

SECTION C: BLOOD PRESSURE & CHOLESTEROL	
<p>C1. The next few questions are about heart health. In your opinion, what are the main causes of heart disease? (MARK ALL THAT APPLY, DO NOT READ)</p> <p>(IF RESPONDENT SAYS, "LIFESTYLE" OR "DIET", PROBE FOR SPECIFICS)</p> <p><input type="radio"/> 01 Don't know</p> <p><input type="radio"/> 02 Smoking</p> <p><input type="radio"/> 03 Lack of exercise</p> <p><input type="radio"/> 04 Eating fatty foods/Cholesterol</p> <p><input type="radio"/> 05 Being overweight</p> <p><input type="radio"/> 06 Poor diet</p> <p><input type="radio"/> 07 Eating too much salt (sodium)</p> <p><input type="radio"/> 08 Stress</p> <p><input type="radio"/> 09 Family medical history</p> <p><input type="radio"/> 10 High blood pressure</p> <p><input type="radio"/> 11 High blood cholesterol</p> <p><input type="radio"/> 12 Too much alcohol</p> <p><input type="radio"/> 13 Other (specify)</p> <p>_____</p>	<p>C5. What are you doing? (MARK ALL THAT APPLY, DO NOT READ)</p> <p><input type="radio"/> 01 Medication/pills</p> <p><input type="radio"/> 02 Quit smoking</p> <p><input type="radio"/> 03 Exercise regularly</p> <p><input type="radio"/> 04 Losing weight or maintaining weight loss</p> <p><input type="radio"/> 05 Reduce salt intake</p> <p><input type="radio"/> 06 Other diet change</p> <p><input type="radio"/> 07 Relaxation</p> <p><input type="radio"/> 08 Reduce alcohol use</p> <p><input type="radio"/> 09 Other (specify)</p> <p>_____</p> <p><input type="radio"/> 10 Don't know</p>
	<p>C6. Were you ever told by a doctor, nurse or other health professional that your blood cholesterol was high? (THIS WOULD REQUIRE A BLOOD SAMPLE)</p> <p><input type="radio"/> 1 Yes</p> <p><input type="radio"/> 2 No</p> <p><input type="radio"/> 3 Don't know/ Can't remember } Go to D1</p>
	<p>C7. Are you doing anything to control your cholesterol?</p> <p><input type="radio"/> 4 Yes</p> <p><input type="radio"/> 5 No → Go to D1</p>
	<p>C8. What are you doing? (MARK ALL THAT APPLY, DO NOT READ)</p> <p><input type="radio"/> 1 Losing weight or maintaining weight loss</p> <p><input type="radio"/> 2 Reduce cholesterol in diet</p> <p><input type="radio"/> 3 Eat less fatty foods</p> <p><input type="radio"/> 4 Other change in diet</p> <p><input type="radio"/> 5 Exercise regularly</p> <p><input type="radio"/> 6 Control stress and fatigue</p> <p><input type="radio"/> 7 Take prescribed medication</p> <p><input type="radio"/> 8 Other (specify)</p> <p>_____</p>
<p>C2. When did you last have your blood pressure checked?</p> <p><input type="radio"/> 1 Within the last 6 months</p> <p><input type="radio"/> 2 7-12 months</p> <p><input type="radio"/> 3 13-24 months</p> <p><input type="radio"/> 4 More than 2 years</p> <p><input type="radio"/> 5 Don't know</p> <p><input type="radio"/> 6 Never → Go to C6</p>	SECTION D: EXERCISE
<p>C3. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? (FOR WOMEN, ADD: "except when you were pregnant".)</p> <p><input type="radio"/> 1 Yes</p> <p><input type="radio"/> 2 No</p> <p><input type="radio"/> 3 Don't know } Go to C6</p>	<p>D1. The next few questions are about exercise. By exercise we mean vigorous activities such as aerobics, jogging, racquet sports, team sports, dance classes, or brisk walking.</p> <p>How many times per week, on average, do you exercise? (DO NOT READ)</p> <p><input type="radio"/> 1 Daily</p> <p><input type="radio"/> 2 5-6 times a week</p> <p><input type="radio"/> 3 3-4 times a week</p> <p><input type="radio"/> 4 1-2 times a week</p> <p><input type="radio"/> 5 Less than once a week</p> <p><input type="radio"/> 6 Never</p> <p><input type="radio"/> 7 Don't know } Go to D4</p>
<p>C4. Are you doing anything to control your blood pressure?</p> <p><input type="radio"/> 4 Yes <input type="radio"/> 5 No → Go to C6</p>	

