

Our Health in Renfrew County and District

Issue #10 – December 2003

Risk Factor Survey Report



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“Promoting healthy people in a healthy environment”

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INTRODUCTION

In late fall 2001 and early winter 2002, the Renfrew County and District Health Unit conducted a telephone survey to determine the prevalence of certain risk factors for chronic disease in the community. A random sample of 372 residents was surveyed regarding risk factors such as eating habits, body mass index, exercise, smoking, and exposure to second-hand smoke. Data on the cost of a nutritious food basket are also reported here, although they were collected separately, as part of an on-going mandatory program.

Details about the methodology and a copy of the survey instrument presented in Appendix A.

Michael Spinks of the Health Information Partnership in Kingston, Ontario provided invaluable assistance with the statistical analysis of data for this report. The HIP's support is gratefully acknowledged.

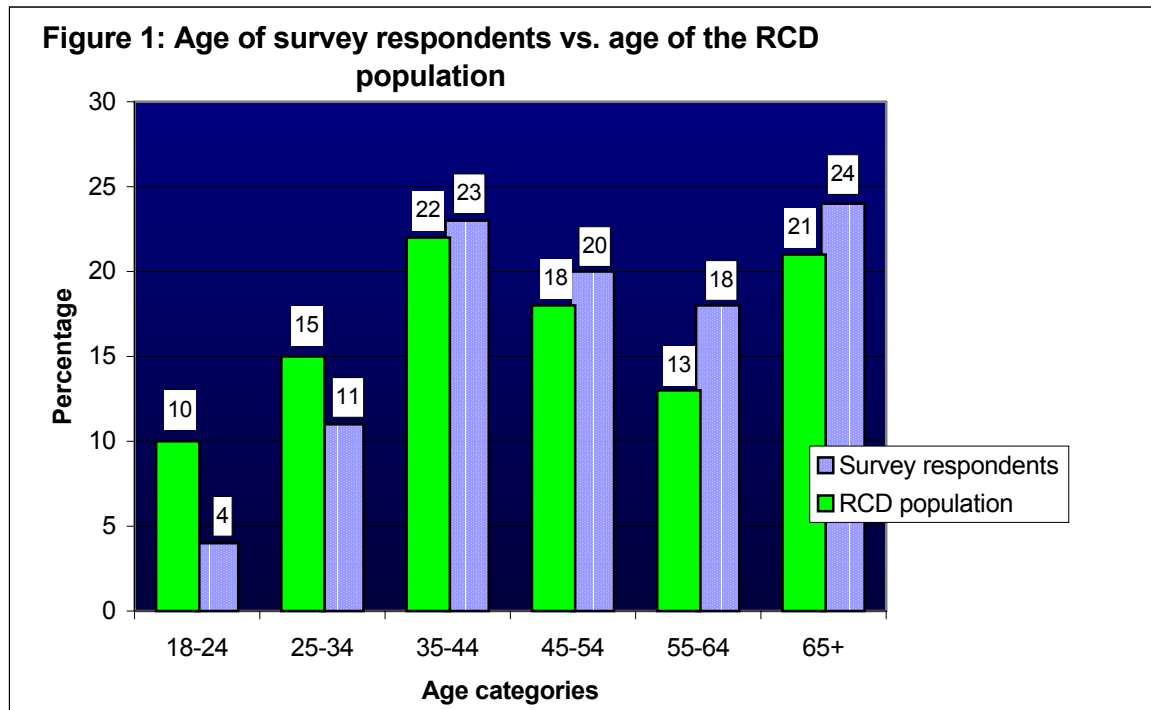
The results of the survey are presented below. In some cases data pertain to the survey respondents. In other cases, population proportions have been estimated using statistical techniques. In the latter case the 95% confidence interval for the estimates is indicated by the "plus" or "minus" figures in brackets after the estimate.

