



Canadian Tobacco and Nicotine Survey, 2020

Table of Contents

Age-order selection (AOS)	4
Demographics 2 (DEM2)	8
Gender (GDR)	9
Demographics (DEM)	10
Tobacco (TBC)	12
Other tobacco product status (OTP)	30
Vaping (VAP)	32
Cannabis (CAN)	37
Initial use (IU)	41
Alcohol (ALC)	42
Feedback (FDB)	43
Topical Index	44

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

Age-order selection (AOS)

AOS_BEG	External Variables required: INTERVIEWERFLAG: (Flag to identify iEQ or rEQ) AGEORDER: (Age order selection) THISDATE: (System date) MINAGE: (Age required to fill the questionnaire)
AOS_C01	If INTERVIEWERFLAG = 0 or INTERVIEWERFLAG = NONRESPONSE, go to AOS_END. Otherwise, go to AOS_D01.
AOS_Q01	Including yourself, how many people ^MINAGE years of age or older live in your household? <u>ON-SCREEN HELP:</u> Note: Press the help button (?) for additional information, including who to include and who not to include . 1 1 person 2 2 people 3 3 or more people (Don't know, Refusal not allowed)
Context Sensitive Help:	Include as household members: <ul style="list-style-type: none">· Persons ^MINAGE years of age or over as of today, [THISDATE], for whom this address is the usual place of residence.· A spouse or partner (including common-law or same sex) who usually resides at this address but may be away temporarily due to work or school.· Members of the Canadian Forces posted to other regions but who consider this address their usual place of residence.· Children temporarily away from home due to school or seasonal work but who consider this address as their usual place of residence and who have resided in this dwelling for a minimum of 30 days in the past 12 months.· Children in a joint custody situation who reside at this address more than half their time.· Children in a joint custody situation who live half the time at this address and if the child slept over in this dwelling the night before.· Foster children currently living at this address.· Persons temporarily residing in an institution who consider this as their usual place of residence, and who have been absent from this dwelling for less than six months.· Landed immigrants for whom this address is their usual place of residence.· Persons who are: applying for refugee status; attending school in Canada on student visas; or staying in Canada on work permits (and their families).· Persons who spend the winter months in the south (Snowbirds), but reside in this dwelling at least 6 months of the year. Do not include as household members: <ul style="list-style-type: none">· Persons less than the age of ^MINAGE as of today, [THISDATE].· Persons residing in a specialized health institution for 6 months or more.· Persons residing in a prison for 6 months or more.· Representatives of foreign governments, and their families.· Non-Canadians or landed immigrants living in Canada who have another "usual residence" outside of Canada.· Foreign residents in Canada for personal or business travel.
AOS_E01	You must answer this question. Please enter the correct number of people ^MINAGE years of age or older as of today, [THISDATE], whom live in your household.
Rule:	Trigger hard edit if AOS_Q01 = NONRESPONSE.

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2020 / Canadian Tobacco and Nicotine Survey / EQGS**

AOS_C10A	If (AOS_Q01 = 1) or (AOS_Q01 = 2 and AGEORDER = (1 or 2 or 3 or 4 or 5 or 6)) or (AOS_Q01 = 3 and AGEORDER = (1 or 2)), go to AOS_R10A. Otherwise, go to AOS_R10B.
AOS_R10B	#{_DT_AOS_QUESTIONTEXT_E} <u>ON-SCREEN HELP:</u> #{_DT_AOS_HELPTTEXT_E}
AOS_Q10AA	[You have been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey.]]. First name <hr/> <p>(80 spaces)</p> <p>(Don't know, Refusal not allowed)</p>
AOS_Q10AB	[You have been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey.]]. Last name <hr/> <p>(80 spaces)</p> <p>(Don't know, Refusal not allowed)</p>
AOS_C10B	If (AOS_Q01 = 3 and AGEORDER = (3 or 4 or 5 or 6)), go to AOS_Q10BA. Otherwise, go to AOS_END.
AOS_Q10BA	[You have been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey.]]. First name

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

(80 spaces)

(Don't know, Refusal not allowed)

AOS_Q10BB

[You have been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey.].