<p>D2. When you do this exercise, how much time are you actually active? Would it usually be</p> <p><input type="radio"/> 1 Less than 15 minutes?</p> <p><input type="radio"/> 2 Between 15 and 30 minutes?</p> <p><input type="radio"/> 3 More than 30 minutes?</p>	<p>E5. Have these restrictions affected how much you smoke each day?</p> <p><input type="radio"/> 1 Yes → How so? <input type="radio"/> 2 Less each day</p> <p><input type="radio"/> 3 More each day</p> <p><input type="radio"/> 4 Tried to quit</p> <p><input type="radio"/> 5 No, about same</p> <p><input type="radio"/> 6 Don't know</p>
<p>D3. Do you feel that you get as much exercise as you need or less than you need?</p> <p><input type="radio"/> 4 As much as needed</p> <p><input type="radio"/> 5 Less than needed</p> <p><input type="radio"/> 6 Don't know</p>	<p>E6. How many of the people living in your household smoke cigarettes daily? (IF SMOKER, ADD "including yourself")</p> <p><input type="text"/> people (If none, enter 00)</p>
<p>D4. I am going to read four sentences describing daily routines or activities. Tell me which one best describes your usual situation. (MARK ONLY ONE)</p> <p><input type="radio"/> 1 1. You sit during the day and do not walk about very much.</p> <p><input type="radio"/> 2 2. You stand or walk about quite a lot during the day, but do not have to carry or lift things very often.</p> <p><input type="radio"/> 3 3. You lift or carry light loads, or you have to climb stairs or hills often.</p> <p><input type="radio"/> 4 4. You do heavy work or carry very heavy loads.</p>	<p>E7. Do you ever feel unpleasant effects from the cigarette smoke of others?</p> <p><input type="radio"/> 7 Yes <input type="radio"/> 8 No</p>
<p>SECTION E: SMOKING</p>	
<p>E1. The next few questions are about smoking.</p> <p>Have you ever smoked cigarettes?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No → Go to E6</p>	<p style="text-align: center;">SECTION F: ALCOHOL</p> <p>F1. Now I would like to ask some questions about alcohol consumption.</p> <p>In the next questions when we use the word drink it means:</p> <ul style="list-style-type: none"> • One bottle of beer or glass of draft • One small glass of wine • One shot or mixed drink with hard liquor
<p>E2. At the present time do you smoke cigarettes?</p> <p><input type="radio"/> 3 Yes <input type="radio"/> 4 No → Go to E6</p>	<p>Have you ever taken a drink? (beer, wine, liquor or other alcoholic beverage)</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No → Go to G1</p>
<p>E3. Do you usually smoke cigarettes every day?</p> <p><input type="radio"/> 5 Yes → How many per day? <input type="text"/> cigarettes</p> <p><input type="radio"/> 6 No</p>	<p>F2. In the past 12 months, have you taken a drink? (beer, wine, liquor or other alcoholic beverage)</p> <p><input type="radio"/> 3 Yes <input type="radio"/> 4 No → Go to G1</p>
<p>E4. In your day to day activities, do you find restrictions placed on where or when you can smoke?</p> <p><input type="radio"/> 7 Yes <input type="radio"/> 8 No → Go to E6</p>	<p>F3. In the past 12 months, how often on average did you drink alcohol? Was it . . .</p> <p><input type="radio"/> 1 Every day?</p> <p><input type="radio"/> 2 4-6 times a week?</p> <p><input type="radio"/> 3 2-3 times a week?</p> <p><input type="radio"/> 4 Once a week?</p> <p><input type="radio"/> 5 Once or twice a month?</p> <p><input type="radio"/> 6 Less often than once a month?</p>

F4. Thinking back over the last 7 days, starting with yesterday, how many drinks did you have on each day?

Did not have any drinks in the past 7 days... 10 → Go to F5

How many drinks did you have on...

F5. I'm going to read you a few statements about the reasons why people drink. For each, tell me if it is a reason you drink. Do you drink...

	Yes	No	Don't Know
--	-----	----	------------

a) To be sociable or to add to the enjoyment of meals? 01 02 03

b) To feel good or get in a party mood? 04 05 06

c) To overcome stress or when sad, lonely or depressed? 07 08 09

SECTION G: DRUGS

G1. Now I would like to ask you about your use of medicines, pills and other drugs.

In the past 12 months have you used...

	Yes	No
--	-----	----

a) Tranquillizers such as valium? 01 02

b) Diet pills or stimulants? 03 04

c) Anti-depressants? 05 06

d) Codeine, demerol or morphine? 07 08

e) Sleeping pills? 09 10

f) ASA (Aspirin) or other pain reliever? 11 12

G2. Have you ever used...

	Have you used it in the past 12 months?	
	Yes	No

a) Marijuana or hashish? 01 Yes → 02 03
 04 No

b) Cocaine or crack? 05 Yes → 06 07
 08 No

c) LSD (acid)? 09 Yes → 10 11
 12 No

d) Amphetamines (speed)? 13 Yes → 14 15
 16 No

e) Heroin? 17 Yes → 18 19
 20 No

SECTION H: ROAD SAFETY PRACTICES

H1. The next questions are about road safety.

