (CAMH). The main purpose of this cross-sectional survey is to describe trends in the prevalence, incidence, and patterns of substance use. Mental health (e.g., depression), physical health (e.g., exercise), and risk behaviours (e.g., gambling, violence) are also monitored. The determinants and correlates of the above indicators are also examined, namely demographic, family, and school factors. The OSDUS fits into the population health framework promoted by Health Canada and the World Health Organization, which is an evidenced-based approach requiring the surveillance of a broad set of health indicators and determinants among the general public. The resulting knowledge is applied to develop and implement policies and programs to improve the well-being of the population. Monitoring adolescent health behaviours and determinants is an integral part of any comprehensive public health program targeting youth. The ongoing measurement and understanding of health status and risky behaviours among youth equips health, education and governmental officials in setting health priorities and facilitating preventative policies, programs and services that address youth needs.					
Survey Limitations	Sample Coverage: This school-based survey excludes adolescents not enrolled in the Ontario public or Catholic school systems – that is, dropouts, those in private schools, correctional institutions, Indian reserves, Canadian Forces bases, and those in the far northern region of the province. Also excluded are students in special education classes, and English-as-a-Second-Language classes. Nature of the Data: OSDUS data are based on self-reported behaviour, and are therefore subject to under-reporting or over-reporting. Further, because of the cross-sectional design, we do not follow the same students across time, we cannot identify causes of change or the temporal ordering of effect. Also, to what extent our findings are adolescent-limited (e.g., to what extent cannabis use declines or ceases with transition into young adulthood) cannot be determined					
Instrument Owner		ction and Mental Health				
Instrument Design	Standardized	Non-Standardized				

Survey Profiles Centre For Addiction and Mental Health

Administered By	The Institute for Social Research (ISR) at York University				
Administered Via	☐ Telephone ☐ Internet ☐ Intranet ☐ In person interview ☐ Focus Group ☐ Paper hard copy via postal service ☐ Paper hard copy at service location ☐ Paper hard copy via fax ☐ Other:				
Population	Individual: \[\int \text{Children} \] \[\int \text{Youth} \] \[\int \text{Adult} \] \[\int \text{Seniors} \] \[\int \text{Not Applicable} \]				
Check all that apply 🗷	Organizational: Acute Care Community Care Complex Continuing Care Emergency Care				
	☐ Long-Term Care ☐ Mental Health/Addiction ☐ Palliative Care ☐ Primary Care ☐ Rehabilitation ☐ Not Applicable				
	Respondent Role: Admin Assistant Nurse Manager Senior Manager Director Other:				
Population Size	Census (100% of survey population)				
	Sample Size 1% of 980 000 students Sample Method □ Convenience □ Simple Random Stratified Random □ Other:				
Completion of the Survey	☐ Mandatory ☑ Voluntary Response Categories ☐ Yes/No ☑ Likert Scale ☐ Free text format ☐ Other				
DATA OVERVIEW					
Intended Use of Survey Data	☑ Planning ☐ Decision making ☐ Performance/Quality Improvement Activities ☐ Other:				
Data Quality	Several measures are taken to ensure high quality data:				
	1) The questionnaire is written at a 7th-grade reading level to ensure comprehension. 2) The data are entered using a 100% verification method.				
	3) Exclusion criteria are used in the data-cleaning phase. Respondents are excluded from the final data file if they (1) do not provide a valid age or sex; (2) report the use of a fictitious drug; (3) report using most of the (13) illicit drugs 40 or more times during the past year; or (4)				
	have missing values for all the core drug questions. If a case meets one of these criteria, then it is excluded.				
Derived Reports	For each OSDUS survey, two reports are published: Report Audience CAMH Staff in youth programming planning areas; Ontario				
	(1) a detailed Drug Use Report showing trends since public health and school officials; Canadian and international researchers in addiction and mental health epidemiology				
	(2) a detailed Mental Health and Well-being Report: showing trends since 1991.				
Report Granularity	Levels of aggregation: by grade, by sex, by region Survey Data Availability Earliest Data: 1977 Latest Data: 2005				
	Latest Data. 2005				

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

ADDITIONAL NOTES

- A Alcohol and Other Drug Use Past-Year Prevalence
- B Alcohol and Other Drug Use Problem Indicators
- C Conduct / Delinquent Behaviour (e.g. violent acts, bullying)
 D Demographics and Environmental Variables (e.g. family life, school life)
- E Gambling Behaviour and Problems
- F Health Care Utilization (e.g. visits to the doctor, mental health professional, presription drug use)
- G Mental Health Indicators (e.g. depression)
- H Negative Consequences of Alcohol and Other Drug Use (e.g. drinking and driving, cannabis use and driving, riding in a vehicle with an intoxicated driver, intoxication at school)
- I Physical Health Indicators (e.g. self-relted health, inuries sustained in the past year)

There is no Decision Support Tool that incorporates the data that has been collected.				
t				

College of Family Physicians in Canada



Family Physician Survey						
Survey Frequency	☐ Biennially ☐ Annually ☐ Bi-annually ☐ Quarterly ☐ Monthly years	Other planned for every 3				
Survey Status						
Survey General Description Check all that apply (See Glossary of Terms for definitions)	□ Cancer Services □ Health Human Resources □ Patient Saf □ Cardiac Services □ Hip/Knee Joint Replacement □ Pediatrics □ Cataract Surgery □ MRI/CT Scan □ Prescription □ Clinical □ Morbidity □ Smoking □ Demographics □ Mortality □ Surveillanc □ Diabetes □ Obesity □ Trauma/Inj □ Financial □ Osteoporosis □ Women's F □ General Population Health Status □ Patient/Family Satisfaction □ Other	n Drugs e uries				
Web URL	http://www.cfpc.ca/nps/English/home.asp					
-						
INSTRUMENT OVERVI						
Purpose	To determine what physicians are currently doing in their practice of medicine, in response to healthcare nepersonal intersts and career plans	eeds, as well as their own				
Survey Limitations	# of questions in	questions				
Instrument Owner	The College of Family Physicians of Canada, Canadian Medical Association, The Royal College of Physici	ans and Surgeons of Canada				
Instrument Design		zations was used to develop the were also used as the template in uestionnaires. The CFPC Section MS), and the Canadian NPS staff to further develop and the National Physician Survey has				
Administered By						
Administered Via	☐ Telephone ☐ Intranet ☐ In person interview ☐ Focus Group Paper hard copy via postal service ☐ Paper hard copy at service location ☐ Paper hard copy via					
Population Check all that apply ☑	Organizational: Acute Care Community Care Complex Continuing Care En Long-Term Care Mental Health/Addiction Palliative Care Presented Not Applicable	ot Applicable mergency Care imary Care				
Population Size	☑ Census (100% of survey population)					

Survey Profiles						College of Family Physicians in Car
	Sample	Size		Sample Method	Convenience Stratified Rando	☐ Simple Random
Completion of the Survey	☐ Mandatory		Response Catego	ries Yes/No 🛭 Lil		format
DATA OVERVIEW						
Intended Use of Survey Data	⊠ Planning	□ Decision	making 🔲 Perf	ormance/Quality Impr	ovement Activities	☐ Other:
Data Quality						
Derived Reports		f Physician Der	ponse Rates and mographic Distribution pulation	Report Audience	•	
Report Granularity				Surv	vey Data Availability	Earliest Data: 2004 Latest Data: 2004
SURVEY DATA ELEMI	ENTS					
Key Dimensions/Indicators						
DATA ACCESS	10 "					
Licensing		posted on the				
Data Users	Medical Asso CFPC, the CI societies/ nat universities a	ciation (CMA), MA, and the RC ional specialty s nd individual ph	and The Royal Colleg CPSC (including, for ex societies, government hysicians, residents an	e of Physicians and S kample, Divisions, Red , provincial governme ad students may subm	Surgeons of Canada (I gional Advisory Comr nts, licensing authorit hit requests and receive	icians of Canada (CFPC), the Canadian RCPSC). However, constituent bodies of to nittees, and Chapters/Colleges), affiliated ies, researchers/ research groups, we summary tabulations and statistical acce with this Data Release Policy.
Access Protocol	responsible for the NPS Data the database. RCPSC) and will be disclosorganizations	or the scientific abase, by acting The Technica the Canadian I sed when the reand CIHI. The	and research rigor of a sa 'custodian' of the a sa 'custodian' of the all Advisory Committee a stitute for Health Info equest is consistent with CFPC, CMA, RCPSC	the NPS Database. The database and review in its composed of representation (CIHI). Aggreath the objectives of the cand CIHI may charge	his committee will ens ng requests for inform sentation from each o egate data derived fro e National Physician e for completing data	e Technical Advisory Committee is sure the accuracy and integrity of the use of nation, reports and other output derived from the Co-leader organizations (CFPC, CM orm the National Physician Survey Databas Survey and the mandates of the Co-leade requests on a cost-recovery basis. The quests via the online Data Request Form.

☐ Extranet

☐ Internet

☐ Hard Copy

Others _

□ Network

Accessibility

Tools

Decision Support System

CONTACTS			
Support/Questions	Support Organization	Phone #	E-Mail
	Canadian Medical Association	(613) 731-1799	Lynda.buske@cma.ca
Coordinator of the NPS	The College of Family Physicians of Canada	(905) 629-0900 x 289	sks@cfpc.ca

ADDITIONAL NOTES			

Federal Department of National Health and Welfare



Ontario Heart H	Health Surv	vey				
Survey Frequency	Biennially an ad hoc basis	☐ Annually	☐ Bi-annually	Quarterly	☐ Monthly	☑ Other conducted in 1992 on
Survey Status	☐ Active					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surger☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populat	3	Health Human Resc Hip/Knee Joint Repl MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Satis	acement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's He ☑ Other Risk f	Drugs e ries
Web URL						
INSTRUMENT OVERVI	EW					
Purpose	The OHHS was cor knew about these fa		extent of cardiovascula	r diseases risk factors	s, and to gether info	ormation on how much people
Survey Limitations	health region level.	arge enough for producir			f of questions in s	
Instrument Owner	for each participatin	g province were combine			HS, data on risk fac	ctors of cardiovascular diseases
Instrument Design	Standardized	Non-Standardized				
Administered By	Ontario Ministry of I	Health and the Federal D	epartment of National H	lealth and welfare		
Administered Via	Paper hard copy	Internet	Paper hard copy at servi	person interview ce location	☐ Focus Group per hard copy via f lesignated clinics	fax 🛚 Other:
Population Check all that apply ☑	Individual:	<u> </u>	outh 🛛 A		<u> </u>	t Applicable
опсок ан тас арру	Organizational:	Long-Term Care 🔲 N	Community Care Mental Health/Addiction Not Applicable	☐ Complex Contine☐ Palliative Care		nergency Care mary Care
	Respondent Role:	☐ Admin Assistant ☐ N	Nurse	☐ Senior Manager	☐ Director ▷	Other:
Population Size	☐ Census (100% c	f survey population)				
	⊠ Sample S	Target = 2500 Effective = 2583	Sample Me	ethod Convenie		Simple Random Other:
Completion of the Survey	☐ Mandatory ☐	Voluntary Response	Categories	D ⊠ Likert Scale ☐ Fr	ree text format 🛛 Ot	ther interval scale

DATA OVERVIEW			
Intended Use of Survey Data		formance/Quality Improvem	ent Activities
Data Quality			
Derived Reports	Heart Health: A Report of the Ontario Heart Health Survey, May 2003	Report Audience	ealth professionals and the media
Report Granularity		Survey Da	Earliest Data: 2002 Latest Data: 2002
SURVEY DATA ELEME	NTS		
Key Dimensions/Indicators			
Blood pressure Lipids Cigarette smoking BMI (based on measured weight a Alcohol consumption Family history Physical activity Diabetes	and height)		
DATA ACCESS			
Licensing			
Data Users	Canadian Heart Health Database		
Access Protocol			
Accessibility	☐ Network ☐ Internet ☐ Extranet	☐ Hard Copy ☐ O	hers Electronic datafile
Decision Support System Tools			
CONTACTS			
Support/Questions	Support Organization	Phone #	E-Mail
	Canadian Heart Health Database, Federal Depar National Health and welfare	tment of (613) 957-29	991 info@hc-sc.gc.ca

ADDITIONAL NOTES

The OHHS is an ad hoc survey which is part of the Federal Provincial Heart Health Initiative. It was joinly conducted by the Federal Department of National Health and Welfare and the Public Health Branch of the Ontario Ministry of Health. Data are owned by the Federal Government. The current Public Health Division of Ontario Ministry of Health and Long-Term care has not been involved into distribution and access of the OHHS datafile.

Halton Region Health Department

Rapid Risk Fac	tor Surve	illance Syste	m			
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly		Other
Survey Status	□ Active	☐ Inactive				
Survey General Description Check all that apply ☑ (See Glossary of Terms for definitions)	Cancer Service Cardiac Service Cataract Surge Clinical Demographics Diabetes Financial General Popula	es	Health Humar Hip/Knee Join MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family	t Replacement	☐ Patient Saf☐ Pediatrics☐ Prescription☐ Smoking☐ Surveillanc☐ Trauma/Inji☐ Women's F☐ Other Immi	n Drugs e uries
Web URL	http://www.rrfss.or	ı.ca				
INSTRUMENT OVERVI	ΞW					
Purpose	used to monitor ke support program p	y public health issues ye	t is adaptable to co o advocate for pub	ollect information on emerg	ging issues. The re	I public health needs. RRFSS is salts from RRFSS are used to nunity awareness regarding the
Survey Limitations	also available in French speaking p	rench and French intervious opulation -Ottawa and S	ewing occurs in the udbury	se HUs that have a high	# of questions in	survey
Instrument Owner		and funded by the Health	Units that participa	ate e.g. in 2005 22 HUs		
Instrument Design		☐ Non-Standardized				
Administered By	Institute for Social	Research (ISR) at York	University			
Administered Via			Intranet Paper hard copy a	☐ In person interview t service location ☐ P	☐ Focus Group aper hard copy via	
Population Check all that apply 🗷	Individual: ☐ Children ☐ Youth ☒ Adult ☒ Seniors ☐ Not Applicable					
Oneon air triat apply	Organizational: [[Long-Term Care	Community Care Mental Health/Add Not Applicable	Complex Conti	nuing Care	mergency Care rimary Care
	Respondent Role:	☐ Admin Assistant ☐	Nurse	ager 🔲 Senior Manage	er 🗌 Director [Other:
Population Size	☐ Census (100%	of survey population)				
	⊠ Sample	Approx 100 intervimenth per Health completed. The 2 Units in RRFSS in represent more the	Unit are 2 Health 2005	ple Method ☐ Conver☐ Stratifie		Simple Random Other: <u>Random Digit Dialing</u>

Survey Profiles Halton Region Health Department

Completion of the Survey	Mandatory	⊠ Voluntary Re	esponse Categori	es Xes/No	⊠ Likert	Scale Free text	format	
DATA OVERVIEW								
Intended Use of Survey Data	☐ Planning	☐ Decision maki	ng 🗌 Perfo	rmance/Quality	/ Improve	ement Activities	Other:	-
Data Quality								
Derived Reports				Report Aud	ience			
Report Granularity	Based on health	h units.			Survey	Data Availability	Earliest Data: 1995 Latest Data: 2005	
SURVEY DATA ELEME	NTS							
Key Dimensions/Indicators								
Access to Clinical Services Alcohol - Drinking & Driving Alcohol - Host Liability Alcohol Use Animal Immunization – Cats & Do Artificial Tanning Equipment Attitudes Towards Mothers Awareness and Use of Parenting Beach Safety Bike Helmet Body Mass Index (BMI) Booster Seat Breastfeeding Breastfeeding Breastfeeding Policy & Awareness Cancer Lifetime Risk Car Seat Safety Care Giver Childhood Injuries- Mechanism of Childhood Injury Prevention - Awa Childhood Injury Prevention Belief Chronic Diseases Colorectal Screening CPR Dental	Programs S Childhood Injuries areness campaign							
Dental II Diabetes Campaign Diabetes Risk Factors								
Driving Status Early detection of Cancer – HPV Eat Smart! Program								
Falls Falls Prevention -Awareness Falls Prevention -Fear of Falling Falls Prevention -Medication Use Falls Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction of Available Prevention -Restriction								

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

Falls Prevention –Use of Strategies

Familiarity with Health Unit

Family Violence

Fetal Alcohol Syndrome (FAS)

Flu Immunization- Children

Flu Immunization- Chronic Disease/65+

Flu Immunization- HCW (Awareness)

Flu Immunization- Location/Reasons

Flu Immunization- Workplace

Food Access & Security

Food Safety

Food Safety Disclosure

Fruits & Vegetables

General Health

Halton's Dinewise

Health Connection

Health Information

Health Report Distribution

Heart Disease & Cancer Risk Factors

Hours of Work

Immunization I - Flu

Immunization II - Pneumonia

Immunization III- Tetanus

IPAQ- Physical Activity

Larvicides and Adulticides

Mammography I

Mammography II

Media Patterns

Mental Health Services

Nutrition

Pap Smears

Parenting Consistency

Personal Services Setting

Pesticide and Gardens

Pesticide Campaigns- Halton (Naturally Green)

Pesticide- Info & Use

Pesticides and Hard Surfaces

Pesticides and Lawns

Pesticides By-law

Pesticides Health & Environment

Physical Activity Media Campaign

Postpartum Mood Disorders (PPMD)

Recreational Facilities #1 Trails

Recreational Facilities #2 Other Facilities

Rental Accommodation

Reproductive Health I

Reproductive Health II

DATA ACCESS			
Licensing			
Data Users	Durham Region Health Department Haliburton, Kawartha, Pine Ridge District Health Unit Middlesex-London Health Unit Regional Niagara Public Health Department Regional Municipality of Peel Health Department Simcoe County District Health Unit Halton Region Health Department Sudbury & District Health Unit York Region Health Services Department City of Ottawa –Public Health & Long Term Care Branch Toronto Public Health Northwestern Health Unit Hasting & Prince Edward Counties Health Unit Kingston, Frontenac and Lenox & Addington Health Unit City of Hamilton Public Health and Community Services Departn Elgin-St. Thomas Health Unit Grey Bruce Health Unit Huron County Health Unit Lambton Health Unit Perth District Health Unit Windsor-Essex County Health Unit Leeds, Grenville and Lanark District Brant County Health Unit Region of Waterloo Public Health Wellington-Dufferin-Guelph		
Access Protocol	Internal data requests are requests from one RRFSS Represent exclude any data posted on the RRFSS website. All RRFSS interespectative(s). Consent / non-consent must be given in writing data and notification of relevant RRFSS Representative(s) in writing data and notification of relevant RRFSS Representative(s) in writing data and notification of relevant RRFSS Representative(s) in writing the second data requests are requests for the RRFS dataset from a This includes requests made by a RRFSS representative on behald claims ownership of their health-unit specific data generated by the can be handled directly by that health unit. It is acceptable for RI sell their own health unit-specific data. In order to assure confident	rnal data requests must be receiving within a timely manner. Requesting (email). groups/organizations oustide of the lalf of an external organization. Eather RRFSS. As such, external requesters.	ed in writing to the relevant RRFSS sts must include standards of report e RRFSS-Participating health units. Inch RRFSS-Participating Health Unit uests for a specific health unit's data of enter into third partner agreements to
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐ Hard Co	opy Others	
Decision Support System Tools			
CONTACTS			
Support/Questions	Support Organization	Phone #	E-Mail
	Halton Region Health Department	(905) 825-6000 x 7581	RussellLy@region.halton.on.ca

ADDITIONAL NOTES

Evaluation Framework is under development to document progress made in the key areas identified in the 2002 Evaluation, some of the best practices used by Health Units in addition to envisage what it would take to get RRFSS on board for all Ontario Health Units and how it could work as a provincial system.

Hospital Report Research Collaborative



Resident and F	amily Sat	isfaction Su	urvey for Cor	nplex Conti	nuing Car	œ .
Survey Frequency	Biennially		☐ Bi-annually	☐ Quarterly	☐ Monthly	Other
Survey Status	□ Active	☐ Inactive				
Survey General Description Check all that apply (See Glossary of Terms for definitions)	Cancer Service Cardiac Service Cataract Surge Clinical Demographics Diabetes Financial General Popula	es	Health Human Re Hip/Knee Joint Re MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sa	eplacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's H ☐ Other	n Drugs e uries
Web URL	http://www.hospita	lreport.ca				
INSTRUMENT OVERVIE	1					
Purpose	well these hospita		nt population. Residents i			(CCC) to better understand how CCC units within acute care
Survey Limitations	standardized, scol The only patients those in respite or	ed instrument is used excluded from the list palliative care	ity using an informal proto to screen for their cogniti of patients eligible to be in	ve or physical ability.	# of questions in	Resident: approximately 80 Family: approximately 4
Instrument Owner		c domain; modified ver	rsion by NRC			
Instrument Design		□ Non-Standardized	the Long-Term Care F surveys have a 10-yea experience in four Car elements of care that a intervene. The survey intended to capture ele	amily Survey, for resident history of development adian provinces. Survere important to patient domains were not desterments of the same conased more on their conased more on their conased.	lents and families/lo ent and refinement, ey questions were ts and upon which o igned as scales, wh instruct. The groupi nceptual relationshi	valuation Survey (LTCRES) and oved ones respectively. These based on research and field designed to capture each discrete continuing care facilities can here the individual items are all ng of items into domains (and ips than on evidence from formal
Administered By	NRC+Picker Grou	p Canada				
Administered Via		☐ Internet by via postal service	☐ Intranet ☐ ☐ Paper hard copy at se	In person interview rvice location	☐ Focus Group aper hard copy via	
Population Check all that apply 🗷	_					ot Applicable
олоок ан тасарру 🖻	Organizational: [[☐ Acute Care ☐ Long-Term Care ☐ Rehabilitation	☐ Community Care☐ Mental Health/Addiction☑ Not Applicable	☐ Complex Contion ☐ Palliative Care		nergency Care imary Care

Survey Profiles	Hospital Report Research Collaborative
	Respondent Role: Admin Assistant Nurse Manager Senior Manager Director Other:
Population Size	☐ Census (100% of survey population)
	Size ample Usually census, but not always. Organization specific sampling Sample Method
Completion of the Survey	☐ Mandatory ☐ Voluntary Response Categories ☐ Yes/No ☐ Likert Scale ☐ Free text format ☐ Other
DATA OVERVIEW	
Intended Use of Survey Data	☐ Planning ☐ Decision making ☐ Performance/Quality Improvement Activities ☐ Other:
Data Quality	Several quality assurance processes were used to ensure the quality of the interviewing, including ongoing monitoring by a site supervisor and peer monitoring among the interviewers. Interview data were examined to ensure the response codes entered were legible and within the appropriate ranges and to ensure that skip patterns were followed
Derived Reports	NRC+ Picker Action Plan Report to hospitals in static PDF format posted on the internet HRRC Hospital Report Report Audience Individuals interested in resident/family satisfaction
Report Granularity	Organizational: based on hospitals Indicator-level for the HRRC Hospital Report Dimension and Item-level for the NRC+Picker Action Plan Report Survey Data Availability Earliest Data: 2001 Latest Data: 2005
SURVEY DATA ELEME	:NTS
Key Dimensions/Indicators	
Complex Continuuing Care:	
Patient Survey: Living Environment Food Activities Staff Dignity Autonomy Medical Care and Services Overall Evaluations	
Family Survey: Global Quality Living Environment Communication with Staff Patient Care and Services Acitivities	

Licensing	No there are no restraints	No, there are no restraints / agreements on the use of the survey instrument. Questions are posted on the website							
Data Users	Staff of the Hospitals and	Hospital Report Research	ch Collaborative						
Access Protocol	Individuals wishing to colla	aborate on research stud	dies must bring origi	nality or other data to	o be joined with the survey data				
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐ Hard Copy ☐ Others Action Plan Reports are posted on format								
Decision Support System	NRC+Picker e-Report sys			. 5					
	HRRC e-Scorecard: availa	able to staff in the hospit	als and Hospital Re	port Research Collab	porativ				
CONTACTS	HRRC e-Scorecard: availa	able to staff in the hospit	als and Hospital Re	port Research Collab	oorativ				
CONTACTS	HRRC e-Scorecard: availa	able to staff in the hospit		port Research Collar	porativ				
CONTACTS	<u>'</u>		Pho						
CONTACTS	Support Organization	Collaborative	Pho (416	one #	E-Mail				
Tools	Support Organization Hospital Report Research	Collaborative	Pho (416	one # 6) 946-502	E-Mail jill.baxter@utoronto.ca Barb van Maris				

System Integra	ition and C	hange Sur	vey				
Survey Frequency	Biennially		☐ Bi-annually	☐ Quarterly	☐ Monthly	Other	·
Survey Status	□ Active	☐ Inactive					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	Cancer Services Cardiac Service Cataract Surger Clinical Demographics Diabetes Financial General Popular	S		eplacement	☐ Patient Safe: ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Injur ☐ Women's He	Drugs	
Web URL							
INSTRUMENT OVERVIE	EW						
Purpose	and innovative practivities with other information resource	ctices. System integra parts of the health ca ses. Innovative practic	nge include indicators of tion refers to the extent to ure system. Capacity buil es reflect the extent that ons of their experiences	hat Ontario hospitals ding indicates the dec hospitals are engage	are moving toward gr gree that hospitals are	eater coo	rdination of their g in learning and
Survey Limitations	None				# of questions in s	-	Approximately 50 questions depending on the sector
Instrument Owner	Hospital Report Re	search Collaborative			•	_	
Instrument Design		□ Non-Standardized	response option were change. Secondly, a r were sent a copy of the The hospitals were as original completion of number of hospitals the survey. This helped to misinterpretation than ended questions were response options. Find Integration and Change	considered suspect of esponse validation proper responses to those ked to indicate whether the survey. Results we tat indicated that they identify a small number others, and should be reviewed and considered.	or unhelpful in develop ocess was conducted e items that were use er or not these respor ere tabulated by tallyi thought they should hoer of questions that no e considered for revisi ered in the development	oing indica with hosp d to calcu nses were ing, for ea nave resp nay have ion. Thirdlent of new	onded differently on the been more subject to ly, responses to open- v closed-ended
Administered By	-		Canadian Institute for He				
Administered Via	☐ Telephone ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐] Internet / via postal service [☐ Intranet ☐ Paper hard copy at se	In person interview ervice location	☐ Focus Group Paper hard copy via f	ax	☐ Other:
Population			Youth	Adult	Seniors 🗵 Not	Applicab	le

survey Profiles						Hospital Report Research Collabo	rative		
Check all that apply 🗷	Organizational:	✓ Acute Care☐ Long-Term Care✓ Rehabilitation	☐ Community C☑ Mental Health☐ Not Applicabl	/Addiction P	omplex Continuing Ca alliative Care	are ⊠ Emergency Care ☐ Primary Care			
	Respondent Role	e: Admin Assistant	☐ Nurse ☐	Manager 🗌 S	enior Manager 🔲	Director			
Population Size	⊠ Census (100°	% of survey population)							
	Sample	Size		Sample Method	☐ Convenience ☐ Stratified Rando	Simple Random Other:			
Completion of the Survey	☐ Mandatory	□ Voluntary Respectively.	onse Categories	⊠ Yes/No ⊠ Li	kert Scale	format			
DATA OVERVIEW									
Intended Use of Survey Data	☐ Planning	□ Decision making	⊠ Perform	ance/Quality Imp	rovement Activities	☐ Other:			
Data Quality	hospitals. A tem calculations indepeople, and the corrected. If a horecorded. All quindicator calcula significant numbinformation with	Data entry and data quality checks were performed to ensure that the data received were accurate and reflective of the circumstances in nospitals. A template identical to the survey was developed in a secured database. Two programmers developed SAS code for the indicator calculations independently of each other and the values attained were identical. Data from each survey were entered by two separate beeple, and then the two entries were compared. If there were discrepancies, the original paper survey was assessed and the dataset was corrected. If a hospital responded in a "check all that apply" style but the question indicated, "check only one answer", the highest value was recorded. All questions with missing data were flagged for follow-up. Phone calls to inquire about missing information on questions used in indicator calculations were made to the appropriate section's contact person. Sections of the survey were faxed to the contact person if a significant number of questions were left blank. Deadlines, approximately two weeks in length, were emphasized in order to receive the information within an appropriate timeframe. Outliers were identified and phone calls were made to hospitals when necessary. Random manual checks on hospitals with indicator scores that were high or low outliers were done by examining the original surveys.							
Derived Reports	Hospital Report			Report Audience	e Individuals intere	ested in hospital performance			
Report Granularity	Organizational:	based on hospitals		Sur	vey Data Availability	Earliest Data: 1998			

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

Mental Health:

- Use of guideline care for tracer conditions 1.
- 2. Discharge plans completed with client involvement
- 3. Hospital advisory/steering committees with consumer or family representation
- 4. Training and continuing education support
- 5. Inter-organizational networking
- 6. Notification of hospitalization

Acute Care:

- 1. Information Use Indicator: Clinical information technology
- 2. Information Use Indicator: Clinical data collection, dissemination, and benchmarking
- 3. Information Use Indicator: Intensity of information use
- 4. Internal Coordination of Care Indicator: Development and use of standardized protocols
- 5. Internal Coordination of Care Indicator: Coordination of care
- 6. Community Integration Indicator: Hospitals in the community
- 7. Community Integration Indicator: Working with other health care partners
- 8. Community Integration Indicator: Continuity of care
- 9. Community Integration Indicator: Strategies for managing ALC patients
- Health Human Resources Indicator: Supporting hospital staff 10.
- Health Human Resources Indicator: Supporting hospital staff 11.

