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Anca R. Ialomiteanu
Hayley A. Hamilton
Robert E. Mann
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Survey Series</th>
<th>Mode of Interview</th>
<th>Survey Organization</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1977 ADU</td>
<td>Personal</td>
<td>Gallup</td>
<td>(Smart &amp; Goodstadt, 1977)</td>
</tr>
<tr>
<td>2</td>
<td>1982 ADU</td>
<td>Personal</td>
<td>Gallup</td>
<td>(Smart &amp; Adlaf, 1982)</td>
</tr>
<tr>
<td>3</td>
<td>1984 ADU</td>
<td>Personal</td>
<td>Gallup</td>
<td>(Smart &amp; Adlaf, 1984)</td>
</tr>
<tr>
<td>4</td>
<td>1987 ADU</td>
<td>Personal</td>
<td>Gallup</td>
<td>(Smart &amp; Adlaf, 1987)</td>
</tr>
<tr>
<td>5</td>
<td>1989 ADU</td>
<td>Personal</td>
<td>Gallup</td>
<td>(Adlaf &amp; Smart, 1989)</td>
</tr>
<tr>
<td>6</td>
<td>1991* ADU</td>
<td>Personal &amp; Telephone</td>
<td>Gallup &amp; ISR</td>
<td>(Adlaf, Smart, &amp; Canale, 1991)</td>
</tr>
<tr>
<td>7</td>
<td>1992 OADOS</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ferris, Templeton, &amp; Wong, 1994; Ialomiteanu &amp; Bondy, 1997)</td>
</tr>
<tr>
<td>8</td>
<td>1993 OADOS</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Bondy, 1994)</td>
</tr>
<tr>
<td>9</td>
<td>1994 OADOS</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Adlaf, Ivis, &amp; Smart, 1994; Paglia, 1995)</td>
</tr>
<tr>
<td>10</td>
<td>1995 OADOS</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Anglin, 1995)</td>
</tr>
<tr>
<td>11</td>
<td>1996 ODM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Adlaf, Ivis, Bondy et al., 1997; Adlaf, Ivis, Ialomiteanu, Walsh, &amp; Bondy, 1997)</td>
</tr>
<tr>
<td>12</td>
<td>1997 ODM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Adlaf, Ivis, &amp; Ialomiteanu, 1998; Adlaf, Ivis, Ialomiteanu et al., 1998)</td>
</tr>
<tr>
<td>13</td>
<td>1998 ODM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Adlaf, Paglia, &amp; Ialomiteanu, 1999; Adlaf, Paglia, Ivis, &amp; Ialomiteanu, 1999)</td>
</tr>
<tr>
<td>14</td>
<td>1999 CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Adlaf &amp; Ialomiteanu, 2001a; Adlaf, Ialomiteanu, &amp; Paglia, 2000)</td>
</tr>
<tr>
<td>15</td>
<td>2000 CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Adlaf &amp; Ialomiteanu, 2001b; Adlaf, Ialomiteanu, &amp; Paglia, 2001)</td>
</tr>
<tr>
<td>16</td>
<td>2001 CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Adlaf &amp; Ialomiteanu, 2002a, 2002b)</td>
</tr>
<tr>
<td>17</td>
<td>2002 CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Adlaf &amp; Ialomiteanu, 2003)</td>
</tr>
<tr>
<td>18</td>
<td>2003 CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu &amp; Adlaf, 2004)</td>
</tr>
<tr>
<td>19</td>
<td>2004 CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu &amp; Adlaf, 2005)</td>
</tr>
<tr>
<td>20</td>
<td>2005 CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu &amp; Adlaf, 2006; Adlaf, Ialomiteanu, &amp; Rehm, 2008)</td>
</tr>
<tr>
<td>21</td>
<td>2006 CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu &amp; Adlaf, 2007)</td>
</tr>
<tr>
<td>22</td>
<td>2007 CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu &amp; Adlaf, 2008; Ialomiteanu, Adlaf, Mann, &amp; Rehm, 2009)</td>
</tr>
<tr>
<td>23</td>
<td>2008 CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu &amp; Adlaf, 2009)</td>
</tr>
<tr>
<td>24</td>
<td>2009 CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu &amp; Adlaf, 2010; Ialomiteanu, Adlaf, Mann, &amp; Rehm, 2011)</td>
</tr>
<tr>
<td>Year</td>
<td>Survey Series</td>
<td>Mode of Interview</td>
<td>Survey Organization</td>
<td>Source(s)</td>
</tr>
<tr>
<td>------</td>
<td>---------------</td>
<td>-------------------</td>
<td>---------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>25</td>
<td>CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu &amp; Adlaf, 2011)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Ialomiteanu &amp; Adlaf, 2012; Ialomiteanu, Adlaf, Hamilton, &amp; Mann, 2012)</td>
</tr>
<tr>
<td>26</td>
<td>CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu &amp; Adlaf, 2013)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Ialomiteanu &amp; Adlaf, 2014; Ialomiteanu, Hamilton, Adlaf, &amp; Mann, 2014)</td>
</tr>
<tr>
<td>27</td>
<td>CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu &amp; Adlaf, 2015)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Ialomiteanu, Adlaf, &amp; Mann, 2016; Ialomiteanu, Hamilton, Adlaf, &amp; Mann, 2016; Park, 2016)</td>
</tr>
<tr>
<td>28</td>
<td>CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu, Adlaf, &amp; Mann, 2017; Northrup, 2017)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Ialomiteanu, Adlaf, &amp; Mann, 2018; Mercier, Northrup, &amp; McCague, 2018; Ialomiteanu, Hamilton, Adlaf, &amp; Mann, 2018)</td>
</tr>
<tr>
<td>29</td>
<td>CM</td>
<td>Telephone</td>
<td>ISR</td>
<td>(Ialomiteanu, Hamilton &amp; Mann, 2019; Mercier, Northrup, &amp; McCague, 2019)</td>
</tr>
</tbody>
</table>

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-assisted² 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 quarterly 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

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

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 English 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. 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**

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

*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.

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

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

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 CATI 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. 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).

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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.

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

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%).

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.

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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

Source: Camh Monitor
Table 3. Fieldwork Disposition, Total Sample, CAMH Monitor, 2018

<table>
<thead>
<tr>
<th>CM 2018 Total Sample</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quarter</strong></td>
<td>JAN-MARCH</td>
<td>APR-JUNE</td>
<td>JUL-SEP</td>
<td>OCT-DEC</td>
<td>JAN-DEC</td>
</tr>
<tr>
<td><strong>Month</strong></td>
<td>A+B</td>
<td>A+B</td>
<td>A+B</td>
<td>A+B</td>
<td>A+B</td>
</tr>
<tr>
<td><strong>Panel</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Begin fieldwork</strong></td>
<td>1/03</td>
<td>4/02</td>
<td>7/03</td>
<td>10/01</td>
<td>1/03</td>
</tr>
<tr>
<td><strong>End fieldwork</strong></td>
<td>3/28</td>
<td>6/30</td>
<td>9/30</td>
<td>12/18</td>
<td>12/18</td>
</tr>
<tr>
<td><strong>1. Landline/List Assisted Sample Frame</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total units (1)</td>
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<td>2282</td>
<td>2591</td>
<td>2544</td>
<td>9835</td>
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<td>Resolved [Eligibility known] (2)</td>
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<td>2146</td>
<td>2395</td>
<td>2376</td>
<td>9181</td>
</tr>
<tr>
<td>In scope [Eligible] (4)</td>
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<td>1561</td>
<td>1615</td>
<td>1638</td>
<td>6501</td>
</tr>
<tr>
<td><strong>Respondents (6)</strong></td>
<td>561</td>
<td>570</td>
<td>560</td>
<td>551</td>
<td>2242</td>
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<td>Refusal conversions (11)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Rs (12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-respondents (7)</td>
<td>1126</td>
<td>991</td>
<td>1055</td>
<td>1087</td>
<td>4259</td>
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<td>Refusals (13)</td>
<td>867</td>
<td>811</td>
<td>840</td>
<td>890</td>
<td>3408</td>
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<tr>
<td>Noncontacts (14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other nonrespondents (15)</td>
<td>259</td>
<td>180</td>
<td>215</td>
<td>197</td>
<td>851</td>
</tr>
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<td>Out of scope [Not eligible] (5)</td>
<td>577</td>
<td>585</td>
<td>780</td>
<td>738</td>
<td>2680</td>
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<tr>
<td>Nonexistent units (8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporarily out of scope (9)</td>
<td>577</td>
<td>585</td>
<td>780</td>
<td>738</td>
<td>2680</td>
</tr>
<tr>
<td>Permanently out of scope (10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unresolved/Eligibility unknown (3)</td>
<td>154</td>
<td>136</td>
<td>196</td>
<td>168</td>
<td>654</td>
</tr>
<tr>
<td>Estimated in scope (3A)</td>
<td>115</td>
<td>99</td>
<td>132</td>
<td>116</td>
<td>463</td>
</tr>
<tr>
<td>Estimated out of scope (3B)</td>
<td>39</td>
<td>37</td>
<td>64</td>
<td>52</td>
<td>191</td>
</tr>
<tr>
<td>Landline/List Assisted Response rate ---- (6/(4+3A))</td>
<td>0.31</td>
<td>0.34</td>
<td>0.32</td>
<td>0.31</td>
<td>0.32</td>
</tr>
<tr>
<td>Landline/List Assisted Cooperation/Completion rate ---- (6/(6+13))</td>
<td>0.39</td>
<td>0.41</td>
<td>0.40</td>
<td>0.38</td>
<td>0.40</td>
</tr>
<tr>
<td>Refusal rate --------- (13/4)</td>
<td>0.51</td>
<td>0.52</td>
<td>0.52</td>
<td>0.54</td>
<td>0.49</td>
</tr>
<tr>
<td>Nonresponse rate ------ (7+3A)/(4+3A)</td>
<td>0.74</td>
<td>0.70</td>
<td>0.73</td>
<td>0.73</td>
<td>0.73</td>
</tr>
<tr>
<td>Noncontact rate ------- (14+3A)/(4+3A)</td>
<td>0.06</td>
<td>0.06</td>
<td>0.08</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td><strong>2. Cell Phone Sample Frame</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total units (1)</td>
<td>966</td>
<td>1009</td>
<td>1191</td>
<td>996</td>
<td>4162</td>
</tr>
<tr>
<td>Resolved [Eligibility known] (2)</td>
<td>872</td>
<td>954</td>
<td>1071</td>
<td>930</td>
<td>3827</td>
</tr>
<tr>
<td>In scope [Eligible] (4)</td>
<td>635</td>
<td>670</td>
<td>624</td>
<td>513</td>
<td>2442</td>
</tr>
<tr>
<td><strong>Respondents (6)</strong></td>
<td>140</td>
<td>156</td>
<td>140</td>
<td>128</td>
<td>564</td>
</tr>
<tr>
<td>Refusal conversions (11)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Rs (12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-respondents (7)</td>
<td>495</td>
<td>514</td>
<td>484</td>
<td>385</td>
<td>1878</td>
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<tr>
<td>Refusals (13)</td>
<td>312</td>
<td>330</td>
<td>292</td>
<td>247</td>
<td>1181</td>
</tr>
<tr>
<td>Quarter</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>TOTAL</td>
</tr>
<tr>
<td>---------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>--------------</td>
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<tr>
<td>Month</td>
<td>JAN-MARCH</td>
<td>APR-JUNE</td>
<td>JUL-SEP</td>
<td>OCT-DEC</td>
<td>JAN-DEC</td>
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<tr>
<td>Panel</td>
<td>A+B</td>
<td>A+B</td>
<td>A+B</td>
<td>A+B</td>
<td>A+B</td>
</tr>
<tr>
<td>Begin fieldwork</td>
<td>1/02</td>
<td>4/01</td>
<td>7/02</td>
<td>10/01</td>
<td>1/02</td>
</tr>
<tr>
<td>End fieldwork</td>
<td>3/31</td>
<td>6/30</td>
<td>9/30</td>
<td>12/18</td>
<td>12/18</td>
</tr>
</tbody>
</table>

Noncontacts (14)  
Other nonrespondents (15)  
Out of scope [Not eligible] (5)  
Nonexistent units (8)  
Temporarily out of scope (9)  
Permanently out of scope (10)  
Unresolved/Eligibility unknown (3)  
Estimated in scope (3A)  
Estimated out of scope (3B)  

<table>
<thead>
<tr>
<th>Noncontacts (14)</th>
<th>183</th>
<th>184</th>
<th>192</th>
<th>138</th>
<th>697</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other nonrespondents (15)</td>
<td>237</td>
<td>284</td>
<td>447</td>
<td>417</td>
<td>1385</td>
</tr>
</tbody>
</table>

Out of scope [Not eligible] (5)  
Nonexistent units (8)  
Temporarily out of scope (9)  
Permanently out of scope (10)  
Unresolved/Eligibility unknown (3)  
Estimated in scope (3A)  
Estimated out of scope (3B)  

<table>
<thead>
<tr>
<th>Out of scope [Not eligible] (5)</th>
<th>237</th>
<th>284</th>
<th>447</th>
<th>417</th>
<th>1385</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonexistent units (8)</td>
<td>94</td>
<td>55</td>
<td>120</td>
<td>66</td>
<td>335</td>
</tr>
<tr>
<td>Temporarily out of scope (9)</td>
<td>68</td>
<td>39</td>
<td>70</td>
<td>36</td>
<td>214</td>
</tr>
<tr>
<td>Permanently out of scope (10)</td>
<td>26</td>
<td>16</td>
<td>50</td>
<td>30</td>
<td>121</td>
</tr>
</tbody>
</table>

| Unresolved/Eligibility unknown (3) | 68  | 39  | 70  | 36  | 214 |
| Estimated in scope (3A) | 26  | 16  | 50  | 30  | 121 |

| Estimated out of scope (3B) | 26  | 16  | 50  | 30  | 121 |

<table>
<thead>
<tr>
<th>Cell Phone Response Rate -------- (6/(4+3A))</th>
<th>0.20</th>
<th>0.22</th>
<th>0.20</th>
<th>0.23</th>
<th>0.21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone Cooperation/Completion Rate ------ (6/(6+13))</td>
<td>0.31</td>
<td>0.32</td>
<td>0.32</td>
<td>0.34</td>
<td>0.32</td>
</tr>
<tr>
<td>Refusal rate ---------------------------(13/4)</td>
<td>0.49</td>
<td>0.49</td>
<td>0.47</td>
<td>0.48</td>
<td>0.44</td>
</tr>
<tr>
<td>Nonresponse rate ----------------(7+3A)/(4+3A)</td>
<td>0.89</td>
<td>0.83</td>
<td>0.89</td>
<td>0.82</td>
<td>0.86</td>
</tr>
<tr>
<td>Noncontact rate -----------------(14+3A)/(4+3A)</td>
<td>0.10</td>
<td>0.06</td>
<td>0.10</td>
<td>0.07</td>
<td>0.08</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total units</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total units</td>
</tr>
</tbody>
</table>

Combined landline and cell phone response rates  
(calculated by weighting to the respective size of the two samples)  

<table>
<thead>
<tr>
<th>Combined landline and cell phone response rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample Response Rate</td>
</tr>
<tr>
<td>Total Sample Cooperation/Completion Rate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average minutes</th>
<th>23.5</th>
<th>22.2</th>
<th>22.5</th>
<th>22.2</th>
<th>22.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes (range)</td>
<td>13-73</td>
<td>13-57</td>
<td>12-61</td>
<td>12-60</td>
<td>12-73</td>
</tr>
</tbody>
</table>
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*. 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)

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

Notes: *CM 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.
Table 5. Overview of CM2018 Dual-Frame Sample

CAMH Monitor 2018

- 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.

