

***Searchable Database of Questionnaire Items from  
Population Surveys of Tobacco Use in Canada***

***Technical Documentation***

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### *Disclaimer*

The population surveys contained within this database provide an example of the types of tobacco use surveys and questionnaire items that have been used in Canada. Since reliability and validity information for the various surveys were not readily available or were not at all available, no inclusion or exclusion criteria were used to determine whether a particular survey or questionnaire item should be included in this database. Inclusion of a particular survey or questionnaire item does not reflect endorsement of those items by the Ontario Tobacco Research Unit. The reader is reminded that the construction of surveys is an involved process that includes testing and re-testing the instrument as well as determining the reliability, validity, and internal consistency of surveys and their component items.

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## ***1.0 Background***

One of the challenges facing researchers and program evaluators in tobacco control is the development of survey instruments. The need to have items which have been field tested for reliability and validity, and which allow comparisons with results from other jurisdictions and/or other points in time is fundamental whether surveys are to be conducted at the national, provincial, regional or local level, or whether programs are to be evaluated.

The Searchable Database on Questionnaire Items from Population Surveys of Tobacco Use in Canada has been established to help meet this need. A project of the Programs and Policy Working Group of the Ontario Tobacco Strategy, the database provides approximately 1400 items from about 50 questionnaires that have been conducted in Canada since the late 1970's. Items are classified into one of six categories and keywords with each item allow for very specific searches. The Microsoft Access data base allows for the selection of items and the transport of these items into a Microsoft Word file for word further word processing.

The database was developed by Mr. Peter Driezen of the Health Behaviour Research Group at the University of Waterloo. Ms. Julie Joza did some of the early work on this project. This database is a companion to the Directory of Public Use Data in Canada which was also developed by the Ontario Tobacco Research Unit (see Joza, J. and Brown, K. S. Directory of Public Use Data on Tobacco Use in Canada: A Summary. Ontario Tobacco Research Unit. Special Report. Toronto, Ontario, 1997).

In order for the database to be most useful, comments from users concerning the ease of use, keywording, etc. are most welcome. These comments can be addressed to K. S. Brown, Health Behaviour Research Group, University of Waterloo, Waterloo, Ontario N2L 3G1.

## ***2.0 Getting Started***

This section describes the creation of the Searchable Database on Questionnaire Items from Population Surveys of Tobacco Use in Canada (hereafter referred to as the database), the system requirements needed to run the database and the availability of the database.

## **2.0.1 Database Development**

This database was developed using a 486/66 PC using Microsoft Access 97. Although this is not an ideal database development environment, an attempt was made to create the simplest and most user-friendly application as possible. It is hoped that those who use this database find it helpful when constructing surveys dealing with smoking and tobacco use.

## **2.0.2 System Requirements**

The database requires at least a Windows 95 or NT operating system and that Microsoft Access 97 be installed on your computer<sup>1</sup>. Without these essentials, the database will not run. You will also need space on your hard drive to install the database. At the very *minimum*, you will require a 486 computer with *at least* 16 MB of RAM. However, the database will run rather slowly on a minimum requirement system. A computer with a Pentium processor and 32 MB of RAM provides optimal database performance.

## **2.0.3 Database Availability**

The database and along with its documentation are available from the Ontario Tobacco Research Unit in electronic format. If you are interested in receiving a copy of the database, you should contact the Ontario Tobacco Research Unit and a copy of the database plus its accompanying technical documentation will be sent to you electronically.

## ***2.1 Using the Database***

Once you have copied the database and placed it in a convenient place on your computer's hard drive, double clicking on the database file will open the database. (Note: you do not have to start up Microsoft Access to use the database). Upon opening the database, you will see a title screen containing a menu consisting of three choices – “Getting Started”, “Search”, and “Exit”. Clicking on the “Getting Started” button will open an “on-line” help file that explains various database features. Clicking on the “Search” button will open the database window. In this window, you search for smoking

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<sup>1</sup> Microsoft Access adds approximately 30 megabytes to a regular MS-Office Installation.

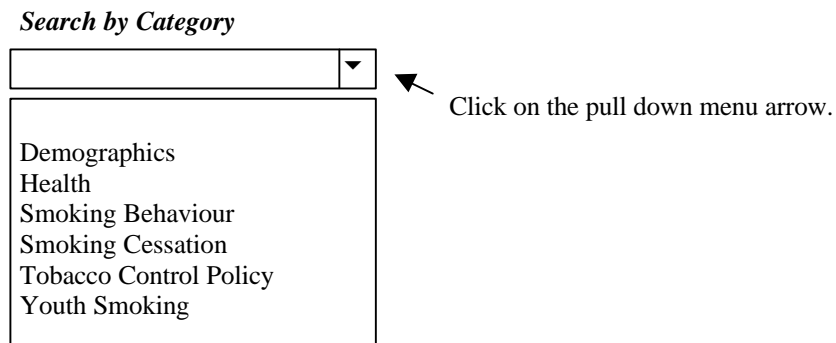
items related to a topic of your choice. Finally, clicking on the “Exit” button closes the database, returning you to the desktop.

### 2.1.1 Key Features

If you are unfamiliar with Microsoft Access, this section describes key database features that will help you to search the database.

#### (a) Pull Down Menus

This database uses pull down menus that enable you to search for smoking items (Figure 1). These pull down menus can be thought of as the database’s search tools. They can be found in the purple section at the top of the main database window and included “Search by Category”, “Search by Keyword”, “Search by Second Keyword”, “Search by Survey”, and “Search by Year”. Clicking on the arrow beside the menu causes a list of items specific to that menu to appear. For example, clicking on the “Search by Category” menu causes a list of six broad categories to appear (Figure 1).



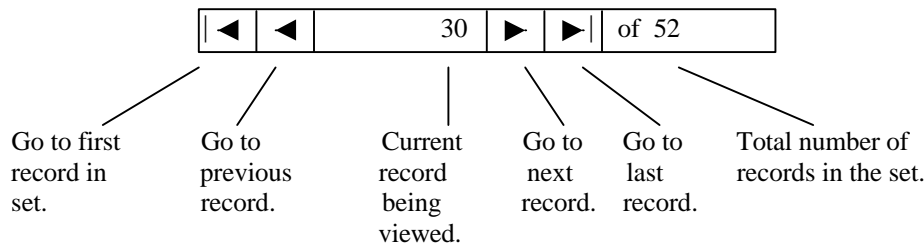
**Figure 1. Example of a pull down menu in the Smoking Surveys Database.**

#### (b) Text Boxes

The text boxes in the database window contain the information you are looking for. Questions and responses for a particular item are listed in their respective text boxes. The survey from which the item arose is also listed in a text box along with the year that the survey was conducted. Finally, keywords associated with a given item are listed in their own text box so that you can find similar items by adding those keywords to your search strategy.

(c) *Record Navigation*

In order to move from one record to the next in a selected set of records, use the Record Navigation Buttons found in the bottom left hand corner of the database window. These buttons allow you to cycle to the previous or to the next record in the set. You can also skip to the very first or the very last record in the set. The record navigation buttons are illustrated in Figure 2.



**Figure 2. The record navigation buttons in the searchable database.**

(d) *Database Operation*

In the upper right hand corner of the database window, you will find the database operation buttons. These buttons are essential features that allow you to select records, print selected records, and begin a new search at any time. There are five key database operation buttons, four of which are found in the database window. These four are listed below.

- The  button is used to “mark” or “select” a record that contains a smoking item of interest.
- The button that displays a picture of a printer is used to print all records that have been marked. When you click this button, a print preview screen is opened allowing you to preview the print job.
- The  button clears *all records* that have been marked for printing. It is important that marked records are cleared before beginning a new search and marking new records. If the old records are not cleared, they will be printed again, along with any newly marked records.

- The  button is used to begin a new search. This button is useful when the “Search by Category”, “Search by Keyword” and “Search by Second Keyword” options have been selected. When this button is pressed, the database clears any search parameters that have been selected and begins a new search.

The fifth database operation button is located in the print preview screen. This button resembles the Microsoft Word icon; you use it when you want to output selected records to a Word document. This allows you to begin constructing a questionnaire without having to retype all of the questions and responses.

### ***3.0 Terms and Definitions***

Terms and definitions used throughout this manual are defined below and then used as necessary. Definitions of smoking status used in the various surveys are *not* defined here but in the following section. Definitions of smoking status are determined by the questions used in the surveys; if you want to use a particular definition of smoking status, for example the definition used in the Youth Smoking Survey, use the questions from YSS that identify smoking status.

**CATI:** computer assisted telephone interviewing

**CMA:** census metropolitan area

**EAS:** enumeration areas

**ENWB:** elimination of non-working banks; a method of random digit dialing

**ETS:** environmental tobacco smoke

**LFS:** the Canadian Labour Force Survey

**N/A:** not available

**population:** the collection of units (or elements) from which a sample may be drawn (Last, 1995). The target population for a survey is the population that the survey is directed towards and to which results are generalized

**response rate:** generally, the number of persons who complete a survey divided by the number of people eligible to complete the survey; expressed as a percentage. Different

methods have been used to calculate response rates for the surveys described in this report

**RDD:** random digit dialing

**sampling:** the process of selecting a number of subjects from all the subjects in a particular group or “universe”. Sample results may only be generalized to the population sampled (Last,1995)

(1) **simple random sample:** a sampling strategy in which every sample of size  $n$  (from a population of size  $N$ ) has the same probability of being selected

(2) **stratified sample:** the population is divided into non-overlapping groups. A simple random sample is then drawn from each of the groups

(3) **systematic sample:** this is *not* a random method of selecting a sample. If a sample of size  $n$  is required and a list of elements<sup>2</sup> to be sampled is available, every  $k^{\text{th}}$  element can be selected. If a random starting point is used, then a systematic sample *is* a random sample

(4) **cluster sample:** sampling units<sup>3</sup> are formed by clusters, or collections, of elements. Clusters are randomly selected

**SES:** socioeconomic status

#### ***4.0 Smoking Items: Sources of Data***

The smoking items contained in this database come from more than 50 national, provincial and regional health and smoking surveys. The earliest of these surveys is the 1977 Survey of Smoking Habits that used the Canadian Labour Force Survey as a vehicle for sampling respondents. In total, the database contains just under 1400 different smoking items. This section lists all the surveys from which the “data” arose and briefly describes each survey.

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<sup>2</sup> an element is an object on which a measurement is taken

<sup>3</sup> nonoverlapping collections of elements

### ***4.1 The Labour Force Survey***

The Canadian Labour Force Survey is a household survey that monitors national labour force trends. It estimates monthly levels of total employment including self-employment, full and part-time employment and unemployment. In addition, it collects a wealth of demographic characteristics describing the working population.

In the past, the Labour Force Survey has been used as a vehicle for other surveys. For example, the 1994 Youth Smoking Survey surveyed youth aged 15-19 who belonged to households participating in the Labour Force Survey. Thus, a review of the Labour Force Survey methodology is warranted.

The Labour Force Survey is a monthly survey of non-institutionalized Canadians aged 15 and older living in the ten provinces. Excluded from this survey are those persons living in the Yukon and Northwest Territories, persons living on Indian Reserves, full-time members of the Canadian Armed Forces and prison inmates (Statistics Canada, 1998)

Essentially, the Labour Force Survey employs a stratified cluster design where each of the ten provinces are divided into strata. Within each stratum, households are grouped into clusters. Clusters of households are sampled; then households within selected clusters are sampled. Once a household has been selected, it is followed for six months. After six months, outgoing households are replaced by households from the same or a similar area. This results in a “five-sixths month-to-month sample overlap, which makes the design efficient for estimating month-to-month changes” (Statistics Canada, 1998). Data are collected during the week containing the 15<sup>th</sup> day of the month.

## ***4.2 Listing of Canadian Health & Smoking Surveys***

The following pages describe 51 different Canadian health and smoking surveys. The descriptions of these surveys are organized as follows:

### **SPONSOR**

The agency that provided financial funding for the survey.

### **DATA COLLECTION**

The agency responsible for data collection.

### **CONTENT**

- key topics covered in the survey

### **METHODOLOGY**

- survey methods including type of survey (national, provincial or regional, AND cross-sectional or longitudinal), data collection methods (personal interview, telephone interview or self-completed survey), target population and sampling strategy

### **SAMPLE SIZE**

- initial sample size
- final sample size
- response rate

### **PREVALENCE OF SMOKING/TOBACCO USE (if available)**

- definitions of smoking/tobacco use
- prevalence rates

## ***Aboriginal Peoples Survey, 1991 (APS)***

### **SPONSOR**

Post Censal Surveys Program, Statistics Canada

### **DATA COLLECTION**

Post Censal Surveys Program, Statistics Canada

### **CONTENT**

- language and tradition; disability; health, lifestyle, and social issues (including eating, drinking, and smoking habits); mobility, schooling, work and related activities

### **METHODOLOGY**

- target population: all persons living in Canada at the time of the 1991 Census who reported (using the 1991 Census long form) Aboriginal origins (i.e. North American Indian, Métis, Inuit or other Aboriginal group) or reported being registered under the *Indian Act* of Canada. Residents of institutions were *excluded* from the APS (Statistics Canada, 1993)
- A representative sample of persons was selected from one of two domains within each province. The first domain consisted of communities that had a high concentration of Aboriginal people. The second domain consisted of the remainder of the province
- participation was voluntary (Statistics Canada, 1993)
- personal interview to collect data
- cross-sectional survey

### **SAMPLE SIZE**

#### *Domain 1*

- Sample size = 91 935
- Interviews completed = 79%
- Refusal = 7%
- Absent = 14% (Statistics Canada, 1993b)

#### *Domain 2*

- Sample size = 43 664
- Interviews completed = 78%
- Refusal = 6%
- Absent = 16% (Statistics Canada, 1993b)

### **PREVALENCE OF SMOKING/TOBACCO USE**

- Of those who identify with an aboriginal group, 44% smoke cigarettes daily
- Of those who identify themselves as Inuit, 63% smoke cigarettes daily (Statistics Canada, 1993)

## *Air Quality Survey, 1994*

### **SPONSOR**

Health Canada

### **DATA COLLECTION**

Health Behaviour Research Group, University of Waterloo

### **CONTENT**

- perceived health status, use of tobacco, attitudes toward smoking and ETS/air quality, impact of smoking on household air quality

### **METHODOLOGY**

- regional survey (Kitchener-Waterloo)
- self-completed survey; bio-monitoring of ETS
- letters sent to approximately 4000 homes. Homes then contacted by telephone to determine eligibility to participate. Only ten percent of the homes which met the eligibility criteria participated in the study
- \$25 payment to participating homes after the first 52 homes were recruited (Labstat Incorporated, 1994)

### **SAMPLE SIZE**

- 4038 letters sent
- 3525 contacted by phone of which 1794 were eligible to participate
- final sample size = 176 *homes*
  - small old homes = 46
  - small new homes = 55
  - large old homes = 45
  - large new homes = 34
  - small home: average number of rooms per house < 6.0
  - large home: average number of rooms per house > 6.5
  - old home: built before 1971
  - new home: built after 1971

### **PREVELENCE OF SMOKING/TOBACCO USE**

**Table 1. Proportion of smokers and non-smokers by gender; Air Quality Survey, 1994.**

Gender	% Smokers (n=164)	% Nonsmokers (n=148)	% Gender (n=312)
Male	53	40	47
Female	47	60	53

(Labstat Incorporated, 1994).

