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# Canadian Tobacco and Nicotine Survey, 2020



Statistics  
Canada

Statistique  
Canada

Canada



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**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 <b>^MINAGE years of age or older</b> live in your household?  <u>ON-SCREEN HELP:</u> <b>Note:</b> Press the help button (?) for additional information, including <b>who to include</b> and <b>who not to include</b> .  1            1 person 2            2 people 3            3 or more people (Don't know, Refusal not allowed)
Context Sensitive Help:	<b>Include as household members:</b> <ul style="list-style-type: none"><li>· Persons ^MINAGE years of age or over as of today, [THISDATE], for whom this address is the usual place of residence.</li><li>· 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.</li><li>· Members of the Canadian Forces posted to other regions but who consider this address their usual place of residence.</li><li>· 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.</li><li>· Children in a joint custody situation who reside at this address more than half their time.</li><li>· 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.</li><li>· Foster children currently living at this address.</li><li>· 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.</li><li>· Landed immigrants for whom this address is their usual place of residence.</li><li>· Persons who are: applying for refugee status; attending school in Canada on student visas; or staying in Canada on work permits (and their families).</li><li>· Persons who spend the winter months in the south (Snowbirds), but reside in this dwelling at least 6 months of the year.</li></ul> <b>Do not include as household members:</b> <ul style="list-style-type: none"><li>· Persons less than the age of ^MINAGE as of today, [THISDATE].</li><li>· Persons residing in a specialized health institution for 6 months or more.</li><li>· Persons residing in a prison for 6 months or more.</li><li>· Representatives of foreign governments, and their families.</li><li>· Non-Canadians or landed immigrants living in Canada who have another "usual residence" outside of Canada.</li><li>· Foreign residents in Canada for personal or business travel.</li></ul>
AOS_E01	You must answer this question. Please enter the correct number of people <b>^MINAGE years of age or older</b> as of today, [THISDATE], whom live in your household.
Rule:	Trigger hard edit if AOS_Q01 = NONRESPONSE.

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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/> (80 spaces)  (Don't know, Refusal not allowed)
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/> (80 spaces)  (Don't know, Refusal not allowed)
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

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	(80 spaces)
	(Don't know, Refusal not allowed)
AOS_Q10BB	<p>[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.]].</p> <p>Last name</p>
	(80 spaces)
	(Don't know, Refusal not allowed)
AOS_Q10CA	<p>[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.]].</p> <p>First name</p>
	(80 spaces)
	(Don't know, Refusal not allowed)
AOS_Q10CB	<p>[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.]].</p> <p>Last name</p>
	(80 spaces)
	(Don't know, Refusal not allowed)
AOS_E10	<p>You must answer this question. Please enter the <b>first and last name</b> of these people.</p>

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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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**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

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(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?

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- 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.

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(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)

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TBC_Q15	Have you smoked at least 100 cigarettes (about 4 packs) in your life?  1        Yes 2        No (Don't know, Refusal not allowed)
TBC_Q20	When did you stop smoking cigarettes?  Was it:  1        Less than 1 year ago 2        1 to 2 years ago 3        3 to 5 years ago 4        More than 5 years ago (Don't know, Refusal not allowed)
TBC_Q25	In what month did you stop smoking cigarettes?  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)
TBC_Q30A	During the past 7 days from #{DV_DAY7} to #{DV_DAY1}, how many cigarettes did you smoke each day? #{DV_DAY1.DAYOFWEEK_E}, #{DV_DAY1}

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80	80
81	81
82	82
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}

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78	78
79	79
80	80
81	81
82	82
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85	85
86	86
87	87
88	88
89	89
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}

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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}

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87	87
88	88
89	89
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}

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89	89
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}

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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}

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87 87  
88 88  
89 89  
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:

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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



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**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>

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	<div>1        Daily</div> <div>2        Less than daily, but at least once a week</div> <div>3        Less than once a week, but at least once in the past month</div> <div>4        Not at all (Don't know, Refusal not allowed)</div>
OTP_Q05E	<div>During the past 30 days, how often did you smoke or use any of the following tobacco products? Tobacco water-pipe</div> <div><u>ON-SCREEN HELP:</u> i.e., hooka, sheesha, narg-eelay, hubble-bubble or gouza.</div> <div>1        Daily</div> <div>2        Less than daily, but at least once a week</div> <div>3        Less than once a week, but at least once in the past month</div> <div>4        Not at all (Don't know, Refusal not allowed)</div>
OTP_END	

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**Vaping (VAP)**

VAP\_BEG

External Variables required:

VAP\_R05

The following questions are about vaping or using e-cigarettes.

"Vaping" involves using devices that heat liquid into vapour that you inhale.