- 2,177 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 throughout 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 CM2018 respondents were similar for gender, age and region, but overrepresented those never married and underrepresented those widowed, divorced or separated.
<table>
<thead>
<tr>
<th>Demographic Characteristics of the CM2018 Dual-Frame Sample</th>
<th>No. Interviews</th>
<th>Unweighted % (N=2,806)</th>
<th>Weighted % (N=10,766,695)</th>
<th>Design Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>1214</td>
<td>43.3</td>
<td>48.2</td>
<td>1.8</td>
</tr>
<tr>
<td>Women</td>
<td>1592</td>
<td>56.7</td>
<td>51.8</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–29</td>
<td>362</td>
<td>13.0</td>
<td>19.6</td>
<td>2.3</td>
</tr>
<tr>
<td>30–39</td>
<td>227</td>
<td>8.2</td>
<td>14.3</td>
<td>2.3</td>
</tr>
<tr>
<td>40–49</td>
<td>332</td>
<td>11.9</td>
<td>14.9</td>
<td>1.8</td>
</tr>
<tr>
<td>50–64</td>
<td>775</td>
<td>27.9</td>
<td>28.4</td>
<td>1.7</td>
</tr>
<tr>
<td>65+</td>
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<td>1.0</td>
</tr>
<tr>
<td>Missing</td>
<td>24</td>
<td>0.9</td>
<td>0.9</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<td></td>
</tr>
<tr>
<td>Married</td>
<td>1445</td>
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<td>52.6</td>
<td>1.8</td>
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<tr>
<td>Living with a partner</td>
<td>189</td>
<td>6.7</td>
<td>6.9</td>
<td>1.6</td>
</tr>
<tr>
<td>Widowed</td>
<td>321</td>
<td>11.4</td>
<td>5.5</td>
<td>0.9</td>
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<tr>
<td>Divorced</td>
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<td>6.5</td>
<td>4.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Separated</td>
<td>89</td>
<td>3.2</td>
<td>2.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Never Married</td>
<td>551</td>
<td>19.6</td>
<td>26.6</td>
<td>2.1</td>
</tr>
<tr>
<td>Missing</td>
<td>28</td>
<td>1.0</td>
<td>0.9</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Regional Strata</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Toronto</td>
<td>514</td>
<td>18.3</td>
<td>22.8</td>
<td>--</td>
</tr>
<tr>
<td>Central East</td>
<td>459</td>
<td>16.4</td>
<td>17.8</td>
<td>--</td>
</tr>
<tr>
<td>Central West</td>
<td>429</td>
<td>15.3</td>
<td>26.5</td>
<td>--</td>
</tr>
<tr>
<td>West</td>
<td>472</td>
<td>16.8</td>
<td>11.6</td>
<td>--</td>
</tr>
<tr>
<td>East</td>
<td>469</td>
<td>16.7</td>
<td>13.8</td>
<td>--</td>
</tr>
<tr>
<td>North</td>
<td>463</td>
<td>16.5</td>
<td>7.5</td>
<td>--</td>
</tr>
<tr>
<td><strong>Location of Household (based on FSA)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>407</td>
<td>14.5</td>
<td>13.8</td>
<td>1.7</td>
</tr>
<tr>
<td>Non-rural</td>
<td>2399</td>
<td>85.5</td>
<td>86.2</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Highest Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school not completed</td>
<td>234</td>
<td>8.3</td>
<td>6.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Completed high school</td>
<td>626</td>
<td>22.3</td>
<td>21.9</td>
<td>1.7</td>
</tr>
<tr>
<td>Some college or university</td>
<td>896</td>
<td>31.9</td>
<td>31.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Graduated university</td>
<td>1021</td>
<td>36.4</td>
<td>38.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Missing</td>
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<td>1.0</td>
<td>1.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Gross Family Income (,000s)*</td>
<td>No. Interviews</td>
<td>Unweighted % (N=2,806)</td>
<td>Weighted % (N=10,766,695)</td>
<td>Design Effect</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------</td>
<td>-------------------------</td>
<td>---------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>&lt;$20</td>
<td>111</td>
<td>4.0</td>
<td>3.2</td>
<td>1.3</td>
</tr>
<tr>
<td>$20–29.9</td>
<td>137</td>
<td>4.9</td>
<td>3.6</td>
<td>1.3</td>
</tr>
<tr>
<td>$30–39.9</td>
<td>171</td>
<td>6.1</td>
<td>5.4</td>
<td>1.6</td>
</tr>
<tr>
<td>$40–49.9</td>
<td>156</td>
<td>5.6</td>
<td>4.7</td>
<td>1.4</td>
</tr>
<tr>
<td>$50–59.9</td>
<td>169</td>
<td>6.0</td>
<td>5.0</td>
<td>1.6</td>
</tr>
<tr>
<td>$60–69.9</td>
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<td>4.8</td>
<td>4.2</td>
<td>1.7</td>
</tr>
<tr>
<td>$70–79.9</td>
<td>125</td>
<td>4.5</td>
<td>4.0</td>
<td>1.6</td>
</tr>
<tr>
<td>$80–89.9</td>
<td>128</td>
<td>4.6</td>
<td>4.0</td>
<td>1.3</td>
</tr>
<tr>
<td>$90–99.9</td>
<td>97</td>
<td>3.5</td>
<td>3.9</td>
<td>1.9</td>
</tr>
<tr>
<td>$100+</td>
<td>835</td>
<td>29.8</td>
<td>35.4</td>
<td>1.8</td>
</tr>
<tr>
<td>Don’t know</td>
<td>187</td>
<td>6.7</td>
<td>8.3</td>
<td>2.4</td>
</tr>
<tr>
<td>Refused</td>
<td>555</td>
<td>19.8</td>
<td>18.4</td>
<td>1.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>No. Interviews</th>
<th>Unweighted % (N=2,806)</th>
<th>Weighted % (N=10,766,695)</th>
<th>Design Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time job</td>
<td>987</td>
<td>35.2</td>
<td>43.9</td>
<td>1.8</td>
</tr>
<tr>
<td>Part-time job</td>
<td>212</td>
<td>7.6</td>
<td>8.8</td>
<td>2.3</td>
</tr>
<tr>
<td>Unemployed</td>
<td>65</td>
<td>2.3</td>
<td>3.1</td>
<td>2.4</td>
</tr>
<tr>
<td>Retired</td>
<td>1127</td>
<td>40.2</td>
<td>25.6</td>
<td>1.3</td>
</tr>
<tr>
<td>Homemaker</td>
<td>65</td>
<td>2.3</td>
<td>2.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Student</td>
<td>117</td>
<td>4.2</td>
<td>6.3</td>
<td>2.5</td>
</tr>
<tr>
<td>Self-employed</td>
<td>129</td>
<td>4.6</td>
<td>5.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Other</td>
<td>89</td>
<td>3.2</td>
<td>3.3</td>
<td>1.5</td>
</tr>
<tr>
<td>Missing</td>
<td>15</td>
<td>0.5</td>
<td>0.7</td>
<td>2.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language spoken at home</th>
<th>No. Interviews</th>
<th>Unweighted % (N=2,806)</th>
<th>Weighted % (N=10,766,695)</th>
<th>Design Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>2521</td>
<td>89.8</td>
<td>88.2</td>
<td>2.1</td>
</tr>
<tr>
<td>French</td>
<td>76</td>
<td>2.7</td>
<td>2.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Other</td>
<td>197</td>
<td>7.0</td>
<td>9.4</td>
<td>2.4</td>
</tr>
<tr>
<td>Missing</td>
<td>12</td>
<td>0.4</td>
<td>0.4</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Interview Mode</th>
<th>No. Interviews</th>
<th>Unweighted % (N=2,806)</th>
<th>Weighted % (N=10,766,695)</th>
<th>Design Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home phone/Landline</td>
<td>2177</td>
<td>77.6</td>
<td>80.4</td>
<td>-</td>
</tr>
<tr>
<td>Cell phone</td>
<td>613</td>
<td>21.8</td>
<td>19.2</td>
<td>-</td>
</tr>
<tr>
<td>Missing</td>
<td>16</td>
<td>0.6</td>
<td>0.7</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity/Race</th>
<th>No. Interviews</th>
<th>Unweighted % (N=2,806)</th>
<th>Weighted % (N=10,766,695)</th>
<th>Design Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>2401</td>
<td>85.6</td>
<td>80.5</td>
<td>2.1</td>
</tr>
<tr>
<td>Asian</td>
<td>152</td>
<td>5.4</td>
<td>8.6</td>
<td>2.5</td>
</tr>
<tr>
<td>Black</td>
<td>48</td>
<td>1.7</td>
<td>2.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Indigenous</td>
<td>33</td>
<td>1.2</td>
<td>1.2</td>
<td>1.9</td>
</tr>
</tbody>
</table>
### Table: Immigrant Status

<table>
<thead>
<tr>
<th></th>
<th>No. Interviews</th>
<th>Unweighted % (N=2,806)</th>
<th>Weighted % (N=10,766,695)</th>
<th>Design Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Eastern</td>
<td>29</td>
<td>1.0</td>
<td>1.3</td>
<td>1.7</td>
</tr>
<tr>
<td>Latin American</td>
<td>15</td>
<td>0.6</td>
<td>0.8</td>
<td>2.1</td>
</tr>
<tr>
<td>Other/Mixed</td>
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<td>3.0</td>
<td>3.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Missing</td>
<td>44</td>
<td>1.6</td>
<td>1.5</td>
<td>2.9</td>
</tr>
</tbody>
</table>

**Notes:** * 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**) 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, 2010). In this document dataset variable names are presented in caps; variable names in the Stata dataset are lowercase.
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Final analysis weights</strong></td>
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</tr>
<tr>
<td>XWGHTDF</td>
<td>Final annualized dual frame population-scaled, expansion weight (including post-adjustments)</td>
</tr>
<tr>
<td>FWGHTDF</td>
<td>Final annualized dual frame sample-scaled, relative weight (including post-adjustments)</td>
</tr>
<tr>
<td><strong>Intermediate weights (not used for analysis)</strong></td>
<td></td>
</tr>
<tr>
<td>HHWGTDF1-4</td>
<td>Household weight dual-frame, quarter 1- 4 (every 3 months)</td>
</tr>
<tr>
<td>RWGTDF1-4</td>
<td>Region weight dual-frame, quarter 1- 4 (every 3 months)</td>
</tr>
<tr>
<td>RHHWGTDF1-4</td>
<td>Region &amp; household weight dual-frame, quarter 1- 4 (every 3 months)</td>
</tr>
<tr>
<td>HHWGTDFALL</td>
<td>Household weight dual-frame, cumulative</td>
</tr>
<tr>
<td>RWGTDFALL</td>
<td>Region weight dual-frame, cumulative</td>
</tr>
<tr>
<td>RHHWGTDFALL</td>
<td>Region-household weight dual-frame, cumulative</td>
</tr>
</tbody>
</table>

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), 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., $SE_{complex}^2/SE_{srs}^2$). 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).

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: $E_{comparison} = cv^2(w)$. (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:
\texttt{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:
\texttt{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:

Total P (population) = Panel p (population estimate from Stata) * (Total N / 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 ±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×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:

<table>
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<tr>
<th>CV range</th>
<th>Estimate reportability</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 16.5</td>
<td>Estimate trustworthy and reportable</td>
</tr>
<tr>
<td>16.6–33.2</td>
<td>Estimate reportable, but has moderate sampling variability and should be interpreted with caution</td>
</tr>
<tr>
<td>≥ 33.3</td>
<td>Estimate untrustworthy and should be suppressed (not reportable)</td>
</tr>
</tbody>
</table>

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

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</table>

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)

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<th>Variable</th>
<th>Obs</th>
<th>Unique</th>
<th>Mean</th>
<th>Min</th>
<th>Max</th>
<th>Label</th>
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2018 CM Metadata User's Guide

five
2187 11 8.288066

2187 16 3.464731

132 9 3.189394

9

99

thinking about the last time you used an ecigarette, where were you?

98

how often have you noticed tobacco smoke entering...

97

the following comes closest to your view of how we should tre...

96

which of the following comes closest to your view of how we should ttre...

95

which of the following best describes your main residence?

94

which of the following comes closest to your view of how we should tre...

93

which of the following best describes your main residence?

92

where did you buy ecigarettes?

91

how much do people risk harming themselves when they smoke cigarettes ...

90

how much do people risk harming themselves physically and in other way...

89

what is the single most important reason you have used an ecigarette?

88

what is the single most important reason you have used an ecigarette?

87

what is the single most important reason you have used an ecigarette?

86

what is the single most important reason you have used an ecigarette?

85

what is the single most important reason you have used an ecigarette?

84

what is the single most important reason you have used an ecigarette?

83

what is the single most important reason you have used an ecigarette?

82

what is the single most important reason you have used an ecigarette?

81

what is the single most important reason you have used an ecigarette?

80

what is the single most important reason you have used an ecigarette?

79

what is the single most important reason you have used an ecigarette?

78

what is the single most important reason you have used an ecigarette?

77

what is the single most important reason you have used an ecigarette?

76

what is the single most important reason you have used an ecigarette?

75

what is the single most important reason you have used an ecigarette?

74

what is the single most important reason you have used an ecigarette?

73

what is the single most important reason you have used an ecigarette?

72

what is the single most important reason you have used an ecigarette?
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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 9 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?
ags1x 788 3 2.388325 1 98 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...
five30 934 23 3.025696 0 98 [five=1 thru 8] now what about the past 30 days, on about how many of...

Page 32
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rhhwgtdf3  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
hhwgtdf4    679  130  1  .1202452  4.531384 household weight - dual frame - cycle 4 - 2018
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rhhwgtdf4  679  130  1  .1228934  7.764985 region & household weight - dual frame - cycle 4 - 2018
hhwgtdfall  2806  255  1  .1274133  4.765219 household weight - dual frame - cumulative
rwgtdfall  2806  6  1  .487087  1.74333 region weight - dual frame - cumulative
rhhwgtdfall 2806  255  1  .095901  8.307349 region & household weight - dual frame - cumulative
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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
agwgtsampall 2806  48  1.009878  .2522551  3.315734 sample age gender weights cycles 1-4 - 2018
poprhhagwg~l 2806  688  3837.026  309.0922  30227.21 population region household age gender weights cycles 1-4 - 2018
samprhhagw~l 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  2.089978  1  4 marital status (4 cats)
mar4  2778  4  2.089993  1  4 marital status (4 cats)
mar4  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  3.013186  1  4 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
hinccat5  2806  5  3.363863  1  5 household income - 5 cats (updated 2012)
<table>
<thead>
<tr>
<th>Variable</th>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>alcstat3</td>
<td>2802</td>
<td>current drinking status</td>
</tr>
<tr>
<td>alcl2m</td>
<td>2802</td>
<td>drinker past 12m y/n</td>
</tr>
<tr>
<td>aldaily</td>
<td>2797</td>
<td>daily drinking - total sample</td>
</tr>
<tr>
<td>alclife</td>
<td>2802</td>
<td>lifetime drinker - current+ former</td>
</tr>
<tr>
<td>formerdk</td>
<td>2802</td>
<td>former drinker - never past 12m</td>
</tr>
<tr>
<td>abstain</td>
<td>2802</td>
<td>lifetime abstainer</td>
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<tr>
<td>alc30d</td>
<td>2795</td>
<td>had a drink past 30 days</td>
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<tr>
<td>fivewk</td>
<td>2785</td>
<td>weekly fiveplus -total sample</td>
</tr>
<tr>
<td>fivemn</td>
<td>2785</td>
<td>monthly fiveplus-total sample</td>
</tr>
<tr>
<td>fourwk</td>
<td>1198</td>
<td>one occasion -women drinkers</td>
</tr>
<tr>
<td>fourwkt</td>
<td>1578</td>
<td>one occasion -women only</td>
</tr>
<tr>
<td>fourmn</td>
<td>1198</td>
<td>one occasion -women drinkers</td>
</tr>
<tr>
<td>fourmnt</td>
<td>1578</td>
<td>one occasion -women only</td>
</tr>
<tr>
<td>five30bi</td>
<td>2790</td>
<td>five plus past 30 days at least once - total sample</td>
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<tr>
<td>qfvol</td>
<td>2760</td>
<td>alcohol volume based on q*f, estimated # of drinks per year</td>
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<tr>
<td>qfvolwk</td>
<td>2760</td>
<td>average nr. of drinks /week - total sample</td>
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<tr>
<td>drkswk5</td>
<td>2760</td>
<td>average no. of drinks/week - 5 cats</td>
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<tr>
<td>qfvolday</td>
<td>2760</td>
<td>average nr. of drinks /day- from qfvol- total sample</td>
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<tr>
<td>daily2</td>
<td>2760</td>
<td>daily 2+ drinks - total sample - from qfvol</td>
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<td>daily 3+ drinks - total sample - from qfvol</td>
</tr>
<tr>
<td>qfvolmn</td>
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<td>average nr. of drinks /month - from qfvol - total sample</td>
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<tr>
<td>wkl1y5</td>
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<td>weekly 15+ drinks - total sample</td>
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<td>alcy</td>
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<td>grams of alcohol per year, estimated from q*f volume (estimated # of ...</td>
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<td>alcfreq</td>
<td>2797</td>
<td>frequency of drinking (past12m) - total sample</td>
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<td>fdrfreq</td>
<td>2797</td>
<td>frequency of drinking (past12m) (5cats)</td>
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<td>audit</td>
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<td>how often drink alcohol (past12m)-total sample</td>
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<tr>
<td>aud2t</td>
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<td>how many drinks, days when drank (past 12m) - total sample</td>
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<tr>
<td>aud3t</td>
<td>2785</td>
<td>how often 5 + drks (past 12m) - total sample</td>
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<tr>
<td>aud4t</td>
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<td>how often you were not able to stop drinking once you had started (pas...</td>
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<tr>
<td>aud5t</td>
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<td>how often have you failed to do what was normally expected from you be...</td>
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<tr>
<td>aud6t</td>
<td>2793</td>
<td>how often have you needed a first alcoholic drink in the morning (past...</td>
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<td>aud7t</td>
<td>2776</td>
<td>how often have you had a feeling of guilt or remorse after drinking (p...</td>
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<tr>
<td>aud8t</td>
<td>2772</td>
<td>how often have you been unable to remember what happened the night bef...</td>
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<td>aud9t</td>
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<td>have you or someone else ever been injured as a result of your drinki...</td>
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<tr>
<td>audit8</td>
<td>2702</td>
<td>someone suggest cut-down drinking - total sample</td>
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<tr>
<td>auditc</td>
<td>2753</td>
<td>audit sum score (0-40)- total sample</td>
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<td>auditp</td>
<td>2741</td>
<td>26 auditp (problems) sum score (0-28; sum aud4 to aud10)</td>
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<td>auditpr</td>
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<td>auditp (problems) - 4 cats</td>
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<td>2777</td>
<td>auditd (dependence) (binary 0-1)</td>
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<td>auditdr</td>
<td>2777</td>
<td>auditd (dependence) sum score (0-12; sum aud4 to aud6)</td>
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<tr>
<td>auditac</td>
<td>2753</td>
<td>auditac (adverse consequences) sum score (0-16; sum aud7 to aud10)</td>
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<td>alcleve</td>
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<td>daily alcohol volume in standard drinks- from qfvol</td>
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<td>alc2</td>
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<td>how often drink alcohol past 12 m - a la cas</td>
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<tr>
<td>alc6r</td>
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<td>on those days when you drank, how many drinks did you usually have - 4cat</td>
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<td>alcstat6</td>
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<td>past year drinking status - based on cas/cads</td>
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<td>dksstat</td>
<td>2785</td>
<td>drinking pattern - based on five plus</td>
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<td>alc2r</td>
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<td>how often drink alcohol past 12 m -recoded</td>
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<td>Variable</td>
<td>Value1</td>
<td>Value2</td>
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<td>2</td>
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<tr>
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<tr>
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</table>

