

Healthy Eating Strategy – Population Survey

INTRODUCTION:

Hello, this is _____ calling on behalf of BC Stats, the central statistics agency of the provincial government. We are conducting a joint survey with the Provincial Health Services Authority about health and the factors that affect health. May I speak to a person in your household who is 18 years old or older?

(CALLING LANDLINES)

Int1 *The survey is offered in English, Mandarin, Chinese and Punjabi (click switch language). If you do not speak these you can arrange a callback in the language specified.)*

- Yes, speaking
- Yes, getting person *[Show If Hide]*
- Call back
- No, refused, respondent IS 18-34 years old *[Show If HIDE_intro]*
- No refused

IF TARGET RESPONDENT NOT AVAILABLE, ARRANGE CALL BACK

[RE-INTRODUCE IF SPEAKING TO NEW PERSON - Hello, this is _____ calling on behalf of BC Stats, the central statistics agency of the provincial government. We are conducting a joint survey with the Provincial Health Services Authority about health and the factors that affect health.]

One of the main goals of the survey is to gather information to help improve health programs in the province. The survey will take approximately 15 minutes and may be recorded for quality assurance.

Your participation in this interview is completely voluntary. The information in this survey is collected under Section 26 of the [Freedom of Information and Protection of Privacy Act](#) (FOIPPA) and collected under and kept confidential in accordance with the [Statistics Act](#). Your answers will be used for statistical and research purposes only and will be shared with the Provincial Health Services Authority. Your name and contact data will not be shared. When survey results are published, your responses will be combined with the responses of others so that you cannot be identified.

CONFIRM: Can we proceed with the survey?

- 1- Yes [Proceed]
- 2- No [Thank and End]

(Persuaders and Answers to Frequently Asked Questions

- ▶ This survey takes about 15 minutes.
- ▶ Please be assured we are not selling or soliciting anything.
- ▶ All responses are kept confidential and we never release respondents' personal information. More information about confidentiality can be found on the BC Stats website
- ▶ Your phone number was selected at random from a list of phone numbers in British Columbia.
- ▶ For survey validation: Call *Kaylie Ingram, BC Stats at (250)356-8050* or visit the BC Stats website (<http://www.bcstats.gov.bc.ca> – to see a list of current surveys click on the link on the left-hand side of the home page that says "[Current BC Stats Surveys](#)")

The survey is offered in English, Mandarin, Chinese and Punjabi (click switch language). If you do not speak these you can arrange a callback in the language specified.)

- Yes
- Call back
- No, refused

QA1. I would like to ask you about your mother tongue. What is the language that you first learned at home in childhood and still understand? [DO NOT READ LIST, RECORD ONE RESPONSE.]

IF RESPONDENT SAYS CHINESE, ASK: Would that be Cantonese, Mandarin, Taiwanese or some other dialect?]

1- English

- 2 - Cantonese
- 3 - Mandarin
- 4 - Punjabi
- 5 - French
- 6 - German
- Other (Specify)
- Don't Know
- Refused

QA2. *(Show If Asian_language)*

In which language would you prefer to complete this survey? *(DO NOT READ LIST. IF NECESSARY: We have interviewers who can conduct this survey in English, Cantonese, Mandarin, and Punjabi.)*

- English
- Cantonese *(If you speak this select and continue with survey, on next page switch language. If not arrange callback for other language.)*
- Mandarin *(If you speak this select and continue with survey, on next page switch language. If not arrange callback for other language)*
- Punjabi *(If you speak this select and continue with survey, on next page switch language. If not arrange callback for other language)*
- Other (TERMINATES RESPONDENT)

T3. *(Show If QA2_other)*

Unfortunately, we do not offer this survey in any other language. Thank you for your time. Goodbye.

Healthy Eating (General)

Q1. This survey deals with various aspects of your health. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

On a scale from 1 to 5, where 1 is very poor and 5 is very good, how would you rate your overall health?

- 5 - Very good
- 4
- 3
- 2
- 1 – Very poor
- Don't Know
- Refused

Q2. On a scale from 1 to 5, where 1 is very poor and 5 is very good, how would you assess your eating habits? By “eating habits”, we mean what food and beverages you consume, and where and when you consume them.

- 5 - Very good
- 4
- 3
- 2
- 1 – Very poor
- Don't Know
- Refused

On a scale from 1 to 5 where 1 is strongly disagree and 5 is strongly agree, please indicate the extent to which you agree or disagree with the following statements about your eating habits:

	Strongly Disagree 1	2	3	4	Strongly Agree 5	Don't Know	Refused
Q3. I have improved my eating habits in the past 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4. I plan on improving my eating habits in the next 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

One of the topics we will be discussing in this survey is sodium intake. Sodium is found in salt. It is the sodium in salt and salty foods that can be harmful to health.