How often do you use seatbelts when you ride in a car? (READ RESPONSES)

1 Always?

2 Most of the time?

3 Sometimes?

4 Rarely or never?

H2. Have you driven an all terrain vehicle (ATV) or snowmobile in the last 12 months?

1 Yes → How often did you wear a helmet?

2 Always

3 Most of the time

4 Sometimes

5 Rarely or never

6 No

H3. INTERVIEWER CHECK ITEM:

- If F1 or F2 is "No" 70 → Go to I1
- Otherwise 80 → Go to H4

H4. In the past 30 days, how many times have you driven a motor vehicle within two hours of drinking any amount of alcohol?

(If none, enter 00)

98 Don't drive

<p align="center">SECTION I: NUTRITION</p> <p>I1. The next questions are about nutrition.</p> <p>In the last 7 days, on how many days did you have the following <u>as part of</u> your breakfast?</p> <p>a) Just coffee, tea or nothing at all 1 <input type="checkbox"/> <i>(IF ANSWER IS 7 GO TO I2)</i></p> <p>b) Eggs, bacon, ham or other meat 2 <input type="checkbox"/></p> <p>c) Bread, toast, pastries, pancakes or cereals 3 <input type="checkbox"/></p> <p>d) Fruit or juice 4 <input type="checkbox"/></p> <p>e) Cheese, milk or other dairy products (other than in your coffee or tea) 5 <input type="checkbox"/></p>	<p>I6. Would you say you are...</p> <p>6 <input type="radio"/> Very overweight?</p> <p>7 <input type="radio"/> Somewhat overweight?</p> <p>8 <input type="radio"/> Only a little overweight?</p>
<p>I2. In your opinion, what are the two best ways for people to lose weight?</p> <p><i>(DO NOT READ — PROBE FOR SECOND CHOICE) (IF ANSWER IS "TO DIET", ASK TO EXPLAIN)</i></p> <p>01 <input type="radio"/> Increase physical activity/exercise</p> <p>02 <input type="radio"/> Eat less sweets and sugar</p> <p>03 <input type="radio"/> Eat fewer calories</p> <p>04 <input type="radio"/> Don't eat between meals (snacks)</p> <p>05 <input type="radio"/> Skip meals</p> <p>06 <input type="radio"/> Eat less food (generally)</p> <p>07 <input type="radio"/> Eat more fruits and vegetables</p> <p>08 <input type="radio"/> Eat foods low in fat</p> <p>09 <input type="radio"/> Eat a balanced or nutritious diet</p> <p>10 <input type="radio"/> Other (specify) _____</p>	<p align="center">SECTION J: SOCIAL RELATIONSHIPS</p> <p>J1. The next few questions are about relationships and helping one another.</p> <p>In the past 30 days, have you helped care for a relative or friend who was suffering from a physical or mental health problem?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> Don't know/Not sure</p>
<p>I3. Are you now trying to lose weight?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>J2. In the past 30 days, have you experienced a physical or mental health problem for which you received some care from a relative or friend?</p> <p>4 <input type="radio"/> Yes</p> <p>5 <input type="radio"/> No</p> <p>6 <input type="radio"/> Don't know/Not sure</p>
<p>I4. Do you consider yourself...</p> <p>3 <input type="radio"/> Overweight?</p> <p>4 <input type="radio"/> Underweight?</p> <p>5 <input type="radio"/> Just about right? } Go to J1</p>	<p align="center">SECTION K: WORKPLACE</p> <p>K1. The next few questions are about your employment status.</p> <p>Which of the following best describes your main activity during the last 12 months? Were you mainly...</p> <p>1 <input type="radio"/> Working at a job or business? → Go to K3</p> <p>2 <input type="radio"/> Looking for work? → Go to K2</p> <p>3 <input type="radio"/> A student? }</p> <p>4 <input type="radio"/> Retired? }</p> <p>5 <input type="radio"/> Keeping house? } → Go to L1</p> <p>6 <input type="radio"/> Other }</p> <p>K2. Did you have a job or business at any time during the past 12 months?</p> <p>7 <input type="radio"/> Yes</p> <p>8 <input type="radio"/> No → Go to L1</p>