DESCRIPTION OF RESPONDENTS

As shown below in Table 1, survey respondents were drawn from the RCD population 18 years of age and over. All ages over 18 years were represented, however, folks over the age of 55 comprised about ten per cent more of the sample than they do of the actual population. Conversely, those under the age of 25 comprised about 10 per cent less of the sample than they do of the population. As a result, the sample is slightly biased toward older age groups.

Table 1: Age of survey respondents vs. age of the RCD population

Age Categories	Survey Respondents (%)	RCD population 18 and over (%)
65 years and over	24	21
55- 64	18	13
45 - 54	20	18
35-44	23	22
25- 34	11	15
18 -24	4	10



As shown below in Table 2, sixty-five per cent of respondents were female and thirty-five per cent were male. This bias should also be borne in mind when considering certain results of the survey.

Table 2: Gender of survey respondents

Gender	Survey respondents (%)	RCD population 18 and over (%)
Female	65	51
Male	35	49

Survey respondents came from all municipalities in the Renfrew County and District Health Unit, as shown below in Table 3, which groups municipalities by area. The North-Central area comprising Petawawa, Pembroke and Laurentian Valley was under-represented and all other areas were over-represented in terms of approximating the actual population.

Table 3: Percentage of respondents from each municipal area vs. actual population in each municipal area

Municipal Grouping	Survey Respondents, Number (%)	Population Number (%)
North (Deep River, Laurentian Hills and Head, Clara and Maria)	10	7
North-Central (Petawawa, Pembroke, Laurentian Valley)	23	38
East Renfrew, Arnprior, Horton, McNab/Braeside and White Water Region	38	32
West Region (Madawaska Valley, Killaloe Hagarty Richards Brudenell, Lyndoch and Raglan, and South Algonquin)	12	10
South-Central (North Algona Wilberforce, Bonnechere Valley, Admaston Bromley, Greater Madawaska)	17	12

FOOD AND NUTRITION-RELATED INDICATORS

Body Mass Index

Respondents were asked to report their body weight and height. Using these numbers for each person, **body mass index** was calculated. Body mass index is a measurement of body fat in relation to lean body mass and is calculated by dividing one's weight in kilograms by one's height in meters squared (m^2). The resulting number gives an indication of whether or not a person is at a healthy weight.

As shown below in Table 4, 54% of respondents were either overweight or obese. In males the total was higher at 65% as compared with 48% among females. These results are very close to the findings of the Canadian Community Health Survey (2001), reported previously (1) which found 56% of Renfrew County and District residents (63% of males and 49% of females) to be overweight or obese. The corresponding proportions of the Canadian and Ontario populations that are overweight or obese are approximately 8 per cent lower (1).

Table 4: Body Mass Index (RCD population, 18 years of age and over)

	Body mass index			
	< 20 underweight	20-24.9 normal weight	>25-29.9 overweight	>30 obese
Males	1% (+/-1)	34%(+/-8)	51%(+/-9)	14%(+/-6)
Females	11% (+/-4)	41%(+/-6)	34%(+/-6)	15%(+/-5)
Total	7% (+/-3)	39%(+/-5)	40%(+/-5)	14%(+/-4)

Frequency of eating low-fat foods

Respondents were asked how often they deliberately eat low-fat foods. For many years, health promotion programs have aimed to get people to eat a lower-fat diet based on dietary recommendations from national and international health authorities aimed at reducing chronic disease risks. The relative importance of this piece of dietary advice has been challenged recently (2), but health unit programs still emphasize this aspect of what is known as “healthy eating”.

The total proportion of the Renfrew County and District population that reported frequently eating low-fat foods was 52% (+/- 5%) as shown below in Table 5. Frequently eating low-fat foods was more common in women with 58% (+/-6%) reporting that they did so versus only 42% (+/-8%) of men.

Deliberately eating low-fat foods was more common in older age groups, as shown below in Table 6. Only one-fifth of the 18-24 year olds said they almost always eat low fat foods, whereas almost one-half of respondents over the age of 65 said they did so.