Complex Continuing Care:

- 1. Evidence-Based Practice
- 2. Relationships with Patients and Families
- 3. Standardized Admission and Discharge Criteria
- 4. Patient/Family Perspectives
- 5. Staff and Students in Rehabilitation
- 6. Specialized Skills for Complex Continuing Care
- 7. Linkages/Relationships Across the Care Continuum
- 8. Use of Information and Information Technology
- Management of Complex Continuing Care/Rehabilitation Patients 9.

Emergency Department:

- 1. Clinical Practice Guidelines and Medical Directives
- Community Relationships and Patient Flow
- 2. 3. Clinical Quality Improvement
- 4. Staff Development and Turnover
- 5. Management and Cross-Program Coordination

Rehabilitation:

- Clinical and Research Activity/Expertise: Evidence based practice 1.
- 2. Clinical and Research Activity/Expertise: Recruitment and retention of staff
- 3. Clinical and Research Activity/Expertise: Evidence of student clinical education
- 4. Clinical and Research Activity/Expertise: Organizational commitment to staff development
- 5. Internal Coordination of Care: Interdisciplinary integration of care
- 6. System Integration: Evidence of discharge planning
- 7. System Integration: Use of admission and discharge criteria
- System Integration: Availability of information across the continuum of care 8.
- System Integration: Co-ordination and continuity of Care 9.
- Client-Centered Rehabilitative: Evidence of client-centered care 10.
- Client-Centered Rehabilitative: Evidence of organizational client-centeredness 11.

Survey Profiles Hospital Report Research Collaborative **DATA ACCESS** No, there are no restraints / agreements on the use of the survey instrument. Questions are posted on the website. Licensing Staff of the Hospitals and Hospital Report Research Collaborative **Data Users** Access Protocol Individuals wishing to collaborate on research studies must bring originality or other data to be joined with the survey data Accessibility □ Network ☐ Extranet Others **Decision Support System** e-Scorecard: available to staff in the hospitals and Hospital Report Research Collaborative Tools **CONTACTS** Support/Questions **Support Organization** Phone # E-Mail (416) 946-5023 jill.baxter@utoronto.ca Hospital Report Research Collaborative Jill Baxter **ADDITIONAL NOTES**

IBM Business Consulting Services

Health Insider							
Survey Frequency	Biennially	☐ Annually	□ Bi-annually	☐ Quarterly	☐ Monthly ☐ Ot	her	
Survey Status	□ Active	☐ Inactive					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Population		☐ Health Human Re☐ Hip/Knee Joint Re☐ MRI/CT Scan☐ Morbidity☐ Mortality☐ Obesity☐ Osteoporosis☐ Patient/Family Sa	eplacement	☐ Patient Safety ☐ Pediatrics ☐ Prescription Drugs ☐ Smoking ☐ Surveillance ☐ Trauma/Injuries ☐ Women's Health ☑ Other		
Web URL			·				
INSTRUMENT OVERVI							
Purpose	Provide public opinio	on on topical health po	licy and delivery issues	3			
Survey Limitations	Random-digit dialed	telephone survey with	approximately 25-30%	6 response rate	# of questions in survey	150-200	
Instrument Owner	IBM Business Consu	ulting Services				•	
Instrument Design	Standardized □	Non-Standardized					
Administered By	IBM Business Consu	ulting Service's Nation	al Survey Centre				
Administered Via		Internet via postal service		In person interview ervice location	☐ Focus Group Paper hard copy via fax	Other:	
Population	Individual: ☐ Children ☐ Youth ☐ Adult ☐ Seniors ☐ Not Applicable						
Check all that apply 🗵	Organizational: Acute Care Community Care Complex Continuing Care Emergency Care Long-Term Care Mental Health/Addiction Palliative Care Primary Care Rehabilitation Not Applicable						
	Respondent Role: [Admin Assistant	Nurse Manage	r 🔲 Senior Manag	er Director Dother		
Population Size	☐ Census (100% of	f survey population)					
	⊠ Sample Si	ze 2550	Sample		nience Simple ed Random Other:	Random	
Completion of the Survey	☐ Mandatory	Voluntary Respon	se Categories X	/No ⊠ Likert Scale ⊠	Free text format Other Res	sponse Categories	

DATA OVERVIEW									
Intended Use of Survey Data	⊠ Planning	□ Decision making	☐ Perfor	mance/Quality	/ Improve	ement Activities	Other:		
Data Quality	Professional telephone interviewers administer this survey. Prior to the field work, each interviewer was briefed thoroughly about the nature of the study. Field supervisors were present at all times to ensure accurate and consistent interviewing and recording of responses. All responses obtained during the conduct of interviews are entered directly into the CATI system, which is programmed to automatically check responses for appropriateness of range and logical consistency at the time of data entry. Upon completion, each interview is checked for any possible interviewer error. This procedure is equivalent to 100% keypunch verification when traditional paper and pencil methods are employed. In addition, more than 15% of each interviewer's work is unobtrusively monitored in accordance with the verification standards of the Canadian Association of Marketing Research Organizations (CAMRO). Field operation supervisors monitored the interview over a one-way telephone while watching a terminal that showed the interviewer's keystrokes.								
Derived Reports	semi-annual re	port		Report Aud	lience		ncial ministries of health, professiona searches, private sector	I	
Report Granularity	national, provin	cial, demographics			Survey	Data Availability	Earliest Data: Latest Data:		
SURVEY DATA ELEME	NTS								
Key Dimensions/Indicators									
vary with each survey									
DATA ACCESS	1								
Licensing	Subscription								
Data Users	Federal and	provincial ministries of h	health, profession	nal organizatio	ons, rese	earches, private sec	tor		
Access Protocol	By subscripit	ion							
Accessibility	☐ Network	☐ Internet	Extranet	☐ Hard Copy	y 🛚	Others <u>Data provi</u>	ded to subscribers on CD		
Decision Support System Tools									
CONTACTS									
Support/Questions	Support Org	ganization		F	Phone #		E-Mail		
Dale McMurchy	IBM BCS			(705) 454	1 8969	dale.mcmurchy@sympatico.ca		
Neil Stuart	IBM BCS			(416) 478	3-3150	neil.stuart@ca.ibm.com		

ADDITIONAL NOTES

Information Technology Association of Canada



Survey of CIOs from Ontario's Hospitals										
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	Quarterly	☐ Monthly	Othe	r <u>Once</u>			
Survey Status	☐ Active									
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Population☐		☐ Health Human Rest☐ Hip/Knee Joint Rep☐ MRI/CT Scan☐ Morbidity☐ Mortality☐ Obesity☐ Osteoporosis☐ Patient/Family Satis	lacement	Patient Safe Pediatrics Prescription Smoking Surveillance Trauma/Inju Women's H	n Drugs e uries				
Web URL	·		·							
INSTRUMENT OVERVI	EW									
Purpose	To determine the siz	e, growth, technology	used and budget of hosp	itl IT departments						
Survey Limitations		# of questions in survey 15								
Instrument Owner	ITAC Health Commit	ttee		,						
Instrument Design	☐ Standardized ⊠	Non-Standardized								
Administered By	Mary Atkinson									
Administered Via	☐ Telephone ☐ ☐ ☐ Paper hard copy		Intranet Ir Ir Paper hard copy at serv	n person interview ice location	Focus Group aper hard copy via		☐ Other:			
Population	Individual:	Children	Youth	dult 🗌 Se	eniors 🛛 No	t Applicab	le			
Check all that apply 🗵										
	Respondent Role: [Admin Assistant	Nurse	☐ Senior Manager	Director	Other: C	CIO			
Population Size	☐ Census (100% of	survey population)								
	☐ Sample Si	ze	Sample M			Simple Ra	andom			
Completion of the Survey	☐ Mandatory 🗵	Voluntary Respons	se Categories X Yes/N	o ⊠ Likert Scale ⊠ F	ree text format O	ther				

DATA OVERVIEW							
Intended Use of Survey Data		□ Decision mak	ing ⊠ Perfor	rmance/Quality	Improve	ement Activities	☐ Other:
Data Quality	Medium						
Derived Reports	NA			Report Audi	ence	ITAC Health Cor	mmittee
Report Granularity	NA				Survey	Data Availability	Earliest Data: NA Latest Data: NA
							<u> </u>
SURVEY DATA ELEME	NTS						
Key Dimensions/Indicators							
NA							
DATA ACCESS							
Licensing	NA						
Data Users	NA						
Access Protocol	NA						
Accessibility	☐ Network		☐ Extranet			Others	
Decision Support System Tools	NA						
CONTACTS							
Support/Questions	Support Org			Р	hone #		E-Mail
Barrie Marfleet	ITAC Ontario	and Ajilon Consult	ting	(4	116) 941	1-6448	barrie.marfleet@ajilon.com
Mary Atkinson	Atkinson Cor	nsulting		1-	-(519) 2	84-1822	maryatkinson@sympatico.ca
ADDITIONAL NOTES							
NA							

Johnston Research Inc.

Survey Profiles Johnston Research Inc.

Health Needs Assessment - Metis Nation of Ontario									
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	Quarterly	☐ Monthly	Other			
Survey Status	□ Active	☐ Inactive							
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populat	3	Health Human Re Hip/Knee Joint Re MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sa	eplacement	☐ Patient Safet ☐ Pediatrics ☐ Prescription I ☐ Smoking ☐ Surveillance ☐ Trauma/Injuri ☐ Women's He ☐ Other	Drugs			
Web URL			·						
INSTRUMENT OVERVIE	EW								
Purpose									
Survey Limitations					# of questions in s	urvey 57			
Instrument Owner	Johnston Research	INc							
Instrument Design	☐ Standardized ▷	Non-Standardized							
Administered By	Metis Nation of Onta	ario	-						
Administered Via		Internet via postal service	☐ Intranet ☐ Paper hard copy at se	In person interview rvice location	□ Focus Group Paper hard copy via fa	ax			
Population Check all that apply 🗷	Individual:	Children				Applicable			
опсок ан так арру 🖭	Organizational:	Acute Care Long-Term Care Rehabilitation	☐ Community Care☐ Mental Health/Addictio☐ Not Applicable	Complex Con Palliative Car		ergency Care nary Care			
	Respondent Role:	Admin Assistant	☐ Nurse ☐ Manager	r 🔲 Senior Manag	ger 🗌 Director 🗌	Other:			
Population Size	☐ Census (100% c	of survey population)							
	⊠ Sample S	ize 127	Sample			Simple Random Other: <u>snowball & self sam</u> p	oling		
Completion of the Survey	☐ Mandatory ☐] Voluntary Resp	onse Categories Yes	/No ☐ Likert Scale ☐	Free text format	ner			

Survey Profiles Johnston Research Inc.

DATA OVERVIEW									
Intended Use of Survey Data	⊠ Planning	☐ Decision makin	g ⊠ Perf	ormance/Quality	/ Improve	ement Activities	Other:		
Data Quality									
Derived Reports				Report Aud	ience				
Report Granularity					Survey	Data Availability	Earliest Data: Latest Data:		
SURVEY DATA ELEMENTS									
Key Dimensions/Indicators									
A. General Health B. Health Conditions C. Physical Injuires D. Health Care Issues E. Dental Care F. Mental & Emotional Health G. Activity Limitations & Home He J. Personal Background Info K. Wrap Up	alth Care								
DATA ACCESS									
Licensing									
Data Users									
Access Protocol									
Accessibility	☐ Network	☐ Internet	☐ Extranet	☐ Hard Copy	у 🗆	Others			
Decision Support System Tools									
CONTACTS									
Support/Questions	Support Org	ganization		F	hone #		E-Mail		
Andrea Johnston	Johnston Re	search		(-	416) 913	-4777	andrea@johnst	onresearch.ca	
ADDITIONAL NOTES									

McCreary Society of British Columbia

British Columbia Adolescent Health Survey										
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	☐ Other approx. every 5 years				
Survey Status	□ Active	☐ Inactive								
Survey General Description Check all that apply ☑ (See Glossary of Terms for definitions)	☐ Cancer Service ☐ Cardiac Service ☐ Cataract Surger ☐ Clinical ☐ Demographics ☐ Diabetes ☐ Financial ☐ General Popul	es ery	Health Human Re Hip/Knee Joint Re MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sa	eplacement	☐ Smoking☐ Surveilland☐ Trauma/Inj	☐ Pediatrics ☐ Prescription Drugs ☐ Smoking ☐ Surveillance ☐ Trauma/Injuries ☐ Women's Health				
Web URL	www.mcs.bc.ca									
INSTRUMENT OVERVII	ΞW									
Purpose	The Adolescent Health Survey (AHS) is a provincial population-based survey of students in grades 7 through 12 in schools throughout British Columbia. The AHS has been conducted by The McCreary Centre Society in 1992, 1998 and 2003; plans are underway for AHS IV in 2008. The AHS includes items on a broad range of risk and protective factors that impact the health of adolescents. The survey monitors trends in behaviour as well as providing new information on emerging issues. The purpose of the AHS is to provide an evidence-base for planning policies and programs for youth in BC.									
Survey Limitations	in independent so response rate of in III sample. The Alprograms, distance ducation centres numbers of youth with less than 12: The AHS does no	nools were included in adependent schools in all excludes students in e education schools, e and in the francophonenrolled in the grade ratudents in grade 7 and trepresent out of schools.	nrolled in public schools the 1992 and 1998 AHS 2003 forced their exclus a correctional facilities, pelectronic delivery schools eschool district. Schools ange were also excluded high schools with less to youth.	, but the low ion from the final AHS rovincial resource s, continuing with very small (elementary schools	-	approx. 140				
Instrument Owner	The McCreary Ce	ntre Society	•			·				
Instrument Design		☐ Non-Standardized								
Administered By	The McCreary Ce	ntre Society in partners	ship with Public Health N	ursing in the province's	s regioal health aut	horities.				
Administered Via			☐ Intranet ☐ ☑ Paper hard copy at se	In person interview ervice location	☐ Focus Group Paper hard copy via					
Population Check all that apply ☑	Individual:	Children [⊠ Youth □	_		ot Applicable				
опеск ан тасарру 🖻	Organizational:	☐ Acute Care ☐ ☐ Long-Term Care ☐ ☐ Rehabilitation ☐	☐ Community Care ☐ Mental Health/Addictio ☑ Not Applicable	☐ Complex Conti on ☐ Palliative Care		mergency Care rimary Care				
	Respondent Role	Admin Assistant [☐ Nurse ☐ Manage	r 🔲 Senior Manage	er	Other:				

Survey Profiles Population Size	Census (1009	% of su	rvev pop	ulation)				McCreary Society of British Colum	ıbia
	⊠ Sample	Size		286,887 students	Sample Met		☐ Convenience ☐ Stratified Rando	☐ Simple Random ☐ Other:	
Completion of the Survey	☐ Mandatory	⊠ Vo	luntary	Response Categorie	es Xes/No	⊠ Liker	t Scale Free text f		
DATA OVERVIEW									
Intended Use of Survey Data	⊠ Planning	□ D	ecision n	naking	mance/Quality	/ Improv	rement Activities	☐ Other:	
Data Quality	 Data was entered using a 99.9% verification method. Approximately 1% of the survey records were deleted based on one or more of the following criteria: respondents who failed to answer the majority of questions; or respondents who provided a number of inconsistent or contradictory answers. 								
Derived Reports						officials and BC-based agencies responsib cies and programs for youth in the province			
Report Granularity		=0.0.0 0. agg. aga. o ay ago, g. aao, ay go. ac., ay . ag. a					Earliest Data: 1992 Latest Data: 2003		
SURVEY DATA ELEME	NTS								
Key Dimensions/Indicators									
PHYSICAL HEALTH: - self-rated physical activity	health status, physic	al comp	laints, chr	ronic health conditions and	d disabilities, inju	uries, hei	ght and weight, weigh	nt control practices, problem eating behaviours,	
EMOTIONAL HEALTH - emotiona	al distress, worries a	bout fan	nily (eg. su	ubstance use or violence a	at home etc), su	iicide ide	ation and attempts, se	exual and physical abuse	
SUBSTANCE USE: - tobacco use	e, marijuana use, alc	ohol use	e, other ille	egal drug use, negative co	nsequences of	alcohol a	nd drug use, exposure	e to second hand smoke at home	
SEXUAL BEHAVIOUR - age of se	exual debut, numbe	r of parti	ners, cond	dom use, birth control use,	pregnancy, ST	ls, sexua	l coersion, sexual orie	entation	
SAFETY AND VIOLENCE - drinki Internet, discrimination,	ng and driving, seat	belt use	bike heln	net use, sexual harassmer	nt, physical fight	s, weapo	on-carrying, feeling saf	fe at school, peer victimization, safety on the	
PROTECTIVE FACTORS - family	connectedness, sch	nool con	nectedne	ss, parental monitoring, he	elp-seeking, extr	a-curricu	ılar activities, educatio	onal performance and aspirations.	
OTHER - gambling, running away from home									
DATA ACCESS									
Licensing	The McCreary C	Centre S	Society h	as copyright of the the	AHS question	naire.			

The AHS data is the property of The McCreary Centre Society. University-based researchers may apply to the Society for access to use the data for secondary analysis.

Data Users

Survey Profiles						McCrear	y Society of British Columbia			
Access Protocol		Iniversity-based researchers must complete an application requesting secondary use of McCreary data. McCreary requires that all data nalysis be conducted on site at McCreary; a data access fee is charged.								
Accessibility	☐ Network	☐ Internet	☐ Extranet	☐ Hard Copy	Others contact	McCreary				
Decision Support System Tools										
CONTACTS										
Support/Questions	Support Orga	nization		Pho	one #	E-Mail				
	The McCreary	Centre Society		(60	4) 291-1996	mccreary@r	mcs.bc.ca			
ADDITIONAL NOTES										

McMaster University

Survey Profiles McMaster University.

Ontario Mother Infant Survey									
Survey Frequency	Biennially research purposes	Annually	☐ Bi-annually	Quarterly	☐ Monthly 🛛	Other As required for			
Survey Status	□ Active	☐ Inactive							
Survey General Description Check all that apply ☑ (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populatiservice use☐		☐ Health Human Reso☐ Hip/Knee Joint Repla☐ MRI/CT Scan☐ Morbidity☐ Mortality☐ Obesity☐ Osteoporosis☐ Patient/Family Satisf	acement	☐ Patient Safety ☐ Pediatrics ☐ Prescription Dru ☐ Smoking ☐ Surveillance ☐ Trauma/Injuries ☐ Women's Health ☐ Other Pospartur	_			
Web URL									
INSTRUMENT OVERVIE	EW								
Purpose	The survey is used to assess postpartum and newborn infant health and service use following hospital discharge. The tracking of serivce use allows for determination of direct and indirect costs of care. The survey consists of two parts: a self-report questionnaire completed in hospital and a structured telephone interview after discharge. The self-report questionnaire primarily captures sociodemographics along with information about maternal and infant medical problems since delivery, care providers, infant feeding, maternal concerns, and perceived adequacy of help and support at home. The telephone interview focuses on health indicators and service use. It includes questions about length of hospital stay, satisfaction with length of stay, satisfaction with services, learning needs, and maternal and infant health/infant feeding taken primarily from the 1990 Ontario Health Survey (Ontario Ministry of Health, 1992). The interview schedule also incorporates previously developed and validated instruments, including the Edinburgh Postnatal Depression Scale (EPDS) (Cox, Holden, & Sagovsky, 1987), the Duke-UNC Functional Social Support (Broadhead, Gehlbach, deGruy FV, & Kaplan, 1988), and a modified Health and Social Service Utilization Questionnaire (Browne, Gafni, Roberts, Goldsmith, & Jamieson, 1995).								
Survey Limitations	Some components h	nave not been psycho	metrically tested.	1	# of questions in surv	/ey ~100			
Instrument Owner	McMaster University	Research Team exce	ept for items taken from otl	her instruments.					
Instrument Design		Non-Standardized							
Administered By	Research assistants	(self-report questionr	naire) and trained interview	ers (telephone interv	views)				
Administered Via	☐ Telephone☐ Paper hard copy	Internet via postal service	Intranet In Paper hard copy at service	person interview ce location	☐ Focus Group sper hard copy via fax	☐ Other:			
Population Check all that apply 🗷] Youth 🔲 Ad		eniors	•			
Oncor all that apply		Long-Term Care	Community Care Mental Health/Addiction Not Applicable	☐ Complex Contin☐ Palliative Care	uing Care				
	Respondent Role: [Admin Assistant	Nurse Manager	☐ Senior Manager	Director Ot	her:			

Population Size ☐ Census (100% of survey population) **Size** 1250 Sample Method Convenience Simple Random Other: Purposeful ☐ Stratified Random **Completion of the Survey** ☐ Mandatory Response Categories
☐ Yes/No ☐ Likert Scale ☐ Free text format ☐ Other **DATA OVERVIEW** Intended Use of Survey □ Decision making ☐ Performance/Quality Improvement Activities Other: Data **Data Quality** Processes are in place to ensure quality of the interviewing. Data entry and data quality checks are performed to ensure accuraacty of data. **Derived Reports** The Ontario Mother & Infant Survey Postpartum **Report Audience** Inidividuals in hospital, community and policy-making sectors Health and Social Service Utilization: A Five-site responsible for planning postpartum care for women and Ontario Study (Sword, Watt, Gafni, Soon-Lee, their newborn infants and related policy. Krueger, Roberts & Sheehan, 2001). THis document is available on the Canadian Health Services Research Foundation website http://www.chsrf.ca/final_research/ **Survey Data Availability** Earliest Data: 1997-98 **Report Granularity** Latest Data: 2001-02 SURVEY DATA ELEMENTS **Key Dimensions/Indicators** Self-reported health status Postpartum depression Breastfeeding initiation and continuation Social support Maternal concerns and learning needs Health and social services utilization Hopsital readmission Satisfaction with services **DATA ACCESS** Licensing Data Users McMaster University Research Team **Access Protocol** Database is not accessible to others Accessibility ☐ Network ☐ Internet ☐ Extranet ☐ Hard Copy ☐ Others **Decision Support System** Tools

Survey Profiles

McMaster University.

Survey Profiles McMaster University.

CONTACTS			
Support/Questions	Support Organization	Phone #	E-Mail
Wendy Sword	School of Nursing, McMaster University	(905) 525-9140 x 22307	sword@mcmaster.ca

ADDITIONAL NOTES

The survey is available in four languages: English, French, Chinese and Spanish.

The survey will be revised and used again in a study of health outcomes and service use in relation to method of delivery, with data collection taking place 2006-08.

National Research Corporation

Survey Profiles National Research Corporation.