**Note:** The table provides a snapshot of various smoking and cannabis use variables, including past year drinking status, smoking status categories, daily smoking, and the number of cigarettes smoked daily, among other measures.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Value</th>
<th>Description</th>
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<tbody>
<tr>
<td>drcollr</td>
<td>1623</td>
<td>0.069008 1 involved in collision while driving - valid drivers - selected panel</td>
</tr>
<tr>
<td>podriv</td>
<td>1624</td>
<td>0.046798 1 driving 1 hr after prescription opioids - valid drivers</td>
</tr>
<tr>
<td>kms</td>
<td>1638</td>
<td>104 214.8614 0 8000 kms driven in a typical week - valid drivers</td>
</tr>
<tr>
<td>kms_100</td>
<td>1638</td>
<td>104 2.148614 0 8000 kms driven in a typical week/100 - valid drivers</td>
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<tr>
<td>k1r</td>
<td>1779</td>
<td>5 0.7886453 0 4 past 30 days, how often felt nervous?</td>
</tr>
<tr>
<td>k2r</td>
<td>1776</td>
<td>5 0.3293919 0 4 past 30 days, how often felt hopeless?</td>
</tr>
<tr>
<td>k3r</td>
<td>1762</td>
<td>5 0.8978454 0 4 past 30 days, how often felt restless or fidgety?</td>
</tr>
<tr>
<td>k4r</td>
<td>1781</td>
<td>5 0.2756878 0 4 past 30 days, how often felt so depressed that nothing could cheer you...</td>
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<tr>
<td>k5r</td>
<td>1758</td>
<td>5 0.7076223 0 4 past 30 days, how often felt that everything was an effort?</td>
</tr>
<tr>
<td>k6r</td>
<td>1784</td>
<td>5 0.2438341 0 4 past 30 days, how often felt worthless?</td>
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<tr>
<td>k6+</td>
<td>1795</td>
<td>24 3.197772 0 24 k6 likert summary score (0-24)</td>
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<tr>
<td>k6.13plus</td>
<td>1795</td>
<td>2 0.0367680 0 1 serious psychological distress - k6 score of 13+</td>
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<tr>
<td>k6.5plus</td>
<td>1795</td>
<td>2 0.2395543 0 1 mild (to serious) psychological distress - k6 score of 5+</td>
</tr>
<tr>
<td>k6.8plus</td>
<td>1795</td>
<td>2 0.1147632 0 1 moderate (to serious) psychological distress - k6 score of 8+</td>
</tr>
<tr>
<td>k6.3cat</td>
<td>1795</td>
<td>3 0.2763231 0 2 psychological distress - k6 (low to serious -3 cat)</td>
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<tr>
<td>fairhlt</td>
<td>2797</td>
<td>2 0.1333572 0 1 percent reporting fair or poor health in general</td>
</tr>
<tr>
<td>fairmhlt</td>
<td>2794</td>
<td>2 0.1020043 0 1 percent reporting fair or poor mental health in general</td>
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<td>unhltpd</td>
<td>1748</td>
<td>26 3.645309 0 30 physically unhealthy days - past 30 days</td>
</tr>
<tr>
<td>unhltmd</td>
<td>1742</td>
<td>25 3.429392 0 30 mentally unhealthy days - past 30 days</td>
</tr>
<tr>
<td>mentdisd</td>
<td>1742</td>
<td>2 0.0947187 0 1 frequent mental distress days - past 30 days</td>
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<td>suicid</td>
<td>1788</td>
<td>2 0.0268456 0 1 did you ever seriously consider attempting suicide (past 12m)?</td>
</tr>
<tr>
<td>anx12m</td>
<td>1781</td>
<td>2 0.1072431 0 1 past 12 months - prescription medication - anxiety/panic attacks-total...</td>
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<tr>
<td>dep12m</td>
<td>1787</td>
<td>2 0.0953535 0 1 past 12 months - prescription medication - depression-total sample</td>
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<tr>
<td>brain</td>
<td>1782</td>
<td>2 0.1380471 0 1 lifetime head injury (knocked out or unconscious &gt;5 minutes or hospita...</td>
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<tr>
<td>tblife</td>
<td>1778</td>
<td>2 0.2980877 0 1 head or neck injury that resulted in (various symptoms) or your being ...</td>
</tr>
<tr>
<td>tbichild</td>
<td>1174</td>
<td>2 0.2103918 0 1 child with head or neck injury that resulted in (various symptoms) or ...</td>
</tr>
</tbody>
</table>
5. References


StataCorp (2013). Stata: Release 13. Statistical Software. College Station, TX: StataCorp LP.


Appendix A

Summary of CAMH Adult Population Surveillance Program
Table A1. CAMH/ARF - Ontario Adult Population Surveys, 1977–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Mode of Interview</th>
<th>Survey Organization</th>
<th>Sample Design</th>
<th>Sample (N)</th>
<th>RR</th>
<th>Deff</th>
<th>Standard Error Calculation Model</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1977</td>
<td>Face-to-face</td>
<td>Gallup</td>
<td>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.</td>
<td>N=1,059</td>
<td>June 16–18</td>
<td>NA</td>
<td>(Smart &amp; Goodstadt, 1977)</td>
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<tr>
<td>1982</td>
<td>Face-to-face</td>
<td>Gallup</td>
<td>N=1,040</td>
<td>Feb. 22–28</td>
<td>NA</td>
<td>(Smart &amp; Adlaf, 1982)</td>
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<tr>
<td>1984</td>
<td>Face-to-face</td>
<td>Gallup</td>
<td>N=1,050</td>
<td>Feb. 27–Mar 3</td>
<td>NA</td>
<td>(Smart &amp; Adlaf, 1984)</td>
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<tr>
<td>1987</td>
<td>Face-to-face</td>
<td>Gallup</td>
<td>N=1,084</td>
<td>Jan. 8–23</td>
<td>NA</td>
<td>(Smart &amp; Adlaf, 1987)</td>
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<tr>
<td>1989</td>
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<td>Gallup</td>
<td>N=1,101</td>
<td>Feb. 11–Mar 4</td>
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<td>(Adlaf &amp; Smart, 1989)</td>
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<td>1991</td>
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<td>ISR</td>
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<td>Feb 20–Mar 18</td>
<td>RR=67% Def=1.14</td>
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<td>(Adlaf et al., 1991)</td>
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<td>June 14–Aug 20</td>
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<td>(Adlaf et al., 1994; Paglia, 1995)</td>
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<td>1995</td>
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<td>Year</td>
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<td>Survey Organization</td>
<td>Sample Design</td>
<td>Sample (N) Date</td>
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<td>Telephone</td>
<td>ISR</td>
<td><strong>Ontario Drug Monitor (ODM) - Rolling survey (conducted by ARF)</strong>&lt;br&gt;Full-probability monthly RDD: The survey used RDD techniques through CATI methods. The design employed a rolling monthly two-stage probability RDD survey stratified by six geographical/area-code regions with sample sizes allocated equally (disproportionally). <strong>Stage 1</strong>: 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. <strong>Stage 2</strong>: 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.</td>
<td>N=2,721 April 8– Jan 8</td>
<td>RR=64%</td>
<td>6 SE strata; 2721 SECU; 2715 design df</td>
<td>(Adlaf, Ivis, Bondy et al., 1997)</td>
<td></td>
</tr>
<tr>
<td>1997</td>
<td>Telephone</td>
<td>ISR</td>
<td><strong>CAMH Monitor (CM) - Rolling survey (conducted by CAMH)</strong>&lt;br&gt;Full-probability monthly RDD: The survey used RDD techniques through CATI methods. The design employed a rolling monthly two-stage probability list-assisted RDD survey stratified by six geographical/area-code regions 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.</td>
<td>N=2,436 Jan 20– Dec 21</td>
<td>RR=69%</td>
<td>6 SE strata; 2436 SECU; 2430 design df</td>
<td>(Adlaf &amp; Ialomiteanu, 2001a; Adlaf et al., 2000)</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>Telephone</td>
<td>ISR</td>
<td><strong>Ontario Drug Monitor (ODM) - Rolling survey (conducted by ARF)</strong>&lt;br&gt;Full-probability monthly RDD: The survey used RDD techniques through CATI methods. The design employed a rolling monthly two-stage probability RDD survey stratified by six geographical/area-code regions with sample sizes allocated equally (disproportionally). <strong>Stage 1</strong>: 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. <strong>Stage 2</strong>: 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.</td>
<td>N=2,406 Jan 20– Dec 21</td>
<td>RR=61%</td>
<td>6 SE strata; 2406 SECU; 2400 design df</td>
<td>(Adlaf &amp; Ialomiteanu, 2001b; Adlaf et al., 2001)</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>Telephone</td>
<td>ISR</td>
<td><strong>Ontario Drug Monitor (ODM) - Rolling survey (conducted by ARF)</strong>&lt;br&gt;Full-probability monthly RDD: The survey used RDD techniques through CATI methods. The design employed a rolling monthly two-stage probability RDD survey stratified by six geographical/area-code regions with sample sizes allocated equally (disproportionally). <strong>Stage 1</strong>: 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. <strong>Stage 2</strong>: 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.</td>
<td>N= 2627 Jan 25– Dec 20</td>
<td>RR=61%</td>
<td>6 SE strata; 2627 SECU; 2621 design df</td>
<td>(Adlaf &amp; Ialomiteanu, 2002a, 2002b)</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>Telephone</td>
<td>ISR</td>
<td><strong>Ontario Drug Monitor (ODM) - Rolling survey (conducted by ARF)</strong>&lt;br&gt;Full-probability monthly RDD: The survey used RDD techniques through CATI methods. The design employed a rolling monthly two-stage probability RDD survey stratified by six geographical/area-code regions with sample sizes allocated equally (disproportionally). <strong>Stage 1</strong>: 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. <strong>Stage 2</strong>: 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.</td>
<td>N= 2421 Jan 10– Dec 22</td>
<td>RR=58%</td>
<td>6 SE strata; 2421 SECU; 2415 design df</td>
<td>(Adlaf &amp; Ialomiteanu, 2003)</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>Telephone</td>
<td>ISR</td>
<td><strong>Ontario Drug Monitor (ODM) - Rolling survey (conducted by ARF)</strong>&lt;br&gt;Full-probability monthly RDD: The survey used RDD techniques through CATI methods. The design employed a rolling monthly two-stage probability RDD survey stratified by six geographical/area-code regions with sample sizes allocated equally (disproportionally). <strong>Stage 1</strong>: 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. <strong>Stage 2</strong>: 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.</td>
<td>N= 2411 Jan 10– Dec 30</td>
<td>RR=58%</td>
<td>6 SE strata; 2411 SECU; 2405 design df</td>
<td>(Ialomiteanu &amp; Adlaf, 2004)</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>Telephone</td>
<td>ISR</td>
<td><strong>Ontario Drug Monitor (ODM) - Rolling survey (conducted by ARF)</strong>&lt;br&gt;Full-probability monthly RDD: The survey used RDD techniques through CATI methods. The design employed a rolling monthly two-stage probability RDD survey stratified by six geographical/area-code regions with sample sizes allocated equally (disproportionally). <strong>Stage 1</strong>: 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. <strong>Stage 2</strong>: 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.</td>
<td>N= 2611 Jan 03– Dec 30</td>
<td>RR=59%</td>
<td>6 SE strata; 2611 SECU; 2605 design df</td>
<td>(Adlaf et al., 2008; Ialomiteanu &amp; Adlaf, 2005)</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>Telephone</td>
<td>ISR</td>
<td><strong>Ontario Drug Monitor (ODM) - Rolling survey (conducted by ARF)</strong>&lt;br&gt;Full-probability monthly RDD: The survey used RDD techniques through CATI methods. The design employed a rolling monthly two-stage probability RDD survey stratified by six geographical/area-code regions with sample sizes allocated equally (disproportionally). <strong>Stage 1</strong>: 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. <strong>Stage 2</strong>: 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.</td>
<td>N= 2445 Jan 10– Dec 22</td>
<td>RR=61%</td>
<td>6 SE strata; 2445 SECU; 2439 design df</td>
<td>(Adlaf et al., 2008; Ialomiteanu &amp; Adlaf, 2006)</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>Telephone</td>
<td>ISR</td>
<td><strong>Ontario Drug Monitor (ODM) - Rolling survey (conducted by ARF)</strong>&lt;br&gt;Full-probability monthly RDD: The survey used RDD techniques through CATI methods. The design employed a rolling monthly two-stage probability RDD survey stratified by six geographical/area-code regions with sample sizes allocated equally (disproportionally). <strong>Stage 1</strong>: 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. <strong>Stage 2</strong>: 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.</td>
<td>N= 2016 Jan 03– Dec 30</td>
<td>RR=61%</td>
<td>6 SE strata; 2016 SECU; 2010 design df</td>
<td>(Ialomiteanu &amp; Adlaf, 2007)</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Year</th>
<th>Mode of Interview</th>
<th>Survey Organization</th>
<th>Sample Design</th>
<th>Sample (N)</th>
<th>RR</th>
<th>Standard Error Calculation Model</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>Telephone</td>
<td>ISR</td>
<td></td>
<td>N= 2005</td>
<td>RR=53%</td>
<td>6 SE strata; 2005 SECU; 1999 design df</td>
<td>(Ialomiteanu &amp; Adlaf, 2008; Ialomiteanu et al., 2009)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jan 02–Dec 30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>Telephone</td>
<td>ISR</td>
<td></td>
<td>N= 2024</td>
<td>RR=55%</td>
<td>6 SE strata; 2024 SECU; 2018 design df</td>
<td>(Ialomiteanu &amp; Adlaf, 2009)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jan 05–Dec 28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Telephone</td>
<td>ISR</td>
<td></td>
<td>N=2037</td>
<td>RR=57%</td>
<td>6 SE strata; 2037 SECU 2031 design df</td>
<td>(Ialomiteanu &amp; Adlaf, 2010; Ialomiteanu et al., 2011)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jan 02–Dec 30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>Telephone</td>
<td>ISR</td>
<td></td>
<td>N=3030</td>
<td>RR=51%</td>
<td>6 SE strata; 3030 SECU 3024 design df</td>
<td>(Ialomiteanu &amp; Adlaf, 2011)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jan 02–Dec 28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>Telephone</td>
<td>ISR</td>
<td></td>
<td>N=3039</td>
<td>RR=51%</td>
<td>6 SE strata; 3039 SECU 3033 design df</td>
<td>(Ialomiteanu &amp; Adlaf, 2012; Ialomiteanu et al., 2012)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jan 04–Dec 20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>Telephone</td>
<td>ISR</td>
<td></td>
<td>N=3030</td>
<td>RR=51%</td>
<td>6 SE strata; 3030 SECU 3024 design df</td>
<td>(Ialomiteanu &amp; Adlaf, 2013)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jan 03–Dec 28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Telephone</td>
<td>ISR</td>
<td></td>
<td>N=3021</td>
<td>RR=48%</td>
<td>6 SE strata; 3021 SECU 3015 design df</td>
<td>(Ialomiteanu &amp; Adlaf, 2014; Ialomiteanu et al., 2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jan 02–Dec 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Telephone</td>
<td>ISR</td>
<td></td>
<td>N=3043</td>
<td>CR=53%</td>
<td>6 SE strata; 3043 SECU 3037 design df</td>
<td>(Ialomiteanu &amp; Adlaf, 2015)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jan 02–Dec 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>Telephone &amp; Web</td>
<td>ISR</td>
<td></td>
<td>N=5013</td>
<td>CR=46%</td>
<td>6 SE strata; 5013 SECU 5027 design df</td>
<td>(Ialomiteanu, Adlaf, &amp; Mann, 2016; Ialomiteanu et al., 2016; Park, 2016)</td>
</tr>
<tr>
<td></td>
<td>Experiment</td>
<td></td>
<td></td>
<td>Jan 05–Dec 23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>Telephone</td>
<td>ISR</td>
<td></td>
<td>N=3042</td>
<td>CR=46%</td>
<td>6 SE strata; 3042 SECU 3036 design df</td>
<td>(Ialomiteanu, Adlaf, &amp; Mann, 2017; Northrup, 2017)</td>
</tr>
<tr>
<td></td>
<td>Dual-Frame (landline+cell)</td>
<td></td>
<td></td>
<td>Jan 04–Dec 06</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In 2010, the target sample was increased to 3000 completions.

In 2011, the 12 monthly samples were reduced to 4 quarterly samples.
<table>
<thead>
<tr>
<th>Year</th>
<th>Mode of Interview</th>
<th>Survey Organization</th>
<th>Sample Design</th>
<th>Sample (N) Date</th>
<th>RR Deff</th>
<th>Standard Error Calculation Model</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>Telephone</td>
<td>ISR</td>
<td>Dual-Frame (landline+cell)</td>
<td>N=2812 Jan 02–Dec 18</td>
<td>CR=46% RR=35%</td>
<td>6 SE strata; 2812 SECU 2806 design df</td>
<td>(Ialomiteanu, Adlaf, &amp; Mann, 2018; Mercier, Northrup, &amp; McCague, 2018; Ialomiteanu, Hamilton, Adlaf, &amp; Mann, 2018)</td>
</tr>
<tr>
<td>2018</td>
<td>Telephone</td>
<td>ISR</td>
<td>Dual-Frame (landline+cell)</td>
<td>N=2806 Jan 02–Dec 18</td>
<td>CR=39% RR=30%</td>
<td>6 SE strata; 2806 SECU 2800 design df</td>
<td>(Ialomiteanu, Hamilton, &amp; Mann, 2019; Mercier, Northrup, &amp; McCague, 2019)</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Year</th>
<th>Key Design Changes</th>
<th>Key Interview Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1977</td>
<td>Population survey program initiated with personal visit, face to face (FtF) interviews drawn from a multistage area sample administered by Gallup Canada</td>
<td></td>
</tr>
<tr>
<td>1982</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1984</td>
<td></td>
<td>•Cocaine introduced</td>
</tr>
<tr>
<td>1987</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1989</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>FtF, in-home interview vs telephone mode comparison study</td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>•Migration to two-stage, RDD landline telephone survey begins •ISR begins role as data producer</td>
<td>•English and French CATI introduced</td>
</tr>
<tr>
<td>1992</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1993</td>
<td></td>
<td></td>
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<tr>
<td>1994</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>•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);</td>
<td>•CATI begins continuous monthly administration •Consecutively administered bi-panels (A &amp; B) introduced (Panel A = January – June Panel B = July – December) •Tobacco module introduced •Drinking &amp; driving introduced</td>
</tr>
<tr>
<td>1997</td>
<td></td>
<td>•Prescription anti-anxiety and antidepressant use introduced</td>
</tr>
<tr>
<td>1998</td>
<td></td>
<td>•CATI becomes English only •AUDIT introduced</td>
</tr>
<tr>
<td>1999</td>
<td>CAMH Monitor series begins</td>
<td>•Mental health and gambling modules introduced</td>
</tr>
<tr>
<td>2000</td>
<td>Stage 1 selection revised to list-assisted RDD, thus including mobile, unlisted and newly-activated numbers in sampling frame</td>
<td>•ASSIST-CIS introduced •GHQ12 introduced</td>
</tr>
<tr>
<td>2001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td></td>
<td>•Cannabis driving introduced •Collision while driving introduced</td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td>•HRQoL introduced •Past 7 day drinking introduced •Immigrant status introduced</td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td>•5/4 (5 men/4 women) binge measure introduced •Gambling module temporarily removed (2005)</td>
</tr>
<tr>
<td>2006</td>
<td>Target completions reduced to 2000 annually</td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Key Design Changes</td>
<td>Key Interview Changes</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td>2007</td>
<td>Advance letter pilot begins in Toronto</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>Advance letters introduced to full sample</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Completions increased to 3000 annually</td>
<td>Panels reallocated: Concurrently administered interviews 12 month Panels introduced: Panel A<del>1000; Panel B</del>2000 (both panels January-December)</td>
</tr>
<tr>
<td>2010</td>
<td>Panels reallocated: Concurrently administered interviews 12 month Panels introduced: Panel A<del>1000; Panel B</del>2000 (both panels January-December)</td>
<td>Passenger with impaired driver removed (2011) • Drinking and boating/ snowmobiling introduced • Traumatic brain injury introduced • Cell phone item introduced</td>
</tr>
<tr>
<td>2011</td>
<td>12 monthly samples reduced to 4 quarterly samples</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>Panels reallocated: Concurrently administered interviews 12 month Panels introduced: Panel A<del>1000; Panel B</del>2000 (both panels January-December)</td>
<td>Ethnicity items revised (race added) • Suicide ideation introduced</td>
</tr>
<tr>
<td>2013</td>
<td>Panels reallocated: Concurrently administered interviews 12 month Panels introduced: Panel A<del>1000; Panel B</del>2000 (both panels January-December)</td>
<td>E-cigarette items introduced • Waterpipe (hookah) introduced • Medical use of cannabis reinstated (last collected in 1999)</td>
</tr>
<tr>
<td>2014</td>
<td>Panels reallocated: Concurrently administered interviews 12 month Panels introduced: Panel A<del>1000; Panel B</del>2000 (both panels January-December)</td>
<td>K6 replaced GHQ12 • Financial stress introduced • Sexual identity introduced</td>
</tr>
<tr>
<td>2015</td>
<td>Panels reallocated: Concurrently administered 3 panels introduced for the calendar year: Panel A<del>1000; Panel B</del>1000; Panel C~3000 • Gambling and Use of Electronic Devices introduced in Panel C • Web survey pilot (July -December) • NOC removed</td>
<td>Panels reallocated: Grant funded gambling study - concurrently administered 3 panels introduced for the calendar year: Panel A<del>1000; Panel B</del>1000; Panel C~3000 • Gambling and Use of Electronic Devices introduced in Panel C • Web survey pilot (July -December) • NOC removed</td>
</tr>
<tr>
<td>2016</td>
<td>Panels reallocated: Grant funded gambling study - concurrently administered 3 panels introduced for the calendar year: Panel A<del>1000; Panel B</del>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)</td>
<td>Panels reallocated: Grant funded gambling study - concurrently administered 3 panels introduced for the calendar year: Panel A<del>1000; Panel B</del>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)</td>
</tr>
<tr>
<td>2017-2018</td>
<td>Panels reallocated: Grant funded gambling study - concurrently administered 3 panels introduced for the calendar year: Panel A<del>1000; Panel B</del>1000 (both panels January-December)</td>
<td>Panels reallocated: Grant funded gambling study - concurrently administered 3 panels introduced for the calendar year: Panel A<del>1000; Panel B</del>1000 (both panels January-December) • Dual-frame sampling (~300 to 600 cell-phone interviews across Ontario)</td>
</tr>
</tbody>
</table>

