

CAMH MONITOR



2018

METADATA USER'S eGUIDE

Centre for Addiction & Mental Health
<https://www.camh.ca/camh-monitor>

CAMH Monitor 2018
Metadata User's eGuide

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2019

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CAMH Monitor 2018: Metadata User's eGuide

ISBN: 978-1-77114-429-2 (PDF) / (Digital)

ISBN: 978-1-77114-428-5 (HTML) / (Online resource)

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Suggested Citation:

Ialomiteanu, A.R., Hamilton, H.A. & Mann R.E. (2019). *CAMH Monitor 2018:
Metadata User's eGuide*. Toronto, ON: Centre for Addiction and Mental Health.
Available at: <https://www.camh.ca/camh-monitor>

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ACKNOWLEDGEMENTS

A study of this magnitude requires the ongoing cooperation and support of many individuals and groups alike. Over the years, several people have provided invaluable input into this study.

First, we acknowledge the special contribution of Edward Adlaf, whose foresight initiated this on-going project and trend data.

Current colleagues who provided support and important contributions include Angela Boak, Tara Elton-Marshall, Anita Dubey, Christine Wickens, Gina Stoduto, Nigel Turner, Bruna Brands, Kevin Shield and Jürgen Rehm,. Former colleagues include Robin Room, Roberta Ferrence, Susan Bondy, Lise Anglin, and Norman Giesbrecht. All have provided valuable guidance and creative insight into the development of the CAMH Monitor over the years.

The sampling design and fieldwork were aptly conducted by the Institute for Social Research, York University, and we especially thank Liza Mercier, David Northrup, Hugh McCague, Lily Li, Stella Park, Rick Myles, Tammy Chi, and Greg Hanson for input throughout the project.

Special thanks are also owed to Robert Schwartz, Michael Chaiton, Rita Luk, and the Ontario Tobacco Research Unit who collaborated with us during all cycles of the survey.

This study was supported, in part, by the Ontario Ministry of Health and Long Term Care (MOHLTC). The views expressed here are those of the authors and do not necessarily reflect those of the MOHLTC.

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1. Background

The *CAMH Monitor* (CM), conducted by the Centre for Addiction and Mental Health (CAMH), is an *ongoing monitoring survey* of Ontario adults. One of the mandates of the Centre for Addiction and Mental Health, is to provide epidemiological surveillance of indicators related to alcohol, tobacco, and other drug use, as well as physical and mental health.

The epidemiological *survey research* in this program has a tradition of four decades. Historically, the survey had a progression from brief face-to-face interview surveys assessing strictly alcohol and other drug use in 1977, to the *Ontario Drug Monitor* (ODM), which broadened the scope and content of alcohol and other drug use issues in 1996. Starting with 1999, this surveillance program further developed into the *CAMH Monitor* now fielded continuously and monitoring a wide range of health and mental health indicators.

The *CAMH Monitor* is designed to serve as the primary vehicle for monitoring mental health and substance use issues among Ontario adults – including mental health status, alcohol and other drug consumption, public opinion regarding alcohol and other drug use issues and policies, and impairments and disabilities due to alcohol, drug use, and mental health difficulties.

This report describes four important stages of the 2018 cycle of the *CAMH Monitor* survey: first, the sampling design and procedures used to draw the sample; second, the outcome of the sampling process and the resulting sample quality; third, the data collection, instrument and items; and fourth, the microdata and its characteristics. This report also describes the CAMH Monitor 2018 microdata public use file (excluded from public use datasets are any items with disclosure risk).

The *CAMH Monitor* is based on over 40 years of institutional experience with population monitoring surveys (see **Table 1**), including the *Adult Drug Use* series (1977–1991) and the *Ontario Alcohol and Other Drug Opinion Survey* series (1992–1995). To enhance comparability to earlier surveys, the *CAMH Monitor* was designed to maintain many of the features of previous surveys, while maximizing data collection. Including the 2018 cycle of the survey, this program of surveillance research represents 33 surveys conducted since 1977, making it the longest ongoing study of adult alcohol and other drug use in Canada and one of the few studies of such duration globally.

Table 1. ARF/CAMH Ontario Adult Population Survey Program, 1977–2018

	Year	Survey Series	Mode of Interview	Survey Organization	Source (s)
1	1977	ADU	Personal	Gallup	(Smart & Goodstadt, 1977)
2	1982	ADU	Personal	Gallup	(Smart & Adlaf, 1982)
3	1984	ADU	Personal	Gallup	(Smart & Adlaf, 1984)
4	1987	ADU	Personal	Gallup	(Smart & Adlaf, 1987)
5	1989	ADU	Personal	Gallup	(Adlaf & Smart, 1989)
6	1991*	ADU	Personal & Telephone	Gallup & ISR	(Adlaf, Smart, & Canale, 1991)
7	1992	OADOS	Telephone	ISR	(Ferris, Templeton, & Wong, 1994; Ialomiteanu & Bondy, 1997)
8	1993	OADOS	Telephone	ISR	(Bondy, 1994)
9	1994	ADU+ OADOS	Telephone	ISR	(Adlaf, Ivis, & Smart, 1994; Paglia, 1995)
10	1995	OADOS	Telephone	ISR	(Anglin, 1995)
11	1996	ODM	Telephone	ISR	(Adlaf, Ivis, Bondy et al., 1997; Adlaf, Ivis, Ialomiteanu, Walsh, & Bondy, 1997)
12	1997	ODM	Telephone	ISR	(Adlaf, Ivis, & Ialomiteanu, 1998; Adlaf, Ivis, Ialomiteanu et al., 1998)
13	1998	ODM	Telephone	ISR	(Adlaf, Paglia, & Ialomiteanu, 1999; Adlaf, Paglia, Ivis, & Ialomiteanu, 1999)
14	1999	CM	Telephone	ISR	(Adlaf & Ialomiteanu, 2001a; Adlaf, Ialomiteanu, & Paglia, 2000)
15	2000	CM	Telephone	ISR	(Adlaf & Ialomiteanu, 2001b; Adlaf, Ialomiteanu, & Paglia, 2001)
16	2001	CM	Telephone	ISR	(Adlaf & Ialomiteanu, 2002a, 2002b)
17	2002	CM	Telephone	ISR	(Adlaf & Ialomiteanu, 2003)
18	2003	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2004)
19	2004	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2005)
20	2005	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2006; Adlaf, Ialomiteanu, & Rehm, 2008)
21	2006	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2007)
22	2007	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2008; Ialomiteanu, Adlaf, Mann, & Rehm, 2009)
23	2008	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2009)
24	2009	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2010; Ialomiteanu, Adlaf, Mann, & Rehm, 2011)

Year	Survey Series	Mode of Interview	Survey Organization	Source (s)	
25	2010	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2011)
26	2011	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2012; Ialomiteanu, Adlaf, Hamilton, & Mann, 2012)
27	2012	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2013)
28	2013	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2014; Ialomiteanu, Hamilton, Adlaf, & Mann, 2014)
29	2014	CM	Telephone	ISR	(Ialomiteanu & Adlaf, 2015)
30	2015	CM	Telephone	ISR	(Ialomiteanu, Adlaf, & Mann, 2016; Ialomiteanu, Hamilton, Adlaf, & Mann, 2016; Park, 2016)
31	2016	CM	Telephone	ISR	(Ialomiteanu, Adlaf, & Mann, 2017; Northrup, 2017)
32	2017	CM	Telephone	ISR	(Ialomiteanu, Adlaf, & Mann, 2018; Mercier, Northrup, & McCague, 2018; Ialomiteanu, Hamilton, Adlaf, & Mann, 2018)
33	2018	CM	Telephone	ISR	(Ialomiteanu, Hamilton & Mann, 2019; Mercier, Northrup, & McCague, 2019)

Notes: ADU -Ontario Adult Drug Use; OADOS - Ontario Alcohol and Other Drug Opinion Survey; ISR - Institute for Social Research, York University (<http://www.isryorku.ca/>); * mode comparison study.

1.1 The CAMH Monitor Surveillance Program (1996-ongoing)

As seen in **Table 1**, the CM2018 is a single cycle nested within a much larger surveillance program spanning 33 cycles during a **42-year** period. Moreover, the CM2018 is the 23rd cycle conducted since the series became continuously fielded in 1996. This series of repeated, cross-sectional surveys were conducted periodically from 1977 to 1989, then annually from 1991 to 1995, and starting in 1996 were conducted continuously. All surveys share a common target population of noninstitutionalized Ontario adults aged 18 or older and a sample derived from probability sampling.

1.2 CAMH Monitor and Earlier Series

1. The CAMH Monitor series is based on the **annual cumulation of rolling samples** (monthly samples between 1996 and 2010; quarterly samples beginning 2011), versus the periodic time-limited fieldwork (typically 3-4 months) in earlier surveys. Such “rolling” or continuous surveys have several advantages over periodic fieldwork including the following:

- greater capacity to detect seasonal and secular trends;
- greater capacity to provide timely data;¹
- ability to accumulate rare populations across time (Kalton, 2009; Kish, 1999);
- multiple repeated samples lead to better statistical estimation (Kish, 1965);
- more efficient detection of interview error and ability to make adjustments during fieldwork; and
- potential for quickly fielding new material and evaluating changes in programs, policies and legislation, and for assessing potential drug-related outbreaks.

2. The CAMH Monitor is **regionally stratified with equal allocation** of respondents within each region (stratified by six regions versus nonstratified or proportional allocation employed in earlier surveys). Thus, the precision of estimates from areas such as Northern Ontario are appreciably improved compared to earlier surveys. As well, the potential for combining/cumulating cases across samples for regional, subgroup and rare-group analyses is greatly enhanced (see Kalton 2009; Kish, 1999).

3. Beginning in 2000, the CAMH Monitor sampling plan introduced **list-assisted**² sampling, thus including cell phones (as well as newly connected or listed and unpublished numbers) into the survey population frame.

4. Starting with 2017, a **dual-frame sampling strategy** was introduced. In 2018, a province-wide **cell-phone sample** (20% of the total sample) was added to the sampling frame in addition to the list-assisted sampling frame (see pages 5-8 for more details).

5. Between 1996 and 2018, the annual sample size varied between 2,005 and 5,013 respondents. (see **Appendix A** for details about sample sizes across years).

¹ Because changes to the CATI can be made within days, emerging issues can be quickly administered.

² Between 1991 and 1999, the stage 1 sampling frame consisted of landline telephone numbers only. In 2000, the design was expanded to a list-assisted RDD, which also included the selection of cell phone numbers, unlisted numbers and newly-activated numbers. In 2017 the design was changed to dual-frame sampling including a list-assisted sampling frame and a cell phone sampling frame.

2. CAMH Monitor 2018 Sample Design (Dual-Frame)

2.1 Target Population and Sampling Frame

The CM2018 was administered by the Institute for Social Research, York University, which served as the contractor to produce all random digit dialed (RDD) telephone surveys since 1991. Since 2000, the CAMH Monitor has been a regionally stratified, list-assisted RDD rolling survey. To meet the challenges arising from increasing rates of noncoverage in landline-based telephone samples due to cell-phone-only households (see Sean Hu, Balluz, Battaglia, & Frankel, 2011), starting with 2017 the CAMH Monitor expanded the list-assisted random digit dialing survey to a dual-frame (landline and cell phone numbers) survey. In 2018, a province-wide **dual-frame** RDD sampling frame was employed: (1) a province-wide **list-assisted** RDD sampling frame (~80% of the sample) and (2) a province-wide **cell-phone** RDD sampling frame (~20% of the sample).

The CAMH Monitor **target population** – the intended population which we wish to make inferences about – is noninstitutionalized adults aged 18 or older residing in Ontario households during calendar year 2018. The **survey (or frame) population** – the population that has an actual chance of being selected – is based on adult telephone subscribers (landline and cell phone) and their household members residing in Ontario. **Excluded** by design are Ontario residents that are phoneless, which represent less than 0.5% of Ontario residents (Statistics Canada, 2014). In addition, those institutionalized in a medical or correctional setting, those too ill or aged to be interviewed and those unable to communicate in English on the telephone are also deemed out of scope. The *CAMH Monitor* design does not exclude military personnel from the target population.

2.1.1 The landline/list-assisted RDD sampling frame

Since 2000, the sampling frame has been built using the 10-digit telephone numbers in Ontario consisting of an area code, a central office code or exchange (the first three digits of the telephone number) and a suffix or bank (the last four digits). A list of telephone numbers in Ontario can be constructed from CD-ROM versions of telephone directories and other commercially available lists of telephone numbers. Selections from these sources, as well as telephone numbers between or on either side of listed numbers are included in the sampling frame. In essence, each randomly selected number from a telephone directory serves as a seed for additional random selections that are not restricted to published landline numbers. For example, if the selected number xxx-xxx-8513 is published in a directory then all numbers from xxx-xxx-8510 through xxx-xxx-8519 are included in the sampling frame even if they are cell phone numbers or unlisted numbers (unless they are known *not-in-service* numbers). A computer is then used to generate a random sample of telephone numbers from this frame from which each quarterly sample is drawn. Because *unlisted numbers, cell phone numbers, cable phone numbers and newly activated numbers* are potentially interspersed among published numbers in the sampling frame, this strategy of using a **list-assisted frame** provides a superior sample (see page 6 and **Appendix F** for more details). In total, 2242 interviews were completed using the list-assisted frame (2177 landline interviews and 49 cell phone interviews).

2.1.2 The cell-phone sampling frame

As mentioned above, a **province-wide dual-frame** sampling was employed for the CM in 2018. The dual-frame component included adding a cell phone sample to the landline/list-assisted sample. In total, 564 interviews were completed using the cell phone sampling frame. Similar to the selection of the landline sample, cell phone telephone numbers were randomly selected from the six sampling regions. Because a listing of cell phone numbers does not exist, the cell phone sampling frame was created from the list of dedicated cell phone exchanges for the six geographical areas (see page 9 and **Appendix F** for more details).

2.2 Landline/List-Assisted Sample Selection

As mentioned before, approximately 80% of the 2018 sample was collected using a list-assisted sampling frame. The sample design employed a **stratified** (by six regional area code aggregates) **two-stage** (PSU=telephone number; SSU=respondent) **list-assisted RDD rolling quarterly³ probability selection** procedure, which interviewed English-speaking household residents of Ontario aged 18 or older. Similar to previous years, the **four quarterly non-overlapping samples** were cumulated to provide a single calendar year dataset (Alexander, 2002; Kish, 1999).

The CAMH Monitor List-Assisted Sample Design 2018

Stage of Selection	Primary Sampling Unit (PSU) / Secondary Sampling Unit (SSU)	Strata
1.	<i>Telephone household (PSU)</i> , selected each quarter using list-assisted RDD rolling samples with equal probability. Telephone numbers are selected without replacement.	Area code aggregates ($n=6$); equally allocated (i.e., disproportional to population)
2.	<i>Respondent (SSU)</i> aged 18+ residing in household of telephone subscriber, selected using "modified" last birthday method (<i>see below for details</i>). Respondents selected without replacement.	None

³ In 2011, the sampling interval was revised from monthly samples to quarterly (i.e., trimonthly) samples. The reason for this change was to increase the call-back period in order to maximize the contact and response rate.

Stage 1 – telephone number selection: Within each of the six regional area code stratum (the 11 area codes in the province were grouped into 6 strata), *each quarter* a random sample of telephone numbers was selected with equal probability (EPSEM) and without replacement (WOR) from the frame just described.

Stage 2 – respondent selection: Within households of selected telephone numbers, one respondent aged 18 or older who could complete the interview in English⁴ was usually selected without replacement (WOR) according to the *last birthday* method of selecting household members.

Starting with 2015, the question on the *selection of the respondent* in a household was slightly *modified* to increase the probability of selecting a younger adult (age 18 to 30) as the respondent in a household to increase sample representativeness.

In the past, interviewers had asked, “*Including yourself, how many people 18 years of age or older live in your household?*” Starting with 2015, interviewers asked, “*Including yourself, how many people between 18 and 30 years of age live in your household?*” If there was only one person who was between the ages of 18 to 30 living in a household, this person was identified as the respondent. If there were two or more younger adults in a household, one of the younger adults was randomly selected using the next birthday method. In households where there was no one under 30 years of age, there was no change in the probabilities of selection and the *next birthday selection* method was used. Since the total number of adults in a household (age 18 and over) does not change regardless of the age of the adult respondent being selected, and only the total number of adults in a household is used to calculate weights in a household, the calculation of weights for the list-assisted sample in 2018 stays the same as previous cycles of CAMH Monitor.

A minimum of 12 call attempts were placed to unanswered numbers and households who refused to participate on the first contact were recontacted in an attempt to convert their refusal to participation.⁵ To better equalize the precision of estimates within each regional strata of the province, the sample was equally allocated among six area code strata resulting in a *disproportional-to-population allocation* (see **Table 2a** and **Table 2b**). Survey weights are required to restore population representation (see page 22 for more details). The 2018 CAMH Monitor weighted sample is considered representative for **10,766,695** Ontarians aged 18 or older (see **Table 6**).

⁴ With the introduction of the RDD series in 1991, both English and French CATIs were made available to all respondents. However, experience with the CM surveys found that most Francophone respondents preferred to complete the English interview. Given this preference, in 1998 the CATI became exclusively English.

⁵ These refusers are recontacted once after the initial refusal to make a final request for participation. Refusal conversions attempts are conducted by experienced, specifically trained interviewers. However, those respondents who refuse by saying 'put me on your do-not-call list' or are distressed about the request are never recontacted.

Advance Letters - Starting with 2009, to improve the response rate, or at a minimum, to dampen further reduction, all *selected telephone households in the province* were mailed an **advance or introductory letter**. The letter, on CAMH letterhead, described the history, purpose and importance of the study and mentioned that the household would be phoned in the near future and asked to participate in the survey. Advance letters were mailed one week prior to telephone contact. The advance letter has a small positive effect in making households aware of the legitimacy, importance and sponsorship of the study and in expecting the phone call, and in providing interviewers additional confidence when introducing themselves to respondents (see details **Appendix B**).

Table 2a. CAMH Monitor Regional Stratification of Ontario's Area Codes for the Landline Sample

Region	County	Area Code
Toronto	City of Toronto	416, 647
Central West	Halton; Hamilton-Wentworth; Peel; Waterloo; Wellington; Dufferin; Niagara; Brant; Haldiman-Norfolk	519, 905, 289, 226
Central East	Simcoe; York; Haliburton; Peterborough; Kawartha Lakes; Northumberland; Durham	705, 905, 289
West	Kent-Chatham; Huron; Perth; Elgin; Oxford; Middlesex; Grey; Bruce; Lambton; Essex	519, 226
East	Stormont, Dundas and Glengarry; Prescott-Russell; Ottawa-Carleton; Renfrew; Lanark; Leeds-Grenville; Hastings; Prince Edward; Frontenac; Lennox and Addington	613, 343
North	Kenora; Rainy River; Thunder Bay; Muskoka; Parry Sound; Nipissing; Timiskaming; Algoma; Manitoulin; Sudbury RM; Sudbury TD; Cochrane	705, 807

Note: Over the years area codes were overlaid: 647 with 416; 289 with 905; 226 with 519; and 343 with 613.

Response Rate

The response rate for the list-assisted sample component was **32%** and was calculated using AAPORs (American Association of Public Opinion Research) eligibility-adjusted response rate calculation (#completed interviews/estimated # eligible respondents). More details about the RR and details about the weights calculation can be found in **Table 3** (page 16) and **Appendix F** respectively.

The introductory script used by interviewers to select landline respondents and obtain consent is shown in **Appendix C**.

2.3 Cell-Phone Sample Selection

As mentioned above, around 20% of the 2018 sample was selected using a province-wide *cell phone* sample, starting January 2018 (more details are presented in **Appendix F**).

Sample Selection

Similar to the selection of the landline sample, **cell phone telephone numbers** were **randomly selected** from the six sampling regions. However, unlike landline telephone numbers (where listed telephone numbers are compiled and supplemented with commercially available lists), a listing of cell phone numbers (i.e. ‘phonebook’) does not exist. Therefore, cell phone samples are created from the list of dedicated **cell phone exchanges** for the six geographical areas. The geographical information available for each number is limited to the area code (which determines broadly which area of the province the cell phone is used in) and the ‘rate centre’ (the city where that phone exchange switching station is located, and the free dialling zone associated with the cell phone number). This generally results in a larger calling zone and requires a larger sample and screening to determine if the cell phone number is in the designated area (see **Table 2b** for more details). Because it is not possible to obtain street (or mailing) addresses for cell phone numbers, advance letters were not mailed to households in advance of an interviewer calling. Similar to landline samples, the cell phone sample includes ‘not-in-service’ and ‘non-residential’ telephone numbers, but unlike landline numbers a non-trivial proportion of the numbers are screened out as they are not in the geographical area of interest.

Respondent Selection

In landline samples, the second stage of the sample selection process is the random selection of a respondent from the selected household (using the modified birthday selection method if there is more than one adult in the household). The assumption is that the landline telephone number is associated with all eligible members of the household. For the CAMH Monitor cell phone sample, (as with most cell phone surveys, including the CDC’s Behavioural Risk Factor Surveillance System)⁶, the assumption is that each cell phone is linked to a single individual and is not shared with other household members. Therefore, regardless of the number of adults living in the household, the **adult user** of the **cell phone** is selected as the **respondent** (i.e. no random respondent selection). The interviewing protocol for cell phones is as follows: (1) first, the interviewer determines whether the cell phone is used mainly for personal use; (2) the interviewer determines if the respondent is in a place where they can safely talk on the phone to answer questions, and (3) the interviewer determines that the respondent is at least 18 years old. In total, 564 interviews were completed using the cell phone sampling frame.

⁶ https://www.cdc.gov/brfss/annual_data/2016/pdf/overview_2016.pdf

Response Rate

The response rate for the cell phone sample component was **21%** and was calculated the same way as the CAMH Monitor's landline/list-assisted response rates have been calculated (#completed interviews/estimated # eligible respondents). More details about the RR and also details about the weights calculation for the dual frame sample can be found in **Table 3** (page 16) and **Appendix F**, respectively.

Table 2b. CAMH Monitor Regional Stratification of Ontario's Area Codes for the Cell-Phone Sample

Region	County	Area Code
Toronto	City of Toronto	226, 416, 519, 613, 647, 705, 905
Central West	Halton; Hamilton-Wentworth; Peel; Waterloo; Wellington; Dufferin; Niagara; Brant; Haldiman-Norfolk	289, 226, 416, 519, 647, 905
Central East	Simcoe; York; Haliburton; Peterborough; Kawartha Lakes; Northumberland; Durham	289, 416, 613, 647, 705, 905
West	Kent-Chatham; Huron; Perth; Elgin; Oxford; Middlesex; Grey; Bruce; Lambton; Essex	519, 226
East	Stormont, Dundas and Glengarry; Prescott-Russell; Ottawa-Carleton; Renfrew; Lanark; Leeds-Grenville; Hastings; Prince Edward; Frontenac; Lennox and Addington	289, 613, 519
North	Kenora; Rainy River; Thunder Bay; Muskoka; Parry Sound; Nipissing; Timiskaming; Algoma; Manitoulin; Sudbury RM; Sudbury TD; Cochrane	226, 289, 613, 647, 705, 807

The introductory script used by interviewers to select cell phone respondents and obtain consent is shown in **Appendix C**.

3. Data Collection and Quality

3.1 Questionnaire Content and Design – Computer Assisted Telephone Interviews (CATI)

In total, **2,806** respondents completed the province-wide, list-assisted CATI interview in 2018 (2177 interviews using a landline or cable phone and 613 interviews using a cell phone). Two categories of questions were asked in the CM2018 – core and panel (subsample) items. Two randomly assigned split ballot CATI⁷ interviews concurrently fielded were employed: **Panel A** (with a maximum of 128 items) comprised interviews with **1008** respondents, and **Panel B** (with a maximum of 165 items) comprised interviews with **1,798** respondents. Panels A and B were fielded concurrently between January 03 through December 17, 2018 (monthly interviews varied from 62 to 437). To reduce respondent burden and maximize questionnaire content and flexibility, the *CAMH Monitor* employs a *matrix interview design*, whereby within each panel (or across panels for core items), random subsets of respondents are asked various modules of questions, whereas the remaining respondents are asked modules or sets of different questions (see **Appendix D** for the CATI questionnaire). The *major advantage* of this matrix interview method is that the interview content can be maximized without increasing the length of a single interview. In addition, the CATI system's ability to randomize respondents between different question conditions and question formats readily allows for methodological studies on question wording, order, etc. A *disadvantage*, however, is that sample sizes for split sample analysis are reduced. Some discussion of matrix sampling can be found in (Heeringa, West, & Berglund, 2010; Thomas, Raghunathan, Schenker, Katzoff, & Johnson, 2006).

3.2 Questionnaire Pretesting and Interviewing

Prior to the initiation of fieldwork, all new questions and full CATI interviews were field pretested with approximately 25 respondents. This pre-survey assessment included information from pretest respondents, interviewer debriefings and expert evaluation by staff at ISR and CAMH. Compared with paper-pencil questionnaires, CATI interviews have several *advantages*, including the following: interviewer administration, immediate data capture, automatic control of question sequence, centralized interviewer supervision and capability of randomization of respondents to particular questions, and randomization of the presented item order.

The 2018 interview averaged **22.6 minutes** (range 11–73 min.; median 22 min.; 92% of interviews completed within 30 min). Interviews were conducted by 22 ISR interviewers, many of whom had considerable CATI experience and had completed interviews on prior CAMH surveys.⁸ In addition, all respondents who refused to participate on the first contact were recontacted by a seasoned interviewer with the purpose of converting the respondents initial refusal to participation (10% of initial refusers were converted).

⁷ ISR's CATI facility employs CASES (Computer-Assisted Survey Execution System) software in implementing the CATI system.

⁸ Each cycle of the *CAMH Monitor* was approved by the *CAMH* Research Ethics Board.

3.3 Methodological, Special Studies and Recruitment Requests

In addition to surveillance activities, each *CAMH Monitor* cycle may contain dedicated investigations, institutionally or grant funded, pilot studies, experiments, or recruitment requests for participants identified in the survey as meeting the criteria for other research projects at CAMH. Among the special items included in the 2018 cycle of the survey, we could mention items about e-cigarettes and water pipe smoking in Panel A, and items about traumatic head injuries, suicidal ideation, perceived risk of cannabis use, opinions about cannabis policy, and FAS (fetal alcohol syndrome) in Panel B.

Special Studies - CAMH Monitor 2018	
Special item sets included in 2018	When Introduced
▪ E-cigarettes	▪ 2013
▪ Water pipe smoking	▪ 2012
▪ Suicidal ideation	▪ 2012
▪ Opinions about alcohol sales in grocery stores	▪ 2015, 2016, 2018
▪ Cannabis policy/opinions/perceived risk of use	▪ 2014, 2017
▪ Cannabis – Approved medical use	▪ 2013
▪ Cannabis – Mode of use/Source	▪ 2017
▪ Traumatic head injury	▪ 2011, new items added 2018
▪ Texting and driving	▪ 2015
▪ FAS (fetal alcohol syndrome) and alcohol use	▪ 2018
▪ Recruitment items for respondents with a lifetime TBI (follow-up study)	▪ 2018

3.4 Respondent Evaluation

Improvement in the quality of survey data depends upon ongoing evaluation. To continually assess the quality of responses and to further improve future CM data, respondents were asked, at the end of the interview, to evaluate two aspects of the interview – length and comprehension. The following is a summary of the findings.

Only 45% cent of respondents found the interview “too long” or “somewhat long” (lower than the 53% found in 2016), and only 13% said the interview was “somewhat” or “much too difficult”. When asked which questions were confusing or difficult, the most common answers included questions about mental health, taxes, smoking in public places, and alcohol and drug use. Reasons why the questions were confusing included: recall difficulty; insufficient detail to answer questions (e.g., absence of first-hand experience or knowledge; unfamiliarity with the situation or lifestyle presented); repetitiveness; and cognitive complexity (e.g., lengthy or difficult questions). The most frequently cited topics that were difficult to answer included drug and alcohol use, mental health, ethnicity and household income. Among the more common difficulties mentioned were absence of knowledge or unfamiliarity with the situation or lifestyle presented; recall difficulty; inability to give a straight answer; and perception of the topic as too personal.

3.5 Data Limitations

Although sample surveys are the most feasible means to establish and monitor substance use and mental health indicators in the population, those interpreting *CAMH Monitor* data should consider the following.

Telephone households. The *CAMH Monitor* is based on a survey (or in-scope) population of Ontario households with telephones. Whether our estimates would be significantly biased by projecting estimates to all households depends on the size of nontelephone households *and* whether nontelephone households differ from telephone households. Based on the most recent *Residential Telephone Service Survey* (RTSS), Statistics Canada estimated that in 2013, 61% of Ontario households had a landline telephone, 85% had a cell-phone, 12% had a cable-phone, and less than 0.5% were phoneless (Statistics Canada, 2014). As well, household surveys are limited to those residing in conventional households and are not intended as a sample of all possible adults. Thus, those residing in an institutional setting, those in prisons and hospitals, and, as well, transient populations such as the homeless and marginally housed, are excluded from sampling. These excluded groups often contain an especially large number of drug users and heavy drinkers (Rossi, 1989) and those with mental health impairments and disabilities.

However, the bias caused by such noncoverage depends upon firstly the *difference* in drug use and mental health status between those surveyed and those not surveyed, and secondly, the *size* of the group missed (Groves, 2006; Groves & Couper, 1998). Thus, even if rates of drug use and mental health impairment are substantially higher in the excluded group than those in the sampled group, if the size of the excluded group is small relative to the total population the bias is usually minimal (Kandel, 1991; Trinkoff, Ritter, & Anthony, 1990). One common deficit of telephone surveys is that they tend to over-represent those with higher education and under-represent those with lower education.

Interview barriers. Some interviews could not be completed because respondents could not adequately converse in English or were too ill or aged.

Self-reports. Survey estimates are influenced by errors of observation related to individual reporting of behaviours and the conditions under which the survey is conducted. One limitation of the sample survey in this regard is its reliance on self-reported behaviour. Reviews of self-report methods for alcohol and drug use suggest that although surveys tend to underestimate true usage, they are still regarded as the best available means to estimate such behaviours (Rehm et al., 2005; Harrison, Haaga, & Richards, 1993; Turner, Lessler, & Gfroerer, 1992). Moreover, although these biases influence alcohol, drug use and mental health estimates at a single point in time, they should have lesser impact on estimating trends as long as underreporting remains constant. If this is the case, estimates of change should remain unbiased and valid (Cochran, 1977).

3.6 Participation

A total of 13,997 telephone numbers were selected during the four quarters of 2018 (of which 4,162 were selected from a cellphone sampling frame) and 8,943 were known, or estimated, to be eligible. Of these telephone numbers, **2,806 respondents participated**, representing an eligibility-adjusted total sample **cooperation rate of 39%** and a total sample **response rate of 30%** (**Table 3**) (quarterly response rates varied from 29% to 32%).⁹

The CM 2018 unit response rates are lower than the response rates obtained in 2017 (35%) and 2016 (37%), but still comparable to the most recent Canadian Tobacco, Alcohol and Drugs Survey (CTADS), conducted by Statistics Canada in 2017, which had an overall response rate of 35.7% (Statistics Canada, 2018). The decline in response rates in the past two decades is common to many large-scale surveys (Groves et al, 2009:186–188). Like many large-scale telephone surveys, the *CAMH Monitor's* response rate continues to slide downward, showing a small, but significant, linear annual decline. Unit response rates for the 26 landline and list-assisted RDD surveys conducted between 1991 and 2018 (see **Table A1, Appendix A**) varied from 69% to 30%. Although the year-to-year change in the response rate is small, the cumulative reduction is significant and worrisome.

CAMH Monitor's list-assisted response rate has declined from 45% in 2014 to 37% in 2017 and to 32% in 2018 (see **Figure 1; Table A1, Appendix A**). Part of this decline in response rate can be attributed to including a dual frame methodology (landline telephone and cell phones) to the data collection process.

Details on the CM2018 fieldwork dispositions, quarterly **cooperation rates** (degree to which eligible units who have been contacted agreed to participate) and quarterly **response rates** are shown in **Table 3**, whereas the distributions of demographic characteristics of the final sample are depicted in **Table 4**.

Cooperation rates are highly influenced by the experience of interviewers. Although interviewers were successful in making contact with 89% of the telephone numbers assigned, the cooperation rate was the dominant source of respondent loss.

⁹ We employ AAPORs (American Association of Public Opinion Research) eligibility-adjusted response rate calculation #3, which includes an estimate of unknown eligible in the denominator (see Standard Definitions at <http://www.AAPOR.org/>).

Figure 1.
Trends in CAMH Monitor response rates (RR) (list-assisted frame), 1991–2018

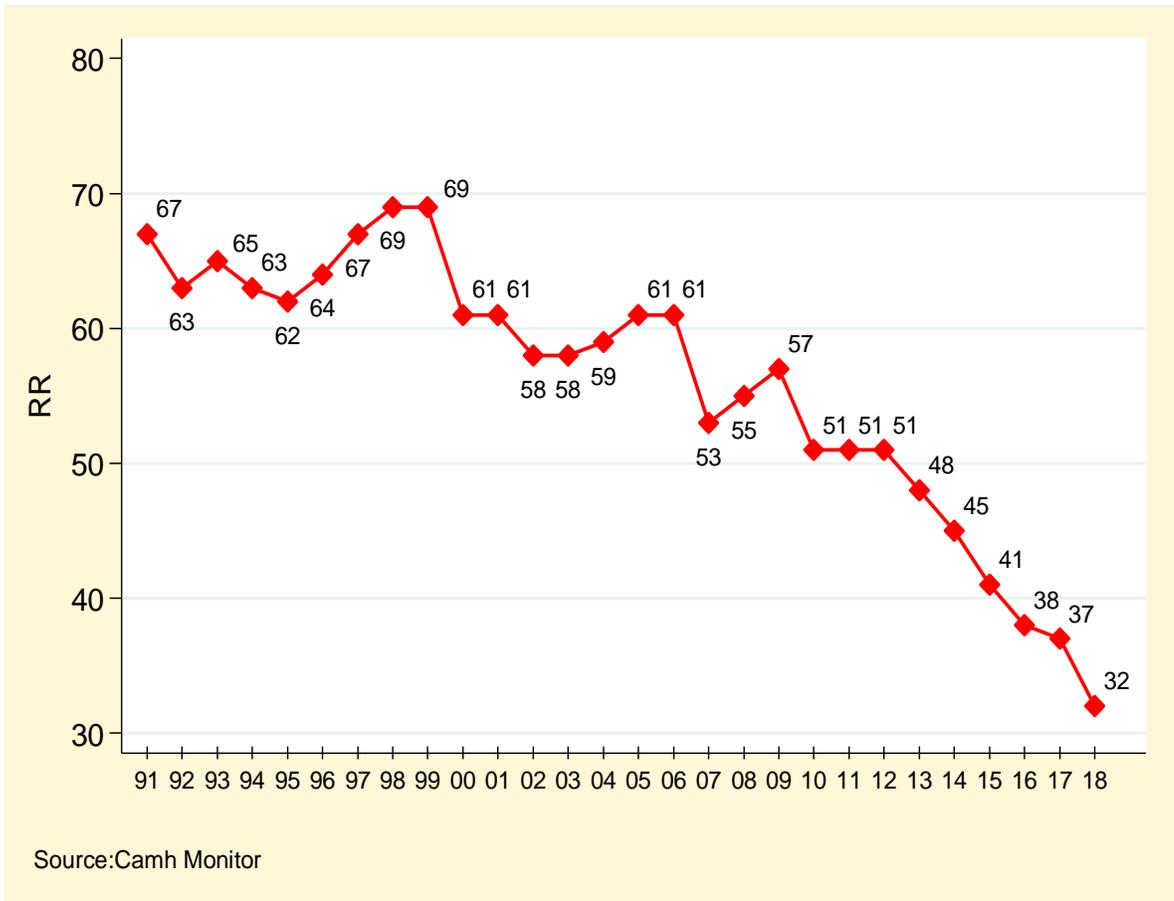


Table 3. Fieldwork Disposition, Total Sample, CAMH Monitor, 2018

CM 2018 Total Sample					
Quarter	1	2	3	4	TOTAL
Month	JAN-MARCH	APR-JUNE	JUL-SEP	OCT-DEC	JAN-DEC
Panel	A+B	A+B	A+B	A+B	A+B
Begin fieldwork	1/03	4/02	7/03	10/01	1/03
End fieldwork	3/28	6/30	9/30	12/18	12/18
1. Landline/List Assisted Sample Frame					
Total units (1)	2418	2282	2591	2544	9835
Resolved [Eligibility known] (2)	2264	2146	2395	2376	9181
In scope [Eligible] (4)	1687	1561	1615	1638	6501
Respondents (6)	561	570	560	551	2242
Refusal conversions (11)					
Other Rs (12)					
Non-respondents (7)	1126	991	1055	1087	4259
Refusals (13)	867	811	840	890	3408
Noncontacts (14)					
Other nonrespondents (15)	259	180	215	197	851
Out of scope [Not eligible] (5)	577	585	780	738	2680
Nonexistent units (8)					
Temporarily out of scope (9)					
Permanently out of scope (10)	577	585	780	738	2680
Unresolved/Eligibility unknown (3)	154	136	196	168	654
Estimated in scope (3A)	115	99	132	116	463
Estimated out of scope (3B)	39	37	64	52	191
Landline/List Assisted Response rate ---- (6/(4+3A))	0.31	0.34	0.32	0.31	0.32
Landline/List Assisted Cooperation/Completion rate ---- (6/(6+13))	0.39	0.41	0.40	0.38	0.40
Refusal rate -----(13/4)	0.51	0.52	0.52	0.54	0.49
Nonresponse rate -----(7+3A)/(4+3A)	0.74	0.70	0.73	0.73	0.73
Noncontact rate -----(14+3A)/(4+3A)	0.06	0.06	0.08	0.07	0.07
2. Cell Phone Sample Frame					
Total units (1)	966	1009	1191	996	4162
Resolved [Eligibility known] (2)	872	954	1071	930	3827
In scope [Eligible] (4)	635	670	624	513	2442
Respondents (6)	140	156	140	128	564
Refusal conversions (11)					
Other Rs (12)					
Non-respondents (7)	495	514	484	385	1878
Refusals (13)	312	330	292	247	1181

Quarter	1	2	3	4	TOTAL
Month	JAN-MARCH	APR-JUNE	JUL-SEP	OCT-DEC	JAN-DEC
Panel	A+B	A+B	A+B	A+B	A+B
Begin fieldwork	1/02	4/01	7/02	10/01	1/02
End fieldwork	3/31	6/30	9/30	12/18	12/18

Noncontacts (14)					
Other nonrespondents (15)	183	184	192	138	697
	237	284	447	417	1385
Out of scope [Not eligible] (5)					
Nonexistent units (8)					
Temporarily out of scope (9)	237	284	447	417	1385
Permanently out of scope (10)					
	94	55	120	66	335
Unresolved/Eligibility unknown (3)	68	39	70	36	214
Estimated in scope (3A)	26	16	50	30	121
Estimated out of scope (3B)					
Cell Phone Response Rate ----- (6/(4+3A))	0.20	0.22	0.20	0.23	0.21
Cell Phone Cooperation/Completion Rate ----- (6/(6+13))	0.31	0.32	0.32	0.34	0.32
Refusal rate -----(13/4)	0.49	0.49	0.47	0.48	0.44
Nonresponse rate -----(7+3A)/(4+3A)	0.89	0.83	0.89	0.82	0.86
Noncontact rate -----(14+3A)/(4+3A)	0.10	0.06	0.10	0.07	0.08

Total Sample					
Total units	3384	3291	3782	3540	13997
Total Respondents	701	726	700	679	2806

Combined landline and cell phone response rates

(calculated by weighting to the respective size of the two samples)

Total Sample Response Rate	0.29	0.32	0.30	0.29	0.30
Total Sample Cooperation/Completion Rate	0.37	0.40	0.39	0.37	0.39
Average minutes	23.5	22.2	22.5	22.2	22.6
Minutes (range)	13-73	13-57	12-61	12-60	12-73

3.7 Sample Evaluation and Characteristics of the CM2018 Dual-Frame Sample

Because the CM sample is equally allocated within each of the six regional strata, survey weights are required to restore population representation. The final survey weights of CM2018 are a function of the inclusion probability and a post-stratification adjustment (see more details page 18).

Table 4 shows the weighted distribution (including post-stratification adjustments) of the CM2018 compared to the 2016 Census ^a. Note that these comparisons match closely because of the age by sex post-stratification adjustments applied to the selection weights. Additional demographic comparisons were available for marital status and region. There were significant differences between the Census and CM2018 figures only for marital status (data was available only for adults aged 20 and older). Compared to Ontario Census figures from 2016, the 2018 CM sample *overrepresented* those never married and *underrepresented* those widowed, divorced or separated. An overview of the CM2018 sample is provided in **Table 5** and demographic characteristics of the CM2018 sample are presented in **Table 6**.

Table 4. Selected Demographic Characteristics: Post-adjusted Weighted CM2018 versus 2016 Census Figures, Ontario Population, Aged 18 and Older (or 20 and older)

		CM2018 ^a (n=2,806) (postadjusted)			2016 Ontario Census (N= 10,766,695)
GENDER					
Men	(45.7	48.2	50.6)		48.2
Women	(49.4	51.8	54.3)		51.8
AGE					
18–24	(9.9	11.4	13.2)		11.4
25–44	(29.6	32.1	34.7)		32.1
45–64	(33.3	35.6	37.9)		35.6
65+	(19.4	20.9	22.5)		20.9
REGION					
Toronto	(20.5	21.7	22.9)		21.8
Outside Toronto	(77.2	78.3	79.5)		78.2
MARITAL STATUS (respondents aged 20 and older)					
Never married	(23.3	25.7	28.3)	*	22.8
Married/Living as married	(58.2	60.9	63.4)		61.6
Widowed/Separated/ Divorced	(12.0	13.4	15.1)	*	15.6

Notes: ^aCM data refer to: lower limit of 95% confidence interval, percentage estimate, and upper limit of 95% confidence interval; * indicates census figure is outside the bounds of the CM confidence interval.

Source: Statistics Canada. [On-line]. Available: <http://www12.statcan.ca/english/census/index.cfm>.

Table 5. Overview of CM2018 Dual-Frame Sample

CAMH Monitor 2018
<ul style="list-style-type: none"> • Target population: noninstitutionalized Ontario adults aged 18 or older. Telephone numbers drawn by a dual-frame (list-assisted +cell-phone) RDD stratified (6 area code regions), two-stage (telephone number; then respondent) sampling plan. • 13,997 randomly selected telephone numbers (including landline, cell/mobile, unlisted and newly-published), of which 4,162 were selected from a cell-phone frame and a total of 8,943 were estimated to be eligible. • 2,806 respondents aged 18 or older completed the computer assisted telephone interviews (CATI) in English (Panel A=1,008; Panel B=1,798) between January and December, 2018. • 2177 interviews (78%) were completed using a landline or cable phone and 613 interviews (22%) were completed using a cell phone. • 39% cooperation rate; 30% unit response rate (32% RR for landline interviews; 21% RR for cell phone interviews). • Two concurrently administered Computer Assisted Telephone Interviews (CATI) were conducted in English <i>throughout</i> the 2018 calendar year and averaged 22.6 minutes in length (92% of interviews completed within 30 minutes). • Sample represents 10,766,695 Ontarians aged 18 or older; each respondent represents 3,837 Ontario adults. • 48.1% men ($n=1214$); 51.9% women ($n=1592$) • Mean age of 48.9 years (range 18–97 years) • Sample equally allocated within six telephone area code regions • Compared to the available demographic characteristics for Ontario residents from the 2016 Census, the <i>CM2018</i> respondents were <i>similar</i> for gender, age and region, but <i>overrepresented</i> those never married and <i>underrepresented</i> those widowed, divorced or separated.

Table 6. Demographic Characteristics of the CM2018 Dual-Frame Sample

	No. Interviews	Unweighted % (N=2,806)	Weighted % (N= 10,766,695)	Design Effect
Gender				
Men	1214	43.3	48.2	1.8
Women	1592	56.7	51.8	1.8
Age				
18–29	362	13.0	19.6	2.3
30–39	227	8.2	14.3	2.3
40–49	332	11.9	14.9	1.8
50–64	775	27.9	28.4	1.7
65+	1086	39.0	21.9	1.0
Missing	24	0.9	0.9	1.8
Marital Status				
Married	1445	51.5	52.6	1.8
Living with a partner	189	6.7	6.9	1.6
Widowed	321	11.4	5.5	0.9
Divorced	183	6.5	4.7	1.5
Separated	89	3.2	2.8	1.8
Never Married	551	19.6	26.6	2.1
Missing	28	1.0	0.9	1.9
Regional Strata				NA
Toronto	514	18.3	22.8	--
Central East	459	16.4	17.8	--
Central West	429	15.3	26.5	--
West	472	16.8	11.6	--
East	469	16.7	13.8	--
North	463	16.5	7.5	--
Location of Household (based on FSA)				
Rural	407	14.5	13.8	1.7
Non-rural	2399	85.5	86.2	1.7
Highest Education				
High school not completed	234	8.3	6.7	1.5
Completed high school	626	22.3	21.9	1.7
Some college or university	896	31.9	31.7	1.7
Graduated university	1021	36.4	38.8	1.8
Missing	29	1.0	1.0	1.7

	No. Interviews	Unweighted % (N=2,806)	Weighted % (N= 10,766,695)	Design Effect
Gross Family Income (,000s)^a				
<\$20	111	4.0	3.2	1.3
\$20–29.9	137	4.9	3.6	1.3
\$30–39.9	171	6.1	5.4	1.6
\$40–49.9	156	5.6	4.7	1.4
\$50–59.9	169	6.0	5.0	1.6
\$60–69.9	135	4.8	4.2	1.7
\$70–79.9	125	4.5	4.0	1.6
\$80–89.9	128	4.6	4.0	1.3
\$90–99.9	97	3.5	3.9	1.9
\$100+	835	29.8	35.4	1.8
Don't know	187	6.7	8.3	2.4
Refused	555	19.8	18.4	1.7
Employment Status				
Full-time job	987	35.2	43.9	1.8
Part-time job	212	7.6	8.8	2.3
Unemployed	65	2.3	3.1	2.4
Retired	1127	40.2	25.6	1.3
Homemaker	65	2.3	2.6	2.2
Student	117	4.2	6.3	2.5
Self-employed	129	4.6	5.8	1.8
Other	89	3.2	3.3	1.5
Missing	15	0.5	0.7	2.8
Language spoken at home				
English	2521	89.8	88.2	2.1
French	76	2.7	2.1	1.1
Other	197	7.0	9.4	2.4
Missing	12	0.4	0.4	2.4
Telephone Interview Mode				
Home phone/Landline	2177	77.6	80.4	-
Cell phone	613	21.8	19.2	-
Missing	16	0.6	0.7	-
Ethnicity/Race				
White	2401	85.6	80.5	2.1
Asian	152	5.4	8.6	2.5
Black	48	1.7	2.2	2.3
Indigenous	33	1.2	1.2	1.9

	No. Interviews	Unweighted % (N=2,806)	Weighted % (N= 10,766,695)	Design Effect
Middle Eastern	29	1.0	1.3	1.7
Latin American	15	0.6	0.8	2.1
Other/Mixed	84	3.0	3.3	2.1
Missing	44	1.6	1.5	2.9
Immigrant Status				
Born outside Canada	579	20.6	20.6	1.6
Born in Canada	2200	78.4	78.7	1.6
Missing	27	1.0	0.8	1.2

Notes: ^a Income based on an initial open-ended metric response, or if refused, a close-ended follow-up question.

4. Post-survey Data Processing (Weighting and Analysis)

4.1 Survey Weighting

As mentioned before, the CAMH Monitor does not employ a simple random sample. Because the sample has a two-stage (telephone number, respondent) probability selection and is equally allocated within each of the six regional strata (i.e., aggregated telephone area codes), **survey weights** are required to restore population representation. The sample falls into the class of what are now commonly called “complex samples” - because the probability of an adult member of the household being selected for an interview varies inversely with the number of people living in that household as well as the number of telephones associated with the household, and because the likelihood of being interviewed varied by region (residents of the smaller regions of the province have a greater the chance of being interviewed). In order to provide unbiased estimates it is necessary to correct for these unequal probabilities of selection.

As already noted, the CM2018 included interviews completed using both landline and cell phone samples. This ‘dual frame’ sample methodology also has implications for weighting. Respondents who have both cell phone and landline telephones have a higher chance of being interviewed than respondents who only have a landline or only have a cell phone. The computation of these weights is outlined in detail in **Appendix F**.

Data users have the option of using one of two analysis or case weights — a **population-scaled (or expansion) dual frame weight (XWGHTDF)**¹⁰ scaled to sum to the total population size (10,766,695 Ontarians aged 18 and over), or a **sample-scaled** (equivalently known as relative or normalized) **dual frame weight (FWGHTDF)** scaled to sum to the number of interviewed respondents. Both weights are a function of the inclusion probability and a post-stratification adjustment, and because both are rescaled versions of one another, both will provide identical point estimates (within rounding error), but will produce different sum of weights (sample sizes). Although both expansion and relative weights are provided on the dataset, most complex sampling software requires only the expansion population weights for analysis (Heeringa, West & Berglund,

¹⁰ In this document dataset variable names are presented in caps; variable names in the Stata dataset are lowercase.