Improving Your Workplace									
Survey Frequency	Biennially		☐ Bi-annually	☐ Quarterly	☐ Monthly	☐ Other			
Survey Status	□ Active	☐ Inactive							
Survey General Description Check all that apply ☒ (See Glossary of Terms for definitions)	Cancer Service Cardiac Service Cataract Surge Clinical Demographics Diabetes Financial General Populi	es		eplacement	Patient Safe Pediatrics Prescription Smoking Surveillance Trauma/Inju Women's H	n Drugs e uries			
Web URL									
INSTRUMENT OVERVIE	ΞW								
Purpose		Measure employee satisfaction & overall commitment to organization							
Survey Limitations	select & design the most appropriate tool. Each organization can select modules to address					can (includes 2 open ended) + 5 closed			
Instrument Owner	NRC+Picker Cana	ıda			•				
Instrument Design		☐ Non-Standardized	1						
Administered By	NRC+Picker Cana	ıda							
Administered Via	Paper hard cor	Internet by via postal service logies (all of the abov	Paper hard copy at s	In person interview ervice location	☐ Focus Group Paper hard copy via				
Population	Individual:	Children	Youth	Adult	Seniors No	ot Applicable			
Check all that apply 🗵		⊠ Acute Care ☑ Long-Term Care ☑ Rehabilitation	☐ Community Care☐ Mental Health/Addict☐ Not Applicable	☐ Complex Cor ion ☐ Palliative Car	ntinuing Care 🛚 En re 🔻 Pri	nergency Care imary Care			
	Respondent Role:	Admin Assistant	☐ Nurse ☐ Manage	er 🔲 Senior Mana	ger 🗌 Director 🛭	Other: All of the above			
Population Size	⊠ Census (100%	of survey population)							
	☐ Sample	Size	Sample			Simple Random Other:			
Completion of the Survey	☐ Mandatory	✓ Voluntary Resp	onse Categories	s/No Likert Scale	☐ Free text format 🗵 Ot	ther Mixed as required module			

DATA OVERVIEW								
Intended Hee of Curvey								
	☐ Planning ☐ Decision making ☐ Performance/Quality Improvement Activities ☐ Other: Quality Improvement not intended to rate performance.							
Data Quality								
static report tool, i	+Picker "My Solutions" which is made up of c "Action Plan" comparison & benchmarking rts, interactive web based reporting & analys interactive web based qualitative comment rting tool.		port Audience Unit & Senior Ma		anagement – can be shared will all			
Report Granularity			Survey	Data Availability	Earliest Data: 24 hrs after survey is received Latest Data: Approximately 2.5 months after initial data collection begins			
SURVEY DATA ELEMENTS								
Key Dimensions/Indicators								
See Document: "Improving your Workplace	ce Key Dimensions"							
DATA ACCESS								
Licensing Too	ol is proprietary							
ove enh	We have implemented employee surveys for 191 Canadian and US hospitals/healthcare organizations and have completed surveys for over 48,000 employees. Because we utilize a modular approach, our normative data varies by module. In addition, in 2005 we enhanced our modules by removing questions that were not performing well and added modules like the AHRQ Patient Safety Culture module. The availability of external benchmarks will depend on the contents of the final questionnaire.							
Access Protocol Con	ontact NRC+Picker Canada 1-866-771-8231							
Accessibility	Network ☐ Internet ☐ Extranet	Hard Cop	у 🗆	Others				
Decision Support System Tools								
CONTACTS								
Support/Questions Sup	pport Organization	[1	Phone #		E-Mail			
Robert Watson NR	RC+Picker Canada	!	905-475-	8231	rwatson@nrcpicker.com			
Barb van Maris NR	RC+Picker Canada	!	905-475-	8231	Bvanmaris@nrcpicker.com			

ADDITIONAL NOTES

Ontario Hospital Association

OHA Health Care Provider Labour Market Survey								
Survey Frequency	⊠ Biennially	Other						
Survey Status		☐ Inactive						
Survey General Description Check all that apply (See Glossary of Terms for definitions)	□ Cancer Services □ Health Human Resources □ Cardiac Services □ Hip/Knee Joint Replacement □ Cataract Surgery □ MRI/CT Scan □ Clinical □ Morbidity □ Demographics □ Mortality □ Diabetes □ Obesity □ Financial □ Osteoporosis □ General Population Health Status □ Patient/Family Satisfaction				☐ Patient Safety ☐ Pediatrics ☐ Prescription Drugs ☐ Smoking ☐ Surveillance ☐ Trauma/Injuries ☐ Women's Health ☐ Other			
Web URL								
INSTRUMENT OVERVI	EW							
Purpose	Describe the purpose of the survey and how the survey results are used to improve the health system. In addition, describe the planning, decision making and performance measurement activities along with intended use by local and system-wide health care planners and analysts involved in research, policy development and information management. The OHA Health Care Provider Labour Market Survey provides important information and metrics related to: Recruitment and Retention Turnover HR Management practices and organization (includes strategic HR planning and succession planning) Education and Training Human Resources Information Systems (HRIS/ HRMS) Workforce Planning and Forecasting The survey content review is informed by a planning group comprised of hospital members that are concerned with data quality, consistency and evaluation of the relative value of data indicators to the organization. The survey results are used to identify health HR issues and inform potential solutions with respect to hospital workforce supply and demand planning and forecasting, recruitment and retention, turnover, HR management practices and organization.							
Survey Limitations	make improvemen ability to trend or n -Level of analysis of -Study is limited to partners	and definitions have tts to the Survey. How hake year-over-year of depends on the numb hospitals; there are r	me limitations on	# of questions in surv	-Qualitative section: 46 questions (excludes sub questions) -Quantitative section: 5 tables -Feedback section: 2 questions			
Instrument Owner	Provincial Health Human Resources Strategy Unit Strategic Human Resources Management Ontario Hospital Association							
Instrument Design	Standardized Non-Standardized The 2002 LMS was used as the basis for all revisions in subsequent editions. A LMS Planning Group, comprised of hospital members, informs the development of the LMS. In 2005, planning							

	group members were selected through a skills and experience-based selection process. New questions and old questions with new definitions are tested by planning group members to identify and address any potential issues						
Administered By	Nancy Kang 416-205-1381/ Maggie Fung 416-205-1359 nkang@oha.com / mfung@oha.com						
Administered Via	☐ Telephone ☐ Intranet ☐ In person interview ☐ Focus Group ☐ Paper hard copy via postal service ☐ Paper hard copy at service location ☐ Paper hard copy via fax ☐ Other:						
Population Check all that apply	Individual: ☐ Children ☐ Youth ☐ Adult ☐ Seniors ☐ Not Applicable						
Oneon all that apply	Organizational: ☐ Acute Care ☐ Community Care ☐ Complex Continuing Care ☐ Emergency Care ☐ Long-Term Care ☐ Mental Health/Addiction ☐ Palliative Care ☐ Primary Care ☐ Rehabilitation ☐ Not Applicable						
	Respondent Role: Admin Assistant Nurse Manager Senior Manager Director Other: Human Resources Managers/Administrators						
Population Size	☐ Census (100% of survey population)						
	Sample Size Sample Method ☐ Convenience ☐ Simple Random ☐ Stratified Random ☐ Other:						
Completion of the Survey	☐ Mandatory ☒ Voluntary Response Categories ☐ Yes/No ☐ Likert Scale ☒ Free text format ☐ Other						
DATA OVERVIEW							
Intended Use of Survey Data	 ✓ Planning ✓ Decision making ✓ Performance/Quality Improvement Activities ✓ Other: <u>HR Metrics – vacancy rates,</u> <u>turnover, workforce age demographics</u> 						
Data Quality	-Survey submissions are individually checked for completeness and errors -Follow-up calls are made to hospitals to clean data if necessary -Relevant data from MIS will be extracted and used for the 2005 LMS						
Derived Reports	Two publications are generated from the data: -Health Care Provider Labour Market Survey -Hospital Specific Reports (used for benchmarking) Report Audience Staff, educators, analysts, policy makers, researchers						
Report Granularity	Proposed for 2005 LMS: Geographical (LHIN and OHA region), hospital type, # of beds, operating budget, FTE, # of sites Survey Data Availability Earliest Data: 2001 Latest Data: 2003						

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

Overall Average Vacancy Rate (OAVR)

OAVR = combined vacancy rate for FT and PT positions only

-Calculation excludes casual staff

-point-in-time indicator

Turnover Rate

Turnover Rate = (# of staff departures / average # of staff (headcount) x 100

-Survey requests data on 'negative' turnover, split by retirements and other permanent departures for all FT and PT positions. Permanent departures include terminations, layoffs, voluntary resignations and retirements. They exclude internal transfers, inter-departmental transfers, parental leaves where the employee is going to return, study leave, LTD, STD, or any temporary leaves of absence

Vacancy Rate

Vacancy Rate = (# of vacant positions / # of total positions)

-Point-in-time indicator

- -Use headcount, not FTEs
- -Vacancy = an unfilled position within your hospital for which you are actively recruiting
- -Total positions = headcounts + vacant positions

Workforce Age Demographics

-Includes staff age profiles as well as projections to forecast future staff needs

Other dimensions include info and metrics related to:

- -Recruitment and retention
- -HR management practices and organization (e.g. Strategic HR planning, succession planning)
- -Education and training
- -HRIS
- -Workforce planning and forecasting

DATA ACCESS							
Licensing	Express written permission from the OHA required for use of sur	vey instrument					
Data Users	OHA	OHA					
Access Protocol	No access to database currently available for external (non-OHA	A) organizations					
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐ Hard C	opy					
Decision Support System Tools	None						
CONTACTS							
Support/Questions	Support Organization	Phone #	E-Mail				
Maggie Fung	ОНА	(416) 205-1359	mfung@oha.com				
ADDITIONAL NOTES							

OHA Absence	Survey						
Survey Frequency	Biennially		☐ Bi-annually	☐ Quarterly	☐ Monthly ☐	Other	
Survey Status	□ Active	☐ Inactive					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	Cancer Servic Cardiac Servi Cataract Surg Clinical Demographic Diabetes Financial General Popudisability and WS	ces ery s s lation Health Status		eplacement	☐ Patient Safety ☐ Pediatrics ☐ Prescription Dru ☐ Smoking ☐ Surveillance ☐ Trauma/Injuries ☐ Women's Health ☑ Other Absentee	Ĭ	
Web URL							
INSTRUMENT OVERVI	1						
Purpose	The OHA Absence Survey addresses the following purposes: 9) Identify an organization's areas of concern with respect to disability, both from an employee job class perspective, as well as an overall organization perspective; 10) Identify an organization's areas of strength with respect to average sick days from an employee job class perspective, and identify any areas that require improvement; 11) Compare findings across job level within an organization as well as within the participating OHA member population as a whole; 12) Benchmark an organization's standing year to year with respect to average absence; 13) Evaluate comments and suggestions of respondents.						
Survey Limitations	,		tion, Internal Implementa	tion.	# of questions in surv	/ey 206	
Instrument Owner	Ontario Hospital	Association (OHA)					
Instrument Design		☐ Non-Standardized					
Administered By	Ontario Hospital	Association (OHA)	-				
Administered Via	☐ Telephone ☐ Paper hard co	☐ Internet ppy via postal service	☐ Intranet ☐ Paper hard copy at s	In person interview ervice location	☐ Focus Group Paper hard copy via fax	☐ Other:	
Population Check all that apply	Paper hard copy via postal service □ Paper hard copy at service location □ Paper hard copy via fax □ Other:						
Population Size		% of survey population)					
	☐ Sample	Size	Sample	Method Conve	enience	ple Random er:	

Survey Profiles							Ontario Hospital Association
Completion of the Survey	Mandatory	⊠ Voluntary F	Response Categorio	es Yes/No	Liker	t Scale	format
DATA OVERVIEW							
Intended Use of Survey Data	⊠ Planning	□ Decision male □ Decision male	king 🛚 🖾 Perfor	mance/Quality	/ Improv	ement Activities	
Data Quality		sting performed and curred with the impl	nually; ementation of the w	eb-enabled su	rvey in th	ne Spring of 2005.	
Derived Reports	based on surve Results Report. Report is submi as well as those	Individual Organizational Benchmarking Reports based on survey findings and OHA Absence Survey Results Report. The OHA Absence Survey Results Report is submitted to all participating organizations as well as those organizations that did not participate, that wish to purchase the report. Report Audience Hospital/organization CEO, (Individual Benchmarking Report); Human Resources/Occupational Health personnel, (Absence Survey Results Report).					es/Occupational Health personnel, (OHA
Report Granularity	Levels of aggre	gation: organization	n, work category, ho	spital.	Survey	Data Availability	Earliest Data: 1997 Latest Data: 2004
SURVEY DATA ELEME	NTS						
Key Dimensions/Indicators							
Hospital Profile Short-Term Disability (Nurse, Service Wellness Initiatives Employee Recognition Communication Career Development Active Living Program Smoking Cessation Program Employee Assistance Program Healthy Eating Program Other Wellness Initiatives Additional Short-Term Disability Modified Wo	formation (Including						
DATA ACCESS	The OUA AL	anno Cumici is	laly award by the O	110			
Licensing		<u> </u>	lely owned by the Ol		Th - 011	A -1-1- : 1	have a database OLIA
Data Users		The OHA Absence Survey database is solely owned by the OHA. The OHA data is currently housed at the OHA. There are security protocols restricting access to the database. To date, this database has been accessed only by the OHA					
Access Protocol		<u>-</u>	<u>_</u>				een accessed only by the OHA
Accessibility	☐ Network		Extranet	☐ Hard Copy	y 🗆	Others	

Decision Support System	The OHA provides the following materials to workplaces				
Tools	 Formal Absence Survey Report; 				
	 Individual Benchmarking Report. 				

CONTACTS			
Support/Questions	Support Organization	Phone #	E-Mail
Mary Crunkleton	The Ontario Hospital Association	(416) 205-1375	mcrunkleton@oha.com

ADDITIONAL NOTES	

OHA Ontario Healthy Hospital Employee Survey (OHHES)									
Survey Frequency	☐ Biennially Organizational Nee								
Survey Status	☐ Active ☐ Inactive								
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services ☐ Cardiac Service ☐ Cataract Surger ☐ Clinical ☑ Demographics ☑ Diabetes ☐ Financial ☑ General Populat	s y tion Health Status		eplacement	☐ Patient Safety ☐ Pediatrics ☐ Prescription Drugs ☐ Smoking ☐ Surveillance ☐ Trauma/Injuries ☐ Women's Health ☐ Other Health Risk Ap	opraisal, Health			
Web URL									
INSTRUMENT OVERVI	EW								
Purpose	The ©HHES addresses the following purposes: 1) Identify the key drivers of employee satisfaction and productivity in healthcare organizations 2) Identify gaps between respondents' satisfaction with, and perceived importance of key quality of worklife indicators 3) Clearly identify an organization's greatest areas of strength – and pinpoint the greatest opportunities for improvement 4) Identify respondents' key health behaviours and risk, current health status and readiness to change 5) Compare the findings across departments and levels in participating organizations 6) Systematically evaluate comments and suggestions of respondents 7) Allows for the review and action on provincial/national employee health/quality of work life issues 8) Benchmarking capabilities								
Survey Limitations	specific, Internal Im	plementation	n Time, Employee Comp		# of questions in survey	102			
Instrument Owner	Proprietary agreem	ent between OHA an	d Brock University's Wo	kplace Health Resea	arch Unit (WHRU)				
Instrument Design		Non-Standardized	The instrument may b	e customized or adap	oted based on organizational n	eeds			
Administered By	OHA and Brock Un	iversity's WHRU							
Administered Via	☐ Telephone ⊠ ⊠ Paper hard copy	Internet via postal service	☐ Intranet ☑ Paper hard copy at se	In person interview ervice location	☐ Focus Group Paper hard copy via fax	Other:			
Population Check all that apply ☑	Individual: Organizational:								
Population Size	⊠ Census (100% o	of survey population)							

survey Profiles									Ontano Hospital Association
	⊠ Sample	Size	•	ant on indivi f organization		Sample Met			⊠ Simple Randomm ⊠ Other: <u>as required</u>
Completion of the Survey	☐ Mandatory	⊠ Vo	luntary	Response	Categorie:	S ☐ Yes/No	⊠ Liker	rt Scale 🛚 Free text fo	ormat 🛛 Other Importance on Quality of Worklife
DATA OVERVIEW									
Intended Use of Survey Data	☑ Planning	⊠ De	ecision m	aking	□ Perform	nance/Qualit	/ Improv	rement Activities	☑ Other: <u>Health Promotion</u>
Data Quality	Reliability and Validity testing have been performed Pilot testing has occurred with 19 Ontario based health care systems The OHA conducted an evaluation of the tool and the ©HHES project immediately after the initial pilot of the 19 healthcare organizations. An OHA representative had a series of formal discussions with the "sponsor" of the ©HHES project at each of the participating pilot healthcare institutions to determine: 1) Key challenges and success factors of the ©HHES project; 2) Recommended changes/improvements to the ©HHES survey and reports; 3) Planned actions based on the survey findings.								
Derived Reports	Individual Organ findings	ization	al Report	s based on	survey	Report Aud	lience		pital administration, hospital boards, sr. pervisors, staff, professional conferences
Report Granularity	Clinical or Non-c	gregation: organization, work category, Hospital, lon-clinical, Program, Any customized job group f are sector (Group must be N = 7 or greater, REB			oup from	Survey	/ Data Availability	Earliest Data: 2003 Latest Data: 2005	

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

Job Clarity

Job Control

Job Satisfaction

Workload

Quality Improvement Practices

Physical Safety

Physical Work Environment

Protection from Harassment

Resources and Supplies

Impact of Job on Personal Life

Impact of Personal Life on Job

Involvement in Decision Making

Recognition and Reward

Team Recognition and Reward

Healthy Workplace

Strategic Leadership

Inter-unit Cooperation

Co-Worker Cohesion

Training

Career Development

Supervisor Satisfaction

Supervisor Trust

Organizational Trust

Respect

Fairness

Communication

Organizational Satisfaction

Job Performance

Intention to Remain

Commitment - Loyalty

Commitment - Involvement

Individual Health Section (includes current levels and stage of change)

Overall Health/Wellness Score

Physical Activity

Tobacco Use

Nutrition

Body Mass Index

Alcohol Intake

Medication Use

Stress and Well Being

Sleep

Medical History

Absenteeism

Your Feedback (Employee)

Survey Profiles	Ontario nospital Associatio
DATA ACCESS	
Licensing	Proprietary Agreement between OHA and Brock University's Unit (WHRU)
Data Users	Proprietary Agreement between OHA and Brock University's WHRU. The HHES is accessible through Brock University's Workplace Health Research Unit. The OHA data are currently housed there as well. It is available for any organization to utilize with a fee paid to Brock University for delivery, data analysis and interpretation and other consulting required. This information is subject to a confidentiality agreement as per the Ontario Hospital Association's Agreement with Brock University's WHRU as well as per Brock's WHRU Research Ethics Board.
Access Protocol	There are security protocols restricting access to the database and protocols restricting the use or disclosure of the data and survey. Access to the HHES Benchmarking Database can be obtained and responding organizations can be provided with benchmarking reports which allow them to view how their organization sits in comparison with other healthcare organizations that have completed the survey. The names of these organizations are not released and kept strictly confidential as part of the organizational benchmarking report. This information is subject to a confidentiality agreement as per the Ontario Hospital Association's Agreement with Brock University's WHRU as well as per Brock's WHRU Research Ethics Board.
Accessibility	□ Network □ Internet □ Extranet □ Hard Copy □ Others PDF of aggregated results are sent to responding organizations only, OHA, and Brock University as per the OHA-Brock HHES Agreement/Contract
Decision Support System Tools	Brock University and the Ontario Hospital Association provide the following materials to workplaces: An outline of how to plan for a survey in an organization Public domain documents on how to ensure success. Also available is access to the OHA and the Wellness Consultant whose main responsibility is the OHA's Healthy Hospital Initiative and counsel to clients in the process. Access to Brock University account managers on phone lines, counseling clients in the process is also available. Brock will often provide orientation/training to internal groups via the OHA regarding employee survey best practices, data interpretation, action planning etc. OHA assists with providing marketing materials for all OHA members (i.e. posters).
CONTACTS	

CO	ΙП	TAC	TS

Support/Questions	Support Organization	Phone #	E-Mail
	The Ontario Hospital Association	(416) 205-1414	aparent@oha.com
	Brock University Workplace Health Research Unit	1 (800) 726-4082 ext. 22	jyardley@brocku.ca

ADDITIONAL NOTES

Survey Profiles Ontario Hospital Association OHA Regional Salary Survey Biennially □ Annually ☐ Bi-annually ☐ Quarterly ☐ Monthly Other Survey Frequency □ Active ☐ Inactive **Survey Status** ☐ Health Human Resources Cancer Services Patient Safety **Survey General** ☐ Cardiac Services ☐ Hip/Knee Joint Replacement ☐ Pediatrics Description ☐ MRI/CT Scan ☐ Prescription Drugs Cataract Surgery Check all that apply E ☐ Clinical ☐ Morbidity ☐ Smoking (See Glossary of Terms for Demographics ☐ Surveillance ☐ Mortality definitions) ☐ Diabetes Obesity ☐ Trauma/Injuries ☐ Financial Osteoporosis ☐ Women's Health Other ☐ General Population Health Status Patient/Family Satisfaction Web URL www.oha.com **INSTRUMENT OVERVIEW** The Regional Salary Survey is designed to collect data in order to provides compensation managers in Ontario hospitals with reliable and Purpose up-to-date information on market pay levels and pay practices for health care and other jobs typical in the industry. The survey captures salary data reported for a total of 105 benchmark jobs. The surveyed positions cover a range of administrative, technical, and health care professional jobs up to the middle-management level. **Survey Limitations** Survey participation is voluntary # of auestions in survey 24 (5 general Number and variety of participants impacts analysis results information questions; - Limited to hospitals; no comparators from other health sector partners 14 compensation auestions for 105 benchmark classifications: 5 vacation entitlement questions Instrument Owner Hospital Employee Relations Services, Ontario Hospital Association **Instrument Design** Instrument may be revised by the Salary Survey Committee to respond to compensation trends. **Administered By** Ontario Hospital Association **Administered Via** ☐ Telephone ☐ Intranet ☐ In person interview ☐ Focus Group Paper hard copy via postal service Paper hard copy at service location Paper hard copy via fax ☐ Other: **Population** ☐ Seniors Individual: ☐ Children ☐ Youth ⊠ Adult Not Applicable Check all that apply **B** Organizational: Acute Care Community Care Complex Continuing Care ⊠ Emergency Care Mental Health/Addiction □ Palliative Care □ Long-Term Care Primary Care □ Rehabilitation Not Applicable Respondent Role: Admin Assistant Nurse Senior Manager Director Other: Human Resources Manager Managers/Administrators **Population Size** ☐ Census (100% of survey population) Sample Sample Method ☐ Convenience Simple Random Size

Survey Profiles									Ontario H	ospital Association
							☐ Stratified Rando	om 🗌 (Other:	
Completion of the Survey	☐ Mandatory	⊠ Vo	luntary Resp	onse Categorie	s ☐ Yes/No	Liker	Scale 🛚 Free text	format 🗌 Otl	her	
DATA OVERVIEW										
Intended Use of Survey Data		⊠ D∈	ecision making	⊠ Perforı	mance/Quality	/ Improv	ement Activities	Othe	er: <u>Compensatio</u>	on - Market
Data Quality				checked for comp ta as necessary	eleteness and	errors				
Derived Reports	OHA Regional S	Salary S	Survey Report		Report Aud	lience	Health Human R	lesources an	nd Compensatio	n Professionals
Report Granularity	Geographic, ho	spital ty	pe, # of beds, c	perating budget,	total FTEs	Survey	Data Availability	Earliest Data Latest Data	ta: a: Fall 2005	
SURVEY DATA ELEME Key Dimensions/Indicators	ENTS									
Degree of Match Gender(M/F) Effective Date Minimum Rate Job Rate Hours/Week Years To Job Rate Union Mean Q1 Median (Q2) Q3 D9 Mode Hrs/Yr Mode Steps Vacation Entitlement										
DATA ACCESS	The OLIA D			dala arma 11 d	- 0-4-1-11	:4 - 1 ^				
Licensing	_			olely owned by th						
Data Users							ospital Association			
Access Protocol	<u> </u>						Survey Report only	'.		
Accessibility	Network] Hard Copy	<u> </u>	Others			
Decision Support System Tools				to the Regional S ital data manipul		Report,	an excel spreadsh	neet containii	ng specific sala	ry data from the

CONTACTS			
Support/Questions	Support Organization	Phone #	E-Mail
Luisa Berardi	Ontario Hospital Association	(416) 205-1490	lberardi@oha.com

ADDITIONAL NOTES		

Ontario Joint Replacement Registry

OJRR Post-surgical Follow-up Survey						
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	☑ Other 1 yr post-op
Survey Status	☐ Active					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services ☐ Cardiac Service ☐ Cataract Surger ☐ Clinical ☐ Demographics ☐ Diabetes ☐ Financial ☐ General Populat	S	☐ Health Human Re ☐ Hip/Knee Joint Re ☐ MRI/CT Scan ☐ Morbidity ☐ Mortality ☐ Obesity ☐ Osteoporosis ☐ Patient/Family Sa	eplacement	Patient Safe Pediatrics Prescription Smoking Surveillance Trauma/Inju Women's H	Drugs e ries
Web URL	http://www.ojrr.ca					
INSTRUMENT OVERVIE	≣W					
Purpose	The purpose of the survey was to measure baseline severity postoperative outcome using the Western Ontario McMaster Osteoarthritis Index (WOMAC) and postoperative satisfaction among patients who receive a total hip or knee joint replacement.					
Survey Limitations	Sample Coverage: This survey used a convenience sample and excluded patients who received a total hip or knee replacement after a hip fracture. Eligible respondents were Ontarians who received a total hip or knee joint replacement in Ontario from a surgeon who participated with the Ontario Joint Replacement Registry (OJRR). The survey under-represents revision arthroplasties and total hip or knee replacement cases performed in hospitals affiliated with an academic institution. Patients who could not respond in English or French were only captured in the sample if a friend or family member could translate from English. Nature of the Data: The survey was used to develop a Priority Rating Tool for total joint replacement surgery by determining the relationship among baseline severity at the Decision for Surgery (measured by the WOMAC), 1-year outcome (measured via the survey) and waiting time for surgery. Only patients with a valid WOMAC at Decision for Surgery (i.e. within 28 days) were sent a survey.					
Instrument Owner	London Health Sciences Centre (Ontario Joint Replacement Registry)					
Instrument Design	Standardized ☐ Non-Standardized The WOMAC has been established as a valid and reliable disease-specific outcome measure among this patient population. The satisfaction items have been validated against the WOMAC pain and function domains and the SF-12 physical and mental component scores. Test-retest reliability and internal consistency of the satisfaction items were established.					
Administered By	Ontario Joint Repla	cement Registry				
Administered Via	☐ Telephone ☐ ☐ Paper hard copy	Internet via postal service	Intranet Paper hard copy at se	In person interview rvice location P	Focus Group aper hard copy via	fax ⊠ Other: <u>Patient</u>
Population	Individual:	Children	Youth 🖂	Adult 🖂 S	eniors	t Applicable

Survey Profiles			Ontario Joint Replacement Registry				
Check all that apply 🗷	Organizational: Acute Care Community C Long-Term Care Mental Health Rehabilitation Not Applicable	n/Addiction	Emergency Care Primary Care				
	Respondent Role: Admin Assistant Nurse	Manager	ector				
Population Size	Ze ☐ Census (100% of survey population)						
	Sample Size 5000	Sample Method	☐ Simple Random ☐ Other:				
Completion of the Survey	☐ Mandatory ☐ Voluntary Response Categories	☐ Yes/No ☐ Likert Scale ☐ Free text for	mat				
DATA OVERVIEW							
Intended Use of Survey Data	☐ Planning ☐ Decision making ☐ Perform Tool	nance/Quality Improvement Activities	Other: Development of Priority Rting				
Data Quality	Data are scanned at data entry for invalid or missing valuriteria established by the WOMAC User Guide.	ues using teleform technology. Missing V	/OMAC items are imputed following				
Derived Reports		Report Audience MOHLTC					
Report Granularity		1 1	Earliest Data: <u>2002</u> Latest Data: <u>2004</u>				
SURVEY DATA ELEME	NTS						
Key Dimensions/Indicators							
Postoperative outcome at 1 year for Satisfaction with joint replacement Transition ratings for change in page 1.	outcome at 1 year follow-up						
DATA ACCESS							
Licensing	Not licensed – Permission to use WOMAC items recei	ved from Dr. N. Bellamy					
Data Users	Government, Surgeons						
Access Protocol	To be Determined						
Accessibility	☐ Network ☐ Internet ☐ Extranet [☐ Hard Copy ☐ Others <u>To be deter</u>	<u>mined</u>				
Decision Support System Tools	There is no Decision Support Tool that incorporates the	e data that have been collected.					
CONTACTS							
Support/Questions	Support Organization	Phone #	E-Mail				
Bert Chesworth	Ontario Joint Replacement Registry	(519) 858-5177	Bert.Chesworth@Ihsc.on.ca				

					ES.