Table 5: Frequency of eating low fat foods (RCD population 18 year of age and older)

Sex	Frequently Eat Low-fat	Infrequently eat low-fat
Female	58% (+/- 6%)	42% (+/- 6%)
Male	42% (+/- 8%)	58% (+/- 8%)
Total	52% (+/- 5%)	48% (+/-5%)

Table 6: Variation in the proportion of respondents who “almost always” eat low fat foods, by age group (RCD survey respondents, 18 year of age and older)

Age Category	Percent of respondents
18-34	28
35-54	36
55-64	46
65+	48

The percentage of respondents who choose low fat foods is fairly uniform throughout the different household income categories. As shown below in Table 7, there were only slight variations from the average of 52% of respondents who reported choosing low-fat foods always or often.

Table 7: Percentage of respondents by household income and frequency of choosing low-fat foods

		Household income			
		<\$30,000	30 to 49 thousand	50 to 69 thousand	\$70,000+
Frequency of choosing low fat food	Often or always	52	51	52	54
	Sometimes or never	48	49	48	46
Total		100	100	100	100

Among survey respondents, there does not appear to be any relationship between deliberately choosing low-fat foods and body mass index. As shown below in Table 8, about 55% of respondents reported often or always choosing low fat foods, and the proportion was the same for both the normal / underweight group and the overweight / obese group.

Table 8: Proportion of respondents by body mass index and frequency of choosing low fat foods

		Frequency of choosing low fat foods		Total
		Often or always % of respondents	Sometimes or never % of respondents	
BMI	Normal or underweight	55.5	44.5	100
	Overweight or obese	54.5	45.5	100

Fruit and vegetable consumption

Adequate consumption of fruit and vegetables has become increasingly recognized as a key dietary contributor to good health. This results from the accumulation of a large body of scientific evidence linking higher levels of fruit and vegetable consumption to lower chronic disease risks and enhanced immune function (3). According to the Food and Agriculture Organization of the United Nations, research shows that nine or ten servings of fruit and vegetables daily is optimal; however most countries recommend five servings per day as a minimum (4). One “serving” is equal to one medium sized fruit or vegetable such as an apple or carrot, or one-half cup of cooked vegetables, or one cup of salad vegetables.

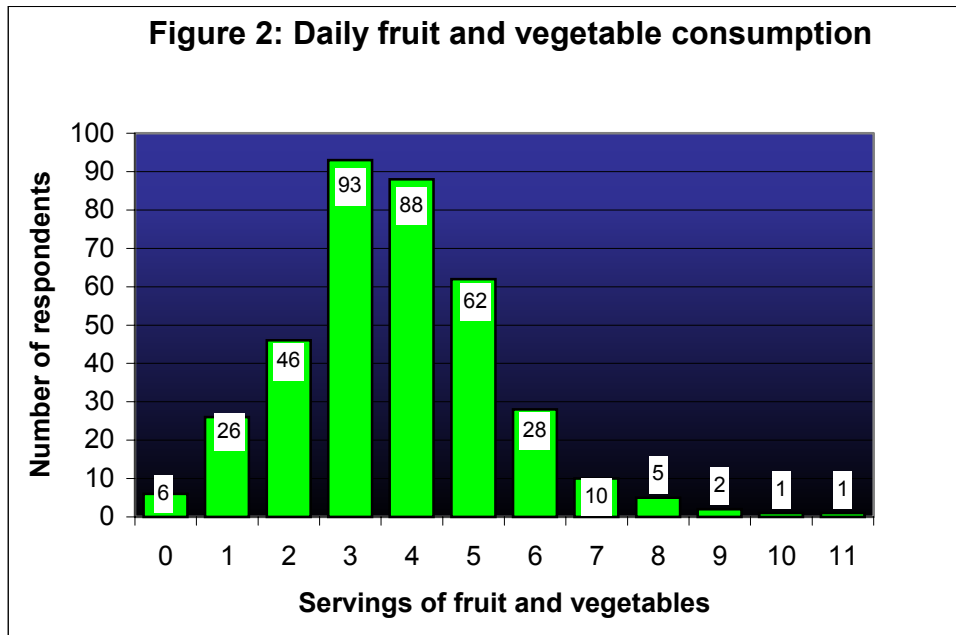
Canada’s Food Guide recommends five servings of fruit and vegetables as the minimum daily intake for all age groups (5). Unfortunately many people fall far short of even this minimum recommendation. As shown below in Table 9, only 30% (+/- 5%) of Renfrew County and District residents consumed five or more servings of fruit and vegetables per day. Only 20% of males (+/- 7%) consumed five or more servings of fruit and vegetables whereas 35% of females (+/- 6%) did so. The proportion of Ontario residents consuming five or more servings per day is slightly higher at 38% (11).