## *Alberta Survey, 1990*

### **SPONSOR**

N/A

### **DATA COLLECTION**

Population Research Laboratory, University of Alberta

### **CONTENT**

- tobacco use, restrictions on smoking, smoking cessation, attitudes and opinions toward smoking and tobacco control policies.

### **METHODOLOGY**

- cross-sectional survey
- target population: Alberta adults age 18+
- provincial telephone survey; personal interview in Edmonton
- RDD for provincial survey
- random sample of household addresses from the 1989 municipal census for the city of Edmonton
- city of Edmonton over-sampled while the rest of the province was under-sampled
- data weighted to restore representativeness of sample

### **SAMPLE SIZE**

- final sample size = 1245
- 75% response rate in Edmonton and Calgary
- 80% response rate in the rest of the province (Krahn & van Roosmalen, 1991)

### **PREVALENCE OF SMOKING/TOBACCO USE**

- *daily* or *regular* smokers = 29.6%
- *occasional* smokers = 5.0%
- *quitters* = 28.8%
- *never smokers* = 36.9%

## *Attitudes Toward Smoking in Brant County, 1994*

### **SPONSOR**

COMMIT To A Healthier Brant (funded by the Health Promotions Branch of the Ontario Ministry of Health)

### **DATA COLLECTION**

Institute for Social Research, York University

### **CONTENT**

- cigarette smoking behaviour; use of other tobacco products (cigars, cigarillos, smokeless tobacco); cessation and attempts to quit; reasons for quitting; attitudes toward smoking, smoking restrictions, and tobacco control policies; changes in work site smoking policies; changes in smoking restrictions in the community

## METHODOLOGY

- regional cross-sectional survey
- target population: residents of Brant County age 18+. Specifically, the areas including Paris, Burford, St. George and Scotland were included as the target. (NOTE: residents of the City of Brantford participated in a similar survey one year earlier)
- CATI
- RDD
- two-stage probability selection processes – (1) selection of households via RDD, (2) random selection of an adult household member (18+) as the respondent (Pollard, 1994)

## SAMPLE SIZE

- completed interviews (final sample size) = 635
- number eligible [(known eligible = completions + refusals + callbacks) + estimated eligible] = 978
- response rate = 64.9% [(number of completions/number of eligibles)\*100]

## PREVALENCE OF SMOKING/TOBACCO USE

- Heavy smoker = smoke at least 25 cigarettes per day
- Light-to-moderate smokers = smoke less than 25 cigarettes per day
- Recent Ex-smokers = quit during the last 5 years
- Long-term Ex-smokers = quit smoking more than 5 years ago
- Never smokers = never smoked more than 100 cigarettes (Pollard, 1994)

**Table 2. Prevalence of smoking (%) in Brant County (excluding the City of Brantford), 1994 (n=635).**

Smoking Status	Prevalence (%)
Heavy smoker	11.3
Light-to-moderate smoker	14.7
Recent ex-smoker	8.5
Long-term ex-smoker	22.2
Never smoker	43.3

- If combine heavy and light-to-moderate smokers, overall prevalence of smoking = 26.0%

## *Attitudes Toward Workplace Smoking Legislation, 1988-1989<sup>4</sup>, 1992-1993*

### **SPONSOR**

Not applicable

### **DATA COLLECTION**

Institute for Social Research, York University

### **CONTENT**

#### *1988-1989 Survey*

- administered before and after the introduction of a workplace smoking bylaw
- pre-bylaw survey: knowledge of workplace smoking policy, attitudes toward those policies, predictions of compliance with increased restriction of workplace smoking, knowledge of upcoming bylaw and its content
- post-bylaw survey: knowledge of existence of workplace smoking policy and its content, attitudes toward bylaw, problems in the implementation of the bylaw, compliance by smokers, changes in workplace and personal smoking behaviour, employer-implemented smoking cessation programs, enforcement (Pederson, Bull, Ashley, Garcia, & Lefcoe, 1993)

#### *1992-1993*

- knowledge about and attitudes toward laws on smoking in the workplace, perceptions of workplace smoking restrictions, impact of workplace restrictions on employee smoking, workplace smoking cessation programs (Ashley, Eakin, Bull, & Pederson, 1997)

### **METHODOLOGY**

- regional cross-sectional survey
- CATI<sup>5</sup>
- target population: residents of Metropolitan Toronto age 18+ who could complete the interview in English, French or Italian
- two stage probability selection process:
  - (1) household selection via RDD
  - (2) random selection of an adult household member to be interviewed

### **SAMPLE SIZE**

#### *1988-1989 survey*

- pre-bylaw survey
  - completed interviews (final sample size) = 1543
  - number eligible = 2257
  - response rate = 68.4%
- post-bylaw survey
  - completed interviews (final sample size) = 1430
  - number eligible = 2287
  - response rate = 62.5% (Pederson, Bull, Ashley, Garcia, Lefcoe, 1993)

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<sup>4</sup> The 1988-1989 survey is entitled *Attitudes Toward Smoking Legislation Survey*.

<sup>5</sup> Approximately 2% of Metro Toronto residents do not have a telephone (Northrup, 1989; Northrup, 1993)

1992-1993

- completed interviews (final sample size) = 1429
- estimated number eligible = 2398
- response rate = 60% (Northrup, 1993)
- response rates calculated as (number of completions/number eligible)\*100

**PREVALENCE OF SMOKING/TOBACCO USE**

1988-1989

- N/A

1992-1993

- Based on 910 respondents (*weighted* frequency) who work outside the home, the following table illustrates the prevalence of smoking in large, branch and small workplaces
- Large workplace defined as more than 50 employees in both the work site and the company
- Small workplace defined as less than 50 employees in both the work site and the company
- Branch workplaces defined as less than 50 employees in the work site but more than 50 employees in the company (Ashley, Eakin, Bull, & Pederson, 1997)

**Table 3. Prevalence of smoking by size of workplace, residents of Metropolitan Toronto aged 18 and older, 1993.**

Smoking Status	Percent in Large Workplaces (n=308)	Percent in Branch Workplaces (n=226)	Percent in Small Workplaces (n=350)
Never smoked	49.4	58.9	50.8
Quit 6 months ago or longer	18.6	12.4	14.0
Quit less than 6 months ago	4.8	3.2	3.8
Smoker	27.3	25.5	31.5

(Ashley, Eakin, Bull, & Pederson, 1997)

## ***Ban on Smoking on School Property, 1996<sup>6</sup>***

### **SPONSOR**

Ontario Ministry of Health

### **DATA COLLECTION**

Institute for Social Research, York University

### **CONTENT**

#### *Health Unit Representatives*

- enforcement of the ban on smoking on school property, perceptions of school support for the ban on smoking on school property, perceptions of problems with students smoking on and off school property

#### *School Representatives*

- problems with implementation of ban on smoking on school property, current smoking situation – students smoking on and off school property, perceptions of effectiveness of ban on smoking on school property, problems associated with smoking off school property, enforcement of the ban, impact of the ban

### **METHODOLOGY**

#### *Health Unit Representatives Survey*

- personal interview (via telephone) with health unit representatives possessing knowledge about efforts being made to enforce the ban on smoking on school property
- target = *all* health units in Ontario (at time of survey, there were 40 health units in Ontario)

#### *School Representatives Survey*

- personal interview with school representatives (usually with vice-principals, less often with principals)
- *Systematic* sample of every third high school in Ontario – only public and Catholic school included. *Excluded* were private high schools, small schools in remote areas, and high schools that are part of military establishments

### **SAMPLE SIZE**

#### *Health Units*

- Of the 40 health units, representatives from 38 units completed the interview

#### *High Schools*

- 230 of 798 high schools in Ontario selected for survey
- representatives from 213 high schools completed interview
- 93% response (Northrup et al, 1996)

### **PREVALENCE OF SMOKING/TOBACCO USE**

- Not applicable

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<sup>6</sup> Consists of two surveys (1) Health Unit Representatives and (2) School Representatives

## ***Campbell's Survey on Well-being in Canada, 1988***

### **SPONSOR**

Fitness and Amateur Sport, Health and Welfare Canada; Canadian Fitness and Lifestyle Research Institute

### **DATA COLLECTION**

Canadian Fitness and Lifestyle Research Institute

### **CONTENT**

- lifestyle including tobacco use, physical activity or leisure time activity, opinions about vigorous physical activity, nutrition, health and well-being

### **METHODOLOGY**

- longitudinal follow-up of the 1981 Canada Fitness Survey (CFS)
- survey covers all regions as in the 1981 CFS and represents the Canadian household population (Stephens & Craig, 1990)
- data collected by questionnaire and a standardized fitness test

### **SAMPLE SIZE**

- ~ 4000 individuals (Stephens & Craig, 1990)

### **PREVALENCE OF SMOKING/TOBACCO USE**

- 28% of Canadians *aged 10 and older* smoked cigarettes in 1988
- 22% were *former* smokers. Half of these quit since the 1981 CFS.
- Males more likely than females to smoke for all age groups *except* for 15-19 year olds where 20% of *males* smoked and 23% of *females* smoked (Stephens & Craig, 1990)
- Among every age group, there is an inverse relationship between activity level and the likelihood of being a *current* smoker (Stephens & Craig, 1990)

## ***Canada Fitness Survey, 1981 (CFS)***

### **SPONSOR**

Fitness and Amateur Sport, Health and Welfare Canada; Canadian Fitness and Lifestyle Research Institute

### **DATA COLLECTION**

Canadian Fitness and Lifestyle Research Institute

### **CONTENT**

- daily activities, physical activity, tobacco and alcohol use, eating habits, physical measures on some respondents (Kendall, Lipskie, & MacEachern, 1997)

### **METHODOLOGY**

- national cross-sectional survey
- target population: persons age 10+ *excluding* residents of the Yukon and Northwest territories and institutionalized persons (Stephens, 1983)
- data collected via fitness tests (targeted persons between 7 and 69 years of age) and self-completed questionnaires

## **SAMPLE SIZE**

- approximately 13 500 *households* identified by Statistics Canada; 88% (~11 900) agreed to participate
- approximately 31 000 *persons* eligible to participate; 77% (~23 500) agreed to do so
- fitness tests completed by approximately 16 000 persons
- approximately 22 000 persons completed a questionnaire

## **PREVALENCE OF SMOKING/TOBACCO USE**

*Definitions of Physical Activity* (leisure time activities only – i.e. the following definitions do not include manual labour, housework or physical education for students)

- active: average 3 or more hours of physical activity per week for at least 9 months per year (56% of Canadians aged 10 and older are active)
- moderately active: less than 3 hours of physical activity per week for at least 9 months per year OR average 3 or more hours of physical activity per week for less than 9 months per year (31% of Canadians aged 10 and older are moderately active)
- sedentary: less than 3 hours of physical activity per week for less than 9 months per year (11% of Canadians aged 10 and older are sedentary) (Stephens, 1983)
- of *active* Canadians, 37% smoked
- of *moderately active* Canadians, 44% smoked
- of *sedentary* Canadians, 42% smoked
- *overall*, 40% of Canadians smoked (Stephens, 1983)

## ***Canada Health Attitudes and Behaviours Survey, 1984-1985***

### **SPONSOR**

Health and Welfare Canada

### **DATA COLLECTION**

Social Program Evaluation Group, Queen's University

### **CONTENT**

- nutrition; leisure-time activities; health attitudes and behaviours; alcohol, drugs and tobacco (grades 7 and 10 surveys only); height and weight (grades 7 and 10 surveys only)

### **METHODOLOGY**

- national cross-sectional survey
- self-completed survey
- target population: 9, 12, and 15 year olds from the 10 provinces and 2 territories. Excluded from the target population were private schools, special education/remedial classes, and very small schools (except in the territories) where the grade enrollment would not reach 20 students
- survey was administered to classrooms (i.e. grades 4, 7, and 10 since the average age of students would be very close to 9, 12, and 15 years respectively (King AJC, Robertson AS, & Warren WK, 1985)
- data weighted to maintain representative estimates
- sampling information not available (King AJC, Robertson AS, & Warren WK, 1985)

## **SAMPLE SIZE**

- grade 4 = 10 833
- grade 7 = 11 291
- grade 10 = 10 987
- overall = 33 111
- response rate = 99% (King, Robertson, & Warren, 1985)

## **PREVALENCE OF SMOKING/TOBACCO USE**

- data for grades 7 and 10 students only
- 11% of *grade 7* students reported that they smoked cigarettes
- 26.3% of *grade 10* students reported that they smoked cigarettes
- 5.6% of grade 4 students reported that *they will probably smoke in the future* (King et al, 1985)

## ***Canada Health Survey, 1978-1979 (CHS)***

### **SPONSOR**

Health and Welfare Canada; Statistics Canada

### **DATA COLLECTION**

Statistics Canada; Victorian Order of Nurses (*Physical Measures Questionnaire*)

### **CONTENT**

#### *Physical Measures Questionnaire*

- physical measurements including blood pressure, cardio-respiratory fitness, height, weight and skinfold on persons aged 2 and older

#### *Interviewer Administered Questionnaire* (personal interview)

- health care utilization; accidents; drug use; activity limitation; dental, hearing and vision; chronic health problems

#### *Lifestyle and Your Health Questionnaire* (self-completed questionnaire)

- health status, family history, physical activities, alcohol use, tobacco use, transportation, demographics

### **METHODOLOGY**

- national cross-sectional survey
- target population:
  - *Lifestyle and Your Health Questionnaire* – all persons 15 years of age and older *excluding* residents of the Yukon and Northwest Territories, residents of Indian reserves and remote areas, and residents of institutions
  - *Physical Measures Questionnaire* target population: persons age 2+
- stratified sampling technique used (Health and Welfare Canada & Statistics Canada, 1981)
- households formed the sampling units