2010). *We recommend using weights for all descriptive analyses making inference to the Ontario adult population.* However, data analysts entertaining unweighted analyses should consult Korn and Graubard (1999:172–178) regarding methods to assess the inefficiency of using sampling weights when unnecessary.

Post-strata adjustment. In addition, telephone and other probability surveys typically apply post-strata population adjustments to the base weight based on census information, to account for differential response rates by gender and age. Although this adjustment does not remove all biases, it does provide a simultaneous adjustment for the bias related to nonresponse and non-coverage of the few households without telephone service (Casady & Lepkowski, 1999). Using the 2016 Census (Ontarians aged 18 and older), the post stratification adjustment was based on **eight post-strata** representing the cross classification of four age groups (18–24; 25–44; 45–64; 65+) by gender (men; women). These adjustments are applied in calculating the final annualized sample scaled and population scaled (expansion) dual frame weights (**FWGHTDF** or **XWGHTDF**). More details about the post stratification adjustment are available in **Appendix F**.

Weight variables available in the *CAMH Monitor* dataset

Name	Label
<i>Final analysis weights</i>	
XWGHTDF	Final annualized dual frame population-scaled, expansion weight (including post-adjustments)
FWGHTDF	Final annualized dual frame sample-scaled, relative weight (including post-adjustments)
<i>Intermediate weights (not used for analysis)</i>	
HHWGTDf1-4	Household weight dual-frame, quarter 1- 4 (every 3 months)
RWGTDf1-4	Region weight dual-frame, quarter 1- 4 (every 3 months)
RHHWGTDf1-4	Region & household weight dual-frame, quarter 1- 4 (every 3 months)
HHWGTDfALL	Household weight dual-frame, cumulative
RWGTDfALL	Region weight dual-frame, cumulative
RHHWGTDfALL	Region-household weight dual-frame, cumulative

Note: Post-adjustment corrections are computed only for aggregated annualized expansion and relative weights.

4.2 Guidelines for Design-Based Analysis and Release

Sample designs employing complex sampling procedures, such as stratification, clustering, weighting and multistage selection, typically underestimate the variance (or error) of estimates when simple random sampling (SRS) estimation, the basis of most standard statistical software routines, are used. The consequence of ignoring the survey data by using SRS estimates on complex survey data is that we are likely to *understate the error* and thus falsely estimate a narrower confidence interval, and falsely infer a statistically significant finding. We will, therefore be more likely to find a greater number of statistically significant differences than truly exist.

The *design effect* or *Deff* represents the net effect of the combined influence of stratification (causing a gain in precision),¹¹ and weighting (causing a loss of precision). The *Deff* is essentially the ratio of the variance of an estimate derived from the particular sampling design over the variance of an equivalent SRS sample (i.e., $SE^2_{\text{complex}}/SE^2_{\text{srs}}$). A *Deff* of 1.0 indicates that the variance of a given complex sample design is equivalent to the variance of an equivalent SRS. Most complex designs, however, tend to have *Deffs* larger than one, in many cases, much larger than 1. It is generally the case, however, that RDD telephone surveys typically have smaller *Deffs* relative to multistage, clustered area samples.

The *Deff* can also be seen as reducing the size of the *effective sample*; thus, if the sample size is 2000, a *Deff* of 1.3 would reduce our sample by 30% to an equivalent SRS, or effective size, of 1538 (i.e., $2000/1.3$). Prior to the wide availability of dedicated design-based software, many analysts would down weight their sample by a single average *Deff* to adjust for the sample design effect on the sample precision. Unfortunately, this was a crude solution given that each estimate in a dataset has a potentially unique *Deff*, not surprising, given that ICCs can vary widely across variables and subgroups. Today, such methods are outmoded with existing design-based software applications. (See Kish, 1965; Korn & Graubard, 1999; Lee, Forthofer, & Lorimor, 1989 for a discussion concerning *Deffs*).

For research questions involving inference to the population of Ontario adults (e.g., descriptive epidemiological estimates of drinking, drug use or mental health status), the investigator *must employ analysis weights and other design specifications*. If the research question is analytical and does not require population inference, the requirement of weighting may be relaxed (see Groves, 1989:279–294, for a discussion on this matter).¹²

If an analyst is making inferences to the population from a probability sample the following MUST be applied when using *CAMH Monitor* data:

¹¹ Regarding weighted analysis specifically, greater variation in the weights produces an inflation in variances and a resulting loss of precision (ie, higher design effects). An approximation of this weighting loss is expressed as follows: $L_{\text{weighting}} \sim cv^2(w)$. (Heeringa et al, 2010:44–46).

¹² Korn and Graubard (1999:176) comment that data users have a choice to make regarding weighted analysis: a choice between an unbiased weighted estimate with a larger variance versus a biased unweighted estimate with smaller variance.

1. *Standard nonsurvey statistical software packages (e.g., Base SPSS, SAS) do not calculate standard errors correctly for complex survey designs. Programs with dedicated complex sampling applications that accommodate features of the sample design such as Stata, SUDAAN, SPSS (Complex Sampling), SAS (Proc Survey) or EpiInfo must be implemented to ensure accurate estimation and inference.*

Stata command for annual data files:

svyset idnum [pweight=fwghtdf (OR xwghtdf)], strata (region)

2. *Data users requiring analysis of subpopulations (e.g., distress among women; alcohol problems among drinking men) should consult a complex sampling analysis text (Heeringa et al., 2010: 114,127,137,163–164,138–139; Korn & Graubard, 1999: 140–141, 207–211) or a survey analyst. A necessary pre-assessment to analysis is to determine how the subpopulation is distributed across strata (see Heeringa et al., 2010:111–115).*

3. *For those using the **CAMH Monitor merged dataset (1996 – 2018)**, if using Stata or SPSS / SPSS complex samples module, the following design variables are necessary for multiyear/merged population estimation: weight variables to be used are “**fwghtm**” or “**xwghtm**” and for strata “**stratam**”.*

Stata command for merged data files:

svyset idseq [pweight=fwghtm (OR xwghtm)], strata (stratam)

Note: Data users employing expansion weights for estimating population counts on combined data may need to rescale these weights appropriately (see Korn & Graubard, 1999:281–284).

4. *Low point estimates (i.e., small percentages) based on few respondents can produce, not only wide confidence intervals, but also unstable and untrustworthy estimates.*

It is recommended that the relative standard error (RSE) or the coefficient of variation (CV) be used to flag untrustworthy estimates (see **Table 7**). Although researchers are responsible for material submitted to scientific journals, *CAMH Monitor* estimates intended for any public release by CAMH must exceed the CV criteria for data suppression. The CV is available in most complex survey software.

5. *Because complex survey data violate assumption of the general linear model, including maximum likelihood estimation, all CAMH Monitor population and surveillance analyses **employ pseudo-maximum likelihood estimation (PMLE)** (equivalently known as weighted maximum likelihood estimation) for the estimation of parameters (percentage point estimates) and **Taylor Series Linearization (TSL)** for the estimation of variances (such as confidence intervals). TSL, also known as the delta method or the Huber White robust sandwich variance estimator, is the most widely used method of estimating variances from complex survey data.*

6. Item Missing Data. Missing values are indicated by either user-defined values or system missing values. Data users must assess the most appropriate strategy given their pattern of item missingness. Because differing item missing patterns and applications may influence the resolution required, the CAMH Monitor dataset does not contain imputed values.

7. Calculating population estimates in Stata. The following design variables are necessary to obtain population estimates:

- Annual data file
svyset idnum [pweight= xwghtdf], strata (region)
- Merged data file
svyset idseq [pweight=xwghtm]], strata (stratam)
- Population estimate command
svy: total varname

If the variable of interest was included in the total sample (all panels), no rescaling of population estimates are necessary. But if the variable of interest was included only in one panel, the population estimates (p) obtained from the Stata command (e.g. **svy: total varname**) must be rescaled using the total sample (N), the panel sample (n) and the following formula:

$$\text{Total } P (\text{population}) = \text{Panel } p (\text{population estimate from Stata}) * (\text{Total } N / \text{Panel } n)$$

Examples

Calculating total population estimates (P) from panel population estimate (p) using Stata:

**** For CM2017- CM2018****

* *Panel A – Total P = Panel “p” multiplied by 2.8 (2800/1000) if panel n~=1,000 (out of 2,800)***

* *Panel B – Total P = Panel “p” multiplied by 2.8/1.8 (2800/1800) if panel n~=1,800 (out of 2,800)**.*

**** For CM 2016 ****

* *Panel A or B or C – Total P = Panel “p” multiplied by 3 if n~=1,000 (out of 3,000).*

**** For CM2015****

* *Panel A or B - Total P = Panel “p” multiplied by 5 if n~=1,000 (out of 5,000)***

* *Panel B+C - Total P = Panel “p” multiplied by 5/4 if n~=4,000 (out of 5,000)***

* *Panel C - Total P = Panel “p” multiplied by 5/3 if n~=3,000 (out of 5,000)**.*

4.3 Reliability and Suppression of Estimates

Survey data are often assessed for the need for estimate suppression due to either untrustworthy statistical quality or disclosure risk – the risk of identifying respondents or other units of sampling. There are two aspects to the statistical quality of survey estimates: **precision** - typically measured by the 95% confidence interval (CI); and **stability** – typically measured by the ratio of the standard error to its estimate.

Confidence intervals depict the probable error of a given survey estimate. Although specifying a single sample-wide confidence interval is not reasonable given varying magnitudes of percentage estimates and deffs for a fixed sample size, if we were to assume a fixed sample of **3000**, a percentage estimate of **50%** and a deff of **1.6** (resulting in an effective sample size of 1875), the widest resulting 95% confidence interval would be $\pm 2.3\%$. Confidence intervals, however, do not reflect total errors or accuracy, but reflect sampling errors because we are surveying only a sample of the total population. Errors as measured by confidence intervals do not include nonsampling errors such as question nonresponse, problems of respondent memory and recall, interviewer effects, sensitivity of questions, underreporting of drug use and mental health impairments, and the like. Thus, the reader should recognize that the precision of an estimate, as represented by the confidence interval, is not synonymous with total accuracy of an estimate.

Most agencies employ disclosure protection plans to ensure that released data are free from risk of unit or respondent identification. The **coefficient of variation (CV)** ($CV(b) = 100 \times SE(b)$) is typically employed to identify untrustworthy estimates, and estimates that may have a disclosure risk.

The **suppression rules** used in CAMH Monitor reports are based on CV values employed by Statistics Canada as follows:

CV range	Estimate reportability
≤ 16.5	Estimate trustworthy and reportable
16.6–33.2	Estimate reportable, but has moderate sampling variability and should be interpreted with caution
≥ 33.3	Estimate untrustworthy and should be suppressed (not reportable)

As evident in **Table 7**, based on the total sample of 2,806, *estimates as low as 1.5%* ($CV = 15.3$) *are fully reportable without warnings or suppression*. Total sample estimates as low as 0.5% ($CV = 26.6$) are reportable but with a warning of moderate variability. Total sample estimates of 0.4% or lower meet the threshold for suppression of estimates. Of course, estimates within subgroups greatly alter the suppression thresholds due to the reduction of the effective sample size. For example, among 18 to 29 year olds estimates of 2.5% or lower require suppression and estimates between 3% and 9% require a warning of moderate variability (see Heeringa et al., 2010; Korn & Graubard, 1999 for guidance on the analysis of complex samples).

Table 7. Approximate Coefficient of Variation (CV) Values by Percentage Estimate and CM2018 Sample Size

CM 2018 CV TABLE		0.5	1	1.5	2	2.5	3	3.5	4	5	6	7	8	9	10
Total	2806	26.6	18.8	15.3	13.2	11.8	10.7	9.9	9.2	8.2	7.5	6.9	6.4	6.0	5.7
Men	1214	40.5	28.6	23.3	20.1	17.9	16.3	15.1	14.1	12.5	11.4	10.5	9.7	9.1	8.6
Women	1592	35.4	24.9	20.3	17.5	15.7	14.3	13.2	12.3	10.9	9.9	9.1	8.5	8.0	7.5
18-29	362	99.4	52.4	42.6	36.8	32.9	29.9	27.6	25.8	22.9	20.8	19.2	17.8	16.7	15.8
30-39	227	93.8	66.2	53.9	46.6	41.5	37.8	34.9	32.6	29.0	26.3	24.2	22.6	21.2	20.0
40-49	332	77.5	54.7	44.5	38.5	34.3	31.3	28.9	26.9	24.0	21.8	20.0	18.6	17.5	16.5
50-64	775	50.7	35.8	29.1	25.2	22.4	20.4	18.9	17.6	15.7	14.2	13.1	12.2	11.4	10.8
65+	1086	42.8	30.2	24.6	21.3	19.0	17.3	15.9	14.9	13.2	12.0	11.1	10.3	9.7	9.1
TO	514	62.3	43.9	35.8	30.9	27.6	25.1	23.2	21.6	19.2	17.5	16.1	15.0	14.0	13.2
C West	459	65.9	46.5	37.9	32.7	29.2	26.6	24.5	22.9	20.4	18.5	17.0	15.8	14.9	14.0
C East	429	68.2	48.1	39.2	33.8	30.2	27.5	25.4	23.7	21.1	19.1	17.6	16.4	15.4	14.5
West	472	65.0	45.8	37.3	32.3	28.8	26.2	24.2	22.6	20.1	18.2	16.8	15.6	14.7	13.8
East	469	65.2	46.0	37.5	32.4	28.9	26.3	24.3	22.6	20.1	18.3	16.8	15.7	14.7	13.9
North	463	65.6	46.3	37.7	32.6	29.1	26.5	24.4	22.8	20.3	18.4	17.0	15.8	14.8	14.0
Married/partner	1634	34.9	24.6	20.1	17.3	15.5	14.1	13.0	12.1	10.8	9.8	9.0	8.4	7.9	7.4
Prev. married	593	58.0	40.9	33.3	28.8	25.7	23.4	21.6	20.1	17.9	16.3	15.0	13.9	13.1	12.3
Never married	551	60.2	42.4	34.6	29.8	26.6	24.2	22.4	20.9	18.6	16.9	15.5	14.5	13.6	12.8
<High School	234	92.4	65.2	53.1	45.9	40.9	37.3	34.4	32.1	28.6	25.9	23.9	22.2	20.8	19.7
Completed HS	626	56.4	39.8	32.4	28.0	25.0	22.7	21.0	19.6	17.4	15.8	14.6	13.6	12.7	12.0
Some post-sec	896	47.2	33.3	27.1	23.4	20.9	19.0	17.6	16.4	14.6	13.2	12.2	11.3	10.6	10.0
Univ. Degree	1021	44.2	31.2	25.4	21.9	19.6	17.8	16.4	15.3	13.6	12.4	11.4	10.6	10.0	9.4
< \$40,000	419	69.0	48.7	39.6	34.2	30.5	27.8	25.7	24.0	21.3	19.4	17.8	16.6	15.6	14.7
\$40,000-\$69,000	460	65.8	46.4	37.8	32.7	29.1	26.5	24.5	22.9	20.3	18.5	17.0	15.8	14.8	14.0
\$70,000-\$99,000	350	75.5	53.3	43.4	37.5	33.4	30.4	28.1	26.2	23.3	21.2	19.5	18.2	17.0	16.1
\$100,000+	835	48.8	34.5	28.1	24.2	21.6	19.7	18.2	17.0	15.1	13.7	12.6	11.7	11.0	10.4
Not stated	742	51.8	36.6	29.8	25.7	22.9	20.9	19.3	18.0	16.0	14.5	13.4	12.5	11.7	11.0

Note: Green (dark shaded) entries represent untrustworthy estimates (suppression recommended); Yellow (light shaded) entries represent estimates with moderate sampling variability (estimate warning recommended); Unshaded entries represent estimates with acceptable reliability (data reportable); CV values ignore design effect.

4.4 CAMH Monitor 2018 - Microdata

Note: Because the CM2018 microdata requires occasional updating (e.g., adding newly derived variables), details of the dataset presented here are accurate to the time of printing (variables documented here may not be available in all public use files). The dataset documented here is the **complete microdata**. A public use file of these data, but excluding some investigator proprietary or some grant-based variables, and modified to reduce disclosure risk, is also available.

The following details describe some key features of the CM2018 dataset.

OUTPUT: Description of the CM2018 Dataset

.notes (*Stata command*)

_dta:

1. This file contains data from the 2018 cycle of the CAMH Monitor (province-wide landline+cell phones).
2. The CATI administered telephone survey interviewed **N=2,806** Ontario adults aged 18+ between Jan - Dec, 2018;
3. The survey is a regionally-stratified two-stage dual-frame design;
4. For proper estimation the following design variables are necessary: strata= region; pweight= fwghtdf (or xwghtdf); and psu= idnum.
5. The survey was administered by the Institute for Social Research, York University;
6. Two CATI interviews were employed: Panel A (Jan-Dec) represents interviews with 1,008 respondents; and Panel B (Jan-Dec) represents interviews with 1,798 respondents;
7. The following document provides further information regarding these data: Ialomiteanu, A.R., Hamilton, H.A. & Mann R.E. (2019). CAMH Monitor 2018: Metadata User's eGuide (electronic document) Toronto: Centre for Addiction and Mental Health; any publication of these data requires an acknowledgement of: (1) the Centre for Addiction and Mental Health, (2) the CAMH Monitor principal investigators, and (3) the Institute for Social Research, York University;
8. <https://www.camh.ca/camh-monitor>

List of variables (file order) included in the CM2018 microdata

. codebook, compact (Stata command)

Variable	Obs	Unique	Mean	Min	Max	Label
idnum	2806	2806	10064.02	1	30865	respondent identification number
fwghtdf	2806	688	.9999133	.0805645	7.886541	final relative dual-frame weight: rhhwgtdfall x postadj wgt
xwghtdf	2806	688	3837.026	304.5894	30269.85	final post-adjusted expansion (population) dual-frame weight
region	2806	6	3.467569	1	6	location of household
replicat	2806	6	2.20278	1	6	sample replicate code
county	2242	48	28.42908	1	60	county -- derived from sample
areacode	2806	9	.	.	.	telephone area code
attempts	2806	24	4.06201	1	26	total number of call attempts
refusals	2806	3	.0990734	0	2	number of refusals before completion
contacts	2806	8	1.34355	1	9	total times respondent contacted
answers	2806	15	2.078047	1	16	number of times telephone answered
intime	2747	44	22.59774	12	73	length of interview <minutes>
intdate	2806	316	6424124	1032018	1.22e+07	date of interview <mmddyyy>
intmonth	2806	12	6.265502	1	12	month of interview <mm>
intday	2806	31	15.66037	1	31	day of interview <dd>
intyear	2806	1	2018	2018	2018	year of interview <yyyy>
intnum	2806	22	144181.2	50	999999	interviewer's number <# of completions>
nadultsb	1831	6	1.821955	1	99	how many people over 30 years of age live in household
rgender	2806	2	3.269423	1	5	respondent's gender
panel	2806	2	1.64077	1	2	questionnaire form a or b
gh1	2806	7	2.440485	1	9	in general, would you say your overall health is excellent, very good,...
hsla	2806	7	2.251604	1	9	in general, would you say your overall mental health is excellent, ver...
doc1	1798	28	4.871524	0	99	in the past 12 months, how many times have you seen a doctor about you...
gh2r	1798	28	6.271413	0	99	how many days physical health not good? (over past 30 days)
gh3r	1798	27	6.378198	0	99	how many days mental health not good? (over past 30 days)
tbni1	464	3	4.12069	1	8	head or neck injury that resulted in your being knocked out in lifetime?
tbi1	530	10	3.786792	0	98	how many times, if ever in your life, have you had a head or neck inju...
tbi2	246	2	4.756098	1	5	did you have this type of head injury during the past 12 months?
tbni2	1798	4	2.343159	1	9	do you have any children?
tbni3	292	3	4.506849	1	8	have any of your children ever had this type of head or neck injury du...
tc1	2806	5	4.51675	1	9	presently, do you smoke cigarettes daily, occasionally, or not at all?
tc2	2523	4	3.421324	1	9	[less than daily smoker] have you smoked at least 100 cigarettes in yo...
tc3	1008	3	1.589286	1	8	[smoked 100+] have you ever smoked cigarettes daily?
tc4	1147	35	18.85527	7	99	[current+smoked 100] how old were you when you first started smoking d...
tc5	1008	7	4.331349	0	8	[smoked 100+] how long ago was it that you last smoked: was it...
tc6	283	33	16.27562	0	98	[daily smokers] how many cigarettes do you usually smoke each day?
tc7	283	5	3.590106	1	8	[daily smokers] how soon after you wake up do you usually smoke your f...
tos1	85	13	10.31765	1	98	[occasional smokers] on those days that you do smoke, about how many c...
tos2	85	18	17.89412	0	98	[occasional smokers] on how many of the last 30 days did you smoke one...
tc8	365	15	4.863014	0	98	[daily & occasional] in the past 12 months, how many times have you ma...
tc9	365	3	3.147945	1	8	[daily & occasional] are you intending to quit smoking in the next six...
tc10	187	3	3.657754	1	8	[daily & occasional] are you intending to quit in the next thirty days?
tc16wp	2806	5	5.061297	1	9	in the past 12 months, have you ever smoked a waterpipe?
tc16w	35	8	5.742857	0	30	in the past 30 days, on how many days if at all, did you smoke a water...

tecig2rc	2806	5	4.614754	1	9	have you ever taken at least one puff from an e-cigarette?
tecig2a	359	3	2.70195	1	8	was this in the past 12 months?
tecig2b	207	2	3.492754	1	5	was this in the past 30 days?
tecig3	78	12	12.73077	1	98	on how many of the past 30 days, if at all, did you smoke an e-cigarette?
tecignic	207	3	2.188406	1	8	the last time you used an e-cigarette, did it contain nicotine? (past ...
tecig4	940	5	3.8	1	8	do you think you will use an electronic or ecigarette at any time dur...
tecig5	132	4	1.219697	1	8	would you say that you are not at all addicted to ecigarettes, somewha...
tecig6	132	9	3.189394	1	9	what is the single most important reason you have used an ecigarette?
tp109n	79	11	4.253165	0	98	thinking about the last time you used an ecigarette, where were you?
tecig8	26	7	4.346154	0	9	where did you buy ecigarettes?
tcotp	1008	2	4.900794	1	5	in the past 30 days, did you use any tobacco products, such as cigars ...
tq1	1008	3	4.313492	1	8	in the past 30 days have you heard of a "1-800 quitline"?
tp97	1008	6	1.479167	1	9	which of the following best describes your main residence?
tp98	245	8	.8163265	0	9	in the past 6 months, how often have you noticed tobacco smoke enterin...
cp98	245	7	.7836735	0	8	in the past 6 months, how often, if at all, have you noticed any canna...
cp99	245	6	.2408163	0	5	in the past 6 months, how often, if at all, have you been exposed to ...
tecig11	232	7	.2241379	0	8	in the past 6 months, how often, if at all, have you been exposed to a...
tp26b	1008	6	1.234127	0	8	work location
tp31a	483	9	1.026915	0	99	number of days exposed indoors to tobacco smoke at work
tp31b	480	8	1.479167	0	98	number of days exposed outdoors to tobacco smoke at work
tp109	1008	6	3.118056	1	8	over the past 7 days, about how often did you see anyone smoking a cig...
tp110	1008	6	2.061508	1	8	over the past 7 days, about how often did you see anyone using an e-ci...
cp109	1008	6	1.786706	1	8	over the past 7 days, about how often did you see anyone smoking canna...
tp53b	1008	6	2.434524	1	9	smoking should be banned indoors in multi-unit dwellings. do you...
tp35	1008	5	1.911706	1	9	which of the following comes closest to your view of how we should tre...
tp35ec	1008	7	3.534722	1	9	which of the following comes closest to your view of how we should tre...
tp5a	1008	6	2.423611	1	9	to discourage youth and children from smoking, cigarettes should be so...
tp54c	1008	6	3.791667	1	9	movies that show characters smoking should be rated 18a, which means p...
tp108	1008	6	3.422619	1	9	in ontario, it is an offence to sell tobacco to anyone under the age o...
tp103	1008	6	2.075397	1	9	the use of electronic or e-cigarettes should be banned in settings cur...
tp104ec	1008	7	3.989087	0	9	some e-cigarettes can have different flavours such as menthol, strawbe...
tp65	1008	5	3.996032	1	9	do you think the sale of cigarettes should be stopped?
tp74ec	1008	7	1.78869	1	9	in the past 30 days, how often did you see any advertising of e-cigare...
tp92	1008	7	4.095238	0	9	what do you think about adults smoking?
tp93	1008	7	6.110119	0	9	what do you think about teenagers smoking?
tp92a	1008	7	4.318452	0	9	what do you think about adults smoking e-cigarettes?
tp93a	1008	7	6.001984	0	9	what do you think about teenagers smoking e-cigarettes?
tobrisk1	1008	6	3.85119	1	9	how much do people risk harming themselves when they smoke cigarettes ...
tobrisk2	1008	6	3.33631	1	9	how much do people risk harming themselves when they smoke cigarettes ...
tobrisk6	1008	6	3.609127	1	9	how much do people risk harming themselves when they are exposed to se...
tobrisk9	1008	6	4.362103	1	9	how much do people risk harming themselves physically and in other way...
crisk7	1008	5	2.71627	1	9	do you think that smoking cannabis is less harmful, the same or more h...
cp92	1008	6	4.215278	1	9	do you think it is completely acceptable, somewhat acceptable, somewha...
cp93	1008	6	6.007937	1	9	and what do you think about smoking recreational cannabis among teenag...
cp94	1008	6	3.943452	1	9	for you, would having friends who smoke cannabis be completely accepta...
ac1	2806	4	1.895581	1	9	during the past 12 months have you had a drink of any alcoholic beverage?
ac2	619	3	2.189015	1	8	[non-current drinkers] did you ever have a drink of any alcoholic beve...
ac5	2187	10	5.578418	1	99	[current drinkers] how often, if ever, did you drink alcoholic beverag...
ac5a	2187	10	5.640146	1	99	[current drinkers] how often, if ever, did you drink alcoholic beverag...
ac6a	2187	16	3.446731	1	99	[current drinkers] during the past 12 months, on those days when you d...
five	2187	11	8.288066	1	99	[current drinkers] about how often during the past twelve months would...

four	1207	11	8.859983	1	99	[female current drinkers] about how often during the past twelve month...
five30	934	23	3.025696	0	98	[five=1 thru 8] now what about the past 30 days, on about how many of ...
aud4	1671	7	.1789348	0	9	how often during the last year have you found that you were not able t...
aud5	1671	7	.1364452	0	9	how often during the last year have you failed to do what was normally...
aud6	1671	6	.0406942	0	8	how often during the last year have you needed a first alcoholic drink...
aud7	1671	7	.2770796	0	9	how often during the last year have you had a feeling of guilt or remo...
aud8	1671	7	.2501496	0	9	how often during the last year have you been unable to remember what h...
aud9	2187	4	4.699131	1	8	have you or someone else ever been injured as a result of your drinking?
aud0	2187	4	4.759488	1	8	has a relative or friend or a doctor or other health worker ever been ...
ags1r	788	3	2.388325	1	8	in the past 30 days, did you buy any alcoholic beverage from a liquor ...
ags3a	516	10	.9534884	0	98	in the past 30 days, how many times, did you buy any wine, beer or cid...
ags3b	516	17	2.922481	0	98	in the past 30 days, how many times, did you buy any wine, beer or cid...
ags7a	1008	6	3.775794	1	9	selling beer or wine in grocery stores will add additional temptations...
fasd1	1025	3	2.164878	1	8	have you ever given birth to a child?
fasd2	743	70	2169.522	1940	9999	in what year was your last child born?
fasd3	685	3	4.532847	1	8	did you drink any alcohol during your last pregnancy?
fasd4	89	2	7.213483	1	8	how often did you drink alcohol during your last pregnancy
fasd5	89	2	7.662921	5	8	during your last pregnancy, did you ever have 4 or more drinks at the ...
fasd6	685	3	2.382482	1	8	did you breastfeed your last child?
fasd7	449	3	4.340757	1	8	did you drink any alcohol while breastfeeding your last child?
fasd8	80	5	6.125	1	8	how often did you drink alcohol while breastfeeding?
fasd9	80	2	7.1	5	8	did you ever have 4 or more drinks at the same sitting or occasion whi...
drive	1798	2	1.529477	1	5	during the past 12 months, have you driven a car, van, truck, motorcyc...
dr1_mi	303	29	5312.05	0	9999	miles driven in a typical week
dr1_km	1328	86	253.1258	0	8000	kilometres driven in a typical week
dr1b	159	3	3.440252	1	8	[dr1="dk"] well, to start would it be easier for you to think about ho...
dr1c	92	6	2.586957	1	8	[kilometers] we don't need the exact amounts, but can you give your be...
dr1d	27	6	2.481481	1	8	[miles] we don't need the exact amounts, but can you give your best gu...
dr5	1560	6	.1487179	0	99	during the past 12 months, how often, if at all, were you involved in ...
ddl	1239	3	4.828894	1	8	during the past 12 months, have you driven a motor vehicle after havin...
drtext1	1560	4	4.130128	1	9	during the past 12 months, did you ever send or read a text message or...
drtext2	346	20	10.97688	0	98	how many times in the past 30 days?
crisk2	1483	4	2.379636	1	4	how much do people risk harming themselves physically and in other way...
crisk4	1540	4	2.994805	1	4	how much do people risk harming themselves physically and in other way...
crisk5	1367	4	2.890271	1	4	how much do people risk harming themselves physically and in other way...
crisk6	1298	4	2.964561	1	4	how much do people risk harming themselves physically and in other way...
cn1	2806	4	3.227014	1	9	have you ever in your lifetime used cannabis, marijuana or hash?
cnlage	1268	55	21.55836	7	99	how old were you when you first used cannabis?
cn2	1268	11	8.527603	1	99	[cannabis users] how many times, if any, have you used cannabis, marij...
reg1	440	3	3.261364	1	8	[cannabis users] in the past 12 months have you ever used marijuana to...
medcan	192	4	3.692708	1	9	in the past 12 months, did you have medical approval to use cannabis, ...
cnvap	440	2	3.581818	1	5	in the past 12 months have you ever used any form of cannabis by way o...
tp107	440	3	4.106818	1	8	in the past 12 months have you ever used cannabis, marijuana or hash m...
canalc	440	5	5.540909	1	8	in the past 12 months, how often did you use cannabis along with alcoh...
cdr1	215	3	4.372093	1	8	during the past 12 months, have you driven a motor vehicle within an h...
cdr2	36	9	11.55556	0	98	how many times in the past 30 days have you driven a motor vehicle wit...
cnm1	255	2	2.003922	1	5	in the past 12 months did you smoke cannabis in a joint?
cnm2	253	2	3.102767	1	5	in the past 12 months did you smoke cannabis in a pipe, a bong or a w...
cnm3	255	2	2.898039	1	5	in the past 12 months did you consume cannabis in a food product or ed...
cnm4	255	2	4.639216	1	5	in the past 12 months did you consume cannabis in a tea or another typ...
cnm5	253	2	4.573123	1	5	in the past 12 months did you use cannabis as a tincture?

cnm5b	255	2	4.733333	1	5	in the past 12 months did you use cannabis in on skin such as lotions,...
cnm6	235	7	2.008511	1	7	what is your most typical way of using cannabis when you use it?
cns1	255	9	4.05098	1	9	which of the following is your most typical way of obtaining cannabis ...
cns2	114	9	3.570175	1	9	and which of the following is your most typical way of obtaining canna...
cnsoc1	255	8	4.470588	1	99	where do you most typically use cannabis, marijuana, or hash when you ...
cnsoc2	255	6	3.32549	1	9	when you use cannabis, marijuana, or hash, how often are you alone?
cn3m	255	9	3.32549	0	8	how often have you used cannabis, marijuana or hash during the past th...
cn30r	208	6	3.509615	0	8	how often have you used cannabis, marijuana or hash during the past 30...
cnas1	208	6	.9326923	0	8	during the past 3 months, how often have you had a strong desire or ur...
cnas2	208	5	.1394231	0	4	during the past 3 months, how often has your use of cannabis, marijuan...
cnas3	208	4	.1346154	0	4	during the past 3 months, how often have you failed to do what was nor...
cnas4	208	4	4.610577	1	8	has a friend, relative or anyone else ever expressed concern about you...
cnas5	208	4	4.447115	1	8	have you ever tried and failed to control, cut down or stop using cann...
treat1c	787	4	4.930114	1	8	have you ever received any type of professional help for your use of c...
treat2c	768	4	4.886719	1	8	did you ever think you might have needed professional help for your us...
cnpl4	1798	6	2.853726	1	9	cannabis can be addictive. do you strongly agree, somewhat agree, som...
cdr3	1798	6	1.886541	1	9	driving under the influence of cannabis increases the risk of being in...
cdr4	1798	6	5.679088	1	9	it is safer to drive under the influence of cannabis than under the in...
cdr5	1798	6	3.963293	1	9	the chances of getting caught by police for drinking and driving are h...
cnpl3	1798	6	3.932147	1	9	you would be bothered by having a store that sells marijuana in your n...
cnplr	1798	6	3.933259	1	9	personal recreational cannabis use among adults in canada should be le...
cnpl1	1727	4	4.976838	1	7	when recreational cannabis use is legal, cannabis sellers should be al...
cnpage	1798	7	2.589544	1	9	what do you think should be the minimum legal age for purchasing and ...
cnp2	1798	4	2.814238	1	9	do you think adults should be allowed to grow cannabis for personal us...
crime	1798	4	4.719689	1	9	have you ever, in your lifetime, been arrested or warned by police for...
crime2	98	2	4.020408	1	5	was this related to cannabis use?
ck1	1798	4	4.678532	1	9	have you ever in your lifetime used cocaine?
ck2r	149	2	4.302013	1	5	was this in the past 12 months?
k1	1798	7	4.254171	1	9	during the past 30 days, how often did you feel nervous?
k2	1798	7	4.714127	1	9	during the past 30 days, how often did you feel hopeless?
k3	1798	7	4.183537	1	9	during the past 30 days, how often did you feel restless or fidgety?
k4	1798	7	4.758621	1	9	during the past 30 days, how often did you feel so depressed that noth...
k5	1798	7	4.378198	1	9	during the past 30 days, how often did you feel that everything was an...
k6	1798	7	4.783648	1	9	during the past 30 days, how often did you feel worthless?
suic1	1798	4	4.913237	1	9	in the past 12 months, did you ever seriously consider attempting suic...
suic2	48	2	4.5	1	5	in the past 12 months, did you actually attempt suicide?
ps11	1798	4	4.604561	1	9	in the past 12 months, have you taken any prescription medication to r...
ps16	1798	4	4.663515	1	9	in the past 12 months, have you taken any prescription medication to t...
po1	1798	9	8.281424	1	99	number of times used doctor-prescribed pain relievers in past 12 months
po2	1798	9	9.070078	1	99	number of times used pain relievers without a prescription in past 12 ...
pr7	84	3	4.654762	1	8	did you ever use pain relievers to get high? (past 12 months)
dpol	397	3	4.264484	1	8	during the past 12 months, have you driven a motor vehicle after takin...
dob_day	2806	33	1826.606	1	9999	day of birth
dob_mth	2806	14	1608.916	1	9999	month of birth
dob_yr	2560	80	1961.928	1919	2000	year of birth
agecat	246	11	16.17073	1	99	age group (for refusers and dk)
sd2	2806	16	9.200285	1	99	what is the highest level of education you have completed?
sd3	2806	27	34.88917	0	99	what is your religion?
sd5	2806	8	2.678902	1	9	at present are you married, living with a partner, widowed, divorced, ...
sex_id	2728	4	1.096408	0	5	do you consider yourself to be heterosexual, homosexual, that is lesbi...
sd5a	2806	11	3.589095	1	99	including yourself, how many people are currently living in your house...

sd5b	2162	12	.8140611	0	99	including yourself, how many people aged 18 to 30 are currently living...
sd6r	2806	12	4.083036	0	99	are you presently working for pay full-time, part-time, unemployed, re...
sd6b	65	2	1.430769	1	5	did you ever work for pay in a full-time or in a part-time job?
living_r	2806	8	2.225588	1	9	which of the following best describes your current living situation:
sd7b	1798	5	1.413237	1	9	do you currently have a valid driver's licence?
sd7c	1617	6	3.045764	1	9	what type of driver's licence do you have now?
sd8	2806	29	7.098361	0	99	what language do you usually speak in your own home?
sd8a	2806	44	5.967926	1	99	in what country were you born?
sd8b	579	78	2226.534	1915	9999	in what year did you first come to canada to live?
ethnic1b	2806	4	3.619743	1	9	was your mother born outside canada?
ethnic2b	2806	4	3.543835	1	9	was your father born outside canada?
race1	2806	10	1.449038	0	9	how would you best describe your race or colour?
race2a	2401	8	3.600583	0	9	[if white] how would you best describe your background?
race2b	152	6	2.138158	0	9	[if asian] how would you best describe your background?
race2c	48	6	2.104167	0	9	[if black] how would you best describe your background?
race2d	33	2	1.818182	1	4	[if indigenous] how would you best describe your background?
race2e	29	6	2.827586	0	8	[if middle eastern] how would you best describe your background?
race2f	15	4	1.4	0	3	[if latin american] how would you best describe your background?
sd10	2806	156	566705.8	1300	999999	could you please tell me how much income you and other members of your...
sd10b	1445	12	53.63391	1	99	we don't need the exact amount; could you tell me which of these broad...
phone_type	2790	2	4.121147	1	5	type of phone used by respondent to complete the interview
hh_ll	2760	7	.965942	0	6	how many different landline telephone numbers are there in this househ...
hh_cp	2754	7	1.071532	0	6	how many different cell phone numbers do you have?
postcode	2806	2511	.	.	.	household postal code
pcode_source	2806	2	1.084105	1	2	source of postal code
cycle	2806	4	2.483607	1	4	selection of sample by month
sample_sou~e	2806	2	1.200998	1	2	selection of sample - list assisted landline / cellphone
lhin	2806	15	.	.	.	local health integration network - on (lhin)
phu	2806	37	.	.	.	public health unit (phu)
phu_toronto	426	124	71.51408	1	140	phu toronto neighbourhood
hrsub	2806	141	.	.	.	health district - subdivision of lhin
kms_dr	1400	104	251.3879	0	8000	kms driven in a typical week-valid drivers
rec_tbi	670	2	4.737313	1	9	willing to participate in head and neck injury study
rec	358	3	1.111732	1	9	provide name for callback
email1	348	3	2.798851	1	5	provide email address
tbnlr	1334	4	3.763118	1	9	head or neck injury that resulted in {various symptoms} or your being ...
tbnr3r	905	3	4.143646	1	8	have any of your children ever had this type of head or neck injury du...
fas1	1334	3	5.009745	1	8	ever been told that you have fas
re1	982	5	3.904277	1	9	do you think this interview was much too long, somewhat long, or about...
re2	982	5	1.379837	1	9	overall, would you say that this interview was:
nadultsfix	2806	10	2.139344	1	99	number of people over 18 years in household
hhwgtdf1	701	138	1	.1730347	4.379285	household weight - dual frame - cycle 1 - 2018
rwgtdf1	701	6	1	.4734466	1.714118	region weight - dual frame - cycle 1 - 2018
rhhwgtdf1	701	138	1	.1331264	6.534094	region & household weight - dual frame - cycle 1 - 2018
hhwgtdf2	726	137	1	.1204291	4.211174	household weight - dual frame - cycle 2 - 2018
rwgtdf2	726	6	1	.520977	1.599191	region weight - dual frame - cycle 2 - 2018
rhhwgtdf2	726	137	1	.0899965	6.734473	region & household weight - dual frame - cycle 2 - 2018
hhwgtdf12	1427	186	1	.1289944	4.375089	household weight - dual frame - cycles 1-2 - 2018
rwgtdf12	1427	6	1	.4964916	1.653657	region weight - dual frame - cycles 1-2 - 2018
rhhwgtdf12	1427	186	1	.0983353	6.638934	region & household weight - dual frame - cycles 1-2 - 2018

hhwgtddf3	700	138	1	.1917003	3.891545	household weight - dual frame - cycle 3 - 2018
rwgtdf3	700	6	1	.4727712	1.884569	region weight - dual frame - cycle 3 - 2018
rhhwgtddf3	700	138	1	.1102139	5.376478	region & household weight - dual frame - cycle 3 - 2018
hhwgtdf1_3	2127	228	1	.1277878	4.572366	household weight - dual frame - cycles 1-3 - 2018
rwgtdf1_3	2127	6	1	.4884267	1.723141	region weight - dual frame - cycles 1-3 - 2018
rhhwgtdf1_3	2127	228	1	.0974866	6.809215	region & household weight - dual frame - cycles 1-3 - 2018
hhwgtddf4	679	130	1	.1202452	4.531384	household weight - dual frame - cycle 4 - 2018
rwgtdf4	679	6	1	.4829378	1.809752	region weight - dual frame - cycle 4 - 2018
rhhwgtddf4	679	130	1	.1228934	7.764985	region & household weight - dual frame - cycle 4 - 2018
hhwgtddf11	2806	255	1	.1274133	4.765219	household weight - dual frame - cumulative
rwgtdfall	2806	6	1	.487087	1.74333	region weight - dual frame - cumulative
rhhwgtddf11	2806	255	1	.095901	8.307349	region & household weight - dual frame - cumulative
ageweight_~t	2806	4	3.013186	1	4	age group for weights (do not use for analysis)
tot_popn_s~n	2806	8	1478517	601190	1970270	population figures from the 2016 census in each age group (ageweightca...
ageweight_~s	2806	8	439.8909	120	622	number respondents each age group by gender - cycles 1-4 - 2018
agwgtpopall	2806	48	3874.928	967.9093	12722.56	population age gender weights 2016 census - cycles 1-4 - 2018
agwgtssampall	2806	48	1.009878	.2522551	3.315734	sample age gender weights cycles 1-4 - 2018
poprhhagwg~1	2806	688	3837.026	309.0922	30227.21	population region household age gender weights cycles 1-4 - 2018
samprhhagw~1	2806	688	1	.0805551	7.87777	sample region household age gender weights cycles 1-4 - 2018
xwghtisr	2806	688	3837.026	309.0922	30227.21	final isr expansion (population) dual-frame weight
fwghtisr	2806	688	1	.0805551	7.87777	final isr relative dual-frame weight
birth	2560	80	1961.928	1919	2000	respondent's year of birth

DERIVED VARIABLES

sex	2806	2	.4326443	0	1	respondent's gender
age	2560	80	56.07227	18	99	respondent's age
agecat3	2782	3	2.424515	1	3	age recoded(3 cats)
agecat5	2782	5	3.717469	1	5	age recoded (5 cats)
agecat4	2782	4	3.327103	1	4	age recoded (4 cats)
agecat2	2782	2	1.869878	1	2	age recoded (2 cats)
agecat6	2782	6	3.871675	1	6	age recoded (6 cats)
agecen4	2782	4	3.039899	1	4	age group (4cats: 2016census)
toronto	2806	2	1.816821	1	2	toronto vs. rest of ontario
north	2806	2	.1650036	0	1	north vs. rest of ontario
empcat8	2791	8	3.137227	1	8	employment status (8 cats)
marstat3	2778	3	1.610151	1	3	marital status(3 cats)
marstat4	2778	4	2.089993	1	4	marital status (4 cats)
mstat4	2778	4	1.906407	1	4	marital status (4 cats)
educat4	2777	4	2.973713	1	4	education (4cats)
rural	2806	2	.1450463	0	1	hh location
fsa	2806	488	.	.	.	forward sortation area - first 3 digits postal code
lang	2794	3	1.168218	1	3	language spoken at home (recoded)
indigenous	2762	2	.0119479	0	1	ethnic first nations, native, inuit, metis
imig	2779	2	.2083483	0	1	born outside canada
recimig	2788	2	.0405308	0	1	recent immigrant - less than 20 years
hincome	2806	12	31.20813	1	99	household income
hincomr	2806	10	30.5784	1	99	hh income - 8 cats
hinccat5	2806	5	3.613329	1	5	household income
hincom2	2806	11	30.87598	1	99	hh income - 9 cats
hinc5	2806	5	3.363863	1	5	household income - 5 cats (updated 2012)

alcstat3	2802	3	1.282655	1	3	current drinking status
alc12m	2802	2	.7805139	0	1	drinker past 12m y/n
aldaily	2797	2	.0911691	0	1	daily drinking - total sample
alclife	2802	2	.9368308	0	1	lifetime drinker- current+ former
formerdk	2802	2	.1563169	0	1	former drinker - never past 12 m
abstain	2802	2	.0631692	0	1	lifetime abstainer
alc30d	2795	2	.6665474	0	1	had a drink past 30 days
fivewk	2785	2	.0588869	0	1	weekly fiveplus -total sample
fivemn	2785	2	.1529623	0	1	monthly fiveplus-total sample
fourwk	1198	2	.0467446	0	1	weekly four plus -one occasion -women drinkers
fourwkt	1578	2	.035488	0	1	weekly four plus -one occasion -women only
fourmn	1198	2	.1469115	0	1	monthly four plus -one occasion -women drinkers
fourmnt	1578	2	.1115336	0	1	monthly four plus -one occasion -women only
five30bi	2790	2	.1770609	0	1	five plus past 30 days at least once - total sample
qfvol	2760	65	195.2909	0	5475	alcohol volume based on q*f, estimated # of drinks per year
qfvolwk	2760	65	3.755595	0	105.2885	average nr. of drinks /week - total sample
drkswk5	2760	5	1.374275	0	4	average no. of drinks/week - 5 cats
qfvolday	2760	65	.5365136	0	15.04121	average nr. of drinks /day- from qfvol- total sample
daily2	2760	2	.076087	0	1	daily 2+ drinks - total sample - from qfvol
daily3	2760	2	.0402174	0	1	daily 3+ drinks - total sample - from qfvol
qfvolmn	2760	65	16.27425	0	456.25	average nr. of drinks /month - from qfvol - total sample
wkly15	2760	2	.0507246	0	1	weekly 15+ drinks - total sample - from qfvol
alcyr	2760	65	2655.957	0	74460	grams of alcohol per year, estimated from q*f volume (estimated # of ...
alcfreq	2797	8	3.284233	0	7	frequency of drinking (past12m) - total sample
freqdrk	2797	5	1.914194	0	4	frequency of drinking (past 12m) (5cats)
drkfreq	2797	8	2.945299	0	7	frequency of drinking (past 12m) - total sample (a la cas)
aud1t	2786	5	1.816942	0	4	how often drink alcohol (past 12m)-total sample
aud2t	2766	5	.609906	0	4	how many drinks, days when drank (past 12m) - total sample
aud3t	2785	5	.556912	0	4	how often 5 + drks (past 12m) - total sample
aud4t	2786	5	.0811199	0	4	how often you were not able to stop drinking once you had started (pas...
aud5t	2784	5	.0499282	0	4	how often have you failed to do what was normally expected from you be...
aud6t	2793	5	.018618	0	4	how often have you needed a first alcoholic drink in the morning (past...
aud7t	2776	5	.1113112	0	4	how often have you had a feeling of guilt or remorse after drinking (p...
aud8t	2772	5	.0840548	0	4	how often have you been unable to remember what happened the night bef...
aud9t	2791	3	.1612325	0	4	have you or someone else ever been injured as a result of your drinki...
aud10t	2793	3	.1489438	0	4	someone suggest cut-down drinking - total sample
audit	2702	30	3.534049	0	38	audit sum score (0-40)- total sample
audit8	2702	2	.1147298	0	1	audit 8+ total sample
auditc	2753	13	2.968398	0	12	auditc (consumption) sum score (0-12; sum aud1 to aud3)
auditp	2741	21	.647209	0	26	auditp (problems) sum score (0-28; sum aud4 to aud10)
auditpr	2741	4	.3775994	0	3	auditp (problems) - 4 cats
auditd	2777	11	.1476413	0	12	auditd (dependence) sum score (0-12; sum aud4 to aud6)
auditdr	2777	2	.0576161	0	1	auditd (dependence) (binary 0-1)
auditac	2753	15	.5001816	0	15	auditac (adverse consequences) sum score (0-16; sum aud7 to aud10)
auditacr	2753	4	.3516164	0	3	auditac (adverse consequences) - 4 cats
alclev	2760	65	.5350437	0	15	daily alcohol volume in standard drinks- from qfvol
alc2	2797	8	2.945299	0	7	how often drink alcohol past 12 m - a la cas
alc6r	2777	4	1.029168	0	3	on those days when you drank, how many drinks did you usually have - 4cat
alcstat6	2802	6	2.266238	0	5	past year drinking status - based on cas/cads
dkstat	2785	4	1.175943	0	3	drinking pattern - based on five plus
alc2r	2793	5	1.979234	0	4	how often drink alcohol past 12 m -recoded

alctyp6	2802	6	2.635974	0	5	past year drinking status using 5+weekly
sstatus3	2789	3	2.400861	1	3	smoking status (3cats)
sstatus4	2789	4	3.29939	1	4	smoking status (4 cats)
sstatus5	2789	5	3.880244	1	5	smoking status (5 cats)
tob12m	2789	2	.1366081	0	1	currently smoking (past 30 days)
sdaily	2789	2	.1014701	0	1	currently smoking daily (past 30 days)
tc6r	383	32	11.77023	0	75	how many cigarettes do you usually smoke each day (current smokers)?
ncigt	2791	32	1.615192	0	75	# cigs smoked each day -- total sample
ncigcat	383	7	2.417755	0	6	# cigs smoked daily (cats)--all current smokers
ncigtcat	2791	7	.3317807	0	6	# cigs smoked daily (cats)--total sample
cigcat4	282	4	.9397163	0	3	num of cigs smoked daily (4 cats)
timcig	282	4	1.712766	0	3	time to first cig in the morning
hsi	281	7	2.651246	0	6	heaviness of smoking index -daily smokers
hsi3	281	3	1.697509	1	3	heaviness of smoking index (3 cats)-daily smokers
hsmkdep	281	2	.13879	0	1	heavy smoking depend- binary -daily smokers
eciglif	2631	2	.13645	0	1	ecigarette use (at least one puff) - lifetime
ecig12m	2801	2	.0739022	0	1	ecigarette use (at least one puff) - past 12m
ecig30d	2801	2	.0278472	0	1	ecigarette use (at least one puff) - past 30 days
canlife	2778	2	.4564435	0	1	used cannabis lifetime y/n
can12m	2767	2	.159017	0	1	used cannabis past 12 m
canstat	2778	3	.6148308	0	2	used cannabis life/past 12 m
canmn	2767	3	.2197326	0	2	used cannabis monthly past 12m
can3m	1797	2	.1157485	0	1	used cannabis past 3 m
can3md	1797	2	.0345019	0	1	used cannabis daily past 3 m
canmed	2766	2	.0694143	0	1	past 12 months used cannabis to treat pain, nausea, glaucoma, ms or an...
ascan1	1797	5	.4468559	0	6	how often used cannabis past 3 months - can_assist 1
ascan2	1795	5	.1793872	0	6	how often strong desire to use cannabis past 3 months - can_assist 2
ascan3	1798	5	.0428254	0	7	how often use of cannabis led to health, social, legal problems past 3...
ascan4	1798	4	.0600667	0	8	how often failed to do what was expected of you due to your use of can...
ascan5	1797	3	.0651085	0	6	has a friend or relative ever expressed concern about your cannabis us...
ascan6	1797	3	.0918197	0	6	have you ever tried and failed to control your cannabis use - can_ass...
asistcan	1792	28	.8582589	0	39	cannabis asist score (0-39)- total sample
asistcn3	1792	3	.0792411	0	2	risk level for cannabis problems - 3 categories
asistcn2	1792	2	.0758929	0	1	risk level for cannabis problems - binary (0,1)
crisk2r	1483	2	1.425489	1	2	how much do people risk harming themselves when they smoke cannabis on...
crisk4r	1540	2	1.696104	1	2	how much do people risk harming themselves when they smoke cannabis da...
crisk5r	1367	2	1.661302	1	2	how much do people risk harming themselves when they use cannabis dail...
crisk6r	1298	2	1.686441	1	2	how much do people risk harming themselves when they use cannabis dail...
coclif	1793	2	.0831009	0	1	used cocaine lifetime y/n
coc12m	1793	2	.0145008	0	1	used cocaine past 12 m
mpr12m	1784	2	.2376682	0	1	any medical use of po past 12 months
nmpr12m	1790	2	.0469274	0	1	any non-medical use of po past 12 months
pr12m	1781	2	.2644582	0	1	any use of po past 12 months
prhil2m	1778	2	.0044994	0	1	used po to get high past 12 months
driver	1795	2	.9030641	0	1	driver (valid licence past 12m)
dkdriv	1618	2	.0346106	0	1	drinking and driving - valid drivers
candriv	1622	2	.0221948	0	1	cannabis use and driving - valid drivers
candriv30	1620	2	.0148148	0	1	cannabis and driving - past 30 days- valid drivers y/n
drtext	1615	2	.2130031	0	1	texting and driving - past 12m- valid drivers
drtext30	1604	2	.1714464	0	1	texting and driving - past 30 days- valid drivers y/n
drtext3c	1604	3	.1945137	0	2	texting and driving - past 30 days - valid drivers- 3 cats

drcollr	1623	2	.069008	0	1	involved in collision while driving-valid drivers-selected panel
podriv	1624	2	.046798	0	1	driving 1 hr after prescription opioids- valid drivers
kms	1638	104	214.8614	0	8000	kms driven in a typical week-valid drivers
kms_100	1638	104	2.148614	0	80	kms driven in a typical week/100-valid drivers
k1r	1779	5	.7886453	0	4	past 30 days, how often felt nervous?
k2r	1776	5	.3293919	0	4	past 30 days, how often felt hopeless?
k3r	1762	5	.8978434	0	4	past 30 days, how often felt restless or fidgety?
k4r	1781	5	.2756878	0	4	past 30 days, how often felt so depressed that nothing could cheer you...
k5r	1758	5	.7076223	0	4	past 30 days, how often felt that everything was an effort?
k6r	1784	5	.2438341	0	4	past 30 days, how often felt worthless?
k6l	1795	24	3.197772	0	24	k6 likert summary score (0-24)
k6_13plus	1795	2	.0367688	0	1	serious psychological distress - k6 score of 13+
k6_5plus	1795	2	.2395543	0	1	mild (to serious) psychological distress - k6 score of 5+
k6_8plus	1795	2	.1147632	0	1	moderate (to serious) psychological distress - k6 score of 8+
k6_3cat	1795	3	.2763231	0	2	psychological distress - k6 (low to serious -3 cat)
fairhlt	2797	2	.1333572	0	1	percent reporting fair or poor health in general
fairmhlt	2794	2	.1020043	0	1	percent reporting fair or poor mental health in general
unhltpd	1748	26	3.645309	0	30	physically unhealthy days- past 30 days
physdisd	1748	2	.1075515	0	1	frequent physically unhealthy days - past 30 days
unhltnmd	1742	25	3.429392	0	30	mentally unhealthy days - past 30 days
unhltd	1704	31	6.240023	0	30	sum of physically and mentally unheathy days - past 30 days
mentdisd	1742	2	.0947187	0	1	frequent mental distress days - past 30 days
suicid	1788	2	.0268456	0	1	did you ever seriously consider attempting suicide (past 12m)?
anx12m	1781	2	.1072431	0	1	past 12 months - prescription medication - anxiety/panic attacks-total...
dep12m	1787	2	.0895355	0	1	past 12 months - prescription medication - depression-total sample
brain	1782	2	.1380471	0	1	lifetime head injury (knocked out or unconscious >5 minutes or hospita...
tbilife	1778	2	.2980877	0	1	head or neck injury that resulted in {various symptoms} or your being ...
tbichild	1174	2	.2103918	0	1	child with head or neck injury that resulted in {various symptoms} or ...