Simcoe County District Health



Survey Profiles Simcoe County District Health

Simcoe County	Child He	alth Survey				
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	☑ Other <u>2003</u>
Survey Status	☐ Active					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	Cancer Service Cardiac Service Cataract Surge Clinical Demographics Diabetes Financial General Popula	es	Health Human Hip/Knee Joint MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family S	Replacement	☐ Patient Saf☐ Pediatrics☐ Prescription☐ Smoking☐ Surveillanc☐ Trauma/Inj☐ Women's F☐ Other chroi	n Drugs ee uries Health
Web URL	www.simcoemusk	okahealth.org				
INSTRUMENT OVERVII	=W					
Purpose	The purpose of the The results of the	Child Health Survey are	e used to support prog	ding children's eating ar ram planning and evalu- nset of chronic diseases	ation, to advocate t	behaviours and weight patterns. for public policy development, and
Survey Limitations		subject to both samplin	g errors and non-samp	oling errors.	# of questions in	survey 67 parent questions, 3 teacher questions
Instrument Owner		District Health Unit				
Instrument Design	Standardized	Non-Standardized Non-Standardized	compiled according	to the literature review.	The draft questionn	er population health surveys or aire was pilot tested for clarity, nto the final questionnaire.
Administered By	Simcoe County Di	strict Healthy Unit - Epi		ny Lifestyle Program Ma		
Administered Via		Internet by via postal service	☐ Intranet ☐ Paper hard copy at	\boxtimes In person interview service location \square F	☐ Focus Group Paper hard copy via	
Population Check all that apply ☑						ot Applicable
Onook all that apply 2	Organizational: [Acute Care Long-Term Care Rehabilitation	☑ Community Care ☑ Mental Health/Addic ☑ Not Applicable	☐ Complex Cont tion ☐ Palliative Care		mergency Care rimary Care
	Respondent Role:	Admin Assistant	☐ Nurse ☐ Manaç	ger 🔲 Senior Manage	er Director [Other:
Population Size	☐ Census (100%	of survey population)				
	,					
Completion of the Survey		Size 1,172 children ir which represent cent less than pl sample size of 1	s three per anned	e Method ☐ Conver ☐ Stratifie		Simple Random Other:

DATA OVERVIEW								
Intended Use of Survey Data	⊠ Planning	Planning ☐ Decision making ☐ Performance/Quality Improvement Activities ☐ Other:						
Data Quality		rvey company employed the s. The health unit did a ser					included a small percentage of call backs rify data consistency.	to
Derived Reports		Simcoe County Child Health Survey, Preliminary Report June 18, 2004.			dience	School Boards, S Community	chool Principals, Teachers, Parents,	
Report Granularity	Simcoe County, Grade 1 children				Survey	Data Availability	Earliest Data: 2004 Latest Data:	
SURVEY DATA ELEMEN	NTS							
Key Dimensions/Indicators								
Children's Physical Activity Children's Screen Time Family Physical Activity Behaviour Children's Eating Behaviour Family Eating Behaviour								
DATA ACCESS								
Licensing								
Data Users	Simcoe Musk	oka District Health Unit						
Access Protocol	Manager, Hea	Survey results are available on the health unit website at www.simcoehealth.org. Further inquiries can be directed to Chrisitne Bushey, Manager, Healthy Lifestyle Program. Inquiries regarding access to complete database should be directed to Sandy Horney, Director, Resource Services.						
Accessibility	☐ Network		Extranet		у 🗆	Others		
Decision Support System Tools	A Call to Action	on, Building a Lifetime of G	Good Health E	Begins Now, k	(ids Heal	th Matters, Active I	Families	
CONTACTS								
Support/Questions	Support Org	anization		[]	Phone #		E-Mail	
Christine Bushey, Manager, Healthy Lifestyle Program	Simcoe Musk	oka District Health Unit		((705) 721	-7330 ext. 365	cbushey@simcoehealth.org	
Brenda Guarda, Epidemiologist	Simcoe Musk	Simcoe Muskoka District Health Unit				-7330 ext 284	bguarda@simcoehealth.org	

Survey Profiles Simcoe County District Health

ADDITIONAL NOTES

A document called A Call to Action - Building a Lifetime of Good Health Begins Now has been developed using the results fo the Simcoe County Child Health Survey. This Call to Action is being widely distributed to all sectors throughout Simcoe County as a catalyst to encourage discussion on how each sector can take action to improve healthy eating and physical activity to ensure the future good health of Simcoe County residents.

Statistics Canada

Absence from \	Work Sur	vey					
Survey Frequency	Biennially		☐ Bi-annu	ally 🔲 Qua	arterly	Monthly	Other
Survey Status	☐ Active						
Survey General Description Check all that apply ☑ (See Glossary of Terms for definitions)	Cancer Service Cardiac Service Cataract Surge Clinical Demographics Diabetes Financial General Popureasons	ces ery	Hip/Kne MRI/CT Morbidit Mortality Obesity Osteopo	y		Patient Safet Pediatrics Prescription Smoking Surveillance Trauma/Injur Women's He	Drugs ies
Web URL							
INSTRUMENT OVERVIE	≣W						
Purpose	Canada. The dat	a collected were u		ation on Canadians	absences from we	ork for health r	uman Resources Development elated reasons. Data were spensation received.
Survey Limitations	the exception of i residents of the \	nmates of institution of the contract of the	15 years of age and ons, full-time membe est Territories, and In of the population).	rs of the Armed Ford	ces, and	questions in s	urvey 24
Instrument Owner		es Development C					
Instrument Design		☐ Non-Standard	lized				
Administered By	Statistics Canada	1	<u>,</u>				
Administered Via	☐ Telephone☐ Paper hard co	☐ Internet ppy via postal serv	☐ Intranet ice ☐ Paper hard o	☐ In person opy at service locati		Focus Group nard copy via fa	ax
Population Check all that apply	Individual:	Children		Adult	Seniors		Applicable
Onook all that apply	Organizational:	☐ Acute Care☐ Long-Term Ca☐ Rehabilitation		h/Addiction ☐ Pal le	mplex Continuing liative Care	☐ Prin	ergency Care nary Care
- Decided and the second	•	e: Admin Assis		Manager	nior Manager	Director _	Other:
Population Size	•	6 of survey popula	•				·
	⊠ Sample	Size 55,000 ho	useholds	Sample Method	☐ Convenience☐ Stratified Ran		Simple Random Other: Multi-stage clustered
Completion of the Survey			Response Categorie	S Yes/No Like	ert Scale		

DATA OVERVIEW	
Intended Use of Survey Data	☐ Planning ☐ Decision making ☐ Performance/Quality Improvement Activities ☐ Other:
Data Quality	Data capture occurs in the regional offices and after the records are transmitted to Ottawa, they are subjected to comprehensive editing, imputation, and tabulation.
Derived Reports	Results of each survey cycle will be disseminated in the form of an overview report, articles on topics or sub populations of interest, articles in Health reports. Report Audience Individuals interested in the health of Canadians
Report Granularity	Topics or sub populations of interest Survey Data Availability Earliest Data: 1998 Latest Data:
SURVEY DATA ELEM Key Dimensions/Indicators	EN15
Health Labour Work interruptions	
DATA ACCESS	
Licensing	
Data Users	The main users are Statistics Canada and Health Canada There are 3 types of files: Master File, Share File and the PUMF. Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible). Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions PUMF – contains all respondent cases but in aggregated form with no identifiable information. Is public domain; can be purchased from Statistics Canada. Is also available to MOHLTC.
Access Protocol	There are security protocols restricting access to the database, and protocols restricting the use or disclosure of the data. Access to microdata can be obtained through Statistics Canada's Regional Data Centres. Master and PUMF can be bought from Statistics Canada or can be obtained for free from the Data Liberation Initiative at University libraries.
Accessibility	□ Network □ Internet □ Extranet □ Hard Copy □ Others <u>CD</u>
Decision Support System Tools	

CONTACTS						
Support/Questions	Support Organization	Phone #	E-Mail			
	Statistics Canada	(613) 951-3321	ssd@statcan.ca			
	Statistics Canada	1 (800) 461-9050				

ADDITIONAL NOTES			

Canadian Com	munity He	alth Surve	y (.1: Genera	al)				
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	☐ Other		
Survey Status	□ Active	☐ Inactive						
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services ☐ Cardiac Services ☐ Cataract Surger ☐ Clinical ☐ Demographics ☐ Diabetes ☐ Financial ☐ General Popula	s y tion Health Status	☐ Health Human R ☐ Hip/Knee Joint R ☐ MRI/CT Scan ☐ Morbidity ☐ Mortality ☐ Obesity ☐ Osteoporosis ☐ Patient/Family Sa	eplacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's H ☐ Other Othe	n Drugs e uries		
Web URL	http://www.apheo.c http://www2.itssti.h http://www2.itssti.h	http://www.statcan.ca/english/concepts/health/cchsinfo.htm http://www.apheo.ca/indicators/pages/resources/data%20sources/canadian_community_health_survey.htm http://www2.itssti.hc-sc.gc.ca/clf/hecsinventory.nsf/idview/040316105029-JP-L3?OpenDocument⟨=E http://www2.itssti.hc-sc.gc.ca/clf/hecsinventory.nsf/idview/040316105029-JP-L3?OpenDocument⟨=E http://www.healthinformation.on.ca/DataInfo/cchs.htm						
INSTRUMENT OVERVI								
Purpose			urveys is to provide timel el (health region or comb			rminants, health status and health		
Survey Limitations		oitals, correctional fac	erves, Canadian Forces E cilities) and some remote		# of questions in	survey		
Instrument Owner	Statistics Canada	•			•	·		
Instrument Design	Standardized [
Administered By	Statistics Canada							
Administered Via		Internet y via postal service	☐ Intranet ☐ Paper hard copy at se	In person interview ervice location	☐ Focus Group Paper hard copy via			
Population Check all that apply	Individual:	Children	☐ Youth 区	Adult 🖂 S	Seniors 🗌 No	ot Applicable		
опеск ан тасарру 🖻	Organizational:	Acute Care Long-Term Care Rehabilitation	☐ Community Care☐ Mental Health/Addicti☐ Not Applicable	☐ Complex Cont on ☐ Palliative Care		mergency Care rimary Care		
	Respondent Role:	Admin Assistant	☐ Nurse ☐ Manage	er Senior Manag	er 🗌 Director [Other:		

Survey Profiles Statistics Canada **Population Size** ☐ Census (100% of survey population) ⊠ Sample 2000-Cycle 1.1: Sample Method Simple Random Size ☐ Convenience Stratified Random Master/PUMF - 39276 Other: Multi-stage stratified Sahre File - 37681 2003-Cycle 2.1: Master/PUMF-42777 ShareFile-40507 **Completion of the Survey** Response Categories

☐ Yes/No ☐ Likert Scale ☐ Free text format ☐ Other ☐ Mandatory **DATA OVERVIEW Intended Use of Survey** Performance/Quality Improvement Activities □ Planning □ Decision making Other: Data **Data Quality** Most editing of the data was performed at the time of the interview by the computer-assisted interviewing (CAI) application. It was not possible for interviewers to enter out-of-range values and flow errors were controlled through programmed skip patterns. For example, CAI ensured that questions that did not apply to the respondent were not asked. In response to some types of inconsistent or unusual reporting, warning messages were invoked but no corrective action was taken at the time of the interview. Where appropriate, edits were instead developed to be performed after data collection at Statistics Canada. Inconsistencies were usually corrected by setting one or both of the variables in question to "not stated". **Derived Reports** Results of each survey cycle will be disseminated in **Report Audience** Individuals interested in the health of Canadians the form of an overview report, articles on topics or sub populations of interest, articles in Health reports and a series of 136 health region profiles available on the Statistics Canada web site.

Survey Data Availability

Earliest Data: 2000

Latest Data: 2003

SURVEY DATA ELEMENTS

Report Granularity

Topics or sub populations of interest

Geographical health regions

Key Dimensions/Indicators

Common Content:

- 1. Access to health care services
- 2. Alcohol consumption
- 3. Chronic conditions
- 4. Dental Visits
- 5. Driving and Safety
- 6. Exposure to second hand smoke
- 7. Flu shots
- 8. Fruit and vegetable consumption
- 9. General health
- 10. Health care utilization
- 11. Health Utility Index
- 12. Height / weight
- 13. Home care
- 14. Injuries
- 15. Insurance
- 16. Mammography
- 17. Maternal experiences
- 18. Medication use
- 19. Oral health
- 20. PAP smear test
- 21. Patient satisfaction
- 22. Patient satisfaction with telehelath services
- 23. Physical activities
- 24. Restriction of activities
- 25. Sexual behaviour
- 26. Smoking
- 27. Two-week disability
- 28. Voluntary organizations
- 29. Waiting Times
- 30. Youth Smoking

Optional (All modules available for selection):

- 1. Alcohol dependence / abuse
- 2. Blood pressure check
- 3. Breast examinations
- 4. Breast self examinations
- 5. Changes made to improve health
- 6. Colorectal cancer screening
- 7. Contacts with mental health professionals
- 8. Dental visits
- 9. Depression
- 10. Dietary supplement use
- 11. Distress
- 12. Driving and safety
- 13. Eating troubles
- 14. Food choices
- 15. Food insecurity
- 16. Health care system satisfaction
- 17. Health Utility Index
- 18. Home safety
- 19. Illicit drug use
- 20. Leisure activities
- 21. Mastery
- 22. Medication use

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

- 23. Nicotine dependence24. Oral health
- 25. Patient satisfaction
- 26. Physical check-up27. Physician counseling (smoking)28. Problem gambling

- 29. Prostate cancer screening
 30. Psychological well-being
 31. Satisfaction with availability of services
- 32. Satisfaction with life
- 33. Sedentary activities
- 34. Self-esteem
- 35. SF-36
- 36. Smoking cessation aids
- 37. Socal support
- 38. Stages of change (smoking)
 39. Suicidal thoughts and attempts
 40. Tobacco alternatives

- 41. Use of protective equipment
- 42. Work stress

DATA ACCESS								
Licensing								
Data Users	Statistics Canada and Health Canada, Provinces, Health Regions, researchers.							
	There are 3 types of files: Master File, Share File and the PUMF.							
	Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible).							
	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions							
	PUMF – contains all respondent cases but are grouped or masked to prevent residual disclosure. Is public domain; can be purchased from Statistics Canada. Is also available to MOHLTC.							
Access Protocol	There are security protocols restricting access to the database, and protocols restricting the use or disclosure of the data. Access to CCHS microdata can be obtained through Statistics Canada's Regional Data Centres. Master and PUMF can be bought from Statistics Canada or can be obtained for free from the Data Liberation Initiative at University libraries. Share files are available to Health Regions and researchers through the Knowledge Management and Reporting Branch of Ministry of Health and Long-Term Care.							
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐ Hard Copy ☐ Others CD (Share File and PUMF), Remote Access (Master)							
Decision Support System Tools								

CONTACTS						
Support/Questions	Support Organization	Phone #	E-Mail			
	Statistics Canada	(613) 946-3598	cchs-escc@statcan.ca			
	Knowledge Management and Reporting Branch (Ministry of Health and Long-Term Care)	(416) 327-7733				

ADDITIONAL NOTES

For more information on optional content choices, please see the APHEO website.

Canadian Com	munity He	ealth Survey	/ (.2: Specifi	c Topics)		
Survey Frequency	⊠ Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	Other
Survey Status	□ Active	☐ Inactive				
Survey General Description Check all that apply (See Glossary of Terms for definitions)		es ery ation Health Status	☐ Health Human Re☐ Hip/Knee Joint R☐ MRI/CT Scan☐ Morbidity☐ Mortality☐ Obesity☐ Osteoporosis☐ Patient/Family Sa	eplacement	☐ Patient Safety☐ Pediatrics☐ Prescription Dr☐ Smoking☐ Surveillance☐ Trauma/Injuries☐ Women's Heal☐ Other Mental F	s
Web URL	http://www.apheo. http://www2.itssti.http://www2.itssti.	hc-sc.gc.ca/clf/hecsinve	sources/data%20source entory.nsf/idview/040316 entory.nsf/idview/040316	3105029-JP-L3?Open[Document⟨=E	
INIOTELIATE AVERNA						
INSTRUMENT OVERVII		tive of the COLIC is to		lianal antimates of has		
Purpose	utilization.					n status and health system
Survey Limitations			ves, Canadian Forces E lities) and some remote		# of questions in sur	vey
Instrument Owner		,		,		•
Instrument Design	Standardized Standardized	☐ Non-Standardized	Statistics Canada, oth designed for compute developed, the associ included specifying the	er departments and/or r-assisted interviewing ated logical flow into a e type of answer requil	academic fields. The (CAI), meaning that, and out of the questions	s the questions were was programmed. This maximum values, on-line edits
Administered By	Statistics Canada		•			
Administered Via		Internet [by via postal service [☐ Intranet ☐ Paper hard copy at se	In person interview ervice location	☐ Focus Group Paper hard copy via fax	☐ Other:
Population Check all that apply 🗷	Individual:	⊠ Children	☑ Youth 🖂	Adult 🖂 S	Seniors	• •
опеск ан тасарру 🖻	Organizational: [Acute Care	☐ Community Care ☐ Mental Health/Addictid ☑ Not Applicable	☐ Complex Contion ☐ Palliative Care	inuing Care ☐ Emero ☐ Prima	gency Care ry Care
	Respondent Role:	Admin Assistant	☐ Nurse ☐ Manage	r 🔲 Senior Manage	er 🗌 Director 🔲 C	Other:
Population Size	Census (100%	of survey population)				

Survey Profiles Statistics Canada Convenience Size Nutrition Survey 2004 (2.2): Sample Method Simple Random Other: Multi-Stage Stratified ☐ Stratified Random Share file - 10,517 Cluster Mental Health 2002 (1.2): Share File - 12,376 **Completion of the Survey** Response Categories
☐ Yes/No ☐ Likert Scale ☐ Free text format ☐ Other ☐ Mandatory **DATA OVERVIEW Intended Use of Survey** □ Planning □ Decision making □ Performance/Quality Improvement Activities Other: Data **Data Quality** Most editing of the data was performed at the time of the interview by the computer-assisted interviewing (CAI) application. It was not possible for interviewers to enter out-of-range values and flow errors were controlled through programmed skip patterns. For example, CAI ensured that questions that did not apply to the respondent were not asked. In response to some types of inconsistent or unusual reporting, warning messages were invoked but no corrective action was taken at the time of the interview. Where appropriate, edits were instead developed to be performed after data collection at Head Office. Inconsistencies were usually corrected by setting one or both of the variables in question to "not stated". *Please refer to Statistics Canada methodology or user guide **Derived Reports** Results of each survey cycle will be disseminated in **Report Audience** Individuals interested in the health of Canadians the form of an overview report, articles on topics or sub populations of interest, articles in Health reports.

Survey Data Availability

Earliest Data: 2002

Latest Data: 2004

Topics or sub populations of interest

Report Granularity

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

Mental Health - 2002:

Alcohol use and dependence

Chronic Conditions

Distress

Eating troubles

Gambling

General health

Height and weight

Illicit drug use and dependence

Medication use

Physical acitivities

Psychological well-being

Restriction of activities

Services

Social support

Spirituality

Stress

Two-week disability

Work stress

Screening (diagnostic modules)

Depression

Mania

Panic disorder

Socal phobia Agoraphobia

Nutrition - 2004:

Food consumption: 24 hour dietary recall

Alcohol consumption

Children's physical activity

Chronic conditions

Fruit and vegetable consumption

General health

Household food security

Measured height and weight

Physical activity

Sedentary activity

Self reported height and weight

Smoking

Vitamin and Mineral Supplements

Women's Health

Licensing							
Data Users	The main users are Statistics Canada and Health Canada						
	There are 3 types of files: Master File, Share File and the PUMF.						
	Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible).						
	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions						
	PUMF – contains all respondent cases but in aggregated form with no identifiable information. Is public domain; can be purchased from Statistics Canada. Is also available to MOHLTC.						
Access Protocol	There are security protocols restricting access to the database, and protocols restricting the use or disclosure of the data. Access to CCHS microdata can be obtained through Statistics Canada's Regional Data Centres. Master and PUMF can be bought from Statistics Canada or can be obtained for free from the Data Liberation Initiative at University libraries. Share files are available to Health Regions and researchers through the Knowledge Management and Reporting Branch of Ministry of Health and Long-Term Care.						
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐ Hard Copy ☐ Others Cd						
Decision Support System Tools							

CONTACTS			
Support/Questions	Support Organization	Phone #	E-Mail
	Statistics Canada	(613) 946-3598	cchs-escc@statcan.ca
	Knowledge Management and Reporting Branch (Ministry of health and Long-Term Care)	(416) 327-7733	

ADDITIONAL NOTES		

Canadian Health and Disability Survey								
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	Other twice		
Survey Status	☐ Active							
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populat	3	Health Human Re Hip/Knee Joint Re MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sa	eplacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's H ☑ Other <u>Disab</u>	Drugs e uries ealth		
Web URL	http://data.library.ub	oc.ca/datalib/gen/files_u	ınixg/health+disability/l	health_disab_codebook	.html			
INSTRUMENT OVERVIE	EW							
Purpose	June 1984. The pro	ject was sponsored by mittee on the Disabled	the Health Division of	Statistics Canada in res	ponse to the recon	urvey in October 1983 and in nmendation by the Special to generate comprehensive		
Survey Limitations				1	# of questions in	survey approximately 300		
Instrument Owner	Statistics Canada			-		,		
Instrument Design	Standardized □	Non-Standardized						
Administered By	Statistics Canada							
Administered Via	☐ Telephone☐ Paper hard copy	Internet	Intranet Paper hard copy at se	In person interview rvice location Pa	Focus Group aper hard copy via			
Population Check all that apply 🗷		-				t Applicable		
опсок ан так арру 🖭	Organizational: Acute Care Community Care Complex Continuing Care Emergency Care Long-Term Care Mental Health/Addiction Palliative Care Primary Care Rehabilitation Not Applicable							
	Respondent Role:	Admin Assistant	Nurse	r 🔲 Senior Manager	Director	Other:		
Population Size	☐ Census (100% c	f survey population)						
	⊠ Sample S	ize 15,854 adults and children	3,382 Sample		ence 🔲 d Random 🔲	Simple Random Other:		
Completion of the Survey	☐ Mandatory ☐	Voluntary Respons	se Categories	/No Likert Scale F	ree text format \[\] O	ther		

DATA OVERVIEW							
Intended Use of Survey Data	⊠ Planning	□ Decision making	⊠ Perfor	mance/Quality	Improve	ement Activities	☐ Other:
Data Quality	possible for inte ensured that qu warning messa developed to be variables in que	erviewers to enter out-of-ranguestions that did not apply to ges were invoked but no cor	ge values and the responder rective action at Head	nd flow errors vident were not a on was taken a d Office. Incons	were con asked. In t the tim	ntrolled through pro n response to some ne of the interview.	erviewing (CAI) application. It was not ogrammed skip patterns. For example, CAI e types of inconsistent or unusual reporting, Where appropriate, edits were instead rrected by setting one or both of the
Derived Reports	the form of an o	survey cycle will be dissem overview report, articles on to s of interest, articles in Healtl	opics or	Report Audience		Individuals intere	sted in the health of Canadians
Report Granularity	Topics or sub p	opulations of interest			Survey	Data Availability	Earliest Data: 1983 Latest Data: 1984

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

Nature of Disability Mobility Transportation Accommodation Education Employment

DATA ACCESS	
Licensing	
Data Users	The main users are Statistics Canada and Health Canada
	There are 3 types of files: Master File, Share File and the PUMF.
	Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible).
	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions
	PUMF – contains all respondent cases but in aggregated form with no identifiable information. Is public domain; can be purchased from Statistics Canada. Is also available to MOHLTC. Please note that there is no pumf for the Canadian Health and Disability Survey

Survey Profiles						S	tatistics Canad
Access Protocol	microdata can	be obtained throu	ugh Statistics Cana		Centres. Master and P	se or disclosure of the data. Acc UMF can be bought from Statis	
Accessibility	□ Network	☐ Internet	☐ Extranet	☐ Hard Copy	Others CD		
Decision Support System Tools							
CONTACTS							
Support/Questions	Support Orga	nization		Pho	ne #	E-Mail	
	Statistics Cana	da		(613	3) 951-3321	ssd@statcan.ca	
ADDITIONAL NOTES							