Table 9: Fruit and vegetable consumption (RCD residents, 18 years of age and over)

	Male	Female	Total
5 or more servings daily	20% (+/- 7%)	35% (+/- 6%)	30% (+/- 5%)
Less than 5 servings per day	80% (+/-7%)	65% (+/-6%)	70% (+/- 5%)

More detail about the distribution of fruit and vegetable consumption among survey respondents is shown below in Figure 1. As shown in this figure, fruit and vegetable

consumption at the time of this survey was centered on three to four servings per day. Over time, to be consistent with our increasing knowledge of the importance of fruit and vegetable consumption, we would like to see this distribution shift toward the right so that larger numbers of people would be meeting and exceeding the minimum number of recommended daily servings.



Fruit and vegetable consumption varies with household income. As shown in Table 10 below, fruit and vegetable consumption increases with increasing income. 35% of respondents in the >\$70,000 household income category consumed more than five servings of fruit and vegetables whereas only 25% of respondents in the <\$30,000 household income category did so.

Table 10: Percentage of respondents consuming “5 or more” and “less than 5 servings” of fruit and vegetables, by category of household income (RCD survey respondents, 18 years of age and over)

	Annual household income			
	< \$30,000	\$30–49,000	\$50–69,000	>\$70,000
5 or more servings daily	25	25	29	35
Less than 5 servings per day	75	75	71	65

Fruit and vegetable consumption also varies with body mass index. As shown in Table 11 below, only 21% of those in the obese category (BMI >27) consumed five or more servings of fruit and vegetables per day, while 34% of those in the normal weight category (BMI 20-25) did so.

Table 11: Variation in consumption of fruit and vegetables according to body mass index, (RCD survey respondents, 18 years of age and over)

	Body mass index			
	< 20	20-25	>25-27	>27
5 or more servings daily	32%	34%	35%	21%
Less than 5 servings per day	68%	66%	65%	79%

Access to food

Access to food is unfortunately not a given, even in a relatively rich country like Canada. Here in Renfrew County, as elsewhere in the country, there are people who, from time to time, do not have access to sufficient food because of a lack of money. Questions about this issue are regularly asked as part of surveys in Ontario and Canada in efforts to better understand and deal with this problem. In our survey, we asked respondents the following question: “In the past 12 months, did you or anyone else in your household NOT HAVE enough food to eat because of a lack of money?”

As shown below in Table 12, thirteen people out of 372 or 3.5% answered “yes” to this question. Based on statistical techniques, we can be fairly certain the true portion of the population for which access to food is a problem lies somewhere between 2% and 5%, or approximately 2600 people. The proportion of Canadians similarly affected has been reported by Statistics Canada to be 8% (6). In Durham Region, a more urban health unit in Southern Ontario, the proportion was 14% in 2003 (7).

Table 12: Percentage of the population with and without problems accessing sufficient food because of a lack of money (RCD residents, 18 years of age and over)

	Number and percent of respondents	Percent of the population of RCDHU	Estimated Number of individuals
Yes, problem	13 (3.5%)	3.5% (+/-2%)	2,600
No problem	359 (96.5%)	96.5% (+/-2%)	71,000

Cost of a nutritious food basket

Annual monitoring of the basic cost of healthy eating using the Nutritious Food Basket tool shows that it has become more expensive to buy nourishing food in Renfrew County and District. As shown below in Table 13, the cost of the nutritious food basket has increased 20% in RCD since monitoring began in 1998. In June 2003, the cost was \$131.55 in RCD, 8% higher than the provincial average cost. The cost of the nutritious food basket tends to be lower in large urban centers.