5. References

- Adlaf, E. M., Begin, P., & Sawka, E. (Eds.). (2005). *Canadian Addiction Survey (CAS): A national survey of Canadians' use of alcohol and other drugs: Prevalence of use and related harms: Detailed report*. Ottawa, Canada: Canadian Centre for Substance Abuse.
- Adlaf, E. M., & Ialomiteanu, A.R. (2001a). *The 1999 CAMH Monitor Substance Use and Mental Health Indicators Among Ontario Adults 1977-1999* (CAMH Research Document Series No. 6). Toronto, ON: Centre for Addiction and Mental Health.
- Adlaf, E. M., & Ialomiteanu, A.R. (2001b). *CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults 1977-2000* (CAMH Research Document Series No. 10). Toronto, ON: Centre for Addiction and Mental Health.
- Adlaf, E. M., & Ialomiteanu, A.R. (2002a). *CAMH Monitor 2001: Technical Guide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Adlaf, E. M., & Ialomiteanu, A.R. (2002b). *CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults in 2001, and Changes Since 1977* (CAMH Research Document Series No. 12). Toronto, ON: Centre for Addiction and Mental Health.
- Adlaf, E. M., & Ialomiteanu, A.R. (2003). *CAMH Monitor 2002: Technical Guide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Adlaf, E. M., Ialomiteanu, A.R., & Paglia, A. (2000). *The CAMH Monitor 1999: Technical Guide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Adlaf, E. M., Ialomiteanu, A.R., & Paglia, A. (2001). *The CAMH Monitor 2000: Technical Guide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Adlaf, E. M., Ialomiteanu, A.R., & Rehm, J. (2008). *CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults, 1977-2005* (CAMH Research Document Series No. 24). Toronto, ON: Centre for Addiction and Mental Health.
- Adlaf, E. M., Ivis, F., Bondy, S., Rehm, J., Room, R., & Walsh, G. (1997). *The Ontario Drug Monitor 1996: Technical Guide* (ARF Research Document Series No. 132). Toronto, ON: Addiction Research Foundation.
- Adlaf, E. M., Ivis, F., & Ialomiteanu, A.R. (1998). *Alcohol, Tobacco and Cannabis Use Among Ontario Adults in 1997 and Changes Since 1977: Epidemiological Findings from the Ontario Drug Monitor* (CAMH Research Document Series No. 1). Toronto, ON: Centre for Addiction and Mental Health.
- Adlaf, E. M., Ivis, F., Ialomiteanu, A.R., Walsh, G., & Bondy, S. (1997). *Alcohol, Tobacco and Illicit Drug Use Among Ontario Adults: 1977-1996: The Ontario Drug Monitor, 1996* (ARF Research Document Series No. 135). Toronto, ON: Addiction Research Foundation.
- Adlaf, E. M., Ivis, F. J., Ialomiteanu, A., Bondy, S., Rehm, J., Room, R., et al. (1998). *The Ontario Drug Monitor 1997: Technical Guide* (ARF Research Document Series No. 140). Toronto, ON: Addiction Research Foundation.
- Adlaf, E. M., Ivis, F. J., & Smart, R. G. (1994). *Alcohol and Other Drug Use Among Ontario Adults in 1994 and Changes Since 1977*. Toronto, ON: Addiction Research Foundation.
- Adlaf, E. M., Paglia, A., & Ialomiteanu, A. (1999). *The Ontario Drug Monitor 1998: Alcohol, Tobacco and Illicit Drug Use, 1977-1998* (CAMH Research Document Series No. 4). Toronto, ON: Centre for Addiction and Mental Health.
- Adlaf, E. M., Paglia, A., Ivis, F. J., & Ialomiteanu, A. (1999). *The Ontario Drug Monitor 1998: Technical Guide* (CAMH Research Document Series No. 3). Toronto, ON: Centre for Addiction and Mental Health.

- Adlaf, E. M., & Smart, R. G. (1989). *The Ontario Adult Alcohol and Other Drug Use Survey 1977-1989*. Toronto, ON: Addiction Research Foundation.
- Adlaf, E. M., Smart, R. G., & Canale, M. D. (1991). *Drug Use Among Ontario Adults, 1977-1991*. Toronto, ON: Addiction Research Foundation.
- Alexander, C. H. (2002). Still Rolling: Leslie Kish's Rolling Samples and the American Community Survey. *Survey Methodology* 28(1), 35-41.
- Anglin, L. (1995). *The Ontario Experience of Alcohol and Tobacco: New Focus on Accessibility, Violence and Mandatory Treatment* (ARF Internal Document No. 122). Toronto, ON: Addiction Research Foundation.
- Ashley, M., Ferrence, R., Room, R., Rankin, J., & Single, E. (1994). Moderate drinking and health: Report of an international symposium. *CMAJ*(151), 809-828.
- Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test. Guidelines for Use in Primary Care*. Geneva: World Health Organization.
- Biemer, P.P., & Lyberg, L.E.(2003). *Introduction to survey quality*. Hoboken, NJ:John Wiley & Sons.
- Binson, D., Canchola, J. A., & Catania, J. A. (2000). Random Selection in a National Telephone Survey: A Comparison of the Kish, Next-Birthday, and Last-Birthday Methods. *Journal of Official Statistics*, 16(1), 53-59.
- Blumberg, S. J., Luke, J. V., & Cynamon, M. L. (2006). Telephone Coverage and Health Survey Estimates: Evaluating the Need for Concern About Wireless Substitution. *American Journal of Public Health* 96(5), 926-931.
- Bondy, S. (1994). *Attitudes and Experiences with Treatment of Alcohol and Tobacco Problems. A Report of the Ontario Alcohol and Other Drug Opinion Survey, 1993* (ARF Internal Document No. 119). Toronto, ON: Addiction Research Foundation.
- Bondy, S., Rehm, J., Ashley, M., Walsh, G., Single, E., & Room, R. (1999). Low-risk Drinking Guidelines: The Scientific Evidence. *Canadian Journal of Public Health*, 90(4), 264-270.
- Casady, R. J., & Lepkowski, M. (1999). Telephone sampling. In P. S. Levy & S. Lemeshow (Eds.), *Sampling of Population* (pp. 455-479). New York: Wiley.
- Cochran, W. G. (1977). *Sampling Techniques (3rd edition)*. New York: John Wiley.
- Curtin, Richard, Stanley Presser and Eleanor Singer. (2005). "Changes in Telephone Survey Nonresponse over the Past Quarter Century." *Public Opinion Quarterly*, 69(1), 87-98.
- Ferris, J., Templeton, L., & Wong, S. (1994). *Alcohol, Tobacco and Marijuana: Use, Norms, Problems and Policy Attitudes among Ontario Adults. A Report of the Ontario Alcohol and Other Drug Opinion Survey, 1992* (ARF Internal Document No. 118). Toronto, ON: Addiction Research Foundation.
- Ferris, J., & Wynne, H. (2001). *The Canadian Problem Gambling Index : final report*. Ottawa: Canadian Centre on Substance Abuse.
- Galea S, Brewin CR, Gruber M, Jones RT, King DW, King LA, et al. (2007). "Exposure to hurricane-related stressors and mental illness after Hurricane Katrina. " *Archives of General Psychiatry*, 64, 1427–1434.
- Grant, J. E. (2008). *Impulse Control Disorders*. New York, NY: Norton and Co.
- Grant, J. E., Levine, L., Kim, D. & Potenza, M. N. (2005). Prevalence of impulse control disorders in adult psychiatric inpatients. *American Journal of Psychiatry*, 162, 2184–2188.
- Groves, R. M. (1989). *Survey Errors and Survey Costs*. New York: Wiley.
- Groves, R. M., & Couper, M. P. (1998). *Nonresponse in Household Interview Surveys*. New York: Wiley.

- Groves, R.M. (2006). Nonresponse Rates and Nonresponse Bias in Household Surveys. *Public Opin Q.* 70 (5): 646-675. doi:10.1093/poq/nfl033.
- Groves, R. M., Fowler, F. J., Couper, M. P., Lepkowski, J. M., Singer, E., & Tourangeau, R. (2009). *Survey Methodology, Second Edition*. Hoboken, New Jersey: Wiley.
- Harrison, E., Haaga, J., & Richards, T. (1993). Self-reported drug use data: What do they reveal? *American Journal of Drug and Alcohol Abuse*, 19, 423-441.
- Health Canada. (2012). The Canadian Alcohol and Drug Use Monitoring Survey (CADUMS): Summary of Results for 2011. [Electronic Version], from http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/stat/_2011/summary-sommaire-eng.php.
- Heeringa, S. G., West, B. T., & Berglund, P. A. (2010). *Applied Survey Data Analysis*. Boca Raton, FL: Chapman & Hall/ CRC.
- Ialomiteanu, A.R., & Adlaf, E. M. (2004). *CAMH Monitor 2003 : Technical Guide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A.R., & Adlaf, E. M. (2005). *CAMH Monitor 2004 : Technical Guide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A.R., & Adlaf, E. M. (2006). *CAMH Monitor 2005 : Technical Guide (electronic document)* Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A.R., & Adlaf, E. M. (2007). *CAMH Monitor 2006 : Technical Guide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A.R., & Adlaf, E. M. (2008). *CAMH Monitor 2007: Technical Guide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A.R., & Adlaf, E. M. (2009). *CAMH Monitor 2008: Technical Guide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A.R., & Adlaf, E. M. (2010). *CAMH Monitor 2009: Technical Guide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A.R., & Adlaf, E. M. (2011). *CAMH Monitor 2010: Technical Guide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A., & Adlaf, E. M. (2012). *CAMH Monitor 2011: Metadata User's eGuide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A.R., & Adlaf, E. M. (2013). *CAMH Monitor 2012: Metadata User's eGuide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A.R., & Adlaf, E. M. (2014). *CAMH Monitor 2013: Metadata User's eGuide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A.R., & Adlaf, E. M. (2015). *CAMH Monitor 2014: Metadata User's eGuide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
- Ialomiteanu, A. R., Adlaf, E. M., & Mann, R. E. (2016). *CAMH Monitor 2015: Metadata User's eGuide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
Available: <https://www.camh.ca/camh-monitor>.
- Ialomiteanu, A. R., Adlaf, E. M., & Mann, R. E. (2017). *CAMH Monitor 2016: Metadata User's eGuide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
Available: <https://www.camh.ca/camh-monitor>

- Ialomiteanu, A. R., Adlaf, E. M., & Mann, R. E. (2018). *CAMH Monitor 2017: Metadata User's eGuide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
Available: <https://www.camh.ca/camh-monitor>
- Ialomiteanu, A.R., Adlaf, E. M., Mann, R. E., & Rehm, J. (2009). *CAMH Monitor eReport: Addiction & Mental Health Indicators Among Ontario Adults, 1977-2007 (CAMH Research Document Series No. 25)*. Toronto, ON: Centre for Addiction & Mental Health
- Ialomiteanu, A.R., Adlaf, E. M., Mann, R. E., & Rehm, J. (2011). *CAMH Monitor eReport: Addiction & Mental Health Indicators Among Ontario Adults, 1977-2009 (CAMH Research Document Series No. 31)*. Toronto, ON: Centre for Addiction & Mental Health
- Ialomiteanu, A.R., Adlaf, E. M., Hamilton, H. A., & Mann, R. E. (2012). *CAMH Monitor eReport: Addiction & Mental Health Indicators Among Ontario Adults, 1977-2011 (CAMH Research Document Series No. 35)*. Toronto, ON: Centre for Addiction & Mental Health
- Ialomiteanu, A.R., Hamilton, H. A., Adlaf, E. M., & Mann, R. E. (2014). *CAMH Monitor eReport: Substance Use, Mental Health and Well-Being Among Ontario Adults, 1977-2013 (CAMH Research Document Series No. 40)*. Toronto, ON: Centre for Addiction & Mental Health
- Ialomiteanu, A.R., Hamilton, H.A., Adlaf, E. M., & Mann, R. E. (2016). *CAMH Monitor eReport: Substance Use, Mental Health and Well-Being Among Ontario Adults, 1977-2015 (CAMH Research Document Series No. 45)*. Toronto, ON: Centre for Addiction & Mental Health.
- Ialomiteanu, A.R., Hamilton, H., Adlaf, E. M., & Mann, R. E. (2018). *CAMH Monitor eReport: Substance Use, Mental Health and Well-Being Among Ontario Adults, 1977-2017 (CAMH Research Document Series No. 48)*. Toronto, ON: Centre for Addiction & Mental Health.
Available: <https://www.camh.ca/camh-monitor>
- Ialomiteanu, A. R., Hamilton, H. A., & Mann, R. E. (2019). *CAMH Monitor 2018: Metadata User's eGuide (electronic document)*. Toronto, ON: Centre for Addiction and Mental Health.
Available: <https://www.camh.ca/camh-monitor>
- Ialomiteanu, A.R., & Bondy, S. (1997). *The Ontario Alcohol and Other Drug Opinion Surveys (OADOS): 1992-1995. User's Guide (ARF Research Document Series No. No. 133)*. Toronto, ON: Addiction Research Foundation.
- Kalton, G. (2009). Methods for oversampling rare subpopulations in social surveys. *Survey Methodology* 35(2), 125-141.
- Kandel, D. (1991). The social demography of drug use. *The Millbank Quarterly*, 69, 356-414.
- Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L. T., . . . Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32(6), 959-976. doi: 10.1017/S0033291702006074
- Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., . . . Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, 60(2), 184-189. doi: 10.1001/archpsyc.60.2.184
- Kish, L. (1965). *Survey Sampling*. New York: Wiley & Sons.
- Kish, L. (1999). Combining/cumulating population surveys. *Survey Methodology*, Vol. 25(2), 129-138.
- Korn, E. L., & Graubard, B. I. (1999). *Analysis of Health Surveys*. New York: John Wiley & Sons.
- Lee, E. S., Forthofer, R. N., & Lorimor, R. J. (1989). *Analyzing Complex Survey Data*. Newbury Park: Sage Publications.

- Liu, T. C., Desai, R. A., Krishnan-Sarin, S., Cavallo, D. A., & Potenza, M. N. (2011). Problematic Internet use and health in adolescents: Data from a high school survey in Connecticut. *The Journal of Clinical Psychiatry*, 72(6), 836–845.
- Moriarty, D. G., Zack, M. M., & Kobau, R. (2003). The Centers for Disease control and Prevention's Health Days Measures - Population tracking of perceived physical and mental health over time. *Health and Quality of Life Outcomes*, 1(37).
- Medway, R., & Fulton, J. (2012). When more gets you less: A meta-analysis of the effect of concurrent web options on mail survey response rates. *Public Opinion Quarterly*, 76, 733-746.
- Mercier, L., Northrup, D. & McCague, H. (2018). *The 2017 CAMH Monitor Survey: Technical Documentation*. Toronto, ON: Institute for Social Research, York University. Available upon request from <http://www.isryorku.ca/>.
- Northrup, D. (2017). *The 2016 CAMH Monitor Survey: Technical Documentation*. Toronto, ON: Institute for Social Research, York University. Available upon request from <http://www.isryorku.ca/>.
- Ôunpuu, S., Krueger, P., Vermeulen, M., & Chambers, L. (2000). Using the U.S. Behavior Risk Factor Surveillance System's Health Related Quality of Life Survey Tool in a Canadian City. *Canadian Journal of Public Health*, 91(1), 67-72.
- Paglia, A. (1995). *Alcohol, Tobacco and Drugs: Dependence, Problems and Consequences of Use. A Report of the 1994 Ontario Alcohol and Other Drug Opinion Survey* (ARF Internal Document No. 121). Toronto, ON: Addiction Research Foundation.
- Park, S. (2016). *The 2015 CAMH Monitor Survey: Technical Documentation*. Toronto, ON: Institute for Social Research, York University. Available upon request from <http://www.isryorku.ca/>.
- Prochaska, J. J., Sung, H.-Y., Max, W., Shi, Y., & Ong, M. (2012). Validity study of the K6 scale as a measure of moderate mental distress based on mental health treatment need and utilization. *International Journal of Methods in Psychiatric Research*, 21(2), 88-97. doi: <https://doi.org/10.1002/mpr.1349>
- Rehm, J., Üstün, T. B., Saxena, S., Nelson, C. B., Chatterji, S., Ivis, F., & Adlaf, E. M. (1999). On the development and psychometric testing of the WHO screening instrument to assess disablement in the general population. *International Journal of Methods in Psychiatric Research*, 8(2), 110-122.
- Rehm, J., Room, R., Van den Brink, W., Kraus, L. (2005). Problematic drug use disorders in EU countries and Norway: an overview of the epidemiology. *European Neuropsychopharmacology* 15(4): 389–397.
- Rizzo, L., Brick, M. J., & Park, I. (2004). A minimally intrusive method for sampling persons in random digit dial surveys. *Public Opinion Quarterly*, 68(2), 267-274.
- Rossi, P. H. (1989). *Down and Out in America: The Origins of Homelessness*. Chicago: University of Chicago Press.
- Saunders, J. B., Aasland, O. G., Babor, T. F., De la Fuente, J. R., & Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption BII. *Addiction*, 88, 791-804.
- Sean Hu, S., Balluz, L., Battaglia, M. P., & Frankel, M. R. (2011). Improving Public Health Surveillance Using a Dual-Frame Survey of Landline and Cell Phone Numbers. *American Journal of Epidemiology*, 173(6), 703-711. doi: <https://doi.org/10.1093/aje/kwq442>
- Smart, R. G., & Adlaf, E. M. (1982). *Trends in Alcohol and Drug Use Among Ontario Adults: Report of a Household Survey, 1982* (Substudy No. 1234). Toronto, ON: Addiction Research Foundation.
- Smart, R. G., & Adlaf, E. M. (1984). *Alcohol and Drug Use Among Ontario Adults in 1984 and Changes since 1982*. Toronto, ON: Addiction Research Foundation.
- Smart, R. G., & Adlaf, E. M. (1987). *Alcohol and Other Drug Use Among Ontario Adults 1977-1987*. Toronto, ON: Addiction Research Foundation.

- Smart, R. G., & Goodstadt, M. S. (1977). *Alcohol and Drug Use Among Ontario Adults: Report of a Household Survey, 1977* (Substudy No. 798). Toronto, ON: Addiction Research Foundation.
- StataCorp (2013). Stata: Release 13. Statistical Software. College Station, TX: StataCorp LP.
- Statistics Canada. (2014). Residential Telephone Service Survey 2013 (RTSS). [Electronic Version], available from <http://www.statcan.gc.ca/daily-quotidien/110607/dq110607d-eng.htm>
- Statistics Canada. (2018). Canadian Tobacco, Alcohol and Drugs Survey (CTADS), available from <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4440>
- Thomas, N., Raghunathan, T. E., Schenker, N., Katzoff, M. J., & Johnson, C. L. (2006). An Evaluation of Matrix Sampling Methods Using Data from the National Health and Nutrition Examination Survey. *Survey Methodology*, 32(2), 217-231.
- Trewin, D., & Lee, G. (1988). International Comparisons of Telephone Coverage. In R. M. Groves, P. P. Biemer, L. E. Lyberg, J. T. Massy, W. I. Nicholls & J. Waksberg (Eds.), *Telephone Survey Methodology* (pp. 9-24). New York: John Wiley & Sons.
- Trinkoff, A. M., Ritter, C., & Anthony, J. C. (1990). The prevalence and self-reported consequences of cocaine use: An exploratory and descriptive analysis. *Drug & Alcohol Dependence*, 26, 217-225.
- Turner, C., Lessler, J., & Gfroerer, J. (1992). *Survey Measurement of Drug Use: Methodological Studies*. Washington: U.S. Government Printing Office.
- Üstün, T. B., Kostanjsek, N., Chatterji, S., & Rehm, J. (2010). *Measuring health and disability: manual for WHO Disability Assessment Schedule (WHODAS 2.0)*: World Health Organization.
- Üstün, T. B., Chatterji, S., Kostanjsek, N., Rehm, J., Kennedy, C., Epping-Jordan, J., . . . Pull, C. (2010). Developing the World Health Organization Disability Assessment (WHODAS) Schedule 2.0. *Bulletin of the World Health Organization*, 88, 815-823. doi: 10.2471/BLT.09.067231
- WHO ASSIST Working Group. (2002). Alcohol, smoking and substance involvement screening test (ASSIST): Development, reliability and feasibility. *Addiction*, 97(9), 1183-1194.
- Wiebe, J., Single, E., & Falkowski-Ham, A. (2001). *Measuring gambling and problem gambling in Ontario*. Toronto: Canadian Centre on Substance Abuse and Responsible Gambling Council.
- Yau, Y. H. C., Potenza, M. N., & White, M. A. (2013). Problematic Internet use, mental health and impulse control in an online survey of adults. *Journal of Behavioral Addictions*, 2(2), 72-81 doi: 10.1556/JBA.1.2012.015

Appendix A

Summary of CAMH Adult Population Surveillance Program

Table A1. CAMH/ ARF - Ontario Adult Population Surveys, 1977–2018

Year	Mode of Interview	Survey Organization	Sample Design	Sample (N) Date	RR Deff	Standard Error Calculation Model	Source
1977	Face-to-face	Gallup	<p>Periodic Survey (conducted by ARF) Modified-probability design: The survey employed personal visit, face-to-face interviews. The sample design incorporated stratification by six community size groups, based on the most recent census data: cities of 500,000 population and over; those between 100,000 and 500,000; 30,000 to 100,000; 10,000 to 30,000; 1,000 to 10,000, and rural farm and rural non-farm areas. The population was arrayed in geographic order, by census enumeration areas. Enumeration areas, on the average, contain about 500 to 1,000 people. Up to 105 enumeration areas were selected randomly from this array. Within urban centres, a random block sampling procedure was used to select starting points for interviewers. The interviewer was provided with a map of the enumeration area, showing the location of the starting point and was required to follow a specified route in the selection of households. Within the household, the youngest male, 18 years and over at home at the time of the interview, was surveyed. If there was no male available, or when the male quota was completed, the youngest available female, 18 years and over, was interviewed. The selection of rural and rural non-farm interviewing locations followed the sample design established for the urban centres in terms of geographic dispersion and random selection of enumeration areas. Because of the low population density and wide dispersion of households, the random block sampling procedure was replaced by quota sampling based on sex and age. Sampling weights for the 1977 through 1989 surveys employed post-stratification adjustments according to the gender and age distribution according to the most recent census year.</p>	N=1,059 June 16–18	NA		(Smart & Goodstadt, 1977)
1982	Face-to-face	Gallup		N=1,040 Feb. 22–28	NA		(Smart & Adlaf, 1982)
1984	Face-to-face	Gallup		N=1,050 Feb. 27–Mar 3	NA		(Smart & Adlaf, 1984)
1987	Face-to-face	Gallup		N=1,084 Jan. 8–23	NA		(Smart & Adlaf, 1987)
1989	Face-to-face	Gallup		N=1,101 Feb. 11–Mar 4	NA		(Adlaf & Smart, 1989)
1991	Telephone	ISR	<p>Periodic Survey (conducted by ARF) Full-probability RDD: The survey used random-digit-dialling (RDD) techniques through Computer Assisted Telephone Interviewing (CATI) methods. The design employed a <i>single-strata, two-stage probability RDD survey</i> fielded during a 2-3 month period. Stage 1: From a sampling frame of all active area codes and exchanges in Ontario provided by the ATT Long Lines Tape, a random sample of telephone numbers was selected with equal probability. Stage 2: Within selected telephone households, one respondent was selected according to the most recent birthday of household members. A minimum of 12 call-backs were made to each nonresponding household, and all households who refused to participate were re-contacted in order to secure participation. Sampling weights were a function of the number of household members.</p>	N=1,047 Feb 20–Mar 18	RR=67% Deff=1.14	1 SE strata; 1047 SECU; 1046 design df	(Adlaf et al., 1991)
1992	Telephone	ISR		N=1,058 June 14– Aug 20	RR=63% Deff=1.19	1 SE strata; 1058 SECU; 1057 design df	(Ferris et al., 1994)
1993	Telephone	ISR		N=1,034 April 19– May 24	RR=65% Deff=1.10	1 SE strata; 1034 SECU; 1033 design df	(Bondy, 1994)
1994	Telephone	ISR		N=2,022 Mar 1–May 5	RR=63% Deff=1.16	1 SE strata; 2022 SECU; 2021 design df	(Adlaf et al., 1994; Paglia, 1995)
1995	Telephone	ISR		N=994 Mar 28–May 9	RR=62% Deff=1.16	1 SE strata; 994 SECU; 993 design df	(Anglin, 1995)

Year	Mode of Interview	Survey Organization	Sample Design	Sample (N) Date	RR Deff	Standard Error Calculation Model	Source
1996	Telephone	ISR	<p>Ontario Drug Monitor (ODM) - Rolling survey (conducted by ARF)</p> <p>Full-probability monthly RDD: The survey used RDD techniques through CATI methods. The design employed a rolling monthly <i>two-stage probability RDD survey</i> stratified by six geographical/area-code regions with sample sizes allocated equally (disproportionally). Stage 1: From a sampling frame of all active area codes and exchanges in Ontario provided by the ATT Long Lines Tape, within each regional stratum a random sample of telephone numbers was selected with equal probability. Stage 2: Within selected telephone households, one respondent was selected according to the most recent birthday of household members. A minimum of 12 call-backs were made to each nonresponding household, and all households who refused to participate were re-contacted in order to secure participation. Twelve monthly samples were cumulated to provide annual estimates. Sampling weights were a function of the number of household members, regional probabilities and month.</p> <p>CAMH Monitor (CM) - Rolling survey (conducted by CAMH)</p> <p>Full-probability monthly RDD: The survey used RDD techniques through CATI methods. The design employed a rolling monthly <i>two-stage probability list-assisted RDD survey stratified by six geographical/area-code regions</i> with sample sizes allocated equally (disproportionally). A list of telephone numbers in Ontario can be constructed from CD-ROM versions of telephone books and the other commercially available lists of telephone numbers. Numbers from these sources, as well as telephone numbers between or on either side of listed numbers are included in the sampling frame. Since unlisted numbers, cell phone numbers and newly published numbers are interspersed among published numbers, this strategy provides a superior sample than one based on listed numbers alone.</p> <p>Stage 1: Within each of the six regional stratum, each month a random sample of telephone numbers was selected with equal probability. Stage 2: Within selected telephone households, one respondent age 18 or older who could complete the interview in English was selected according to the last birthday method of household members. A minimum of 12 call-backs were placed to unanswered numbers and most households who refused to participate on the first contact were re-contacted in order to secure participation. Twelve monthly samples were cumulated to provide annual estimates. Sampling weights were a function of the number of household members, regional probabilities and month.</p> <p>In 2000, the stage one selection was revised to a list-assisted RDD selection method.</p> <p>In 2006, the target sample was reduced to 2000 completions.</p>	N=2,721 April 8– Jan 8	RR=64%	6 SE strata; 2721 SECU; 2715 design df	(Adlaf, Ivis, Bondy et al., 1997)
1997	Telephone	ISR		N=2,776 Jan 14– Dec 21	RR=67%	6 SE strata; 2776 SECU; 2770 design df	(Adlaf, Ivis, & Ialomiteanu, 1998)
1998	Telephone	ISR		N=2,509 Jan 21– Dec 20	RR=69%	6 SE strata; 2509 SECU; 2503 design df	(Adlaf, Paglia, & Ialomiteanu, 1999; Adlaf, Paglia, Ivis et al., 1999)
1999	Telephone	ISR		N=2,436 Jan 20– Dec 21	RR=69%	6 SE strata; 2436 SECU; 2430 design df	(Adlaf & Ialomiteanu, 2001a; Adlaf et al., 2000)
2000	Telephone	ISR		N=2,406 Jan 20–Dec 21	RR=61%	6 SE strata; 2406 SECU; 2400 design df	(Adlaf & Ialomiteanu, 2001b; Adlaf et al., 2001)
2001	Telephone	ISR		N= 2627 Jan 25–Dec 20	RR=61%	6 SE strata; 2627 SECU; 2621 design df	(Adlaf & Ialomiteanu, 2002a, 2002b)
2002	Telephone	ISR		N= 2421 Jan 10–Dec 22	RR=58%	6 SE strata; 2421 SECU; 2415 design df	(Adlaf & Ialomiteanu, 2003)
2003	Telephone	ISR		N= 2411 Jan 10–Dec 30	RR=58%	6 SE strata; 2411 SECU; 2405 design df	(Ialomiteanu & Adlaf, 2004)
2004	Telephone	ISR		N= 2611 Jan 03–Dec 30	RR=59%	6 SE strata; 2611 SECU; 2605 design df	(Adlaf et al., 2008; Ialomiteanu & Adlaf, 2005)
2005	Telephone	ISR		N= 2445 Jan 10–Dec 22	RR=61%	6 SE strata; 2445 SECU; 2439 design df	(Adlaf et al., 2008; Ialomiteanu & Adlaf, 2006)
2006	Telephone	ISR	N= 2016 Jan 03–Dec 30	RR=61%	6 SE strata; 2016 SECU; 2010 design df	(Ialomiteanu & Adlaf, 2007)	

Year	Mode of Interview	Survey Organization	Sample Design	Sample (N) Date	RR Deff	Standard Error Calculation Model	Source
2007	Telephone	ISR	<p>In 2010, the target sample was increased to 3000 completions.</p> <p>In 2011, the 12 monthly samples were reduced to 4 quarterly samples.</p>	N= 2005 Jan 02–Dec 30	RR=53%	6 SE strata; 2005 SECU; 1999 design df	(Ialomiteanu & Adlaf, 2008; Ialomiteanu et al., 2009)
2008	Telephone	ISR		N= 2024 Jan 05–Dec 28	RR=55%	6 SE strata; 2024 SECU; 2018 design df	(Ialomiteanu & Adlaf, 2009)
2009	Telephone	ISR		N=2037 Jan 02–Dec 30	RR=57%	6 SE strata; 2037 SECU 2031 design df	(Ialomiteanu & Adlaf, 2010; Ialomiteanu et al., 2011)
2010	Telephone	ISR		N=3030 Jan 02–Dec 28	RR=51%	6 SE strata; 3030 SECU 3024 design df	(Ialomiteanu & Adlaf, 2011)
2011	Telephone	ISR		N=3039 Jan 04–Dec 20	RR=51%	6 SE strata; 3039 SECU 3033 design df	(Ialomiteanu & Adlaf, 2012; Ialomiteanu et al., 2012)
2012	Telephone	ISR		N=3030 Jan 03–Dec 28	RR=51%	6 SE strata; 3030 SECU 3024 design df	(Ialomiteanu & Adlaf, 2013)
2013	Telephone	ISR		N=3021 Jan 02–Dec 22	RR=48%	6 SE strata; 3021 SECU 3015 design df	(Ialomiteanu & Adlaf, 2014; Ialomiteanu et al., 2014)
2014	Telephone	ISR		N=3043 Jan 02–Dec 17	CR=53% RR=45%	6 SE strata; 3043 SECU 3037 design df	(Ialomiteanu & Adlaf, 2015)
2015	Telephone & Web Experiment	ISR		N=5013 Jan 05–Dec 23	CR=46% RR=41%	6 SE strata; 5013 SECU 5027 design df	(Ialomiteanu , Adlaf, & Mann, 2016; Ialomiteanu et al., 2016; Park, 2016)
2016	Telephone Dual-Frame (landline+cell)	ISR		N=3042 Jan 04–Dec 06	CR=46% RR=38%	6 SE strata; 3042 SECU 3036 design df	(Ialomiteanu, Adlaf, & Mann, 2017; Northrup, 2017)

Year	Mode of Interview	Survey Organization	Sample Design	Sample (N) Date	RR Deff	Standard Error Calculation Model	Source
2017	Telephone Dual-Frame (landline+cell)	ISR		N=2812 Jan 02–Dec 18	CR=46% RR=35%	6 SE strata; 2812 SECU 2806 design df	(Ialomiteanu, Adlaf, & Mann, 2018; Mercier, Northrup, & McCague, 2018; Ialomiteanu, Hamilton, Adlaf, & Mann, 2018)
2018	Telephone Dual-Frame (landline+cell)	ISR		N=2806 Jan 02–Dec 18	CR=39% RR=30%	6 SE strata; 2806 SECU 2800 design df	(Ialomiteanu, Hamilton, & Mann, 2019; Mercier, Northrup, & McCague, 2019)
Notes: ARF , Addiction Research Foundation; ISR = Institute for Social Research, York University, RR = unit response rate; CR = cooperation rate; Deff = average design effect; SE = standard error; SECU =Standard Error Calculation Unit (respondents).							

Table A2: Key Design and Interview Modifications to the CAMH Adult Population Survey Program (1977–2018)

Year	Key Design Changes	Key Interview Changes
1977	Population survey program initiated with personal visit, face to face (FtF) interviews drawn from a multistage area sample administered by Gallup Canada	
1982		
1984		•Cocaine introduced
1987		
1989		
1991	FtF, in-home interview vs telephone mode comparison study	
1991	<ul style="list-style-type: none"> •Migration to two-stage, RDD landline telephone survey begins •ISR begins role as data producer 	•English and French CATI introduced
1992		
1993		
1994		
1995		
1996	<ul style="list-style-type: none"> •Continuous fieldwork begins: Rolling monthly samples introduced, resulting in 12-month cumulated data sets (prior surveys employed periodic fieldwork of 2-3 months) •Annual sample size increased to exceed 2400; •Regional stratification becomes equally allocated (vs proportional allocation or non-stratification used in earlier surveys); 	<ul style="list-style-type: none"> •CATI begins continuous monthly administration •Consecutively administered bi-panels (A & B) introduced (Panel A = January – June Panel B = July – December) •Tobacco module introduced •Drinking & driving introduced
1997		•Prescription antianxiety and antidepressant use introduced
1998		<ul style="list-style-type: none"> •CATI becomes English only •AUDIT introduced
1999	CAMH Monitor series begins	•Mental health and gambling modules introduced
2000	Stage 1 selection revised to list-assisted RDD, thus including mobile, unlisted and newly-activated numbers in sampling frame	<ul style="list-style-type: none"> •ASSIST-CIS introduced •GHQ12 introduced
2001		
2002		<ul style="list-style-type: none"> •Cannabis driving introduced •Collision while driving introduced
2003		<ul style="list-style-type: none"> •HRQoL introduced •Past 7 day drinking introduced •Immigrant status introduced
2004		
2005		<ul style="list-style-type: none"> •5/4 (5 men/4 women) binge measure introduced •Gambling module temporarily removed (2005)
2006	Target completions reduced to 2000 annually	

Year	Key Design Changes	Key Interview Changes
2007		
2008	Advance letter pilot begins in Toronto	<ul style="list-style-type: none"> •Opioid pain reliever module introduced •NOC introduced
2009	Advance letters introduced to full sample	
2010	Completions increased to 3000 annually	<ul style="list-style-type: none"> •Panels reallocated: Concurrently administered interviews 12 month Panels introduced: Panel A=~1000; Panel B =~2000 (both panels January-December)
2011	12 monthly samples reduced to 4 quarterly samples	<ul style="list-style-type: none"> •Passenger with impaired driver removed (2011) • Drinking and boating/ snowmobiling introduced •Traumatic brain injury introduced •Cell phone item introduced
2012		<ul style="list-style-type: none"> •Ethnicity items revised (race added) •Suicide ideation introduced
2013		<ul style="list-style-type: none"> •E-cigarette items introduced •Waterpipe (hookah) introduced •Medical use of cannabis reinstated (last collected in 1999)
2014		<ul style="list-style-type: none"> •K6 replaced GHQ12 •Financial stress introduced •Sexual identity introduced
2015	Completions increased to 5000 for the calendar year – 3 panels Web survey pilot (July - December)	<ul style="list-style-type: none"> •Panels reallocated for grant funded gambling study - concurrently administered 3 panels introduced for the calendar year: Panel A=~1000; Panel B =~1000 ; Panel C=~3000 •Gambling and Use of Electronic Devices introduced in Panel C •Web survey pilot (July -December) •NOC removed
2016	Completions returned to ~3000 annually Toronto area – dual-frame experiment (April-December)	<ul style="list-style-type: none"> •Panels reallocated: Panel A=~1000; Panel B =~1000 (both panels January-December) Panel C=~1000 (asked January-March) •Toronto area – dual-frame experiment (panel E, N =171 cell-phone interviews in Toronto)
2017-2018	Completions decreased to ~2800 annually; Dual-frame sampling for all Ontario introduced (CM2017 - 90% list-assisted RDD; ~10% cell-phones only RDD; CM2018 - 80% list-assisted RDD; ~20% cell-phones only RDD)	<ul style="list-style-type: none"> •Panels reallocated: Panel A=~1000; Panel B =~1800 (both panels January-December) • Dual-frame sampling (~300 to 600 cell-phone interviews across Ontario)

Notes: **FtF**: Face to Face; **RDD**: Random-Digit Dialling; **ISR**: Institute for Social Research, York University; **CATI**: Computer Assisted Telephone Interview; **AUDIT**: Alcohol Use Disorder Identification Test; **ASSIST-CIS**: Alcohol, Smoking and Substance Involvement Screening Test; **GHQ12**: General Health Questionnaire (12 items); **HRQoL**: Health Related Quality of Life; **K6**: Kessler non-specific distress scale (6 items).

Appendix B

Sample of CM2018 Advance Letter
(mailed to respondents one week prior to telephone
contact)



Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

SAMPLE ADVANCE LETTER 2018
(for landline/list-assisted telephone interviews)

«Date»

The «Name1» Household

«Address»

«City» «PROV» «Postal»

We are sending this letter to let you know that in the next few days, you will receive a telephone call from the Survey Centre at York University's Institute for Social Research asking you to participate in a province wide survey on health issues on behalf of the Centre for Addiction and Mental Health (CAMH). Your address and phone number have been selected at random by a computer and there is no assumption that the people who complete the survey have ever had any connection with CAMH.

For almost 40 years, the Centre for Addiction and Mental Health (CAMH) has been conducting research on alcohol, tobacco and mental health issues and how trends have changed over time. If you wish to know more about the survey or to view survey results, please visit the web site: <http://www.camh.ca/camh-monitor>.

If you have any questions about the current cycle of the survey, please visit the "Frequently Asked Questions (FAQ)" page on the survey web site listed above.

You can also call the Institute for Social Research at 1-888-847-0148 (toll free) or at 416-736-5393, or CAMH, at 416-535-8501 ext. 34496 or ext. 36997 or you can email survey@camh.ca.

The information collected in the CAMH Monitor is used to build knowledge about different health issues, evaluate health programs, and help create health and social policies in Ontario. The confidentiality of the information gathered by the survey is protected by the law. Your answers will be kept strictly confidential. Only summary results in which individual answers cannot be identified will be reported.

It is only with the assistance of people like you that the research can be successful. Thank you in advance for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Mann", with a long horizontal flourish extending to the right.

Robert Mann, PhD

Study Director, Senior Scientist
Centre for Addiction and Mental Health
Associate Professor, University of Toronto
Tel: 416-535-8501 ext. 34496

Email: robert.mann@camh.ca

Appendix C

Informed Verbal Consent CAMH Monitor 2018 Introductory Script for Landline and Cell-Phone Sample Interviews

1. INTRODUCTORY SCRIPT FOR LANDLINE SAMPLE INTERVIEWS

Step 1: If required ask to speak with an adult member of the household

Step 2: Introduction and Explanation of the Study

Hello, my name is _____. I'm calling from the Institute for Social Research at York University (in Toronto).

First, let me assure you that we are not selling anything or asking for donations.

Recently, we sent a letter to your household about an important research project.

We are completing a study on people's opinions and experiences with tobacco, alcohol and other drugs. The study is being conducted for the Centre for Addiction and Mental Health in Toronto. We would very much appreciate the opinions of someone in your household.

Step 3: Confirming Eligibility

I just want to make sure that I dialed the correct telephone number. Is this xxx-xxxx in area code (xxx)?

Is this your home telephone number or a business telephone number? Would you please tell me if you are 18 years of age or older?

Step 4: Respondent Selection

In order to make certain that our study accurately represents the population of Ontario, we would like to randomly select someone who lives in your household to do the interview. Before I can do that, I need to ask a few questions about the people living in your household.

How many adults who live in your household are between 18 and 30 years of age, do not forget to count yourself (if you are 30 or under)?

Including yourself, how many adults 18 years of age or older live in your household?

Step 5: Provision of Additional Information & Asking for Consent

Before we start, I need to make sure you understand the guidelines under which the research is being completed.

I would like to assure you that all information you provide, including your answers and any other information you tell us will remain completely confidential. You don't have to answer any questions that you don't want to. If you decide to stop the interview at any time, and wish us to do so, we will destroy all the information you have provided.

This information will be stored in a password-protected computer and will only be used, in summary form, by the researchers at the Institute for Social Research and at the Centre for Addiction and Mental Health in Toronto (CAMH). This research project has been reviewed and approved by York University's Ethics Committee.

Just to let you know, from time to time my supervisor may listen in to make sure we are doing the research correctly. The survey is voluntary, but your participation is very important if the results are to be accurate. There are no risks in answering the questions. Is it possible for us to complete the interview at this time?

2. INTRODUCTORY SCRIPT FOR CELL PHONE SAMPLE INTERVIEWS

Step 1: If required ask to speak with an adult member of the household

Step 2: Introduction and Explanation of the Study

Hello, my name is _____. I'm calling from the Institute for Social Research at York University (in Toronto).

First, let me assure you that we are not selling anything or asking for donations.

We are completing a study on people's opinions and experiences with tobacco, alcohol and other drugs. The study is being conducted for the Centre for Addiction and Mental Health in Toronto.

We would very much appreciate the opinions of someone in your household.

Step 3: Confirming eligibility

I just want to make sure that I dialed the correct telephone number. Is this xxx-xxxx in area code (xxx)? Have we reached you on a cell phone?

Is this cell phone I have reached you on mainly for personal use, or only for business purposes?

Are you in a place where you can safely talk on the phone and answer my questions?

Would you please tell me if you are 18 years of age or older?

Step 4: Provision of Additional Information & Asking for Consent

Before we start, I need to make sure you understand the guidelines under which the research is being completed.