Notes: FfF: 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
(mail to respondents one week prior to telephone contact)
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,

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
<table>
<thead>
<tr>
<th>Item name</th>
<th>Topic (variable description)</th>
<th>PANEL A (Jan-Dec)</th>
<th>PANEL B (Jan-Dec)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>gh1</td>
<td>General health good, …?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>hs1a</td>
<td>Mental health good,…?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>HRQoL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>doc1</td>
<td>Have you seen a doctor?</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>gh2r</td>
<td>Nr. days, past 30 days, physical health not good</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>gh3r</td>
<td>Nr. days, past 30 days, mental health not good</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fas1</td>
<td>Fetal Alcohol Syndrome (FASD) (ever diagnosed)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1a</td>
<td>Traumatic brain injury (St. Michael's Hosp)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>tbni1-tbni1</td>
<td>How many times have you had a head injury (life)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tbi2</td>
<td>How many times have you had a head injury (past12m)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tbni2-tbni3</td>
<td>Have you ever had a child with TBI</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tobacco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Consumption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tc1</td>
<td>At the present time, do you smoke…?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tc2</td>
<td>Have you smoked 100 cigs?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tc3</td>
<td>Have you ever smoked daily?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tc4</td>
<td>Age of onset</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tc5</td>
<td>How long ago you smoked?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tc6</td>
<td>How many cigs smoked daily</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tc7</td>
<td>How soon after wake up do you smoke?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Occasional Smoking (tos1-tos2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tos1</td>
<td>How many cigarettes?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tos2</td>
<td>On how many days (last 30d) did you smoke?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Smoking Cessation (tc8-tc10; tq2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tc8</td>
<td>Past 12 month serious attempt? (tc8)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tc9</td>
<td>Intent in 6 months? (tc9)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tc10</td>
<td>Intent in 30 days? (tc10)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Flexible Tobacco Content</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Tobacco Items (waterpipe + e-cig items)</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Item name</td>
<td>Topic (variable description)</td>
<td>PANEL A (Jan-Dec)</td>
<td>PANEL B (Jan-Dec)</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Tobacco Opinion/ Policy (Panel A only - OTRU)</td>
<td>~43 items (full panel) (some items new 2018)</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>crisk7</td>
<td>Smoking cannabis less harmful ...than cannabis</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3 Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3A Consumption (10 items)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ac1</td>
<td>During the past 12 months have you had a drink?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ac2</td>
<td>Did you EVER have a drink of any alcoholic beverage?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ac5</td>
<td>How often, if ever, did you drink alcoholic beverages during the past 12 months?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ac5a</td>
<td>How often, if ever, did you drink alcoholic beverages during the past 30 days?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ac6a</td>
<td>On those days when you drank, how many drinks did you usually have? (past 12 m)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>five</td>
<td>About how often in the past 12 m you had 5 or more drinks at the same sitting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>five30</td>
<td>About how often in the past 30 days you had 5 or more drinks at the same sitting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>four</td>
<td>About how often in the past 12 m you had 4 or more drinks at the same sitting (women only)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ac3</td>
<td>Have you ever had fiveplus weekly?</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>AUDIT (7 items: aud4-aud0)</td>
<td></td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>aud4</td>
<td>How often during the past 12 months have you found you were not able to stop drinking once started</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aud5</td>
<td>How often in the past 12 m have you failed to do what was expected from you because of drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aud6</td>
<td>How often past 12 m have you needed a first drink in the morning...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aud7</td>
<td>How often past 12 m have you had a feeling of guilt or remorse after drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aud8</td>
<td>How often past 12 m have you been unable to remember what happened the night before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aud9</td>
<td>Have you or someone else EVER been injured as a result of your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aud10</td>
<td>Has a relative, friend, doctor EVER been concerned about your drinking or suggested you cut down?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Opinions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ags1r-ags7a</td>
<td>Buying alcohol - grocery stores</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>FASD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fasd1-fasd9</td>
<td>Fetal Alcohol Syndrome (FASD) (several items - ask only women)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Item name</td>
<td>Topic (variable description)</td>
<td>PANEL A (Jan-Dec)</td>
<td>PANEL B (Jan-Dec)</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>4 Driving (Panel B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>drive</td>
<td>During the past 12 months, have you driven a car, van,... or any other type of motor vehicle? 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dr1,a,b,c,d</td>
<td>How much you drive in a typical WEEK - Km/ miles... 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dr5</td>
<td>During the past 12 months, have you been in a collision 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking &amp; driving (past 12m)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dd1</td>
<td>During the past 12 m, have you driven a motor vehicle after having 2 or more drinks in the previous hour 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>drtext1/drtext2</td>
<td>Texting and driving (new 2016) 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Cannabis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Cannabis risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>crisk2</td>
<td>How much do people risk smoking cannabis 1-2 times a week 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>crisk4</td>
<td>How much do people risk smoking cannabis daily 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>crisk5</td>
<td>How much do people risk using cannabis in other ways (eating, drinking) 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>crisk6</td>
<td>How much do people risk using cannabis by vapourizer 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b Cannabis consumption</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cn1</td>
<td>Cannabis lifetime use 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cn1age</td>
<td>How old were you? 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cn2</td>
<td>Cannabis last 12 months 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>reg1</td>
<td>Cannabis used medically 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>medcan</td>
<td>Did you have medical approval (new 2014) 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cnvap</td>
<td>Used cannabis vaping past 12m (new 2016) 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tp107b</td>
<td>Cannabis mixed with tobacco (new 2015) 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>canalc</td>
<td>Used cannabis with alcohol past 12m (new 2017) 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c Cannabis Use &amp; Driving (Panel B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cdr1</td>
<td>Driving after cannabis use (past 12 months) 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cdr2</td>
<td>How many times past 30 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cm1-6</td>
<td>Model/Ways of use 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cns1-2</td>
<td>Source 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cnsoc1-2</td>
<td>Social context (past 12 users) 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5d Dependence/Problems (Panel B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>can3m</td>
<td>Use past3 m 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cn30</td>
<td>Use past 30 d 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item name</td>
<td>Topic (variable description)</td>
<td>PANEL A (Jan-Dec)</td>
<td>PANEL B (Jan-Dec)</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>ASSIST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cnas1</td>
<td>Strong desire to use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cnas2</td>
<td>Use led to health, social, legal probl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cnas3</td>
<td>Failed to do what was normally expected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cnas4</td>
<td>Smn expressed concern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cnas5</td>
<td>Tried and failed to cut down or stop using</td>
<td></td>
<td></td>
</tr>
<tr>
<td>treat1c-2c</td>
<td>Treatment for cannabis</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5e</td>
<td>Cannabis Perceptions/Opinions/Policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cnson1-3</td>
<td>Social Acceptability</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Perceptions (agree/disagree)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cnp13</td>
<td>Bothered by stores</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cdr3</td>
<td>DUIC increases risk of a motor vehicle collision</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cdr4</td>
<td>DUIC safer than DUIA</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cdr5</td>
<td>DUIC increases risk of being caught</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cnp14</td>
<td>Cannabis can be addictive</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cannabis Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cnp1r-cnp12</td>
<td>Retail/Advertising/Policy</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>cnpage</td>
<td>Legal age for cannabis use (ask all)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cnp2</td>
<td>Adults should be allowed to grow cannabis for personal use</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cnp7</td>
<td>Try cannabis if legalized tomorrow</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cnp7a</td>
<td>Use more/less/same</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>crime</td>
<td>Have you ever been arrested</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>crime2</td>
<td>Was it for cannabis</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cocaine (Panel B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ck1</td>
<td>Cocaine lifetime use</td>
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</tr>
<tr>
<td>ck2</td>
<td>Cocaine last 12 months</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Mental Health (K6) (new 2015)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k1</td>
<td>Felt nervous</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>k2</td>
<td>Felt hopeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k3</td>
<td>Felt restless or fidgety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k4</td>
<td>So depressed, nothing could cheer you up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k5</td>
<td>Everything was an effort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k6</td>
<td>Felt worthless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Suicide (NEW 2013)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>suic1</td>
<td>Suicide ideation</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Item name</td>
<td>Topic (variable description)</td>
<td>PANEL A (Jan-Dec)</td>
<td>PANEL B (Jan-Dec)</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>suic2</td>
<td>Suicide attempt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ps11, ps16</td>
<td>Past 12m use (anxiety, depression med)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ps11, ps16</td>
<td>Past 12m use (anxiety, depression med)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Psychotherapeutics (anxiety, depression med)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Pain Relievers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>po1-po2</td>
<td>Any use /any non-medical use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prs1, pr7</td>
<td>Non-medical use/source</td>
<td></td>
<td></td>
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<tr>
<td>dpo1</td>
<td>PR &amp; driving</td>
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<td></td>
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<tr>
<td>10</td>
<td>Demographics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>age/birth</td>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>rgender</td>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd2</td>
<td>Highest level of education</td>
<td></td>
<td></td>
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<tr>
<td>sd3-4</td>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd5a</td>
<td>Household, number of people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd5b</td>
<td>Household, number of children (new 2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd1v</td>
<td>Living arrangements (new 2016)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd6-sd6b</td>
<td>Present/past work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd7b</td>
<td>Valid driver’s licence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd8</td>
<td>Language spoken at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd17</td>
<td>Sexual orientation (new 2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd9a-sd9c</td>
<td>Ethnic/cultural group (4 items)</td>
<td></td>
<td></td>
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<tr>
<td>race1-race2f</td>
<td>Race (new 2012) (6 items)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd10</td>
<td>Household income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd8a</td>
<td>Immigrant - what country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sd8b</td>
<td>Immigrant -when did come to Canada</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pcod-pcod9.2</td>
<td>Postal code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>postcode</td>
<td>Cell phones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cty1-cty5</td>
<td>County/regional municipality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>county</td>
<td>Respondent Evaluations</td>
<td></td>
<td></td>
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<tr>
<td>re1 - re2</td>
<td>Respondent Evaluations</td>
<td></td>
<td></td>
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<tr>
<td>11</td>
<td>Follow-up/recruitment item for lifetime TBI</td>
<td></td>
<td></td>
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<tr>
<td>TOTAL COMPONENT</td>
<td></td>
<td>128.0</td>
<td>165.0</td>
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</tbody>
</table>
### Ontario CAMH MONITOR 2018

**PANELS A + B Jan-Dec 2018**

---

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

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

thr1r replaced thr1, thr13 replaced thr13 in v3.
rel re2 added in v3. ve compiled on June 1, 2018.

---

```plaintext
>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

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

Press enter to continue.

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

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

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

0  No visits
1-96  Enter exact number
97 97 or more

```
[@] <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]  
[define <d><8>][define <r><9>]  

[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 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]

>th1r< [#revised June 2018, replaced thnl]  
[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>

>th2< [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>

>th3<  
[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>
[r] Next, we are interested in head and neck injuries among children.  
[r] Do you have any children? Please include children that live with you and   
[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]  

[>tni2<  [define <d><8>][define <r><9>]  [#new 2018] [# 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  
d  don't know        r  refused  
[@] <1>  
<5,7,d,r>  
<end_tbi<  

[>tni3<  [#revised June 2018]  
[define <d><8>][define <r><9>][# ask all Panel B]  

[r] Next, some questions about smoking.  
[r] At the present time do you smoke cigarettes daily, occasionally, or         
[r] not at all?                                                                 
[n][white]  
1  Daily  
3  Occasionally  
5  Not at all  
d  Don't Know        r  Refused  
[@] <1>  
<3,5,d,r>  

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

[r] At the present time do you smoke cigarettes daily, occasionally, or         
[r] not at all? [n]  

[r] Have you smoked at least 100 cigarettes in your life?  
[n][white]  
 bulb[[yellow]  
Interviewer, if necessary: "100 cigarettes is about 5 packs." [n][white]  

[>tc2<  
[r] Have you smoked at least 100 cigarettes in your life?  
[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] At the present time do you smoke cigarettes daily, occasionally, or         
[r] not at all? [n]  

[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]  

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>tc3<
[r] Have you ever smoked cigarettes daily?
[n]

1  Yes
5  No
d  Don't Know  r  Refused
[@]
[@] <1>
<5,d,r> [goto end_tc]

>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] 1 to 6 months, 7 to 11 months, 1 to 5 years, or more [n] 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
[@]
[@] <0-5,d,r>

>tc6< [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 ge <3>][goto tc8][endif]
[define <d><8>] [define <r><9>]
[r] How soon after you wake up do you usually smoke your first cigarette: within [n] 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>

>tos1< [#new in 2005, used in CCHS ]
[if tc1 ne <3> goto tc8][endif]
[define <d><98>] [define <r><99>]
[r] On those days that you do smoke, about how many cigarettes do you usually have?  [n]
[n][white]
0-60  enter number
d  don't know  r  refused
[@]
[@] <0-60,d,r>

>tos2< [#new in 2005] [#panel A+B]
[if tc1 ne <3> goto tc8][#ask only occasional smokers,if tc1 eq <3>][endif]
[define <d><98>] [define <r><99>]
[r] On how many of the last 30 days did you smoke one or more cigarettes?  [n]
0  none
1-30  enter number
In the past 12 months, how many times have you made a serious attempt to quit smoking cigarettes? [n]

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

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

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

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

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

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

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

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

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

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

[r] Now some questions about electronic cigarettes or e-cigarettes, also known as "vape pipes", "hookah pens" and "e-hookas".
Have you ever taken at least one puff from an e-cigarette? 

[ ] 1 yes 
[ ] 5 no 
[ ] 7 never heard of e-cigarettes before 
[ ] d Don't Know 
[ ] r Refused 

Was this in the past 12 months? 

[ ] 1 yes 
[ ] 5 no 
[ ] d Don't Know 
[ ] r Refused 

Was this in the past 30 days? 

[ ] 1 yes 
[ ] 5 no 
[ ] d Don't Know 
[ ] r Refused 

On how many of the past 30 days, if at all, did you smoke an e-cigarette? 

[ ] 1-30 enter number 
[ ] d don't know 
[ ] r refused 

The last time you used an e-cigarette, did it contain nicotine? 

[ ] 1 yes 
[ ] 5 no 
[ ] d Don't Know 
[ ] r Refused
>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]

[highlight][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]

>tecig8< [if panel gt <1> goto tcotp]

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

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

[highlight]
Interviewer: please Code only one option.
[n]

[r] Did you buy them: [n]
1 at a convenience store or small grocery store, [n]
2 at a supermarket, [n]
3 at a gas station, [n]
4 at a pharmacy, [n]
5 at a vape or e-cigarette store, [n]
6 on the internet, [n]
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]

[highlight]
OTHER TOBACCO PRODUCTS

>tcotp< [define <d><8>][define <r><9>][#new 2013][#revised 2016-waterpipe removed]

[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]

[highlight]
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]

>tl< [define <d><8>] [define <r><9>]
[# item tl 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
[r] 2  An attached house (such as a townhouse, or a semi-detached house)
[r] 3  A multiple unit dwelling (such as an apartment building, a condominium
[r] 4  apartment, or a duplex)
[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
@ 
[@] <1-4,d,r>

>end_tp<

>tp98< [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>

>tp99< [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 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>

>cp98< [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< [if tp97 eq 2, 3, or 4] [if tp97 eq <2-4>] [new 2018]
[r] In the past 6 months, how often, if at all, have you been exposed to any [N]
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?

Interviewer (if necessary): I am referring to ANY cannabis smoke from someone smoking in your home.

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

Interviewer (if necessary): I am referring to ANY E-CIGARETTE VAPOUR from someone smoking in your home.

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?

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

The next questions are about smoking in the workplace.

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

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

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

0 no days
1-7 enter number of days
97 do not work outside the home
d Don’t Know  r Refused

In the last week, how many days were you exposed to other people’s tobacco smoke OUTDOORS while you were at work?