Table 13: Cost of a Nutritious Food Basket, Renfrew County vs. Ontario, 1998 – 2003.

	1998	1999	2000	2001	2002	2003
Reference family of four, Renfrew County	\$105.59	\$113.92	\$111.55	\$123.09	\$129.14	\$131.55
Reference family of four, Ontario	NA	\$113.28	\$111.08	\$118.95	\$123.58	\$121.92

Source: RCDHU and Ontario Ministry of Health and Long-term care

TOBACCO-RELATED INDICATORS

Smoking

Smoking is the leading cause of preventable death in our community. Each year in Renfrew County and District more than 150 people die from smoking-related conditions (8). The Chief Medical Officer of Health for Ontario has identified tobacco-related diseases as our province's number one public health problem, referring to the death toll due to tobacco-use as "staggering" (8).

According to the current survey, 22% of adults in RCD smoke daily as shown below in Table 14. This has declined from 25% in 1991 (9). Among adult females the percentage is slightly higher at 24% and among adult males it is slightly lower. The total proportion of adults who smoke daily is slightly lower in Ontario at 20% and about the same in Canada at 22%. Females in Renfrew County are more likely to smoke than their counterparts in Ontario (18%) and Canada (20%) (1).

Table 14: Percentage of population that smokes daily or occasionally (RCD residents, 18 years of age and over)

	Males (%)	Females (%)	Total Population (%)
Daily smokers	18 (+/- 7)	24(+/- 5)	22 (+/- 4)
Occasional smokers	8 (+/- 5)	4 (+/- 2.5)	5 (+/- 2)
Non-smokers	75 (+/- 7.5)	72 (+/- 6)	73 (+/- 5)

Support for Smoke-free Public Places

Exposure to second-hand smoke increases the risk of lung cancer and heart disease in non-smokers. It also causes respiratory problems in young children. As reported previously, about one-third of non-smokers over the age of 12 in Renfrew County and District reported that they were exposed to second-hand smoke most days as compared with one-quarter of non-smokers in Ontario (1).

Smoke-free public places are an important component of protecting people from the harmful effects of exposure to second-hand smoke. Municipal governments have the ability to pass bylaws making public places within their boundaries smoke-free but many have been reluctant to do so, fearing that such a move would be unpopular.

Respondents to the current survey were asked if they would support or oppose a local bylaw that would make all public places smoke-free. As shown below in Table 15, 65% of the population in Renfrew County and District stated that they would support a bylaw that would make all enclosed public places 100% smoke-free. Twenty-six per cent of the population stated that they would oppose such a bylaw. Support was higher among females at 69% and lower among males at 60% although the difference was not statistically significant. Support varied considerably around the county and district as shown in Table 16, ranging from a low of 55% in the South-Central area to a high of 70% in the North area.

Table 15: Support for making all enclosed public places in RCD 100% smoke-free, RCD population 18 year and over

	% of Males	% of Females	% of Total Population
Support	60 (+/-9)	69 (+/-6)	65 (+/-5)
Oppose	30 (+/-8)	23 (+/-5)	26 (+/-5)

Table 16: Support for a bylaw that would make all enclosed public places smoke-free, by municipal grouping (RCD survey respondents, 18 years of age and over)

Municipal grouping	Support (%)	Oppose (%)	Support some, not all (%)	Neutral (%)
North (Deep River, Laurentian Hills and Head, Clara and Maria)	70	16	5	8
North-Central (Petawawa, Pembroke, Laurentian Valley)/	58	37	6	0
East (White Water Region, Horton, Renfrew, McNab/Braeside, Arnprior)	69	18	11	3
West (Madawaska Valley, Killaloe Hagarty Richards Brudenell, Lyndoch and Raglan, and South Algonquin)	60	24	9	7
South-Central (North Algona Wilberforce, Bonnechere Valley, Admaston Bromley, Horton, Greater Madawaska)	55	31	9	5