### **SAMPLE SIZE**

- final sample size for the *Lifestyle and Your Health Questionnaire* = 23 791

## **PREVALENCE OF SMOKING/TOBACCO USE**

- data on tobacco use collected from individuals aged 15 and older on *the Lifestyle and Your Health Questionnaire* of the Canada Health Survey (Health and Welfare Canada & Statistics Canada, 1981)
- *current daily* smokers = 37%
- *current occasional (non-daily)* smokers = 3%
- *former* smokers (used to smoke, but currently does *not* smoke) = 23%
- *never* smokers = 31%
- highest rate of daily smoking in the *20-24 age group* = 47%
- 43.8% of *males* were smokers
- 35.8% of *females* were smokers
- 40% of males and 40% of females *aged 15-24* reported smoking *daily*. However, in the older age groups, a higher proportion of males were smokers (Health and Welfare Canada & Statistics Canada, 1981)

## ***Canada's Alcohol and Other Drugs Survey, 1994 (CADS)***

### **SPONSOR**

Population Health and Issues Directorate, Health Canada

### **DATA COLLECTION**

Special Surveys Division, Statistics Canada

### **CONTENT**

- alcohol policy, health status, employment, tobacco consumption, alcohol consumption, reasons for drinking or not drinking, effects of person's own drinking, use of prescription medications and illicit drugs

### **METHODOLOGY**

- national cross-sectional telephone survey
- CATI
- target population: non-institutionalized persons 15+; residents of the Yukon and Northwest Territories were surveyed in a second phase in 1995 and 1996
- stratified design
- RDD using ENWB
- one household member selected at random
- data weighted to obtain population estimates

### **SAMPLE SIZE**

- initial number of households contacted = 16 082
- final sample size = 12 155
- response rate = 75.6% [(number households contacted/final sample size)\*100]

## **PREVALENCE OF SMOKING/TOBACCO USE**

- *current* smoker: an individual who smoked cigarettes at the time of the survey
- *former* smoker: an individual who smoked cigarettes at some time but were not smoking at the time of the survey
- *never* smoker: a person who had never used tobacco.
- *current* = 27.0%
- *former* = 26.3%

- *never* = 45.5%
- 28.8% of *males* were smokers
- 25.7% of *females* were smokers (MacNeil & Webster, 1997)

### ***Canadian Blood Pressure Survey, 1985 (Hypertension Awareness Survey)***

#### **SPONSOR**

Health Promotion Directorate, Health and Welfare Canada

#### **DATA COLLECTION**

Victorian Order of Nurses (Registered Nurses from Community Health Centres and Laval University School of Nursing in Quebec)

#### **CONTENT**

- public knowledge of hypertension (including its causes and symptoms, treatment and control), hypertension screening approaches, risk factors for CVD (including use of food items related to hypertension, smoking habits, and being overweight), demographics, two blood pressure readings

#### **METHODOLOGY**

- national cross-sectional survey via personal interview
- target population: non-institutionalized individuals from the ten provinces age 18+. Those living in remote areas and those who spoke neither French nor English were excluded.
- stratified three-stage area sampling from approximately 40 000 EAS
- three strata within each province:
  - (1) selected metropolitan areas
  - (2) urban areas
  - (3) rural areas
- simple random sample selected from each target list of households in the EAS
- data weighted to provide national estimates (Canadian Heart Health Database Centre, 1997)

#### **SAMPLE SIZE**

- 2124 randomly selected households
- household response rate = 75%
- number of eligible individuals contacted = 3491
- final sample size = 3092
- response rate = 89% [(final sample size/number of eligible individuals contacted)\*100] (Health and Welfare Canada, 1989)

#### **PREVALENCE OF SMOKING/TOBACCO USE**

- *current* smoker: presently smokes one or more cigarettes daily
- *past* smoker: reports having smoked at least one cigarette a day
- *never* smoker: reports never having smoked cigarettes (Canadian Heart Health Database Centre, 1997)
- *current* smoker = 32.0%
- *past* smoker = 24.7%
- *never* smoker = 42.6% (Canadian Heart Health Database Centre, 1997)

- at all age groups (18-44, 45-64, and >65 years), a higher proportion of males smoked compared to females (Health and Welfare Canada, 1989)

### ***Canadian Heart Health Initiative<sup>7</sup>, 1986-1992 (CHHI)***

#### **SPONSOR**

Conference of Principal Investigators of Provincial Heart Health Programs; Provincial Departments of Health; Health Canada; with the collaboration of Heart and Stroke Foundation Offices

#### **DATA COLLECTION**

Provincial Departments of Health

#### **CONTENT**

- knowledge about heart disease risk factors; personal risk factors including alcohol use, smoking, diabetes, salt and fat consumption, plasma cholesterol and physical activity levels; attitudes and opinions on heart related issues; physical measurements including blood pressure & plasma cholesterol

#### **METHODOLOGY**

- provincial cross-sectional survey
- personal interview and physical measurements
- target population: people age 18-74. In all provinces *except Manitoba* people living in Indian reserves, military camps and institutions were *not included* (MacLean, et al, 1992)
- persons in younger age groups (18-34 years and 35-64 years) were over-sampled compared to the older age group (65-74 years) to obtain estimates of prevalence of risk factors with equal reliability (Canadian Heart Health Database Centre, 1997)
- stratified, multistage probability sample – independent samples selected in each province (CHHI database)
- data weighted

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<sup>7</sup> Includes:

- (1) *Nova Scotia Heart Health Study, 1986*
- (2) *Atlantic Heart Health Survey (NB, PEI, NFLD), 1989*
- (3) *British Columbia Heart Health Survey, 1989*
- (4) *Alberta Heart Health Survey, 1990*
- (5) *Manitoba Heart Health Project, 1990*
- (6) *Quebec Heart Health and Nutrition Survey, 1990*
- (7) *Saskatchewan Heart Health Survey, 1990*
- (8) *Ontario Heart Health Survey, 1990*

## SAMPLE SIZE

**Table 4. Sample sizes and response rates from the Canadian provincial heart health surveys, 1986-1992.**

Survey	Initial Sample Size <sup>a</sup>	Number of Persons Located	Final Sample Size <sup>b</sup>	Response Rate (%) <sup>c</sup>
Nova Scotia Heart Health Survey	4302	2735	2108	77.1
Atlantic Heart Health Survey				
(a) NB	(a) 3867	(a) 2737	(a) 2093	(a) 76.5
(b) PEI	(b) 2711	(b) 2318	(b) 2088	(b) 90.1
(c) NFLD	(c) 4865	(c) 3185	(c) 2394	(c) 75.2
British Columbia Heart Health Survey	5195	2960	2394	80.9
Alberta Heart Health Survey	3436	2739	2237	81.7
Manitoba Heart Health Project	4054	3597	2766	76.9
Quebec Heart Health and Nutrition Survey	3792	3052	2353	77.1
Saskatchewan Heart Health Survey	3895	2893	2158	74.6
Ontario Heart Health Survey	5817	3639	2538	69.7

<sup>a</sup> Initial Sample Size = number of persons randomly sampled

<sup>b</sup> Final Sample Size = number of persons who completed a survey

<sup>c</sup> Response Rate =  $\frac{\text{Number of persons located}}{\text{Final Sample Size}} \times 100$

Final Sample Size

## PREVALENCE OF SMOKING/TOBACCO USE

**Table 5. Prevalence of cigarette smoking in Canada among 18-74 year olds; provincial data, 1986-1992 (Canadian Heart Health Database Centre, 1997).**

	Prevalence <sup>8</sup> of Regular Smoking (%)
British Columbia	25
Alberta	27
Saskatchewan	24
Manitoba	25
Ontario	23
Quebec	32
New Brunswick	31
Nova Scotia	33
Prince Edward Island	29
Newfoundland	35

<sup>8</sup> These prevalence rates are not age-sex standardized; furthermore, they are estimated from different time periods – the earliest in 1986 (Nova Scotia) and the most recent in 1992 (Ontario). Therefore, they may not be directly comparable to one another due to secular trends.

## *Community Intervention Survey, 1992, 1993, 1994*

### **SPONSOR**

Addiction Research Foundation

### **DATA COLLECTION**

Institute for Social Research, York University

### **CONTENT**

- use and availability of alcohol and tobacco, policy regarding alcohol and tobacco products, attitudes toward acceptable amount of alcohol and tobacco use, effects of other people's drinking on respondents, respondents' use of alcohol and tobacco

### **METHODOLOGY**

- regional cross-sectional telephone survey
- target population: adult population, 18+, residing in private homes in Sudbury, Peterborough, and Kingston who could speak either English or French
- two stage probability selection: (1) random selection of telephone numbers and (2) random selection of one eligible respondent in the household
- RDD; CATI
- data weighted

### **SAMPLE SIZE**

**Table 6. Sample size and response rates for the Community Intervention Survey, 1992.**

	<b>Sudbury</b>	<b>Peterborough</b>	<b>Kingston</b>	<b>Total</b>
Estimated number eligible	1652	1626	1531	4809
Number of completed interviews	1040	1058	993	3091
Response rate*	63%	65%	65%	64%

(Northrup, 1992)

\*Response rate = (number of completed interviews/estimated number eligible)\*100

**Table 7. Sample size and response rates for the Community Intervention Survey, 1993.**

	<b>Sudbury</b>	<b>Peterborough</b>	<b>Kingston</b>	<b>Total</b>
Estimated number eligible	1471	1603	1504	4580
Number of completed interviews	1003	1030	1010	3043
Response rate*	68%	64%	67%	66%

(Northrup, 1993)

\*Response rate = (number of completed interviews/estimated number eligible)\*100

**Table 8. Sample size and response rates for the Community Intervention Survey, 1994.**

	Sudbury	Peterborough	Kingston	Total
Estimated number eligible	1574	1575	1497	4809
Number of completed interviews	1050	1051	1017	3091
Response rate*	67%	67%	68%	67%

(Northrup, 1994)

\*Response rate = (number of completed interviews/estimated number eligible)\*100

### **PREVALENCE OF SMOKING/TOBACCO USE**

- N/A

### ***Cultural Factors in Tobacco Use Among Ethnic Groups in Toronto, 1996<sup>9</sup>***

#### **SPONSOR**

Carried out by the Ontario Tobacco Research Unit, funded by an NHRDP grant

#### **DATA COLLECTION**

Institute for Social Research, York University

#### **CONTENT**

- patterns of tobacco use, reasons for and methods of quitting smoking, acceptability of tobacco use, advice from health professionals, effects of tobacco smoke, ETS, policies and regulations about tobacco use, immigration experiences and acculturation

#### **METHODOLOGY**

- regional cross-sectional survey
- CATI
- target population: Chinese and Arabic immigrants to Canada who were at least 12 years old when they immigrated and were at least 18 at the time of the survey
- surnames used to identify members of the two cultural groups of interest (this excludes members who have changed their name and members of the group who have a surname that is not common to that group)
- this method less expensive than true probability samples (Ferrence, Brewster, Edwards, Joseph & Northrup, 1996)
- data were not weighted

#### **SAMPLE SIZE**

- number of completed interviews = 932
- Arabic group, n = 482
- Chinese group, n = 450
- response rate = 70% [(completed interviews/estimated number eligible)\*100]
- smokers were selected whenever possible; since men more likely to smoke than women, this resulted in an over-representation of men in both the Arabic and Chinese group (Ferrence et al, 1996)

<sup>9</sup> This study also contained to parts – a telephone survey and focus group research.

## **PREVALENCE OF SMOKING/TOBACCO USE**

- current smoking: any smoking, whether daily or less than daily
- current smoking among Arabic respondents = 29%
- 29% of males currently smoke
- 28% of females currently smoke
- current smoking among Chinese respondents = 14%
- 23% of Chinese men smoke
- 4% of Chinese women smoke
- note: true prevalence probably lower since smokers were over-sampled (Ferrence et al, 1996)

## ***General Social Survey, Cycle 1, 1985 (GSS)***

### **SPONSOR**

Statistics Canada

### **DATA COLLECTION**

Housing, Family and Social Statistics Division, Statistics Canada

### **CONTENT**

- in general, the General Social Survey has three main components – Core, Focus, and Classification
- Core content: monitors long-term social trends
  - Core content includes health, time use, work and education, family and social support, and personal risk. Each cycle of the GSS covers a different core topic. The 1985 cycle covered health including activity limitation, well-being, chronic health problems, smoking, alcohol use, physical activity
- Focus content: provides information on a specific policy issue or social problem.
  - In the 1985 cycle of the GSS, focus content concentrated on social support and the elderly
- Classification content: demographic information

### **METHODOLOGY**

- national cross-sectional telephone survey
- target population: all persons age 15+ living in the ten provinces *excluding* full-time residents of institutions
- RDD to sample persons age 15-64 (less than 3% of households did not have a telephone at this time (Statistics Canada, 1987))
- personal interview used for persons age 65 and older. Persons in this age group were selected from those previously surveyed for the Labour Force Survey

### **SAMPLE SIZE**

- initial sample size = 13 295
- non-response = 2095
- final sample size = 11 200
- response rate = 84.2% (Statistics Canada, 1987)

## **PREVALENCE OF SMOKING/TOBACCO USE**

- *regular* smoker: reports smoking daily
- *regular pipe, cigar and cigarillo* smokers: report smoking these tobacco products daily but *do not* smoke cigarettes daily
- *occasional* cigarette smokers: do not smoke *cigarettes* every day
- *former* smokers: used to smoke daily but do not currently smoke
- *never* smokers: have never smoked cigarettes daily
- former smokers and never smokers are grouped to form *non-smokers* (Statistics Canada, 1987)
- *regular* smokers = 30%
- *occasional* smokers = 4%
- *current* smokers = 34%
- *former* smokers = 21%
- *never* smokers = 42%
- *daily pipe, cigar, and cigarillo* smokers = 1%
- 33% of *males* were regular smokers
- 28% of *females* were regular smokers

## ***General Social Survey, Cycle 6, 1991 (GSS)***

### **SPONSOR**

Statistics Canada

### **DATA COLLECTION**

Housing, Family and Social Statistics Division, Statistics Canada

### **CONTENT**

- Core content: health (same as Cycle 1, 1985)
- Focus content: flu vaccinations, job benefits, old age and disability income, measures of emotional health
- Classification content: demographics

### **METHODOLOGY**

- see Cycle 1, 1985
- NOTE: less than 2% of Canadian households did not have a telephone in 1991 (Statistics Canada, 1994)

### **SAMPLE SIZE**

- initial sample size (households) = 14 875
- non-response (households) = 2146
- final sample size (persons) = 11 924
- response rate = 80% [(final sample size/initial sample size)\*100]

## **PREVALENCE OF SMOKING/TOBACCO USE**

- *regular* smokers: report smoking at least one cigarette per day
- *occasional* smokers: do not smoke daily
- *current* smokers: regular and occasional smokers combined
- *former* smokers: report not smoking at the present time but used to smoke cigarettes daily

- *never smoked daily*: report having never smoked daily, but may have at one point in time been occasional smokers (Statistics Canada, 1994)
- *regular* smokers = 26%
- *occasional* smokers = 5%
- *current* smokers = 31%
- *former* smokers = 23%
- *never smoked daily* = 45%
- 26% of *males* and 26% of *females* reported smoking *regularly*
- for Canadians aged 15 to 19, 20% of *males* smoked (regular + occasional) while 26% of *females* smoked (regular + occasional)

### ***General Social Survey, Cycle 10, 1995 (GSS)***

#### **SPONSOR**

Statistics Canada

#### **DATA COLLECTION**

Housing, Family, and Social Statistics Division, Statistics Canada

#### **CONTENT**

- family origins, brothers and sisters, values and attitudes, children, fertility intentions, marriages, common law partnerships, paid and unpaid work, work interruptions, environmental tobacco smoke, demographics

#### **METHODOLOGY**

- national cross-sectional survey
- target population: all persons age 15+ living in the ten provinces, *excluding* institutionalized persons
- RDD; CATI
- upon contact of a private household, basic demographic data collected and one household member selected at random. Proxy interviews not allowed.