[IF Q3 = 4 or 5 OR Q4 = 4 or 5 ASK Q5] [ELSE SKIP to Q7]

[IF Q3 =4 or 5 & Q4 ~=4 or 5: DISPLAY Q5a“Which of the following changes did you make?”]

[IF Q4 = 4 or 5 & Q3 ~= 4 or 5: DISPLAY Q5b “Which of the following changes will you make?”]

[IF Q3 = 4 or 4 & Q4 = 4 OR 5: DISPLAY Q5c “Which of the following changes did you or will you make?” [READ ALL, SELECT ALL THAT APPLY]

Q5.

- Ate more fruits and vegetables
- Reduced sodium intake DO NOT READ: if respondent is unsure about sodium, remind them, “Sodium is found in salt. It is the sodium in salt and salty food that can be harmful to your health”.
- Reduced sugary drinks
- Reduced sugary foods
- Reduced fat
- Ate breakfast
- Reduced my portion size
- Ate at restaurants less
- Other
- Don't know
- Refused

Q6. For which of the following reasons are you improving your eating habits? (Please select all that apply.)

- To prevent a specific health condition
- To manage a current health condition
- To manage my weight
- To increase my energy, stamina, or athletic performance
- Because of environmental reasons or concerns
- To support or encourage healthy eating among family and friends
- Because a doctor or health professional recommended that I should
- Because family and friends recommended that I should
- Because I read or heard that I should
- To improve my overall health
- Other
- Don't Know
- Refused

The following questions are about the food choices you make. On a scale from 1 to 5, where 1 is strongly disagree and 5 is strongly agree, please indicate the extent to which you agree or disagree with the following statements about your eating habits. (ONLY READ QUESTION TEXT IF NECESSARY)

	Strongly Disagree 1	2	3	4	Strongly Agree 5+	Don't Know	Refused
Q7. There are healthy food options available where I live or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8. I have enough time to eat healthy foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q9. I can afford to eat healthy foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10. I have the skills to know how to shop for and cook healthy meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q11. When eating alone, I take time to prepare healthy meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12. I have the willpower to avoid unhealthy foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q13. I have difficulty getting healthy food because of mobility issues or lack of transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are related to your meal patterns. Please answer based on a typical week in the past month.

In a typical week, how often do you do the following? Consider breakfast, lunch and dinner in your responses. (ONLY READ QUESTION TEXT IF NECESSARY. For example how many days in a week do you do the following?)

	Every day	Four to six times a week	One to three times a week	Less than once per week	Never	Don't know	Refused	
Q14. Eat meals prepared from 'scratch' at home, using fresh or whole ingredients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q15. Eat processed foods, including canned goods or deli meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q16. Eat pre-packaged meals, including frozen entrees and/or 'instant' meals, like frozen pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q17. Eat food from a restaurant, cafeteria, or coffee shop. This includes take out, delivery, drive-through, and sit-down meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q18. Eat a meal together, at your home, with most or all of the people living in your household.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable (ie. Living alone) <input type="checkbox"/>

Informed Consumer Choices

Q19. In the past month, can you think of a time when you decided not to purchase a particular food or drink because you thought it was too high in sodium?

- Yes
- No
- Don't know
- Refused

Q20. In the past month, can you think of a time when you decided not to purchase a particular drink because you thought it was too high in sugar or calories?

- Yes
- No
- Don't know
- Refused

Fruits and Vegetables

Q21. Not counting juice, how often do you usually eat fruit? *(Must be a whole number. If needed: You may answer per day, per week, per month or per year.)*

- Enter number ____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - iv. Per year
- Never
- Don't know
- Refused

Q22. How often do you (usually) eat green salad? *(Must be a whole number. If needed: You may answer per day, per week, per month or per year.)*

- Enter number ____
 - v. Per day
 - vi. Per week
 - vii. Per month
 - viii. Per year
- Never
- Don't know
- Refused

Q23. How often do you usually eat potatoes, not including french fries, fried potatoes, or potato chips? *(Must be a whole number. If needed: You may answer per day, per week, per month or per year.)*

- Enter number ____
 - ix. Per day
 - x. Per week
 - xi. Per month
 - xii. Per year
- Never
- Don't know
- Refused

Q24. How often do you (usually) eat carrots? *(Must be a whole number. If needed: You may answer per day, per week, per month or per year.)*

- Enter number ____
 - xiii. Per day
 - xiv. Per week
 - xv. Per month
 - xvi. Per year
- Never
- Don't Know
- Refused

Q25. Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat? (Must be a whole number. If needed: You may answer per day, per week, per month or per year.)