PHYSICAL ACTIVITY INDICATORS

Regular physical activity is essential for good health. According to the United States Surgeon General, regular physical activity provides a host of benefits including increased psychological well-being and reduced risk of chronic diseases such as heart disease, diabetes, high blood pressure, colon cancer and obesity (10). The amount of regular, moderate, physical activity necessary for good health is not well established. Thirty minutes per day of moderate activity such as brisk walking, biking, raking, dancing etc. is recommended by many health authorities. It is thought by some that 60 minutes per day is better, especially given the epidemic of obesity that now exists in North America.

Activity levels of RCD survey respondents are shown below in Table 17. Sixty-two per cent of respondents reported that they engaged in moderate activity for at least 30 minutes per day, seven days a week. About one-third of respondents reported engaging in moderate activity for 60 minutes per day, with males being slightly more active than females.

Table 17: Proportion of the population engaging in recommended levels of physical activity (RCD residents, males and females 18 year of age and over)

	Males (%)	Females (%)	Total (%)
At least 30 minutes daily of moderate activity	63 (+/-8)	61 (+/-6)	62 (+/-5)
At least 60 minutes daily of moderate activity	40 (+/-8)	32 (+/-6)	35 (+/-5)

SUMMARY

This report is the latest in a series produced by the Renfrew County and District Health Unit. The series profiles health status in the communities served by the RCDHU which include the County of Renfrew, City of Pembroke and Township of South Algonquin, Ontario.

The current report is based on data collected by the Health Unit in late 2001 / early 2002. The analysis has been done by Health Unit staff with the assistance of Michael Spinks, Population Health Research Officer at the Health Information Partnership (HIP) in Kingston, Ontario. We gratefully acknowledge the assistance of the HIP in preparation of this report. The report also includes information on the cost of a nutritious food basket, gathered by health unit staff as part of a provincial monitoring program.

Key findings are as follows:

Food and Nutrition-related indicators

- ◆ 54% of the RCD population is overweight or obese
- ◆ approximately half the population of RCD reports that they frequently eat low fat food; the proportion doing so increases with age, does not appear to vary with income, and does not show any relationship with body mass index ie: folks who report often or always choosing low-fat food are no more or less likely to be overweight or obese than folks who sometimes or never choose low fat foods
- ◆ only 30% of the RCD population consumes five or more servings of fruit and vegetables each day; this is the minimum number of servings for good health; Ontarians are somewhat more likely to consume five or more servings
- ◆ most residents of RCD consume 3-4 servings of fruit and vegetables daily; doubling this amount would be very likely to have a positive impact on the health of RCD residents
- ◆ respondents who were obese were less likely to consume five or more servings of fruit and vegetables per day
- ◆ 3.5% of RCD residents reported having a problem at least once in the previous 12 month period accessing enough food to eat because of a lack of money; this corresponds to approximately 2,600 individuals
- ◆ the cost of a nutritious food basket has increased 20% in RCD since monitoring began in 1998; in June 2003, the cost was \$131.55 (for a reference family of four), 8% higher than the provincial average cost

Tobacco-related indicators

- ◆ 22% of adults in RCD smoke daily, down from 25% in 1991; a slightly higher percentage of females smoke than males in RCD; the percentage of adults that smokes is about the same for Canadians overall, and slightly lower for Ontarians.
- ◆ 65% of RCD residents said they would support a bylaw that would make all enclosed public places smoke-free

Physical Activity Indicators

- ◆ 62% RCD residents reported engaging in moderate activity for at least 30 minutes at day, seven days per week
- ◆ about one-third of respondents reported being moderately active for 60 minutes per day, seven days per week

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(<http://www.statcan.ca/english/freepub/82-221-XIE/00502/toc.htm> and
<http://www.statcan.ca:80/english/freepub/82-221-XIE/01002/toc.htm>)

APPENDIX

Methodology

A simple random sample was selected from the telephone book. Three hundred and seventy-two interviews were completed, each taking approximately 10 minutes. The survey instrument is presented below. The refusal rate was low at approximately 10%. Phone numbers where there was an initial “no-answer” response received up to six call-backs.