#### **SAMPLE SIZE**

- final sample size = 10 749 including an additional sample of 1250 respondents from Quebec
- response rate = 81.1% (Statistics Canada, 1995b)

#### **PREVALENCE OF SMOKING/TOBACCO USE**

- not yet available

## *General Social Survey, Cycle 11, 1996 (GSS)*

### **SPONSOR**

Statistics Canada

### **DATA COLLECTION**

Housing, Family and Social Statistics Division, Statistics Canada.

### **CONTENT**

- day to day help and unmet needs, impact of day to day help, paid and unpaid work, health indicators and tobacco use, demographics
- Core content: social support (replaced health since the introduction of the National Population Health Survey)
- Focus content: tobacco use (sponsored by Health Canada) (Statistics Canada, 1996)
- Classification content: demographics

### **METHODOLOGY**

- Same as Cycle 10, 1995

### **SAMPLE SIZE**

- final sample size = 12 756 (includes an over-sample of approximately 1250 seniors aged 65 and older and an over-sample of 700 seniors from Quebec)
- response rate = 85.3%

### **PREVALENCE OF SMOKING/TOBACCO USE**

- not yet available

## *Health and Activity Limitation Survey, 1991 (HALS)*

### **SPONSOR**

Post Censal Surveys Division, Statistics Canada

### **DATA COLLECTION**

Statistics Canada

### **CONTENT**

- technical aids and services, everyday activities, education, employment, transportation, accommodation, recreation and lifestyles including smoking and drinking

### **METHODOLOGY**

- national cross-sectional survey
- target population: all persons with a physical or psychological disability living in Canada at the time of the 1991 Census; residents of the Yukon and Northwest Territories were *included* in this survey
- the 1991 survey consists of two components – a household survey and an institutions survey

#### *Household Survey*

- two questions from the 1991 Census (long form) were used to identify persons with disabilities. (NOTE: the long Census form is distributed to 20% of the Canadian population). A person who answered “Yes” to either “Is this person limited in the kind or amount of activity that he/she can do because of a long-term physical

condition, mental condition or health problem?” or “Does this person have any **long term** disabilities or handicaps?”

- about 35 000 persons with disabilities identified; 20% proved to have no disability according to HALS criteria. Also, a sample of persons who reported having no disability was made (about 113 000). Of these, 5% did have a disability according to HALS criteria (Statistics Canada, 1994)
- interviews conducted by telephone except for some special cases where interviews conducted in person

#### *Institutions Survey*

- six types of institutions included in HALS: nursing homes, residences for senior citizens, hospitals, chronic care hospitals, psychiatric institutions and treatment centres and institutions for the physically handicapped
- institutions grouped by size: small, medium, and large (however, these definitions differed provincially)
- maximum sample of 5 residents from small institutions, 10 from medium-sized institutions, and 30 from large institutions (Statistics Canada, HALS 1991 User’s Guide)
- personal interview with selected individual unless, due to their conditions, the selected person could not carry out the interview. In this case, interviews were conducted with the assistance of institutional staff or next-of-kin

#### **SAMPLE SIZE**

##### *Household Survey*

- persons with disabilities = 35 575
- persons without disabilities = 113 275
- response rate = 87% (Statistics Canada, HALS 1991 User’s Guide)

##### *Institutions Survey*

- residents of institutions = approximately 10 000
- response rate = 96% (Statistics Canada, HALS 1991 User’s Guide)

#### **PREVALENCE OF SMOKING/TOBACCO USE**

- overall smoking prevalence among working age adults *with disabilities* = 35%
- prevalence of working age adults with disabilities who smoke *daily* = 31% (Statistics Canada, 1994)

### ***Health and Welfare Employee Smoking Survey, 1986***

#### **SPONSOR**

Not applicable

#### **DATA COLLECTION**

Health and Welfare Canada

#### **CONTENT**

- tobacco use, smoking behaviour, attitudes and opinions toward smoking in the workplace, the extent to which individuals are bothered by smoking in the workplace

#### **METHODOLOGY**

- “in-house” survey of Health and Welfare Canada employees; self-completed survey

- Sampling techniques *were not used*. Survey given to all Health and Welfare employees. (Millar, 1986)

#### **SAMPLE SIZE**

- 4177 questionnaires distributed
- 2570 returned
- response rate = 62% (a small proportion of returns not processed, reducing the response rate to 60%) (Millar, 1986)

#### **PREVALENCE OF SMOKING/TOBACCO USE**

- Smoking status based upon self-report; those who responded “never smoked” and “used to smoke” were classified as *nonsmokers* while those who reported that they currently smoke were classified as *current* smokers.
- *never* smokers = 40%
- *former* smokers = 32%
- *nonsmokers* = 72% (Millar, 1986)

### ***Health Promotion Survey, 1985, 1990 (HPS)***

#### **SPONSOR**

Health Promotion Directorate, Health and Welfare Canada

#### **DATA COLLECTION**

Special Surveys Division, Statistics Canada

#### **CONTENT**

*1985*

- health status, health knowledge, attitudes and beliefs, smoking, alcohol use, drug use, preventive practices, safety practices, nutrition, exercise

*1990*

- health status, supports for health, social relationships, worker health, environment, smoking, alcohol use, drug use, nutrition, exercise, prevention practices, safety, sexual health, dental health practices, health behaviours and intentions

#### **METHODOLOGY**

*1985*

- national cross-sectional telephone survey
- target population: all non-institutionalized persons living in Canada age 15+, *excluding* residents of the Northwest Territories
- RDD (Waksberg-Mitofsky method); one household member selected at random
- data weighted to obtain national estimates
- in 1985, 3% of Canadian households did not have a telephone (Health and Welfare Canada, 1988)

*1990*

- national cross-sectional telephone survey
- target population: all non-institutionalized persons age 15+ *excluding* residents of the Yukon and Northwest Territories
- stratified design

- RDD using:
  - (1) the Waksberg method in Prince Edward Island and the non-Census Metropolitan Area of Quebec
  - (2) ENWB for the other provinces
- one household member selected at random
- data weighted to obtain national estimates
- at the time of the survey, less than 3% of Canadian households did not have a telephone (Health and Welfare Canada, 1993)

### **SAMPLE SIZE**

1985

- initial number of households contacted = 13 649
- final sample size = 11 181
- response rate = 81.9% [(initial number of households contacted/final sample size)\*100]

1990

- initial number of household contacted = 17 728
- final sample size = 13 792
- response rate = 77.8% [(initial number of households contacted/final sample size)\*100]

### **PREVALENCE OF SMOKING/TOBACCO USE**

1985

- *smoker*: someone who smokes at the present time
  - *regular smokers*: report smoking everyday (usually)
  - *occasional smokers*: do not smoke every day
- *overall prevalence* of smoking equals the sum of the prevalence of regular and occasional smokers.
- *regular* = 30.1%
- *occasional* = 3.7%
- 35.6% of *males* were smokers
- 32.1% of *females* were smokers
- *overall* = 33.8% (Health and Welfare Canada, 1988)

1990

- *regular smoker*: reports having *ever* smoked, was *currently* smoking AND reported smoking on a daily basis
- *occasional smoker*: reports having *ever* smoked, reports *currently* smoking *but does not* smoke on a daily basis
- *overall prevalence* of smoking equals the sum of the prevalence of regular and occasional smokers.
- *regular* = 28%
- *occasional* = 1%
- 31% of *males* were smokers
- 28% of *females* were smokers
- *overall prevalence* = 29% (Health and Welfare Canada, 1993)

## ***National Alcohol and Drug Survey, 1989 (NADS)***

### **SPONSOR**

Health Promotion Directorate, Health and Welfare Canada

### **DATA COLLECTION**

Special Surveys Division, Statistics Canada

### **CONTENT**

- use of alcohol, tobacco, illicit drugs and psychopharmaceuticals; patterns and contexts of drinking; reasons for drinking or not drinking; attitudes toward alcohol policy; attitudes toward the consequences of alcohol and drug use

### **METHODOLOGY**

- national cross-sectional telephone survey
- target population: all non-institutionalized persons age 15+ *except* residents of the Yukon and Northwest Territories
- stratified design
- two RDD methods were employed: (1) ENWB for Newfoundland, Nova Scotia, Ontario and Alberta and (2) Waksberg method for the rest of the provinces
- one household member selected at random
- data weighted to obtain national estimates
- at the time of the survey, 2% of Canadian households did not have a telephone (Health and Welfare Canada, 1992)

### **SAMPLE SIZE**

- initial number of households contacted = 14 791
- final sample size = 11 634
- response rate = 78.7% [(number of households contacted/final sample size)\*100]

### **PREVALENCE OF SMOKING/TOBACCO USE**

- *current* smokers: smoked cigarettes at the time of the survey
- *former* smokers: smoked cigarettes at some time in their lives but were not smoking at the time of the survey
- *never* smokers: lifetime nonsmokers
- *current* = 32% (Ninety-nine percent of all current smokers smoke on a daily or regular basis)
- *former* = 26%
- *never* = 42%
- 33% of *males* were smokers
- 31% of *females* were smokers (Health and Welfare Canada, 1992)

## *National Longitudinal Survey of Children, 1994-1995 (NLSC)<sup>10</sup>*

### **SPONSOR**

Human Resources Development Canada; Statistics Canada

### **DATA COLLECTION**

Statistics Canada

### **CONTENT**

- child health, temperament, education, medical history (including pre- and post-natal for young children as well as maternal health during pregnancy), behaviour, motor and social development, parenting, family & custody history, child care
- 10-11 year olds only: family relationships, attitudes toward school (child's and child's perceptions of parental attitudes), self-esteem, feelings & behaviour, puberty, smoking, drinking, drug use, leisure time activities

### **METHODOLOGY**

- national survey; cross-sectional and longitudinal components
- the 1994 cycle yields only cross-sectional data since it is the first cycle; longitudinal estimates begin with the 1996 cycle
- three components:
  - (1) main component: data collection in the provinces only
  - (2) integrated component: data collection in the provinces (jointly with the National Population Health Survey)
  - (3) territories' component: data collection in the Yukon and Northwest Territories (jointly with the National Population Health Survey)
- target population: Canadian children newborn to age 11 (with the intent of following them into adulthood). Children living in institutions and on Indian Reserves were *excluded*.
- NLSC uses the Labour Force Survey sampling frame
- a cluster sample was used to sample children newborn through age 11
- initial sample followed to adulthood
- in subsequent cycles, the sample will be updated to cover children no longer present in the lower age groups of the longitudinal survey (Human Resources Development Canada & Statistics Canada, 1998)

### **SAMPLE SIZE**

- 13 439 responding *households*
- final sample size = 22 831
- response rate: N/A

### **PREVALENCE OF SMOKING/TOBACCO USE**

- N/A

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<sup>10</sup> In 1996, this survey was renamed to the National Longitudinal Survey of Children and Youth (NLSCY).

## ***National Population Health Survey, 1994-1995, 1996-1997 (NPHS)***

### **SPONSOR**

Health Statistics Division, Statistics Canada

### **DATA COLLECTION**

Statistics Canada

### **CONTENT**

#### *1994-1995*

- general health, preventive health practices, smoking and alcohol use, drug use, leisure time activities, work-related physical activity, injuries, stress (including childhood and adult stressors, work stressors), life events, self-esteem, health status, mental health, social support

#### *1996-1997*

- general health, access to health services, health status, leisure time activities, work-related physical activity, tanning and UV exposure (Alberta only), injuries (including repetitive strain injuries), prescription and medicinal drug use, smoking (including smoking habits and attitudes toward tobacco control policy), alcohol use and dependence, mental health, social support, attitudes towards parents (Alberta only), sexual health (Alberta only), road safety, violence/personal safety (Alberta only), coping (Alberta only), child health, child chronic conditions, child health status

### **METHODOLOGY**

#### *1994-1995*

- target population: household residents of all provinces age 12+. Persons living on Indian Reserves, Canadian Forces Bases and some remote areas of Ontario and Quebec were *excluded* from the survey
- separate surveys conducted in the Yukon and Northwest Territories
- national longitudinal survey
- non-random sampling technique used; a rejective technique was used to increase the representativeness of the panel
- rejective approach identified a portion of the sample household for screening then dropped those that did not have any members under 25 years of age
- multi-stage stratified sample of dwellings selected within clusters. Each province is divided into Major Urban Centres, Urban Towns and Rural Areas. Separate geographic and/or socio-economic strata are formed. Then, six clusters (usually Census Enumeration Areas) are selected with probability proportional to size.
- personal interview and telephone interview
- CAI (computer assisted interviewing)

#### *1996-1997*

- recontact of individuals surveyed in 1994-1995 (Statistics Canada, 1999a)

### **SAMPLE SIZE**

- final sample size of 26 430 households; 17 276 individuals (Statistics Canada, 1999a)
- response rate = 88% of households (Statistics Canada, 1995a)

### **PREVALENCE OF SMOKING/TOBACCO USE**

- 31% of Canadians over 15 years of age were *smokers*
- 25% of Canadians smoked *daily* while 5% smoked *occasionally*

- 33% of *males* smoked compared to 29% of *females*; this difference held at all ages except in the 15 to 19 age group where 28% of *males* smoked compared to 30% of *females* (Statistics Canada, 1995a)

**Table 9. Prevalence of daily smokers in the population by age and sex, NPHS, 1996-1997.**

	12-19 (%)	20-44 (%)	40-65 (%)	65+ (%)
Males	14.9	31.7	25.2	16.3
Females	16.6	26.2	20.6	11.1
Total	15.8	28.9	22.9	13.3

(Source: Statistics Canada, 1999b).