Last name

(80 spaces)

(Don't know, Refusal not allowed)

AOS_Q10CA

[You have been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey.].

First name

(80 spaces)

(Don't know, Refusal not allowed)

AOS_Q10CB

[You have been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey./The oldest household member aged #{MINAGE} and over has been selected to participate in the survey./The youngest household member aged #{MINAGE} and over has been selected to participate in the survey.].

Last name

(80 spaces)

(Don't know, Refusal not allowed)

AOS_E10

You must answer this question. Please enter the **first and last name** of these people.

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2020 / Canadian Tobacco and Nicotine Survey / EQGS**

Rule: Trigger hard edit if (AOS_Q10AA = NONRESPONSE) or (AOS_Q10AB = NONRESPONSE) or (AOS_Q10BA = NONRESPONSE) or (AOS_Q10BB = NONRESPONSE) or (AOS_Q10CA = NONRESPONSE) or (AOS_Q10CB = NONRESPONSE).

AOS_R15 [^AOS_Q10BA ^AOS_Q10BB/^AOS_Q10CA ^AOS_Q10CB] has been selected to participate in the survey.

Go to AOS_D16

AOS_END

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2020 / Canadian Tobacco and Nicotine Survey / EQGS**

Demographics 2 (DEM2)

DEM2_BEG	External Variables required:
DEM2_Q05	Including yourself, how many people live in your household? _ _ people (MIN: 1) (MAX: 20) Integer (Don't know, Refusal not allowed)
DEM2_Q10	Including yourself, how many of these people are [25] years of age or more? _ _ people (MIN: 0) (MAX: 20) Integer (Don't know, Refusal not allowed)
DEM2_END	

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Gender (GDR)

GDR_BEG External Variables required:

GDR_Q10 What is your gender?

Is it:

ON-SCREEN HELP: Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.

- 1 Male
- 2 Female
- 3 Or please specify (Go to GDR_S10)
(Don't know, Refusal not allowed)

Go to GDR_END

GDR_S10 Specify your gender

(80 spaces)

(Don't know, Refusal not allowed)

GDR_END

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Demographics (DEM)

DEM_BEG	External Variables required: REFYEAR: REFMONTH: REFDAY:
DEM_Q15A	What is your date of birth? Year _ _ _ _ (MIN: 1897) (MAX: 2018) Year (Don't know, Refusal not allowed)
DEM_Q15B	What is your date of birth? Month 01 January 02 February 03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October 11 November 12 December (Don't know, Refusal not allowed)
DEM_Q15C	What is your date of birth? Day _ _ (MIN: 1) (MAX: 31) Integer (Don't know, Refusal not allowed)
DEM_Q20	What is your age? _ _ _ years old (MIN: 0) (MAX: 999) Integer (Don't know, Refusal not allowed)
DEM_Q25	What is your age group?

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

- 1 15 to 24 years
 - 2 25 to 34 years
 - 3 35 to 44 years
 - 4 45 to 54 years
 - 5 55 to 64 years
 - 6 65 years and over
- (Don't know, Refusal not allowed)

DEM_Q30

To determine which geographic region you live in, please provide your postal code.

(6 spaces)

(Don't know, Refusal not allowed)

DEM_END

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Tobacco (TBC)

TBC_BEG	External Variables required:
TBC_R05	The following questions are about cigarette smoking. Include ready-made cigarettes as well as those you make yourself. Exclude e-cigarettes or vaping devices.
TBC_Q05A	Have you ever smoked a whole cigarette? 1 Yes 2 No (Don't know, Refusal not allowed)
TBC_Q05B	How old were you when you smoked your first whole cigarette? _ _ _ years old (MIN: 0) (MAX: 999) Integer (Don't know, Refusal not allowed)
TBC_Q10A	During the past 30 days, how often did you smoke cigarettes? Was it: 1 Daily 2 Less than daily, but at least once a week 3 Less than once a week, but at least once in the past month 4 Not at all (Don't know, Refusal not allowed)
TBC_Q10B	During the past 30 days, on how many days did you smoke cigarettes? _ _ _ days (MIN: 1) (MAX: 30) Integer (Don't know, Refusal not allowed)
TBC_Q10C	During the past 30 days, on how many days did you smoke cigarettes? _ _ _ days (MIN: 1) (MAX: 30) Integer (Don't know, Refusal not allowed)