According to our statistical advisor, for a simple random sample, the sample size is dependent on 3 pieces of information, (i) the population size; (ii) the difference from the true estimate the investigator is prepared to accept; and (iii) the confidence level of the estimate. So for example, for a population of 73,808 (Renfrew 18+ population), using an expected estimate of 50% (this will yield the maximum sample size), an acceptable difference of no more than 5% and a 95% confidence level for estimate, the sample size required is 382. We fell short of this target by 10 subjects.

The formula used to calculate 95% confidence limits for prevalence limits was as follows:

$$p \pm 1.96 \sqrt{\frac{N-n}{N}} \sqrt{\frac{p(1-p)}{n-1}}$$

where p is the prevalence estimate, N the population size, n the sample size.

Survey instrument

Renfrew County and District Health Unit Risk Factor Survey Fall 2001/Winter 2002

"Hello, my name is _____ and I'm calling on behalf of the Renfrew County and District Health Unit."

1. Have you heard of the Health Unit?

- Yes
- No - *[If no, explain what the health unit is and does.]* **"The Health Unit is responsible for protecting public health. We have six offices around Renfrew County and District. Maybe you have heard of some of our programs such as prenatal classes and restaurant inspections."**
- Not Sure

"Today we are talking to people in the Renfrew County area about some important issues concerning personal health. WE ARE NOT SELLING ANYTHING. We will use the feedback from you and others we are calling today, to improve our programs. I would appreciate it if you could spare about 10 minutes or so to talk with me this morning/afternoon/evening."

First of all, may I ask if you are 18 years of age or older?

[IF NOT ASK TO SPEAK TO SOMEONE WHO IS AND REPEAT THE INTRO]

2. [RECORD SEX: DO NOT ASK]

- Male
- Female

3. May I ask you which municipality you live in?

4. In what year were you born?

5. And in what month was that?

These next questions are about the foods you usually eat or drink.

6. Do you deliberately eat low fat foods, "almost always, often, sometimes, or almost never"?

- almost always
- often
- sometimes
- almost never

Please tell me how often you eat or drink each of the following foods, for example, twice a week, three times a month, and so on. Include all foods you eat at home and away from home.

7. How often do you drink fruit juices such as orange, grapefruit, or tomato?

8. Not counting juice, how often do you eat fruit?

9. How often do you eat green salad?

10. NOT including french fries, fried potatoes, or potato chips, how often do you eat potatoes?

11. How often do you eat carrots?

12. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

13. In the past 12 months, were there any times when you or anyone else in your household not have enough food to eat because of a lack of money?

- Yes
- Not sure
- No
- Refused

Now some questions about physical activities or exercise that you do during your normal activities, including your time working, doing chores, and in your leisure time. I'll ask you first about moderate activities and then about vigorous activities.

[IF RESPONDENT VOLUNTEERS THEY ARE UNABLE TO DO PHYSICAL ACTIVITY, GO TO Q 20.]

14. In a usual week, do you do *moderate* activities for at least 10 minutes at a time, such as brisk walking, bicycling on flat ground, vacuuming, gardening, or anything else that causes some increase in breathing or makes your heart beat somewhat faster?

- Yes
- No - **[GO TO Q 20]**
- Don't Know
- Refused

15. How many days a week, on average, do you do these moderate activities for at least 10 minutes at a time?

- _____ [ENTER NUMBER OF DAYS]
- Don't Know
- Refused

16. On days when you do moderate activities for at least 10 minutes at a time, how much total time do you spend doing these activities?

[INTERVIEWER: ENTER EXACT NUMBER OF MINUTES HERE PLEASE. DO NOT ROUND.]