### *Northwest Territories School Tobacco Survey, 1982, 1987, 1993*

#### **SPONSOR**

Health and Welfare Canada (1982, 1987); Northwest Territories Department of Health (1993)

#### **DATA COLLECTION**

Northwest Territories Department of Health

#### **CONTENT**

- cigarette use, use of chewing tobacco, use of snuff, access to tobacco products, selected health attitudes

#### **METHODOLOGY**

*1993 only*

- target population: students in grades 4 to 12 (or age 10-19) in schools in the Northwest Territories (although some schools administered the survey to students younger than 10 years of age)
- self-completed questionnaire administered in classrooms (Millar & Tremblay, 1995)

#### **SAMPLE SIZE**

- survey questionnaire mailed to 75 schools in the Northwest Territories educational system
- 68 schools participated
- school response rate = 91%
- this represents a coverage rate of 70.3% for students aged 10-19 in the participating schools (Millar & Tremblay, 1995)
- final sample size = 5017

#### **PREVALENCE OF SMOKING/TOBACCO USE**

- *never* smoker: reports having never smoked cigarettes
- *regular* smoker: reports smoking cigarettes every day
- *occasional* smoker: reports smoking cigarettes, but not every day
- *current* smokers: regular + occasional smokers
- *nonsmoker*: does not smoke cigarettes; includes never smokers and those students who have smoked at one time (Millar & Tremblay, 1995)
- The following estimates include students age 5-9 as well as students age 10-19
- *never* smoker = 43.1%

- *regular* smoker = 18.3%
- *occasional* smoker = 12.4%
- *nonsmoker* = 68.4% (includes *never* smokers)
- *females* aged 10-14, 15-19 were more likely than *males* in the same age groups to be *regular smokers* (9.3% and 47.8% respectively, females compared to 5.6% and 35.5% respectively, males)
- prevalence of *chewing tobacco use* = 5.0% (both sexes)
- prevalence of *snuff use* = 6.1% (both sexes)
- NOTE: these rates vary among Dene/Métis, Inuit, and Non-aboriginals

### ***Nova Scotia Health Survey, 1995 (NSHS95)***

#### **SPONSOR**

National Health Research and Development Program, Health Canada; Heart and Stroke Foundation; Nova Scotia Department of Health

#### **DATA COLLECTION**

Department of Community Health and Epidemiology, Dalhousie University

#### **CONTENT**

- Personal and Social Well-Being including satisfaction with health, activity limitation, care-giving, depression; Physical Health and Prevention including weight, blood cholesterol, blood pressure, smoking and second-hand smoke, physical activity, alcohol consumption, multiple cardiovascular disease risk factors, chronic illness, prevention and screening practices

#### **METHODOLOGY**

- provincial cross-sectional survey
- personal interview in home and clinic visit
- target population: non-institutionalized Nova Scotians age 18+ whose names were listed in the provincial medical insurance register<sup>11</sup>. Excluded were all active military personnel, RCMP, and those living on native reserves
- probability sample representative of the Nova Scotia population by age and sex

#### **SAMPLE SIZE**

- 5578 people randomly selected from provincial health registry, 83% of whom were located
- 3% of those located were not eligible because they were pregnant or breast-feeding or not able to participate due to their mental or physical status
- final sample size, home interview = 3227
- response rate = 72%
- final sample size, clinic visit = 2658
- response rate = 59%
- young males less likely to participate in both the home interview and the clinic visit (MacLean & Scott, 1996)

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<sup>11</sup> Virtually all Nova Scotians are enrolled in this register (Maclean & Scott, 1996).

## PREVALENCE OF SMOKING/TOBACCO USE

- *daily smoker*: smokes one cigarette or more on a daily basis
- *Nonsmokers*: two groups
  - *former daily nonsmokers*: do not currently smoke but smoked daily in the past
  - *never daily nonsmokers*: do not currently smoke and have never smoked (MacLean & Scott, 1996)

**Table 10. Prevalence of smoking, Nova Scotia, 1995.**

	Daily Smoker	Occasional Smoker	Former Daily Nonsmoker	Never Daily Nonsmoker
Males	31%	4%	31%	33%
Females	27%	3%	23%	47%
Total	29%	4%	27%	40%

(MacLean & Scott, 1996)

## *Ontario Alcohol and Other Drug Opinion Survey, 1992, 1993, 1994, 1995 (OADOS)*

### SPONSOR

Addiction Research Foundation

### DATA COLLECTION

Institute for Social Research, York University

### CONTENT

- attitudes toward tobacco control policies, drinking, alcohol laws and policy; effects of alcohol, smoking and cannabis use; cannabis laws; access to tobacco, alcohol, medications; smoking; effects of smoking on personal health; alcohol use; effects of alcohol use on personal health; cannabis use; effects of cannabis use on personal health; friends' use of tobacco, alcohol and cannabis

### METHODOLOGY

- provincial cross-sectional survey
- telephone survey; RDD
- target population: adults age 18+ living in Ontario who spoke English well enough to complete the survey over the telephone (Northrup, 1995)
- two stage probability selection process
  - (1) random selection of households via RDD
  - (2) random selection of respondent from all eligible adults in the household

### SAMPLE SIZE

- The following table lists the sample sizes and response rates for the 1992-1995 OADOS surveys. The response rate = [(# completed interviews/# eligible households) \* 100] (Northrup, 1995)

**Table 11. Sample sizes and response rates from the Ontario Alcohol and Other Drug Opinion Survey, 1992-1995.**

Year	Number of Completed Interviews (Final Sample Size)	Estimated Number of Eligible Households	Response Rate (%)
1992	1058	1687	62.7
1993	1034	1585	65.2
1994	2022	3209	63.0
1995	994	1590	62.5

**PREVALENCE OF SMOKING/TOBACCO USE**

*Definitions of Smoking used in OADOS, 1992-1995*

- *Current Smoker*: smokes cigarettes daily or occasionally *OR* has quit for less than a month.
- *Non-daily or Occasional Smoker*: have smoked at least 100 cigarettes in lifetime and have smoked in the past month but do not smoke daily
- *Former Smokers*: have smoked at least 100 cigarettes but not in the past 30 days
- *Lifetime Nonsmokers*: have never smoked or have smoked less than 100 cigarettes in their life (Bondy & Ialomiteanu, 1997)

**Table 12. Prevalence of current smokers, aged 18 and older in Ontario, 1992-1995.**

	Proportion of Smokers (%) from Each OADOS Survey			
	1992	1993	1994	1995
<i>Male</i>	30	28	27	30
<i>Female</i>	23	19	24	27
Total	26	23	25	29

(Bondy & Ialomiteanu, 1997)

***Ontario Child Health Survey, 1983, 1987, 1990 (OCHS)***

**SPONSOR**

Ontario Ministry of Community and Social Services

**DATA COLLECTION**

Statistics Canada

**CONTENT**

*1983 & 1987*

- risk factors in three domains – early history, family, and demography
  - early history risk factors included birth weight, gestational age, separations, and developmental milestones
  - family risk factors included parental health, family functioning, marital adjustment, stressful life events, social supports, parental alcoholism and criminality, mobility and the composition of the family
  - demographic risk factors included income, education and occupation
- health status including measures of conduct disorder, emotional disorder, hyperactivity. Also, measures of chronic illness and functional limitations including

asthma, cerebral palsy, mental retardation, limitations of mobility, physical activity, self-help

- use of medical and social services, child impairment, social isolation, inability to get along with others, school failure, delinquency and the need for treatment (Boyle et al, 1987)

1990

- families, family relationships, health including accidents, drug use, contacts with health professionals, preventive measures, nutrition, dental health, disability, health problems, injuries, smoking (Joza, 1997)

## METHODOLOGY

1983

- provincial longitudinal survey
- target population: all children born from January 1, 1966 through January 1, 1979 (ages 4 through 16) who usually resided in an Ontario household dwelling. *Excluded* were children living on Indian reserves, institutionalized children and children living in dwellings built after June 1, 1981
- stratified, cluster random sampling from the census file of household dwellings (Boyle et al, 1987)

1987

- target population: children aged 4 through 12 at the time of the 1983 survey

1990

- N/A

## SAMPLE SIZE

1983

- 2623 households selected of which 78.2% were eligible
- 91.1% of eligible households agreed to participate
- final sample size = 1869

1987

- follow-up of 1983 sample
- sample size (number of children located) = 1172

## PREVALENCE OF SMOKING/TOBACCO USE

1983

- *Occasional* smoking: any cigarette or cigar smoking
- *Regular* smoking: daily cigarette or cigar smoking for a continuous 30-day period or longer

**Table 13. Prevalence of occasional and regular smoking among 12-16 year olds from the 1983 Ontario Child Health Survey (n=1265)**

	Prevalence of Occasional Smoking (%)		Prevalence of Regular Smoking (%)	
	12-13 year olds	14-16 year olds	12-13 year olds	14-16 year olds
Males	14.7	31.1	3.0	15.8
Females	18.4	45.6	4.0	23.4

(Boyle & Offord, 1986)

## ***Ontario Drug Monitor, 1996, 1997 (ODM)<sup>12</sup>***

### **SPONSOR**

Addiction Research Foundation

### **DATA COLLECTION**

Institute for Social Research, York University

### **CONTENT**

*1996*

- tobacco & alcohol consumption; spending on alcohol; harm from alcohol; alcohol problems; drinking & driving; use of cannabis, cocaine, heroin; alcohol policy; tobacco policy; cannabis policy; alcohol & aggression; drinking norms; changing health behaviours

*1997*

- tobacco & alcohol consumption, tobacco & alcohol policy, alcohol harm, drinking & driving, cannabis, psychotherapeutic drugs, drug information sources, violence

### **METHODOLOGY**

*1996*

- provincial cross-sectional survey consisting of nine independent monthly surveys
- CATI
- target population: Ontario residents age 18+ whose household has a telephone. Institutionalized populations and transient populations not included
- stratified, two-stage design; RDD
- one household member selected according to most recent birthday of household members
- data weighted to restore population representation
- in 1991, 98.6% of Ontario households had at least one telephone (Statistics Canada, 1992. In Adlaf et al., 1997)

*1997*

- provincial telephone survey (CATI); cross-sectional survey consisting of 12 independent monthly surveys
- target population: Ontario residents over 18 years of age whose household has a telephone. Institutionalized populations and transient populations not included
- stratified, two-stage design; RDD
- one household member selected according to most recent birthday of household members
- data weighted to restore population representation
- in 1991, 98.6% of Ontario households had at least one telephone (Statistics Canada, 1992. In Adlaf et al., 1998)

### **SAMPLE SIZE**

*1996*

- 5443 telephone numbers selected initially
- final sample size (number of completions) = 2721
- *effective* response rate\* = 64%

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<sup>12</sup> Based on previous monitoring surveys including the Adult Drug Use Series and the Ontario Alcohol and Other Drug Opinion Survey (Adlaf et al., 1997).

1997

- 5163 telephone numbers selected initially
- final sample size (number of completions) = 2776
- *effective* response rate\* = 67%

Completions

\*Effective response rate =

$$\frac{\text{Completions}}{\text{Eligibles} + \frac{\text{Eligibles}}{\text{Eligibles} + \text{Ineligibles}} \times \text{Unknown Eligibles}}$$

(Adlaf et al., 1997)

**PREVALENCE OF SMOKING/TOBACCO USE**

- *current smokers*: report having smoked more than 100 cigarettes in their lifetime and having smoked within the past 30 days either on a daily or occasional basis (Adlaf, Ivis, Ialomiteanu, Walsh, & Bondy, 1997)

1996

- *current smokers* = 26.7%
  - 27.8% of *males* were current smokers
  - 25.7% of *females* were current smokers

**Table 14. Prevalence of various smoking behaviours among Ontario adults, age 18 and older, 1996.**

Smoking Status	Prevalence (%)
Never smoked 100 cigarettes	46.9
Former non-daily smoker	3.5
Former daily	22.9
Non-daily smoker	3.6
Daily smoker	23.0

(Adlaf, Ivis, Ialomiteanu, Walsh, & Bondy, 1997)

1997

- *current smokers* = 26.8%
  - 29.3% of *males* were current smokers
  - 24.5% of *females* were current smokers

**Table 15. Prevalence of various smoking behaviours among Ontario adults, age 18 and older, 1997.**

Smoking Status	Prevalence (%)
Never smoked 100 cigarettes	50.1
Former non-daily smoker	3.2
Former daily	19.9
Non-daily smoker	3.7
Daily smoker	23.1

(Adlaf, Ivis, & Ialomiteanu, 1998)

### ***Ontario Health Survey, 1990 (OHS)***

#### **SPONSOR**

Ontario Ministry of Health

#### **DATA COLLECTION**

Statistics Canada

#### **CONTENT**

##### *Personal interview*

- contacts with health professionals, two week disability, use of medication, medical insurance, accidents and injuries, health status, pain and discomfort, restriction of activities, chronic health problems

##### *Self-completed Questionnaire*

- general health, smoking, alcohol use, family, dental health, driving and safety, women's health, sexual health, occupational health, physical activities, nutrition

#### **METHODOLOGY**

- provincial cross-sectional survey
- target population: residents of Ontario age 12+ *excluding* persons living in institutions, on Indian reserves and in remote areas
- multi-stage stratified cluster sample (Goel, Williams, Frank, & Mao, 1993)
  - first stage: *personal interview* for one member of each household.
  - second stage: all household members age 12+ completed a questionnaire

#### **SAMPLE SIZE**

- final sample size = 49 000 households or 61 239 individuals (Joza, 1997)
- response rate = 87% for personal interview questionnaire and 77% for self-completed questionnaire (Goel, Williams, Frank, & Mao, 1993)