0 no days
1-7 enter number of days
97 do not work outside the home
d Don’t Know  r Refused
[### 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] [g]
[@] <1-5,d,r>

>tp110< [# new 2016]
[r] Over the PAST 7 DAYS, about how often did you see anyone using 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] [g]
[@] <1-5,d,r>

>cp109< [#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] [g]
[@] <1-5,d,r>

>tp53b< [#ASK ALL panel A] [#new in 2005, revised 2015]
[define <d><9>][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] [g]
[@] <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] [g]
[@] <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]
1) E-CIGARETTES should be sold in a number of different places, AS THEY ARE NOW; [n]
2) E-CIGARETTES should be sold only in pharmacies [n]
3) E-CIGARETTES should be sold in government-owned stores similar to the way alcohol is sold in LCBO stores; or [n]
4) E-CIGARETTES should be sold only in "vape shops", which specialize in [n]
5) E-CIGARETTES should not be sold at all? [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 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

don't know       r refused

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

#tp102 deleted

>tp54c< [#revised 2014 from t54b]

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

don't know       r refused

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

#tp104 deleted

>tp104ec< [#NEW 2015] [#ASK all panel A only]

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

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

>tp74c< [#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 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>
And what do YOU think about electronic cigarettes or e-cigarette smoking among ADULTS? Do YOU think it is completely acceptable, somewhat acceptable, somewhat unacceptable, or completely unacceptable? 

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.

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

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

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.

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

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

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

[r] How much do people risk harming themselves physically and in other ways when they smoke cigarettes daily? Would you say no risk, slight risk, moderate risk, or great risk? 

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.

1 no risk
2 slight risk
3 moderate risk
4 great risk
d don’t know   r refused

How about when they smoke cigarettes once a week? Would you say no risk, slight risk, moderate risk, or great risk? 

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.

1 no risk
2 slight risk
3 moderate risk
4 great risk
d don’t know   r refused

We are interested in your views about the effects of being exposed to tobacco and related products.
[r] And how much do people risk harming themselves physically and in other ways when they are exposed to second hand smoke?

Would you say no risk, slight risk, moderate risk, or great risk?

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.

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

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

Would you say no risk, slight risk, moderate risk, or great risk?

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.

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

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

[1] less harmful  
[2] the same  
[3] more harmful

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

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

[r] Now questions about SMOKING RECREATIONAL CANNABIS.  

Do YOU think it is completely acceptable, somewhat acceptable, somewhat unacceptable, or completely unacceptable for ADULTS to smoke recreational cannabis?

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.

[1] Completely acceptable  
[2] Somewhat acceptable  
[3] Somewhat unacceptable  
[4] Completely unacceptable

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

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.

[1] Completely acceptable  
[2] Somewhat acceptable  
[3] Somewhat unacceptable  
[4] Completely unacceptable
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) ===========]
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?  

[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, about [n]
r  every day, 3 or 4 times a week, once or twice a week, 2 or 3 times a month, [n]
r  a month, about once a month, 6 to 11 times a year, 1 to 5 times a year, or
never in [n]
r  the past year?  

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  @

[@] <1-9,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?  

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>

>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?  

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.  

Press "Enter" to continue @
>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 during the past 12 months [n][white]

[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>

>aud7<

[r] How often during the past 12 months [n][white]

[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>

>aud8<

[r] How often during the past 12 months [n][white]

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

INTERVIEWER: if R says "yes", ask "was this in the past 12 months?"

1  Yes, but not in the past 12 months
2  Yes, during the past 12 months
5  no
d  Don't Know   r  Refused

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

INTERVIEWER: if r says "yes", ask "was this in the past 12 months?"

1  Yes, but not in the past 12 months
2  Yes, during the past 12 months
5  no
d  Don't Know        r  Refused

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

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

1  yes
5  no
d  Don't Know        r  Refused

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

0  Never
1-30  Enter number of times
d  don't know      r  refused

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

0  Never
1-30  Enter number of times
d  don't know      r  refused
0 Never
1-30 Enter number of times

@</[<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?

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]
[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>     @r <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]
[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>     @r <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] Did you breastfeed your last child? [n]
   1 Yes
   5 No
   d Don't Know    r Refused
   @

[1] Did you drink any alcohol while breastfeeding your last child? [n]
   1 Yes
   5 No
   d Don't Know    r Refused
   @

[1] 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]

[r] Did you ever have 4 or more drinks at the same sitting or occasion while breastfeeding? [n]
   1 Yes
   5 No
   d Don't Know    r Refused

[r] The next questions are related to driving. [n]
   [r] During the past 12 months, have you driven a car, van, truck, motorcycle, 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_drive]

[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 in vehicles [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.

Enter number of miles here @miles
Enter number of kilometres here @kilo

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

[@kilo] [optional] <0>
<1-9996> [goto dr5]

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

INTERVIEWER: You have indicated that the respondent drives ZERO miles or kilometres a week. Is this correct?

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 kilometres or miles?

[r] <1> Kilometres
5 Miles

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

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

>dr1c<

[r] We don't need the exact amounts, but can you give your best guess at how many
[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?

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

[r] d don't know r refused

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

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

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

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

[r] d Don't Know r Refused

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

>dd1< [define <d><8>][define <r><9>]
[if check eq <1> goto dtex1] [#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?

[r] 1 yes
5 no
7 don't drive

[r] 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]
[r] 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<


>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]
r marijuana or hash, and if people risk harming themselves when
they do [n]
r the following: [n]
[r] By "harm" we mean any harm to your physical or mental health
or harm to your relationships with friends or family members. [n]

Press "Enter" to continue @

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

[r] How much do people risk harming themselves physically and in
other ways [n]
r 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]
r 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]
r when they use cannabis DAILY or almost daily IN FOODS,
BAKED GOODS OR BEVERAGES (such as a tea)? [n]
Would you say no risk, slight risk, moderate risk, or great risk?

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.

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

How much do people risk harming themselves physically and in other ways when they use cannabis DAILY or almost daily by way of VAPORIZATION?

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.

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

How often, if ever, have you used cannabis, marijuana or hash during the PAST TWELVE months: would you say more than once a day, about every day (includes six times a week) four to five times a week, two to three times a week, once a week, two to three times a month, once a month, less than once a month or never?

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

In the past 12 months have you ever used cannabis, marijuana or hash to manage pain, nausea, glaucoma, the symptoms of multiple sclerosis, or any other MEDICAL condition?

1 Yes
5 No
d don't know r refused
[1] In the past 12 months, did you have "MEDICAL AUTHORIZATION" to use cannabis, marijuana or hash for medical purposes? [n]
1 Yes
5 No
d don't know r refused

[1] <1,5,d,r>
\[\text{goto cnvap}\]

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

[r] In the past 12 months, have you ever used any form of cannabis (e.g., 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] <1,5,d,r>
\[\text{goto cnvap}\]

>cnvap< [NEW 2016] [ASK Panel A + B][define <d>=<8>][define <r>=<9>]

[r] In the past 12 months have you ever used cannabis, marijuana or hash mixed with TOBACCO at the same time? [n]
1 Yes
5 No
d don't know r refused

[1] <1,5,d,r>
\[\text{goto canalc}\]

>canalc< [NEW 2017] [ASK Panel A + B]

[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>
\[\text{goto canmode}\]

>canmode< [ASK Panel A + B]

[r] During the PAST 12 MONTHS, have you driven a motor vehicle within an hour 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>
\[\text{goto canmode}\]

>canmode< [ASK Panel A + B]

[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

[@] <1,5,7,d,r>
\[\text{goto canmode}\]}
>canmode<  [#FOR past 12 months cannabis users, Panel B only]
  [if cn1 gt <1> goto cansource][#never used]
  [if cn2 ge <9>][goto cansource][endfl][# 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, 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 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 such as a cookie, brownie or candy? 
[n]
  1  yes
  5  no
  d Don't Know  r Refused
[@] <1,5,d,r>

>cnm4<
[bold][cyan] In the past 12 months did you consume 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 cannabis in ON SKIN such as lotions, salves, or patches? 
[n]
[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}

>cnsoc1< [#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

[@] <1-7,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 [endif]
    [#never used]
    [if cn2 ge <9>] goto end_can [endif]
    [# not used in last 12 months]
    [if panel eq <1>] goto end_can [endif]
    [# PANEL A skip out]

[#====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 THIRTY days: 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 2-3 times a month
      4 once a week
      5 2-3 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, marijuana or hash during
      the PAST 30 days: would you say never, once or twice, once
      a month, 2-3 times [n]
      [r] 2-3 times a week, 4 to 5 times a week, daily or [n]
      d don't know r refused
      @
      [@] <0,1-4,d,r>

>cnas1< [r] During the PAST 3 MONTHS, how often have you had a
      strong desire or urge to use cannabis, marijuana or hash? Would you say:
      never, once or twice, [n]
      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 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 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]

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[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
2 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
2 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 <r><9>]

[r] Have you EVER received any type of professional help for your use of cannabis? [n]

Interviewer: if necessary: "Include any treatment or counselling given by
doctors, counsellors, social workers or other health professionals."

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> [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]

>cnpl4< [define <d><8>][define <r><9>]

[r] Cannabis can be addictive. Do you strongly agree, somewhat agree, somewhat disagree or [n]
[r] strongly disagree with the following statements. [n]

1 strongly agree
3 somewhat agree
5 somewhat disagree
7 strongly disagree
Driving under the influence of cannabis increases the risk of being involved in a motor vehicle collision.

Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?

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

d Don't Know  r Refused

It is safer to drive under the influence of cannabis than under the influence of alcohol.

Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?

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

d Don't Know  r Refused

The chances of getting caught by police for DRINKING AND DRIVING are higher than for USING CANNABIS AND DRIVING.

Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?

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

d Don't Know  r Refused

PERSONAL RECREATIONAL CANNABIS USE among ADULTS in Canada should be legal.

Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?

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

You would be bothered by having a store that sells marijuana in your neighbourhood.

Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?

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

d Don't Know  r Refused

The next few questions are about PERSONAL RECREATIONAL CANNABIS USE among adults in Canada. We are interested in your opinion even if you have never used cannabis.
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 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 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<

>r>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>][# 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

[@]
Was this in the past 12 months? 
1  yes  
5  no  
1  don't know  
5  refused

The next questions are about how you have been feeling during the past 30 days.

During the past 30 days, how often did you feel nervous? All of the time, most of the time, some of the time, a little of the time, none of the time?
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  
1  don't know  
5  refused

During the past 30 days, how often did you feel hopeless?
all of the time, most of the time, some of the time, a little of the time, none of the time?
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  
1  don't know  
5  refused

During the past 30 days, how often did you feel restless or fidgety?
all of the time, most of the time, some of the time, a little of the time, none of the time?
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  
1  don't know  
5  refused

During the past 30 days, how often did you feel so depressed that nothing could cheer you up?
all of the time, most of the time, some of the time, a little of the time, none of the time?
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  
1  don't know  
5  refused

During the past 30 days, how often did you feel that everything was an effort?
all of the time, most of the time, some of the time, a little of the time, or none of the time?

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

During the past 30 days, how often did you feel worthless?

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

In the PAST 12 MONTHS, did you ever seriously consider attempting suicide?

1  yes
5  no

d  Don't Know   r Refused

Now some questions about prescription medications that are prescribed by a doctor or psychiatrist.

Press "Enter" to continue

In the past 12 months, have you taken any prescription medication to reduce anxiety or panic attacks?

1  yes
5  no

d  don't know   r refused

In the past 12 months, have you taken any prescription medication to treat depression?

1  yes
5  no

d  don't know   r refused

In the PAST 12 MONTHS, did you actually attempt suicide?

[r] During the past 30 days, how often did you feel worthless?

[r] In the past 12 months, have you taken any prescription medication to treat depression?
# PAIN RELIEVERS (revised 2010) #

## PANEL B ONLY ##

[Int pr<] [rev 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] 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
[n] are obtained by [n] a PRESCRIPTION from a doctor or dentist such as Percocet, Demerol,
[n] [r] Tylenol #3 or other products.

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
[n] ANY such [n] 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
[i] to 19 [n]
[r] times, 20 to 39 times, 40 times or more often?
[n]
[n][white]

[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.

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,d,r>[goto end_pr1]

>po2< [define <d><98>][define <r><99>][#new 2010]
[r] In the past 12 months how many times, if at all, have you used
[n] ANY such pain 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?

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,d,r>

>end_pr1<

[# Panel 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]
>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
[@]<1-31,d,r>
[@mth]<1-12,d,r>
[@yr]<1900-2000>
<d,r>[goto agecat]
>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
7 Church of England 22 Methodist 19 Salvation Army
8 Eastern Orthodox 11 Mormon 20 Sikh
9 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
At present are you married, living with a partner, widowed, divorced, separated, or have you never been married? 

1  married  
2  living with a partner  
3  widowed  
4  divorced  
5  separated  
6  never married  

d  don't know  r refused  

Do you consider yourself to be heterosexual, homosexual, that is lesbian or gay, or bisexual? 

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  

Including yourself, how many people are currently living in your household?  

1-9  enter number  
10  ten or more people  

d  don't know  r refused  

Including yourself, how many people aged 18 to 30 are currently living in your household?  

0  none  
1-9  enter number  
10  ten or more people  

d  don't know  r refused  

Next I would like to ask you about children.  

Do you have any children in your household AGED 17 OR YOUNGER?  

1  yes  
5  no  

d  don't know  r refused  

Are you presently working for pay in a full-time or in a part-time job, are you unemployed, retired, a homemaker, a student, or something else?  

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

>sdb< [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

[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

>sdc< [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

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

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

>sdb< [define <d><8>] [define <r><9>][#ASK panel B only]
[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

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]

>ethnic1b< [define <d><9998>] [define <r><9999>][#revised 2018]
[r] In what year did you first come to Canada to live?  [n]
INTERVIEWER: Minimum is year of birth; maximum is current year.
[n] if asked, we mean birth mother or biological mother.
[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><9998>] [define <r><9999>][#revised 2018]
[r] Now a question about your parents. Was your mother born outside Canada?  [n]
INTERVIEWER: if asked, we mean birth mother or biological mother.
[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]
INTERVIEWER: if asked, we mean birth father or biological father.
[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?
[white]
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
@
[@]<1-7,d,r>

>race2a< [if race1=1, asking White]
[r] Which of the following best describes your background? Would you say 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]
[72x720]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>=[goto sd10]
<s>[specify][goto sd10]

>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
[n]
[r] TOTAL HOUSEHOLD INCOME before[taxes]?  [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>
# 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]

>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]

[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]

d
>POSTAL1< [if POSTAL@1 is <d> or POSTAL@1 is <D>]
[store <> in POSTAL@1]
[store <> in POSTAL@2]
[store <> in POSTAL@3]
[store <> in POSTAL@4]
[store <> in POSTAL@5]
[store <> in POSTAL@6]
[goto FSA]
[endif]
[if POSTAL@2 is <d> or POSTAL@2 is <D>]
[store <> in POSTAL@1]
[store <> in POSTAL@2]
[store <> in POSTAL@3]
[store <> in POSTAL@4]
[store <> in POSTAL@5]
[store <> in POSTAL@6]
[goto FSA]
[endif]
[if POSTAL@3 is <d> or POSTAL@3 is <D>]
[store <> in POSTAL@1]
[store <> in POSTAL@2]
[store <> in POSTAL@3]
[store <> in POSTAL@4]
[store <> in POSTAL@5]
[store <> in POSTAL@6]
[goto FSA]
[endif]

>POSTAL2<
[r] Pouvez-vous me donner votre code postal, s'il-vous-plaît?
[n]
[bold][yellow] Interviewer: Use "d" for don't know or refused at
first item only [n][white]

d
>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]
>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 <Kevin> in PCV1]
        [store <Kevin> in PCV1F]
    [else]
    [if POSTAL@1 is <l> or POSTAL@1 is <L>]
        [store <Louis> 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 <Ottie> in PCV1]
        [store <Olivier> in PCV1F]
    [else]
    [if POSTAL@1 is <p> or POSTAL@1 is <P>]
        [store <Peter> in PCV1]
        [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 <Zéro> 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 <Otto> in PCV3]
[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 <Québec> 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 <Quat?re> 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 <Zéro> 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 <Edward> 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 <Québec> 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 <Zébre> 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 <Cinq> 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 <Sept> in PCV6]
  [store <Sept> in PCV6F]
[else]
  [if POSTAL@6 eq <8>]
  [store <Huit> in PCV6]
  [store <Huit> in PCV6F]
[else]
  [if POSTAL@6 eq <9>]
  [store <Neuf> in PCV6]
  [store <Neuf> in PCV6F]
[else]
  [if POSTAL@6 eq <0>]
  [store <Zéro> in PCV6]
  [store <Zéro> 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
  @@

[@]=1,9> <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 those used mostly for work or business, how
many different [n]
cell phone numbers do you have?
[r]

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]

1-9 Enter exact number
10 ten or more
0 None

d Don't Know   r Refused

In what COUNTY or regional municipality do you live?
[r]

18 Durham RM(Oshawa Ajax Newcastle Pickering Whitby)
28 Halimand-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 Richmond Hill Vaughan King)

s Other (specify)

d Don't Know   r Refused

In what COUNTY or regional municipality do you live?
[r]
In what COUNTY or regional municipality do you live?  