1 HOUR = 60	3 1/2 hr = 210	6 hours = 360
1 1/2 hr = 90	4 hours = 240	6 1/2 hr = 390
2 hours = 120	4 1/2 hours = 270	7 hours = 420
2 1/2 hr = 150	5 hours = 300	7 1/2 hr = 450
3 hours = 180	5 1/2 hr = 330	8 hours = 480]

- _____ [ENTER NUMBER OF MINUTES]
- more than 8 hours
- Don't know
- Refused

17. In a usual week, do you do *vigorous* activities for at least 10 minutes at a time, such as running, aerobics, bicycling on hills, heavy yard work, or anything else that causes large increases in breathing or makes your heart beat much faster?

- Yes -[go to Q 18]
- No -[go to Q 20]
- Don't Know
- Refused

18. How many days a week, on average, do you do these vigorous activities for at least 10 minutes at a time?

- _____ [ENTER NUMBER OF DAYS]
- Don't know
- Refused

19. On days when you do vigorous activities for at least 10 minutes at a time, how much total time do you spend doing these activities?

[INTERVIEWER: DO NOT ROUND. Enter EXACT number of minutes here please.

1 HOUR = 60	3 1/2 hr = 210	6 hours = 360
1 1/2 hr = 90	4 hours = 240	6 1/2 hr = 390
2 hours = 120	4 1/2 hours = 270	7 hours = 420
2 1/2 hr = 150	5 hours = 300	7 1/2 hr = 450
3 hours = 180	5 1/2 hr = 330	8 hours = 480]

- _____ **[ENTER NUMBER OF MINUTES]**
- more than 8 hours
- Don't know
- Refused

20. How tall are you without shoes?

21. How much do you weigh?

22. Have you smoked at least 100 cigarettes in your entire life?

- Yes - **[go to Q 23]**
- No - **[go to Q 24]**
- Don't Know - **[go to Q 24]**
- Refused - go to **[Q 24]**

23. Currently do you smoke cigarettes everyday, some days, or not at all?

- Everyday
- Some days (occasionally/sometimes)
- Not at all
- Don't know
- Refused

24. Does anyone in this household smoke regularly inside the home?

- Yes
- No
- Don't know
- Refused

25. Would you support or oppose a local bylaw that would make all enclosed public places 100% smoke-free? (Would that be strongly or somewhat support/oppose?)

- Strongly support
- Somewhat support
- Somewhat oppose
- Strongly oppose
- Support for some places but not all [DO NOT READ: ACCEPT AS VOLUNTEERED]
- Neutral/No opinion [DO NOT READ: ACCEPT AS VOLUNTEERED]

26. Have you ever been told by a doctor or other health care professional that you have any of the following disorders?

[INTERVIEWER: Read list to respondent]

- high blood pressure
- asthma
- diabetes
- any other chronic disease or disorder such as heart disease, cancer, or thyroid disorder
 - Yes [if yes, question continues on next page]
 - NO

(if yes) And what chronic disease or disorder do you have?

[READ LIST]

- 1 cancer
- 2 liver disease/problem
- 3 kidney disease/problem
- 4 heart disease/problem
- 5 lung disease/problem
- 6 spleen problem
- 7 thyroid disorder
- 8 blood disorder
- 9 immune disorder
- 10 arthritis
- 11 osteoporosis

I have just a few final questions for statistical purposes only:

27. What is the highest level of education you have obtained?

- Less than grade 9
- Some high school
- Completed high school
- Some post secondary education
- Completed post-secondary education

28. Do you have access to the Internet in your home?

- Yes
- No
- Don't know
- Refused

29. And finally, which of the following categories best describes your household income - that is the total income, before taxes of all persons living in your household?

- Under 10,000
- 10,000 to 19,999
- 20,000 to 29,999
- 30,000 to 49,999
- 50,000 to 69,999
- 70,000 and over

THANK YOU VERY MUCH FOR YOUR TIME TODAY.