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

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**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

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 - 83 83
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 - 87 87
 - 88 88
 - 89 89
 - 90 90 or more
- (Don't know, Refusal not allowed)

TBC_Q30B

During the past 7 days from #{DV_DAY7} to #{DV_DAY1}, how many cigarettes did you smoke each day?
#{DV_DAY2.DAYOFWEEK_E}, #{DV_DAY2}

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

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Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS

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90 90 or more
(Don't know, Refusal not allowed)

TBC_Q30C

During the past 7 days from #{DV_DAY7} to #{DV_DAY1}, how many
cigarettes did you smoke each day?
#{DV_DAY3.DAYOFWEEK_E}, #{DV_DAY3}

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

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Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS

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90 90 or more
(Don't know, Refusal not allowed)

TBC_Q30D

During the past 7 days from #{DV_DAY7} to #{DV_DAY1}, how many
cigarettes did you smoke each day?
#{DV_DAY4.DAYOFWEEK_E}, #{DV_DAY4}

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

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Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS

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90 90 or more
(Don't know, Refusal not allowed)

TBC_Q30E

During the past 7 days from #{DV_DAY7} to #{DV_DAY1}, how many
cigarettes did you smoke each day?
#{DV_DAY5.DAYOFWEEK_E}, #{DV_DAY5}

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

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**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

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90 90 or more
(Don't know, Refusal not allowed)

TBC_Q30F

During the past 7 days from #{DV_DAY7} to #{DV_DAY1}, how many
cigarettes did you smoke each day?
#{DV_DAY6.DAYOFWEEK_E}, #{DV_DAY6}

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

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Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS

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90 90 or more
(Don't know, Refusal not allowed)

TBC_Q30G

During the past 7 days from #{DV_DAY7} to #{DV_DAY1}, how many
cigarettes did you smoke each day?
#{DV_DAY7.DAYOFWEEK_E}, #{DV_DAY7}

Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS

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**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

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- 90 90 or more

(Don't know, Refusal not allowed)

TBC_Q35

During the past 12 months, how many times have you stopped smoking cigarettes for one day or longer because you were trying to quit smoking?

Was it:

- 1 0 times
- 2 1 time
- 3 2 or 3 times
- 4 4 or more times

(Don't know, Refusal not allowed)

TBC_Q40

During the past 12 months, did you try to quit smoking cigarettes by switching to a vaping device or an e-cigarette?

- 1 Yes
- 2 No

(Don't know, Refusal not allowed)

TBC_Q41

Did you use the vaping device or e-cigarette with:

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

ON-SCREEN HELP: Select all that apply.

- 1 An e-liquid with nicotine
- 2 An e-liquid without nicotine

Help text: i.e., just flavouring

- 3 An e-liquid, but you did not know what it contained
(Don't know, Refusal not allowed)

TBC_Q45

During the past 12 months, did you do any of the following to help you quit smoking?

Did you:

ON-SCREEN HELP: Select all that apply.

Exclude nicotine replacement products

- 1 Make a deal with a friend or family member

- 2 Reduce the number of cigarettes you smoked as a strategy to quit

- 3 Use a 1-800 quitline or a smokers helpline

- 4 Use an internet-based program

- 5 Use a smart phone app

- 6 Try to quit smoking on your own without special preparation or help

- 7 Other
(Don't know, Refusal not allowed)

TBC_Q50

During the past 12 months, did you use any of the following nicotine replacement products to help you quit smoking?

Was it a:

ON-SCREEN HELP: Exclude vaping

Select all that apply.