<p>K3. How many weeks did you work at a job or business during the last 12 months? (Include vacation, illness, strikes, lock-outs and maternity/paternity leave)</p> <p><input type="text"/> <input type="text"/> Weeks</p> <p>K4. For whom do (did) you work?</p> <p><input type="radio"/> Self-employed</p> <p><i>INTERVIEWER: If more than one job reported, list main job.</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>K5. What kind of business, industry or service is (was) that?</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>K6. What kind of work do (did) you do?</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>K7. In total, about how many people work in your business or company at all its locations?</p> <p><input type="radio"/> 1 to 19</p> <p><input type="radio"/> Between 20 and 99</p> <p><input type="radio"/> Between 100 and 499</p> <p><input type="radio"/> More than 500</p> <p><input type="radio"/> Don't know</p>	<p><i>INTERVIEWER: K8 to K12 applies to all jobs</i></p> <p>K8. Have any of the following caused you excess worry or stress at work in the last six months?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No Don't Know</th> <th style="text-align: center;">Not Applic- able</th> </tr> </thead> <tbody> <tr> <td>a) Unreasonable deadlines?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> </tr> <tr> <td>b) Duties are not clear?</td> <td style="text-align: center;">04 <input type="radio"/></td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>c) Not enough influence over what you do and when you do it?</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> <td style="text-align: center;">09 <input type="radio"/></td> </tr> <tr> <td>d) No feedback on how you're doing?</td> <td style="text-align: center;">10 <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>e) Conflicts with other people at work?</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> </tr> </tbody> </table> <p>K9. In the last year, how many days were you away from work because you were sick, injured or disabled?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> days 998 <input type="radio"/> Don't know</p> <p>K10. Did you regularly work evening or night shifts?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>K11. Did you regularly work on Saturday or Sunday?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>K12. Do you know if the following programs are available at your place of work?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No Don't Know</th> <th style="text-align: center;">Not Applic- able</th> </tr> </thead> <tbody> <tr> <td>a) Programs to improve health such as physical activity, nutrition or smoking cessation?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> </tr> <tr> <td>b) Safety or accident prevention programs? ...</td> <td style="text-align: center;">04 <input type="radio"/></td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>c) Psychological, drug or alcohol counseling?</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> <td style="text-align: center;">09 <input type="radio"/></td> </tr> </tbody> </table> <p style="text-align: center;">SECTION L: WOMEN'S HEALTH</p> <p>L1. INTERVIEWER CHECK ITEM:</p> <p>Respondent is: <input type="radio"/> Female → Go to L2</p> <p style="margin-left: 100px;"><input type="radio"/> Male → Go to M1</p> <p>L2. The next questions are about preventive health practices for women.</p> <p>How often do you perform breast self-examination? Would you say...</p> <p><input type="radio"/> At least once a month?</p> <p><input type="radio"/> Once every 2-3 months?</p> <p><input type="radio"/> Less often?</p> <p><input type="radio"/> Never?</p>		Yes	No Don't Know	Not Applic- able	a) Unreasonable deadlines?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	b) Duties are not clear?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	c) Not enough influence over what you do and when you do it?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	d) No feedback on how you're doing?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	e) Conflicts with other people at work?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>		Yes	No Don't Know	Not Applic- able	a) Programs to improve health such as physical activity, nutrition or smoking cessation?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	b) Safety or accident prevention programs? ...	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	c) Psychological, drug or alcohol counseling?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
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L3. Have you ever had a mammogram, that is, a breast X-ray?

1 Yes → **When was the last time?**

6 No 2 Less than 12 months ago

7 Don't know 3 1 to 2 years ago

4 More than 2 years ago

5 Don't know

L4. Have you ever had a PAP smear?

1 Yes → **When was the last time?**

6 No 2 Less than 12 months ago

7 Don't know 3 1 to 3 years ago

4 More than 3 years ago

5 Don't know

L5. Have you ever given birth?

1 Yes 2 No → **Go to L8**

L6. In what month and year was your last child born?

3 Month 4 Year

L7. Did you breast-feed your last child?

1 Yes → **How long did you breast-feed your last child?**

7 No 2 Less than 1 month

8 Tried/not successful 3 1 - 2 months

4 3 - 4 months

5 5 - 6 months

6 6 or more months

L8. I would like to ask you a few personal questions about sexual behaviour because of its importance to personal health and social problems. Once again, please be assured that anything you tell me will remain confidential.

Now, we would like to know your age when you first had sexual intercourse. This is important information because it has some bearing on health in later years. Do you remember how old you were?

Age

97 Never } **Go to L11**

98 Refused to answer }

L9. In the past 12 months, have you had sexual intercourse?

1 Yes

2 No } **Go to L11**

3 Refused to answer }

L10. In the past 12 months, with how many partners did you have sexual intercourse?

partners

99 Refused to answer

L11. I would now like your opinion on some ways for people in general to prevent getting a sexually transmitted disease.

After I read each one, tell me if you think it is "Very effective", "Somewhat effective", or "Not at all effective" for preventing sexually transmitted diseases:

	Very effective	Somewhat effective	Not at all effective	Don't know how effective	Don't know method
a) A condom? ...	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) A diaphragm? ..	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Spermicidal jelly or foam? .	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Ask if partner has a sexually transmitted disease?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Sex only with regular partner?	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) No sex at all?	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>

L12. What do you think your chances are of getting a sexually transmitted disease? Would you say they are ...