I would like to assure you that all information you provide, including your answers and any other information you tell us will remain completely confidential. You don't have to answer any questions that you don't want to. If you decide to stop the interview at any time, and wish us to do so, we will destroy all the information you have provided.

This information will be stored in a password-protected computer and will only be used, in summary form, by the researchers at the Institute for Social Research and at the Centre for Addiction and Mental Health in Toronto (CAMH). This research project has been reviewed and approved by York University's Ethics Committee.

Just to let you know, from time to time my supervisor may listen in to make sure we are doing the research correctly. The survey is voluntary, but your participation is very important if the results are to be accurate. There are no risks in answering the questions. Is it possible for us to complete the interview at this time?

Appendix D

CAMH Monitor CATI Questionnaire 2018

The 2018 CAMH Monitor Topic Outline: Item Allocation by Questionnaire Panel

Item name	Topic (variable description)	PANEL A (Jan-Dec)	PANEL B (Jan-Dec)
1	General Health		
gh1	General health good, ...?	1	1
hs1a	Mental health good,...?	1	1
	HRQoL		
doc1	Have you seen a doctor?		1
gh2r	Nr. days, past 30 days, physical health not good		1
gh3r	Nr. days, past 30 days, mental health not good		1
fas1	Fetal Alcohol Syndrome (FASD) (ever diagnosed)		1
1a	Traumatic brain injury (St. Michael's Hosp)		
tbni1-tbi1	How many times have you had a head injury (life)		2
tbi2	How many times have you had a head injury (past12m)		1
tbni2-tbni3	Have you ever had a child with TBI		2
2	Tobacco		
2A	Consumption		
	Smoking Status (tc1- tc7)		
tc1	At the present time, do you smoke...?	1	1
tc2	Have you smoked 100 cigs?	1	1
tc3	Have you ever smoked daily?	1	1
tc4	Age of onset	1	1
tc5	How long ago you smoked?	1	1
tc6	How many cigs smoked daily	1	1
tc7	How soon after wake up do you smoke?	1	1
	Occasional Smoking (tos1-tos2)		
tos1	How many cigarettes?	1	1
tos2	On how many days (last 30d) did you smoke?	1	1
	Smoking Cessation (tc8-tc10; tq2)		
tc8	Past 12 month serious attempt? (tc8)	1	1
tc9	Intent in 6 months? (tc9)	1	1
tc10	Intent in 30 days? (tc10)	1	1
	Flexible Tobacco Content		
	Other Tobacco items (waterpipe + e-cig items)	7	7

Item name	Topic (variable description)	PANEL A (Jan-Dec)	PANEL B (Jan-Dec)
	Tobacco Opinion/ Policy (Panel A only - OTRU)		
	~43 items (full panel) (some items new 2018)	43	
crisk7	Smoking cannabis less harmful ...than cannabis	1	
3	Alcohol		
3A	Consumption (10 items)		
ac1	During the past 12 months have you had a drink?	1	1
ac2	Did you EVER have a drink of any alcoholic beverage?	1	1
ac5	How often, if ever, did you drink alcoholic beverages during the past 12 months?	1	1
ac5a	How often, if ever, did you drink alcoholic beverages during the past 30 days?	1	1
ac6a	On those days when you drank, how many drinks did you usually have? (past 12 m)	1	1
five	About how often in the past 12 m you had 5 or more drinks at the same sitting	1	1
five30	About how often in the past 30 days you had 5 or more drinks at the same sitting	1	1
four	About how often in the past 12 m you had 4 or more drinks at the same sitting (women only)	1	1
ac3	Have you ever had fiveplus weekly?	1	1
	AUDIT (7 items: aud4-aud0)	7	7
aud4	How often during the past 12 months have you found you were not able to stop drinking once started		
aud5	How often in the past 12 m have you failed to do what was expected from you because of drinking		
aud6	How often past 12 m have you needed a first drink in the morning...		
aud7	How often past 12 m have you had a feeling of guilt or remorse after drinking		
aud8	How often past 12 m have you been unable to remember what happened the night before		
aud9	Have you or someone else EVER been injured as a result of your drinking?		
aud10	Has a relative, friend, doctor EVER been concerned about your drinking or suggested you cut down?		
	Alcohol Opinions		
ags1r-ags7a	Buying alcohol - grocery stores	5	
	FASD		
fasd1-fasd9	Fetal Alcohol Syndrome (FASD) (several items - ask only women)		9

Item name	Topic (variable description)	PANEL A (Jan-Dec)	PANEL B (Jan-Dec)
4	Driving (Panel B)		
drive	During the past 12 months, have you driven a car, van,... or any other type of motor vehicle?		1
dr1,a,b,c,d	How much you drive in a typical WEEK - Km/ miles....		5
dr5	During the past 12 months, have you been in a collision		1
	Drinking & driving (past 12m)		
dd1	During the past 12 m, have you driven a motor vehicle after having 2 or more drinks in the previous hour		1
drtext1/drtext2	Texting and driving (new 2016)		2
5	Cannabis		
5a	Cannabis risk		
crisk2	How much do people risk smoking cannabis 1-2 times a week		1
crisk4	How much do people risk smoking cannabis daily		1
crisk5	How much do people risk using cannabis in other ways (eating, drinking)		1
crisk6	How much do people risk using cannabis by vapourizer		1
5b	Cannabis consumption		
cn1	Cannabis lifetime use	1	1
cn1age	How old were you?	1	1
cn2	Cannabis last 12 months	1	1
reg1	Cannabis used medically	1	1
medcan	Did you have medical approval (new 2014)	1	1
cnvap	Used cannabis vaping past 12m (new 2016)	1	1
tp107b	Cannabis mixed with tobacco (new 2015)	1	1
canalc	Used cannabis with alcohol past 12m (new 2017)	1	1
5c	Cannabis Use & Driving (Panel B)		
cdr1	Driving after cannabis use (past 12 months)		1
cdr2	How many times past 30 days		1
cnm1-6	Mode/Ways of use		6
cns1-2	Source		2
cnsoc1-2	Social context (past 12 users)		2
5d	Dependence/Problems (Panel B)		
can3m	Use past 3 m		1
cn30	Use past 30 d		1

Item name	Topic (variable description)	PANEL A (Jan-Dec)	PANEL B (Jan-Dec)
	ASSIST		5
cnas1	Strong desire to use		
cnas2	Use led to health, social, legal probl		
cnas3	Failed to do what was normally expected		
cnas4	Smn expressed concern		
cnas5	Tried and failed to cut down or stop using		
treat1c-2c	Treatment for cannabis		1
			1
5e	Cannabis Perceptions/Opinions/Policy		
cnson1-3	Social Acceptability	3	3
	Perceptions (agree/disagree)		
cnp13	Bothered by stores		1
cdr3	DUIC increases risk of a motor vehicle collision		1
cdr4	DUIC safer than DUIA		1
cdr5	DUIC increases risk of being caught		1
cnp14	Cannabis can be addictive		1
	Cannabis Control		
cnp1r-cnp12	Retail/Advertising/Policy		4
cnpage	Legal age for cannabis use (ask all)		1
cnp2	Adults should be allowed to grow cannabis for personal use		1
cnp7	Try cannabis if legalized tomorrow		1
cnp7a	Use more/less/same		1
crime	Have you ever been arrested		1
crime2	Was it for cannabis		1
6	Cocaine (Panel B)		
ck1	Cocaine lifetime use		1
ck2	Cocaine last 12 months		1
7	Mental Health (K6) (new 2015)		
k1	Felt nervous		6
k2	Felt hopeless		
k3	Felt restless or fidgety		
k4	So depressed, nothing could cheer you up		
k5	Everything was an effort		
k6	Felt worthless		
7a	Suicide (NEW 2013)		
suic1	Suicide ideation		1

Item name	Topic (variable description)	PANEL A (Jan-Dec)	PANEL B (Jan-Dec)
suic2	Suicide attempt		1
8	Psychotherapeutics (anxiety, depression med)		
ps11, ps16	Past 12m use (anxiety, depression med)		2
9	Pain Relievers		
po1-po2	Any use /any non-medical use		2
prs1, pr7	Non-medical use/source		2
dpo1	PR & driving		2
10	Demographics	26	26
age/birth	Age		
rgender	Gender		
sd2	Highest level of education		
sd3-4	Religion		
sd5a	Household, number of people		
sd5b	Household, number of children (new 2014)		
sdliv	Living arrangements (new 2016)		
sd6-sd6b	Present/past work		
sd7b	Valid driver's licence		
sd8	Language spoken at home		
sd17	Sexual orientation (new 2014)		
sd9a-sd9c	Ethnic/cultural group (4 items)		
race1-race2f	Race (new 2012) (6 items)		
sd10	Household income		
sd8a	Immigrant - what country		
sd8b	Immigrant -when did come to Canada		
pcod-pcd9.2/ postcode	Postal code		
	Cell phones		
cty1-cty5	County/regional municipality		
county			
re1 - re2	Respondent Evaluations		
11	Follow-up/recruitment item for lifetime TBI	5	5
	TOTAL COMPONENT	128.0	165.0

TITLE: Ontario CAMH MONITOR 2018

PANELS A + B Jan-Dec 2018

[#If Random = 1 go to Panel A, If Random = 2 go to Panel B]
[# If panel=1, Panel A, panel=2, Panel B]

four (9) skip, chek changed to treat d, r as non drinkers Apr 17,
2018 ; April start, >fas1< added in v2

tbni1r replaced tbni1, tbni3r replaced tbni3 in v3.
re1 re2 added in v3. ve compiled on Jun 1, 2018.

[#=====]

>gend< [return][open cb][allow 1][loc 45/1]
[setkey <esc> to <skcb>]
[setkey <f7> to <j>]
[define <d><8>][define <r><9>]

[bold][yellow] INTERVIEWER: Enter respondent's gender please
[n][white]

1 Male
5 Female

d Don't know
@

[@] <1,5,d>
[store gend in RGENDER]

>ssss< [if BTIM is <>][settime BTIM][endif]
[open cb]

>panel< [goto ck_panel]

[bold][yellow] INTERVIEWER: Enter Panel to test please
[n][white]

1 Panel A
2 Panel B

@

[@] <1,2> [store panel in LICO][goto int3]

>ck_panel< [if RANDOM1 le <4>][store <1> in
panel][endif][#Panel A, 1/3]
[if RANDOM1 gt <4>][store <2> in panel][endif][#Panel
B, 2/3]
[if REGN eq <3> and RANDOM1 le <6>][store <1> in
panel][endif][#Panel A/B, 1/2 May 29]
[if REGN gt <4> and RANDOM1 le <8>][store <1> in
panel][endif][#Panel 60% A, 40% B May 29]
[store panel in LICO][#random1: 1-12]

[#==== GENERAL HEALTH QUESTIONS ===]
[#=====ASK ALL PANELS =====]

>int3<

[r] First, we would like to begin with a few questions about your
general [n]
[r] health and how you have been feeling lately.
[n]

Press enter to continue

@

[@][nodata]

>gh1< [define <d><8>] [define <r><9>]

[r] In general, would you say your overall HEALTH is excellent,
very good, good,[n]
[r] fair or poor? [n]

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

d Don't Know r Refused
@

[@] <1-5,d,r>

>hs1a<

[r] In general, would you say your overall MENTAL HEALTH is
excellent, very good,[n]
[r] good, fair, or poor? [n]

1 excellent
2 very good
3 good
4 fair
5 poor

d don't know r refused
@

[@] <1-5,d,r>

>doc1< [#PANEL B Only]
[if panel eq <1> goto tc1][#panel A skip to tobacco]
[define <d><98>][define <r><99>]

[r] In the past 12 months, how many times have you seen a doctor
about your [n]
[r] physical health or for a check-up? [n]

0 No visits

1-96 Enter exact number
97 97 or more

d Don't Know r Refused

@

[@] <0,1-97,d,r>

[# ===== HRQoL, Panel B only =====]

>gh2r< [# gh2r replaced gh2]
[define <d><98>][define <r><99>]

[r] Now thinking about your physical health, which includes illness and injury, [n]
[r] for how many days in the last 30 days was your physical health not good? [n]

0 never

1-30 enter number of days

d don't know r refused
@

[@] <0,1-30,d,r>

>gh3r< [# gh3r replaced gh3]

[r] Now thinking about your mental health, which includes stress, depression, [n]
[r] and problems with emotions, for how many days during the past 30 days was [n]
[r] your mental health not good? [n]

0 never

1-30 enter number of days

d don't know r refused
@

[@] <0,1-30,d,r>

[# =====TRAUMATIC BRAIN INJURY (TBI)=====]

[# === PANEL (B) ===] [# new 2011, REVISED 2015, 2018]

>int_tbi< [if panel eq <1> goto end_tbi][# Panel A skip out][#NEW 2018]

[r] Researchers at CAMH are interested in people's experiences with head and [n]
[r] neck injuries and how this type of injury impacts them and their children. [n]

[r] The next questions are about head or neck injuries that you may have had [n]
[r] in your life. Please think of any injury such as: from a vehicle accident, [n]
[r] from playing sports, from falling, from being in a fight, from being hit [n]
[r] by something or by someone, or by a nearby explosion or blast. [n]

Press "Enter" to continue @

[@][nodata]

>tbn1r< [#revised June 2018, replaced tbn1][define <d><8>][define <r><9>]

[r] We are interested in any hit or blow to the HEAD OR NECK that resulted in [n]
[r] a headache, dizziness, blurred or double vision, vomiting, feeling confused [n]
[r] or "dazed", problems remembering, neck pain, or KNOCKED OUT or loss of [n]
[r] consciousness. [n]

[r] IN YOUR LIFE, have YOU ever had this TYPE of HEAD OR NECK injury? [n]

1 yes
5 no

d Don't Know r Refused
@

[@] <1>
<5,d,r>[goto tbn2]

>tbi1< [define <d><98>][define <r><99>][#reworded 2018]

[r] How many times, if ever IN YOUR LIFE, have you had a HEAD OR NECK injury [n]
[r] that resulted in you being knocked out or unconscious for AT LEAST [n]
[r] 5 minutes, or resulted in a hospital stay for at least 1 night? [n]

0 Never

1-10 Enter exact number

d Don't Know r Refused
@

[@] <1-10>
<0,d,r> [goto tbn2]

>tbi2< [define <d><8>][define <r><9>]

[r] Did you have this type of head injury during the past 12 months? [n]

[bold][yellow]
Interviewer: if required, we mean the type of head or neck injury that
results in being knocked out or unconscious for AT LEAST 5 minutes, or
results in a hospital stay for at least 1 night.
[n][white]

1 yes
5 no

d don't know r refused
@

[@] <1>
<5,d,r>

>tbn12< [define <d><8>][define <r><9>] [#new 2018] [# ask all Panel B]

[r] Next, we are interested in head and neck injuries among children. [n]

[r] Do you have any children? Please include children that live with you and [n]

[r] adult children who may not live with you. [n]

[bold][yellow]

Interviewer: this includes step-children, adopted children and foster children

[n][white]

1 yes

5 no

d don't know r refused

@

[@] <1>

<5,d,r>[goto end_tbi]

>tbn13r< [#revised June 2018]

[define <d><8>][define <r><9>][# ask all Panel B]

[r] Please think of any HEAD OR NECK that resulted in a headache, dizziness, [n]

[r] blurred or double vision, vomiting, feeling confused or "dazed", problems [n]

[r] remembering, neck pain, or KNOCKED OUT or loss of consciousness. [n]

[r] Have any of YOUR CHILDREN ever had this type of HEAD OR NECK injury during [n]

[r] their lifetime? [n]

[bold][yellow]

Interviewer: by EVER, we mean in childhood or in adulthood.

[n][white]

1 yes

5 no

7 R volunteers don't have children

d don't know r refused

@

[@] <1>

<5,7,d,r>

>end_tbi<

[#=====FASD - Fetal Alcohol Syndrome =====]
[==#new April 2018, Panel B only =====]

>fas1< [loc 52/71][if panel eq <1> goto tc1][# Panel A skip out]
[define <d><8>][define <r><9>]

[r] Some people are born with Fetal Alcohol Syndrome or Fetal Alcohol Spectrum [n]

[r] Disorder. Have you ever been told by anyone, such as a doctor, other health [n]

[r] professional, or a parent that you have Fetal Alcohol Syndrome or Fetal [n]

[r] Alcohol Spectrum Disorder? [n]

[bold][yellow]

Interviewer, if needed: Fetal Alcohol Syndrome or Fetal Alcohol Spectrum

Disorder can result when a mother drinks alcohol while pregnant.

If needed: Fetal Alcohol Syndrome is also known as FAS and Fetal Alcohol Spectrum Disorder is also known as FASD.

If needed: FASD is a term used to describe the range of disabilities

(physical, cognitive and emotional) that can occur in an individual whose mother drank alcohol while pregnant. Other diagnosis included

in term FASD are 'partial fetal alcohol syndrome'and 'alcohol-related

neurodevelopmental disorder'. FAS is the most severe form of FASD.

[n][white]

1 yes

5 no

d don't know r refused @

[@] <1,5,d,r>

[# === TOBACCO CONSUMPTION, ALL =====]

>tc1< [loc 45/17][# ask all][define <d><8>][define <r><9>]

[r] Next, some questions about smoking.

[n]

[r] At the present time do you smoke cigarettes daily, occasionally, or [n]

[r] not at all? [n]

1 Daily

3 Occasionally

5 Not at all

d Don't Know r Refused

@

[@] <1> [goto tc4]

<3,5,d,r>

>tc2<

[r] Have you smoked at least 100 cigarettes in your life?

[n]

[bold][yellow]

Interviewer, if necessary: "100 cigarettes is about 5 packs."

[n][white]

```

1 Yes
5 No

d Don't Know    r Refused
@

[ @ ] <1>
<5,d,r> [goto end_tc]

>tc3<

[r] Have you ever smoked cigarettes daily?
[n]

1 Yes
5 No

d Don't Know    r Refused
@

[ @ ] <1>
<5,d,r> [goto tc5]

>tc4< [# ask daily smokers only]
[define <d><98>][define <r><99>]

[r] How old were you when you first started smoking daily?
[n]

5-70 Enter age

71 71 or older

d Don't Know    r Refused
@

[ @ ] <5-71,d,r>

>tc5< [if tc1 eq <1>][goto tc6][endif]
[define <d><8>][define <r><9>]

[r] How long ago was it that you last smoked: was it less than one
week ago, [n]
[r] less than one month, 1 to 6 months, 7 to 11 months, 1 to 5
years, or more [n]
[r] than 5 years ago? [n]

[bold][yellow]
INTERVIEWER: If respondent gives AGE, ask how many
YEARS AGO that was.
[n][white]

0 Less than one week
1 more than one week but less than a month
2 1 to 6 months
3 7 to 11 months
4 1 to 5 years
5 more than 5 years

d Don't Know    r Refused
@

[ @ ] <0,1>
<2-5,d,r> [goto end_tc]

>tc6< [if tc1 ge <5>][goto end_tc][endif]

```

```

[if tc1 ge <3>][goto tc7][endif]
[define <d><98>] [define <r><99>]

[r] How many cigarettes do you usually smoke each day?

[bold][yellow]
INTERVIEWER: 1 large pack = 25 cigarettes; 1 small pack =
20 cigarettes
[n][white]

0 Less than one a day

1-97 Enter number of cigarettes

d Don't Know    r Refused
@

[ @ ] <0-97,d,r>

>tc7< [if tc1 eq <3>][goto tos1][endif]
[define <d><8>][define <r><9>]

[r] How soon after you wake up do you usually smoke your first
cigarette: within[n]
[r] 5 minutes, from 6 to 30 minutes, from 31 to 60 minutes, or after
60 minutes?[n]

1 within 5 minutes
3 6 to 30 minutes
5 31 to 60 minutes
7 after 60 minutes

d don't know    r refused
@

[ @ ] <1,3,5,7,d,r>

[#=====OCCASIONAL SMOKING: tos1; tos2
=====]

[#NEW in 2005, used in CCHS ]

>tos1< [#new in 2005] [#panel A+B]
[if tc1 ne <3> goto tc8][#ask only occasional smokers,if tc1 eq
<3>]
[define <d><98>][define <r><99>]

[r] On those days that you do smoke, about how many cigarettes
do you [n]
[r] usually have? [n]

0-60 enter number

d don't know    r refused
@

[ @ ] <0-60,d,r>

>tos2< [#new in 2005] [#panel A+B]

[r] On how many of the last 30 days did you smoke one or more
cigarettes? [n]

0 none

1-30 enter number

```

d don't know r refused
 @

[@] <0,d,r>
 <1-30>

>tc8< [define <d><98>][define <r><99>] [# ask all current smokers] [#panel A+B]

[r] In the past 12 months, how many times have you made a serious attempt to [n]
 [r] quit smoking cigarettes? [n]

[bold][yellow]
 IF NECESSARY: A serious attempt would mean you quit smoking for at least 24 hours.
 [n][white]

0 No attempts

1-96 Enter exact number
 97 97 or more

d Don't Know r Refused
 @

[@] <0-97,d,r>

>tc9< [define <d><8>] [define <r><9>][#panel A+B]

[r] Do you intend to quit smoking in the next SIX MONTHS?
 [n]

[bold][yellow]
 INTERVIEWER: "Yes we mean quitting altogether"
 [n][white]

1 yes
 5 no

d Don't Know r Refused
 @

[@] <1>
 <5,d,r> [goto end_tc]

>tc10< [#panel A+B]

[r] Do you intend to quit smoking in the next THIRTY DAYS?
 [n]

1 yes
 5 no

d Don't Know r Refused
 @

[@] <1,5,d,r>

>end_tc<

[# ===== WATERPIPE, items added Jan 8 2016
 =====]

>tc16wp< [#new 2016] [#panel A+B] [#added tobacco 2018]
 [define <d><8>][define <r><9>]

[r] In the past 12 months, have you ever smoked tobacco in a waterpipe? [n]

[bold][yellow]
 Interviewer, if asked: waterpipe, also known as hookah or shisha, is an instrument for smoking flavoured tobacco in which the smoke is passed through a water basin before inhalation
 [n][white]

1 yes
 5 no

7 never heard of waterpipe before

d Don't Know r Refused
 @

[@] <1>
 <5,7,d,r>[goto end_wp]

>tc16w< [#ask only if yes to tc16wp][#new 2012]
 [define <d><98>][define <r><99>] [# added tobacco 2018]

[r] In the past 30 days, on how many days if at all, did you smoke tobacco in [n]
 [r] a waterpipe? [n]

0 none

1-30 enter number

d don't know r refused
 @

[@] <0,d,r>
 <1-30>

>end_wp<

[# ===== E-CIGARETTE (NEW 2013)
 =====]
 [#panel A+B]

>tecig2rc<[#ask Panel A+B]
 [define <d><8>][define <r><9>]

[r] Now some questions about electronic cigarettes or e-cigarettes, also known [n]
 [r] as "vape pipes", "hookah pens" and "e-hookas".
 [n]

[bold][yellow]
 Interviewer: e-cigarettes are electronic devices that create an inhaled mist, simulating the act of smoking.
 [n][white]

>tecig6< [define <d><8>][define <r><9>] [#ASK only EVER e-cigarette users]

[r] What is the single most important reason you HAVE used an e-cigarette? [n]

[bold][yellow]
Interviewer: Read list only if R says don't know.
[n][white]

- 1 Curiosity
- 2 To get around smoking restrictions
- 3 Because my friends use e-cigs
- 4 To reduce the amount of tobacco I use
- 5 To quit smoking
- 6 To avoid relapse

7 Other (please specify)

d don't know r refused
@

[@] <1-6,d,r>
<7>[specify]

>tp109n< [#new 2017][#ASK ALL past 12m e-cigarette users]
[if tecig2a gt <1> goto end_tecig]
[define <d><98>][define <r><99>][define <s><0>]

[r] Thinking about the last time you used an e-cigarette, where were you? [n]

[r] Would you say you were: [n]

- [r] 1 at home, [n]
- [r] 2 at a friend's house, [n]
- [r] 3 at school/ on campus, [n]
- [r] 4 at work, [n]
- [r] 5 at a bar or nightclub, [n]
- [r] 6 in a car, [n]
- [r] 7 at a vape shop or vape lounge, [n]
- [r] 8 at another indoor public place (e.g. restaurant, mall, etc.) [n]

[r] 9 at another outdoor public place (e.g. on a patio, on the sidewalk, etc.) [n]

[bold][yellow]
Interviewer: please Code only one option.
Interviewer (if necessary): A vape shop is a small retailer that sells e-cigarettes, e-juices, and related products;
Interviewer (if necessary): A vape lounge is a lounge, cafe or other dedicated space for e-cigarette users to vape together.
[n][white]

1-9 enter answer

s Other Specify

d Don't Know r Refused
@

[@] <1-9,d,r>
<s>[specify]

>end_tecig<

[# ===== **TOBACCO POLICY** - PANEL A ONLY
=====]

[#NEW OTRU items]

>tecig8< [if panel gt <1> goto tcotp]
[define <d><8>][define <r><9>][define <s><0>] [#New 2015]

[if tecig2b ne <1> goto tcotp]
[#ASK only Past-30 day e-cigarette users]

[r] Thinking about the last time you bought E-CIGARETTES for your own use, [n]

[r] where did you buy them? [n]

[bold][yellow]
Interviewer: please read the list. Code only one option.[n][white]

[r] Did you buy them: [n]

[r] 1 at a convenience store or small grocery store, [n]

[r] 2 at a supermarket, [n]

[r] 3 at a gas station, [n]

[r] 4 at a pharmacy, [n]

[r] 5 at a vape or e-cigarette store, [n]

[r] 6 on the internet, [n]

[r] 7 at a duty-free shop? [n]

1-7 enter answer

s Other Specify

d Don't Know r Refused
@

[@] <1-7,d,r>
<s>[specify]

[# ===== **OTHER TOBACCO PRODUCTS**
=====]

>tcotp< [define <d><8>][define <r><9>] [#new 2013][#revised 2016-waterpipe removed]
[if panel gt <1> goto end_otp]

[r] In the past 30 days, did you use any tobacco products, such as cigars or [n]

[r] cigarillos, or smokeless tobacco such as snus or chew? [n]

[bold][yellow]
Interviewer, if asked: Snus (pronounced "snoose") is a smokeless tobacco product, similar to dip or chew, that is produced in Sweden, consumed by placing it under the lip for extended periods of time.
[n][white]

1 yes
5 no

d Don't Know r Refused
@

[@] <1>
<5,d,r>

>end_otp< [#added now]

[#====SMOKING CESSATION, PANEL A ONLY
=====]

>st_pa< [if panel gt <1> goto end_tq]

>tq1< [define <d><8>][define <r><9>]
[# item tq1 deleted in 2011, brought back in 2012]

[r] In the past 30 days have you heard of a "1-800 Quitline"?
[n]

[bold][yellow]
INTERVIEWER: if necessary: 1-800 Quitline is a free
telephone helpline available
province-wide, designed to help smokers who want to quit by
providing
information, support and referral. It is run by the Canadian
Cancer
Society, Ontario Division.
[n][white]

1 yes
5 no

d don't know r refused
@

[@] <1,5,d,r>

>end_tq<

[#==SECOND-HAND SMOKE EXPOSURE in multi-unit
dwellings (MUDs, new2011, asked in OTS)]
[#Panel A only]

>tp97<[if panel gt <1> goto end_tp] [define <d><8>][define
<r><9>]

[r] Which of the following best describes your main residence?
[n]

[r] 1 A detached, single family home [n]
[r] 2 An attached house (such as a townhouse, or a semi-detached
house) [n]
[r] 3 A multiple unit dwelling (such as an apartment building, a
condominium [n]
apartment, or a duplex) [n]
[r] 4 Shared accommodation (such as a rooming house, dorm, or
retirement home)[n]

[bold][yellow]
Interviewer: if required, code an apartment or unit within a house
as "3".
[n][white]

1-4 enter answer
5 Other specify

d Don't Know r Refused
@

[@] <1,d,r> [goto end_tp]
<2-4>
<5>[specify][goto end_tp]

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>tp98< [#ask if tp97 eq 2, 3, or 4] [#if tp97 eq <2-4>]

[r] In the past 6 months, how often, if at all, have you noticed any
TOBACCO [N]
[R] SMOKE entering your home from a neighbouring unit or from
outside the [n]
[r] building? Would you say: every day, at least once a week, at
least once [n]
[r] a month, at least once in the past 3 months, at least once in the
past [n]
[r] 6 months, or never? [n]

[bold][yellow]
Interviewer (if necessary): I am referring to ANY secondhand
smoke entering
your home from someone who does not live in your home.
[n][white]

1 every day
2 at least once a week
3 at least once a month
4 at least once in the past 3 months
5 at least once in the past 6 months

0 never
d Don't Know r Refused
@

[@] <0-5,d,r>

>cp98< [#ask if tp97 eq 2, 3, or 4] [#if tp97 eq <2-4>][# new
2017]

[r] In the past 6 months, how often, if at all, have you noticed any
CANNABIS [n]
[R] SMOKE entering your home from a neighbouring unit or from
outside the [n]
[r] building? Would you say: every day, at least once a week, at
least once [n]
[r] a month, at least once in the past 3 months, at least once in the
past [n]
[r] 6 months, or never? [n]

[bold][yellow]
Interviewer (if necessary): I am referring to ANY cannabis
smoke entering
your home from someone who does not live in your home.
[n][white]

1 every day
2 at least once a week
3 at least once a month
4 at least once in the past 3 months
5 at least once in the past 6 months

0 never
d Don't Know r Refused
@

[@] <0-5,d,r>

>cp99< [#ask all Panel A][# new 2018]
[define <d><8>][define <r><9>]

[r] In the past 6 months, how often, if at all, have you been
exposed to any [n]

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[r] CANNABIS SMOKE from someone smoking INSIDE YOUR HOME? [n]

[bold][cyan]
Would you say: every day, at least once a week, at least once a month, at least once in the past 3 months, at least once in the past 6 months, or never?

[bold][yellow]
Interviewer (if necessary): I am referring to ANY cannabis smoke from someone smoking in your home. [n][white]

- 1 every day
2 at least once a week
3 at least once a month
4 at least once in the past 3 months
5 at least once in the past 6 months

- 0 never
d Don't Know r Refused
@

[@] <0-5,d,r>

>teci11< [#ask all Panel A][# new 2018]
[define <d><8>][define <r><9>]
[if teci2rc eq <7> goto end_tp]

[r] In the past 6 months, how often, if at all, have you been exposed to any [n]
[r] E-CIGARETTE VAPOUR from someone smoking inside your home? [n]

[bold][cyan]
Would you say: every day, at least once a week, at least once a month, at least once in the past 3 months, at least once in the past 6 months, or never? [n]

[n][white]
[bold][yellow]
Interviewer (if necessary): I am referring to ANY E-CIGARETTE VAPOUR from someone smoking in your home.

Interviewer (if necessary): E-CIGARETTE VAPOUR is the vapour, aerosol or mist that is emitted when a person uses an e-cigarette device. [n][white]

- 1 every day
2 at least once a week
3 at least once a month
4 at least once in the past 3 months
5 at least once in the past 6 months

- 0 never
d Don't Know r Refused
@

[@] <0-5,d,r>

>end_tp<

[# ===== WORKPLACE SMOKING, Panel A =====]

>tp26b< [if panel gt <1> goto end_tobacco]
[define <d><8>][define <r><9>] [#revised 2010 from tp26a]

[r] The next questions are about smoking in the workplace. [n]

[r] Do you work mainly at home, mainly indoors but not at home, mainly outdoors,[n]
[r] or mainly in a vehicle? [n]

- 1 mainly at home
2 mainly indoors but not at home
3 mainly outdoors
4 mainly in a vehicle

0 do not work

- d Don't Know r Refused
@

[@] <2-4>
<0,1,d,r> [goto tp109]

[# ===== ETS EXPOSURE =====]

>tp31a< [define <d><98>][define <r><99>][# revised 2010 from tp31ind]

[r] In the last week, while you were at work how many days were you exposed to [n]
[r] other people's tobacco smoke INDOORS or INSIDE A VEHICLE? By exposed, I [n]
[r] mean spending at least 5 minutes in an area where someone is smoking? [n]

0 no days

1-7 enter number of days

- 97 do not work outside the home
d Don't Know r Refused
@

[@] <0,1-7>
<97,d,r> [goto tp109]

>tp31b< [define <d><98>][define <r><99>] [# revised 2010 from tp31]

[r] In the last week, how many days were you exposed to other people's tobacco [n]
[r] smoke OUTDOORS while you were at work? By exposed, I mean spending at least[n]
[r] 5 minutes in an area where someone is smoking? [n]

0 no days

1-7 enter number of days

- 97 do not work outside the home
d Don't Know r Refused
@

[@] <0,1-7,97,d,r>

[# ===== PERCEIVED SOCIAL EXPOSURE TO SMOKING =====]

>tp109< [define <d><8>][define <r><9>] [# new 2016]

[r] Over the PAST 7 DAYS, about how often did you see anyone smoking a cigarette?[n]

[r] Would you say: never, rarely, sometimes, often, or always?
[n]

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

d don't know r refused
@

[@] <1-5,d,r>

>tp110< [# new 2016]

[r] Over the PAST 7 DAYS, about how often did you see anyone using [n]

[r] an e-cigarette? [n]

[r] Would you say: never, rarely, sometimes, often, or always?
[n]

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

d don't know r refused
@

[@] <1-5,d,r>

>cp109< [# new 2017][#similar to >tp109<]

[r] Over the PAST 7 DAYS, about how often DID YOU SEE anyone smoking CANNABIS? [n]

[r] Would you say: never, rarely, sometimes, often, or always?
[n]

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

d don't know r refused
@

[@] <1-5,d,r>

>end_social<

[#==== PUBLIC OPINION ON PROTECTION FROM SECONDHAND SMOKE IN PUBLIC PLACES ====]

>tp53b< [#ASK ALL panel A] [#new in 2005, revised 2015]
[define <d><8>][define <r><9>]

[r] The next few questions are about banning smoking in public places. Please [n]

[r] tell me if you strongly agree, somewhat agree, somewhat disagree or strongly [n]

[r] disagree with the following statements.
[n]

[r] The first one is: Smoking should be banned INDOORS in multi-unit dwellings, [n]

[r] such as apartment buildings, townhouses, rooming houses and retirement homes.[n]

[bold][cyan]

Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?
[n][white]

- 1 strongly agree
- 3 somewhat agree
- 5 somewhat disagree
- 7 strongly disagree

d Don't Know r Refused
@

[@] <1,3,5,7,d,r>

[#Delete questions tp80 and tp64a, Delete tp83]

[#Delete questions tp68, tp81, and tp82]

>tp35< [#ASK ALL Panel A][#back 2015]

[r] Which of the following comes closest to your view of how we should treat [n]

[r] tobacco products in Ontario: [n]

[r] 1) tobacco products should be sold in a number of different places, AS [n]

[r] THEY ARE NOW; [n]

[r] 2) tobacco products should be sold in government-owned stores similar to [n]

[r] the way alcohol is sold in LCBO stores; or
[n]

[r] 3) tobacco products should not be sold at all?
[n]

1-3 enter choice

d Don't Know r Refused
@

[@] <1,2,3,d,r>

>tp35ec< [#ASK ALL Panel A only][#New2015]

[r] Which of the following comes closest to your view of how we should treat [n]

[r] electronic cigarettes or E-CIGARETTES in Ontario:
[n]

[r] 1) E-CIGARETTES should be sold in a number of different places, AS [n]
[r] THEY ARE NOW; [n]
[r] 2) E-CIGARETTES should be sold only in pharmacies [n]
[r] 3) E-CIGARETTES should be sold in government-owned stores similar to [n]
[r] the way alcohol is sold in LCBO stores; or [n]
[r] 4) E-CIGARETTES should be sold only in "vape shops", which specialize in [n]
[r] e-cigarettes [n]
[r] 5) E-CIGARETTES should not be sold at all? [n]
[n]

1-5 enter choice

d Don't Know r Refused
@

[@] <1-5,d,r>

[#tp102 deleted]

>tp5a< [#ASK ALL Panel A]

[r] Please tell me if you strongly agree, somewhat agree, somewhat disagree or [n]
[r] strongly disagree with the following statements.

[r] Cigarettes should be sold in plain packages that show only health warnings, [n]
[r] ingredients and brand name as a way of discouraging smoking among youth [n]
[r] and children? [n]

[bold][cyan]
Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?
[n][white]

1 strongly agree
3 somewhat agree
5 somewhat disagree
7 strongly disagree

d don't know r refused
@

[@] <1,3,5,7,d,r>

>tp54c< [#revised 2014 from t54b]

[r] Movies that show characters smoking should be rated 18A, which means [n]
[r] persons under 18 must be accompanied by an adult. [n]
[n]

[bold][cyan]
Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?
[n][white]

1 strongly agree
3 somewhat agree
5 somewhat disagree

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7 strongly disagree

d Don't Know r Refused
@

[@] <1,3,5,7,d,r>

>tp108< [#NEW 2016] [#ASK ALL Panel A]

[r] The law should be changed so that tobacco can't be sold to anyone under [n]
[r] the age of 21. [n]

[bold][cyan]
Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?
[n][white]

1 strongly agree
3 somewhat agree
5 somewhat disagree
7 strongly disagree

d Don't Know r Refused
@

[@] <1,3,5,7,d,r>

[#tp111 deleted]

>tp103< [define <d><8>][define <r><9>] [#NEW2014]

[r] The use of electronic or E-CIGARETTES should be banned in settings currently [n]
[r] covered by "smoke free" legislation such as indoor public places and [n]
[r] workplaces? [n]

[bold][cyan]
Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?
[n][white]

1 strongly agree
3 somewhat agree
5 somewhat disagree
7 strongly disagree

d Don't Know r Refused
@

[@] <1,3,5,7,d,r>

[#tp104 deleted]

>tp104ec< [define <d><8>][define <r><9>] [#NEW2015] [#ASK all panel A only]

[r] Some E-CIGARETTES can have different flavours such as menthol, strawberry, [n]
[r] coffee, or wine. [n]

Please tell us if you strongly agree, somewhat agree, somewhat disagree or [n]

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[r] strongly disagree with the following statement:
[n]

[r] Flavours should be banned in all E-CIGARETTES.
[n]

- 1 strongly agree
- 3 somewhat agree
- 5 somewhat disagree
- 7 strongly disagree

0 R says ALL tobacco should be banned (DO NOT READ)

d Don't Know r Refused
@

[@] <1,3,5,7,0,d,r>

>tp65< [#ASK ALL Panel A][#revised 2008][define
<d><8>][define <r><9>]

[r] Some people feel that the sale of cigarettes should be banned
while others [n]

[r] think they should continue to be sold. Do you think the SALE
OF CIGARETTES [n]

[r] should be stopped as soon as possible, phased out over five to
ten years. [n]

[r] or cigarettes should continue to be sold?
[n]

- 1 Stopped as soon as possible
- 3 Phased out over five to ten years
- 5 Cigarettes should continue to be sold

d Don't Know r Refused
@

[@] <1,3,5,d,r>

[#Delete question tp105]

[#===== E-Cigarette- Promotion- **ADVERTISING** (new
2016) =====]

>tp74ec< [#new 2016] [# ASK Panel A]

[r] The next question is about e-cigarette advertising .
[n]

[r] In the PAST 30 DAYS, how often did you see ANY
ADVERTISING OF E-CIGARETTES [n]
[r] on billboards, on the internet, in a newspaper or magazine, or
posted in [n]
[r] bars or stores? [n]

[r] Would you say: never, rarely, sometimes, often, or very often?
[n]

- 1 never
- 2 rarely (includes "almost never")
- 3 sometimes
- 4 often
- 5 very often (includes "always")

d don't know r refused
@

[@] <1-5,d,r>

[#=== **SOCIAL ACCEPTABILITY OF SMOKING**
=====]
[# ASK ALL - PANEL A ONLY, NEW 2010]

>tp92< [#new 2010][define <d><8>][define <r><9>]

[r] What do YOU think about cigarette smoking among ADULTS?
[n]

[r] Do YOU think it is completely acceptable, somewhat
acceptable, somewhat [n]
[r] unacceptable, or completely unacceptable?
[n]

[bold][yellow]
Interviewer, if asked: if R says "it depends", say this question is
about
the GENERAL acceptability of smoking and is not limited to
special
circumstances, such as whether children are around, how much
they smoke,
where they smoke etc.
[n][white]

- 1 Completely acceptable
- 3 Somewhat acceptable
- 5 Somewhat unacceptable
- 7 Completely unacceptable

0 R insists that they are not sure, it depends
d Don't Know r Refused
@

[@] <1,3,5,7,0,d,r>

>tp93< [#new 2010]
[r] And what do YOU think about cigarette smoking among
TEENAGERS? [n]

[bold][cyan]
Do YOU think it is completely acceptable, somewhat acceptable,
somewhat
unacceptable, or completely unacceptable?
[n][white]

[bold][yellow]
Interviewer, if R says "it depends", say this question is about
the GENERAL acceptability of smoking and is not limited to
special circumstances
[n][white]

- 1 Completely acceptable
- 3 Somewhat acceptable
- 5 Somewhat unacceptable
- 7 Completely unacceptable

0 R insists that they are not sure, it depends,
d Don't Know r Refused
@

[@] <1,3,5,7,0,d,r>

>tp92a< [#new 2015]

[r] And what do YOU think about electronic cigarettes or e-cigarette smoking [n] among ADULTS? [n] [r] Do YOU think it is completely acceptable, somewhat acceptable, somewhat [n] unacceptable, or completely unacceptable? [n]

[bold][yellow] Interviewer, if asked: if R says "it depends", say this question is about the GENERAL acceptability of smoking and is not limited to special circumstances [n][white]

- 1 Completely acceptable
3 Somewhat acceptable
5 Somewhat unacceptable
7 Completely unacceptable

0 R insists that they are not sure, it depends
d Don't Know r Refused
@

[@] <1,3,5,7,0,d,r>

>tp93a< [#New 2015] [# ASK ALL - PANEL A ONLY]

[r] And what do YOU think about electronic cigarettes or e-cigarette smoking [n] among TEENAGERS? [n] [r] Do YOU think it is completely acceptable, somewhat acceptable, somewhat [n] unacceptable, or completely unacceptable? [n]

[bold][yellow] Interviewer, if asked: if R says "it depends", say this question is about the GENERAL acceptability of smoking and is not limited to special circumstances. [n][white]

- 1 Completely acceptable
3 Somewhat acceptable
5 Somewhat unacceptable
7 Completely unacceptable

0 R insists that they are not sure, it depends
d Don't Know r Refused
@

[@] <1,3,5,7,0,d,r>

===== PERCEIVED RISK/HARM OF TOBACCO PRODUCTS =====] [#NEW 2013]

>int_tobrisk< [# ask ALL panel A only]

[r] We are interested in your views about the effects of being exposed to [n] tobacco and related products. [n]

[r] Please tell me how much you think people risk harming themselves physically [n] and in other ways when they do each of the following: [n]

[r] By "harm" we mean any harm to your physical or mental health or harm to your[n] relationships with friends or family members. [n]

Press "Enter" to continue @

[@][nodata]

>tobrisk1< [define <d><8>][define <r><9>]

[r] How much do people risk harming themselves physically and in other ways when[n] they smoke cigarettes daily? [n]

[r] Would you say no risk, slight risk, moderate risk, or great risk? [n]

[bold][yellow] Interviewer, if asked: By "harm" we mean any harm to your physical or mental health or harm to your relationships with friends or family members. [n][white]

- 1 no risk
2 slight risk
3 moderate risk
4 great risk
d don't know r refused
@

[@] <1-4,d,r>

>tobrisk2<

[r] How about when they smoke cigarettes once a week? [n]

[r] Would you say no risk, slight risk, moderate risk, or great risk? [n]

[bold][yellow] Interviewer, if asked: By "harm" we mean any harm to your physical or mental health or harm to your relationships with friends or family members. [n][white]

- 1 no risk
2 slight risk
3 moderate risk
4 great risk
d don't know r refused
@

[@] <1-4,d,r>

##tobrisk3, tobrisk4, tobrisk5 deleted]

>tobrisk6<

[r] And how much do people risk harming themselves physically and in other ways [n] when they are exposed to second hand smoke? [n]

[bold][cyan] Would you say no risk, slight risk, moderate risk, or great risk? [n][white] [bold][yellow] Interviewer, if asked: By "harm" we mean any harm to your physical or mental health or harm to your relationships with friends or family members. [n][white]

- 1 no risk
2 slight risk
3 moderate risk
4 great risk

d don't know r refused
@

[@] <1-4,d,r>

[#tobrisk7 deleted]

>tobrisk9< [#NEW 2014]

[r] How much do people risk harming themselves physically and in other ways when[n] they smoke E-CIGARETTES daily? [n]

[r] Would you say no risk, slight risk, moderate risk, or great risk? [n]

[bold][yellow] Interviewer, if asked: By "harm" we mean any harm to your physical or mental health or harm to your relationships with friends or family members. [n][white]

- 1 no risk
2 slight risk
3 moderate risk
4 great risk

d don't know r refused
@

[@] <1-4,d,r>

>crisk7< [#NEW 2017]

[r] Now a question about the harm of smoking cannabis. [n]

[r] Do you think that SMOKING cannabis is less harmful, the same or more harmful[n] than SMOKING tobacco? [n]

[r] Would you say less harmful, the same or more harmful? [n]

- 1 less harmful
2 the same
3 more harmful

d don't know r refused
@

[@] <1-3,d,r>

[#===== SOCIAL ACCEPTABILITY OF CANNABIS =====]

[#ASK Panel A only in 2018]

>cp92< [#new 2017][define <d><8>][define <r><9>][#similar to >tp92<

[r] Now questions about SMOKING RECREATIONAL CANNABIS. [n] [r] Do YOU think it is completely acceptable, somewhat acceptable, somewhat [n] unacceptable, or completely unacceptable for ADULTS to smoke recreational [n] cannabis? [n]

[bold][yellow] Interviewer, if asked: if R says "it depends", say this question is about the GENERAL acceptability of smoking and is not limited to special circumstances, such as whether children are around, how much they smoke, where they smoke etc. [n][white]

- 1 Completely acceptable
3 Somewhat acceptable
5 Somewhat unacceptable
7 Completely unacceptable

d Don't Know r Refused
@

[@] <1,3,5,7,d,r>

>cp93< [#new 2017] [#similar to >tp93<

[r] And what do YOU think about SMOKING RECREATIONAL CANNABIS among TEENAGERS? [n]

[bold][cyan] Do YOU think it is completely acceptable, somewhat acceptable, somewhat unacceptable, or completely unacceptable? [n][white]

[bold][yellow] Interviewer, if R says "it depends", say this question is about the GENERAL acceptability of smoking and is not limited to special circumstances. [n][white]

- 1 Completely acceptable
- 3 Somewhat acceptable
- 5 Somewhat unacceptable
- 7 Completely unacceptable

d Don't Know r Refused
@

[@] <1,3,5,7,d,r>

>cp94< [#new 2017] [#similar to >tp94<]

[r] For YOU, would having FRIENDS who smoke cannabis be completely acceptable, [n]
[r] somewhat acceptable, somewhat unacceptable, or completely unacceptable? [n]

- 1 Completely acceptable
- 3 Somewhat acceptable
- 5 Somewhat unacceptable
- 7 Completely unacceptable

d Don't Know r Refused
@

[@] <1,3,5,7,d,r>

>end_tobacco<

#[# ===== ALCOHOL CONSUMPTION (ALL Panels) =====]

>int1<

[r] Now I would like to ask you some questions about alcohol. [n]

[r] In these questions, when we use the word "drink" it means one 341 ml or [n]
[r] 12 ounce bottle of beer or glass of draft, one 142 ml or 5 ounce glass of [n]
[r] wine, or one straight or mixed drink with 43 ml or one and a half ounces of [n]
[r] hard liquor. [n]

Press Enter to continue @

[@] [nodata]

>ac1< [define <d><8>][define <r><9>]

[r] During the past 12 months have you had a drink of any alcoholic beverage? [n]

[bold][yellow]
INTERVIEWER: Include light beer, but do NOT include fully dealcoholized beer.
[n][white]

- 1 Yes
- 5 No

d Don't Know r Refused
@

[@] <1> [goto ac5]
<5,d,r>

>ac2< [#asking non-current drinkers]

[r] Did you EVER have a drink of any alcoholic beverage? [n]

- 1 Yes
- 5 No

d Don't Know
@

[@] <1> [goto int_audit]
<5,d> [goto chek][#never drinkers skip out here]

>ac5< [#asking current drinkers] [define <d><98>][define <r><99>]

[r] How often, if ever, did you drink alcoholic beverages during the PAST TWELVE[n]
[r] MONTHS: would you say MORE than once a day, about every day, four to five [n]
[r] times a week, two to three times a week, once a week, two to three times a [n]
[r] month, once a month, or less than once a month? [n]

[bold][yellow] INTERVIEWER: This means any type of alcohol.
[n][white]

- 1 More than once a day
- 2 About every day (includes SIX times a week)
- 3 4 to 5 times a week
- 4 2 to 3 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 Less than once a month

d Don't Know r Refused
@

[@] <1-8,d,r>

>ac5a< [#all current drinkers]

[if ac5 gt <6>]
[r] Even though you may rarely drink alcohol, the researchers are interested in [n]
[r] everyone's answers to the next few questions.
[n]

[endif]
[r] How often, if at all, did you drink alcoholic beverages during the PAST 30 [n]
[r] DAYS: would you say MORE than once a day, about every day, four to five [n]
[r] times a week, two to three times a week, once a week, two to three times [n]
[r] in the past month, once in the past month, or never in the past month? [n]

[bold][yellow]
INTERVIEWER: This means any type of alcohol.
[n][white]

1 More than once a day
2 About every day (includes SIX times a week)
3 4 to 5 times a week
4 2 to 3 times a week
5 Once a week
6 2 to 3 times in the past month
7 Once in the past month
8 Never in the past month

d Don't Know r Refused @

[@] <1-8,d,r>

>ac6a<

[r] During the past 12 months, on those days when you drank, how many drinks [n]
[r] did you usually have? [n]

[bold][yellow]
Interviewer: by "drink" we mean one 341 ml or 12 ounce bottle of beer or glass of draft, one 142 ml or 5 ounce glass of wine, or one straight or mixed drink with 43 ml or one and a half ounces of hard liquor.