- 52 Sudbury D (Esplanola Chapleau) 
- 54 Timiskaming D (Cobalt Haileybury Kirkland Lake New Liskeard) 
- 16 Victoria C (Lindsay Bobcaygeon Fenelon Falls) 
- 19 York RM (Aurora Markham Newmarket Rich Hill Vaughan King) 

- 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>  
[@<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)  

- Other (specify)  

d Don't Know   r Refused  

@  

@<60,59,58,d,r>  
[@<60,59,58,d,r>] [specify]  

>end_cty<  

>ck_follow< [if tbni1r eq <1> or tbni3r 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>  
[@<1>] [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>  
[@<1>] [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>  
[@<1>] [goto card]  

<5,d,r>  

>phone2< [open phone2]  

[r] What is the best number to reach you? [n]  

[bold][yellow]  
Interviewer, - Is this number most convenient to reach?
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]<0-9999999999>[input format full field 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

   [store <> in phone2@1]
   [store <> in phone2@2]
   [store <> in ck_phone2]
   [goto phone2]

>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>
   [store <> in check]
   [store <> in mail@1]
   [goto mail@1]
   [endif]
   [if check eq <3>]
   [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]

>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, 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
- **CANNMED**: 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)
- **HINCS**: 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>
<thead>
<tr>
<th>Measure/ Variable name</th>
<th>Number of Categories and Category Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender - sex</td>
<td>2  Men; Women</td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
</tr>
<tr>
<td>- agecat5</td>
<td>5  18-29; 30-39; 40-49; 50-64; 65+</td>
</tr>
<tr>
<td>- agecat4</td>
<td>4  18-29; 30-39; 40-49; 50+</td>
</tr>
<tr>
<td>- agecat3</td>
<td>3  18-34; 35-54; 55+</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>- mstat4</td>
<td>4  Married/ living with partner; widowed; divorced or separated; never married.</td>
</tr>
<tr>
<td>- marstat3</td>
<td>3  Married (including living as married); previously married (i.e. widowed, divorced or separated); never married.</td>
</tr>
<tr>
<td>Region - region</td>
<td>6  Design Strata – 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)</td>
</tr>
<tr>
<td>- lhin</td>
<td>14 Local Health Integration Networks (LHI(N)) – 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)</td>
</tr>
<tr>
<td>Education - educat4</td>
<td>4  Less than high school; completed high school; some college or university; completed university degree</td>
</tr>
<tr>
<td>Gross Annual Household Income (in thousands) - hinccat5</td>
<td>5  Less than $30K; $30-$49K; $50-$79K; $80K+; not stated</td>
</tr>
<tr>
<td>Gross Annual Household Income (in thousands) - higher cut-offs - hinc5</td>
<td>5  Less than $40K; $40-$69K; $70-$99K; $100K+; not stated</td>
</tr>
<tr>
<td>Immigrant Status - imig</td>
<td>2  Born outside Canada; Born in Canada</td>
</tr>
</tbody>
</table>
### Table D.2
#### Definition of Some Frequently Used Addiction and Mental Health Measures

<table>
<thead>
<tr>
<th>Measure/Variable name</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALCOHOL USE</strong></td>
<td></td>
</tr>
<tr>
<td>Drinking status</td>
<td>Percentage belonging to one of three groups: <em>lifetime abstainers</em> (those never drinking alcohol in their lifetime); <em>former drinkers</em> (those drinking alcohol in lifetime, but not in past 12 months); and <em>current drinkers</em> (those reporting drinking alcohol in past 12 months) (Available 1996–2018).</td>
</tr>
<tr>
<td>- alcstat3</td>
<td></td>
</tr>
<tr>
<td>Past-year drinking</td>
<td>Percentage reporting drinking alcohol at least once during the 12 months before the survey (Available 1996–2018).</td>
</tr>
<tr>
<td>- alc12m</td>
<td></td>
</tr>
<tr>
<td>Daily drinking</td>
<td>Percentage reporting drinking at least one alcoholic drink everyday during the 12 months before the survey (Available 1996–2018).</td>
</tr>
<tr>
<td>- aldaily</td>
<td></td>
</tr>
<tr>
<td>Five or more drinks weekly (Binge drinking)</td>
<td>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).</td>
</tr>
<tr>
<td>- fivewk</td>
<td></td>
</tr>
<tr>
<td>Number of drinks consumed past-year</td>
<td>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).</td>
</tr>
<tr>
<td>- qfvol</td>
<td></td>
</tr>
<tr>
<td>Exceeding low risk drinking guidelines (LRDG)</td>
<td>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).</td>
</tr>
<tr>
<td>- lrdg2011</td>
<td></td>
</tr>
<tr>
<td>- audit8</td>
<td></td>
</tr>
<tr>
<td><strong>CIGARETTE USE</strong></td>
<td></td>
</tr>
<tr>
<td>Smoking status</td>
<td>Percentage classified to one of five categories: <em>never smokers</em> (never smoked 100+ cigarettes in lifetime); <em>former non-daily</em> (never smoked daily and did not smoke in the past 30 days); <em>former daily</em> (smoked daily but did not smoke in the past 30 days); <em>non-daily</em> (never smoked daily but did smoke occasionally in the past 30 days); <em>daily smoker</em> (smoked daily and did smoke in the past 30 days) (Available 1996–2018).</td>
</tr>
<tr>
<td>- sstatus5</td>
<td></td>
</tr>
<tr>
<td>Current smoking</td>
<td>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).</td>
</tr>
<tr>
<td>- tob12m</td>
<td></td>
</tr>
<tr>
<td>Daily smoking</td>
<td>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).</td>
</tr>
<tr>
<td>- sdaily</td>
<td></td>
</tr>
<tr>
<td>Heaviness of smoking index</td>
<td>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).</td>
</tr>
<tr>
<td>- hsi; hsi3</td>
<td></td>
</tr>
<tr>
<td>Electronic cigarette use</td>
<td>Percent reporting e-cigarette use (at least one puff) in their lifetime</td>
</tr>
<tr>
<td>- eciglife</td>
<td></td>
</tr>
<tr>
<td>- ecig12m</td>
<td>Percent reporting e-cigarette use (at least one puff) in the past 12m. (Available 2013–2018).</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Measure/Variable name</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>CANNABIS USE</strong></td>
<td></td>
</tr>
<tr>
<td>Lifetime cannabis use</td>
<td>Percentage reporting the use of marijuana or hashish at least once in their lifetime. (Available 1996–2018).</td>
</tr>
<tr>
<td>- canlife</td>
<td></td>
</tr>
<tr>
<td>Past year cannabis use</td>
<td>Percentage reporting the use of marijuana or hashish at least once during the 12 months before the survey. (Available 1996–2018).</td>
</tr>
<tr>
<td>- can12m</td>
<td></td>
</tr>
<tr>
<td>- asistcn2</td>
<td></td>
</tr>
<tr>
<td><strong>OTHER DRUG USE</strong></td>
<td></td>
</tr>
<tr>
<td>Lifetime cocaine use</td>
<td>Percentage reporting the use of cocaine at least once in their lifetime (Available every even year between 1996–2010 and yearly 2011–2018).</td>
</tr>
<tr>
<td>- coclife</td>
<td></td>
</tr>
<tr>
<td>Past-year cocaine use</td>
<td>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).</td>
</tr>
<tr>
<td>- coc12m</td>
<td></td>
</tr>
<tr>
<td>Use of prescription opioid pain relievers</td>
<td>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).</td>
</tr>
<tr>
<td>- pr12m</td>
<td></td>
</tr>
<tr>
<td>- nmpr12m</td>
<td></td>
</tr>
<tr>
<td><strong>DRUGS AND DRIVING</strong></td>
<td></td>
</tr>
<tr>
<td>Driving after drinking</td>
<td>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).</td>
</tr>
<tr>
<td>- dkdriv</td>
<td></td>
</tr>
<tr>
<td>Driving after cannabis use</td>
<td>Percentage of drivers with a valid licence reporting driving within two hours of consuming cannabis during the past 12 months (Available 2002–2018).</td>
</tr>
<tr>
<td>- candriv</td>
<td></td>
</tr>
<tr>
<td><strong>OVERALL HEALTH (MENTAL and PHYSICAL)</strong></td>
<td></td>
</tr>
<tr>
<td>Kessler Psychological Distress Scale (K6)</td>
<td>Percentage scoring “13 of 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).</td>
</tr>
<tr>
<td>- k6_13plus</td>
<td></td>
</tr>
<tr>
<td>- k6_5plus</td>
<td></td>
</tr>
<tr>
<td>- k6_8plus</td>
<td></td>
</tr>
<tr>
<td>- anx12m</td>
<td></td>
</tr>
<tr>
<td>- dep12m</td>
<td></td>
</tr>
<tr>
<td>Health-related quality of life (HRQoL)</td>
<td>Percentage reporting two overall-health related items: <em>poor health</em> (defined as self-ratings of <em>fair</em> or <em>poor</em> health in general); and <em>frequent physically unhealthy days</em> (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: <em>poor mental health</em> (defined as self-ratings of <em>fair</em> or <em>poor</em> mental health); and <em>frequent mental distress days</em> (defined as reporting at least 14 or more days of poor mental health during the past 30 days) (Available 2003–2018).</td>
</tr>
<tr>
<td>- fairhlt</td>
<td></td>
</tr>
<tr>
<td>- physhisd</td>
<td></td>
</tr>
<tr>
<td>- fairmhl</td>
<td></td>
</tr>
<tr>
<td>- mentdis</td>
<td></td>
</tr>
</tbody>
</table>
FREQUENTLY USED DERIVED VARIABLES

CIGARETTE SMOKING

SSTATUS3  Smoking status - Standard to Health Canada
Derived from items tc1, tc2, and tc5

<table>
<thead>
<tr>
<th>SSTATUS3</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Current smoker (daily or occasional smoker; smoked 100 cigarettes in lifetime; smoked in past 30 days)</td>
<td>(tc1=1, 3) OR (tc1=5 AND tc2=1 AND tc5 =0,1)</td>
</tr>
<tr>
<td>2</td>
<td>Former smoker (includes those who quit - 1-11 months ago)</td>
<td>(tc1=5 AND tc2=1 AND tc5=2,3,4,5) OR (tc1=3 AND tc5=2,3,4,5)</td>
</tr>
<tr>
<td>3</td>
<td>Never smoker (never 100 cigarettes)</td>
<td>tc2=5</td>
</tr>
</tbody>
</table>

SSTATUS5  Smoking status - detailed
Derived from SSTATUS3, and items tc3 and tc1

<table>
<thead>
<tr>
<th>SSTATUS5</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Current daily smoker</td>
<td>SSTATUS3=1, AND tc1=1</td>
</tr>
<tr>
<td>2</td>
<td>Current non-daily smoker</td>
<td>SSTATUS3=1, AND tc1=3</td>
</tr>
<tr>
<td>3</td>
<td>Former daily smoker</td>
<td>SSTATUS3=2, AND tc3=1</td>
</tr>
<tr>
<td>4</td>
<td>Former non-daily smoker</td>
<td>SSTATUS3=2, AND tc3=5</td>
</tr>
<tr>
<td>5</td>
<td>Never 100 cigarettes</td>
<td>SSTATUS3=3</td>
</tr>
</tbody>
</table>

TOB12M  Current smoking (daily or occasional smoker and smoked at least one cigarette past 30 days)
Derived from SSTATUS3

<table>
<thead>
<tr>
<th>TOB12M</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not smoked (never 100 cigarettes or quit more than 30 days ago)</td>
<td>SSTATUS3=2,3</td>
</tr>
<tr>
<td>1</td>
<td>Daily or occasional smoker (smoked 100 cigarettes in lifetime; smoked in the past 30 days)</td>
<td>SSTATUS3=1</td>
</tr>
</tbody>
</table>

See also:  SDAIY - 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

<table>
<thead>
<tr>
<th>ECIGLIFE</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = no</td>
<td>Never used</td>
<td>tecig2rc=5, 7</td>
</tr>
<tr>
<td>1 = yes</td>
<td>Ever used in lifetime (at least one puff)</td>
<td>tecig2rc=1</td>
</tr>
</tbody>
</table>

ECIG12M  E-cigarette use - past 12 months  
Derived from item tecig2a – recoded for total sample

<table>
<thead>
<tr>
<th>ECIG12M</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = no</td>
<td>Never used/ not used past 12 months</td>
<td>tecig2a=5 &amp; eciglife=0</td>
</tr>
<tr>
<td>1 = yes</td>
<td>Used past 12 months</td>
<td>tecig2a=1</td>
</tr>
</tbody>
</table>

ECIG30D  E-cigarette use - past 30 days  
Derived from item tecig2b – recoded for total sample

<table>
<thead>
<tr>
<th>ECIG30D</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = no</td>
<td>Never used/ not used past 30 days</td>
<td>tecig2b=5 &amp; ecig12m=0</td>
</tr>
<tr>
<td>1 = yes</td>
<td>Used past 30 days</td>
<td>tecig2b=1</td>
</tr>
</tbody>
</table>

ALCOHOL

ALCSTAT3  Drinking status - past 12 months  
Derived from items ac1 and ac2

<table>
<thead>
<tr>
<th>ALCSTAT3</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Past 12 months drinker</td>
<td>ac1=1</td>
</tr>
<tr>
<td>2</td>
<td>Former drinker (lifetime drinker; no drinks past 12m)</td>
<td>ac2=1 AND ac1=5</td>
</tr>
<tr>
<td>3</td>
<td>Abstainer (never drank)</td>
<td>ac2=5 AND ac1=5</td>
</tr>
</tbody>
</table>
ALC12M  Alcohol use past 12 months
Derived from ALCSTAT3

<table>
<thead>
<tr>
<th>ALC12M</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not used alcohol past 12 months</td>
<td>ALCSTAT3=2,3</td>
</tr>
<tr>
<td>1</td>
<td>Used alcohol past 12 months</td>
<td>ALCSTAT3=1</td>
</tr>
</tbody>
</table>

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 (recoded) × 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

<table>
<thead>
<tr>
<th>QFVOL</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 through 9,000</td>
<td>Number of standard drinks in past 12 months</td>
</tr>
<tr>
<td>99999</td>
<td>Missing</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>ALDAILY</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Non-daily/non-drinker past 12 months</td>
<td>ac5=3 through 8, and system missing=0</td>
</tr>
<tr>
<td>1</td>
<td>Daily drinker past 12 months</td>
<td>ac5=1,2</td>
</tr>
</tbody>
</table>

FIVEWK  Five or more drinks in a single sitting weekly (in the past 12 months)
Derived from item five – recoded for total sample

<table>
<thead>
<tr>
<th>FIVEWK</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No/ non-drinker past 12 months</td>
<td>five =5 through 9, and system missing =0</td>
</tr>
<tr>
<td>1</td>
<td>Five plus weekly past 12 months</td>
<td>five =1 through 4</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Variable name</th>
<th>AUDIT Items</th>
<th>Recoded category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol Intake</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 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/ 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 |
<table>
<thead>
<tr>
<th>Variable name</th>
<th>AUDIT Items</th>
<th>Recoded category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adverse Consequences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>aud7</strong></td>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>0. Never</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Less than monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Weekly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Daily or almost daily</td>
</tr>
<tr>
<td><strong>aud8</strong></td>
<td>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>0. Never</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Less than monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Weekly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Daily or almost daily</td>
</tr>
<tr>
<td><strong>aud9</strong></td>
<td>9. Have you or someone else ever been injured as a result of your drinking?</td>
<td>0. No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Yes, but not last year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Yes, during last year</td>
</tr>
<tr>
<td><strong>aud0</strong></td>
<td>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?</td>
<td>0. No</td>
</tr>
<tr>
<td><strong>(aud10)</strong></td>
<td></td>
<td>2. Yes, but not last year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Yes, during last year</td>
</tr>
</tbody>
</table>

**Note:** Intermediate variables `aud1t, aud2t, aud3t, aud4t, aud5t, aud6t, aud7t, aud8t, aud9t, aud10t` were derived to calculate the AUDIT score. Variables `aud1t` to `aud10t` 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)

<table>
<thead>
<tr>
<th>AUDIT8</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = no</td>
<td>AUDIT score less than 8</td>
<td>AUDIT ≤ 7</td>
</tr>
<tr>
<td>1 = yes</td>
<td>AUDIT score of 8 and over</td>
<td>AUDIT ≥ 8</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>CANLIFE</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = no</td>
<td>Never used</td>
<td>cn1=5</td>
</tr>
<tr>
<td>1 = yes</td>
<td>Ever used in lifetime</td>
<td>cn1=1</td>
</tr>
</tbody>
</table>

**CAN12M**  
**Cannabis use past 12 months**  
Derived from item cn2 – recoded for total sample

<table>
<thead>
<tr>
<th>CAN12M</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = no</td>
<td>Never used/ not used past 12 months</td>
<td>cn2=9</td>
</tr>
<tr>
<td>1 = yes</td>
<td>Used past 12 months</td>
<td>cn2=1 through 8</td>
</tr>
</tbody>
</table>
Cannabis use past 3 months (Panel B)
Derived from item cn3m – recoded for total sample

<table>
<thead>
<tr>
<th>CAN3M</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = no</td>
<td>Never used/ not used past 3 months</td>
<td>cn3m=0</td>
</tr>
<tr>
<td>1 = yes</td>
<td>Used past 3 months</td>
<td>cn3m=1 through 4</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Variable name (total sample variable)</th>
<th>ASSIST-CIS Items</th>
<th>Category score</th>
</tr>
</thead>
</table>
| can3m (ascan1)                        | 1. How often have you used cannabis, marijuana or hash during the PAST THREE months? | 0. Never  
1. Once or twice  
2. Monthly  
3. Weekly  
4. 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  
1. Once or twice  
2. Monthly  
3. Weekly  
4. 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  
1. Once or twice  
2. Monthly  
3. Weekly  
4. 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  
1. Once or twice  
2. Monthly  
3. Weekly  
4. 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  
1. Yes, not past 3 months  
2. 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  
1. Yes, not past 3 months  
2. 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

<table>
<thead>
<tr>
<th>ASISTCN3</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
</table>
| 0= low   | Score ≤ 3  
           Low risk of health and other problems from current pattern of use. | ASISTCAN ≤ 3 |
| 1= moderate | 4 ≥ Score ≤ 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

<table>
<thead>
<tr>
<th>ASISTCN2</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
</table>
| 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

<table>
<thead>
<tr>
<th>COCLIFE</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never used</td>
<td>ck1=5</td>
</tr>
<tr>
<td>1</td>
<td>Used in lifetime</td>
<td>ck1=1</td>
</tr>
</tbody>
</table>

#### COC12M  Cocaine use past 12 months (panel B)
Derived from item ck2r – coded for total sample

<table>
<thead>
<tr>
<th>COC12M</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
</table>
| 0      | Never used/not used past 12 months | coclife=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

<table>
<thead>
<tr>
<th>DKDRIV</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not driven after consuming 2+ drinks within 1 hour of driving in past 12 months</td>
<td>dd1=5, 7 and system missing =0 (Panel B only)</td>
</tr>
<tr>
<td>1</td>
<td>Driven after consuming 2+ drinks within 1 hour of driving at least once in past 12 months</td>
<td>dd1=1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDRIV</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not driven within 1 hour after using cannabis in past 12 months</td>
<td>cdr1=5, 7 and system missing =0 (Panel B only)</td>
</tr>
<tr>
<td>1</td>
<td>Driven within 1 hour after using cannabis at least once in past 12 months</td>
<td>cdr1=1</td>
</tr>
</tbody>
</table>

**DRTEXT**  
**Driving and texting past 12 months (panel B)**  
Derived from item drtext1, recoded for all valid drivers

<table>
<thead>
<tr>
<th>DRTEXT</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No texting while driving in past 12 months</td>
<td>drtext1=0 and system missing =0 (Panel B only)</td>
</tr>
<tr>
<td>1</td>
<td>Texting while driving at least once in past 12 months</td>
<td>drtext1=1</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>In the past 30 days how often did you , ...</th>
<th>Category scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>k1r. ... how often did you feel nervous?</td>
<td>0. None of the time</td>
</tr>
<tr>
<td></td>
<td>1. A little of the time</td>
</tr>
<tr>
<td></td>
<td>2. Some of the time</td>
</tr>
<tr>
<td></td>
<td>3. Most of the time</td>
</tr>
<tr>
<td></td>
<td>4. All of the time</td>
</tr>
<tr>
<td>k2r. ... how often did you feel hopeless?</td>
<td>0. None of the time</td>
</tr>
<tr>
<td></td>
<td>1. A little of the time</td>
</tr>
<tr>
<td></td>
<td>2. Some of the time</td>
</tr>
<tr>
<td></td>
<td>3. Most of the time</td>
</tr>
<tr>
<td></td>
<td>4. All of the time</td>
</tr>
<tr>
<td>k3r. ... how often did you feel restless or fidgety?</td>
<td>0. None of the time</td>
</tr>
<tr>
<td></td>
<td>1. A little of the time</td>
</tr>
<tr>
<td></td>
<td>2. Some of the time</td>
</tr>
<tr>
<td></td>
<td>3. Most of the time</td>
</tr>
<tr>
<td></td>
<td>4. All of the time</td>
</tr>
<tr>
<td>k4r. ... how often did you feel so depressed that nothing could cheer you up?</td>
<td>0. None of the time</td>
</tr>
<tr>
<td></td>
<td>1. A little of the time</td>
</tr>
<tr>
<td></td>
<td>2. Some of the time</td>
</tr>
<tr>
<td></td>
<td>3. Most of the time</td>
</tr>
<tr>
<td></td>
<td>4. All of the time</td>
</tr>
<tr>
<td>k5r. ... how often did you feel that everything was an effort?</td>
<td>0. None of the time</td>
</tr>
<tr>
<td></td>
<td>1. A little of the time</td>
</tr>
<tr>
<td></td>
<td>2. Some of the time</td>
</tr>
<tr>
<td></td>
<td>3. Most of the time</td>
</tr>
<tr>
<td></td>
<td>4. All of the time</td>
</tr>
</tbody>
</table>
In the past 30 days how often did you …

<table>
<thead>
<tr>
<th>Category scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. None of the time</td>
</tr>
<tr>
<td>1. A little of the time</td>
</tr>
<tr>
<td>2. Some of the time</td>
</tr>
<tr>
<td>3. Most of the time</td>
</tr>
<tr>
<td>4. All of the time</td>
</tr>
</tbody>
</table>

k6r: … how often did you feel worthless?