1 High?

2 Medium?

3 Low?

4 None?

5 Don't know

6 Already have an STD

L13. Due to what you know about sexually transmitted diseases, have you changed your sexual behaviour in the past 12 months?

7 Yes

8 No → **Go to N1**

L14. Have you ...

	Yes	No
a) Had sexual intercourse with only one partner?	1 <input type="radio"/>	2 <input type="radio"/>
b) Used condoms for protection?	3 <input type="radio"/>	4 <input type="radio"/>
c) Been more careful in selecting sexual partners?	5 <input type="radio"/>	6 <input type="radio"/>
d) Anything else? (specify)	7 <input type="radio"/>	8 <input type="radio"/>

INTERVIEWER: Go to N1

SECTION M: MEN'S HEALTH																																																																
<p>M1. I would like to ask you a few personal questions about sexual behaviour because of its importance to personal health and social problems. Once again, please be assured that anything you tell me will remain confidential.</p> <p>Now, we would like to know your age when you first had sexual intercourse. Do you remember how old you were?</p> <p style="margin-left: 20px;"> <input type="text"/> <input type="text"/> Age </p> <p> <input type="radio"/> 97 Never </p> <p> <input type="radio"/> 98 Refused to answer </p> <p style="text-align: right; margin-right: 20px;">} Go to M4</p>	<p>M5. What do you think your chances are of getting a sexually transmitted disease? Would you say they are...</p> <p> <input type="radio"/> 1 High <input type="radio"/> 2 Medium? <input type="radio"/> 3 Low? <input type="radio"/> 4 None? </p> <p>-----</p> <p> <input type="radio"/> 5 Don't know <input type="radio"/> 6 Already have an STD </p>																																																															
<p>M2. In the past 12 months, have you had sexual intercourse?</p> <p> <input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Refused to answer </p> <p style="text-align: right; margin-right: 20px;">} Go to M4</p>	<p>M6. Due to what you know about sexually transmitted diseases, have you changed your sexual behaviour in the past 12 months?</p> <p> <input type="radio"/> 7 Yes <input type="radio"/> 8 No → Go to N1 </p>																																																															
<p>M3. In the past 12 months, with how many partners did you have sexual intercourse?</p> <p style="margin-left: 20px;"> <input type="text"/> <input type="text"/> partners </p> <p> <input type="radio"/> 98 Refused to answer </p>	<p>M7. Have you...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Had sexual intercourse with only one partner?</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td>b) Used condoms for protection?</td> <td style="text-align: center;">3 <input type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> </tr> <tr> <td>c) Been more careful in selecting sexual partners?</td> <td style="text-align: center;">5 <input type="radio"/></td> <td style="text-align: center;">6 <input type="radio"/></td> </tr> <tr> <td>d) Anything else? (specify)</td> <td style="text-align: center;">7 <input type="radio"/></td> <td style="text-align: center;">8 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a) Had sexual intercourse with only one partner?	1 <input type="radio"/>	2 <input type="radio"/>	b) Used condoms for protection?	3 <input type="radio"/>	4 <input type="radio"/>	c) Been more careful in selecting sexual partners?	5 <input type="radio"/>	6 <input type="radio"/>	d) Anything else? (specify)	7 <input type="radio"/>	8 <input type="radio"/>																																																
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SECTION N: DENTAL HEALTH																																																																
<p>N1. Next I would like to ask you some questions about your teeth.</p> <p>Do you have one or more of your natural teeth?</p> <p> <input type="radio"/> 1 Yes <input type="radio"/> 2 No → Go to N5 </p>	<p>N2. Have you seen a dentist in the past 12 months?</p> <p> <input type="radio"/> 3 Yes <input type="radio"/> 4 No <input type="radio"/> 5 Don't know </p> <p style="text-align: right; margin-right: 20px;">} Go to N4</p>																																																															
<p>N4. I would now like your opinion on some ways for people in general to prevent getting a sexually transmitted disease.</p> <p>After I read each one, tell me if you think it is "Very effective", "Somewhat effective", or "Not at all effective" for preventing sexually transmitted diseases:</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 5%;">Very effective</th> <th style="width: 5%;">Somewhat effective</th> <th style="width: 5%;">Not at all effective</th> <th style="width: 5%;">Don't know how effective</th> <th style="width: 5%;">Don't know method</th> </tr> </thead> <tbody> <tr> <td>a) A condom? ...</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> <td style="text-align: center;">05 <input type="radio"/></td> </tr> <tr> <td>b) A diaphragm? ..</td> <td style="text-align: center;">06 <input type="radio"/></td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> <tr> <td>c) Spermicidal jelly or foam? ..</td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> </tr> <tr> <td>d) Ask if partner has a sexually transmitted disease?</td> <td style="text-align: center;">16 <input type="radio"/></td> <td style="text-align: center;">17 <input type="radio"/></td> <td style="text-align: center;">18 <input type="radio"/></td> <td style="text-align: center;">19 <input type="radio"/></td> <td style="text-align: center;">20 <input type="radio"/></td> </tr> <tr> <td>e) Sex only with regular partner?</td> <td style="text-align: center;">21 <input type="radio"/></td> <td style="text-align: center;">22 <input type="radio"/></td> <td style="text-align: center;">23 <input type="radio"/></td> <td style="text-align: center;">24 <input type="radio"/></td> <td style="text-align: center;">25 <input type="radio"/></td> </tr> <tr> <td>f) No sex at all?</td> <td style="text-align: center;">26 <input type="radio"/></td> <td style="text-align: center;">27 <input type="radio"/></td> <td style="text-align: center;">28 <input type="radio"/></td> <td style="text-align: center;">29 <input type="radio"/></td> <td style="text-align: center;">30 <input type="radio"/></td> </tr> </tbody> </table>		Very effective	Somewhat effective	Not at all effective	Don't know how effective	Don't know method	a) A condom? ...	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	b) A diaphragm? ..	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	c) Spermicidal jelly or foam? ..	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	d) Ask if partner has a sexually transmitted disease?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	e) Sex only with regular partner?	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	f) No sex at all?	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	<p>N3. During this time, did you see a dentist for...</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) A dental checkup or cleaning?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>b) A filling or extraction? (non-emergency)</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>c) Any periodontal treatment? (gum treatment)</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>d) Orthodontic treatment? (braces)</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>e) Crown or bridge work?</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> <tr> <td>f) A dental emergency?</td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> </tbody> </table> <p>N4. How often do you usually brush your teeth? (DO NOT READ)</p> <p> <input type="radio"/> 1 Twice or more a day/after every meal <input type="radio"/> 2 Once a day <input type="radio"/> 3 A few times a week <input type="radio"/> 4 Once a week <input type="radio"/> 5 A few times a month <input type="radio"/> 6 Once a month <input type="radio"/> 7 Rarely/Never <input type="radio"/> 8 Don't know </p>		Yes	No	a) A dental checkup or cleaning?	01 <input type="radio"/>	02 <input type="radio"/>	b) A filling or extraction? (non-emergency)	03 <input type="radio"/>	04 <input type="radio"/>	c) Any periodontal treatment? (gum treatment)	05 <input type="radio"/>	06 <input type="radio"/>	d) Orthodontic treatment? (braces)	07 <input type="radio"/>	08 <input type="radio"/>	e) Crown or bridge work?	09 <input type="radio"/>	10 <input type="radio"/>	f) A dental emergency?	11 <input type="radio"/>	12 <input type="radio"/>
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N5. Are you covered by dental insurance?