Include light beer, but do NOT include fully dealcoholized beer.
[n][white]

1-96 Enter number of drinks

97 97 or more

d Don't Know r Refused
@

[@] <1-97,d,r>

>five< [#asking current drinkers][define <d><98>][define <r><99>]
[r] About how often DURING THE PAST TWELVE MONTHS would you say you had five or [n]
[r] more drinks at the same sitting or occasion: would you say every day, [n]
[r] almost every day, 3 or 4 times a week, once or twice a week, 2 or 3 times [n]
[r] a month, about once a month, 6 to 11 times a year, 1 to 5 times a year, [n]
[r] or never in the past year? [n]

[bold][yellow]
INTERVIEWER: Even though you may rarely drink alcohol, the researchers are interested in everyone's answers to the next few questions.
[n][white]

1 Every day
2 Almost every day
3 3 or 4 times a week
4 Once or twice a week
5 2 or 3 times a month
6 About once a month
7 6 to 11 times a year
8 1 to 5 times a year
9 Never in the past year

d Don't Know r Refused @

[@] <1-8>
<9,d,r>

>ck_skip< [if gend eq <1> and five ge <9>][goto int_audit][endif]

>four< [#NEW in 2005][#asking ONLY WOMEN current drinkers]
[if gend eq <1> goto five30]
[define <d><98>][define <r><99>]
[# Panel A+B]

[r] About how often DURING THE PAST TWELVE MONTHS would you say you had FOUR or [n]
[r] more drinks at the same sitting or occasion: would you say every day, about[n]
[r] every day, 3 or 4 times a week, once or twice a week, 2 or 3 times a month, [n]
[r] about once a month, 6 to 11 times a year, 1 to 5 times a year, or never in [n]
[r] the past year? [n]

1 Every day
2 About every day
3 3 or 4 times a week
4 Once or twice a week
5 2 or 3 times a month
6 About once a month
7 6 to 11 times a year
8 1 to 5 times a year
9 Never in the past year

d Don't Know r Refused
@

[@] <1-8,d,r>
<9>

>five30< [if five ge <9> goto int_audit][#skip fixed Apr 4, 2017]
[# ask if five eq 1 - 8][# Panel A+B]

[r] Now what about the PAST 30 DAYS, on about how many of these days did you [n]
[r] have five or more drinks on the same occasion?
[n]

0-30 Enter number of days

d Don't Know r Refused
@

[@] <1-30,0,d,r>

[# ===== AUDIT, ASK ALL Panels
=====]

>int_audit< [if ac2 eq <1> goto chek][#former drinkers skip audit]

[r] The next few questions are about possible problems you might have had [n]
[r] in the PAST 12 MONTHS regarding the use of alcohol.
[n]

Press "Enter" to continue @
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[@][nodata]

>aud4< [if (ac5 eq <7> or ac5 eq <8>) and five eq <9>][#skip revised 2018]
[goto aud9]
[endif] [#If ((ac5 =7 or ac5=8) AND (five=9)) skip AUDIT aud4 to aud8]
[define <d><8>] [define <r><9>][# current drinkers only]

[r] How often during the past 12 months have you found that you were not able [n]
[r] to stop drinking once you had started?
[n]

[r] Never, less than monthly, monthly, weekly, or daily or almost daily? [n]

- 0 never
- 1 less than monthly
- 2 monthly
- 3 weekly
- 4 daily or almost daily

d Don't Know r Refused
@

[@] <0,1-4,d,r>

>aud5<

[r] How often during the past 12 months have you failed to do what was normally [n]
[r] expected from you because of drinking?
[n]

[bold][cyan]
Never, less than monthly, monthly, weekly, or daily or almost daily?
[n][white]

- 0 never
- 1 less than monthly
- 2 monthly
- 3 weekly
- 4 daily or almost daily

d Don't Know r Refused
@

[@] <0,1-4,d,r>

>aud6<

[r] How often [n]

[bold][cyan] during the past 12 months [n][white]

[r] have you needed a first ALCOHOLIC drink in the morning to get yourself [n]
[r] going after a heavy drinking session?
[n]

[bold][cyan]

Never, less than monthly, monthly, weekly, or daily or almost daily?

[n][white]

- 0 never
- 1 less than monthly
- 2 monthly
- 3 weekly
- 4 daily or almost daily

d Don't Know r Refused
@

[@] <0,1-4,d,r>

>aud7<

[r] How often [n]

[bold][cyan] during the past 12 months [n][white]

[r] have you had a feeling of guilt or remorse after drinking?
[n]

[bold][cyan]
Never, less than monthly, monthly, weekly, or daily or almost daily?
[n][white]

- 0 never

- 1 less than monthly
- 2 monthly
- 3 weekly
- 4 daily or almost daily

d Don't Know r Refused
@

[@] <0,1-4,d,r>

>aud8<

[r] How often [n]

[bold][cyan] during the past 12 months [n][white]

[r] have you been unable to remember what happened the night before because [n]
[r] you had been drinking? [n]

[bold][cyan]
Never, less than monthly, monthly, weekly, or daily or almost daily?
[n][white]

- 0 never

- 1 less than monthly
- 2 monthly
- 3 weekly
- 4 daily or almost daily

d Don't Know r Refused
@

[@] <0,1-4,d,r>

>aud9< [#asking current drinkers only audit 9 and audit 10]

[r] Have you or someone else EVER been injured as a result of your drinking? [n]

[bold][yellow]
 INTERVIEWER: if R says "yes", ask "was this in the past 12 months?"
 [n][white]

1 Yes, but not in the past 12 months
 2 Yes, during the past 12 months

5 no

d Don't Know r Refused
 @

[@] <1,2,5,d,r>

>aud0< [#asking current drinkers only]

[r] Has a relative or friend or a doctor or other health worker EVER been [n]
 [r] concerned about your drinking or suggested you cut down?
 [n]

[bold][yellow]
 INTERVIEWER: if r says "yes", ask "was this in the past 12 months?"
 [n][white]

1 Yes, but not in the past 12 months
 2 Yes, during the past 12 months

5 no

d Don't Know r Refused
 @

[@] <1,2,5,d,r>

>chek< [allow 1][store <> in chek]
 [if ac1 gt <1>][store <1> in chek][endif] [#non drinker, Apr 17 2018 to include d,r]

[#===ALCOHOL POLICY- PANEL A =====]

[#===== Alcohol in Grocery Stores, added in 2015, revised 2016, 2018]

>int_alcgs< [if panel eq <2>][goto end_ags][endif]
 [if ac1 gt <1> goto ags7a][# ags1 - ags3b ASK CURRENT DRINKERS only]

[r] Now I would like to ask you some questions about alcoholic beverages that [n]
 [r] you might have bought for your own use IN ONTARIO.
 [n]

Press "Enter" to continue @

[@][nodata]

>ags1r< [# ASK CURRENT DRINKERS only][define <d><8>][define <r><9>]

[r] In the past 30 days, did you buy any alcoholic beverage from a liquor store,[n]
 [r] beer store, wine store, grocery store or any other store that sells alcohol [n]
 [r] in Ontario? [n]

[bold][yellow]
 Interviewer, if necessary: any LCBO store, LCBO Agency Store, Beer Store or
 Wine Store, or grocery store such as Loblaws, Metro.
 Interviewer, if necessary: any alcoholic beverages such as beer, wine, cider,
 distilled spirits, coolers, sherry, port or vermouth.
 [n][white]

1 yes
 5 no

d Don't Know r Refused
 @

[@] <1>
 <5,d,r> [goto ags7a]

>ags3a< [#ASK ONLY if ags1r=1][define <d><98>][define <r><99>]

[r] In the past 30 days, how many times, did you buy any WINE, BEER OR CIDER [n]
 [r] from a GROCERY store in Ontario?
 [n]

[bold][yellow]
 Interviewer, if necessary: any grocery store that sells wine or beer in
 Ontario, such as Loblaw's, Metro, Walmart Superstore, etc.
 [n][white]

0 Never

1-30 Enter number of times

d don't know r refused
 @

[@] <1-30>
 <0,d,r>

>ags3b< [#ASK ONLY if ags1r=1]

[r] In the past 30 days, how many times, did you buy any WINE, BEER OR CIDER [n]
 [r] from a liquor store, a beer store, a wine store or any other store in Ontario?[n]

[bold][yellow]
 Interviewer, if necessary: any LCBO store, LCBO Agency Store, Beer Store,
 Wine Store, Brewery store or any other store that sells alcohol (please do not include grocery stores).
 [n][white]

0 Never

1-30 Enter number of times

d don't know r refused
@

[@] <1-30>
<0,d,r>

>ags7a< [#ASK ALL Panel A] [# revised wording 2018]
[define <d><8>][define <r><9>]

[r] Selling beer or wine in grocery stores will add additional temptations [n]
[r] for current and former problem drinkers to buy alcohol, than is the case in [n]
[r] a liquor or beer store. [n]

[r] Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree [n]
[r] disagree? [n]

1 strongly agree
3 somewhat agree
5 somewhat disagree
7 strongly disagree

d Don't Know r Refused
@

[@] <1,3,5,7,d,r>

>end_ags<

#[=====FASD - Fetal Alcohol Syndrome =====]

#[new 2018, PANEL B ONLY, ASK WOMEN ONLY]

>fasd1< [if panel eq <1> goto end_alcohol][#panel A skip out]
[if gend eq <1> goto end_alcohol] [# ask women only]
[define <d><8>][define <r><9>]

[r] The next few questions are about having children.
[n]

[r] Have you ever given birth to a child?
[n]

1 Yes
5 No

d Don't Know r Refused
@

[@] <1>
<5,d,r>[goto end_alcohol]

>fasd2< [define <d><9998>][define <r><9999>]

[r] In what year was your LAST child born?
[n]

[n][white]

1940 - 2018 Enter year

d Don't Know r Refused
@

[@] <1940-2018,d,r>

>ck_fasd< [allow int 1]
[store <0> in ck_fasd]
[if ac1 eq <1>][store <1> in ck_fasd][endif]
[if ac2 eq <1>][store <1> in ck_fasd][endif]

>fasd3< [#if fasd1=1 AND (ac1=1 OR ac2=1)] [#ask women lifetime drinkers who had a child]
[if ck_fasd eq <0> goto end_alcohol]
[define <d><8>][define <r><9>]

[r] Did you drink any alcohol during YOUR LAST PREGNANCY? [n]

1 Yes
5 No (I was abstinent)

d Don't Know r Refused
@

[@] <1>
<5,d,r> [goto fasd6]

>fasd4< [if fasd2 le <2007> goto fasd6][#ask women lifetime drinkers if last pregnancy in past 10 years]
[define <d><8>][define <r><9>]

[r] How often did you drink alcohol during YOUR LAST PREGNANCY: [n]
[r] would you say less than once a month, once a month, two to three times a [n]
[r] month, once a week, two to three times a week, daily or almost daily? [n]

[bold][yellow] INTERVIEWER: This means any type of alcohol.
[n][white]

1 less than once a month
2 once a month
3 2 to 3 times a month
4 once a week
5 2 to 3 times a week
6 daily or almost daily

d Don't Know r Refused
@

[@] <1-6,d,r>

>fasd5< [#ask if fasd3=1]

[r] During YOUR LAST PREGNANCY, did you ever have 4 or more drinks at the [n]
[r] same sitting or occasion? [n]

1 Yes
5 No

d Don't Know r Refused

```

@
[@] <1>
<5,d,r>

>fasd6< [#if fasd1=1]

[r] Did you breastfeed your last child? [n]

1 Yes
5 No

d Don't Know r Refused
@

[@] <1>
<5,d,r> [goto end_alcohol]

>fasd7< [#ask if fasd6=1]

[r] Did you drink any alcohol while breastfeeding your last child?
[n]

1 Yes
5 No

d Don't Know r Refused
@

[@] <1>
<5,d,r> [goto end_alcohol]

>fasd8< [if fasd2 le <2007> goto ck_fasd9]
[#ask women drinkers if last pregnancy in past 10 years and
they drank when they breastfed]
[# if fasd6=1 AND fasd7=1]
[define <d><8>][define <r><9>]

[r] How often did you drink alcohol while breastfeeding:
[n]
[r] would you say less than once a month, once a month, two to
three times [n]
[r] a month, once a week, two to three times a week, daily or
almost daily? [n]

[bold][yellow] INTERVIEWER: This means any type of alcohol.
[n][white]

1 less than once a month
2 once a month
3 2 to 3 times a month
4 once a week
5 2 to 3 times a week
6 daily or almost daily

d Don't Know r Refused
@

[@] <1-6,d,r>

>ck_fasd9< [allow int 1]
[store <0> in ck_fasd9]
[if fasd6 eq <1> and fasd7 eq <1> and fasd2 gt <2007>]
[store <1> in ck_fasd9]
[endif]

```

```

>fasd9< [if ck_fasd9 eq <0> goto end_alcohol][#ask if fasd6=1
AND fasd7=1]

[r] Did you ever have 4 or more drinks at the same sitting or
occasion while [n]
[r] breastfeeding? [n]

1 Yes
5 No

d Don't Know r Refused
@

[@] <1>
<5,d,r>

>end_alcohol<

[# =====DRIVING =====]
[# ===== PANEL B ONLY =====]

>drive< [if panel eq <1>][goto end_driv][endif][# PANEL A skip
out]
[define <d><8>] [define <r><9>]

[r] The next questions are related to driving.
[n]
[r] During the past 12 months, have you driven a car, van, truck,
motorcycle, [n]
[r] tractor, or any other type of motor vehicle?
[n]

[bold][yellow]
INTERVIEWER: please also include motor vehicles such as
motorboats, Seadoo,
Skidoo, ATVs, etc.
[n][white]

1 yes
5 no

d don't know r refused
@

[@] <1>
<5,d,r> [goto end_driv]

[# ===== KM-MILES =====]
[#==How much you drive ==]

>dr1< [define <d><9998>][define <r><9999>]
[open dr1]

[r] Now I would like to ask you how much you drive in a typical
WEEK. Please [n]
[r] think of all the driving you do. Remember to count any driving
you have [n]
[r] done in a car, motorcycle, truck or van. Count driving you did
in vehicles [n]
[r] you own, borrowed, rented or use for work.
[n]

[r] On average, about how many kilometres or miles do you drive
in a typical week?[n]

[bold][yellow]

```

Interviewer: Use 0 for none, and r for refused. If R is having trouble, can't answer, says that it is too difficult a question etc. use "d" for don't know.
[n][white]

Enter number of miles here @miles

Enter number of kilometres here @kilo

[@miles][optional] <r> [goto dr5]
<0>
<d> [goto dr1b]
<1-9996> [goto dr5]
[@kilo] [optional] <0>
<1-9996> [goto dr5]

>check_err< [define <d><8>][define <r><9>]

[bold][yellow]
INTERVIEWER: You have indicated that the respondent drives ZERO miles or kilometres a week. Is this correct?
[n][white]

1 yes, correct
5 no, mistake
@

[@] <5> [goto dr1]
<1>
[store <0> in dr1@miles]
[store <0> in dr1@kilo]
[goto dr5]

>dr1b< [define <d><8>][define <r><9>]

[r] Well, to start would it be easier for you to think about how much you drive [n]
[r] in kilometers or miles? [n]

1 Kilometres
5 Miles

d don't know/can't answer/too difficult etc.
r refused
@

[@] <1>
<5> [goto dr1d]
<d,r> [goto dr5]

>dr1c<

[r] We don't need the exact amounts, but can you give your best guess at how many [n]
[r] kilometres you drive in a typical week: would it be less than 10 km, 11 to [n]
[r] 100 km, 101 to 500 km, 501 to 1000 km, or more than 1000 km? [n]

1 10 or less
2 11 to 100
3 101 to 500
4 501 to 1000
5 more than 1000

d don't know r refused

@

[@] <1-5,d,r> [goto dr5]

>dr1d<

[r] We don't need the exact amounts, but can you give your best guess at how many [n]
[r] miles you drive in a typical week: would it be less than 10 miles, 11 to [n]
[r] 50 miles, 51 to 100 miles, 101 to 200 miles, or more than 200 miles? [n]

1 10 or less
2 11 to 50
3 51 to 100
4 101 to 200
5 more than 200

d don't know r refused
@

[@] <1-5,d,r>

[# == PANEL B ONLY ==]
[# == COLLISION =====]

>dr5< [define <d><98>][define <r><99>]

[r] DURING THE PAST 12 MONTHS, how many times, if at all, were you involved in [n]
[r] an accident or collision involving any kind of damage or injury to you or [n]
[r] another person or vehicle while you were driving? [n]

0 never
1-9 Enter number of times
10 ten times or more

d Don't Know r Refused
@

[@] <0,1-10,d,r>

[# ===== DRINKING & DRIVING =====]
[# == PANEL B ONLY ==]

>dd1< [define <d><8>][define <r><9>]
[if chek eq <1> goto drtext1] [#not a current drinker]

[r] During the past 12 months, have you driven a motor vehicle after having two [n]
[r] or more drinks in the previous hour? [n]

1 yes
5 no

7 don't drive

d don't know r refused
@

[@] <1>
<5,7,d,r>

[# ===== TEXTING AND DRIVING
=====]

>drtext1< [define <d><8>][define <r><9>]

[r] During the past 12 months, did you ever SEND OR READ a text message or [n] an email while you were driving a vehicle? [n]

1 yes
5 no

7 don't drive

d don't know r refused
@

[@] <1>
<5,7,d,r> [goto end_driv]

>drtext2< [define <d><98>][define <r><99>]

[r] How many times in THE PAST 30 DAYS? [n]

[bold][cyan]
Did you SEND OR READ a text message or an email while you were driving a vehicle?
[n][white]

0 never
1-96 Enter number of times
97 97 or more times

d Don't Know r Refused
@

[@] <0,1-97,d,r>

>end_driv<

[#== PERCEIVED RISK OF USING CANNABIS (Asked 2008-2010, 2014-2016, some new 2017)==]

>int_crisk< [# Panel B only][if panel eq <1>][goto end_crisk][endif]

[r] We are interested in your opinion about the effects of using cannabis, [n] marijuana or hash, and if people risk harming themselves when they do [n] the following: [n]

[r] By "harm" we mean any harm to your physical or mental health or harm to [n] your relationships with friends or family members. [n]

Press "Enter" to continue @

[@][nodata]

>crisk2< [define <d><8>][define <r><9>]

[r] How much do people risk harming themselves physically and in other ways [n] when they SMOKE cannabis once or twice a week? [n]

[r] Would you say no risk, slight risk, moderate risk, or great risk? [n]

[bold][yellow]
Interviewer, if asked: By "harm" we mean any harm to your physical or mental health or harm to your relationships with friends or family members.
[n][white]

1 no risk
2 slight risk
3 moderate risk
4 great risk

d don't know r refused
@

[@] <1-4,d,r>

>crisk4<

[r] How much do people risk harming themselves physically and in other ways [n] when they SMOKE cannabis DAILY or almost daily? [n]

[r] Would you say no risk, slight risk, moderate risk, or great risk? [n]

[bold][yellow]
Interviewer, if asked: By "harm" we mean any harm to your physical or mental health or harm to your relationships with friends or family members.
[n][white]

1 no risk
2 slight risk
3 moderate risk
4 great risk

d don't know r refused
@

[@] <1-4,d,r>

>crisk5<

[r] How much do people risk harming themselves physically and in other ways [n] when they use cannabis DAILY or almost daily IN FOODS, BAKED GOODS OR [n] BEVERAGES (such as a tea)? [n]

[bold][cyan]
Would you say no risk, slight risk, moderate risk, or great risk?
[n][white]

[bold][yellow]
Interviewer, if asked: By "harm" we mean any harm to your physical or mental health or harm to your relationships with friends or family members.
[n][white]

- 1 no risk
- 2 slight risk
- 3 moderate risk
- 4 great risk

d don't know r refused
@

[@] <1-4,d,r>

>crisk6<
[r] How much do people risk harming themselves physically and in other ways [n]
[r] when they use cannabis DAILY or almost daily by way of VAPORIZATION? [n]

[bold][cyan]
Would you say no risk, slight risk, moderate risk, or great risk?
[n][white]

[bold][yellow]
Interviewer, if necessary: inside an e-cigarette, a vape pipe, a hookah pen or e-hookah, or by using a vaporizer?

Interviewer, if asked: By "harm" we mean any harm to your physical or mental health or harm to your relationships with friends or family members.
[n][white]

- 1 no risk
- 2 slight risk
- 3 moderate risk
- 4 great risk

d don't know r refused
@

[@] <1-4,d,r>

>end_crisk< [allow 1][store <1> in end_crisk]

[#===CANNABIS CONSUMPTION
=====]
[# ASK ALL PANELS =====]

>cn1< [define <d><8>] [define <r><9>][#ask all]

[r] Some people use cannabis, marijuana or hash in private, with friends, or in [n]
[r] other situations. Have you EVER IN YOUR LIFETIME used CANNABIS, MARIJUANA [n]
[r] or HASH? [n]

- 1 Yes
- 5 No

d don't know r refused
@

[@] <1>
<5,d,r>[goto candrive][#goto candep]

>cn1age< [# ask lifetime users only][#new 2017]
[define <d><98>][define <r><99>]

[r] How old were you when you first used cannabis?
[n]

5-70 Enter age

71 71 or older

d Don't Know r Refused
@

[@] <5-71,d,r>

>cn2< [define <d><98>] [define <r><99>][#FOR CANNABIS USERS]

[r] How often, if ever, have you used cannabis, marijuana or hash during the[n]

[r] PAST TWELVE months: would you say more than once a day, about every day, [n]

[r] four to five times a week, two to three times a week, once a week, two to [n]

[r] three times a month, once a month, less than once a month or never? [n]

- 1 more than once a day
- 2 about every day (includes six times a week)
- 3 4 to 5 times a week
- 4 2 to 3 times a week
- 5 once a week
- 6 2 to 3 times a month
- 7 once a month
- 8 less than once a month

9 never

d don't know r refused
@

[@] <1-8>
<9,d,r> [goto candrive][#goto candep]

>reg1< [#asked 1998, 1999][#ASK only past 12 months CANNABIS USERS]
[define <d><8>] [define <r><9>]

[r] In the past 12 months have you ever used cannabis, marijuana or hash to [n]

[r] manage pain, nausea, glaucoma, the symptoms of multiple sclerosis, or [n]

[r] any other MEDICAL condition?
[n]

- 1 Yes
- 5 No

d don't know r refused

@

[@] <1>
<5,d,r> [goto cnvap]

>medcan< [#new 2014][#ask only if reg1 =1]

[r] In the past 12 months, did you have "MEDICAL AUTHORIZATION" to use cannabis,[n]
[r] marijuana or hash for medical purposes?
[n]

1 Yes
5 No

d don't know r refused
@

[@] <1,5,d,r>

>cnvap< [#NEW 2016] [#ASK past 12 m CANNABIS USERS]
[#ASK Panel A + B][define <d><8>] [define <r><9>]

[r] In the past 12 months have you ever used any form of cannabis (e.g., [n]
[r] marijuana, hash, etc.) by way of vaporization?
[n]

[bold][yellow]
Interviewer, if necessary: inside an e-cigarette, a vape pen, or by using
a vaporizer?
[n][white]

1 yes
5 no

d Don't Know r Refused
@

[@] <1>
<5,d,r>

>tp107< [define <d><8>] [define <r><9>] [#NEW 2015][#ASK Panel A + B]
[#ASK only past 12 months CANNABIS USERS]

[r] In the past 12 months have you ever used CANNABIS, marijuana or hash mixed [n]
[r] with TOBACCO at the same time?
[n]

1 Yes
5 No

d don't know r refused
@

[@] <1>
<5,d,r>

>canal< [define <d><8>][define <r><9>] [#NEW 2017][#ASK Panel A + B]
[#ASK all past 12 months CANNABIS USERS]

[r] In the past 12 months, how often did you use cannabis along with alcohol, [n]
[r] so that their effects overlapped? All of the time, most of the time, [n]
[r] some of the time, or none of the time?
[n]

1 All of the time
3 Most of the time
5 Some of the time
7 None of the time

d don't know r refused
@

[@] <1,3,5,7,d,r>

[# from here Panel B ONLY][# Panel A skip out]

>candrive< [#FOR past 12 months cannabis users]
[if cn1 gt <1> goto canmode][#never used]
[if cn2 ge <9>][goto canmode][endif][# not used in last 12 months]
[if panel eq <1>][goto canmode][endif][#PANEL A skip out]

>cdr1< [#ask only drivers, FOR CANNABIS USERS, PANEL B ONLY]
[if drive gt <1> goto canmode]
[define <d><8>][define <r><9>]

[r] During the PAST 12 MONTHS, have you driven a motor vehicle within an hour [n]
[r] of using cannabis, marijuana or hash?
[n]

1 yes
5 no

7 I do not drive

d don't know r refused
@

[@] <1>
<5,7,d,r> [goto canmode]

>cdr2< [define <d><98>] [define <r><99>]
[#ask if cdr1 =1][#asked 2006-2014, back in 2017]

[r] How many times in the PAST 30 DAYS?
[n]

[bold][cyan]
...have you driven a motor vehicle within an hour of using cannabis,
marijuana or hash?
[n][white]

0 never

1-96 Enter number of times
97 97 or more times

d don't know r refused
@

[@] <0,1-97,d,r>

[#=== CANNABIS MODE/ SOURCE, new 2017===]

>cnmode< [#FOR past 12 months cannabis users, Panel B only]
[if cn1 gt <1> goto cansource][#never used]
[if cn2 ge <9>][goto cansource][endif][# not used in last 12
months]
[if panel eq <1>][goto cansource][endif][#PANEL A skip
out]

>int_cnm<

[r] The next few questions are about different ways of using
cannabis, [n]
[r] marijuana or hash. [n]

Press "Enter" to continue @

[@][nodata]

>cnm1< [define <d><8>] [define <r><9>]

[r] In the past 12 months did you SMOKE CANNABIS in a
JOINT? [n]

1 yes
5 no

d Don't Know r Refused
@

[@] <1,5,d,r>

>cnm2<

[r] In the past 12 months did you SMOKE CANNABIS in a PIPE,
a BONG or [n]
[r] a WATERPIPE? [n]

1 yes
5 no

d Don't Know r Refused
@

[@] <1,5,d,r>

>cnm3<

[r] In the past 12 months did you consume cannabis in a FOOD
PRODUCT or EDIBLES [n]
[r] such as a cookie, brownie or candy?
[n]

1 yes
5 no

d Don't Know r Refused
@

[@] <1,5,d,r>

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>cnm4<

[bold][cyan] In the past 12 months did you consume
[n][white]

[r] cannabis in a TEA OR ANOTHER TYPE OF BEVERAGE?
[n]

1 yes
5 no

d Don't Know r Refused
@

[@] <1,5,d,r>

>cnm5<

[r] In the past 12 months did you use cannabis as a TINCTURE?
[n]

[bold][yellow]
Interviewer, if necessary: Cannabis tinctures are liquid
concentration of
cannabis extracts, usually alcohol-based.
[n][white]

1 yes
5 no

d Don't Know r Refused
@

[@] <1,5,d,r>

>cnm5b<

[bold][cyan] In the past 12 months did you use
[n][white]

[r] cannabis in ON SKIN such as lotions, salves, or patches?
[n]

1 yes
5 no

d Don't Know r Refused
@

[@] <1,5,d,r>

>ck_cnm6< [if cnm1 eq <1> or cnm2 eq <1> or cnm3 eq <1> or
cnm4 eq <1> or cnm5 eq <1> or cnm5b eq <1>]

[goto cnm6]
[else]
[goto cansource]
[endif]

>cnm6<

[r] What is your MOST TYPICAL way of using cannabis when
you use it? [n]

[bold][yellow]
Interviewer, read list, Please choose only one
[n][white]

1 smoke it in a joint
 2 smoke it in a pipe, a bong or waterpipe
 3 use it in a vaporizer or e-cigarette
 4 eat it in foods (cookie, candy)
 5 drink it in a tea or another drink
 6 tincture, lotion, skin product

7 other, specify

d Don't Know r Refused
 @

[@] <1-6,d,r>
 <7>[specify]

>cansource< [#FOR past 12 months cannabis users]
 [if cn1 gt <1> goto cnsocial][#never used]
 [if cn2 ge <9>][goto cnsocial][endif][# not used in last 12 months]
 [if panel eq <1>][goto cnsocial][endif][#PANEL A skip out]

>cns1< [# ASK all past 12m CANNABIS users]
 [define <d><8>] [define <r><9>]

[r] Which of the following is your most TYPICAL way of obtaining cannabis or [n] cannabis products? [n]

[bold][yellow]
 Interviewer, read list, please choose only one.
 [n][white]

1 Mail order from a Health Canada licensed producer
 2 Mail order from another online source
 3 Cannabis store, dispensary or club
 4 Friends or family
 5 From a dealer or someone else you know (Interviewer, if necessary:
 who sells it without legal approval)
 6 Grow it yourself

7 Other, specify

d Don't Know r Refused
 @

[@] <1-6,d,r>
 <7>[specify]

>cns2< [if reg1 ge <5> goto cnsocial]
 [# ASK only past 12m MEDICAL CANNABIS users, skip changed Jan 18, 2017]

[r] And which of the following is your most TYPICAL way of obtaining cannabis [n] or cannabis products for HEALTH REASONS?
 [n]

[bold][yellow]
 Interviewer, if necessary: Please choose only one.
 [n][white]

1 Mail order from a Health Canada licensed producer
 2 Mail order from another online source
 3 Cannabis store, dispensary or club
 4 Friends or family

5 From a dealer or someone else you know (Interviewer, if necessary:
 who sells it without legal approval)
 6 Grow it yourself

7 Other, specify

d Don't Know r Refused
 @

[@] <1-6,d,r>
 <7>[specify]

>cnsocial< [#FOR past 12 months cannabis users]
 [if cn1 gt <1> goto candep][#never used]
 [if cn2 ge <9>][goto candep][endif][# not used in last 12 months]
 [if panel eq <1>][goto candep][endif][#PANEL A skip out]

>cnsoc1< [define <d><98>] [define <r><99>]

[r] WHERE do you most TYPICALLY use cannabis, marijuana, or hash when you use it?[n]
 [r] Would you say:? [n]

[bold][yellow]
 Interviewer, Please choose only one, read list.
 [n][white]

1 Your Home
 2 Friend/Family Member's Home
 3 Place of work
 4 Place of worship or school
 5 Restaurant/bar/night club
 6 In a vehicle
 7 In a park, a parking lot, or other open space

8 Other, specify

d Don't Know r Refused
 @

[@] <1-7,d,r>
 <8>[specify]

>cnsoc2< [define <d><8>] [define <r><9>]

[r] WHEN you use cannabis, marijuana, or hash, how often are you alone? [n]
 [r] All of the time, most of the time, some of the time, or none of the time? [n]

1 All of the time
 2 Most of the time
 3 Some of the time
 4 None of the time

d don't know r refused
 @

[@] <1-4,d,r>

[# =====CANNABIS DEPENDENCE
=====]

[# ==PANEL B ONLY==]

>candep< [#FOR past 12 months cannabis users]
[if panel eq <1>][goto end_can][endif][# PANEL A skip out]
[if cn1 gt <1> goto end_can][#never used]
[if cn2 ge <9>][goto end_can][endif][# not used in last 12
months]

[#====WHO-ASSIST == new 2004 =====]

>can3m< [define <d><8>] [define <r><9>]
[#ask past 12m cannabis users]

[r] How often have you used cannabis, marijuana or hash during
the PAST [n]
[r] THREE months: would you say never, once or twice, once a
month, 2-3 times [n]
[r] a month, once a week, 2-3 times a week, 4 to 5 times a week,
daily or [n]
[r] almost daily? [n]

- 0 never
- 1 once or twice
- 2 once a month
- 3 2-3 times a month
- 4 once a week
- 5 2-3 times a week
- 6 4 to 5 times a week
- 7 daily or almost daily

d don't know r refused
@

[@] <1-7>
<0,d,r> [goto end_can]

>cn30r< [#NEW in 2005][#ask if can3m=1-7][#revised categories
2017]

[r] And what about the PAST 30 DAYS? How often have you
used cannabis, [n]
[r] marijuana or hash during the PAST 30 DAYS: would you say
never, once or [n]
[r] twice, 3-4 times, weekly, daily or almost daily?
[n]

- 0 never
- 1 once or twice
- 3 3-4 times
- 5 weekly
- 7 daily or almost daily

d don't know r refused
@

[@] <0,1,3,5,7,d,r>

>cnas1<

[r] During the PAST 3 MONTHS, how often have you had a
strong desire or urge [n]
[r] to use cannabis, marijuana or hash? Would you say: never,
once or twice, [n]

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[r] monthly, weekly, daily or almost daily?
[n]

- 0 never
- 1 once or twice
- 2 monthly
- 3 weekly
- 4 daily or almost daily

d Don't Know r Refused
@

[@] <0,1-4,d,r>

>cnas2<

[r] During the PAST 3 MONTHS, how often has your use of
cannabis, marijuana or [n]
[r] hash led to health, social, legal or financial problems?
[n]

[bold][cyan]
Would you say: never, once or twice, monthly, weekly, daily or
almost daily?
[n][white]

- 0 never
- 1 once or twice
- 2 monthly
- 3 weekly
- 4 daily or almost daily

d Don't Know r Refused
@

[@] <0,1-4,d,r>

>cnas3<

[r] During the PAST 3 MONTHS, how often have you failed to do
what was normally [n]
[r] expected of you because of your use of cannabis, marijuana or
hash? [n]

[bold][cyan]
Would you say: never, once or twice, monthly, weekly, daily or
almost daily?
[n][white]

- 0 never
- 1 once or twice
- 2 monthly
- 3 weekly
- 4 daily or almost daily

d Don't Know r Refused
@

[@] <0,1-4,d,r>

>cnas4<

[r] Has a friend, relative, a doctor or anyone else ever expressed
concern about [n]

[r] your use of cannabis, marijuana or hash? Would you say: yes, within the past [n]
[r] 3 months; yes, but not in the past 3 months; or no, not at all?
[n]

- 1 Yes, but not in the PAST 3 MONTHS
- 3 Yes, during the PAST 3 MONTHS

5 no, not at all

d don't know r refused
@

[@] <1,3,5,d,r>

>cnas5<

[r] Have you EVER TRIED AND FAILED to control, cut down or stop using cannabis, [n]
[r] marijuana or hash? Would you say: yes, within the past 3 months; yes, but [n]
[r] not in the past 3 months; or no, not at all?
[n]

- 1 Yes, but not in the PAST 3 MONTHS
- 3 Yes, during the PAST 3 MONTHS

5 no, not at all

d don't know r refused
@

[@] <1,3,5,d,r>

>end_can< [allow 1][store <1> in end_can]

[# ===== TREATMENT for CANNABIS (ask all LIFETIME USERS) Panel B only =====]

>int_treat< [#FOR lifetime cannabis users]
[if panel eq <1>][goto end_treat][endif][# PANEL A skip out]
[if cn1 gt <1> goto end_treat] [#never used]

[r] In the next questions, we would like to ask you some questions about [n]
[r] treatment for cannabis use. We are interested in everyone's answer to [n]
[r] these questions, even if you are not using cannabis anymore.
[n]

Press "Enter" to continue @

[@][nodata]

>treat1c< [#FOR lifetime cannabis users] [define <d><8>][define <><9>]

[r] Have you EVER received any type of professional help for your use of cannabis? [n]

[bold][yellow]

Interviewer: if necessary: "Include any treatment or counselling given by doctors, counsellors, social workers or other health professionals.
[n][white]

- 1 Yes, but not in the past 12 months
- 2 Yes, during the past 12 months

5 No

d Don't Know r Refused
@

[@] <1,2,d,r> [goto end_treat]
<5>

>treat2c< [#if treat1c = 5]

[r] Did you EVER think you might have needed professional help for your use of [n]
[r] cannabis? [n]

- 1 Yes, but not in the past 12 months
- 2 Yes, during the past 12 months

5 No

d Don't Know r Refused
@

[@] <1,2,5,d,r >

>end_treat< [allow 1][store <1> in end_treat]

[# ===== CANNABIS OPINIONS/ POLICY - NEW 2017 =]

[# ===PANEL B ONLY from here===]

[# ===CANNABIS PERCEPTIONS (#ASK all Panel B), new 2017 ===]

>int_per< [if panel eq <1> goto end_cdr]

[r] Please tell me if you strongly agree, somewhat agree, somewhat disagree or [n]
[r] strongly disagree with the following statements.
[n]

Press "Enter" to continue @

[@][nodata]

>cnp14< [define <d><8>][define <r><9>]

[r] Cannabis can be addictive. Do you strongly agree, somewhat agree, [n]
[r] somewhat disagree or strongly disagree?
[n]

- 1 strongly agree
- 3 somewhat agree
- 5 somewhat disagree
- 7 strongly disagree

```
d Don't Know    r Refused
@

[ @ ] <1,3,5,7,d,r>

>cdr3<

[r] Driving under the influence of cannabis increases the risk of
being [n]
[r] involved in a motor vehicle collision. [n]

[bold][cyan]
Do you strongly agree, somewhat agree, somewhat disagree or
strongly disagree?
[n][white]

1 strongly agree
3 somewhat agree
5 somewhat disagree
7 strongly disagree

d Don't Know    r Refused
@
```

```
[ @ ] <1,3,5,7,d,r>

>cdr4<

[r] It is safer to drive under the influence of cannabis than under
[n]
[r] the influence of alcohol. [n]

[bold][cyan]
Do you strongly agree, somewhat agree, somewhat disagree or
strongly disagree?
[n][white]

1 strongly agree
3 somewhat agree
5 somewhat disagree
7 strongly disagree

d Don't Know    r Refused
@
```

```
[ @ ] <1,3,5,7,d,r>

>cdr5<

[r] The chances of getting caught by police for DRINKING AND
DRIVING are higher [n]
[r] than for USING CANNABIS AND DRIVING. [n]

[bold][cyan]
Do you strongly agree, somewhat agree, somewhat disagree or
strongly disagree?
[n][white]

1 strongly agree
3 somewhat agree
5 somewhat disagree
7 strongly disagree
```

```
d Don't Know    r Refused
@

[ @ ] <1,3,5,7,d,r>

>cnp13< [define <d><8>] [define <r><9>]

[r] You would be bothered by having a store that sells marijuana in
your [n]
[r] neighbourhood. [n]

[bold][cyan]
Do you strongly agree, somewhat agree, somewhat disagree or
strongly disagree?
[n][white]

1 strongly agree
3 somewhat agree
5 somewhat disagree
7 strongly disagree

d Don't Know    r Refused
@
```

```
[ @ ] <1,3,5,7,d,r>

>end_cdr<

[# ===== CONTROL OF CANNABIS USE
=====]

>int_cnp< [if panel eq <1>][goto end_canpol][endif][# PANEL A
skip out]

[r] The next few questions are about PERSONAL
RECREATIONAL CANNABIS USE among [n]
[r] adults in Canada. [n]

[bold][yellow]
Interviewer, if necessary: We are interested in your opinion even
if you
have never used cannabis.
[n][white]
```

```
press enter to continue @

[ @ ][nodata]

>cnp1r< [define <d><8>][define <r><9>] [#new 2017][# revised
wording 2018]

[r] Please tell me if you strongly agree, somewhat agree, somewhat
disagree or [n]
[r] strongly disagree with the following statements. [n]

[r] PERSONAL RECREATIONAL CANNABIS USE among
ADULTS in Canada should be legal. [n]

[r] Do you strongly agree, somewhat agree, somewhat disagree or
strongly disagree?[n]

1 strongly agree
3 somewhat agree
```

5 somewhat disagree
7 strongly disagree

d Don't Know r Refused
@

[@] <1,3,5,7,d,r>

>cnp11< [define <d><8>][define <r><9>] [# changed wording 2018 using 'when' instead of 'if']

[r] When RECREATIONAL CANNABIS use is legal, cannabis sellers should be allowed [n]
[r] to advertise their products. [n]

[r] Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?[n]

1 strongly agree
3 somewhat agree
5 somewhat disagree
7 strongly disagree

d Don't Know r Refused
@

[@] <1,3,5,7,d,r>

>cnpage< [#new 2017][#ask all PANEL B] [# revised wording 2018]

[r] What do you think should be the minimum LEGAL AGE for purchasing and [n]
[r] possessing RECREATIONAL cannabis?
[n]

[r] Would you say... [n]

[bold][yellow]
Interviewer: If R says it should be the same as the legal age for tobacco and alcohol, code as '3'.
[n][white]

1 25 (years)
2 21
3 19
4 18
5 16

d Don't Know r Refused
@

[@] <1-5,d,r>

>cnp2<[define <d><8>][define <r><9>] [#new 2014]

[r] Do you think ADULTS should be allowed to grow cannabis for personal use [n]
[r] as long as it's in limited quantities and not shared or sold?
[n]

1 yes
5 no

d don't know r refused

@

[@] <1,5,d,r>

[# cnp10, cnp7 cnp7a deleted]

>end_canpol<

>crime< [if panel eq <1> goto ck1] [#ASK all Panel B]
[define <d><8>] [define <r><9>]

[r] Have you ever, in your lifetime, been arrested or warned by police for [n]
[r] a criminal offence? [n]

[bold][yellow]
Interviewer: by criminal offence we mean things like cannabis possession, theft, assault, a dangerous driving offence, driving over the legal limit, etc.
[n][white]

1 yes
5 no

d don't know r refused
@

[@] <1>
<5,d,r>[goto ck1]

>crime2< [#ASK lifetime cannabis users who said yes to crime IF (crime=1& cn1=1)]
[if cn1 gt <1> goto ck1]

[r] Was this related to cannabis use? [n]

1 yes (to any or all offences/incidents)
5 no

d don't know r refused
@

[@] <1,5,d,r>

[# ===== COCAINE USE (ASK ALL, Panel B only)
=====]

>ck1< [define <d><8>] [define <r><9>]
[if panel eq <1> goto end_ck][# PANEL A skip out]

[r] Some people use COCAINE in social settings with friends, while others use it[n]
[r] for its stimulant properties. Have you EVER IN YOUR LIFETIME used COCAINE? [n]

1 yes
5 no

d don't know r refused
@

[@] <1>
 <5,d,r> [goto end_ck]

>ck2r< [define <d><98>][define <r><99>]

[r] Was this in the past 12 months? [n]

1 yes
 5 no

d Don't Know r Refused
 @

[@] <1,5,d,r>

>end_ck<

[# ==== MENTAL HEALTH - KESSLER K6 ====]
 [#==== NEW 2014 , revised 2015 ==]
 [#====PANEL B ONLY ====]

>int4< [if panel eq <1> goto end_kessler] [# Panel A skip out]

[r] The next questions are about how you have been feeling during the past 30 days.[n]

[bold][yellow]
 Interviewer: if asked, even if you are healthy and had no medical complaints
 I would still like to ask all questions for completeness.
 [n]
 [n][white]

Press "Enter" to continue @

[@][nodata]

>k1< [define <d><8>][define <r><9>]

[r] During the past 30 days, how often did you feel nervous? All of the time, [n]
 [r] most of the time, some of the time, a little of the time, or none of the [n]
 [r] time? [n]

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time
- d don't know r refused
 @

[@] <1-5,d,r>

>k2<

[r] During the past 30 days, how often did you feel hopeless?
 [n]

[bold][cyan]
 all of the time, most of the time, some of the time, a little of the time,
 or none of the time?
 [n][white]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

d don't know r refused
 @

[@] <1-5,d,r>

>k3<

[r] During the past 30 days, how often did you feel restless or fidgety? [n]

[bold][cyan]
 all of the time, most of the time, some of the time, a little of the time,
 or none of the time?
 [n][white]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

d don't know r refused
 @

[@] <1-5,d,r>

>k4<

[r] How often did you feel so depressed that nothing could cheer you up? [n]

[bold][cyan]
 all of the time, most of the time, some of the time, a little of the time,
 or none of the time?
 [n][white]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

d don't know r refused
 @

[@] <1-5,d,r>

>k5<

[r] During the past 30 days, how often did you feel that everything was an effort?[n]

[bold][cyan]
all of the time, most of the time, some of the time, a little of the
time,
or none of the time?
[n][white]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

d don't know r refused
@

[@] <1-5,d,r>

>k6<

[r] During the past 30 days, how often did you feel worthless?
[n]

[bold][cyan]
all of the time, most of the time, some of the time, a little of the
time,
or none of the time?
[n][white]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

d don't know r refused
@

[@] <1-5,d,r>

>end_kessl<

[# ==SUICIDE== New 2012]
[# ==PANEL B ONLY ==]

>suic1< [if panel eq <1> goto end_suic] [# Panel A skip out]
[define <d><8>][define <r><9>] [#new 2012]

[r] In the PAST 12 MONTHS, did you ever seriously consider
attempting suicide? [n]

- 1 yes
- 5 no

d Don't Know r Refused
@

[@] <1>
<5,d,r> [goto end_suic]

>suic2<

[r] In the PAST 12 MONTHS, did you actually attempt suicide?
[n]

- 1 yes
- 5 no

d Don't Know r Refused
@

[@] <1,5,d,r>

>end_suic<

[# ===== PSYCHOTHERAPEUTICS =====]
[# == PANEL B ONLY ==]

>int2< [#ask all][if panel eq <1> goto end_psy][# Panel A skip
out]

[r] Now some questions about prescription medications that are
prescribed by [n]
[r] a doctor or psychiatrist. [n]

Press "Enter" to continue @

[@][nodata]

>ps11< [#ask all] [define <d><8>] [define <r><9>]

[r] In the past 12 months, have you taken any prescription
medication to reduce [n]
[r] anxiety or panic attacks? [n]

- 1 yes
- 5 no

d don't know r refused
@

[@] <1,5,d,r>

>ps16< [# ask all]

[r] In the past 12 months, have you taken any prescription
medication to treat [n]
[r] depression? [n]

- 1 yes
- 5 no

d don't know r refused
@

[@] <1,5,d,r>

>end_psy<

[#===== PAIN RELIEVERS (revised 2010) =====]

[# === PANEL B ONLY ===]

>Int_pr< [# revised 2010][if panel eq <1> goto end_pr1][# Panel A skip out]

[r] The next few questions are about your use of pain relievers. We are NOT [n]
[r] interested in over the counter pain relievers such as Aspirin or Advil [n]
[r] that can be bought without a doctor's prescription.
[n]

[r] In these questions, by PAIN RELIEVERS, we mean those that are obtained by [n]
[r] a PRESCRIPTION from a doctor or dentist such as Percocet, Demerol, [n]
[r] Tylenol #3 or other products. [n]

Press "Enter" to continue @

[@][nodata]

>po1< [define <d><98>] [define <r><99>] [#new 2010]

[r] In the past 12 months how many times, if at all, have you used ANY such [n]
[r] pain relievers WITH A PRESCRIPTION or because a doctor told you to take them?[n]
[r] Would you say never, 1 or 2 times, 3 to 5 times, 6 to 9 times, 10 to 19 [n]
[r] times, 20 to 39 times, 40 times or more often?
[n]

[bold][yellow]

Interviewer if asked: we mean pain relievers available by prescription OR from any other source.

Interviewer: Such pain relievers may include: Endocet, Codeine Contin, Kadian,

Duragesic Meperidine, Robaxacet 8, Oxycodone-IR, Tylenol #2, #3 or #4.

[n][white]

- 1 1 or 2 times
- 2 3 to 5 times
- 3 6 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 or more times

- 9 Never
- d Don't Know r Refused
- @

[@] <1-6,9,d,r>

>po2< [define <d><98>] [define <r><99>] [#new 2010]

[r] In the past 12 months how many times, if at all, have you used ANY such pain [n]
[r] relievers WITHOUT A PRESCRIPTION or without a doctor telling you to take them?[n]
[bold][cyan]

Would you say never, 1 or 2 times, 3 to 5 times, 6 to 9 times, 10 to 19 times,
20 to 39 times, 40 times or more often?