#### **PREVALENCE OF SMOKING/TOBACCO USE**

- N/A

## *Ontario Student Drug Use Survey<sup>13</sup>, 1977-1997 (OSDUS)*

### **SPONSOR**

Addiction Research Foundation

### **DATA COLLECTION**

Institute for Social Research, York University

### **CONTENT**

- frequency of alcohol, tobacco, and illicit drug use in previous year; extent of heavy & problem drinking; extent of problem drug use; age of first use of alcohol, tobacco and cannabis; first time use of alcohol, tobacco, cannabis and other illicit drugs in the past year (1997 only); availability of alcohol and other drugs, attitudes toward cannabis use (1993 only); attitudes and beliefs regarding drug use (1995 only); extent of alcohol and other drug education in the school environment; self-reported delinquency; physical activity and eating habits (1997 only); purchasing cigarettes (1997 only); issues regarding smoking at school (1997 only); alcohol use and driving behaviour; extent of injection drug use and behaviours associated with risk of HIV infection; use of steroids

### **METHODOLOGY**

- provincial cross-sectional survey
- self-completed survey (in classroom)
- target population: all students in grades 7, 9, 11, and 13 enrolled in regular school systems. *Excluded* from OSDUS surveys are those students enrolled in private schools or special education classes, institutionalized students, and students living on Indian reserves or Canadian Forces bases. In addition, those youth living in the remote northern areas of Ontario are also *excluded* from the OSDUS surveys.
- all OSDUS from 1977-1997 are based on a random sample of schools
- Sample based on a stratified cluster design. Strata include geographic region (Metropolitan Toronto, West, East and North Ontario) and grade (7, 9, 11, and OAC). The sample is allocated equally within grade level and proportionately within region. Clusters of students are constructed after required sample size is determined. Cluster size is estimated by taking the number of allocated students in each cell (i.e. grade by region, therefore, 16 cells) and dividing by the mean class size per cell. Two cluster replicates (paired-selection) are then randomly selected from the total number of clusters in each cell (Adlaf, Ivis, & Smart, 1997).
- about 200 schools throughout Ontario are selected; usually one classroom per school is selected from grade 7, grade 9, grade 11 or the OAC level
- data are weighted

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<sup>13</sup> The Ontario Student Drug Use Survey began in 1977. Only three surveys are mentioned here since most of the tobacco items since 1977 are the same as those presented in the 1993, 1995, and 1997 surveys (personal communication, Dr. E. Adlaf, Centre for Addiction and Mental Health, July 1998).

## SAMPLE SIZE

**Table 16. Final sample sizes for the 1993, 1995, & 1997 OSDUS.**

	1993 (N)	1995 (N)	1997 (N)
Grade 7	896	929	851
Grade 9	1006	1054	1153
Grade 11	721	932	1069
Grade 13	948	955	917
Total	3751	3870	3990

**Table 17. Response rates for the 1993, 1995, & 1997 OSDUS.**

	Response Rate (%)
1993	77.3
1995	75.6
1997	76.7

(Sources: Adlaf, Smart, & Walsh, 1993; Adlaf, Ivis, Smart, & Walsh, 1995; Adlaf et al, 1997)

## PREVALENCE OF SMOKING/TOBACCO USE

- In 1993, 23.8% of students surveyed report smoking cigarettes in the past 12 months (i.e. one cigarette or more). Prevalence rates do not differ between males (22.5%) and females (25.2%) (Adlaf et al, 1993).
- In 1995, 27.9% of students surveyed report smoking cigarettes in the past 12 months (i.e. one cigarette or more). While this is a significant increase from 1993, prevalence rates, again, do not differ significantly between males (28.2%) and females (27.5%) (Adlaf et al, 1995).
- In 1997, the prevalence of daily cigarette smoking changed little from 1995. At this point in time, 27.6% of students surveyed report smoking. Again, the prevalence of smoking does not differ between males (26.4%) and females (28.7%) (Adlaf et al, 1997).

## *Plain Packaging of Cigarettes Survey, 1995*

### SPONSOR

Not applicable

### DATA COLLECTION

Institute for Social Research, York University

### CONTENT

- students' awareness of events sponsored by tobacco companies, students attitudes toward plain packaging, knowledge of health warning labels, students' perceptions of impact of plain packaging on smoking, knowledge of health risks of smoking, attitudes toward and reasons for smoking, smoking behaviours, perceptions of the

believability and seriousness of cigarette package health warning labels (Northrup, Pollard, et al, 1995)

**METHODOLOGY**

- provincial cross-sectional survey
- self-completed survey (in classroom)
- target population: Ontario students in grades seven and nine
- Stratified, cluster random sample (stratified by four geographic locations and by grade). Within each grade strata, students were proportionally allocated among the geographic strata (Northrup, Pollard, et al, 1995)

**SAMPLE SIZE**

- completed questionnaires (final sample size) = 1559
- response rate: N/A

**PREVALENCE OF SMOKING/TOBACCO USE**

- *non-smoker*: did not smoke in past month
- *light* smoker: smoked at least one cigarette in the past month but did not smoke every day in the past week
- *daily* smoker: smoked every day in the past week (Northrup, Pollard, et al, 1995)

**Table 18. Smoking prevalence among grade seven and nine students, Ontario, 1995 Plain Packaging of Cigarettes Survey.**

Grade	Nonsmokers (%)	Light Smokers (%)	Daily Smokers (%)
Seven	91	7	2
Nine	72	19	9

(Northrup & Pollard, 1995)

***School-Based Prevention Project, 1993 (SBPP)<sup>14</sup>***

**SPONSOR**

British Columbia Ministry of Health

**DATA COLLECTION**

Institute of Health Promotion Research, University of British Columbia

<sup>14</sup> The British Columbia Ministry of Health introduced the School-Based Prevention Project in the fall of 1991. By the fall of 1992, 38 prevention workers had been placed in selected schools across the province in an attempt to lower drug use rates among youth aged 12 and older. The Institute of Health Promotion Research at UBC was contracted by the Ministry of Health to evaluate the School-Based Prevention Project. The survey was the method used to evaluate whether or not the outcome objectives had been achieved. The main objectives are as follows:

- (1) to increase the average age of onset of drug use
- (2) to decrease substance use
- (3) to reduce the proportion of youth at high risk for substance use
- (4) to decrease the negative consequences of substance use in youth
- (5) to increase the proportion of youth abstaining from substance use (Institute of Health Promotion Research, 1993)

## **CONTENT**

- school life; cigarette smoking; alcohol use; cannabis use; illicit drug use; cigarette, alcohol and cannabis use by family and friends, self-esteem, leisure time activities

## **METHODOLOGY**

### *Spring Survey*

- self-completed survey
- target population: youth age 12 + in five schools in British Columbia<sup>15</sup>
- separate classes (from grade 8 to grade 12 in each school) selected at random to complete survey; approximately 30 students per classroom

### *Fall Survey*

- self-completed survey
- target population: youth in grades 8 through 12
- evaluation of the SBPP involved a quasi-experimental pre-test, post-test control group design. Eight schools who had just begun the program in the 1992-1993 school year and consisted of grade 8 through grade 12 classes were selected as experimental schools. Three comparison schools were selected and had to have (1) similar student population size, (2) similar geographic location, and (3) similar socio-economic status (using parental education as an indicator) as the experimental schools. The fall administration of the survey composed the pre-test. The survey was administered again in 1995 (for details on school selection, see Institute of Health Promotion Research, 1994)
- prevention workers in the school randomly selected classrooms to participate in the survey

## **SAMPLE SIZE**

### *Spring Survey*

- final sample size = 2529
- response rate: N/A

### *Fall Survey*

- final sample size = 2059 students from the eight experimental schools
- response rate: N/A

## **PREVALENCE OF SMOKING/TOBACCO USE**

### *Spring Survey*

- 37.1% of students in grades 8 through 12 report using tobacco in the *last 12 months*
- 32.8% of students in grades 8 through 12 report using tobacco in the *last 30 days*
- 59.0% of *grade 8 students* report having ever tried tobacco
- 74.0% of *grade 12 students* report having ever tried tobacco (Institute of Health Promotion Research, 1993)

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<sup>15</sup> The main evaluation was originally scheduled for the spring of 1993 but was moved to the fall of 1993. However, five schools still wished to conduct the survey in the spring (Institute of Health Promotion Research, 1993).

**Table 19. Percentage of grade 8, 11, and 12 students who report using tobacco in the last year and percent who report smoking a cigarette in the last month, British Columbia, 1993.**

Grade	% Who Used Tobacco in the Last Year		% Who Smoked a Cigarette in the Last Month		% Ever Smoked a Cigarette	
	Males	Females	Males	Females	Males	Females
Eight	35	44	23	29	50	54
Eleven	N/A	N/A	43	45	N/A	N/A
Twelve	48	53	38	39	69	77

(Institute of Health Promotion Research, University of British Columbia, 1994)

***Smoking, Smoking Cessation, Tobacco Control and Programming, Qualitative and Quantitative Survey<sup>16</sup>, 1996 (Q&Q)***

**SPONSOR**

Not applicable

**DATA COLLECTION**

Institute for Social Research, York University

**CONTENT**

*Quantitative survey*

- smoking, use of tobacco, and smoking behaviour; reasons for smoking; intentions to quit smoking; attempts to quit and relapse; reasons for not smoking; reasons for quitting; compliance with smoking restrictions; ETS; perceived social acceptability of smoking; typology of the reluctant, considerate, and adamant smoker and non-smoker; health effects of smoking; tobacco control policies (restrictions on smoking and sales) and attitudes toward them (Northrup & Rhyne, 1996)

*Qualitative component*

- perceived social acceptability of smoking, perceived need for more or less smoking restrictions, smoking cessation programs, evaluations of societal action to protect non-smokers from second-hand smoke; restricting cigarette sales to certain stores, cigarette taxes, bans on tobacco company sponsorship (Northrup & Rhyne, 1996)

**METHODOLOGY**

*Quantitative survey*

- provincial cross-sectional survey; telephone and personal interview
- target population: adult residents of Ontario age 18+ who spoke English well enough to complete the interview and who reside in private homes<sup>17</sup>

<sup>16</sup> (Consists of (1) a quantitative survey, (2) a qualitative component directed at smokers, nonsmokers and former smokers)

<sup>17</sup> At the time of this survey, Statistics Canada estimates that one percent of the private households in Ontario did not have a telephone (in Northrup & Rhyne, 1996).

- two stage probability selection of households:
  - (1) random selection of residential telephone numbers
  - (2) random selection of the respondent from all eligible adults in the household
- RDD; CATI
- data weighted to compensate for unequal probabilities of selection of adult household members (Northrup & Rhyne, 1996)

*Qualitative component*

- followed telephone survey
- consisted of 5 focus groups and 20 face-to-face interview with selected survey respondents
- eligible participants included residents of Metropolitan Toronto who completed the telephone survey and agreed to being contacted again with respect to the research
- two focus groups of current smokers, one group of former smokers and two groups of non-smokers recruited for the focus groups
- 11 to 12 people recruited for focus groups; both men and women represented in all groups
- face-to-face interviews conducted with 10 smokers and 10 non-smokers

**SAMPLE SIZE**

*Quantitative survey*

- number of completed interviews = 1764
- response rate = 65% (number of completions/estimated number of eligibles) (Ashley, Pederson, Poland, Bull, Ferrence & Cohen, 1997)

**PREVALENCE OF SMOKING/TOBACCO USE**

*Quantitative survey*

- of survey respondents:
  - 24.0% were current smokers, including 3.9% who smoked less than daily
  - 24.7% were former smokers
  - 51.2% were never smokers – 33% never had a puff, 29% had smoked a few puffs but not a whole cigarette, and 34% had smoked one or more cigarettes (Ashley et al, 1997)

***Student Drug Use Survey, Atlantic Provinces, 1996, 1998***

**SPONSOR**

*Nova Scotia*

- Drug Dependency Services, Nova Scotia Department of Health; National Health Research and Development Program; Health Canada

*New Brunswick*

- Department of Health and Community Services, New Brunswick

*Newfoundland*

- Department of Health; Department of Education, Government of Newfoundland and Labrador; Royal Canadian Mounted Police

*Prince Edward Island*

- Prince Edward Island Department of Health and Social Services; PEI Department of Education

**DATA COLLECTION**

*Nova Scotia*

- Department of Community Health and Epidemiology, Dalhousie University

*New Brunswick*

- Department of Health and Community Services, New Brunswick

*Newfoundland*

- Department of Health, Government of Newfoundland and Labrador

*Prince Edward Island*

- Prince Edward Island Department of Health and Social Services

**CONTENT**

- use of tobacco, reasons started smoking, drinking, effects of personal drinking, illicit drug use, sexual health, attitudes, gambling

**METHODOLOGY**

*Prince Edward Island – 1996, 1998*

- provincial cross-sectional survey
- self-completed
- target population: teenaged students enrolled in and attending grades 7, 9, 10 and 12 in the *public school system* (age range = 11 to 19 years)
- not included in sample were students attending private schools (0.5% of all grade 7 to 12 students in PEI), street youth, dropouts (11% of students 16 or older) and youth absent from school the day the survey was administered (Van Til, MacMillan, Sweet, & Poulin, 1996)
- single-stage stratified cluster sample of randomly selected *classes*
- data weighted in order to correct for disproportionate sample strategy (Van Til et al, 1996)

*New Brunswick – 1996, 1998*

- similar to PEI methodology

**SAMPLE SIZE**

*Prince Edward Island*

*1996*

- 141 classes across PEI randomly selected
- initial sample size = 3806 students
- 11% absent the day the survey was administered
- 2% of students refused to participate
- responses for 62 students excluded because reported using a fictitious drug
- responses for 176 grade 11 students who were in the selected grade 12 classes were excluded
- final sample size = 3062 (Van Til et al, 1996)

1998

- 127 classes randomly selected
- 10.4% absent the day the survey was administered
- 0.7% of students refused to participate
- responses for 60 students excluded because reported using a fictitious drug
- responses for 121 grade 8 and 11 students excluded
- final sample size = 2851 (Van Til, MacMillan, & Poulin, 1998)

*New Brunswick*

1996

- 151 classes across NB randomly selected
- initial sample size = 3872 students
- 99% of students present on the days of survey administration participated
- responses for 93 students excluded because reported using a fictitious drug
- responses for 135 grade 11 students who were in the selected grade 12 classes were excluded
- final sample size = 3352 (New Brunswick Department of Health and Community Services, Provincial Epidemiology Service, 1997)