Canadian Toba	acco Use M	Ionitoring S	Survey				
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly		
Survey Status	□ Active	☐ Inactive					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populati		☐ Health Human Ri ☐ Hip/Knee Joint R ☐ MRI/CT Scan ☐ Morbidity ☐ Mortality ☐ Obesity ☐ Osteoporosis ☐ Patient/Family Sa	eplacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☑ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's He	Drugs ries	
Web URL							
-							
INSTRUMENT OVERVI	EW						
Purpose			rack changes in smokin estimate smoking prev			at risk, such as the 15 to 24 year emi-annual basis.	
Survey Limitations	The target population for the Canadian Tobacco Use Monitoring Survey was all persons 15 years of age and over living in Canada with the following two exceptions: 1) residents of the Yukon, Northwest Territories and Nunavut, and 2) full-time residents of institutions. Because the survey was conducted using a sample of telephone numbers, households (and thus persons living in households) that do not have telephones were excluded from the sample population. People without telephones account for less than 3% of the target population. However, the survey estimates have been weighted to include persons without telephones.						
Instrument Owner	Statistics Canada						
Instrument Design		Non-Standardized					
Administered By	Statistics Canada						
Administered Via		Internet via postal service	Intranet Paper hard copy at se	In person interview ervice location	Focus Group Paper hard copy via f	fax	
Population Check all that apply			-			t Applicable	
	Organizational:	Acute Care Long-Term Care Rehabilitation] Community Care] Mental Health/Addicti] Not Applicable	☐ Complex Cont on ☐ Palliative Care		nergency Care mary Care	
	Respondent Role:	Admin Assistant	Nurse Manage	r 🔲 Senior Manage	er Director	Other:	

Survey Profiles	l —							Statistics Canada
Population Size	☐ Census (100% ☐ Sample	6 of sui	The household response rate for the CTUMS, Cycle 1, conducted from February to June 2004 was 80.6%. The person response rate was 85.9%. The household response rate for the CTUMS, Cycle 2, conducted from July to December 2004 was 85.0%. The person response rate was 89.0%. The household response rate was 89.0%. The household response rate for the CTUMS, February to December 2004 Annual Summary was 83.0%. The person response rate was 87.6%.	Sample Meti	다 이 드 이 드 이 드 이 드 이 드 이 드 이 드 이 드 이 드 이	numbers. The two- the representation in 15 to 19 and 20 to 2 are selected using R individuals (or none composition. Because the main p estimates in all 10 p in each province are from 5,000 individual 25 and over across group per province. Inumbers depended expected RDD hit ra numbers which are required sample siz methodology were in selection within the households with only sub-sampled. It is extelephone numbers respondents per yea about 20% of house	etratified random sample of phase design is used in order the sample of individuals 24 age groups. In the first part and	ole design is a telephone ler to increase belonging to the hase, households one or two household or espondents get responses of individuals aged in each age elephone se rate and the elephone lestandard RDD bilities of a second, er present were ost 130,000 get the 20,000 esponse rate and ged 15 to 24; the
Completion of the Survey	Mandatory	⊠ Vo	Response Categorie	s Xes/No		-		
DATA OVERVIEW								
Intended Use of Survey Data	☑ Planning	⊠ D∈	ecision making	mance/Quality	Improv	ement Activities	Other:	
Data Quality	each step of the interviewers with interviewers to d	data co respec etect p	effort was made to reduce non sollection and processing cycle to to the survey procedures and roblems of questionnaire designs and question flow were all programmers.	monitor the computer-ass or misunders	uality of isted tel tanding	f the data. These m lephone interviewing	easures include extensive g g (CATI) application, obser	training of vation of
Derived Reports	Tables available	at www	w.gosmokefree.ca	Report Aud	ience	General Public Health Age	encies	
Report Granularity					Survey	Data Availability	Earliest Data: 1999 Latest Data: 2004	

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

Household Smoking
Smoking Status
Past Smoking
Weekly Pattern
Smoking Behavour
Cigarette Brand
Smoking Cessation
Cessation Methods
Other Cessation Methods
Health Professionals
Smoking and Pregnancy
Tobacco Produts
Opinions on Smoking
Marijuana Use

DATA ACCESS								
Licensing	The main users are Statistics Canada and Health Canada							
	There are 3 types of files: Master File, Share File and the PUMF.							
	Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible).							
	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions							
	PUMF – contains all respondent cases but in aggregated form with no identifiable information. Is public domain; can be purchased from Statistics Canada.							
Data Users								
Access Protocol	There are security protocols restricting access to the database, and protocols restricting the use or disclosure of the data. Access to microdata can be obtained through Statistics Canada's Regional Data Centres. Master and PUMF can be bought from Statistics Canada or can be obtained for free from the Data Liberation Initiative at University libraries.							
Accessibility	□ Network □ Internet □ Extranet □ Hard Copy □ Others							
Decision Support System Tools								

CONTACTS			
Support/Questions	Support Organization	Phone #	E-Mail
	Statistics Canada	(613) 951-3321	ssd@statcan.ca
		1 (800) 461-9050	

ADDITIONAL NOTES			

Census 2001 – Statistics Canada									
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	☑ Other Every 5 Years			
Survey Status	□ Active	☐ Inactive							
Survey General Description Check all that apply (See Glossary of Terms for definitions)	Cancer Services Cardiac Services Cataract Surgery Clinical Demographics Diabetes Financial General Populati		Health Human Re Hip/Knee Joint Re MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sa	eplacement	Patient Saf Pediatrics Prescriptior Smoking Surveillanc Trauma/Inju Women's F	n Drugs e uries			
Web URL	Web URL http://www12.statcan.ca/english/census01/home/index.cfm								
INSTRUMENT OVERVI	EW								

Purpo	se
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On May 15, 2001, Statistics Canada conducted the Census of Population and the Census of Agriculture to develop a statistical portrait of Canada and its people. The census is a reliable source for describing the characteristics of Canada's people, dwellings and agricultural operations.

The Census of Population provides the population and dwelling counts not only for Canada but also for each province and territory, and for smaller geographic units such as cities or districts within cities. The census also provides information about Canada's demographic, social and economic characteristics.

Standard data products are data tables extracted from the 2001 Census database. They contain statistical information about every characteristic of the population, households, dwellings and families, characteristics that are measured in the census.

Census data can be used for many purposes, from route planning, site location, delivery services, through to program planning and development, urban planning and market analysis, mapping and geographic purposes. Census information can even help you stay abreast of topics of current interest and identify trends in Canadian society.

Census information is used to redistribute seats in the House of Commons and Provincial Legislative Assemblies, to determine equalization payments and other federal-provincial transfer payments, and to design and assess programs. Business, industry, associations, institutions, academia and media depend on census data as a valuable decision-making tool. Census data are also used to plan important community services such as health care, education, transportation, day-care, fire and police protection, employment and training programs, and housing.

	nousing.			
•	An important factor affecting the questionna on the form is limited, and therefore the nun questions are limited. Without such limits, re and printing costs would soar, as would ship	# of questions in survey		
Instrument Owner	Statistics Canada			
Instrument Design	Standardized □ Non-Standardized □	Census content must go through a rigorous	consultation, testing, review ar	nd approval process to

Census content must go through a rigorous consultation, testing, review and approval process to
ensure every question responds to important information requirements that cannot be met through
other means. This process includes approval by Cabinet and the prescription of the questions by
Order-in-Council as required by the Statistics Act. The final step is the publication of the questions
in the Canada Gazette, Part 1. Qualitative testing for the 2001 Census took place both before and
after the National Census Test (NCT).

Survey Profiles Administered By	Statistics Canada Statistics Canada
Administered Via	 ☑ Telephone ☐ Internet ☐ In person interview ☐ Focus Group ☐ Paper hard copy via postal service ☐ Paper hard copy at service location ☐ Paper hard copy via fax ☐ Other:
Population	Individual: Children Youth Adult Seniors Not Applicable
Check all that apply 🗷	Organizational: Acute Care Community Care Complex Continuing Care Emergency Care Long-Term Care Mental Health/Addiction Palliative Care Primary Care Not Applicable
	Respondent Role: Admin Assistant Nurse Manager Senior Manager Director Other:
Population Size	□ Census (100% of survey population)
	Sample Size Sample Method □ Convenience □ Simple Random Stratified Random □ Other:
Completion of the Survey	Mandatory □ Voluntary Response Categories □ Yes/No □ Likert Scale □ Free text format □ Other
DATA OVERVIEW	
Intended Use of Survey Data	☑ Planning ☑ Decision making ☐ Performance/Quality Improvement Activities ☐ Other:
Data Quality	
Derived Reports	Report Audience
Report Granularity	Survey Data Availability Earliest Data: 1941 Latest Data: 2001
SURVEY DATA ELEME	NTS
Key Dimensions/Indicators	
Characteristics of the population: Age, gender. location. Activity Limitations Language spoken at home Language at work Birthplace of parents Religion Common-law couples Population, Family, Household, Do	velling questions

DATA ACCESS										
Licensing	The ministry has purchased a license for staff to use census data, as well as a Consortium license that covers Public Health Unit analysts.									
Data Users	There are 3 types of files: Master File, Share File and the PUMF.									
	Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible).									
	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions									
	PUMF – contains all respondent cases but in aggregated form with no identifiable information. Is public domain; can be purchased from Statistics Canada. Is also available to MOHLTC.									
Access Protocol	No other parties outside of the Data Users have direct access to the complete database. There are security protocols restricting access to the database, and protocols restricting the use or disclosure of the data. Access to microdata can also be obtained by using Statistics Canada's custom tabulation and remote access services.									
	Custom services are offered for 100% and 20% databases covering the census years 1971 to 2001. The flexibility of custom services allows for products and services to be provided which are tailored to more demanding and complex requests than can otherwise be accommodated by the standard products. Therefore, users can obtain products which are designed to meet their specific needs in terms of data or geography. Custom services are of six types: custom tabulations, semi-custom profiles, products concerning the place of work and mode of transportation to work at geographic levels below the census subdivision, geocoding services, geography custom services, and geography custom mapping. Each has a different degree of flexibility in terms of content, geographic level, and medium. Experienced census consultants are available to advise clients on the service that will best suit their needs.									
Accessibility	□ Network □ Internet □ Extranet □ Hard Copy □ Others									
Decision Support System Tools										

CONTACTS			
Support/Questions	Support Organization	Phone #	E-Mail
Carol Paul	MOHLTC, IPP,KMRB, HIPSU - content questions	(416) 327-7733	carol.paul@moh.gov.on.ca
Peter Andru	MOHLTC, IPP< KMRB, HDDSU - access to data questions	(416) 327-7667	peter.andru@moh.gov.on.ca

ADDITIONAL NOTES

Four out of five households will receive the short form while the remaining one in five will receive a long form. The short form contains seven questions: the respondent's name, sex, age, marital and common-law status, family and household relationships and mother tongue. The long form includes the seven questions from the short questionnaire plus 52 additional questions, including a question on religion and new questions on birthplace of parents and language spoken at work.

Qualitative testing for the 2001 Census took place both before and after the National Census Test (NCT). The NCT involved 77,000 households in 13 sites across Canada. The location of the sites was based on both content and operational objectives. All households within a site received a census test questionnaire. One third of these households were given a short census form and the other two thirds received one of two versions of the long census form.

The purpose of the NCT, conducted on a voluntary basis, was to determine the suitability of each new or modified question through various means. The data were analyzed for reliability and comparability over time and compared with other sources. All telephone calls received by the telephone help-line were monitored and evaluated to judge where problems consistently occurred. Follow-up interviews with respondents were also conducted to discuss the questions and the questionnaire.

Family History Survey								
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	Other On time		
Survey Status	☐ Active							
Survey General Description Check all that apply ☒ (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Population partnerships, childre	on Health Status	Health Human Resc	acement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's H ☐ Other any n	Drugs e rries		
Web URL	http://www.statcan.c	a/english/Dli/Metadata/	/fhs/1984/fhs841.cbk					
INSTRUMENT OVERVIE	EW							
Purpose	The Family History Survey (FHS) was conducted as a supplement to the Labour Force Survey in February 1984. The project was sponsored by the Housing, Family and Social Division of Statistics Canada in response to increasing demand for longitudinal data on the formation and dissolution of families. The FHS was retrospective in nature in order to collect historical data on the major family events of Canadians. Respondents were asked to provide detailed information on any marriages, common-law partnerships, children they may have had or raised, and work patterns. This is the first time historical information on family life-cycle events of Canadians has been collected. The data offer an excellent opportunity for researchers to explore aspects of Canadian family life-cycle events not studied before. The Family History Survey collected retrospective data on significant events in a respondents' family life. The dates of marriages, common-law partnerships, separations and divorces were collected as well as information about natural, step and adopted children. The questionnaire also included questions about any work interruptions the respondent had experiences which lasted one year or longer.							
Survey Limitations	or who refused to prifrom the survey. The persons are exclude residents of the Northwest Territo armed forces per	ovide the LFS interviews was approximately 2 d: 'ukon and - residents ries; - inmates sonnel; - foreign of	logy, persons who did no ver with a phone number % of the sample. The foll s of Indian reserves; of institutions; diplomats 2% of the Canadian popu	were excluded lowing groups of	# of questions in	Male = 281 Female = 281		
Instrument Owner	Statistics Canada							
Instrument Design		Non-Standardized						
Administered By	Statistics Canada	1						

Survey Profiles Statistics Canada ☐ In person interview ☐ Focus Group Administered Via □ Telephone ☐ Internet ☐ Intranet ☐ Paper hard copy via postal service Paper hard copy via fax ☐ Other: Paper hard copy at service location **Population** ☐ Youth ☐ Seniors Individual: ☐ Children ⊠ Adult ☐ Not Applicable Check all that apply **Z** Community Care Organizational: ☐ Acute Care ☐ Complex Continuing Care ☐ Emergency Care ☐ Mental Health/Addiction ☐ Palliative Care ☐ Long-Term Care ☐ Primary Care Rehabilitation Not Applicable Respondent Role: Admin Assistant Nurse ☐ Manager ☐ Senior Manager Director Other: **Population Size** ☐ Census (100% of survey population) Size Sample Method ☐ Convenience Simple Random Other: Multi-stage ☐ Stratified Random Completion of the Survey Response Categories ☐ Yes/No ☐ Likert Scale ☐ Free text format ☐ Other ☐ Mandatory **DATA OVERVIEW** Intended Use of Survey □ Planning Decision making Performance/Quality Improvement Activities Other: Data **Data Quality** The editing of the data was conducted in several stages. The records were first formatted into individual records corresponding to information about a single event. For example a respondent who reported 2 marriages and 3 children would have five event records, one for each marriage and each child plus a summary record containing demographic information. A person with no marriages, children or work interruptions would have only a single record, the summary record **Derived Reports** Results of each survey cycle will be disseminated in Individuals interested in the health of Canadians **Report Audience** the form of an overview report, articles on topics or sub populations of interest, articles in Health reports. Earliest Data: 1984 **Report Granularity** Topics or sub populations of interest Survey Data Availability Latest Data: 1984 **SURVEY DATA ELEMENTS Key Dimensions/Indicators** Marriages Children Adoptions Common law partnerships

DATA ACCESS							
Licensing							
Data Users	The main users	are Statistics Ca	nada and Health (Canada			
	There are 3 type	es of files: Maste	r File, Share File a	and the PUMF.			
	Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible).						
	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions						
			cases but in aggreble to MOHLTC.	egated form with	h no identifiable information. I	s public domain; can be purchased from	
Access Protocol	There are security protocols restricting access to the database, and protocols restricting the use or disclosure of the data. Access to microdata can be obtained through Statistics Canada's Regional Data Centres. Master and PUMF can be bought from Statistics Canada or can be obtained for free from the Data Liberation Initiative at University libraries.						
Accessibility	☐ Network	☐ Internet	☐ Extranet	☐ Hard Cop	y Others <u>CD</u>		
Decision Support System Tools							
CONTACTS							
Support/Questions	Support Organ	ization			Phone #	E-Mail	
	Statistics Canada				(613) 951-3321	ssd@statcan.ca	
	Statistics Canad	Statistics Canada 1 (800) 461-9050					
ADDITIONAL NOTES							

Family History Survey is available at the Data Liberation Initative program: http://www.statcan.ca/english/Dli/dli.htm

General Social Survey								
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	☑ Other Every 5 years		
Survey Status	☐ Active	☐ Inactive						
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populat☐ being, height and w	on Health Status	☐ Patient Safety ☐ Pediatrics ☐ Prescription Drugs ☐ Smoking ☐ Surveillance ☐ Trauma/Injuries ☐ Women's Health ☐ Other short and long term disability, well-of health care services.					
Web URL	http://www.statcan.o	ca/cgi-bin/imdb/p2S\	/.pl?Function=getSurvey	&SDDS=3894⟨=er	n&db=IMDB&dbg=f&	&adm=8&dis=2		
-								
INSTRUMENT OVERVI								
Purpose						nitor temporal changes in the rissues of current or emerging		
Survey Limitations	The target population is non-institutionalized persons 15 years of age or older, living in the ten provinces. Persons living in households without telephones cannot be interviewed. However, persons living in such households represent less than 2% of the target population. Interviews are not conducted by cellular telephone so persons with only cellular telephone service are also excluded; again, this group makes up a very small proportion of the population, less than 3%. Use of the Waksberg method was not possible for areas not covered by Bell Canada since it requires that an accurate population estimate be available for the survey area. A similar situation also existed for all of Prince Edward Island for the first eight months							
Instrument Owner	Statistics Canada							
Instrument Design	Standardized □	Non-Standardized						
Administered By	Statistics Canada		•					
Administered Via	☐ Telephone ☐ Paper hard copy	Internet via postal service	☐ Intranet ☐ Paper hard copy at se	In person interview ervice location	Focus Group aper hard copy via	fax		
Population Check all that apply ☑	Individual:	Children Acute Care Long-Term Care		Adult S S	eniors No	t Applicable nergency Care mary Care		

Survey Profiles						Statistics Canada
	Respondent Role	e: Admin Assistant	Nurse	☐ Senior Manager	Director Other:	
Population Size	☐ Census (100%	% of survey population)				
	⊠ Sample	Size Until 1998, the sar was approximately persons. This was in 1999 to 25,000.	y 10,000 s increased	thod		m
Completion of the Survey	☐ Mandatory		se Categories	☐ Likert Scale ☐ F	ree text format	
DATA OVERVIEW						
Intended Use of Survey Data	⊠ Planning	□ Decision making	□ Performance/Qualit	y Improvement Activ	vities	
Data Quality						
Derived Reports	the form of an ov	survey cycle will be disser verview report, articles on of interest, articles in Heal	topics or	dience Individual	s interested in the social aspects	of Canadians
Report Granularity	national and pro	f 25,000, results will be av vincial levels and possibly os such as disabled persor	for some special	Survey Data Availa	Earliest Data: 1991 Latest Data: 1999	
SURVEY DATA ELEME	NTS					
Key Dimensions/Indicators						
A - Health Status B - Two Week Disability C - 12 Month Health Care Contract D - Flu Shots E - Health Status Indicator F - Limitation (LongTerm Disability G - Physical Condition and Activity H - Sleep J - Smoking K - Alcohol M - Occupation and Health N - Satisfaction P - Emotional Well Being Q - Classification R - Contacts for Followup	y)					

DATA ACCESS								
Licensing								
Data Users	The main users are Statistics Canada and Health Canada							
	There are 3 types	s of files: Master	File, Share File a	nd the PUMF				
		Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible).						
	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions							
	PUMF – contains Statistics Canada			egated form w	vith no iden	tifiable information. Is	public domain; can be purchased from	
Access Protocol	There are security protocols restricting access to the database, and protocols restricting the use or disclosure of the data. Access to microdata can be obtained through Statistics Canada's Regional Data Centres. Master and PUMF can be bought from Statistics Canada or can be obtained for free from the Data Liberation Initiative at University libraries.							
Accessibility	☐ Network	☐ Internet	☐ Extranet	☐ Hard Co	ору 🛚	Others <u>CD</u>		
Decision Support System Tools								
CONTACTS								
Support/Questions	Support Organia	zation			Phone #		E-Mail	
Heather Dryburgh	Statistics Canada	a			(613) 951	-0501	Heather.Dryburgh@statcan.ca	
ADDITIONAL NOTES								

Health and Employment Status Survey								
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	Other One Time		
Survey Status	☐ Active							
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surger☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populat	S	Health Human Hip/Knee Joint MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family	Replacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's H ☐ Other Emple	n Drugs e uries		
Web URL								
INSTRUMENT OVERVIE	≣W							
Purpose	The purpose of this survey is to create and test a set of questions that will: a) identify persons with a disability, and b) among those with a disability, identify those who experience problems at work or problems finding work as a result of the disability.							
Survey Limitations	The population of interest is the population of Canada as covered by the Labour Force Survey (LFS) carried out by Statistics Canada. The LFS is a monthly household survey carried out by Statistics Canada interviewers in approximately 48,000 households throughout the country, covering all individuals 15 years of age and over. Excluded are populations in the Yukon and Northwest Territories, residents of Indian Reserves, full-time members of the Canadian Armed Forces, and inmates of institutions. # of questions in survey # of questions in survey # of questions in survey							
Instrument Owner	Employment and Im	nmigratiaon Canada				•		
Instrument Design		Non-Standardized						
Administered By	Statistics Canada							
Administered Via	☐ Telephone☐ Paper hard copy	Internet via postal service	☐ Intranet ☐ Paper hard copy at	$oxed{\boxtimes}$ In person interview service location $oxed{\square}$ I	☐ Focus Group Paper hard copy via			
Population Check all that apply	Individual: Children Youth Adult Seniors Not Applicable Organizational: Acute Care Community Care Complex Continuing Care Emergency Care Primary Care Rehabilitation Not Applicable Respondent Role: Admin Assistant Nurse Manager Senior Manager Director Other:							
Population Size	`	of survey population)			. –	0: 1.5		
	⊠ Sample S	ize 40,000 househo	lds Samp	le Method ☐ Conve ☐ Stratifi		Simple Random Other: Stratified, multi-staged		

Survey Profiles Statistics Canada probability sample design Completion of the Survey ☐ Mandatory Response Categories
☐ Yes/No ☐ Likert Scale ☐ Free text format ☐ Other **DATA OVERVIEW** □ Decision making ☐ Performance/Quality Improvement Activities Other: The data collected from the **Intended Use of Survey** □ Planning survey will be used to update the existing base of information on the disabled population in Canada. Data **Data Quality Derived Reports Report Audience Report Granularity Survey Data Availability** Earliest Data: 1988 Latest Data: 1988 **SURVEY DATA ELEMENTS Key Dimensions/Indicators** Health **Employment opportunities DATA ACCESS** Licensing **Data Users Access Protocol** ☐ Network ☐ Internet ☐ Extranet ☐ Hard Copy ☐ Others Accessibility **Decision Support System Tools CONTACTS Support Organization** E-Mail Phone # Support/Questions Statistics Canada (613) 951-3321 ssd@statcan.ca 1 (800) 461-9050 **ADDITIONAL NOTES**

Health Promoti	on Survey										
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	Other Every 5 years					
Survey Status	☐ Active	☐ Active ☐ Inactive									
Survey General Description Check all that apply ☒ (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surger☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populat	S /	Health Human Re Hip/Knee Joint Re MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sar	placement	Smoking Surveillance Trauma/Inju Women's He	 ☐ Pediatrics ☐ Prescription Drugs ☐ Smoking ☐ Surveillance ☐ Trauma/Injuries ☐ Women's Health ☒ Other Current attitudes and behaviours 					
Web URL	http://www.statcan.o	/www.statcan.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3828⟨=en&db=IMDB&dbg=f&adm=8&dis=2									
INSTRUMENT OVERVI	≣W										
Purpose	Canadians to adopt current attitudes an health. Although this surve	Health and Welfare Canada (now Health Canada) was interested in collecting information to assist them in planning programs to encourage Canadians to adopt and maintain healthy lifestyles. The Health Promotion Survey, conducted in 1985, provided the baseline information on current attitudes and behaviours. The survey was conducted again in 1990 to evaluate programs initiated by Health and Welfare to promote health. Although this survey has been discontinued, it remains a source of historical data on the health of Canadians, and some products and services are still available.									
Survey Limitations	Canada with the fol 1. residents of the Y 2. full-time residents Because the HPS w (and thus persons li excluded from the s	wing two exceptions: 'ukon and the Northwes of institutions. vas conducted using tel ving in households) tha urveyed population. Th	ersons 15 years of age at Territories; ephone sampling techn it do not have telephone is accounts for less tha have been weighted to	iques, households es were obviously n 3% of the total	# of questions in s	survey 155					
Instrument Owner	Health Canada					<u>.</u>					
Instrument Design		Non-Standardized									
Administered By	Statistics Canada										
Administered Via	☐ Telephone ☐	_	Intranet	In person interview rvice location	Focus Group Caper hard copy via f	fax					
Population	· · · · · · · · · · · · · · · · · · ·					t Applicable					

survey Profiles								Statistics Canada		
Check all that apply 🗷	Organizational:	☐ Acute Care ☐ Long-Term Care ☐ Rehabilitation	☐ Community (☐ Mental Healt ☐ Not Applicab	:h/Addiction	Complex C Palliative C	Continuing Ca Care	re	ıre		
	Respondent Rol	le: 🗌 Admin Assistar	nt 🗌 Nurse 🗀	Manager 🗌	Senior Ma	nager 🔲 D	irector			
Population Size	☐ Census (100% of survey population)									
	⊠ Sample	Size After all proce data file conta records	essing the micro ains 13,792	Sample Method		nvenience atified Rando	☐ Simple Ran M ☐ Other: <u>Cros</u>	dom s Sectional Design		
Completion of the Survey	☐ Mandatory		ponse Categorie	s Yes/No	Likert Scale	Free text fo	ormat			
DATA OVERVIEW										
Intended Use of Survey Data	☑ Planning	☑ Decision making	g 🛭 Perfori	mance/Quality Im	nprovemen	t Activities	Other:			
Data Quality	abnormally high cases, imputed cases these var significantly fror unbiased estimated and the considerable the implemented at highly skilled interviewers to are minimized as	n or low responses were from other areas from riables were imputed from province to province ates are only obtained me and effort has been teach step of the data terviewers, extensive the detect problems of que	re identified. Reco the same questic rom another recor c. Non-respondent with the application made to reduce collection and pro- training of intervier estionnaire design	ords with missing prinaire. The one of (i.e. a donor rest were more like on of the weights non-sampling erocessing cycle to wers with respect or misunderstar	or incorrect exception to exception to exception to exception to except to be made. From the latter than the latter to the HP ending of ins	et data were a to this was the opling rates, a des and more HPS. Quality e quality of the S procedures tructions, pro	Il non-response, flow p ssigned non-response e selected person's age s well as non-response likely to be younger (1 assurance measures h e data. These measure and questionnaires, ol cedures to ensure that forts non-sampling erro	codes or in some e and sex. In some e rates, varied 15-24). Thus have been es include the use of bservation of data capture errors		
Derived Reports	the form of an o	n survey cycle will be d overview report, article s of interest, articles in	s on topics or	Report Audier	nce ndiv	riduals interes	ited in the health of Ca	nadians		
Report Granularity	Topics or sub p	opulations of interest		S	Survey Data	Availability	Earliest Data: 1990 Latest Data: 1995			
SURVEY DATA ELEME	NTS									
Key Dimensions/Indicators										
 Health Health care Health status indicators Households Social behaviour 										