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[n][white]

[bold][yellow]

Interviewer if asked: we mean pain relievers available by prescription OR from any other source.

Interviewer: Such pain relievers may include: Endocet, Codeine Contin, Kadian,

Duragesic Meperidine, Robaxacet 8, Oxycodone-IR, Tylenol #2, #3 or #4.

[n][white]

- 1 1 or 2 times
- 2 3 to 5 times
- 3 6 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 or more times

- 9 Never
- d Don't Know r Refused
- @

[@] <1-6>

<9,d,r>[goto end_pr1]

>pr7< [# ASK all users without prescription, if po2 eq 1-6] [#new 2010]

[define <d><8>] [define <r><9>]

[r] During the past 12 months, did you ever use pain relievers for the feelings [n]

[r] it caused or to get high? [n]

- 1 yes
- 5 no

- d don't know r refused
- @

[@] <1,5,d,r>

>end_pr1<

[#Panel B only from here] [# Panel A skip out]

[#==DRIVING and PO use==]

[#==we need to count "all users" of PR (PR user=1) here]

[#== Driving and Use of Prescription Pain Relievers==Panel B only]

[#ASK Only PR users who are drivers - PR user=1& drive=1, po1=1-6 or po2-1-6]

>ck_dpo< [allow int 1]

[store <0> in ck_dpo]

[if panel eq <1>][goto end_pr][endif][# Panel A skip out]

[if (po1 ge <1> and po1 le <6>) and drive eq <1>]

[store <1> in ck_dpo]

[endif]

[if (po2 ge <1> and po2 le <6>) and drive eq <1>]

[store <1> in ck_dpo]

[endif]

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```

>dpo1< [if ck_dpo eq <0> goto end_pr]
  [define <d><8>][define <r><9>] [#new 2010]

[r] During the past 12 months, have you driven a motor vehicle
after taking [n]
[r] any prescription pain relievers in the previous hour?
[n]

[bold][yellow]
  Interviewer, if asked: by motor vehicle we mean car, truck, van,
  motorcycle,
  boat, or snowmobile.
[n][white]

  1 yes
  5 no

  7 don't drive

  d don't know    r refused
  @

[@] <1,5,7,d,r>

>end_pr< [allow int 1]
  [store <1> in end_pr]

[# ==== DEMOGRAPHICS =====]
[#===ALL PANELS =====]

[#===AGE =====]

>dob< [# NEW 2015, revised 2016]
  [open dob][define <d><9998>][define <r><9999>]

[r] Finally, these last questions are for classification purposes only.
[n]
[r] First, what is your date of birth? [n]

[bold][yellow]
  Interviewer: if the respondent does not give exact day, month, or
  year of
  birth, code "d" for don't know and "r" for refused.
[n][white]

  1-31 enter day @day
  1-12 enter month @mth
  1900-2000 enter year @yr

  d don't know    r refused

[@day] <1-31><d,r>
[@mth] <1-12><d,r>
[@yr] <1900-2000>
  <d,r>[goto agecat]

>dob_check<[# new check item]
  [if dob@yr is <> or dob@yr ge <9998>][goto agecat][endif]
  [goto sd2]

```

```

>agecat< [define <d><98>][define <r><99>] [# NEW 2015][#
ASK if DK to age items before]
  [#Categories changed 2016]

```

```

[r] We don't need your exact age, but would you please tell me in
what age [n]
[r] group you fall into? [n]

```

- 1 18 to 24 years
- 2 25 to 29 years
- 3 30 to 34 years
- 4 35 to 39 years
- 5 40 to 44 years
- 6 45 to 49 years
- 7 50 to 54 years
- 8 55 to 64 years
- 9 65 years and over

```

d don't know    r refused
@

```

```

[@] <1-9,d,r>

```

```

>sd2< [define <d><98>][define <r><99>]

```

```

[r] What is the highest level of education you have completed?
[n]

```

- 1 No schooling
- 2 Some elementary school
- 3 Completed elementary school
- 4 Some high school/junior high
- 5 Completed high school
- 6 Some community college
- 7 Some technical school (College Classique, CEGEP)
- 8 Completed community college
- 9 Completed technical school (College Classique, CEGEP)
- 10 Some University
- 11 Completed Bachelor's Degree (Arts, Science, Engineering, etc.)
- 12 Post graduate Training: MA, MSc, MBA, MSW, etc.
- 13 Post graduate Training: PhD, "doctorate"
- 14 Professional Degree (Law, Medicine, Dentistry)

```

d Don't Know    r Refused
@

```

```

[@] <1-14,d,r>

```

```

>sd3< [define <s><0>]

```

```

[r] What is your religion? [n]

```

- | | | |
|------------------------|-----------------------|-------------------|
| 1 Anglican | 8 Hindu | 7 Orthodox |
| 2 Baptist | 9 Jehovah's Witness | 16 Pentecostal |
| 3 Born-again Christian | 10 Jewish | 17 Presbyterian |
| 4 Buddhist | 11 Latter Day Saints | 18 Protestant |
| 5 Catholic | 12 Lutheran | 5 RC |
| 6 Christian | 13 Mennonite | 5 Roman Catholic |
| 1 Church of England | 22 Methodist | 19 Salvation Army |
| 7 Eastern Orthodox | 11 Mormon | 20 Sikh |
| 1 Episcopalian | 14 Muslim | 21 United Church |
| 7 Greek Orthodox | 15 Non-denominational | 23 Unitarian |

```

s Other religion (specify)

```

```

97 No religion/Atheist/Agnostic d Don't know    r
Refused

```

@

[@] <1-23,97,d,r>
<s> [specify]

>sd5< [define <d><8>] [define <r><9>]

[r] At present are you married, living with a partner, widowed, divorced, [n]
[r] separated, or have you never been married?
[n]

1 married
2 living with a partner
3 widowed
4 divorced
5 separated
6 never married

d don't know r refused
@

[@] <1-6,d,r>

>sex_id< [define <d><8>] [define <r><9>][#NEW 2014]

[r] Do you consider yourself to be heterosexual, homosexual, that is lesbian [n]
[r] or gay, or bisexual? [n]

[bold][yellow]
Interviewer, after you read each response category, if needed, read the information in the brackets (i.e., the definition). If R says "straight", code as heterosexual.
[n][white]

1 heterosexual (sexual relations with people of the opposite sex)
3 homosexual (sexual relations with people of your own sex)
5 bisexual (sexual relations with people of both sexes)

s other (other includes two-spirit, or other)(specify)

d don't know r refused
@

[@] <1,3,5,d,r>
<s> [specify]

>sd5a< [define <d><98>] [define <r><99>]

[r] Including yourself, how many people are currently living in your household? [n]

1-9 enter number
10 ten or more people

d don't know r refused
@

[@] <2-10>
<1,d,r>[goto sd6r]

>sd5b< [define <d><98>] [define <r><99>] [#NEW 2015]

[r] Including yourself, how many people aged 18 to 30 are currently living in [n]
[r] your household? [n]

0 none
1-9 enter number
10 ten or more people

d don't know r refused
@

[@] <1-10,0>
<d,r>[goto sd6r]

>sd6< [#NEW 2014] [define <d><8>][define <r><9>]

[r] Next I would like to ask you about children.
[n]
[r] Do you have any children in your household AGED 17 OR YOUNGER? [n]

[bold][yellow]
INTERVIEWER: if required, kids must be your sons or daughters living in your home.

If required, this includes step children or adopted children.
[n][white]

1 yes
5 no

d don't know r refused
@

[@] <1,5,d,r>

>sd6r< [# revised item name in 2008B][define <d><98>] [define <r><99>]

[r] Are you presently working for pay in a full-time or in a part-time job, are [n]
[r] you unemployed, retired, a homemaker, a student, or something else? [n]

1 full-time job (including those on vacations, pregnancy leave, illness, or other types of paid leave from work)
2 part-time job
3 two or more jobs (self-employed and work for pay, part-time and full-time work, etc.)
4 unemployed
5 retired (includes retired and working part-time)
6 homemaker
7 student (includes students working part-time)
8 self-employed
9 disability

0 other
d don't know r refused
@

[@] <1-5,8> [goto living_r]
<6>
<0,7,9,d,r> [goto living_r]

>sd6b< [define <d><8>] [define <r><9>]

[r] Did you ever work for pay in a full-time or in a part-time job?
[n]

1 yes
5 no

d don't know r refused
@

[@] <1,5,d,r>

>living_r< [#NEW 2016, revised 2018]

[r] Which of the following best describes your current living situation: [n]
[r] living alone independently in own home, living with spouse in own home, [n]
[r] living in an "Assisted Living" unit, living with other family members or [n]
[r] living with friends? [n]

[bold][yellow]

Interviewer: If response is "I live with my spouse and children" - please code as "2"; If response is "I live with my parents" - please code as "4".

[n][white]

1 Living alone independently in own home
2 Living with spouse in own home (includes children)
3 Living in an "assisted living" unit
4 Living with family members
5 Living with friends

6 Other, specify

d don't know r refused
@

[@] <1-5,d,r>
<6>[specify]

>sd7b< [if panel eq <1>][goto sd8][endif][#ASK panel B only]
[define <d><8>] [define <r><9>]

[r] Do you currently have a valid driver's licence?
[n]

[bold][yellow]

Interviewer: if respondent says "no", ask "did you have one in the past 12 months?"

[n][white]

1 yes

5 no
7 No, but I had one in the past 12 months

d don't know r refused

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@

[@] <1>
<5,7,d,r> [goto sd8]

>sd7c< [#new in 2009] [define <d><8>] [define <r><9>][#ASK panel B only]

[r] What type of driver's licence do you have now? Do you have a level one [n]
[r] licence, a level two licence, or a full licence?
[n]

1 Level One licence (includes G1, M1, or 'learner's')
2 Level Two graduated licence (includes G2, M2, 'intermediate' or 'probationary')
3 Full licence (includes G, M or 'unrestricted')

4 other, specify
d don't know r refused
@

[@] <1-3,d,r>
<4>[specify]

>sd8< [define <d><98>][define <r><99>] [define <s><0>][#revised 2018]

[r] What language do you usually speak in your own home?
[n]

6 English 7 French
31 Arabic (any Arabic language)
1 Chinese (Mandarin or Cantonese)
2 Croatian (Serbian)
8 Filipino (Tagalog)
9 German
13 Italian
11 Hindi
17 Polish
19 Punjabi
18 Portuguese
20 Russian
23 Spanish
24 Tamil
26 Urdu

s Other (specify) d don't know r Refused
@

[@] <1,2,6-9,11,13,17-20,23,24,26,31,d,r>
<s> [specify]

>sd8a< [# revised 2012] [#revised 2018]

[r] In what country were you born? [n]

1 Canada 20 United States
2 China, Hong Kong
4 Germany
6 Guyana
9 India
10 Italy
11 Jamaica
12 Netherlands (Holland)
24 Pakistan
13 Philippines

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14 Poland
15 Portugal
19 Sri Lanka
17 Russia
21 United Kingdom (England, Scotland, Ireland, Wales, Great Britain)
38 Yugoslavia/Serbia/Croatia
s Other (specify) r Refused @

[@] <2,4,6,9-15,17,19-21,38>
<s>[specify]
<1,d,r>[goto ethnic1b]

>sd8b< [define <d><9998>] [define <r><9999>]

[r] In what year did you first come to Canada to live?
[n]

[bold][yellow]
INTERVIEWER: Minimum is year of birth; maximum is current year.
[n][white]

1900-2018 Enter year

0 I was born a Canadian citizen

d don't know r refused
@

[@] <1900-2018,0,d,r>

>ethnic1b< [define <d><8>] [define <r><9>][#revised 2018]

[r] Now a question about your parents. Was your mother born outside Canada? [n]

[bold][yellow]
Interviewer: if asked, we mean birth mother or biological mother.
[n][white]

1 yes
5 no

d don't know r refused
@

[@] <1,5,d,r>

>ethnic2b< [define <d><98>] [define <r><99>] [#revised 2018]

[r] Was your father born outside Canada?
[n]

[bold][yellow]
Interviewer: if asked, we mean birth father or biological father.
[n][white]

1 yes
5 no

d don't know r refused
@

[@] <1,5,d,r>

>race1< [define <d><8>] [define <r><9>][define <s><0>][#NEW 2012][#revised 2018]

[r] How would you BEST describe your race or colour? Would you say White, Asian,[n]

[r] Black, Indigenous, Middle Eastern, Latin American or Mixed race? [n]

1 White
2 Asian
3 Black
4 Indigenous
5 Middle Eastern
6 Latin American

7 Mixed race

s other, include other, multiple answers here (specify)

d don't know r refused
@

[@] <1>
<2>[goto race2b]
<3>[goto race2c]
<4>[goto race2d]
<5>[goto race2e]
<6>[goto race2f]
<7,d,r>[goto sd10]
<s>[specify][goto sd10]

>race2a< [#if race1=1, asking White]

[r] Which of the following best describes your background? Would you say [n]

[r] Northern European, Central-Western European, Southern European, Eastern [n]

[r] European, or North American? [n]

1 North European (Scandinavian, Finnish, Swedish)
2 Central-Western European (British, Scottish, Irish, German, Dutch,

Czechoslovakian)

3 Southern European (Italian, Portuguese, Greek, French, Turkish)

4 Eastern European (Ukrainian, Polish, Romanian, Russian, Serbian,

Croatian)

5 North American (Canadian, American)

s Other (specify)

d don't know r refused
@

[@] <1-5,d,r>[goto sd10]
<s>[specify][goto sd10]

>race2b<[#if race1=2, asking Asian][define <s><0>]

[r] Which of the following best describes your background? Would you say East [n]

[r] Asian, South Asian or South-East Asian?
[n]

- 1 East Asian (Chinese, Japanese, Korean)
- 2 South Asian (Indian, Pakistani, Afghani, Sri-Lankan)
- 3 South-East Asian (Filipino, Vietnamese, Malaysian)

s Other (specify)
 d don't know r refused
 @

[@] <1-3,d,r>[goto sd10]
 <s>[specify][goto sd10]

>race2c<[#if race1=3, asking Black]

[r] Which of the following best describes your background? Would you say [n]
 [r] Black African, Black Caribbean or Black American?
 [n]

- 1 Black African (Ghanaian, Somalian, Kenyan, Ethiopian)
- 2 Black Caribbean (Trinidadian, Jamaican)
- 3 Black American

s Other (specify)
 d don't know r refused
 @

[@] <1-3,d,r>[goto sd10]
 <s>[specify][goto sd10]

>race2d<[#if race1=4, asking Indigenous]

[r] Which of the following best describes your background? Would you say [n]
 [r] First Nations, Inuit, or Metis? [n]

- 1 First Nations
- 3 Inuit
- 4 Metis

s Other (specify)
 d don't know r refused
 @

[@] <1,3,4,d,r>[goto sd10]
 <s>[specify][goto sd10]

>race2e<[#if race1=5, asking Middle Eastern]

[r] Which of the following best describes your background? Would you say Arabic,[n]
 [r] Northern African, Middle Eastern, or Israeli?
 [n]

- 1 Arabic (Saudi Arabia, Jordan)
- 2 Northern African (Egyptian, Libyan)
- 3 Middle Eastern (Syrian, Lebanese, Iranian, Iraqi)
- 4 Israeli

s Other (specify)
 d don't know r refused
 @

[@] <1-4,d,r>[goto sd10]
 <s>[specify][goto sd10]

>race2f<[#if race1=6, asking Latin American]

[r] Which of the following best describes your background? Would you say [n]
 [r] South American, Central American, or Caribbean?
 [n]

- 1 South American (Argentinean, Chilean, Brazilian, Ecuadorian)
- 2 Central American (Mexican, El Salvadorian)
- 3 Caribbean

s Other (specify)
 d don't know r refused
 @

[@] <1-3,d,r>
 <s>[specify]

>sd10< [define <d><999998.00>][define <r><999999.00>]

[r] Could you please tell me how much income you and other members of your [n]
 [r] household received in the year ending December 31st 2017 before taxes? [n]

[r] Please include income FROM ALL SOURCES such as savings, pensions, rent, and [n]
 [r] unemployment insurance as well as wages.
 [n]

[r] TO THE NEAREST THOUSAND DOLLARS, what was your TOTAL HOUSEHOLD INCOME before[n]
 [r] taxes and other deductions were made?
 [n]

@ Enter full amount (include thousands)

d don't know r refused

[@] <1000.00-999996.00> [input format dollar commas] [goto IN_POSTAL]
 <d,r>

>sd10b< [define <d><98>][define <r><99>]

[r] We don't need the exact amount; could you tell me which of these broad [n]
 [r] categories it falls into... [n]

- 1...less than \$20,000
- 2...between \$20,000 and \$30,000 (\$29,999.99)
- 3...between \$30,000 and \$40,000
- 4...between \$40,000 and \$50,000
- 5...between \$50,000 and \$60,000
- 6...between \$60,000 and \$70,000
- 7...between \$70,000 and \$80,000
- 8...between \$80,000 and \$90,000
- 9...between \$90,000 and \$100,000, or
- 10...more than \$100,000?

d Don't Know r Refused
 @

[@] <1-10,d,r>

```

[# ===== begin POSTAL code routine
=====]

>IN_POSTAL< [allow int 1]
    [if not entry mode][goto DONE_POSTAL][endif]
    [store <1> in IN_POSTAL]
    [start timer]
    [start question count]

>timer_POSTAL< [allow int 6]
>count_POSTAL< [allow int 2]

>START_POSTAL< [undefine <d>][undefine <r>] [# core]

>problem1< [template]

[if PROV is <10>]
    Postal Codes in NEWFOUNDLAND must begin with: A
[endif]
[if PROV is <11>]
    Postal Codes in PRINCE EDWARD ISLAND must begin with:
    C
[endif]
[if PROV is <12>]
    Postal Codes in NOVA SCOTIA must begin with: B
[endif]
[if PROV is <13>]
    Postal Codes in NEW BRUNSWICK must begin with: E
[endif]
[if PROV is <24>]
    Postal Codes in QUEBEC must begin with: G, H, or J
[endif]
[if PROV is <35>]
    Postal Codes in ONTARIO must begin with: K,L,M,N, or P
[endif]
[if PROV is <46>]
    Postal Codes in MANITOBA must begin with: R
[endif]
[if PROV is <47>]
    Postal Codes in SASKATCHEWAN must begin with: S
[endif]
[if PROV is <48>]
    Postal Codes in ALBERTA must begin with: T
[endif]
[if PROV is <59>]
    Postal Codes in BRITISH COLUMBIA must begin with: V
[endif]
[if PROV is <60>]
    Postal Codes in YUKON must begin with: Y
[endif]
[if PROV is <61>]
    Postal Codes in NORTHWEST TERRITORY and NUNAVUT
    must begin with: X
[endif]

[end]

>POSTALWINS< [window 3 destroy]
    [window 3 default]
    [window 3 size 14 rows 80 columns]
    [window 3 background blue]
    [window 3 no border]

    [window 6 destroy]
    [window 6 start row 20 column 1]
    [window 6 size 17 rows 80 columns]
    [window 6 border]
    [window 6 displays]

```

```

[window 6 background yellow]

>POSTAL< [display problem1 window 6]
    [open POSTAL][optional all]
    [autoadvance]

[r] Can you tell me your postal code please? [n]

[bold][yellow] Interviewer: Use "d" for don't know or refused at
first item only [n][white]

    @1@2@3 @4@5@6
    d

    [@1][allow 1][reject nonalpha label <only letters here>][anychar]
    <d> [goto POSTAL1]
    [@2][allow int 1]<0-9>
    [@3][allow 1][reject nonalpha][anychar]
    [@4][allow int 1] <0-9>
    [@5][allow 1][reject nonalpha][anychar]
    [@6][allow int 1] <0-9>

>POSTAL.2<

[r] Pouvez-vous me donner votre code postal, s'il-vous-pla?t?
[n]

[bold][yellow] Interviewer: Use "d" for don't know or refused at
first item only [n][white]

    @1@2@3 @4@5@6
    d

>POSTAL1< [if POSTAL@1 is <d> or POSTAL@1 is <D>]
    [store <9> in POSTAL@1]
    [store <9> in POSTAL@2]
    [store <9> in POSTAL@3]
    [store <9> in POSTAL@4]
    [store <9> in POSTAL@5]
    [store <9> in POSTAL@6]
    [goto FSA]
    [endif]
    [if POSTAL@2 is <d> or POSTAL@2 is <D>]
    [store <9> in POSTAL@1]
    [store <9> in POSTAL@2]
    [store <9> in POSTAL@3]
    [store <9> in POSTAL@4]
    [store <9> in POSTAL@5]
    [store <9> in POSTAL@6]
    [goto FSA]
    [endif]
    [if POSTAL@3 is <d> or POSTAL@3 is <D>]
    [store <9> in POSTAL@1]
    [store <9> in POSTAL@2]
    [store <9> in POSTAL@3]
    [store <9> in POSTAL@4]
    [store <9> in POSTAL@5]
    [store <9> in POSTAL@6]
    [goto FSA]
    [endif]

>PCV1< [allow 7][store <> in PCV1]
>PCV2< [allow 5][store <> in PCV2]
>PCV3< [allow 7][store <> in PCV3]
>PCV4< [allow 5][store <> in PCV4]
>PCV5< [allow 7][store <> in PCV5]
>PCV6< [allow 5] [store <> in PCV6]

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>PCV1F< [allow 8][store <> in PCV1F]
>PCV2F< [allow 6][store <> in PCV2F]
>PCV3F< [allow 8][store <> in PCV3F]
>PCV4F< [allow 6][store <> in PCV4F]
>PCV5F< [allow 8][store <> in PCV5F]
>PCV6F< [allow 6][store <> in PCV6F]

>LOAD1<  [if POSTAL@1 is <a> or POSTAL@1 is <A>]
    [store <Adam> in PCV1]
    [store <Adam> in PCV1F]
  [else]
  [if POSTAL@1 is <b> or POSTAL@1 is <B>]
    [store <Betty> in PCV1]
    [store <Bertrand> in PCV1F]
  [else]
  [if POSTAL@1 is <c> or POSTAL@1 is <C>]
    [store <Charlie> in PCV1]
    [store <Charles> in PCV1F]
  [else]
  [if POSTAL@1 is <d> or POSTAL@1 is <D>]
    [store <David> in PCV1]
    [store <David> in PCV1F]
  [else]
  [if POSTAL@1 is <e> or POSTAL@1 is <E>]
    [store <Edward> in PCV1]
    [store <Edouard> in PCV1F]
  [else]
  [if POSTAL@1 is <f> or POSTAL@1 is <F>]
    [store <Frank> in PCV1]
    [store <Francis> in PCV1F]
  [else]
  [if POSTAL@1 is <g> or POSTAL@1 is <G>]
    [store <George> in PCV1]
    [store <Georges> in PCV1F]
  [else]
  [if POSTAL@1 is <h> or POSTAL@1 is <H>]
    [store <Henry> in PCV1]
    [store <Henri> in PCV1F]
  [else]
  [if POSTAL@1 is <i> or POSTAL@1 is <I>]
    [store <Indigo> in PCV1]
    [store <Indigo> in PCV1F]
  [else]
  [if POSTAL@1 is <j> or POSTAL@1 is <J>]
    [store <John> in PCV1]
    [store <Jean> in PCV1F]
  [else]
  [if POSTAL@1 is <k> or POSTAL@1 is <K>]
    [store <King> in PCV1]
    [store <Kevin> in PCV1F]
  [else]
  [if POSTAL@1 is <l> or POSTAL@1 is <L>]
    [store <Lewis> in PCV1]
    [store <Louis> in PCV1F]
  [else]
  [if POSTAL@1 is <m> or POSTAL@1 is <M>]
    [store <Mary> in PCV1]
    [store <Marie> in PCV1F]
  [else]
  [if POSTAL@1 is <n> or POSTAL@1 is <N>]
    [store <Nancy> in PCV1]
    [store <Nancy> in PCV1F]
  [else]
  [if POSTAL@1 is <o> or POSTAL@1 is <O>]
    [store <Otto> in PCV1]
    [store <Olivier> in PCV1F]
  [else]
  [if POSTAL@1 is <p> or POSTAL@1 is <P>]
    [store <Peter> in PCV1]

```

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    [store <Pierre> in PCV1F]
  [else]
  [if POSTAL@1 is <q> or POSTAL@1 is <Q>]
    [store <Queen> in PCV1]
    [store <Qu?bec> in PCV1F]
  [else]
  [if POSTAL@1 is <r> or POSTAL@1 is <R>]
    [store <Robert> in PCV1]
    [store <Robert> in PCV1F]
  [else]
  [if POSTAL@1 is <s> or POSTAL@1 is <S>]
    [store <Susan> in PCV1]
    [store <Sylvie> in PCV1F]
  [else]
  [if POSTAL@1 is <t> or POSTAL@1 is <T>]
    [store <Thomas> in PCV1]
    [store <Thomas> in PCV1F]
  [else]
  [if POSTAL@1 is <u> or POSTAL@1 is <U>]
    [store <Union> in PCV1]
    [store <Univers> in PCV1F]
  [else]
  [if POSTAL@1 is <v> or POSTAL@1 is <V>]
    [store <Victor> in PCV1]
    [store <Victor> in PCV1F]
  [else]
  [if POSTAL@1 is <w> or POSTAL@1 is <W>]
    [store <William> in PCV1]
    [store <William> in PCV1F]
  [else]
  [if POSTAL@1 is <x> or POSTAL@1 is <X>]
    [store <X-ray> in PCV1]
    [store <Xerox> in PCV1F]
  [else]
  [if POSTAL@1 is <y> or POSTAL@1 is <Y>]
    [store <Young> in PCV1]
    [store <Yvon> in PCV1F]
  [else]
  [if POSTAL@1 is <z> or POSTAL@1 is <Z>]
    [store <Zebra> in PCV1]
    [store <Z?bre> in PCV1F]
  [endif all]

```

```

>LOAD2<  [if POSTAL@2 eq <1>]
    [store <One> in PCV2]
    [store <Un> in PCV2F]
  [else]
  [if POSTAL@2 eq <2>]
    [store <Two> in PCV2]
    [store <Deux> in PCV2F]
  [else]
  [if POSTAL@2 eq <3>]
    [store <Three> in PCV2]
    [store <Trois> in PCV2F]
  [else]
  [if POSTAL@2 eq <4>]
    [store <Four> in PCV2]
    [store <Quatre> in PCV2F]
  [else]
  [if POSTAL@2 eq <5>]
    [store <Five> in PCV2]
    [store <Cinq> in PCV2F]
  [else]
  [if POSTAL@2 eq <6>]
    [store <Six> in PCV2]
    [store <Six> in PCV2F]
  [else]
  [if POSTAL@2 eq <7>]
    [store <Seven> in PCV2]
    [store <Sept> in PCV2F]
  [else]

```

```

[if POSTAL@2 eq <8>]
  [store <Eight> in PCV2]
  [store <Huit> in PCV2F]
[else]
[if POSTAL@2 eq <9>]
  [store <Nine> in PCV2]
  [store <Neuf> in PCV2F]
[else]
[if POSTAL@2 eq <0>]
  [store <Zero> in PCV2]
  [store <Z?ro> in PCV2F]
[endif all]

>LOAD3<  [if POSTAL@3 is <a> or POSTAL@3 is <A>]
  [store <Adam> in PCV3]
  [store <Adam> in PCV3F]
[else]
[if POSTAL@3 is <b> or POSTAL@3 is <B>]
  [store <Betty> in PCV3]
  [store <Bertrand> in PCV3F]
[else]
[if POSTAL@3 is <c> or POSTAL@3 is <C>]
  [store <Charlie> in PCV3]
  [store <Charles> in PCV3F]
[else]
[if POSTAL@3 is <d> or POSTAL@3 is <D>]
  [store <David> in PCV3]
  [store <David> in PCV3F]
[else]
[if POSTAL@3 is <e> or POSTAL@3 is <E>]
  [store <Edward> in PCV3]
  [store <Edouard> in PCV3F]
[else]
[if POSTAL@3 is <f> or POSTAL@3 is <F>]
  [store <Frank> in PCV3]
  [store <Francis> in PCV3F]
[else]
[if POSTAL@3 is <g> or POSTAL@3 is <G>]
  [store <George> in PCV3]
  [store <Georges> in PCV3F]
[else]
[if POSTAL@3 is <h> or POSTAL@3 is <H>]
  [store <Henry> in PCV3]
  [store <Henri> in PCV3F]
[else]
[if POSTAL@3 is <i> or POSTAL@3 is <I>]
  [store <Indigo> in PCV3]
  [store <Indigo> in PCV3F]
[else]
[if POSTAL@3 is <j> or POSTAL@3 is <J>]
  [store <John> in PCV3]
  [store <Jean> in PCV3F]
[else]
[if POSTAL@3 is <k> or POSTAL@3 is <K>]
  [store <King> in PCV3]
  [store <Kevin> in PCV3F]
[else]
[if POSTAL@3 is <l> or POSTAL@3 is <L>]
  [store <Lewis> in PCV3]
  [store <Louis> in PCV3F]
[else]
[if POSTAL@3 is <m> or POSTAL@3 is <M>]
  [store <Mary> in PCV3]
  [store <Marie> in PCV3F]
[else]
[if POSTAL@3 is <n> or POSTAL@3 is <N>]
  [store <Nancy> in PCV3]
  [store <Nancy> in PCV3F]
[else]
[if POSTAL@3 is <o> or POSTAL@3 is <O>]
  [store <Olivier> in PCV3F]
[else]
[if POSTAL@3 is <p> or POSTAL@3 is <P>]
  [store <Peter> in PCV3]
  [store <Pierre> in PCV3F]
[else]
[if POSTAL@3 is <q> or POSTAL@3 is <Q>]
  [store <Queen> in PCV3]
  [store <Qu?bec> in PCV3F]
[else]
[if POSTAL@3 is <r> or POSTAL@3 is <R>]
  [store <Robert> in PCV3]
  [store <Robert> in PCV3F]
[else]
[if POSTAL@3 is <s> or POSTAL@3 is <S>]
  [store <Susan> in PCV3]
  [store <Sylvie> in PCV3F]
[else]
[if POSTAL@3 is <t> or POSTAL@3 is <T>]
  [store <Thomas> in PCV3]
  [store <Thomas> in PCV3F]
[else]
[if POSTAL@3 is <u> or POSTAL@3 is <U>]
  [store <Union> in PCV3]
  [store <Univers> in PCV3F]
[else]
[if POSTAL@3 is <v> or POSTAL@3 is <V>]
  [store <Victor> in PCV3]
  [store <Victor> in PCV3F]
[else]
[if POSTAL@3 is <w> or POSTAL@3 is <W>]
  [store <William> in PCV3]
  [store <William> in PCV3F]
[else]
[if POSTAL@3 is <x> or POSTAL@3 is <X>]
  [store <X-ray> in PCV3]
  [store <Xerox> in PCV3F]
[else]
[if POSTAL@3 is <y> or POSTAL@3 is <Y>]
  [store <Young> in PCV3]
  [store <Yvon> in PCV3F]
[else]
[if POSTAL@3 is <z> or POSTAL@3 is <Z>]
  [store <Zebra> in PCV3]
  [store <Z?bre> in PCV3F]
[endif all]

>LOAD4<  [if POSTAL@4 eq <1>]
  [store <One> in PCV4]
  [store <Un> in PCV4F]
[else]
[if POSTAL@4 eq <2>]
  [store <Two> in PCV4]
  [store <Deux> in PCV4F]
[else]
[if POSTAL@4 eq <3>]
  [store <Three> in PCV4]
  [store <Trois> in PCV4F]
[else]
[if POSTAL@4 eq <4>]
  [store <Four> in PCV4]
  [store <Quatre> in PCV4F]
[else]
[if POSTAL@4 eq <5>]
  [store <Five> in PCV4]
  [store <Cinq> in PCV4F]
[else]
[if POSTAL@4 eq <6>]
  [store <Six> in PCV4]
  [store <Six> in PCV4F]

```

```

[else]
[if POSTAL@4 eq <7>]
  [store <Seven> in PCV4]
  [store <Sept> in PCV4F]
[else]
[if POSTAL@4 eq <8>]
  [store <Eight> in PCV4]
  [store <Huit> in PCV4F]
[else]
[if POSTAL@4 eq <9>]
  [store <Nine> in PCV4]
  [store <Neuf> in PCV4F]
[else]
[if POSTAL@4 eq <0>]
  [store <Zero> in PCV4]
  [store <Z?ro> in PCV4F]
[endif all]

>LOAD5<  [if POSTAL@5 is <a> or POSTAL@5 is <A>]
  [store <Adam> in PCV5]
  [store <Adam> in PCV5F]
[else]
[if POSTAL@5 is <b> or POSTAL@5 is <B>]
  [store <Betty> in PCV5]
  [store <Bertrand> in PCV5F]
[else]
[if POSTAL@5 is <c> or POSTAL@5 is <C>]
  [store <Charlie> in PCV5]
  [store <Charles> in PCV5F]
[else]
[if POSTAL@5 is <d> or POSTAL@5 is <D>]
  [store <David> in PCV5]
  [store <David> in PCV5F]
[else]
[if POSTAL@5 is <e> or POSTAL@5 is <E>]
  [store <Edward> in PCV5]
  [store <Edouard> in PCV5F]
[else]
[if POSTAL@5 is <f> or POSTAL@5 is <F>]
  [store <Frank> in PCV5]
  [store <Francis> in PCV5F]
[else]
[if POSTAL@5 is <g> or POSTAL@5 is <G>]
  [store <George> in PCV5]
  [store <Georges> in PCV5F]
[else]
[if POSTAL@5 is <h> or POSTAL@5 is <H>]
  [store <Henry> in PCV5]
  [store <Henri> in PCV5F]
[else]
[if POSTAL@5 is <i> or POSTAL@5 is <I>]
  [store <Indigo> in PCV5]
  [store <Indigo> in PCV5F]
[else]
[if POSTAL@5 is <j> or POSTAL@5 is <J>]
  [store <John> in PCV5]
  [store <Jean> in PCV5F]
[else]
[if POSTAL@5 is <k> or POSTAL@5 is <K>]
  [store <King> in PCV5]
  [store <Kevin> in PCV5F]
[else]
[if POSTAL@5 is <l> or POSTAL@5 is <L>]
  [store <Lewis> in PCV5]
  [store <Louis> in PCV5F]
[else]
[if POSTAL@5 is <m> or POSTAL@5 is <M>]
  [store <Mary> in PCV5]
  [store <Marie> in PCV5F]
[else]
[if POSTAL@5 is <n> or POSTAL@5 is <N>]

```

```

  [store <Nancy> in PCV5]
  [store <Nancy> in PCV5F]
[else]
[if POSTAL@5 is <o> or POSTAL@5 is <O>]
  [store <Otto> in PCV5]
  [store <Olivier> in PCV5F]
[else]
[if POSTAL@5 is <p> or POSTAL@5 is <P>]
  [store <Peter> in PCV5]
  [store <Pierre> in PCV5F]
[else]
[if POSTAL@5 is <q> or POSTAL@5 is <Q>]
  [store <Queen> in PCV5]
  [store <Qu?bec> in PCV5F]
[else]
[if POSTAL@5 is <r> or POSTAL@5 is <R>]
  [store <Robert> in PCV5]
  [store <Robert> in PCV5F]
[else]
[if POSTAL@5 is <s> or POSTAL@5 is <S>]
  [store <Susan> in PCV5]
  [store <Sylvie> in PCV5F]
[else]
[if POSTAL@5 is <t> or POSTAL@5 is <T>]
  [store <Thomas> in PCV5]
  [store <Thomas> in PCV5F]
[else]
[if POSTAL@5 is <u> or POSTAL@5 is <U>]
  [store <Union> in PCV5]
  [store <Univers> in PCV5F]
[else]
[if POSTAL@5 is <v> or POSTAL@5 is <V>]
  [store <Victor> in PCV5]
  [store <Victor> in PCV5F]
[else]
[if POSTAL@5 is <w> or POSTAL@5 is <W>]
  [store <William> in PCV5]
  [store <William> in PCV5F]
[else]
[if POSTAL@5 is <x> or POSTAL@5 is <X>]
  [store <X-ray> in PCV5]
  [store <Xerox> in PCV5F]
[else]
[if POSTAL@5 is <y> or POSTAL@5 is <Y>]
  [store <Young> in PCV5]
  [store <Yvon> in PCV5F]
[else]
[if POSTAL@5 is <z> or POSTAL@5 is <Z>]
  [store <Zebra> in PCV5]
  [store <Z?bre> in PCV5F]
[endif all]

```

```

>LOAD6<  [if POSTAL@6 eq <1>]
  [store <One> in PCV6]
  [store <Un> in PCV6F]
[else]
[if POSTAL@6 eq <2>]
  [store <Two> in PCV6]
  [store <Deux> in PCV6F]
[else]
[if POSTAL@6 eq <3>]
  [store <Three> in PCV6]
  [store <Trois> in PCV6F]
[else]
[if POSTAL@6 eq <4>]
  [store <Four> in PCV6]
  [store <Quatre> in PCV6F]
[else]

```

```

[if POSTAL@6 eq <5>]
  [store <Five> in PCV6]
  [store <Cinq> in PCV6F]
[else]
[if POSTAL@6 eq <6>]
  [store <Six> in PCV6]
  [store <Six> in PCV6F]
[else]
[if POSTAL@6 eq <7>]
  [store <Seven> in PCV6]
  [store <Sept> in PCV6F]
[else]
[if POSTAL@6 eq <8>]
  [store <Eight> in PCV6]
  [store <Huit> in PCV6F]
[else]
[if POSTAL@6 eq <9>]
  [store <Nine> in PCV6]
  [store <Neuf> in PCV6F]
[else]
[if POSTAL@6 eq <0>]
  [store <Zero> in PCV6]
  [store <Z?ro> in PCV6F]
[endif all]

>CHECK_POSTAL< [allow int 1][autoadvance end]

[r] So just to confirm I've entered everything correctly, your postal
code is: [n]
[r] [fill PCV1] [fill PCV2] [fill PCV3] [fill PCV4] [fill PCV5] [fill
PCV6] ([fill POSTAL@1] [fill POSTAL@2] [fill POSTAL@3]
[fill POSTAL@4] [fill POSTAL@5] [fill POSTAL@6]). [n]

[r] Is that correct? [n]

1 Yes
5 No

r refused
@

[@]<1,9> [goto FSA]
<5> [goto FIX_POSTAL]

>FIX_POSTAL< [store <> in POSTAL@1]
  [store <> in POSTAL@2]
  [store <> in POSTAL@3]
  [store <> in POSTAL@4]
  [store <> in POSTAL@5]
  [store <> in POSTAL@6]
  [store <> in CHECK_POSTAL]
  [goto POSTAL]

>FSA< [allow 3]
  [make FSA from POSTAL@1 POSTAL@2 POSTAL@3]

>LDU< [allow 3]
  [make LDU from POSTAL@4 POSTAL@5 POSTAL@6]

>POSTAL2< [if FSA is <999> goto DONE_POSTAL]

>DONE_POSTAL< [window 3 destroy]
  [window 3 default]
  [window 3 background blue]
  [window 3 no border]
  [window 6 destroy]

>OUT_POSTAL< [allow int 1]
  [if not entry mode][goto END_POSTAL][endif]
  [store <1> in OUT_POSTAL]
  [stop timer][record timer in timer_POSTAL]
  [stop question count][record question count in
count_POSTAL]

>END_POSTAL<

[#-----end of POSTAL code routine-----]

[#=====Cell Phones =====]

>ISR1new< [#added July 2011][define <d><8>] [define <r><9>]

[r] Is telephone number [fill AREA]-[fill PRFX:0]-[fill SUFX:0] a
cell phone [n]
[r] or a 'home phone' or 'landline'? [n]

1 cell phone
5 home phone or landline

d don't know r refused
@

[@]<1>
<5,d,r>

>HH_LL< [#added Jan, 2017]
  [define <d><98>][define <r><99>]

[r] Not counting those used mostly for work or business, how
many different [n]
[r] landline telephone NUMBERS are there in this household that
you would [n]
[r] receive or make calls on? [n]

[bold][yellow]
Interviewer: We are interested in land lines here. These could
include portable
phones (cordless), or voice over internet (VOIP) phones.

IF NEEDED: Do not include phone numbers that are used ONLY
for business or
only used for computers or fax machines. Do not include
cell phone
numbers.
[n][white]

1-9 Enter exact number
10 ten or more

0 None

d Don't Know r Refused
@

[@]<0,1,d,r>
<2-10>

>HH_CP< [#added Jan, 2017]
  [define <d><98>][define <r><99>]

[r] Not counting numbers used mostly for work or business, how
many different [n]

```

[r] cell phone numbers do you have?
[n]

[bold][yellow]

Interviewer: if R has multiple devices, but one number, enter 1.

Cell phones include smart phones or other mobile devices on which telephone calls can be made and received.

[n][white]

1-9 Enter exact number
10 ten or more

0 None

d Don't Know r Refused
@

[@]<0,1,d,r>
<2-10>

>cd< [goto end_cty][#skip cty1 to cty5 for landline, Apr 28, 2017]
[if area eq <416>][goto cty1][endif]
[if area eq <519> or area eq <226>][goto cty2][endif]
[if area eq <613> or area eq <343>][goto cty3][endif]
[if area eq <705> or area eq <249>][goto cty4][endif]
[if area eq <807>][goto cty5][endif]

>cty1<[goto end_cty]
[allow int 2][define <d><98>] [define <r><99>][define
<s><0>]

[r] In what COUNTY or regional municipality do you live?
[n]

18 Durham RM(Oshawa Ajax Newcastle Pickering Whitby)
28 Haldimand-Norfolk RM(Nanticoke Dunnville Simcoe Delhi
Norfolk)
24 Halton RM(Burlington Halton Hills Milton Oakville)
25 Hamilton-Wentworth RM(Ancaster Dundas Flamborough
Stoney Creek)
20 Metro Toronto(North York York East York Scarborough
Etobicoke)
26 Niagara RM(St Kitts Thorold Welland Niagara-on-the Lake
Grimsby)
14 Northumberland C(Brighton Cobourg Port Hope)
21 Peel RM(Brampton Mississauga Caledon)
43 Simcoe C(Barrie Orillia Collingwood Midland Wasaga
Beach)
19 York RM(Aurora Markham Newmarket RichHill Vaughan
King)

s Other (specify)

d Don't Know r Refused
@

[@] <18,28,24,25,20,26,14,21,43,19,d,r> [goto end_cty]
<s> [specify][goto end_cty]

>cty2<[goto end_cty]
[allow int 2][equiv cty1] [define <d><98>] [define
<r><99>][define <s><0>]
[r] In what COUNTY or regional municipality do you live?
[n]

29 Brant C(Brantford Paris Burford)
41 Bruce C(Kincardine Port Elgin Southampton Walkerton
Warton)

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22 Dufferin C(Orangeville Shelburne Grand Valley)
34 Elgin C(St Thomas Aylmer Port Stanley)
37 Essex C(Windsor Amherstburg Leamington Tecumseh)
42 Grey C(Owen Sound Durham Hanover)
28 Haldimand-Norfolk RM(Nanticoke Dunnville Simcoe Delhi
Norfolk)
25 Hamilton-Wentworth RM(Ancaster Dundas Flamborough
Stoney Creek)
40 Huron C(Clinton Exeter Goderich Seaforth Wingham)
36 Kent C(Chatham Blenheim Wallaceburg)
38 Lambton C(Sarnia Forest Petrolia)
39 Middlesex C(London Strathroy)
32 Oxford C(Woodstock Ingersoll Tillsonburg)
21 Peel RM(Brampton Mississauga Caledon)
31 Perth C(Stratford St Marys Listowel)
30 Waterloo RM(Cambridge Kitchener Wilmot Woolwich)
23 Wellington C(Guelph Fergus Mount Forest Arthur Elora)
s other (specify) d don't know r refused
@

[@] <29,41,22,34,37,42,28,25,40,36,38,39,32,21,31,30,23> [goto
end_cty]
<d,r> [goto end_cty]
<s> [specify][goto end_cty]

>cty3<[goto end_cty]
[allow int 2][equiv cty1][define <d><98>] [define
<r><99>][define <s><0>]
[r] In what COUNTY or regional municipality do you live?
[n]

10 Frontenac C(Kingston)
46 Haliburton C(Minden)
12 Hastings C(Bellefonte Trenton Tweed Bancroft)
09 Lanark C(Almonte Carleton Place Smith Falls Perth)
07 Leeds & Grenville C(Brockville Gananoque Prescott)
11 Lennox & Addington C(Napanee Bath Newburgh)
48 Nipissing D(North Bay Mattawa Sturgeon Falls)
14 Northumberland C(Brighton Cobourg Port Hope)
06 Ottawa-Carleton RM(Gloucester Kanata Nepean Vanier
Cumberland)
02 Prescott & Russell C(Hawkesbury Rockland)
13 Prince Edward C(Picton Bloomfield Wellington)
47 Renfrew C(Pembroke Armprior Deep River Barry_s Bay)
01 Stormont, Dundas & Glengary C(Cornwall Alexandria)

s other (specify) d don't know r refused
@

[@] <10,46,12,09,07,11,48,14,06,02,13,47,01> [goto end_cty]
<d,r> [goto end_cty]
<s> [specify][goto end_cty]

>cty4<[goto end_cty]
[allow int 2][equiv cty1]
[r] In what COUNTY or regional municipality do you live?
[n]

57 Algoma D(Sault Ste Marie Blind River Elliott Lake)
56 Cochrane D(Timmins Hearst Kapuskasing)
18 Durham RM(Oshawa Ajax Newcastle Pickering Whitby)
46 Haliburton C(Minden)
51 Manitoulin D(Gore Bay Little Current)
44 Muskoka DM(Bracebridge Gravenhurst Huntsville)
48 Nipissing D(North Bay Mattawa Sturgeon Falls)
14 Northumberland C(Brighton Cobourg Port Hope)
49 Parry Sound D(Powassan)
15 Peterborough C(Havelock Lakefield)
47 Renfrew C(Pembroke Armprior Deep River Barry_s Bay)
43 Simcoe C(Barrie Orillia Collingwood Midland Wasaga
Beach)
53 Sudbury RM(Capreol Nickel Centre Rayside Valley East)

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52 Sudbury D(Espanola Chapleau)
 54 Timiskaming D(Cobalt Haileybury Kirkland Lake New
 Liskeard)
 16 Victoria C(Lindsay Bobcaygeon Fenelon Falls)
 19 York RM(Aurora Markham Newmarket RichHill Vaughan
 King)
 s other (specify) d don't know r refused
 @

[@] <57,56,18,46,51,44,48,14,49,15,47,43,53,52,54,16,19> [goto
 end_cty]
 <d,r> [goto end_cty]
 <s> [specify][goto end_cty]

>cty5<[goto end_cty]
 [allow int 2][equiv cty1][define <d><98>] [define
 <r><99>][define <s><0>]

[r] In what COUNTY or regional municipality do you live?
 [n]

60 Kenora D(Dryden Keewatin Sioux Lookout)
 59 Rainy River D(Fort Francis)
 58 Thunder Bay D(Geraldton Longlac)

s Other (specify)

d Don't Know r Refused
 @

[@] <60,59,58,d,r>
 <s> [specify]

>end_cty<

[# ===Recruitment /Follow-up for TBI ===]

>ck_follow< [if tbn1r eq <1> or tbn3r eq <1>]
 [goto rec_tbi]
 [else]
 [goto end_recruit]
 [endif]

>rec_tbi< [define <r><9>]

[r] Over the next year, CAMH will be conducting research on
 people's experiences[n]
 [r] with head and neck injury. This study involves asking questions
 about [n]
 [r] people's experiences with these types of injury and its impact on
 them [n]
 [r] or their children. [n]

[r] If you agree to be re-contacted in the future about this study, a
 trained [n]
 [r] interviewer involved in our study will phone you sometime over
 the next [n]
 [r] 6 months, and you would be asked to give information on your
 experiences [n]
 [r] with head and neck injury. [n]

[r] Are you willing to participate in this study?
 [n]

[bold][yellow]
 Interviewer, - If you agree to participate, you will be called to
 participate

in the study within the next six months, and the interview will
 take about
 15 minutes to complete.

[n][white]

1 yes, gives name and phone number

r no, refused @

[@]<1>
 <r> [goto end_recruit]

>rec<

[r] Just so we know who to ask for if we call back, can you please
 give me your [n]

[r] name? [n]

1 yes
 5 no

d don't know r refused
 @

[@] <1>
 <5,d,r> [goto end_recruit]

>fol< [open fol][optional all]

[bold][yellow]
 Interviewer: If R refused full name, take initial.
 [n][white]

First Name: @fnam
 Last Name: @lnam

Press "Enter" when done @done

[@fnam][allow 30]
 [@lnam][allow 30]
 [@done][nodata]

>number<

[r] If CAMH needs to contact you again, is this the best telephone
 number [n]

[r] to reach you? [n]

1 yes
 5 no

d don't know r refused
 @

[@] <1> [goto card]
 <5,d,r>

>phone2< [open phone2]

[r] What is the best number to reach you?
 [n]

[bold][yellow]

ENTER PHONE NUMBER HERE, IT WILL BE 3 NUMBERS,
THEN 3 NUMBERS, THEN 4 MORE NUMBERS. FOR
EXAMPLE,
123 456 7890.