1998

- final sample size = 3295 (New Brunswick Department of Health and Community Services, Provincial Epidemiology Service, 1998)

### **PREVALENCE OF SMOKING/TOBACCO USE**

*PEI, 1996*

- Tobacco usage rates were determined by the proportion of students who reported using cigarettes, cigars, snuff, and chewing tobacco *more than once* in the past 12 months. “No use of tobacco” is indicated by students reporting that they have never used tobacco, have not used tobacco in the last year, or have only tried tobacco *once* in the last year (Van Til et al, 1996)
- overall, 33% of students report smoking cigarettes at least once during the 12 months prior to the survey
- a higher proportion of females than males report smoking in the last year (36% compared to 30% respectively). This holds true among all grade levels (Van Til et al, 1996)

*PEI, 1998*

- smoking rates determined by the proportion of students who reported smoking more than 1 cigarette in the past year
- 27% of students report smoking cigarettes more than once in the 12 months preceding the survey
- more females (29%) report smoking than males (24%)
- rates of smoking increase with age:
  - grade 7 = 9%
  - grade 9 = 23%
  - grade 10 = 34%
  - grade 12 = 40% (Van Til et al, 1998)

*NFLD, 1996*

- 37% of students report smoking cigarettes more than once in the past 12 months (Van Til et al, 1996)

*NFLD, 1998*

- 38% of students report smoking cigarettes more than once in the past 12 months (Van Til et al, 1998)

*NS, 1996*

- 35% of students report smoking cigarettes more than once in the past 12 months (Van Til et al, 1996)

*NS, 1998*

- 38% of students report smoking cigarettes more than once in the past 12 months (Van Til et al, 1998)

*NB, 1996*

- definition of tobacco use same as PEI
- overall, 33% of students report smoking cigarettes in the past 12 months
- no difference between males' and females' reported use of tobacco in the past 12 months (32.4% and 33.4% respectively) (New Brunswick Department of Health and Community Services, Provincial Epidemiology Service, 1997)

*NB, 1998*

- 32.4% of students report smoking cigarettes in the last 12 months in 1998 (New Brunswick Department of Health and Community Services, Provincial Epidemiology Service, 1998)

***Survey of Health Behaviours in School-Aged Children, 1989-1990, 1993-1994, 1997<sup>18</sup>***

**SPONSOR**

World Health Organization (Europe); Health and Welfare Canada

**DATA COLLECTION**

Social Program Evaluation Group, Queen's University (in Canada only)

**CONTENT**

- health risk factors (including smoking, drinking and illicit drug use), exercise and leisure time activities, nutrition and dental care, ailments and medication use, relationships with others, and relationships between health risk factors (King & Coles, 1992)

**METHODOLOGY**

*1989-1990*

- cross-sectional survey; designed to simulate a longitudinal study (King & Coles, 1992)
- multi-national survey (16 countries participated in the 1989/1990 survey and included Austria, Belgium, Canada, Finland, France, Hungary, Iceland, Latvia, the Netherlands, Norway, Poland, Scotland, Spain, Sweden, Switzerland, and Wales)
- self-completed survey (teachers administered the survey to students in classrooms)

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<sup>18</sup> 1997 results not yet available.

- target population: 11, 13 and 15 year-olds (average age; variation among countries – affects interpretation of results). Target age represents students from grades 6, 8, and 10 in most of the countries (King & Coles, 1992)
- in Canada, two-stage cluster sample: (1) first stage involved the systematic selection of the schools from a master list. (2) The second stage involved random selection of school *classes* at grades 6, 8, and 10 (King & Coles, 1992). A representative number of classes were selected from each of the ten provinces while only one class from each grade was selected in the two territories

1993-1994

- similar to above
- 24 countries participated – Austria, Belgium, Canada, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greenland, Hungary, Israel, Latvia, Lithuania, Northern Ireland, Norway, Poland, the Russian Federation, Scotland, Slovakia, Spain, Sweden, Switzerland, and Wales
- targeted 11, 13, and 15 year olds
- cluster sample design: school classes sampled first, then all students in appropriate age groups are surveyed (King, Wold, Tudor-Smith, Harel, 1996)

#### **SAMPLE SIZE**

1989-1990

- in Canada, net sample size<sup>19</sup> = 5565
- response rate: N/A

1993-1994

- in Canada, age 11 sample = 2289
- age 13 sample = 2250
- age 15 sample = 2219
- total Canadian sample = 6758

#### **PREVALENCE OF SMOKING/TOBACCO USE**

**Table 20. Estimates of the prevalence of smoking from the Survey of Health Behaviours in School-Aged Children, Canadian results only.**

	Tried Smoking at Least Once (%)		Smoke at Least Once a Week (%)	
	Males	Females	Males	Females
1989/1990				
Age 11	26	19	7	5
Age 13	41	50	14	20
Age 15	55	62	22	29
1993/1994				
Age 11	20	17	2	3
Age 13	41	46	11	14
Age 15	58	64	21	28
1997	N/A	N/A	N/A	N/A

(Source: King, Wold, Tudor-Smith, & Harel, 1996)

<sup>19</sup> Students were removed from the gross sample size of 7633 because they were older or younger than the targeted age group of because they did not complete a large part of the questionnaire (King & Coles, 1992).

## *Survey of School Smoking Prevention and Alcohol Use Curricula, 1995*

### **SPONSOR**

Health Promotion Branch, Ontario Ministry of Health

### **DATA COLLECTION**

Health Behaviour Research Group, University of Waterloo

### **CONTENT**

- extent of smoking prevention education in schools, teacher training for smoking prevention education, type of smoking prevention education, effect of Ontario Tobacco Control Act on initiating smoking prevention education

### **METHODOLOGY**

- provincial telephone survey of *school boards* and *schools* (teacher from the school)
- cross-sectional survey
- target population: representatives from school boards and schools across Ontario
- school boards and schools randomly selected from each of six geographic regions; each school board and school had approximately the same probability of being selected

### **SAMPLE SIZE**

- attempted to select:
  - 30 school boards
  - 90 elementary schools
  - 60 secondary schools
- response rates
  - school board level = 96.7%
  - elementary school level = 93.3%
  - secondary school level = 96.7% (Joza & Brown, 1995)

### **PREVALENCE OF SMOKING/TOBACCO USE**

Not applicable

## *Survey of Smoking Habits, 1977, 1979, 1981, 1983, 1986<sup>20</sup>*

### **SPONSOR**

Health Promotion Directorate, Health and Welfare Canada

### **DATA COLLECTION**

Special Surveys Division, Statistics Canada

### **CONTENT**

- smoking habits of Canadians

### **METHODOLOGY**

- cross-sectional survey
- used the Labour Force Survey sampling frame for the month of December, 1977
- one third of the LFS sample received supplemental questions from the Survey of Smoking Habits
- data weighted

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<sup>20</sup> Data are only available for 1977. Statistics Canada has little information available on these surveys (personal communication, Ms. C. Nusum-Sol, August, 1998).

## SAMPLE SIZE

- one third of the LFS sample
- sample size<sup>21</sup> for 1977 Survey of Smoking Habits = 17 416

## PREVALENCE OF SMOKING/TOBACCO USE

- *nonsmoker*: does not smoke cigarettes, pipes or cigars
- *regular cigarette smokers*: smokes cigarettes every day (usually)
- *ex-regular cigarette smokers*: used to smoke cigarettes regularly, but did not smoke a pipe, cigars or cigarettes at the time of the survey
- *occasional cigarette smokers*: does not smoke every day (usually)
- *pipe and/or cigar smokers*: smokes *only* a pipe and/or cigars occasionally or usually every day (Department of National Health and Welfare, 1979)

**Table 21. Prevalence of smoking among Canadians, 1977.**

Age	Nonsmokers (%)		Regular (%)		Occasional (%)		Pipe/Cigar (%)	
	Males	Females	Males	Female	Males	Female	Males	Female
15-19	67.3	68.1	26.9	26.7	5.5	5.2*	---	---
20+	48.2	64.6	43.0	31.8	3.5*	3.5*	5.2*	---

\*High sampling variability; interpret with caution  
(Source: Department of National Health and Welfare, 1979)

## *Survey on Aging and Independence, 1991*

### SPONSOR

Seniors Secretariat, Fitness & Amateur Sport, and Planning and Policy Branch, Health and Welfare Canada; Consumer and Corporate Affairs; Canada Mortgage and Housing Corporation; Veterans Affairs Canada; the Department of the Secretary of State Canada; Communications Canada

### DATA COLLECTION

Special Surveys Division, Statistics Canada

### CONTENT

- retirement and main activity; labour characteristics and retirement preparation; physical and social activity; well-being, health; life events; social support networks, family and friends; mobility and travel; accidents and safety; living arrangements and housing characteristics; income and financial situation; satisfaction with life

### METHODOLOGY

- national cross-sectional telephone survey
- target population: Canadians age 45+ *excluding* residents of the Yukon and Northwest Territories, full-time members of the Canadian Armed Forces, persons living on Indian reserves and residents of institutions (representing approximately 4% of the Canadian population) (Health and Welfare Canada, 1993)

<sup>21</sup> Sample size varies from year to year (personal communication, Ms. C. Nusum-Sol, August 1998).

- conducted as a supplement to the LFS; based on a subsample of *former* LFS respondents; only one person within a household was selected (Statistics Canada, 1991)
- households sorted according to whether they contained anyone age 70+; one person from this age group randomly selected. One person aged 45 to 69 then randomly selected from the remaining households. Records representing selected individuals then sorted according to province and age and the required sample was then selected randomly within these categories (Statistics Canada, 1991)
- requirement that individuals 65 years of age and older make up half the sample
- approximately 90% of interviews carried out via telephone, the rest were carried out in respondents homes

#### **SAMPLE SIZE**

- initial sample size (number selected) = 24 795
- final sample size = 20 076
- response rate = 81% [(number selected/final sample size)\*100]

#### **PREVALENCE OF SMOKING/TOBACCO USE**

- N/A

### ***Survey on Smoking in Canada, Cycles 1-4, 1994-1995***

#### **SPONSOR**

Health Canada

#### **DATA COLLECTION**

Special Surveys Division, Statistics Canada

#### **CONTENT**

- prevalence of cigarette smoking and changes in prevalence; amount smoked and changes in amount smoked; effect of cigarette prices on smoking prevalence and amount smoked; smoking habits

#### **METHODOLOGY**

- national longitudinal survey
- CATI (people without telephones accounted for less than 3% of the target population) (Statistics Canada, 1995c)
- target population: all persons age 15+ older living in Canada *excluding* residents of the Yukon and Northwest Territories and full time residents of institutions
- survey estimates are weighted to account for persons without telephones
- stratified design: two strata per for each of five geographic areas
- geographic areas: Atlantic region, Quebec, Ontario, Prairies, and British Columbia
- strata: CMAs and non-CMAs
- RDD to select households using ENWB
- unequal probability of selection *within* households – people aged 15-24 or 65+ had 50 times the probability of being selected *over* people aged 25-64. Also, households with only 25-64 year olds present were sub-sampled

- for the second, third and fourth cycles, the respondents from the first cycle were re-contacted. In Cycle 2, an attempt was made to re-contact all respondents from Cycle 1. In Cycles 3 and 4, attempts were made to contact all respondents from Cycle 1 *except* those who could not be located in Cycle 2 or refused the interview in Cycle 2
- data collection period:
  - Cycle 1: April 20, 1994 – June 1, 1994
  - Cycle 2: August 16, 1994 – September 16, 1994
  - Cycle 3: November 14, 1994 – December 16, 1994
  - Cycle 4: February 15, 1995 – March 16, 1994 (Statistics Canada, 1995c)

## **SAMPLE SIZE**

### *Cycle 1*

- 86 782 telephone numbers called of which 29 149 belonged to households
- 25 598 households responded; of these, 6769 were dropped from the sample because the selected person was in the 25-64 age group for which the sample requirements had been met
- 18 829 interviews attempted; 15 804 interviews completed
- response rate = 83.9% [(number of attempted interviews/number of completed interviews)\*100]

### *Cycle 2*

- completed interviews = 13 398
- eligible persons = 15 804 (final sample size from Cycle 1)
- response rate = 84.8% [(number of completed interviews/number eligible)\*100]

### *Cycle 3*

- completed interviews = 12 808
- eligible persons = 15 804
- response rate = 81.0% [(number of completed interviews/number eligible)\*100]

### *Cycle 4*

- completed interviews = 12 424
- eligible persons = 15 804
- response rate = 78.6% [(number of completed interviews/number eligible)\*100] (Statistics Canada, 1995)

## **PREVALENCE OF SMOKING/TOBACCO USE**

### *A. Current Smoking Status*

1. Daily smoker: currently smokes cigarettes every day.
2. Non-daily smoker: currently smokes cigarettes, but not every day.
3. Non-smoker: currently does not smoke cigarettes.
4. Current smoker: currently smokes cigarettes daily or occasionally.

### *B. Smoking History*

1. Former smoker: has smoked at least 100 cigarettes in lifetime but does not currently smoke.
2. Experimental smoker: has smoked at least one cigarette, but less than 100 cigarettes in lifetime and currently *does not* smoke cigarettes.
3. Lifetime abstainer: has never smoked cigarettes at all.
4. Ever smoker: a current or former smoker.