DATA ACCESS									
Licensing									
Data Users	The main users	are Statistics Ca	nada and Health Ca	nada					
	Master File – co Statistics Canad	here are 3 types of files: Master File, Share File and the PUMF. laster File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of tatistics Canada (special arrangements) for analysis using this file are possible).							
	agree to share th	hare File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who gree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is vailable to Health Canada/Provincial & Territorial MOHs/Health Regions							
		PUMF – contains all respondent cases but in aggregated form with no identifiable information. Is public domain; can be purchased from Statistics Canada. Is also available to MOHLTC.							
Access Protocol	microdata can b	There are security protocols restricting access to the database, and protocols restricting the use or disclosure of the data. Access to microdata can be obtained through Statistics Canada's Regional Data Centres. Master and PUMF can be bought from Statistics Canada or can be obtained for free from the Data Liberation Initiative at University libraries.							
Accessibility	☐ Network	☐ Network ☐ Internet ☐ Extranet ☐ Hard Copy ☐ Others CD							
Decision Support System Tools									
CONTACTS									
Support/Questions	Support Organi	ization			Phone #	E	E-Mail		
	Statistics Canad	a			(613) 951-3321	S	ssd@statcan.ca		
	Statistics Canad	a			1 (800) 461-9050				
				·		•			
ADDITIONAL NOTES									

Health Services Access Survey									
Survey Frequency	⊠ Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	Other			
Survey Status	□ Active	☐ Inactive							
Survey General Description Check all that apply ☒ (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populat	3	☐ Health Human Re☐ Hip/Knee Joint Re☐ MRI/CT Scan☐ Morbidity☐ Mortality☐ Obesity☐ Osteoporosis☐ Patient/Family Sa	eplacement	Patient Safe Pediatrics Prescription Smoking Surveillance Trauma/Inju Women's H	n Drugs e uries			
Web URL									
INSTRUMENT OVERVIE	EW								
Purpose		The objective of the survey was to provide information on the experiences of respondents in two major areas: 24/7 access to first contact services and access to specialized services including waiting times							
Survey Limitations	The HSAS targets persons aged 15 years or older who are living in private dwellings in the ten provinces and the three territories. Persons living on Indian Reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of the three Territories are excluded from this survey. Satistics Canada								
Instrument Owner	Satistics Canada								
Instrument Design	Standardized	Non-Standardized							
Administered By	Satistics Canada								
Administered Via		Internet	Intranet Paper hard copy at se	In person interview ervice location Page Page Page Page Page Page Page Page	☐ Focus Group aper hard copy via				
Population Check all that apply ☑		_		· · · · · · · · · · · · · · · · · · ·		ot Applicable			
Oncok all that apply	Organizational: Acute Care Community Care Complex Continuing Care Emergency Care Long-Term Care Mental Health/Addiction Palliative Care Primary Care Rehabilitation Not Applicable								
	Respondent Role:	Admin Assistant	Nurse	r Senior Manage	r Director	Other:			
Population Size		f survey population)							
	⊠ Sample S	ize 14000 in 1.1, 300	00 in 2.1 Sample	Method ☐ Conven☐ Stratifie		Simple Random Other: multistage stratified			
Completion of the Survey	☐ Mandatory ☐	Voluntary Respon	se Categories X Yes	s/No ⊠ Likert Scale ☐ F	ree text format C	Other			

DATA OVERVIEW									
Intended Use of Survey Data	☑ Planning	□ Decision making	☐ Perform	nance/Quality	Improvem	nent Activities	Other:	_	
Data Quality									
Derived Reports				Report Audi	ence				
Report Granularity					Survey Da	ata Availability	Earliest Data: Latest Data:		
SURVEY DATA ELEME	NTS								
Key Dimensions/Indicators									
NA									
DATA ACCESS									
Licensing									
Data Users	Master File – Statistics Canada (spe Share File –	Statistics Canada and Health Canada, Provinces, Health Regions, researchers. Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible). Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file).							
Access Protocol	CCHS microdata ca or can be obtain	microdata can be obtained through Statistics Canada's Regional Data Centres. Master and PUMF can be bought from Statistics Canada							
Accessibility	☐ Network	☐ Internet ☐	Extranet	☐ Hard Copy	['] ⊠ 0	thers			
Decision Support System Tools									
CONTACTS									
Support/Questions	Support Org	anization		PI	hone #		E-Mail		
				(6	613) 951-1	653	cchs-escc@	estatcan.ca	

ADDITIONAL NOTES

National Alcohol and Drug Survey										
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	Other One time				
Survey Status	☐ Active									
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Service ☐ Cardiac Service ☐ Cataract Surger ☐ Clinical ☐ Demographics ☐ Diabetes ☐ Financial ☐ General Popul	es	Health Human R Hip/Knee Joint F MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family S	eplacement	☐ Patient Safi ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's H ☐ Other <u>Drink</u>	n Drugs e uries				
Web URL	http://www.statca	tp://www.statcan.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3869⟨=en&db=IMDB&dbg=f&adm=8&dis=2								
INSTRUMENT OVERVIE	INSTRUMENT OVERVIEW									
Purpose	The survey is conducted on behalf of Health and Welfare Canada. The survey's main objectives were: 1)facilitate planning of prevention initiatives (set target groups, identify issues, determine receptivity to programs); 2) access people's willingness to respond to alcohol and other drug issues; 3) estimate the magnitude of alcohol and other drug related programs; 4) provide baseline information for long-range evaluation of the changes in alcohol and other drug experiences of Canadians; 5) document, describe and analyze the alcohol and other drug experiences of Canadians from all provinces with regard to use patterns, compliations associated with use, risk-related behaiours, self-care, and treatment and attitudes about the subject.									
Survey Limitations	two exclusions. W	tion was all persons 15 'e did not attempt to cov ime residents of institut Canada.	er residents of the Yuk	on and Northwest	# of questions in	survey 95				
Instrument Owner	Health and Welfar	e Canada				·				
Instrument Design		☐ Non-Standardized								
Administered By	Statistics Canada									
Administered Via		Internet oy via postal service	☐ Intranet ☐ Paper hard copy at s	In person interview ervice location ☐ P	☐ Focus Group aper hard copy via					
Population Check all that apply 🗷	Individual:		Youth	Adult 🛛 S	eniors No	ot Applicable				
опеск ан тасарру 🖻	Organizational:		☐ Community Care ☐ Mental Health/Addict ☑ Not Applicable	☐ Complex Conti	nuing Care	nergency Care imary Care				
	Respondent Role	Admin Assistant [☐ Nurse ☐ Manage	er 🔲 Senior Manage	er 🗌 Director [Other:				
Population Size	•	of survey population)								
	Sample	Size	Sample	Method ☐ Conver ☐ Stratifie		Simple Random Other:				

Survey Profiles Statistics Canada **Completion of the Survey** | Response Categories | ☐ Yes/No ☐ Likert Scale ☒ Free text format ☐ Other **DATA OVERVIEW** Intended Use of Survey □ Decision making □ Performance/Quality Improvement Activities Other: Data Non-response codes used for partial non-response. Weighted to Canadian population using age-sex provincial adjustments. Young males **Data Quality** 16-24 are slightly under represented in unweighted figures, weights are adjusted to account for this difference Results of each survey cycle will be disseminated in **Derived Reports Report Audience** Individuals interested in the health of Canadians the form of an overview report, articles on topics or sub populations of interest, articles in Health reports. **Survey Data Availability** Earliest Data: 1988 **Report Granularity** Topics or sub populations of interest Latest Data: 1988 **SURVEY DATA ELEMENTS Key Dimensions/Indicators** Health Health status indicators Social behaviour **Tobacco Consumption** Alcohol Consumption Use of medicines, pills and drugs

DATA ACCESS								
Licensing								
Data Users	The main users are Statistics Canada and Health Canada							
	There are 3 types of files: Master File, Share File and the PUMF							
		Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible).						
	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions							
	PUMF – contains all respondent cases but in aggregated form with no identifiable information. Is public domain; can be purchased from Statistics Canada. Is also available to MOHLTC.							
Access Protocol	There are security protocols restricting access to the database, and protocols restricting the use or disclosure of the data. Access to microdata can be obtained through Statistics Canada's Regional Data Centres. Master and PUMF can be bought from Statistics Canada or can be obtained for free from the Data Liberation Initiative at University libraries.							
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐ Hard Copy ☐ Others <u>CD</u>							
Decision Support System Tools								
CONTACTS								
Support/Questions	Support Organization	Phone #	E-Mail					
	Statistics Canada	(613) 951-3321	ssd@statcan.ca					
		1-(800)-461-9050						
	•	•	•					
ADDITIONAL NOTES								

National Child	Care Surv	ey									
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	Quarterly	☐ Monthly	Other One time					
Survey Status	☐ Active	☐ Inactive									
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services ☐ Cardiac Services ☐ Cataract Surger ☐ Clinical ☐ Demographics ☐ Diabetes ☐ Financial ☐ General Popular parental preferance	s y tion Health Status	Health Human Re Hip/Knee Joint Re MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sa	eplacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's H☐ Other child	n Drugs e uries					
Web URL	http://www.statcan.	www.statcan.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3848⟨=en&db=IMDB&dbg=f&adm=8&dis=2									
INSTRUMENT OVERVII	EW										
Purpose	concerns. As well, from randomly sele The primary objectities to accurately desorate to find out what concern to investigate faction to examine how dother; and to examine the effection of the selection of the	This survey provides valid comprehensive data on Canadian economic families' child care needs, use patterns and parental preferences and concerns. As well, relationships among family, work and child care variables are examined. The survey collects data from a designated adult rom randomly selected households concerning all children in the family. The primary objectives of the National Child Care Survey were: to accurately describe the nature of child care needs in Canada; to accurately depict current child care use patterns; to find out what child care arrangements and options parents prefer; to investigate factors affecting child care needs, use patterns and preferences; to examine how different child care patterns affect children, mothers and fathers both on an individual basis and in relationship to each									
Survey Limitations	- all children in Can - all economic famil As the sample desi does not include: - children and famil - children permane: - children and famil - Canadian childrer 1988. (Similar to the Canada as visitors, on employment visi	ada under the age of lies in Canada with at gn of the NCCS is closes living in the Yukor of the second in the Yukor of the second in the Yukor of the second in the Yukor of the second in the NCSS representatives of for as (work permits) and	least one child under the sely tied to that of the Lan and Northwest Territoricions, serves, are living outside of Canalalso excludes families te reign governments, and	e age of 13. abour Force Survey it es, da in Septermber imporarily residing in persons in Canada	# of questions in	Survey A - 36 B - 18 C - 14 D - 11 E - 19 F - 21 G - 24 H - 25 I - 98 J - 15 K - 16 L - 16 M - 17					

the age of 13. N - 15 O - 12 P - 11 Q - 120 R - 6 S - 14 T - 72 IJ - 4 V - 9 W - 17 Total 610 Instrument Owner Statistics Canada **Instrument Design** Standardized □ Non-Standardized **Administered By** Special Surveys Division, Statistics Canada Intranet Focus Group **Administered Via** □ Telephone ☐ Internet Paper hard copy via postal service Paper hard copy at service location Paper hard copy via fax ☐ Other: **Population** Individual: ⊠ Youth ⊠ Adult ☐ Seniors ☐ Not Applicable Check all that apply **Z** Community Care Complex Continuing Care Emergency Care ☐ Acute Care Organizational: □ Long-Term Care ☐ Mental Health/Addiction ☐ Palliative Care ☐ Primary Care ☐ Rehabilitation Not Applicable Respondent Role: Admin Assistant Nurse ☐ Senior Manager Manager ☐ Director ☐ Other: **Population Size** ☐ Census (100% of survey population) **Size** 24,155 Sample Method Convenience Simple Random ☐ Stratified Random **Completion of the Survey** Response Categories ☐ Yes/No ☐ Likert Scale ☒ Free text format ☐ Other ☐ Mandatory DATA OVERVIEW Intended Use of Survey □ Planning □ Decision making Performance/Quality Improvement Activities Other: Data **Data Quality** Most editing of the data was performed at the time of the interview by the computer-assisted interviewing (CAI) application. It was not possible for interviewers to enter out-of-range values and flow errors were controlled through programmed skip patterns. For example, CAI ensured that questions that did not apply to the respondent were not asked. In response to some types of inconsistent or unusual reporting, warning messages were invoked but no corrective action was taken at the time of the interview. Where appropriate, edits were instead developed to be performed after data collection at Head Office. Inconsistencies were usually corrected by setting one or both of the variables in question to "not stated". *Please refer to Statistics Canada methodology or user guide: http://www.statcan.ca/english/Dli/Metadata/ncc/1988/ncc88guide.pdf **Derived Reports** Results of each survey cycle will be disseminated in Individuals interested in the health of Canadian children Report Audience the form of an overview report, articles on topics or sub populations of interest, articles in Health reports.

Survey Profiles

Statistics Canada

Report Granularity	Topics or sub populations of interest	Survey Data Availability	Earliest Data: 1988
Report Grandianty	Topics of sub-populations of interest	our roy bata / trailability	Latest Data: 1988

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

- Child care arrangements
- Social conditions
- A Designated Adult's Work/Study
- B Spouse's Work/Study
- C Disability
- D Unusual Circumstances
- E School Attendance
- F Kindergarten/Nursery School
- G Care in Before or After School Program
- H Care in a Day Care Centre
- I Care by relative/Non-relative
- J Care by Designated Adult While Working
- K Care by Spouse While Working
- L Care in Home by a Spouse
 M Care in Own Home by Older Sibling
- N Child in Own Care
- O Preferred Child Care Arrangements
- P Work/Family Tension Issues
- Q Main Method Evaluation
- R Tension Issues for Non-working Designated Adults
- S 12 Month Work Study History
 T 12 Month Child Care Study History
- U Evaluation of Past Child Care Arrangements
- V Neighbourhood Support
- W Demographics

DATA ACCESS										
Licensing										
Data Users	The main users	are Statistics Car	nada and Health Ca	anada						
	There are 3 type	es of files: Master	File, Share File an	nd the PUMF.						
		Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible).								
	agree to share th	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who gree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is vailable to Health Canada/Provincial & Territorial MOHs/Health Regions								
		PUMF – contains all respondent cases but in aggregated form with no identifiable information. Is public domain; can be purchased from Statistics Canada. Is also available to MOHLTC.								
Access Protocol	microdata can be	There are security protocols restricting access to the database, and protocols restricting the use or disclosure of the data. Access to microdata can be obtained through Statistics Canada's Regional Data Centres. Master and PUMF can be bought from Statistics Canada or can be obtained for free from the Data Liberation Initiative at University libraries.								
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐ Hard Copy ☐ Others <u>CD</u>									
Decision Support System Tools										
CONTACTS										
Support/Questions	Support Organi	ization			Phone #		E-Mail			
	Statistics Canad	a			(613) 951-3321		ssd@statcan.ca			
					1 (800) 461-9050					
				·						
ADDITIONAL NOTES										

National Population Health Survey (1994 - 2004)									
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	Quarterly	☐ Monthly	Other			
Survey Status	□ Active	☐ Inactive							
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services ☐ Cardiac Service ☐ Cataract Surger ☐ Clinical ☑ Demographics ☐ Diabetes ☐ Financial ☑ General Populat	S	Health Human Re Hip/Knee Joint Re MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sa	eplacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's He ☐ Other Menta	Drugs erries			
Web URL									
INSTRUMENT OVERVI	EW								
Purpose	NPHS is a longitudinal survey that follows a panel of people to reflect the dynamic processes of health, for example, to aid in the development of public policy and understand the determinants of health.								
Survey Limitations		Survey population excluded Indian Reserves, Canadian Forces Bases, and some remote areas (northern Ontario and Quebec). # of questions in survey							
Instrument Owner	Statistics Canada								
Instrument Design	Standardized □	Non-Standardized							
Administered By	Statistics Canada	-							
Administered Via		Internet via postal service	Intranet Paper hard copy at se	In person interview rvice location	☐ Focus Group Paper hard copy via				
Population Check all that apply 🗷	Individual:	Children 🖂	Youth 🖂	Adult 🔲	Seniors	t Applicable			
опеск ан тас арру 🖻	Organizational:	Long-Term Care	Community Care Mental Health/Addiction Not Applicable	☐ Complex Con on ☐ Palliative Care		nergency Care mary Care			
	Respondent Role:	Admin Assistant	Nurse	r Senior Manag	jer 🗌 Director 🖺	Other:			
Population Size	☐ Census (100% o	of survey population)							
	⊠ Sample S	ize In 1994, 4, 307 / 0 population X 100	Ontario Sample			Simple Random Other:			
Completion of the Survey	☐ Mandatory	Voluntary Respons	se Categories	/No Likert Scale	Free text format O	ther			

,									
DATA OVERVIEW									
Intended Use of Survey Data	⊠ Planning	Planning Decision making Performance/Quality Improvement Activities Decision making							
Data Quality									
Derived Reports	Results of each survey cycle will be disseminated in the form of an overview report, quarterly CCHS articles on topics or sub populations of interest, articles in Health reports and a series of 136 health region profiles available on the Statistics Canada web site				ience				
Report Granularity	Topics or sub po Geographical he	opulations of interest ealth regions			Survey	Data Availability	Earliest Data: 1994 Latest Data: 2005		
SURVEY DATA ELEME	NTS								
Key Dimensions/Indicators									

All cycles: Alcohol consumption Blood pressure check Chronic conditions Drug use General health Health care utilisation Health status Height / Weight Injuries Insurance Mental Health Physical activities Restriction of activities Repetitive strain
Self-precieved health Smoking Social support Two-week disability Women's / Preventive health Household composition Education Income Labour force Socio-demographic characteristics Survey administration

DATA ACCESS							
Licensing							
Data Users	Statistics Canad	a, Health Canad	a, Provinces, rese	archers.			
	Master File – con Statistics Canad Share File – con agree to share the available to Hea PUMF – contains	ntains all respon a (special arrang tains the same in he data with the lth Canada/Provi	gements for analy of an analy	and their ident sis using this f Master File, bu ss of Health (M MOHs/Health	ifiable/confide ile are possibl ut with no iden IOHs) (approx Regions	e). itifiable information. itmately 95% of resp	only available to employees of Includes only those respondents who condents in the master file). It is oublic domain; can be purchased from
	Statistics Canad	a. Is also availa	ble to MOHLTC.				
Access Protocol	Release of data	outside Health C	Canada is limited b	y Statistics Ca	ınada release	guidelines	
Accessibility	☐ Network	☐ Internet	☐ Extranet	☐ Hard Co	py 🔲 Oth	ners	
Decision Support System Tools							
CONTACTS							
Support/Questions	Support Organi	ization			Phone #		E-Mail
	Statistics Canad	а			(613) 951-65	67	nphs-ensp@statcan.ca

ADDITIONAL NOTES

From 1994-1998, NPHS had both cross sectional and longitudinal components. From 2000 onward, NPHS is only longitudinal.

National Survey on Drinking and Driving								
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	Other One time		
Survey Status	☐ Active							
Survey General Description Check all that apply ☑ (See Glossary of Terms for definitions)	Cancer Service Cardiac Service Cataract Surge Clinical Demographics Diabetes Financial General Popula	es	☐ Health Human Re☐ Hip/Knee Joint Re☐ MRI/CT Scan☐ Morbidity☐ Mortality☐ Obesity☐ Osteoporosis☐ Patient/Family Sa	eplacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's H ☑ Other <u>Drink</u>	n Drugs e uries		
Web URL	http://www.statcan	.ca/cgi-bin/imdb/p2SV. _l	ol?Function=getSurvey&	&SDDS=3869⟨=ei	n&db=IMDB&dbg=f	&adm=8&dis=2		
INSTRUMENT OVERVI	EW							
Purpose	The survey is conducted on behalf of Health and Welfare Canada. The survey's main objectives were: 1) to collect etiological, attitudinal, cognitive and behavioural information regarding drinking and driving; 2) to collect information that is representative and useful at both the provincial and national levels; and 3) to collect baseline data which can be used to assess trends and changes in variables over time. A follow up survey is possible in several years.							
Survey Limitations	aged 16 to 19 in C 1. residents of the 2. full-tim residents Households were s method. As a resul less than 3% of the The survey estima telephones.	The target population for the National Survey on Drinking and Driving was all persons aged 16 to 19 in Canada excluding: 1. residents of the Yukon and Northwest Territories; 2. full-tim residents of institutions. Households were surveyed through random digin dialing (RDD), a telephone sampling method. As a result, households without telephones were excluded. These represent less than 3% of the population. The survey estimates have been adjusted (weighted) to represent persons without						
Instrument Owner	Health and Welfare	e Canada						
Instrument Design		Non-Standardized						
Administered By	Statistics Canada							
Administered Via		Internet y via postal service	Intranet Paper hard copy at se	In person interview ervice location	☐ Focus Group Paper hard copy via			
Population Check all that apply 图	Individual: [Organizational: [[Children Acute Care Long-Term Care	Youth Community Care Mental Health/Addictid Not Applicable	Adult S S Complex Contion Palliative Care	Seniors No nuing Care En	ot Applicable nergency Care imary Care		
	Trospondent role.		_ I wanae I wanaye					

Survey Profiles Statistics Canada **Population Size** ☐ Census (100% of survey population) Size 1300 Sample Method Convenience Simple Random Stratified Random Other: **Completion of the Survey** Response Categories ☐ Yes/No ☐ Likert Scale ☒ Free text format ☐ Other ☐ Mandatory **DATA OVERVIEW** Intended Use of Survey □ Planning □ Decision making Performance/Quality Improvement Activities Other: Data Due to the nature of the survey, imputation was not appropriate for most items and thus "not stated" codes were usually assigned **Data Quality** formissing data. However, non-response was not permitted for those items required for weighting. For number of telephones in the household, a value of 1 was assigned automatically. The variables age, sex and household size were imputed randomly. **Derived Reports** Results of each survey cycle will be disseminated in **Report Audience** Individuals interested in the health of Canadians the form of an overview report, articles on topics or sub populations of interest, articles in Health reports. **Report Granularity** Topics or sub populations of interest Survey Data Availability Earliest Data: 1988 Latest Data: 1988 **SURVEY DATA ELEMENTS Key Dimensions/Indicators** Health Health status indicators Social behaviour

Drinking Driving Awareness

DATA ACCESS						
Licensing						
Data Users	The main users	are Statistics Car	nada and Health Cana	ada		
	There are 3 type	es of files: Master	File, Share File and th	he PUMF		
			dents' responses and rependents for analysis u			n. Is only available to employees of
	agree to share th available to Heal	ne data with the p lth Canada/Provi	orovincial Ministries of ncial & Territorial MOH	Health (N	MOHs) (approximately 95% o Regions	ation. Includes only those respondents who f respondents in the master file). It is
		s all respondent o a. Is also availat		ed form w	rith no identifiable informatior	. Is public domain; can be purchased from
Access Protocol	microdata can be	e obtained throug		Regional	Data Centres. Master and I	ise or disclosure of the data. Access to PUMF can be bought from Statistics Canada
Accessibility	☐ Network	☐ Internet	Extranet] Hard Co	opy 🛛 Others <u>CD</u>	
Decision Support System Tools						
CONTACTS						
Support/Questions	Support Organi	ization			Phone #	E-Mail
	Statistics Canada	a			(613) 951-3321	ssd@statcan.ca
					1 (800) 461-9050	
ADDITIONAL NOTES						

National Longit	udinal Sur	vey of Child	ren and You	ıth (NLSCY	')	
Survey Frequency	Biennially	☐ Annually	□ Bi-annually	Quarterly	☐ Monthly	☐ Other
Survey Status	□ Active	☐ Inactive				
Survey General Description Check all that apply ☑ (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populati		Health Human Res Hip/Knee Joint Rep MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sati	olacement	Patient Safe Pediatrics Prescription Smoking Surveillance Trauma/Inju Women's H	n Drugs e uries ealth
Web URL						
INSTRUMENT OVERVI						
Purpose	and well-being from	birth to early adulthood		to collect information	about factors influ	n that follows their development encing a child's social, emotional me
Survey Limitations	95: In Cycle 1, in 19 those children were the sample in Cycle longitudinally. Childreross-sectional childrensents children This cohort will be for 1 in 1996-97: In Cycle was selected. About In Cycle 4, those children aged 0 and (2 through 4). Child longitudinal sample 0 and 8,000 children years old and represente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time last time in Cycle last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time in Cycle longitudinal sample aged 0 and 2,000 childrensente last time last time in Cycle last time in Cycle last time in Cycle last time in Cycle last t	294-95, a sample of children aged 0 and 1 in 1996-97. This cohren aged 1 were selected sent children aged 0 and 1 in 1996-97. This cohren aged 1 were selected sent children aged 0 and 1 in 1996-97. This cohren aged 1 were selected sectional estimate, in Cyline user should note, h	e represented: Children ldren aged 0 to 11 was and 17. Sample reduction to f the sample is being cycles 1 and 2 can be reported that, longitudinally, to make the age of 25. On the sample of child and 2,000 children age are old. Hence this cohoront has been followed for 98-99: In Cycle 3, in 1991 was selected. About 2 in Cycle 4, those children d 1 in 1998-99. They will had 1 in 2000-01. In Cycle 1 was also selected. About 2 cycle 4, covers children ago owever, that this cross-sample is selected.	selected. In Cycle 4, ons were made in followed garded as Cycle 1 his cohort still 7 in 2000-2001. Children aged 0 and ren aged 0 and 1 d 1 were selected. It represented ronly three cycles 98-99, a 1,000 children aged en were 2 and 3 ll be surveyed for le 4, in 2000-01, a out 2,000 children	# of questions in	survey 1500