- Enter number ____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - iv. Per year
- Never
- Don't Know
- Refused

Sodium

Q26. I am going to read a list of types of foods. For each, please indicate if you think it contains a high amount of sodium. (ONLY READ QUESTION TEXT IF NECESSARY)

	Yes (High Sodium)	No	Don't know	Refused
a. Deli meats, like ham, salami, or bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Canned soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Frozen dinners, including frozen pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fresh fish (baked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ground beef (pan-fried)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fresh vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breakfast cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Tomato and vegetable juices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sugary Drinks

Q27. How often do you (usually) consume the following drinks? Do not include diet drinks or drinks sweetened with low calorie sweeteners like Equal or Splenda. You may answer per day, per week, per month or per year. (Select the appropriate level and enter the stated number. Must be a whole number. ONLY READ QUESTION TEXT IF NECESSARY)

a. Regular soda, pop, or slushes [MUST BE WHOLE NUMBER]

- Enter number ____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - iv. Per year
- Never
- Don't Know
- Refused

b. Specialty coffee or tea drinks with added sugar including sweetened iced tea

- Enter number ____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - iv. Per year
- Never
- Don't Know
- Refused

c. 100% fruit juice

- Enter number ____
 - i. Per day
 - ii. Per week

- iii. Per month
- iv. Per year
- Never
- Don't Know
- Refused

d. Sweetened fruit drinks, punches or lemonade

- Enter number ____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - iv. Per year
- Never
- Don't Know
- Refused

e. Sports drinks

- Enter number ____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - iv. Per year
- Never
- Don't Know
- Refused

f. Energy drinks [Prompt: bottled beverages intended to boost stamina and alertness using stimulates like caffeine]

- Enter number ____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - iv. Per year
- Never
- Don't Know
- Refused

g. Vitamin-enhanced water

- Enter number ____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - iv. Per year
- Never
- Don't Know
- Refused

Q28. How often you consume drinks with artificial sweeteners, such as aspartame in diet pops or juices, or Equal or Splenda added to tea or coffee beverages. Again, you may answer per day, per week, per month or per year. (Select the appropriate level and enter the stated number. Must be a whole number. ONLY READ QUESTION TEXT IF NECESSARY)

- Enter number ____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - iv. Per year
- Never
- Don't Know
- Refused

Q29. How often did you drink water? Keep in mind, a standard serving is approximately 1 cup or 8 ounces. (Select the appropriate level and enter the stated number. Must be a whole number. ONLY READ QUESTION TEXT IF NECESSARY)

- Enter number ____
 - i. Per day

- ii. Per week
- iii. Per month
- iv. Per year
- Never
- Don't Know
- Refused

Age, Income, Socio-Demographics

Lastly, we would like to ask you a few questions about yourself. Please be assured that your responses to these questions, and all questions in this survey, will be kept strictly confidential.

Q30. What is your exact date of birth?

- mm/yy [enter only month and year]
- IF REFUSED ask for year of birth _____

Q30c. Could you please indicate which of these age ranges you fall into?

(Please be assured that your responses to these questions, and all questions in this survey, will be kept strictly confidential.)

- 18 to 34 years old
- 35 to 64 years old
- Over 65
- Refused

Q30b. For demographic purposes, could you please tell me your postal code?

- ENTER SIX DIGIT POSTAL
- [DO NOT READ] Don't Know
- [DO NOT READ] Refused

Q31. Which gender do you currently identify yourself as: *(READ Q TEXT. DO NOT READ LEVELS. Do not guess, if the respondent does not answer select DK/Refused.)*

- Man
- Woman
- Other
- Refused

Q32. Which of the following best describes your current household composition? [READ]

Note, children are defined as those under 18, living in the household at least 50% of the time. Adult children who no longer live in your household are not included.

- Single with no children *[Confirm "So, you are the only adult living in your household and there are no children living in your household" IF "YES" SKIP Q35. IF "NO" GO BACK TO Q32]*
- Single with children *[Confirm "So, you are the only adult living in your household?" IF "YES" GO TO Q33 and SKIP Q34. IF "NO" GO BACK TO Q32]*
- A couple with no children *[Confirm "So, there are no children living in your household?" IF "YES" SKIP Q33. IF "NO" GO BACK TO Q32]*
- A couple with children
- A Multi-generational family, meaning three generations or more in one home
- OTHER
- Don't Know
- Refused

Q33. How many children (under 18) live in your household? Living in a household is defined as spending at least 50% of their time in the household.

- _____ (must be whole number)
- Don't Know
- Refused

Q34. How many adults (18 and over) live in your household? Living in a household is defined as spending at least 50% of their time in the household.

(Must be a whole number.)

- _____ (must be whole number)
- Don't Know
- Refused

Healthy Weights

Q35. *(Show If Woman_or_Other_or_Refused)*

It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?

- Yes
- No
- Don't know
- Refused

Q36. The next questions are about height and weight. How tall are you without shoes on?

- _____ cm **or** _____ feet, ____ inches
- Don't Know
- Refused

Q37. How much do you weigh?