1 Yes

2 No

3 Don't know

**SECTION O:
HOME AND ENVIRONMENTAL ISSUES**

O1. The next questions are about home and environmental issues.

Do you, or others in your household...

	Yes	No Don't know	Not applic- able
a) Own a smoke alarm that works?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b) Own a first-aid kit?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c) Have a household member trained in first aid?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d) Own a fire extinguisher that works?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) Read nutrition labels on packages to make food choices?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f) Check that the water heater thermostat does not exceed 50°C or 120°F? (scalding)	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g) Recycle papers, bottles, cans, etc.?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
h) Compost fruit and vegetable waste?	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
i) Buy products made of recycled materials?	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>

O2. During the past 12 months, how much do you think that environmental pollution has affected your health? Would you say...

1 Very much?

2 A fair amount?

3 Not very much?

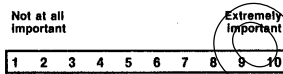
4 Not at all?

5 Don't Know

**SECTION P:
GOVERNMENT ACTION
ON HEALTH PROMOTION ISSUES**

P1. I will now read a list of health topics. For each I'd like your opinion about how important you feel it is for the government to deal with each topic.

Tell me on a scale of 1 to 10; with 1 being "not at all important" and 10 being "extremely important", how important do you feel it is for the government to deal with...