(1) The children between 6 and 17 come from the longitudinal sample selected for Cycle 1. (2) The four-year-olds and some five-year-olds are from the sample of 0-1 year-olds selected in Cycle 2. (3) The rest of the five-year-olds are from an additional sample of five-year-olds that was selected in Cycle 4 in order to produce more precise estimates for that age. (4) The two- and three-year-olds are from the sample of 0-1 year-olds selected in Cycle 3. (5) The sample of children aged 0 and 1 were newly selected in Cycle 4. It should be noted that Cycle 4 is the last cycle for which data for all ages are available with no interruption. Starting In Cycle 5 there will be no six- and seven-year-olds on the sample file, since the children aged 0 and 1 introduced in Cycle 2 will no longer be part of the survey, which represents a gap in the population of children covered by the survey. In addition, the coverage of the cross-sectional sample is deteriorating over time. As mentioned earlier, children aged 6 to 17 in the sample were selected in 1994, and no updated sample was added to reflect changes in the population during that period. Instrument Owner Scoial Development Canada (formerly known as Human Resources Development Canada) ☐ Standardized ☐ Non-Standardized **Instrument Design Administered By** Administered Via □ Telephone Internet Intranet Focus Group Paper hard copy via postal service Paper hard copy at service location Paper hard copy via fax Other: **Population** Individual: M Children ⊠ Youth ☐ Adult ☐ Seniors ■ Not Applicable Check all that apply **E** ☐ Complex Continuing Care Community Care ☐ Emergency Care Organizational: ☐ Acute Care ☐ Mental Health/Addiction ☐ Palliative Care ☐ Long-Term Care ☐ Primary Care Rehabilitation ■ Not Applicable Respondent Role: Admin Assistant Nurse Manager ☐ Senior Manager ☐ Director ☐ Other: **Population Size** ☐ Census (100% of survey population) **Size** 0-5 years N = 2.030,325Sample Method Convenience ☐ Simple Random 8-19 years N = 4,658,069☐ Stratified Random Other: Complex Longitudinal survey design **Completion of the Survey** Response Categories
☐ Yes/No
☐ Likert Scale
☐ Free text format
☐ Other ☐ Mandatory **DATA OVERVIEW** Intended Use of Survey □ Planning □ Decision making Performance/Quality Improvement Activities Other: Data **Data Quality Derived Reports Report Audience** Survey Data Availability Earliest Data: 1994 **Report Granularity** Latest Data: 2004

Survey Profiles

Statistics Canada

SURVEY DATA ELEMENTS

Key	Dimensions/Indicators
-----	-----------------------

Education Health Medical and biological information Mother's work after the child's birth Child's development Temperament Literacy Communication Activities Behaviour Positive behaviour Sleep habits Motor and social development Relationships Parenting Custody Expectations (Aspirations)

Socio-demographic characteristics

DATA ACCESS						
Licensing						
Data Users	Internal Statistics Canada Users,	Remote Data Acc	ess and Research	Data Centre Access		
Access Protocol						
Accessibility	☐ Network ☐ Internet http://www.statcan.ca/english/Dli/	☐ Extranet /dli.htm	☐ Hard Copy	Others Data Lib	eration Initiative (DLI)	
Decision Support System Tools						
CONTACTS						
Support/Questions	Support Organization		Pho	one #	E-Mail	
	Statistics Canada			3) 951-3321 300) 461-9050	ssd@statcan.ca	
ADDITIONAL NOTES						
refer to the following web link for	or information about survey quality,	question text, etc.				

http://www.statcan.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=4450&lang=en&db=IMDB&dbg=f&adm=8&dis=2

Ontario Child H	lealth Follo	ow-up Surv	ey					
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	☑ Other <u>1983, 1987 and 2000</u>		
Survey Status	☐ Active							
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services ☐ Cardiac Services ☐ Cataract Surger ☐ Clinical ☐ Demographics ☐ Diabetes ☐ Financial ☐ General Popula	S	Health Human Re Hip/Knee Joint Re MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sa	eplacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's H ☐ Other Child	n Drugs e uries lealth		
Web URL								
INSTRUMENT OVERVI	EW							
Purpose	to look at transitions in life, so to provide	the possible influence auch as becoming a me	mber of the workforce, easinformation collected	escent experiences on entering into a relations	early adult life, espe ship with someone o	ecially with respect to important or becoming a parent; bublic health and development		
Survey Limitations	January 1, 1966 thi household located Indian reserves, the dwellings construct represented 3.3% of	The target population for the original 1983 OCHS included all children born from January 1, 1966 through January 1, 1979, whose usual place of residence was in a household located in the province of Ontario. The survey excluded children living on Indian reserves, those in collective dwellings such as institutions, and those living in dwellings constructed after June 1, 1981 (Census day); this excluded population represented 3.3% of the target population.						
Instrument Owner	McMaster Universit	•	T.					
Instrument Design		Non-Standardized						
Administered By	Statistics Canada							
Administered Via		Internet / via postal service]Intranet]Paper hard copy at se	In person interview ervice location	☐ Focus Group Paper hard copy via			
Population Check all that apply ☑	Individual:	Children Acute Care Long-Term Care Rehabilitation	Youth Community Care Mental Health/Addictic Not Applicable	Adult S Complex Contion Palliative Care	Seniors	ot Applicable nergency Care imary Care		
	Respondent Role:	Admin Assistant	☐ Nurse ☐ Manage	r 🔲 Senior Manage	er 🗌 Director [Other:		

Population Size ☐ Census (100% of survey population) **Size** 2,896 Sample Method Convenience Simple Random Other: Stratified, clustered ☐ Stratified Random random sampling Completion of the Survey Response Categories ☐ Yes/No ☐ Likert Scale ☐ Free text format ☐ Other **DATA OVERVIEW** Intended Use of Survey □ Decision making □ Performance/Quality Improvement Activities Other: Data Data capture occurs in the regional offices and after the records are transmitted to Ottawa, they are subjected to comprehensive editing, **Data Quality** imputation, and tabulation. **Derived Reports Report Audience** Individuals interested in the health of Canadians Topics or sub populations of interest **Survey Data Availability** Report Granularity Earliest Data: 1983 Latest Data: 2000 **SURVEY DATA ELEMENTS Key Dimensions/Indicators** behaviour **DATA ACCESS** Licensing **Data Users Access Protocol** Accessibility □ Network ☐ Internet ☐ Extranet ☐ Hard Copy Others **Decision Support System Tools**

Survey Profiles

Statistics Canada

CONTACTS								
Support/Questions	Support Organization	Phone #	E-Mail					
	Statistics Canada	(613) 951-3321 1 (800) 461-9050	ssd@statcan.ca					
	McMaster University	(905) 521-2100, ext. 74345	raciney@mcmaster.ca					

ADDITIONAL NOTES

Contact:

McMaster University Yvonne Racine Hamilton Health Sciences Foundation Chedoke Campus, Central Building 313 1200 Main Street West Hamilton, Ontario L8N 3Z5 Telephone: (905) 521-2100, ext. 74345 Fax: (905) 521-4970 E-mail: raciney@mcmaster.ca

Ontario Health	Survey						
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	☑ Other <u>1990.1996</u>	
Survey Status	☐ Active						
Survey General Description Check all that apply ☑ (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populati☐	on Health Status	Health Human Res	placement		Drugs e rries	
Web URL		n/indicators/pages/reso ormation.on.ca/DataInf		ontario_health_survey.	htm		
INSTRUMENT OVERVIE	ΞW						
Purpose	Ontarians; their use education, employm in Ontario. It provide health utilization info Researchers who st	The OHS 96/97 looks at the health of a cross-section of Ontario's residents. The results of the survey can tell us about the health status of Ontarians; their use of health services; lifestyle factors such as smoking, alcohol use, and physical activity; and social factors such as education, employment and income. The OHS is the main source of information about the health and health related practices of the people in Ontario. It provides vital information for those residents who do not come in contact with the health system. Further, it can be linked to health utilization information from hospitals and health care providers, to provide a better picture of those who use the system. Researchers who study chronic conditions such as arthritis, cancer, high blood pressure, will use the OHS 96/97 to look at disability, preventative practices and high-risk behaviour of people with these conditions.					
Survey Limitations	and in extremely rendwellings, homeless covered by the surve	note areas of Ontario. I persons, and those wi	n Indian Reserves, Car Residents of institutions thout access to a telept	or collective	of questions in	survey	
Instrument Owner		nd Long-Term Care (19 996) (Buy-in) of extra s					
Instrument Design	Standardized	Non-Standardized					
Administered By	Ministry of Health ar	nd Long-Term Care, He	ealth Planning Branch				
Administered Via			Intranet Paper hard copy at ser	In person interview vice location	Focus Group		
Population Check all that apply	Organizational:	Acute Care	Community Care Mental Health/Addictio Not Applicable		uing Care	t Applicable nergency Care mary Care Other:	
Population Size	☐ Census (100% of	f survey population)	· · · · · · · · · · · · · · · · · · ·				

Survey Profiles Statistics Canada 1996: Convenience Simple Random Size **Sample Method** Stratified Random Other: Multistage Stratified 36, 892 Cluster **Completion of the Survey** Response Categories ☐ Yes/No ☐ Likert Scale ☐ Free text format ☐ Other ☐ Mandatory **DATA OVERVIEW Intended Use of Survey** □ Planning □ Decision making Performance/Quality Improvement Activities Other: Data **Data Quality Derived Reports Report Audience** The results have been used in provincial and community health status reports. The Ministry published a series of short fact sheets that highlight findings on health status, lifestyle behaviours, preventative practices and use of health services **Report Granularity** Ontario's counties were grouped into 23 areas that represent public **Survey Data Availability** Earliest Data: 1990 Latest Data: 1996 health departments or groups of public health departments. These areas can be further grouped to represent District Health Councils or the MOHLTC's planning regions. **SURVEY DATA ELEMENTS Key Dimensions/Indicators** Socio-Demographic Information Disability Health Care Utilization General Health Height/Weight Access to Services **Health Status Physical Activities** Repetitive Strain Injuries Drug Use Smoking Alcohol Alcohol Dependence

Mental Health Social Support Sexual Health Road Safety

DATA ACCESS							
Licensing							
Data Users	Researchers, ICES, CHEPA and Public Health Units analysis	s have copies of the data files for the OHS 96	97 so that they can do their own				
Access Protocol	Health for access to the data files for approved research	The Ontario Ministry of Health is the main sources for distribution of the OHS 96/97 results. Researchers can apply to the Ministry of Health for access to the data files for approved research purposes. NPHS 96/97, cross-sectional data file include OHS 96/97 and can be accessed through Statistics Canada.					
Accessibility	☐ Network ☐ Internet ☐ Extranet	☐ Hard Copy ☐ Others					
Decision Support System Tools							
CONTACTS							
Support/Questions	Support Organization	Phone #	E-Mail				
	Ministry of Health and Long-Term Care	(416) 327-7733	carol.paul@moh.gov.on.ca.				
	Ministry of Health and Long-Term Care	(416) 327-7734	jessie.wong@moh.gov.on.ca				

ADDITIONAL NOTES

Ontario's counties were grouped into 23 areas that represent public health departments or groups of public health departments. These areas can be further grouped to represent District Health Councils or the MOHLTC's planning regions. Analysis at a geographic level below the 23 health areas is not recommended.

Participation ar	nd Activity	Limitation	Survey - 200	1 (Adults 1	5 and older)	
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	ther <u>every Census year</u>
Survey Status	□ Active	☐ Inactive				
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Service ☐ Cardiac Service ☐ Cataract Surge ☐ Clinical ☐ Demographics ☐ Diabetes ☐ Financial ☐ General Popula	es	☐ Health Human Re☐ Hip/Knee Joint Re☐ MRI/CT Scan☐ Morbidity☐ Mortality☐ Obesity☐ Osteoporosis☐ Patient/Family Sa	eplacement	☐ Patient Safety ☐ Pediatrics ☐ Prescription Drugs ☐ Smoking ☐ Surveillance ☐ Trauma/Injuries ☐ Women's Health ☑ Other activitiy leve	
Web URL	http://www.statcan	.ca/cgi-bin/imdb/p2S	V.pl?Function=getSurvey&	&SDDS=3251⟨=e	n&db=IMDB&dbg=f&adm=	8&dis=2
INSTRUMENT OVERVI	1					
Purpose	•		anadians face due to a co	•		
Survey Limitations	survey excluded al communities cover territories; individua	I persons living on Fi red by the Aboriginal als living on military b	a disability to the 2001 Cerst Nation Reserves; peop People Survey; residents bases, Canadian Armed Forels; residents of campgro	ple living in Aboriginal of all 3 northern orces vessels,	# of questions in survey	385
Instrument Owner	Statistics Canada					
Instrument Design	☐ Standardized [⊠ Non-Standardized	Questions are tested u	using focus groups, co	gnitive interviews and a lar	ge pilot test.
Administered By	Statistics Canada					
Administered Via		Internet y via postal service	☐ Intranet ☐ Paper hard copy at se	In person interview rvice location	☐ Focus Group Paper hard copy via fax	☑ Other: Any means
Population	Individual:	Children	☐ Youth	Adult 🖂 S	Seniors	cable
Check all that apply 🗵	Organizational:	Acute Care Long-Term Care Rehabilitation	☐ Community Care☐ Mental Health/Addiction☑ Not Applicable	☐ Complex Cont on ☐ Palliative Care		
	Respondent Role:	☐ Admin Assistant	☐ Nurse ☐ Manage	r 🔲 Senior Manage	er 🗌 Director 🖾 Othe	r:
Population Size	☐ Census (100%	of survey population)				
	⊠ Sample \$	Size 43276	Sample	Method ☐ Conver ☐ Stratifie	nience Simple Simple Sther:	Random
Completion of the Survey	☐ Mandatory	∀ Voluntary Resp	onse Categories 🛛 Yes	/No ☐ Likert Scale ☒	Free text format	eck list, frequency

DATA OVERVIEW							
Intended Use of Survey Data	⊠ Planning	□ Decision making	☐ Perfor	mance/Quality	/ Improv	ement Activities	☑ Other: Policy making
Data Quality	(sampling error error is usually (CV). The estim	measure), which is the sq expressed relative to the e nated CV is obtained by div	luare root of the estimate to which will will be stimed in the estime to the estime the estime in the estimate in the es	ne estimated s nich it pertains mated standa	ampling , and the rd error o	variance of the es resulting measure of the estimate by t	e estimated standard error of the estimate timate. However, the estimated standard e is the estimated coefficient of variation the estimate itself and is expressed as a thod described in the ESTIMATION Section.
Derived Reports	Several reports	are available from www.s	tatcan.ca	Report Aud	ience		
Report Granularity		ovincial data are available D9. Census data for each			Survey	Data Availability	Earliest Data: 1986 (HALS) Latest Data: 2001, 2006 nearing end of planning stages

SURVEY DATA ELEMENTS

Key	Dimens	ions/	Indicators	3
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Section A: Filter Questions

Section A: Filter Questions
Section B: Activity Limitations
Section C: Help With Everyday Activities
Section D: Education
Section E: Employment Status
Section F: Socail Participation
Section G: Economic Characteristics

DATA ACCESS					
Licensing	N/A				
Data Users	Statistics Cana	ada maintains the	PALS data set.		
Access Protocol	Access to the I	PALS data may be	e obtained through	n the research data	centre program (RDC). http://www.statcan.ca/english/rdc/index.htm
Accessibility	Network		☐ Extranet	☐ Hard Copy	Others Research data centres
Decision Support System Tools	PALS is used a	as the benchmark	for all federal gov	ernment policy deci-	sions on disability.

CONTACTS			
Support/Questions	Support Organization	Phone #	E-Mail
Andrew MacKenzie	Statistics Canada	(613) 951-2544	andrew.mackenzie@statcan.ca

ADDITIONAL NOTES		

Residential Care Facilities Survey							
Survey Frequency	Biennially		☐ Bi-annually	☐ Quarterly	☐ Monthly	☐ Other	
Survey Status	□ Active	☐ Inactive					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Population☐		Health Human R Hip/Knee Joint F MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family S	Replacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's H ☐ Other reside	n Drugs e uries	
Web URL	http://www.statcan.c	a/english/sdds/3210.ht	tm				
INSTRUMENT OVERVIE	ΞW						
Purpose	The data are used for the administrative evaluation and planning of provincial and federal programs as well as satisfying many of the needs of administrators, researchers and large special interest groups in the community. Within Statistics Canada, financial data from the survey are provided for economic analysis to Public Institutions Division, Input-Output Division and the System of National Accounts.						
Survey Limitations	The survey only collects information on residential care facilities that have four or more beds. # of questions in survey 11						
Instrument Owner	Statistics Canada						
Instrument Design	☐ Standardized ⊠	Non-Standardized					
Administered By	Statistics Canada						
Administered Via	☐ Telephone ☐ ☐ ☐ Paper hard copy		Intranet Paper hard copy at s	In person interview ervice location	☐ Focus Group aper hard copy via		
Population Check all that apply 🗷	Individual: ☐ Children ☐ Youth ☐ Adult ☐ Seniors ☒ Not Applicable						
опеск ан так арргу 🖻	Organizational: Acute Care Community Care Complex Continuing Care Emergency Care Long-Term Care Mental Health/Addiction Palliative Care Primary Care Rehabilitation Not Applicable						
	Respondent Role:	Admin Assistant 🛚	Nurse Manage	er 🛛 Senior Manage	er 🛛 Director	Other: Owner	
Population Size	☐ Census (100% of	survey population)					
	☐ Sample Si	ze	Sample	e Method	nience	Simple Random Other:	
Completion of the Survey		Voluntary Respons	se Categories	s/No Likert Scale	Free text format 🛛 C	other counts and amounts	

DATA OVERVIEW									
Intended Use of Survey Data	☑ Planning	□ Decision maki	ing 🛚 🖂 Perfor	mance/Quality	y Improve	ement Activities	Other:		
Data Quality	facilities provid	The survey has about an 80% response rate. Some organizations report data for multiple facilities on one survey questionnaire. Smaller facilities providing lower levels of care get a short version of the questionnaire. Complex continuing care facilities are not distinguishable from other long-term care facilities.							
Derived Reports	Residential Ca	re Facilities		Report Aud	lience	Canadian public			
Report Granularity	At the provincial predominant gr	al level by the princip roup of residents and	al characteristic of t d bed size group.	the	Survey	Data Availability	Earliest Data: 1974 Latest Data: 2001-2002		
SURVEY DATA ELEME	NTS								
Key Dimensions/Indicators									
Approved bed complement Number of beds staffed and in operation Days of care by responsibility for payment Movement of residents Distribution of residents by sex and age group Distribution of residents by level of care Distribution of residents by principal characteristic Personnel by full-time/part-time status and type of sevice Accumulated paid hours by type of service Salaries and wages and other expenses by type of service Revenues by source									
DATA ACCESS	Lvi								
Licensing	None								
Data Users	Statistics Cana								
Access Protocol		special requests sub							
Accessibility	Network	☐ Internet	Extranet	Hard Copy	⊠0	thers special requ	<u>ests</u>		
Decision Support System Tools									
CONTACTS									
Support/Questions	Support Orga	nization		Ph	one#		E-Mail		

Richard Trudeau	Statistics Canada	613-951-8782	richard.trudeau@statcan.ca
Baudelaire Augustin	Statistics Canada	613-951-6083	baudelaire.augustin@statcan.ca

ADDITIONAL NOTES		

Survey of Maternity Leave								
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	☑ Other <u>One time</u>		
Survey Status	☐ Active							
Survey General Description Check all that apply ☒ (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinica☐ Demographics☐ Diabetes☐ Financial☐ General Populati☐	ty Drugs ries ealth nity Leave						
Web URL	http://www.statcan.c	a/cgi-bin/imdb/p2SV.p	?Function=getSurvey&SL	DDS=3851⟨=en&	db=IMDB&dbg=f&	adm=8&dis=2		
INSTRUMENT OVERVIE	=W							
Purpose	The survey is being undertaken in an attempt to find out more about: 1) how the work patterns of pregnant women have been affected and 2) how adequate the income support systems for women are (private and public) both before and after the birth of their child. Have these women experienced any difficulties in returning to work afterwards? For women who have chosen not to return to the workforce, what are the reasons for their choice? The Government of Canada, and in particular Employment and Immigration Canada, is currently reviewing their policies concerning maternity leave benefits. In order to do this, they require more detailed information than is currently available							
Survey Limitations	15 to 50 years of ag	e who were paid emplo	its, the sample is compris byees in 1984 and who we ast two or more consecuti	ere absent from	of questions in s	survey 26		
Instrument Owner	Employment and Im	migration Canada (EIC	5).	·		·		
Instrument Design		-						
Administered By		ision, Statistics Canada	a					
Administered Via		Internet via postal service	Intranet	person interview ce location	Focus Group er hard copy via f	ax		
Population Check all that apply	Organizational:	Acute Care	Youth	dult	ing Care	t Applicable ergency Care mary Care] Other:		
Population Size	Census (100% of	f survey population)						

Survey Profiles Statistics Canada Convenience Size approximately 1,400 Sample Method ☐ Simple Random Other: Stratified Random respondents across Canada **Completion of the Survey** Response Categories | ☑ Yes/No ☐ Likert Scale ☑ Free text format ☐ Other ■ Mandatory ∇oluntary **DATA OVERVIEW** Intended Use of Survey □ Decision making Performance/Quality Improvement Activities ☐ Other: Data **Data Quality** Most editing of the data was performed at the time of the interview by the computer-assisted interviewing (CAI) application. It was not possible for interviewers to enter out-of-range values and flow errors were controlled through programmed skip patterns. For example, CAI ensured that questions that did not apply to the respondent were not asked. In response to some types of inconsistent or unusual reporting, warning messages were invoked but no corrective action was taken at the time of the interview. Where appropriate, edits were instead developed to be performed after data collection at Head Office. Inconsistencies were usually corrected by setting one or both of the variables in question to "not stated". *Please refer to Statistics Canada methodology or user guide **Derived Reports** Results of each survey cycle will be disseminated in **Report Audience** Individuals interested in the health of Canadians the form of an overview report, articles on topics or sub populations of interest, articles in Health reports. **Survey Data Availability** Earliest Data: 1984 **Report Granularity** Topics or sub populations of interest Latest Data: 1984 SURVEY DATA ELEMENTS **Kev Dimensions/Indicators Employment benefits** Labour Work arrangements Number of weeks stopped working before birth of child

Reason for stop work Return to work

DATA ACCESS								
Licensing								
Data Users	The main users are Statistics Can	The main users are Statistics Canada and Health Canada						
	There are 3 types of files: Master	File, Share File and the PUMF						
	Master File – contains all responde Statistics Canada (special arrange			only available to employees of				
	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions PUMF – contains all respondent cases but in aggregated form with no identifiable information. Is public domain; can be purchased from Statistics Canada. Is also available to MOHLTC.							
Access Protocol	There are security protocols restrict microdata can be obtained through from Statistics Canada or can be of	h Statistics Canada's Regional	Data Centres. Master and Public	Use Microdata Files can be bought				
Accessibility	☐ Network ☐ Internet	☐ Extranet ☐ Hard Co	ppy 🛛 Others <u>CD</u>					
Decision Support System Tools								
CONTACTS								
Support/Questions	Support Organization		Phone #	E-Mail				
	Statistics Canada		(613) 951-3321	ssd@statcan.ca				
			1 (800) 461-9050					

ADDITIONAL NOTES

Article in Perspectives on Labour and Income, 75-001, 1989 Vol. 1 No. 1.

Survey of Smo	king Habits					
Survey Frequency	☐ Biennially and every second ye	☐ Annually ar)	☐ Bi-annually	☐ Quarterly	☐ Monthly	Other : Irregular (once a year
Survey Status	☐ Active					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Population☐	on Health Status	Health Human R Hip/Knee Joint R MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sa	eplacement	☐ Patient Safet☐ Pediatrics☐ Prescription☐ Smoking☐ Surveillance☐ Trauma/Injur☐ Women's He☐ Other☐	Drugs ies
Web URL	http://www.statcan.ca	a/cgi-bin/imdb/p2SV	.pl?Function=getSurvey	&SDDS=3813⟨=ei	n&db=IMDB&dbg=f&	adm=8&dis=2
-						
INSTRUMENT OVERVIE	ı					
Purpose	The Smoking Habits of Canadians Supplementary Survey to the Labour Force Survey (L.F.S.) is being sponsored by the Health Promotion Directorate, Health Services and Promotion Branch, Health and Welfare Canada. This Directorate has developed an extensive time series database associated with Smoking Habits. Smoking Habits Surveys have been conducted as supplements to the L.F.S. once a year from 1965 to 1974 inclusive and every second year from 1975 through 1983. The final survey was conducted in 1986. The results of these surveys have been the creation of a database that enables the directorate to monitor and examine trends in the smoking behaviour of the Canadian population. The data collected are used to examine trends in the smoking behaviour of the Canadian population 15 years of age and over. The primary focus of the analysis of the data is on three specific groups: non-smokers, regular cigarette smokers and occasional cigarette smokers. The survey is conducted on behalf of Health and Welfare Canada					
Survey Limitations	All persons 15 years of age and over residing in Canada with the exception of inmates of institutions, full-time members of the armed forces, and residents of the Yukon and Northwest Territories, and Indian Reserves. (These exceptions represent less than 3% of the population.) # of questions in survey 1971 - 29 questions in provided in the survey of the population of the Yukon and 1973 - 29 questions in provided in the provided in the population of the Yukon and 1974 - 29 questions in provided in the pr					1971 - 29 questions 1972 - 29 questions 1973 - 29 questions 1974 - 29 questions 1975 - 29 questions 1977 - 19 questions 1979 - 19 questions 1981 - 30 questions 1983 - 30 questions
Instrument Owner	Health and Welfare C	Canada				11000 21 quoditorio
Instrument Design		Non-Standardized				
Administered By	Statistics Canada					
Administered Via	⊠ Telephone □	Internet [Intranet	In person interview	☐ Focus Group	

Survey Profiles	Statistics Canada
	☐ Paper hard copy via postal service ☐ Paper hard copy at service location ☐ Paper hard copy via fax ☐ Other:
Population Check all that apply 区	Individual: Children Youth Adult Seniors Not Applicable Organizational: Acute Care Community Care Complex Continuing Care Emergency Care Long-Term Care Mental Health/Addiction Palliative Care Primary Care Rehabilitation Not Applicable
	Respondent Role: Admin Assistant Nurse Manager Senior Manager Director Other:
Population Size	Census (100% of survey population)
	Sample Size 1971 - 74,000 Sample Method □ Convenience □ Simple Random 1972 - 75,000 1973 - 76,000 □ Stratified Random □ Other: multistage stratified, clustered. 1975 - 73,000 1977 - 40,000 1979 - 40,000 1981 - 40,000 1983 - 40,000 1986 - 31,000
Completion of the Survey	☐ Mandatory ☐ Voluntary
DATA OVERVIEW	
Intended Use of Survey Data	☑ Planning ☑ Decision making ☑ Performance/Quality Improvement Activities ☐ Other:
Data Quality	Sampling errors: The estimates are based on a national sample of slightly less than 1% of the population. The resulting sampling errors, which can be measured, vary according to a number of factors the most important of which is the size of the estimate. Sampling variance indicators are published in the "Labour Force Monthly" (71-001). Non-sampling errors: Errors unrelated to sampling can occur at every stage of a survey. These non-sampling errors range from the respondent misunderstanding the question to errors introduced during processing. Mechanisms to minimize these errors are in place although the final estimates are still affected to some degree.
Derived Reports	Results of each survey cycle will be disseminated in the form of an overview report, articles on topics or sub populations of interest, articles in Health reports. Report Audience Individuals interested in the health of Canadians
Report Granularity	Topics or sub populations of interest Survey Data Availability Earliest Data: 1965 Latest Data: 1986