5. Never smoker: was an experimental smoker or is a lifetime abstainer (Statistics Canada, 1995c).

### ***Prevalence of Smoking***

#### ***Cycle 1***

- Current smokers = 31%
  - daily = 25%
  - non-daily = 6%
- Former smokers = 27%
- 32% of males currently smoke compared to 29% of females
- 27% of 15-19 year olds currently smoked. Of these...
  - 26% of young males smoked
    - 31% began to smoke before age 13
    - 85% began to smoke before age 16
    - almost all began to smoke before age 18
  - 29% of young females smoked
    - 26% began to smoke before age 13
    - 85% began to smoke before age 16 years of age
    - almost all began to smoke before age 18 (Health Canada, 1994a)

#### ***Cycle 2***

- Current smokers = 30% (unchanged from Cycle 1)
  - daily = 24%
  - non-daily = 6%
- 31% of males currently smoked compared to 29% of females
- 9% of persons who were smokers in Cycle 1 had become non-smokers (approximately 620 000 persons) while 332 000 former smokers and 191 000 never smokers started smoking
- 29% of 15-19 year olds currently smoked. Of these...
  - 27% of young males smoked
  - 30% of young females smoked (Health Canada, 1994b)

#### ***Cycle 3***

- Current smokers = 30%
  - daily = 25%
  - non-daily = 5%
- 31% of males smoked compared to 28% of females
- since Cycle 1, 509 000 Canadians over 15 years started smoking while 657 000 quit smoking
- 28% of 15-19 year olds currently smoked. Of these...
  - 26% of young males smoked
  - 29% of young females smoked (Health Canada, 1995a)

#### ***Cycle 4***

- Current smokers = 27%
  - daily = 23%
  - non-daily = 4%
- 29% of males smoked compared to 25% of females
- Since Cycle 1, 16% of smokers reported having quit smoking. During the same time period, 3% of Cycle 1 nonsmokers had become smokers while 24% of Cycle 1 non-daily smokers became daily smokers.
- 26% of 15-19 year olds currently smoked. Of these...
  - 25% of young males smoked
  - 26% of young females smoked (Health Canada, 1995b)

#### ***Tobacco and Youth Survey, 1993***

##### **SPONSOR**

North Bay & District Council on Smoking and Health

##### **DATA COLLECTION**

North Bay & District Council on Smoking and Health

##### **CONTENT**

- smoking status, smoking onset, access to cigarettes, difficulty obtaining cigarettes

##### **METHODOLOGY**

- regional cross-sectional survey
- self-completed survey (in classroom)
- target population: Grade 7 and Grade 9 youth in North Bay who can speak either English or French
- stratified, cluster probability design
- 24 classes from 11 school participated in the survey

##### **SAMPLE SIZE**

- final sample size = 510
- response rate: N/A

##### **PREVALENCE OF SMOKING/TOBACCO USE**

- *regular* smokers: reported smoking every day or almost every day
- *occasional* smokers: reported smoking sometimes
- *former* smokers: used to smoke but quit
- *never* smokers: do not smoke
- *non-smokers*: reported not smoking but have tried smoking (Stewart, Wilkinson, & Cotgreave, 1993)

**Table 22. Prevalence of smoking among grade seven and grade nine students from North Bay, Ontario, 1993.**

Smoking Status	Grade 7	Grade 9	Total
Regular	2.5	9.0	5.5
Occasional	7.6	12.4	9.8
Former	5.1	13.3	8.8
Never	58.8	36.5	48.6
Non	26.0	28.8	27.3

(Stewart, Wilkinson, & Cotgreave, 1993)

### ***Youth Smoking Survey, 1994 (YSS)***

#### **SPONSOR**

Office of Tobacco Control, Health Canada

#### **DATA COLLECTION**

Special Surveys Division, Statistics Canada

#### **CONTENT**

- smoking behaviour including aspects of contemplation and experimentation; tobacco use (other than cigarettes); parental smoking and smoking in the home; health knowledge and beliefs related to smoking; perceptions of why people start smoking; intentions to smoke in the future; social influences; attitudes toward tobacco control policies, advertising and sponsorship

#### **METHODOLOGY**

- national cross-sectional survey
- target population: youth aged 10-19 years across Canada *excluding* (1) youth living on reserves (2) youth living in institutions and (3) youth from the Yukon and Northwest Territories
- self-completed survey: youth age 10-14 in schools (school component)
- telephone survey: youth age 15-19 (as part of the Labour Force Survey - household component)

#### *School Component*

- two-stage stratified (grade by province) cluster design used to select students
- only students in grades 5 through 9 were sampled; therefore, a small number of students aged 10-14 in higher or lower grades were excluded
- classes with fewer than 10 students were excluded
- in total, approximately 8% of target population excluded (Stephens, Adlaf, Bondy & Rehm, 1996)

#### *Household Component*

- students who lived in households that were a part of the LFS

#### **SAMPLE SIZE**

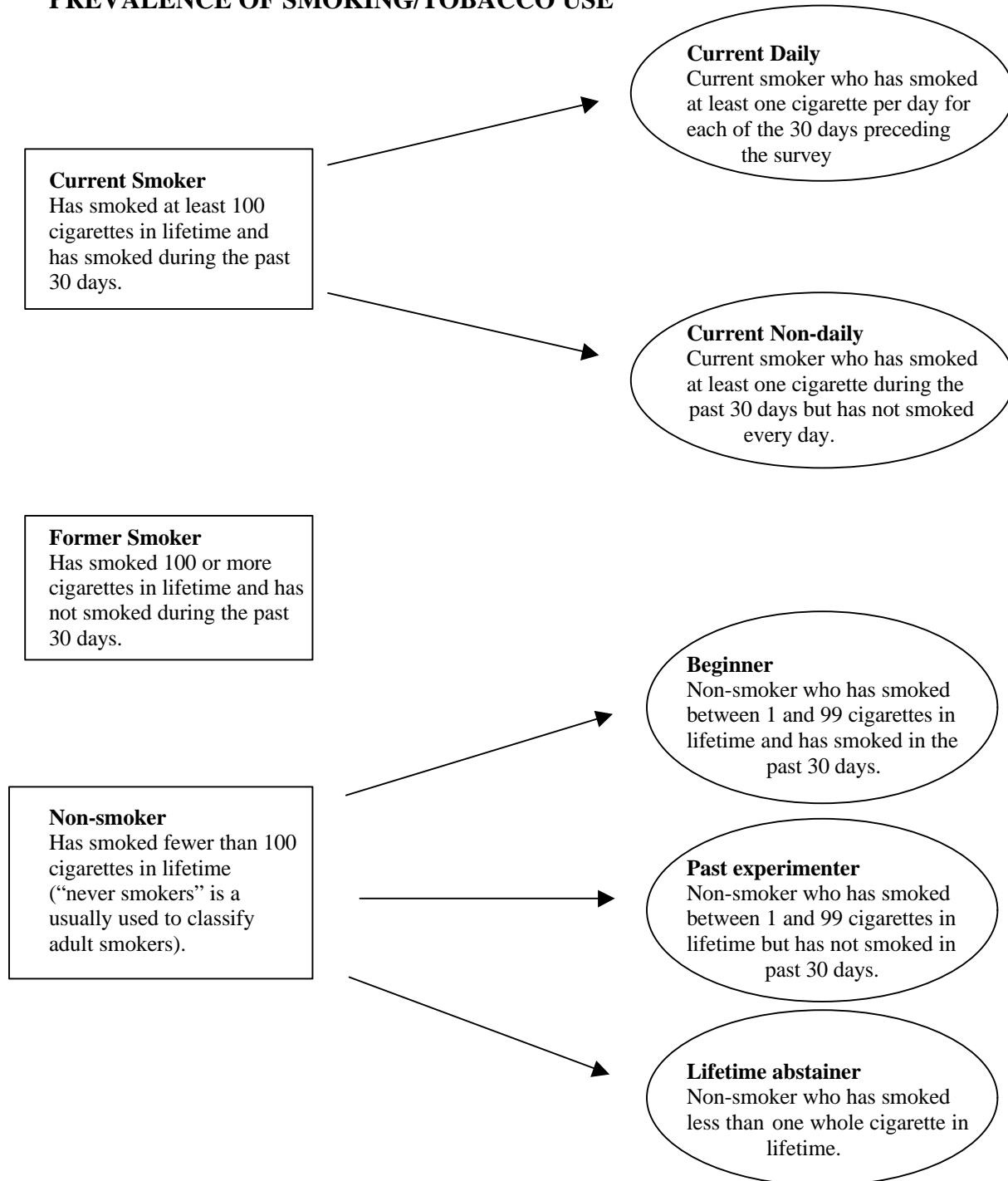
##### *School Component*

- final sample size = 14 270
- response rate = 80%

##### *Household Component*

- final sample size = 9491
- response rate = 81%

## PREVALENCE OF SMOKING/TOBACCO USE



**Figure 3. Youth Smoking Survey smoking status definitions.**

**Table 23. Proportion of non-smokers by age group, Youth Smoking Survey, 1994.**

<i>Age</i>	<b>Beginners (%)</b>	<b>Past Experimenters (%)</b>	<b>Lifetime Abstainers (%)</b>	<b>Total Non-smokers (%)</b>
10-14	7	10	76	93
15-19	6	14	54	74
Total (10-19)	7	12	65	83

(Adlaf &amp; Bondy, 1996)

**Table 24. Proportion of smokers by age group, Youth Smoking Survey, 1994**

<i>Age</i>	<b>Current Daily (%)</b>	<b>Current Non-daily (%)</b>	<b>Total Current Smokers (%)</b>
10-14	2	4	7
15-19	18	6	24
Total (10-19)	10	5	15

(Adlaf &amp; Bondy, 1996)

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## *Appendix A*

### *List of Keywords*

acceptability	experimentation	policy	when
accessibility	exposure	postal code	whole
addiction	Fagerstrom	pregnancy	workplace
advertising	family	prevalence	year
advice	father	prevention	youth
age	filters	price	
amount	First Nations	problems	
attempts	fluency	programs	
attendance	grade	public	
attitudes	health	puffs	
availability	high-school	purchase	
ban	history	quitter	
behaviour	home	reasons	
behaviour change	household	recall	
beliefs	hypertension	reduce	
body-weight	immigrant	regular smoker	
childhood	immigration	religion	
children	improve	religious	
cigarette brand	incentive	observance	
cigarette type	income	restrictions	
cigars	information	risk	
citizenship	inhale	rules	
community	inspectors	school	
complaints	intentions	school board	
consequences	knowledge	self-efficacy	
continuing	language	sell	
education	learned	SES (proxy)	
contraband	location	sex	
cost	marital status	siblings	
cultural background	members	smokeless tobacco	
current	method	smoker	
CVD	month	smoking areas	
daily	mother	smoking behaviour	
daily smoker	motivation	smoking cessation	
date of birth	nicotine	smoking prevention	
dentist	nicotine gum	smoking status	
dependents	nicotine patch	social marketing	
designated	nonsmoker	sponsorship	
difficulty	North Bay	spouse	
disposable income	occasional smoker	stages of change	
doctor	occupation	start	
duration	onset	status	
education	pack	support	
effectiveness	package	taxes	
effects	parents	teachers	
employment	past-smoker	Toronto	
enforcement	peers	training	
established smoker	perceptions	treatment	
ethnicity	performance	unemployed	
ETS	pipe	unemployment	
ever-smoker	place of birth	warnings	
expectations	plain	week	

## *Appendix B*

### *CATI Items within the Database*

Certain questions within the searchable database contain a choice of words within parentheses. These specific items arise from CATI questionnaires; the choice of words indicates the various ways in which the question can be worded. Since CATI surveys are computerized, the wording of a particular question will be chosen based on information provided by the respondent from an earlier question. For example, “Does (he/she) smoke at this time?” would indicate that the question arises from a CATI questionnaire. Whether “he” or “she” is chosen by the computer program is determined from earlier demographic questions which query the respondent about his or her gender.

## *Appendix C* *Demographics*

The Demographics category within the searchable database does not contain all the demographics items from all the surveys listed in the database. Since some demographic items were specific to a particular survey, the database only contains items from selected surveys. Demographic items from the following surveys were not included in the database:

- Aboriginal Peoples Survey, 1991
- Alberta Survey, 1990
- Health and Activity Limitation Survey, 1991
- Health and Welfare Employee Smoking Survey, 1986
- National Longitudinal Survey of Children, 1994-1995
- Ontario Child Health Survey, 1983, 1987, 1990
- Survey of School Smoking Prevention and Alcohol Use Curricula, 1995
- Survey of Smoking Habits, 1977, 1979, 1981, 1983, 1986.

Second, inclusion of a demographic item within the database does not necessarily mean that it is the best way to ask a particular question. Rather, specific demographic items were included in the database to illustrate the *types* of items that have been included in Canadian health surveys and the types of items that may be useful for surveys on smoking. In addition, some of the demographic questions may be of questionable quality and users should be aware of this. For example, one demographic item about household income reads:

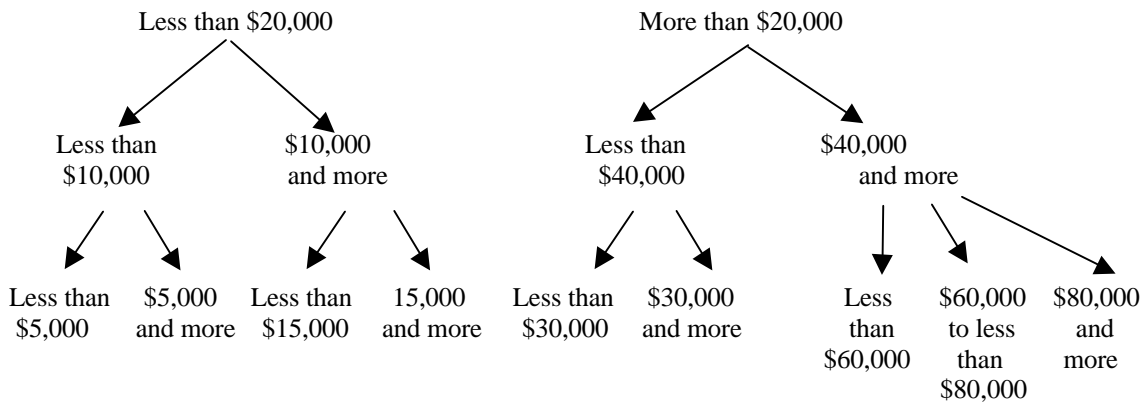
**Before taxes, approximately what were your total personal and total household incomes last year?**

- Less than \$10,000**
- \$10,000-\$14,000**
- \$15,000-\$19,000**
- \$20,000-\$24,000**
- \$25,000-\$34,000**
- \$35,000-\$54,000**
- \$55,000 and over**

Although the response categories are non-overlapping, they are poorly designed since persons whose income falls between \$14,000 - \$15,000 (and between \$19,000 - \$20,000 etc.) do not have a response option. Therefore, it is important that the user be aware of these types of pitfalls.

Finally, some Canadian government surveys use the following type of income question:

**What is the best estimate of your own income<sup>22</sup> from all sources, before deductions, during the past 12 months? Was your income<sup>22</sup> ...**



The following government surveys use this format:

- Canada's Alcohol and Other Drugs Survey, 1994
- General Social Survey, Cycle 1, 1985
- General Social Survey, Cycle 6, 1991
- General Social Survey, Cycle 10, 1995
- General Social Survey, Cycle 11, 1996
- National Alcohol and Drug Survey, 1989
- National Population Health Survey, 1994, 1996
- Nova Scotia Health Survey, 1995
- Survey on Aging and Independence, 1991.

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<sup>22</sup> or household income