	01	02	03	04	05	06	07	08	09	10	Don't know
a) Drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
b) Smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
c) Alcohol problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
d) Child health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
e) Eating habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
f) Mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
g) Accident prevention on the road?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
h) Accident prevention at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
i) Exercise or physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
j) Environmental pollution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
k) AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
l) Other sexually transmitted diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
m) Dental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>
n) Heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="radio"/>

SECTION Q: HEALTH INTENTIONS — PAST AND FUTURE																																																																												
<p>Q1. Did you do something to improve your health in the past 12 months?</p> <p>¹ <input type="radio"/> Yes</p> <p>² <input type="radio"/> No → Go to Q4</p>	<p>Q4. Considering the health topics we've discussed in this questionnaire, is there anything you intend to change to improve your health in the next year? (DO NOT READ, MARK ALL THAT APPLY) (PROBE: Anything else?)</p> <p>⁰¹ <input type="radio"/> Nothing</p> <p>⁰² <input type="radio"/> Increase exercise, sports or physical activity</p> <p>⁰³ <input type="radio"/> Lose weight</p> <p>⁰⁴ <input type="radio"/> Change diet or eating habits</p> <p>⁰⁵ <input type="radio"/> Quit smoking/reduce amount smoked</p> <p>⁰⁶ <input type="radio"/> Reduce drug/medication use</p> <p>⁰⁷ <input type="radio"/> Drink less alcohol</p> <p>⁰⁸ <input type="radio"/> Manage or reduce blood pressure</p> <p>⁰⁹ <input type="radio"/> Manage or reduce cholesterol</p> <p>¹⁰ <input type="radio"/> Learn to manage or reduce stress</p> <p>¹¹ <input type="radio"/> Change physical environment</p> <p>¹² <input type="radio"/> Receive medical treatment</p> <p>¹³ <input type="radio"/> Change sexual behavior or reduce risk of STD's</p> <p>¹⁴ <input type="radio"/> Improve dental hygiene</p> <p>¹⁵ <input type="radio"/> Other (specify) _____</p>																																																																											
<p>Q2. What is the single most important change you have made in the past 12 months to improve your health? (DO NOT READ, MARK ONLY ONE)</p> <p>⁰¹ <input type="radio"/> Increased exercise, sports or physical activity</p> <p>⁰² <input type="radio"/> Lost weight</p> <p>⁰³ <input type="radio"/> Changed diet or eating habits</p> <p>⁰⁴ <input type="radio"/> Quit smoking/reduced amount smoked</p> <p>⁰⁵ <input type="radio"/> Reduced drug/medication use</p> <p>⁰⁶ <input type="radio"/> Drank less alcohol</p> <p>⁰⁷ <input type="radio"/> Managed or reduced blood pressure</p> <p>⁰⁸ <input type="radio"/> Managed or reduced cholesterol</p> <p>⁰⁹ <input type="radio"/> Managed or reduced stress</p> <p>¹⁰ <input type="radio"/> Changed physical environment</p> <p>¹¹ <input type="radio"/> Received medical treatment</p> <p>¹² <input type="radio"/> Changed sexual behaviour or reduced risk of STD's</p> <p>¹³ <input type="radio"/> Improved dental hygiene</p> <p>¹⁴ <input type="radio"/> Other (specify) _____</p>	<p style="text-align: center;">SECTION R: CLASSIFICATION QUESTIONS</p> <p>Q3. Did any of the following help you to make this change?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No Don't know</th> <th style="width: 5%; text-align: center;">Not Applic- able</th> </tr> </thead> <tbody> <tr> <td>a) Support from family and friends</td> <td style="text-align: center;">⁰¹ <input type="radio"/></td> <td style="text-align: center;">⁰² <input type="radio"/></td> <td style="text-align: center;">⁰³ <input type="radio"/></td> </tr> <tr> <td>b) Increased knowledge of health risks</td> <td style="text-align: center;">⁰⁴ <input type="radio"/></td> <td style="text-align: center;">⁰⁵ <input type="radio"/></td> <td style="text-align: center;">⁰⁶ <input type="radio"/></td> </tr> <tr> <td>c) Changes in legislation or by-laws</td> <td style="text-align: center;">⁰⁷ <input type="radio"/></td> <td style="text-align: center;">⁰⁸ <input type="radio"/></td> <td style="text-align: center;">⁰⁹ <input type="radio"/></td> </tr> <tr> <td>d) New policy or program at school or work</td> <td style="text-align: center;">¹⁰ <input type="radio"/></td> <td style="text-align: center;">¹¹ <input type="radio"/></td> <td style="text-align: center;">¹² <input type="radio"/></td> </tr> <tr> <td>e) Change in life situation (eg. marital status, employment, moving home, etc.)