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

- Health
- Health status indicators
- Social behaviour

Type and number of cigarettes smoked Should smoking be permitted in public areas Is smoking permitted at wor Is smoking permitted in the home

DATA ACCESS						
Licensing						
Data Users	The main users are Statistics Canada and Health Canada					
	There are 3 types of files: Master File, Share File and the PUMI	F.				
	Master File – contains all respondents' responses and their ider Statistics Canada (special arrangements) for analysis using this		s only available to employees of			
	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions PUMF – contains all respondent cases but in aggregated form with no identifiable information. Is public domain; can be purchased from Statistics Canada. Is also available to MOHLTC.					
Access Protocol	There are security protocols restricting access to the database, microdata can be obtained through Statistics Canada's Regiona or can be obtained for free from the Data Liberation Initiative at	al Data Centres. Master and PUM				
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐ Hard C	Copy				
Decision Support System Tools						
CONTACTS						
Support/Questions	Support Organization	Phone #	E-Mail			
	Statistics Canada	(613) 951-3321	ssd@statcan.ca			
		1 (800) 461-9050				

ADDITIONAL NOTES

"Smoking prevalence, quit attempts and successes". From health Division, Heath reports catalogue #82-003-XPB and XIE/XIF, Spring 1998 Vol. 9 No. 4. English only except questionnaires

Violence Again	st Women	Survey				
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	Other One time
Survey Status	☐ Active	☐ Inactive				
Survey General Description Check all that apply ☑ (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surgery☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populati	3	Health Human Re Hip/Knee Joint Re MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family Sa	eplacement	☐ Patient Safe: ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Injui ☐ Women's He ☐ Other Violen	Drugs ries ealth
Web URL	http://www.statcan.c	ca/cgi-bin/imdb/p2SV.p	ol?Function=getSurvey&	&SDDS=3896⟨=e	n&db=IMDB&dbg=f&	adm=8&dis=2
INSTRUMENT OVERVIE	=W					
Purpose	This one-time-only s		afety of women both ins			fear, sexual harassment, sexual nmon-law partners.
Survey Limitations	The target population for the VAWS was all women 18 years of age and over in Canada, excluding: 1. residents of the Yukon and Northwest Territories; 2. full-time residents of institutions. This survey was conducted using the Random Digit Dialing method of contacting households. With this method, every household with telephone service had a chance of being selected. Households without telephones could not participate, nor could women who did not speak English or French. Only 1% of the female population of the ten provinces live in households without telephone service; in approximately 3% of the households contacted, there was a non-response due to language			od of contacting ervice had a chance cipate, nor could ale population of the proximately 3% of the	# of questions in s	Depending on the path taken, e.g. violent crime or spousal abuse, the number of questions could range from about 150 to 300.
Instrument Owner	Statistics Canada				•	
Instrument Design	Standardized □	Non-Standardized				rvey; the first test in May-June cted from Regional Headquarters
Administered By	Statistics Canada					
Administered Via		Internet via postal service	Intranet Paper hard copy at se	In person interview rvice location	☐ Focus Group Paper hard copy via f	ax
Population Check all that apply		_	<u> </u>			Applicable
Oneok all that apply		Acute Care Long-Term Care Rehabilitation		Complex Cont on Palliative Care		ergency Care nary Care
	Respondent Role:	Admin Assistant] Nurse 🔲 Manage	r 🔲 Senior Manag	er Director	Other:

Survey Profiles Statistics Canada **Population Size** Census (100% of survey population) ⊠ Sample Sample Method Simple Random From the approximately ☐ Convenience Other: Cross Sectional design 19,000 eligible households ☐ Stratified Random contacted, 12,300 interviews were obtained Completion of the Survey | Response Categories | ☑ Yes/No □ Likert Scale ☑ Free text format ☑ Other categorical ☐ Mandatory **DATA OVERVIEW** Intended Use of Survey □ Decision making □ Performance/Quality Improvement Activities Other: Data **Data Quality** All survey records were subjected to an exhaustive computer edit to identify and correct invalid or inconsistent information on the questionnaires. Some answers were verified for consistency during the interview by the CATI system. Flow patterns and valid codes were programmed prior to the start of the survey, which eliminated keypunch errors. In the event the respondent was unwilling or unable to answer specific questions, "refused" and "do not know" codes were used, as appropriate, for individual questions. The interview could not proceed to the next question until each question was given a valid answer. The items required for weighting, such as age and number of residential telephone lines in the household, were not permitted "refused" or "do not know" codes. **Derived Reports** Results of each survey cycle will be disseminated in **Report Audience** Individuals interested in the health of Canadian women the form of an overview report, articles on topics or sub populations of interest, articles in Health reports. Survey Data Availability Earliest Data: 1993 **Report Granularity** Topics or sub populations of interest Latest Data: 1993

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

- Crimes and offences
- Justice
- Victims

DATA ACCESS							
Licensing							
Data Users	The main users	are Statistics Ca	inada and Health C	Canada			
	There are 3 type	es of files: Maste	r File, Share File a	nd the PUMF			
			dents' responses a for analysis using t			nformation. Is	only available to employees of Statistics
	agree to share t	the data with the		s of Health (N			Includes only those respondents who condents in the master file). It is available
		ns all respondent da. Is also availa		egated form w	ith no identifiable in	formation. Is	public domain; can be purchased from
Access Protocol	microdata can b	e obtained throu		da's Regional	Data Centres. Mas		r disclosure of the data. Access to F can be bought from Statistics Canada or
Accessibility	☐ Network	☐ Internet	☐ Extranet	☐ Hard Co	ppy 🛛 Others <u>C</u>	<u>CD</u>	
Decision Support System Tools							
CONTACTS							
Support/Questions	Support Organ	ization			Phone #		E-Mail
	Statistics Canad	da			(613) 951-3321		ssd@statcan.ca
	Statistics Canada 1 (800) 461-9050						
	•						
ADDITIONAL NOTES							

Youth Smoking Survey							
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	☐ Quarterly	☐ Monthly	☑ Other <u>Irregular</u>	
Survey Status	□ Active	☐ Inactive					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	Cancer Service Cardiac Service Cataract Surge Clinical Demographics Diabetes Financial General Popula	es	Health Human R Hip/Knee Joint R MRI/CT Scan Morbidity Mortality Obesity Osteoporosis Patient/Family S	eplacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☑ Smoking ☐ Surveillance ☐ Trauma/Injui ☐ Women's He	Drugs	
Web URL							
INSTRUMENT OVERVI	EW						
Purpose	The main objective of the 2002 Youth Smoking Survey (YSS) is to provide current information on the smoking behaviour of students in grades 5 to 9 (in Quebec primary school grades 5 and 6 and secondary school grades 1 to 3), and to measure changes that occurred 1994. Additionally, the 2002 survey collected basic data on alcohol and drug use by students in grades 7 to 9 (in Quebec secondary Results of the Youth Smoking Survey will help with the evaluation of anti-smoking and anti-drug use programs, as well as with the development of new programs. The YSS collected information on the following topics: the prevalence of smoking among students in grades 5 to 9 (in Quebec primary school grades 5 and 6 and secondary school grades 1 to 3); the types of smoking behaviour among children (e.g. experimental smoking, occasional smoking, daily smoking); the social and demographic factors associated with smoking behaviour (e.g. what motivates children to smoke, the influence family and friends); where and how children obtain cigarettes; attitudes and beliefs about smoking, including awareness of health risks; recollection and opinions on health warning messages on cigarette packages; experience with alcohol, drugs and medications used for non-medical purposes.						
Survey Limitations	attending private of school grades 5 are from the survey's of Nunavut, persons persons who are a	r public schools in grand 6 and secondary so coverage are residents living on Indian Resenttending special school	ng Canadian residents a des 5 to 9 inclusively (in thool grades 1 to 3). Spess of the Yukon, Northwest ves and inmates of institutely (schools for the blind litary bases are also except	Quebec primary cifically excluded st Territories and utions. Young or for deaf-mutes) or	# of questions in s	Parent Questionaire - 18 questions Grades 5 and 6 - 81 questions Grades 7-9, 81 questions	

Survey Profiles Statistics Canada population. Furthermore, the population actually surveyed differs somewhat from the target population. The differences may be categorized as: 1) Young people enrolled in small classes (less than 10 students) and: 2) Young people living in remote areas i.e.: Newfoundland & Labrador above latitude of 55 degrees. Quebec above latitude of 51 degrees, as well as Îles de la Madeleine, Ontario above latitude of 51 degrees, Manitoba and Saskatchewan above latitude of 55 degrees. Alberta and British Columbia above latitude of 57 degrees and the Queen Charlotte Islands. Both categories were not eligible to be surveyed but were still part of the target population. It is estimated that these exclusions represent approximately 2.3% of the target population. Instrument Owner Health Canada **Instrument Design Administered By** Statistics Canada **Administered Via** □ Telephone ☐ Internet ☐ Intranet □ Focus Group ☐ Paper hard copy via postal service ☐ Paper hard copy at service location ☐ Paper hard copy via fax ☐ Other: Population ⊠ Youth □ Adult Individual: ☐ Children ☐ Seniors ☐ Not Applicable Check all that apply **Z** Community Care Organizational: ☐ Acute Care Complex Continuing Care ☐ Emergency Care ☐ Mental Health/Addiction ☐ Palliative Care ☐ Primary Care ☐ Long-Term Care ☐ Rehabilitation Not Applicable ☐ Director Respondent Role: Admin Assistant Nurse ☐ Manager ☐ Senior Manager ☐ Other: **Population Size** ☐ Census (100% of survey population) Convenience **Size** | 1070 Sample Method Simple Random ☐ Other: **Completion of the Survey** Response Categories

☐ Yes/No ☐ Likert Scale ☐ Free text format ☐ Other ☐ Mandatory **DATA OVERVIEW Intended Use of Survey** □ Planning Performance/Quality Improvement Activities Decision making ☐ Other: Data **Data Quality** Considerable time and effort was made to reduce non sampling errors in the survey. Quality assurance measures were implemented at each step of the data collection and processing cycle to monitor the quality of the data. These measures include the use of highly skilled interviewers, extensive training of interviewers with respect to the survey procedures and questionnaire, observation of interviewers to detect problems of questionnaire design or misunderstanding of instructions, procedures to ensure that data capture errors were minimized and coding and edit quality checks to verify the processing logic.

Derived Reports	Report Audience		General Health Agencies		
Report Granularity		Survey	Data Availability	Earliest Data: 1994 Latest Data: 2002	

SURVEY DATA ELEMENTS

Key Dimensions/Indicators

Your Experience With Smoking You, Your Parents and Friends Your Opinions and Beliefs School and You Your Doctor and Dentist

Your Doctor and Dentist Your Experience with Alcohol and Drugs

DATA ACCESS						
Licensing						
Data Users	The main users are Statistics Canada and Health Canada					
	There are 3 types of files: Master File, Share File and the PUMF.					
	Master File – contains all respondents' responses and their identifiable/confidential information. Is only available to employees of Statistics Canada (special arrangements for analysis using this file are possible).					
	Share File – contains the same information as the Master File, but with no identifiable information. Includes only those respondents who agree to share the data with the provincial Ministries of Health (MOHs) (approximately 95% of respondents in the master file). It is available to Health Canada/Provincial & Territorial MOHs/Health Regions					
	PUMF – contains all respondent cases but in aggregated form with no identifiable information. Is public domain; can be purchased from Statistics Canada. Is also available to MOHLTC.					
Access Protocol	There are security protocols restricting access to the database, and protocols restricting the use or disclosure of the data. Access to microdata can be obtained through Statistics Canada's Regional Data Centres. Master and PUMF can be bought from Statistics Canada or can be obtained for free from the Data Liberation Initiative at University libraries.					
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐ Hard Copy ☐ Others Public Use Microdata file available for purchase, free for Canadian universities at the Data Liberation Initiative (DLI), the master file is available at Recearch Data Centres.					
Decision Support System Tools						
CONTACTS						

Phone #

E-Mail

Support Organization

Support/Questions

Survey Profiles				Statistics Canada
	Special Surveys Division, Statistics Canada	(613) 951-3321	ssd@statcan.ca	
		1 (800) 461-9050		

	1 (800) 401-9030	
ADDITIONAL NOTES		

Sudbury Public Health.

Survey Profiles Sudbury Public Health

Northern Ontario Perinatal and Child Health Survey						
Survey Frequency	Biennially	☐ Annually	☐ Bi-annually	Quarterly	☐ Monthly	☑ Other once
Survey Status	☐ Active					
Survey General Description Check all that apply (See Glossary of Terms for definitions)	☐ Cancer Services☐ Cardiac Services☐ Cataract Surger☐ Clinical☐ Demographics☐ Diabetes☐ Financial☐ General Populat	3	☐ Health Human Re☐ Hip/Knee Joint Re☐ MRI/CT Scan☐ Morbidity☐ Mortality☐ Obesity☐ Osteoporosis☐ Patient/Family Sa	eplacement	☐ Patient Safe ☐ Pediatrics ☐ Prescription ☐ Smoking ☐ Surveillance ☐ Trauma/Inju ☐ Women's He	Drugs e uries
Web URL	http://www.sdhu.com	n				
INSTRUMENT OVERVII	EW					
Purpose	Perinatal and child	health status in Northe	rn Ontario to inform p	ublic health practice		
Survey Limitations	single administrator	n in 2003			# of questions in	survey 200+
Instrument Owner	Northern Ontario Pe	erinatal and Child Heal	th Survey (NOPCHS) C	onsortium		•
Instrument Design	Standardized □	Non-Standardized				
Administered By	NOPCHS					
Administered Via		Internet via postal service	Intranet Paper hard copy at se	In person interview rvice location	☐ Focus Group Paper hard copy via	
Population Check all that apply	Individual:	Children	Youth	Adult :	Seniors	t Applicable
опеск ан тасарру 🖻	Organizational:	Acute Care Long-Term Care Rehabilitation	Community Care Mental Health/Addiction Not Applicable	☐ Complex Con on ☐ Palliative Care	tinuing Care	nergency Care mary Care
	Respondent Role:	Admin Assistant	Nurse	Senior Manag	ger 🗌 Director 🗀	Other:
Population Size	☐ Census (100% c	of survey population)				
	⊠ Sample S	ize 3400 mothers of	children 0-6 Sample I		<u>—</u>	Simple Random Other:
Completion of the Survey	☐ Mandatory ☐	Voluntary Respon	se Categories	No ☐ Likert Scale ☐	Free text format 🛛 O	ther

Survey Profiles							Sudbury Public Health
DATA OVERVIEW							
Intended Use of Survey Data	☐ Planning ☐ Decision making ☐ Performance/Quality Improvement Activities ☐ Other:						
Data Quality	Data set has been cleaned						
Derived Reports	Seven reports on findings are available at www.sdhu.com (plus summaries in French)		Report Aud	udience Public health researc		archers and practitio	ners
Report Granularity	By northern public hea	By northern public health unit area; by rural/urban residence		Survey D	ata Availability	Earliest Data: 2003 Latest Data: 2003	
SURVEY DATA ELEMEN	NTS						
Key Dimensions/Indicators							
Nutrition and food security Breastfeeding initiation and timefra Access to parenting services Child injury and safety Demographics	mes						
DATA ACCESS							
Licensing	Some questions drawn from licensed measures. Others open for use.						
Data Users	NOPCHS Consortium						
Access Protocol	Application and approval by NOPCHS Consortium						
Accessibility	☐ Network ☐ Internet ☐ Extranet ☐ Hard Copy ☐ Others						
Decision Support System Tools							
CONTACTS							
Support/Questions	Support Organizati	on	F	Phone #		E-Mail	
Susan Snelling, PhD Consortium Coordinator	Sudbury Public Health Research Education and Development (PHRED) Program		elopment ((705) 522-9200 ext. 353		snellings@sdhu	J.com
ADDITIONAL NOTES							

Survey Profiles Sudbury Public Health

Glossary of Terms

Definitions of Terms

Definitions of terms used to categorize surveys in the cross-reference table.

Terms	Definition	Definition Source		
Survey Frequency				
Biennially	A survey that is conducted every two years.	Dictionary.com		
Annually	A survey that is conducted every year.	Dictionary.com		
Bi-annually	A survey that is conducted twice each year (semiannual).	Dictionary.com		
Quarterly	A survey that is conducted at three-month intervals.	Dictionary.com		
Monthly	A survey that is conducted every month.	Dictionary.com		
Survey Status				
Active	Currently in use or effect.	Dictionary.com		
Inactive	Currently not in use or effect. May have been due to one time need.	Dictionary.com		
Survey General Description				
Cancer Services	Cancer Care Ontario coordinates provincial programs, providing all Ontario residents with equitable access to a wide range of cancer services regardless of where they live. These include screening for early detection, access to drug treatments and evidence-based care guidelines for cancer care providers.	Cancer Care Ontario website		
Cardiac Services	The diagnosis, treatment and rehabilitation of heart related diseases.	Cardiac Care Network: website		
Cataract Surgery	A cataract is a cloudy or opaque area in the lens of the eye. Cataract surgery removes the clouded lens and replaces it with an artificial lens, thereby restoring clear vision.	from MEDLINEplus® Medical Encyclopedia)		
Clinical	A method of grouping clinical concepts in order to represent classes that support the generation of indicators of health status and health statistics. Also may include assessments.	CIHI – Partnership for Health Informatics/Telematics (1997). Controlled Clinical Vocabularies: Background Document.		
Demographic	Information about name, address, age, gender, and role. (Also - human populations especially with reference to size and density, distribution, and vital statistics.)	The Health Information Framework 1997and Merriam Dictionary		
Diabetes	A condition in which the body either cannot produce insulin or cannot effectively use the insulin it produces.	Canadian Diabetes Association's Diabetes Dictionary (Note: posted on Health Canada Website)		
Financial	A framework of detailed financial elements that reflect the scope of health care activity.	MOHLTC: Nursing Health Services Research Unit		
General Population Health Status	Topics that provide a diverse view of health. Inevitably, much of this is about "negative" health, because existing statistics focus on morbidity and mortality, but positive aspects of health status are covered whenever the data exist. The other major topics are general health and function, injuries, conditions and diseases, and death. In all cases, these topics describe the health of individuals, which, when considered in the aggregate, may be thought of as <i>population health status</i> .	CIHI		

Terms	Definition	Definition Source
Health Human Resources	Individuals who provide health care and health services to the public. This includes a wide variety of occupations ranging from physicians and nurses to allied health professionals such as medical laboratory technicians, pharmacists, psychologists and nurses to allied health professionals such as medical laboratory technicians, pharmacists, psychologists and physiotherapists.	Health Canada, Health Care Renewal Website
	General practitioners, family practitioners and specialist physicians licensed in the Province of Ontario.	CIHI - Health Human Resources Database, Physicians
	Nursing workforce provides a variety of services in many different care settings, complementing the work of other members of the health care team. Accepted classifications are: Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Registered Psychiatric Nurses (RPNs).	CIHI - Health Human Resources Database, Nursing Workforce
	Under the Regulated Health Professions Act 21 health regulatory colleges are represented that regulate and license health professionals in Ontario. Includes Audiologists and Speech-Language Pathologists, Chiropodists, Chiropodists, Chiropodists, Chiropodists, Dental Hygienists and Dental Technologists, Dental Surgeons, Denturists, Dietitians, Massage Therapists, Medical Laboratory Technologists, Radiation Technologists, Midwives, Occupational Therapists, Opticians, Optometrists, Pharmacists, Physiotherapists, Psychologists and Respiratory Therapists.	Association of Allied Health Professionals (AAHP)
Hip & Knee Joint Replacement Surgery	Hip and knee (unilateral or bilateral) replacement performed on patients in acute care hospitals.	CIHI
MRI/CT Scan	Non-invasive procedures that use magnets and radio waves to produce a picture of the inside of the body.	Dorland's Medical Dictionary
Morbidity	Illness from a particular disease.	Health Canada, Health Care Network glossary
Mortality	Death from a particular disease.	Health Canada, Health Care Network glossary
Obesity	The condition of increased body weight caused by excessive accumulation of fat.	Dictionary.com
Osteoporosis	A condition characterized by low bone mass and deterioration of bone tissue. This leads to increased bone fragility and risk of fracture, particularly of the hip, spine and wrist.	Osteoporosis Society of Canada (posted on website)
Patient/Family Satisfaction	Population aged 15 and over who received health care services at a hospital rate themselves as either very satisfied or somewhat satisfied with the way hospital services were provided.	Statistics Canada: Comparable Health Indicators, Patient Satisfaction.
Patient Safety	An unintended injury or complication which results in disability, death or prolonged hospital stay and is caused by health care management.	CIHI, Adverse Events in Canadian Hospitals, 2004
Paediatrics	A branch of medicine that deals with the medical care of infants and children.	Dictionary.com
Prescription Drugs	Authorized use of any substance or mixture of substances manufactured or for the diagnosis, treatment, mitigation or prevention of disease, disorder or abnormal physical state.	Food and Drugs Act (Federal); Health Canada
Smoking	The act of emitting smoke in great volume using tobacco or other substances.	Dictionary.com
Surveillance	A type of observational study or system that involves continuous monitoring of disease occurrence within a population.	The on-line American Heritage® Stedman's Medical Dictionary
Trauma and Injuries	Injuries reported resulting from the transfer of energy and defined by specific trauma related External Cause Code (e.g motor vehicle collisions, pedal cycling, falls, suicide and self-inflicted injuries, fire and drowning).	CIHI - Ontario Trauma Registry
Women's Health	An inclusive view of women's health that emphasizes social, physical and personal resources.	Ontario Women's Health Network Website

Terms	Definition	Definition Source
Acute Care	Care for patients who require immediate intervention and constant medical attention, equipment and personnel.	Health Canada, Health Care Network, Glossary of Terms
Community Care	All client-related health activities that occur in settings other than acute care hospitals and cancer clinics. These settings include community family or children's treatment centres or clinics, day care facilities, physician or dentist offices, retail pharmacies, home care, continuing or long-term care, palliative care, mental health facilities, schools, worker's compensation facilities and industrial workplaces. (Also included are CCAC's, DHCs, seniors' care, public health laboratories and public health units).	CIHI - Partnership for Health Informatics/Telematics (1997). Controlled Clinical Vocabularies: Background Document
Complex Continuing Care	Services for patients requiring 24-hour nursing care and complex medical and diagnostic services. Patients may have physical, cognitive or behavioral conditions that limit their ability to live independently in the community. Marked by long duration, by frequent recurrence over a long time, and often by slowly progressing seriousness or not acute. The term "Chronic Care" is also used to refer to "Complex Continuing Care".	Health Canada, Health Care Network – Toxics Management Glossary (Adapted)
Emergency Care	Care for patients with severe or life-threatening conditions that require immediate medical attention.	Health Canada, Health Care Network, Glossary of Terms
Long-Term Care Facility	Government-regulated institutions designed for people who require the availability of 24-hour nursing care and supervision within a secure setting. In general, long-term care homes offer higher levels of personal care and support than those typically offered by either retirement homes or supportive housing. Often called nursing homes, homes for the aged or charitable homes.	MOHLTC website: Seniors' Care
Mental Health/Addictions	Mental health services, broadly defined, comprise a mix of health, social, vocational, recreational, volunteer, occupational therapy, and educational services, as well as housing and income support. They include a range of activities and objectives ranging from mental health promotion and the prevention of mental health problems to the treatment of acute psychiatric disorders and the support and rehabilitation of persons with severe and persistent psychiatric disorders and disabilities.	Health Canada, Public Health Agency, Mental Health website
Palliative Care	Coordinated support for individuals and families who are living with a life-threatening illness, usually at an advanced stage. It focuses on physical, psychological, social, cultural, emotional and spiritual needs of the ill person and his or her family. Palliative care services are delivered in various types of facilities. The term "Endof Life Care" is also used to refer to "Palliative Care".	Health Canada: Palliative Care Website
Primary Care	Comprehensive healthcare services provided by an individual's first level of contact with the health system. Services are provided through an interdisciplinary team of healthcare practitioners focusing on access, coordination and quality of care.	MOHLTC Website (Adapted)
Rehabilitation	Rehabilitation services include recovery from multiple traumatic injuries, organ transplants, amputations, cardiovascular surgery, strokes, and complex neurological and orthopedic conditions. They provide time-limited, multidisciplinary rehabilitation programs to clients of the Workplace Safety and Insurance Board, extended health and auto insurance companies. A wide variety of community and complementary health services can be included, such as massage, acupuncture, chiropody and chiropractic clinics.	Health Canada, Health Care Network, Glossary of Terms
Sample Method		
Convenience	A method by which, for convenience sake, the study units that happen to be available at the time of data collection are selected in the sample. This is the least representative sampling method. A "high-traffic" area is used to select respondents for a sample (e.g. a school of high enrolment, an industrial area of a community, etc.).	Institute of Citizen-Centred Service

Glossary

Terms	Definition	Definition Source
Multistage Stratified	Constructed by taking a series of simple random samples in stages. This type of sampling is often more practical than simple random sampling for studies requiring "on location" analysis, such as door-to-door surveys. In a multistage random sample, a large area, such as a country, is first divided into smaller regions (such as states), and a random sample of these regions is collected. In the second stage, a random sample of smaller areas (such as counties) is taken from within each of the regions chosen in the first stage. Then, in the third stage, a random sample of even smaller areas (such as neighborhoods) is taken from within each of the areas chosen in the second stage. If these areas are sufficiently small for the purposes of the study, then the researcher might stop at the third stage. If not, he or she may continue to sample from the areas chosen in the third stage, etc., until appropriately small areas have been chosen.	Yale University
Random Digit Dialing	The selection of telephone numbers for a telephone sample by computer generation from the list of working telephone exchanges. RDD procedures have the advantage of including unlisted numbers, which would be missed if numbers were drawn from a telephone book	Dictionary.com
Simple Random	A basic probability selection scheme in which each sample has an equal chance of being selected. A table of random numbers, random digit dialing, or some other random selection procedure is used to ensure that each member of a population has the same chance of being selected into the sample.	Statistics Canada
Snowball Sampling	A non-probability sampling scheme in which you begin by sampling one person, then ask that person for the names of other people you might interview, then interview them and obtain a list of people from them, and so on.	Wikipedia
Stratified Random	A sampling procedure in which the population is divided into homogeneous subgroups or strata and the selection of samples is done independently in each stratum.	Statistics Canada