Include

- vaping e-liquid with nicotine and without nicotine i.e., just flavouring
- all e-cigarettes, vape mods, vaporizers and vape pens.

Exclude vaping cannabis.

VAP\_Q05A

Have you ever tried vaping?

1        Yes

2        No

(Don't know, Refusal not allowed)

VAP\_Q05B

How old were you when you first tried vaping?

|\_|\_|\_| years old

(MIN: 0)

(MAX: 999)

Integer

(Don't know, Refusal not allowed)

VAP\_Q10

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

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)

VAP\_Q15A

During the past 30 days, on how many days did you vape the  
following products?

An e-liquid with nicotine

|\_|\_|\_| days

(MIN: 0)

(MAX: 30)

Integer

(Don't know, Refusal not allowed)

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VAP_Q15B	<p>During the past 30 days, on how many days did you vape the following products? An e-liquid without nicotine</p> <p><u>ON-SCREEN HELP</u>: i.e., just flavouring.</p> <p> _ _  days (MIN: 0) (MAX: 30) Integer</p> <p>(Don't know, Refusal not allowed)</p>														
VAP_Q15C	<p>During the past 30 days, on how many days did you vape the following products? An e-liquid, but you did not know what it contained</p> <p> _ _  days (MIN: 0) (MAX: 30) Integer</p> <p>(Don't know, Refusal not allowed)</p>														
VAP_Q20	<p>On the days you vaped, how many times did you usually pick up or take out your vaping device or e-cigarette to vape?</p> <table><tr><td>1</td><td>1 time</td></tr><tr><td>2</td><td>2 times</td></tr><tr><td>3</td><td>3-5 times</td></tr><tr><td>4</td><td>6-9 times</td></tr><tr><td>5</td><td>10-14 times</td></tr><tr><td>6</td><td>15-19 times</td></tr><tr><td>7</td><td>20 or more times</td></tr></table> <p>(Don't know, Refusal not allowed)</p>	1	1 time	2	2 times	3	3-5 times	4	6-9 times	5	10-14 times	6	15-19 times	7	20 or more times
1	1 time														
2	2 times														
3	3-5 times														
4	6-9 times														
5	10-14 times														
6	15-19 times														
7	20 or more times														
VAP_Q21	<p>Each time you picked up or took out your vaping device or e-cigarette to vape, how many puffs did you usually take before putting it away?</p> <table><tr><td>1</td><td>1 puff</td></tr><tr><td>2</td><td>2 puffs</td></tr><tr><td>3</td><td>3-5 puffs</td></tr><tr><td>4</td><td>6-9 puffs</td></tr><tr><td>5</td><td>10-14 puffs</td></tr><tr><td>6</td><td>15-19 puffs</td></tr><tr><td>7</td><td>20 or more puffs</td></tr></table> <p>(Don't know, Refusal not allowed)</p>	1	1 puff	2	2 puffs	3	3-5 puffs	4	6-9 puffs	5	10-14 puffs	6	15-19 puffs	7	20 or more puffs
1	1 puff														
2	2 puffs														
3	3-5 puffs														
4	6-9 puffs														
5	10-14 puffs														
6	15-19 puffs														
7	20 or more puffs														
VAP_Q30	<p>Which flavour do you vape most often?</p> <p>Is it:</p>														

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- 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:

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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:

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- 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

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**Cannabis (CAN)**

CAN_BEG	External Variables required:
CAN_R05	<p>The following questions are about smoking cannabis.</p> <p>For the purpose of this survey, "cannabis" also refers to the terms marijuana, pot, or hashish.</p> <p>Include smoking in a joint, bong, or pipe.</p> <p>Exclude vaping, eating or drinking cannabis.</p>
CAN_Q05A	<p>Have you ever smoked cannabis?</p> <p><u>ON-SCREEN HELP:</u> Exclude vaping, eating or drinking cannabis.</p> <p>1        Yes 2        No (Don't know, Refusal not allowed)</p>
CAN_Q05B	<p>How old were you when you first smoked cannabis?</p> <p> _ _ _  years old (MIN: 0) (MAX: 999) Integer</p> <p>(Don't know, Refusal not allowed)</p>
CAN_Q10A	<p>During the past 30 days, how often did you smoke cannabis?</p> <p>Was it:</p> <p><u>ON-SCREEN HELP:</u> Exclude vaping, eating or drinking cannabis.</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_Q10B	<p>During the past 30 days, on how many days did you smoke cannabis?</p> <p> _ _  (MIN: 0) (MAX: 30) Integer</p> <p>(Don't know, Refusal not allowed)</p>
CAN_Q10C	<p>During the past 30 days, on how many days did you smoke cannabis?</p>

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	<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>

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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?

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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

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**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

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**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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**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

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