</td> <td style="text-align: center;">¹³ <input type="radio"/></td> <td style="text-align: center;">¹⁴ <input type="radio"/></td> <td style="text-align: center;">¹⁵ <input type="radio"/></td> </tr> <tr> <td>f) Advice or support of health professional(s)</td> <td style="text-align: center;">¹⁶ <input type="radio"/></td> <td style="text-align: center;">¹⁷ <input type="radio"/></td> <td style="text-align: center;">¹⁸ <input type="radio"/></td> </tr> <tr> <td>g) Self-help or mutual aid group (eg. 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Now a few general questions.</p> <p>What is your postal code?</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>¹ <input type="radio"/> Don't know</p> <p>R2. What is the highest grade or level of education you have ever attended or ever completed? (MARK ONLY ONE)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">⁰¹ <input type="radio"/> No schooling</td> <td></td> </tr> <tr> <td>⁰² <input type="radio"/> Some</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2">Elementary</td> </tr> <tr> <td>⁰³ <input type="radio"/> Completed</td> </tr> <tr> <td>⁰⁴ <input type="radio"/> Some</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2">Secondary</td> </tr> <tr> <td>⁰⁵ <input type="radio"/> Completed</td> </tr> <tr> <td>⁰⁶ <input type="radio"/> Some</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2">Community college, technical college, CEGEP or nurse's training.</td> </tr> <tr> <td>⁰⁷ <input type="radio"/> Completed</td> </tr> <tr> <td>⁰⁸ <input type="radio"/> Some</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2">University (eg. 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<p>R3. What is the month and year of your birth?</p> <p>1 <input type="text"/> <input type="text"/> Month 2 19 <input type="text"/> <input type="text"/> Year</p>	<p>R7. Are there any children under 15 years old living in your household?</p> <p>1 <input type="radio"/> Yes → How many are ...</p> <p style="padding-left: 40px;">5 years old or less? <input type="text"/> 2</p> <p style="padding-left: 40px;">6 to 11 years old? <input type="text"/> 3</p> <p style="padding-left: 40px;">12 to 14 years old? <input type="text"/> 4</p> <p>5 <input type="radio"/> No</p>
<p>R4. What language do you speak most often at home?</p> <p>3 <input type="radio"/> English</p> <p>4 <input type="radio"/> French</p> <p>5 <input type="radio"/> Italian</p> <p>6 <input type="radio"/> Chinese</p> <p>7 <input type="radio"/> German</p> <p>8 <input type="radio"/> Other (specify)</p> <p style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></p>	<p>R8. What is your best estimate of the total income of all household members from all sources in 1989 before taxes and deductions? Was the total household income ...</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>Less than \$20,000 <input type="radio"/> 01</p> <p>Less than \$10,000 <input type="radio"/> 05</p> <p>Less than \$40,000 <input type="radio"/> 07</p> <p>\$20,000 or more <input type="radio"/> 02</p> </div> <div style="margin-right: 10px;"> <p>Less than \$10,000 or more? <input type="radio"/> 00</p> <p>Less than \$15,000 or more? <input type="radio"/> 11</p> <p>Less than \$30,000 or more? <input type="radio"/> 13</p> <p>Less than \$60,000 or more? <input type="radio"/> 15</p> <p>\$40,000 or more? <input type="radio"/> 08</p> </div> <div> <p>Less than \$5,000 or more? <input type="radio"/> 09</p> <p>Less than \$15,000 or more? <input type="radio"/> 10</p> <p>Less than \$30,000 or more? <input type="radio"/> 14</p> <p>Less than \$60,000 or more? <input type="radio"/> 16</p> <p>\$80,000 or more? <input type="radio"/> 17</p> </div> </div> <p>03 <input type="radio"/> No income</p> <p>04 <input type="radio"/> Don't know</p>
<p>R5. Canadians belong to many ethnic or cultural groups such as Inuit, Irish, Scottish, French or Chinese. To which ethnic or cultural groups do YOU belong? (ACCEPT MULTIPLE RESPONSES, DO NOT PROBE)</p> <p>01 <input type="radio"/> English</p> <p>02 <input type="radio"/> French</p> <p>03 <input type="radio"/> Scottish</p> <p>04 <input type="radio"/> Irish</p> <p>05 <input type="radio"/> German</p> <p>06 <input type="radio"/> Ukrainian</p> <p>07 <input type="radio"/> Italian</p> <p>08 <input type="radio"/> Dutch</p> <p>09 <input type="radio"/> Canadian</p> <p>10 <input type="radio"/> Other (specify)</p> <p style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></p>	
<p>R6. What is your current marital status? Are you ...</p> <p>1 <input type="radio"/> Single (Never married)?</p> <p>2 <input type="radio"/> Married (and not separated), or living common-law?</p> <p>3 <input type="radio"/> Separated?</p> <p>4 <input type="radio"/> Divorced?</p> <p>5 <input type="radio"/> Widowed?</p>	

SECTION S: DATA SHARING AGREEMENT

S1. Statistics Canada is conducting this survey jointly with Health and Welfare Canada and the provincial ministry responsible for health promotion in Alberta. The information collected will be kept confidential and used only for statistical purposes.

DO YOU AGREE TO SHARE YOUR ANSWERS WITH THESE MINISTRIES?

YES 1

NO 2

**THANK YOU
VERY MUCH FOR YOUR ASSISTANCE!**