If there is no extension number, just hit Enter at "extension"

For "don't know", cursor down to "don't know" field and use "d".
[n][white]

|@1 | extension: |@2 |

@d don't know

[@1][optional]<0-999999999>[input format full field enter left <
- - >]

[@2][optional][allow 6]<0-999999>[input format enter left]
[goto card][if @2 eq <> and @1 gt <>][goto card][endif]
[@d][optional]<d>[goto email1]

>card< [allow 16]
[if phone2@1 eq <>][goto email1][endif]
[make card from phone2@1 phone2@2]

>part1< [allow 3][equiv card position 1]
>part2< [allow 3][equiv card position 4]
>part3< [allow 4][equiv card position 7]
>part4< [allow 6][equiv card position 11]

>ck_phone2<

[r] Just to confirm then, the best phone number to reach you is ... [n]

[r] ...[fill part1:0]-[fill part2:0]-[fill part3:0] [n]
[r] extension...[fill part4] [n]

[r] Is that correct? [n]

1 yes correct
5 no/ mistake

d don't know r refused
@

[@] <1,d,r> [goto email1]
<5>
[store <> in phone2@1]
[store <> in phone2@2]
[store <> in ck_phone2]
[goto phone2]

[# ===== Collect e-mail address =====]

>email1<

[r] And could we please get your email address in case your
telephone number [n]
[r] changes? [n]

1 yes
3 no e-mail address, no easy access to e-mail

5 no/ refused
@

[@] <1>
<3,5>[goto end_recruit]

>atext< [allow 1]
[store <> in atext]

>mail< [open mail][optional all]

[r] Could you please give me your email address slowly.

[n]

[bold][yellow]

Interviewer: don't forget to add: .ca or .com or .org or .net, etc.
as required.

[n][white]

E-mail @1[fill atext]@2

Press "Enter" when done @done1

[@1] [allow 40] [default answer <>][input format enter
right][anychar]

[@2] [allow 25] [default answer <>][input format enter
left][anychar]
[@done1][nodata]

>check< [define <d><8>][define <r><9>]

[r] Just to confirm then, your email address is ... [n]

[r] ...[fill mail@1][fill atext][fill mail@2] [n]

[r] Is that correct? [n]

[bold][yellow]

Interviewer: verify with R by spelling out email.

[n][white]

1 yes correct

3 no/ mistake in First part
5 no/ mistake in Second part
7 no/ mistake in Both parts

d don't know r refused
@

[@] <1,d,r> [goto email]
<3,5,7>

>fix< [if check eq <3>]
[store <> in check]
[store <> in mail@1]
[goto mail@1]
[endif]
[if check eq <5>]
[store <> in check]
[store <> in mail@2]
[goto mail@2]
[endif]
[if check eq <7>]
[store <> in check]
[store <> in mail@1]
[store <> in mail@2]
[goto mail@1]

[endif]

>email< [allow 66]
[make email from mail@1 atext mail@2]

>end_recruit< [allow int 1]
[store <1> in end_recruit]

[# ===== **RESPONDENT EVALUATIONS**
=====]

>re1< [#dropped Jan 2018, back June 1, 2018 for panel B][loc
52/72]
[if panel eq <1> goto stop][define <d><8>] [define <r><9>]

[r] Do you think this interview was MUCH too long,
SOMEWHAT long, or ABOUT right?[n]

1 much too long
3 somewhat long
5 about right

d don't know r refused
@

[@][vstate 62/16] <1,3,5,d,r>

>re2< [define <d><8>] [define <r><9>]

[r] Overall, would you say that this interview was not at all
difficult, [n]
[r] somewhat difficult, or much too difficult to do?
[n]

1 not at all difficult
3 somewhat difficult
5 much too difficult

d don't know r refused
@

[@][vstate 62/17] <1,3,5,d,r>

>stop< [if ETIM eq <>][settime ETIM][endif]
[goto SET]

Appendix E

Derived Variables

DERIVED VARIABLES 2018

Several derived variables have been created and saved to the **CM2018** dataset. In this section, the methods used to derive the frequently used variables and some of the coding structures are described. Some of the derived variables have been grouped for ease of use.

In some cases, the creation of intermediate variables was needed for efficient processing of the derived variable and these intermediate variables are listed and documented. Also, due to the coding and analysis requests, for some of the grouped and derived variables, alternatively coded versions have been generated (e.g., age in different groupings). Descriptions of the derived variables below are listed according to topic.

Most of the derived variables listed here are also included in the multiyear microdata **CM1996–2018**, although they might not be available for every cycle or every panel. Data users of the CM files should first **verify** if their target **variables are available** as needed (whether availability is restricted to **certain cycles** and/or **certain panels**).

Panel Questionnaire panel : panel A (Jan-Dec); panel B (Jan-Dec);

Smoking

SSTATUS3	Smoking status (3 cat)
SSTATUS5	Smoking status (5 cat)
TOB12M	Current Smoking (smoked daily or occasionally past 30 days)
SDAILY	Daily smoking - past 12m
NCIGCAT	Number of cigarettes smoked daily – smokers– past 12m
NCIGTCAT	Number of cigarettes smoked daily – total sample– past 12m
HSI	Heaviness of smoking index – daily smokers
ECIGLIFE	Smoked e-cigarettes at least once - lifetime
ECIG12M	Smoked e-cigarettes at least once – past 12m
ECIG30D	Smoked e-cigarettes at least once – past 30 days

Alcohol Use

ALCSTAT3	Drinking status
ALCLIFE	Alcohol use lifetime
ALC12M	Alcohol use past 12 months
ALC30D	Alcohol use past 30 days
ALDAILY	Daily drinking - past 12 months
QFVOL	Estimated total volume of alcohol consumed in standard drinks - past 12 months
QFVOLWK	Estimated weekly volume of alcohol consumed in standard drinks - past 12 months
FIVEMN	Five+ drinks in a single sitting once a month or more often, past 12m
FIVEWK	Five+ drinks in a single sitting once a week or more often, past 12m
FIVE30BI	Five+ drinks in a single sitting once a week or more often, past 30 days (binary)

Hazardous/Harmful Drinking (AUDIT)

AUDIT	AUDIT total score (total sample) (score 0-40)
AUDIT8	AUDIT score - 8+ cut-off (total sample) (based on 0-40 scoring)
AUDITC	AUDIT score for consumption/ intake
AUDITD	AUDIT score for dependence
AUDITAC	AUDIT score for adverse consequences
AUDITP	AUDIT score for problems (adverse consequences + dependence)

Cannabis Use

CANLIFE	Cannabis use lifetime
CAN12M	Cannabis use past 12 months
CAN3M	Cannabis use past 3 months
CANMED	Medical use past 12 months

Cannabis Use Problems (WHO's ASSIST) (panel B)

ASISTCAN	Cannabis ASSIST score
ASISTCN3	Risk level for cannabis consumption (3 categories)
ASISTCN2	Risk level for cannabis consumption (2 categories)

Cocaine Use (panel B)

COCLIFE	Cocaine use lifetime
COC12M	Cocaine use past 12 months

Driving and Substance Use (panel B)

DKDRIV	Driven a motor vehicle after having 2 standard drinks of alcohol within 1 hour before driving (among valid drivers) - past 12m
DKDRIV30	Driven a motor vehicle after having 2 standard drinks of alcohol within 1 hour before driving (among valid drivers) - past 30 days
CANDRIV	Driven a motor vehicle after using cannabis within 1 hour before driving (among valid drivers) – past 12m
CANDRIV30	Driven a motor vehicle after using cannabis within 1 hour before driving (among valid drivers) – past 30 days
PODRIV	Driven a motor vehicle after using prescription opioids within 1 hour before driving (among valid drivers) – past 12m
DRIVER	Licensed G-class driver - past 12m
DRTEXT	Driving and texting past 12 months (valid drivers)
DRCOLLR	Involved in collision while driving – past 12m (valid drivers)
KMS	Kms driven past 12 months (valid drivers)

Health Related Measures (HRQoL) (panel B)

FAIRHLT	Percent fair or poor health
UNHLTPD	Physically unhealthy days (past 30 days)
PHYSDISD	Frequent physically unhealthy days (14+ days in the past 30 days)
FAIRMHLT	Percent fair or poor mental health
UNHLTMD	Mentally unhealthy days (past 30 days)
MENTDISD	Frequent mental distress days (14+ days in the past 30 days)
UNHLTD	Sum of unhealthy days (physical + mental) (past 30 days)
BRAIN	Lifetime traumatic brain injury
SUICID	Suicide ideation - considered attempting suicide past 12 months

Kessler - Psychological Distress Scale (K6) (panel B)

K1R- K6R	K6 items recoded 0 through 4
K6L	K6 Likert summary score (0-24)
K6_13PLUS	K6 score - 13+ cut-off (based on 0-24 scoring) – serious distress
K6_5PLUS	K6 score - 5+ cut-off (based on 0-24 scoring) – mild to serious distress
K6_8PLUS	K6 score - 8+ cut-off (based on 0-24 scoring) – moderate to serious distress
K6_3CATS	K6 score – 3 categories (based on 0-24 scoring) – low, moderate, serious

Prescription Medication for Anxiety and Depression (panel B)

ANX12M	Any use of anxiety medication - past 12m
DEP12M	Any use of depression medication - past 12m

Prescription OPIOID Pain Reliever Use (panel B)

PR12M	Any use of prescription pain reliever - past 12m
MPR12M	Any medical use of prescription pain reliever - past 12m
NMPR12M	Any non-medical use of prescription pain reliever - past 12m
PRHI12M	Prescription pain reliever - use to get high - past 12m

Demographics

AGECAT3	Age recoded in 3 categories
AGECAT4	Age recoded in 4 categories
AGECAT5	Age recoded in 5 categories
EDUCAT4	Highest level of education recoded (4 categories)
MARSTAT3	Marital status recoded (3 categories)
MSTAT4	Marital status recoded (4 categories)
EMPCAT8	Employment status recoded (8 categories)
HINCCAT5	Household Income (5 categories)
HINC5	Household Income - higher income groups (5 categories)
LANG	Language spoken at home
RURAL	Location of Household (rural, non-rural)
LHIN	Local Health Integration Networks (14 categories)
IMIG	Foreign born (y/n)

Table D.1
Frequently Used Socio-Demographic Measures

Measure/ Variable name	Number of Categories and Category Type	
Gender - sex	2	Men; Women
Age (in years) - agecat5	5	18-29; 30-39; 40-49; 50-64; 65+
- agecat4	4	18-29; 30-39; 40-49; 50+
- agecat3	3	18-34; 35-54; 55+
Marital Status - mstat4	4	Married/ living with partner; widowed; divorced or separated; never married.
- marstat3	3	Married (including living as married); previously married (i.e. widowed, divorced or separated); never married.
Region - region	6	<u>Design Strata</u> – six regions based on telephone area codes: Toronto; Central West; Central East; West; East; North (more details see Table 2a and Table 2b, pg. 8-10)
- lhin	14	<u>Local Health Integration Networks (LHIN)</u> – based on 14 geographic areas of Ontario: Erie St. Clair; South West; Waterloo Wellington; Hamilton Niagara Haldimand Brant; Central West; Mississauga Halton; Toronto Central; Central; Central East, South East; Champlain; North Simcoe Muskoka; North East, and North West (see map pg.150)
Education - educat4	4	Less than high school; completed high school; some college or university; completed university degree
Gross Annual Household Income (in thousands) - hincat5	5	Less than \$30K; \$30-\$49K; \$50-\$79K; \$80K+; not stated
Gross Annual Household Income (in thousands)- higher cut-offs - hinc5	5	Less than \$40K; \$40-\$69K; \$70-\$99K; \$100K+; not stated
Immigrant Status - imig	2	Born outside Canada; Born in Canada

Table D.2

Definition of Some Frequently Used Addiction and Mental Health Measures

Measure/ Variable name	Definition
ALCOHOL USE	
Drinking status - alcstat3	Percentage belonging to one of three groups: <i>lifetime abstainers</i> (those never drinking alcohol in their lifetime); <i>former drinkers</i> (those drinking alcohol in lifetime, but not in past 12 months); and <i>current drinkers</i> (those reporting drinking alcohol in past 12 months) (Available 1996–2018).
Past-year drinking -alc12m	Percentage reporting drinking alcohol at least once during the 12 months before the survey (Available 1996–2018).
Daily drinking - aldaily	Percentage reporting drinking at least one alcoholic drink everyday during the 12 months before the survey (Available 1996–2018).
Five or more drinks weekly (Binge drinking) - fivewk	Percentage reporting drinking five or more alcoholic drinks on a single occasion on a weekly basis during the 12 months before the survey (Available 1996–2018).
Number of drinks consumed past-year - qfvol	Estimated number of alcoholic drinks consumed in past 12 months is the product of the frequency of drinking during the past 12 months and the number of drinks typically consumed per occasion (Available 1996–2018).
Exceeding low risk drinking guidelines (LRDG) - lrdg2011	Percentage exceeding the Low Risk Drinking Guidelines. Based on exceeding weekly and daily sex specific limits (men: no more than 15 standard drinks per week; women: no more than 10 standard drinks per week). Also, alcohol intake on any one day should not exceed 2 standard drinks for women or 3 standard drinks for men (Available 2003–2009, 2011–2014, 2016).
Hazardous or harmful drinking (AUDIT) -audit8	Percentage scoring 8+ on the AUDIT screener. Based on 10 items assessing alcohol intake and past 12 month alcohol-related problems (Available 1998–2018).
CIGARETTE USE	
Smoking status - sstatus5	Percentage classified to one of five categories: <i>never smokers</i> (never smoked 100+ cigarettes in lifetime); <i>former non-daily</i> (never smoked daily and did not smoke in the past 30 days); <i>former daily</i> (smoked daily but did not smoke in the past 30 days); <i>non-daily</i> (never smoked daily but did smoke occasionally in the past 30 days); <i>daily smoker</i> (smoked daily and did smoke in the past 30 days) (Available 1996–2018).
Current smoking - tob12m	Percentage reporting each of the 3 indicators: 1) smoking daily or occasionally, 2) having smoked over 100 cigarettes in their lifetime, and 3) having smoked within the past 30 days (Available 1996–2018).
Daily smoking - sdaily	Percentage reporting each of the 3 indicators: (1) smoking at least one cigarette daily, 2) having smoked over 100 cigarettes in their lifetime, and 3) having smoked within the past 30 days (Available 1996–2018).
Heaviness of smoking index -hsi; hsi3	Percent reporting nicotine dependence based on time to first cigarette in the morning (less than ½ hr) and number of cigarettes smoked daily (more than 10) (Available 1996–2018).
Electronic cigarette use - eciglif - ecig12m	Percent reporting e-cigarette use (at least one puff) in their lifetime Percent reporting e-cigarette use (at least one puff) in the past 12m. (Available 2013-2018).

Measure/ Variable name	Definition
CANNABIS USE	
Lifetime cannabis use - canlife	Percentage reporting the use of marijuana or hashish at least once in their lifetime. (Available 1996–2018).
Past year cannabis use - can12m	Percentage reporting the use of marijuana or hashish at least once during the 12 months before the survey. (Available 1996–2018).
Cannabis use problems (ASSIST–CIS) - assistcn2	Percentage scoring 4+ on the Cannabis Involvement Score on the ASSIST screener. Derived from 6 items assessing cannabis consumption and past 3 month cannabis-related problems (Available 2004–2018).
OTHER DRUG USE	
Lifetime cocaine use - coclife	Percentage reporting the use of cocaine at least once in their lifetime (Available every even year between 1996–2010 and yearly 2011–2018).
Past-year cocaine use - coc12m	Percentage reporting the use of cocaine at least once during the 12 months before the survey (Available every even year between 1996–2010 and yearly 2011–2018).
Use of prescription opioid pain relievers - pr12m - nmpr12m	Percentage reporting medical and non-medical use of prescription-type pain relievers at least once during the 12 months before the survey (Available 2008–2018). - any use - nonmedical use
DRUGS AND DRIVING	
Driving after drinking - dkdriv	Percentage of drivers with a valid licence reporting driving within one hour of consuming two or more drinks of alcohol during the past 12 months (Available 1996–2018).
Driving after cannabis use - candriv	Percentage of drivers with a valid licence reporting driving within two hours of consuming cannabis during the past 12 months (Available 2002–2018).
OVERALL HEALTH (MENTAL and PHYSICAL)	
Kessler Psychological Distress Scale (K6) - k6_13plus - k6_5plus - k6_8plus	Percentage scoring “13 or more” (serious distress) , “5 or more” (mild distress) and “8 or more” (moderate to serious distress) on the K6 scales. The 6 items assess symptoms of low, moderate and serious nonspecific psychological distress over the past 30 days (Available 2014-2018).
Use of prescribed anti-anxiety medication - anx12m	Percentage reporting the use of prescribed anti-anxiety medication at least once during the 12 months before the survey (Available 1997, 1999, 2001–2004, 2006, 2008, 2009–2018).
Use of prescribed antidepressant medication - dep12m	Percentage reporting the use of prescribed antidepressant medication at least once during the 12 months before the survey (Available 1997, 1999, 2001–2004, 2006, 2008, 2009–2018).
Health-related quality of life (HRQoL) - fairhlt - physdisd - fairmht - mentdisd	Percentage reporting two overall-health related items: poor health (defined as self-ratings of <i>fair</i> or <i>poor</i> health in general); and frequent physically unhealthy days (defined as reporting at least 14 or more days of poor health during the past 30 days) (Available 2003–2018). Percentage reporting two mental-health related items: poor mental health (defined as self-ratings of <i>fair</i> or <i>poor</i> mental health); and frequent mental distress days (defined as reporting at least 14 or more days of poor mental health during the past 30 days) (Available 2003–2018).

FREQUENTLY USED DERIVED VARIABLES

CIGARETTE SMOKING

SSTATUS3 Smoking status - Standard to Health Canada

Derived from items tc1, tc2, and tc5

SSTATUS3	DESCRIPTION	CODING
1	Current smoker (daily or occasional smoker; smoked 100 cigarettes in lifetime; smoked in past 30 days)	(tc1=1, 3) OR (tc1=5 AND tc2=1 AND tc5 =0,1)
2	Former smoker (includes those who quit- 1-11 months ago)	(tc1 =5 AND tc2=1 AND tc5=2,3,4,5) OR (tc1=3 AND tc5=2,3,4,5)
3	Never smoker (never 100 cigarettes)	tc2=5

SSTATUS5 Smoking status - detailed

Derived from SSTATUS3, and items tc3 and tc1

SSTATUS5	DESCRIPTION	CODING
1	Current daily smoker	SSTATUS3=1, AND tc1=1
2	Current non-daily smoker	SSTATUS3=1, AND tc1=3
3	Former daily smoker	SSTATUS3=2, AND tc3=1
4	Former non-daily smoker	SSTATUS3=2, AND tc3=5
5	Never 100 cigarettes	SSTATUS3=3

TOB12M Current smoking

(daily or occasional smoker and smoked at least one cigarette past 30 days)

Derived from SSTATUS3

TOB12M	DESCRIPTION	CODING
0	Not smoked (never 100 cigarettes or quit more than 30 days ago)	SSTATUS3=2,3
1	Daily or occasional smoker (smoked 100 cigarettes in lifetime; smoked in the past 30 days)	SSTATUS3=1

See also : **SDAILY** - Daily smoking (coded 0-1); **HSI; HSI3** – Heaviness of smoking index
NCIGCAT, NCIGTCAT - No. of cigarettes smoked in categories.

ECIGLIFE E-cigarette use - lifetime
Derived from item tecig2rc

ECIGLIFE	DESCRIPTION	CODING
0 = no	Never used	tecig2rc=5, 7
1= yes	Ever used in lifetime (at least one puff)	tecig2rc=1

ECIG12M E-cigarette use - past 12 months
Derived from item tecig2a – recoded for total sample

ECIG12M	DESCRIPTION	CODING
0 = no	Never used/ not used past 12 months	tecig2a=5 & eciglife=0
1= yes	Used past 12 months	tecig2a=1

ECIG30D E-cigarette use - past 30 days
Derived from item tecig2b – recoded for total sample

ECIG30D	DESCRIPTION	CODING
0 = no	Never used/ not used past 30 days	tecig2b=5 & ecig12m=0
1= yes	Used past 30 days	tecig2b=1

ALCOHOL

ALCSTAT3 Drinking status - past 12 months
Derived from items ac1 and ac2

ALCSTAT3	DESCRIPTION	CODING
1	Past 12 months drinker	ac1=1
2	Former drinker (lifetime drinker; no drinks past 12m)	ac2=1 AND ac1=5
3	Abstainer (never drank)	ac2=5 AND ac1=5

ALC12M Alcohol use past 12 months
Derived from ALCSTAT3

ALC12M	DESCRIPTION	CODING
0	Not used alcohol past 12 months	ALCSTAT3=2,3
1	Used alcohol past 12 months	ALCSTAT3=1

See also : **ALCLIFE** – Used alcohol lifetime; **ALC30D** – Used alcohol past 30 days.

QFVOL Volume of alcohol consumed in standard drinks in past year.
Estimated using usual quantity × usual frequency approach.

Derived from items ac5 and ac6a.

$QFVOL = ac5 \text{ (recoded)} \times ac6a.$

Note: AC5 (frequency of use of alcohol) and related frequency categories are recoded on a times per year scale as follows:

- 1 'more than once a day' = 365 times
- 2 'about every day' = 365 times
- 3 '4 to 5 times a week' = 234 times
- 4 '2 to 3 times a week' = 130 times
- 5 'once a week' = 52 times
- 6 '2 to 3 times a month' = 30 times
- 7 'once a month' = 12 times
- 8 'less than once a month' = 6 times

QFVOL	DESCRIPTION
0 through 9,000	Number of standard drinks in past 12 months
99999	Missing

See also : **QFVOLWK** - Volume of alcohol consumed weekly in standard drinks in past year.

ALDAILY **Daily drinking**

Derived from item ac5 -- recoded for total sample.

ALDAILY	DESCRIPTION	CODING
0	Non-daily /non-drinker past 12 months	ac5=3 through 8, and system missing=0
1	Daily drinker past 12 months	ac5=1,2

FIVEWK **Five or more drinks in a single sitting weekly (in the past 12 months)**

Derived from item five – recoded for total sample

FIVEWK	DESCRIPTION	CODING
0	No/ non-drinker past 12 months	five =5 through 9, and system missing =0
1	Five plus weekly past 12 months	five =1 through 4

See also:

FIVEMN - Five or more drinks in a single sitting monthly;**FIVE30BI** - Five or more drinks in a single sitting at least once in the past 30 days.**AUDIT, AUDIT8****AUDIT derived variables****Harmful and Hazardous Drinking – based on WHO’s Alcohol Use Disorders Identification Test (AUDIT)**

The World Health Organization sponsored the development of the screening instrument – the *Alcohol Use Disorders Identification Test* (AUDIT) – designed to detect problem drinkers at the less severe end of the spectrum (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001; Saunders, Aasland, Babor, De la Fuente, & Grant, 1993). The AUDIT assesses hazardous and harmful drinking. *Hazardous* drinking refers to an established pattern of drinking that increases the likelihood of future physical, social and mental health problems (e.g., liver disease), whereas *harmful* drinking refers to a pattern of drinking that is already causing (or having caused) damage to health (e.g., alcohol-related injuries; depression). A score of 8 or more is the validated threshold or cut score used to classify individuals who drink at hazardous or harmful levels.

Derived **AUDIT** variables (**AUDIT**, **AUDIT8**) are derived from the following items:

Variable name	AUDIT Items	Recorded category
Alcohol Intake		
ac5 (aud1)	1. How often did you drink alcoholic beverages during the past 12 months?	0. Never
		1. Monthly or less
		2. 2-4 times/month
		3. 2-3 times/week
		4. 4+ times/week
ac6a (aud2)	2. On those days when you drink, how many drinks do you usually have?	0. None/ or One
		1. Two to Three
		2. Four
		3. Five to Seven
		4. Eight or more
five (aud3)	3. About how often during the past 12 months would you say that you had five or more drinks at the same sitting or occasion?	0. Never
		1. Less than monthly
		2. Monthly
		3. Weekly
		4. Daily or almost daily
Dependence Indicators		
aud4	4. How often during the last year have you found that you were not able to stop drinking once you had started?	0. Never
		1. Less than monthly
		2. Monthly
		3. Weekly
		4. Daily or almost daily
aud5	5. How often during the last year have you failed to do what was normally expected from you because of drinking?	0. Never
		1. Less than monthly
		2. Monthly
		3. Weekly
		4. Daily or almost daily
aud6	6. How often during the last year have you needed a first alcoholic drink in the morning to get yourself going after a heavy drinking session?	0. Never
		1. Less than monthly
		2. Monthly
		3. Weekly
		4. Daily or almost daily

Variable name	AUDIT Items	Recorded category
Adverse Consequences		
aud7	7. How often during the last year have you had a feeling of guilt or remorse after drinking?	0. Never
		1. Less than monthly
		2. Monthly
		3. Weekly
		4. Daily or almost daily
aud8	8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	0. Never
		1. Less than monthly
		2. Monthly
		3. Weekly
		4. Daily or almost daily
aud9	9. Have you or someone else ever been injured as a result of your drinking?	0. No
		2. Yes, but not last year
		4. Yes, during last year
aud0 (aud10)	10. Has a relative or friend or a doctor or other health worker ever been concerned about your drinking or suggested that you cut down?	0. No
		2. Yes, but not last year
		4. Yes, during last year

Note: Intermediate variables **aud1t, aud2t, aud3t, aud4t, aud5t, aud6t, aud7t, aud8t, aud9t, aud10t** were derived to calculate the AUDIT score. Variables **aud1t** to **audit10t** are percentage to the total sample (i.e., not based on drinkers only) and best used for analyzing individual AUDIT items.

AUDIT **AUDIT score (total sample)**

Items aud1 to aud10 were recoded for total sample (i.e., nondrinkers set to 0: aud1t to aud10t).

summation of weighted scored categories: **aud1t, aud2t, aud3t, aud4t, aud5t, aud6t, aud7t, aud8t, aud9t, aud10t**

min: 0 max: 40 (higher score = increased likelihood of hazardous/harmful drinking pattern)

AUDIT8 **AUDIT score cut-off 8+ (drink at hazardous or harmful levels)**

Derived from AUDIT (based on 0-40 scoring)

AUDIT8	DESCRIPTION	CODING
0 = no	AUDIT score less than 8	AUDIT ≤ 7
1 = yes	AUDIT score of 8 and over	AUDIT ≥ 8

See also:

AUDIT DOMAINS

- AUDITC** **AUDIT score for consumption/ intake**
Derived from aud1t to aud3t; range [0-12]
AUDITC = summation of (aud1t, aud2t, aud3t)
- AUDITD** **AUDIT score for dependence**
Derived from aud4t to aud6t; range [0-12]
AUDITD = summation of (aud4t, aud5t, aud6t)
- AUDITAC** **AUDIT score for adverse consequences**
Derived from aud7t to aud10t; range [0-16]
AUDITAC = summation of (aud7t, aud8t, aud9t, aud10t)
- AUDITP** **AUDIT score for problems (adverse consequences + dependence)**
Derived from aud4t to aud10t; range [0-28]
AUDITP = summation of (aud4t, aud5t, aud6t, aud7t, aud8t, aud9t, aud10t)

ILLICIT DRUGS

CANNABIS

- CANLIFE** **Lifetime cannabis use**
Derived from item cn1

CANLIFE	DESCRIPTION	CODING
0 = no	Never used	cn1=5
1= yes	Ever used in lifetime	cn1=1

- CAN12M** **Cannabis use past 12 months**
Derived from item cn2 – recoded for total sample

CAN12M	DESCRIPTION	CODING
0 = no	Never used/ not used past 12 months	cn2=9
1= yes	Used past 12 months	cn2=1 through 8

CAN3M Cannabis use past 3 months (Panel B)
 Derived from item cn3m – recoded for total sample

CAN3M	DESCRIPTION	CODING
0 = no	Never used/ not used past 3 months	cn3m=0
1= yes	Used past 3 months	cn3m=1 through 4

See also: **cannabis use past 30 days (CAN30D)**.

CANNABIS PROBLEMS

Cannabis Involvement Score (ASSIST-CIS) (Subscale of the WHO ASSIST- Alcohol, Smoking and Substance Involvement Screening Test) (Panel B)

The World Health Organization sponsored the development of the **Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)** a screener designed to assess, for users of specific substances, the risk of experiencing health and other adverse consequences (e.g. social, financial, legal, relationship) from their current pattern of use (WHO ASSIST Working Group, 2002).

To assess cannabis problems we used the 6-item **Cannabis Involvement Score (CIS)** a sub score of the **WHO-ASSIST** (see items can3m, cnas1 to cnas5).

Introduced to the CAMH Monitor in 2000, the **ASSIST-CIS** was asked of **past 3 month** cannabis users. Weighted scores assigned to categories of the 6 items are summated to form a total scale ranging from 0 to 39. Three categories are used to classify the risk of experiencing health and other problems: 1) *low* (scores of 0–3) identifies those with a low risk of health and other problems based on one’s current pattern of cannabis use; 2) *moderate* (scores of 4–26) identifies those who are at risk of health and other problems based on their current pattern of cannabis use; and 3) *high* (scores of 27 +) identifies those with a high risk of experiencing severe problems, including dependence, based on their current pattern of cannabis use.

ASISTCAN Cannabis ASSIST score (total sample) (Panel B)

Derived from 6 items: cn3m, cnas1 through cnas5 (For total sample estimation, the following variables – ascan1, ascan2, ascan3, ascan4, ascan5, ascan6 – were recaptured by assigning skipped nonusers a value of 0.)

summation of weighted categories for items: **ascan1, ascan2, ascan3, ascan4, ascan5, ascan6**.
 min: 0 max: 39 (higher score = increased likelihood of experiencing problems)

Derived **ASSIST-CIS** variables (**ASISTCAN**, **ASISTCN3**) are derived from the following items:

Variable name (total sample variable)	ASSIST-CIS Items	Category score
can3m (ascan1)	1. How often have you used cannabis, marijuana or hash during the PAST THREE months?	0. Never
		2. Once or twice
		3. Monthly
		4. Weekly
		6. Daily or almost daily
cnas1 (ascan2)	2. During the PAST 3 MONTHS, how often have you had a strong desire or urge to use cannabis, marijuana or hash?	0. Never
		3. Once or twice
		4. Monthly
		5. Weekly
		6. Daily or almost daily
cnas2 (ascan3)	3. During the PAST 3 MONTHS, how often has your use of cannabis, marijuana or hash led to health, social, legal or financial problems?	0. Never
		4. Once or twice
		5. Monthly
		6. Weekly
		7. Daily or almost daily
cnas3 (ascan4)	4. During the PAST 3 MONTHS, how often have you failed to do what was normally expected of you because of your use of cannabis, marijuana or hash?	0. Never
		5. Once or twice
		6. Monthly
		7. Weekly
		8. Daily or almost daily
cnas4 (ascan5)	5. Has a friend, relative, a doctor or anyone else ever expressed concern about your use of cannabis, marijuana or hash?	0. Never
		3. Yes, not past 3 months
		6. Yes, past 3 months
cnas5 (ascan6)	6. Have you ever tried and failed to control, cut down or stop using cannabis, marijuana or hash?	0. Never
		3. Yes, not past 3 months
		6. Yes, past 3 months

Note: Items **ascan1**, **ascan2**, **ascan3**, **ascan4**, **ascan5**, **ascan6** should be used if analysing individual ASSIST items.

ASISTCN3 Risk level for cannabis consumption - 3 categories (Panel B)

Derived from ASISTCAN score

ASISTCN3	DESCRIPTION	CODING
0= low	Score ≤ 3 Low risk of health and other problems from current pattern of use.	ASISTCAN ≤ 3
1= moderate	$4 \geq \text{Score} \leq 26$ At risk of health and other problems from current pattern of use. Brief intervention warranted.	ASISTCAN ≥ 4 and ≤ 26
2= high	Score ≥ 27 High risk of experiencing severe health and other problems, including dependency. More intensive treatment warranted.	ASISTCAN ≥ 27

ASISTCN2 Risk level for cannabis consumption - 2 categories (Panel B)

Derived from ASISTCAN score – categories (moderate/high) combined

ASISTCN2	DESCRIPTION	CODING
0= low	Score ≤ 3 Low risk of developing health and other problems	ASISTCAN ≤ 3
1= moderate/ high	Score ≥ 4 Moderate or high risk of developing health and other problems; likely to develop dependence.	ASISTCAN ≥ 4

COCAINE**COCLIFE Lifetime cocaine use (panel B)**

Derived from item ck1

COCLIFE	DESCRIPTION	CODING
0	Never used	ck1=5
1	Used in lifetime	ck1=1

COC12M Cocaine use past 12 months (panel B)

Derived from item ck2r – coded for total sample

COC12M	DESCRIPTION	CODING
0	Never used/not used past 12 months	coclif=0 ck2r=5
1	Used past 12 months	ck2r=1

DRIVING AND SUBSTANCE USE

DKDRIV Drinking and driving past 12 months (panel B)

Derived from item dd1; estimated among valid licenced drivers

DKDRIV	DESCRIPTION	CODING
0	Not driven after consuming 2+ drinks within 1 hour of driving in past 12 months	dd1=5, 7 and system missing =0 (Panel B only)
1	Driven after consuming 2+ drinks within 1 hour of driving at least once in past 12 months	dd1=1

See also : **DKDRIV30** – Driven after drinking at least once past 30 days (based on item dd2);
DRIVER – Licensed driver past 12m (Derived from item sd7b).

CANDRIV Driving after cannabis use past 12 months (panel B)

Derived from item cdr1, recoded for all valid drivers

CANDRIV	DESCRIPTION	CODING
0	Not driven within 1 hour after using cannabis in past 12 months	cdr1=5, 7 and system missing =0 (Panel B only)
1	Driven within 1 hour after using cannabis at least once in past 12 months	cdr1=1

DRTEXT Driving and texting past 12 months (panel B)

Derived from item drtext1, recoded for all valid drivers

DRTEXT	DESCRIPTION	CODING
0	No texting while driving in past 12 months	drtext1=0 and system missing =0 (Panel B only)
1	Texting while driving at least once in past 12 months	drtext1=1

MENTAL HEALTH and GENERAL HEALTH

1. K6 - KESSLER 6-ITEM PSYCHOLOGICAL DISTRESS SCALE

For the first time in 2014, the CAMH Monitor included the *Kessler 6-Item Psychological Distress Scale*, which is a 6-item screening instrument designed to detect nonspecific psychological distress (symptoms of anxiety and depression) (Kessler et al., 2002, Kessler et al., 2003). Note that this is a screening instrument and is not used for clinical diagnoses.

Each of the 6 items wording begins with the wording: "*In the past 30 days how often did you....*". Response categories are on a 5-point frequency scale ranging from (1) "*None of the time*" to (5) "*All of the time*". The K6 items have been rescaled to a 0–4 scale for the purpose of summation (k1r to k6r in the dataset).

K6 variables (k1r to k6r) are comprised of the following items:

In the past 30 days how often did you , ...	Category scores
k1r. ... how often did you feel nervous?	0. None of the time
	1. A little of the time
	2. Some of the time
	3. Most of the time
	4. All of the time
k2r. ... how often did you feel hopeless?	0. None of the time
	1. A little of the time
	2. Some of the time
	3. Most of the time
	4. All of the time
k3r. ...how often did you feel restless or fidgety?	0. None of the time
	1. A little of the time
	2. Some of the time
	3. Most of the time
	4. All of the time
k4r. ... how often did you feel so depressed that nothing could cheer you up?	0. None of the time
	1. A little of the time
	2. Some of the time
	3. Most of the time
	4. All of the time
k5r. ... how often did you feel that everything was an effort?	0. None of the time
	1. A little of the time
	2. Some of the time
	3. Most of the time
	4. All of the time

In the past 30 days how often did you , ...	Category scores
k6r. ... how often did you feel worthless?	0. None of the time
	1. A little of the time
	2. Some of the time
	3. Most of the time
	4. All of the time

K6L K6 Likert summary score (0-24) (panel B)

Derived from items k1r to k6r.

Total Score **K6L** = summation of: k1r, k2r, k3r, k4r, k5r, k6r.

min: 0 max: 24 (higher score = increased likelihood of psychological distress)

K6_13PLUS K6 cut score 13+ (Serious Psychological Distress) (panel B)

Derived from K6L

To estimate the percentage experiencing a high level of psychological distress (called “serious psychological distress”), we used a cut-off score of 13 or higher (of 24).

K6_13PLUS	DESCRIPTION	CODING
0 = no	K6L score less than 13	K6L < 13
1 = yes	K6L score of 13 and higher	K6L ≥ 13

K6_5PLUS K6 cut score 5+ (Mild to Serious Psychological Distress) (panel B)

Derived from K6L

To estimate the percentage experiencing “mild-to-serious level of psychological distress”, we used a cut-off score of 5 or higher (of 24) (see Prochaska et al., 2012).

K6_5PLUS	DESCRIPTION	CODING
0 = no	K6L score less than 5	K6L < 5
1 = yes	K6L score of 5 and higher	K6L ≥ 5

K6_8PLUS K6 cut score 8+ (Moderate to Serious Psychological Distress) (panel B)
 Derived from K6L

We used a cut-off score of 8 or higher to reflect "moderate-to-serious level of psychological distress" because of its high prevalence within community samples and its relevance to public health (see Galea et al., 2007; Kessler et al., 2003).

K6_8PLUS	DESCRIPTION	CODING
0 = no	K6L score less than 8	K6L < 8
1 = yes	K6L score of 8 and higher	K6L ≥ 8

2. HRQoL - HEALTH-RELATED QUALITY OF LIFE MEASURES

The HRQoL, introduced into the CAMH Monitor in 2003, is a health-related quality of life core module (HRQOL-4) developed by the Centers for Disease Control and Prevention (CDC) for surveillance activities of the Behavioral Risk Factor Surveillance System (BRFSS).

The CDC-sponsored brief survey tool identifies health-related quality of life in adult populations (Moriarty, Zack, & Kobau, 2003; Ôunpuu, Krueger, Vermeulen, & Chambers, 2000). The four-item HRQoL measures self-rated health, past 30-day physical and mental unhealthy days, and recent activity limitation. HRQoL measures capture the key concepts of health, identified by the World Health Organization (WHO) in 1948, as "a state of complete physical, mental, and social well-being – not merely the absence of disease or infirmity."

HRQoL measures consist of 4 items: **gh1, hs1a, gh2r, gh3r**. Unlike other health profiles the HRQoL indicators **do not use a summary score** or subscale scores based on psychometrically derived or preference-based weights. The only scoring used is a count of *unhealthy days*, computed by summing a respondent's physically and mentally unhealthy days, right censored at 30 days per person. For comparing populations and examining patterns and trends, population means are generally used for the *unhealthy days* measures. For some analyses, classified indicators based on a cut point are used; for example, *frequent mental distress* is defined as 14 or more mentally unhealthy days reported by a respondent.

HRQoL Items

gh1

In general, would you say your health is excellent, very good, good, fair or poor?

(Excellent; Very good; Good; Fair; Poor)

hs1a

In general, would you say your overall MENTAL HEALTH is excellent, very good, good, fair, or poor ?

(Excellent; Very good; Good; Fair; Poor)

(Panel B sample only)

gh2r

Now thinking about your physical health, which includes physical illness and injury, for how many days in the last 30 days was your physical health not good?

(0–30 days)

gh3r

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(0–30 days)

DERIVED HRQoL VARIABLES

FAIRHLT

Percent fair or poor health

Derived from item gh1 (self-rated health)

Dichotomized: 0=(excellent, very good, good); 1= (fair, poor)

FAIRMHLT

Percent fair or poor mental health

Derived from item hs1a (self-rated mental health)

Dichotomized: 0= (excellent, very good, good); 1= (fair, poor)

(panel B only)

UNHLTPD

Physically unhealthy days (in the past 30 days)

Derived from item gh2r.

Range: 0–30.

UNHLTMD

Mentally unhealthy days (in the past 30 days)

Derived from item gh3r.

Range: 0–30.

UNHLTD

Sum of unhealthy days (physically & mentally) (in the past 30 days)

Sum of items UNHLTPD and UNHLTMD, which, following CDCs practice, are right censored at 30 (i.e., values exceeding 30 are revalued to 30).

Range: 0–30.

MENTDISD

Frequent mental distress days (14+ days in the past 30 days)

Derived from item UNHLTMD (mentally unhealthy days)

Dichotomized: 0= (0-13 days); 1= (14+ days)

(as recommended by CDC).

PRESCRIPTION OPIOIDS (PO)

PR12M **Any use of PO pain relievers past 12 months (panel B)**
Derived from po1 and po2

PR12M	DESCRIPTION	CODING
0	Not used any PR past 12 months	po1 =9
1	Used any PR past 12 months	po1 or po2 =1 through 6

MPR12M **Any medical use of PO pain relievers past 12 months (panel B)**
Derived from po1

MPR12M	DESCRIPTION	CODING
0	Not used PR medically past 12 months	po1 =9
1	Used PR medically past 12 months	po1=1 through 6

NMPR12M **Any non-medical use of PO pain relievers past 12 months (panel B)**
Derived from po2

NMPR12M	DESCRIPTION	CODING
0	Not used PR non-medically past 12 months	po2 =9
1	Used PR non-medically past 12 months	po2=1 through 6

PRHI12M **Any use of PO pain relievers to get high past 12 months (panel B)**
Derived from pr7, recoded for total sample

PRHI12M	DESCRIPTION	CODING
0	Not used PR to get high past 12 months	pr7 =5 and pr12m=0
1	Used PR to get high past 12 months	pr7=1

DEMOGRAPHICS

AGECAT3 **Age in 3 categories** Derived from age

agecat3	DESCRIPTION	CODING
1	18–34 years	age = 18 thru 34
2	35– 54 years	age = 35 thru 54
3	55 years or older	age = 55 thru max

AGECAT5 **Age in 5 categories** Derived from age

agecat5	DESCRIPTION	CODING
1	18–29 years	age= 18 thru 29
2	30–39 years	age = 30 thru 39
3	40–49 years	age = 40 thru 49
4	50–64 years	age = 50 thru 64
5	65 years or older	age = 65 thru 96

EDUCAT4 **Highest level of education (4 categories)** Derived from sd2

EDUCAT4	DESCRIPTION	CODING
1	less than high school	sd2 = 1 thru 4
2	completed high school	sd2 = 5
3	some post-secondary (college or university)	sd2 = 6 thru 10
4	university degree	sd2 = 11 thru 14

EMPCAT8 Employment status (8 categories)
Derived from sd6

EMPCAT8	DESCRIPTION	CODING
1	full-time	sd6=1
2	part-time	sd6=2
3	unemployed	sd6=4
4	Retired	sd6=5
5	homemaker	sd6=6
6	Student	sd6=7
7	self-employed	sd6=8
8	Other	sd6=0,3

MARSTAT3 Marital status (3 categories)
Derived from sd5

MARSTAT3	DESCRIPTION	CODING
1	Married/ Living with partner	sd5=1,2
2	Previously married (divorced, widowed, separated)	sd5=3,4,5
3	Never married	sd5=6

MSTAT4 Marital status (4 categories)
Derived from sd5

MSTAT4	DESCRIPTION	CODING
1	Married/ Living with partner	sd5=1,2
2	Widowed	sd5=3
3	Divorced/ Separated	sd5=4,5
4	Never married	sd5=6

HINCOME Household Income Before Taxes (year ending Dec 31, 2015)

HINCOME	DESCRIPTION	CODING
1	less than \$20,000	sd10 lt 20 or d10b=1
2	between \$20,000 and \$29,999.99	(sd10 ge 20 and sd10 lt 30) or d10b=2
3	between \$30,000 and \$39,999.99	(sd10 ge 30 and sd10 lt 40) or d10b=3
4	between \$40,000 and \$49,999.99	(sd10 ge 40 and sd10 lt 50) or d10b=4
5	between \$50,000 and \$59,999.99	(sd10 ge 50 and sd10 lt 60) or d10b=5
6	between \$60,000 and \$69,999.99	(sd10 ge 60 and sd10 lt 70) or d10b=6
7	between \$70,000 and \$79,999.99	(sd10 ge 70 and sd10 lt 80) or d10b=7
8	between \$80,000 and \$89,999.99	(sd10 ge 80 and sd10 lt 90) or d10b=8
9	between \$90,000 and \$100,000	(sd10 ge 90 and sd10 lt 100) or d10b=9
10	more than \$100,000	(sd10 ge 100) or d10b=10
98	Don' know	Don' know
99	Refused	Refused

HINCCAT5 Household Income (5 categories)

HINCCAT5	DESCRIPTION	CODING
1	less than \$30,000	(HINCOME le 2)
2	between \$30,000 and \$49,999.99	(HINCOME gt 2 and HINCOME le 4)
3	between \$50,000 and \$79,999.99	(HINCOME gt 4 and HINCOME le 7)
4	more than \$80,000	(HINCOME gt 7 and HINCOME le 10)
5	Not stated (refused or DK)	(HINCOME = 98 or HINCOME = 99)

HINC5 Household Income (5 categories) – higher income groups

HINC5	DESCRIPTION	CODING
1	less than \$40,000	(HINCOME le 3)
2	between \$40,000 and \$69,999.99	(HINCOME gt 3 and HINCOME le 6)
3	between \$70,000 and \$99,999.99	(HINCOME gt 6 and HINCOME le 9)
4	more than \$100,000	(HINCOME = 10)
5	Not stated (refused or DK)	(HINCOME = 98 or HINCOME = 99)

IMIG **Immigrant – Foreign Born**
Derived from item sd8a (in what country were you born?)
Dichotomized: 0=born in Canada; 1= foreign born

RURAL **Location of household**
Derived from the FSA (forward sortation area= first 3 characters) of the POSTAL CODE.
Rural identified by presence of ‘0’ in second character.
Dichotomized: 1=rural; 0= nonrural

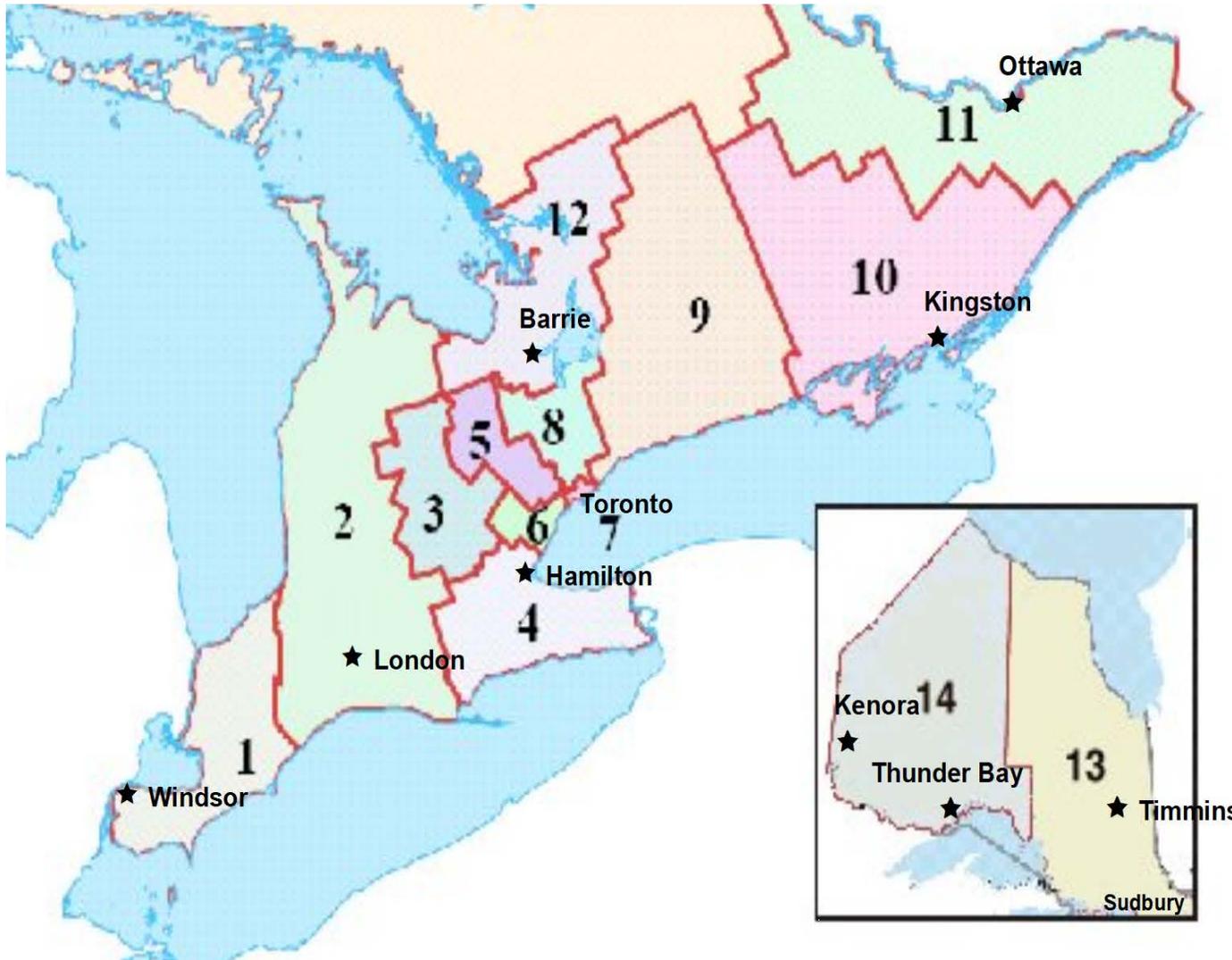
LHIN **Ontario’s Local Health Integration Networks**

Another regional variable available on the file is the LHIN variable, representing the former 14 *Local Health Integration Networks* (LHINs) (see map next page). In the CAMH Monitor dataset the LHINs were derived from the respondent’s postal code (or the forward sortation area).