K6L  K6 Likert summary score (0-24) (panel B)
Derived from items k1r to k6r.

Total Score $K6L = \text{summation of: } k1r, k2r, k3r, k4r, k5r, k6r.$
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).

<table>
<thead>
<tr>
<th>K6_13PLUS</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = no</td>
<td>K6L score less than 13</td>
<td>$K6L&lt; 13$</td>
</tr>
<tr>
<td>1 = yes</td>
<td>K6L score of 13 and higher</td>
<td>$K6L \geq 13$</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>K6_5PLUS</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = no</td>
<td>K6L score less than 5</td>
<td>$K6L&lt; 5$</td>
</tr>
<tr>
<td>1 = yes</td>
<td>K6L score of 5 and higher</td>
<td>$K6L \geq 5$</td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>K6_8PLUS</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = no</td>
<td>K6L score less than 8</td>
<td>K6L &lt; 8</td>
</tr>
<tr>
<td>1 = yes</td>
<td>K6L score of 8 and higher</td>
<td>K6L ≥ 8</td>
</tr>
</tbody>
</table>

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; Öunpuu, 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)
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)

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**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAIRHLT</td>
<td>Percent fair or poor health</td>
</tr>
<tr>
<td></td>
<td>Derived from item gh1 (self-rated health)</td>
</tr>
<tr>
<td></td>
<td>Dichotomized: 0= (excellent, very good, good); 1= (fair, poor)</td>
</tr>
<tr>
<td>FAIRMHLT</td>
<td>Percent fair or poor mental health</td>
</tr>
<tr>
<td></td>
<td>Derived from item hs1a (self-rated mental health)</td>
</tr>
<tr>
<td></td>
<td>Dichotomized: 0= (excellent, very good, good); 1= (fair, poor)</td>
</tr>
<tr>
<td>UNHLTPD</td>
<td>Physically unhealthy days (in the past 30 days)</td>
</tr>
<tr>
<td></td>
<td>Derived from item gh2r.</td>
</tr>
<tr>
<td></td>
<td>Range: 0–30.</td>
</tr>
<tr>
<td>UNHLTMD</td>
<td>Mentally unhealthy days (in the past 30 days)</td>
</tr>
<tr>
<td></td>
<td>Derived from item gh3r.</td>
</tr>
<tr>
<td></td>
<td>Range: 0–30.</td>
</tr>
<tr>
<td>UNHLTLD</td>
<td>Sum of unhealthy days (physically &amp; mentally) (in the past 30 days)</td>
</tr>
<tr>
<td></td>
<td>Sum of items UNHLTPD and UNHLTMD, which, following CDCs practice, are right censored at 30 (i.e., values exceeding 30 are revalued to 30).</td>
</tr>
<tr>
<td></td>
<td>Range: 0–30.</td>
</tr>
<tr>
<td>MENTDISD</td>
<td>Frequent mental distress days (14+ days in the past 30 days)</td>
</tr>
<tr>
<td></td>
<td>Derived from item UNHLTMD (mentally unhealthy days)</td>
</tr>
<tr>
<td></td>
<td>Dichotomized: 0= (0-13 days); 1= (14+ days)</td>
</tr>
<tr>
<td></td>
<td>(as recommended by CDC).</td>
</tr>
</tbody>
</table>
## PRESCRIPTION OPIOIDS (PO)

### PR12M  
**Any use of PO pain relievers past 12 months (panel B)**  
Derived from po1 and po2

<table>
<thead>
<tr>
<th>PR12M</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not used any PR past 12 months</td>
<td>po1 =9</td>
</tr>
<tr>
<td>1</td>
<td>Used any PR past 12 months</td>
<td>po1 or po2 =1 through 6</td>
</tr>
</tbody>
</table>

### MPR12M  
**Any medical use of PO pain relievers past 12 months (panel B)**  
Derived from po1

<table>
<thead>
<tr>
<th>MPR12M</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not used PR medically past 12 months</td>
<td>po1 =9</td>
</tr>
<tr>
<td>1</td>
<td>Used PR medically past 12 months</td>
<td>po1=1 through 6</td>
</tr>
</tbody>
</table>

### NMPR12M  
**Any non-medical use of PO pain relievers past 12 months (panel B)**  
Derived from po2

<table>
<thead>
<tr>
<th>NMPR12M</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not used PR non-medically past 12 months</td>
<td>po2 =9</td>
</tr>
<tr>
<td>1</td>
<td>Used PR non-medically past 12 months</td>
<td>po2=1 through 6</td>
</tr>
</tbody>
</table>

### PRHI12M  
**Any use of PO pain relievers to get high past 12 months (panel B)**  
Derived from pr7, recoded for total sample

<table>
<thead>
<tr>
<th>PRHI12M</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not used PR to get high past 12 months</td>
<td>pr7 =5 and pr12m=0</td>
</tr>
<tr>
<td>1</td>
<td>Used PR to get high past 12 months</td>
<td>pr7=1</td>
</tr>
</tbody>
</table>
### DEMOGRAPHICS

#### AGECAT3  
**Age in 3 categories**  
Derived from age

<table>
<thead>
<tr>
<th>agecat3</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>18–34 years</td>
<td>age = 18 thru 34</td>
</tr>
<tr>
<td>2</td>
<td>35–54 years</td>
<td>age = 35 thru 54</td>
</tr>
<tr>
<td>3</td>
<td>55 years or older</td>
<td>age = 55 thru max</td>
</tr>
</tbody>
</table>

#### AGECAT5  
**Age in 5 categories**  
Derived from age

<table>
<thead>
<tr>
<th>agecat5</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>18–29 years</td>
<td>age = 18 thru 29</td>
</tr>
<tr>
<td>2</td>
<td>30–39 years</td>
<td>age = 30 thru 39</td>
</tr>
<tr>
<td>3</td>
<td>40–49 years</td>
<td>age = 40 thru 49</td>
</tr>
<tr>
<td>4</td>
<td>50–64 years</td>
<td>age = 50 thru 64</td>
</tr>
<tr>
<td>5</td>
<td>65 years or older</td>
<td>age = 65 thru 96</td>
</tr>
</tbody>
</table>

#### EDUCAT4  
**Highest level of education (4 categories)**  
Derived from sd2

<table>
<thead>
<tr>
<th>EDUCAT4</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>less than high school</td>
<td>sd2 = 1 thru 4</td>
</tr>
<tr>
<td>2</td>
<td>completed high school</td>
<td>sd2 = 5</td>
</tr>
<tr>
<td>3</td>
<td>some post-secondary (college or university)</td>
<td>sd2 = 6 thru 10</td>
</tr>
<tr>
<td>4</td>
<td>university degree</td>
<td>sd2 = 11 thru 14</td>
</tr>
</tbody>
</table>
**EMPCAT8  Employment status ( 8 categories)**  
Derived from sd6

<table>
<thead>
<tr>
<th>EMPCAT8</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>full-time</td>
<td>sd6=1</td>
</tr>
<tr>
<td>2</td>
<td>part-time</td>
<td>sd6=2</td>
</tr>
<tr>
<td>3</td>
<td>unemployed</td>
<td>sd6=4</td>
</tr>
<tr>
<td>4</td>
<td>Retired</td>
<td>sd6=5</td>
</tr>
<tr>
<td>5</td>
<td>homemaker</td>
<td>sd6=6</td>
</tr>
<tr>
<td>6</td>
<td>Student</td>
<td>sd6=7</td>
</tr>
<tr>
<td>7</td>
<td>self-employed</td>
<td>sd6=8</td>
</tr>
<tr>
<td>8</td>
<td>Other</td>
<td>sd6=0,3</td>
</tr>
</tbody>
</table>

**MARSTAT3  Marital status (3 categories)**  
Derived from sd5

<table>
<thead>
<tr>
<th>MARSTAT3</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Married/ Living with partner</td>
<td>sd5=1,2</td>
</tr>
<tr>
<td>2</td>
<td>Previously married (divorced, widowed, separated)</td>
<td>sd5=3,4,5</td>
</tr>
<tr>
<td>3</td>
<td>Never married</td>
<td>sd5=6</td>
</tr>
</tbody>
</table>

**MSTAT4  Marital status (4 categories)**  
Derived from sd5

<table>
<thead>
<tr>
<th>MSTAT4</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Married/ Living with partner</td>
<td>sd5=1,2</td>
</tr>
<tr>
<td>2</td>
<td>Widowed</td>
<td>sd5=3</td>
</tr>
<tr>
<td>3</td>
<td>Divorced/ Separated</td>
<td>sd5=4,5</td>
</tr>
<tr>
<td>4</td>
<td>Never married</td>
<td>sd5=6</td>
</tr>
</tbody>
</table>
### HINCOME  Household Income Before Taxes (year ending Dec 31, 2015)

<table>
<thead>
<tr>
<th>HINCOME</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>less than $20,000</td>
<td>sd10 lt 20 or d10b=1</td>
</tr>
<tr>
<td>2</td>
<td>between $20,000 and $29,999.99</td>
<td>(sd10 ge 20 and sd10 lt 30) or d10b=2</td>
</tr>
<tr>
<td>3</td>
<td>between $30,000 and $39,999.99</td>
<td>(sd10 ge 30 and sd10 lt 40) or d10b=3</td>
</tr>
<tr>
<td>4</td>
<td>between $40,000 and $49,999.99</td>
<td>(sd10 ge 40 and sd10 lt 50) or d10b=4</td>
</tr>
<tr>
<td>5</td>
<td>between $50,000 and $59,999.99</td>
<td>(sd10 ge 50 and sd10 lt 60) or d10b=5</td>
</tr>
<tr>
<td>6</td>
<td>between $60,000 and $69,999.99</td>
<td>(sd10 ge 60 and sd10 lt 70) or d10b=6</td>
</tr>
<tr>
<td>7</td>
<td>between $70,000 and $79,999.99</td>
<td>(sd10 ge 70 and sd10 lt 80) or d10b=7</td>
</tr>
<tr>
<td>8</td>
<td>between $80,000 and $89,999.99</td>
<td>(sd10 ge 80 and sd10 lt 90) or d10b=8</td>
</tr>
<tr>
<td>9</td>
<td>between $90,000 and $100,000</td>
<td>(sd10 ge 90 and sd10 lt 100) or d10b=9</td>
</tr>
<tr>
<td>10</td>
<td>more than $100,000</td>
<td>(sd10 ge 100) or d10b=10</td>
</tr>
<tr>
<td>98</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
<td>Refused</td>
</tr>
</tbody>
</table>

### HINCCAT5  Household Income (5 categories)

<table>
<thead>
<tr>
<th>HINCCAT5</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>less than $30,000</td>
<td>(HINCOME le 2)</td>
</tr>
<tr>
<td>2</td>
<td>between $30,000 and $49,999.99</td>
<td>(HINCOME gt 2 and HINCOME le 4)</td>
</tr>
<tr>
<td>3</td>
<td>between $50,000 and $79,999.99</td>
<td>(HINCOME gt 4 and HINCOME le 7)</td>
</tr>
<tr>
<td>4</td>
<td>more than $80,000</td>
<td>(HINCOME gt 7 and HINCOME le 10)</td>
</tr>
<tr>
<td>5</td>
<td>Not stated (refused or DK)</td>
<td>(HINCOME = 98 or HINCOME = 99)</td>
</tr>
</tbody>
</table>

### HINC5  Household Income (5 categories) – higher income groups

<table>
<thead>
<tr>
<th>HINC5</th>
<th>DESCRIPTION</th>
<th>CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>less than $40,000</td>
<td>(HINCOME le 3)</td>
</tr>
<tr>
<td>2</td>
<td>between $40,000 and $69,999.99</td>
<td>(HINCOME gt 3 and HINCOME le 6)</td>
</tr>
<tr>
<td>3</td>
<td>between $70,000 and $99,999.99</td>
<td>(HINCOME gt 6 and HINCOME le 9)</td>
</tr>
<tr>
<td>4</td>
<td>more than $100,000</td>
<td>(HINCOME = 10)</td>
</tr>
<tr>
<td>5</td>
<td>Not stated (refused or DK)</td>
<td>(HINCOME = 98 or HINCOME = 99)</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>Cycle</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-Mar</td>
<td>Apr-June</td>
</tr>
<tr>
<td>Landline</td>
<td>Panel A</td>
<td>194</td>
</tr>
<tr>
<td></td>
<td>Panel B</td>
<td>367</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>561</td>
</tr>
<tr>
<td>Cell</td>
<td>Panel A</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Panel B</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>140</td>
</tr>
<tr>
<td>Total</td>
<td>Panel A</td>
<td>237</td>
</tr>
<tr>
<td></td>
<td>Panel B</td>
<td>464</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>701</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Region</th>
<th>Counties</th>
<th>Area Codes</th>
<th>Jan-Mar</th>
<th>Apr-June</th>
<th>July-Sept</th>
<th>Oct-Dec</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro Toronto</td>
<td>City of Toronto</td>
<td>416, 647</td>
<td>94</td>
<td>98</td>
<td>91</td>
<td>90</td>
<td>373</td>
</tr>
<tr>
<td>Central West</td>
<td>Halton; Hamilton-Wentworth; Peel; Waterloo; Wellington; Dufferin; Niagara; Brant; Haldimand-Norfolk</td>
<td>519, 905, 226, 289</td>
<td>94</td>
<td>90</td>
<td>96</td>
<td>93</td>
<td>373</td>
</tr>
<tr>
<td>Central East</td>
<td>Simcoe; York; Haliburton; Peterborough; Kawartha Lakes; Northumberland; Durham</td>
<td>705, 905, 289</td>
<td>93</td>
<td>99</td>
<td>90</td>
<td>88</td>
<td>370</td>
</tr>
<tr>
<td>West</td>
<td>Kent-Chatham; Huron; Perth; Elgin; Oxford; Middlesex; Grey; Bruce; Lambton; Essex</td>
<td>519, 226</td>
<td>93</td>
<td>97</td>
<td>92</td>
<td>96</td>
<td>378</td>
</tr>
<tr>
<td>East</td>
<td>Stormont, Dundas and Glengarry; Prescott-Russell; Ottawa-Carleton; Renfrew; Lanark; Leeds-Grenville; Hastings; Prince Edward; Frontenac; Lennox and Addington</td>
<td>613</td>
<td>93</td>
<td>96</td>
<td>95</td>
<td>91</td>
<td>375</td>
</tr>
<tr>
<td>North</td>
<td>Kenora; Rainy River; Thunder Bay; Muskoka; Parry Sound; Nipissing; Timiskaming; Algoma; Manitoulin; Sudbury RM; Sudbury TD; Cochrane</td>
<td>705, 807</td>
<td>93</td>
<td>90</td>
<td>96</td>
<td>93</td>
<td>373</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>561</strong></td>
<td><strong>570</strong></td>
<td><strong>560</strong></td>
<td><strong>551</strong></td>
<td><strong>2,242</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Counties</th>
<th>Area Codes</th>
<th>Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Jan-Mar</td>
</tr>
<tr>
<td>Metro Toronto</td>
<td>City of Toronto</td>
<td>226,416,519, 613,647,705, 905</td>
<td>34</td>
</tr>
<tr>
<td>Central West</td>
<td>Halton; Hamilton-Wentworth; Peel; Waterloo; Wellington; Dufferin; Niagara; Brant; Haldimand-Norfolk</td>
<td>226,289,416, 519,647,905</td>
<td>16</td>
</tr>
<tr>
<td>Central East</td>
<td>Simcoe; York; Haliburton; Peterborough; Kawartha Lakes; Northumberland; Durham</td>
<td>289,416,613, 647,705,905</td>
<td>21</td>
</tr>
<tr>
<td>West</td>
<td>Kent-Chatham; Huron; Perth; Elgin; Oxford; Middlesex; Grey; Bruce; Lambton; Essex</td>
<td>226,519</td>
<td>21</td>
</tr>
<tr>
<td>East</td>
<td>Stormont, Dundas and Glengarry; Prescott-Russell; Ottawa-Carleton; Renfrew; Lanark; Leeds-Grenville; Hastings; Prince Edward; Frontenac; Lennox and Addington</td>
<td>289,519,613</td>
<td>23</td>
</tr>
<tr>
<td>North</td>
<td>Kenora; Rainy River; Thunder Bay; Muskoka; Parry Sound; Nipissing; Timiskaming; Algoma; Manitoulin; Sudbury RM; Sudbury TD; Cochrane</td>
<td>226,289,613, 647,705,807</td>
<td>25</td>
</tr>
</tbody>
</table>

| 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>
<thead>
<tr>
<th>Region</th>
<th>pop #</th>
<th>pop %</th>
<th>sample #</th>
<th>sample %</th>
<th>Weight (rwgtdfall)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro Toronto</td>
<td>1,179,057</td>
<td>0.210606</td>
<td>514</td>
<td>0.183179</td>
<td>1.149731</td>
</tr>
<tr>
<td>Central East</td>
<td>979,553</td>
<td>0.174970</td>
<td>459</td>
<td>0.163578</td>
<td>1.069645</td>
</tr>
<tr>
<td>Central West</td>
<td>1,492,150</td>
<td>0.266532</td>
<td>429</td>
<td>0.152887</td>
<td>1.743330</td>
</tr>
<tr>
<td>West</td>
<td>708,804</td>
<td>0.126609</td>
<td>472</td>
<td>0.168211</td>
<td>0.752677</td>
</tr>
<tr>
<td>East</td>
<td>788,878</td>
<td>0.140912</td>
<td>469</td>
<td>0.167142</td>
<td>0.843066</td>
</tr>
<tr>
<td>North</td>
<td>449,949</td>
<td>0.080371</td>
<td>463</td>
<td>0.165004</td>
<td>0.487087</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,598,391</td>
<td>100</td>
<td>2,806</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>
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 respondents 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. \[ P(A \cup B) = P(A) + P(B) - P(A \cap B) \]

\( \cup \) 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. \[ P(A \cap B) = P(A) \times P(B) \]

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, InSLL and InSCP 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. \[ P(InS) = P(InSLL) + P(InSCP) - P(InSLL \cap InSCP) \]

InSL (the probability of being in the land line sample) and InSCP (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. \[ P(InS) = P(InSLL) + P(InSCP) - P(InSLL) \times P(InSCP) \]

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:

\[ P(InS_{LL}) = \left(\frac{1}{S_{LL}}\right) \times LL \times \left(\frac{1}{nadultsfix}\right). \]

Similarly, we can describe the probability of the respondent being in the cell sample as follows:

\[ P(InS_{CP}) = \left(\frac{1}{S_{CP}}\right) \times CP \times \left(\frac{1}{nadultsfix}\right) \]

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 \( P(\text{InSCP}) \) as follows:

\[
P(\text{InSCP}) = \frac{1}{SCP} \times CP \times \frac{1}{1} = \frac{CP}{SCP} \text{ for Cell frame respondents.}
\]

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: \( \text{Weight} = \frac{1}{P(\text{InS})} \).