- 1 Nicotine patch

- 2 Nicotine gum

- 3 Nicotine inhaler

- 4 Nicotine nasal spray

- 5 Nicotine lozenge

- 6 Nicotine mouth spray

- 7 You did not use a nicotine replacement product
(Don't know, Refusal not allowed)

TBC_END

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

Other tobacco product status (OTP)

OTP_BEG	External Variables required:
OTP_R05	The following question is about tobacco products, other than cigarettes.
OTP_Q05A	<p>During the past 30 days, how often did you smoke or use any of the following tobacco products? Little cigars or cigarillos</p> <p><u>ON-SCREEN HELP:</u> Exclude cigars and cigarettes.</p> <p>1 Daily 2 Less than daily, but at least once a week 3 Less than once a week, but at least once in the past month 4 Not at all (Don't know, Refusal not allowed)</p>
OTP_Q05B	<p>During the past 30 days, how often did you smoke or use any of the following tobacco products? Cigars</p> <p><u>ON-SCREEN HELP:</u> Exclude little cigars or cigarillos.</p> <p>1 Daily 2 Less than daily, but at least once a week 3 Less than once a week, but at least once in the past month 4 Not at all (Don't know, Refusal not allowed)</p>
OTP_Q05C	<p>During the past 30 days, how often did you smoke or use any of the following tobacco products? Tobacco smoked in a traditional pipe</p> <p>1 Daily 2 Less than daily, but at least once a week 3 Less than once a week, but at least once in the past month 4 Not at all (Don't know, Refusal not allowed)</p>
OTP_Q05D	<p>During the past 30 days, how often did you smoke or use any of the following tobacco products? Chewing tobacco, pinch, or snuff</p>

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

- 1 Daily
- 2 Less than daily, but at least once a week
- 3 Less than once a week, but at least once in the past month
- 4 Not at all
(Don't know, Refusal not allowed)

OTP_Q05E

During the past 30 days, how often did you smoke or use any of the following tobacco products?
Tobacco water-pipe

ON-SCREEN HELP: i.e., hooka, sheesha, narg-eelay, hubble-bubble or gouza.

- 1 Daily
- 2 Less than daily, but at least once a week
- 3 Less than once a week, but at least once in the past month
- 4 Not at all
(Don't know, Refusal not allowed)

OTP_END

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

Vaping (VAP)

VAP_BEG	External Variables required:
VAP_R05	<p>The following questions are about vaping or using e-cigarettes.</p> <p>"Vaping" involves using devices that heat liquid into vapour that you inhale.</p> <p>Include</p> <ul style="list-style-type: none">• vaping e-liquid with nicotine and without nicotine i.e., just flavouring• all e-cigarettes, vape mods, vaporizers and vape pens. <p>Exclude vaping cannabis.</p>
VAP_Q05A	<p>Have you ever tried vaping?</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
VAP_Q05B	<p>How old were you when you first tried vaping?</p> <p> _ _ _ years old (MIN: 0) (MAX: 999) Integer</p> <p>(Don't know, Refusal not allowed)</p>
VAP_Q10	<p>During the past 30 days, how often did you vape?</p> <p>Was it:</p> <p>1 Daily 2 Less than daily, but at least once a week 3 Less than once a week, but at least once in the past month 4 Not at all (Don't know, Refusal not allowed)</p>
VAP_Q15A	<p>During the past 30 days, on how many days did you vape the following products? An e-liquid with nicotine</p> <p> _ _ days (MIN: 0) (MAX: 30) Integer</p> <p>(Don't know, Refusal not allowed)</p>

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

- 01 Tobacco
 - 02 Fruit
 - 03 Candy
 - 04 Dessert
 - 05 Mint or menthol
 - 06 Coffee or tea
 - 07 Alcohol
 - 08 Flavourless
 - 09 No usual flavour
 - 10 Other
- (Don't know, Refusal not allowed)

VAP_Q35

Currently, what is your main reason for vaping?

Is it:

- 01 By curiosity, you just wanted to try it
 - 02 Because you enjoy it
 - 03 To reduce stress or calm you down
 - 04 To quit smoking cigarettes
 - 05 To cut down on smoking cigarettes
 - 06 To use when you cannot or are not allowed to smoke cigarettes
 - 07 To avoid returning to smoking cigarettes
 - 08 Other
- (Don't know, Refusal not allowed)

VAP_Q40

From where do you usually get your vaping devices?

Would you say:

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

ON-SCREEN HELP: Select all that apply.