The 14 LHIN areas are as follows:

1. Erie St. Clair;
2. South West;
3. Waterloo Wellington;
4. Hamilton Niagara Haldimand Brant;
5. Central West;
6. Mississauga Halton;
7. Toronto Central;
8. Central;
9. Central East;
10. South East;
11. Champlain;
12. North Simcoe Muskoka;
13. North East;
14. North West

14 LHINs of Ontario



- 1 Erie St.Clair
- 2 South West
- 3 Waterloo Wellington
- 4 Hamilton Niagara Haldimand Brant
- 5 Central West
- 6 Mississauga Halton
- 7 Toronto Central
- 8 Central
- 9 Central East
- 10 South East
- 11 Champlain
- 12 North Simcoe Muskoka
- 13 North East
- 14 North West

Appendix F

CAMH Monitor 2018
Sampling and Fieldwork Documentation
(provided by the Institute for Social Research (ISR), York University)



**The 2018
Centre for Addiction and Mental Health
(CAMH) Monitor Survey
Technical Documentation**

<http://www.isryorku.ca/>

Liza Mercier, David Northrup and Hugh McCague

*Institute for Social Research
York University*

Conditions of Release

All research based upon these data must include an acknowledgement such as the following:

Data from the 2018 CAMH Monitor Survey were provided by the Institute for Social Research (ISR), York University. The survey was completed on behalf of the CAMH Monitor research team in Ontario. Funding was provided by the Centre for Addictions and Mental Health (CAMH). Neither the Institute for Social Research, CAMH, or the CAMH Monitor Team are responsible for the analyses and interpretations presented here.

Researchers are requested to forward a copy of any publications or scholarly papers to the Director, Survey Research, Institute for Social Research, Victor Phillip Dahdaleh Building, 88 The Pond Road, York University, 4700 Keele Street, Toronto, Ontario, M3J 1P3 and to Dr. Hayley Hamilton at CAMH. Data acquired from the Institute for Social Research may not be re-disseminated outside the recipient institution.

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1 INTRODUCTION

1.1 Study Introduction

The CAMH Monitor, first conducted in 1977, is the longest ongoing addiction and mental health survey of adults in Canada. The Institute for Social Research (ISR) at York University has collected data for the Monitor since 1981. The Monitor provides epidemiological trends in alcohol, tobacco, and other drug use, and measures change and consistency in public opinion with respect to alcohol, tobacco and other drug use and related government policies. Recent topics added to the survey include measures of mental health and gambling issues in Ontario. The survey is conducted in four cycles (three months each, starting with a January to March cycle and finishing with an October to December cycle) in six geographic regions (Metro Toronto, Central West, Central East, West, East and Northern Ontario).

The results of Statistics Canada's 2013 Residential Telephone Survey showed that more than one in five households in Canada have cell phones as their only form of telephone service. In households where all residents are 35 years of age or younger, exclusive use of cell phones is 60%. As a result, landline only RDD telephone surveys can no longer be considered representative of the general population and 'dual frame sampling' (that is, sampling both landline and cell phone numbers) has become best practice in telephone surveys. The CAMH Monitor, since 2016, employed a dual frame sample design in order to represent the adult population of Ontario. That is, people 18 years of age or older who speak English and reside in private homes.

Survey respondents were randomly assigned to one of two versions of the questionnaire ('Panels') of which 1,000 interviews would be Panel A and 1,800 would be Panel B. The study design called for interviews to be equally distributed among the six regions and the four data collection cycles. Twenty percent of the interviews would come from the cell phone sample and 80% would be from the landline sample. The final allocation of the sample for 2018 is detailed in Table 1.1 below.

Table 1.1 Sample Distribution by Sample Type, Panel and Cycle

Sample Type			Cycle				Total
			Jan-Mar	Apr-June	July-Sept	Oct-Dec	
Landline	Panel	A	194	197	213	201	805
		B	367	373	347	350	1437
	Total	561	570	560	551	2242	
Cell	Panel	A	43	53	66	41	203
		B	97	103	74	87	361
	Total	140	156	140	128	564	
Total	Panel	A	237	250	279	242	1008
		B	464	476	421	437	1798
	Total	701	726	700	679	2806	

2 SAMPLE DESIGN

2.1 Landline Sample Introduction

The sample of landline telephone numbers used for the 2018 CAMH Monitor followed the same procedures as used in previous years. The sample was not a simple random sample as it was both *clustered* and *stratified* and thus falls into the class of what are now commonly called “complex samples.” *Clustered* because the probability of an adult member of the household being selected for an interview varied inversely with the number of people living in that household; *stratified* because the likelihood of being interviewed varies by 6 regions.

To select individual survey respondents in the landline sample a two-stage probability selection process was utilized. The first stage involved the selection of households by randomly selecting telephone numbers from each of the 6 regions in Ontario.

2.2 Landline Sample Selection of Households

The ideal sampling frame from which to select the households would have been a complete listing of all residential telephone numbers in Ontario. Unfortunately, such a listing does not exist. To select telephone numbers for the landline sample ISR employed a modified form of random digit dialling, or ‘list assisted random digit dialling’. All telephone numbers in Ontario consist of an area code, a “central office code” or “exchange” (the first three digits of the telephone number) and a “suffix” or “bank” (the last four digits of the number). A list of most landline telephone numbers in Ontario can be constructed from digital versions of telephone books (that is 'listed' numbers), but to supplement this list, commercially available lists of telephone numbers (and addresses) from multiple sources are used. Numbers from these sources are included in the sampling frame. Statistical software is then used to generate a random sample of telephone numbers from all numbers on list.

As well as household telephone numbers, this sample includes some “not-in-service”, “non-residential”, and unlisted telephone numbers. Typically, non-household numbers are identified the first time the interviewer calls. Most of the interviewers’ subsequent efforts are then directed at identified households, encouraging an informant from the household to provide information about the number of adults living in the home, and after randomly selecting a respondent, completing the interview.

There is some variation in both the likelihood of telephone numbers selected to be households and in the propensity to respond to the survey by region. As a result, the actual sample size varies somewhat between the six regions. The counties and area codes included in each of the six regions, as well as the number of landline interviews by region per cycle are detailed in Table 2.1.

Table 2.1 CAMH Monitor Regional Stratification for the Landline Sample

Region	Counties	Area Codes	Cycle				Total
			Jan-Mar	Apr-June	July-Sept	Oct-Dec	
Metro Toronto	City of Toronto	416, 647	94	98	91	90	373
Central West	Halton; Hamilton-Wentworth; Peel; Waterloo; Wellington; Dufferin; Niagara; Brant; Haldimand-Norfolk	519, 905, 226, 289	94	90	96	93	373
Central East	Simcoe; York; Haliburton; Peterborough; Kawartha Lakes; Northumberland; Durham	705, 905, 289	93	99	90	88	370
West	Kent-Chatham; Huron; Perth; Elgin; Oxford; Middlesex; Grey; Bruce; Lambton; Essex	519, 226	93	97	92	96	378
East	Stormont, Dundas and Glengarry; Prescott-Russell; Ottawa-Carleton; Renfrew; Lanark; Leeds-Grenville; Hastings; Prince Edward; Frontenac; Lennox and Addington	613	93	96	95	91	375
North	Kenora; Rainy River; Thunder Bay; Muskoka; Parry Sound; Nipissing; Timiskaming; Algoma; Manitoulin; Sudbury RM; Sudbury TD; Cochrane	705, 807	93	90	96	93	373
Total			561	570	560	551	2,242

2.3 Landline Sample Selection of Respondents

The second stage of the landline sample selection process was the random selection of a respondent from the selected household. To be eligible for the interview the household member had to be an adult (18 years of age or older) and able to speak English.

In order to increase the chances of selecting a younger adult (age 18 to 30) as the respondent to increase sample representativeness, interviewers asked, “*Including yourself, how many people between 18 and 30 years of age live in your household?*” If there was only one person who was between the ages of 18 to 30 living in a household, this person was identified as the respondent. If there were two or more younger adults in a household, one of the younger adults was randomly selected using the next birthday method. In households where there was no one under 30 years of age, there was no change in the probabilities of selection and the next birthday selection method was used.

The introductory script used by interviewers to select landline respondents and obtain consent is shown in Appendix C (page 54).

2.4 Cell Phone Sample Introduction

There are two approaches to incorporating cell phone samples into a dual frame design – overlapping and non-overlapping. With an overlapping approach, the cell phone sample is not screened for landline *and* cell users. Conversely, with a non-overlapping approach, the cell phone sample is screened for cell phone only households (i.e., overlapping units are removed from the sample frame). The CAMH Monitor employs the overlapping approach.

While the non-overlapping approach is attractive because it does not have the same statistical complexity as an overlapping design, Kelly, Montgomery, Barron and Koppelman (2012) found that using the overlapping sample is more cost effective. Cost aside, another critical consideration is non-response error. Dual frames are used to limit coverage error, but a non-overlapping design may lead to non-response bias. For example, if dual users are unlikely to be reached on their landline, but are not eligible to complete a telephone survey if reached on their cell phone, the screening approach (i.e., a non-overlapping design) may increase non-response error if dual users differ from landline only respondents.¹³

The overlapping approach uses weights to account for the fact that some respondents have multiple chances of selection (see Section 3 on Weights).

2.5 Cell Phone Sample Selection of Households

Similar to the selection of the landline sample, cell phone telephone numbers were randomly selected from all six regions. However, unlike landline telephone numbers, a listing of all cell phone numbers (i.e. ‘phonebook’) is not possible to construct. The cell phone sample was created from a list of dedicated cell phone exchanges associated with the “rate centres” that cover each of the regions. Rate centres were at one time the physical location where that phone exchange switching station was located, but is now essentially the free dialling zone associated with the cell phone number.

Using rate centres, as compared to telephone numbers and reverse directories, results in a larger calling zone than a landline sample for the same geographic area and thus requires a larger sample and increased screening to determine if the cell phone number is in the designated geographic area. Unlike the landline sample, it is not possible to obtain street (or mailing) addresses for cell phone numbers so advance letters are not sent. Similar to landline samples, the cell phone sample includes “not-in-service” and “non-residential” telephone numbers, but unlike landline numbers a non-trivial proportion of the numbers are screened out as they are only used by youth, are business numbers, etc. Given the geographical flexibility of cell phone numbers where a person can live in one area code but have a cell phone registered in a different area code, a considerable number of cell phone numbers are re-allocated to the correct region based on the postal code provided by the respondent.

¹³ Alanya and De Keulenaer (2012) found that overlapping dual frame samples (with appropriate weights) produced better population estimates in Belgium and Spain.

Table 2.2 CAMH Monitor Regional Stratification for the Cell Sample

Region	Counties	Area Codes	Cycle				Total
			Jan-Mar	Apr-June	July-Sept	Oct-Dec	
Metro Toronto	City of Toronto	226,416,519, 613,647,705, 905	34	40	38	29	141
Central West	Halton; Hamilton-Wentworth; Peel; Waterloo; Wellington; Dufferin; Niagara; Brant; Haldimand-Norfolk	226,289,416, 519,647,905	16	22	9	12	59
Central East	Simcoe; York; Haliburton; Peterborough; Kawartha Lakes; Northumberland; Durham	289,416,613, 647,705,905	21	24	20	21	86
West	Kent-Chatham; Huron; Perth; Elgin; Oxford; Middlesex; Grey; Bruce; Lambton; Essex	226,519	21	26	24	23	94
East	Stormont, Dundas and Glengarry; Prescott-Russell; Ottawa-Carleton; Renfrew; Lanark; Leeds-Grenville; Hastings; Prince Edward; Frontenac; Lennox and Addington	289,519,613	23	22	26	23	94
North	Kenora; Rainy River; Thunder Bay; Muskoka; Parry Sound; Nipissing; Timiskaming; Algoma; Manitoulin; Sudbury RM; Sudbury TD; Cochrane	226,289,613, 647,705,807	25	22	23	20	90
Total			140	156	140	128	564

2.6 Cell Phone Sample Selection of Respondents

Unlike landline samples there is no random selection of a respondent from the household. While the assumption is that a landline telephone number is associated with all eligible members of the household, this is not the case for cell phone numbers. For the CAMH Monitor cell phone sample (as with most cell phone surveys), the assumption is that each cell phone number is linked to a single individual and is not shared with other household members. Therefore, regardless of the number of adults living in the household, the number of adults in the household is considered to be '1' for all cell phone sample cases. The interviewing protocol for cell phone sample determines whether the cell phone is mainly used for personal use rather than business use, and that the respondent is at least 18 years old and is in a place where they can safely talk on the phone and answer questions (i.e. not driving).

The introductory script used by interviewers to select cell phone respondents and obtain consent is shown in Appendix C (page 54).

3 WEIGHTING

3.1 Introduction

As mentioned in Section 1, the CAMH Monitor does not employ a simple random sample. In order to provide unbiased estimates it is necessary to correct for these unequal probabilities of selection. In addition, it has become common in survey research for the data to have post stratification weights to account for differential response rates by gender and age. The ‘dual frame’ sample methodology also has implications for weighting. Respondents who have both cell phone and landline telephones have a higher chance of being interviewed than respondents who only have a landline or only have a cell phone. The computation of these weights is outlined below.

3.2 Region Weights

The region weights for the 2018 data file were calculated exactly the same way they were in 2017 and previous years. While there is considerable variation in percentage of the adult population in each of the six regions, there is a near equal distribution of the survey sample among the regions. This equal distribution maximizes the analyst’s ability to make regional comparisons. However, the data must be weighted so each region’s impact on provincial estimates corresponds to the relative size of that region.

Region weights are obtained by dividing the proportion of households in the population of each region by the proportion of households in the sample for that region (see Appendix F1 which outlines how the population totals for each region was calculated). For example, Region 1 (Metro Toronto) has a weight of 1.149731 (which is the determined by dividing the proportion of the population in Region 1 (.2106) by the proportion of the sample (.183179) in Region 1. In preparing provincial estimates, each Metro Toronto case counts for 1.149731 observations in the weighted data set. In other words, Toronto cases are “weighted up” so that the impact of the Toronto interviews on provincial estimates is an accurate reflection of the region’s proportion of the total number of households in Ontario. Conversely, regions where the weights are less than one, for example 0.487087 in region 6 (North), interviews need to be “weighted down” in order to obtain correct provincial estimates.

Region weights are computed for each of the four cycles and are included in the data set. The variable ‘rwgtdf1’ is the region (*r*) weight (*wgt*) for the dual frame (*df*) sample in cycle one (*1*) of the 2018 data collection. In the second cycle the region weight variable is: ‘rwgtdf2’, in the third ‘rwgtdf3’, etc. The region weight for cycles 1 and 2 is ‘rwgtdf12’, etc., and the region weight for the year is ‘rwgtdfall’. The weights for each cycle and combination of cycles are computed using the same procedure.

Table 3.1 Population, Sample Distribution and Region Weights

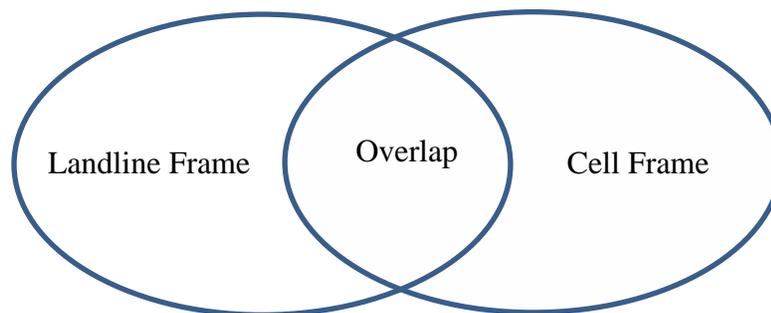
Region	pop #	pop %	sample #	sample %	Weight (rwgtdfall)
1 Metro Toronto	1,179,057	0.210606	514	0.183179	1.149731
2 Central East	979,553	0.174970	459	0.163578	1.069645
3 Central West	1,492,150	0.266532	429	0.152887	1.743330
4 West	708,804	0.126609	472	0.168211	0.752677
5 East	788,878	0.140912	469	0.167142	0.843066
6 North	449,949	0.080371	463	0.165004	0.487087
Total	5,598,391	100	2,806	100	

3.3 Household Weights

The probability of an adult member of the household being selected for an interview varies inversely with the number of eligible adults living in that household.¹⁴ In a household with only one adult, this person has a 100 percent chance of selection; in a two-adult household each adult has a 50 percent chance of selection, and so on. Analyses based on unweighted estimates are therefore biased: members of one adult household are over-represented, and larger households with two or more adults are under-represented.¹⁵

Household weights, at the most basic level, are just based on the number of adults. When there is only one adult in the household the respondent has weight of 1, when there are two adults in the household the respondent has a weight of 2, and so on. However, by assigning weights just based on household size the sample size will become larger as the number of adults represented will, of course, be greater than the number of interviews completed. When these weights are prorated so the sample size is constant the sample size roughly doubles so the prorated weights are .5, 1.0, 1.5, etc. for 1, 2, and 3 adults households respectively. But these weights need to be refined based on the number of phones in the household. Recognition of the two samples sources (landline and cell phone) and accounting for the number of telephones in the household represents a departure from the way the household weights have been computed in the past.

The dual frame sample can be considered as overlapping sets as pictured in the diagram below. There are two frames; the landline frame and the cell phone frame, but of course many people will have both cell and land line phones (the area of overlap in the diagram below). Further, cell phones are usually used by just the 'owner' where as landline telephones are typically shared by the household. Cell phone owners, selected from the cell phone frame are assumed to be a one adult household. And lastly, a person can have more than one cell phone and more than a single landline number. A person with only one cell phone will have a lower chance of being interviewed than a person who has a cellphone and a landline (and thus a larger weight). A person with multiple landlines (not used primarily for non-residential uses) has a greater chance of being interviewed than a person with a single landline (and thus have a lower weight).



¹⁴ At the start of the survey informants are asked about the number of adults living in the household but not all of them provide correct or complete information about the household composition. For example, respondents who live alone may indicate that two or more adults live in the household for safety purposes. Information about household size and marital status, collected in the demographic section at the end of the questionnaire, are used along with the number of adults question prior to the start of the survey to create the variable 'nadultsfix'.

¹⁵ Weighting to correct for unequal probabilities of selection, stratification, and other factors in order to improve sample estimates is common in survey research. See, for example: Babbie, 1992 Chapter 5; and Kish, 1965, specifically addresses the issue of weighting to correct for unequal probability of selection at the household level (p. 400) and suggests, unlike most survey researchers, that household weighting may not be necessary.

The dual frame weights are probability weights (i.e. weights proportional to the inverse of the probability of a respondent (individual case) being selected for the survey). This computation is described in formulae 1 and 2 below. The household weights reflect the number of people in the household (as the number of people in the household goes up, the probability of being interviewed goes down, so the weight goes up). See the use of the variable ‘nadultsfix’ in the fourth formulae below as well as the number of phones the respondent has access to (as the number of phones goes up so does the chance of interviewed so the weight goes down). This information is summarized in the third formula presented below.

In order to calculate this probability (P), the standard probability formula for the union of two sets, say A (Landline Frame) and B (Cell Frame):

$$1. \quad P(A \cup B) = P(A) + P(B) - P(A \cap B)$$

U is a set theory operator for the union (i.e. amalgamation) of sets. \cap is a set theory operator for the intersection (i.e. overlap) of sets. Also, assuming A (having a land line) and B (having a cell phone are independent events (for example, having or not having one does not require you to have or not have the other) :

$$2. \quad P(A \cap B) = P(A) \times P(B)$$

The standard probability formulae (1) and (2) are used above to calculate the probability of a respondent being selected from the dual frame.

Let InS, InS_{LL} and InS_{CP} refer to a respondent being in the combined sample, in the landline sample and in the cell sample, respectively. In this manner, we can then describe the probability of a person being selected in the combined sample by the appropriate substitutions in formula (1) as follows:

$$3. \quad P(\text{InS}) = P(\text{InS}_{LL}) + P(\text{InS}_{CP}) - P(\text{InS}_{LL} \cap \text{InS}_{CP})$$

InS_L (the probability of being in the land line sample) and InS_{CP} (the probability of being in the cell phone sample) can be viewed as independent events. Hence, we can apply formula (2) in formula (3) as follows:

$$4. \quad P(\text{InS}) = P(\text{InS}_{LL}) + P(\text{InS}_{CP}) - P(\text{InS}_{LL}) \times P(\text{InS}_{CP})$$

Next, let S_{LL} be the total number of landlines (landline numbers) reported by respondents in the combined sample. Let, S_{CP} be the total number of cells (cell phone numbers) ascribed to the respondents in the combined sample. Let LL be the number of landlines (landline numbers) in the respondent’s household. Let CP be the number of cell phones (cell phone numbers) used by a respondent. ¹⁶ Note the average number of landlines in a household is close to 1, but it is slightly lower for adults with cell phones.

Finally, let ‘nadultsfix’ be the number of adults in the respondent’s household. In the cell frame, the number of adults in the household is taken to be one because a cell phone is deemed a personal device (for one person and not others that may be in a household). Based on the information from the CAMH Monitor survey, we can then describe the probability of the respondent being in the landline sample as follows:

$$P(\text{InS}_{LL}) = (1/S_{LL}) \times LL \times (1/\text{nadultsfix}).$$

Similarly, we can describe the probability of the respondent being in the cell sample as follows:

$$P(\text{InS}_{CP}) = (1/S_{CP}) \times CP \times (1/\text{nadultsfix})$$

¹⁶ For the first cycle of 2017, we assumed each respondent had/used only one cell phone. As a result, CP was set to 1 if the respondent was contactable by cell phone, and 0 if not. From the second wave of 2017 forward, this number was determined by the respondent’s answer to a question on the number of cellphones they had, so it could be set to 0, 1, 2, etc.

For respondents selected from the cell frame, as noted above, *nadultsfix* is set to 1. These points simplify the calculation of $P(\text{InS}_{\text{CP}})$ as follows:

$$P(\text{InS}_{\text{CP}}) = (1/S_{\text{CP}}) \times \text{CP} \times (1/1) = \text{CP}/S_{\text{CP}} \text{ for Cell frame respondents.}$$

The above results are then used to calculate $P(\text{InS})$ as given in formula (4). The inverse probability weights, the dual frame household weights, are then simply calculated as follows: $\text{Weight} = 1/ P(\text{InS})$.

The computation of the dual frame household weights is completed for each cycle and within each cycle by region and within regions by each household size and sample source (landline, cell or both landline and cell). As a result, there are 255 unique household weights in the 2018 data set. The household weights range from a low of .1274 to a high of 4.7652. The much lower values for the weight results from respondents who have multiple phones, thus a higher probability of selection and a smaller weight. The mean number of phones for those with a household weight under .4 was 3.60 (3.85 in 2017), and the mean number of phones for those with a household weight greater than 2.0 was 1.36. The mean weight for two adult households was 1.01 (.996 and in 2017). The more complex household weights results in more values as the calculation is more sensitive to the respondent's circumstances but they do not fundamentally change the weight values. These dual frame household weights are best understood as an extension of the previous form of household weights employed by the CAMH Monitor and are marginally different from what they would be using the weighting procedures employed in previous years.

The following nomenclature is used for the household weights. The household weight for cycle one of 2018 is *hhwgtdf1*, for the second cycle it is *hhwgtdf2*, etc. The household weight for the 2018 year is '*hhwgtdfall*' (where *hh* stands for household, *wgt* stands for weight, *df* stands for dual frame and *all* stands for all data collection in all four cycles of 2018).

3.4 Post-Stratification Adjustment Weights

As is the case in almost all telephone surveys, younger people and males are less likely to complete the survey so they are under-represented in the CAMH Monitor and older people, particularly women are more likely to complete the survey so they are over-represented. Post-stratification is a method of weighting to account for these under-represented groups in the population. Post-stratification typically results in decreasing bias as the non-response and under-represented groups in the population is adjusted to population norms and this tends to result in smaller variance.

The computation of the eight post stratification weights based on gender and age in the 2018 CAMH Monitor is the same as used in 2017 and previous years. The eight weights result from the intersection of gender (2 categories) by age ~~group~~ (4 categories) as detailed in the table below. Males between 18 and 24 years of age are underrepresented as they account for 5.86% of the population but only 4.28% of the sample and, as a result, must be weighted up and have a weight of 1.370. Conversely, women over 65 years of age are substantially over-represented in the sample (22.17%) as compared to the population (11.48%) so are weighted down (0.518). A frequency count on the variable '*agwgt sampall*' will produce these figures. Given the small sample size for each cycle, the Post-Stratification Adjustment Weights are only computed for the complete sample at year end.

Table 3.2 Population, Sample Distribution and Post Stratification Weights

Gender / Age Group	pop #	pop %	sample #	sample %	Weight (agwgtsampall)
Male 18 - 24	631,060	5.86%	120	4.28%	1.370549
Female 18 - 24	601,190	5.58%	133	4.74%	1.178054
Male 25 – 44	1,678,505	15.59%	230	8.20%	1.901954
Female 25 - 44	1,774,960	16.49%	279	9.94%	1.658019
Male 45 – 64	1,859,055	17.27%	434	15.47%	1.116369
Female 45 - 64	1,970,270	18.30%	558	19.89%	0.920231
Male 65 and older	1,015,655	9.43%	430	15.32%	0.615578
Female 65 and older	1,236,000	11.48%	622	22.17%	0.517885
Total	10,766,695	100%	2,806	100%	

3.5 Cumulative Weights for Provincial Estimates

In order to produce provincial estimates it is advisable to correct for both the unequal probabilities of selection as well as on variation in response rate by age and gender. Following the methodology used by CAMH in previous years, the data file was first weighted by region and household size. This weighted data file was then subject to the age and gender post stratification weights. Computing the final weights in this manner ensures that the proportion of each of the age and gender categories in the sample match that of the population.¹⁷ The weight ‘*samprhhagwgtall*’ sums to the sample size of 2,806 cases and the weight ‘*poprhhagwgtall*’ sums to the population (10,766,695).

¹⁷ More conventionally, this ‘final’ weight is produced by multiplying the weights together so that household size, region, number of phones (cell and landline), gender and age are included in a single weight. Using this method, the final weight still adds up to the total sample or population, but the totals for each strata or cluster such as region, number of phones, household size, age and gender will not exactly match those of the actual population. Departures from the population numbers are distributed among all of the weighting factors, whereas with the CAMH method forces more of the departures from the population to be assumed in region, household size and number of phone components but provides estimates that more closely match the population on age and gender.

4 DATA COLLECTION

4.1 Introduction

Most of the questions used in the survey had been used in previous CAMH Monitors. New questions were tested and revised as needed before the start of data collection. Survey respondents were randomly assigned to either version of the questionnaire (Panel A or B). Overall, the average length of the interview was 22.6 minutes (22.3 minutes for interviewers from the landline sample and 23.8 minutes for the cell phone sample). The Panel A version of the questionnaire was shorter with an average interview length of 21.6 minutes compared to 23.1 minutes for the Panel B version.

All interviews were completed between January 3th and December 17, 2018 at the Institute for Social Research's centralized CATI (Computer Assisted Telephone Interviewing) facilities at York University. With CATI, interviewers read questions from a computer screen and enter answers directly into a series of computer files for processing. CATI software automates skip patterns so that interviewers do not have to determine what questions need to be asked based on either the respondent's previous answers or which version of the questionnaire the case has been assigned.

Each supervisory station is equipped with a video display terminal that reproduces an image of the interviewer's screen so that supervisors can monitor (listen to) interviewer's calls and visually verify that the interviewer has recorded the respondent's answer correctly.

4.2 Advance Letters

Advance letters were sent to all households in the landline sample (as noted above it is not possible to send advance letters to the cell phone sample.) Postal addresses were obtained by looking up telephone numbers in reverse directories (that include names, street addresses and postal codes). While the extent of variation is not clear, the quality of the reverse directories is not consistent across the province. Directories seem to be updated more frequently in larger urban areas but these placers also have greater residential mobility. Apartment numbers are not always included in addresses for apartment dwellers.

The letters sent by ISR were printed on CAMH letterhead, addressed to the household (e.g. 'The Smith Household'), and mailed in CAMH envelopes (see Appendix D). ISR seeds the sample by including letters to current and former staff in the mailings. Calls are made once these staff report receiving the letters.

4.3 Call Attempts and Fieldwork Disposition

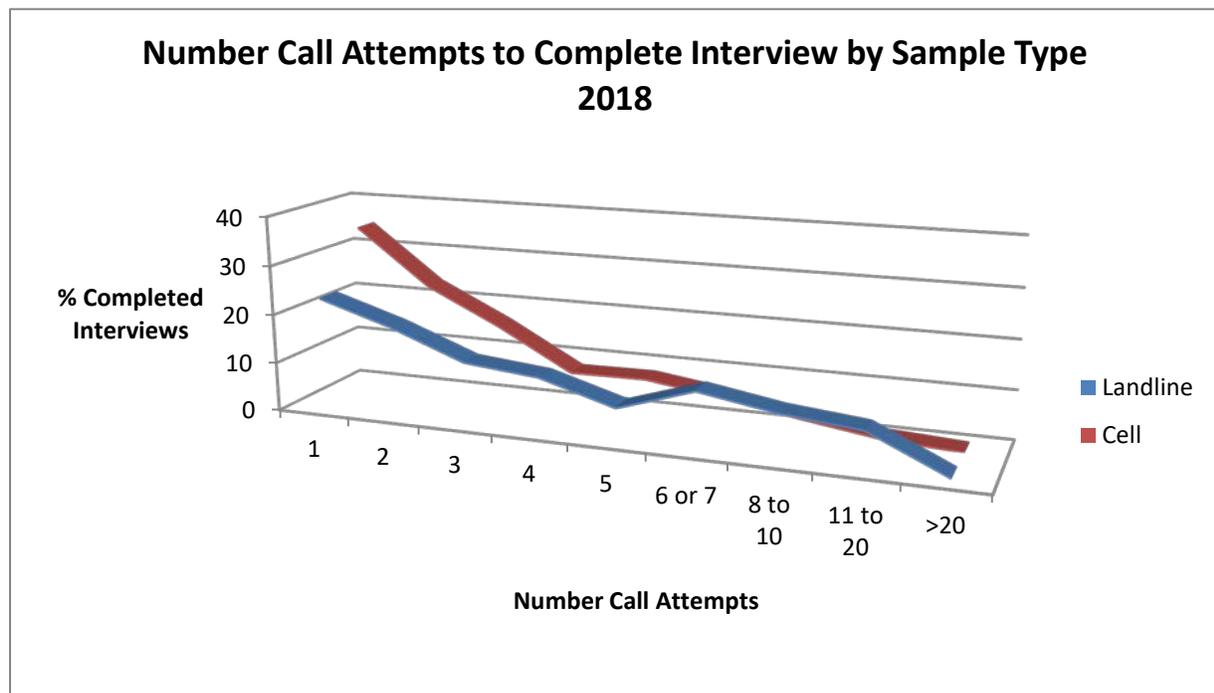
To maximize the chances of getting a completed interview from each sampled telephone number, call attempts were made during the day and the evening – for both week and weekend days. This call schedule allows for maximum productivity thus respecting respondents' preferences for when to complete the interview. An automated call scheduler program is used to track all calls and determine the optimal time to call each number based upon a pre-programmed algorithm. In addition, with the scheduler, interviewers can attach information to a telephone number so that call backs are arranged at a time designated by the potential respondent. While some respondents are easy to reach and complete the interview the first or second time called, many respondents are harder to reach at home and many more call attempts are required.

Overall 25% of interviews were completed the first time the interviewer called (23% for landline and 35% for cell) and about 68% of the interviews took fewer than five call attempts to complete (65% for landline and 82% for cell).

Table 4.1 Number of Call Attempts 2016 to 2018

2018					2017				2016			
Attempts	LL #	LL %	CP #	CP %	LL #	LL %	CP #	CP %	LL #	LL %	CP #	CP %
1	515	23	196	35	444	18	89	30	614	20	37	22
2	411	18	132	23	422	17	61	21	487	16	35	20
3	282	13	91	16	326	13	38	13	410	13	22	13
4	249	11	44	8	272	11	30	10	293	10	18	11
5	148	7	45	8	237	9	18	6	205	7	10	6
6 or 7	260	12	33	6	315	13	28	10	332	11	22	13
8 to 10	202	9	18	3	280	11	23	8	269	9	11	6
11 to 20	168	7	5	1	218	9	5	2	390	13	15	9
>20	7	0	0	0	6	0	0	0	42	1	1	1
Total	2,242	100	564	100	2,520	100	292	100	3,042	100	171	100

Note: LL = Landline; CP = Cell Phone



The number of call attempts for landline samples has not systematically varied over the past three years. The distribution of call attempts in 2018 is much like that of 2017 and 2016. For example, the number of interviews completed in one or two calls from 2018 to 2016, was 41%, 35% and 36% respectively. The number of interviews that took more than 10 calls to complete over the same three years was 7%, 9% and 14%. The variable ‘attempts’ in the data file indicates the number of calls required to obtain a completed interview.

In addition to making numerous call attempts and spreading these attempts over day, evening and weekend time slots, efforts are also made to “convert” refusers during the last few weeks of each data collection cycle. Many researchers have found that respondents who are “hard to reach” or “refusers” have characteristics that are somewhat different from typical survey responders – those who are easy-to-reach, often home and willing to do the interview when first contacted. (Dunkelberg and Day, 1973; Steech, 1981; and Fitzgerald and Fuller, 1982; Elsbett-Koeppe et al, 2004).

Most respondents and/or households who refused to participate in the survey when initially contacted were called a second time. Households where the person who refused was aggressive (for example, swearing at the interviewer) or asked to be placed on a ‘do-not-call’ list are not phoned again. Refusal conversions are the result of interviewer skill, considerable effort, and fortuitous timing. When the interviewer calls to make the conversion attempt, a different and more willing household member may answer the telephone. Or, the call may be made at a time when the household informant or respondent is more receptive to completing the interview.

Refusal conversion attempts are made by the top 15% of CAMH Monitor interviewers. The variable ‘refusals’ in the data set identifies completed interviews that were “converted” refusals. In 2018, 11% of interviews from the landline sample were completed with respondents who initially refused to participate compared to 15% in 2017 and 11% in 2016. However, the refusal conversion rate for the cell phone sample in 2018 was much lower at only 3% (compared to 2% in 2017).

As there is no respondent selection within the cell phone sample frame (as described in Section 2.6), this is in large part a result of reaching again the same respondent who previously refused and not some other member of the household. In general, research on call backs and response rates indicates that refusal conversion attempts have limited success and substantially increase the potential for agitating cell phone respondents.¹⁸

4.4 Response Rates

4.4.1 Landline Sample

It is widely recognized that response rates of landline household random digit dialing surveys have been declining over the past two decades (AAPOR 2011, Curtin, Presser and Singer, 2005). Many factors contribute to the decline of response rates, among them a general unwillingness to participate in surveys of any kind and new technologies which allow potential respondents to screen callers using call blocking and caller ID.

¹⁸ Secondary Research into Cell Phones and Telephone Surveys, Public Works and Government Services Canada (PWGSC), 2012

In addition, there are numerous ways to calculate response rates (AAPOR 2011, and Dillman, 2000). The response rate calculation used here approximates the AAPOR (American Association for Public Opinion Research) Response Rate 3 (RR3) and is defined as the number of completed interviews divided by the estimated number of eligible households times 100 percent.

The calculation for 2018 CAMH Monitor landline response rate is as follows. Of the 9,835 landline telephone numbers included in the sample, 6,501 were identified as eligible households (Table 3.2). Not eligible households (e.g. respondents unable to speak English, and those with cognitive difficulties as well as non-residential and not in service numbers, etc.) accounted for 2,680 of the telephone numbers. Despite multiple call attempts, it was not possible to determine the eligibility status for 654 of the sampled telephone numbers. As a result, an overall response rate of 32% was achieved for the 2018 CAMH Monitor’s landline sample.

Table 4.2 Landline Response Rate by Region

Call Outcome/Rate	REGION						Overall
	1 Metro	2 Central East	3 Central West	4 West	5 East	6 North	
Completions	373	373	370	378	375	373	2242
Refusals	678	528	534	517	616	535	3408
Callbacks	233	186	138	112	95	87	851
Ill/lang/away/no adult	218	77	110	77	70	66	618
NIS/Non-residential	373	390	442	301	273	283	2062
Inaccessible/Not answered	132	120	124	106	95	77	654
Total	2007	1674	1718	1491	1524	1421	9835
Eligibles (completions + refusals + callbacks)	1284	1087	1042	1007	1086	995	6501
Not Eligibles (non-residential + ineligible hh's)	591	467	552	378	343	349	2680
Eligibility not determined	132	120	124	106	95	77	654
HH Eligibility rate (eligibles divided by (eligibles + not eligibles))	0.68	0.70	0.65	0.73	0.76	0.74	0.71
Est. number of eligibles (eligibles plus est. number of eligibles from never answered)	1374	1171	1123	1084	1158	1052	6964
Response rate (completions divided by estimated number of eligibles times 100)	27	32	33	35	32	35	32
Refusal rate (refusals divided by estimate number of eligibles times 100)	49	45	48	48	53	51	49

4.4.2 Cell Phone Sample

Over the last several years, survey researchers have found that the response rates for cell phone surveys are generally lower than landline surveys by 10 to 15 percentage points (Steech and Piekarski, 2008). More recent research suggests this gap has been reduced somewhat in recent years and now is closer to a five to ten percent gap. The reduction in the response rate gap between the two sample types is accounted for more by a trend to lower landline response rates than increasing cell phone response rates (AAPOR, Education Resources Reports, 2010). Using the same formula as used for the landline sample, the response rate for the cell phone sample was 21%. This is 11% lower than that for the landline sample.

Table 4.3 Cell Phone Response Rate by Region

Call Outcome/Rate	REGION						Overall
	1 Metro	2 Central East	3 Central West	4 West	5 East	6 North	
Completions	141	86	59	94	94	90	564
Refusals	318	172	161	219	147	164	1181
Callbacks	287	65	79	83	88	95	697
Ill/lang/away/no adult	70	14	13	12	11	10	130
NIS/Non-residential/not in region	262	258	285	152	114	184	1255
Inaccessible/Not answered	101	54	74	21	42	43	335
Total	1179	649	671	581	496	586	4162
Eligibles (completions + refusals + callbacks)	746	323	299	396	329	349	2442
Not Eligibles (non-residential + ineligible hh's)	332	272	298	164	125	194	1385
Eligibility not determined	101	54	74	21	42	43	335
HH Eligibility rate (eligibles divided by (eligibles + not eligibles))	0.69	0.54	0.50	0.71	0.72	0.64	0.64
Est. number of eligibles (eligibles plus est. number of eligibles from never answered)	816	352	336	411	359	377	2656
Response rate (completions divided by estimated number of eligibles times 100)	17	24	18	23	26	24	21
Refusal rate (refusals divided by estimate number of eligibles times 100)	39	49	48	53	41	44	44

Table 4.4 Comparison of Landline and Cell Phone Sample Outcomes

	Refusals	Never answered	Not in Service/Not residential/Not in region
Landline	35%	7%	21%
Cell	28%	8%	30%

Twenty-eight percent of telephone numbers in the cell phone sample resulted in refusals, which is slightly lower than the 35% for the landline sample (see Table 4.4). In the landline sample virtually all of the telephone numbers were confirmed by the respondent to be in the ‘correct’ or expected region whereas about 14% of the cell phone numbers reached people who did not live in the expected region (compared to about 10% in 2017). These interviews were assigned to the correct region based on the postal code provided by the respondent.

4.4.3 Dual Frame Sample

The response rate for both landline and cell phone samples is 30% overall for 2018 as shown in Table 4.5. The combined response rate is computed to weighting the respective size of the two samples. The total sample equals that landline sample plus the cell phone sample. The proportion of each sample is calculated using the total sample as the denominator. The formulae for the proportions of the sample are:

$$P1 = \text{TOTAL LANDLINE SAMPLE} / (\text{TOTAL LANDLINE SAMPLE} + \text{TOTAL CELL PHONE SAMPLE})$$

$$P2 = \text{TOTAL CELL PHONE SAMPLE} / (\text{TOTAL LANDLINE SAMPLE} + \text{TOTAL CELL PHONE SAMPLE})$$

The formula for the combined landline and cell phone weighted response rate is:

$$\text{COMBINED RESPONSE RATE} = (P1 * \text{LANDLINE RESPONSE RATE}) + (P2 * \text{CELL PHONE RESPONSE RATE})$$

Table 4.5 Weighted Response Rate by Region

Weighted Response Rates	REGION						Overall
	1 Metro	2 Central East	3 Central West	4 West	5 East	6 North	
Wave 1 (Jan-Mar 2018)	23%	31%	29%	31%	31%	34%	29%
Wave 2 (Apr-June 2018)	25%	31%	34%	36%	34%	33%	31%
Wave 3 (July-Sept 2018)	26%	29%	34%	33%	28%	33%	30%
Wave 4 (Oct-Dec 2018)	26%	32%	27%	32%	33%	32%	29%
Overall (January - December 2018)	24%	31%	31%	33%	33%	33%	30%

5 DATA FILE PREPARATION

5.1 Introduction

The data file created in CATI is run through the internal CATI cleaning process to identify combinations of questions and answers that are not ‘logical’ based on the logic built into the questionnaire. This cleaned file is then output to a SPSS file and in this process the data are anonymized (for example, telephone numbers are not extracted from the CASES file) but a common CASEID number is stored with both the data file and the telephone record and other identifying information.

A set of frequencies for each question are reviewed to identify any anomalies in the number of valid cases, and to check variable and value names and labels. Text answers that interviewers have entered are reviewed and recoded as appropriate.

5.2 Other Specify Text Responses

Some of the questions allowed for a response other than those provided to respondents by interviewers. For example, in question (variable) ‘tecig8’ e-cigarette smokers were asked where they buy e-cigarettes and interviewers had a pre-programmed list of responses such as convenience stores, vape or e-cigarette stores, etc. as well as an “other” response where they could type in an answer that was not captured in the pre-programmed list. The same type of question and answer style was used for where smokers purchased their cigarettes (tp70), the best way to regulate cannabis (cnp1), and several other questions. Most of the questions in the demographic section at the end of the questionnaire (religion, gender, employment status ethnicity, race, etc.) allowed an interviewer to enter a text answer. After data collection these text answers are reviewed and, when it makes sense, recoded into an existing category. This process is completed as part of the data file preparation work. The remaining text responses that are not recoded into the existing categories are provided as an Excel file.

5.3 Assigning Missing Values

With some frequency, whether or not a respondent is asked a question is conditional on answers to previous questions. For example, respondents who said they do not smoke cigarettes at question tc1, and then said they never smoked at least 100 cigarettes in their life, skipped all of the rest of the questions about smoking cigarettes (tc3 to tc10) and have “missing data” for the questions they skipped. The same logic applies to the consumption questions for alcohol and other drug use.

The most frequent source of non-response in the CAMH Monitor is based upon questionnaire version. Panel A respondents were not asked questions about drinking and driving, driving after having cannabis, traumatic brain injuries, use of pain medication and other sets of questions. As a result, they have missing data for all questions from these sections of the questionnaire. Likewise, there are sets of questions not asked of Panel B respondents and these questions occur as missing data for those respondents. The variable ‘panel’ indicate which version of the questionnaire was used for each interview.

5.4 Geographic Variables

Respondents are asked to provide their postal code at the end of the interview and most do (93% for landline respondents and 99% for cell phone respondents). When the postal code is not supplied by the respondent, or the postal code provided is clearly incorrect, the last postal code associated with the telephone number, as determined by reference to a reverse directory, is assigned as the postal code. The variable 'pcode_source' indicates whether or not the postal code was supplied by the respondent or determined by reference to an external-to-the-survey source.

For those respondents for whom a postal code was available, postal code was used to assign each respondent to a Local Health Integration Network (LHIN), Public Health Unit (PHU), Public Health Unit Toronto Neighbourhood, and Health District where they reside using Statistics Canada's Postal 2015 Code Conversion File (PCCF).

**APPENDIX F1
POPULATION FIGURES PER REGION**

<i>Region</i>	<i>County</i>	<i># households 2016 census</i>	<i>% households 2016 Census</i>
Metro Toronto	Metro Toronto	1,179,057	0.2106064
Central East	Durham	233,936	
	Northumberland	39,032	
	Peterborough	70,551	
	Haliburton	21,113	
	York	369,928	
	Simcoe	206,549	
	Kawartha Lakes	38,444	
	TOTAL	979,553	0.1749705
Central West	Halton	198,164	
	Hamilton	222,918	
	Waterloo	214,299	
	Wellington	90,846	
	Dufferin	22,889	
	Niagara	196,241	
	Brant	54,626	
	Haldimand-Norfolk	48,249	
	Peel	443,918	
	TOTAL	1,492,150	0.2665319
West	Chatham-Kent	46,287	
	Huron	28,369	
	Perth	31,747	
	Elgin	36,613	
	Oxford	45,350	
	Middlesex	203,349	
	Grey	47,560	
	Bruce	41,183	
	Lambton	59,777	
	Essex	168,569	
	TOTAL	708,804	0.1266085
	East	Stormont, Dundas and Glengarry	50,455
Prescott-Russell		36,783	
Ottawa		395,985	
Renfrew		49,860	
Lanark		32,695	
Leeds-Grenville		48,226	
Hastings		65,136	

	Prince Edward	12,899	
	Frontenac	77,155	
	Lennox and Addington	19,684	
	TOTAL	788,878	0.1409116
North	Kenora	31,191	
	Rainy River	11,217	
	Thunder Bay	72,551	
	Muskoka	46,207	
	Parry Sound	35,226	
	Nipissing	41,200	
	Timiskaming	16,862	
	Algoma	60,324	
	Manitoulin	9,537	
	Sudbury Greater	75,103	
	Sudbury District	12,557	
	Cochrane	37,974	
	TOTAL	449,949	0.0803711
	TOTAL	5,598,391	

References

- Alanya, A. and De Keulenaer, F. (2012). "A screening or overlapping dual frame approach for telephone surveys in Europe". Paper presented at the *RC33 Eighth International Conference on Social Science Methodology*. Sydney, Australia.
- The American Association for Public Opinion Research (AAPOR) (2011), "Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys," Retired from <http://www.aapor.org>.
- Babbie, Earl. (1992). *The Practice of Survey Research* (6th Edition). Belmont, California:Wadsworth.
- Curtin, Richard, Stanley Presser and Eleanor Singer. (2005). "Changes in Telephone Survey Nonresponse over the Past Quarter Century." *Public Opinion Quarterly*, 69(1), 87-98.
- Dillman, Don A. (2000). *Mail and Internet Surveys: The Tailored Design Method* (second edition). New York: John Wiley and Sons.
- Dunkelberg, William C. and George S. Day. 1973. "Nonresponse Bias and Callbacks in Sample Surveys." *Journal of Marketing Research*, 10, 160-168.
- Elsbett-Koeppen, R., Northrup, D., Noack, A. & Moran, K. (2004). "Survey Methodology, Sample Representativeness, and Accurate Reporting of Population Health Statistics." Poster Presentation, *Global Issues in Surveillance of Health Behaviours in Populations: Translating Data into Action*, Noosavill, Queensland, Australia.
- Fitzgerald, Robert and Linda Fuller. (1982). "I Hear You Knocking But You Can't Come In: The Effects of Reluctant Respondents and Refusers on Sample Survey Estimates." *Sociological Methods and Research*, 11 (1), 3-32.
- Kelly, J., Montgomery, R., Barron, M. and Koppelman, M. (2012). "To Screen or Not to Screen: Cell Phone Only vs. Take All Design for RDD Landline/Cell Surveys". Paper presented at the *RC33 Eighth International Conference on Social Science Methodology*. Sydney, Australia.
- Kish, Leslie. (1965). *Survey Sampling*. New York: John Wiley and Sons.
- Krosnick and Presser, (2010), Question and questionnaire design. In P. Marsden & J.D. Wright (Eds), *Handbook of survey research* (2nd ed., pp.263-313). Howard House, UK: Emerald Group Publishing.
- Statistics Canada (2014). Residential Telephone Service Survey, 2013.
- Steech, Charlotte G. (1981). "Trends in Nonresponse Rates, 1952-1979." *Public Opinion Quarterly*, 45 (1) 40-57.

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