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 0.1274 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 hhwgtf1, for the second cycle it is hhwgtf2, etc. The household weight for the 2018 year is ‘hhwgtfall’ (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 ‘agwgtsampall’ 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

<table>
<thead>
<tr>
<th>Gender / Age Group</th>
<th>pop #</th>
<th>pop %</th>
<th>sample #</th>
<th>sample %</th>
<th>Weight (agwgsampall)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male 18 - 24</td>
<td>631,060</td>
<td>5.86%</td>
<td>120</td>
<td>4.28%</td>
<td>1.370549</td>
</tr>
<tr>
<td>Female 18 - 24</td>
<td>601,190</td>
<td>5.58%</td>
<td>133</td>
<td>4.74%</td>
<td>1.178054</td>
</tr>
<tr>
<td>Male 25 – 44</td>
<td>1,678,505</td>
<td>15.59%</td>
<td>230</td>
<td>8.20%</td>
<td>1.901954</td>
</tr>
<tr>
<td>Female 25 - 44</td>
<td>1,774,960</td>
<td>16.49%</td>
<td>279</td>
<td>9.94%</td>
<td>1.658019</td>
</tr>
<tr>
<td>Male 45 – 64</td>
<td>1,859,055</td>
<td>17.27%</td>
<td>434</td>
<td>15.47%</td>
<td>1.116369</td>
</tr>
<tr>
<td>Female 45 - 64</td>
<td>1,970,270</td>
<td>18.30%</td>
<td>558</td>
<td>19.89%</td>
<td>0.920231</td>
</tr>
<tr>
<td>Male 65 and older</td>
<td>1,015,655</td>
<td>9.43%</td>
<td>430</td>
<td>15.32%</td>
<td>0.615578</td>
</tr>
<tr>
<td>Female 65 and older</td>
<td>1,236,000</td>
<td>11.48%</td>
<td>622</td>
<td>22.17%</td>
<td>0.517885</td>
</tr>
<tr>
<td>Total</td>
<td>10,766,695</td>
<td>100%</td>
<td>2,806</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

### 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. The weight ‘samprhagwgtall’ sums to the sample size of 2,806 cases and the weight ‘poprhhagwgtall’ sums to the population (10,766,695).

---

Notes:
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

<table>
<thead>
<tr>
<th>Attempts</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LL</td>
<td>CP</td>
<td>LL</td>
</tr>
<tr>
<td>1</td>
<td>515</td>
<td>196</td>
<td>444</td>
</tr>
<tr>
<td>2</td>
<td>411</td>
<td>132</td>
<td>422</td>
</tr>
<tr>
<td>3</td>
<td>282</td>
<td>91</td>
<td>326</td>
</tr>
<tr>
<td>4</td>
<td>249</td>
<td>44</td>
<td>272</td>
</tr>
<tr>
<td>5</td>
<td>148</td>
<td>45</td>
<td>237</td>
</tr>
<tr>
<td>6 or 7</td>
<td>260</td>
<td>33</td>
<td>315</td>
</tr>
<tr>
<td>8 to 10</td>
<td>202</td>
<td>18</td>
<td>280</td>
</tr>
<tr>
<td>11 to 20</td>
<td>168</td>
<td>5</td>
<td>218</td>
</tr>
<tr>
<td>&gt;20</td>
<td>7</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>2,242</td>
<td>564</td>
<td>2,520</td>
</tr>
</tbody>
</table>

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-Koeppen 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

<table>
<thead>
<tr>
<th>Call Outcome/Rate</th>
<th>1 Metro</th>
<th>2 Central East</th>
<th>3 Central West</th>
<th>4 West</th>
<th>5 East</th>
<th>6 North</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completions</td>
<td>373</td>
<td>373</td>
<td>370</td>
<td>378</td>
<td>375</td>
<td>373</td>
<td>2242</td>
</tr>
<tr>
<td>Refusals</td>
<td>678</td>
<td>528</td>
<td>534</td>
<td>517</td>
<td>616</td>
<td>535</td>
<td>3408</td>
</tr>
<tr>
<td>Callbacks</td>
<td>233</td>
<td>186</td>
<td>138</td>
<td>112</td>
<td>95</td>
<td>87</td>
<td>851</td>
</tr>
<tr>
<td>Ill/lang/away/no adult</td>
<td>218</td>
<td>77</td>
<td>110</td>
<td>77</td>
<td>70</td>
<td>66</td>
<td>618</td>
</tr>
<tr>
<td>NIS/Non-residential</td>
<td>373</td>
<td>390</td>
<td>442</td>
<td>301</td>
<td>273</td>
<td>283</td>
<td>2062</td>
</tr>
<tr>
<td>Inaccessible/Not answered</td>
<td>132</td>
<td>120</td>
<td>124</td>
<td>106</td>
<td>95</td>
<td>77</td>
<td>654</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2007</strong></td>
<td><strong>1674</strong></td>
<td><strong>1718</strong></td>
<td><strong>1491</strong></td>
<td><strong>1524</strong></td>
<td><strong>1421</strong></td>
<td><strong>9835</strong></td>
</tr>
<tr>
<td>Eligibles (completions + refusals + callbacks)</td>
<td>1284</td>
<td>1087</td>
<td>1042</td>
<td>1007</td>
<td>1086</td>
<td>995</td>
<td>6501</td>
</tr>
<tr>
<td>Not Eligibles (non-residential + ineligible hh's)</td>
<td>591</td>
<td>467</td>
<td>552</td>
<td>378</td>
<td>343</td>
<td>349</td>
<td>2680</td>
</tr>
<tr>
<td>Eligibility not determined HH Eligibility rate (eligibles divided by (eligibles + not eligibles))</td>
<td>132</td>
<td>120</td>
<td>124</td>
<td>106</td>
<td>95</td>
<td>77</td>
<td>654</td>
</tr>
<tr>
<td>Est. number of eligibles (eligibles plus est. number of eligibles from never answered)</td>
<td>0.68</td>
<td>0.70</td>
<td>0.65</td>
<td>0.73</td>
<td>0.76</td>
<td>0.74</td>
<td>0.71</td>
</tr>
<tr>
<td>Response rate (completions divided by estimated number of eligibles times 100)</td>
<td>27</td>
<td>32</td>
<td>33</td>
<td>35</td>
<td>32</td>
<td>35</td>
<td>32</td>
</tr>
<tr>
<td>Refusal rate (refusals divided by estimate number of eligibles times 100)</td>
<td>49</td>
<td>45</td>
<td>48</td>
<td>48</td>
<td>53</td>
<td>51</td>
<td>49</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Call Outcome/Rate</th>
<th>1 Metro</th>
<th>2 Central East</th>
<th>3 Central West</th>
<th>4 West</th>
<th>5 East</th>
<th>6 North</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completions</td>
<td>141</td>
<td>86</td>
<td>59</td>
<td>94</td>
<td>94</td>
<td>90</td>
<td>564</td>
</tr>
<tr>
<td>Refusals</td>
<td>318</td>
<td>172</td>
<td>161</td>
<td>219</td>
<td>147</td>
<td>164</td>
<td>1181</td>
</tr>
<tr>
<td>Callbacks</td>
<td>287</td>
<td>65</td>
<td>79</td>
<td>83</td>
<td>88</td>
<td>95</td>
<td>697</td>
</tr>
<tr>
<td>Ill/lang/away/no adult</td>
<td>70</td>
<td>14</td>
<td>13</td>
<td>12</td>
<td>11</td>
<td>10</td>
<td>130</td>
</tr>
<tr>
<td>NIS/Non-residential/not in region</td>
<td>262</td>
<td>258</td>
<td>285</td>
<td>152</td>
<td>114</td>
<td>184</td>
<td>1255</td>
</tr>
<tr>
<td>Inaccessible/Not answered</td>
<td>101</td>
<td>54</td>
<td>74</td>
<td>21</td>
<td>42</td>
<td>43</td>
<td>335</td>
</tr>
<tr>
<td>Total</td>
<td>1179</td>
<td>649</td>
<td>671</td>
<td>581</td>
<td>496</td>
<td>586</td>
<td>4162</td>
</tr>
<tr>
<td>Eligibles (completions + refusals + callbacks)</td>
<td>746</td>
<td>323</td>
<td>299</td>
<td>396</td>
<td>329</td>
<td>349</td>
<td>2442</td>
</tr>
<tr>
<td>Not Eligibles (non-residential + ineligible hh's)</td>
<td>332</td>
<td>272</td>
<td>298</td>
<td>164</td>
<td>125</td>
<td>194</td>
<td>1385</td>
</tr>
<tr>
<td>Eligibility not determined</td>
<td>101</td>
<td>54</td>
<td>74</td>
<td>21</td>
<td>42</td>
<td>43</td>
<td>335</td>
</tr>
<tr>
<td>HH Eligibility rate (eligibles divided by (eligibles + not eligibles))</td>
<td>0.69</td>
<td>0.54</td>
<td>0.50</td>
<td>0.71</td>
<td>0.72</td>
<td>0.64</td>
<td>0.64</td>
</tr>
<tr>
<td>Est. number of eligibles (eligibles plus est. number of eligibles from never answered)</td>
<td>816</td>
<td>352</td>
<td>336</td>
<td>411</td>
<td>359</td>
<td>377</td>
<td>2656</td>
</tr>
<tr>
<td>Response rate (completions divided by estimated number of eligibles times 100)</td>
<td>17</td>
<td>24</td>
<td>18</td>
<td>23</td>
<td>26</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>Refusal rate (refusals divided by estimate number of eligibles times 100)</td>
<td>39</td>
<td>49</td>
<td>48</td>
<td>53</td>
<td>41</td>
<td>44</td>
<td>44</td>
</tr>
</tbody>
</table>
Table 4.4  Comparison of Landline and Cell Phone Sample Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Refusals</th>
<th>Never answered</th>
<th>Not in Service/Not residential/Not in region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landline</td>
<td>35%</td>
<td>7%</td>
<td>21%</td>
</tr>
<tr>
<td>Cell</td>
<td>28%</td>
<td>8%</td>
<td>30%</td>
</tr>
</tbody>
</table>

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:

\[ P_1 = \frac{\text{TOTAL LANDLINE SAMPLE}}{\text{TOTAL LANDLINE SAMPLE} + \text{TOTAL CELL PHONE SAMPLE}} \]

\[ P_2 = \frac{\text{TOTAL CELL PHONE SAMPLE}}{\text{TOTAL LANDLINE SAMPLE} + \text{TOTAL CELL PHONE SAMPLE}} \]

The formula for the combined landline and cell phone weighted response rate is:

\[ \text{COMBINED RESPONSE RATE} = (P_1 \times \text{LANDLINE RESPONSE RATE}) + (P_2 \times \text{CELL PHONE RESPONSE RATE}) \]

Table 4.5  Weighted Response Rate by Region

<table>
<thead>
<tr>
<th>Weighted Response Rates</th>
<th>1 Metro</th>
<th>2 Central East</th>
<th>3 Central West</th>
<th>4 West</th>
<th>5 East</th>
<th>6 North</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave 1 (Jan-Mar 2018)</td>
<td>23%</td>
<td>31%</td>
<td>29%</td>
<td>31%</td>
<td>31%</td>
<td>34%</td>
<td>29%</td>
</tr>
<tr>
<td>Wave 2 (Apr-June 2018)</td>
<td>25%</td>
<td>31%</td>
<td>34%</td>
<td>36%</td>
<td>34%</td>
<td>33%</td>
<td>31%</td>
</tr>
<tr>
<td>Wave 3 (July-Sept 2018)</td>
<td>26%</td>
<td>29%</td>
<td>34%</td>
<td>33%</td>
<td>28%</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>Wave 4 (Oct-Dec 2018)</td>
<td>26%</td>
<td>32%</td>
<td>27%</td>
<td>32%</td>
<td>33%</td>
<td>32%</td>
<td>29%</td>
</tr>
<tr>
<td>Overall (January - December 2018)</td>
<td>24%</td>
<td>31%</td>
<td>31%</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>30%</td>
</tr>
</tbody>
</table>
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-programed 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-programed 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

<table>
<thead>
<tr>
<th>Region</th>
<th>County</th>
<th># households 2016 census</th>
<th>% households 2016 Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro Toronto</td>
<td>Metro Toronto</td>
<td>1,179,057</td>
<td>0.2106064</td>
</tr>
<tr>
<td>Central East</td>
<td>Durham</td>
<td>233,936</td>
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</tr>
<tr>
<td></td>
<td>Northumberland</td>
<td>39,032</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peterborough</td>
<td>70,551</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Haliburton</td>
<td>21,113</td>
<td></td>
</tr>
<tr>
<td></td>
<td>York</td>
<td>369,928</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Simcoe</td>
<td>206,549</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kawartha Lakes</td>
<td>38,444</td>
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</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>979,553</td>
<td>0.1749705</td>
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<tr>
<td>Central West</td>
<td>Halton</td>
<td>198,164</td>
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<tr>
<td></td>
<td>Hamilton</td>
<td>222,918</td>
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<tr>
<td></td>
<td>Waterloo</td>
<td>214,299</td>
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<td>Dufferin</td>
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<td></td>
<td>Niagara</td>
<td>196,241</td>
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<td></td>
<td>Brant</td>
<td>54,626</td>
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<td>Haldimand-Norfolk</td>
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<td></td>
<td>Peel</td>
<td>443,918</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>1,492,150</td>
<td>0.2665319</td>
</tr>
<tr>
<td>West</td>
<td>Chatham-Kent</td>
<td>46,287</td>
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<td>Huron</td>
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<td>Perth</td>
<td>31,747</td>
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<td></td>
<td>Elgin</td>
<td>36,613</td>
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<td></td>
<td>Oxford</td>
<td>45,350</td>
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<tr>
<td></td>
<td>Middlesex</td>
<td>203,349</td>
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<tr>
<td></td>
<td>Grey</td>
<td>47,560</td>
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<tr>
<td></td>
<td>Bruce</td>
<td>41,183</td>
<td></td>
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<tr>
<td></td>
<td>Lambton</td>
<td>59,777</td>
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</tr>
<tr>
<td></td>
<td>Essex</td>
<td>168,569</td>
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<tr>
<td></td>
<td>TOTAL</td>
<td>708,804</td>
<td>0.1266085</td>
</tr>
<tr>
<td>East</td>
<td>Stormont, Dundas and Glengarry</td>
<td>50,455</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prescott-Russell</td>
<td>36,783</td>
<td></td>
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<tr>
<td></td>
<td>Ottawa</td>
<td>395,985</td>
<td></td>
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<tr>
<td></td>
<td>Renfrew</td>
<td>49,860</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lanark</td>
<td>32,695</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leeds-Grenville</td>
<td>48,226</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hastings</td>
<td>65,136</td>
<td></td>
</tr>
</tbody>
</table>

2018 CM Metadata User’s Guide
<table>
<thead>
<tr>
<th>Region</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince Edward</td>
<td>12,899</td>
</tr>
<tr>
<td>Frontenac</td>
<td>77,155</td>
</tr>
<tr>
<td>Lennox and Addington</td>
<td>19,684</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>788,878</strong></td>
</tr>
<tr>
<td>North</td>
<td></td>
</tr>
<tr>
<td>Kenora</td>
<td>31,191</td>
</tr>
<tr>
<td>Rainy River</td>
<td>11,217</td>
</tr>
<tr>
<td>Thunder Bay</td>
<td>72,551</td>
</tr>
<tr>
<td>Muskoka</td>
<td>46,207</td>
</tr>
<tr>
<td>Parry Sound</td>
<td>35,226</td>
</tr>
<tr>
<td>Nipissing</td>
<td>41,200</td>
</tr>
<tr>
<td>Timiskaming</td>
<td>16,862</td>
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<td>Algoma</td>
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<td>Cochrane</td>
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<td><strong>TOTAL</strong></td>
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References
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