- 01 You buy them yourself at a vape shop (in person, not online)
- 02 You buy them yourself at a convenience store or gas station
- 03 You buy them yourself at a supermarket, grocery store or drug store
- 04 You buy them yourself online
- 05 You buy them from a friend or family member
- 06 You ask someone to buy them for you
- 07 A friend or family member gives or lends them to you
- 08 Other
(Don't know, Refusal not allowed)

VAP_Q41

From where do you usually get your vaping liquids?

Would you say:

ON-SCREEN HELP: Select all that apply.

- 01 You buy them yourself at a vape shop (in person, not online)
- 02 You buy them yourself at a convenience store or gas station
- 03 You buy them yourself at a supermarket, grocery store or drug store
- 04 You buy them yourself online
- 05 You buy them from a friend or family member
- 06 You ask someone to buy them for you
- 07 A friend or family member gives or lends them to you
- 08 Other
(Don't know, Refusal not allowed)

VAP_Q45

During the past 12 months, how many times have you stopped vaping for one day or longer because you were trying to quit vaping?

Was it:

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

- 1 0 times
 - 2 1 time
 - 3 2 or 3 times
 - 4 4 or more times
- (Don't know, Refusal not allowed)

VAP_Q60

In your opinion, compared with cigarettes, how harmful to a person's health are e-cigarettes or vaping devices with nicotine?

Would you say:

- 1 Much less harmful than cigarettes
 - 2 Somewhat less harmful than cigarettes
 - 3 About the same as cigarettes
 - 4 Somewhat more harmful than cigarettes
 - 5 Much more harmful than cigarettes
- Don't know
(Refusal is not allowed)

VAP_END

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

Cannabis (CAN)

CAN_BEG	External Variables required:
CAN_R05	The following questions are about smoking cannabis. For the purpose of this survey, "cannabis" also refers to the terms marijuana, pot, or hashish. Include smoking in a joint, bong, or pipe. Exclude vaping, eating or drinking cannabis.
CAN_Q05A	Have you ever smoked cannabis? <u>ON-SCREEN HELP:</u> Exclude vaping, eating or drinking cannabis. 1 Yes 2 No (Don't know, Refusal not allowed)
CAN_Q05B	How old were you when you first smoked cannabis? _ _ _ years old (MIN: 0) (MAX: 999) Integer (Don't know, Refusal not allowed)
CAN_Q10A	During the past 30 days, how often did you smoke cannabis? Was it: <u>ON-SCREEN HELP:</u> Exclude vaping, eating or drinking cannabis. 1 Daily 2 Less than daily, but at least once a week 3 Less than once a week, but at least once in the past month 4 Not at all (Don't know, Refusal not allowed)
CAN_Q10B	During the past 30 days, on how many days did you smoke cannabis? _ _ _ (MIN: 0) (MAX: 30) Integer (Don't know, Refusal not allowed)
CAN_Q10C	During the past 30 days, on how many days did you smoke cannabis?

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

	<p> _ _ days (MIN: 0) (MAX: 30) Integer</p> <p>(Don't know, Refusal not allowed)</p>
CAN_Q15A	<p>During the past 30 days, how often did you mix or combine cannabis with tobacco for smoking?</p> <p>Was it:</p> <p><u>ON-SCREEN HELP:</u> Include in a joint, bong or pipe.</p> <p>1 Daily 2 Less than daily, but at least once a week 3 Less than once a week, but at least once in the past month 4 Not at all (Don't know, Refusal not allowed)</p>
CAN_Q15B	<p>During the past 30 days, on how many days did you mix or combine cannabis with tobacco for smoking?</p> <p> _ _ days (MIN: 1) (MAX: 30) Integer</p> <p>(Don't know, Refusal not allowed)</p>
CAN_Q15C	<p>During the past 30 days, on how many days did you mix or combine cannabis with tobacco for smoking?</p> <p> _ _ days (MIN: 1) (MAX: 30) Integer</p> <p>(Don't know, Refusal not allowed)</p>
CAN_R20	<p>The following questions are about vaping cannabis.</p> <p>For the purpose of this survey, "cannabis" also refers to the terms marijuana, pot, or hashish.</p> <p>Exclude smoking, eating or drinking cannabis.</p>
CAN_Q20A	<p>Have you ever vaped cannabis?</p>

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

ON-SCREEN HELP: Exclude smoking, eating or drinking cannabis.