- _____ kg **or** _____ pounds
- Don't Know
- Refused

Because there is a relationship between health and income, we would like to ask you some questions about your household income. Again, be assured that your responses to these questions, and all questions in this survey, will be kept strictly confidential.

Q38. Thinking about the total income for all household members, what was the *main* source of income in your household in the past 12 months? *(Please select one)*

- Wages and salaries (SKIP TO Q39)
- Income from self-employment (SKIP TO Q39)
- Other

38b. (IF Q38 = OTHER) What was the main source of income in your household?

OPEN – ENDED with PRECODES: _

- Dividends and interest (e.g. on bonds, savings)
- Employment Insurance
- Worker's compensation
- Benefits from Canada or Quebec Pension Plan
- Job related retirement pensions, superannuation and annuities
- RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
- Old Age Security and Guaranteed Income Supplement
- Provincial or municipal social assistance or welfare
- Child Tax Benefit
- Child support
- Alimony
- Other (e.g. rental income, scholarships)
- None
- Don't know
- Refused

Q39. What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, in the past 12 months?

- Less than \$20,000
- \$20,000 to \$39,000
- \$40,000 to \$59,000
- \$60,000 to \$79,000
- \$80,000 to \$99,000
- \$100,000 to \$119,000
- \$120,000 or over
- Don't Know
- Refused

The following questions are general background questions which will help us compare the health of people in BC.

Q40. Were you born a Canadian citizen or did you immigrate here?

- Born a Canadian citizen **[Skip to 43]**
- Immigrated here
- Born in Newfoundland before March 31, 1949 **[Skip to 43]**
- Don't Know **[Skip to 45]**
- Refused **[Skip to 45]**

Q41. What country were you born in? (OPEN – ENDED with PRECODES)

- _____

1. China	12. Romania
2. Great Britain	13. Russia
3. Fiji	14. Serbia
4. Hong Kong	15. South Africa
5. India	16. South Korea
6. Indonesia	17. Taiwan
7. Iran	18. Ukraine
8. Japan	19. USA
9. Mexico	20. Vietnam
10. Pakistan	96. Other [SPECIFY]_____
11. Philippines	97. Don't Know
	98. Refused

Q42. In what year did you first come to Canada to live?

- _____
- Don't Know
- Refused

Q43. Are you an Aboriginal person, that is, First Nations, Métis or Inuit? First Nations includes Status and Non-Status Indians.

- Yes
- No **[Skip to Q45]**
- Don't Know **[Skip to Q45]**
- Refused **[Skip to Q45]**

Q44. Are you First Nations, Métis or Inuit?

- First Nations
- Métis
- Inuit
- Don't Know
- Refused

Q45. What is the highest certificate, diploma or degree that you have completed?

- Less than high school diploma or its equivalent
- High school diploma or high school equivalency certificate
- Trade Certificate or Diploma
- College, cegep or other non-university certificate or diploma (other than trades certificates or diplomas)
- University certificate or diploma below the bachelor's level
- Bachelor's degree (e.g. B.A., B.Sc., LL.B.)
- University certificate, diploma or degree above the bachelor's level
- Don't Know
- Refused

Q46. [IF Q34, = "1" SKIP End]

What is the highest certificate, diploma or degree that any member of your household has completed?

- Less than high school diploma or its equivalent
- High school diploma or high school equivalency certificate
- Trade Certificate or Diploma
- College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)

- University certificate or diploma below the bachelor's level
- Bachelor's degree (e.g. B.A., B.Sc., LL.B.)
- University certificate, diploma or degree above the bachelor's level (Masters, or PhD)
- Don't Know
- Refused

Q47. Do you have a landline telephone number in your household? Note that this does not include cell phones, numbers that are only used by a computer or fax machine, or numbers used solely for business purposes.

- Yes
- No
- Refused

End. Thank you for taking time to complete this survey. Your responses will help inform health programs in the province of BC.

As noted in the introduction, your answers will be kept confidential in accordance with the [Statistics Act](#) and will only be used for statistical and research purposes. Your answers will be shared with the Provincial Health Services Authority, unless you give notice in writing to the Director of Statistics before June 30, 2013.

If you have any questions regarding **FOIPPA**(Freedom of Information and Protection of Privacy Act), **access or privacy**, please contact Mike Griffin, Manager of Project and Risk Management at BC Stats by phone at 250-387-6744 or mail, post office box 9410, Station Provincial Government, Victoria, BC, postal code V8W 9V1.

Do you require contact information for the Director of Statistics?

IF YES: The mailing address for the Director of Statistics is:
Angelo Cocco, Director of Statistics at BC Stats, post office box 9410, Station Provincial Government, Victoria, BC, postal code V8W 9V1

Thank you for your participation in this important research. Have a nice day.