- 1 Yes
 - 2 No
- (Don't know, Refusal not allowed)

CAN_Q20B How old were you when you first vaped cannabis?

|_|_| year old
(MIN: 0)
(MAX: 999)
Integer

(Don't know, Refusal not allowed)

CAN_Q25A During the past 30 days, how often did you vape cannabis?

Was it:

ON-SCREEN HELP: Exclude smoking, eating or drinking cannabis.

- 1 Daily
 - 2 Less than daily, but at least once a week
 - 3 Less than once a week, but at least once in the past month
 - 4 Not at all
- (Don't know, Refusal not allowed)

CAN_Q25B During the past 30 days, on how many days did you vape cannabis?

|_|_| days
(MIN: 1)
(MAX: 30)
Integer

(Don't know, Refusal not allowed)

CAN_Q25C During the past 30 days, on how many days did you vape cannabis?

|_|_| days
(MIN: 1)
(MAX: 30)
Integer

(Don't know, Refusal not allowed)

CAN_Q30 From where do you usually get your vaping devices or vaping liquids to vape cannabis?

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

ON-SCREEN HELP: Select all that apply.

- 01 You make your own
cannabis vaping liquid
- 02 From a compassion club,
dispensary or storefront
- 03 From an online source
- 04 Shared around a group
of friends
- 05 From an acquaintance
- 06 From a family member
- 07 From a friend
- 08 From a dealer
- 09 Other
(Don't know, Refusal not allowed)

CAN_END

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

Initial use (IU)

IU_BEG

External Variables required:

CAN_Q05A:

CAN_Q20A:

TBC_Q05A:

VAP_Q05A:

IU_Q05

Which did you try first?

1 A cigarette

2 An e-cigarette or vaping
device

Help text: Include vaping e-liquid
with nicotine and without nicotine
i.e., just flavouring.

Include all e-cigarettes, vape
mods, vaporizers and vape pens.

Exclude vaping cannabis.

3 Cannabis

Help text: Include smoking
cannabis and vaping cannabis.

Exclude eating or drinking
cannabis.

(Don't know, Refusal not allowed)

IU_END

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

Alcohol (ALC)

ALC_BEG

External Variables required:

ALC_R05

The following question is about your alcohol consumption. When we use the word drink, it means:

- one 341 ml or 12 oz serving of beer whether from a bottle, can, or draft
- one 142 ml or 5 oz glass of wine or bottle of cooler
- one straight or mixed drink with 1.5 oz (43 ml) of liquor or spirit.

ALC_Q05

During the past 30 days, how often did you drink at least 1 alcoholic beverage?

Was it:

- 1 Daily
- 2 Less than daily, but at least once a week
- 3 Less than once a week, but at least once in the past month
- 4 Not at all
(Don't know, Refusal not allowed)

ALC_Q10

During the past 12 months, how often have you had 4 or more drinks on one occasion? Was it:

ON-SCREEN HELP: "On one occasion" means at the same time or within a couple hours of each other.

- 01 Daily or almost daily
- 02 4 to 5 times a week
- 03 2 to 3 times a week
- 04 Once a week
- 05 2 to 3 times a month
- 06 Once a month
- 07 Less than once a month
- 08 Never
(Don't know, Refusal not allowed)

ALC_END

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2020 / Canadian Tobacco and Nicotine Survey / EQGS**

Feedback (FDB)

FDB_BEG

External Variables required:

FDB_Q02A

Do you have any comments about this questionnaire?

(200 spaces)

(Don't know, Refusal not allowed)

FDB_END

**Canadian Tobacco and Nicotine Survey (CTNS)
2020 / Canadian Tobacco and Nicotine Survey / EQGS**

Topical Index

Age-order selection (AOS).....	5
Alcohol (ALC).....	42
Cannabis (CAN).....	37
Demographics (DEM).....	11
Demographics 2 (DEM2).....	9
Feedback (FDB).....	43
Gender (GDR).....	10
Initial use (IU).....	41
Other tobacco product status (OTP).....	30
Tobacco (TBC).....	13
Vaping (VAP).....	32